

MINISTRY OF HEALTH



REPORT OF THE FIFTH **BIENNIAL HEALTH CONFERENCE**

TSIRANG, BHUTAN

17-19 SEPTEMBER 2019



Developed and Published by:

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Suggested Citation: Ministry of Health, (2019). Report of the Fifth Biennial Health Conference, Thimphu; PPD, MoH.

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A. INTRODUCTION

The Biennial Health Conference (BHC) is the platform for the health sector to congregate and set forth a concerted direction towards improving the health outcome of the nation. Each BHC is organized around a theme that provides opportunity for the health fraternity to trigger and discuss on a progressive set of recommendations, encompassing policy rethinking and governance systems, in order to accomplish that theme.

“Enhancing Integrated People-Centered Health Services” was set as the theme for the fifth BHC considering its relevancy of ensuring access to quality health care services that meets the people’s life course needs as a primary element of Universal Health Coverage. The theme represents the Ministry of Health’s, as the lead for the health sector, call to refocus our attention and strengthen the model of health care in which people and communities are at the center of health services.

The three days Biennial Health Conference was convened at the Professional Development Centre in *Tsirang* w.e.f 17-19 September 2019. A preconference technical session, on 16th September 2019, on the theme of the conference was conducted to set the stage for the BHC. The plenary sessions deliberated on matters pertaining to the health and how the health sector can contribute to improving the health outcome of the nation. A series of side events comprising of different committees were organized as part of the deliberation on specific issues that required immediate recommendation to the conference and the health system.

Each day began with an exciting physical exercise and *Zhiney* (Calm-abiding) meditation sessions, which is indigenous and a perennial part of the Bhutanese *Sowa-Riga* (traditional medicine). A football match was also organized on the theme **“Initiating a National Wave to Combat NCDs”** to symbolize the importance of physical activity.

The *Tsirang Rabdhey* offered continuous offering to the deities and prayers for the smooth conduct of the conference and wellbeing of the health fraternity. The *Tsirang* Dzongkhag administration played a significant role in the organization of the conference with support from the Professional Development Centre, Royal Audit Authority, *Tsirang*.

B. INAUGURAL SESSION

His Excellency, *Lyonpo* Namgay Tshering, Minister, Ministry of Finance graced the inaugural session of the conference as the chief guest.

The Health Minister, Health Secretary, *Dasho Dzongdags* of *Tsirang*, *Dagana* and *Sarpang*, other members of the *Dzongkhag* administration, Members of Parliament, WHO Representative, Resident Representative of World Bank, Representative from UNICEF,

various categories of health workforce and representatives from the allied health agencies and other key agencies also participated in the inaugural session.

1. OPENING CEREMONY



The opening ceremony began with the singing of the national anthem and offering of the *Marchhang* for the successful conduct of the conference.

Recognizing the significant role of our health workers at the centre of “Integrated People Centered Health Care” approach, the following events were instituted in the fifth BHC:

1. Recognition Award to 5 Volunteer Health Workers (VHWs) for their enormous contribution to the health system at the grass-root level
2. Appreciation Award to 3 retired nurses to acknowledge their dedicated services
3. Launched Patient Safety Day
4. Launched the Grievance Redressal Hotline (1414)
5. Symbolic handing over of AV Equipment to the peripheral health facilities.

I. Welcome Address¹

Health Secretary, Dr. Ugen Dophu welcomed the all the guests and the attendees to the fifth biennial health conference and highlighted on the importance of the conference as the platform to take stock of the health sector’s accomplishments and discuss plans and programs for the future.

He mentioned that the theme for this biennial conference (**Enhancing Integrated People Centered Health Services**) aligns with the health sector’s National Key Result Area (**Enhancing Healthy and Caring Society**) thus contributing towards the realization of the Ministry of Health’s vision of “**A Nation with Best Health**”.

He also invited the attention of the conference towards the health ministry’s renewed focus on “whole of government approach” in empowering and engaging our caregivers and individuals strengthening governance and accountability and in reorienting the model of care that is valid in the current context.

¹ Refer Annex 1 for full text of the Welcome Address.

He advised the participants to provide their inputs in the draft national bill and national health policy and also called for discussions on innovative approach to fulfill the Agenda 2030 commitment, while taking stock of the achievements of the past many decades, which are attributed to our committed health workers.

II. Keynote Address²

His Excellency *Lyonpo* Namgay Tshering, Finance Minister acknowledge that the theme for the 5th biennial health conference “**Enhancing Integrated People-Centered Health Services**” (IPCCHS) is very appropriate and that such an approach will appropriately influence individuals and communities to make positive decisions with regard to their health and wellbeing.

His Excellency appreciated the ministry’s initiative in exploring innovative ways to take health services nearer to the people and that the theme of the conference is very apt to this initiative.

His Excellency reminded that the country is now facing the burden of NCD’s in an increasing magnitude and that it is “*an opportune time for Ministry of Health to recognize the importance of enhancing integrated people-centered health services in our health system*”. His Excellency advised that in order to meet such challenge including sustaining our healthcare financing and the changing needs of the Bhutanese health systems- an innovative approach in re-orienting the model of care is urgent.

His Excellency also paid due courtesies to the farsighted wisdom and leadership our beloved monarchs for the significant achievements in improving the quality of the life of our citizens.

III. Recognition Events³

Five Village Health Workers were awarded certificate of appreciation for their dedication in bringing about significant positive health outcome in their respective jurisdiction. Three retired nurses were honoured with certificates recognizing their lifelong commitment and dedication in delivering health care service through challenging situations and difficult times.

Recognizing the urgency and relevancy to empower peripheral health facilities, a symbolic handing over of television set to screen health messages were made to *Dagana* Dzongkhag.

² Refer Annex 2 for full text of the Keynote Address.

³ Refer Annex 3 for details of the recipients.

As part of initiative to improve health services, a hotline number **(1414)** was launched as an access mechanism for individuals and families to access real-time information and support in seeking health services.

Recognizing individual as the main focus of health service delivery, the patient safety day was also launched coinciding with the opening ceremony of the conference.



Group photo of the guests and participants in the formation of the Fifth Biennial Health Conference.

C. BUSINESS SESSION

1. Adoption of Agenda

The participants unanimously adopted the agenda for the fifth BHC.⁴

2. Financial Decentralization and Innovative Payment Mechanism to Realize the Goals of the 12th FYP and SDGs



His Excellency *Lyonpo* Namgay Tshering, highlighted on the challenges faced by the government in garnering donor’s support as Bhutan is poised to graduate from Least Developed Country to the Lower Middle-Income Country by 2023. Therefore, His Excellency emphasized on the importance of value for money, prioritizing areas of intervention and judicious use of the allocated health budget.

His Excellency urged district health officials to ensure that the health sector receives adequate share of the allocated fund as 50% of the capital fund is allocated to local government under the financial decentralization initiatives of the government.

3. Vision for the Health Sector



Her Excellency *Lyonpo* Dechen Wangmo, informed the conference that the health objective of current government is to provide “people centered quality and comprehensive health services”, which echoes the theme of the fifth BHC.

