

## **Annual Health Conference 2007**

**7<sup>th</sup> -10<sup>th</sup> Feb**

### ***Pre-conference (7 February 2007)***

#### **Opening Remarks**

In his opening remarks the Vice Chairman, Hon'ble Secretary, welcomed all the participants to the 2007 AHC. The participants were informed that the AHC was conducted outside Thimphu for the first time. Participants were reminded that the present conference venue - National Institute of Family Health was a historic institution for the Ministry as most of the seminars health workers had attended many trainings, meetings, workshops, etc. in the institute.

The Vice Chair informed the forum that while the pre-conference focused largely on the administrative issues, the main conference would dwell upon policy and technical issues. The Vice Chairman called for an open and frank discussion throughout the conference.

#### **Selection of Rapportuers**

The conference endorsed the candidature of Nyima Yoezer, Epidemiologist, DoPH & Dr Yangchen, DMO, Wangdiphodrang as the rapportuers for the conference. The selected rapporteurs would continue through the main conference.

#### **Administrative announcements**

Administrative announcements were made by the AHC Secretariat. The announcement covered information on logistics and supports available for the conference such as telephone and IT services. The participants were requested to fill in their TA/DA forms and submit the same to the secretariat at the earliest possible. They were also reminded of the conference timings.

#### **Appraisal on the agenda**

The conference coordinator made an appraisal on the agenda for the conference as proposed from the Dzongkhags. It was reported that five Dzongkhags had responded to the agenda call by the AHC Secretariat. The coordinator requested the Dzongkhags to respond on the agenda call in future so that the conference can table the issues for discussion.

It was informed that the draft agenda were discussed in task force meetings before finalization. The points received from the Dzongkhags were given priority and considered in the agenda. Some points submitted were not considered in view of the

actions already initiated and a write-up of the actions taken was included in the conference folder for reference.

Since there were no comments on the proposed agenda, the agenda as proposed was endorsed by the conference.

### **ITMS: 2006 recommendations & issues**

The conference endorsed all the recommendations of the annual Drungtso Conference 2006 and requested all concerned to follow-up on the recommendations.

The conference noted that there should be further integration among the allopathic and the traditional systems and that the two systems should complement each other in terms of cross referral of patients.

### **Issues on the Ambulance Services:**

The Chief Administrative Officer made a presentation on the use of ambulance services and on the Government policy on procurement of vehicles and POL where replacement of old ambulances and adequate POL provisions were not considered. In light of this, he also highlighted the need to rationalize the use of ambulances and the importance of timely maintenance and inspection.

There was a proposal on the need to allocate adequate fuel budget based on the distance to the nearest referral centre and the road network conditions. The conference while appreciating such proposals encouraged the Dzongkhags to support adjacent Dzongkhags in terms of referring patients. The need to train ambulance drivers in first aid and were also provision of requisite facilities in the ambulances highlighted during the discussions.

The conference recommended that in order to have an efficient ambulance services the Department of Medical Services in consultation with the RSTA needs to develop certain standard on the life-years of the ambulance. There is a need to standardize the ambulance service in terms of improving the system of utilization through replacement of old vehicles and rational use of services.

### **Presentation on Financial Issues**

The Chief Administrative Officer made a presentation on financial and audit issues to the forum. It was reported that the Ministry has outstanding balance of Nu. 19 million to be settled with the Royal Audit Authority. Members were also briefed on financial principles, potential problem areas and tips to avoid audit observations.

### **Future Roles and Responsibilities of VHW**

The presentation covered the existing roles and responsibilities of VHWs and the findings of the VHW review. It was informed that the review of VHW programme and the

presentation of review findings in the conference were in line with the recommendation of AHC 2006. The conference noted the importance of VHWs in view of their increasing roles and responsibilities in the delivery of primary health care and felt that there is a need to devise an appropriate incentive mechanism. . In this line there is also a need to monitor the VHW activities by the respective BHU In-charges. The conference highlighted the fact that VHWs must be considered as community participation in providing health services and recruiting them as health workers would be against the principle of promoting community participation. The pre conference recommended that a sub-committee be formed and a presentation made to the main conference in terms of precise roles and responsibilities and other recommendation.

### **Review of existing charges for health services in the border hospitals**

The Chief Program Officer, HCDD appraised the forum on the critical issues to be discussed in terms of uniformity of fees/service charges imposed and expressed his concerns regarding the variations in the fees charged in the border hospitals. He emphasized on the need to set a standard charge/fees in all border hospitals for the services rendered to the non- Bhutanese non resident expatriates after reviewing the existing one. However, for non-Bhutanese working in the country with work permits services are to be given health care services as any Bhutanese. It was also agreed that the use of citizenship ID cards be looked into during the registration for identifying the nationality. The conference suggested that HMIS should be geared towards incorporating the I.D cards for all patients availing the indoor/O.T cases in the initial phase and gradually all OPD cases.

The conference was in agreement that emergency services i.e. life saving procedures shall continue to be provided free while OPD cases could be charged a fee. The forum noted that this would further strengthen the existing cross border relationship. The importance of providing emergency services to any individual irrespective of their nationalities and that their ability to afford the treatment should not be a prerequisite for attending to them, both from a humanitarian viewpoint an example of exemplary model of Health Care Services. In view of this, there was a need to come up with case definitions of all Emergency cases.

The conference agreed on reviewing the existing Medical Fitness Form for the non-Bhutanese in line with International Health Regulations (IHR) guidelines. There is also a need to institute user-fees for tourists availing health services. In line with this, the Ministry will look into ways of channeling the charges levied on the tourists availing the health services, into the Health Trust Fund after discussions with the MoF.

The conference directed that DMS to carry out a study and come up with a uniform fee structure for services rendered by the allopathic as well as the Traditional Medicine units in hospitals to non-resident, non-Bhutanese and tourists.

### **Appraisal on Internal Audit**

The Chief Internal Auditor presented some general observations such as outstanding advances, cash book not being closed, original bills and vouchers not submitted, late submission of expenditure statements etc. He mentioned the importance of Internal Audit Unit being involved in various activities such as promotions, training, transfers, recruitment and selection and disciplinary action as per the executive order received from the RCSC.

