NATIONAL HEALTH PROMOTION STRATEGIC PLAN

2015-2023

World Health Organization

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ABBREVIATIONS:

BCCI	Bhutan Chamber of Commerce and Industries
BHU	Basic Health Unit
CAG	Community Action Group
CSO	Civil Society Organization
CVD	Cardio vascular diseases
DHI	Druk Holding and Investments
DLG	Department of Local Government
GNH	Gross National Happiness
GNHC	Gross National Happiness Commission
HiAP	Health in All Policies
HPD	Health Promotion Division
HPH	Health Promoting Hospitals
HPS	Health Promoting Schools
ICB	Information and Communication Bureau
IEC	Information Education and Communication
IUGR	Intrauterine growth restriction
KABP	Knowledge Attitudes Behaviour and Practice
KII	Key informant interviews
LGA	Local Government Authority
MoAF	Ministry of Agriculture and Forests
MoE	Ministry of Education
MoEA	Ministry of Economic Affairs
MoF	Ministry of Finance
MoH	Ministry of Health
MoHCA	Ministry of Home and Cultural Affairs
MoIC	Ministry of Information and Communications
MoLHR	Ministry of Labour and Human Resources
MoWHS	Ministry of Works and Human Settlement
NSB	National Statistical Bureau
NCD	Non communicable diseases
NFEC	Non formal Education Centre
NHPSP	National Health Promotion Strategic Plan
NHPSC	National Health Promotion Steering Committee
NKRA	National Key Result Areas
OC	Ottawa Charter
RBP	Royal Bhutan Police
RIHS	Royal Institute of Health Sciences
RIM	Royal Institute of Management
RSTA	Road Safety and Transport Authority
SHC	Stakeholder Consultations
SKRA	Sector Key Result Areas
SQCA BSB	Standards and Quality Control Authority Bhutan Standard Bureau
VHW	Village Health Worker

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Lastly, the Ministry of Health would like to express its special gratitude to the National Health Promotion Steering Committee Members and the representatives from the Ministries, NGOs, UN agencies, private sectors and districts for their valuable inputs and time for this important document.

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ROYAL GOVERNMENT OF BHUTAN
MINISTRY OF HEALTH
THIMPHU: BHUTAN
P.O. BOX: 726

MINISTER

FOREWORD

The Ministry of Health is pleased to launch the first National Health Promotion Strategic Plan 2015-2023. This strategic plan which has been endorsed by the Lhengye Zhungtshog during its 94th Session held on 5th January 2016, involves all sectors working for health promotion. The strategic plan has evolved since there was a need to streamline and collaborate in working towards health promotion in a holistic approach.

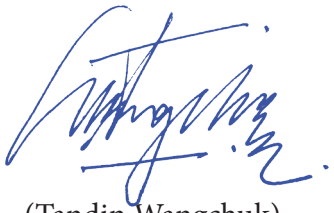
Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being of the nation. This strategic plan has been developed through a series of multi-sectoral consultations so that it can be adapted for policy making at the national level as well as the local level. Hence, in line with the National Health Policy (2011), this strategic plan document targets to sustain health promotion efforts and enhance coherent approach to Health in All Policies (HiAP).

While the Health Promotion Division of Ministry of Health has been overseeing various health promotion programmes within the Health Sector, it lacks mandate to oversee health promotion beyond health sector leading to duplication of plans and programmes. The National Health Promotion Strategic Plan is expected to give new direction to Health Promotion by calling for policy coherence, investment and partnering across Ministries, Non-Governmental Organizations, Civil Society Organizations, corporations and private sector to work towards health commitments. These include ensuring that health promotion is central to the national development agenda, that it is a core responsibility of all agencies and part of good corporate

practice, as well as a focus of community and civil society initiatives. The document would also serve as a guide for sectors within health as well as other sectors outside the health domain in mainstreaming health promotion approaches into their planning processes and program development.

Therefore, the action multi-stakeholders take in light of this strategic plan can immensely improve the prospects for health in communities and in the country as a whole contributing towards the realization of the philosophy of Gross National Happiness.

TASHI DELEK!



(Tandin Wangchuk)
Health Minister

EXECUTIVE SUMMARY

The National Health Promotion Strategic Plan (NHPSP) for Bhutan is a first of its kind in the history of health system of Bhutan. The strategic plan document seeks to provide policy makers, health promoters, educators and other stakeholders with a broad strategic framework for development and strengthening of health promotion within the health sector and sectors across government, private and civil society organisations over the period 2015-2023.

The document provides the current health situation in Bhutan, NHPSP's vision, mission and goals and objectives. The document is based on the five key strategic areas of (i) Health in All Policies (HiAPs), (ii) Capacity Building, (iii) Healthy Settings, (iv)Targeted Interventions for Priority Health Concerns and (v) Innovation for Sustainability. The each of the strategic area is targeted to foster positive processes for health promotion approaches through inter-sectoral collaboration, capacity building, sustainable and healthy settings/interventions, legislation and regulation to support health promotion across all sectors.

The strategic frame work for this document is build on epidemiological evidence of the current health situation, best practices and principles in health promotion, findings from informant interview with the key stakeholders (KII) and a consultative multi-sector meetings and workshops at national and organizational level.

The strategic framework is not only intended to guide sectors within health sector but also agencies outside the health domain in mainstreaming health promotion approaches into their planning processes and program development.

To improve and foster the ownership of the interventions at all levels, the document highlights the key roles and responsibilities of all the stakeholders with Health Promotion Division (HPD) as the nodal agency at the national level to coordinate and initiate partnership building among different sectors.

A timely monitoring and evaluation is essential to ensure accountability and transparency of the participating sectors while implementing health promotion activities within their sectors. An efficient and effective monitoring and evaluation mechanism is required to assist decision makers and stakeholders to build on

lessons learnt and to respond to changing epidemiological trends in health. Hence, the National Health Promotion Steering Committee (NHPSC) will oversee the monitoring and evaluation of the NHPSP. The participating sectors/ stakeholders will be responsible for monitoring the planned health promotion activities within their sectors. The Health Promotion Division will spearhead designing, implementation of monitoring and evaluation tools of NHPSP under the guidance of National Health Promotion Steering Committee (NHPSC). The ultimate goal of this document is targeted towards healthy public policies with its holistic approach of GNH.

SECTION 1:
BACKGROUND

1.1 Introduction

This National Health Promotion Strategic Plan (NHPSP) for Bhutan provides strategic directions for the development of health promotion plans and programs within the health sector and other government and private sectors and the civil society organisations over the period 2015-2023. The plan is based on epidemiological evidences of the current health situation in Bhutan, best practices and principles in health promotion, and findings from the key stakeholders.

Health Promotion is a part of the National Health Policy, 2011 and the recommendations of the 1st Biennial Health Conference. It also builds upon the evidences from IEC/KABP situation analysis, based on the concepts of health promotion in the Ottawa Charter (OC) (WHO, 1986). However, there is still an overemphasis on information and communication interventions which has improved knowledge levels but has not been as effective in addressing the broader determinants of health. Hence a significant change in direction is needed within the health system to address health in a holistic manner emphasising a multi-sectoral, multi level and multi strategic approach to address the determinants of health.

While noting that health is one of the main domains of GNH, the following key concerns are identified:

1. Health continues to collaborate, for the most part, on the same traditional sectors such as education, agriculture, Ministry of Information and Communication and does not adequately engage other sectors;

2. Priority for resource allocation remains in 'curative care domain';

3. Mismatch between policies and implementation.

The NHPSP is designed to support Bhutan's overall development paradigm of GNH. Its main aim is:

1. To encourage an inclusive development approach by mainstreaming NHPSP in all relevant development plans and programmes,

2. To facilitate equity through healthy public policies, enabling supportive environments to live, work, study and play, improving access to health services, and address the broader determinants of health through multi-sectoral collaboration and partnership,

3. To ensure that resources allocated for health promotion result in a healthier and socially vibrant community,

4. To develop and strengthen the capacity of Ministry of Health to address the major determinants of health through a health promotion approach, and

5. To strengthen inter-sectoral collaboration within the sectors of the government, civil society organizations and private sector.

1.2 Contributions to NKRA/SKRA and KPIs based on 4 pillars of GNH

This NHPSP contributes to the Sector Key Result Areas (SKRA) and then to National Key Result Areas (NKRAs) based on the four pillars of GNH. The key results will be the direct behavioural changes leading to improved maternal and child health, nutrition, water and sanitation, health of school children and adolescents, improvements in health of elderly and reductions in non-communicable and communicable diseases.

