There is considerable progress in implementation of the MSAP for NCD prevention and control in Bhutan. A twelve member national steering committee (NSC) chaired by the Hon’ble Health Minister is overseeing the NCD prevention and control in the country. The steering committee is actively providing the political leadership and guidance for the implementation of the MSAP. At the time of review, four NSC meetings have been conducted and guided the implementation of the MSAP.

The multisectoral NCD response in Bhutan recognizes the fact that many cost effective strategies to tackle NCD risk factors are delivered beyond the jurisdiction of health sector. The multisectoral actions of stakeholders are inherently embedded within the sectoral core responsibilities. The review team observed varying levels of progress and commitments on NCD actions among the implementing agencies. The health sector needs to play a pivotal role in harnessing support and stimulating actions by other sectors and therefore have the responsibility to steer and coordinate response of other sectors. As is the fact with managing multiple partners, health sector needs to become smart steward with the way it works with other sectors. The capacity of the health sector to lead the multisectoral coordination needs to be further strengthened.

Review of capacity needs for implementation of the national multisectoral response for prevention and control of NCDs and the UNIATF recommendations in Bhutan

Key to accelerating multisectoral response for prevention and control of NCDs
Review of capacity needs for implementation of the national multisectoral response for prevention and control of NCDs and the UNIATF recommendations in Bhutan

Key to accelerating multisectoral response for prevention and control of NCDs
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Acknowledgements

The review team sincerely thanks H. E. Lyonpo Tandin Wangchuk, honourable Minister of Health, Royal Government of Bhutan, for the guidance provided and the opportunity to conduct this review. The team also thanks the members of the National Steering Committee for NCD prevention and control: Mayor Kinley Dorjee, Mr Phuntsho Wangdi, Mr Gholing Tshering and Mr Tshewang Tenzin, for their inputs. The participation by stakeholders, including the district officials of Haa and Punakha, enriched the exercise and we sincerely thank them for their time and hospitality. Lastly, the review team would also like to thank Dr Rui Paulo de Jesus, WHO Representative to Bhutan, and his efficient team for their kind support.
Abbreviations

AKRA  agency key result area
BAFRA  Bhutan Agriculture and Food Regulatory Authority
BBS  Bhutan Broadcasting Service
BNCA  Bhutan Narcotic Control Authority
DEO  District Education Officer
DHO  District Health Office
DoPH  Department of Public Health
DoT  Department of Trade
DYS  Department of Youth and Sports
FYP  Five Year Plan
GSHS  Global School Health Survey
ISC  Implementation Subcommittee
KGUMSB  Khesar Gyalpo University of Medical Sciences of Bhutan
LSRDP  lifestyle-related disease programme
MSAP  Multisectoral Action Plan for prevention and control of NCDs
MoEA  Ministry of Economic Affairs
MoH  Ministry of Health
NCD  noncommunicable disease
NCDD  noncommunicable disease division
NSC  National Steering Committee
RBP  Royal Bhutan Police
RCSC  Royal Civil Service Commission of Bhutan
RSTA  Road Safety and Transport Authority
SAP  School Agriculture Programme
SEARO  South-East Asia Regional Office
ToR  terms of reference
UNIATF  United Nations Inter-Agency Task Force
Executive summary

The Royal Government of Bhutan has given top priority to the prevention and control of the rising NCD burden in the kingdom. The Bhutan Multisectoral Action Plan (MSAP) for prevention and control of NCDs (hereafter referred as MSAP) was approved in 2015 by the cabinet of ministers chaired by the Prime Minister, the country’s the highest executive body. The MSAP is aligned with the WHO’s global and regional action plans for prevention and control of NCDs. In April 2018 on the request of the Ministry of Health Royal Government of Bhutan an external review was done by a three member expert team from WHO, SEARO jointly, with a team of internal members from relevant agencies involved in the national multisectoral response to identify successes, gaps and challenges and to make most appropriate recommendations to improve the implementation of the MSAP. The national team comprised of officers from the key implementing agencies: Bhutan Agriculture and Food Regulatory Authority (BAFRA), Department of Youth and Sports (DYS), Road Safety and Transport Authority (RSTA), Bhutan Narcotic Control Authority (BNCA), Khesar Gyalpo University of Medical Sciences Bhutan (KGUMSB) and Ministry of Health (MoH).

There is a considerable progress in implementation of the MSAP for NCD prevention and control in Bhutan. A twelve member national steering committee (NSC) chaired by the Hon’ble Health Minister is overseeing the NCD prevention and control in the country. The steering committee is actively providing the political leadership and guidance for the implementation of the MSAP. At the time of the review, four NSC meeting have been conducted and guided the implementation of the MSAP. The NSC is backed by the implementation subcommittee (ISC) and the ISC also conducted four meetings. On an average the NSC met once a year against the expected two meetings annually. In 2017, not a single meeting was convened. The NSC was required to: (i) seek an executive order from the Prime Minister to instructing agencies to integrate activities of the MSAP in their annual work plans, (ii) submit an annual appraisal implementation report to the Lhengye Zhungtshog, (iii) review and approve the annual workplan of the implementing agencies and recognize best performing agencies through appreciation letters and other measures. None of these actions have been undertaken. Along with maintaining the required frequency of meeting, the review team recommends to ensure the NSC tasks listed in the documents to be implemented.

According to the MSAP, three Implementation Subcommittee (ISC) were expected to be formed and specific tasks assigned to provide technical backstop to the Secretariat and the NSC. So far, only one such ISC was formed and their roles have not been specified. Given the appropriate technical experience and expertise required, the review team recommends establishing the three implementation sub-committee in line with MSAP to support the Secretariat as soon as possible.

The success of the MSAP coordination and implementation will depend upon the strength and ability of the secretariat to drive the governance mechanism and the steer implementing partners. The Lifestyle Related Disease Programme (LSRDP) of the Department of Public Health (DoPH) is serving as the secretariat. While, the current staff’s resilience and hard work is to be applauded, the LSRDP has an overwhelming responsibility to oversee the multisectoral coordination as well as delivering the health sector activities as a national NCD programme of the MoH, both of which are enormous.
The LSRDP has been managed by a single staff for most part of the implementation process, and the reach for both multisectoral coordination as well as implementing the health sector NCD response has naturally been thin and compromised. The need to institute a full time secretariat and delineated from the Lifestyle Related Disease Programme (LSRDP) was spelt out right at the time of conception of the MSAP which did not take off. The need to institute a full time secretariat remains ever more relevant. The review team notes that the current approach of implementing package of essential noncommunicable diseases interventions (PEN) should be further deepened by strengthening the disease-based public health programmes for CVDs and diabetes, cancer control and chronic respiratory diseases. In order to institute this, the current LSRDP should be further expanded to include three national programmes to build a robust health systems response to NCDs in order to meet Bhutan’s 25 by 25 global NCD targets and achieve the SDGs. The review team also notes that national public health programmes do not have skills mix and particularly those with clinical knowledge is absent in the technical units. In technical units, it is a necessity to institute a skills mix of staff with clinical and public health skills and this is particularly relevant in the disease-based programmes such as cardiovascular diseases, diabetes, cancers, and chronic respiratory diseases. Inclusion of such staff with clinical knowledge in public health programmes is not a matter of convenience but a necessity. It is recommended that MoH look into the recruitment and deployment of staff with clinical experience and knowledge in the technical units of the NCD programme.

The multisectoral NCD response in Bhutan recognizes the fact that many cost effective strategies to tackle NCD risk factors are delivered beyond the jurisdiction of health sector. The multisectoral actions of stakeholders are inherently embedded within the sectoral core responsibilities. The review team observed varying levels of progress and commitments on NCD actions among the implementing agencies. The health sector needs to play a pivotal role in harnessing both support and stimulating actions by other sectors and therefore have the responsibility to steer and coordinate response of other sector. As is the fact with managing multiple partners, health sector needs to become smart steward with the way it works with other sectors. The capacity of the health sector to lead the multisectoral coordination needs to be further strengthened.

The implementation by multisectoral agencies is impressive with many activities in progress. There are variation in the commitment and the progress. LSRDP has distributed the MSAP documents to district administrations in the country. However, the documents have not been used in the two districts of Haa and Punakha (it may be the case in other districts too). Distribution of a document is not adequate. There is need to disseminate MSAP more widely and build the buy in of the dzongkhags so that the activities are harmonized in their sectoral work plans at the local government levels.

The political leadership, structural mechanism, and allocation for domestic resources for implementation are promising in reducing the premature deaths due to NCDs. These have led to collective efforts by various agencies. However, there are still implementation obstacles such as: poor coordination, low understanding by agencies regarding the rules of engagement, capacity of the secretariat, human resource deployments with required skills in the technical units of the Ministry of Health.

There are also numerous assets and enablers to accelerate MSAP implementation which include: high level of political commitment, good governance mechanism, domestic resource allocation for implementation, existence of laws for tobacco and alcohol control, strong primary health care system to name a few. These enablers should be recognized and sustained or build further to accelerate NCD response. By
understanding the existing assets and capacity needs, taking steps for improvements, Bhutan truly has the opportunity to showcase the state-of-art multisectoral response to NCDs both within the South-East Asia Region and globally. The identified actions that have been identified within the priority matrix are a set of low hanging fruits that can accelerate multisectoral response and leapfrogging NCD control in the Kingdom. The review team recommends implementing the actions listed in the priority matrix.

The implementation of the MSAP is a process than an end. The review team recommends conducting a follow up of implementation of the recommendations at sixth and twelfth months of the endorsement to drive a continued cycle of improvement for the multisectoral response in prevention and control of NCDs.
SECTION A. BACKGROUND

Bhutan has in place a comprehensive set of NCD-related policies and action plans. The Royal Government of Bhutan has endorsed the multisectoral NCD action plan (MSAP) in 2015 aligning with the WHO Regional Plan for prevention and control of NCDs. A significant progress have been made in the country in improving access to NCD prevention and control since the endorsement of the 2011 UN High level Declaration on NCDs. However, much remains to be achieved in order to effectively deal with the increasing burden of NCDs among the Bhutanese population. A joint programming mission of the United Nations Interagency Task Force (UNIATF) on the Prevention and Control of Noncommunicable Diseases to Bhutan in February 2017 recommended immediate, medium, and long-term programmatic actions to be implemented by 2018, 2019 and 2020 respectively. However, the implementation of these recommendations has been slow due to many obstacles and challenges.

During the visit of the WHO South-East Asia Regional Director to Bhutan in mid of 2017, the Health Minister requested WHO to review the capacity needs of Health Sector and other multi-stakeholders to implement the national NCD multisectoral plan. Accordingly, the WHO South-East Asia Regional Office commissioned a three member expert team from 22-28 April 2018 to support the Ministry of Health to review the implementation progress and the capacity needs for NCD multisectoral response in Bhutan.

Objectives of the review

The key objectives of the capacity review were to:

- Assess the current capacity of key stakeholders to achieve the process and outcome agreed in the multisectoral plan.
- Identify key enablers for implementing the NCD multisectoral response and recommend ways to sustain them.
- Identify major bottlenecks, challenges and capacity gaps that limit the implementation of the NCD multisectoral response targeting NCD risk factor interventions and health services, and solutions to overcome them obstacles.

Scope of the review

The following areas were reviewed:

- Governance mechanisms for NCDs (NCD multisectoral steering committees, implementation subcommittee and district level coordination), key decisions taken, challenges and obstacles in governance and coordination.
- NCD Secretariat: Current state, key challenges and obstacles.
- Implementation of the multisectoral NCD activities by key implementing agencies - status, challenges and obstacles.
- District and gewog level capacity needs for the implementation of the MSAP.

1 The UNIATF mission was held from 6-10 February 2017. The recommendations were jointly finalized by the mission team and the Ministry of Health.
Review of capacity needs for implementation of the national multisectoral response for prevention and control of NCDs and the UNIATF recommendations in Bhutan

- Implementation of the NCD prevention and control by the health sector and capacity for multisectoral coordination, stewardship and delivery of NCD health services with a focus on primary health care level.

Method of the review

Two review teams (Team A and Team B) comprising of 4-5 members with mix of national officers and WHO experts were formed. The national team comprised of officers from the key implementing agencies: BAFRA, DYS, RSTA, BNCA, KGUMSB and MoH. The review team used a Rapid Review Tool (Annexure 6) developed by WHO SEARO to collect the information and engage in discussions with the key agencies in an objective manner.

The review team called on the Hon’ble Minister of Health who is the chair of the National Steering Committee (NSC) for NCD prevention and control and few selected members of the national NCD steering committee. Each team interacted with one of the following key implementing stakeholders: Ministry of Education, Ministry of Health, BNCA, Ministry of Economic Affairs, Agriculture, Works and Human Settlements, BNCA and RBP. Team A visited Punakha district and Team B visited Haa district. At the district, the review teams met with the district administration, key sectors and elected local government leaders.

Report and documentation

The review team made a debriefing with preliminary findings to the stakeholders on 27 April 2018. The feedback from the debriefing session was incorporated in the final document. All review team members contributed to finalizing the contents of the document.
SECTION B. KEY FINDINGS AND RECOMMENDATIONS

Increasing burden of NCDs
These are clear indications of NCD burden increasing at health facilities which warrants greater multi-sectorial actions for the implementation of NCD prevention activities. As per the Annual Health Bulletin 2017, the number of increase in cases at the health facility from 2012 to 2016 are: diabetic cases from 4097 to 12120, hypertension cases from 27023 to 30,260; rheumatic heart disease cases from 718 to 920, and alcohol related liver diseases from 2059 in 2012 to 3508.2

Multisectoral implementation in Bhutan is a reality
The review team commends the political commitment of the Royal Government of Bhutan and serious efforts made in tackling the threat of the noncommunicable disease. There is a strong political stewardship at the highest level to address NCDs. Translation of commitments to actions is visible at all tiers of the government. Bhutan was one of the first countries in the South-East Region to operationalize prevention and control of NCDs through multisectoral approach using the whole-of-government and whole-of-society approach interventions. The Bhutan MSAP (2015-2020) is a comprehensive and action oriented NCD Multisectoral Action Plan (MSAP). The MSAP was approved by the Eightieth Cabinet Session (Lhengye Zhungtshog) on 6 July 2015.

NCD interventions are integrated as developmental plans of the agencies and coordinated through multi-sectoral agencies. There is a good governance mechanism for implementation of NCDs among multi-sectoral agencies led by the National Steering Committee at the central level. Some 14 key agencies at the central level are implementing the MSAP. Implementation at the grassroots is designated to the local governments through integrated sectoral plans. The majority of the activities are funded through the government resources which demonstrate the ownership and commitment of the government to address NCDs.

Governance and coordination mechanisms

National Steering Committee

Key findings:
(1) A twelve member national steering committee (NSC) chaired by the Hon’ble Health Minister was constituted according to the MSAP document. The steering committee is actively providing the political leadership and guidance for the implementation of the NCD prevention and control in the country. The NSC is well represented by government agencies. A community based organization is also included in the NSC representing the nonstate partners.

(2) Till date, four meetings have been conducted against the six expected meetings as per the ToR (First meeting on 19 Oct 2015, second 21 March 2016, third 16 May, the fourth meeting on 10 January 2018). The frequency of the meetings has not been well spread out in terms of timing. On an average, NSC has met once in a year - one meeting less than expected. In 2017, NSC did not convene any meeting. Three among the four meetings have had the required quorum of two thirds. However, there has been inconsistency in participation of members, and in many cases represented by a lower level official. Not meeting the required number of meetings and inadequate representation of the members can affect the quality of guidance of the committee for the national response for NCDs.

(3) Minute recordings are available for all the meetings but no standard template/format is being used for the documentation, including approval by the chair before circulation.

(4) The NSC has made substantive discussions on the MSAP and passed directives during the meetings. However, the decisions of the NSC are not adequately followed through and recommendations strictly implemented. For instance, the second NSC meeting in 2016 passed a guidance to prepare prioritized activities for stakeholders which has not been done so far.

(5) NSC is expected to deliver six specific tasks as reflected on page 49 of the MSAP. Among them the following four important tasks remain unimplemented:

   (i) Seeking executive approval from Hon’ble Prime Minister directing LGS and other implementing partners to integrate NCD activities in their work plan

   (ii) Review of the annual NCD workplans of stakeholders

   (iii) Identification and recognition of better performing agencies and send appreciation letters to best performing agencies

   (iv) Submission of annual NCD progress report to the Lhengye Zhungtshog.