The Conference concurred that the Internal Audit Unit has taken active part in auditing the activities prior to external auditing and noted that individual departments, divisions, programs and districts should submit their accounts timely so inconveniences is not caused to other relevant divisions, programs, districts while delivering health services. They also should be well aware about the memos issued and take actions accordingly.

The Conference, while taking note of the audit observations and tips, recommended the need to form Patient Diet Care Committee with clear roles and responsibilities in the hospitals and that the formation of such committees should be initiated by the Quality Assurance Group (QAG).

### **Appraisal on Health Council**

A brief appraisal on the BHMC was made by the deputy registrar of the council. In his appraisal he mentioned that it was mandatory for all the health workers to be registered with the council. The Act should be seen as an opportunity for the health workers to update their knowledge and skills. It was also appraised that as of now only two systems of medicine, i.e. allopathic and traditional medicine, are allowed to be practiced in Bhutan. The conference felt that others who are competent professionals from other fields may be considered to practice on a case by case basis.

The conference noted the need for all health workers to get registered with the council as mandated by the law.

### **Appraisal on Drug Regulation**

The Drug Controller of DRA made the presentation on drug regulatory issues in the country. He appraised the forum that the DRA had been established in the Ministry of Health in June 2004 after the Medicines Act of the Kingdom of Bhutan was enacted in 2003. The main mandate of the DRA is to safeguard the human and animal health from the harm resulting from poor or inferior quality of medicinal products in the Kingdom. He informed the forum that 85 pharmaceutical products had been registered with the DRA and some are in the pipeline. Since establishment, the DRA had carried out the first round of inspection of the pharmaceutical shops in the country. Initiatives are taken to sign a MOU with a drug testing laboratory of the Ministry of Public Health in Thailand.

The forum was appraised that given the regulatory nature of the DRA and the importance of it being autonomous, steps are being taken to de-link DRA from the Ministry.

### **Appraisal and update on Position Classification System (PCS)**

The Chief Administrative Officer appraised the forum on the status of the PCS. The presentation covered issues in implementing PCS, the details of job mapping exercise and the status of appeals. It was also reported that many of the issues are under discussion with the RCSC.

The forum appreciated the information provided and expressed that this would be helpful in informing the health workers in the Dzongkhags. Although a concern was raised on whether the principles such as professionalism, efficiency and fairness, which were some of the core values of PCS, the conference noted that the system would have virtues and loopholes at the same time and all need to support the principles of PCS.

The forum was also reminded of the upcoming democratic changes in 2008 and the challenges it posed to service delivery. As per the Government directive, the participants were reminded on the importance of remaining apolitical.

### **Professional Development and management of Health Workers**

#### *Deployment and Transfer*

The Deputy Chief, HRM made a presentation covering topics such as the current staff strength, deployment policies, turn over rates and the promotions of the health workforce for the fiscal year 2006-2007. The presentation also covered current challenges faced by the HRM, focusing on the increasing demand of the Health work force, mismatch between the supply and the demand of the workforce and the problems related with the spouses' occupation.

The forum was appraised of the forthcoming Organizational Diagnosis (OD) exercise which will look into all the HRD requirements of the Ministry and the Dzongkhags. With this exercise appropriate human resources and required staff strength would be considered by the RCSC.

#### *Procedures for nominating candidates for training*

The Deputy Chief, HRD presented the status of the 9<sup>th</sup> Five Year HRD Master plan and highlighted the achievements. Challenges faced and the initiatives undertaken by the HRD were also highlighted. The forum was briefed on the Ministry's drive towards creating a transparent procedure, with the institution of Human Resource Committee (HRC) and the development of software for the Personnel and Training Information System (PTIS).

The forum appreciated the initiatives undertaken by the division, and raised its concern for a need to have in place a coordination mechanism between the Dzongkhag HRC and the HRC in the Ministry. The Dzongkhags also agreed to submit the staff's performance

report after being reviewed by the HRD, so that this would form the basis for nomination to trainings. On the certification issues, the conference agreed that the structured courses will be certified by the RIHS and other certificate courses by the Secretary and the Directors. The need to go along with the annual nomination meeting adopted by the Dzongkhags was refuted on the ground that most of the trainings are ad-hoc in nature.

**Staff Welfare Fund: *Fund Manager, HSWF***

The fund manager, Chief Planning Officer, PDD made a presentation on the current status of the staff welfare fund and various proposals in terms of benefits and management of the fund. He highlighted the total fund accumulated and the total number of beneficiaries to date. As per the recommendations of the pre-conference 2007 a sub committee was formed and it had recommended the following and was endorsed by the conference:

The conference recommended the following with regard to the Health Staff Welfare Scheme for endorsement by the Board: **“consider full reimbursement of members contribution on member’s demise in addition to the revised “semso” or consider full reimbursement of the member’s contribution on member’s retirement, whichever is earlier.”**

- To consider the revision of “semso” to Nu. 40,000 and loan
- the fund be centrally managed with following considerations for time being:
  - Remittance and loan recovery to be initiated by the DHO/DHSO/DMO/Supt.
  - Appropriate honorarium may be considered for the fund manager in view of districts not willing to take responsibility of fund management at the district or regional level at this juncture.
  - Recruitment of a new fund manager at this time may not be required & the current fund manager to continue with the recruitment of one secretarial support staff
- Byelaws to be updated

**Logistics and Supply Management: *Chief Programme Officer, DVED***

Presentation on logistic and supply management was made by the Chief Procurement Officer. The issues, constraints and concerns of the division were highlighted. The AHC endorsed that any new tests, technology or facilities should come through Ministerial approval and QASD group and should be sustainable. It was agreed that all equipment worth Nu. 50000 or more should be recorded in an equipment log book to monitor their life time.