The NHPSP contributes to the four pillars of GNH as shown in the following table.

GNH Pillar	Contribution of NHPSP
Balanced and Equitable socio-economic development	NHPSP will help in promoting health equity to attain an optimum level of physical, mental, social and spiritual wellbeing and happiness of the citizens.

Preservation and Promotion of Culture	Health promotion activities, whether directed at individuals, groups or communities, are characterized by an understanding of Culture and Tradition.
Conservation of Environment	Through a healthy settings approach, the NHPSP aims to protect natural environments and promote built environments that are sustainable and contribute to a healthier Bhutan.
Good Governance	A key strategic action area of the NHPSP is health in all policies which promote good governance at national and local levels. This approach to health promotion helps mobilise all sectors at all levels to put health on the agenda and enhance the capacity of all sectors to be aware of health consequences and to accept responsibility for health.

1.3 Current Health Situation in Bhutan

Bhutan is facing challenges due to demographic, epidemiological, technological and socio-economic transitions, all of which impact on health outcomes. Issues of morbidities due to communicable diseases such as diarrhoea and other water and sanitation related problems, and malnutrition are widely prevalent. Moreover, Bhutan now faces a double burden of disease with increasing prevalence of lifestyle and environmental related non communicable diseases. Cardiovascular diseases, diabetes, mental health, high levels of tobacco use and alcohol abuse, cancers, accidents and injuries have increased proportionately. The increasing cases of NCD not only burdens families and societies but also have direct bearing on the government expenditure.

The Health Promotion Division then IECH/ICB played a vital role in creating awareness and sensitization on HIV/AIDS and STI and other non communicable and communicable diseases. According to the National Health Survey 2012, percentage of population aged 10-75 years with comprehensive correct knowledge of HIV/AIDS is 16.8%. The prevalence of self-reported diabetes among population aged 15-75 years is 1.4% and prevalence of self-reported hypertension among population aged 15-75 years is 16%.

1.4 Vision and Mission

Vision: "Healthier Bhutan"

Mission:

- To make healthy choices the easy choices for all Bhutanese citizens and those residing in Bhutan, and
- To support and empower various sectors in the government, private, civil society organisations, communities and individuals to engage in actions that promotes their health.

1.5 Goals and objectives

1. Improve physical, social, spiritual, mental and emotional wellbeing with a particular emphasis on infants and children, pregnant women, youth in schools and religious institutes and the elderly,
2. Reduce the risk of major non-communicable diseases,
3. Promote optimal nutrition to ensure the progression of the all Bhutanese from healthy childhood to productive adulthood, and further on into healthy old age.
4. Promote prevention of communicable diseases
5. Promote supportive environments that would improve health and happiness of all segments of the populations living, working, studying and playing in urban and rural settings,
6. Reduce inequalities in health, and
7. Increase contributions of all sectors in promoting health and wellbeing, including financial contributions.

Guiding Principles for Health Promotion

Strategies to contribute to the GNH through health promotion require a sustained and long term integrated approach which takes into account the wider socioeconomic, cultural and environmental conditions which impact on health and happiness. The following are the guiding principles for the NHPSP.

1. Equity and social justice in health promotion;
2. Health promotion is the responsibility of the individual, government agencies, the private sector and the civil society organizations;
3. Community and individual empowerment pre-requisites to health;
4. Providing conducive environments to live, work, play and learn;
5. Partnership building for health promotion;
6. Development of coherent public health policies; and
7. Address underlying determinants and risk factors of health.

SECTION 2:
STRATEGIC FRAMEWORK FOR NHPSP

Health Promotion

Health promotion policy and practice have evolved alongside, and in response to, the broader new public health movements of the past two decades. Current health promotion policy and practice has moved well beyond the areas of IEC, social marketing or behaviour change communication.

It is important to consider the meaning of the word 'health'. This understanding is important as the manner in which health is defined essentially influence the way it is addressed. The World Health Organisation (WHO) defines health as:

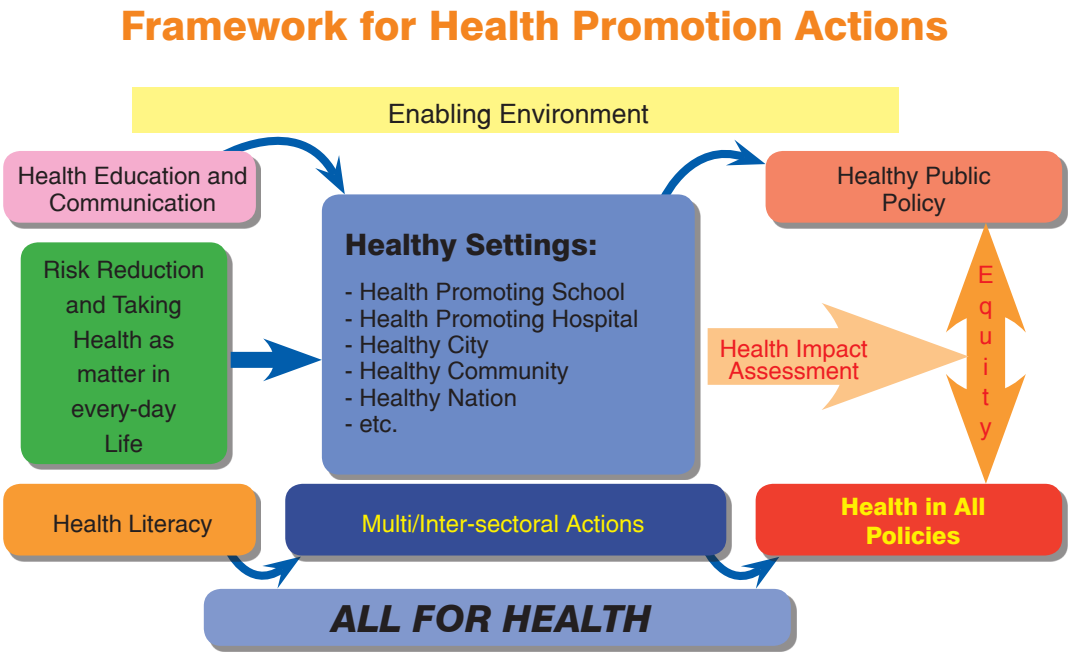
> "Health is a state of complete *physical, mental* and *social well-being*. In order to be healthy individuals or groups must be able to identify and *realise aspirations, satisfy needs, change or cope with the environment*. Health is seen as a *resource* for everyday life, not the objective of living. Health is a positive concept emphasising *social and personal resources*, as well as, physical capacities." (WHO, 1986).

Based on the definition, health is considered from the perspective of fostering maximum health in its positive sense. Thus the NHPSP works toward maximising the health potential, or the balance between health and health potential, in a holistic approach.

Just as health is the result of processes and systems within society, health promotion is:

> "The process of enabling people to increase control over, and to improve their health to reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being." (WHO, 1986)

Approaches to health promotion and conceptual overview



Three broad approaches can be considered as foundations to facilitate effective Health Promotion (WHO, nd).

1. Setting Approach: which is associated with promoting healthy settings, e.g. healthy cities, healthy communities, healthy work places, healthy schools, and healthy hospitals;

2. Population-based Approach: which seeks to promote healthy populations, e.g. children, adolescents, women, elderly, workers, communities etc; and

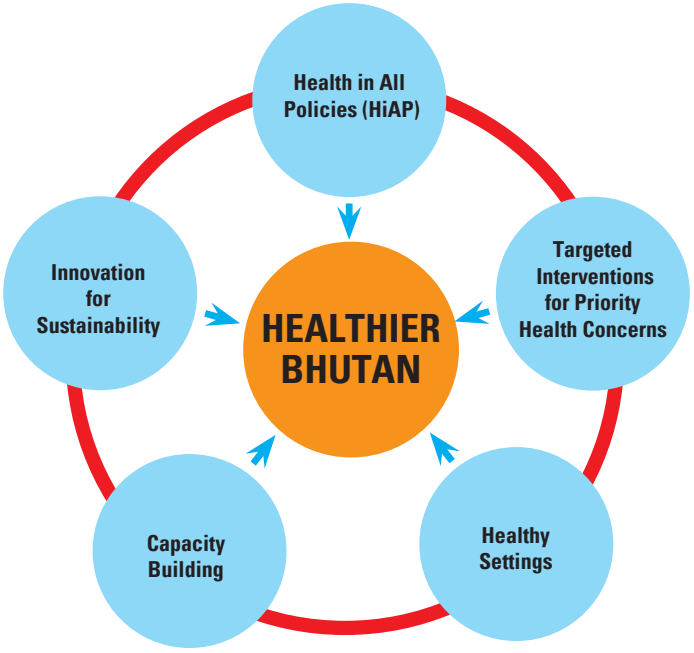
3. Issues-based Approach: which promotes healthy practices on specific issues to address major and common risk factors in areas of diet and nutrition, physical activity, tobacco and alcohol, injury prevention, safe sex, water, sanitation and hygiene, food safety etc.

