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Quarterly Morbidity & Activity Report



Vol.II, Issue II (April — June 2009)

September 2009

(In commemoration of 30 Years of Primary Health Care, Bhutan shares her experiences through the eyes of our Health Workers. The articles are not edited to retain its originality.)

30 Years of Primary Health Care in Bhutan

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P rimary Health Care (PHC) is the first level of contact of individual, the family and community with the national health system, where primary health care (essential health care) is provided. As a level of care, it is close to the people, where most of their health problems can be dealt with and resolved. It is at this level that health care will be most effective within the context of the areas needs and limitations.

Past in Bhutanese context, primary health care is provided by complex of primary health centres and their sub centres through the agency of multi purpose health workers, village health guides and dais. Besides providing primary health care, the village health team bridges the cultural and communication gap between the rural people and organized health sector.

Since Bhutan opted for “Health for All” by 2000 AD, the primary health care system has been reorganized and strengthened to make the primary health care delivery system more effective. A new approach to health care came into existence in 1978 following an international conference at Alma-Ata. This is known as “Primary Health Care” before Alma-Ata, primary health care was regarded as synonymous with’ “Basic Health Services”, “First Contact Care”, “Easily Accessible Care”, “Services provided by Generalists” etc. The Alma-Ata international conference gave primary health care wider meaning. The Alma-Ata conference defined primary health care as follow:

“Primary health care is essential health care made universally accessible to individuals and acceptable to them, through their full participation and at a cost the community and country can afford”..

Then primary health care is equally valid for all countries form the most to least developed, although it takes varying forms in each of them. The concept of primary health care has been accepted by all countries including Bhutan as the key to the attainment of health for all by 2000 AD. It has also been accepted as on integral part of the country’s health system.

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expressed herein are the
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New way to Think with Time

Leaving with the change is the hardest thing for many and not adapting with change is an obsolete person. Change is the only permanent thing in life and change is good. Hence, we need to expect change and adapt to changes.

Over the years, the way we think and perform in health care delivery has changed. It is no more the single person's experience or way we have always done things that is carried forward as the bible to deliver good health care services in the world. Evidence is crucial to prove or disprove our assumptions of what works and what does not work and why? Therefore, we need to shift in a way we think and how we perform. Evidences are many if we look for it; many data are collected at every level of the health care units. Charts and bars beautifully decorate the walls of health facilities but we do not see beyond the pictures and ask why??

One change that we expect to influence the way we think with time is the QMAR series of publications by Ministry of Health. We hope to provide comprehensive information and insights that will facilitate translation of evidence (data) into actions at all levels.

TASHI DELEK!

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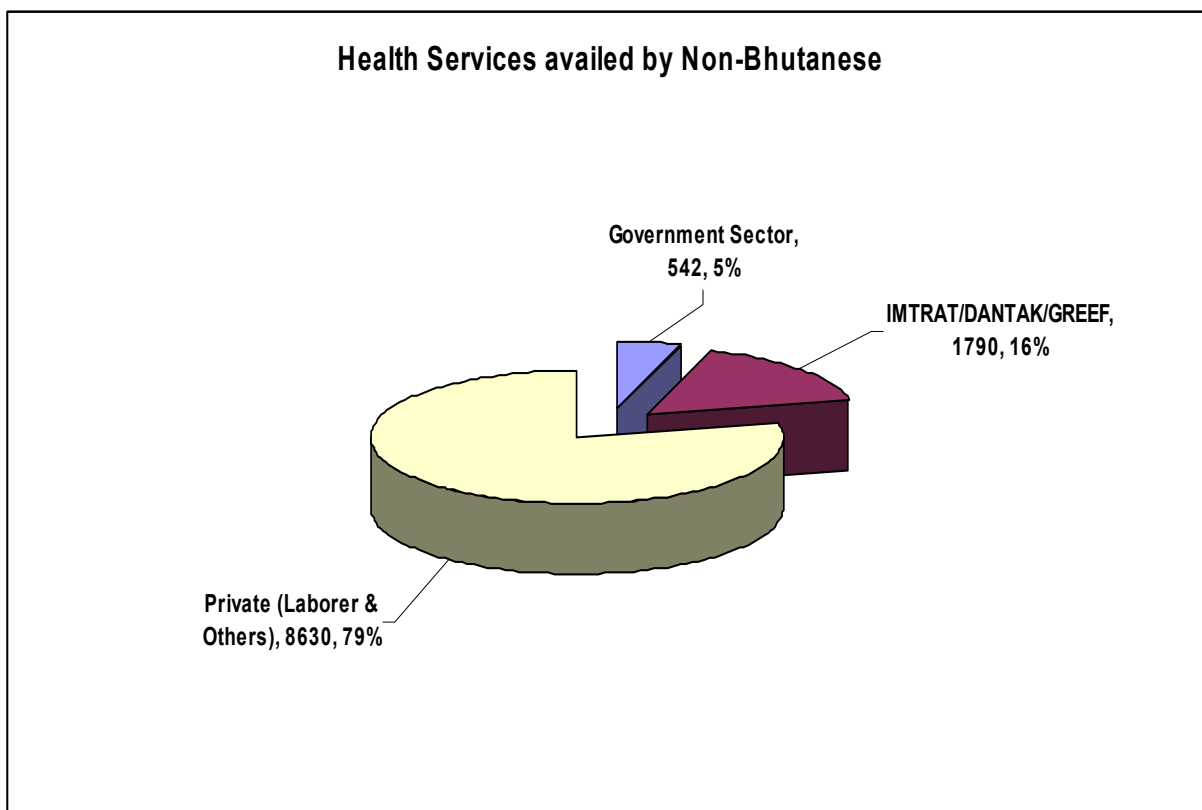
I. Timeliness of the Report

This quarter report analysis includes only 18 Dzongkhags. As per the policy directives of Health Ministry, all Dzongkhags should have sent the 2nd quarter data by 15th August 2009. However the following Dzongkhags has not sent the data as of 15th August 2009:

1. Dagana
2. Wangdue

II. Health Services availed by Non-Bhutanese

Of 10,962 Health Services availed by Non-Bhutanese, 79% are laborers and others working in the private sector, 16% are DANTAK/IMTRAT/GREEF employees and 5% are from the Government Sector. In the 1st quarter 6,402 Non-Bhutanese have availed health services.



Note: The figure does not include Non-Bhutanese who would have availed services from BHU.

