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Acronym and Abbreviation

BFDA	Bhutan Food and Drug Authority
CMO	Chief Medical Officer
CSD	Clinical Service Division
DBME	Department Biomedical Engineering
DCS	Department of Clinical Services
DHO	Dzongkhag Health Officer
DHS	Department of Health Services
DMP	Department of Medical Products
DoPH	Department of Public Health
DPHO	Dzongkhag Public Health Officer
HFD	Health Financing Division
HMC	Hospital Management Committee
HRC	Human Resource Committee
HTA	Health Technology Assessment
JDWNRH	Jigme Dorji Wangchuck National Referral Hospital
KGUMSB	Khesar Gyalpo University of Medical Sciences of Bhutan
LG	Local Government
LMD	Logistics Management Division
MoH	Ministry of Health
MoF	Ministry of Finance
MOIC	Medical Officer In Charge
NCTMS	National Centre for Traditional Medicine Services
NMS	National Medical Services
NTMH	National Traditional Medicine Hospital
PHO	Public Health Officer
QARD	Quality Assurance and Regulation Division
QPD	Quantification and Procurement Division
RCDC	Royal Centre for Disease Control
RCID	Royal Centre for Infectious Diseases
RCSC	Royal Civil Service Commission
SHSD	Sorig Health Services Division
SPHWD	Sorig Preventive Health and Wellbeing Division
SRID	Sorig Research and Innovation Division

THC	Thromde Health Centre
TMD	Traditional Medicine Division
UHC	Universal Health Coverage

Executive summary

This proposal presents a strategic framework to strengthen health sector governance in Bhutan through institutional realignment, clarified mandates, and improved coordination across the national health system. The reform responds to operational challenges that emerged following the Health Sector Transformation launched in 2023, which established the National Medical Services (NMS) to centralise clinical service delivery and separate policy and regulatory functions from operational responsibilities.

While the reform clarified the Ministry of Health's (MoH) stewardship role in policy development, regulation, and strategic oversight, the transition also exposed structural gaps in operational governance. Clinical leaders were increasingly required to manage administrative responsibilities, stretching an already limited clinical workforce. Hospital governance, particularly at Jigme Dorji Wangchuck National Referral Hospital (JDWNRH), was constrained by limited administrative capacity and complex operational demands. At the same time, coordination between clinical services, public health programmes, and local governments became fragmented, weakening integrated service delivery. These challenges have highlighted the need for clearer institutional roles, strengthened hospital governance, and improved coordination across the health system.

This proposal seeks to address these issues by reinforcing the stewardship role of the MoH while strengthening operational leadership and coordination among service delivery institutions. The restructuring pursues three primary objectives:

- 1) strengthen national clinical governance by retaining the NMS as the central agency responsible for coordinating clinical services and medical products across the country, ensuring consistent standards and quality of care across all levels of the health system;
- 2) restore and strengthen the operational autonomy of JDWNRH, enabling the national referral hospital to function with stronger governance and managerial capacity while continuing to serve as the country's leading tertiary care and teaching institution; and
- 3) improve coordination across the health system by strengthening institutional linkages between the MoH, NMS, Dzongkhag health sectors, Local

Governments (LGs) and JDWNRH to support integrated, responsive, and locally relevant healthcare delivery.

To support these objectives, the proposal introduces several key reforms. These include reinstating the National Centre for Traditional Medicine Services (NCTMS) to strengthen governance of Bhutan's traditional medicine system; establishing a Health Informatics and Research Division (HIRD) to enhance data systems and evidence-informed decision-making; clarifying human resource governance and deployment mechanisms across national and local levels; strengthening regulatory and quality assurance systems under the Healthcare Services Rules and Regulations (HSRR) 2025; and empowering Dzongkhag Health Officers (DHOs) to lead integrated clinical and public health service delivery at the local level.

Together, these reforms aim to strengthen institutional accountability, enhance operational efficiency, and improve coordination across the health sector. By aligning governance structures, clarifying mandates, and reinforcing monitoring and regulatory mechanisms, the proposal seeks to build a more resilient, efficient, and responsive health system capable of meeting Bhutan's evolving health needs and national development priorities.

1 Background

The National Medical Services (NMS) was established on January 9, 2023 under the Health Sector Transformation 1.0 initiative to centralise the management of clinical services nationwide. NMS was mandated to oversee clinical service delivery, referral systems, clinical human resource management, procurement and distribution of medical products, and biomedical equipment oversight.

Under this model, the Ministry of Health (MoH) transitioned to a stewardship role, focusing on policy formulation, public health programme design and implementation, setting standards and regulations, and quality assurance. This effectively delineated core policy functions from service delivery responsibilities.

However, the centralised structure revealed unintended systemic challenges. Broad administrative mandates were placed on Chief Medical Officers (CMOs) who previously focused on direct clinical care, compelling them to prioritise administrative oversight at the expense of clinical responsibilities. This shift strained an already limited clinical workforce and weakened operational performance at hospitals.

The structural separation between clinical and public health functions also contributed to gaps in coordination, particularly where clinical care and public health interventions intersect. Meanwhile, the roles of Dzongkhag Public Health Officers (DPHOs) were narrowed to the execution of public health programmes, reducing their capacity to bridge clinical and preventive health services effectively. Together, these factors hindered cohesive health strategy implementation and contributed to fragmented service delivery.

The integration of Jigme Dorji Wangchuck National Referral Hospital's (JDWNRH) administrative staff into the NMS framework exposed further challenges. JDWNRH, led primarily by a Medical Superintendent with limited administrative support, lacked the governance capacity to manage the hospital's complex operations at scale. This constraint weakened oversight functions and limited the hospital's ability to consistently deliver high-quality services.

In response to these systemic issues, the First Session of the 4th National Assembly passed a motion emphasising the urgent need to improve health services, citing shortages of health professionals, inadequate facilities and medicines, and insufficient outreach clinic services. The Assembly recommended restoring clearer

organisational linkages between the MoH, service delivery agencies, and Local Governments (LGs) to enhance service effectiveness and accountability.

This proposal is aligned with the National Health Policy 2011 and the parliamentary resolution, aiming to strengthen the organisational structure of the health sector to better meet national health needs.

2 Objectives

The proposal seeks to strengthen the health sector by:

- 1) retaining the NMS as the principal agency for managing clinical service and medical products nationwide with the direct oversight of regional referral hospitals, cluster hospitals, and the Royal Centre for Infectious Diseases (RCID), to ensure consistent clinical governance, quality assurance, and standardised service delivery across all levels of healthcare centre;
- 2) restoring and enhancing the operational autonomy and governance capacity of JDWNRH to support its roles as the national referral, western regional referral, and a teaching hospital, thereby improving leadership capacity, operational performance, and patient care outcomes; and
- 3) strengthening inter-agency coordination and strategic linkages among the MoH, NMS, LGs, and JDWNRH to promote an integrated health service delivery system that is responsive to local needs, supports decentralised planning, and is aligned with national health policies and priorities.

3 Health sector restructuring

This restructuring aims to create a cohesive and efficient health system with clear roles and responsibilities, minimise overlap, and strengthen operational efficiency. The unified structure will enhance the implementation of national health policies, align services with strategic objectives, and improve access to high-quality care nationwide.

3.1 Restructuring of the Ministry of Health

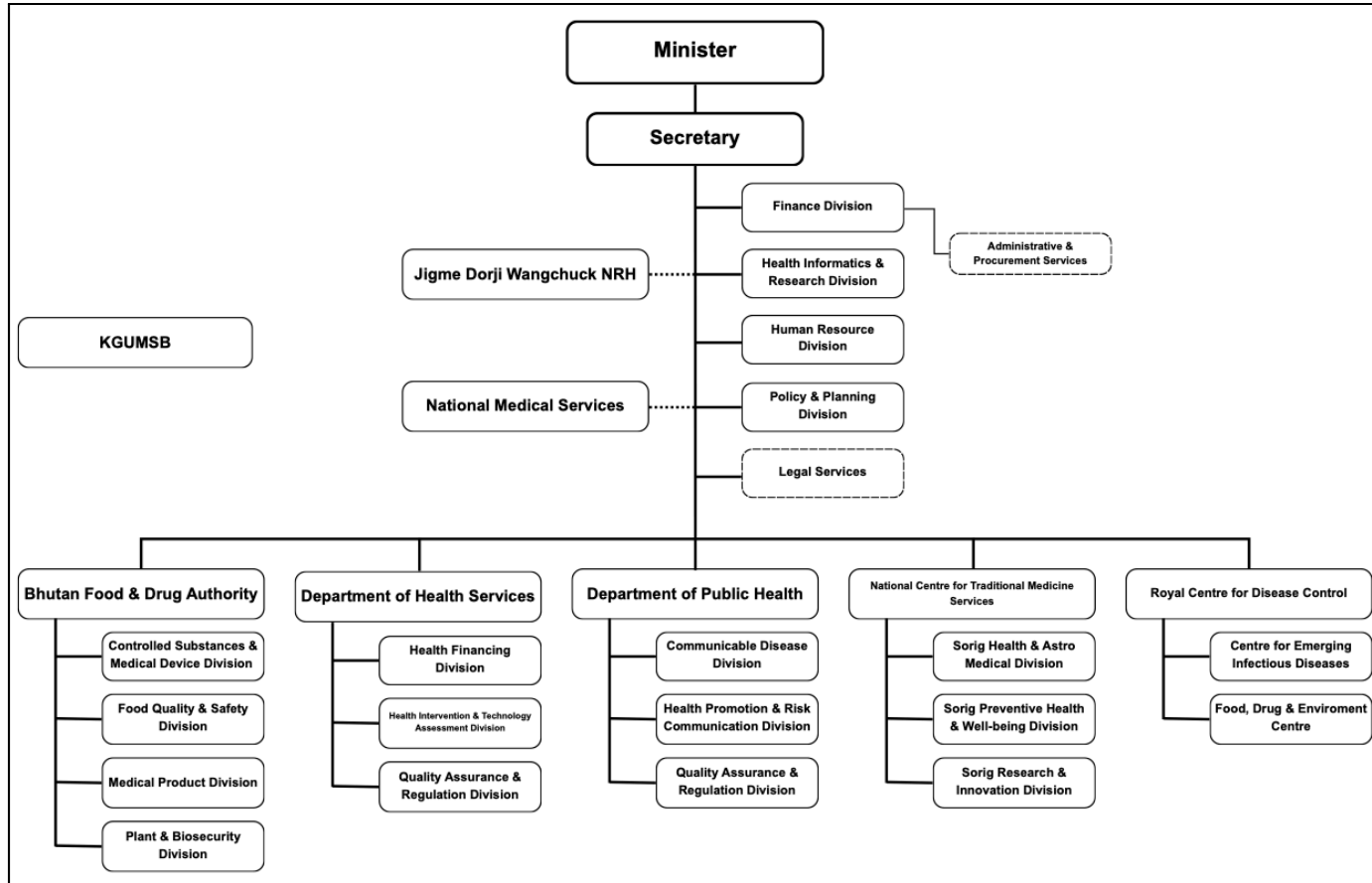
The MoH's structure has been realigned to emphasise its stewardship role, separating policy formulation, regulation, and strategic leadership from operational service delivery to strengthen governance across the health system. This restructuring builds on the Health Sector Transformation reforms initiated in 2023, which clarified the MoH's role in policy and oversight and established the NMS to manage clinical service delivery nationwide.