The above actions appear to be logically designed to enhance the multisectoral coordination and response with the engagement of the highest political platform as well as to motivate and generate a sense of ownership and accountability among implementing agencies.
Table 1. Meetings of the NSC

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<th>Key decisions in short bullet</th>
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<td>First meeting</td>
<td>1. Dratsang</td>
<td>Changes in ToR for endorsement-</td>
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<tr>
<td>(19 October 2015)</td>
<td>2. Thrompon</td>
<td>Dratsang secretary as vice chair, quorum</td>
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<td></td>
<td>3. RBP</td>
<td>to be 2/3 and CPO,NCD as the member secretary, identify resource gaps</td>
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<td></td>
<td>4. MD-BBS</td>
<td>(agencies)</td>
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<td></td>
<td>5. DRC</td>
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<td></td>
<td>6. BAFRA</td>
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<tr>
<td></td>
<td>7. BNCA</td>
<td></td>
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<td></td>
<td>8. DYS</td>
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<td></td>
<td>9. CSOA</td>
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</tr>
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<td></td>
<td>10. DOT-MOEA</td>
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<td>11. MOIC</td>
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<td>Second meeting</td>
<td>1. Hon’ble Health Minister</td>
<td>Secretariat to review the activities</td>
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<tr>
<td>(21 March 2016)</td>
<td>2. Dratshang</td>
<td>received from agencies with support of</td>
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<td></td>
<td>3. Secretary, MoH</td>
<td>ISC member (to review duplication and proposed budget)</td>
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<td></td>
<td>4. Thrompon</td>
<td></td>
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<tr>
<td></td>
<td>5. RBP</td>
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<td></td>
<td>6. DG, BNCA</td>
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<td></td>
<td>7. Manager, BBS</td>
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<td></td>
<td>8. RSTA</td>
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<td></td>
<td>9. BAFRA</td>
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<td>10. DRC</td>
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<td>11. DoT</td>
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<td>Third meeting</td>
<td>1. Hon’ble Minister</td>
<td>Ensuring that NSC members attend the meeting</td>
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<tr>
<td>(16 May 2016)</td>
<td>2. DoT</td>
<td>Prioritizing low priority activity from work plan to carry out priority plan</td>
</tr>
<tr>
<td></td>
<td>3. Representative of Trade</td>
<td>To strengthen monitoring and supervision of implementation of laws and regulations on tobacco and alcohol sale, the committee recommended to form taskforce</td>
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<td></td>
<td>4. RBP</td>
<td></td>
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<tr>
<td></td>
<td>5. Thrompon</td>
<td></td>
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<tr>
<td></td>
<td>6. Rep Dratshang</td>
<td>Secretariat to explore budgetary support from WHO to implement activities</td>
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<td></td>
<td>7. DYS</td>
<td>Including indicators in APA</td>
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<td></td>
<td>Secretariat: CPO, DoPH</td>
<td>Identification of focal person from PPD of each sectors</td>
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<th>Members present</th>
<th>Key decisions in short bullet</th>
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<tr>
<td>Fourth meeting</td>
<td>1. Hon’ble Health Minister</td>
<td>To compile progress update and present to cabinet</td>
</tr>
<tr>
<td>(10 January 2018)</td>
<td>2. Thrompon</td>
<td>Identify list of activities that are not able to implement</td>
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<td></td>
<td>3. BNCA</td>
<td>Send executive order to all sectors mandating the importance of NCD prevention</td>
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<td></td>
<td>4. DYS</td>
<td>Increasing awareness raising through BBS on NCD risk factors</td>
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<td></td>
<td>5. RSTA</td>
<td></td>
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<tr>
<td></td>
<td>6. Dratsang</td>
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<td></td>
<td>7. BBS</td>
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<td></td>
<td>8. KGUMSB</td>
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<td></td>
<td>Secretariat team:</td>
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<td></td>
<td>Director-DOPH</td>
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<td></td>
<td>Officiating CPO-NCDD</td>
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<td></td>
<td>Secretariat/LSRDP</td>
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</table>

(6) A national action plan to reduce harmful use of alcohol which was also endorsed in 2015. The national action is steered by a national committee chaired by the Hon’ble Home Minister. The Committee has been actively guiding the implementation of alcohol control. The role of the committee overlaps with the functions of the NSC as alcohol is also an important agenda of the MSAP. The national mental health programme serves as the secretariat to the committee. The administrative burden on the technical units can be minimized by merging the alcohol committee with the NSC.

**Recommendations**

(1) In order to improve the multisectoral coordination and buy in from stakeholders, the following four tasks needs to be implemented through the NSC:

(i) Seek executive approval from the Hon’ble Prime Minister directing LGS and other implementing partners to integrate NCD activities in their work plan,

(ii) Review the annual NCD workplans of stakeholders,

(iii) Set up the system of identifying and recognizing better performing agencies and send appreciation letters to best performing agencies and,

(iv) Ensure timely submission of annual NCD progress report to the Lhengye Zhungtshog by the Secretariat.

(2) The secretariat is recommended to:

(i) submit six monthly report to the cabinet for appraisal of the Lhengye Zhungtshog,

(ii) make an annual appraisal presentation of the progress of the MSAP to the Lhengye Zhungtshog. This will provide opportunity to seek constant support and guidance from the Prime Minister and the cabinet.

(3) Consider submission of a proposal to the Cabinet to merge the NSC and the alcohol harm reduction committee.

(4) The Secretary of the Ministry of Education bears an important role in progressing school health interventions through specific programmes and integrated curricular policies in schools and institutions. Hence, the Secretary of Education should be proposed as a new member of the NSC.
Implementation sub-committees

Key findings:

(1) The MSAP recognizes the wide scope of technical interventions as well as the efforts needed to manage range of stakeholder interests involved in implementing the NCD multisectoral response in the true spirit of pluralism. To address this need, the following three “Implementation sub-committee” were required to be formulated as a technical wing of the Secretariat: (a) Alcohol and Tobacco; (b) Health setting; (c) Health Service Committee. The table 12, page 44 provides specific composition of the three sub-committees and their ToR. The members of the ISC are expected to be represented by technical officers who are well versed and competent enough on the thematic areas. The major role of the implementation sub-committee is to determine the issues and agenda for the national steering committee.

(2) At the time of the review, the ISC had not been fully formulated. Instead the Secretariat formed a single committee and three meetings had been convened. The meeting had been conducted on 18-19 April 2016 (Paro), Second meeting undated, 13 February 2018 (MoH). The ISC mechanism is not fully optimized and the Secretariat does not appear to be receiving adequate technical inputs in the MSAP implementation. This is expected as a single ISC is unlikely to fulfill the mandates of providing technical advice on broad spectra of intervention areas. The MoH/Secretariat urgently needs to reconstitute the three implementing subcommittees urgently with clear rules of engagement.

(3) The ISC meetings are expected to discuss the agenda item and implementation issues prior to a NSC meeting to set the agenda. All the three meetings did not adequately focus on such a purpose. The membership of the subcommittee and meeting proceeding were not comprehensively documented (e.g quorum, membership, agenda setting, minute recordings, minute approvals and follow-up actions).

(4) Specific tasks assigned to Implementing Sub Committee meeting as per MSAP were not undertaken. An important task of the ISC is preparing the annual implementation report of the MSAP which has not been so far.

Recommendation:

(1) NSC Secretariat to reconstitute the Implementation Sub-Committee as per the MSAP and assign specific task as per the page 49 of the MSAP to engage them to provide technical inputs and problem solving for the effective implementation of the plan.
The National Coordinating Body and the Secretariat

(1) The Ministry of Health is the national coordinating body for the NCD multisectoral response. The MSAP envisaged that the capacity of the MoH to be built to provide the leadership to steer the multi-sectoral coordination and response. The department of public health has been identified as the lead agency within the ministry.

(2) Under the direction of the Director, Department of Public Health (DoPH), LSRDP of the NCDD function as the secretariat to the NCS. It is to be noted that LSRDP is also the national programme for NCDs with numerous core health sector NCD-related work. The need to strengthen secretariat team by recruiting fulltime secretariat to carry out the functions of the NCS and MSAP is underscored in the MSAP. However, despite urgency, strengthening of the LSRDP has not been materialized even halfway into the lifespan of the MSAP. On the contrary, the LSRDP staff strength was reduced to only one staff for most part of the implementation period. Only recently an additional staff has been posted at the LSRDP. One of the key barriers of the MSAP response has been the inability to strengthen the Secretariat resulting in inadequate coordination and hampering the implementation potential of NSAP at full scale. The meeting targets of NSC and ISS has not been met, the multisectoral annual reviews or documentation of annual multisectoral NCD response have not been implemented which could have been achieved with a full time Secretariat.

(3) One of the important achievements of the Secretariat is to strengthen the functioning of the central governance coordination mechanism and securing a committed budget line. Annually, Nu 100,000 is allocated to conduct NSC and ISC meeting. In three years, the Secretariat has successfully organized eight meetings – four each for NSC and ISC. It is important to have the full perspective of the nature of responsibility and the workload of the Secretariat for the MSAP implementation. Ideally, Secretariat is required to coordinate a minimum of annually seven meetings (2 NSC and 4 sub-committee meetings, one annual work planning review meeting). Meetings are of major events requiring substantial amount of staff time for the pre-meeting preparation, post meeting documentation, circulation and follow ups. Currently, the Secretariat team has not been able to meet the required deliverables. The functions of the Secretariat are compromised reflected by number of meetings. Unless the full capacity of the Secretariat is built, MSAP coordination and implementation will be hugely compromised.

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1 Refer to page 45 second paragraph of the MSAP: “the current LSRDP mechanism lacks staff providing full time multisectoral coordination; existing two program officers serve under several competing priorities. A full time Secretariat should be identified by reinforcing the LSRDP by assigning a technically competent additional official and support staff.”
Box 1. Annual deliverables of the Secretariat

- One meeting of three implementation subcommittee per quarter (three meetings annually)
- Two National Steering Committee meetings annually
- One annual appraisal of the Lhengye Zhungtshog
- Quarterly report compilation of stakeholders
- Six monthly brief implementation report
- Publish annual MSAP implementation report
- Organize annual stakeholder NCD review and work planning workshop
- Monitoring and supervision of activities
- Technical advice and capacity building activities for stakeholder
- Coordination of stakeholders
- Annual work planning and resource mobilization

Recommendations:

(1) Strengthen the Secretariat: MoH is recommended to take urgent steps for strengthening the Secretariat through short term steps first, while securing on the longer term solution.

In the short term, employ one of the four potential options:

(i) Appoint a mid/ senior level staff on “special assignment”
(ii) Internal mobilization of staff from a unit of the DoPH relatively with less workload
(iii) Recruit a new staff on contract
(iv) Assign M&E officer from PPD for MSAP coordination

(2) As a long term measure, MoH should engage with the RCSC and secure permanent staff (at least a level of P2 officer) and an administrative support staff of the Secretariat. The roles of the LSRDP and the Secretariat should be clearly delineated to ensure the delivery of assigned responsibilities shown in the Figure 1.

(3) The Chief Programme Officer, NCD Division of the Department of Public Health should assume key responsibility to oversee technical oversights of the Secretariat. He/She should provide guidance and monitor the performance of the Secretariat. The Chief Programme Officer should ensure that the meetings of the NSC and ISC are included in the Individual Work Plan (IWP) of the staff and accordingly accounted as an integrated performance of the staff. In the similar vein, Director, DoPH should ensure that the Secretariat functions are linked to the IWP of the Chief Programme Officer of the NCDD.

(4) Secretariat should improve the house keeping practices of organizing and making NSC and ISC meetings effective by: -developing standard templates of minute keeping, ensuring agenda collection, quorum fulfillment, and follow-up of recommendations, and seeking signed approval of minutes from the chair prior to circulation.
Figure 1. Proposed delineation of roles of Secretariat and the LSRDP

Director

Chief of NCCD Division

Secretariat (Multisectoral response)
- ISC meetings
- NSC meetings
- Quarterly reports
- Six monthly reports
- Annual appraisal reports to cabinets
- Policy instruments
- Monitoring and supervision of multisectoral response
- Multi-stakeholder engagement, reviews and planning and capacity building

LSRDP (Health sector response)
- Develop and implement disease-based national public health programmes and health services for cancer, diabetes, cardiovascular diseases, chronic kidney diseases, rheumatic heart diseases stroke, diabetes, hypertension, COPD, asthma
- Training of health workers and community health workers on standards
- Clinical mentoring and supportive supervision
- Surveillance and programme monitoring
- Health service quality
- Health promotion and advocacy
- Community-based interventions
Implementing agencies

MSAP is implemented by various government agencies. They include including dzongkhags, thromdes and gewogs, BNCA, RSTA, BAFRA, RBP, Ministry of Forest and Agriculture, Ministry of Economic Affairs, Ministry of Finance, Ministry of Education, Bhutan Olympic Committee, Dratsang and monastic institutions, Ministry of work and human settlement, KGUMSB, Bhutan Broadcasting Service(BBS).

Ministry of Health

Key Findings

(1) At the MoH, various technical units are contributing to NCD related interventions through health promotion, school health, urban health, reproductive health, elderly care, linking communities through village health workers, improving health in monastic institutions, mental health and traditional medicine. The technical units overseeing the stated responses are administratively situated in the various department of the MoH. This requires constant intra-ministry coordination to ensure that the implementation of NCD interventions are well coordinated and harmonized. The salient MSAP activities that have been implemented by the technical units are:

- Global School Health Survey (GSHS) conducted and dissemination among the relevant stakeholders
- Principals and DEOs of three districts (Paro, Punkaha and Haa) sensitized on GSHS
- In coordination with the MoE, School Health focal points trained
- Developed health screening guideline for students from classes PP to 8
- Revised Midwifery Standard with a chapter on gestational diabetes mellitus and hypertension
- Ongoing pap smear screening for cervical cancer and HPV immunization for school going girls

The implementation of the MSAP activities has been slow within the technical units of the MoH. The MSAP activities that have not been yet implemented by technical units include NCD mass media campaign, development of oral health promotion through prevention of doma and tobacco use, development of NCD training tools for village health workers, implementation of community outreach programme in Thimphu Thromde, training of health workers on death registration and reporting including verbal autopsy. The coordination challenges among technical units were visible; few of the Unit officers were not fully aware of the listed activities of the MSAP. The MoH needs to strengthen coordination among technical units within the MoH to ensure implementation of the MSAP activities.

(2) Technical units of the MoH also implement other activities within their core responsibilities that contribute towards NCD prevention and control but are not listed in the MSAP. Some of such activities that are successfully implemented include:

- Development of the National Health Promotion Strategy
- Workshop for local elected leaders (gups) on mainstreaming and prioritization of health promotion in dzongkhag and gewog levels
- Publication of prioritized public health issues for local governments (dzongkhag translation)
- Participation in high-level advocacy on NCD in 20 dzongkhags
- Tobacco cessation services and training of health workers
- Health camps in collaboration international doctors for monastic schools
- Submission of a human resource proposal to RCSC on Thromde Health Services
- Recruitment of GNM as community nurse for BHU levels to meet the needs of female health workers in process.

(3) MoH has several strengths that are an asset for effective implementation of the MSAP. Some notable enablers include: availability of pool of young and energetic program officers, existence of guidance documents and strategies technical units, decentralized implementation and empowering the districts to lead the public health initiatives and the central programmes’ focus on setting standards and technical backstops.

(4) The MoH also has significant barriers and challenges that can impede the MSAP response. Most public health interventions and particularly NCDs interventions are primarily disease-based interventions to be applied at population level. As such staff leading these nationwide interventions requires substantial biomedical knowledge and practice-based competencies particularly in setting up cardiovascular diseases, stroke, cardiac events, diabetes, cancers, chronic kidney diseases, and chronic respiratory diseases. Across the public health technical units and particularly in the NCD interventions, this is the weakest point in the MoH. In the technical units of the MoH, there is no single medical doctor in the public health programmes and the technical units of the Ministry of Health. Only the director of the department of public health is a medical doctor. As she oversee some eighteen national programmes, indepth technical review of the programmes is impossible on a day to day basis. As a result, the technical units of public health have become excessively reliant on expatriates of clinicians from the hospitals who extend their support on request. Existing few senior staff with biomedical background working in the technical positions are mostly on the verge of retirement. The MoH has not been able to build a succession plan to place a mix of professionals with adequate skill mix. Both in the immediate and long term, this will hamper the depth of technical planning and pose a heavy reliance on external consultants and expatriates and compromise on the long term internal capacity building.

(5) The mass media and strategic health communications in NCD risk factors are inadequate. A mass media communication for behavioural change of the MSAP listed activity of the Health Promotion Division is put on the hold; the implementation has been delayed due to lack of staff trained on graphic design at the MoH.

(6) Similarly the development of health promoting schools has been delayed partly due to the difficulty of convening the school health committee meeting as described under the Ministry of Education. Health workers are required to make two school visits in a year to provide health checkups such as dental, eye and other screening activities and treatment of minor ailments. Due to budgetary constraints, it has been difficult to meet the school visit targets. The MoE and MoH are reviewing the possibility of reducing school health routine checkups from classes PP to VIII from earlier senior grades. The school visitation programmes and its effectiveness also needs to be further reviewed and
important interventions such as screening of sore throat with Group A Streptococci infection to prevent Rheumatic Heart Disease and other preventable childhood problems should be included.