Her Excellency highlighted priorities such as strengthening health governance, innovating health flagship including infrastructure development, health legislation, disease elimination, accelerating mother and child health policy and the need to improve WHO recommended antenatal visits.

Her Excellency emphasized on the efficient allocation of fund considering returns on investment modality and recommended for increased allocations in the areas of preventive and promotive services considering the current misaligned budget allocation of 79% for curative services against 14% (12% donor, 2% RGOB) for preventive and promotive services.

⁴ Refer Annex 4 for the Agenda

Her Excellency also recommended that in order to decongest patients at the JDWNRH and to cater specialized services to districts, the existing referral mechanism must be reviewed and an appropriate mechanism instituted.

4. Status Update on the Recommendations of the Fourth Biennial Health Conference



Mr. Tshering Wangdi, Senior Planning Officer, PPD presented the implementation status of the recommendations of the Fourth Biennial Health Conference.

Out of the 26 resolutions of the fourth BHC, only 2 recommendations that are related to health human resources are at various progressive level of discussions with the key stakeholders.

The conference noted that while Ministry has implemented most of the recommendations the cooperation and collaboration of the stakeholders including Dzongkhags were crucial during the implementation of recommendations. The Chair conveyed appreciation for successful implementation of the 4th Biennial Health Conference.

5. National Committee for Polio Eradication, Measles Elimination and Rubella/Congenital Rubella Syndrome Control



Dr. Sangay Thinley presented status on the immunization (OPV3 and IPV1) coverage and non-polio acute flaccid paralysis (AFP) rates for each district. He highlighted the position of Bhutan as per the 2018 polio risk assessment carried out in South East Asia Region.

Development of micro-plan at district/ sub-district level has been underscored for the improvement of MR vaccine coverage for those districts where MRCV1 & 2 coverage have been consistently below 90% including the need to screen migrant workers at point of entry (PoE) for fever and rash, information on the vaccination status of measles and rubella, and the initiation of a MR vaccination program for migrant workers has been deliberated.

Following the discussions, Conference recommended to institute a mechanism for screening the migrant workers for measles, rubella and provide vaccines accordingly.

6. Health Staff Welfare Scheme (HSWS)



Dr. Pandup Tshering, Fund Manager, HSWS, presented the status of the fund and issues associated with fund management. As an effective modality to manage the contributions, it was recommended that administrative officers at the hospital level, District Health Officers for the BHU-IIs and administrative assistants at BHU-Is shall be responsible for the collection of monthly contribution, collection of installments, making deposit in HSWS account and recovery.

It was recommended that DHOs and CMOs shall discuss on the progressive contribution by the health workers while maintaining Nu.100 as the minimum contribution and communicate to HSWS Secretariat by December 2019.

7. BMHC Regulation for Health Professionals



Mr. Sonam Dorji, Registrar General, BMHC sensitized on the standard format for medical certificate, fees and standard operating procedures. The conference considered for the endorsement of the prescription of medicines by the dental hygienist during the absence of dental doctor with the condition that the prescription is related to dental specific and the dental hygienist must have studied the curriculum for dental medicine prescription registered with the BMHC. It has also been clarified that the existing service standards specifies only a minimum and does not restrict consultation to 36 patients/day.

8. Inpatient Food Services System 2019



Mr. Karma Jurmin, Program Officer for District Health Services program presented the new inpatient diet guidelines for immediate implementation by all relevant health facilities.

He highlighted that many patients do not follow the recommended therapeutic diet and consume foods brought directly from their home/visitors.

In that regard, the conference recommended for increased advocacy/counselling on the importance of therapeutic foods for patients have been recommended in addition to the strict

monitoring of the patient diet system by the hospital administration and dieticians.

9. Enhancing coordination for Emergency Preparedness and Response



Mr. Ugyen Tshering, Program Officer, DMS reinforced on the need to enhance coordination for health emergency preparedness and response. Considering audit observations on the helicopter evacuation services, conference deliberated on strict compliance in filling up the helicopter evacuation form and sending it along with the BEAR team. Similarly, 2 weeks prior notice for the ambulance mobilization for various programs needs to be provided to DMS.

The conference recommended for the conduct of mock drills and simulation exercise activities at least once a year and to include these activities in the APA of districts health and hospitals.

10. Patient Safety and Burden of Unsafe Care in the Developing World with a focus on Bhutan



Mrs. Tshering Dema, Dy. Nursing Superintendent, JDWNRH in her presentation highlighted that patient safety is now recognized as a global health priority and identified as essential as well as a fundamental component for the achievement of UHC in all countries.

Considering patient safety as the critical element in quality health service delivery and also as a common responsibility, the conference recommended to strengthen the mentoring and monitoring of new health professionals on patient safety by the seniors in their own facilities.

11. Health Technology Assessment



Mrs. Deepika Adhikari, Senior Program Officer, DMS presented on health technology assessment and how its significance in influencing informed decision for introducing new health technologies.

A reinforced advisory was made for all districts to continue to strictly liaise with the DMS while mobilizing equipment from donation and introduction of any new technology and also to

consult DMS before reaching any agreement to receive the donation.

12. Side Event on “Bhutan’s National Disease Elimination Committee and WHO SEARO: How to Strengthen and Reinforce Collaboration to Focus Efforts towards Achieving the Elimination of Targeted Priority Diseases”⁵

A side event to discuss on the initiative of the Ministry of Health to eliminate targeted priority diseases was chaired by Her Excellency *Lyonpo* Dechen Wangmo. It was deliberated that each program needs to identify one "program advisor" to directly provide over-all advice and guidance for their respective program, who will also be the member of the NDEC. The other members of the NDEC can also be included from those outside the civil service depending on the specific technical expertise required for the diseases targeted for elimination.

National Disease Elimination Committee (NDEC) is established as a national authority to provide the overall guidance for the disease elimination programs discouraging the formation of multiple committees for specific diseases considering the size of the population and disease burden in the country. It was recommended that Department of Public Health (DoPH) be secretariat to the NDEC with detailed work plan.

13. Report on the Recommendations of Committee A⁶



On behalf of Committee A, tasked to discuss and propose recommendation on the issues pertaining to night duty and radiation allowance, Mr. Tenzin Chopel, Director, DOS highlighted the prevailing ambiguity pertaining to entitlements of allowances and also mentioned on the advice from MoF that radiation allowances will be based on availability of service and equipment in hospitals.

The discussion also determined that while “uniform allowance” is only approved for nurses, it shall be at the disposal of the respective hospital in-charges to provide uniform to other categories including ward boy/girl as per the current practice.

For the night duty allowance, it was agreed that only those health professionals requiring night duty for 12 hours to be eligible for the allowance. The hospital administrations were

⁵ The side event discussion was held under the chair of Health Minister and attended by Dr. Rui Paulo De Jesus, WR, WCO, Bhutan, Dr. Kar,a Lhazeen, Mr. Rixin Jamtsho and Mr. Sangay Phuntsho.

⁶ Committee A comprised of the following: Mr. Tenzin Chopel, Director, Dos as the Chair and MS JDWNRH, 2 CMOs, 2 nurses, 2 DHOs, 1 HRO, 1 Radiology department and 1 BMHC official as the members.

recommended to maintain a logbook/attendance register to avoid any future observations from oversight agencies. Further, it was also recommended that specific ToR including uniform scheduling and reporting format by respective MS/CMOs/In-charges be developed.

