



NATIONAL
COMMUNICATIONS &
ADVOCACY STRATEGY
FOR
PUBLIC HEALTH PROMOTION
2026-2030



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ABBREVIATIONS AND ACRONYMS

CDD	Communicable Diseases Division
CSO	Civil Society Organization
BBS	Bhutan Broadcasting Service
BFDA	Bhutan Food and Drug Authority
BOC	Bhutan Olympic Committee
BQPAC	Bhutan Qualifications and Professionals Certification Authority
BRCS	Bhutan Red Cross Society
DHI	Druk Holding Investment
DHS	Department of Health Services
DLO	Department of Law and Order
DLGDM	Department of Local Governance and Disaster Management
DoPH	Department of Public Health
DRC	Department of Revenue and Customs
DSP	Desuung Skilling Program
DSA	District Sports Associations
EIMS	Education Information Management System
ePIS	electronic Patient Information System
FNPH	Faculty of Nursing and Public Health
FGD	Focus Group Discussion
GMC	Gelephu Mindfulness City
HPRCD	Health Promotion and Risk Communication Division
KII	Key Informant Interview
KGUMSB	Khesar Gyalpo University of Medical Sciences of Bhutan

MoEDS	Ministry of Education and Skills Development
MoH	Ministry of Health
MIT	Ministry of Infrastructure and Transport
NSB	National Statistic Bureau
NCDD	Non Communicable Diseases Division
NMS	National Medical Services
NTCP	National TB Control Program
PPD	Policy and Planning Division
RGOB	Royal Government of Bhutan
RMA	Royal Monetary Authority
RUB	Royal University of Bhutan
The PEMA	The PEMA Secretariat
VHW	Village Health Worker
VPDP	Vaccine Preventable Disease Program
WHO	World Health Organization

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Finally, we extend our heartfelt appreciation to the editorial and drafting team for their dedication and professionalism in compiling this document with precision and clarity. Their efforts have resulted in a strategy that truly reflects Bhutan’s collective aspiration for a healthier, more compassionate, and resilient nation. With sustained collaboration and shared responsibility, we look forward to the successful implementation of the National Health Promotion Strategy and Action Plan (2025–2029), for the health and happiness of all people in Bhutan.

FOREWORD

Health is the foundation of Bhutan’s progress and happiness. The National Health Promotion Strategy and Action Plan (2025–2029) represents our collective commitment to empowering every Bhutanese citizen to lead a healthy, informed, and fulfilling life. It builds on past achievements while recognising that the challenges of our time, rising non-communicable diseases, mental health concerns, digital misinformation, and evolving lifestyles, require innovative, compassionate, and coordinated responses.

This strategy redefines health promotion as more than awareness; it is about building a society where health is integrated into every decision, policy, and daily action. By focusing on key themes such as Health Literacy, Branding and Communication, Digital Transformation, Disaster Preparedness, Financing, School, Sports, and Religion, and Health System Governance, the Ministry of Health envisions a future in which people are both informed and inspired to take charge of their own wellbeing.

This strategy underscores compassion, inclusivity, and accountability. It brings together government agencies, civil society organisations, academia, the private sector, and communities under one shared vision, to make health promotion a national movement that reaches every home and every heart. The engagement of our partners, including WHO, UNICEF, BHTF, BRCS, and Desuung, reflects a unified approach to strengthening Bhutan’s health system through collaboration and innovation.

As we move forward, I call upon all stakeholders, health professionals, teachers, religious leaders, media, and citizens, to embrace this strategy as a shared responsibility. Together, let us cultivate a nation where every individual is empowered to make healthier choices, where communities thrive on compassion and knowledge, and where the wellbeing of our people continues to define the spirit of our nation.



Health Secretary
Ministry of Health

EXECUTIVE SUMMARY

The National Health Promotion Strategy and Action Plan (2025–2029) presents a renewed vision to strengthen Bhutan’s health system through proactive, inclusive, and evidence-based health promotion. This strategy positions health as a shared societal responsibility, one that requires collective commitment from government agencies, communities, civil society organisations, academia, the private sector, and individuals alike.

The strategy builds upon the lessons of the previous plan, addressing gaps in monitoring, coordination, and implementation while introducing innovative, people-centred approaches. It encompasses seven interlinked themes: Branding and Communication, Health Literacy and Behaviour Change, Digital Technology, Financing of Health Promotion Activities, Disaster and Risk Preparedness, School, Sports and Religion, and Health System and Governance. Together, these pillars form a comprehensive framework for transforming the way Bhutan communicates, delivers, and sustains health promotion at all levels.

A key feature of this strategy is the emphasis on compassionate communication, digital innovation, and community engagement. It introduces mechanisms for accountability, such as integrating health promotion indicators into staff performance systems, and recognition through annual awards for top-performing dzongkhags and health workers. Partnerships with WHO, UNICEF, BHTF, BRCS, Desuung, and KGUMSB will strengthen technical, financial, and human resource capacities. Moreover, initiatives such as the Health Literacy Survey, Desuup Plus Programme, and Gelephu Mindfulness City wellness model will deepen national impact.

Implementation will be phased over five years, with clear timelines, lead agencies, and measurable outcomes. By 2029, Bhutan envisions a nation where every citizen is empowered with health knowledge, supported by inclusive systems, and inspired to make healthy choices. This strategy reaffirms that health promotion is not a programme, but a movement for national wellbeing and happiness.

INTRODUCTION

Vision and Mission

Vision

A healthy Drukyul where Bhutanese are proactive, health literate and empowered to make healthy choices.

Drukyul is the name for Bhutan in the local language

Mission

1. Establish a trusted Ministry of Health identity through consistency, empathy, inclusivity, preparedness, evidence-based communication and digital innovation.
2. Health promotion is integrated into every policy, practiced across all institutions, and embraced within every Bhutanese home.
3. Ensure sustainable financing by fostering partnerships and collaboration.

Guiding Principles

Strategies to advance health promotion require a sustained, long-term, and integrated approach that considers the broader social, cultural, economic, and environmental factors influencing both health and happiness.

The guiding principles are:

- promoting equity in all health promotion efforts;
- recognising that health promotion is a shared responsibility among individuals, government institutions, the private sector, and civil society; empowering communities and individuals as a foundation for good health;
- creating supportive environments for people to live, work, play, and learn;
- fostering partnerships that strengthen collective action for health; developing coherent and inclusive public health policies;
- and addressing the root causes, determinants, and risk factors that influence overall well-being.

Definition of Health Promotion

Health promotion policy and practice have evolved in alignment with the broader public health movements of the past two decades. The current approach now extends beyond traditional methods such as information, education, communication, social marketing, and behaviour change communication. It is essential to reflect on the meaning of the term “health,” as the way health is defined fundamentally shapes how it is understood, prioritized, and addressed within policy and practice.

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

Based on this understanding, health is viewed as the pursuit of optimal well-being in its fullest and most positive sense. This strategy therefore aims to maximise every individual’s health potential through a holistic and balanced approach that promotes physical, mental, social, and spiritual well-being. Just as health is shaped by the broader social systems and processes within a society, health promotion is understood as a dynamic, collective, and continuous effort to create conditions that enable people to achieve and sustain their highest level of health.

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

Status of Health Promotion in Bhutan

Health promotion in Bhutan forms a central pillar of the country’s public health system and reflects the nation’s long-standing commitment to prevention, wellbeing, and community participation. The Ministry of Health (MoH) has progressively

integrated health promotion into key national frameworks such as the 13th Five-Year Plan, the National Health Policy, and the Healthy Drukyl Program. These frameworks emphasise equity, access, and the integration of health into all sectors. Over the past decade, Bhutan has achieved notable progress in strengthening health education, risk communication, and preventive health programmes at both national and community levels.

One of the main reasons the previous strategy was not fully implemented was its overly broad scope, which included too many stakeholders and their respective roles, making it difficult to track progress effectively. Additionally, the absence of a clear monitoring mechanism at both individual and district levels contributed to weak accountability and limited follow-up. As a result, the strategy became challenging to implement and even more difficult to monitor in practice.

The COVID-19 pandemic provided strong evidence of Bhutan’s ability to mobilise and communicate effectively during crises. The National COVID-19 Media and Risk Communication Team (NCMRT) set a benchmark for transparency, coordination, and community trust. Daily briefings, multilingual messaging, and the use of both traditional and digital media created a unified national response model that continues to guide the Ministry’s communication efforts. BBS remains one of the most trusted media channels, while platforms such as Facebook, Instagram, and TikTok have expanded the Ministry’s digital reach, particularly among youth.

Bhutan’s community governance structure also plays a defining role. Village Health Workers (VHWs), religious leaders, and local government representatives serve as trusted health messengers, ensuring that health information reaches even remote communities. Civil Society Organisations (CSOs), including the Bhutan Red Cross Society, the Kidney Foundation, and the Cancer Society, have emerged as critical partners, providing advocacy, health education, and psychosocial support. However, while health promotion has gained recognition, it continues to receive less institutional priority compared to curative care, often constrained by limited financial and human resources.

Policy Landscape

The strategy aligns with NKRA 4 by advancing public awareness on preventive health, NCDs, nutrition, and mental well-being through coordinated campaigns. Collaboration with the Ministry of Education & Skills Development, CSOs, and Dzongkhags can integrate health education into schools and communities. Under NKRA 10, it enhances national resilience by improving risk communication and emergency response, in partnership with the Department of Disaster Management, GovTech, and media agencies. Supporting NKRA 6, it leverages digital innovation through AI chatbots and SMS alerts. Aligned with NKRA 3 and 11, it ensures inclusive, gender-sensitive messaging for women, LGBTQIA+ youth, and people with disabilities.

Bhutan’s policy environment for health promotion is robust but requires revitalisation to meet emerging challenges and global best practices. The Risk Communication Guideline (2016) and Health Emergency and Disaster Contingency Plan provided a foundation for coordinated communication during public health crises. However, these frameworks must now be updated to incorporate post-pandemic lessons, particularly around two-way communication, misinformation management, and digital responsiveness.

The Healthy Drukyl Program highlights “Health in All Policies” as a central approach, but implementation remains inconsistent. Greater alignment is needed between the Ministry of Health, Ministry of Education and Skills Development (MoESD), Ministry of Infrastructure and Transport (MoIT), and Ministry of Home Affairs to promote cross-sectoral ownership of health outcomes. Institutions such as the Bhutan Health Trust Fund (BHTF) can play a critical role in financing preventive programmes, while the Khesar Gyalpo University of Medical Sciences of Bhutan (KGUMSB) can support research and training in health promotion and risk communication.

Similarly, the Desuung Skilling Programme (DSP) and the Bhutan Red Cross Society (BRCS) present opportunities for mobilising volunteers and strengthening community-based preparedness. The need for updated communication protocols, including a Ministry-wide Standard Operating Procedure (SOP) for media and

social media engagement, has also been widely recognised. Such reforms would enhance consistency, trust, and agility in the Ministry’s communication ecosystem.

Media & Communication Landscape

Bhutan’s communication ecosystem is a mix of traditional and digital media, each with distinct roles.

Traditional Media

- BBS remains the most trusted and widely consumed outlet, with over 60% weekly viewership. Programs like Dingtsho BBS shape public perception of health issues.
- Print media (Kuensel, The Bhutanese, Business Bhutan) reaches a smaller, urban, educated audience but suffers from financial fragility.
- Radio is declining, with only 1% daily listenership, though still relevant in highland and rural communities.

Digital Platforms

- Facebook and Messenger are dominant, while TikTok is the fastest-growing platform, particularly effective for short explainers and live engagement.
- WhatsApp and WeChat facilitate community-to-community flow, especially among parents and migrant populations.
- OTT platforms (Samuh, Shangreela) have limited daily use but offer potential for storytelling and cultural integration.
- YouTube is underutilised by MoH despite its reach.
- Integrate AI features into ePIS for early outbreak detection, predictive analytics, and automated alerts.
- Introduce public dashboards for non-sensitive health data.
- Link ePIS with NDI, DrukTrace, and other existing apps.
- Include local language support and offline functionality.
- Use behavioural nudges within ePIS notifications.

Localised Tools

Gewog meetings, school forums, and hospital television screens provide trusted, localised avenues for dissemination. However, these require consistent, credible content supply from MoH to remain impactful.

Bhutan Health Trust Fund, domestic revenue, religious donations, CSR funds, and organizations such as Bhutan Foundation, Loden Foundation, BCCI, and private sector partners.