The priorities and strategies set out within the NHPSP builds on the above three approaches.

Priority Strategic Areas

The broad strategic framework for the NHPSP 2015 – 2023 encompasses the following five key strategic areas:

1. Health in All Policies (HiAP)
2. Capacity Building
3. Healthy Settings (includes schools, cities/towns/villages, and health institutes)
4. Targeted Interventions for Priority Health Concerns
5. Innovation for Sustainability



The aim of the above strategic areas is to foster multi-sectoral collaboration and partnership towards the vision of a healthier Bhutan.

2.1 Health in All Policies (HiAP)

HiAP is an approach to public policies across sectors that systematically takes into account the health implication of decisions, seeks synergies, and avoid harmful health impacts in order to improve population health and health equity (Helsinki statement, 2013). It is based on the understanding that health is shaped by social, economic, physical and environmental dynamics that are outside the control of the health sector. Hence for healthier and happier Bhutan, it is necessary for all government sectors to work towards achieving healthy public policies. An area of emphasis for this strategic plan is to minimize duplication of policies, integration of health promotion as part of the core business of all participating sectors and allocation of adequate funding for health promotion within sectoral budgets as emphasised in key informant interviews (KIIs) and stakeholder consultation (SHC) workshop.

The main role of MoH, particularly HPD in carrying this strategic action area forward would be to act as the nodal agency to advocate for healthy public policies within all government sectors and non-government sectors.

Key action areas:

1. Identify and enhance opportunities to support development and implementation of operational healthy policies in all sectors;
2. Generate evidence for the impact and effectiveness of HiAP;
3. Advocate and sensitize all sectors to support the creation of supportive environments;
4. Establish and maintain strong collaborative relationship with partner agencies

2.2 Capacity Building

The strategic area must focus on developing sustainable skills, organizational structures, resources and commitment to health improvement in health and other sectors. Specifically, the focus must be to improve:

1. Health infrastructure or services development,
2. Programme sustainability and
3. Problem solving capability of the organizations and communities.

HPD's main role will be to coordinate the NHPSP with emphasis on the implementation of HiAPs. HPD needs to be restructured to enable them to act as a nodal for facilitating and enabling the implementation of the five strategic action areas of the NHPSP. It is suggested that separate sections within the HPD be created for overseeing the following areas: HiAPs, Healthy Settings, Development of Evidence Based health promotion, Community Mobilisation and Partnership Building, Innovation for financial sustainability, Awareness and Engagement for health.

This strategic area will need to address health infrastructure or service development, program maintenance and sustainability and building problem solving capability of relevant sectors in Government, Private, NGO and Communities in health promotion.

Key action areas:

1. Strengthen and build capacity of all agencies at all levels to implement the National Health Promotion Strategic Plan across sectors
2. Strengthen capacity, encourage attitude and culture of partnership, collaboration, and multi-sectoral actions towards healthy settings and approaches

2.3 Healthy Settings

The settings approach is one of the fundamental international foundations of health promotion (Kokko, Lawrence, & Kannas, 2013) and is a holistic way of improving the living, working, playing and learning environment of people to facilitate and enable them to make healthy choices.

In the NHPSP 2015 – 2023 the following three settings are chosen: health promoting schools (HPS), health promoting hospitals (HPH), and healthy cities/towns/villages.

2.3.1 Setting 1: Health promoting schools (HPS) and Institutions

The NHPSP emphasizes strengthening of the existing School Health Programmes in Bhutan to change the current approach to one that is based on a whole school approach that engages not just students and staff but also the broader community including parents and the private sector. While a comprehensive and whole school approach to health ideally involves engagement of the private sector, particularly businesses, potential business partners need to be chosen with caution to avoid potential negative effects on health. For example businesses which may be promoting junk foods, sugary drinks, alcohol etc.

Schools in Bhutan continue to play a major role in improving health and wellbeing. Most schools have a School Health Coordinator responsible for implementing the school health programmes. However, current setting will need to be elevated to achieve the desired outcome.

Field observations, KII and stakeholder consultations identified schools, including religious institutes, as important factor for promoting healthy lifestyles and noted the following concerns and needs:

- The current emphasis is more on a health education approach with the emphasis on curriculum rather than a whole school approach,
- There is little, if any, active engagement of community and parents in planning and delivery of the school health program,

- Transfer of School Health Coordinators to other schools makes sustainability challenging,
- School Health Coordinator's are existing teachers who are given the additional role of school health. This makes it difficult for these staff members to provide the time required for implementing the school health programme.
- Physical activity while seen as an important part of the school health programme is optional for students and time is allocated only once or twice a week.

Studies have shown that a well developed HPS programmes encourages children to adopt healthy behaviours, develops student resilience, build important protective factors for student's health and wellbeing and create an overall social environment in the school that supports overall health outcomes.(Green & Kreuter, 1991; Hawkins & Catalano, 1990), (Stewart, Sun, Patterson, Lemerle, & Hardie, 2004).

Key action areas:

- Develop and implement comprehensive health promoting school policies/ plans,
- Create a safe and supportive environment (built, physical, and social environments) for students and staff to maintain healthy habits,
- Support schools in developing mechanisms for effective coordination and partnership to promote HPS between Schools and communities.

2.3.2 Setting 2: Health Promoting Hospitals/Facilities (HPH/F)

The concept of HPH/F is a paradigm shift from the conventional mandate of health service providers providing clinical and curative services. It is a move towards a holistic system to include mandates that are sensitive and respects cultural needs. This may call for structural amends of the organization, changes in quality of care services and social services.

For effective achievement of the HPH/F approach and thereby improve health gains of patients, staff and community, the HPH needs to be implemented as a "comprehensive overall approach that is integrated within hospital/health service (quality) management systems" (WHO, 2007a, p.7). This includes addressing the key areas (Peliken, Krajic, & Dietscher, 2001), which can be considered as the *international standards* for HPHs:

1. Physical and social setting: This includes consideration of the ecological effects of hospital/BHU functions such as ecological management of dangerous waste and resource consumption; architecture that is both functional and aesthetically designed to address needs of patients, staff and visitors; provision of a smoke free environment and improving the psychosocial hospital setting through education and training and active participation of staff and patients.

2. Workplace: This includes according high priority to health of hospital staff, reorientation of work processes to minimise health risks for staff, improvement of staff training and education and promoting active and participatory role of staff including staff empowerment.

3. Health services: In the delivery of health care services the focus should be on empowering patients to "become co-producers of their healing and recuperation processes, as well as of maintaining their health status" (p. 240).

4. Training, education and research: This includes systematic incorporation of health promotion as part of the training and education of staff across the board and undertaking hospital based research.

5. Being an advocate and "change agent": This includes promotion of health in the environment and community the hospital serves in by forming alliances with the community, local government, civil service organization and private sectors and actively involving these partners in planning hospital services.

6. Health Promotion as a strategy for development of "healthy hospital organizations": This means the development of the hospital as an

organization that acts strategically in its environment, that aims to improve integration and cooperation intra sectorally and inter sectorally and that applies principles of quality of care.

Hospitals and other institutes that provide health services such as District Hospitals and Basic Health Units within the Bhutan context, can have a lasting influence on the behaviour of patients, and relatives as "patients are more likely to respond positively when provided health advice while they are experiencing ill-health" (Florin & Basham, 2000). In Bhutanese context the focus is on District Hospitals and Basic Health Units (BHUs) during this plan period.

Key action area:

- Utilize HPH approach in all health facilities

2.3.3 Setting 3: Healthy cities/towns/villages/workplaces

The healthy cities approach is a holistic approach based on the assumption that everything within a community is connected and therefore multi sectoral involvement is necessary to address health of the residents of a city (Glouberman, Gemar, & Campsie, 2006). For a city to be considered as a health city, the focus needs to be on taking care of the basics to ensure healthy people, ensuring liveability now and into the future through creating healthy environments, and ensuring healthy communities by promoting inclusion, belonging and connectedness (City of Vancouver). A healthy city has been defined by Hancock and Duhl as follows (Hancock & Duhl, 1988):

A healthy city is one that is continually creating and improving those physical and social environments and expanding those community resources which enable people to mutually support each other in performing all the functions of life and developing their maximum potential (p. 24).