Under this reorganisation:

- 1) Traditional Medicine Division (TMD) will be reinstated at a departmental level and renamed as the National Centre for Traditional Medicine Services (NCTMS) to strengthen governance, integration, and development of Bhutan's traditional medicine system; and
- 2) a new Health Informatics and Research Division (HIRD) will be created to strengthen data systems, evidence-informed decision-making, and strategic planning.

The MoH will continue its stewardship role, providing policy formulation, regulatory oversight, strategic direction, and cross-sector coordination. The MoH will maintain responsibility for national human resource (HR) governance, ensuring that recruitment, deployment, and performance management across the health sector, including the NMS and JDWNRH, are aligned with national HR policies and standards.

Organogram: Ministry of Health



3.1.1 Mandates of departments

1) Department of Health Services

The Department of Health Services (DHS) is the lead agency for guiding the design, coordination, and standardisation of healthcare services, medical products and health financing. It leads policy formulation, planning, quality assurance, financing strategy, health technology assessment (HTA), and oversight of service delivery frameworks to ensure equitable, high-quality, resilient, and sustainable healthcare for all citizens.

Key mandates include:

- a) Strategise, standardise, and coordinate healthcare policies, programmes, and service delivery frameworks to ensure equitable access and high-quality healthcare services nationwide.
- b) Develop and implement policies, guidelines, procedures, and tools that support national healthcare planning, investment, and system strengthening in alignment with the National Health Policy and national priorities.
- c) Function as the central technical agency within MoH to provide strategic leadership and guidance on healthcare services, medical products, health financing, and quality assurance.
- d) Conduct HTAs and evidence synthesis to inform policy decisions, technology adoption, cost-effectiveness evaluations, and optimisation of healthcare interventions.
- e) Coordinate national frameworks for quality assurance and performance measurement, including monitoring healthcare service quality and promoting continuous improvement across service delivery points.
- f) Develop and implement regulatory frameworks that ensure accountability, compliance, and continuous improvement of healthcare services.

a) Health Financing Division

The Health Financing Division (HFD) is responsible for strengthening the financial foundations of health system to ensure equitable, efficient, and sustainable financing

that supports universal health coverage, financial risk protection, and resilient health service delivery

Key functions include:

- i) Lead the development and implementation of national health financing policies and strategies that align with Universal Health Coverage (UHC) goals and national health priorities.
- ii) Review and strengthen existing health financing models and systems to improve efficiency, sustainability, and equity of health sector funding.
- iii) Promote innovative financing mechanisms and fiscal strategies that enhance financial risk protection and broaden the resource base for health.
- iv) Support investment planning for the health system, integrating financial considerations into health sector planning processes.
- v) Monitor and analyse health expenditure trends and financial performance to inform policy decisions, resource allocation, and accountability.
- vi) Promote public-private partnerships for healthcare services delivery and financing innovation.
- vii) Contribute to national efforts that protect citizens from financial hardship associated with healthcare utilisation.
- viii) Maintain robust health financing data systems for monitoring expenditures, funding sources, and financial performance; and
- ix) Monitor and evaluate the financial performance of health programmes to improve accountability, transparency, and efficient use of public resources.

b) Health Intervention and Technology Assessment Division

The Health Intervention and Technology Assessment Division (HITAD) is responsible for institutionalising HTA and promoting evidence-informed decision-making across the health system. HITAD ensures that health technologies, medical products, and healthcare services are evaluated rigorously to inform policy, prioritise investments, optimise resource use, and protect patient safety

Key functions include:

- i) Conduct evidence-based HTAs to evaluate the clinical effectiveness, cost-effectiveness, safety, equity, and social implications of health technologies, services and medical products to inform policy and prioritisation decisions.
- ii) Promote the appropriate selection, utilisation, and management of medical products, technologies, and healthcare services to enhance clinical outcomes, system efficiency, and value for money.
- iii) Develop, review, and update national policies, standards, and guidelines related to health technologies, medical products, and healthcare services to align with best practices and evolving health system needs.
- iv) Authorise healthcare centres and premises to operate by ensuring they meet prescribed standards and regulatory requirements under the Healthcare Services Rules and Regulations (HSRR) 2025 prior to establishment and commencement of operations.
- v) Provide evidence-driven recommendations to guide the scale-up, modification, adoption, or de-implementation of health technologies and practices based on HTA findings and health system priorities.
- vi) Build institutional capacity for HTA and evidence-informed decision-making by fostering technical expertise, knowledge sharing, and systematic use of data and research in policy processes.
- vii) Facilitate intersectoral and international collaboration on health technology innovation, assessment methodologies, harmonisation, and best practices, strengthening partnerships and knowledge exchange.

c) Quality Assurance and Regulation Division

The Quality Assurance and Regulation Division (QARD) is the main regulatory body within the MoH responsible for ensuring that healthcare services, centres, and systems nationwide consistently meet established quality, safety, and accountability standards. QARD drives the implementation of national quality frameworks, regulatory oversight mechanisms, and continuous quality improvement processes across the health sector.

Key functions include:

- i) Enforce regulatory frameworks and standards to uphold service quality and patient safety across all healthcare centres (both public and private) in accordance with HSRR 2025.
- ii) Promote and support continuous quality improvement (CQI) initiatives throughout the healthcare centres to strengthen clinical outcomes, service reliability, and system performance.
- iii) Maintain a national registry of healthcare centres, tracking their operational status, authorisation, and compliance with regulatory standards.
- iv) Establish and manage systems for incident reporting, adverse event reviews, and patient safety improvements that enable structured learning and corrective action.
- v) Coordinate and implement national quality assurance programmes, including clinical audits, performance assessments, and safety initiatives that support accountability and excellence in care delivery
- vi) Facilitate and support corrective actions for compliance gaps, including oversight of remedial plans and engagement with stakeholders to resolve deficiencies in quality or safety.
- vii) Develop and maintain tools and frameworks for performance measurement, accreditation, and benchmarking to enable transparent and consistent evaluation of healthcare quality across centres.
- viii) Provide technical guidance and capacity building to health professionals and centres on quality standards, regulatory compliance, and best practices for patient care.

2) National Centre for Traditional Medicine Services

The TM will be reinstated and elevated to the NCTMS to strengthen the governance, integration, development, and delivery of the Sowa Rigpa system.

The National Traditional Medicine Hospital (NTMH), previously under the NMS, will now report to the NCTMS to ensure unified leadership, quality assurance, and

strategic development of traditional medicine services within the national health system.

Key mandates include:

- a) Ensure the provision of quality traditional medicine services across all levels of healthcare centres.
- b) Implement national policies and strategies for integrating traditional medicine into the healthcare system.
- c) Promote research on traditional medicine to validate practices, improve formulations, and support evidence-based integration with modern healthcare.
- d) Document traditional medical knowledge and practices in collaboration with indigenous and local communities.
- e) Advocate for the value of traditional medicine in achieving holistic health and well-being, rooted in Bhutan's cultural and spiritual heritage.
- f) Engage with international bodies, partners, and technical agencies to advance the development of traditional medicine within global health frameworks.
- g) Protect and preserve indigenous knowledge related to traditional medicine, ensuring that it is passed down through generations in culturally respectful and legally protected ways.
- h) Formulate and implement strategies for the sustainable cultivation and conservation of medicinal plants, with special focus on protecting endangered resources and supporting local livelihoods.

a) Sorig Health and Astro Medical Division

The Sorig Health and Astro Medical Division (SHAMD) is responsible for leading, coordinating, and strengthening the delivery and integration of traditional medicine services throughout the country. This division supports the provision of culturally rooted, people-centred traditional healthcare as part of the national health system.

Key functions include:

- i) Oversee the provision of traditional medicine services across all healthcare centres.