III. Causes of mortality report (April -June 2009)

Sl. No	Cause of Death	No. of Death
1	Acute Appendicitis	2
2	Alcohol Liver Diseases	30
3	Bites & Stings	2
4	Cerebro-vascular Diseases	9
5	Cervical Cancer	3
6	Complications of Health Care	1
7	Conditions Originating in the Perinatal Period	2
8	Diarrhoea	1
9	Epilepsy	1
10	Dysentery	1
11	Foetal Death & Still Birth	7
12	Gall Bladder Disease	1
13	Hypertension	3
14	Injuries & Poisoning	14
15	Ischaemic Heart Disease	0
16	Low Birth Weight	1
17	Malformations	3
18	Malnutrition (exclude child clinic attendance)	1
19	Meningitis/Encephalitis	4
20	Neonatal Death	27
21	Neoplasam (benign + CIS)	2
22	Nutritional Anaemia	2
23	Other Circulatory Disease	12
24	Other cancer	16
25	Other Disease of Digestive System	12
26	Other Disorder of Skin & Subcutaneous - tissues	1
27	Other External Causes of Injury	3
28	Other Infections (excluding ear, brain, STI)	12
29	Other Kidney, UT/Genital Disorders	12
30	Other Malaria	1
31	Other Nervous including Peripheral Disorders	3

32	Other Nutritional & Metabolic disorder	1
33	Other Respiratory & Nose Disorders	13
34	Plasmodium Falciparum Malaria	2
35	Peptic Ulcer Syndrome	2
36	Pneumonia	19
37	Rabies	2
38	Rheumatic Heart Disease	3
39	Skin Infections	1
40	Transport Accidents	1
41	Tuberculosis	7
Total		240

IV. Communicable & Non-Communicable Diseases

Table 1: Communicable health problems (April – June 2009)

Sl no	Dzongkhag	Diseases				
		Diarrhoea	Dysentery	Intestinal Worms	Conjunctivitis	Pneumonia
1	Bumthang	429	92	4	631	65
2	Chukha	1937	690	517	1437	482
3	Gasa	157	67	25	32	9
4	Haa	494	146	126	144	49
5	Lhuentse	494	351	78	292	100
6	Mongar	1071	712	194	1098	305
7	Paro	787	202	74	260	181
8	Pemagatshel	599	315	91	477	238
9	Punakha	996	522	161	347	158
10	Samdrup Jongkhar	1536	618	159	449	184
11	Samtse	2916	732	287	811	609
12	Sarpang	1462	576	152	427	397
13	Thimphu	1074	533	174	531	185
14	Trashigang	1589	845	185	1114	305
15	Trashiyangtse	782	308	108	412	117
16	Trongsa	440	211	65	204	33
17	Tsirang	613	496	243	618	284
18	Zhemgang	828	182	149	499	161

Table 2: Non-Communicable health problems (April – June 2009)

Sl no	Dzongkhag	Diseases	
		Hypertension	Alcohol Liver Diseases
1	Bumthang	164	9
2	Chukha	504	71
3	Gasa	36	1
4	Haa	171	3
5	Lhuentse	131	5
6	Mongar	230	28
7	Paro	503	15
8	Pemagatshel	228	11
9	Punakha	125	16
10	SamdrupJongkhar	189	24
11	Samtse	470	20
12	Sarpang	961	55
13	Thimphu	422	58
14	Trashigang	409	47
15	TrashiYangtse	145	19
16	Trongsa	148	8
17	Tsirang	293	3
18	Zhemgang	212	19

V. Nutritional Status of children under 5 who have visited health centers

Table 3: Nutritional status of children under 5 who have visited health centers (April – June 2009)

Sl no	Dzongkhag	Nutritional status						
		Child Attendances	Normal	Percent	Over weight	Percent	Under weight	Percent
1	Bumthang	1594	1421	89.15	88	5.52	80	5.02
2	Chukha	5089	4356	85.60	327	6.43	318	6.25
3	Gasa	200	166	83.00	19	9.50	15	7.50
4	Haa	1161	803	69.16	27	2.33	133	11.46
5	Lhuentse	1455	1096	75.33	210	14.43	131	9.00
6	Mongar	4622	3614	78.19	459	9.93	509	11.01
7	Paro	2101	1837	87.43	180	8.57	72	3.43
8	Pemagatshel	2138	1821	85.17	172	8.04	252	11.79
9	Punakha	1362	1217	89.35	179	13.14	75	5.51
10	SamdrupJongkhar	2725	1938	71.12	382	14.02	230	8.44
11	Samtse	3685	3143	85.29	130	3.53	412	11.18
12	Sarpang	3008	2465	81.95	282	9.38	261	8.68

13	Thimphu	8116	7463	91.95	256	3.15	397	4.89
14	Trashigang	3840	3223	83.93	203	5.29	414	10.78
15	TrashiYangtse	1564	1189	76.02	167	10.68	203	12.98
16	Trongsa	1031	757	73.42	60	5.82	65	6.30
17	Tsirang	1757	1226	69.78	345	19.64	181	10.30
18	Zhemgang	1563	1071	68.52	289	18.49	240	15.36

VI. Malaria Report

Table 4: Malaria report (April - June 2009)

Variables	0-4years		5-14 yrs		15-49 years		>50years		Total		G. Total
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	
Mix	1	0	6	3	7	10	8	2	22	15	37
Pf	0	3	16	9	44	25	13	3	73	40	113
Pv	7	4	19	15	53	24	15	7	94	50	144
Death	0	0	0	0	0	0	0	0	0	0	0

VII. Case finding of new and re-treatment of TB cases

Table 5: TB report (April - June 2009)

Gender	Pulmonary Positive				Pulmonary Negative	Extra Pulmonary	Total	Case finding indicators A/(A+E+F)*100
	New	Relapse	Failure	Default				
	(A)	(B)	(C)	(D)	(E)	(F)		
Male	48	3	2	1	19	53	126	40
Female	38	3	3	1	13	45	103	39.58
Total	86	6	5	2	32	98	229	39.81

VIII. Ante-natal checkup report

Table 6: Visits of pregnant women for Ante-natal Clinic (ANC) Check up

Sl no	District	1st Visit	2nd Visit	3rd Visit	More Visit
1	Bumthang	78	99	80	95
2	Chukha	384	370	311	648
3	Gasa	13	21	15	15
4	Haa	83	75	72	24
5	Lhuentse	65	48	47	62
6	Mongar	280	222	185	188
7	Paro	211	218	171	259
8	Pemagatshel	99	80	83	116
9	Punakha	162	145	115	195
10	SamdrupJongkhar	206	182	117	119
11	Samtse	291	286	281	472
12	Sarpang	219	191	182	297
13	Thimphu	779	631	573	1131
14	Trashigang	232	209	158	187

15	Trashiyangtse	96	77	62	80
16	Trongsa	80	60	51	52
17	Tsirang	98	76	57	64
18	Zhemgang	101	78	70	81

IX. Deliveries

Table 8: Deliveries attended by Health Professionals (April - June 2009)