Proposed CSR Activities: Cycling and marathon events, school health support, digital health tools, fitness challenges, mental health programs, and workplace wellness initiatives but not limited to.

Outcome: Consensus on reviving the Move for Health Campaign and encouraging private sector engagement.

Current Gaps and Challenges

Despite Bhutan's progress, several systemic challenges continue to limit the full potential of health promotion. Preventive and outreach services, such as school and monastic health screenings, have been discontinued due to budget cuts and competing priorities. The health workforce faces shortages, particularly of female health workers, and primary health centres are increasingly overburdened. At the operational level, there remains limited accountability for health promotion activities, as these are not consistently reflected in individual workplans or performance indicators.

Communication and coordination also pose challenges. Clearance requirements and bureaucratic delays slow media responses, often reducing the Ministry's ability to provide timely updates. Village Health Workers, who are critical for rural outreach, report demotivation and attrition due to lack of incentives, training, and recognition. At the same time, inequities persist in access to health information, especially for people with disabilities, low literacy populations, and remote communities. Digital literacy gaps and the absence of standardised social media guidelines further constrain proactive engagement.

There is also fragmentation in coordination across central, Dzongkhag, and gewog levels. Many health workers lack clear guidance on communication tone, message alignment, or public engagement. Without a strong monitoring framework, health promotion outcomes are difficult to measure. These challenges underscore the need for renewed investment in capacity-building, inter-sectoral collaboration, and systems that recognise and reward preventive health efforts.

Opportunities

The next phase of Bhutan’s health promotion agenda presents substantial opportunities for innovation, integration, and partnership. Reviving school and monastic health programmes and embedding health literacy within the education system can help institutionalise prevention from an early age. Digital transformation of ePIS and EIMS, with artificial intelligence integration, QR code functionality, and multilingual accessibility, can improve surveillance, communication, and citizen participation in health decisions.

Partnerships with the private sector, particularly through corporate social responsibility (CSR) initiatives, fitness and wellness collaborations, and digital innovation, can open new funding and engagement channels. Civil society and media actors can further amplify community voices and lived experiences, building stronger public ownership of health initiatives.

The growing role of religious leaders, athletes, and influencers provides a unique platform for promoting behavioural change, empathy, and self-care. Additionally, positioning Gelephu Mindfulness City as a wellness hub can bridge traditional and modern healthcare systems, supporting tourism, research, and preventive health. Together, these opportunities mark a new era of holistic, community-driven, and technology-enabled health promotion for Bhutan.

HEALTH PROMOTION STAKEHOLDER ANALYSIS

Bhutan’s health system functions as an interconnected, multi-layered network with health promotion at its core, shaping every policy, partnership, and community action. This network connects governance, service delivery, education, technology, traditional medicine, and civic participation to foster physical, mental, and social wellbeing.

At the centre lies health promotion itself, the driving force that transforms health from a service into a shared social value. It guides communication, policy, and behaviour, ensuring that preventive care and wellbeing are integrated across sectors. Every institution, partner, and initiative radiates from this centre, contributing to a national movement toward healthier, more resilient communities.

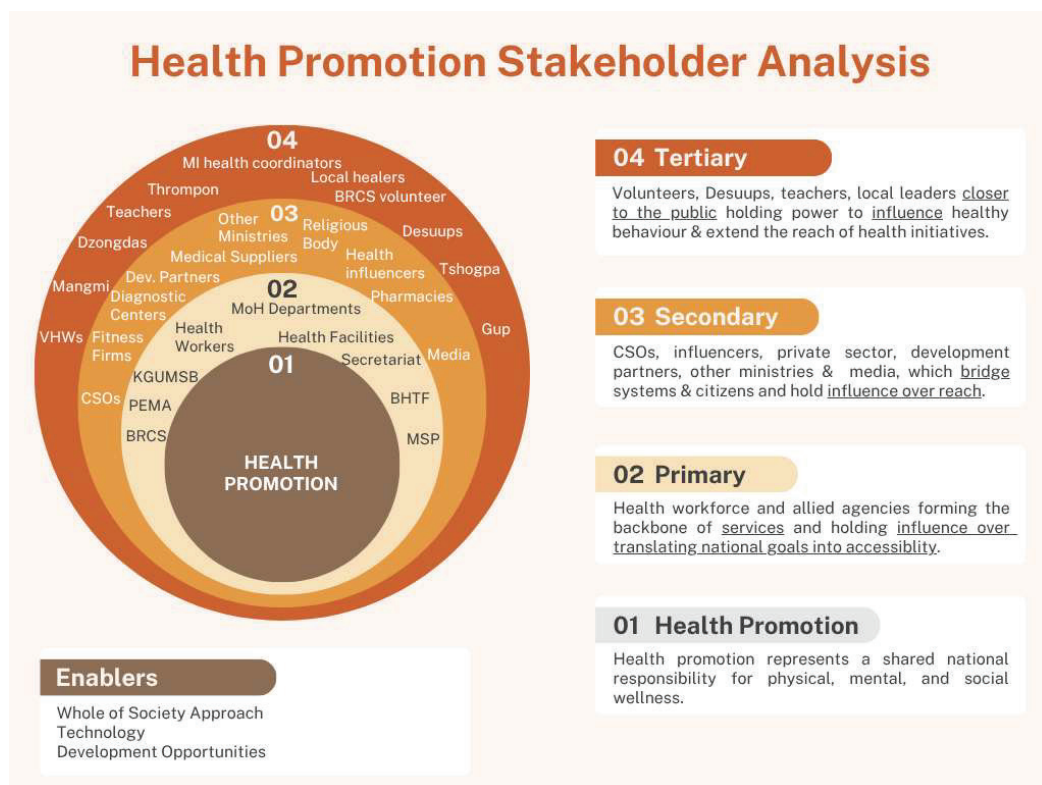
The primary stakeholders comprise those who directly operationalise health promotion through service delivery and hold influence over translating national goals into accessibility. Doctors, nurses, health assistants, public health officers, village health workers, and traditional medicine practitioners play a pivotal role in translating policies into daily health practices. Academic institutions such as the Khesar Gyalpo University of Medical Sciences of Bhutan nurture the next generation of health promoters through education and research, while the Health Promotion and Risk Communication Division and the Policy and Planning Division provide strategic direction. Agencies such as The PEMA, Bhutan Red Cross Society and the Bhutan Health Trust Fund strengthen the foundation through emergency preparedness, advocacy, and sustainable financing.

The secondary stakeholders function as the bridge between health systems and society to influence the reach. CSOs bring authenticity through lived experiences and targeted outreach. They amplify voices of vulnerable populations and help address stigma through community-led advocacy. The media, from BBS and Kuensel to digital platforms like TikTok, Facebook, and radio, shapes perception, builds trust, and ensures accountability by promoting evidence-based information and countering misinformation. The private sector contributes through corporate social responsibility initiatives, wellness partnerships, and digital innovations, while inter-ministerial partners such as the Ministry of Education and Skills Development, Ministry of Infrastructure and Transport, and Zhung Dratshang ensure that health promotion is reflected in schools, infrastructure, and spiritual wellbeing.

The tertiary stakeholders embody the people's movement for health promotion. Volunteers, Desuups, teachers, community leaders, who are closer to the people play critical roles in influencing health behaviour and translating awareness into sustained action. Through participation in programmes like the Desuung Skilling

Programme, school health activities, and community events, they normalise healthy habits such as physical fitness, hygiene, compassion, and caregiving. During emergencies, trained volunteers and Red Cross responders extend the system’s reach, demonstrating Bhutan’s collective ethos of empathy and resilience. By linking traditional wisdom with modern knowledge, communities help preserve trust and continuity in health practices.

Enablers: Digital tools such as ePIS and EIMS strengthen health promotion through data integration, surveillance, and AI-assisted public engagement, allowing for predictive alerts, targeted messaging, and inclusive communication in multiple languages. Traditional medicine complements these advances by promoting balance, mindfulness, and preventive care, aligning deeply with Bhutanese values of holistic wellbeing. Together, these layers form a whole-of-society approach to health promotion, where policies inspire behaviour, institutions enable empowerment, and communities sustain change. Health promotion, therefore, is not a single intervention but a living collaboration, embedded in systems, practiced by professionals, and lived by every Bhutanese household.



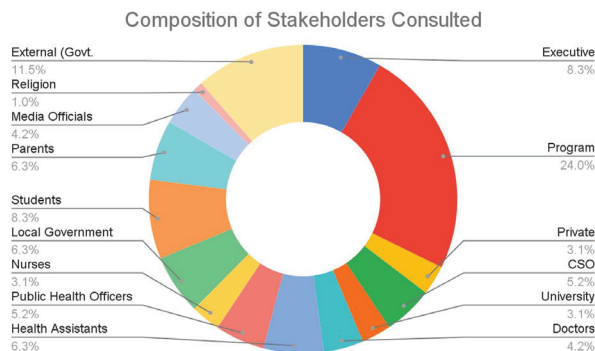
STAKEHOLDERS CONSULTED

The consultation process for the Health Promotion Strategy 2025–2029 engaged 99 stakeholders through Key Informant Interviews (34), Focus Group Discussions (37), and the rest were Stakeholder Review and Technical Working Group meetings. Details in Annexure.

The Key Informant Interviews included executives such as the Health Secretary, directors from DoHS, DoPH, BFDA, and BHTF, along with leaders from Menjong Sorig Pharmaceutical and the Bhutan Red Cross Society. Programme heads and officers from key divisions, including PPD, NCD, CDC, and research, contributed to strategic and technical inputs. Representatives from CSOs, the private sector, and Desuung added perspectives on community engagement, partnerships, and operational capacity. Religious and academic representatives from Zhung Dratshang and KGUMSB provided cultural and research perspectives.

The Focus Group Discussions captured grassroots insights from 37 participants, including nurses, health assistants, doctors, public health officers, local leaders, teachers, students, parents, and media professionals. These discussions highlighted community experiences, behavioural trends, and perceptions of health services and promotion.

The Stakeholder Review and Technical Working Group meetings involved 25 participants, including development partners such as WHO and UNICEF, program representatives, and field health staff. Their contributions ensured policy alignment, technical validation, and feasibility of the strategy’s recommendations. Overall, the consultation process provided comprehensive, multi-sectoral input grounded in Bhutan’s local context.



STRATEGIC AREAS

The National Health Promotion Strategy 2025–2029 outlines a comprehensive framework to strengthen Bhutan’s public health system through inclusive communication, digital innovation, and evidence-based interventions. It envisions a society where every individual is empowered to make informed health decisions, guided by empathy, awareness, and shared responsibility. The strategy focuses on five interconnected pillars, branding and communication, risk communication and community engagement, health literacy and behaviour change, digital technology, and health system and governance. Together, these areas promote consistent messaging, proactive community engagement, and stronger institutional capacity for advocacy and service delivery. It calls for improved communication guidelines, enhanced training for health workers, and closer partnerships with civil society, influencers, and traditional institutions. The integration of AI-enabled platforms, health literacy surveys, behavioural nudges, and sustainable financing mechanisms such as CSR and earmarked health promotion budgets are central to achieving long-term impact. Rooted in Bhutan’s Gross National Happiness values, the strategy aims to institutionalise compassion, inclusivity, and accountability across all sectors, transforming health promotion from a programmatic activity into a national movement for wellbeing and resilience. By aligning with national priorities and global health goals, it positions Bhutan as a model for people-centred and preventive health promotion in the region.

1. Branding and Communication

The strategy emphasises strengthening the Ministry of Health’s institutional communication and interpersonal capacity to ensure health promotion is delivered with professionalism, empathy, and consistency. Under strategic communication, it recommends the development of a comprehensive umbrella communication guideline covering branding, media engagement, spokespersonship, and risk communication to unify all communication efforts across the Ministry. Supporting this are initiatives such as creating a corporate communication guide and a spokesperson’s guide to build credibility and improve information flow. The appointment and grooming of a qualified spokesperson trained in health diplomacy, media, and crisis communication is highlighted as crucial for timely, accurate, and

autonomous public engagement. Additional actions include establishing a media engagement SOP aligned with GovTech protocols, developing a thematic annual events calendar, and standardising health messages with civil society collaboration to ensure coherence and broad community outreach.