- ii) Ensure equitable access to safe, quality, and effective traditional medicine services.
- iii) Promote integration of traditional medicine into regular healthcare delivery.
- iv) Implement public education and advocacy to enhance community awareness and confidence in traditional medicine.
- v) Preserve and promote astromedical practices, including calendrical and health forecasting services.

b) Sorig Research and Innovation Division

The Sorig Research and Innovation Division (SRID) will lead research, documentation, and evidence development within the traditional medicine system. The division advances scientific understanding, strengthens evidence on efficacy and safety, and supports the integration of traditional medicine into the broader health system.

Key functions include:

- i) Conduct scientific research to validate and enhance understanding of Sowa Rigpa therapeutic efficacy and safety.
- ii) Support sustainable cultivation and conservation of medicinal plants critical to traditional medicine practices, in coordination with biodiversity and conservation partners.
- iii) Systematically record and catalogue medicinal resources and traditional knowledge, including botanical, pharmacological, and cultural information, to preserve heritage and inform research and service delivery.
- iv) Review and improve traditional medicine formularies through evidence-based validation to align treatment practices with safety, quality, and effectiveness standards.
- v) Leverage innovative methods, including data analytics, evidence synthesis, and interdisciplinary methodologies, to strengthen research impact and generate actionable insights.

- vi) Facilitate the integration of effective local healing practices into mainstream traditional medicine services.

c) Sorig Preventive Health and Wellbeing Division

The Sorig Preventive Health and Wellbeing Division (SPHWD) focuses on preventive and promotive health using principles and practices rooted in Bhutan's traditional medicine system. It supports national efforts to enhance physical, mental, spiritual, and community well-being through culturally grounded wellness services and programmes.

Key functions include:

- i) Promote Sorig wellness services with quality assurance frameworks to ensure safe and effective delivery across healthcare and community settings.
- ii) Integrate traditional preventive and wellness practices, such as herbal baths, hot stone baths, and therapeutic massages, into the national health system as complementary health promotion activities.
- iii) Implement strategies to raise awareness and utilisation of traditional wellness practices domestically and internationally, positioning Sorig wellness as both a health promotion and a cultural asset.
- iv) Conduct research on the effectiveness of traditional wellness services and products to generate evidence on benefits and inform service improvement.
- v) Collaborate with non-health sectors, such as the Tourism Council of Bhutan and hospitality partners, to develop and strengthen health tourism, leveraging traditional wellness offerings, including medicinal herbal therapies and hot stone baths.
- vi) Develop and implement mindfulness, spiritual health, and community-based wellness programmes in partnership with religious institutions, mental health services, and community organisations to promote holistic well-being.
- vii) Enhance public awareness of Sorig therapies, preventive health practices, and traditional natural resources, such as tshachu and menchu, as culturally meaningful health assets contributing to lifelong wellness.

3) Bhutan Food and Drug Authority

The Bhutan Food and Drug Authority (BFDA) will remain status quo in its structure and functions under the MoH. BFDA is governed by multiple national statutes, including the Medicines Act of the Kingdom of Bhutan 2003, the Food Act of Bhutan 2005, the Biosafety Act 2015, the Narcotic Drugs, Psychotropic Substances and Substance Abuse (NDPSA) Act of Bhutan 2015, the Tobacco Control Act 2010, the Livestock Act 2001, the Plant Quarantine Act 1993, the Pesticide Act 2000, the Forest and Nature Conservation Act 2003, the Seed Act 2000, and the Biodiversity Act 2022.

4) Department of Public Health

The Department of Public Health (DoPH) will remain status quo and continue to lead the preventive and promotive domains of health within the national health system. As the principal public health authority under the MoH, DoPH safeguards population health by designing, implementing, and monitoring strategic interventions that prevent disease, promote healthy lifestyles, and strengthen community resilience.

5) Royal Centre for Disease Control

The Royal Centre for Disease Control (RCDC) will remain status quo and continue to function as a centre of excellence for laboratory sciences, epidemiology, disease surveillance, prevention, and control within the MoH. RCDC plays a central role in Bhutan's national disease surveillance and public health response system, providing critical laboratory and epidemiological services that support evidence-based decision-making and health policy implementation.

6) Secretariat

In addition to the Policy and Planning Division (PPD), Human Resource Division (HRD), Finance Division (FD) and Legal Services, a Health Informatics and Research Division (HIRD) will be established under the Secretariat.

The HIRD is responsible for strengthening national health information systems, digital health governance, health data stewardship, and health research governance to support evidence-informed policy, planning, and service delivery across the health sector.

Key functions include:

- a) Lead the development, management, and governance of national health information systems, including the health management information system (HMIS), electronic health records, and other digital health platforms, to ensure reliable, integrated, and interoperable health data across healthcare facilities, programmes, and levels of care.
- b) Strengthen HMIS and other national health data platforms as primary repositories of health information, supporting planning, monitoring, evaluation, and evidence-based decision-making across the health sector.
- c) Promote the adoption and effective use of digital health technologies and information systems to improve the quality, timeliness, and efficiency of health information management.
- d) Coordinate the collection, management, analysis, auditing, and dissemination of national health data and statistics, including the development and maintenance of national health indicators, analytical reports, and performance dashboards to support monitoring of health sector performance and strategic planning.
- e) Promote and oversee health data governance, standards, and data stewardship mechanisms to ensure the quality, security, confidentiality, and responsible use of national health data.
- f) Lead and strengthen the national health research system and research governance mechanisms, including strategic directions, research prioritisation, research registration, ethical oversight coordination, and collaboration with academic institutions and research partners.
- g) Support the responsible sharing of de-identified health data for research and public use, in accordance with national policies, standards, and health data management and sharing guidelines.

- h) Facilitate compliance with national research ethics standards, including coordination with the Research Ethics Board of Health for research involving human participants, identifiable health data, human genetic resources, or human biological materials.
- i) Ensure alignment of health information systems with the national digital public infrastructure architecture and the national data governance framework, enabling secure, interoperable, and responsible exchange of health information across government systems while safeguarding patient privacy and confidentiality.
- j) Facilitate collaboration with national and international partners to strengthen health informatics innovation, digital health capacity, and health research development.

3.2 Restructuring of the National Medical Services

The NMS shall remain as the principal agency for managing clinical service and medical products nationwide with the direct oversight of regional referral hospitals, cluster hospitals, and the RCID, to ensure consistent clinical governance, quality assurance, and standardised service delivery across all levels of healthcare centres.

Under a reconstituted Governing Council, NMS will provide centralised governance, coordination, and technical supervision of clinical services and medical product management across all healthcare centres, including JDWNRH.

The President of NMS will be supported by directors responsible for clinical services, medical products, and biomedical engineering. The President shall be nominated by the Governing Council and submitted to the Royal Civil Service Commission (RCSC) for formal appointment. The Director of the Department of Clinical Services (DCS) shall be appointed on a three-year rotational basis from among CMOs and Medical Superintendents, for a maximum of two terms, with renewal for the second term contingent upon satisfactory performance and approval by the Governing Council.

The Governing Council will be composed of:

- 1) Hon'ble Minister, MoH, as chair;
- 2) Hon'ble Secretary, MoH, as vice chair;
- 3) Focal Commissioner, RCSC, as member;
- 4) President, JDWNRH and KGUMSB, as member;
- 5) Medical Director, JDWNRH, as member;
- 6) One retired Medical Officer, as member;
- 7) A representative from the private sector/CSOs, as member; and
- 8) President, NMS, as member-secretary.

Key mandates include:

- 1) Provide unified oversight and governance of clinical services nationwide, ensuring equitable delivery of high-quality clinical care across all levels of health centres.

- 2) Exercise direct oversight of regional referral hospitals, cluster hospitals, and the RCID to maintain consistent quality, safety, and clinical standards.
- 3) Plan, coordinate, and monitor the delivery of clinical services, ensuring that service delivery aligns with national standards and health system goals.
- 4) Oversee the forecasting, procurement, distribution, and supply chain management of medical products, ensuring availability, quality, and timely delivery to all healthcare centres, including JDWNRH.
- 5) Strengthen clinical mentorship and leadership development by facilitating regional referral hospitals and JDWNRH to support lead hospitals and other healthcare centres through structured mentorship frameworks.
- 6) Facilitate evidence-based clinical planning and implementation, including adoption of best practices, clinical protocols, and support for performance improvement mechanisms.
- 7) Coordinate with the MoH, LGs, JDWNRH and other stakeholders to ensure integrated service delivery and alignment with broader health sector policies and public health priorities.