Sl no	Dzongkhag	Trained delivery & BCG, OPV0 vaccinated		
		Attended delivery	BCG	OPV-0
1	Bumthang	62	74	61
2	Chukha	257	328	272
3	Gasa	6	2	3
4	Haa	31	27	25
5	Lhuentse	34	58	59
6	Mongar	168	234	205
7	Paro	123	151	150
8	Pemagatshel	35	93	65
9	Punakha	67	84	85
10	SamdrupJongkhar	68	149	111
11	Samtse	75	220	180
12	Sarpang	152	204	191
13	Thimphu	884	982	963
14	Trashigang	91	210	172
15	Trashiyangtse	23	75	72
16	Trongsa	20	52	44
17	Tsirang	54	72	71
18	Zhemgang	37	69	50

X. Referrals

Table 9: Referred cases (April - June 2009)

SL no	District	Referred	
		In	Out
1	Bumthang	24	28
2	Chukha	23	93
3	Gasa	0	4
4	Haa	1	15
5	Lhuentse	17	42
6	Mongar	201	190
7	Paro	4	90
8	Pemagatshel	3	30
9	Punakha	25	67
10	SamdrupJongkhar	137	67
11	Samtse	73	101

12	Sarpang	77	103
13	Thimphu	451	44
14	Trashigang	52	109
15	TrashiYangtse	14	33
16	Trongsa	3	25
17	Tsirang	47	65
18	Zhemgang	42	105

XI. Under 5 Morbidity

Table 10: Top ten under 5 year morbidity (April – June 2009)

Sl. No	Disease Name	Total
1	Common Cold	19364
2	Diarrhoea	5708
3	Skin Infections	3903
4	Other Disorders of Skin & Subcutaneous-tissues	2483
5	Acute Pharyngitis/Tonsilitis	2423
6	Dysentery	2231
7	ANC, Immunisation & Other counseling	2126
8	Other Respiratory & Nose Diseases	2121
9	Pneumonia	2016
10	Other Diseases of the Digestive System	1723

XII. Indoor Morbidity

Table 11: Top ten indoor morbidity (April – June 2009)

Sl. No	Disease Name	Total
1	Other complications of pregnancy	1229
2	Other Kidney, UT/ Genital Disorders	421
3	Other Respiratory & Nose Diseases	319
4	Other Diseases of the Digestive System	316
5	Peptic Ulcer Syndrome	283
6	Common Cold	270
7	Other Circulatory Diseases	179
8	Hypertension	173
9	Other Disorders of Skin & Subcutaneous-tissues	172
10	Injuries & Poisoning	145

XIII. Hospital Admission

Table 7: Hospital admissions and average length of stay (April - June 2009)

Sl no	Hospital	Admission		
		Patient days	Total admission	Average length of stay
1	BALI BHU I	328	119	2.8
2	BUMTHANG HOSPITAL	842	411	2.0
3	CHUKHA BHU I	570	180	3.2
4	DAMPHU HOSPITAL	604	221	2.7
5	DECHHENHOLING BHU I	0	0	0

6	DEOTHANG HOSPITAL	2070	349	5.9
7	GAYLEGPUG HOSPITAL	4273	822	5.2
8	GEDU HOSPITAL	1875	446	4.2
9	GIDAKOM HOSPITAL	3014	140	21.5
10	GOMTU HOSPITAL	547	149	3.7
11	GYALPOSHING BHU I	0	20	0.0
12	HAA IMTRAT HOSPITAL	0	54	0.0
13	KANGLUNG BHU I	164	83	2.0
14	LHUNTSE HOSPITAL	1504	215	7.0
15	LUNGTENPHU RBA HOSPITAL	42	166	0.3
16	MONGAR HOSPITAL	6030	799	7.5
17	NGANGLAM BHU I	331	123	2.7
18	PANBANG BHU I	0	116	0.0
19	PARO HOSPITAL	1761	581	3.0
20	PEMAGATSHEL HOSPITAL	527	134	3.9
21	PHUNTSHOLING HOSPITAL	9	804	0.0
22	PUNAKHA HOSPITAL	2039	557	3.7
23	RANGJUNG BHU I	94	40	2.4
24	RISERBOO HOSPITAL	1238	238	5.2
25	SAMDRUB JONGKHAR HOSPITAL	0	0	0
26	SAMDRUBCHHOLING BHU I	377	70	5.4
27	SAMTSE HOSPITAL	3046	466	6.5
28	SARPANG HOSPITAL	645	250	2.6
29	SIBSOO HOSPITAL	752	237	3.2
30	TRASHIGANG HOSPITAL	2401	550	4.4
31	TRONGSA HOSPITAL	436	121	3.6
32	TSIMALAKHA HOSPITAL	879	168	5.2
33	YANGBARI BHU I	0	4	0.0
34	YANGTSE HOSPITAL	733	142	5.2
35	YEBILAP TSA HOSPITAL	1727	285	6.1
36	ZHEMGANG BHU I	0	15	0.0

XIV. Dental Service Provision

Table 12: Dental services (April – June 2009)

SL no	District	Dental Services				
		Prophylaxis	Scaling	Fillings	Extractions	Others
1	Bumthang	15	0	131	270	250
2	Chukha	29	14	606	658	882
3	Gasa	0	0	0	0	0
4	Haa	304	0	303	423	299
5	Lhuentse	5	0	109	49	62
6	Mongar	13	11	262	395	571
7	Paro	12	6	354	287	305
8	Pemagatshel	14	5	116	113	60
9	Punakha	52	5	180	219	348
10	SamdrupJongkhar	132	6	139	309	208
11	Samtse	16	0	126	268	449
12	Sarpang	22	2	949	544	1674
13	Thimphu	266	136	2060	2710	3564

14	Trashigang	9	10	332	574	388
15	TrashiYangtse	1	0	40	90	77
16	Trongsa	22	1	69	91	139
17	Tsirang	0	0	0	0	0
18	Zhemgang	2	0	21	25	25
Total		914	196	5797	7025	9301

XV. Diagnostic Service Provision

Table 13: Diagnostic Services (April – June 2009)