Regarding Professional Allowances for the District Health Officers, it was deliberated that although DHOs' work involves occasional clinical practices (30 percent), especially during outbreaks and ORC visits, the meeting pointed out that their work is mostly with additional responsibility of administrative and management in nature. Therefore, it was recommended that issue will be relooked.

On the issues related to opportunities for DHOs not being allowed to sit for open competition in the civil service, HRD was recommended to pursue the matter with the RCSC. Further, the Ministry of Health was recommended to streamline the functions of DHO and CMOs by January 2020 and not to engage DHOs as facilitators in the clinical trainings organized by various programs.

14. Health Care Associated Infections



Mrs. Pem Zam, Program Analyst, DMS present the recent findings of the hospital acquired infection study carried out in JDWNRH highlighting the estimated hospital acquired infection rate of 27.20%, with surgical site infection as the most common infection accounting for 54% of all cases.

Citing the high infection percentage, health facilities were advised to improve on the issue as it is the most priority indicator that depicts the quality of health care service.

The challenges and future plan of actions for controlling hospital acquired infections were also presented.

15. Standardization of Medical Equipment

Mr. Tashi Penjore, Chief Engineer, DoMSHI presented that Bhutan imports 100 % of medical equipment with over 5000 equipment of 278 types posing operating challenges to the staff and in the management and maintenance of the equipment and proposed that standardization of medical equipment as a solution. It was deliberated standardization of medical equipment is not advisable considering association obligation and unforeseen issues with the proposal.

16. Approach to Planning and Designing of Health Facilities

Mr. Tandin Dorji, Chief Engineer, DoMSHI, appraised on the need to examine the emerging issues and trends and assess various strategic options available for planning, designing and constructing a hospital/health facility. It was also highlighted that sub-standard materials are directly linked to the comprised and poor quality of infrastructure ultimately affecting service delivery.

Due to lack of clarity on green hospital concept, it was recommended that the HIDD carry out stakeholder consultation to incorporate concept of green hospital model in the design of all health facilities. Furthermore, HIDD was instructed to consult PHED to incorporate WASH in new hospital infrastructures and take into account the needs of the traditional medicine therapy services requirement in the plan.

To ensure efficient and sustainable infrastructure, it was recommended that the proposed *Guideline for Planning and Designing of Health Care Facilities* include detailed designs and specification of materials prioritizing the use of locally available quality materials and indigenous knowledge.

17. Reaching the Unreached Guideline

Mr. Karma Tenzin, Program Officer, DOPH appraised the conference that about 2.14% (PHCB, 2017) of the Bhutanese population still requires walking for more than 3 hours to reach the nearest health facility. He highlighted that a study to determine factors associated with the use/non-use of essential primary health care services by unreached population in Bhutan found distance as the primary factor contributing towards low use of primary health services.

To enhance access to primary health care services by the unreached population, DHOs were recommended to comply with the guidelines for reaching the unreached population

18. STEP Survey 2019



Mrs. Pemba Yangchen, DCPO, DOPH presented the preliminary findings of the STEPS survey 2019, which is a recommended survey by the WHO for studying the risk factors and prevalence of the NCD of the population between 15-69 years.

19. PEN Hearts through People Centered Approach: Implementation Experience

Dr. Tshewang Gyeltshen, BDS, Tsirang Hospital shared the experience in the implementation of the PEN HEARTS through people centered approach in the health centres of Tsirang and Punakha health. Raising concerns on the sustainability of such programs and it was recommended that proper monitoring and supervision be instituted to sustain the program. Further recommendations included the incorporation of health service performance indicator for the program, review and explore inclusion of other health care services in addition to the NCDs and to establish proper transportation arrangements.

Considering the success of the two districts, it was recommended that PEN HEART program be rolled out to other districts and place emphasis on 3 Cs (continuous, comprehensive, coordinated) and the 7 Rs in implementing the PEN HEARTS.

20. Health Flagship and the Role of District Health Sector in its Implementation

Mr. Tandin Dorji, CPO, DMS presented four strategic areas of the health flagship program with an estimated cost of 1933.96 million aimed towards improving quality health care to complement 12th FYP of the MOH. Concerns were raised regarding the human resource and health budgeting for the districts in-order to implement the Health flagship program efficiently. Consequently, it was recommended that the districts will have to ultimately review, plan and budget the activities once initiated, since the fund will be allocated to the districts for the implementation of the flagship program.

21. Enhancing and Sustaining Quality of Care: Incorporation of Infection Prevention and Control, Emergency Response time and 5S-CQI in the IWP

The conference deliberated that despite having focal for infection prevention and control, health facilities build a team and include in their IWP to make significant difference in the infection prevention and control in the health facilities. Noting the importance of adapting to a change for progress, all levels of health facilities were recommended to implement 5S CQI as a cultural norm with continuous efforts focused on 2S (standard and sustain).

Unlike JDWNRH with established emergency set, it was recommended that other hospitals shall develop SOP as a first step towards providing emergency services.



22. Radiation Survey Report Findings

Ms. Pema Yangzom, Program Officer, DMS presented the findings of the radiation survey carried out in 2015 in all the

health facilities having radiology services, to assess and detect the radiation leakage/hazard either during or after an examination. The conference recommended that dental X-Ray be included in the future survey.

Considering that the survey findings indicated radiation leakage compromising the safety of the patients, public and health workers, HIDD and Radiology Department, JDWNRH were recommended to revisit the existing standards.

23. Prescription Survey 2017 Findings



Mr. Ugyen Tashi, DCPO, DMS disseminated findings based on the prescription information collected from the health facilities with pharmacy technicians. He apprised that 40 health facilities comprising 14 BHU I, 23 Hospitals and 3 RHs reported irregularly in 2017.

Since the prescription of drugs is allowed for those under the NEML, prescription of any drugs beyond the NEML should be first included in NEML during committee meetings.

Due to the challenges of obtaining data due to non-uniform coding of diseases (facilities using their own customized ICD coding) and given that OPD data from the JDWNRH is not captured the conference recommended to consult the stakeholders and prepare customized ICD 11 coding for ePIS for uniformity and to capture complete information.

24. Response to Dengue Outbreak and Way Forward



Mr. Rixin Jamtsho, DOPH updated that 9000 suspected cases of dengue were reported and five patients died of dengue complications. Further, he highlighted the measures taken to contain and prevent dengue outbreaks. The challenges and way forward towards dengue control were also presented.

It was recommended that the relevant program should coordinate preparedness and response initiatives and emulate mechanism such as the one followed by the MOAF to avail funds for emergency response during outbreaks from department of disaster management.

It was also recommended that health workers must notify case through NEWARIS during any outbreaks to alert the ministry for timely management and actions.