3.2.1 Mandates of departments

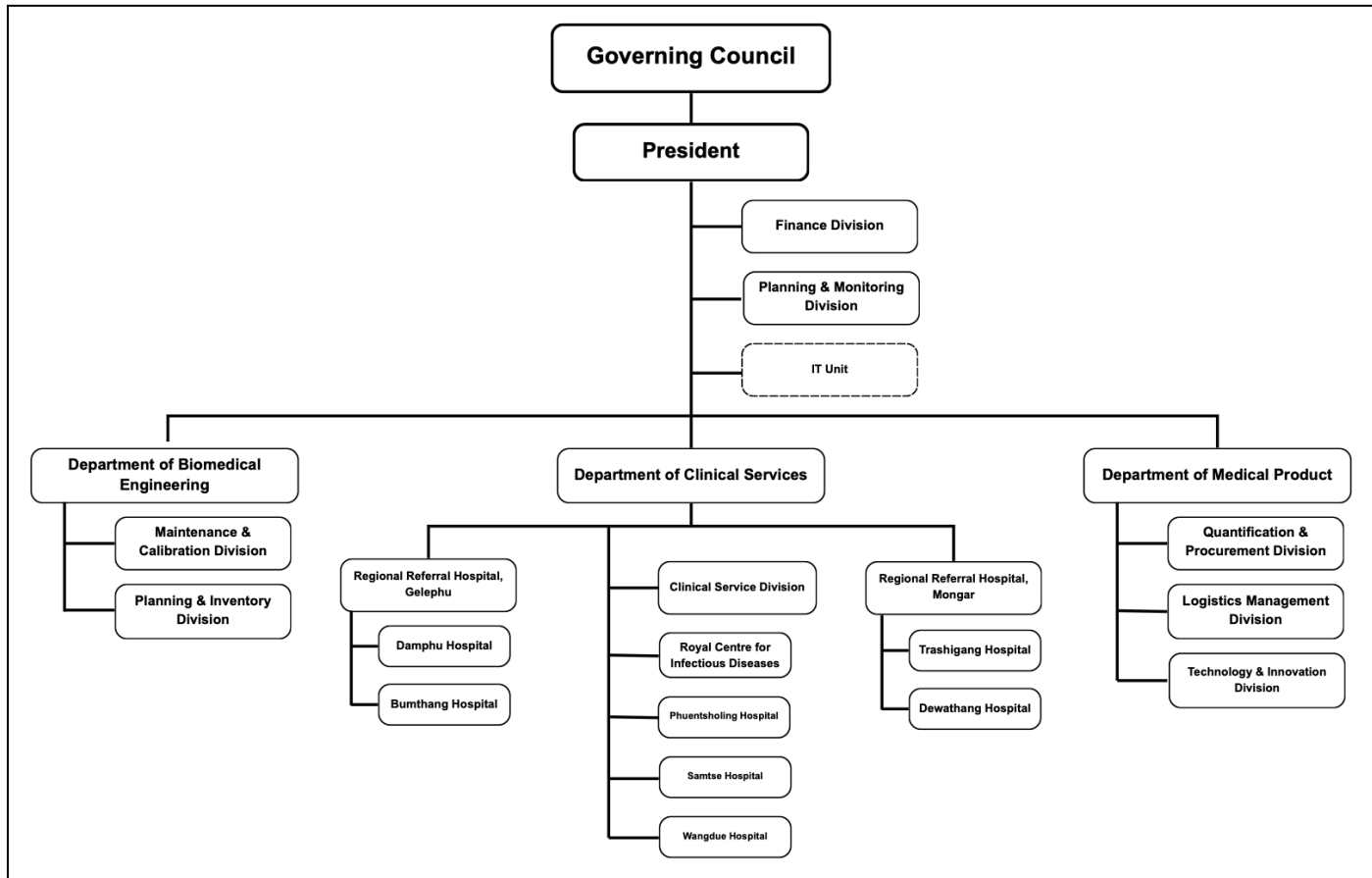
1) Department of Clinical Services

The DCS serves as the principal technical authority responsible for strengthening clinical service delivery across all levels of healthcare centres. It leads the planning, coordination, and oversight of clinical programmes to ensure high-quality, safe, effective, and equitable care for all patients.

Key mandates include:

- a) Plan, coordinate, and oversee the delivery of clinical services across all levels of healthcare centres to ensure equitable access to quality care.
- b) Develop, implement, and monitor national clinical guidelines and evidence-based treatment protocols and SOPs to standardise care delivery.

Organogram: National Medical Services



- c) Plan, coordinate, and oversee the delivery of clinical services across all levels of healthcare centres to ensure equitable access to quality care.
- d) Develop, implement, and monitor national clinical guidelines and evidence-based treatment protocols and SOPs to standardise care delivery.
- e) Integrate evidence-based practices into clinical care to improve patient outcomes and system performance.
- f) Lead the design and coordination of clinical interventions across all levels of healthcare centres, ensuring alignment with national health priorities and disease burden.
- g) Monitor patient safety, infection prevention and control (IPC), clinical outcomes, and quality of care through ongoing performance evaluation.
- h) Support continuing education, training, and capacity-building programmes to strengthen competencies of medical and health professionals.
- i) Establish systems for clinical mentorship, professional development, and workforce excellence to enhance service quality and leadership.
- j) Coordinate with other departments and stakeholders to foster integrated clinical planning, resource optimisation, and referral linkages.
- k) Identify opportunities to improve clinical services and work collaboratively to develop new clinical programmes and initiatives.
- l) Ensure continuity of care by identifying and managing clinical risks and supporting resilience in clinical service delivery.

a) Clinical Services Division

The Clinical Services Division (CSD) is responsible for strengthening the quality, coordination, and effectiveness of clinical care delivery across all healthcare centres. The division provides technical leadership and operational coordination to ensure that clinical services are delivered in accordance with national standards, evidence-based practices, and patient-centred care principles.

The division plays a central role in guiding the development of clinical programmes, strengthening healthcare centres' governance, and promoting integrated service delivery

across national, regional, and Dzongkhag healthcare networks. Through effective coordination, performance monitoring, and professional development initiatives, the division supports healthcare centres to deliver safe, equitable, and high-quality care.

Key functions include:

- i) Plan, coordinate, and oversee clinical services and programmes across all levels of healthcare centres to ensure consistent and integrated service delivery.
- ii) Develop and implement evidence-based clinical policies, treatment guidelines, protocols, and SOPs to standardise clinical practice nationwide.
- iii) Strengthen hospital governance and operational management by providing guidance on leadership, service organisation, and performance monitoring.
- iv) Monitor clinical quality, patient safety, and infection prevention and control (IPC) practices to ensure compliance with national standards and continuous quality improvement.
- v) Strengthen integrated care pathways between hospitals, primary health centres, and other healthcare centres to enhance continuity of care and patient outcomes.
- vi) Coordinate the planning and implementation of emergency medical services, including ambulance systems, disaster preparedness, and crisis response mechanisms.
- vii) Forecast, monitor, and facilitate redistribution of medical products and critical resources to support uninterrupted clinical service delivery.
- viii) Promote continuing professional development, mentorship, and capacity-building programmes to strengthen the competencies and leadership of clinical professionals.
- ix) Facilitate collaboration and communication among healthcare centres, departments, and health partners to optimise service delivery, resource utilisation, and operational efficiency.
- x) Promote the use of data, research evidence, and best practices to inform clinical policy, planning, and decision-making.

2) Department of Medical Products

The Department of Medical Products (DMP) is responsible for ensuring reliable access to safe, quality-assured medical products and effective supply chain management across the healthcare system. It oversees forecasting, procurement, distribution, quality assurance, and logistics of medical products to support uninterrupted clinical care and service delivery nationwide.

Key mandates include:

- a) Ensure timely forecasting, procurement, storage, and distribution of quality-assured medical products to all healthcare centres, including JDWNRH.
- b) Implement robust quality assurance systems that verify the safety, efficacy, and compliance of medical products throughout the supply chain from receipt to utilisation.
- c) Implement standards, guidelines, and procedures for procurement, storage, distribution, and disposal of medical products, including logistics and cold-chain management.
- d) Manage and strengthen medical supply logistics, including warehousing, inventory control, and equitable distribution of medical products based on healthcare centre needs.
- e) Oversee supplier management, including engagement, evaluation, and performance monitoring, to ensure fair pricing, reliable quality, and timely delivery of medical products.
- f) Collaborate with clinical and technical experts to select safe, effective, and quality-assured medical products that meet national health system needs.
- g) Implement systems for procurement tracking and inventory monitoring, enabling data-driven decision-making to minimise stockouts, wastage, and supply disruptions.
- h) Support emergency preparedness by mobilising and redistributing medical products in response to urgent clinical needs or health emergencies.
- i) Manage donated medical products, including import authorisation, quality inspection, inventory management, and distribution to healthcare centres.

a) Logistics Management Division

The Logistics Management Division (LMD) is responsible for receiving medical products, organising quality inspection, securing storage, inventory control, and equitable distribution of medical products to all healthcare centres. It ensures that medical products are stored correctly and delivered on time to support uninterrupted healthcare services by healthcare centres.

Key functions include:

- i) Manage central warehousing of medical products with appropriate storage conditions, quality inspection and inventory control, and security in compliance with standards and good storage practices.
- ii) Operate an effective national distribution system to deliver medical products based on annual indents and on schedule to all healthcare centres.
- iii) Ensure compliance with good storage and distribution practices, including monitoring of cold-chain requirements for temperature-sensitive products.
- iv) Develop and implement SOPs for the receipt, storage, dispatch, and disposal of medical products and related supplies.
- v) Conduct regular stock audits, physical inventory checks, and inspections to maintain stock accuracy and accountability.
- vi) Implement and maintain inventory tracking systems to support accurate forecasting, stock movement transparency, and replenishment planning.
- vii) Coordinate logistics planning, including transport and distribution schedules, to meet demand and minimise delays or stockouts.
- viii) Strengthen logistics capacity to support efficient medical product distribution nationwide, including management of logistical resources and infrastructure.

b) Quantification and Procurement Division

The Quantification and Procurement Division (QPD) is responsible for annual forecasting and centralised procurement of quality-assured medical products in compliance with national policies, standards, and ethical procurement principles. Its mandate supports the

availability of medical products needed to sustain uninterrupted healthcare service delivery nationwide.

Key functions include:

- i) Plan and execute the forecasting and procurement of medical products based on accurate national demand forecasts and clinical requirements.
- ii) Ensure that all procurement processes comply with procurement standards, ethical principles, and best practices to promote transparency, accountability, and value for money.
- iii) Promote fair, competitive, and cost-effective procurement practices that secure reliable supplier performance and sustainable supplies of medical products.
- iv) Collaborate with technical experts from JDWNRH during forecasting, tender evaluation, and quality inspection processes.
- v) Maintain and update procurement documentation, including tender specifications, contracts, supplier records, and legal compliance files.
- vi) Implement procurement tracking and contract management systems to monitor order fulfilment, address delays, and reduce the risk of stockouts or oversupply.
- vii) Support emergency procurement mechanisms to ensure timely acquisition of medical products during public health emergencies or unforeseen supply disruptions.