He pointed out that there was an increasing trend in drug and non-drug expenditure and that there is a need to have proper drug inventory and storage facilities. During the last fiscal year expired drugs worth 0.49 million had been disposed. The programme is also

faced with the demand for unplanned drugs and non drugs requirements which hampers the normal delivery of planned requirements. Participants were requested to keep in mind the importance of rational use of drugs and good prescribing habits in order to minimize wastage and also to be able to cope with the limited budget. Drop off points for supplies and timely lifting from these points was to be worked out properly by the Dzongkhags. In view of this the Dzongkhags are required to keep budget provisions for these activities.

The conference noted the need for standardization of non drugs as well as the health facilities as this may have implications on the distribution. The forum was appraised on the initiation of a computerized inventory system which is expected to facilitate internal mobilization, reduce “out of stocks” and “expiry”.

The conference recommended that for appropriate storage conditions and to retain the efficacy of medicines there is a need to provide training for the store in-charges and to maintain log books for equipments worth more than Nu. 50,000.

## **Annual Health Conference 2007**

**8<sup>th</sup> -10<sup>th</sup> Feb**

### **Inaugural Session**

#### **Welcome Address: *Dasho Dungpa, Gelephu Dungkha***

After the Marchang Ceremony, Dasho Dungpa of Gelephu Dungkhag gave the welcome address. In his address he extended heartfelt gratitude and appreciation to the Ministry of Health for strengthening the health services in the Sarpang Dzongkhag including two newly constructed health centers here. He also informed the forum that under the dynamic leadership of H.E Lyonpo (Dr) Jigmi Singay, the health system has moved miles ahead in reducing the maternal mortality, infant mortality and extended curative services for the malaria endemic zones. The Dungpa expressed the gratitude of the people of Sarpang for a dynamic health care services provided to the people.

#### **Address by Hon'ble Chief Guest:**

Hon'ble Health Minister, His Excellency Lyonpo Dr. Jigmi Singay graced the inaugural session of the Annual Health Conference 2007 as the Chief Guest.

In his welcome address, Hon'ble Minister highlighted that the main reason of conducting the conference in Gelephu was to address malaria as a public health concern as Gelephu is in an endemic zone. The second reason is to assess the problems in tackling the cross border diseases. Also the conference will be dwelling upon the upcoming Central Regional Hospital in Gelephu. The annual health conference is an occasion to review our plans, strategies and to set priorities for future plan of action. To this effect, the Hon'ble Minister urged all the members to give in their valuable inputs to make the conference a success.

The health sector has made tremendous achievements over the last four decades of planned socio-economic development. This was due to the highest priority accorded to the health sector from the government. These achievements in reducing the morbidities & mortalities were also due to adoption of low cost and high impact primary health care interventions that focused on preventive and promotive aspects. The changing diseases patterns such as congenital, deformities/condition, hereditary diseases, life style related disease, it would be very challenging to cope with changing demands of the health care needs. Given this scenario achieving the some of the indicators would be extremely difficult and would require cross-sectoral approach. So in the 10FYP, the Hon'ble Minister urged the participants to plan accordingly to the changing health care needs of the people.

The Hon'ble Minister also reminded the forum that the 10FYP should maintain continuity and consistency with the earlier plans. In the 10<sup>th</sup> Plan the health sector should strive to achieve and lower all the health related MDG's.

Decentralization will be one of the priorities of the ministry in the 10<sup>th</sup> plan. The core of decentralization was to maintain transparency and accountability and it is important that health workers are accountable and transparent at all levels. The main challenges with decentralization include escalating cost of medical services and shortages of human resources. Hon'ble Minister reminded the forum of the need for the Dzongkhags to come up with performance monitoring indicators to assess the success of the decentralization.

The Hon'ble Minister also mentioned that in 10FYP there will be directives from the government on the privatization of health services. This, he mentioned should be welcomed after fully weighing the pros and cons of initiating such steps. Privatization as mentioned should not be at the cost of the already existing system of health care or at the cost of the poor people. Privatization should rather complement the already existing health services. Privatization, if not viewed properly can paralyze the whole existing health care system in the country.

The Hon'ble Minister also reminded the forum that the health services that we provide today should be dynamic and responsive to the needs of the population. The health sector has enough infrastructure and human resources in place. There is a need to build up patient satisfaction by providing patient friendly health services. This will ensure that all sick people coming to health centers go out satisfied with the health services delivered. The Hon'ble Minister also mentioned that to further carry out the health services to the people, there should be motivated health workers in place. The morale of the health workers should be uplifted through proper motivation system to have dedicated health workers.

Finally, the Hon'ble Minister extended his gratitude and appreciation to Dzongkhag and Dungkhag administration and to the Royal Bhutan Army for their support in the preparatory works of the conference.

***Vote of Thanks: Superintendent, Gelephu Hospital***

He expressed with gratitude the presence of the Hon'ble Lyonpo in the inaugural session. He also thanked all the members who attended the session stating the valuable support of committee who had engaged in the preparation and supply of resources.

**Business Session**

**Opening Remarks by Chairperson:**

The business session of the 2007 AHC convened with opening remarks by the Honorable Chairman, Minister of Health. He mentioned that although the health sector has achieved

almost all of the 9<sup>th</sup> FYP targets, there should be further efforts to improve the overall services and sustaining the present level of achievement. Health interventions should be based on morbidity and mortality patterns. There is need to improve maternal health care and institutional deliveries in the 10<sup>th</sup>FYP.

Dzongkhags should carry out supervisory visits to all the BHUs regularly and that “low-performing” BHUs should be visited more frequently. Concerns on drying up of water sources for RWSS and the need to rehabilitate old schemes were raised. The alternative technologies for water supply and latrines for rural population need to be explored. BHWs are to be involved in their respective BHU to collect data and monitor all RWSS activities in their respective catchment areas.

The Chairman expressed his concern over the rising trend of leprosy cases and instructed the Department of Public Health to conduct a proper surveillance study with appropriate interventions. There is a need to look into the nutritional aspect of the general population and BHUs are to play an integral role in promoting kitchen garden in the community. There is also a need for Iodized salt monitoring to be intensified.