(7) In addition to the coordination challenges among technical units of the MoH, inadequate mechanism for reporting and coordination of activities is a notable barrier for effective implementation of the activities.

Key Recommendations

(1) Restructure NCD Unit within the DoPH and expand the LSRDP with appropriate staffing mix of individuals with clinical competencies and general public health described under the narrative that follows in the later section.

(2) While recruitment of a temporary graphic designer to design all health promotion materials is an immediate measure, MoH would need internal capacity on BCC programming and media material designing to advance NCD campaigns through mass media and other channels of communication. MoH should implement a nationwide media campaign to support the MSAP interventions.

(3) Strengthen coordination in planning, implementation and reporting mechanism of MSAP activities within NCD implementing technical units.

(4) School health programme to coordinate with the MoE to pilot health promoting schools based on the WHO concept of health promoting schools.

(5) Establish urban health offices in two major cities of Thimphu and Phuntsholing to address NCD and others public health issues

(6) Strengthen public health capacity at the district health sector by appointing community health officers with public health degree to lead and support technical public health interventions (in addition to District Health Officers).

Strengthening health systems response for NCD prevention and control

The health sector needs to play a pivotal role in leading and harnessing both support and actions from other non-health sectors form the implementation of the MSAP as well as delivering its core public health services. The health sector has to be fully prepared to lead as a credible player in the eyes of other sectors. Currently, the LSRDP is the technical lead for the NCDs at the Ministry of Health as well as the lead for multisectoral response. Health sector’s core areas of a national NCD control response include interventions for cancer control, CVDs and diabetes, rheumatic heart diseases, chronic respiratory diseases and chronic kidney diseases. These interventions are currently clustered within a single unit of LSRDP without any separate technical leads. All these diseases-based programmes encompass comprehensive interventions and merit to be a national programme by itself. This may be best related by taking a corollary of communicable diseases: HIV/AIDS, Malaria and TB- which are rightfully organized as national programmes in the MoH. The public health scope of response to each of the major NCDs is not anything less compared to the communicable disease counterparts. The expected scope of interventions of each of the major NCDs is listed in the table below. In the current response in Bhutan, the majority of the interventions particularly in the areas of cancer control, chronic respiratory disease, rheumatic heart diseases and stroke are barely implemented as a public health model.
### Scope of interventions for cardiovascular diseases and diabetes programmes

- Standardized management of hypertension, cardiovascular diseases and management of acute cardiac events and referral mechanism
- Hypertension: Develop screening programmes for hypertension and institute clinical management services
- Diabetes: Screening programme for diabetes and institute clinical management services
- Rheumatic heart disease prevention and control activities- screening and management and case finding of sore throat with group A streptococci infection in schools, institutions and communities, disease registries and follow up, self-care and management, and surveillance
- National stroke programme: Community-based stroke surveillance, early referrals, surveillance and stroke registry
- Training and capacity building of health workforce, patient groups and communities

### Scope of interventions for chronic respiratory disease programme

- Asthma control activities: Identification of childhood asthma, follow up and care, adult asthma control activities, empowering patient self-help groups, community-based prevention and advocacy activities in high burden areas
- Developing linkage programmes with cleaner household air and environmental activities
- Training and capacity building of health workers, patient groups and communities

### Scope of interventions for cancer control programme

A national cancer control programme (NCCP) is a public health programme designed to reduce the number of cancer cases and deaths and improve quality of life of cancer patients. This is done by implementing systematic, equitable and evidence-based strategies for prevention, early detection, diagnosis, treatment and palliation using available resources. Key functions of cancer control programme include:

- Cancer screening and early diagnosis activities in communities: cervical, breast, oral, colon
- Risk factor interventions (immunization, and health promotion)
- Standardized treatment and care of cancer patients
- Palliative care
- Hospital-based and population-based cancer registry
- Cancer surveillance
- Training and capacity building of health workers, patient groups and community advocates

The LSRDP’s current work is focussed on implementing a primary health care package of essential NCD (PEN) interventions which is only a first step in setting up the basic frontline NCD services. The health sector response of NCD control programme approaches further needs to be deepened to provide comprehensive disease control response. The width and depth of the interventions clearly indicate the need of a mix group of clinical and general public health staff to manage the national NCD programmes. The current LSRDP staff strength of two programme officers to oversee all dimensions of

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disease-based national programme as well as leading the multisectoral response is by far inadequate in number as well as the competency.

The NCD unit of the Ministry of Health will need to expand drastically to ensure comprehensive implementation of NCD response. At minimum, the LSRDP programme should be expanded into three technical national programme: (i) cancer control, (ii) cardiovascular diseases, and (iii) chronic respiratory diseases. The disease-focussed public health programmes should be staffed with a team with skills mix with clinical and public health trained personnel. The current bundled approach of the LSRDP is not only a gross compromise affecting on the technical focus and the depth of disease-based programme in the immediate term, it does not permit the future growth to lead a health systems comprehensive response for NCD control as Bhutan gears towards 25 by 25 NCDs goals and 2030 SDGs. As priority, MoH should revisit the structure of the NCD programme and consider expansion of the disease-based programme at the national level by instituting three units at the MoH. The potential future organogram for core NCDs within the DoPH is shown in Figure 2.

Figure 2. Organogram for full scale health systems reforms for response for NCD interventions

Inclusion of core medical professionals in public health positions is a necessity and not a matter of convenience for health system response to strengthen NCD programme implementation. The technical units particularly those dealing with diseases such as cardiovascular diseases, diabetes, cancers and chronic respiratory diseases need clinical experience as a core competency to lead the national public health response. Over generalization of public health, which appears to be the current trend in Bhutan will take many years to backtrack from this missed path. MoH and RCSC need to urgently revisit the recruitment and deployment policies of human resource at the technical units of the MoH and reconstitute a right balance and mix of skills in all technical units in general and the NCD Unit in particular.
NCD response at district level

At district and gewog level (local governments)

At the Dzongkhag and the Gewog levels, MSAP activities are implemented as integrated sectoral programmes in coordination with the respective central agencies. For example, district level enforcement of tobacco, alcohol rules and drink driving interventions are implemented in coordination with the central lead agencies such as Department of Trade, BNCA, RBP. The MSAP identified the Dzongkhag Planning Sector to take a lead role in ensuring integration of the MSAP activities in the annual work plans of dzongkhag and gewog, and the dzongkhag health sector for providing technical advice to sectors regarding the MSAP.

The review teams visited dzongkhags of Haa and Punakha and interacted with the dzongkhag administration, civil service and elected leaders to observe the implementation of the MSAP interventions.

Key findings:

1. In general, a good level of awareness of public health issues related to NCDs and their risk factors was observed during the meeting among the elected members of the local government and representatives of other key sectors. Recognizing NCDs as a priority national public health issue, the elected local government leaders and other key sectors are committed to collectively advance NCDs prevention actions in the district. However, most were not aware of the existence of National Multisectoral NCDs Action Plan. In Haa, Dasho Dzongdag had not received a copy of the MSAP document and had only accessed the MSAP a day before the mission team visited. Similarly, the planning officer, the district education officer and the chief medical officer of Haa had not seen the document in the past. Unsurprisingly, the Local Governments leaders too were not aware of the MSAP document and were therefore not fully informed on the need to implement many NCD preventive activities. The LSRDP had distributed the documents to all the dzongkhags. This calls for an urgent action to institute an effective system for dissemination/distribution, handing-taking over, and monitoring of key national documents.

2. Despite information gap on the MSAP, NCD activities such as construction of walk trails, salt reduction in schools, outdoor fitness facilities have been set up. There is huge role the dzongkhag and the local governments can play in harmonizing the NCD prevention and control and bind every sector to a common purpose and a goal to drive actions. As discussed in the earlier sections, an executive order from Hon’ble Prime Minister to the stakeholders
Review of capacity needs for implementation of the national multisectoral response for prevention and control of NCDs and the UNIATF recommendations in Bhutan

and dzongkhags would be crucial to inform the districts and build a harmonized approach to NCD interventions.

(3) The Dzongkhag civil servants and elected leaders in Haa and Punakha in general agreed that there was a need to institute strong coordination mechanisms at the district levels. In Haa district, the team suggested that creating a separate NCD coordinating Committee was not practical as there were numerous other committees which becomes difficult to meet. Instead it was suggested that a district health coordination committee - chaired by Dzongdag and represented by all sectors and few local leaders could be constituted. The committee could review all matters related to health and not only NCDs. However, in Punakha, the team suggested instituting a NCD committee comprising members from relevant sectors and elected members of the local government with Dasho Dzongdag as the chair. Based on the differing views, it is advisable that both the options are provided to the district and let the districts opt for a favourable mechanism.

(4) The district health sector should play a pivotal role in mobilizing support from elected local government leaders and relevant sectors and advocate for inclusion of NCDs related agendas/programmes in the local the government meetings, including allocation of funds. Much also depends on the leadership skills of the district health officers and chief medical officers at district to move the agenda of the MSAP. The district managers should be fully acquainted with the MSAP and have the skills to meaningfully engage the sectors and communities.

(5) At the gewog level, no NCD coordination mechanism exists. Health issues are discussed at the gewog developmental committee and activities related to alcohol and tobacco control issues are discussed and implemented at the local level. The MoH’s initiative in training the local elected gups in priority setting of health promotion in 2016-2017 with the gups have generated greater understanding of NCD issues among the local leaders and identified key actions in their annual work plans. Despite progress, there are ample avenues for scaling up community-led programmes for alcohol, tobacco control and other healthy lifestyle interventions that can be contextualized in urban and rural communities.

(6) Visit to the Ugyen Dorji Higher Secondary School in Haa provided a preview for school health activities. Annual school health checkup are implemented routinely. The school has a dedicated school health teacher, cooks are trained on nutritional maintenance and salt reduction. The school had kitchen garden due to lack of space. The school administration was not aware of the MSAP initiative. There is an urgent need to advocate on health promoting schools to intensify a structured approach to school health interventions in schools.
Key challenges faced by district and gewog levels are:

- Need for a trade officer to represent economic affairs at the district level and empower them with responsibilities of taking decisions at the Dzongkhag level.
- Difficulty in addressing alcohol and use of betel nut in a socially sensitive manner making community distinguish the severe health risks from the social traditions.

Key Recommendations:

1. Constitute a dzongkhag and gewog level coordination mechanisms to oversee and accelerate implementation of the MSAP interventions.
2. Advocate the DYT and GYT members on NCD health literacy, planning and implementation of alcohol, tobacco control activities and other health promoting programmes at local level.
3. Conduct capacity building workshop for strategic implementation of the Dzongkhag MSAP for NCD prevention and control.
4. Training and capacity building of school principals, teachers, school health Instructors and sports instructors on promoting healthy school programs at the schools.

District NCD services

District health services form the backbone for delivery for NCD health services. The district-level hospital services provide both curative and preventive services. Basic Health Units (BHUs) are the frontline health facilities primarily responsible for screening and management of hypertension, diabetes screening and referral, and referrals of suspected COPD and asthma to district-level hospitals or grade I BHUs.

Key findings:

1. In Haa Bali BHU grade I, functioning as a district hospital, essential drugs for management of hypertension, diabetes, asthma and COPD were available. The facility has laboratory facilities for blood sugar, liver and renal function testing facilities but no cholesterol testing capability. Due to shortage of glucose test strips, blood glucose screening is not offered as per package of essential NCD (PEN) interventions for ambulatory patients visiting the health facility above 40 years old. Screening for hypertension was conducted for 40 years and above by prescribers including the drungtsos. Blood sugar and hypertension screening is offered for all pregnant women at the antenatal checkup clinic. Health facility team organizes community health camps during the major community events such as tsechu and mela.
(2) Medical officers do not visit BHUs for clinical mentoring and supervision for two reasons. The concept and practice of clinical mentoring is nonexistent. The travel budgets for such visits have not been approved in the annual work plans. As a result medical doctors have restrained themselves to delivery of health services with no routine interaction with the BHU services except when called to handle emergencies and outbreaks. With more focus on NCD management at the primary health care level, BHU staff is mandated to provide chronic care management. Clinical mentoring of health assistants by medical doctors is an important step to enhance the clinical skills of health assistants for management of hypertension, diabetes, COPD, asthma, follow up of RHDs, other NCDS. The mentoring of the communicable diseases and maternal and child health programmes can also be done simultaneously.

(3) Tracking of patients with diabetes, COPD and hypertension are weak and left to patient’s follow-up behaviour. In Haa, the medical doctor reported that patients with hypertension and other NCDs send their medical prescription for refill through others from the neighbourhood coming to the health facility. A household mapping of health condition is only implemented through line listing of pregnant mothers to ensure complete antenatal care and prevent maternal deaths. The Haa dzongkhag administration felt that the health policy makers should consider designing strategies to map the household level information on health and diseases by health workers. The prevailing practice of annual household survey collect household information on basic sanitation, family composition and other health events in all parts of the country (except bigger urban settings of Thimphu and Phuntsholing). This practice provides potential opportunity for collection of information on chronic disease and design an information linkage for follow up and tracking of patients with chronic diseases.

(4) A DHO has an important role of managing the overall health services in a district. He/she is responsible for making overall annual work plans and five year plans for the district health services. DHOs are primarily overseeing annual planning, coordination and ensuring supply and logistics. The minimum staffing standard of a district health office is a DHO and an assistant DHO. At the time of the review, seven of the twenty districts had a single DHO. Through the decentralization governance initiative, in the recent years, gewogs and dzongkhags are allocated some amount of budget for implementing public health activities. This gives opportunity for implementation of alcohol and tobacco control, and health promoting activities at the grass root level. At the same time, it is important that capacity of district and the gewog civil service and the local leaders are given priority so that evidence-based and cost effective public health interventions can be implemented.

(5) District health officers are mostly engaged in broader coordination and administrative function leaving little or no time for technical supervision of
public health and other health services. The district health officer timing should be adequately apportioned for overseeing technical supervision. Alternative provision should be explored in reinforcing technical functions of the district by recruiting additional staff at the community health units of the district hospitals as the community health officers to oversee community-based public health interventions.

(6) A drawback regarding the MSAP implementation was that the district health sector plan did not adequately reflect the activities linked to MSAP in their annual work plan. The current district health office capacity is weak to support a comprehensive implementation of the NCD prevention and control.

**Recommendations:**

(1) Institute clinical mentoring programme through visits of medical officers to BHUs and enhance clinical care standards for cardiovascular diseases, diabetes, chronic respiratory diseases and other communicable diseases.

(2) Design a pilot intervention of a household approach for chronic care and set up patient follow up and tracking system for NCDs.

(3) Strengthen district health services for responding to NCDs through health systems response by staffing technical officers/community health officers at the district level hospitals to provide supportive supervision and mentoring of public health services at the district level.
Ministry of Education

The Ministry of Education (MoE) plays an important role to foster physical literacy and instill lifelong health lifestyles at grassroots level particularly in schools across the country. The MSAP priorities for MoE include improving school nutrition, reducing salt intake, conducting health physical education (HPE) classes and organization of various sports activities.

Key Findings:

1. MoE has 16 activities in the MSAP, out of which 11 activities have been implemented or are in progress. Key progresses made are:
   - Drafted a guideline for school feeding program developed by MoH and MoE
   - Implementing school agriculture program (SAP) in all boarding schools along schools (280 member schools for SAP) with few day schools
   - Ongoing BMI monitoring and recording for every student in the school health book
   - Advocacy on school health conducted for 145 DEOs and principals
   - Developed the National Strategic Framework for School Sports and Physical Activity (NSGSSPA) which is a road map for fostering the Health and Physical Education and sport in schools. All district and thromde education officers and principals were oriented on the NSFSSPA in 2016/2017.
   - Pursuing recruitment of minimum of one full time School Sports instructors (SSIs) in schools to look after the sport and physical activities. As of February 2018, 197 SSIs are recruited and placed in schools.
   - Health and Physical Education has been revived with the curriculum for PP- VI revised. A total 233 HPE teachers are oriented on the revised HPE Curriculum in 2017/2018.
   - Health coordinator’s workshop in six dzongkhags covering 220 school health coordinators to promote school health and health promotion
   - Developed the National Strategic Framework for School Sports and Physical Activity (NSGSSPA)- and action implementation started after the orientation workshops
   - Developed National Youth Action Plan and submitted to the cabinet for approval.