3) Department of Biomedical Engineering

The Department of Biomedical Engineering (DBME) is responsible for ensuring the safe, efficient, and sustainable management of medical equipment across all levels of healthcare centres. The department provides technical leadership for the planning, acquisition, maintenance, and lifecycle management of medical equipment to support quality healthcare delivery.

Key mandates include:

- a) Plan and manage the national inventory and lifecycle of medical equipment, including planning, acquisition, installation, maintenance, and decommissioning.

- b) Provide technical evaluation support for procurement of medical equipment to ensure safety, effectiveness, and value for money.
- c) Ensure preventive maintenance, calibration, repair, and safety testing of medical equipment to maintain functionality and compliance with the manufacturer's instructions and standards.
- d) Develop and implement standards, guidelines, and standard operating procedures for biomedical equipment management and maintenance.
- e) Support installation, commissioning, and acceptance testing of newly procured medical equipment in healthcare centres.
- f) Maintain comprehensive equipment databases and maintenance records to support asset management and informed replacement planning.
- g) Provide technical guidance and troubleshooting support to healthcare centres to ensure safe and efficient use of medical equipment.
- h) Conduct capacity building and training for biomedical engineers, technicians, and healthcare staff on the safe use and maintenance of medical equipment.

a) Maintenance and Calibration Division

The Maintenance and Calibration Division (MCD) is responsible for ensuring that all medical equipment used in healthcare centres are safe, functional, and operating with the required accuracy and reliability. The division oversees preventive and corrective maintenance programmes, calibration services, and technical support systems that sustain the performance and longevity of medical technologies across the health system.

Key functions include:

- i) Develop and implement preventive maintenance programmes for all medical equipment to ensure continuous functionality and minimise service disruptions.
- ii) Conduct corrective maintenance and repair services to promptly address equipment breakdowns and restore operational performance.
- iii) Perform regular calibration of medical equipment in accordance with manufacturer specifications and recognised technical standards to ensure accuracy and reliability of clinical measurements.

- iv) Establish and maintain maintenance and calibration schedules, including periodic inspections, performance testing, and safety checks.
- v) Oversee installation, commissioning, and safe condemnation of medical equipment throughout its lifecycle to maintain operational readiness and equipment quality.
- vi) Maintain comprehensive records and databases of equipment maintenance history, calibration certificates, and service reports to support regulatory compliance and asset management.
- vii) Ensure compliance with national and international safety standards for medical equipment, including electrical safety and operational performance requirements.
- viii) Coordinate with healthcare centres, suppliers, and service contractors to manage service contracts, warranty services, and specialised maintenance activities where required.

b) Planning and Inventory Division

The Planning and Inventory Division (PID) is responsible for strategic planning, inventory management, and lifecycle oversight of medical equipment and related resources across the healthcare centres. The division ensures that medical equipment are appropriately planned, tracked, and managed to support safe, efficient, and sustainable healthcare service delivery.

Key functions include:

- i) Maintain and manage the national inventory of medical equipment, ensuring accurate records of equipment location, condition, utilisation status, and service history across healthcare centres.
- ii) Conduct strategic planning for medical equipment and health technologies, including needs assessment, technology selection, and prioritisation aligned with service delivery requirements.
- iii) Develop and implement equipment replacement and lifecycle management plans, including forecasting upgrades, decommissioning, and technology renewal.
- iv) Support technical evaluation and selection of medical equipment during the tendering process to ensure that they are fit for purpose, safe, and cost-effective.

- v) Plan and manage spare parts, accessories, and consumables inventory required for equipment maintenance and service continuity.
- vi) Develop and maintain equipment asset management systems and databases to monitor equipment performance, utilisation, and lifecycle costs.
- vii) Collaborate with healthcare centres, procurement agencies, and biomedical engineering teams to ensure coordinated planning, acquisition, and deployment of medical equipment.

3.3 Restructuring of Jigme Dorji Wangchuck National Referral Hospital

As the national referral hospital and the regional referral hospital for the western region, JDWNRH serves as the apex hospital in the country, providing the most advanced and specialised clinical services. It also functions as a teaching hospital, with a mission to deliver safe, effective, equitable, and high-quality healthcare services.

Over time, the integration of JDWNRH's administrative functions into broader national structures weakened operational leadership and managerial focus, adversely affecting service delivery and internal governance. Under Health Sector Transformation 2.0, the MoH has prioritised reinstating functional autonomy for JDWNRH to strengthen operational leadership, strategic decision-making, and service quality while maintaining alignment with national health goals.

Under this new operational model, JDWNRH will be mandated to:

- 1) Serve as the national referral hospital and the regional referral hospital for the western region, providing advanced and specialised clinical care.
- 2) Operate as a teaching hospital in support of the KGUMSB, integrating clinical services with medical education and training.
- 3) Ensure delivery of healthcare services that meet national standards, clinical guidelines, and patient safety requirements.
- 4) Ensure regulatory compliance and alignment with national laws, policies, and healthcare statutes.
- 5) Support delivery of specialised services to Thromde Health Centres (THCs) in Thimphu and outreach health camps.
- 6) Manage ex-country referrals for patients requiring specialised care not available within Bhutan, in accordance with national referral guidelines.
- 7) Assist with quality inspection and evaluation of procured medical products in collaboration with NMS and relevant technical units.
- 8) Provide technical leadership, mentorship, and clinical guidance to regional referral hospitals, hospitals, and other healthcare centres.

- 9) Support the training and development of medical and health professionals, including clinical training, residency programmes, and continuing professional education.
- 10) Support national health emergency preparedness and response, including technical support and management of severe cases during disease outbreaks or disasters.
- 11) Promote quality assurance, patient safety, and continuous improvement in healthcare services in line with national standards.
- 12) Provide technical expertise to the MoH and NMS to strengthen clinical services and health system performance at all levels.
- 13) Maintain disease surveillance and routine reporting to relevant national agencies.
- 14) Coordinate with the MoH to deliver health-related services, including ambulance operations, medical assistance at national events, and public health support.

3.3.1 Leadership and governance

Under the proposed structure, JDWNRH will be granted operational autonomy, with a Governing Council as the highest authority for strategic oversight and performance accountability. This operational autonomy is intended to strengthen operational leadership, clarify decision-making authority, and improve managerial focus to improve service quality and organisational performance.

The Governing Council will be constituted as follows:

- 1) Hon'ble Minister, MoH as chair;
- 2) Hon'ble Secretary, MoH as vice chair;
- 3) Hon'ble Secretary, MoF as member;
- 4) Hon'ble Commissioner, RCSC as member;
- 5) Thrompon, Thimphu Thromde as member;
- 6) One representative from clinical departments as member;
- 7) One representative from nurses as member;

- 8) One representative from allied health professionals as member; and
- 9) President as a member secretary.

The President of JDWNRH will serve as the chief executive of the hospital and will concurrently hold the position of President of the Khesar Gyalpo University of Medical Sciences of Bhutan (KGUMSB). This dual leadership arrangement is intended to strengthen strategic coordination between clinical service delivery and medical education.

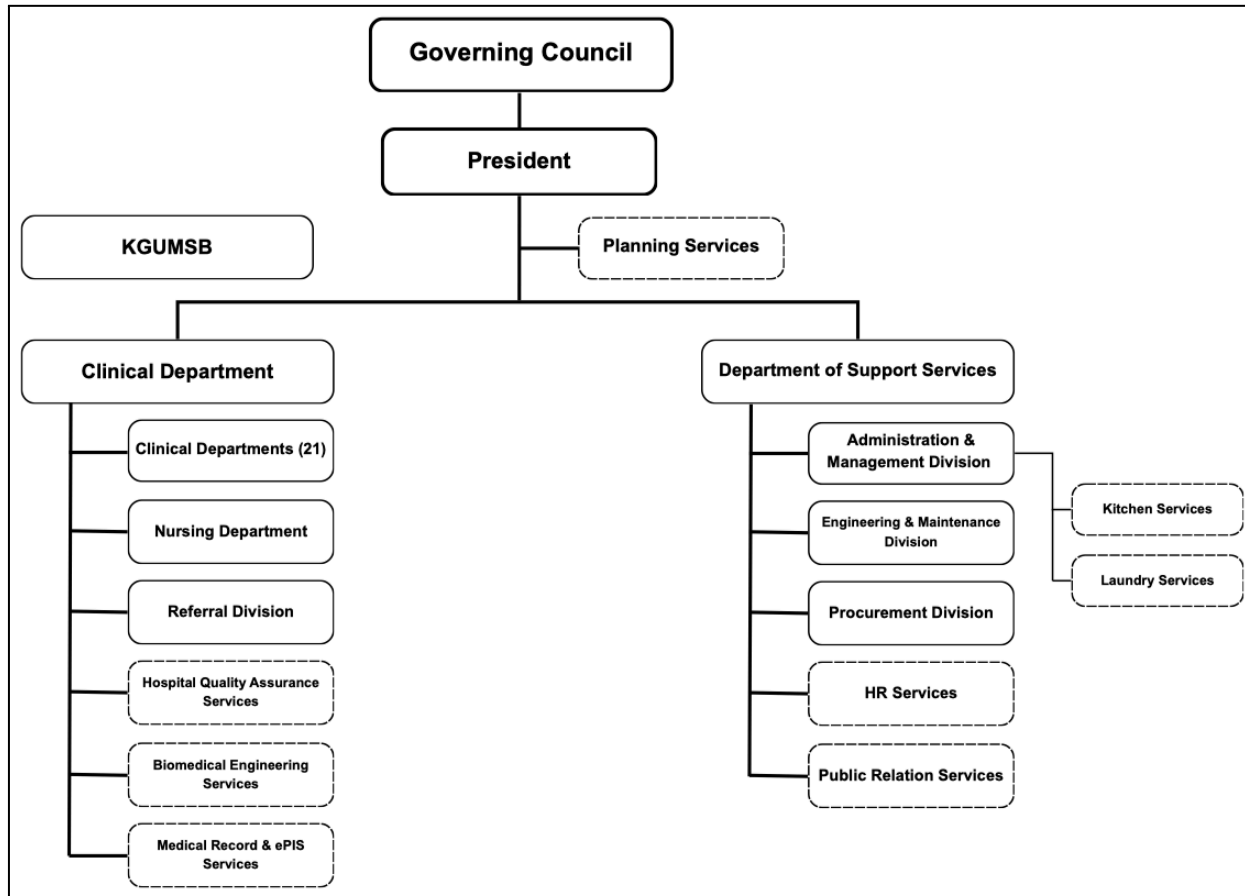
The President will be supported by the medical director (ES), responsible for oversight and coordination of clinical services, and the director (EX), responsible for administrative, operational, and support services.