SI no	District	X-Ray			Ultrasound		
		Chest	Extremities	Others	Gyn/Obs	Abdomen	Others
1	Bumthang	123	101	62	0	0	0
2	Chukha	751	448	239	517	588	369
3	Gasa	0	0	0	0	0	0
4	Haa	125	131	69	138	53	0
5	Lhuentse	79	41	41	0	42	4
6	Mongar	472	370	242	594	394	34
7	Paro	240	212	124	522	223	68
8	Pemagatshel	0	0	0	0	0	0
9	Punakha	172	124	46	428	242	1
10	SamdrupJongkhar	176	123	76	247	231	6
11	Samtse	296	240	225	0	0	0
12	Sarpang	479	279	237	567	437	43
13	Thimphu	3540	2140	983	2048	2437	202
14	Trashigang	301	95	64	616	190	10
15	TrashiYangtse	70	36	32	0	0	0
16	Trongsa	41	27	13	0	0	0
17	Tsirang	33	35	11	167	75	9
18	Zhemgang	125	57	54	0	0	0
Total		7023	4459	2518	5844	4912	746

XVI. Laboratory Service Provision

Table 14: Laboratory Services Provision by District (April – June 2009)

SI no	District	Haemoglobin levels	Blood grouping	Malaria slides	TB Sputum	Urine	Stool	HIV	Total
1	Bumthang	800	239	23	44	738	9	181	2030
2	Chukha	5238	1352	2571	291	2602	91	353	12478
3	Gasa	46	11	0	3	45	0	2	241
4	Haa	764	642	45	28	2470	119	136	5981
5	Lhuentse	252	192	5	24	805	3	43	1950
6	Mongar	2518	958	90	373	1850	128	491	5846
7	Paro	767	323	51	256	1193	29	214	4630
8	Pemagatshel	369	469	281	20	771	10	84	3463
9	Punakha	1038	460	89	117	1407	16	468	3594
10	SamdrupJongkhar	1098	293	2994	169	1988	83	179	6557

11	Samtse	2224	798	3256	184	2252	103	391	11522
12	Sarpang	2523	649	8405	258	3278	225	288	31971
13	Thimphu	7592	5585	1157	712	9281	482	2570	118641
14	Trashigang	1137	985	30	80	2119	60	250	4661
15	TrashiYangtse	377	246	22	25	477	8	94	1259
16	Trongsa	367	163	28	30	304	35	76	2303
17	Tsirang	727	674	598	20	438	33	113	2561
18	Zhemgang	668	119	1061	77	864	20	56	3961
Total		28505	14158	20706	2711	32882	1454	5989	223649

XVII. Surgeries Services provision

Table 15: Surgeries Services provision by District (April – June 2009)

Sl no	District	Caesarian section	General abdominal	General others	Ortho extremities	Ortho others	Gynaecology	ENT	Eye
1	Bumthang	0	0	0	0	0	0	0	22
2	Chukha	39	51	31	59	0	42	0	0
3	Gasa	0	0	0	0	0	0	0	0
4	Haa	7	11	64	0	0	6	0	0
5	Mongar	30	46	65	116	1	75	17	21
6	Lhuentse	0	0	10	0	0	1	0	0
7	Paro	0	0	1	0	0	7	0	0
8	Pemagatshel	0	0	0	0	1	0	0	0
9	Punakha	0	0	3	0	1	0	0	0
10	SamdrupJongkhar	18	44	205	42	0	25	7	0
11	Samtse	3	31	211	0	14	3	0	268
12	Sarpang	34	20	76	6	17	11	0	4
13	Thimphu	215	274	201	185	0	226	76	193
14	Trashigang	6	0	12	6	2	1	0	9
15	Trashiyangtse	0	0	0	0	0	0	0	0
16	Trongsa	0	0	0	0	0	0	0	0
17	Tsirang	0	0	0	0	0	0	0	0
18	Zhemgang	0	0	17	1	3	2	0	0

XVIII. Human Resource Report:

Table 16: HR Short term Training component (April – June 2009)

April 2009

Sl No	Name	Department /Division	Course Title	Country	Duration	Funding Source
1	Mr Karma Tenzin	Sr. Lab tech, JDWNRH	Training course on Hematology Morphology	New Zealand	4 weeks	GFATM (HIV/AIDS)
2	Dr Damber Singh Mothey	Radiologist, JDWNRH	Training on Radiology Mgt. Contrast Radiology	India	31-Jul-09	WHO Fellowship

3	Ms Sangay Wangmo	Planning officer, PPD, MoH	Training course on Field Methods for International Health Planning and Evaluation	Melbourne, Australia	24-Apr-09	DANIDA
4	Ms Phuntsho Choden	Associate Lecturer, RIHS	Training on Facilitation Skills for Development	BKK, Thailand	1-May-09	GAVI HSS
5	Ms Sapna Humagai	Associate Lecturer, RIHS	Training on Facilitation Skills for Development	BKK, Thailand	1-May-09	GAVI HSS
6	Mr Ugyen Wangdi	Associate Lecturer, RIHS	Training on Facilitation Skills for Development	BKK, Thailand	1-May-09	GAVI HSS
7	Dr Gosar Pemba	Anesthesiologist, JDWNRH	Training on Trauma Prevention and Treatment Program	USA	19 days	Bhutan Foundation
8	Dr Chojay Wangmo	GDMO, JDWNRH	Training on Trauma Prevention and Treatment Program	USA	19 days	Bhutan Foundation
9	Mr Kunzang Dorji	Lecturer, RIHS	Training on Trauma Prevention and Treatment Program	USA	19 days	Bhutan Foundation
10	Mr Sonam Penjore	GNM, JDWNRH	Training on Trauma Prevention and Treatment Program	USA	19 days	Bhutan Foundation
11	Ms Kunzang Chhodon	GNM, JDWNRH	Training on Trauma Prevention and Treatment Program	USA	19 days	Bhutan Foundation
12	Ms Namgay Dem	AN, JDWNRH	Training on Trauma Prevention and Treatment Program	USA	19 days	Bhutan Foundation
13	Dr Pelgay Jamyang	DMO, Samtse hospital	Second Regional Training on Tropical Disease of Public Health Importance	India	12 days	WHO SEARO
14	Mr Tashi Tobgay	Chief Pharmacist, JDWNRH	Second Regional Training on Tropical Disease of Public Health Importance	India	12 days	WHO SEARO
15	Dr Tshering Wangden	Gynaecologist, CRRH, Gelephu	Training on Colposcopy Technique	Thailand	2 months	UNFPA (RH)
16	Ms Sherab Pelden	Record Assistant, HRD	Training on computerized personal information system and record management	Philippines	3 weeks	Danida/WHO
17	Mr Sonam Wangdi	APO, HIV/AIDS, DoPH	Training on Programme Management in HIV/AIDS	Philippines	2 weeks	GFATM(HIV/AIDS)
18	Ms Tshering Deki	Accounts Officer, VDCP, Gelephu	Training on Computerized Financial Model, Project Planning and Mgt.	Philippines	2 weeks	GFATM(Malaria)
19	Ms Deki	HRO, HRD, MoH	Training on Health Policy & Program Management	Korea	16 days	KOICA Fellowship & 20 % from SAARC
20	Ms Kinzang Wangmo	Asst. Planning Officer, PPD, MoH	Training on Health Policy & Program Management	Korea	16 days	KOICA Fellowship & 20 % from SAARC
21	Mr Namgyel Dorji	Accountant, HIDP	Training on Government accounting and Budgeting	Thailand	2 weeks	GFATM