The NHPSP identifies the following areas of need to make Bhutanese cities a healthy place to live, work and play:

- Built environment that can promote physical activity,

- Social and political environment that engages youth and creates employment for them,
- Social environment that creates a sense of belonging particularly among youth and elderly,
- Healthy Public policies that promote mental wellbeing and bring about a better work-life balance,
- Capacity building in areas such as planning and problem solving, particularly at the local level.

Initially a feasible number of Thromde/Towns will be identified for piloting the HPC during the 11th plan and lessons learnt from these sites will be incorporated and rolled out to other Thromde/Towns during the subsequent five year plans.

Key action area:

- Identify and enhance opportunities to support healthy setting process in targeted city/towns/village/workplaces

2.4 Targeted actions for priority health issues

While there are a number of health problems that affect Bhutanese citizens which needs to be addressed within the NHPSP, given the existing human and financial resource constraints it is more effective to target specific areas. Therefore, the following areas for targeted interventions have been identified: **NCDs, Nutrition, Water and Sanitation and Road Safety.**

2.4.1 Focus priority 1: NCDs & CDs

Chronic diseases account for a high percentage of deaths worldwide. Similarly, NCD in Bhutan has become the largest challenge accounting for 62% of total disease burden. Major NCDs in Bhutan include cardiovascular diseases (CVDs), mental health (neuropsychiatric conditions), injuries and to a lower extent, respiratory diseases, cancer, and diabetes. Modifiable risk factors such as unhealthy diets, sedentary lifestyles, tobacco use and harmful use of alcohol are documented as the

main contributors to NCDs in low and middle income countries, including Bhutan. Within the WHO South East Asia Region, including Bhutan, the major challenges for the prevention and control of NCDs have been identified as follows: Lack of strong national partnerships for multisectoral actions, weak surveillance systems, limited access to prevention, care and treatment services for NCDs, insufficient allocation of funds, limited human resources for NCDs, difficulties engaging the industry and private sector and lack of social mobilisation. Hence, the NHPSP will address these challenges.

Key action areas:

- Advocate and sensitize policy makers including parliamentarians for policies that promote actions to reduce risk for NCD & CD,
- Increased awareness of risk factors for NCDs and ways of preventing the development of NCDs

2.4.2 Focus priority 2: Communicable Diseases

Infectious diseases continue to be the major cause of morbidity and mortality in the country. Respiratory infections and diarrheal diseases still remain in the top three conditions afflicting the Bhutanese population (Annual Health Bulletin, 2014). New strains of influenza viruses are always evolving with the threat of an influenza pandemic. The HIV/AIDS and STIs are also putting great strain on the health system of Bhutan. Concerted effort and priority is given from all stakeholders for its prevention and control.

2.4.3 Focus priority 3: Nutrition

Under nutrition, particularly among children, is a problem in Bhutan with 2010 data indicating 33.5% of children under 5 years of age were stunted, 12.7% underweight, 5.9% wasting and 7.6% overweight (WHO, 2008). Insufficient nutrition during first two years of life can reduce a nation's economic advancement by 8% as a result of direct productivity losses, losses via poorer cognition, and losses via reduced schooling (Bhutta et al., 2013). While infants and children bear the heaviest burden of under nutrition, poor feeding practices is also contributing to increasing numbers

of obese children worldwide (Bhutta et al., 2013; WHO, 2007b). Conditions such as stunting, severe wasting and intrauterine growth restriction (IUGR) in the first two years of life if followed by rapid weight gain in the 3-5 year period has been shown to increase the risk of chronic disease later in life. It is therefore, imperative that Bhutan address under nutrition; optimizing maternal and child nutrition has benefits that "will accrue and extend over several generations" (Horton & Lo, 2013, p. 2).

Key stakeholder identified the following priorities:

- Improvement of nutritional status particularly among adolescents and pregnant women
- Improving food security for the country as a whole

There is emphasis on the need for providing accessibility to affordable nutritious food for all the citizens of Bhutan through incentivizing farming, marketing of agricultural products and implementation of policies that promote food sufficiency. Concern was expressed on the increasing use of grains for alcohol production, and issues around hygienic preparation of food.

The evidence provided in the Lancet Maternal and Child Nutrition Series strongly indicate the importance of the first 1000 days from conception to 2 years (Maternal and Child Nutrition Study Group, 2013). There is a strong argument made to ensure that "women enter pregnancy in a state of optimum nutrition" (p. 2) since a significant percentage of women in low to middle income countries including Bhutan are unable to access adequate prenatal care until they are about 5 0r 6 months pregnant. Nutrition related interventions therefore should be implemented across the whole life course with emphasis on timing and the creation of an enabling environment for optimal nutrition (Horton & Lo, 2013).

The following **life course interventions** have been documented in the literature as effective strategies for addressing maternal and child under nutrition (Bhutta et al., 2013). The health promotion interventions and actions proposed in the NHPSP 2015 – 2023 are guided by this evidence.

1. **Preconception Care** targeted to adolescents which includes family planning, delayed age at first pregnancy, prolonging of inter-pregnancy interval, abortion care and psychosocial care.

2. **Pregnancy Care**: Interventions targeted to women of reproductive age and during pregnancy including folic acid supplementation, iron or iron and folic acid supplementation, maternal calcium supplementation, maternal iodine supplementation or fortification and addressing maternal wasting and food insecurity with balanced energy and protein supplementation.

3. **Integrated and comprehensive nutrition interventions** targeted to adolescent girls, pregnant women, newborn babies, infants and children. This includes family planning, nutrition education and counselling, promotion of exclusive breastfeeding and timely introduction of adequate and safe complementary foods, immunization, de-worming, early childhood development, integrated management of childhood illnesses, integrated management of pregnancy and childbirth, adolescent sexual and reproductive health, micronutrient supplementation (Vitamin A supplementation 6 – 59 months, preventive zinc supplementation, iron and folic acid, calcium and iodine supplementation for pregnant women).

4. **Nutrition specific interventions at population level** such as fortification of staple foods and specific foods; cash transfer programmes such as financial incentives to ameliorate poverty, reducing financial barriers and improving population health; community-based nutrition education and promotion; integrated management of childhood illnesses; deworming, promotion of food hygiene and school based programmes.

Key action area:

- Advocate for supportive environment for multisectoral approach with leadership (policy makers, parliamentarians, corporate sectors) to address malnutrition.
- Develop and implement innovative and community-based interventions to address malnutrition especially in adolescent girls, pregnant and lactating mothers, and children under 5 years of age

- Develop effective and innovative education and communication strategies to improve the nutrition situation of all population.

2.4.4 Focus priority 4: Water & Sanitation

Water and Sanitation is a key area to be addressed to reduce the burden of diarrhoeal diseases. While Bhutan has adequate coverage of safe drinking water, access to hygienic sanitation facilities, particularly in the rural area, is inadequate. Sustainability of the existing sanitation facilities, particularly in terms of hygienic maintenance is also a key area of concern. Lack of ownership is the key contributor to poor maintenance and protection of water sources and sanitation facilities. The NHPSP will ensure community engagement and mobilisation as a way of fostering and advocating community ownership of water and sanitation facilities. Poor hygiene and sanitation practices and poor waste disposal and management were also identified as areas to be addressed to reduce the burden of diarrhoeal diseases.

Key action area:

- Advocate sectors and local governments to implement and ensure sustainable mechanisms for improving accessibility to water and sanitation facility and investment on safe water, improved hygiene and sanitation.
- Create awareness and mobilize community to improve hygienic practice and utilization of water and sanitation

2.4.5 Focus priority 5: Road Safety

As per the 2014 data of Road Safety and Transport Authority, Bhutan has 68685 vehicles of which 36273 are in Thimphu. With the increasing number of vehicles in the country, road safety has become one of the major concerns of the government. According to the WHO data of 2011, road traffic accidents deaths ranked at number eleventh among the top 20 causes of death in Bhutan. There were 106 deaths due to traffic accidents in 2011.

Key actions are:

- Advocate for and contribute to the development of policies across all sectors that promote road safety and promote physical activities
- Advocate for and contribute to the development, and enforcement of regulatory and innovative initiatives that reduce the risk of injuries, (such as seat belt, laws on mobile phones while driving, safe bicycle lanes, etc).