To strengthen internal governance, a Hospital Management Committee (HMC) chaired by the President will be formed to deliberate on clinical, operational, and performance matters and ensure effective internal coordination and accountability.

Heads of clinical departments will be appointed on three-year rotational terms by the HMC, subject to endorsement by the Governing Council. These heads will be responsible for ensuring the safe, effective, and quality delivery of healthcare services within their respective specialities and will collaborate closely with the NMS to maintain national clinical standards and coordination of specialised services.

While JDWNRH will have greater operational flexibility, human resources governance, financial policies, and overarching policy directives will remain aligned with the frameworks and regulations of the RCSC, Ministry of Finance (MoF), and MoH, respectively.

Organogram: Jigme Dorji Wangchuck National Referral Hospital



3.3.2 Financial management

Under the proposed restructuring, JDWNRH will exercise independent budgetary authority with a dedicated allocation separate from MoH. This autonomy over its budget is intended to strengthen the hospital's capacity to plan, prioritise, and manage financial resources in support of its strategic and operational objectives while ensuring accountability and alignment with national health policies. The governing reforms also reinforce longstanding efforts to restore JDWNRH's functional autonomy and reinforce institutional leadership.

Under this model:

- 1) JDWNRH will prepare and submit its own budget proposals directly, reflecting the hospital's strategic priorities and operational needs. These proposals will include provisions for key expenditure areas such as:
 - a) contract staff recruitment to address workforce needs;
 - b) ex-country referral costs for specialised patient care;
 - c) operational expenses required for daily service delivery; and
 - d) revenue generation planning and utilisation to support sustainability.
- 2) The JDWNRH Governing Council will oversee financial planning, budgeting, and resource allocation to ensure transparency, fiscal discipline, and optimised use of funds in line with the hospital's mandate and strategic direction.
- 3) Although JDWNRH will have enhanced authority over its financial management, funding for major capital investments, infrastructure development, the introduction of new medical technologies, and donations of medical products will continue to be managed through the MoH. This ensures that high-cost and high-impact investments remain aligned with national health priorities, strategic planning frameworks, and sustainable resource mobilisation approaches.

3.3.3 Human resource management

The HR unit of JDWNRH shall be responsible for managing personnel functions necessary to support effective hospital operations and workforce stability.

Under the proposed structure:

- 1) The HR unit will manage core personnel functions, including maintaining service records, administering promotions, managing leave, benefits, and staff welfare entitlements, and overseeing disciplinary processes to uphold workforce standards and organisational integrity.
- 2) All JDWNRH staff, including medical and health professionals, will remain civil servants. The HR unit will collaborate closely with the MoH to support coordinated workforce planning, address staffing gaps, and promote an equitable distribution of medical and health professionals across the national health system.

3.3.4 Medical products management

In alignment with the National Health Policy's emphasis on centralised procurement and distribution of medical products, the responsibility for procurement and distribution of medical products will remain consolidated under the Department of Medical Products.

Under this model:

- 1) JDWNRH will prepare and submit its annual medical product requisitions to DMP for technical verification and approval.
- 2) JDWNRH's clinical experts will participate in national tender evaluations for medical products to provide technical input that supports safe, appropriate, and clinically relevant product selection.
- 3) Prior to distribution, JDWNRH clinical personnel will support quality inspections of procured medical products to verify compliance with standards and suitability for use at the healthcare centres.
- 4) JDWNRH will collaborate with DMP to facilitate the redistribution of medical products with other healthcare centres as required to meet service demands and mitigate local shortages.
- 5) In exceptional situations where urgent clinical needs arise, JDWNRH may be authorised to procure medical products on an emergency basis.

3.4 Restructuring of Dzongkhag Health Sector

During the health sector transformation, administrative control of healthcare centres was transferred from Dzongkhag administrations to the NMS. While this shift aimed to centralise clinical oversight and standardise service delivery, it created coordination and operational challenges at the Dzongkhag level, particularly in integrating clinical and public health functions and ensuring effective local governance.

Key challenges under the current arrangement include:

- 1) Separation of clinical and public health services, which disrupted the delivery of integrated healthcare interventions.
- 2) Redefinition of the DHO role to focus exclusively on public health programmes, often with limited resources and support, weakening linkages with local healthcare delivery.
- 3) Transfer of responsibility for managing all healthcare centres to CMOs, increasing their workload and limiting their capacity to supervise clinical services effectively.
- 4) Risk of reduced LG engagement in preventive, promotive, and community-based health initiatives.

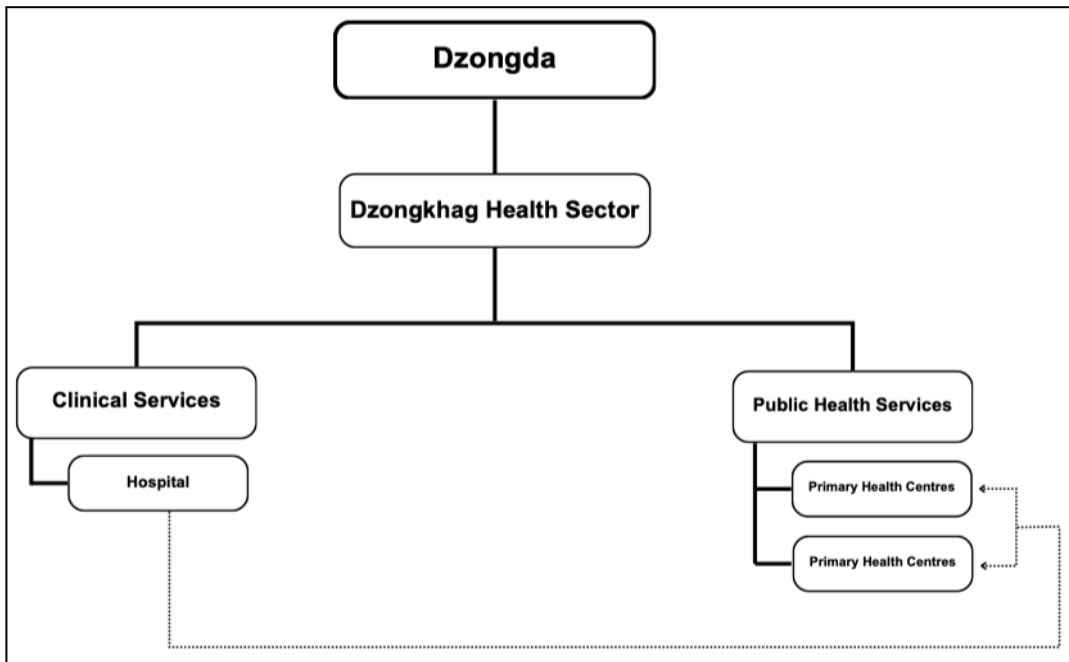
The National Assembly has emphasised the importance of strengthening coordination and partnerships between LGs and healthcare centres to enhance health outcomes at Dzongkhag and local levels. In response, the restructuring proposes a revised governance framework that reinstates integrated leadership at the Dzongkhag level and clarifies roles to optimise service delivery and local health sector performance.

3.4.1 Leadership by Dzongkhag Health Officer

The Dzongkhag Health Officer (DHO), at the P1 position level, will serve as the overall head of the Dzongkhag health sector, responsible for coordinating and implementing both clinical and public health services across all healthcare centres within the Dzongkhag. DHOs will lead the health sector in planning, execution, and

partnership with local stakeholders to ensure responsive and integrated healthcare management.

Organogram: Dzongkhag Health Sector



Key responsibilities of the Dzongkhag Health Sector include:

- 1) Liaising with the Dzongkhag administration, LGs, and community stakeholders to strengthen coordination and local ownership of health programmes.
- 2) Supporting integrated planning and decision-making for healthcare services at the Dzongkhag level, including coordination of preventive, promotive, curative, and rehabilitative interventions.
- 3) Ensuring effective implementation of national health policies, programmes, and standards in alignment with MoH guidance.
- 4) Overseeing human resources and financial administration for healthcare centres within the Dzongkhag's jurisdiction.
- 5) Coordinating closely with the CMO, who will provide technical support on clinical services.