22	Ms Dechen Wangmo	Accountant, AFD, MoH	Training on Government accounting and Budgeting	Thailand	2 weeks	Danida/ GFATM/WHO DPA
23	Mr Kaloo Dukpa	DHO, Wangdue	Training on Reproductive Health Monitoring and Evaluation	Philippines	2 weeks	UNFPA (RH)
24	Mr Sonam Wangdi	APO, DoPH (RH)	Training on Reproductive Health Monitoring and Evaluation	Philippines	2 weeks	UNFPA (RH)
25	Mr Kanti Ram Sanyasi	Sr. Nurse, JDWNRH	Training on A & B Scanning Technique	Nepal	4 weeks	WHO DPA
26	Mr Namgyel Wangchuk	Planning officer, PPD, MoH	Training on Public Health Management, Monitoring and Evaluation	Thailand	2 weeks	GFATM

May 2009

SI No	Name	Department /Division	Course Title	Country	Duration	Funding Source
1	Mr Rinchen Wangdi	Lab tech. PHL	Training on laboratory diagnosis of measles and rubella	Thailand	2 weeks	WHO Fellowship
2	Dr Bhim Nath Subedy	DMO, P/gatshel	Training on HIV/AIDS Diagnosis Prevention and Control Plan	Japan	1 month	JICA Fellowship
3	Ms Kencho Pelden	HA, Forensic Unit, JDWNRH	Training on Nareerux centre one stop crisis	Thailand	3 weeks	UNFPA (RH)
4	Mr Yeshe Dorji	Store keeper, AFD, MoH	Training on Organizational Behavior in Store and Procurement Management	India	2 weeks	GFATM (Malaria)
5	Ms Kezang Chhoden	Store keeper, AFD, MoH	Training on Organizational Behavior in Store and Procurement Management	India	2 weeks	GFATM (Malaria)
6	Mr Tashi Dendup	APO, QASD, MoH	Training on Health Services Mgt.	Thailand	5 months	WHO DPA
7	Mr Sonam Wangchuk	Head, PHL, DoPH	Training course on vaccinology	Korea	1 week	WHO
8	Ms Thinley Wangmo	Budget Assistant, AFD, MoH	51st Residential Programme on Zero Based & Outcome Budgeting	India	5 days	WHO DPA
9	Mr Chime Dorji	Store keeper, VDCP, Gelephu	Training on Material Management and Procurement Process	India	2 weeks	GOI
10	Mr Thubten Dorji	Dental Hygienist, Yebilaptsa hospital	Diploma in Dental Therapy	Thailand	6 months	WHO DPA
11	Mr Dorji Phurba	Dental Hygienist, Damphu hospital	Diploma in Dental Therapy	Thailand	6 months	WHO DPA
12	Mr Karma Dupchu	Dental Hygienist, Samtse hospital	Diploma in Dental Therapy	Thailand	6 months	WHO DPA
13	Mr Palden Dorji	Asst. Internal Audit, MoH	Risk Based & computer based internal auditing	Philippines	15 days	MoF & Airfare by MoH
14	Mr Sabitman Rai	Chief Internal Auditor, MoH	Risk Based & computer based internal auditing	Philippines	15 days	MoF & Airfare by MoH

June 2009

SI No	Name	Department /Division	Course Title	Country	Duration	Funding Source
1	Mr Bhim Bahadur Thada	Sr. Medical Tech. VDCP, Gelephu	Training on Vaccine Mgt. and Logistics	India	1 week	WHO
2	Mr Yeshe Dorji	Asst. Procurement Officer, MSD, P/ling	Training on Vaccine Mgt. and Logistics	India	1 week	WHO
3	Ms Pema Choizom	AN, JDWNRH	Training on Mental Health Nursing	India	31-Jul-09	WHO DPA
4	Mr Kunzang Tenzin	ACO, JDWNRH	Training on Mental health Counseling	India	2 months	WHO DPA
5	Mr Wangda Dorji	MSTF Member	Study Tour and Attachment with PLWHA	Thailand	5 days	GFATM (HIV/AIDS)
6	Mr Ugyen Dorji	MSTF Member	Study Tour and Attachment with PLWHA	Thailand	5 days	GFATM (HIV/AIDS)
7	Ms Tsheltrim Dema	MSTF Member	Study Tour and Attachment with PLWHA	Thailand	5 days	GFATM (HIV/AIDS)
8	Ms Sonam Peldon	MSTF Member	Study Tour and Attachment with PLWHA	Thailand	5 days	GFATM (HIV/AIDS)
9	Mr Ngawang Choida	Head, HISC, Thimphu	Study Tour and Attachment with PLWHA	Thailand	5 days	GFATM (HIV/AIDS)
10	Mr Tshering Penjor	Research Assistant/MT, gelephoshing BHU I, MRRH	Training on Malaria Technicians in Entomology	Thailand	4 months	GFATM (Malaria)
11	Mr Sonam Tenzin	Medical Tech III, Jomotshangkha BHUI, S/Jongkhar	Training on Malaria Technicians in Entomology	Thailand	4 months	GFATM (Malaria)
12	Mr Karma Dorji	Medical Tech III, Deheling BHU, P/gatshel	Training on Malaria Technicians in Entomology	Thailand	4 months	GFATM (Malaria)
13	Mr Kuenga Dorji	Medical Tech III, S/Jongkhar Hospital	Training on Malaria Technicians in Entomology	Thailand	4 months	GFATM (Malaria)
14	Mr Tshering Dorji	Medical Tech III, VDCP, Gelephu	Training on Malaria Technicians in Entomology	Thailand	4 months	GFATM (Malaria)
15	Mr Sonam Tashi	Medical Tech II, Gelephu Hospital	Training on Malaria Technicians in Entomology	Thailand	4 months	GFATM (Malaria)
16	Mr Pema Tshering	Medical Technician, VDCP, Gelephu	Training on Malaria Technicians in Entomology	Thailand	4 months	GFATM (Malaria)
17	Mr Dorji Tshering	Lab Tech, PHL, DoPH	IFA Training Course for Lab Personnels	Thailand	19 days	World Bank
18	Mr Binay Thapa	Microbiologist, MRRH	IFA Training Course for Lab Personnels	Thailand	19 days	World Bank
19	Ms Tshering Choden	Lab Technician, CRR Hospital, Gelephu	IFA Training Course for Lab Personnels	Thailand	19 days	World Bank