25. WISN: Study Findings relevant to the National Health Workforce

Mr. Samten Lhendup, HRO presented the findings of a pilot study on Workload Indicators of Staffing Needs (WISN). He apprised conference that WISN method is a Human Resource Management tool that determines how many health workers of a particular type are required to cope with the workload of a given health facility, and assesses the workload pressure of the health workers in that facility. He highlighted the findings which suggested obvious imbalances across the facilities, cadres and even the regions and the proposed recommendations accordingly for implementation in the coming financial year.

26. BSHQA Implementation Experiences and Recommendations



Mr. Sonam Zangpo, Offtg. CPO, QASD apprised that consequent to the approval of Bhutan Healthcare Standard (BHSQA) by Bhutan Standard Bureau, it was rolled out in all the hospitals (except *Wangduephodrang*), BHU IIs and Sub-Posts of six Eastern Dzongkhags. He emphasized that hospitals achieving within the excellent band need to sustain the initiatives, while those within the performance bracket range (71-90%) will require certain corrective measures with a focus on continuous quality improvement. Others below 70% were advised to strengthen implementation of 5S in the respective facility.

27. Report on the Recommendation of Committee B⁷



Committee B was constituted to discuss issues from districts/health facilities and to also recommend indicators for signing APA between Hospitals and MoH. During the plenary session, it was resolved that nominations for both In-country and/or Ex-country trainings shall be addressed to the *Dzongdags*/Head of Hospitals with clear nomination criteria and to refrain from informing the individuals before nomination. Department/divisions were recommended to consult with DHO/Head of hospital before planning/calling for training/workshops. The conference also noted that due to varied responsibilities of the Medical Superintendent in the hospitals, MS post must be made

⁷ Committee B was chaired by Dr. Pandup Tshering, DG, DMS with the member from the following: MS CRRH, 1 CMO, 2 ADMO, 2 DHOs, 1 HRO and 1 from DHS, DMS

attractive and empowered with roles and responsibilities.

DOS, MOH was recommended to continue dialogue with RCSC for the placement of permanent hospital administrative officer and Community Health Officer.

Respective HRC for the hospitals under DMS to be formed, and DMS and HRD were recommended to make uniform HRC ToR for the hospitals.

28. Bhutanese Traditional Medicines-Fundamental Principles

Drungtshog Dorji Gyeltshen, Offtg. CPO, DTMS presented an overview of the principles of Bhutanese traditional medicine highlighting mindfulness as the fundamental principle of TM. The conference recommended that Drungtshogs and TM practitioners to advocate the public on the benefits of TM.

29. Drug Regulatory Legislation: Sensitization for Health Professionals

Mr. Kunzang Dorji, Dy.Chief Regulatory Officer, DRA disseminated observations of the inspection for medicines. DRA was recommended to carry out awareness of rules and regulations to the new officials entering the health profession, and also to undertake inspections of any infrastructure modifications pertaining to their mandate.

30. Cervical Cancer Elimination



Mrs. Tashi Tshomo, Program Officer, DOPH apprised the conference on the efforts of the ministry to eliminate cervical cancer and the commitment expressed during the 144th session of the Executive Board in January 2019 and the agenda moved by Bhutan in the 2019 session of the WHO SEAR RC meeting. She highlighted that HPV infection among general female population is 26%, and ranges from 33% in women less than 25 years and 19% in women aged 45 years and above. These estimates are considered to be the most elevated HPV prevalence among the countries in Asia. The way forward towards cervical cancer elimination was also presented.

31. Enhancing Health Service through Digital Health Solutions: A Discussion on ePIS and the role of District Health Sector



In the moderated session⁸, Mr. Garab Dorji, Chief ICTO presented the benefits of IT in healthcare and plans to roll out ePIS. He is currently the President, KGUMSB.

out ePIS in a phased manner. He highlighted that use of IT in healthcare will encourage efficiency in the delivery of services, and contribute to sustaining health care finance in the long run.

The panelist recommended that the respective *Dzongkhags* should follow up on the implementation of the internet connectivity at the primary health facilities since DITT has already started providing internet and intranet including LAN connectivity at the gewog level.

32. Report on the Recommendations of Committee C⁹



Committee C, represented by Mr. Dorji Dhap, Director, JDWNRH was constituted as an advisory body to recommend Procurement Modality for Health Supplies.

The committee made the following recommendations:

DoMSHI was advised to conduct consultative meetings with stakeholders (PRR experts, Suppliers) and to come up with conclusive recommendations on “Procurement Modality on Health Supplies”.

DMS was recommended to study the decentralization policy with reference to health services in consultation with PPD and the stakeholders (hospitals and Districts representation) and to come up with a comprehensive report within the next 6 months to address the issues and challenges of decentralization.

It was highlighted that health professionals graduate (mostly in July) six months prior to RCSC recruitment. Therefore, it was recommended that HRD should look into possibility of recruiting them on contract basis to fill gaps of health professionals on EOL and maternity leaves.

33. POSTER PRESENTATIONS

A series of poster presentation was also exhibited during the conference.

⁹ Committee C was chaired by Mr. Sonam Dawa, DG, DoMSHI with the following as members: Director JDWNRH, MS ERRH, 1 CMO, 1 ADMO, 1 DHOs, Chief, HCDD, DMS, Chief, MSPD and Chief, MSDD, DoMSHI

I. Electronic Patient Information System

ICTD disseminated ePIS as solution for information system in the hospitals of Bhutan and highlighted 71st World Health Assembly resolution urging Member States to prioritize the development and greater use of digital technologies in health as a means of promoting Universal Health Coverage and advancing the Sustainable Development Goals. Further, National Health Policy 2011 states, “*RGoB shall provide 100% nationwide access to a health care professional through technology-enabled solutions. Digitized Health record and information system shall be instituted in all the health facilities for faster and effective health information generation to support decision making*”. The introduction of ePIS is expected to address incomplete medical records, reduce usage of papers, reduce turnaround time, standalone systems, maintain and standardized data system. It cited lack of coordination, timing, poor IT support, poor connectivity, willingness of health professionals, vendor lock, interoperability and procurement were some of the immediate causes for the failure of past initiatives. It also highlighted the comparative analysis between ePIS and other system, and the roll out plans for ePIS.

II. Implementation Fidelity of Hospital-Based Directly Observed Therapy for Tuberculosis Treatment in Bhutan

Dorji et al highlighted that while direct observed treatment (DOT) has been implemented in Bhutan since 1997, its degree of implementation is not well understood. The study argues that Tuberculosis (TB) remains a major public health problem in Bhutan, especially with the rise of multidrug resistant TB cases (MDR-TB). It is estimated that 27% of the total population in Bhutan are infected with *Mycobacterium tuberculosis* and this leads to high incidence of TB (178 per 100,000 population). The findings indicated that in 2016, treatment success rate was 91.6%, failure rate was 4.6%, the mortality rate was 2.4%, and defaulted rate was 0.3%. Despite high treatment success rate, MDR TB cases are rising dramatically from just six in 2005 to 55 in 2016. it suggested that overall treatment success rate for tuberculosis cases is higher than the global target and this achievement needs to be improved by understanding its barriers and facilitators during the implementation process. The study recommended for evaluation of implementation fidelity of DOT to identify potential rooms for improvement.