Once again the chairman reiterated his appreciation for achieving almost all the 9<sup>th</sup> FYP goals and the need to initiate preparations for the 10<sup>th</sup> FYP. Hon’ble Chairman commended all the health workers in achieving the 9<sup>th</sup> FYP goals, which wouldn’t have been possible without the hard work of the health workers and this message of appreciation and commendation from the Hon’ble Chairman was to be conveyed to all the health workers back in the Dzongkhag.

#### **Adoption of Agenda:**

Since there were no comments on the draft agenda, the agenda was adopted as proposed.

#### **Report on follow up actions taken on 2006 AHC recommendations: *Hon’ble Secretary, MoH***

The Honorable Secretary made a presentation on the follow up actions taken on recommendations of AHC 2006. The forum noted that adequate follow up actions had been taken on all the recommendations of the 2006 AHC.

The Conference noted that Telemedicine would be playing a major role in providing health services in the future given the country’s terrain and scattered population. It was understood that due to lack of broad-band facilities the development of telemedicine services had not progressed as much as desired.

On the topic of HIV/AIDs, the forum noted that although the programme was doing well and that funding for the control activities were secure, it was imperative that focus should be on preventive aspects since it would be very expensive to provide treatment in the future. The Conference, while appreciating the initiatives taken by QASD in

standardizing laboratory services, further urged the Division to develop standards for other health interventions.

Discussing the recommendation on the Staff Welfare Scheme, the Hon'ble Chairman pointed out that with the growth of the fund and the possibilities of its management being decentralized and its concomitant risks, it would be important to have a full-time fund manager to look after it.

The forum also recognized the importance of having trained professional engineers in the HERM unit to strengthen it.

**Presentation on Polio eradication activities: *Vice-Chairperson, Polio Eradication Commission***

The Vice-Chairperson of the Polio Eradication Commission made a presentation highlighting the plan of action, and mandates of the commission. He briefed the forum on the global situation of the wild polio virus and the situation prevailing in the WHO SEAR region. He reported that immunization coverage in the country continued to remain very high (above 90%) and informed that all polio related activities were continuing. He stressed on the need to intensify regular vaccination, continuing surveillance for AFP and training and increased involvement of BHU staff. The Conference agreed that the regular immunization programme should be further intensified especially in the border area. It was agreed that the need and possibility for having another round of SNID should be discussed with relevant organizations like WHO and UNICEF.

It was highlighted that some of the neighboring countries have reported increased number of polio cases which was noted as a concern by the conference.

**IT Development & its impact in Health Sector: *Head, IT/Telematics Unit***

The presentation on IT development and its impact in health sector presented various proposals to link the health centers through advanced connectivity. The presentation also focused on the need to train Health Workers in ICT during the 10<sup>th</sup> Five Year Plan. The Hon'ble Secretary reiterated the importance of ICT in the delivery of health services.

Following the presentation, it was submitted that the districts should keep budgetary provision in their plans for purchase of computers in the principle of decentralization would be applied in terms of flow of funds and resources to the Dzongkhags. The need to replace old computers in the Dzongkhags was felt by the members. Proposals were also made to have computers in hospital stores, labs and wards. Members also requested for the provision of computers in BHU Gr-1 after the piloting of telemedicine in these facilities. It was also observed that the Ministry's website needed to be updated regularly and that the divisions and programs in the Ministry and the Dzongkhag Health Sector should contribute in terms of updating the websites. It was also agreed that funds from the GFATM project would be allocated to Dzongkhags upon discussion with the Ministry of Finance.

The Conference recommended that the ICT Unit should facilitate in providing technical advice in training and IT activities in Dzongkhags and look into the possibilities of connecting remote health centers through telephone and tele-fax.

**Quality as perceived by the service users: *Programme Director, QASD***

The Programme Director presented the findings of the nation-wide “Client Satisfaction Survey” carried out by the Division. He informed the Conference that the survey carried out had included several dimensions of quality of health services such as patient waiting time, cleanliness of health facilities, attitude of health care provider, views of service users, accessibility etc. He reported that although majority of the service users were satisfied with the current services rendered by the health facilities, complacency should not creep in and all efforts must be geared towards further improving the quality of health services.

The Conference noted that similar kind of survey need to be carried out for the service providers in order to understand their perception of quality, their satisfaction level and to assess their problems and shortcomings. To this effect, it was informed that similar kind of study had been conducted for the service providers. However, since the study could not be finalized, the findings will be presented during the next AHC.

The Conference noted the importance of such studies and agreed that the findings and the district level database would be a good source of baseline information to measure progress in the future. It was also important that after having measured such indicators, action should be taken to improve quality of services.

**Laboratory services-a way forward: *Chief Programme Officer, HCDD, DMS***

The Chief Program Officer presented on the laboratory services highlighting the expansion proposals for the current laboratories. Members were also reminded on the importance of upgrading some of the current laboratories to Bio Safety Level (BSL) 2. Concerns were raised on the enormous cost attached with the expansion.

The need to have a proper curriculum backed by a dedicated faculty for the Lab Technicians at the RIHS was also deemed important by the forum. The Conference noted the variations amongst the hospital in terms of laboratory equipments and human resources. Nevertheless, it was informed that plans were afoot to standardize all health facilities in terms of equipment and human resource. The Dzongkhag Medical Officers were directed to speed up the delivery of sample referrals and to strengthen the HERM services in their Dzongkhags.

The Chairman informed that the expansion of laboratory services in the country would be done gradually as this has implication on the human and financial resources. The Chairman further emphasized the need to take into account certain factors like the distance of hospitals to the nearest lab facility.

After a prolonged discussion the forum recommended that clinical laboratory and blood bank services that facilitate diagnosis, intervention and treatment require to be expanded considering cost-benefit ratio since the modern medicine depends on evidence based treatment.

**Tobacco Control Initiative: *Chief Programme Officer, ICB***

The presentation covered strategies and challenges for the tobacco-free initiative in the country. Plan of action, involvement of Dzongkhags, surveillance and enforcement of regulations were also highlighted. It was informed that collective effort is decisive to the success of the initiative.