2. An important mechanism to leverage MSAP implementation in schools through the existing School Health Committee. The School Health Committee is an arrangement between the Ministries of Education and Health aimed at improving health of school children. The Committee led by secretaries of MoE and MoH is required to meet routinely to review and school health activities. Unfortunately, the committee did not convene any meeting for the past three years. Apparently, this has affected coordination of MoE and MoH in overall school health activities as well as implementing the MSAP activities. Joint school monitoring of MoE and MoH to observe school health is a key MSAP activity which remains unimplemented. A meeting of the School Health Committee is now scheduled in the second week of May 2018, which is highly welcome.
(3) Another important MSAP activity of the Department of Youth and Sports (DYS) is the launch of a pilot programme for health promoting schools in 30 schools with the aim of gathering experience and for nationwide rollout. The activity has not been implemented and the Director General (DG) of the DYS, a member of the National Steering Committee of the MSAP, was not informed of the activity. This substantiates the need for better communication in implementing the MSAP within and inter-agencies. Potential health promotion interventions such as restriction of sales of healthy food in school canteens, integrating routine physical activity have been left to the individual school managers to adopt. The drawback of non-standardized approach is the risk of leaving behind the non-performing schools due to lack of guidance.

(4) Transfer of focal points of the DYS, improper handing- and taking-over and lack of focal points have resulted in poor coordination and irregular follow up of the MSAP activities. MoE also has other players such as the department of adult education that are not represented in the MSAP. The recent initiative of central school system with full time boarding provide an opportunity to systematically implement healthy nutrition, reducing salt intake, promoting physical activity. Due to MoE’s greater role in health of school youth, inclusion of the Secretary of MoE as members of the NSC will be crucial to strengthen inter-department collaboration and strengthening health promoting policies of school children.

(5) The MoE has recruited sports instructors/physical activity instructors to integrate health promotion in schools. School Agriculture Program (SAP) is active in most schools and promote organic school-based kitchen garden. DYS also provides youth counselling services and engage out-of-school youth through the youth centers operating in major towns in the country.

Key recommendations:

(1) Revitalize School Health Committee meetings of the MoE and MoH and include health and physical activity promoting schools in the agenda.

(2) Include Secretary of Education as the member of the MSAP NSC member to render greater priority to health of school going children.

(3) MoE should initiate a 30 pilot of health promoting school and experiment a model for health promoting schools for the Bhutanese school systems. The school health programmes of the MoE and MoH should closely coordinate to implement the pilot programme.
Ministry of Economic Affairs

The Ministry of Economic Affairs has the primary mandate of fostering and promoting trade through issuance of license and promoting ease of doing business.

Key Findings

1. MoEA has six activities in the MSAP. These include initiatives to increase alcohol tax, zoning and licensing policies and instituting mandatory education programmes for alcohol licensees of which none were implemented. However, Department of Trade has placed a moratorium on new bar licenses. The Department of Trade is a member of the Implementation Subcommittee. Key achievements of the MoEA are:
   - Consumer protection Department has initiated Smart Consumer awareness program to check the labelling in collaboration with BAFRA.
   - Stopping issuance of new license, zooning in the bar license away from intuitions and high ways.
   - Suspension of licenses for defaulters and restriction of alcohol outlets near schools, monastery and high way initiatives are in place but needs further re-enforcement and monitoring

2. It appears that there are ongoing misperceptions among dealing officers at the MoEA that increasing tax and enforcing regulatory measures of sales of alcohol are a contradiction to the role of the Ministry to facilitate trade and promote ease of doing business. The MoEA officials need to be fully informed and taken onboard regarding the broader contexts of trading responsibilities and consumer protection particularly in dealing with commodities of public health concern such as alcohol and tobacco. This notion needs to be corrected through interagency dialogue and generating evidence of economic benefits of trade discounting for health damages and other externalities.

Key Recommendations

1. Secretariat through the NSC should reengage the MOEA to make continued efforts to implement alcohol control measures and introduce regulatory measures for unhealthy food including products with high salt contents, and sugar sweetened beverages. A written communication from the Chair of the NSC to the Minister of MoEA seeking the ministry’s support for implementation of alcohol policies and the MSAP related activities could facilitate better dialogue with the MoEA.

2. MoEA should review alcohol licensing policies and set up mandatory education programme for license holders.

3. MoEA along with MoH should participate in commissioning a joint econometric analysis of alcohol trade for informing evidence-based policy on alcohol control.

4. MoEA along with MoH participate in an indept policy analysis in increasing alcohol tax and explore options for channeling to the Bhutan Health Trust Fund/ earmarking for implementing public health initiatives by implementing agencies.
Ministry of Works and Human Settlement

Key findings:

The Ministry of work and Human Settlement (MoWHS) is responsible for urban planning policies. The MoWHS’s activities in the MSAP aim at instituting healthy urban environment through urban design and improving built environment. There are four activities in the MSAP primarily focusing on engaging health sector for consultative discussions in urban planning; none of the activities have been adequately implemented. The key unimplemented activities is the inclusion of health representative during public consultative meetings for urban planning and development.

The MoWHS is not fully aware of the MSAP activities. Poor coordination between the MoHWs and the Secretariat, lack of focal person designated for MSAP were pointed out as the reasons for low performance of the Ministry. Although an officer is represented in the implementation subcommittee, lack of systematic information sharing practices has resulted in ineffective communication.

Key recommendations

(1) The MoWHS should seek a health sector representative in the central and district level during the planning, design and implementation phases of urban plans to contribute towards promotion of healthy urban setting initiatives.

(2) Secretariat and the member of the ISC from the MoWHS should work closely collaborate to implement the identified activities of the Ministry.

(3) The urban health unit of the MoWHS and urban health programme of the MoH should engage in close collaborative work in urban health promotion interventions and explore implementation of Healthy City Initiatives.5

5 http://www.who.int/life-course/partners/alliance-healthy-cities/en/
Thimphu Thromde

Thimphu is a fast growing city with huge influx of population from across the country. Nearly one seventh of Bhutan’s population resides in the capital. With rapid development, population influx and increased commercial activities, city is also experiencing increasing challenges related to alcohol and substance abuse among youths, increased vehicular congestion, road injuries and associated problems. The Thimphu Municipality has paramount responsibility to ensure the public health and safety of the population.

Key Findings:

(1) Thimphu Thromde had assumed the full ownership of the MSAP activities. The Thrompon is a member of the NSC. The Thromde demonstrated high level of commitment to implement the MSAP activities focusing on tobacco and alcohol control, and setting up healthy city initiatives. Among the Thromde’s 14 MSAP activities, 13 are implemented or are in good progress. Some of the key implementation progress are:

➢ Development of infrastructure development for physical activity through construction of a three kilometer river-side trail from Taba to Vegetable Market, designation of a cycling lane in Debum Lam, construction of multi storey parking lot to improve pedestrian space in Norzin Lam

➢ Stopped migration of bar license from other areas to city’s territorial jurisdiction

➢ Enhanced enforcement of tobacco and alcohol control by inspectorate teams leading to increase in cancelation of bar licenses for the defaulter of alcohol sales rules.

(2) The Thromde is also coordinating with other NGOs such as Care Bhutan, Chuthuen Phendey to strengthen alcohol and substance abuse reduction programmes.

(3) Mandated policy of every teacher to mentor one vulnerable child in schools.

(4) Considering the popularity of the Open Air Gym, the Thomde has allocated separate budget of Nu. 5 million for maintenance of the open air fitness facilities. However, the maintenance of open air fitness facilities has become tricky due to lack of agencies and private entities with knowhow on equipment maintenance. Other challenges for the Thimphu Thromde are inadequate number of inspectors for routine inspection and public resistance and lack of support in creating car free zones within the city.

Key Recommendations

(1) Strengthen enforcement initiatives for inspection of alcohol and tobacco businesses and school premises for any illegal operation.

(2) Submit a human resource plan to the RCSC to increase number of enforcement inspectors.

(3) Identify private partners for maintaining the open air gym.
Royal Bhutan Police

The Royal Bhutan Police interventions focus on enforcement of drink driving along with the RSTA, control of illicit tobacco trade, supporting enforcement initiatives of the Bhutan Narcotic control agency for tobacco control and restricted substances and enforcing alcohol trade rules with the Municipal authorities.

Key findings:

(1) The MSAP activities of the RBP are in good progress. Salient activities conducted by the RBP include inspection of drink driving using breath analyzers, highway inspections of motorists on Fridays for the “Zero Tolerance Day”, and routine inspection of tobacco and other illegal substances at entry and exit points. RBP also participate in joint monitoring visits for alcohol and tobacco inspections along with BAFRA, Trade, and BNCA. RBP also implements activities in addition to MSAP responsibilities, Some of the additional activities implemented by RBP are:

- developed standard operating procedure for imposition of penalty in tobacco rule violation
- created awareness in the schools, drivers, communities, school drop outs, Police Youth Partnership Program for alcohol, drugs, tobacco and creation of school traffic.

(2) The senior management of the RBP Head Quarters is not fully informed about the role of RBP within the MSAP. Improved internal communication within the organization at the Head Quarters and at the district offices regarding the role of RBP in MSAP can strengthen the existing strong collaborative work of the RBP with the BNCA, RSTA and other enforcement agencies.

(3) RBP’s key challenges in implementing the MSAP include: need of resources to procure adequate number of speed guns and alcohol breath testing equipment, lack of dedicated focal person for MSAP affecting the coordination, weak record keeping and lack of robust database for infringement records, and communication gap between Secretariat and RBP.

Key Recommendations:

(1) Considering the prominent role of the RBP in implementing the law enforcement provisions of tobacco, alcohol and drink driving, a focal officer or the unit should be identified to oversee the implementation and the reporting of the MSAP activities.

(2) Senior management of the RBP should mobilize the technical and budgetary support for capacity building on information management and development of data base to document enforcement activities.
Bhutan Agriculture and Food Regulatory Authority

BAFRA is the lead agency in protecting consumers, advocating and enforcing food safety nutritional regulatory requirements and salt reduction strategies.

Key Findings:

1. Among seven listed in MSAP activities, one activity is completed, two on track, and two activities (2.3.2.2) and (2.3.6.1.) was suggested for change/switch the lead agency. BAFRA informed that the Activity 2.3.2.2 contradicts BAFRA’s Core Mandates (i.e. Food Safety). Therefore it was suggested that BAFRA should be put in as the implementing partner with Department of Public Health as the Lead Agency for this activity. Similarly for the activity 2.3.6.1 BAFRA suggested that it should be put in as an implementing partner with Department of Public Health, MoH as the lead agency since BAFRA does not have nutrition professionals and the activity is beyond the purview of BAFRA’s core mandates for BAFRA to take a lead role. Further BAFRA pointed out that since Codex Guideline on Nutritional Labelling is already available on line, the DOPH, MoH may be interested in reviewing and improving it and then BAFRA could take the document forward by getting the endorsement through the National Codex Committee and the National Food Quality and Safety Commission before circulation to the food business operators as guideline.

2. BAFRA is participating with the MoH in developing the national salt reduction strategy. BAFRA is represented both in the NSC as well as a member of the implementation subcommittee. The focal person is very active and well versed with the NCD activities of the MSAP.

3. The legal and regulatory provisions for food safety are mostly in place with some gaps. The current Food Legislation does not address the need for Nutritional food labelling and also does not make provision related to International Health Regulations standards (IHR 2005). There is no nutritional guideline and BAFRA does not have adequate technical capacity. As nutritional labelling is also a health sector responsibility, BAFRA had proposed MoH to lead the activity for nutritional labelling.

4. Joint survey/surveillance of food containers of pesticides heavy metals mycotoxins and others harmful adulterants/contaminants was put on hold due to shortage of funds.
**Recommendations**

1. BAFRA and MoH need to establish a common understanding on the formal role of BAFRA in implementation of the salt reduction strategy. The agencies should convene a meeting with the involvement of the senior management from both sides and finalize the mandate of the BAFRA and the MoH. The two agencies should jointly develop guideline/policy for salt and trans-fat limits.

2. BAFRA has been designated as a lead agency in development of the nutritional labelling in the MSAP. Operationally this requires a joint contribution of the MoH and BAFRA. As BAFRA does not have technical capacity for health and nutrition, this activity may be best led by the MoH.

3. BAFRA should have competent professionals with nutrition and public health training. In the immediate term, BAFRA should explore for staffing a health attache on secondment. In the long term, BAFRA should secure permanent position and recruit staff with nutrition and public health competencies.

4. Review the Food Act to include Nutritional labelling requirement, risk based approach to prevent, detect and control food hazards and other health related requirements.

5. Request technical support from WHO to support in-country capacity building in the above technical matters.
Bhutan Narcotic Control Authority

BNCA is the enforcement agency of the Bhutan Tobacco Control Act. BNCA has a competitive advantage in being a tobacco control agency as a primary mandate with legal authority.

Key Findings:

(1) BNCA has 14 activities in the MSAP, of which 13 are in good progress. BNCA operates in coordination with Thromde, RBP, Health, BAFRA and NGOs. BNCA is well represented at two levels of the governance; the Director General is the member of the National NCD Steering Committee and an official is represented in the implementation subcommittee.

Key achievements of the BNCA are:

- Training on tobacco cessation and counselling for health workers and peer educators
- Amendment of the Tobacco Act
- Inspection and enforcement of smoking in public places, and tobacco sales with close coordination with Thromde and RBP
- Setting up of drug testing programme for all the service providers including arm force, pilots, new recruits for the Civil Service.

(2) BNCA is also providing tobacco cessation services. Key challenges of the BNCA include inadequate technical capacity for tobacco cessation, difficulty in securing external support for technical capacity development.

Key Recommendation:

(1) BNCA and MoH to coordinate and develop joint trainings related to tobacco cessation and counselling as a part of health care delivery.
Road Safety and Transport Authority

The Road Safety and Transport Authority is the lead agency in implementing drink driving prevention and road safety promotion.

(1) RSTA has implemented five out of the six MSAP activities. Key progress of the RSTA are:

- Annual road safety reports covering causes of road crashes and the summary of the report is available at www.rsta.gov.bt. Alcohol is one of the main causes of road crashes.
- Procured 55 Breath Analyzers with inbuilt printers and distributed 10 Analyzers to the Traffic Police; purchased 44 Quick Test (Breath Analyzer without printers) and distributed 15 to the Traffic Police; procured 24 speed guns.
- Regular inspections at bus terminals and random inspections.

(2) The Road Safety and Transport Act 1999 was reviewed in 2017 and proposed a raise in the monetary penalties for drink driving, over speeding and unlicensed driving; the bill is awaiting endorsement of the Parliament. The RST Regulations was reviewed in 2016.

(3) RSTA has introduced a mandatory requirement for fitness of public transport. Drivers and passengers not permitted to smoke inside the vehicle. Any complaints related to violation of rules are received through 111 (Toll Free Number for Traffic Police) and Social Media.

(4) Policy to regulate and limit alcohol outlets on the national highways have not been instituted, as it requires broader stakeholders and policy dialogue.

(5) RSTA has initiated new Toll Free numbers but are suspended due to operational challenges and will be made functional nationwide from the next financial year.

(6) Key challenges faced by the RSTA are: shortage of inspectors – at minimum 20 additional motor vehicle inspectors are required to enhance enforcement, inadequate safety equipment and communication gadgets for inspectors. Other obstacles include poor communication from Secretariat and the MoH and difficulty in securing government budget in the annual workplan for the MSAP activities.

Key Recommendations:

(1) RSTA and MoH should engage in initiating a policy dialogue to reduce alcohol outlets on the national highways to promote road safety and reduce drink-driving. A quick mapping of alcohol outlets on the national highways and their sales practices should be documented as a basis for the policy change.

(2) Engage the parliamentarians on the draft Bill and include the provision of reducing the alcohol blood concentration level to lower limits from the current high levels of 0.08 mg/dl

(3) Prepare a solid proposal for the RCSC for recruitment of additional inspectors.
SECTION C. ENABLERS AND OBSTACLES

Summary of enablers (capacity and assets)

There are several enablers and assets for MSAP that contributes to the implementation of the multisectoral approach. The enablers have to be recognize and constant effort must be taken to sustain their influence or build on these factors to maximize the multisectoral response. The key enablers include the following:

1. Presence of high level political commitment with a cabinet endorsed MSAP.
2. Existence and proactive multisectoral governance mechanisms.
3. Efforts to fund the MSAP activities through government resources.
4. The approach to implementation of the interventions are tied to the agencies core functions and ‘buy in’ from agencies already established.
5. Strong laws for tobacco control.
6. Existence of legislative backup for alcohol, tobacco control activities in general are in line with the cost-effective best buy public policies advocated by WHO.
7. Local government structures are strong and flexible to approach through a multistakeholder approach.
8. Availability of minimal funds for public health activities within the dzongkhag and gewog levels.
9. The existing complementary approaches of multisectoral interventions addressing HIV and domestic and gender based violence prevention at the dzongkhag level.
10. Inclusion of MSAP related activities in the Work Plans of Individuals and organizations.
11. Activities related to alcohol control are increasingly being included in the annual performance framework of stakeholders.
12. There are efforts to embed MSAP activities in the five year plans which ensures both political and financial sustainability of the response.