The second component focuses on enhancing interpersonal communication (IPC) to promote compassion and empathy at all levels of health service delivery. This involves creating an IPC guideline of Dos and Don'ts for health workers, coupled with nationwide and annual training programs for both clinical and non-clinical staff to nurture emotionally intelligent communication. Recognising that patient experience is shaped as much by tone as by treatment, the plan also encourages celebrating positive communication stories from health workers to inspire behavioural change. Together, these actions aim to embed empathy, professionalism, and coordinated communication at the heart of Bhutan's health system.

Strategic Objectives:

- 1.1 Strengthening strategic communication and institutional capacity for effective health promotion
- 1.2 Enhancing interpersonal communication and empathy across all levels of health service delivery

Expected Outcome: Enhanced visibility, institutional communication capacity and empathetic health service delivery through unified messaging, skilled spokespersonship, and strengthened interpersonal communication that foster public trust, professionalism, and consistency in health promotion across all levels of the health system.

Recommended actions/activities but not limited to:

- 1.1 Strengthening strategic communication and institutional capacity for effective health promotion
 - 1.1.1 Create an Umbrella Communication Guideline
 - 1.1.1a Develop an umbrella Communication Guideline for MoH encompassing but not limited to branding, media

engagement, spokespersonship and risk communication as chapters to ensure unified, consistent, and professional communication across all ministry platforms. This guideline should serve as a master guideline for HPRCD where all information related to their day to day work will be found. This guideline could also have a chapter on Intellectual Property, encompassing both infringement by others and by the Ministry.

- 1.1.1b Develop MoH Corporate Communication Guide with Brand Boilerplate (or as a chapter in the 1.1.1 Umbrella Communication Guideline) defining logo use, tone, and narrative to ensure consistent communication and visual identity. This will provide trust and greater visibility to the work that MoH does.
- 1.1.1c Develop a Spokesperson's Guide (or as a chapter in the 1.1.1 Umbrella Communication Guideline) to provide clear guidance for consistent and effective public communication. The spokesperson should also be given enough autonomy to make rational decisions independently.
- 1.1.1d Appoint, groom and train a qualified MoH Spokesperson in policy matters, media, crisis communication, and health diplomacy, granting autonomy for independent and effective communication. This will help ensure that the identified spokesperson is capable enough to speak on all matters related to health.

1.1.2 Engaging with the Media

- 1.1.2a Develop and implement an Media Engagement SOP (or as a chapter in the 1.1.1 Umbrella Communication Guideline) aligned with GovTech protocols to ensure timely, coordinated communication and regular press briefings. This includes frequency of Q&A with the media houses and the frequency of press meets to ensure there is

continuous flow of information and that time factor is no longer a concern.

- 1.1.2b Conduct Annual Media Engagement Workshop for knowledge sharing to ensure there is enough trust in MoH for credibility of information and to coordinate efforts towards synchronized messaging.

1.1.3 Standard and Thematic Messaging

- 1.1.3a Develop (both online and offline) annual events calendar with monthly themes and appropriate merchandise to ensure timely, coordinated, and thematic health promotion messaging year-round. This will help in planning and coordinating all messages that go out of MoH. Merchandize helps amplify the efforts through visual assurance.

- 1.1.3b Develop standardized health messages (both online and offline) based on the themes involving stakeholders like CSO that have reach in the community to ensure message consistency and wider community reach through trusted collaborators and this will confuse the health workers a little less.

Following are the top 10 health messages that emerged out the consultations as the focus area for public awareness that could be used to start the above process:

1. Eat Healthy, Stay Active
2. Avoid Tobacco, Alcohol, and Doma
3. Wash Your Hands Often with Soap
4. Go for Regular Health Check-ups and Get Your Vaccines on time
5. Practice Safe Sex and Family Planning
6. Mind Your Mental Health
7. Reduce Screen Time
8. Drink Safe Water and Practice Good Hygiene

- 1.1.4 Capacity Building of Health Promotion Division to be experts in Advocacy and Communications to be able to advise all programs on advocacy and strategic health communication initiatives. HPRCD must be technically sound to tell each program which audience is best, which channel is best and which form of communication is best based on the respective program's needs.
- 1.2 Enhancing interpersonal communication and empathy across all levels of health service delivery
 - 1.2.1 Develop an IPC Guideline consisting of Dos and Don'ts (or as a chapter in the 1.1.1 Umbrella Communication Guideline) to standardize compassionate and effective patient communication across all health facilities. The communication of health workers was found to be a make or a break factor for people seeking health services. Therefore focusing on empathetic communication can help retain many of the patients.
 - 1.2.2 Comprehensive IPC training
 - 1.2.2a Nationwide IPC training of health workers and non-clinical hospital staff to ensure proactive, empathetic, and emotionally intelligent engagement with the public. Inclusion of non-clinical is suggested because most of the time the people in the administration or reception have to deal with patients for formalities beyond clinical care.
 - 1.2.2b Conduct IPC training for new recruits annually to maintain empathy-focused service culture through continuous communication skill development. This is the entry point into the health sector and if we can tap into this, there would be less requirement of IPC training in the future.
 - 1.2.2c Integrate IPC module in the curriculum for health promotion with KGUMSB

- 1.2.3 Encourage positive stories or testimonials on IPC of health workers to promote compassionate care and inspire positive communication practices among health workers. With the help of ambassadors, influencers and CSO this is something that can be done easily.

2. Risk Communication and Community Engagement

The strategy focuses on enhancing Bhutan's national capacity for risk communication and community preparedness through structured training, partnerships, and coordinated communication systems. It recommends revising the existing Risk Communication Guideline to include distinct frameworks for emergency and routine communication, ensuring consistency in messaging with increased frequency during crises. Volunteer training in risk communication, including simulations and emergency drills, is proposed to strengthen community-level readiness. Collaborating with the Bhutan Red Cross Society (BRCS) is seen as key, given its expertise in community response and training. Reviving the Desuup Plus Programme is also a major recommendation, recognising the significant role Desuups played during COVID-19 in managing quarantine centres, logistics, and vaccination drives. Such collaboration would enhance frontline preparedness and optimise national response efforts through shared resources and skills.

The second focus area emphasises advocacy and community engagement through trusted voices and community champions. It calls for partnerships among Desuung, KGUMSB, and BRCS to jointly conduct first aid and risk communication training for frontline workers and volunteers. Public figures, religious leaders, and fitness influencers are identified as essential allies in amplifying health messages, fostering empathy, and inspiring behavioural change. The strategy proposes appointing both a public and religious figure as official health ambassadors to build credibility and reinforce public trust. Annual knowledge exchange meetings, influencer and content creator networks, and inclusive recognition of health workers, including sweepers and attendants, are also recommended to foster collaboration, inclusivity, and morale across all levels of the health system.

Strategic Objectives:

- 2.1 Strengthening national risk communication and community preparedness through training and multi-sector collaboration

2.2 Strengthening advocacy and community engagement through trusted voices and community champions

Expected Outcome: Enhanced public trust and participation in health promotion through the active engagement of community champions, influencers, and religious leaders who promote healthy behaviours and foster collective responsibility for wellbeing.

Recommended actions/activities but not limited to:

2.1 Strengthening national risk communication and community preparedness through training and multi-sector collaboration

2.1.1 Revise the Risk Communication Guideline (or as a chapter in the 1.1.1 Umbrella Communication Guideline) to include separate frameworks for emergency situations and routine communication. Communication must be the same or similar irrespective of an emergency situation. During emergencies, only the frequency of communication must be enhanced.

2.1.2 Risk Communication Training for volunteers for coordinated effort and to build volunteer capacity for effective communication during emergencies and crises. This may also include simulations and emergency drills. BRCS has a Communications Officer who could be involved too. BRCS also provides Community Response Trainings for community members. MoH could liaise with BRCS for shared resources and effort.

2.1.3 Explore the possibility to revive Desuup Plus Program as a frontline health response, including screenings, logistics, crowd management & first aid support. During COVID-19 Desuups were most instrumental and more over Desuup Plus Program that provided Desuups with health related skills were instrumental in managing the quarantine facilities and vaccination campaigns. There is a huge potential to revive this program as the DSP head has expressed interest in collaboration.

2.2 Strengthening advocacy and community engagement through trusted voices and community champions

2.2.1 Promote collaboration between Desuung, KGUMSB and BRCS to explore the possibility of providing risk communication and first aid training for Desuups, VHW/MSTF//Dratshang Health Coordinator and BRCS volunteers. There is huge untapped potential in agencies outside of MoH that are already doing a lot in terms of community response mechanisms, bringing them together would help ease the burden on MoH.

2.2.2 Leveraging trends and influence

2.2.2a Engage public figures, religious leaders, and fitness influencers who exemplify compassion, healthy living, and authentic personal or caregiving experiences to amplify health messages through trusted and relatable community role models. We are in an era where conventional forms of engaging with the public no longer holds true. MoH must hop on the band wagon and acknowledge the power of influencers and keep them engaged.

2.2.2b Appoint 1 public figure and 1 religious figure as health ambassadors to enhance public trust and reach through credible and influential ambassadors. It was found that people are still inclined towards spirituality and religion before they seek clinical services therefore this gives MoH the advantage of double reinforcement belief.

2.2.2c Conduct annual knowledge exchange meetings with public figures, religious leaders, and fitness influencers to foster collaboration and shared learning among diverse health promotion advocates.

2.2.2d Establish a pool of social media influencers to seek support during dissemination of messages. A good network of influencers will enhance the reach of MoH messages and should there be any emergency situation in the future, the influencers' collective reach will help amplify the messages.

2.2.2e Establish a pool of Content Creators to seek support during development of messages. A good network of content creators will enhance the quality of MoH messages and should there be any emergency situation in the future, the creators can be brought onboard to create and disseminate health messages in a timely manner.

2.2.3 Include and celebrate health workers like sweepers and ward attendants while observing international days to recognise their critical role in maintaining public and patient safety. This group is often forgotten but they are also the first line of responders and the ones who come in contact with infectious wastes.

3. Health Literacy and Behaviour Change

The strategy prioritises strengthening Bhutan’s capacity for health literacy, research, and evidence-based planning to support informed decision-making and effective health promotion. It calls for conducting a nationwide standalone Health Literacy Survey using behavioural insights to better understand how Bhutanese people access, interpret, and apply health information. While visual indicators suggest improving health literacy in urban areas, the absence of formal data limits policy action. An optional approach of integrating health literacy questions into national surveys is proposed to optimise resources, though care must be taken to avoid dilution of findings. In addition, the strategy recommends including dedicated health promotion topics in the national Research Priority List to institutionalise research, data-driven planning, and evidence-based policymaking. Such an approach will ensure that national interventions are both targeted and responsive to the changing health landscape.

The second component focuses on promoting healthy lifestyles and behaviour change through inclusive, evidence-based, and community-driven approaches. It proposes empowering civil society organisations to share lived experiences that resonate with the public, institutionalising an annual National Health Promotion Event to celebrate achievements and foster collaboration, and reviving impactful campaigns such as “Our Gyenkhu” and “Move for Health.” The plan also advocates the use of behavioural nudges in program design, improvement of

WASH facilities in schools and monasteries, and reintroducing sports and physical activity into education to cultivate lifelong habits. Additionally, it recognises the need to formalise and regulate traditional healing practices to ensure public safety while preserving cultural heritage. Collectively, these initiatives aim to make health promotion more data-driven, participatory, and grounded in Bhutan’s social and cultural realities.

Strategic Objectives:

- 3.1 Advancing health literacy and evidence-based planning through research, data, and behavioural insights
- 3.2 Promoting behaviour change and healthy lifestyles through inclusive and evidence-based approaches

Expected Outcome: Improved national health literacy and sustained behaviour change through evidence-based, inclusive, and data-driven approaches that integrate behavioural insights, empower communities, and foster healthier lifestyles supported by research, education, and participatory engagement.

Recommended actions/activities but not limited to:

- 3.1 Advancing health literacy and evidence-based planning through research, data, and behavioural insights.
 - 3.1.1 Conduct a nationwide standalone Health Literacy Survey using behavioral insight components based on subjective data to generate data-driven insights for designing effective health promotion strategies. Health Literacy of Bhutanese population is evident visually especially for urban population but its not translating to study report probably due to under representation or lack of importance. But this is crucial for Health Promotion.
 - 3.1.1a Optional to above: Health Literacy Survey piggybacking National Health Survey or Annual Household Survey to optimise resources by integrating surveys into existing national data systems. However, the risks are that what is actually needed to be understood might get diluted due to competing priorities.