III. Healthcare and Relevancy of Private Sector Involvement

In his presentation, Mr. Kunzang Dorji, RCDC cited that 30% of the population lives below the poverty line, and Bhutan is classified as a medium -developed country whose human development index is 132 out of 182 countries. He then presented the rising health expenditures, changing lifestyle and disease pattern, inadequate human resources, changing political environment, increasingly evolving health care needs of the population, international health obligations and new health technologies as some of the emerging

challenges confronted in the health system. The presentation also reminded that congestion in hospitals discourages people to avail services unless they are seriously ill.

The study suggests that private clinics can provide alternative services for those who can afford to pay and reduce burden to the government. The presentation also suggests that with increasing demand for quality health care services it will influence costs to rise, however, the private sector can play a major role and share costs with the government.

IV. District Health Information Management System (DHIS 2)

DHIS 2 as a web-based open source platform to collect, manage and analyze health data was introduced in 2014. Currently DHIS 2 is used in all DHO Offices and health facilities with internet connectivity to collect and manage routine health data and information, and tracking of MCH and Malaria. The features of DHIS 2 consists of data entry and validation, pivot tables and charts, analysis, GIS mapping, dashboard and social features. In terms of usage of DHIS 2 for monitoring health indicators, it highlighted that 146 health centers currently reports directly through DHIS2 while rest submits the reports through DHO office with reporting rate of 98.2%. It indicated that data and the indicators submitted through DHIS2 is validated and compared using PHCB 2017 report and was found to be reliable.

It was highlighted on the limitations being that the annual Household survey does not include 2 major urban areas of Thimphu and Phuentsholing and that most of the health indicators are generated using activity and morbidity reports.

V. Risk Assessment and Patient Safety in Dentistry

Dr. Gyan Prasad, JDWNRH presented that medicine and dentistry are ever changing fields needing continual up gradation relative to modernization and technical/technological developments. It provided that any surgical procedures including dental extraction needs a thorough medical and dental history, and recording of vital parameters should not be neglected at any cost for any surgical procedure.

The presentation underscored the importance of obtaining the patient history for better treatment outcomes. It is observed that not all dental procedures are emergencies and depending on the case the procedures needs to be done. The presentation highlighted that proper communication with the nurse, doctor, patient and patient party can have a lot of benefits in patient management underlining the role of Interpersonal Communication (IPC) in providing health care services.

D. Conference Recommendations:

5BHC/R1 - Increase allocations in the areas of preventive and promotive services considering the current misaligned budget allocation of 79% for curative services against 14% (12% donor, 2% RGOB) for preventive and promotive services. **(PPD-June 2021)**

5BHC/R2 - Review existing referral mechanism and institute appropriate referral mechanism. **(DMS-March 2020)**

5BHC/R3 - Institute a mechanism for screening the migrant workers for measles, rubella and for provision of vaccines **(DoPH and DMS – Immediately)**

5BHC/R4 - I. Decentralize collection of monthly contribution, loan instalment and deposit in HSWS account including recovery. II. Explore revision of HSWS bye-laws to increase member's contribution subject to written communication from DHO's and CMO's proposing the increase. **(Fund Manager, HSWS – Immediately)**

5BHC/R5 - Conduct mock drills and simulation exercise atleast one a year and Include in the APA of Dzongkhag and hospitals **(DMS-May 2020)**

5BHC/R6 - Reinforce mentoring and monitoring of health professionals on patient safety by the seniors and increased advocacy/counselling on the importance of therapeutic foods for patients and strict monitoring of the patient diet system in the respective health facilities **(MS/CMOs and DHOs - immediately)**

5BHC/R7 - Develop detailed workplan of the secretariat to the National Disease Elimination Committee **(DoPH – March 2020)**

5BHC/R8 - I. Develop proper oversight mechanism to provide night duty allowance to those health professionals requiring 12 hours of night duty. II. Streamline the functions of DHO and CMO and not to engage DHO's as facilitators in clinical trainings. **(DMS – immediately)**

5BHC/R9 - I. Discuss with RCSC on the proposal of professional allowance for DHOs and on the issue of their not being allowed to sit for open competition II. Discuss with RCSC

for placement of permanent hospital administrative officers and community health officers. **(DoS – January 2020 for I and June 2020 for II)**

5BHC/R10 - Develop the “Guideline for Planning and Designing of Health Care Facilities” taking into consideration the green and sustainable concept and use of local resources and indigenous knowledge. **(DoMSHI – Immediately)**

5BHC/R11 - Nationwide roll out of PEN HEARTS through people centered approach **(DoPH and DMS – June 2020)**

5BHC/R12 - Health facilities besides JDWNRH to develop SOP for emergency services **(DMS- March 2020)**

5BHC/R13 - Revisit and develop final standard for the infrastructure/facility pertaining to radiation **(DoMSHI and JDWNRH)**

5BHC/R14 - Review and develop customized ICD 11 coding for ePIS **(ICTD, PPD and DMS-June 2020)**

5BHC/R15 - Coordinate preparedness and response initiatives and explore to establish mechanisms for availing contingency fund/funds for emergency response for emergency/outbreaks **(DMS- March 2020)**

5BHC/R16 - Develop Tor for hospital HRCs and establish the HRC in the hospitals. **(DoS and DMS - Immediately)**

5BHC/R17 - Initiate internet connectivity at the primary health care centres in consultation with DITT as they have started this activity at the Gewog level **(DoS and DHO’s – Immediately)**

5BHC/R18 - Redesign a procurement modality pertaining to medical products/supplies **(DoMSHI – Immediately)**

5BHC/R19 - Examine decentralization policy and its impact on health and develop a report to address the issues/challenges of decentralization **(DMS and PPD- June 2020)**

5BHC/R20 - Explore recruitment mechanism to employ health graduates of July to fill the gaps of health professionals on EoL and maternity leave **(DoS – immediately)**

E. Annexures:

Annex 1: Welcome Address by Dr. Ugen Dophu, Secretary, Ministry of Health.



A very Good Morning! Excellencies, *Dasho Dzongdags*, Venerable *Lam Neten*, Distinguished Guests, Ladies and Gentlemen!

I am extremely delighted to welcome all to the 5th Health Conference. Ministry of Health has been conducting health conferences bi-annually. The Health Conference is an important event as it gives us a platform to take stock of our accomplishments and discuss plans and programs for the future.

On behalf of the Ministry, I would like to welcome H.E. Lyonpo Namgay Tshering, our former colleague and thank H.E. for gracing the occasion as the Chief Guest.

I would also like to thank the Members of Parliament, WHO Representative, WCO, Resident Representative World Bank, *Dasho Dzongdags*, *Dasho Drangpons*, sector heads from Tsirang and officials from different agencies and Ministries.

The theme for this biennial conference is “enhancing integrated people centred health services” tuning with our 12FYP national key result area- ‘**enhancing healthy and caring society**’ thus contributing to our aspiration to become a nation with best health. With diverse representatives from the dzongkhags, ministry, and allied agencies gathered here, I look forward for meaningful discussions and collective resolutions in realizing the theme of the conference.

The focus of Ministry of Health has now shifted to empower and engage individuals and carers, strengthen governance and accountability, and reorient the model of care by coordinating services amongst different stakeholders to create an enabling environment.