2.5 Innovation for sustainability

Sustainability of health promotion effort will anchor on, inter alia, political commitment, fund availability and commitment to collaboration and partner amongst various agencies across all sectors. Since health promotion calls for intervention from multiple sectors, this gives rise to problems of accountability and ownership. While the Health Promotion Division (HPD) of Ministry of Health has been overseeing various health promotion programmes within Health Sector, it lacks mandate to oversee health promotion beyond health sector leading to duplication of plans and programmes and wastage of resources. Therefore, there is a need to identify a nodal agency within the Government system to champion/steward the health promotion, while the concerned agencies will be mandated to plan, budget, coordinate and implement health promotion activities.

The responsibility of the nodal agency will be to provide technical assistance and coordinate amongst various agencies as and when required.

Key action area:

- Innovative sustainable financing for effective health promotion,
- Innovative health promotion interventions responsive to social, cultural, economical and environment factors.

2.5.1 Co-ordination, Implementation, and Monitoring and Evaluation

The NHPSP will be implemented by the multi-sectoral partners. A mechanism for monitoring and evaluation is required to ensure accountability and transparency by all contributing sectors in realizing the common goals and objectives of promoting health, wellbeing and happiness of Bhutanese people. Timely monitoring is essential to adjust and inform future strategic directions and plans to respond to changing epidemiological trends in health.

The National Health Promotion Steering Committee (NHPSC) will oversee the monitoring and evaluation of the NHPSP. The various participating sectors/ stakeholders will be responsible for monitoring the planned health promotion activities within their sectors.

Evaluation of the NHPSP will be coordinated by the HPD of MoH under the guidance of National Health Promotion Steering Committee (NHPSC). Evaluation will focus on the process indicators as well as evaluation of the outcomes and impact of the plan. Evaluation will involve participation by both internal and external parties to assist decision makers and stakeholders to build on lessons learnt.

1. PPD (as focal point) of concerned sectors and agencies will take responsibility to upload health promoting plans (activities) into National Monitoring System (PlaMS). Then monitor the HP activities strictly and update the progress into the PLaMS on quarterly/semi-annual basis.

2. HPD, MoH to coordinate review meetings on health promoting activities with the concerned stakeholders. Based on this each participating sector will develop their annual work plans.

3. HPD, MoH to initiate mid-term and periodical evaluation of health promoting activities within a five year plan cycle.

SECTION 3:
INFORMING FUTURE PLANNING

3.1 Monitoring Activities

The NHPSP involves a number of stakeholders implementing health promotion action which contributes to the overall goal of a healthy and happy Bhutan. It is important therefore to monitor how the activities outlined in the plan are being implemented. While each sector would have their own monitoring systems, HPD will be responsible to monitor overall implementation of the NHPSP and will identify shortfalls and gaps in programming as well as areas in where there is a potential for duplication and overlap. HPD will also assist in identifying current and emerging priorities and new opportunities for health promotion.

3.2 Building evidence base

Building an evidence base is about collecting relevant information, analysing and synthesizing them to ensure that all considerations are taken into account in planning for future investment in health promotion and protection of health and wellbeing of the Bhutanese population.

Timely and appropriate evaluation of the NHPSP forms an important component of the evidence base. Robust evaluation is necessary to ensure all aspects of the plan are assessed in a timely manner, lessons learnt, strengths built on and future directions and policies are evidence based. Evaluation is also important to ensure that the Bhutanese population is benefiting from the plan.

Building an evidence base involves monitoring and critically reviewing strategies, interventions and actions and evidence from different parts of Bhutan and internationally where relevant.

3.3 Research capability and setting research priorities

Research is part of the evidence base and is an essential component for future planning. It is important for the research agenda to be determined collaboratively

and through a consultative approach as such approaches contribute to a unified research agenda and maximises use of limited resources. A collaborative research agenda also has the potential to accelerate policy changes and investment in health promotion action.

It is important for the research agenda for Bhutan to be priority driven work that contributes to population health and the effectiveness, efficiency and equity of the health system. Such a research agenda requires commitment of Government and all stakeholders as well as the capacity to integrate research-based knowledge into policy and practice.

Research will require the development and nurturing of a skilled, interdisciplinary workforce with the expertise to conduct research and evaluation of health policies and program. Such capacity building may initially require collaboration with international universities and academics. It also will require close engagement with tertiary educational institutes, research organizations and academics in Bhutan.

The following are areas for specific research undertaking during the NHPSP.

- Baseline research across sectors to determine current and potential areas of engagement in HP in each sector
- Baseline research across sectors to determine actual and current epidemiology in noted priority areas
- Qualitative research protocols developed in areas reflective of NHPSP priorities;
- Longitudinal research protocols to follow NHPSP implementation and impact.
- Health promotion evaluation research to measure impact and effectiveness of HiAPs and the settings approach to health (health promoting schools, health promoting healthy institutes and healthy cities/towns/villages)
- Trends in community and non government sector engagement with the various NHPSP strategic action areas.

SECTION 4:
ROLES AND RESPONSIBILITIES OF STAKEHOLDERS

Government

- Leadership and Political Commitment

Stakeholder of NHPSP	Roles/responsibilities
Gross National Happiness Commission	• Advocacy and sensitization for inter-sectoral responsibility for health promotion to mainstream health promotion plans and activities into their plans. • Enforce Health Impact Assessment as a requirement for development projects. • Enforce GNH screening tool to screen all government policies to ensure HiAP • Support monitoring of progress of implementation of NHPSP. • Support adequate budget for health promotion activities to sectors and agencies
Local Governments	• Mainstream health promotion plans and activities into local government plans. • Support implementation of local level health promotion initiatives. • Champion and lead the implementation of Healthy Cities/ Towns/Village initiative. • Support enforcement of laws and regulations particularly related to harmful use of alcohol, tobacco use and road safety. • Promote community ownership of Water & Sanitation infrastructure. • Promote social responsibility for health. • Support and recognise the role of trained village health workers.
MSTF (Multi-sector Task Force) & CBSS (Community Based Support System)	• Mainstream health promotion plans and activities into their plans. • Community Mobilization for health promotion activities. • Support implementation of community level health promotion initiatives. • Improve community health literacy.

Stakeholder of NHPSP	Roles/responsibilities
Ministry of Health	• Mainstream health promotion plans and activities into sector programme and plans. • Facilitate implementation of NHPSP. • Advocate for the introduction of health impact assessment (HIA) as an integral part of development projects. • Capacity Building in implementing integrated health promotion initiatives and activities. • Advocacy for health promotion across government agencies including parliament and the judiciary, nongovernment agencies, and private sectors. • Support development of innovative, culturally appropriate and targeted multi-media educational material to accompany planned interventions to address priority areas identified in NHPSP. • Provide timely health information, communication, and guidance to strategic partners. • Identify champions of health promotion outside formal health sectors. • Implement specific health promotion activities where HPD is identified as the Lead Agency.
Ministry of Economic Affairs	• Mainstream health promotion plans and activities into sector plans. • Implement economic interventions targeted to reduce harmful use of alcohol (example licensing to regulate availability of alcohol and tobacco). • Support initiatives to raise funds for health promotion activity. • Support initiatives to promote social responsibility for health in the corporate sector. • Collaborate to monitor sale of alcohol and tobacco. • Initiate alternative source of energy.
Ministry of Finance	• Mainstream health promotion plans and activities into sector plans. • Allocate adequate funds to sectors implementing health promotion plans. • Support plough back of tax levied (sin tax) on junk foods, harmful substances such as alcohol, tobacco, etc., to MoH for health promotion activities • Support introduction of economic incentives to improve food availability

Stakeholder of NHPSP	Roles/responsibilities
Ministry of Home and Cultural Affairs (Royal Bhutan Police)	• Mainstream health promotion plans and activities into sector plans. • Enforce policies and laws that reduce harmful use of alcohol, prevent tobacco use, drugs, substance abuse and promote road safety. • Provide adequate space around Lhakhangs, Chortens and Manidungkhors (prayer wheels) for physical activities by devotees such as elderly person. • Discourage use of imported packaged foods during cultural and religious offerings (Tsho).
Regulatory Agencies like BNCA, DRA, etc	• Mainstream health promotion plans and activities into agency plans. • Enforce and regulate narcotic and substance abuse including tobacco rules and regulations. • Protect consumer's health both human and animal by regulating safety, efficacy and quality of medicinal products. • Support for advocacy and sensitization on ill effects of substance abuse
Dratshang Lhentshog, Choedhey and Religious bodies	• Mainstream health promotion plans and activities into their plans. • Improve awareness of religious leaders about NCD prevention measures, sanitation and hygiene, harmful effects of tobacco and alcohol use, and nutrition for infants, children and adolescent girls. • Revise curricula of the Dratshangs to include information and education on health promoting behaviours. • Support religious schools to implement health promoting school approach • Build capacity of institutes to promote health. • Promote engagement of parents and community in religious school health initiatives. • Discourage use of imported packaged foods during cultural and religious offerings (Tsho).