Summary of cross cutting issues and solutions/recommendations

There are several implementing issues/obstacles in the MSAP response. These issues are classified into following five broad areas:

1. Policy and leadership
2. Managerial issues
3. Technical matters
4. Human resource and structural issues, and
5. Low financing

Subset of problems are identified under each of the major themes. The majority of these obstacles can be addressed relatively in short time frame without investment of substantial additional resources. If the solutions and recommendations are implemented diligently, the efficiency of the multisectoral response is likely to be further enhanced. Solutions and recommendations for some of the common problems are detailed in the table below.
### Table 2. Cross cutting issues and recommendations

<table>
<thead>
<tr>
<th>Thematic issues and problem manifestations</th>
<th>Solutions and recommendations</th>
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</thead>
<tbody>
<tr>
<td><strong>Policy and leadership issues</strong></td>
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</tr>
<tr>
<td>• Executive order from the Prime Minister’s office not sent</td>
<td>- The Secretariat to pursue for an executive order from the Prime Minister for implementation of the MSAP and circulate to the stakeholders including local governments</td>
</tr>
<tr>
<td>• District governor not aware of the MSAP</td>
<td>- Conduct a one day reorientation workshop among the key stakeholders and advocate inclusion of key activities in Annual Performance Agreement of stakeholders</td>
</tr>
<tr>
<td>• Local elected leaders not aware of the MSAP</td>
<td>- Conduct one annual meeting on national multisectoral response for NCDs chaired by Ho’ble Prime Minister</td>
</tr>
<tr>
<td>• District medical officer and sector heads not aware of the MSAP</td>
<td>- National Alcohol Harm reduction committee to be merged with NCS making Home Minister as Co-Chair of the NSC</td>
</tr>
<tr>
<td>• Inadequate implementation of MSAP activities by sectors</td>
<td>- Secretariat should ensure inclusion of an agenda item on NCDs in the annual Dzongdag conference</td>
</tr>
<tr>
<td>• Unable to effectively link MSAP activities to AKRA</td>
<td>- Identification of best performing Institute governance mechanism at district and gewog levels</td>
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<tr>
<td>• Inadequate participation at the National Steering Committee</td>
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<tr>
<td><strong>Managerial challenges</strong></td>
<td></td>
</tr>
<tr>
<td>• Number of expected meetings of the NSC and ISC not achieved</td>
<td>- Incentivize the agencies/LG by awarding appreciating letters agencies in the annual report. Also promote study field visits within or outside country for best performing agencies.</td>
</tr>
<tr>
<td>• Secretariat has not taken steps to initiate circulation of the executive order from the Prime Minister’s Office</td>
<td>- Develop a common social media platform for sharing MSAP events and updates for the MSAP focal points of stakeholders and the secretariat and the NSC.</td>
</tr>
<tr>
<td>• Poor coordination across and within implementing agencies</td>
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<tr>
<td>• MSAP implementation plan not disseminated to implementing partners and local governments</td>
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<tr>
<td>• Inadequate follow up on the recommendations of the NSC</td>
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<tr>
<td>• Lack of monitoring and progress updates</td>
<td></td>
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<tr>
<td>• Technical units of the MoH not fully informed on the activities within the MSAP</td>
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<tr>
<td>• Annual work planning of stakeholders not conducted</td>
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<tr>
<td><strong>Technical matters</strong></td>
<td></td>
</tr>
<tr>
<td>• Implementation subcommittee not adequately formulated</td>
<td>- Reformulate implementation subcommittee and assign the teams to guide the technical issues and the publication of the annual implementation report</td>
</tr>
<tr>
<td>• Low mass media on major NCD risk factor not developed</td>
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<tr>
<td>• No standardized reporting and monitoring forms of the implementing partners</td>
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<tr>
<td>• Annual report of the MSAP not published</td>
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</table>
and submitted to the Cabinet and the Lhengye Zhungshog

- Harmonization and integration of activities with MSAP are poor
- Increase in alcohol taxation is perceived as contradictory to promotion of ease of doing business

**HR and structural issues**
- Existing Secretariat overburdened and weak
- Focal agents/person not identified with ToR
- Inadequate inspectors for RSTA and Thromde
- MSAP activities not accounted well in the IWP
- Incomprehensive public health programme for diabetes, cancer and respiratory diseases and cardiovascular diseases
- No supportive supervision for clinical services at BHUs
- Minimal structured supportive supervision for other public health services from the DHO

**Low financing**
- MSAP activities put on hold in BAFRA, and RSTA

**Solutions and recommendations**

- Institute a full time Secretariat
- Expand the LSRDP into disease-specific public health programme for health systems strengthening
- Enhance technical capacity of the LSRD preferably medical officers to fulfill clinical; make full time Secretariat.
- Appoint focal units/person with clear ToR and include in their IWP
- Establish a community health officer (CHO) at the district hospital/district health office
- Advocate inclusion of NCDs and multisectoral response in the government flagship programme

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**Recommendations for immediate implementation**

1. NSC to submit a six monthly cabinet appraisal progress report.
2. Annual cabinet meeting chaired by the Hon’ble Prime Minister to review the implementation of the MSAP.
3. MoH to include an agenda on the implementation of the Dzongkhag MSAP during the annual Dzongdag’s conference.
4. Secretariat to guide the district health sector to institute dzongkhag level coordination mechanism (Dzongkhag Health Steering Committee or Dzongkhag NCD Committee whichever is found feasible by the dzongkhag).
5. Merge the National Alcohol Harm reduction committee with NCS and recommend the Hon’ble Home Minister as the Co-Chair of the NSC.
6. Strengthen of the Secretariat with a full time Secretariat.
7. Develop a proposal for the NCD multisectoral response as a flagship programme of the 12 FYP.
8. Develop standard tools for NCD related data collection, monitoring, reporting, and feedback of the MSAP implementation.
Programmatic recommendations

There are few programmatic recommendations that can accelerate coverage of MSAP response. Since the list of MSAP is already comprehensive, adding list of interventions may derail the implementation of what has been already endorsed by the Cabinet. The following activities are recommended for priority implementation as they are crucial to improve the reach of the programme at a wider scale.

1. Piloting health promoting school to create a model for the Bhutanese school systems (MoE and MoH).
2. Institute alcohol licensing and mandatory education programme among licence holders.
3. Launch mass media campaign on NCD risk factors: tobacco, alcohol, physical activity and healthy diet.
4. Include MSAP implementation in the Thompon meetings of the four Thromdes: Thimphu, Phuntsholing, Gelephu and Samdrup Jongkhar.
5. Commission a study of economy analysis on alcohol in Bhutan.
6. Conduct an in-depth policy analysis of increasing tax on alcohol and channeling to the health trust fund or earmarking for implementing public health initiatives.
7. To propose changing regulations to lower alcohol blood concentration level from 0.08mg/dl to lower levels among drivers.
8. Review regulatory tools for effective implementation of drink-driving and increasing the penalties to deter drink driving.
9. Pilot mapping of the NCD cases and risk factors at household level and strengthen recall and follow up system for NCD patients.

Recommendations to WHO

WHO should provide the following technical support:

1. Commission a study of economy analysis on alcohol in Bhutan.
2. Conduct an in-depth policy analysis of increasing tax on alcohol and channeling to the health trust fund or earmarking for implementing public health initiatives.
3. Pilot household and family health approach to follow up and patient tracking system for people with NCDs.
4. Support the Secretariat of the NSC in conducting a follow up on recommendations at six and 12 month following the endorsement of the mission report.

Prioritization of recommendations

The recommendations of the review are prioritized into four categories based on the urgency of the need to implement to accelerate implementation of the MSAP. Recommendations are classified as critical and necessary with all recommendations within the implementation timeline of one year. The implementation timeline is categorized before and after six months. Although recommendations are not strictly dichotomous and mutually exclusive, the four categories provide a rough guide to prioritize implementation. The list of the prioritized actions are detailed in overleaf in table 3.
### Priority matrix of recommendations for 12 months

**Table 3. Priority matrix of recommendations**

<table>
<thead>
<tr>
<th>DO NOW (&lt; 6 months)</th>
<th>DO LATER (6-12 months)</th>
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<tbody>
<tr>
<td><strong>CRITICAL</strong></td>
<td><strong>NECESSARY</strong></td>
</tr>
<tr>
<td>1. Appoint/recruit full time secretariat and segregate functions from the current LSRDP</td>
<td>1. Build a team in the LSRDP with a skill mix comprising of clinical competencies for advancing disease-based interventions for CVDs, diabetes, COPD, asthma, cancers, public palliative care, stroke management, and health service standards, protocols, training programmes for improving health systems response</td>
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<tr>
<td>2. Seek executive order of the Prime Minister and circulate to all stakeholders including LGs to implement MSAP</td>
<td>2. Formation of Dzongkhag NCD coordination team</td>
</tr>
<tr>
<td>3. Appoint agency focal points in MoH, Trade, RBP, Dratsang, BNCA, MoWHS and establish communication chain with the Secretariat and ensure inclusion of the MSAP activities within the IWP of staff, and orient focal persons on MSAP</td>
<td>3. Prepare first appraisal of the cabinet on the implementation progress and convene the first cabinet meeting chaired by PM (By December 2018)</td>
</tr>
<tr>
<td>4. Form the three Implementation Subcommittees and conduct the first meeting</td>
<td>4. Propose the creation of the following technical units: i) CVD and diabetes programme, ii) chronic respiratory diseases programme, iii) cancer control programme with adequate staff of core medical professionals (such as doctors, nurse practitioners, and other core biomedical professionals)</td>
</tr>
<tr>
<td>5. Activate school health committee and conduct meetings chaired by the Secretaries of the MoE and MoH</td>
<td>5. Conduct annual cabinet meeting chaired by Prime Minister to review the NCD situation</td>
</tr>
<tr>
<td>6. Use standard minuting format for all meetings</td>
<td>6. Formation of district level NCD committee in district and gewog levels</td>
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<tr>
<td>7. Revise the activity recording and reporting formats</td>
<td>7. Include NCD agenda in the annual meeting of the governors</td>
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<td>8. Conduct annual stakeholders review meeting</td>
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<tr>
<td>9. Conduct stakeholders mobilization workshops at dzongkhag and gewog levels</td>
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<tr>
<td>10. Institute a recognition and incentive criteria for best performing stakeholders</td>
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| 1. Compile the quarterly and six monthly report using revised forms | 1. Propose recomposition of NSC and seek approval of the cabinet to: (i) include Secretary of the MoE, and (ii) merge national alcohol harm reduction committee with the NCD national Steering Committee and appoint Hon’ble Home Minister, the chair of the Alcohol Harm Reduction Committee as the Co-chair of the NSC and other members as the member of the NSC |
| 2. Send an executive order to support Thromde enforcement activities of Bars, Entertainment halls to reduce harmful use of alcohol and promoting responsible business from the NSC Chair. | 2. Recruit graphic designer |
| 3. Propose recomposition of NSC and seek approval of the cabinet to: (i) include Secretary of the MoE, and (ii) merge national alcohol harm reduction committee with the NCD national Steering Committee and appoint Hon’ble Home Minister, the chair of the Alcohol Harm Reduction Committee as the Co-chair of the NSC and other members as the member of the NSC |
| 4. Launch mass media NCD campaign |
Limitations

The mission visited only two districts in the country. It is possible that implementation status may vary in districts. However, general sense from the discussions with the MoH and other informants make us conclude that the implementation is not so different from the two dzongkhags.

The mission also could not assess the implementation status of the major municipal areas: Phuntsholing, Gelephu and Samdrupjongkhar. It is difficult to compare the implementation with Thimphu Thromde. The mission team speculates that the implementation level of the three Thromde may not exceed Thimphu Thromde as the performance of the Thromde is excellent.

Conclusions

A review of the implementation capacity of stakeholders was beneficial in identifying capacity gaps, and deriving practical solutions to build capacity to scale up NCD interventions and advocating the stakeholders and the national NCD steering committee to implement the recommendations with speed and volume to achieve the agreed national targets agreed of the MSAP. There is considerable level of multisectoral response implemented in line fidelity with the MSAP document. The political leadership, structural mechanism, and allocation for domestic resources for implementation have been satisfactory. These efforts have led to collective efforts by various agencies. However, there are still implementation obstacles many of which can be overcome by minimal efforts. Salient implementing issues for MSAP response include: coordination, low understanding on agencies in the rules of engagement, weak secretariat and issues with human resource deployments in technical units of the Ministry of Health. By understanding the existing assets and capacity needs, steps for improvements can be taken. Bhutan has the opportunity to showcase the state of art of implementing multisectoral response both within the South-East Asia Regions and in globally in prevention and control of NCDs. The identified actions that have been identified within the priority matrix are a set of low hanging fruits to accelerate multisectoral response and leapfrog NCD control in the Kingdom. Finally the review team proposes to include national multi-sectoral response for NCDs as a flagship programme of the country to further strengthen the national response to combat NCDs as a fast-track country in the Region.
Annex 1

Agencies consulted

(1) Minister of Health, Chair, NSC
(2) Department of Youth and Sports, MoE
(3) Office of the consumer protection, MOEA
(4) Thimphu Thromde
(5) Bhutan Narcotic Control Agency
(6) Bhutan Food Regulatory Authority
(7) Royal Bhutan Police
(8) Road Safety and Transport Authority
(9) Ministry of Work and Human Settlement
(10) Ministry of Finance (Revenue and Customs)
(11) Department of Budget and Accounts, Ministry of Finance
(12) Ministry of Health
(13) Khesar Gyalpo University of Medical Sciences
(14) Punakha (Dzongkhag administration including health sector and gewog leaders)
(15) Haa (Dzongda and team including health sector and gewog leaders)
(16) Gross National Happiness Commission
Annex 2

Review teams

<table>
<thead>
<tr>
<th>Name</th>
<th>Designation</th>
<th>Agency</th>
<th>Email ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ms Dechen mo</td>
<td>DHO</td>
<td>Punakha Dzo Adm</td>
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</tr>
<tr>
<td>Mr Samten</td>
<td>DHO</td>
<td>Haa Dzo Adm</td>
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<tr>
<td>Mr Tshering Dendup</td>
<td>Dy.CPO</td>
<td>PPD, MoH</td>
<td><a href="mailto:tdendup@health.gov.bt">tdendup@health.gov.bt</a></td>
</tr>
<tr>
<td>Mr Sonam Dendup</td>
<td>Program Officer</td>
<td>RSTA</td>
<td><a href="mailto:sdhendup@rsta.gov.bt">sdhendup@rsta.gov.bt</a></td>
</tr>
<tr>
<td>Mr Karma Tenzin</td>
<td>Program officer</td>
<td>BNCA</td>
<td><a href="mailto:ktenzin@bnca.gov.bt">ktenzin@bnca.gov.bt</a></td>
</tr>
<tr>
<td>Mr Chencho Wangdi</td>
<td>ASC</td>
<td>Dept of Youth and sports. MoE</td>
<td><a href="mailto:chenchow@moe.gov.bt">chenchow@moe.gov.bt</a></td>
</tr>
<tr>
<td>Mr Kecho Wangdi</td>
<td>NPO</td>
<td>WHO, CO</td>
<td><a href="mailto:wangdik@who.int">wangdik@who.int</a></td>
</tr>
<tr>
<td>Mr Kaling Dorji</td>
<td>Sr. RQO</td>
<td>BAFRA</td>
<td><a href="mailto:kalingd@moaf.gov.bt">kalingd@moaf.gov.bt</a></td>
</tr>
<tr>
<td>Dr Tashi Tobgay</td>
<td>Registrar</td>
<td>KGUMBS</td>
<td><a href="mailto:tobgayla2000@gmail.com">tobgayla2000@gmail.com</a></td>
</tr>
<tr>
<td>Ms Pemba Yangchen</td>
<td>Dy.CPO</td>
<td>LSRD, DoPH</td>
<td><a href="mailto:pyangchen@health.gov.bt">pyangchen@health.gov.bt</a></td>
</tr>
<tr>
<td>Ms Tshewang Lhadon</td>
<td>APO</td>
<td>LSRD, DoPH</td>
<td><a href="mailto:tshewangl@health.gov.bt">tshewangl@health.gov.bt</a></td>
</tr>
</tbody>
</table>

WHO SEARO Review Team

1. Dr Palitha Mahipala, Coordinator, Noncommunicable Diseases
2. Dr Nazeen Anwar, Regional Adviser, Mental Health
3. Dr Gampo Dorji, Technical Officer, Noncommunicable Diseases
Annex 3

Review Teams A and B

Team A

(1) Mr Karma Tenzin, BNCA  
(2) Mr Chencho, DYS  
(3) Mr Sonam Dendup, RSTA  
(4) Ms Dechen Mo, DHO, Punakha  
(5) Ms Pemba Yangchen, MoH  
(6) Mr Tshering Dhendup, MoH  
(7) Dr Nazneen Anwar, WHO, SEARO  
(8) Dr Palitha Mahipala, WHO SEARO