Through this conference, relevant issues pertaining to the health system will be presented and deliberated. Taking advantage of having the relevant people from the Dzongkhags, we have a separate session to deliberate on two important matters - draft national bill and draft national health policy. I urge the participants to make purposeful effort in finalizing the two documents which will drive our health system.

Excellencies, Ladies and Gentlemen!

As per the Section 21 of Article 9 of the Constitution, the government is mandated to provide free access to basic public health services in both modern and traditional medicines. Bhutan has made significant progress, from just two hospitals and 11 dispensaries in 1960s to 27 hospitals, 23 BHUIs and 186 BHUIIs at present. The efforts of our committed health workers at the field are evidenced by the significant health outcomes, for which Bhutan has been recognized and awarded many a times.

However, in order to meet the changing health needs of the Bhutanese people, there is a need to reorient our model of care. Although, Bhutan has one of the best health systems in the region, there are still some pockets of population who are unreached by the health services. Therefore, it calls for an innovative approach to include every single people - leaving no one behind.

My dear colleagues, working in the Ministry of Health is a blessing in itself, let's take this opportunity to work smart to enhance integrated people centered health services. As Bhutan is one of the countries committed to the global agenda of Sustainable Development Goals, as a team, we need to work collectively to achieve the goals.

I would like to once again welcome all participants to the conference. We would like to engage with you openly through constructive discussions.

Lastly, I would like to wish everyone a successful conference and thank all the dignitaries for taking time to be a part of this event. I wish safe travel back to your office.

Annex 2: Keynote Address by H.E *Lyonpo* Namgay Tshering, Minister, Ministry of Finance.



It is matter of great pride and sense of satisfaction for me today, and I feel at home. Seeing many young officers amongst you reminds me of my early days in the Health Ministry. I have spent 13 good years in the Ministry and the Ministry has given me so much that I cannot thank enough. And today, I am very happy to be amongst my health family and thank you all for the warmth and hospitality. It is a homecoming for

me.

Excellencies, *Dasho Dzongdags*, Venerable *Lam Neten*, Distinguished Guests, Ladies and Gentlemen!

I am extremely delighted to be present here today and honoured to grace the opening of the 5th Biennial Health Conference. Health Conferences are very important as it offers us an opportunity to stock take our accomplishments and lay out plans for the future. I would like to welcome all the participants and urge everyone to engage in meaningful discussions as the outcomes will affect each and every Bhutanese. I also take this opportunity to welcome and thank our development partners whose presence here is a testimony of continued support in achieving the universal health coverage in Bhutan.

The theme for the 5th biennial health conference “enhancing integrated people-centered health services” (IPCHS) is very appropriate. Such an approach to care that consciously adopts individuals’, families’ and communities’ perspectives as participants in, and beneficiaries of, trusted health systems that respond to their needs and preferences in humane and holistic ways. People-centered care also requires that people have the education and support they need to make decisions and participate in their own care.

As IPCHS is organized around the health needs and expectations of people rather than diseases, is well tuned to the changing needs of Bhutanese health systems. Such approaches including the 12th FYP national key result – *enhancing healthy and caring society* will only help us to achieve the Health Ministry’s vision – *nation with the best health*.

I am very happy to learn and note that the Ministry is exploring innovative ways to take the health near to the people through the Health Flagship programme. I am confident that the

health flagship will take the much-needed services nearer to the people through prevention and control, specialized outreach camps to improving healthcare access to communities, and strengthening health facilities through human resources, upgradation of strategic BHU- IIs, and supply of medical equipment for the Referral Hospitals, EMONC&T Centers and hospitals.

Excellencies, Ladies and Gentlemen!

I quote Dr Tedros Adhanom Ghebreyesus, WHO Director-General “The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, and political belief, economic or social condition”.
Unquote

The health of the Bhutanese people is increasingly shaped by growing number of ageing population, rural-urban migration and the globalization of unhealthy lifestyles, resulting in a transition in the burden of health care towards non-communicable diseases (NCDs), mental health and injuries. Many of these conditions are chronic, requiring long-term care, with patients commonly suffering from multi-morbidities, all of which adds to escalating health care costs.

As Bhutan is at an epidemiological transition, I can hardly overemphasize the gravity of the problem of the non-communicable diseases as the leading causes of death globally, and its incidence in Bhutan is increasing as ever.

The NCDs have already made an adverse effect on the lives of people and on the Bhutanese health systems. Therefore, it is an opportune time for Ministry of Health to recognize the importance of enhancing integrated people-centered health services in our health system.

As Bhutan is already at threshold of transition to the low middle-income country, this status of LMIC comes with a great paradigm shift in the global support policy. The ever-increasing demand for quality services and technological knowhow has aggravated the healthcare costs. In order to meet the challenges and the changing needs of the Bhutanese health systems- an innovative approach in re-orienting the model of care is an urgent requirement.

Excellencies, Ladies and Gentlemen!

As we all know, our Constitution mandates us to provide free access to basic public health services in both modern and traditional medicines. We have made impressive progress in developing an extensive public health care system and providing the much-needed health services to Bhutanese. This is confirmed by the recent GNH Survey in 2015 which revealed that sustained investment in health has improved both physical and mental health of the Bhutanese people. But sustaining healthcare financing has always been a challenge.

Although our health expenditures have been growing in the recent years, there are newer challenges to cope with. With Bhutan's imminent graduation from the Least-Developed Countries Group by end of the 12th Plan, and phasing out of external support, health financing will become more challenging. In the 12th Plan the Government is committed to explore viable options including through innovative financing to ensure the long-term financial sustainability of health-care systems in Bhutan. Financing is not only about new or additional revenues but also about streamlining systems and processes, efficient use of resources and prioritizing investments. I urge you all to explore such options for sustaining our healthcare financing.

Excellencies, Ladies and Gentlemen!

We are the generation who have benefited immensely from current health system which was built on the continuous efforts of our far-sighted monarchs supported by the unwavering efforts of the committed health workers. Bhutan has made enormous progress in recent years, the life expectancy, maternal mortality rate, infant mortality rate amongst many others has improved significantly. However, there are few miles stones to be achieved like effective coverage of health services-*leave no one behind*.

But we cannot rest on our laurels. We have much more to do, and the 12th Five-year Plan is in our hands and this Health Conference provides us the perfect platform to plan.

Well the good news is, we have a strong primary healthcare system, which is the foundation to achieve universal health coverage, and we have recommitted ourselves to "*health for all*" in Kazakhstan with the signing of the historic declaration of Astana in 2018.

As Bhutan has committed along with the global community to achieve universal health coverage by 2030 I would like to personally believe that we are well on track. But we must work harder to overcome the challenges together.

I wish everyone a fruitful conference, healthy exchange of ideas and successful outcomes.

Annex 3: List of Recipients of the Award Event

A. Village Health workers with the Certificate of Appreciation



The recipients with Mr. Gyembo Dorji and Dr. Karma Lhazeen, Director, DoPH (from left to right): Mrs. Kinley Wangmo (Sarpang Dzongkhag), Mr. Tashi Tshering (Trongsa Dzongkhag), Mr. Nob Tshering (Haa Dzongkhag) and Mr. Tawala (Trashiyangtse Dzongkhag)

On behalf of Mr. Gyem Wangdi from Gasa Dzongkhag, the certificate and cash token was received by the DHO, Dzongkhag Administration, Gasa.