It was explained that the relation of religion and health in our society were taken into account while deliberating on banning the sale of tobacco in the country. The forum was further informed that there has been a significant reduction in the consumption rate over the years. The Conference noted that a clear framework of actions at various levels in the Health sector was necessary for making interventions. ICB was directed to take the lead role and the Dzongkhags to follow the actions set by the National Steering Committee in controlling the demand for tobacco products. It was further recommended that IEC and advocacy should help in demand reduction along with legal back up for supply reduction.

The forum noted that the Ministry would need to take more pro-active roles and responsibilities in bringing about reduction in demand for tobacco products. It was also agreed that the Ministry would assist other sectors in controlling the supply of tobacco products.

**Presentation by Guest Speaker: *Executive Director, Bhutan Narcotic Control Agency***

The Executive Director, Bhutan Narcotic and Control Agency made a presentation on the Narcotic Drugs, Psychotropic Substances and Substance Abuse Act 2005. While elaborating on health issues like tobacco and alcohol, he briefed the forum on the roles of the agency and the importance of collaborative effort among ministries, agencies and the private sector in achieving the mandates.

Health sector being the key stakeholder for the newly established agency, members were briefed on some of the initiatives in which health sector had a prime role to play in early detection and diagnosis and establishment of specialized drug testing labs in the country.

The Executive Director also expressed appreciation on the important role played by the Drug Regulatory Authority and the law enforcement unit for narcotic drugs under Royal Bhutan Police. Having received the excellent cooperation from the Ministry of Health, he requested for continued technical assistance from the Ministry and proposed collaborative approach in addressing the growing concerns of drug abuse in the country.

The Conference noted the importance of working closely with the Agency and other local NGOs like REWA, RENEW and NWAB in addressing drug abuse issues in the country.

It was reported that the Ministry would be introducing the testing Labs in Referral Hospitals and gradually extending to Dzongkhag Hospitals. In the meantime, one specialized testing lab with qualified professionals would be established in the Public Health Laboratory.

The forum stressed on the need to analyze the root cause of people abusing drugs and that such information could be used by the Agency and the collaborating sectors to develop focused strategies. On the concerns over occupational hazards involved in dealing with drug abuse cases, the forum was informed that the Agency had already taken steps to address this issue.

It was also pointed out that easy accessibility of Drugs across the border was a concern. Avoiding stigma and discrimination and emphasizing the important roles were highlighted as important components in the challenges in controlling substance abuses in Bhutan.

## **Day 2**

### **Presentation by the Guest Speaker: Auditor General, RAA**

The Auditor General (AG) made a presentation on the roles, responsibilities and the mandates of the RAA. He informed the forum that the mandates are being drawn from the draft Constitution and that the organization is striving towards achieving Economy, Efficiency and Effectiveness.

The AG pointed out some of the most common audit observations in the Ministries and provided tips to avoid such observations. On the concerns raised for the audit memos on the MR campaign, DSA and damages of medical supplies, the AG advised that in situations that are not normal and are special, alternatives have to be initiated by the Ministry in line with financial rules and regulations. The forum was informed that more information on the auditing system was available from the website of the Royal Audit Authority and that the frequent participation of RAA staffs in Ministry and Dzongkhag conferences appreciation by vice-chairman for educating the forum by RAA have helped make people more aware of the system.

### **Assessment of the 9th FYP: Sr. Planning Officer, PPD**

The Sr. Planning Officer made a presentation on the assessment of the 9<sup>th</sup> FYP and briefed the forum on the status of the 9<sup>th</sup> Plan targets, expenditure, major achievements and lessons learnt.

The presentation also sensitized the forum on the correlation of health interventions and the disease morbidity pattern. The fact that ARI and Diarrhea morbidity still continued to remain high in spite of the high RWSS coverage was raised as a particular concern. The Conference recommended that a proper study should be conducted to determine possible reasons for this. It was also emphasized that the existing Community Development for Health Program (CDH) for RWSS must continue.

The forum noted the progress made during the 9th FYP and expressed that the achievements would have to be sustained. It was agreed that the success in IDD elimination and Leprosy control would need to be sustained and further intensified.

**Indicators: 9th FYP Outcomes and 10th FYP Targets: *Planning Officer, PPD***

The presentation made by the Planning Officer covered the progress towards and status of the 9th FYP indicators and the targets that have been set for the 10th Plan.

Concerns were raised on the indicator set for research. While numerous researches had been conducted in the country, none had been published in international peer reviewed journals due to various reasons. It was agreed that the indicator for research should be revised and expanded to make provisions for reflecting progress in terms of researches being conducted in the country.

Concerns were also raised on the limited capacity of the Research Unit to fulfill its mandates in terms of trained manpower. The forum, acknowledging the need to widen the role of research for health in the near future, endorsed that the research capacity in the 10th Plan would be expanded by establishing a larger institutional framework such as by upgrading the existing Research Unit to a Center for Disease Control and Research.

In view of the changes in disease pattern, it was agreed that the HMIS disease list would have to be reviewed. The Conference also concurred that some of the 10th Plan indicators should be revisited. The MMR indicators may also be included in the 10th Plan after clarifying and validating the technicalities of calculating such an indicator.

Concerns were raised on the targets set for the Bhutan Health Trust Fund. While the revision of the target to USD 30 million was felt necessary, the feasibility of achieving the target would need to be considered. It was resolved that setting a higher and ambitious target would be better in order to draw donors.

While expressing appreciation to the Tenth Plan Core Group for the revision of the Bhutan Health Trust Fund target from US\$ 24 million to US\$ 30 million, BHTF Secretariat expressed its concern that it may be difficult to achieve its revised target in view of the fact that it has not yet achieved its initial targets of US\$ 24 million. The AHC noted the concern expressed by BHTF Secretariat.

BHTF Secretariat also requested the AHC 2007 to consider de-linking of the BHTF Secretariat with effect from 1<sup>st</sup> July 2008 coinciding with the introduction of tenth plan. The AHC agreed to de-link the BHTF Secretariat in a phased manner after strengthening of the Secretariat.