- 3.1.2 Dedicated health promotion topics on Research Priority List to encourage evidence-based policymaking and sustained academic focus on health promotion. The research unit has expressed the possibility of this through formal communication from HPRCD.
- 3.2 Promoting behaviour change and healthy lifestyles through inclusive and evidence-based approaches
 - 3.2.1 Train CSO members and encourage them to share lived experiences that inspire public engagement and awareness to strengthen community advocacy through authentic storytelling and experiential learning. CSOs take pride in having lived experiences but these must translate into behaviour change and by empowering them to do this they will take lead and MoH will be the supporter.
 - 3.2.2 Innovative public engagement activities
 - 3.2.2a Institutionalize annual National Health Promotion Event to advocate healthy living and recognize the efforts of the key players and to bring together all key stakeholders and recognise excellence in health promotion in both the public and private sector. Establish annual awards and incentives for top-performing Dzongkhags and health workers in health promotion. This has the potential to bring together key stakeholders and development partners for a joint effort towards health promotion.
 - 3.2.2b Initiate joint Health Campaigns based on international best practice and what worked in the past such as reviving the “Our Gyenkhü” and “Move for Health” campaigns with modern branding, creative storytelling, and innovative engagement approaches to revive impactful campaigns through creative, evidence-based, and community-driven health communication. The influencers and private sector may play a key role in this. For example

- No-Shave November is an annual awareness campaign that encourages people to stop shaving for a month to promote discussions about men’s health and cancer awareness. The idea is to embrace natural hair growth as a visible reminder of those battling cancer and the effects of treatment. The movement also aims to spark open conversations about men’s cancers, particularly prostate and testicular cancer, and to reduce stigma around men’s mental health (No-Shave November, n.d.).
- Interactive stairs encourage people to take the stairs more often. A notable example is Volkswagen’s 2009 campaign, “The Fun Theory,” where a Stockholm subway station featured “piano stairs.” The playful design turned each step into a musical note, resulting in a 66% increase in stair use compared to the escalator. (Booth et al., 2019)
- In Japan, anti-smoking efforts include designated smoking areas designed like small, enclosed cells that resemble prison spaces, making the experience uncomfortable for smokers and unappealing to onlookers. This approach serves as a subtle form of public discouragement. Additionally, some companies in Japan incentivise non-smokers by offering up to six extra days of paid leave each year (Newton, 2017).
- In Bhutan, Phuentsholing Thromde introduced designated smoking areas to reduce public smoking. This initiative aims to promote cleaner public spaces, protect non-smokers from second-hand smoke, and encourage responsible smoking behaviour within the community (Phuentsholing Thromde, n.d.).

3.2.2c Encourage application of behaviour change nudges in all programs during implementation to subtly guide healthier behaviours through evidence-based behavioural insights and program design. For example, toothpaste businesses create ads applying a high amount of toothpaste on a toothbrush, although the ad encourages brushing, the high amount of toothpaste is also a nudge towards people to use more and subsequently, increase sales. Nudges are proven effective means of behaviour change.

Some examples of successful Behaviour Change Nudges in the field of health promotion are as follows:

- In Amsterdam, vehicles are required to follow the tram's narrow and slow-moving lanes, which naturally limits car speed and volume. In contrast, pedestrians and cyclists enjoy much wider and safer paths (Nello-Deakin, 2020).
- Coca-Cola is a prime example of a company that applies behavioural insights to marketing. It strategically buys eye-level shelf space to ensure maximum visibility, pays extra to place its main competitor, water, on lower shelves, and positions its products at the end of aisles where shoppers are most likely to make impulse purchases (Nur'Aini, 2020).
- In the early 1990s, the cleaning staff at Schiphol Airport in Amsterdam installed a small sticker that looked like a fly near the center of each urinal. Apparently, when men stepped up to the urinals, they aimed for what they thought was a bug. Further analysis determined that the stickers cut bathroom cleaning costs by 8% per year. (Clear, 2018)
- A simple way to reduce junk food consumption is to store it on higher shelves, making it less visible and harder to reach. Likewise, if you want to save money, keeping it in a fixed deposit account makes it less accessible and helps prevent impulsive spending.. (Cameron, 2018)
- In Boston, USA, the government partnered with restaurant owners to remove salt shakers from dining tables as part of a salt reduction strategy. Studies showed that Americans tend to consume large amounts of salt, regardless of whether the food is already well-seasoned (Rabin, 2012).
- Only God can stop open urination is what India believes. In India, a creative approach to curb open urination involves placing pictures of gods and deities on walls where people commonly relieve themselves (Dhar, 2014).
- In Bhutan, COVID-19 vaccine compliance was exceptionally high, largely due to the strong involvement of religious institutions and leaders. While many countries struggled to achieve widespread vaccination, Bhutan witnessed a sharp rise in coverage, demonstrating the powerful influence of faith-based engagement in public health efforts. Rather than rushing to inoculate all 800,000 of its citizens, the government sought advice from the Zhung Dratshang, a body of Buddhist monks (The Economist, 2021).

- 3.2.3 Advocate for improving WASH facilities in schools, monastic institutions and nunneries to ensure healthy learning and living environments through improved sanitation and hygiene facilities. The Focus Group Discussion revealed that even the most modern public schools still face hygiene issues and another discussion revealed that monastic settings lack even the basic form of hygiene such as bathing.
- 3.2.4 Promote lifelong physical activity by reviving the interest of students in sports and fitness in schools to instill lifelong wellness habits through education, fitness, and early intervention. The word interest here is of importance because sports in school hasn't died per say but the interest that students have on sports have gone down due to non-allowance of track suits for sports. In Monastic institutions, the interest is there but it is not matched with the supply of sports facilities and equipment.
- 3.2.5 Promote and encourage safe practice standards for local healers and home remedies to preserve traditional healing practices while ensuring safety and public health standards. It was found that people still confide in local healers and home remedies before seeking healthcare based services. Therefore safe practices must be ensured.

4. Digital Technology

The strategy underscores the importance of digital transformation and innovation to make health promotion more accessible, interactive, and data-driven. It proposes the development of a standalone digital platform integrated with artificial intelligence (AI) to modernise how health information is delivered to the public. Given that most Bhutanese now access information via mobile devices, the use of mobile applications and social media is seen as the most effective approach for outreach. The proposed AI integration would not only enhance citizen engagement but also strengthen backend systems through real-time monitoring, data visualisation, and behavioural analytics. Features such as a public dashboard displaying non-sensitive health data, QR-based registration through Druk Trace, and personalised health insights would make the system both user-friendly and educational. Additionally, incorporating health literacy surveys, voluntary blood donor registries, and digital

reward systems would further increase public participation and awareness.

The second focus area aims to strengthen digital communication and accessibility by improving how the Ministry of Health manages and disseminates information. Developing a Social Media Guide for health workers will provide clear direction for professional and ethical online engagement, ensuring that digital communication remains credible and aligned with national standards. Establishing a National Digital Repository will centralise and recycle health communication content for greater efficiency and reach. Public awareness campaigns on key toll-free numbers for emergency and mental health services are also prioritised. Furthermore, expanding the Ministry's presence across emerging media platforms such as LinkedIn, X, and TikTok will help the Ministry connect with diverse audiences, particularly youth, and enhance transparency, engagement, and trust in public health communication.

Strategic Objectives:

- 4.1 Driving digital transformation and innovation in health promotion through AI-enabled, citizen-centred platforms
- 4.2 Strengthening digital communication and accessibility

Expected Outcome: Improved accessibility and public engagement through AI-enabled digital platforms and strengthened online communication. Enhanced use of data-driven tools, social media, and mobile applications fosters real-time health insights, inclusive communication, and citizen participation, making health promotion more interactive, credible, and user-centred.

Recommended actions/activities but not limited to:

- 4.1 Driving digital transformation and innovation in health promotion through AI-enabled, citizen-centred platforms
 - 4.1.1 Develop a standalone digital transformation platform with AI integration to modernise health promotion through data-driven, AI-enabled digital innovation. Since most people are on mobile devices, it only makes sense to reach them through a digital approach. Gone are the days where people visit websites. People now search information either on social media or look for apps relevant to the sector. Health promotion content delivered to people through mobile

apps makes sense at this point in time. Beyond reaching the public, AI integration would also help with media monitoring, fundraising, health literacy tracking, and data visualisation.

4.1.1a Optional to above: Enhance existing platforms like ePIS and EIMS (or C4CD+ App Care for Child Development, HIV App (Access2Care Bhutan), Druk Trace, District Health Information App (DHIS), Monsastic Information System) with AI.

Social Engineering that can be applied in ePIS

Social Engineering is the use of psychological influence of people into performing actions (Kumar, 2019). Therefore applying this concept there is a lot of scope in enhancing the ePIS for patient facing interface as follows:

- If user location and movement data could be accessed, it would enable strategic placement of billboards and advertisements in high-traffic areas, maximising visibility and audience engagement. Similarly, integrating QR scanning through the Druk Trace app could automate patient registration and track service flow within health facilities.
- Incorporating a points-based reward feature could further encourage frequent use and engagement, motivating users to track their BMI and other health parameters regularly. Additionally, AI-driven analytics could deliver personalised health tips based on each user's profile, promoting healthier behaviours and informed decision-making. Features such as a brief Health Literacy Survey, voluntary blood donor registry, and a points-based reward system could increase engagement.
- Humans are more dependent on visual cues than other senses, making visuals a powerful catalyst for behaviour change. When people can see their health status, they become more conscious and motivated to take action. The app's public-facing interface could therefore feature a dashboard displaying non-sensitive health data, allowing individuals to easily monitor key health indicators. Showing basic metrics such as blood pressure, BMI, height, weight, blood group, sugar level, and haemoglobin would keep citizens informed and encourage proactive health management.

- Behavioural nudges, voice prompts, and digital queue tokens could further enhance accessibility, user engagement, and service efficiency. Additionally, the ePIS system could be leveraged to monitor staff workload, helping identify bottlenecks and enabling better allocation of resources within health facilities.

4.2 Strengthening digital communication and accessibility

4.2.1 Optimal use of Social Media

- 4.2.1a Develop a Social Media Guide for Health Workers (or be a chapter in the 1.1.1 Communication Guideline) to guide responsible, consistent, and professional social media use by health workers. Some health workers have their presence online (some as professionals and some in personal capacity). However the consultations revealed that there is currently confusion on whether it is allowed or not. Some were bold enough to go for it and some were reprimanded. Although it all matters on the content's credibility, this calls for a need to have a social media guide that spells out the dos and don'ts on social media by health workers. However this may need consultation with RCSC and BICMA.
- 4.2.1b Represent all departments on Social Media to address their respective issues. Current practice of each program having a page each is further adding to fragmentation.
- 4.2.1c Archive and centralize all contents created by MoH for centralized National Digital Repository for MoH health content to integrate with the digital App and to ensure efficient access, reuse, and integration of health communication materials. This will also provide an opportunity to recycle the contents and have a continuous flow of content.
- 4.2.1d Produce short, subtitled, or silent self explanatory videos for social media to engage wider audiences, including individuals with disabilities and language difficulties.

- 4.2.1e Educate the public on Toll Free Numbers 112 (Emergency), 1098 (Domestic Violence and Mental Health, The PEMA), 1010 (Mental Health, The PEMA), 1555 (Food and Drugs Safety, BFDA) to increase public awareness and accessibility of essential health and emergency services.
- 4.2.1f Strengthen the Ministry’s presence on emerging forms of new media (LinkedIn for jobs, X for Health Minister, TikTok to hop on the trends and for interactive Q&A) but not limited to and to expand public engagement and transparency through diverse, interactive digital platforms.

5. Health System & Governance

The strategy aims to institutionalise health promotion across Bhutan’s health system by embedding accountability, inclusivity, financing, partnerships, and innovation into national and local structures. It emphasises integrating health promotion into staff performance indicators, annual work plans, and evaluations to ensure that all health workers serve as advocates for preventive care. Health screening at public events and positioning the Ministry of Health as a national expert on WASH for mass gatherings are proposed to strengthen accountability and community outreach. The strategy also highlights the importance of inclusive, accessible environments, advocating for disability-friendly infrastructure that benefits all, integrating monastic institutions into health planning, and promoting workplace fitness and wellbeing initiatives.