B. Nurses with Certificate of Recognition for their lifelong dedication to health



Sister Ritam Pradhan (superannuated from Paro Hospital) receiving the certificate of recognition and the token from the Chief Guest.

On behalf of Sister Yangzom (retired from *Deothang* Hospital) and Sister Gaki Om (retired from *Phuntsholing* Hospital) the certificate and token was received by the DHO, Dzongkhag Administration, *Samdrupjongkhar* and the CMO, *Phuntsholing* Hospital respectively.

Annex 4: Agenda of the 5th Biennial Health Conference

Annex 5: List of Participants

	Name	Designation	Department/Dzongkhag
	Minister's Office		
1	H.E Dechen Wangmo	Health Minister	MOH
2	Mrs. Pinkey Lhamo	PS	MOH
	Secretariat		
3	Dr.Ugen Dophu	Secretary	MOH
4	Mr. Tashi Penjor	CPO	PPD
5	Mr. Tandin Dendup	SPO	PPD
6	Ms. Tashi Chozom	PO	PPD
7	Mrs. Tshering Choden	Sr.Legal Officer	PPD
8	Mr. Tshering Nidup	Sr.Legal Officer	PPD
9	Mr. Santosh Bhattarai	Chief Internal Auditor	Internal Audit Unit
10	Mr. Sonam Zangpo	Offtg.CPO	QASD
	Department of Public Health		
11	Dr. Karma Lhazeen	Director	DOPH
12	Mrs. Tashi Yangchen	CPO	HPD
13	Mrs. Pemba Yangchen	DCPO	NCDD
14	Mr. Kunzang Dorji	Sr.Lab.Officer	RCDC
15	Mr. Rinchen Wangdi	Executive Engineer	PHED
16	Mr. Amin Ngawang Tashi	Lab.Officer	RCDC
17	Mr. Sangay Phuntsho	Sr.PO	CDD
18	Mr. Wangdi Gyeltshen	CPO	NCDD
19	Mr. Rixin Jamtsho	CPO	CDD
	Department of Medical Services		
20	Dr.Pandup Tshering	Director General	DMS
21	Mr. Tandin Dorji	CPO	HCDD
22	Mr. Dechen Choiphel	CPO	EMTD
23	Mrs. Khina Maya Mohora	Program Analyst	HCDD
24	Mr. Ugyen Tshering	PO	DMS
25	Mrs. Deepika Adhikari	SPO	EMTD
26	Mr. Ugyen Tashi	Dy.Chief Pharmacist	EMTD
27	Mrs. Pem Zam	Program Analyst	HCDD
28	Mr. Karma Jurmin	PO	HCDD
	Department of Traditional Medicine		
29	Mr. Kuenga Tshering	Director General	DTMS
30	Mr. Tandin Chogyal	Offtg.CPO	DTMS
31	Drungtshog Choegyel Dorji	CPO	DTMS
32	Drungtshog Dorji Gyeltshen	Offtg.CPO	DTMS
	Department of Medical Supplies and Health Infrastructure		
33	Mr. Sonam Dawa	Director General	DOMSHI

34	Mr. Tandin Dorji	Chief Engineer	DOMSHI
35	Mr. Tashi Penjore	Chief Engineer	DOMSHI
36	Mr. Rudra Mani Dhimal	CPO	DOMSHI
37	Mr. Devi Bhakta Acharya	CPO	DOMSHI
38	Mr. Sonam Letho	Executive Architect	DOMSHI
39	Mrs. Apsana Sharma	Jr.Engineer	DOMSHI
	Directorate of Services		
40	Mr. Tenzin Chopel	Director	DOS
41	Mrs. Chening Peldon	CFO	DOS
42	Mr. Chimi Tshewang	DCPO	DOS
43	Mr. Sangay Puwar	HRO	HRD
44	Ms. Leela Rupa Adhikari	HRO	HRD
45	Mr. Tashi Phuntsho	ICTO	HRD
46	Mr. Samten Lhendup	HRO	HRD
47	Mr. Garab Dorji	Chief ICTO	ICTD
	Allied Health Agencies		
48	Mr. Sonam Dorji	Registrar	BMHC
49	Mrs. Gaga Dukpa	Dy.Registrar	BMHC
50	Mrs. Deki Yangzom	SPO	BMHC
51	Mr. Kinga Jamphel	Controller	DRA
52	Mr. Kunzang Dorji	Head, ID	DRA
53	Dr. K.P.Tshering	President	KGUMSB
54	Mrs. Diki Wangmo	Registrar	KGUMSB
55	Dr.Gosar Pemba	MS	JDWNRH
56	Mr. Dorji Dhab	Director	JDWNRH
57	Mrs. Tandin Pemo	NS	JDWNRH
58	Mr. Tashi Phuntsho	AO	JDWNRH
59	Mr. Sonam Jamtsho	Staff Nurse	JDWNRH
60	Dr. Sonam Phuntsho	Executive Director	BHTF
61	Dr. Karma Tenzin	Dy.Dean	KGUMSB
62	Mr. Karan Katwal	Sr.Investment Officer	BHTF
63	Mr. Sonam Dhendup	SPO	BHTF
64	Dr. Norbu P. Wangchuk	Orthodontist	JDWNRH
65	Dr. Gyan Prasad Bajgai	Sr.Dental Surgeon	JDWNRH
66	Dr. Dechen P.Nidup	Radiologist	JDWNRH
67	Mrs. Tshering Dema	Dy.Nursing Superintendent	JDWNRH
68	Mr. Sonam Tshewang	PO	JDWNRH
69	Mrs. Zangmo	APO	GNHC
70	Dr. Sangay Thinley	Chairperson	NCCPE/NVS
	Nurses		
71	Mr. Ugyen Lhendup	Staff Nurse III	Gasa
72	Mrs. Miata Singh Chettri	Staff Nurse II	S/Jongkhar
73	Mr. Amber Brd.Gurung	Nursing Superintendent	CRRH
74	Mr. Sonam Tenzin	Staff Nurse	T/Gang
75	Mrs. Sither Zangmo	Clinical Nurse	P/Gatshel