Team B

(1) Mr Kaling Dorji, BAFRA  
(2) Dr Tashi Tobgay, KGUMSB  
(3) Mr Samten, DHO, Haa  
(4) Ms Tshewang Lhadon, MoH  
(5) Mr Kencho wangdi, WHO, Country Office  
(6) Dr Gampo Dorji, WHO, SEARO
Annex 4

Agenda for the visit

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
<th>TEAM A</th>
<th>TEAM B</th>
</tr>
</thead>
<tbody>
<tr>
<td>23 March 2018</td>
<td>09.00-09.30am</td>
<td>Courtesy call WHO Representative</td>
<td></td>
</tr>
<tr>
<td></td>
<td>9.40-12.40pm</td>
<td>Meeting with Hon’ble Health Minister, Secretary and Director, DoPH</td>
<td>(Venue- Minister’s chamber)</td>
</tr>
<tr>
<td></td>
<td>02.00-05.00pm</td>
<td>Meeting with RSTA, RBP, BNCA and Thromdey</td>
<td>Meeting with KGUMSB</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Venue- MoH conference)</td>
<td>Presentation on NCD by the team</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(Venue- KGUMSB)</td>
</tr>
<tr>
<td>24 March 2018</td>
<td>9.30-12.30 pm</td>
<td>Meeting with MoE And MoWHS</td>
<td>Meeting with DoRE, Trade and BAFRA</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Venue- MoE conference)</td>
<td>(Venue- MoH conference)</td>
</tr>
<tr>
<td></td>
<td>02.00-05.00pm</td>
<td>Meeting with MoF</td>
<td>Meeting with GNHC</td>
</tr>
<tr>
<td>25 March 2018</td>
<td>09.30-12.30pm</td>
<td>Leave for Punakha</td>
<td>Leave for Haa</td>
</tr>
<tr>
<td></td>
<td>02.00-05.00pm</td>
<td>Field work documentation by team</td>
<td>Field work documentation by team</td>
</tr>
<tr>
<td>26 March 2018</td>
<td>9.30-12.30 pm</td>
<td>Meeting with the Dzongdha, DHO, CMO and DEO</td>
<td>Meeting with the Dzongdha, DHO, CMO and DEO</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(Venue: Dzongdag office)</td>
<td>(Venue: Dzongdag office)</td>
</tr>
<tr>
<td></td>
<td>02.00-05.00pm</td>
<td>Visit to Kabisa BH U II</td>
<td>Visit to Ugyen Dorji High School</td>
</tr>
<tr>
<td>27 March 2018</td>
<td>09.00-12.30pm</td>
<td>Visit to RCSC??</td>
<td></td>
</tr>
<tr>
<td></td>
<td>02.00-05.00pm</td>
<td>Presentation on the findings and way forward</td>
<td>(Venue: MoH conference)</td>
</tr>
</tbody>
</table>
Annex 5

Terms of reference

Review of capacity needs for NCD multisectoral response and follow up of the UNIATF recommendations in Bhutan

Rationale

Bhutan has in place a comprehensive set of NCD and NCD-related strategies and action plans. The Royal Government of Bhutan endorsed the multisectoral NCD action plan (MSAP) in 2015 aligning with the WHO Regional Plan for prevention and control of NCDs. Significant progress have been made in the country in improving access to NCD prevention and control since the endorsement of the 2011 UN High level Declaration on NCDs. However, much remains to be achieved considering the high burden of NCDs among the Bhutanese population. A joint programming mission of the United Nations Interagency Task Force (UNIATF) on the Prevention and Control of Noncommunicable Diseases to Bhutan held on 6-10 February 2017 observed numerous actions areas of NCD response. The mission recommended immediate actions, medium – and long-term actions to be implemented by 2018, 2019 and 2020 respectively. However, the implementation of these recommendations has been slow. One of the key reasons for the delayed implementation perceived to be low capacity among stakeholders.

The Hon’ble Minister, Ministry of Health requested the WHO delegation team accompanying the WHO South-East Asia Regional Director’s visit in Bhutan in April 2017 to support the review of the capacity needs of Health Sector and other multi-stakeholders to implement the national NCD multisectoral plan.

A review of the implementation capacity of stakeholders will be crucial to identify capacity gaps, and derive practical solutions to build capacity to scale up NCD interventions with speed and volume to achieve the agreed national targets agreed of the MSAP and follow up of the UNIATF recommendations. By understanding the capacity needs and taking forward the recommendations to capacity building, Bhutan has the opportunity to demonstrate itself as a regional and global leader in the fight against NCDs. Within this context, a WHO review mission is proposed from 23-28 April, 2018 to conduct a rapid review of the capacity needs of the multi-stakeholders including the health sector to effectively implement the MSAP.

The key objectives of the capacity review are to:

(1) Assess the current capacity of key stakeholders to achieve the process and outcome targets listed in the multisectoral plan.
(2) Identify key enablers for implementing the NCD multisectoral response and recommend ways to sustain them.
(3) Identify major bottle necks and capacity gaps that limit the implementation of the NCD activities in accordance with the MSAP and the UNIATF recommendations such as implementation of prevention actions related to alcohol, diet, physical activity and other interventions, and propose immediate solutions and long term recommendations improve capacity needs.

Areas of reviews:

(1) The following areas will be reviewed to assess the capacity needs:
(2) Governing mechanisms (NCD multisectoral steering committees, and district level coordination committees) for NCDs - What is supposed to be versus what
is happening, best practices, key decisions taken, challenges and obstacles and recommendations to improve effectiveness of government mechanisms.

(3) NCD Secretariat capacity: Current state, key challenges and obstacles, and recommendations to improve the capability of the secretariat.

(4) Implementation of the multisectoral NCD commitments by key stakeholders - status, challenges and obstacles, and recommendations to improve capacity to implement.

(5) District and gewog level capacity needs for implementation of NCD interventions

(6) Review of the health sector capacity:
   - NCD national programme: Mapping national programme functions, staff and reorganizational needs;
   - District health sector: Mapping district level capacity and needs;
   - BHUs: Key issues and challenges at frontline health services in NCD service delivery – status.

Method of the review and coverage:

Two small teams (3-4 members) comprising of mix of national officers and a WHO expert will be formed. The national team will comprise members from relevant agencies preferably from Agriculture, Education, Ministry of Finance, GNHC, BNCA, Trade, RBP, DHO, Medical Officer and KGUMSB. Two WHO staff from WHO SEARO will lead each review team.

The review team will use a structure rapid review tool to make the discussions objective.

The WHO SEARO will develop the rapid review tool.

Each team will interact with one of the following key stakeholders Ministry of Education, Ministry of Health, BNCA, Ministry of Economic Affairs, Agriculture, Works and Human Settlements, BNCA, RBP, and other stakeholders as required. The review team will discuss with the chair and few selected members of the national NCD steering committee.

Each team will visit an identified district- a total of two districts, chosen by the Ministry of Health based on feasibility, convenience and representation.

Review team may also conduct telephonic discussions with additional districts depending on the issues that may require additional information.

Report and documentation

The review team will prepare a preliminary report during the mission and finalize the mission within one month of completion the mission.

A debriefing of the stakeholders will be held at the end of the mission.
Review Tool for Capacity review of the Multisectoral Response to Noncommunicable Disease Prevention and Control response in Bhutan

Purpose and methods:
This questionnaire is aimed at providing broad guidance to interact and collect information of stakeholders implementing NCD prevention and control within the framework of the Multisectoral Action Plan for Prevention and Control of NCDs (MSAP) in Bhutan. The review tool is divided into multiple sections for different stakeholders and few common sections to synthesize such funding and best buys.

The questionnaire is a reference guide for the review team to engage in an objective discussions and not a self-administered survey questionnaire for the stakeholder or the person being approached.

As scope of the discussions with each agency can vary, any additional areas not covered within the tool are important information for review and must be carefully documented in the field notes. The review team should ask questions beyond what is covered in the guide tool.

As this is not a structured interview but only a discussion guide, the order of areas or questions discussed does not matter. The key is that at the end of the discussion, at least the key questions listed should have been addressed.

The review team should not use the questionnaire to complete the answers to the questions in front of the person during the discussion. Instead, the review team should take notes of the discussion.

Synthesis of observations:
After completing the discussion, the review team use the field notes to complete the questions jointly completed in presence of the all members of the review team after carefully reflecting on the discussions and noting the observations. This can be done at a convenient time away from the stakeholder. For example, if the schedule in the day is tight because of multiple meetings, the review forms can be completed in the evening through a joint sitting of the review team.

Section 1.0 National coordination mechanisms

1.1 National steering committee
The section pertains to the functioning of the national coordination mechanism. The review team should discuss the functions of the coordination mechanism with few members of the committee, review the minutes of the meetings and any archived documents related to the proceedings of the national steering committee and complete the section.
<table>
<thead>
<tr>
<th><strong>Review team’s observations</strong></th>
</tr>
</thead>
</table>
| Is there any supraministerial coordination committee to oversee national multisectoral response to NCD?  
Yes  No |
| If yes, describe briefly, the adequacy and gender sensitive representation of the national coordination mechanism. |
| Describe the clarity and adequacy of the terms of reference to guide the functioning of the committee. |
| Does the committee have adequate budget allocation for its operations? How much? And how is budget utilized? |
| How many coordination meetings have been conducted so far against how many should have been organized as per the ToR?  
If the coordination committee has achieved, or not achieved the required number of meetings as per the ToR, what are some of the major limiting or facilitating factors? |
| Study the recommendations of the committee in their previous meetings referring to the minutes or reports archived. Note the number of decisions taken by the committee.  
To what extent have those recommendations been followed through or implemented?  
Clearly state the examples of actions or inactions. |
| Record any additional pertinent observations and issues that were discussed but not covered in the above. |
| What are some of the important capacity issues that limit the adequate functioning of the national steering committee? |
| What are some measures that can improve the capacity and functioning of the national steering committee. Provide specific immediate solutions and long-term actions to improve the capacity of the national coordination mechanism and its functionality  
- Immediate solutions  
- Long-term actions |
### 1.2 Implementation subcommittee

The section pertains to the functioning of the implementation subcommittee. The review team should discuss the functions of the coordination mechanism with few members of the implementation subcommittee, review the minutes of the meetings and any archived documents related to the proceedings of the implementation subcommittee and complete the section.

<table>
<thead>
<tr>
<th><strong>Review team’s observations</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Have the implementation subcommittee been formed?</td>
<td></td>
</tr>
<tr>
<td>If yes, describe briefly, the adequacy and gender sensitive representation of the national coordination mechanism.</td>
<td></td>
</tr>
<tr>
<td>Describe the clarity and adequacy of the terms of reference to guide the functioning of the implementation subcommittee.</td>
<td></td>
</tr>
<tr>
<td>Do the implementation subcommittees have adequate budget allocation for its operations? How much? And how is budget utilized?</td>
<td></td>
</tr>
<tr>
<td>How many coordination meetings of the implementation subcommittees have been conducted so far against how many should have been organized as per the ToR?</td>
<td></td>
</tr>
<tr>
<td>If the implementation subcommittees have achieved, or not achieved the required number of meetings as per the ToR, what are some of the major limiting or facilitating factors?</td>
<td></td>
</tr>
<tr>
<td>Study the recommendations of the implementation subcommittees in their previous meetings referring to the minutes or reports archived. Note the number of issues discussed by the subcommittee. To what extent have those discussions have been submitted to the steering committee or have been implemented? Clearly state the examples of actions or inactions.</td>
<td></td>
</tr>
<tr>
<td>Record any additional pertinent observations and issues that were discussed but not covered in the above.</td>
<td></td>
</tr>
<tr>
<td>What are some of the important capacity issues that limit the adequate functioning of the implementation subcommittee?</td>
<td></td>
</tr>
<tr>
<td>What are some measures that can improve the capacity and functioning of the implementation subcommittee. Provide specific immediate solutions and long-term actions to improve the capacity of the national coordination mechanism and its functionality</td>
<td></td>
</tr>
</tbody>
</table>
|  | • Immediate solutions  
|  | • Long-term actions |
Section 1.3 Secretariat of the national steering committee

This section assesses the capacity and the functioning of the secretariat of the national coordination mechanism. The review team should complete the section after completing the discussions with the officials of the Secretariat, reviewing the minutes of the meeting and other documents related to the functioning of the secretariat and the committee.

<table>
<thead>
<tr>
<th>Describe the secretarial arrangement of the committee? (Number of staff, base office)</th>
<th>Review team’s observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>In a week, how many hours does each staff dedicate to the Secretariat’s work?</td>
<td></td>
</tr>
<tr>
<td>In a week, how many hours in a week would be required to discharge the Secretarial function to coordinate the multisectoral mechanism? Hours in a week:……………..</td>
<td></td>
</tr>
<tr>
<td>Comment whether the secretarial arrangement is well structured to provide the required time and support to the committee to function as per their ToR.</td>
<td></td>
</tr>
<tr>
<td>Describe the number and nature of assistance requests received and processed by the secretariat.</td>
<td></td>
</tr>
</tbody>
</table>
| Note the following:  
  - Number of reports received from participating ministries  
  - Number of reports submitted to the national authorities and shared with international bodies |  |
| Is there dedicated budget allocated to the operation of the Secretariat for the committee? Yes No   
If Yes, what is the annual operations budget for the Secretariat. How have the budget been used. |  |
<p>| Comment whether the current staffing arrangement of the secretariat is effective to provide the required support to the national steering committee? |  |
| Review the individual work plan (IWP) of the secretariat staff. Comment whether the secretarial functions have been included in the IWP of the staff. Comment why or why not. |  |</p>
<table>
<thead>
<tr>
<th>Review team’s observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide a rating on the scale of 0 to 10, on whether the secretariat has the full capacity to coordinate the multisectoral NCD action. Rating from 0 to 10, 0 No capacity, 5 partial capacity but needs major support, 10 fully capable as the secretariat. Provide a short justification for the rating.</td>
</tr>
<tr>
<td>What specific corrective measures should be taken to improve the ratings?</td>
</tr>
<tr>
<td>Highlight key factors that would improve the current level of functioning of the secretariat. Enabling factors:</td>
</tr>
<tr>
<td>Highlight key factors that limit the functioning of the secretariat. Barriers:</td>
</tr>
<tr>
<td>Record any additional pertinent observations and issues that were discussed but not covered in the above.</td>
</tr>
<tr>
<td>Suggest immediate solutions and longer term actions to enhance the capacity of the secretariat. (Be specific). For instance, if staffing is required, mention how many and for what, if number of staff hours have to be increased, say roughly by how many hours)</td>
</tr>
</tbody>
</table>

- Immediate solutions:
- Longer-term actions:
**Section 2.0 Overall multisectoral response**

This section covers the review of the progress of the MSAP implementation and the related capacity issues pertaining to the overall multisectoral response. The review team should complete this section after reviewing the national multisectoral document and following the consultation with the national steering committee and its secretariat. This section may be revisited after completing the consultation with all stakeholders for additional updates.

<table>
<thead>
<tr>
<th>Review team’s observations</th>
<th>Agency</th>
<th>Major focus areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>List the major agencies/stakeholders involved and major area of work within the multisectoral response?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a sector-wise process indicator for the plan? If yes, how is it reported and monitored?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a result-based planning and monitoring mechanisms for multisectoral agencies? If yes, how is this implemented and coordinated.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are the indicators of NCD responses integrated and collected in the national development agenda?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>If yes, describe which indicators and how they are monitored.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are there any indicators that can be potentially included in the national development plan without adding burden to the current system?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>If yes, suggest clearly state how it may be collected and used. Briefly describe the value additions of these indicators.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NCD related indicators that can be potentially included in the national development plan</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suggest how it can be collected at the national level?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Value additions of indicators:</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Review team’s observations</strong></td>
<td></td>
<td></td>
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<tr>
<td>---</td>
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<td></td>
</tr>
<tr>
<td>Describe the number of planned outputs achieved against the action plan by sector/agency (This can be completed after completing the consultation with all stakeholders)*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Is there a consensual decision making process with stakeholders on the action plan?  
Yes  
No  
If yes, describe how the consensual decision making process occurs. | |
| Are there any annual or other intermittent reports published documenting the implementation of NCD response in the country? Why or why not? | |
| Describe briefly number of goals and targets met ((This can be completed after completing the consultation with all stakeholders)* | |
**Section 2.1 Stakeholder assessment of NCD response**

This section is aimed at understanding the capacity needs of the stakeholders in implementing NCD activities. The review team should complete based on the observations made after meeting each stakeholder, reviewing their implementation progress and capacity.