To ensure sustainability, the plan recommends dedicated financing for health promotion, including allocating at least two percent of each programme’s budget to preventive initiatives and introducing tax incentives for private sector contributions. Establishing a CSR Priority List and exploring “sin tax” models, such as a “Dhigpa Tax,” are proposed to diversify funding sources. The strategy also calls for decentralised financing through local government budgets to revitalise advocacy and awareness at the grassroots level. Partnerships with KGUMSB for joint research and health events, and with the Bhutan Olympic Committee and District Sports Associations to promote physical activity, further enhance community engagement. Finally, the plan identifies Traditional Medicine

as a development opportunity for wellness tourism, research, and elder care within the Gelephu Mindfulness City framework, positioning Bhutan as a regional centre for holistic wellbeing and innovation.

Strategic Objectives:

- 5.1 Institutionalising accountability and advocacy by embedding health promotion across all roles and performance systems
- 5.2 Advancing inclusive, accessible, and health-enabling environments
- 5.3 Sustainable financing and policy support for health promotion
- 5.4 Promoting partnerships and community wellness
- 5.5 Leveraging Development Opportunities

Expected Outcome: Health promotion was embedded across Bhutan's health system through stronger accountability, inclusive infrastructure, sustainable financing, and strategic partnerships, fostering holistic and community-driven wellbeing.

Recommended actions/activities but not limited to:

- 5.1 Institutionalising accountability and advocacy by embedding health promotion across all roles and performance systems
 - 5.1.1 Health Promotion; Health Worker's responsibility
 - 5.1.1a Integrate health promotion into health workers' performance indicators, annual work plans, and performance evaluations to institutionalize accountability and embed health promotion into staff responsibilities and evaluations. The consultations revealed that most health workers pay lesser attention to health promotion because their primary job is clinical or treatment focused. This has created a gap in what is learned during study period and what is expected by MoH against what is in practice.
 - 5.1.1b Every health worker should serve as health advocates even in their individual capacities, embedding health promotion into their routine duties and patient interactions to foster a

culture where every health worker champions preventive care and healthy lifestyles.

5.1.2 Promote health screening at every mass gathering to encourage early detection and preventive health awareness among large public audiences. Mass gatherings such as religious events or public events in public places are opportunities for MoH to tap into screening of various health conditions. In this effort it is essential to include The PEMA as a collaborator to capture the mental health component.

5.1.3 Position MoH as WASH expert to have a say on the sanitation component of mass public events to ensure public health safety through expert guidance on sanitation at mass gatherings. The Department of Law and Order is the apex body that grants approval for public events and they are developing a guideline on mass gatherings. MoH could be the technical expert on WASH to set standards for hygiene and sanitation.

5.2 Advancing inclusive, accessible, and health-enabling environments

5.2.1 Change the narrative for disability-friendly infrastructure by promoting benefits not only to the PWD but also elderly, children, and pregnant women to advocate inclusive infrastructure that enhances accessibility and comfort for various population groups. The consultations revealed that most of the time the disability friendly infrastructure are kept closed with the reasoning that there is hardly any use.

5.2.2 Integrate monastic institutions and nunneries into public health promotion and message dissemination to recognise them as key partners in education and policy design. The consultation also revealed that there is a huge catchment in monastic institutions and nunneries but are often neglected or left out in terms of planning.

5.2.3 Advocate for all public and corporate offices and institutions to promote health and fitness in respective offices to encourage health lifestyle over sedentary. This is mostly targeting large organizations

or groups of organizations such as all ministries, DHI and all commercial banks under RMA but not limited to.

5.3 Sustainable financing and policy support for health promotion

5.3.1 Garner commitment of at least 2% allocation of each programme's budget toward health promotion to secure dedicated funding and ensure sustainability of health promotion initiatives. This is a standard practice in many other countries and the corporate world. Some examples are as follows:

In 2022, Germany and Austria reported the highest shares of their Gross Domestic Product (GDP) on preventive healthcare, at 0.99% and 0.83%, respectively (Eurostat, 2024).

As of 2017, the National Health Fund of Poland was required to spend 1.5% of its overall budget on preventive services (Haun et al., 2023).

In Denmark, the costs for vaccinations included in national immunization programs are covered by the regional authorities. (International Bar Association, 2025).

5.3.2 Enhance Corporate Social Responsibility

5.3.2 Introduce tax incentives to encourage private sector CSR (including MoU BBS for subsidized rates) contributions to health promotion to motivate private sector investment and partnerships in health promotion activities. Private sector may include but not limited to Private Institutes under KGUMSB, Private Diagnostic Centers, Medical Suppliers, Private Pharmacies and other private health related setups.

5.3.2b Establish a CSR Priority List similar to Research Priority List to guide private sector contributions toward nationally prioritised health promotion areas. Various organizations in Bhutan perform discoordinated CSR activities and in those that hardly even have impact. This list can be shared with

organizations like DHI, RCSC, MOICE and so on for a snowball effect.

- 5.3.3 Explore “sin tax” or similar methods to create a sustainable funding stream for health promotion. Maybe it can be localized by terming it “Dhigpa Tax”. Some examples around this context are as follows:

Philippines: sin tax revenue earmarked for health promotion (Addis Tax Initiative, n.d.)

Thailand: Health Promotion Foundation funded by surcharge on alcohol/tobacco. (Nutbeam, 2019)

India: CSR law mandates 2% profits for social initiatives. (ClearTax, n.d.)

- 5.3.4 Persuade the Finance Ministry to allocate Local Government budget for Health Promotion to strengthen decentralised financing and empower local governments to advance health promotion. Currently there has been a budget cut on advocacy and awareness activities in the districts especially after the pandemic.

5.4 Promoting partnerships and community wellness

5.4.1 Fostering lasting collaborations

- 5.4.1a Partner with institutes under KGUMSB to host at least 1 annual health promotion events and 1 annual health promotion research to strengthen academic collaboration and promote evidence-based health promotion initiatives. KGUMSB has the manpower and if this can be achieved it is going to be a win-win situation, health screening coverage and information dissemination to the mass population, a lot of pressure will be relieved from the health workers and huge learning opportunities for the students.
- 5.4.1b Collaborate with the BOC and District Sports Associations to promote community-based physical activities through

the involvement of DHOs. BOC has its chapters in every district and the consultation revealed that around 4 districts currently lack ownership of DSAs. Being the custodian of DSA would be a big win for a DHO to achieve health promotion in that district.

- 5.4.1c Collaborate with The PEMA to tie up NCD health screening with Mental Health Screening. There is an entire Social Behaviour Change Communication Plan under The PEMA, which focuses primarily on mental health and it covers the entire lifespan of an individual starting from the mother's mental health when she is pregnant up to the elderly. It is thorough and well planned, therefore mental health efforts by MoH would only be a duplication of efforts. Hence, to supplement the efforts of The PEMA, MoH will try to coordinate all NCD screenings with mental health screening.

5.5 Leveraging Development Opportunities

- 5.5.1 Position Traditional Medicine as an area of interest for development opportunities (such as GMC) on research, pain management, palliative care, and traditional therapies for elders and wellness tourism. Currently, TM services are available only to Bhutanese population but it is gaining popularity with the westerners. GMC's one main objective is to have foreign settlers who will probably be middle aged or elderly who are looking at retirement homes and therefore these services could be offered there.

COSTED ACTION PLAN

The costing of the action plan is based majorly on the RGoB DSA and Mileage rates, cost of meetings, internal and external, cost of consultancy assignments provided to HPRCD on a separate excel document.

Strategic Objectives	Recommended Actions (Activities)	Lead / Partner Agencies	Cost in Million Ngultrum
1. Branding and Communication 1.1 Strengthening strategic communication and institutional capacity for effective health promotion	1.1.1a Develop an umbrella Communication Guideline for MoH.	HPRCD, Development Partners	8.02
	1.1.1b Develop MoH Corporate Communication Guide with Brand Boilerplate (or as a chapter in the 1.1.1 Umbrella Communication Guideline).	HPRCD, Development Partners	0.80
	1.1.1c Develop a Spokesperson's Guide (or as a chapter in the 1.1.1 Umbrella Communication Guideline)	HPRCD, Development Partners	0.53
	1.1.1d Appoint, groom and train a qualified MoH Spokesperson in policy matters, media, crisis communication, and health diplomacy.	PPD, HRD, HPRCD	0.12
	1.1.2a Develop and implement an Media Engagement SOP (or as a chapter in the 1.1.1 Umbrella Communication Guideline) aligned with GovTech protocols.	HPRCD (include MoH legal team, GovTech, DoMCIIP, BICMA)	0.53
	1.1.2b Conduct Annual Media Engagement Workshop for knowledge sharing	HPRCD, Development Partners	1.14
	1.1.3a Develop (both online and offline) annual events calendar with monthly themes and appropriate merchandise.	HPRCD, Development Partners	0.00
	1.1.3b Develop standardised health messages (both online and offline) based on the themes involving stakeholders like CSO.	HPRCD, CSO	0.00
	1.1.4 Capacity Building of Health Promotion Division to be experts in Advocacy and Communications.	HRD, HPRCD, Development Partners	0.93

Strategic Objectives	Recommended Actions (Activities)	Lead / Partner Agencies	Cost in Million Ngultrum
1.2 Enhancing interpersonal communication and empathy across all levels of health service delivery	1.2.1 Develop an IPC Guideline consisting of Dos and Don'ts (or as a chapter in the 1.1.1 Umbrella Communication Guideline)	HPRCD, Development Partners	0.53
	1.2.2a Nationwide IPC training of health workers and non-clinical hospital staff.	HRD, HPRCD, Development Partners	1.54
	1.2.2b Conduct IPC training for new recruits annually.	HRD and HPRCD	0.14
	1.2.2b Integrate IPC module in the curriculum for health promotion	HRD and HPRCD	0.14
	1.2.3 Encourage positive stories or testimonials on IPC of health workers.	HPRCD, CSO, Ambassadors, Influencers	0.00
	2. Risk Communication and Community Engagement		
2.1 Strengthening national risk communication and community preparedness through training and multi-sector collaboration	2.1.1 Revise the Risk Communication Guideline (or as a chapter in the 1.1.1 Umbrella Communication Guideline).	HPRCD, Development Partners	2.14
	2.1.2 Risk Communication Training for volunteers	Emergency Program, HPRCD, Development Partners, BRCS, KGUMSB, DLGDM	0.58
	2.1.3 Explore the possibility to revive Desuup Plus Program.	Desuung (DSP Office), Emergency Program, HPRCD, MoH	1.07

Strategic Objectives	Recommended Actions (Activities)	Lead / Partner Agencies	Cost in Million Ngultrum	
2.2 Strengthening advocacy and community engagement through trusted voices and community champions	2.2.1 Promote collaboration between Desuung, KGUMSB and BRCS to explore the possibility of providing risk communication and first aid training for Dzongkhag volunteers as a joint activity.	HPRCD, BRCS, KGUMSB, DLGDM, Dzongkhags	1.67	
	2.2.2a Engage public figures, religious leaders, and fitness influencers who exemplify healthy living.	HPRCD, Development Partners	0.56	
	2.2.2b Appoint 1 public figure and 1 religious figure as health ambassadors.	HPRCD	0.00	
	2.2.2c Conduct annual knowledge exchange meetings all influencers.	HPRCD, Development Partners	1.02	
	2.2.2d Establish a pool of social media influencers.	HPRCD	0.00	
	2.2.2e Establish a pool of Digital Creators.	HPRCD	0.00	
	2.2.3 Include and celebrate health workers like sweepers and ward attendants while observing international days.	HPRCD	0.00	
	3. Health Literacy and Behaviour Change			15.02
	3.1 Advancing health literacy and evidence-based planning through research, data, and behavioural insights	3.1.1 Conduct a nationwide standalone Health Literacy Survey using behavioral insight components.	Research Unit, PPD, HPRCD, NSB, RUB, KGUMSB, MoH	4.22
3.1.1a Optional to above: Health Literacy Survey piggybacking National Health Survey or Annual Household Survey.		Research Unit, PPD, HPRCD, KGUMSB, MoH	1.40	
3.1.2 Dedicated health promotion topics on Research Priority List.		Research Unit, HPRCD	0.02	