This leadership arrangement will strengthen coordination between clinical services and public health programmes, improve operational efficiency, and ensure a more integrated and responsive healthcare delivery system at the Dzongkhag level.

a) Roles and responsibilities

1) Dzongkhag Health Officer

The DHO shall serve as the overall technical and administrative head of the Dzongkhag health sector, responsible for the planning, coordination, implementation, and performance of healthcare services within the Dzongkhag.

The DHO shall ensure the delivery of equitable, accessible, safe, and quality healthcare services, in alignment with national policies, standards, and priorities, while promoting an integrated and efficient health system across all levels of care.

The role encompasses leadership, governance, system management, and public health oversight, ensuring effective translation of national strategies into Dzongkhag-level implementation.

Key responsibilities include:

- i) Provide overall leadership and governance of the Dzongkhag health sector, ensuring alignment with national health policies, strategies, and standards.
- ii) Plan, coordinate, and manage healthcare services and programmes within the Dzongkhag, including the preparation of annual plans and budgets based on population health needs.
- iii) Oversee and coordinate service delivery across hospitals, primary health centres, sub-posts, and outreach clinics to ensure continuity, integration, and standardised quality of care.
- iv) Ensure effective implementation of national health programmes, including maternal and child health, immunisation, communicable and non-communicable disease control, and public health interventions.
- v) Monitor and evaluate health system performance, including programmes, projects, and service delivery outputs, and initiate corrective actions where required.
- vi) Provide supervision, guidance, and performance management of health personnel, including deployment, appraisal, and capacity development;

- vii) Ensure the availability and rational use of medical products and oversee logistics and resource management systems.
 - Strengthen coordination and collaboration with:
 - hospitals and primary healthcare facilities within the Dzongkhag;
 - neighbouring Dzongkhags for referral and service continuity; and
 - local governments and relevant sectors for integrated service delivery.
- viii) Ensure timely and accurate reporting of health data and performance indicators to the MoH.
- ix) Represent the health sector in Dzongkhag committees, planning forums, and multi-sectoral platforms.
- x) Promote community engagement and public health interventions, including health education, disease prevention, and outreach services.
- xi) Coordinate emergency preparedness and response, including disease outbreaks and public health emergencies.
- xii) Ensure compliance with national quality standards, regulatory requirements, and service delivery guidelines.

2) Chief Medical Officer

The CMO will serve as the clinical and technical lead for healthcare services within the Dzongkhag and shall be responsible for ensuring the delivery of high-quality, evidence-based, safe, and patient-centred clinical care across all levels of healthcare centres. The CMO shall provide strategic clinical leadership, strengthen clinical governance, and support integrated healthcare delivery aligned with national standards.

The CMO shall collaborate with the DHO, healthcare centre leadership, and relevant stakeholders to enhance clinical quality, efficiency, and outcomes across the Dzongkhag health system.

Key responsibilities of the CMO include:

- i) Oversee and coordinate clinical service delivery across all healthcare centres within the Dzongkhag to ensure continuity, integration and standardised quality of care.

- ii) Provide technical support and guidance to hospitals and primary health centres to uphold national clinical standards, guidelines, and protocols.
- iii) Ensure the provision and integration of both modern and traditional medical services, promoting a holistic approach to healthcare delivery.
- iv) Strengthen clinical governance systems through the development, implementation and monitoring of policies, procedures, quality assurance mechanisms, and clinical performance indicators.
- v) Support the DHO in strengthening clinical quality, efficiency, and outcomes across the health sector at the Dzongkhag level, including through evidence-informed planning and performance improvement activities.
- vi) Foster mentoring, clinical supervision, and capacity building among medical and health professionals to elevate clinical competence, professional development, and service delivery standards.
- vii) Advise on clinical priorities, risks, and emerging healthcare issues, contributing to strategic decision-making and alignment between clinical services and health system goals.
- viii) Promote a culture of patient safety, ethical practice, and continuous improvement, including active leadership in quality improvement and patient safety initiatives.

3) Public Health Officer

The Public Health Officer (PHO) shall serve as the technical lead for public health functions within the Dzongkhag and shall be responsible for planning, coordinating, implementing, monitoring, and evaluating public health programmes and interventions. The PHO shall promote population-based health improvement, disease prevention, health protection, and equitable access to care, and shall support the DHO in strengthening public health systems aligned with national standards and priorities.

In small Dzongkhags with limited patient loads, the DHO may be mandated to assume the functions of the PHO, ensuring continuity and leadership in public health implementation.

Key responsibilities of PHOs include:

- i) Support the DHO in planning, coordinating, and implementing preventive and promotive health interventions, including disease prevention, health education, risk communication, and community outreach activities.
- ii) Collaborate with national programmes of the MoH to operationalise public health policies, campaigns, and priority initiatives, ensuring alignment with national strategies, targets, and standards.
- iii) Work in close coordination with the DHO, CMO and national programme teams to ensure coherent application of public health policies and interventions across both centre-based services and community settings.
- iv) Strengthen local disease surveillance, outbreak detection, and response mechanisms, including timely reporting, analysis of epidemiological data, and targeted public health actions.
- v) Facilitate community engagement and mobilisation for public health interventions, including immunisation, maternal and child health promotion, nutrition, environmental health, and non-communicable disease prevention.
- vi) Provide technical guidance, mentorship, and capacity building for frontline health workers, community volunteers, and partners to enhance the quality and effectiveness of public health service delivery.
- vii) Monitor and evaluate public health programme performance and population health indicators, identifying gaps and recommending corrective actions to improve health outcomes.
- viii) Support emergency preparedness and response planning, contributing to Dzongkhag readiness for public health emergencies, disasters, and epidemic outbreaks.
- ix) Advise Dzongkhag leadership on public health priorities, risk mitigation strategies, and resource requirements to strengthen health system resilience.

4) Medical Officers In-charge (MOIC) and PHC In-charge

Healthcare centres, other than the lead hospital, shall be led by designated heads to ensure effective day-to-day operations and service delivery. The Medical Officer In-Charge (MOIC) shall lead hospitals, while the Primary Health Centre (PHC) In-charge shall manage primary health centres. These roles are critical to ensuring the smooth functioning of centre-based services within the Dzongkhag health system and contributing to broader health system goals, consistent with the integrated primary health care approach.

Their key responsibilities include:

- i) Provide leadership and management for their respective centres, ensuring operational readiness, effective service delivery, and adherence to national policies, standards, and protocols.
- ii) Oversee the quality of clinical and public health services offered at their centres, ensuring these services are delivered in accordance with national standards, guidelines, and protocols.
- iii) Coordinate with the CMO and PHO to ensure integrated service delivery that aligns clinical care with public health priorities and population health needs.
- iv) Support centre-level planning, reporting, and performance improvement activities, including preparation of operational plans and performance data to contribute to Dzongkhag and national health goals.
- v) Ensure efficient resource management at the centre level, including personnel, medical products, equipment, and infrastructure, to maintain uninterrupted services.
- vi) Facilitate community engagement and responsiveness, ensuring patient needs and feedback are incorporated into service delivery improvements.
- vii) Maintain compliance with regulatory, safety, and quality assurance requirements, upholding standards for clinical care and health service operations.

4 Strengthening coordination and delivery of healthcare services across all levels

The NMS was established as the central coordinating agency for clinical services nationwide, providing centralised governance, technical supervision, and nationwide support for the delivery of clinical services. Under this model, NMS, in partnership with the clinical departments of JDWNRH, shared accountability for maintaining clinical standards, quality, and consistency of care across all levels of healthcare centres.

Building on this foundation, NMS will continue to serve as the central coordinating agency for clinical services nationwide, ensuring consistent standards, streamlined technical oversight, and coordinated service delivery across the country, with continued specialist technical leadership and support from the clinical departments of JDWNRH.

As the national referral hospital, JDWNRH will provide technical mentorship and clinical guidance to the regional referral hospitals. These hospitals shall, in turn, mentor and support the lead hospitals within their respective regions. Lead hospitals will further extend mentorship, coaching, and technical support to hospitals and primary health centres within their designated Dzongkhags. This tiered mentoring structure is designed to strengthen referral linkages across all levels of healthcare centres, enhance continuity and quality of care, and facilitate the systematic dissemination and adoption of best clinical practices and quality improvement approaches throughout the healthcare centres.

While clinical services are governed under a unified national framework through NMS, human resource and financial management of healthcare centres below the cluster hospital level shall remain under the authority of the respective Dzongkhag administrations. This is to ensure that local health management retains responsibility for budgeting, staffing, and performance oversight, supporting decentralised planning and service delivery aligned with local needs.

5 Planning, budgeting, and resource mobilisation

The MoH shall provide strategic leadership, coordination, and stewardship for planning, budgeting, and resource mobilisation across the health sector to ensure that health sector workplans are translated into aligned budget allocations that address national priorities and support national development objectives, including the Five-Year Plan.

The MoH will:

- coordinate with the NMS, Dzongkhag, and JDWNRH to guide the development and implementation of annual and multi-year health sector workplans that reflect national health policy priorities and population health needs, and evidence-based interventions;
- ensure alignment between workplans and budget allocations to improve service delivery performance, strengthen health system functions, and support measurable national health outcomes; and
- facilitate strategic integration of health sector priorities into national planning and budgeting frameworks to enhance financial sustainability, transparency and efficient use of resources.

At the Dzongkhag level, health sectors will play an active and accountable role in planning and budgeting, working closely with LGs to ensure that planned interventions are aligned with national health priorities while remaining responsive to local health needs. Priority actions identified by the MoH shall be incorporated into Dzongkhag annual workplans and reflected as key performance indicators (KPIs) for monitoring and assessing LG performance against national health objectives.