**10th FYP: Health Sector and Poverty Reduction: *Chief Planning Officer, PPD***

The presentation made by the Chief Planning Officer covered poverty reduction strategies adopted in the health sector for the 10th Plan. The overall health sector budget for the 10th Plan was also reported to the forum.

The forum acknowledged the contributions made by HRH Ashi Sangay Choden Wangchuck, H. E. Health Minister and all senior Health Officials for the field visits made in terms of promoting healthy lifestyles in the remote and have to reach communities.

**Dzongkhag 10th FYP: *DHSO, Panbang Dungkhag, Zhemgang***

As a sample of the Dzongkhag 10th Plan, Zhemgang Dzongkhag made a presentation on the objectives, strategies, focus areas and budget for the 10th Plan.

The Conference noted that some of the indicators were not correctly reported and the targets were not appropriately set. It was agreed that the indicators would have to be reviewed.

Concerns were raised on the decreasing involvement of MSTF members in health activities and the perception of MSTF being a body dealing with only health matters. The forum noted that MSTF has a broad based mandate in the Dzongkhags and is not restricted to health activities. It was recommended that health sector in the Dzongkhags should actively support the MSTF activities.

In view of policy of decentralization, the Conference agreed that the Dzongkhags would budget for construction of Dzongkhag Hospitals and BHUs and all its ancillary facilities. The Center would merely provide guidelines and technical backstopping. In view of achieving the health goals, the Conference urged the Dzongkhags to re-align their strategies to be in line with the strategies of the Ministry.

The forum noted the tremendous HR requirement in view of the infrastructure development in the 10<sup>th</sup> Plan. The Conference also felt the need to standardize the nomenclature for different grades of BHUs and peripheral health workers.

**Decentralization and 10th FYP: *Planning Officer, PPD***

A presentation was made on the decentralization aspects for the health sector in the 10th FYP. The roles and responsibilities of the Dzongkhags and Center were highlighted. The forum noted that there was a need to re-define and clarify the roles and responsibilities in the decentralized setting.

The Conference urged PPD to develop clear guidelines on the specific roles and responsibilities at all levels.

**Health Infrastructure Development Program (HIDP): *Architect, HIDP, DMS***

The HIDP made a presentation on the plans for expansion of existing facilities. The drawings have been made with the concept of creating user friendly services. Concerns were raised on the variations in cost estimates projected by the dzongkhags with the HIDP's estimation. The HIDP mentioned that the designs were made as per international standards and the shortage of space for reception room will not be an issue. The Chairman reiterated that the shortage of rooms and facilities will be discussed at a later stage and further emphasized on the need to conduct a topographical survey to see the feasibility for lands for BHU.

**RWSS: Achieving Universal Coverage: *Executive Engineer, PHED, DoPH***

A brief presentation on the RWSS coverage highlighting the status was made. It was informed that the coverage is always at the higher side and depending on the availability of the fund allocation the coverage is expected to reach much higher. The forum was also appraised that in order to achieve higher coverage all over the country, RWSS had come up with simple technical oriented procedures to assure alternative water supply through the introduction of rain water harvesting, electric pump and fog water testing.

The forum was appraised on the appropriateness of decentralized procurement procedures which has been endorsed by the National Assembly. Due to the complications in the final payment procedures, it was appraised whether some parts of budget has to be transferred to the PHED or the role of PHED is to be restricted in facilitating in the procurement procedures in order to maintain the quality. It was also proposed that the Dzongkha Engineers needs to be provided with training so that they get acquainted with the procurement procedures of the dzongkhags.

The forum was also informed regarding the recruitment of the masons and proposal was made to the RCSC and till now there are 16 mansions being recruited for the two years contract term and they are entitled for the benefits at the Grade XV level of civil servant. The forum was appraised that the DHSO should take the initiative in the process of recruitment of masons in collaboration with the Dzongkha engineering section

Following this, a presentation on the coverage of latrines and sanitation was also made. It was also informed that more than half of the Bhutanese rural population still uses the pit-hole latrines.

It was noted that PHED has to explore and introduce innovative technology for improving the latrines in the rural areas.

**Public Health approach to Malaria Control initiatives: *Programme Manager, VDCP, DoPH***

The Vector -Borne Disease Control Programme presentation highlighted the recommendations of the 3<sup>rd</sup> Annual Malaria Meeting and informed the forum about the

malaria morbidity trend and malaria control initiatives taken during 2006. It was informed that the recommendations made would be further reviewed by the external review team.

The conference felt the need to strengthen the capacity of entomology unit. The Hon'ble chair reminded the HRD section to revisit the staffing pattern of DMS vs. Zonal Malaria Officers. HRD was also instructed to facilitate training young doctors as epidemiologists and providing general knowledge on epidemiology to DMOs, DHOs and DHSOs. The Hon'ble chair also reminded them to be very vigilant to curtail the malaria cases. Especially they were reminded to discuss with the Agricultural staff regarding proper maintenance of irrigation channels, fishery ponds etc. so that the breeding of mosquitoes could be minimized.

The conference noted that while malaria morbidity would continue to be there, given the current diagnostic and curative facilities, malaria deaths will have to be kept at minimum possible level. The conference noted the utmost importance for Gelephu to be the tropical research center. The need for effective system of malaria control initiatives is required so that none of the Bhutanese people die from it. The conference agreed that the program need to further develop and strengthen both in terms of professional and laboratory services.

The forum discussed seeking approval from the MoF for contingency budget which would be kept to tackle disease outbreaks effectively. The inclusion of the resettlement people in the malaria programme in the southern regions was also highlighted. Districts were asked to look into the trainings of the people involved in the malaria programme, which the Ministry admitted to look at it.

The conference noted that charging of the user fees to be continued which would minimize the number of dependents.

The forum urged the people in the districts to hold thorough budget discussions during its preparation so that it would be more realistic. Maintenance budget and TA/DA budget were to be negotiated with very strong justifications.