Stakeholder of NHPSP	Roles/responsibilities
Ministry of Information and Communication /Bhutan Information Communication and Media Authority (BICMA)	• Mainstream health promotion plans and activities into sector plans. • Implement policies relating to restrictions of advertising alcohol, tobacco and unhealthy foods. • Facilitate MoH in the dissemination of health information and initiatives to improve health literacy. • Facilitate MOH in improving reach of media messages with minimal costs. • Promote social responsibility for health among private media companies. • Increase contribution to health promotion by increasing free air time for health messages.
Ministry of Education	• Mainstream health promotion plans and activities into sector plans. • Develop comprehensive health promoting school policy and action plan. • Initiate and coordinate the implementation of the pilot health promoting schools. • Incorporate/reinforce into curriculum on promoting healthy behaviours such as good nutrition, regular physical activity, responsible sexual behaviour, personal hygiene, etc. • Promote engagement of parents and community in school health initiatives. • Strengthen health literacy into non-formal education curriculum, particularly in areas related to: nutrition of infants, children, adolescent girls and pregnant women, infant feeding practices, personal hygiene, sexual health and physical activity. • Support schools in building partnership with civil society organizations, and the private sector to promote health of students and staff. • Engage and empower students in peer-to-peer psychological support and in health promoting activities among youth. • Support safe and healthy environment in school, and removing health hazards within and around the school, including selling of alcohol, cigarettes, tobacco products, etc. • Develop and enhance school gardens to promote nutritious and chemical free fruits and vegetables

Stakeholder of NHPSP	Roles/responsibilities
Academic Institutions, Training Institutes/colleges/military institutes	• Mainstream health promotion plans and activities into their plans • Incorporate health literacy into curriculum, particularly related to the following: nutrition, physical activity, help seeking, harmful use of alcohol, tobacco use, drug abuse, hygiene, responsible sexual behaviours. • Offer certificate/diploma/short courses, workshops, and seminars etc. that develop core skills in health promotion. • Incorporate health promotion into degree and postgraduate degree courses.
Mass Media Organizations	• Allocate percentage of free air time and print space for health related public service announcements/awareness. • Support MoH in developing good quality media materials to support targeted health promotion interventions.
Ministry of Agriculture and Forests	• Mainstream health promotion plans and activities into sector plans. • Formulate and implement policies that increase availability of affordable and nutritious foods, particularly to rural populations. • Offer economic incentives to the most disadvantaged communities to enhance food security and availability of good quality nutritious food. • Undertake measures to regulate and enforce food safety and quality. • Support schools in improving the amount and quality of nutritious food produced through school gardens and agriculture programme. • Support introduction and enforcement of food labelling guidelines. • Advocate for the introduction of economic measures such as taxes to discourage importation of junk foods and drinks into the country.

Stakeholder of NHPSP	Roles/responsibilities
Bhutan Chamber of Commerce & Industry	• Advocate and engage corporate sector and private sector to contribute financially towards enhancing food security for marginalised and most disadvantaged communities and population groups. • Promote industrial and private sectors to take up social responsibilities and provide financial contributions to health promotion actions. • Develop and implement programs that promote social responsibility for health. • Take actions that will increase accessibility to healthy and nutritious foods, promote healthy work places, reduce harmful use of alcohol, and reduce tobacco use. • Collaborate to promote awareness across business sectors on occupational health and safety standards.
Royal Civil Service Commission (RCSC)	• Ensure adequate staffing for sectors to implement health promoting activities and programs • Promote healthy working conditions for civil servants
Ministry of Labour and Human Resources	• Mainstream health promotion plans and activities into sector plans. • Promote occupational health awareness for the working population. • Engage tripartite (Government, Employers and Employees) system to promote social responsibility for occupational health. • Develop policies and regulations that promote and support in building safe and healthy work environment. • Enforce legislation on Occupational Health and Safety to ensure workers' health. • Adapting Occupation health and safety legislation, policies and procedures to keep pace with change.

Stakeholder of NHPSP	Roles/responsibilities
Ministry of Works and Human Settlement	• Mainstream health promotion plans and activities into sector plans • Sensitization of urban planners, engineers, architects and designers on the need for health promoting built environments. • Engage communities to promote ownership of water and sanitation facilities. • Implement mechanisms to generate sense of accountability for public water and sanitation infrastructure. • Support developing policies and standards that promote built environments that promote physical activity, social connection and promote personal safety and road safety. • Promote healthy city
Road Safety and Transport Authority (MOIC)	• Mainstream health promotion plans and activities into sector plans. • Develop and implement policies that prevent drink driving, and promote road safety. • Make changes to roads that will promote safety of pedestrians. • Enforce regulations that promote safe driving and safety on roads for pedestrians.
Civil Society Organizations and NGOs	• Mainstream health promotion plans and activities into their plans. • HR strengthening of agencies. • Partner with schools, health institutes and local government to promote health, particularly promoting well-being of elderly and youth. • Advocacy for health promoting policies.
National Environment Commission	• Mainstream health promotion plans and activities into sector plans. • Monitoring of water and air quality. • Regulate waste management.

International Organisations and Academic Institutes	
WHO	• Overall support for Plan implementation. • Technical and financial support for all levels of capacity building. • Support for legislation and development of HP Foundation. • Support monitoring of progress of implementation of NHPSP. • Support implementation of HiAP.
UNICEF	• Support schools in implementing health promoting school policies that meet international standards. • Support in relevant areas to UNICEF Bhutan engagement, including : capacity building , non-formal education curriculum, particularly areas related to: nutrition of infants, children, adolescent girls and pregnant women, infant feeding practices, water and sanitation, personal hygiene, sexual health and physical activity.
UNESCO	• Support schools in implementing health promoting school policies that meet international standards.
FAO	Support for relevant areas of plan related to FAO relevant areas including: • Policies that increase availability of affordable and nutritious foods, particularly to rural populations. • Economic incentives to enhance food security and availability of good quality nutritious food. • Measures to regulate and enforce food safety and quality. • Support schools in improving the amount and quality of nutritious food produced through school gardens.
Asian Development Bank	• Financial support for all levels of capacity building. • Financial support for HP Foundation development and operations. • Technical support for establishment of HP Foundation.
UNFPA	• Financial support for all levels of capacity building. • Overall support for Plan implementation. • Technical and financial support for all levels of capacity building. • Support for legislation and development of HP Foundation. • Support monitoring of progress of implementation of NHPSP. • Support implementation of HiAP.
International Academic Institutes	• Support in establishing research capacity. • Technical support in conducting evaluation studies to measure effectiveness and impact of NHPSP. • Technical support for building capacity of participating sectors in the area of health promotion. • Collaboration with research activities. • Collaboration in implementing innovative interventions for health promotion. • Collaboration in implementing Strategic area of Innovation for Sustainability.

SECTION 5:
TERMS OF REFERENCES

5.1 Terms of Reference for National Health Promotion Steering Committee

1. Approve health promotion as a priority at the highest level and commit to support the NHPSP.
2. Advice the government on specific matters related to health promotion.
3. Review policy framework and approve monitoring and evaluation tools, guidelines, SoPs, work plans, etc., for health promotion.
4. Identify health issues and prioritize health promotion areas in the respective organization and allocate adequate resources.
5. Ensure all agencies have a relevant official nominated as a Task Force Member (Technical Working Member).
6. Ensure all sectors effectively implement policies and activities that fall within their responsibility through Monitoring and Evaluation tool.
7. Ensure allocation of adequate agency annual budget or as per the requirement of the work plan to implement sector specific health promotion plans.
8. Support Health Impact Assessment as a requirement for development projects.
9. Identify health promotion research priority and support research.
10. Strengthen inter-sectoral collaboration for health promotion through fostering strategic partnership with engagement of government agencies, academia, civil society, and private sectors.
11. All members shall elicit full commitment as a committee member for NHPSC

5.2 Terms of Reference for Technical Working Group

Prepare agency specific work plan in line with NHPSP and in consultation with Health Promotion Division (HPD) of MoH;

1. Implement health promotion policies and activities that fall within their responsibility;
2. Develop evaluation and monitoring tool, guidelines, SoPs, work plans, etc., in collaboration with HPD, MoH;
3. Participate for health impact assessment tool development and implementation;
4. Submit progress report on implementation of health promotion activities to NHPSC through Health Promotion Division, MoH and
5. Carry out any other specific work assigned by the NHPSC.