<table>
<thead>
<tr>
<th>Name of the agency (Along with sub-agency):</th>
<th>Review teams’ observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Briefly describe key areas of interventions assigned to the stakeholder in the multisectoral NCD action plan.</td>
<td>Description of areas of work:</td>
</tr>
<tr>
<td>Describe briefly the status of the activities implemented.</td>
<td>Description of the status of implementation:</td>
</tr>
<tr>
<td>Summarize the number of planned outputs achieved against those listed in the action plan.</td>
<td></td>
</tr>
<tr>
<td>Are there any new NCD-related activities implemented by the agency but not reflected in the original MSAP? If so, list them and provide a brief description of the activity/ies.</td>
<td></td>
</tr>
<tr>
<td>How is implementation of the NCD-related activities coordinated within the agency such as within across units?</td>
<td></td>
</tr>
<tr>
<td>How many staff or units are engaged in implementation of the NCD-related activities of the MSAP?</td>
<td></td>
</tr>
<tr>
<td>Are the delivery of NCD-related activities of included in the IWP of staff? Why or why not?</td>
<td></td>
</tr>
<tr>
<td>How effectively does the agency interact with the MoH/Secretariat?</td>
<td></td>
</tr>
<tr>
<td>How are NCD activities planned and discussed in the agency?</td>
<td></td>
</tr>
<tr>
<td>Name of the agency (Along with sub-agency):</td>
<td>Review teams’ observations</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>Does the agency discuss the related activities listed in the NCD multisectoral plan during the annual budget allocation and the annual work plan finalization?</td>
<td></td>
</tr>
<tr>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>If yes, briefly summarize challenges and success of securing the fund allocation for the MSAP.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Have the agency officials received and if yes, read the minutes and the proceedings of the previous NCD steering committee?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Are the agency officials, in general aware of the national NCD steering committee’s composition, its roles and responsibilities?</td>
<td></td>
</tr>
<tr>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>Is the stakeholder officials aware of the secretariat of the national steering committee</td>
<td></td>
</tr>
<tr>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>Is the stakeholder aware about the key national targets of the NCD prevention and control</td>
<td></td>
</tr>
<tr>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>Does the stakeholder exhibit ownership of the action plan?</td>
<td></td>
</tr>
<tr>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>Is there adequate accountability of the agency on agreed actions to the multisectoral NCD plan</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the agency communicate with the national coordination committee?</td>
<td></td>
</tr>
<tr>
<td>Yes No</td>
<td></td>
</tr>
<tr>
<td>Name of the agency (Along with sub-agency):</td>
<td>Review teams’ observations</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>If yes, is the communications frequency adequate to discuss the work plans, sharing updates and resolving the issues?</td>
<td></td>
</tr>
<tr>
<td>If yes, describe some examples of actions taken or issues that have been resolved with the secretariat.</td>
<td></td>
</tr>
<tr>
<td>If no, what are the reasons for not communicating to the Secretariat?</td>
<td></td>
</tr>
<tr>
<td>Based on the review of the implementation and functioning of the stakeholder, rate the stakeholder’s implementation progress of the activities in the MSAP as: Fully implemented, partially implemented, minimally implemented, or not implemented at all.</td>
<td>Rating:</td>
</tr>
<tr>
<td>Reasons for the rating:</td>
<td></td>
</tr>
<tr>
<td>What are key enabling factors and obstacles/capacity issues for the implementation of the plan?</td>
<td>Enabling factors</td>
</tr>
<tr>
<td>Suggest specific remedial measure and longer-term recommendations for the agency to improve the implementation of activities listed in the multisectoral NCD action plan.</td>
<td>Immediate solutions:</td>
</tr>
<tr>
<td>i.</td>
<td></td>
</tr>
<tr>
<td>ii.</td>
<td></td>
</tr>
<tr>
<td>iii.</td>
<td></td>
</tr>
<tr>
<td>Longer term recommendations:</td>
<td></td>
</tr>
<tr>
<td>i.</td>
<td></td>
</tr>
<tr>
<td>ii.</td>
<td></td>
</tr>
<tr>
<td>Any additional pertinent observation not included above? If any, state briefly.</td>
<td></td>
</tr>
</tbody>
</table>
**Section 3.0 Implementation of best buys and other interventions for NCD risk factors**

The following section is intended to provide a summary of progress, challenges, capacity needs and solutions to address the capacity gaps for implementing the best buys. In order to complete this section, the review team should synthesize this section by reviewing the implementation of the best buy interventions covered by all stakeholders documented in the aforementioned sections.

**Section 3.1 Tobacco**

<table>
<thead>
<tr>
<th>List the best buys or other recommended interventions implemented in the country</th>
<th>Who is implementing?</th>
<th>What is the scale of the implementation in terms of population coverage in the country?</th>
<th>What are key challenges/capacity issues and solutions to implement the intervention?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Limited coverage Covers provinces/districts/sub districts Nationwide coverage Provide more information on the coverage:</td>
<td>Key challenges/capacity issues</td>
<td>Solutions</td>
</tr>
<tr>
<td>2.</td>
<td>Key challenges/capacity issues</td>
<td>Solutions</td>
<td></td>
</tr>
</tbody>
</table>

---

6 Best buys: effective interventions with cost effectiveness analysis (CEA) ≤ $100 per DALY averted in LMICs: Increase excise taxes and prices on tobacco products, Implement plain/standardized packaging and/or large graphic health warnings on all tobacco packages, Enact and enforce comprehensive bans on tobacco advertising, promotion and sponsorship, Eliminate exposure to second-hand tobacco smoke in all indoor workplaces, public places, public transport, Implement effective mass media campaigns that educate the public about the harms of smoking/tobacco use and second hand smoke

Effective interventions with CEA > $100 per DALY averted in LMICs: Provide cost-covered, effective and population-wide support (including brief advice, national toll-free quit line services) for tobacco cessation to all those who want to quit

Other recommended interventions from WHO guidance (CEA not available): Implement measures to minimize illicit trade in tobacco products Ban cross-border advertising, including using modern means of communication, Provide mobile phone based tobacco cessation services for all those who want to quit.
List the best buys or other recommended interventions implemented in the country\(^6\) | Who is implementing? | What is the scale of the implementation in terms of population coverage in the country? | What are key challenges/capacity issues and solutions to implement the intervention? |
---|---|---|---|
3. | | Key challenges/capacity issues | Solutions |

4. Add to the list

### Section 3.2 Reduce the harmful use of alcohol

Describe the best buys or other recommended interventions implemented in the country\(^7\) | Who is implementing? | What is the scale of the implementation in terms of population coverage in the country? | What are key challenges/capacity issues and solutions to implement the interventions? |
---|---|---|---|
1. | Limited coverage Covers provinces/districts/sub districts Nationwide coverage Provide more information on the coverage: | Key challenges/capacity issues | Solutions |

\(^6\) Best buys: effective interventions with cost effectiveness analysis (CEA) ≤ I$100 per DALY averted in LMICs: Increase excise taxes on alcoholic beverages, Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media), Enact and enforce restrictions on the physical availability of retail alcohol (via reduced hours of sale)

Effective interventions with CEA >I$100 per DALY averted in LMICs: Enact and enforce drink-driving laws and blood alcohol concentration limits via sobriety checkpoints\(^10\), Provide brief psychosocial intervention for persons with hazardous and harmful alcohol use

Other recommended interventions from WHO guidance (CEA not available): Carry out regular reviews of prices in relation to level of inflation and income, Establish minimum prices for alcohol where applicable

Enact and enforce an appropriate minimum age for purchase or consumption of alcoholic beverages and reduce density of retail outlets, Restrict or ban promotions of alcoholic beverages in connection with sponsorships and activities targeting young people, Provide prevention, treatment and care for alcohol use disorders and comorbid conditions in health and social services, Provide consumer information about, and label, alcoholic beverages to indicate, the harm related to alcohol
### Review of capacity needs for implementation of the national multisectoral response for prevention and control of NCDs and the UNIATF recommendations in Bhutan

<table>
<thead>
<tr>
<th>Describe the best buys or other recommended interventions implemented in the country</th>
<th>Who is implementing?</th>
<th>What is the scale of the implementation in terms of population coverage in the country?</th>
<th>What are key challenges/capacity issues and solutions to implement the interventions?</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>Key challenges/capacity issues</td>
<td>Solutions</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Key challenges/capacity issues</td>
<td>Solutions</td>
<td></td>
</tr>
<tr>
<td>4. Add to the list</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**Section 3.3 Reduce unhealthy diet**

<table>
<thead>
<tr>
<th>Describe the best buys or other recommended interventions implemented in the country</th>
<th>Who is implementing?</th>
<th>What is the scale of the implementation in terms of population coverage in the country?</th>
<th>What are key challenges/capacity issues and solutions to implement the intervention?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Limited coverage Covers provinces/districts/subdistricts Nationwide coverage Provide more information on the coverage:</td>
<td>Key challenges/capacity issues</td>
<td>Solutions</td>
</tr>
<tr>
<td>2.</td>
<td>Key challenges/capacity issues</td>
<td>Solutions</td>
<td></td>
</tr>
</tbody>
</table>

---

8 Best buys: effective interventions with cost effectiveness analysis (CEA) ≤ I$100 per DALY averted in LMICs: Reduce salt intake through the reformulation of food products to contain less salt and the setting of target levels for the amount of salt in foods and meals, Reduce salt intake through the establishment of a supportive environment in public institutions such as hospitals, schools, workplaces and nursing homes, to enable lower sodium options to be provided, Reduce salt intake through a behaviour change communication and mass media campaign, Reduce salt intake through the implementation of front-of-pack labelling

Effective interventions with CEA > I$100 per DALY averted in LMICs: Eliminate industrial trans-fats through the development of, legislation to ban their use in the food chain, Reduce sugar consumption through effective taxation on sugar-sweetened beverages

Other recommended interventions from WHO guidance (CEA not available): Promote and support exclusive breastfeeding for the first 6 months of life, including promotion of breastfeeding, Implement subsidies to increase the intake of fruits and vegetables, Replace trans-fats and saturated fats with unsaturated fats through reformulation, labelling, fiscal policies or agricultural policies, Limiting portion and package size to reduce energy intake and the risk of overweight/obesity, Implement nutrition education and counselling in different settings (for example, in preschools, schools, workplaces and hospitals) to increase the intake of fruits and vegetables, Implement nutrition labelling to reduce total energy intake (kcal), sugars, sodium and fats, Implement mass media campaign on healthy diets, including social marketing to reduce the intake of total fat, saturated fats, sugars and salt, and promote the intake of fruits and vegetables
### Section 3.4 Reduce physical inactivity

<table>
<thead>
<tr>
<th>Describe the best buys or other recommended interventions implemented in the country</th>
<th>Who is implementing?</th>
<th>What is the scale of the implementation in terms of population coverage in the country?</th>
<th>What are key challenges/capacity issues and solutions to implement the intervention?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.</strong> Limited coverage &lt;br&gt;Covers provinces/districts/subdistricts &lt;br&gt;Nationwide coverage &lt;br&gt;Provide more information on the coverage:</td>
<td></td>
<td></td>
<td>Key challenges/capacity issues</td>
</tr>
<tr>
<td><strong>3.</strong> Key challenges/</td>
<td>Key challenges/</td>
<td>Solutions</td>
<td></td>
</tr>
</tbody>
</table>

---

9 Best buys: effective interventions with cost effectiveness analysis (CEA) \( \leq \) I$100 per DALY averted in LMICs Implement community-wide public education and awareness campaign for physical activity which includes a mass media campaign combined with other community based education, motivational and environmental programmes aimed at supporting behavioural change of physical activity levels*

Effective interventions with CEA \( > \) I$100 per DALY averted in LMICs Provide physical activity counselling and referral as part of routine primary health care services through the use of a brief intervention

Other recommended interventions from WHO guidance (CEA not available): Ensure that macro-level urban design incorporates the core elements of residential density, connected street networks that include sidewalks, easy access to a diversity of destinations and access to public transport, Implement whole-of-school programme that includes quality physical education, availability of adequate facilities and programs to support physical activity for all children, Provide convenient and safe access to quality public open space and adequate infrastructure to support walking and cycling, Implement multi-component workplace physical activity programmes, Promotion of physical activity through organized sport groups and clubs, programmes and events.
Describe the best buys or other recommended interventions implemented in the country. Describe the best buys or other recommended interventions implemented in the country.

<table>
<thead>
<tr>
<th>Who is Implementing?</th>
<th>What is the scale of the implementation in terms of population coverage in the country?</th>
<th>What are key challenges/capacity issues and solutions to implement the intervention?</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>Key challenges/capacity issues</td>
<td>Solutions</td>
</tr>
<tr>
<td>3.</td>
<td>Key challenges/capacity issues</td>
<td>Solutions</td>
</tr>
</tbody>
</table>

Add to the list.
**Section 4.0 Availability of funds for key stakeholders/agencies**

It is not possible, nor is it intended to get an exact fund allocation for each agency. However, review team should have a fair understanding of the funding situation and how it relates to the implementation progress and capacity needs to implement MASP for NCD prevention and control.

Summary of the fund availability for the key stakeholders to implement MSAP actions

<table>
<thead>
<tr>
<th>Key stakeholder/agency</th>
<th>Provide a broad sense of funding availability to implement the activities in the MSAP through government or other donor sources</th>
</tr>
</thead>
</table>
| 1. Ministry of Education | Fund allocation to implement MSAP:  
  • No funds allocated  
  • Minimal funds but not sufficient  
  • Sufficient funds allocated  
  Provide brief additional observation of intervention areas with and without funding support |
| 2. Ministry of Agriculture | |
| 3. Ministry of Human Settlement | |
| 4. Ministry of Trade and Economic Affairs | |
| 5. Ministry of Finance | |
| 6. Ministry of Health | |
| 7. Gross National Happiness Commission | |
| 8. Bhutan Narcotic Control Agency | |
| 9. Royal Bhutan Police | |
| 10. KGUMSB | |
| 11. List the agencies | |

**Section 4.1 Summary of response and funding for best buys to address common NCD risk factors**

After assessing the progress and capacity of implementation of the major stakeholders, the review team should prepare a short summary of the availability of funds for the major NCD risk factors.

<table>
<thead>
<tr>
<th>Risk factors</th>
<th>Provide a broad sense of funding availability to implement the activities in the MSAP through government or other donor sources</th>
</tr>
</thead>
</table>
| 1. Tobacco   | Fund allocation to implement MSAP:  
  • No funds allocated  
  • Minimal funds but not sufficient  
  • Sufficient funds allocated  
  Provide brief additional observation of intervention areas with and without funding support |
2. Alcohol

<table>
<thead>
<tr>
<th>Fund allocation to implement MSAP:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• No funds allocated</td>
</tr>
<tr>
<td>• Minimal funds but not sufficient</td>
</tr>
<tr>
<td>• Sufficient funds allocated</td>
</tr>
</tbody>
</table>

Provide brief additional observation of intervention areas with and without funding support

3. Unhealthy diet

<table>
<thead>
<tr>
<th>Fund allocation to implement MSAP:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• No funds allocated</td>
</tr>
<tr>
<td>• Minimal funds but not sufficient</td>
</tr>
<tr>
<td>• Sufficient funds allocated</td>
</tr>
</tbody>
</table>

Provide brief additional observation of intervention areas with and without funding support

4. Physical inactivity

<table>
<thead>
<tr>
<th>Fund allocation to implement MSAP:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• No funds allocated</td>
</tr>
<tr>
<td>• Minimal funds but not sufficient</td>
</tr>
<tr>
<td>• Sufficient funds allocated</td>
</tr>
</tbody>
</table>

Provide brief additional observation of intervention areas with and without funding support
Section 5.0 Local Government NCD response

The section pertains to the functioning of the district coordination mechanism. The review team should discuss the functions of the coordination mechanism with Dzongdag, and few members of the coordination mechanism, review the minutes of the meetings and any archived documents related to the proceedings of the coordination mechanism and complete the section.

<table>
<thead>
<tr>
<th>Review team’s observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is there any dzongkhag level NCD coordination committee to oversee national multisectoral response to NCD?</td>
</tr>
<tr>
<td>If yes, describe briefly, the adequacy and gender sensitive representation of the national coordination mechanism.</td>
</tr>
<tr>
<td>Describe the clarity and adequacy of the terms of reference to guide the functioning of the committee.</td>
</tr>
<tr>
<td>Does the committee have adequate budget allocation for its operations? How much? And how is budget utilized?</td>
</tr>
<tr>
<td>How many coordination meetings have been conducted so far against how many should have been organized as per the ToR?</td>
</tr>
<tr>
<td>If the dzongkhag coordination committee has achieved, or not achieved the required number of meetings as per the ToR, what are some of the major limiting or facilitating factors?</td>
</tr>
<tr>
<td>Study the recommendations of the dzongkhag committee in their previous meetings referring to the minutes or reports archived. Note the number of decisions taken by the committee. To what extent have those recommendations been followed through or implemented? Clearly state the examples of actions or inactions.</td>
</tr>
<tr>
<td>Record any additional pertinent observations and issues that were discussed but not covered in the above.</td>
</tr>
<tr>
<td>What are some of the important capacity issues that limit the adequate functioning of the national steering committee?</td>
</tr>
</tbody>
</table>
### Review team’s observations

What are some measures that can improve the capacity and functioning of the dzongkhag NCD coordination committee. Provide specific immediate solutions and long-term actions to improve the capacity of the national coordination mechanism and its functionality.