### **Cross Border Public Health Initiatives: *Director, DoPH***

The presentation focused on the issues of the vector borne diseases especially like malaria, JE, dengue etc. Also the need for cross border collaboration for STI/HIV/AIDS was stressed upon. It was sensitized to the forum that five cross border meetings have been carried out from 1995 till date. The present challenges regarding the cross border collaboration like weak collaboration, health issues not being adequately addressed during national cross border meetings, weak disease surveillance in border areas, issues discussed at international forum not translated into action locally, lack of initiation at local level etc. were discussed. The forum agreed on the need to have clear policy directives, high level collaboration, initiatives at grass-root levels and inclusion of health team during border talks.

The conference was informed that WHO will play a major role in terms of border issue. Further, the possibility of looking into the border activities through the SAARC forum was also discussed. The forum noted that it's high time for our health system to abide by the IHR 2005. It was also felt necessary to have a dialogue with the MoLHR in order to revisit the Labor Act.

The floor was informed about the impacts and costs of screening laborers across the borders. The screening of other laborers such as day laborers and domestic servants was also highlighted. It was said that the screening is usually done at the entry points and after their entrance into the country, no further or continuous screenings are done. The conference felt that continuous surveillance has to be carried out on these groups of people. The forum was felt that when MoHCA has series of bilateral discussions with India, the Ministry of Health may explore the possibility to fit in cross border health discussions.

**Strategies to enhance Reproductive Health initiatives: PO, Reproductive Health, DoPH**

The presentation by the Programme Officer covered the trend in institutional delivery, causes of maternal deaths and the focus of the 10<sup>th</sup> Plan. The findings of the review of Midwifery Standard along with the recommendations were also presented to the forum.

The Conference endorsed the findings of the maternal auditing and recommended that all the recommendations should be pursued. On the introduction of HPV test, it was recommended that the issue should be discussed in a separate forum with technical experts.

The fact that a total of 29 maternal deaths had been reported in the previous year was noted with concern by the forum. The Conference felt the need to further intensify RH services. The conference also noted that the family planning aspects were being undermined by the programme and urged the programme to address this issue. The importance of concurrently developing the primary and secondary health services in view of ensuring appropriate backstopping was discussed. The forum also discussed about the need for consideration of some administrative measures to increase the rate of institutional deliveries as part of a multi pronged approach to address maternal deaths.

A concern was raised that there was just one Gynaecologist in Mongar RRH catering to a huge population. In view of this, posting of one more Gynaecologist/Obstetrician was requested, when the pool of this category of specialist increases in the country. The Conference noted that normal delivery cases could be handled by midwifery nurses leaving more time for the Gynaecologist to tend to complicated ones.

The programme reported that the US based Digene Company has offered some support for HPV testing in Bhutan. The Conference directed the concerned to properly study the appropriateness, relevance and sustainability of introducing such a system.

The issue of seeking services of JDWNRH through by-passing Dzongkhag health facilities was raised as a serious issue. This system, if continued, could lead to over-crowding in the national hospital and under-utilization of Dzongkhag health facilities. In view of this, the Conference recommended that a proper system be developed and instituted to address this issue.

**Patient Safety: Infection & Hospital Waste Management: Programme Officer, ICHWM, DMS**

The Programme Officer, made a presentation highlighting the overall objectives and strategies of the programme. The presentation highlighted the importance of both the patient safety and provider safety. Concerns were raised on the safety of the providers as they were at risk of getting cross infection in the hospitals. It was noted that infection control has to be part of day to day activities of the health workers. On the front of hospital waste management, it was discussed that hospital waste should be properly autoclaved or land filled. Concerns were raised on the practice of the traditional healers without any safety measure such as use of un-sterilized blades etc. To this effect, the conference felt the need to educate this group of people on infection control and other necessary safety measures.

In view of the rising importance of infection control and proper health waste management, the conference recommended that such module be incorporated into the RIHS curriculum.

**Nursing Care Services: Nursing Supdt., JDWNRH, DMS**

The Nursing Superintendent, JDWNRH made the 1<sup>st</sup> part of the presentation focusing on the challenges and reduction of the nurse's workload. She presented the need to build the skills of the nurses and professional development so as to minimize stress at the workplaces. Proposals were also made on introducing the nurse aids and separate house keeping unit in the hospitals.

The 2<sup>nd</sup> part of the presentation was made by the Dy. Chief, HRD as a follow up of the 2006 Annual Health Conference. He informed the forum that there is a daunting challenge of having an additional 732 nurses in the health sector. As nurses from RIHS and a few institutes join the health family, it was found out that there is a mismatch between the demand and supply given the limited intake capacity in RIHS.

The forum expressed concern on the immediate need of upgrading the nurses at the cost of the quality after the installation of more hospitals. It was suggested that a Nursing College should come up so as to ensure the increase in capacity of nurses. It was also submitted that the nurses are deployed in a rational manner so as to improve professionalism in nursing.

### **Closing Remarks by Chairman**

The Chairman expressed his satisfaction on the overall proceedings of the Annual Health Conference 2007. The chair commended the organizing committee and the Task Force for the excellent organization. Annual Health Conference sessions over the year have matured into a high level policy forum. Hon'ble Chair outlined the historical evolvement of the Annual Health Conference. He reflected that the first Annual Health Conference was initiated way back in 1979 when Late Lyonpo Dr. Tobgyal was the Minister. It was for the first time that such a conference was organized in the government. The sessions then were very technical and over the years it has gradually evolved into a present form of a policy level forum. This year the AHC was organized for the first time outside Thimphu and it has been very successful. Gelephu has been chosen as the venue not only to highlight the focus being placed on the Malaria Control Programme but also since Gelephu Hospital has been upgraded as the Central Regional Referral Hospital. Hon'ble Chair recommended that AHC should now be organized occasionally in the Dzongkhags – perhaps once in every two-three years.