20	Mr Ran Bahadur Giri	Medical Lab Technician, CRR Hospital, Gelephu	IFA Training Course for Lab Personnels	Thailand	19 days	World Bank
21	Ms Namgay Dema	Medical Lab Tech. CRRH, Gelephu	IFA Training Course for Lab Personnels		19 days	World Bank
22	Mr Lok Bahadur Ghalley	DHO, Sarpang	Training on the Preventive and Control Measure on Avian Influenza Pandemic for BIMSTEC Member Countries	Thailand	15 days	TICA
23	Dr Manish Raj Gurung	GDMO, S/Jongkhar	Training on the Preventive and Control Measure on Avian Influenza Pandemic for BIMSTEC Member Countries	Thailand	15 days	TICA
24	Mr Tandin Phub	Bio Medical Engineer, HERM, DoMS	Training on CD4 Machine Maintenance	India	1 week	GFATM
25	Mr Kipchu Gado	Sr. Medical Tech. Monggar RRH	Training on CD4 Machine Maintenance	India	1 week	GFATM
26	Dr Ngawang Tenzin	Medical Director, JDWNRH	Study Visit	Nepal	1 week	GOI
27	Dr Phurb Dorji	Gynaecologist, JDWNRH	Study Visit	Nepal	1 week	GOI
28	Dr Lotay Tshering	Urologist, JDWNRH	Study Visit	Nepal	1 week	GOI
29	Dr Deki Choden	Radiologist, JDWNRH	Study Visit	Nepal	1 week	GOI
30	Dr Mini Lhamu Mynak	Pediatrician, JDWNRH	Study Visit	Nepal	1 week	GOI
31	Mr Jamtsho	Project Co-ordinator, MoH	Study Visit	Nepal	1 week	GOI
32	Ms Chimi Lhamo	Nursing superintendent, JDWNRH	Study Visit	Nepal	1 week	GOI
33	Mr Rinzin Namgay	Entomologist, VDCP, Gelephu	Study Visit on Malaria Control & Prevention activities	Thailand	5 days	GFATM (Malaria)
34	Mr Tobgyel	Program Officer, VDCP, Gelephu	Study Visit on Malaria Control & Prevention activities	Thailand	5 days	GFATM (Malaria)
35	Mr Pema Dorji	Research Assistant/MT, VDCP, Gelephu	Study Visit on Malaria Control & Prevention activities	Thailand	5 days	GFATM (Malaria)
36	Mr Penden Dorji	Research Assistant, S/Jongkhar	Study Visit on Malaria Control & Prevention activities	Thailand	5 days	GFATM (Malaria)
37	Mr Sangay Chedup	Malaria Technician, Sarpang Hospital	Study Visit on Malaria Control & Prevention activities	Thailand	5 days	GFATM (Malaria)
38	Mr Gyembo Dorji	PO, DoPH	Study Visit to South East Asia	BKK & Singapore	2 weeks	NEC

Table 17: HR Seminar/Workshop (April – June 2009)

April 2009

Sl No	Name	Department /Division	Course Title	Country	Duration	Funding Source
1	Dr Samdrup R Wangchuk	HOD, JDWNRH	SIRONA FONA Chairs	China	5 days	Organizer
2	Mr Chakchu Tshering	Sr. Program Officer, MSD, P/ling	SIRONA FONA Chairs	China	5 days	Organizer
3	Mr Ngawang Dorji	Chief Procurement Officer, DVED	SIRONA FONA Chairs	China	5 days	Organizer
4	Mr Tashi Dorji	HA, Airport, Paro	Regional IHR Risk Communication Capacity Building Workshop	KTM, Nepal	3 days	WHO SEARO
5	Dr Kinley Penjor	GDMO, Panbang BHU, Zhemgang	Regional IHR Risk Communication Capacity Building Workshop	KTM, Nepal	3 days	WHO SEARO
6	Mr Sonam Jamtsho	ACO, Samtse Hospital	Expert meeting on HIV/AIDS Estimation and Projections	BKK, Thailand	3 days	WHO SEARO
7	Dr Kipchu Tshering	GDMO, Dagapela Hospital, Dagana	Expert meeting on HIV/AIDS Estimation and Projections	BKK, Thailand	3 days	WHO SEARO
8	Mr Ugyen Norbu	Asst. Information and communication officer, ICB, DoPH	Regional workshop on MPOWER policy package for strengthening tobacco control efforts	Bangladesh	4 days	WHO SEARO
9	Ms Karma Doma	PO, DoPH, MoH	Intercountry workshop on injury surveillance	Maldives	3 days	WHO SEARO
10	Mr Rhar Singh Das	Information and media officer, PPD	Intercountry workshop on injury surveillance	Maldives	3 days	WHO SEARO
11	Mr Rinchen Namgyel	DHO, Chukha	Regional Consultation on Cross Border Collaboration in Disease Control	India	3 days	WHO SEARO
12	Ms Dechenmo	DHO, Samtse	Regional Consultation on Cross Border Collaboration in Disease Control	India	3 days	WHO SEARO
13	Ms Roma Karki	APO, DoPH	Regional Consultation on Cross Border Collaboration in Disease Control	India	3 days	WHO SEARO
14	Mr Kinley Dorji	Project Coordinator, PMT, PPD	SEAR Constituency Meeting	Thailand	2 days	WHO SEARO
15	Dasho Dr. Gado Tsheirng	Secretary, MoH	SEAR Constituency Meeting	Thailand	2 days	WHO SEARO
16	Dr. Pakila Dukpa	Specialist III (Forensic), JDWNRH	Asian and pacific regional ministerial meeting	China	2 days	
17	H.E Lyonpo zangle Drukpa	Specialist III (Forensic), JDWNRH	Asian and pacific regional ministerial meeting	China	2 days	
18	Mr Kaka Tshering	Sr. Program Officer, Gidakom Hospital	Global Program managers meeting on leprosy control strategy	India	3 days	WHO SEARO

19	Dr Pandup Tshering	Medical Superintendent, JDWNRH	Healthcare Executive Management Development Program	India	6 days	Danida (20 %)
20	Dr Tapas Gurung	Medical Superintendent, MRRH	Healthcare Executive Management Development Program	India	6 days	Danida (20 %)
21	Mr Ugyen Rinzin	Dy. Executive Engineer, PHED, DoPH	Regional Workshop on Ecological Sanitation	Sri Lanka	3 days	UNICEF