Strategic Objectives	Recommended Actions (Activities)	Lead / Partner Agencies	Cost in Million Ngultrum
3.2 Promoting behaviour change and healthy lifestyles through inclusive and evidence-based approaches	3.2.1 Train CSO members and encourage them to share lived experiences that inspire public engagement and awareness.	HPRCD, CSOs, Development Partners	0.29
	3.2.2a Institutionalize annual National Health Promotion Event to advocate healthy living and recognize the efforts of the key players.	HPRCD, Development Partners	8.00
	3.2.2b Initiate joint Health Campaigns based on international best practice and what worked in the past.	Influencers, private sector, HPRCD, BOC, BHTF, CSOs, Development Partners	0.80
	3.2.2c Encourage application of behaviour change nudges in all programs during implementation.	All Programs MoH	0.00
	3.2.3 Advocate for improving WASH facilities in schools, monastic institutions and nurseries.	MoESD, MoH, Zhung Dratshang, Development Partners	0.14
	3.2.4 Promote lifelong physical activity by reviving the interest of students in sports and fitness in schools.	MoESD, BoC, MoH, Development Partner	0.11
3.2.5 Promote and encourage safe practice standards for local healers and home remedies.	BQPCA, DHS, TM, HPRCD	0.04	
4. Digital Technology			
4.1 Driving digital transformation and innovation in health promotion through AI-enabled, citizen-centred platforms	4.1.1 Develop a standalone digital transformation platform with AI integration to modernise health promotion.	GovTech, PPD, IT Dvision, HPRCD	6.41
	4.1.1a Optional to above: Enhance existing platforms like ePIS and EIMS (or C4CD+ App, Youth App, HIV App, Druk Trace, DHIS, Monsastic Information System) with AI.	GovTech, IT Division, PPD, MoESD, RUB, HPRCD	1.07

Strategic Objectives	Recommended Actions (Activities)	Lead / Partner Agencies	Cost in Million Nguntrum
4.2 Strengthening digital communication and accessibility	4.2.1a Develop a Social Media Guide for Health Workers (or be a chapter in the 1.1.1 Communication Guideline)	MoH, RCSC, BICMA, Development Partners	0.53
	4.2.1b Represent all departments on Social Media to address their respective issues. Current practice of each program having a page each is further adding to fragmentation.	All Departments, HPRCD	0.01
	4.2.1c Archive and centralize all contents created by MoH for centralized National Digital Repository for MoH.	HPRCD	0.06
	4.2.1d Produce short, subtitled, or silent self explanatory videos for social media to engage wider audiences, including individuals with disabilities and language difficulties.	All Programs in MoH, HPRCD	2.16
	4.2.1e Educate the public on Toll Free Numbers 1098, 1010, 112, 1555	The PEMA, BFDA, HPRCD	0.00
	4.2.1f Strengthen the Ministry's presence on emerging forms of new media.	HPRCD	0.00
	5. Health System and Governance		
5.1 Institutionalising accountability and advocacy by embedding health promotion across all roles and performance systems	5.1.1a Integrate health promotion into health workers' performance indicators, annual work plans, and performance evaluations.	RCSC, HRD, HPRCD	0.14
	5.1.2b Every health worker should serve as health advocates even in their individual capacities.	HRD and HPRCD	0.00
	5.1.2 Promote health screening at every mass gathering.	DLO, Environment and WASH Program, Institute under KGUMSB, The PEMA, HPRCD	0.74
	5.1.3 Position MoH as WASH and emergency expert to have a say on the sanitation component of mass public events.	DLO, Environment and WASH Program, Emergency Program, UNICEF, HPRCD	0.14

Strategic Objectives	Recommended Actions (Activities)	Lead / Partner Agencies	Cost in Million Ngultrum
5.2 Advancing inclusive, accessible, and health-enabling environments	5.2.1 Change the narrative for disability-friendly infrastructure by promoting benefits not only the PWD but also elderly, children, and pregnant women.	CSOs, MOIT, HPRCD, MoH	0.00
	5.2.2 Integrate monastic institutions and nunneries into public health initiatives and message dissemination, recognising them as key partners in education and policy design.	MoH and all Allied Health Agencies, Zhung Dratshang, CSOs	0.00
	5.2.3 Advocate for all public and corporate offices and institutions to promote health and fitness in respective offices to encourage health lifestyle over sedentary.	All Ministries, DHI, RMA, HPRCD, MoH	0.14
5.3 Sustainable financing and policy support for health promotion	5.3.1 Garner commitment of at least 2% allocation of each programme's budget toward health promotion.	HPRCD, All Programs in MoH	0.20
	5.3.2a Introduce tax incentives to encourage private sector CSR.	PPD, BHTF, MoF, DRC, MSP, Private Sector, KGUMSB	0.07
	5.3.2b Establish a CSR Priority List similar to Research Priority List to make it MoH driven and not organization driven.	HPRCD, PPD	0.04
	5.3.3 Explore "sin tax" or similar methods to create a sustainable funding stream.	PPD, BHTF, MoF, DRC	0.29
	5.3.4 Persuade Finance Ministry to allocate Local government budget for Health Promotion	HPRCD, PPD, MoF, MoH, DLGDM	0.14

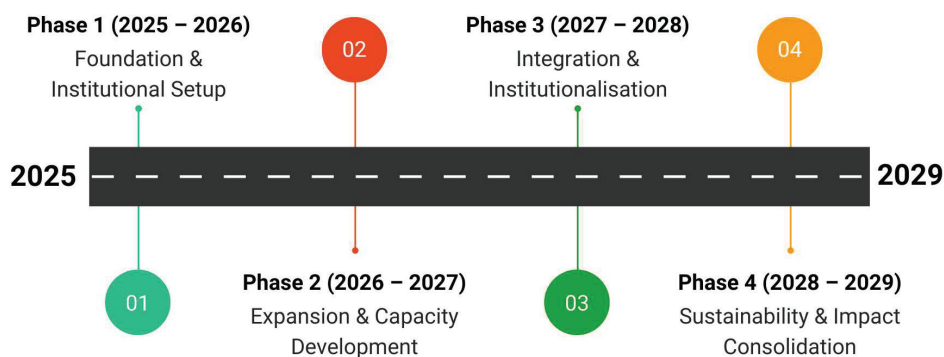
Strategic Objectives	Recommended Actions (Activities)	Lead / Partner Agencies	Cost in Million Ngultrum
5.4 Promoting partnerships and community wellness	5.4a Partner with institutes under KGUMSB to host at least 1 annual health promotion events and 1 annual health promotion research.	KGUMSB and institutes, MoH, HPRCD	0.14
	5.4b Collaborate with the BOC and District Sports Associations to promote community-based physical activities through the involvement of DHOs.	BOC, DSAs, Dzongkhag, HPRCD, MoH	0.14
	5.4c Collaborate with The PEMA to tie up NCD health screening with Mental Health Screening	The PEMA, MoH	0.14
5.5 Leveraging Development Opportunities	5.5.1 Position Traditional Medicine as an area of interest for development opportunities (such as GMC) on research, pain management, palliative care, and traditional therapies for elders and wellness tourism.	Executives, TM, HPRCD	0.29
TOTAL (Million Nu.)			40.24

IMPLEMENTATION ROADMAP

The Health Promotion Strategy 2025–2029 provides a phased and collaborative roadmap to strengthen Bhutan’s health promotion system through institutional reform, digital innovation, and inclusive partnerships. Phase 1 (2025–2026) focused on establishing foundations by developing the Umbrella Communication Guideline, Brand Guide, Spokesperson Guide, and Media SOP while building staff capacity and initiating digital design. Phase 2 (2026–2027) expanded national and community capacity through IPC and risk communication training, revival of the Desuup Plus Program, and influencer-led health campaigns. Phase 3 (2027–2028) institutionalised health promotion by embedding indicators in performance evaluations, securing a two-percent programme budget, introducing CSR incentives, and conducting the first Health Literacy Survey. Phase 4 (2028–2029) strengthened sustainability through AI-driven analytics, disability-inclusive infrastructure advocacy, sin-tax financing, and Traditional Medicine promotion.

The Stakeholder Engagement Plan ensures multi-sector coordination across five action areas, Branding, Risk Communication, Health Literacy, Digital Technology, and Governance. The Health Promotion and Risk Communication Division leads implementation, supported by PPD, HRD, GovTech, RCSC, MoF, BHTF, UNICEF, WHO, CSOs, and the private sector. Engagement strategies include policy dialogues, technical workshops, influencer collaboration, and community outreach. Together, these approaches position the Ministry as a credible, data-driven, and citizen-centred institution advancing preventive health and social well-being in Bhutan.

Health Promotion Implementation Roadmap



TIMELINE FOR IMPLEMENTATION

Strategic Focus	Key Objectives	Major Activities / Outputs	Lead & Partner Agencies	Phase 1 (2025 – 2026)	Phase 2 (2026 – 2027)	Phase 3 (2027 – 2028)	Phase 4 (2028 – 2029)
Foundation & Institutional Setup	Establish core communication systems, governance structures, and institutional capacity for coordinated health promotion.	<ul style="list-style-type: none"> Developed the Umbrella Communication Guideline, Corporate Brand Guide, Spokesperson Guide, and Media Engagement SOP. Appointed and trained a qualified MoH spokesperson skilled in policy, diplomacy, and crisis communication. Built the capacity of HPRCD staff in strategic communication and advocacy. Conducted National Health Promotion Events annually recognising top Dzongkhags and workers. Began the digital-platform concept design. 	HPRCD, PPD, HRD, GovTech, Development Partners (UNICEF, WHO)				

Strategic Focus	Key Objectives	Major Activities / Outputs	Lead & Partner Agencies	Phase 1 (2025 – 2026)	Phase 2 (2026 – 2027)	Phase 3 (2027 – 2028)	Phase 4 (2028 – 2029)
Expansion & Capacity Development	Build national and community-level communication capacity and pilot digital innovation.	<ul style="list-style-type: none"> Delivered nationwide IPC and risk communication training for health workers, volunteers, and Desuups. Revived Desuup Plus and integrated first-aid training in collaboration with BRCS and KGUMSB. Developed and operationalised an AI-enabled digital platform with data-driven dashboards. Launched creative nationwide campaigns with influencer partnerships. Established social media influencer and content creator networks for rapid outreach. 	HPRCD, BRCS, Desuung, KGUMSB, DLGDM, GovTech, CSOs (Health related), Development Partners				

Strategic Focus	Key Objectives	Major Activities / Outputs	Lead & Partner Agencies	Phase 1 (2025 – 2026)	Phase 2 (2026 – 2027)	Phase 3 (2027 – 2028)	Phase 4 (2028 – 2029)
Integration & Institutionalisation	Embed health promotion into governance, financing, and workplace performance.	<ul style="list-style-type: none"> Conducted a mid term review of this strategy Conducted the first Health Literacy Survey. Integrated health-promotion indicators into performance evaluations and annual work plans. Secured a minimum 2% budget allocation for health promotion in every programme. Introduced tax incentives and a CSR Priority List to attract private-sector investment. Fostered partnerships with BOC, Zhong Dratshang, and CSOs for cross-sector programmes. 	RCSC, MoF, BHTF, HPRCD, BOC, Zhong Dratshang, Private Sector Partners				

Strategic Focus	Key Objectives	Major Activities / Outputs	Lead & Partner Agencies	Phase 1 (2025 – 2026)	Phase 2 (2026 – 2027)	Phase 3 (2027 – 2028)	Phase 4 (2028 – 2029)
Sustainability & Impact Consolidation	Strengthen inclusivity, digital innovation, and long-term financing for health promotion.	<ul style="list-style-type: none"> Expanded digital systems with AI-driven analytics for early warning and citizen engagement. Advocated disability-friendly and inclusive infrastructure across health facilities and public spaces with the changed narrative. Institutionalised sustainable funding through dedicated source as opposed to donor or development partner dependent. Promoted Traditional Medicine as a wellness and research area in all development opportunities. Evaluated outcomes and published an end-term impact report to guide the next strategy. 	MoH, TM Division, MoF, GovTech, HPRCD, BHTF, Development Partners (UNICEF, WHO)				

STAKEHOLDER ENGAGEMENT

The stakeholder engagement plan for the Health Promotion Strategy 2025–2029 outlines a coordinated, multisectoral approach to drive national health literacy, behavioural change, and digital transformation. It identifies five key action areas with defined roles, engagement mechanisms, and implementation frequencies.