76	Mr. Norbu Chopel	Staff Nurse III	Wangdicholing hospital
77	Mr. Phuntsho Norbu	Nursing Superintendent	ERRH
78	Mr. Gyambo	Staff Nurse	ERRH
79	Mrs. Phuntsho Wangmo	Staff Nurse	Lhuntse hospital
80	Mr. Dorji	Chief Nurse	Punakha hospital
81	Mrs. Tshering Dem	Sr.Staff Nurse	Tsirang hospital
82	Mr. Karma Dorji	Staff Nurse	Gedu hospital
83	Mr. Sither Dorji	Clinical Nurse	P/Ling hospital
84	Mrs. Ugyen Dema	AN	Paro hospital
85	Mr. Purna Wati Thapa	Staff Nurse	Trongsa hospital
86	Mr. Ugyen Phuntsho	Clinical Nurse	T/Yangtse hospital
87	Mr. Krishna Singh Thapa	Chief Nurse	Wangdue hospital
88	Mr. Karma Wangchuk	Staff Nurse	Dagana hospital
89	Mr. Kiran Gurung	Pharmacist	Yebilabtsa hospital
90	Mrs. Pelden	Chief Nurse	Haa hospital
91	Mrs. Sangay Wangmo	Chief Nurse	Samtse Hospital
92	Mr. Thinley Gyeltshen	Chief Nurse	Gidakom hospital
93	Mr. Passang Thinley	Sr.Nurse	CRRH
94	Mrs. Sangay Lhamo	Sr.Nurse	CRRH
95	Mrs. Manita Rai	Sr.Nurse	Sarpang hospital
96	Mr. Sonam Tshewang	Staff Nurse	Gomdhar BHU I
97	Mr. Pingla Baral	Sr.Dental Hygienist	CRRH
98	Mr. Chokey Dorji	Sr.Dental Hygienist	ERRH
99	Mr. Tow la	VHW	T/Yangtse
100	Mrs. Dawa Dema	Sr.HA	T/Yangtse
101	Mrs. Shacha Dema	Sr.HA	T/Yangtse
102	Mrs. Thinley Chezom	Staff Nurse	Tsirang
	Administrative Officer (AO)		
103	Mr. Pema Thinley	AO	Dewathang hospital
104	Mr. Phub Tshering	AO	CRRH
105	Mr. Kelzang Dorji	AO	T/Gang hospital
106	Mr. Kinzang Namgay	AO	P/Gatshel hospital
107	Mrs. Kencho Wangmo	Asst.AO	Wangdicholing hospital
108	Mr. Tshering Penjor	AO	S/Jongkhar hospital
109	Mr. Karma Yeshe	DCAO	ERRH
110	Mr. Rinchen Dorji	AO	Lhuntse hospital
111	Mr. B.N.Sharma	DCAO	Punakha hospital
112	Mr. Arjun Subbha	AO	Tsirang hospital
113	Mr. Tashi Tsheten	AO	Tsimalakha hospital
114	Mrs. Pema Choden	AO	P/Ling hospital
115	Mrs. Yeshe Lham	AO	Paro hospital
116	Mr. Tshering Gyeltshen	Offtg. AO	Trongsa
117	Mrs. Dorji Wangmo	AO	T/Yangtse hospital
118	Mrs. Rada Wangmo	AO	Wangdue hospital
119	Mr. Yeshe Dorji	AO	Dagana hospital

120	Mr. Akchu Doya	AO	Haa hospital
121	Mr. Dorji Lhendup	AO	Samtse hospital
122	Mrs. Ugyen Zangmo	AO	Gidakom hospital
	MS,CMOs,MOs,COs		
123	Dr. Pema Choden	GDMO	Dewathang hospital
124	Dr. Dorji Tshering	MS	CRRH
125	Dr. Ngajay Jamtsho	CMO	T/Gang hospital
126	Dr. Bhim Nath Subedy	CMO	P/Gatshel hospital
127	Dr. Chador Tenzin	Sr.MO	Wangdicholing hospital
128	Dr. Kezang Dorji	Sr.MO	S/Jongkhar hospital
129	Dr. Pelden Wangchuk	MS	ERRH
130	Dr. Tandin Lham	CMO	Lhuntse hospital
131	Dr. Manish Rai Kumar	Sr.MO	Punakha hospital
132	Dr. Tshering Penjor	Medical Officer In-charge	Tsirang hospital
133	Dr. Sandip Tamang	Medical Officer In-charge	Chukha BHU I
134	Dr. Thinley Pelzang	CMO	P/Ling hospital
135	Dr. Yoowan Thapa	MO	Paro hospital
136	Dr. Preethi Giri	GDMO	Trongsa hospital
137	Dr. Sangay Tshering	MO	T/Yangtse hospital
138	Dr. Sangay Dorji	CMO	Wangdue hospital
139	Mr. Kado Wangdi	Offtg.CMO	Dagapa hospital
140	Dr. Dadi Ram Darjee	Medical Officer In-charge	Yebilaptsa hospital
141	Dr. Choeda	CMO	Zhemgang hospital
142	Dr. Tshewang Gyeltshen	CO	Haa hospital
143	Dr. Thinley Dorji	Medical Officer In-charge	Samtse hospital
144	Dr. Chencho Dorji	CMO	Gidakom hospital
145	Dr. Namgay Rinchen	Medical Officer In-charge	Tsimalakha hospital
146	Dr. Tshering Gyeltshen	Dental Surgeon	Tsirang hospital
	Organizing Team		
147	Mrs. Tenzin Tshomo	PA	MOH
148	Mrs. Tshering Doma	Sr.PA	MOH
149	Mrs. Ugyen L.Wangchuk	PA	DMS
150	Mrs. Kinley Wangmo	Sr.Admin Asst	PPD
151	Mr. Dopo	DCSO	PPD
152	Mrs. Kezang Lhamo	Admin Asst	HRD
153	Mr. Bikash Gurung	ICTA	ICT Division
154	Mrs. Pema Yangzom	Asst.Librarian	PPD
155	Mr. Tshewang Dorji	PA	DTMS
156	Mr. Trashi Phuntsho	ICT Officer	ICTD
157	Mr. Ugyen Norbu	Sr.Information & Media Officer	HPD
158	Mr. Namgyel Lhendup	Menpa program	DTMS
159	Mr. Loday Zangpo	PO	DOPH
160	Mr. Tshering Dorji	PA	DOS
161	Mr. Ugyen Phuntsho	Menpa	DTMS
162	Mrs. Sangay Dema	Sr.Receptionist	DOS

163	Mrs. Kinley Wangmo	Admin Asst.	DOS
164	Mrs. Tshering Peldon	Account Asst	DOS
165	Mrs. Dechen Lhamo	Account Asst	DOS
166	Mrs. Anju Pradhan	Account Asst	DOS
167	Mr. Dorji	Messenger	DOS
168	Mr. Nima	Sr.Communication Technician	DOPH
169	Mr. Suk Bdr.Rai	Sr.Communication Technician	DOPH
170	Mr. Chimi Tshewang	DCPO	DOS
171	Mr. Kinley Wangchuk	PO	QASD
Rapporteurs			
172	Mr. Sonam Wangda	Sr.Lab Officer	DMS
173	Ms. Choney Dema	APO	DMS
174	Mrs. Tashi Tshomo	PO	DOPH
175	Mr. Karma Tenzin	PO	DOPH
176	Mrs. Kinley Zam	PO	PPD
177	Mr. Kinley Dorjee	RO	PPD
178	Ms. Ugyen Dema Dorji	APO	DTMS
179	Ms. Leela Rupa Adhikari	HRO	HRD
180	Mr. Rinzin Kinga Jamtsho	PO	DOPH
181	Mr. Pempa	LO	EMTD
182	Ms. Pema Yangzom	PO	DMS
183	Mr. Tshering Wangdi	Sr.PO	PPD