SECTION 6: INDICATORS

Strategic area	Output indicator	Outcome indicator
1) **Health in all policies** Coordinate and advocate for health promotion	- Health is considered and integrated in all sectors strategic actions with integrated efforts - Numbers of public policies declared to reduce negative impacts on health of population (healthy public policies)	- reduced morbidity and mortality - increased social protection and equity
2) **Capacity building** Map capacity across participating sectors and build capacity for coordination within and across sector	- numbers of trainings across sectors for coordination and joint-actions for health promotion activities - citified programmes for health promotion developed	- increased health literacy and skills for health advocate among health and staffs across sectors
3) **Healthy Setting** 3.1. Health promoting school Develop comprehensive health promoting school policies and plan	- health promoting school policies and plan developed and implemented - % of school designated to become health promoting school	- improved health status of students and supportive environment for early prevention of health risk factors among younger generation - increased health literacy among school teachers, staffs, students, parents, and communities
3.2. Health promotion in health facilities Implement health promoting hospital approach in all health facilities	- % of health facilities designated/declared as health promoting facilities	- improve quality of care and promote healthy behaviour to patients and families - increase patient and community satisfaction
3.3. Health promoting cities/towns/ villages/ workplaces Engage communities and all relevant sectors to build supportive environments for health.	- numbers of cities/towns/ village/ workplaces dedicated to be healthy settings	- improve population's health and awareness to maintain healthy habits and healthy environments (and increase longevity and happiness)

Strategic area	Output indicator	Outcome indicator
4) **Focus priority** Health and Happiness 4.1. NCD Promote healthy living and multisectoral preventive measures	- numbers of advocacy campaign, plans, and strategies - Increase in awareness of NCD and risks factors - Early diagnosis / screening practices/ check up	- Reduced numbers of major NCD incidences and risk factors - Reduced health care cost for NCD treatment
4.2. Nutrition Involve all sectors in increasing food security and access to nutritious food	- Improved access of nutritious food to targeted population - % of schools children and communities has access to nutritious food in proportion against unhealthy food - % of healthy markets and food products	- Reduction of anaemia cases and malnutrition particularly adolescent and pregnant women - Increased healthy choices to the population
4.3.Water and Sanitation Develop (or strengthen) comprehensive multisectoral action plans for safe water and improved sanitation	% of rural population with access to improved sanitation increased % of rural population with access to places for hand washing with water and soap increased	- Increased access to improved sanitation facilities - Sustained hygienic usage of toilet with hand washing practice
4.4. Road Safety Engage community and responsible agencies for road safety measure	- community action plans for road safety developed and implemented - gaps on implementation of road safety policies and regulations addressed	- Reduction in road traffic accidents, injuries, fatalities, disabilities.
5) **Innovation for sustainability** Identify innovative health promotion interventions and sustainable financing mechanism	- sustainable financing mechanism or dedicated fund from cross sectors and health authorities to support health promotion established - numbers of innovative health promotion interventions suitable for socio-cultural and economic of Bhutan	- Sustainable health promotion infrastructure and fund established

Annexure 1: List of proposed key activities for NHPSP 2015-2023

Key activities:

1. Identify and enhance opportunities to support the development and implementation of operational healthy policies in all sectors.
2. Develop creative ways of enhancing financial resources available for health promotion
3. Advocacy and sensitization to support the creation of supportive environments.
4. Develop strategies to enhance action on coordination and integration for health promotion across all sectors. Or establish and maintain strong collaborative relationships with partner agencies
5. Build capacity for health promotion at all levels and across sectors
6. Generate evidence for the impact and effectiveness of HiAP
7. Develop structures and policy that will enhance commitment to and support health promotion as an integral part of the core business of the health sector.
8. Develop creative ways of enhancing financial resources available for health promotion
9. Encourage attitudes and a culture within the sector that support health promotion action
10. Strengthen and build capacity for implementing the NHPSP at the national, district and local levels of the health system to implement NHPSP.
11. Development and implementation of health promoting school policies and activities in schools across the country
12. Strengthening capacity of schools to promote a healthy setting for living, learning and working.

13. Support schools in developing mechanisms to ensure effective coordination and partnership within and between schools in implementing health promoting school initiatives.

14. Support health institutes in the development and implementation of HPH policies and activities across the country.

15. Upscale 4 sites (2 rural, 2 urban) to become exemplar District Hospitals and BHUs.

16. Identify and enhance opportunities to support the development and integration of WHO's healthy city concepts into city/town/ village development plans.

17. Work with private sector to promote environments that enable health promoting behaviours.

18. Mobilise various community groups in Thimpu (youth, sports organizations, clubs, etc) to engage them to be actively involved in actions that will create a sense of belonging and social connectedness in their city/ town/ village.

19. Upscale x sites (x rural, x urban) to become exemplar HPCs.

20. Advocate and sensitize policy makers including the parliamentarians for policies that promote actions to reduce risk for NCDs.

21. Develop innovative economic interventions to act as a catalyst for health promoting actions that can contribute to the reduction of NCDs.

22. Work with government sectors, corporate sector, small businesses and civil society organizations to improve built and social environment to enable increased physical activity.

23. Develop effective and innovative multi-media campaigns to promote behaviours to reduce NCDs and promote early help seeking behaviours.

24. Develop partnership with corporate sector, civil society organizations and community groups to promote physical activity, healthy dietary practices and social connectedness.

25. Strengthen capacity for promoting active living and promoting early health seeking behaviour of those at risk for NCDs.

26. Develop evidence base for the prevention and control of NCDs

27. Advocate and sensitize parliamentarians and policy makers to introduce and implement policies that promote optimal nutritional status for all living in Bhutan, particularly vulnerable groups such as pregnant women, children and elderly.

28. Work with relevant government and corporate sectors to provide economic incentives to increase self-sufficiency for varieties of healthy foods and fortification of food with micronutrients.

29. Create supportive environments including access to essential services to promote optimal nutritional status for infants, children, adolescent girls and pregnant women.

30. Develop effective and innovative education and communication strategies to promote behaviours that will provide optimal nutrition for infants , children, and adolescents

31. Develop capacity for delivery of effective nutrition interventions for infants, children, adolescent girls and pregnant women

32. Develop evidence base for the promoting optimal nutritional status for infants, children, adolescent girls and pregnant women.

33. Lobby and advocate for policies across all sectors, particularly within local government structures, that foster implementation of sustainable mechanisms for improving accessibility to water and sanitation facilities

34. Advocacy for legislative and regulatory measures to facilitate implementation of existing sanitation policies

35. Lobby for improved investment in safe water, improved hygiene and sanitation.

36. Create awareness to improve hygienic practices and utilization of water and sanitation infrastructure.

37. Mobilise and engage community to improve ownership of water and sanitation facilities.

38. Build capacity to deliver W&S interventions at all levels

39. Develop mechanisms to ensure effective coordination and partnership between the various sectors and groups involved in implementing water and sanitation strategies and initiatives.

40. Advocate for and contribute to the development of policies across all sectors that promote road safety

41. Advocate for and contribute to the development of/ enforcement of regulatory initiatives that reduce the risk of injury such seat belt laws, laws around use or mobile phones while driving, introduction of random breath testing etc

42. Foster the development of environments and communities that promote road safety

43. Mobilise and engage community in promoting road safety.

44. Develop evidence base Program for Road Safety

45. HPD, MoH to conduct mid-term and terminal evaluation of health promoting activities within a five year plan cycle.

List of Core Working Group Member

1. Dorji Phub, Deputy Chief Information and Media Officer, HPD, Department of Public Health, Ministry of Health

2. Thinley Zangmo, Program Officer, HPD, Department of Public Health, Ministry of Health

3. Tshering Dhendup, Head, Research Unit, PPD

4. Sherub Gyeltshen, Planning Officer, GNHC

5. Sonam Lhendup, Planning Officer, MoEA

6. Tashi Penjor, Sr. Planning Officer, MoHCA

7. Dechen Wangmo, Assistant Labour Officer, MoLHR

8. Gyembo Dorji, District Health Officer, Haa District

9. Sonam Wangchuk, District Health Officer, Thimphu District

References

1. Australian Transport Safety Bureau. (2004). Road Safety in Australia: A Publication Commemorating World Health Cay 2004. Canberra: Australian Transport Safety Bureau.

2. Bertrand, J., O'Reilly, K., Denison, J., Anhand, R., & Sweat, M. (2006). Systematic review of the effectiveness of mass communication programs to change HIV/AIDS-related behaviours in developing countries. Health Education Research, 21(4), 567-597.