Under Branding and Communication, HPRCD leads coordination with PPD, HRD, GovTech, BICMA, CSOs, media, and development partners like UNICEF and WHO to establish unified communication frameworks, guidelines, and advocacy systems. Risk Communication and Community Engagement focuses on collaboration with Desuung, BRCS, KGUMSB, and religious influencers to build public trust and volunteer preparedness for emergencies. Health Literacy and Behaviour Change involves research agencies, educational institutions, monastic bodies, and CSOs in promoting evidence-based advocacy, while the Digital Technology component engages GovTech, RCSC, and The PEMA Secretariat to enhance AI-driven platforms and improve accessibility through digital repositories and social media guidelines. Finally, Health System and Governance partners with RCSC, MoF, BHTF, and the TM Division to institutionalise accountability, secure sustainable financing, and promote wellness across workplaces and traditional health systems.

The engagement approach combines technical consultations, policy dialogues, joint campaigns, and capacity-building efforts conducted annually or bi-annually, ensuring inclusivity, accountability, and sustained stakeholder ownership.

Stakeholder Engagement Plan

Action Area	Key Stakeholders	Role	Engagement Approach	Frequency	Lead Agency
1. Branding and Communication	HPRCD, PPD, HRD	Lead development of communication guidelines, brand identity, and spokesperson framework.	Technical drafting meetings, validation workshops, and internal coordination.	Monthly (2025–2026)	HPRCD
	GovTech, BICMA	Align MoH media protocols with national communication frameworks.	Joint consultation and SOP validation sessions.	Bi-annually	HPRCD, GovTech
	CSOs, Influencers	Co-create standardised messages and amplify outreach through trusted voices.	Content co-creation workshops and community campaigns.	Quarterly	HPRCD
	Media Houses	Disseminate health messages, ensure accurate public reporting, and support media briefings.	Press meets, media training, and Q&A sessions.	Quarterly	HPRCD
	UNICEF, WHO	Provide technical and funding support for communication and training.	Joint project reviews and progress reporting.	Annually	HPRCD, UNICEF, WHO

Action Area	Key Stakeholders	Role	Engagement Approach	Frequency	Lead Agency
2. Risk Communication and Community Engagement	Emergency Program, HPRCD	Revise Risk Communication Guideline and oversee implementation.	Technical consultations and simulation exercises.	Annual	HPRCD
	Desuung (DSP Office)	Revive Desuung Plus as frontline health responders.	MoUs, training coordination, and certification.	Annual	DSP, MoH
	BRCS, KGUMSB, DLGDM	Conduct first-aid and risk communication training for volunteers and coordinators.	MoUs, Co-developed training curriculum and certification.	Annually	BRCS, KGUMSB, DLGDM
	CSOs, Religious Leaders, Influencers	Act as community health champions for advocacy and engagement.	Annual influencer summits, public dialogue sessions.	Annual	HPRCD
	GovTech, DoMCIP, Media	Ensure rapid and coordinated emergency information dissemination.	Media coordination and digital monitoring support.	As needed during crises	HPRCD, GovTech
	Research Unit, PPD, NSB, KGUMSB	Lead national Health Literacy Survey and data-driven planning.	Data collection coordination, dissemination workshops.	Every 3–5 years	Research Unit
	MoESD, Zhung Dratshang	Integrate health, hygiene, and life skills into education and monastic institutions.	Joint training, inclusion in curriculum design.	Annually	MoESD, HPRCD
	BOC, DSAs	Promote physical activity through local and national events.	Community-based wellness programs.	Annually	BOC, HPRCD
	CSOs	Share lived experiences, support psychosocial advocacy, and reach vulnerable groups.	Storytelling workshops, joint community outreach.	Quarterly	HPRCD, CSO Networks
	Private Sector Partners	Support CSR-based funding and awareness campaigns.	MoUs, sponsorship drives, and collaborative events.	Annually	PPD, BHTF
3. Health Literacy and Behaviour Change					

Action Area	Key Stakeholders	Role	Engagement Approach	Frequency	Lead Agency
4. Digital Technology	GovTech, MoH IT Division	Develop AI-enabled digital platforms (ePIS, EIMS).	Co-design sessions, user testing, and integration reviews.	Continuous (2026–2028)	GovTech, IT Division
	HPRCD	Manage digital repository, public dashboards, and online campaigns.	Coordination meetings and content validation.	Quarterly	HPRCD
	RCSC, BICMA	Develop and enforce social media guidelines for health workers.	Policy consultation and dissemination workshops.	Bi-annually	RCSC, HPRCD
	The PEMA Secretariat, BFDA	Raise awareness on toll-free hotlines and citizen services.	Public campaigns, media features, and infographics.	Bi-annually	HPRCD, The PEMA
	UNICEF, WHO	Support digital innovation and health information accessibility.	Annual review meetings and financial support.	Annually	HPRCD, UNICEF, WHO
	RCSC, HRD	Integrate health promotion into performance appraisals and job descriptions.	HR policy reviews and training sessions.	Annually	HRD, HPRCD
	MoF, DRC, BHTF	Secure 2% budget allocation and explore sin-tax or CSR mechanisms.	Policy dialogues, high-level advocacy meetings.	Annually	PPD, MoF
	All Ministries, DHI, RMA	Mainstream workplace wellness and fitness programs.	Inter-ministerial collaboration and campaigns.	Annually	HPRCD, MoH
	CSOs, MoIT, TM Division	Promote inclusive, disability-friendly infrastructure and wellness policies.	Advocacy meetings and pilot projects.	Bi-annually	TM Division, MoH
	BOC, KGUMSB, The PEMA	Collaborate on integrated screening, health education, and mental health initiatives.	MoUs and joint implementation programs.	Annually	HPRCD
DTM, Executives	Position Traditional Medicine as a wellness and research area in all development opportunities.	Research collaborations and wellness tourism promotion.	Bi-annually	DTM, MoH	
5. Health System and Governance					

MONITORING AND EVALUATION FRAMEWORK

The Results-Based Management (RBM) logframe for the Health Promotion Strategy 2025–2029 outlines a structured and measurable roadmap for advancing Bhutan’s national health literacy, resilience, and wellbeing. The strategy envisions a transformative shift towards inclusive, digital, and community-driven health promotion through five interconnected outcomes.

The first outcome strengthens institutional communication by developing key guidelines, training spokespersons, and enhancing the Health Promotion Division’s expertise in advocacy and strategic communication. This phase also includes nationwide and annual IPC training to improve service delivery and empathy among health workers.

The second outcome enhances national risk communication and community preparedness through multi-sector collaboration, including the engagement of volunteers, influencers, and religious leaders as health ambassadors. It fosters cross-sectoral partnerships to deliver consistent, trusted health messaging across the country.

The third outcome focuses on advancing health literacy and behaviour change through research, CSO-led campaigns, and the integration of behavioural insights into program implementation.

The fourth outcome drives digital innovation by developing AI-enabled platforms, creating inclusive digital content, and centralising health communication materials for improved accessibility and outreach.

The fifth outcome institutionalises accountability and sustainability by embedding health promotion in performance systems, introducing a 2% budget allocation policy, and fostering CSR engagement. It also strengthens collaboration with The PEMA, KGUMSB, and Traditional Medicine institutions for holistic health and wellness initiatives.

There are 28 Key Indicators and together, these components create an adaptive, evidence-based framework that integrates communication, innovation, and governance into health promotion, ensuring sustainable impact and inclusive wellbeing across Bhutan by 2029.

M&E LOGFRAME

Impact	Outcome	Outputs	Key Indicators	Baseline (2025)	Midline (2027)	Endline (2029)	Means of Verification	Assumptions / Risks
Improved national health literacy, resilience, and wellbeing through inclusive, digital, and community-driven health promotion.	1. Strengthened strategic communication and institutional capacity for effective health promotion.	Health promotion-related guidelines were developed by HPRCD.	# of health promotion related guidelines developed by HPRCD.	1	4	7	Approved guideline documents.	Technical expertise and timely stakeholder input; risk of delays in approval or limited implementation capacity. The umbrella guideline could encompass everything under it.
		Spokespersons trained for effective public engagement.	# of trained spokespersons.	0	1	2	Training completion certificates.	Availability of trainers and funding; risk of staff turnover or reassignment affecting continuity.

Impact	Outcome	Outputs	Key Indicators	Baseline (2025)	Midline (2027)	Endline (2029)	Means of Verification	Assumptions / Risks
		The capacity of the Health Promotion Division was strengthened to enhance expertise in advocacy and strategic communication.	# of HPRCD officers trained in advocacy and communication.	0	4	8	Training completion certificates.	Availability of expert trainers and funding; risk of knowledge retention loss due to staff transfers or turnover.
		IPC training was conducted for health workers & non-clinical hospital staff nationwide.	# of IPC trainings conducted	7	11	15	Training attendance records and post-training evaluation forms.	Participation of targeted staff and timely resource allocation; risk of low attendance due to workload or scheduling conflicts.
		New health recruits trained annually on IPC.	# of IPC training conducted for new recruits.	0	2	4	Training attendance records, HRD reports, post-training evaluations.	Regular recruitment cycles and budget availability; risk of staff turnover and competing priorities may affect participation.

Impact	Outcome	Outputs	Key Indicators	Baseline (2025)	Mfdline (2027)	Endline (2029)	Means of Verification	Assumptions / Risks
	2. Strengthened national risk communication and community preparedness through multi-sector collaboration.	Volunteers were trained in risk communication for emergency and community response.	# of volunteers trained in risk communication.	0	60	90	Training attendance sheets, certification records, and post-training evaluation reports.	Active participation of volunteers and availability of trainers; risk of inconsistent engagement or attrition among trained volunteers.
		Health ambassadors and influencers were actively engaged in promoting healthy behaviours.	# of health ambassadors and influencers actively engaged.	15	50	100	Event reports, social media analytics, and HPRCD engagement records.	Sustained interest and credibility of influencers; risk of message dilution or reputational issues affecting campaign impact.
		A public figure and a religious figure were appointed as national health ambassadors to promote healthy lifestyles and values.	# of public and religious figures appointed as health ambassadors.	0	2	2	Official appointment letters, MoH endorsement records, and media announcements.	Cooperation from influential figures and public acceptance; risk of limited engagement or misalignment with MoH messaging.

Impact	Outcome	Outputs	Key Indicators	Baseline (2025)	Midline (2027)	Endline (2029)	Means of Verification	Assumptions / Risks
		Annual knowledge exchange meetings were conducted with influencers to strengthen collaboration and message consistency.	# of annual knowledge exchange meetings conducted with influencers.	0	2	4	Meeting reports, attendance records, and event minutes.	Consistent participation and coordination among influencers; risk of declining engagement or scheduling conflicts.
		Annual knowledge exchange meetings were conducted with media houses to strengthen collaboration.	# of annual knowledge exchange meetings conducted with the media.	0	2	4	Meeting reports, attendance records, and minutes.	Consistent participation and coordination among media; risk of declining engagement or scheduling conflicts.
		A pool of social media influencers was established to support rapid and coordinated health promotion outreach.	# of functional social media/chat groups created with social media influencers	1	1	2	Functional Social Media/Chat groups count	Influencers maintain ethical standards and alignment with MoH values; risk of misinformation or reputational issues.

Impact	Outcome	Outputs	Key Indicators	Baseline (2025)	Midline (2027)	Endline (2029)	Means of Verification	Assumptions / Risks
		A pool of digital creators was established to produce engaging, evidence-based multimedia content for health promotion.	# of functional social media/chat groups created with digital creators	0	1	2	Functional Social Media/Chat groups count	Creators have necessary skills and adhere to MoH guidelines; risk of inconsistent quality or message deviation.
	3. Advanced health literacy and behaviour change through inclusive and evidence-based approaches.	A Health Literacy Survey incorporating behavioural insight components was conducted be it standalone or piggybacked.	# of nationwide health literacy surveys completed.	0	1	1	Survey report, data analysis records, and published findings.	Assumes timely funding and technical support; risk of delays in data collection or limited respondent representation.
		Health promotion topics were included in the national Research Priority List.	% allocation of health promotion topics integrated into the Research Priority List.	0	5%	10%	Approved Research Priority List, Minutes of the Meeting and Research Division records.	Coordination between HPRCD and Research Division; risk of shifting research priorities or limited institutional buy-in

Impact	Outcome	Outputs	Key Indicators	Baseline (2025)	Midline (2027)	Endline (2029)	Means of Verification	Assumptions / Risks
		CSOs implemented health campaigns promoting behaviour change and community awareness.	# of CSOs implementing health campaigns.	0	5	10	CSO progress reports, campaign documentation, and MoH partnership records.	CSO capacity and funding availability; risk of inconsistent campaign quality or limited coverage.
		Behaviour change nudges were integrated into program design and implementation across MoH initiatives.	% of programmes applying behaviour change nudges during implementation.	0	50%	100%	Programme implementation reports, monitoring checklists, and evaluation summaries.	Technical capacity and willingness to adopt new approaches; risk of limited understanding or inconsistent application of behavioural insights.
		National Health Promotion Events were successfully conducted and widely participated.	# of National Health Promotion Event carried out	0	2	4	Event reports, attendance records, media coverage, and MoH documentation.	Sustained funding and inter-agency coordination; risk of low participation due to competing events or logistical challenges.