Hon'ble Chair also expressed his satisfaction on the deliberations of the agendas. The review of the 9<sup>th</sup> Five Year Plan and the discussion of the priorities in the coming 10<sup>th</sup> Five Year Plan have been covered adequately in the conference. He reminded that the new 10<sup>th</sup> Plan should basically be continuation of the previous plan. In the wake of the changing political scenarios with the introduction of the party system government in 2008, Hon'ble Chair warned that the Health Sector will risk from influence and politicizing. He urged all health workers to stand firm to their commitment to improving the health of the Bhutanese and protect and promote the policies, mandates and targets of the health sector.

In conclusion the Hon'ble Chair thanked all the participants for the active participation and encouraged that they should participate even more vigorously in future. He also thanked the Hon'ble members of the Polio Commission for their active participation and their contributions in the AHC 2007.

### **Vote of Thanks: *Director, DoPH***

The Director of the Department of Public Health in his speech, expressed his appreciation to the chair for chairing 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:**

1. All the seven recommendations of the 7th Annual Traditional Medicine Conference were endorsed and should be followed up by relevant organizations.
2. There is a need to standardize the ambulance service in terms of improving the system of utilization through replacement of old vehicles and rational use of services. In order to have an efficient ambulance services the Department of Medical Services in consultation with the RSTA needs to develop certain standard on the life-years of the ambulance and provision of adequate fuel budget.
3. The conference directed that DMS to carry a study and come up with a uniform fee structure for services rendered by the allopathic as well as the Traditional Medicine units in hospitals to non resident/Non-Bhutanese and tourists. **The fees collected from the tourists by the hospitals on account of medical treatment would be deposited in the Bhutan Health Trust fund Account.**
4. The Conference, while taking note of the audit observations recommended the need to form Patient Diet Care Committee with clear roles and responsibilities in the hospitals and that the formation of such committees should be initiated by the Quality Assurance Group (QAG).
5. The conference recommended the following with regard to the Health Staff Welfare Scheme for endorsement by the Board: **“consider full reimbursement of members contribution on member’s demise in addition to the revised “semso” or consider full reimbursement of the member’s contribution on member’s retirement, whichever is earlier.”**
  - a. To consider the revision of “semso” to Nu. 40,000 and loan
  - b. Consider full reimbursement of member’s contribution on members demise in addition to the revised “semso”
  - c. the fund be centrally managed with following considerations for time being:
  - d. Remittance and loan recovery to be initiated by the DHO/DHSO/DMO/Supt.
  - e. Appropriate honorarium may be considered for the fund manager in view of districts not willing to take responsibility of fund management at the district or regional level at this juncture.
  - f. Recruitment of a new fund manager at this time may not be required & the current fund manager to continue with the recruitment of one secretarial support staff
  - g. Byelaws to be updated

6. For improved storage and to retain the efficacy of medicines, the conference recommended that the training for the store in-charges may be continued and log books for equipments worth more than Nu. 50,000 have to be maintained.
7. Given the risk of importing polio from neighboring states of India with high polio endemicity, the conference recommended DoPH to study the need for another round of SNID in consultation with WHO.
8. Given the importance of ICT in delivery of health services the conference recommended that ICT unit should facilitate in providing technical advice in training and IT activities in Dzongkhags and Dzongkhags to look into the possibilities of connecting remote health centers through telephone and tele-fax.
9. Noting the slackening of tobacco control initiatives and the lack of clear cut roles for health workers, the conference recommended that the roles and responsibilities of health workers on tobacco control to be clearly highlighted with the focus on demand reduction.
10. The conference recommended that DoPH to carry out an in-dept study to find out causes of correlation between increasing RWSS Scheme and the unchanging levels of morbidity patterns of water borne diseases and to come up with appropriate interventions. The conference also recommended that CDH workshop to be continued since the report of a preliminary study showed its effectiveness. The BHUs should monitor the RWSS schemes.
11. The conference recommended PHED to come up with alternative user friendly technology of latrines to be introduced in the rural community.
12. The Conference recommended PPD to review and clarify on the specific roles and responsibilities of Dzongkhag and Geog health sectors with the center in line with the further decentralization policy.
13. On the design of the health infrastructure, the conference endorsed the need to carry out further study on cost implication with the involvement of Dzongkhag health sectors and specialist.
14. All twelve recommendations of the 3rd Annual Malaria Review Meeting have been endorsed. There is need to further strengthen the implementation of malaria control activities in all the dzongkhags while maintaining a strong central programme.
15. The conference recommended that the Ministry should negotiate with MoF and create a “contingency fund” to address disease outbreaks and response.

16. Regarding the issue of infection control and hospital waste management, the conference recommended that pre-service training curriculum of RIHS should be reviewed and strengthened.
17. The Conference endorsed the findings of the Midwifery Standards Review and recommended all dzongkhag to follow them up ensuring midwifery care through institutional deliveries
18. The conference recommended RH programme to further discuss with technical experts on introduction of HPV testing services in Bhutan and carry out the necessary actions accordingly.
19. The issue of seeking services at referral level by-passing peripheral health facilities could lead to over-crowding in the referral hospitals and under-utilization of peripheral health facilities. In view of this, the Conference recommended that DMS spearhead development of a proper referral system.
20. In order to address the shortage of human resources and to upgrade their skills there is a need to upgrade the RIHS through faculty and infrastructure development and gradually upgrade into a undergraduate college.
21. To attract candidates with right aptitude for nursing, career counseling and proper advocacy must be initiated.
22. The forum, acknowledging the need to widen the role of research for health, recommended that the research unit should provide training on Research and Epidemiology.
23. The Conference recommended that a full time medical officer to be stationed at Phuntsholing for screening the expatriate laborer. In similar measure such facilities will be put in place for Gelephu once Punatshangchu and Mangdechu projects come up.
24. To improve quality of services rendered by the VHWs it is recommended that
  - a. The numbers be appropriately sized and provide regular refresher training and enhanced supervision
  - b. institute wage loss compensation mechanisms
  - c. Drug and other supplies package be made uniform and supplied through the respective BHUs/hospitals
  - d. Recognition/awarding of the best performing VHWs should be continued
25. The clinical laboratory and blood bank services that facilitate diagnosis, intervention and treatment needs to be expanded considering cost-benefit ratio since the modern medicine depends on evidence based treatment.