3. Bhutta, Z. A., Das, J., Rizvi, A., Gaffey, M., Walker, N., Horton, S., Maternal and Child Nutrition Study Group (2013). Evidence-based interventions for improvementofmaternalandchildnutrition:whatcanbedoneandatwhatcost? Lancet, S0140-6736(13)60996-4. http://allafrica.com/download/resource/main/main/idatcs/00061869:8c2f8a74b479f026eb6ae4c9ffa7162c.pdf doi:http://dx.doi.org/10.1016/

4. City of Vancouver. (20 Novembe 2012). Building Blocks for a Healthy City for All. A healthy city for all: Vancouver's Health City Strategy 2012 - 2020. Retrieved 5th July 2013, from http://vancouver.ca/people-programs/healthy-city-strategy.aspx

5. Cowburn, J., & Stockley, L. (2005). Consumer understanding and use of nutrition labelling: a systematic review. Public Health Nutrition, 8 (1), 21-28.

6. Davis, L., Loyo, K., Glowka, A., Schwertfege, R., Danielson, L., & Brea, C. e. a. (2009). A comprehensive worksite wellness program in Austin, Texas: partnership between Steps to a Healthier Austin and Capital Metropolitan Transportation Authority Prevention of Chronic Diseases, 6(A60).

7. Demesnil, H., & Verger, P. (2009). Public Awareness Campaigns about Depression and Suicide: A Review. Psychiatric Services, 60(9), 1203-1213.

8. Department of Health Western Australia. (2012). WA Health Promotion Strategic Framework 2012 - 2016. Perth: Chronic Disease Prevention Directorate, Department of Health, Western Australia.

9. Deschesnes, M., Martin, C., & Hill, A. (2003). Comprehensive approaches to school health promotion: how to achieve broader implementation? Health Promotion International, 18(4), 387-396.

10. Florin, D., & Basham, S. (Eds.). (2000). Evaluation of health promotion in clinical settings. Oxford: Oxford University Press.

11. Glouberman, S., Gemar, M., & Campsie, P. (2006). A framework for improving health cities: A discussion paper. Journal of Urban Health: Bulletine of the New York Academy of Medicine, 83(2), 325-338.

12. Goetzel, R., & Ozminkowski, R. (2008). The health and cost benefits of work site health-promotion programs. Annual Review of Public Health, 29, 303-323.

13. GOSA. (2011). The South Australian approach to Health in All Policies: Background and practical guide. http://www.sahealth.sa.gov.au/wps/wcm/connect/cb6fa18043aece9fb510fded1a914d95/HiAPBackgroundPracticalGuide-v2.pdf?MOD=AJPERES&CACHEID=cb6fa18043aece9fb510fded1a914d95

14. Green, L., & Kreuter, M. (1991). Health promotion planning: an educational and environmental approach. Mourtain View: Mayfield Publishing Company.

15. Hancock, T., & Duhl, L. (1988). Promoting Health in the Urban Context. Copenhagen, Denmark: FADL Publishers.

16. Hawe, P., King, L., Noort, M., Jordens, C., & Lloyd, B. (2000). Indicators to help with capacity building in health promotion. Sydney. http://www.health.nsw.gov.au/pubs/2000/pdf/capbuild.pdf

17. Hawe, P., Noort, M., King, L., & Jordens, C. (1997). Multiplying health gains: the critical role of capacity-building within health promotion programs. Health Policy, 39, 29-42.

18. Hawkins, J., & Catalano, R. (1990). Broadening the vision of education: schools as health promoting environment. Journal of School Health, 60, 178-181.

19. Horton, R., & Lo, S. (2013). Nutrition: a quintessential sustainable development goal. The Lancet, S0140-6736(13)(6 June), 61100-61109. doi: 10.1016

20. Kaner, E., Dickinson, H., Beyer, F., Pienaar, E., Schlesinger, C., & Campbell F, e. a. (2009). The effectiveness of brief alcohol interventions in primary care settings: a systematic review. Drug and Alcohol Review, 28, 301-323.

21. Keleher, H. (2007). Reframing health promotion. In H. Keleher, C. MacDougall & B. Murphy (Eds.), Understanding health promotion. Melbourne: Oxford University Press

22. Kokko, S., Lawrence, W., & Kannas, L. (2013). A review of settings-based health promotion with applications to sports clubs. Health Promotion International, 28(2), 1-16.

23. Kuoppala, J., Lamminpaa, A., & Husman, P. (2008). Work health promotion, job well-being, and sickness absences—a systematic review and meta-analysis Journal of Occupational and Environmental Medicine, 50, 1216-1227.

24. Maternal and Child Nutrition Study Group. (2013). Maternal and child nutrition: building momentum for impact. Lancet, S0140-6736(13)60988-5(Jun 5). http://press.thelancet.com/nutritionseriescomment.pdf doi:doi: 10.1016/S0140-6736(13)60988-5

25. Moon, A., Mullee, M., Rogers, L., Thompson, R., Speller, V., & Roderick, P. (1999). Helping schools to become health-promoting environments—an evaluation of the Wessex Healthy Schools Award. Health Promotion International, 14(2), 111-122.

26. Mukoma, W., & Flisher, A. (2004). Evaluations of health promoting schools: a review of nine studies. Health Promotion International, 19(3), 357-368.

27. Peliken, J., Krajic, K., & Dietscher, C. (2001). The health promoting hospital (HPH): concept and development. Patient Education and Counseling, 45, 239-243.

28. Rice, V., & Stead, L. (2008). Nursing interventions for smoking cessation Cochrane Database of Systematic Review (Art. No.: CD001188). doi: DOI: 10.1002/14651858.CD001188.pub3

29. Room, R., Babor, T., & Rehm, J. (2005). Acohol and public health. The Lancet, 365, 519-528.

30. Scollo, M., Younie, S., Wakefield, M., Freeman, J., & Icasiano, F. (2003). Impact of tobacco tax reforms on tobacco prices and tobacco use in Australia. Tob Control, 12 (suppl 2), :ii59-ii66.

31. Ståhl, T., Wismar, M., Ollila, E., Lahtinen, E., & Leppo, K. (2006). Health in all policies. Prospects and potentials. Helsinki. http://ec.europa.eu/health/archive/ph_information/documents/health_in_all_policies.pdf

32. Stead, L., Bergson, G., & Lancaster, T. (2008). Physician advice for smoking cessation. Cochrane Database of Systematic Review(Issue 2;Art. No.: CD000165. DOI: 10.1002/14651858. CD000165.pub3.).

33. Stewart, D. E., Sun, J., Patterson, C. M., Lemerle, K. A., & Hardie, M. W. (2004). Promoting and building resilience in primary school communities: Evidence from a comprehensive 'health promoting school' approach. International Journal of Mental Health Promotion, 6, 26-33.

34. Wakefield, M., Loken, B., & Hornik, R. U. o. m. m. c. t. c. h. b. L.-. (2010). Use of mass media campaigns to change health behaviour Lancet, 376 1261-1271.

35. WHO. (1986). Ottawa Charter for Health Promotion. Copenhagen: World Health Organization.

36. WHO. (1988). Adelaide Recommendations on Healthy Public Policy. Paper presented at the Second International Conference on Health Promotion, 5–9 April 1988, Adelaide, South Australia.

37. WHO. (1996a). Research to improve implementation and effectiveness of school health programme. Geneva: World Health Organization.

38. WHO. (1996b). The status of school health. Geneva: World Health Organization.

39. WHO. (2005). Preventing chronic diseases. A vital investment. WHO global report Geneva: World Health Organization.

40. WHO. (2006). The Bangkok Charter for Health Promotion in a Globalized World. Health Promotion International, 21(S1), 10-14.

41. WHO. (2007a). The international network of health promoting hospitals and health services: Integrating health promotion into hospitals and health services. Concept, framework and organization

42. WHO. (2007b). Planning GUide for national implementation of the Global Strategy for Infanct and Young Child Feeding

43. WHO. (2008). Nutrition Landscape Information System, Country Profile - Bhutan. Retrieved 9 July, 2013, from http://apps.who.int/nutrition/landscape/report.aspx?iso=btn

44. WHO. (2013). Guideline update: technical aspects of the management of severe acute malnutrition in infants and children. Geneva: World Health Organization.

45. WHO. (nd). Regional Framework for Health Promotion 2002-2005. http://www.wpro.who.int/health_promotion/regional_framework_health_promotion_2002_2005.PDF

46. World Bank. (1993). World Development Report 1993. Investing in health. Oxford: Oxford University Press.