The NMS and JDWNRH shall prepare and submit their own budget proposals based on strategic priorities and operational requirements, ensuring alignment with national health priorities and resource planning frameworks. However, funding for major infrastructure projects and approvals for the introduction of new healthcare services and medical technologies shall continue to be routed through the MoH to ensure consistency with national policies and strategic investment priorities.

All external funding, grants, and donations of medical products shall be channelled through the MoH to ensure a coordinated, transparent, and accountable approach to resource mobilisation and management across the health sector.

6 Human resource development and management

Under the current arrangement, the HRD of NMS has managed national-level HR planning, long-term and short-term training programmes, and the coordination of annual transfers, placements, and deployment of medical and health professionals across all healthcare centres.

Under the proposed restructuring, the HRD of the MoH will assume overarching responsibility for national-level health workforce planning, development, and strategic deployment to ensure alignment between workforce allocation and evolving national health needs, demographic trends, and service delivery requirements.

Key national functions of the MoH HRD will include:

- Lead strategic human resource planning that aligns workforce allocation with national health priorities, demographic and epidemiological trends, service delivery requirements, and population needs.
- Manage and coordinate professional training pathways, including long-term training and clinical attachments in collaboration with the clinical departments of JDWNRH.
- Provide strategic oversight for transfers, placements, and deployments of medical and health professionals, using workforce analytics, service delivery performance data, and equitable distribution principles to optimise workforce distribution nationwide.
- Develop and implement human resource policies and frameworks that support recruitment, retention, career progression, performance management, recognition, and incentive systems throughout the health sector.

At the Dzongkhag level, health sectors shall be responsible for routine human resource management functions, operating under the authority of the respective Dzongkhag administrations.

HR sections within each Dzongkhag shall manage routine administrative HR tasks, coordination of long-term training up to bachelor level, recruitment and placement of non-clinical staff, and application of HR practices consistent with national standards and frameworks. These functions shall be carried out in close coordination with the MoH HRD to support coherent workforce planning and operational support at the local level.

Decisions regarding inter-Dzongkhag transfers or temporary deployment of medical and health professionals beyond the Dzongkhag shall remain the responsibility of the MoH to support needs-based and equitable workforce distribution nationwide. [03]

JDWNRH shall maintain its own internal human resource units responsible for centre-level HR management. These units shall operate under the technical guidance and supervision of the MoH HRD to ensure consistency in recruitment, deployment, career progression, and performance management practices with national frameworks.

In accordance with the *RCSC's Streamlining of Human Resource Committee (HRC) responsibilities in the Ministries* framework, the HRCs of NMS and JDWNRH shall function as departmental HRCs under their respective authorities. All HR decisions and actions shall be reviewed and recommended at the departmental HRC level and thereafter submitted to the Ministerial Human Resource Committee (MHRC) for endorsement. The MHRC will include the Presidents of JDWNRH and NMS as members.

7 Monitoring and evaluation

The MoH will provide overall leadership and governance for the monitoring and evaluation of the quality of healthcare service across all healthcare centres, including JDWNRH, to ensure compliance with national standards, strengthen accountability, and promote continuous quality improvement in service delivery.

To achieve this, the MoH shall:

- establish and standardise a comprehensive set of key performance indicators (KPIs) for all healthcare centres. These KPIs shall benchmark clinical quality, operational efficiency, patient outcomes, patient satisfaction, and other critical

performance dimensions aligned with the Bhutan Healthcare Standard for Quality Assurance (BHSQA) used to monitor performance across healthcare centres;

- require all healthcare centres to regularly submit KPI reports to the MoH. These reports shall form the basis for performance assessment, support strategic decision-making, and guide corrective actions where necessary;
- analyse KPI data systematically to identify performance gaps, inform evidence-based planning, support targeted quality improvement interventions, and guide strategic resource allocation. Analyses shall be used to facilitate learning, reinforce accountability, and incentivise performance improvement across the health system;
- ensure integration of patient experience and satisfaction measures within the KPI framework, including periodic assessment of patient satisfaction and service experience as part of quality monitoring and improvement efforts;
- use KPI findings to inform policy, programme adjustments, and capacity-building initiatives, ensuring that monitoring and evaluation activities support the achievement of national health outcomes and service delivery objectives; and
- disseminate quality performance information appropriately to health system stakeholders at national, regional, Dzongkhag and centre levels, facilitating transparency, shared learning, and collaborative quality improvement efforts.

This monitoring and evaluation framework will be complemented by capacity-building efforts for medical and health professionals, quality assurance units, and health management teams to strengthen data use for decision-making and quality improvement at all levels of the health system.

8 Regulation and authorisation of healthcare services

In accordance with the Healthcare Services Rules and Regulations 2025, the MoH shall serve as the competent authority responsible for the regulation and authorisation of healthcare services and premises across the country. No healthcare centre or healthcare service shall be established or operated without prior technical

authorisation from the MoH, ensuring that all centres meet prescribed standards for infrastructure, service delivery, safety, and quality of care.

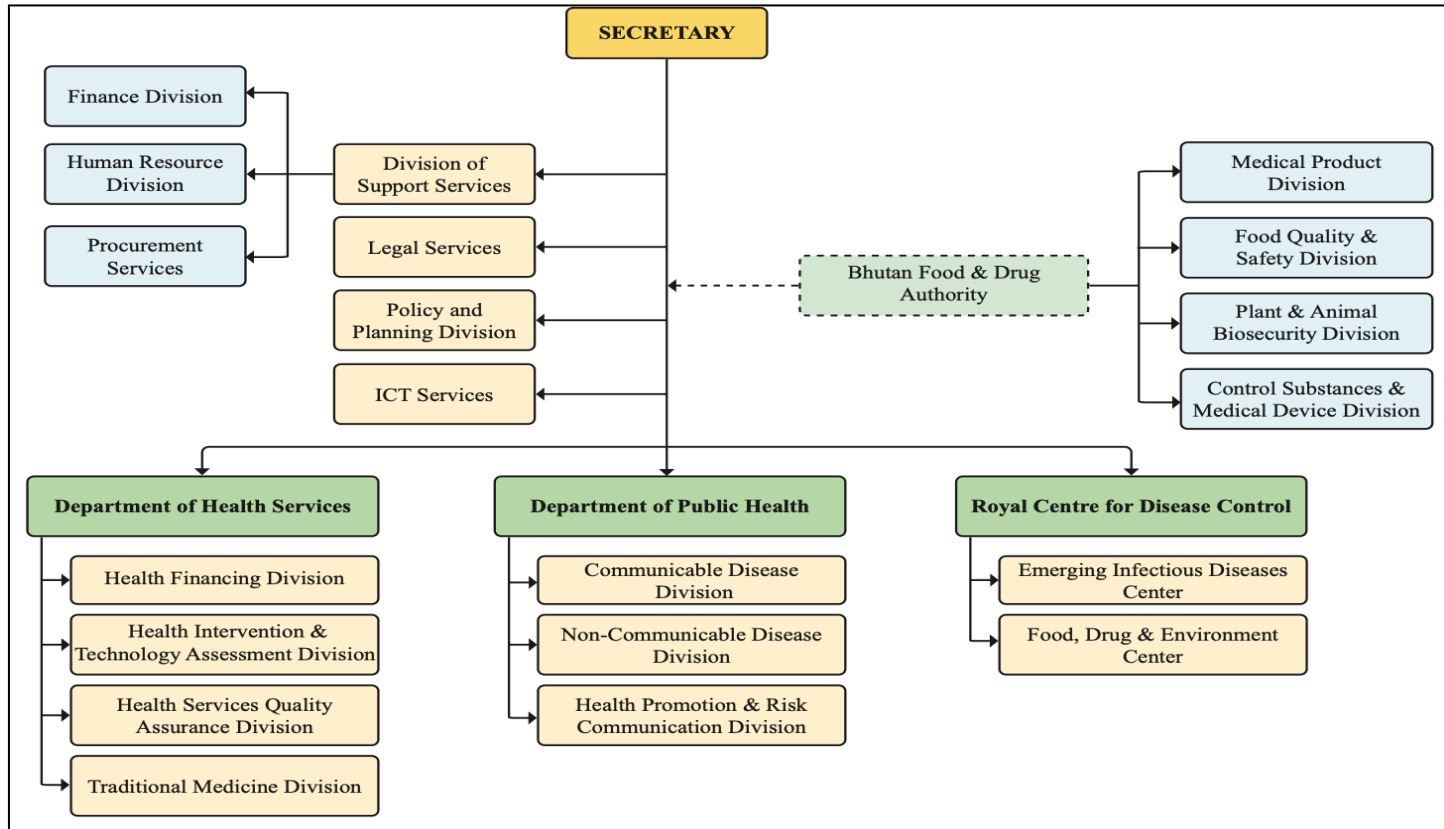
The MoH will assess applications for the establishment, expansion, modification, or renewal of healthcare services to ensure compliance with national standards and regulatory requirements. Healthcare centres must demonstrate adherence to requirements relating to clinical governance, infection prevention and control, patient safety and ethical practice, infrastructure and centre design, and appropriate management of medical products and waste.

The MoH shall also conduct regulatory inspections, audits, and compliance reviews to verify adherence to the approved scope of services and operational standards. Non-compliance with regulatory requirements may result in corrective actions, suspension, or revocation of authorisation in accordance with the provisions of the HSRR.

Through these regulatory mechanisms, the MoH will safeguard patient safety, ensure quality and ethical delivery of healthcare services, and maintain public confidence in the national health system by ensuring that all healthcare services are delivered in a manner that protects the health, rights, and well-being of patients and the wider population.

9 Annexes

1.1. Current organogram of the Ministry of Health



1.2. Current Organogram of the National Medical Services (NMS)