May 2009

Sl No	Name	Department /Division	Course Title	Country	Duration	Funding Source
1	Dasho Dr. Gado Tshering	Secretary, MoH	19th Global Fund Board Meeting	Geneva, Switzerland	3 days	GFATM
2	Mr Kinley Dorji	Project Co-ordinator	20th Global Fund Board Meeting	Geneva, Switzerland	3 days	GFATM
3	Dr Chencho Dorjee	Director, RIHS	External meeting with the university authorities with regard to the establishment of public health at RIHS	Thailand & Indonesia	5 days	WHO
4	Mr Ugyen Wangdi	Lecturer, RIHS	External meeting with the university authorities with regard to the establishment of public health at RIHS	Thailand & Indonesia	5 days	WHO
5	Mr Tshulthrim Zangpo	HRO, HRD	External meeting with the university authorities with regard to the establishment of public health at RIHS	Thailand & Indonesia	5 days	WHO
6	Mr Nima Sangay	Deputy Registrar, BMHC	External meeting with the university authorities with regard to the establishment of public health at RIHS	Thailand & Indonesia	5 days	WHO
9	Dr Gampo Dorji	Sr. Program Officer, LSRDP, MoH	NCD Risk Factor Data Analysis	Geneva, Switzerland	5 days	WHO
10	Ms Dorji Pelzom	Statistician, PPD	NCD Risk Factor Data Analysis	Geneva, Switzerland	5 days	WHO
11	Drungtsho Karma Gaylek	Dy. Physician, ITMS	WHO Working group meeting on development of traditional medicine modules	China	3 days	20 % from RGoB and rest from Sponsor
12	Hon'ble Lyonpo Zanglay Dukpa	Minister, MoH	study tour to the institutes of John Hopkins, Yale, Tulane and Harvard	USA	2 days	WHO SEARO
13	Dr Ugen Dophu	Director, DoPH	study tour to the institutes of John Hopkins, Yale, Tulane and Harvard	USA	2 days	WHO SEARO
14	Dr Ugen Dophu	Director, DoPH	Technical Briefing for SEAR Member Countries on Subjects to be discussed in 62nd WHA	India	2 days	WHO SEARO
14	Hon'ble Lyonpo Zanglay Dukpa	Minister, MoH	62nd World Health Assembly	Geneva	5 days	WHO & RGoB

15	Dr Ugen Dophu	Director, DoPH	63rd World Health Assembly	Geneva, Switzerland	5 days	WHO & RGoB
16	Dr Ugyen Tshomo	HoD, Gynaecologist, JDWNRH	64th World Health Assembly	Geneva, Switzerland	5 days	RGoB
17	Mr Sonam Wangchuk	Head, PHL	Visit DST Reference lab	Thailand	2 days	GFATM
18	Dr K.P Tshering	Neonatologist, JDWNRH	Regional workshop on Vaccine Prioritization	Thailand		WHO
19	Mr Sonam Dorji	CPO, PPD	Regional workshop on Vaccine Prioritization	Thailand		WHO
20	Dr Nor Tshering Lepcha	Ophthalmologist, JDWNRH	24th Congress of the Asia Pacific Academy of Ophthalmology	Indonesia	4 days	WHO DPA
21	Mr Ugyen Thinley	Engineer, PHED, DoPH	Conference on Connecting Peoples Capacities for improved sustainability of services in changing community	Ethopia	4 days	SNV
22	Mr Namgay Tshering	Planning Officer, PPD	Technician Review Meeting (Mock TRP)	India	5 days	WHO
23	Mr Sonam Dorji	Asst. HRO, HRD	Technician Review Meeting (Mock TRP)	India	5 days	WHO
24	Mr Kencho Wangdi	Asst. PO, HIV/AIDS, DoPH	Technician Review Meeting (Mock TRP)	India	5 days	WHO
25	Mr Pema Wangdi	Asst. Procurement Officer, DVED	Workshop on Reproductive Health Costing and Forecasting of Reproductive Health Commodities	Thailand	5 days	UNFPA

June 2009

Sl No	Name	Department /Division	Course Title	Country	Duration	Funding Source
1	Ms Gaki Tshering	Head, ICT, PPD	United Nations Platform for Space-Based Information for Disaster management and Emergency Response (UN-SPIDER) workshop	Austria	3 days	Organizer
2	Dr. Lungten Z Wangchuk	Head, Research unit	Regional Meeting of South Asian Forum for Health Research (SAFHR)	Nepal	3 days	NHRC
3	Mr Tshewang Tenzin	Medical Tech. Gidakom	Workshop on Leprosy Programme Management for Low Endemic Countries	Bangladesh	4 days	WHO
4	Mr Sangay Dorji	Medical Tech. CRRH, Gelephu	Workshop on Leprosy Programme Management for Low Endemic Countries	Bangladesh	4 days	WHO
5	Dr Karma Lhazin	Program Manager, VDCP, Gelephu	Bi-Regional Workshop on Japanese Encephalitis Prevention and control	Thailand	2 days	WHO SEARO
6	Dr Chencho Dorji	Psychiatrist, JDWNRH	International seminar on treatment of Addiction based on the philosophy of 12 steps of Alcoholics Anonymous	Poland	5 days	Organizer

7	Mr Tashi Norbu	Psychiatry ward, JDWNRH	International seminar on treatment of Addiction based on the philosophy of 12 steps of Alcoholics Anonymous	Poland	5 days	Organizer
8	Ms Tshering Yangdon	AN, Psychiatry ward, JDWNRH	International seminar on treatment of Addiction based on the philosophy of 12 steps of Alcoholics Anonymous	Poland	5 days	Organizer
9	Dr. Lungten Z Wangchuk	Head, Research unit	The Joint Coordinating Board of the Special Program of Research and Training in Tropical Disease (TDR)	Geneva, Switzerland	4 days	
10	Mr. Wangchuk Dukpa	Communication Officer, DoPH	Strengthening Partnership for Integrated Prevention and Control of Non Communicable Disease a SEANT NCD Meeting	India	5 days	WHO SEARO
11	Mr Dorji Chewang	DHO, Thimphu	Strengthening Partnership for Integrated Prevention and Control of Non Communicable Disease a SEANT NCD Meeting	India	5 days	WHO SEARO
12	Dr. Dorji Wangchuk	Director General, DoMS	High Level Preparatory (HPL) Meeting for the Regional Committee	India	4 days	WHO SEARO
13	Mr. Sonam Dorji	Chief Planning Officer, PPD	High Level Preparatory (HPL) Meeting for the Regional Committee	India	4 days	WHO SEARO
14	Mr Dorji	Sr. Technologist, JDWNRH	Workshop on Asia Pacific Strategy for Strengthening Health Laboratory Services (2010-2015)	Indonesia	3 days	WHO SEARO
15	Dr Sonam Ugen	CPO, JDWNRH	Regional High Level Meeting on Rainwater Harvesting	Nepal	3 days	WHO SEARO
16	Mr N B Yonzon	Engineer, PHED, DoPH	Regional High Level Meeting on Rainwater Harvesting	Nepal	3 days	WHO SEARO
17	Mr Norbu Gyeltshen	AE, Monggar	Regional High Level Meeting on Rainwater Harvesting	Nepal	3 days	WHO SEARO
18	Sonam Wangchuk	Head, PHL	Regional Workshop on PCR Based Diagnosis of Influenza A(H1N1)	Thailand	3 days	WHO SEARO