Impact	Outcome	Outputs	Key Indicators	Baseline (2025)	Mfdline (2027)	Endline (2029)	Means of Verification	Assumptions / Risks
	4. Strengthened digital transformation and innovation in health promotion.	AI-enabled platforms were developed or existing ones integrated with AI features.	# of AI-enabled systems developed or features operational in existing systems	0	1	1	System development reports, platform dashboards, and GovTech documentation.	Technical capacity and interoperability; risk of data privacy concerns or delays in system integration.
		Archive and organize all MoH health communication materials.	% of programmes whose communication material is archived and centralized	0	80%	100%	Repository database records, inventory logs.	Adequate digital infrastructure and staff capacity; risk of poor content management or limited system integration.
		Inclusive short videos with subtitles or visual storytelling were produced to enhance social media engagement.	% of videos produced by MoH that are inclusive.	0	50%	100%	Video publication records, social media analytics, and MoH content archive.	availability of production resources and creative expertise; risk of low audience reach or inconsistent quality control.

Impact	Outcome	Outputs	Key Indicators	Baseline (2025)	Midline (2027)	Endline (2029)	Means of Verification	Assumptions / Risks
	5. Institutionalised accountability, inclusive governance, and sustainable financing for health promotion.	Programs allocated at least 2% of their budgets to health promotion activities.	% of programmes allocating at least 2% budget for health promotion.	0	80%	100%	MoH Endorsement records, programme budgets, and MoH expenditure reviews.	Leadership commitment and financial flexibility; risk of competing budget priorities or fiscal constraints.
		Health screenings were promoted and conducted at major mass gatherings nationwide.	% of mass gatherings with on-site health screening activities.	10%	40%	80%	Event reports, screening records, and MoH or DLO monitoring data.	Collaboration with event organizers and availability of health personnel; risk of logistical constraints or limited participant turnout.

Impact	Outcome	Outputs	Key Indicators	Baseline (2025)	Midline (2027)	Endline (2029)	Means of Verification	Assumptions / Risks
		Offices and institutions adopted workplace health and fitness initiatives promoting active lifestyles.	% of Ministries (9), DHI Offices (22 excluding 2 banks), Commercial Banks (5) under RMA, DHI Office and RMA Office implementing workplace health and fitness programs. Total 38 Offices. MoH and BNB already has.	10%	50%	100%	Institutional reports, MoH advocacy records, and monitoring visit summaries.	Management buy-in and sustained participation; risk of limited resources or lack of enforcement of wellness policies.
		CSR-supported health promotion initiatives were implemented annually in partnership with private sector actors.	# of CSR-supported initiatives implemented annually.	0	10	15	CSR reports, MoH partnership records, and private sector contribution documentation.	Private sector willingness and enabling policy environment; risk of limited CSR funding or weak coordination mechanisms.

Impact	Outcome	Outputs	Key Indicators	Baseline (2025)	Midline (2027)	Endline (2029)	Means of Verification	Assumptions / Risks
		A national CSR Priority List for health promotion was developed and endorsed.	# of CSR Priority Lists developed and adopted by MoH.	0	1	1	Approved CSR Priority List document, MoH circulars, and stakeholder consultation records.	Collaboration from MoF, BHTF, and private sector; risk of delayed endorsement or low compliance from corporate entities.
		Annual health promotion events and research activities were jointly implemented with KGUMSB institutes.	% of institutes under KGUMSB conducting at least 1 annual health promotion events and 1 health promotion research.	0	50%	100%	Event reports, research publications, MoH-KGUMSB collaboration records.	Continued partnership and academic engagement; risk of funding limitations or conflicting institutional priorities.
		Integrated NCD and mental health screening programs were implemented in collaboration with The PEMA Secretariat.	% of integrated NCD and mental health screening activities conducted jointly with The PEMA.	0	50%	100%	Joint program reports, screening data, and MoH-PEMA coordination meeting minutes.	Shared data systems and resource alignment; risk of coordination delays or overlapping mandates.

Impact	Outcome	Outputs	Key Indicators	Baseline (2025)	Midline (2027)	Endline (2029)	Means of Verification	Assumptions / Risks
		Traditional Medicine was promoted as a development area for research, pain management, palliative care, and wellness tourism.	# of pitches made to development initiatives on Traditional Medicine and wellness tourism.	0	3	5	Project proposals, MoUs, policy briefs, and progress reports from TM Division.	Policy support and investor interest; risk of limited funding or slow institutional integration.

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ANNEXURE

Annexure 1: Composition of Stakeholders

Category	Consultation Type	Number of Interviewees
Executive	Key Informant Interview	8
Program	Key Informant Interview; TWG Meetings	23
Private	Key Informant Interview	3
CSO	Key Informant Interview	5
University	Key Informant Interview; TWG Meeting	3
Doctors	Key Informant Interview; FGD	4
Health Assistants	FGD; TWG Meetings	6
Public Health Officers	FGD; TWG Meetings	5
Nurses	Focus Group Discussion	3
Local Government Officials	Focus Group Discussion	6
Students	Focus Group Discussion	8
Parents	Focus Group Discussion	6
Media Officials	Focus Group Discussion	4
Religion	Key Informant Interview	1
External (Govt./Agency, MoE, DSP, Teachers, Dev. Partners)	Key Informant Interview; TWG Meetings	11
	Total	96

Annexure 2: Technical Working Committee Members

1. Tsheddar, Chief of HPRCD, MOH
2. Dr. Chandralal Monger, UNICEF
3. Tobgye, UNICEF
4. Tandin Dhendup, Policy and Planning Division, MoH
5. Bhawani Shankar, Lecturer, FNPH, KGUMSB
6. Ugyen Tshering, Health Emergencies Programme, CDD, DoPH, MoH
7. Cheten Zangmo, VPDP, DoPH, MoH
8. Sangay Sangay, NTCP, CDD, DoPH, MoH
9. Hari Prasad Pokhrel, Nutrition Program, NCDD, DoPH, MoH
10. Sonam Yangchen, Environmental Health Program, NCDD, DoPH, MoH
11. Lobzang Choeda, Health Financing Division, DHS, MoH
12. Kezang Wangmo, Department of Clinical Services, NMS
13. Kinely Penjor, Religion and Health Program, Zhung Dratshang
14. Ugyen Wangmo, Nutrition Program, NCDD, DoPH, MoH
15. Sonam Lhundrup, Traditional Medicines Division, DHS, MoH
16. Ugyen Norbu, HPRCD, MoH
17. Kinzang Wangmo, HPRCD, MoH
18. Kuenley Zam, HPRCD, MoH
19. Dorji Lhamo, HPRCD, MoH
20. Deepika Adhikari, Consultant for Health Promotion Strategy

Annexure 3: Detailed list of stakeholders consulted

Key Informant Interviewee List

Category	Number of Interviewees	Names / References
Executive	8	Dasho Pemba Wagnchuk (Health Secretary) Kinga Jamphel (Director DoHS) Karma Jamtsho (Director DoPH) Gyem Bidha (Director BFDA) Jigme Tenzin (Chief Medical Product Division) Cheki Dorji (ED BHTF) Tshering Tenzin (CEO, Menjong Sorig Pharmaceutical) Dragyel Tenzin, Secretary General, Bhutan Redcross Society
Program	9	Tashi Penjor (PPD Chief), Deki Yangzom (Communicable Diseases Chief), Laigden Dzed (NCD Chief), Cheten Zangmo (Vaccines Preventable Diseases), Mangal Singh (Research Unit), Ugyen Tshering (Health Emergency) Tandin Dhendup and Kinzang Wangmo, Media Focal for MOH Dik Kumar Subba, Program Officer, The PEMA
MOE	2	Choening Sherab School Health Coordinator Program Officer Kinga Namgyel (School Health Coordinator, Motithang HSS)
Private	3	FitLab Express Gym Checho Gyeltshen
DSP	1	Zimpoen Wongm Dasho Sonam Thinley (Head, Desuup Skilling Program)
CSO	5	Karma Tobgay (ED, Bhutan Cancer Society), Tashi Namgay (ED, Bhutan Kidney Foundation), Yonten Jatmsho (Disabled People's Association), Prashanti Pradhan (ED, Phensem) Sonam Pelden (Health Officer, Bhutan Redcross Society)
University	2	Dr. Pema Namgyel (President, KGUMSB) Ugyen Wangdi KGUMSB
Clinician	1	Dr. Thinley Yangzom Head of Department, Community Health Department, JDWNRH
External	2	Karma Dorji, Chief, Department of Law and Order Tshering Zam, Program Officer, Bhutan Olympic Committee
Religion	1	Lopen Kinley Penjor, Religion and Health Project Program Officer, Zhung Dratshang
Total	34	

Focus Group Discussion List

Category	Number of Interviewees	Names/References from
Nurse	3	Ugyen Sangay, San Maya, Julian Gurung
GDMO	1	Jeewanath Lamichaney
CMO	2	Dr. Chador, Dr. Sangay Dorji
HA (Health Assistant)	3	Sonam Tshering, Ugyen Wangdi, Dorji Tenzin
PHO (Public Health Officer)	3	Namgay Dawa, Ugyen Dorji, Samten
Gup (Village Head)	1	Suk Dorji Yonzan
Mangmi (Vice Village Head)	1	Ashman Rai
Tshogpa (Village Representative)	2	Sonam Wangdi, Kiran Rai
ADM (Administrative Officer)	2	Choden, Ugyen Dorji
Teacher / School Health Coordinator	1	Kinley Wangmo (School Health Coordinator)
Students	8	Jigme Yangchen, Ryan Siddhart, Samdrup Dolma, Vedha Sharma, Sonam Kuenga Lhazin, Chogyal Jigme Sonam, Jigme Namgyel Wangpo, Jigme L Dorji
Parents	6	Sonam Wangmo, Kinley Choden, Choden, Namgay Lhaden, Sangeeta Chettri, Sippy Parajuli
Media Officials	4	Thinley Namgay (Kuensel), Jigme Wangdi (Kuensel), Tshewang Choden (BBS), Norbu Zangmo (BBS)
Total Interviewees	37	

Stakeholder Review and Technical Working Group Meetings

Category	Number of people consulted	Names / References
Development Partner	5	Pema Letho, WHO Sonam Tobgye, WHO Tobgye, UNICEF Dr. Chandralal Monger, UNICEF
Program	14	Karma Tenzin, DoPH Tshetrim Dema, DoPH Ugyen Wangmo, DoPH Sonam Lhundrup, DHS Sonam Tshewang, BHSQA Sangay Sangay, NTCP, CDD, DoPH, MoH Kezang Wangmo, Department of Clinical Services, NMS Hari Prasad Pokhrel, Nutrition Program, NCDD, DoPH, MoH Sonam Yangchen, Environmental Health Program, NCDD, DoPH, MoH Lobzang Choeda, Health Financing Division, DHS, MoH Ugyen Norbu, HPRCD, MoH Kuenley Zam, HPRCD, MoH Dorji Lhamo, HPRCD, MoH
HA (Health Assistant)	3	Chhime Dorji, Chumey Primary Healthcare Center Rinzin Dema, Mongar Regional Referral Hospital Kinley Wangmo, Dungna Primary Healthcare Center
PHO (Public Health Officer)	2	Sonam Tenzin, Bumthang Dzongkhag Uygen Choeki, Gasa Dzongkhag
University	1	Bhawani Shankar, Faculty of Nursing and Public Health, KGUMBS
Total	25	



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