>> **Cont. from page 1**

An international conference at Alma-Ata in 1978 played vital role in setting the goal of an acceptable level of health for all the people of the world by the year 2000 through primary health care approach. As a signatory to the Alma-Ata declaration in 1979 the Royal Government of Bhutan has committed to achieving the goal of health for all through primary health care approach which seeks to provide universal comprehensive health care at free of cost for all.

Keeping in view the WHO goal of 'Health for All' by 2000 AD, our Government evolved a national health policy based on PHC approach. The national health policy has laid down a plan of action for reorienting, establishing new infrastructure and reshaping the existing rural health infrastructure with specific goals. These steps are successfully implemented with lots of hardship in order to achieve objectives toward health for all by the year 2000. At present status the PHC coverage in Bhutan is almost 100 percent and equitable distribution of health resources. The health care system had

penetrated into the farthest reaches of rural areas and every individual is accessible to it at present. To overcome this policy the following schemes are in operations:

- ❖ BHU – Basic Health Unit
- ❖ ORC – Out Reach Clinic
- ❖ VVHW – Voluntary Village Health Worker

Basic Health Unit (BHU): BHU are mainly established to provide as close to the people as possible, an integrated curative and preventive health care to the rural population with emphasis on prevention and promotive aspect of health care. The health planners in Bhutan have visualized the primary health centre and its sub-centres with the proper infrastructure to provide health services to the rural population. The declaration of Alma-Ata conference in 1978 and setting the goal of health for all by 2000 AD has ushered in a new era of health services based on new philosophy of equity and a new approach, the PHC approach. At present the functions of the primary health care in Bhutan covers all most all “essential” elements of primary health care as outlined in Alma-Ata Declaration. They are as follows:

- Medical Care
- MCH including family planning
- Safe water supply and basic sanitation
- Prevention and control of locally endemic disease
- Collection and reporting of Vital Statistics
- Education about health
- National health programs as relevant
- Referral services
- Training of health guides, health workers & health assistants
- Basic laboratory services

Out Reach Clinic (ORC): The ORC is the peripheral outpost of the existing health delivery system in rural areas. They are being established on the basis of sub centre for every 5000 population in general and one for every 3000 population in hilly tribal and back ward areas.

Each sub centers are manned by one male and female multipurpose health workers, usually they visit sub centre (ORCs) from their centre (BHUs) as per their schedule basis, at least once in a month time. At present the functions of sub centre are limited to mother and child health care (MCH), family planning, immunization, institutional delivery, IUD (Intra Uterine Device) insertion and simple laboratory investigation like routine examinations of urine for albumin and sugar.

Voluntary Village Health Worker (VVHW): VVHW is a person with an aptitude for social service and is not a government functionary. The VVHW was introduced with the idea of securing people’s participation in the care of their own health. They came from and are chosen by the community in which they worker belong. They provide the first contact between the individual and the health system. The VVHW undergoes a short training in primary health care and on completion of training they receive training manual and bit of simple medications. Broadly the duties assigned to VVHWs include treatment of simple medication ailment and activities in first aid, mother and child health including family planning, health education and sanitation.

The principles of primary health care in Bhutan are as follows:

Equitable distribution: The first key principles in the primary health care strategy is equity or equitable distributions of health services, i.e, health services must be shared equally by all people irrespective of their ability to pay and all (rich or poor, urban or rural) must have access to health services. At present most of urban and rural health infrastructure had been established & running smoothly. In Bhutan primary health care now is almost balanced and bring primary health care services as near as people’s homes.

Community Participation: Primary health care had effectively involve individuals, families and communities in promotion of their own health and welfare, is an essential ingredient of primary health care. And there must be a continuing effort to secure meaningful involvement of the community in the future to maintenance of health services, besides maximum reliance on local resources such as manpower, money and materials.

One approach that has been tried successfully in Bhutan is the use of VVHWs. They are selected by the local community and trained locally in the delivery of primary health care to the community they belongs free of charge. By overcoming cultural and communication barriers, they provide primary care in ways that are acceptable to the community.

Intersectoral Coordination: There is an increasing realization of the fact that the components of primary health care cannot be provided by the health sector alone. The Alma-Ata declaration state that primary health care involves in addition to the health sector, all related sectors and aspects of national and community development in particular agriculture, animal husbandry, food industry, education, housing, public works, communication and other sectors. To achieve this Bhutan had reviewed their administrative system, reallocate their resources and introduces suitable legislation to ensure that coordination can take place.

Appropriate Technology: It is defined as “Technology that is scientifically sound, adaptable to local needs and acceptable to those who apply it and those for whom it is used, and that can be sustained by the people themselves in keeping with the principle of self-reliance with the resources the community & country can afford”. But primary health care is qualitatively a different approach to deal with the health problems of a community. Unlike the basic health services, integrated health care, and vertical health services which depended upon taking health services to the doors of the people, primary health care approach starts with the people themselves. This approach signifies a new dynamism in health care & has been described as **health by the people, placing people’s health in people’s hand.** The ends of the primary health care approach are the same as those of earlier approaches attainment of an acceptable level of health by every individual but meaning more equitable distribution and nation wide coverage.

As a signatory to the Alma-Ata Declaration in 1979 the Royal Government of Bhutan is committed to taking steps to provide HFA (Health for All) to its citizens by 2000 AD. In pursuance of this objective various attempts have been made to evolve suitable strategies and approaches. The challenge that our Bhutan had faced had reached the population with adequate Primary health care services and their utilization. The purpose of health care services is to improve the health status of the population. In the light of health for all by 2000 AD, the goals to be achieved had been fixed in terms of mortality and morbidity reduction, increase in expectation of life, decrease in population growth rate, improvements in nutritional status, provision of basic sanitation, health manpower requirements and resources developments and certain other parameters such as food production, literacy rate, reduction levels of poverty, etc.

The Policy and Planning Division would like to solicit reviews and feedbacks for the betterment of the publication. Suggestions, views and constructive criticism are always welcome.

Any queries may be forwarded to address given below.

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