- Immediate solutions
- Long-term actions

### 5.1 Implementation of NCD response by key sectors in the dzongkhag

This section covers the implementation progress and capacity needs of various sectors in the dzongkhag. The review team should complete the section after consulting the sector officials.

<table>
<thead>
<tr>
<th>Name of the sector:</th>
<th>Review teams’ observations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Briefly describe key areas of interventions assigned to the stakeholder in the multisectoral NCD action plan.</td>
<td>Description of areas of work:</td>
</tr>
<tr>
<td>Describe briefly the status of the activities implemented.</td>
<td>Description of the status of implementation:</td>
</tr>
<tr>
<td>Are there any new NCD-related activities implemented by the sector but not reflected in the original MSAP? If so, list them and provide a brief description of the activity/ies.</td>
<td></td>
</tr>
<tr>
<td>How is implementation of the NCD-related activities coordinated within the sector?</td>
<td></td>
</tr>
<tr>
<td>Is the delivery of NCD-related activities of included in the IWP of staff? Why or why not?</td>
<td></td>
</tr>
<tr>
<td>How effectively does the agency interact with the District Health Sector and the Dzongkhag Coordination Mechanism?</td>
<td></td>
</tr>
<tr>
<td>How are NCD activities planned and discussed in the agency?</td>
<td></td>
</tr>
<tr>
<td>Name of the sector:</td>
<td>Review teams’ observations</td>
</tr>
<tr>
<td>--------------------</td>
<td>-----------------------------</td>
</tr>
<tr>
<td>Does the sector discuss the related activities listed in the NCD multisectoral plan during the annual budget allocation and the annual work plan finalization? Yes No</td>
<td></td>
</tr>
<tr>
<td>If yes, briefly summarize challenges and success of securing the fund allocation for the MSAP.</td>
<td></td>
</tr>
<tr>
<td>Have the sector officials received and if yes, read the minutes and the proceedings of the previous NCD steering committee?</td>
<td></td>
</tr>
<tr>
<td>Are the sector officials, in general aware of the national NCD steering committee’s composition, its roles and responsibilities? Yes No</td>
<td></td>
</tr>
<tr>
<td>Is the sector officials aware of the secretariat of the dzongkhag coordination mechanism Yes No</td>
<td></td>
</tr>
<tr>
<td>Is the sector aware about the key local and national targets of the NCD prevention and control Yes No</td>
<td></td>
</tr>
<tr>
<td>Does the sector exhibit ownership of the action plan? Yes No</td>
<td></td>
</tr>
<tr>
<td>Is there adequate accountability of the sector on agreed actions to the multisectoral NCD plan</td>
<td></td>
</tr>
<tr>
<td>Name of the sector:</td>
<td>Review teams’ observations</td>
</tr>
<tr>
<td>-------------------</td>
<td>----------------------------</td>
</tr>
<tr>
<td>Does the sector communicate with the dzongkhag coordination committee?</td>
<td>Yes No</td>
</tr>
<tr>
<td>If yes, is the communications frequency adequate to discuss the work plans, sharing updates and resolving the issues?</td>
<td></td>
</tr>
<tr>
<td>If yes, describe some examples of actions taken or issues that have been resolved.</td>
<td></td>
</tr>
<tr>
<td>If no, what are the reasons for not communicating to the coordination mechanism?</td>
<td></td>
</tr>
<tr>
<td>Based on the review of the implementation and functioning of the sector, rate the stakeholder’s implementation progress of the activities in the MSAP as: Fully implemented, partially implemented, minimally implemented, or not implemented at all.</td>
<td>Rating:</td>
</tr>
<tr>
<td>Reasons for the rating:</td>
<td></td>
</tr>
<tr>
<td>What are key enabling factors and obstacles/capacity issues for the implementation of the plan?</td>
<td>Enabling factors</td>
</tr>
<tr>
<td>Obstacles/capacity issues</td>
<td></td>
</tr>
<tr>
<td>Suggest specific remedial measure and longer-term recommendations for the sector to improve the implementation of activities listed in the multisectoral NCD action plan.</td>
<td>Immediate solutions:</td>
</tr>
<tr>
<td>i.</td>
<td></td>
</tr>
<tr>
<td>ii.</td>
<td></td>
</tr>
<tr>
<td>iii.</td>
<td></td>
</tr>
<tr>
<td>Longer term recommendations:</td>
<td></td>
</tr>
<tr>
<td>i.</td>
<td></td>
</tr>
<tr>
<td>ii.</td>
<td></td>
</tr>
<tr>
<td>Any additional pertinent observation not included above? If any, state briefly.</td>
<td></td>
</tr>
</tbody>
</table>
**Section 6.0 Health sector capacity**

This section covers the review of capacity needs for the health sector for NCD response. The review team should complete the sections by assessing the capacity, issues and functioning of key units within the health sector ranging from the national level planning and at the district and sub district levels.

**Section 6.1 National NCD programme (Lifestyle related disease programme)**

<table>
<thead>
<tr>
<th>Describe the staffing structure of the national NCD programme</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Available staffing for direct programme support at the MoH</td>
<td></td>
</tr>
<tr>
<td>- Number of staff:</td>
<td></td>
</tr>
<tr>
<td>- Training background:</td>
<td></td>
</tr>
<tr>
<td>- Total person hours of work in a week:</td>
<td></td>
</tr>
<tr>
<td>Staffing for indirect programme support at the MoH (such as health promotion, tobacco, nutrition, and primary health care focal points who contribute towards NCD agenda)</td>
<td></td>
</tr>
<tr>
<td>- Number of staff:</td>
<td></td>
</tr>
<tr>
<td>- Training background:</td>
<td></td>
</tr>
<tr>
<td>- Total person hours of work in a week:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Are the following areas, perceived as the core functions of the national NCD programme?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Coordinating as a secretariat of the multisectoral agencies Yes No</td>
<td></td>
</tr>
<tr>
<td>- Providing technical support to stakeholders Yes No</td>
<td></td>
</tr>
<tr>
<td>- Developing/ reviewing policies and practices related to NCDs Yes No</td>
<td></td>
</tr>
<tr>
<td>- Setting standardized protocols and health services care standards Yes No</td>
<td></td>
</tr>
<tr>
<td>- Design, development and delivery of health promotion activities Yes No</td>
<td></td>
</tr>
<tr>
<td>- NCD information systems and surveillance Yes No</td>
<td></td>
</tr>
<tr>
<td>- Proving training/workshop of health workforce and stakeholders Yes No</td>
<td></td>
</tr>
<tr>
<td>- Budgeting and planning for NCD prevention and control Yes No</td>
<td></td>
</tr>
<tr>
<td>- Conducting monitoring and supervision of NCD response</td>
<td></td>
</tr>
</tbody>
</table>

State any other functions that are not included in the above list.

Among the above functions, what competency areas is the staff comfortable and what areas are they not?
In a typical week, approximate, how many staff hours are ideally required to satisfactorily deliver each of the core functions listed below, and how many hours are actually dedicated.

<table>
<thead>
<tr>
<th>In a typical week, staff hours ideally required to satisfactorily deliver each of the core programme functions</th>
<th>In a typical week, staff hours actually dedicated for performing the core programme functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Coordinating as a secretariat of the multisectoral agencies</td>
<td></td>
</tr>
<tr>
<td>• Providing technical guidance to stakeholders</td>
<td></td>
</tr>
<tr>
<td>• Developing/reviewing policies and practices related to NCDs</td>
<td></td>
</tr>
<tr>
<td>• Setting standardized protocols and health services care standards</td>
<td></td>
</tr>
<tr>
<td>• Design, development and delivery of health promotion activities</td>
<td></td>
</tr>
<tr>
<td>• NCD information systems and surveillance</td>
<td></td>
</tr>
<tr>
<td>• Proving training/workshop of health workforce and stakeholders Budgeting and planning for NCD prevention and control</td>
<td></td>
</tr>
<tr>
<td>• Conducting monitoring and supervision of NCD response</td>
<td></td>
</tr>
<tr>
<td>• Any others.</td>
<td></td>
</tr>
</tbody>
</table>

Are weekly staff hours currently dedicated adequate to deliver the core functions?
Yes No

If not, what are the reasons for staff not meeting the required number of hours?

How far are the above functions included in the IWP s of the staff?

What are the short term solutions and long-term recommendations to fulfill the required staff hours of work to perform the functions of the NCD programme?

| Short-term |
| Long-term |
### In a typical week, staff hours ideally required to satisfactorily deliver each of the core programme functions

<table>
<thead>
<tr>
<th>What are other capacity issues facing the national programme unit at the MoH? Explain the issues along with root causes.</th>
</tr>
</thead>
<tbody>
<tr>
<td>In a typical week, staff hours actually dedicated for performing the core programme functions</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Suggest short-term solutions and long-term recommendations to address capacity gaps of the NCD programme of the MoH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Short-term</td>
</tr>
<tr>
<td>Long-term</td>
</tr>
</tbody>
</table>

### Section 6.2 District Health Office

This section should be completed by the review team following the visit to a district health office, and after interaction with the district health officer and the team.

<table>
<thead>
<tr>
<th>Describe the staffing structure of the District Health Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Staffing available for DHO</td>
</tr>
<tr>
<td>Number of staff:</td>
</tr>
<tr>
<td>Training background:</td>
</tr>
<tr>
<td>Total weekly staff work hours for NCD areas:</td>
</tr>
</tbody>
</table>

Staffing indirectly supporting the DHO

| Number of staff: |
| Training background: |
| Total weekly staff work hours for NCD areas: |

### Are the following areas, perceived as the core functions of the district health office?

- Coordinating as a secretariat of the district NCD committee Yes No
- Providing technical guidance to sectors and agencies Yes No
- Developing/ reviewing local policies and practices related to NCDs prevention and control Yes No
- Implementing the standardized protocols and health services care standards for NCDs Yes No
- Planning and delivery of health promotion activities for NCDs Yes No
- NCD information systems and surveillance Yes No
- Providing training/workshop of health workforce and stakeholders Yes No
Review of capacity needs for implementation of the national multisectoral response for prevention and control of NCDs and the UNIATF recommendations in Bhutan

- Budgeting and planning for NCD prevention and control for the district
  Yes No
- Conducting monitoring and supervision of NCD response in the district

**State any other functions that are not included in the above list.**

Among the above functions, what areas is the staff comfortable and what areas are they not?

How does DHO coordinate implementation of NCD activities at various level of care:
District level hospital
Basic health units

Are any supervision and monitoring checklist used for NCDs during visits?
If yes, how are the forms used?
If no, what are the barriers of using the checklist?

Is monitoring and supervision frequent enough and of adequate quality? (Eg, good quality supervision may be more objective supportive supervision with proper checklist and feedback mechanism?)

In a typical week, approximate, how many staff hours are ideally required to satisfactorily deliver each of the core functions listed below, and how many hours are actually dedicated.

<table>
<thead>
<tr>
<th>Coordinating as a secretariat of the district NCD committee Yes No</th>
<th>In a typical week, staff hours ideally required to satisfactorily deliver each of the core district health office functions</th>
<th>In a typical week, staff hours actually dedicated for performing the core district health office functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Providing technical guidance to sectors and agencies Yes No</td>
<td>In a typical week, staff hours ideally required to satisfactorily deliver each of the core district health office functions</td>
<td>In a typical week, staff hours actually dedicated for performing the core district health office functions</td>
</tr>
<tr>
<td>Developing/ reviewing local policies and practices related to NCDs prevention and control Yes No</td>
<td>In a typical week, staff hours ideally required to satisfactorily deliver each of the core district health office functions</td>
<td>In a typical week, staff hours actually dedicated for performing the core district health office functions</td>
</tr>
<tr>
<td>Implementing the standardized protocols and health services care standards for NCDs Yes No</td>
<td>In a typical week, staff hours ideally required to satisfactorily deliver each of the core district health office functions</td>
<td>In a typical week, staff hours actually dedicated for performing the core district health office functions</td>
</tr>
<tr>
<td>Planning and delivery of health promotion activities for NCDs</td>
<td>In a typical week, staff hours ideally required to satisfactorily deliver each of the core district health office functions</td>
<td>In a typical week, staff hours actually dedicated for performing the core district health office functions</td>
</tr>
<tr>
<td>NCD information systems and surveillance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Providing training/workshop of health workforce and stakeholders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Budgeting and planning for NCD prevention and control for the district</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conducting monitoring and supervision of NCD response in the district</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is the staff hours actually dedicated meeting the total hours required to deliver the core functions

Yes No

If No, what are the reasons for not meeting the required number of hours?

What are the short term solutions and long-term recommendations to improve meeting the required hours of work and capacity needs for the core functions of the NCD control?

Are weekly staff hours that is currently dedicated adequate to deliver the core functions

Yes No

If not, what are the reasons for not meeting the required number of hours?

What are the short term solutions and long-term recommendations to fulfill the required hours of work to perform the functions of the district health office?

| Short-term |
| Long-term |
### Review of capacity needs for implementation of the national multisectoral response for prevention and control of NCDs and the UNIATF recommendations in Bhutan

<table>
<thead>
<tr>
<th>In a typical week, staff hours ideally required to satisfactorily deliver each of the core district health office functions</th>
<th>In a typical week, staff hours actually dedicated for performing the core district health office functions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide other observations on capacity issues of the district health office</td>
<td></td>
</tr>
<tr>
<td>Suggest short-term solutions and long-term recommendations to address capacity gaps of the NCD programme of the MoH</td>
<td>Short-term</td>
</tr>
<tr>
<td></td>
<td>Long-term</td>
</tr>
</tbody>
</table>

### Section 6.3 District Hospital

This section should be completed by the review team following the visit to a district hospital and after interaction with the chief medical officer.

<table>
<thead>
<tr>
<th>Review team’s observation</th>
</tr>
</thead>
<tbody>
<tr>
<td>How aware is the chief medical officer on the broader district health sector response for NCD prevention and control for the district?</td>
</tr>
<tr>
<td>How engaged is the chief medical officer on the broader coordination of the NCD response in the district?</td>
</tr>
<tr>
<td>Is the chief medical officer’s team at the district hospital able to oversee the district level NCD services related to case management, and referrals</td>
</tr>
<tr>
<td>Are meeting with DHO and CMO and the care teams conducted regularly? Yes No</td>
</tr>
<tr>
<td>If yes, How is NCD care discussed in such meetings?</td>
</tr>
<tr>
<td>If no, how does the DHO and CMO coordinate NCD activities of the district?</td>
</tr>
<tr>
<td>How many clinical mentoring visits have been made in the past year to basic health units by doctors from the hospital?</td>
</tr>
<tr>
<td>Among them, how many were dedicated for NCDs services</td>
</tr>
</tbody>
</table>
Is there checklist related to NCDs to provide clinical mentoring and supportive supervision in the hospital team and the BHU staff by doctors?
Yes No

If yes, how well is it used for the visits?
If no, what are the barriers of using the checklist?

What is the feedback mechanism of the clinical NCD care to basic health units?
Describe how often is this mechanism used for NCD care delivery?

What are the major barriers affecting provision of effective clinical mentoring and NCD services at the hospital?

How can these barriers affecting provision of effective clinical mentoring and NCD services at the hospital be addressed in the short term and long term?

Section 6. 4 Basic Health Unit
This section should be filled by the review team following the visit to a BHU and after interaction with the health staff.

Describe the staffing:
Number:
Category:

Approximate, proportion of the staff time dedicated to the NCD care provision at the BHU in a week?

Approximate, proportion of the staff time dedicated to the NCD care provision at the BHU?

How engaged are the BHU staff in NCD prevention and control response in the sounding communities?
<table>
<thead>
<tr>
<th>Question</th>
<th>Review team’s observation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do they get the adequate clinical mentoring visits from doctors at the district hospital for managing NCD cases?</td>
<td></td>
</tr>
<tr>
<td>How many clinical mentoring visits or calls have they received from doctors in the past year?</td>
<td></td>
</tr>
<tr>
<td>Do they get the adequate supportive supervision from the District Health Officer in implementing the community-based NCD activities?</td>
<td></td>
</tr>
<tr>
<td>Does staff appear competent to handle some of the common NCDs (hypertension, conducting CVD risk calculation, management of asthma and COPD, referral and follow of common NCDs)?</td>
<td></td>
</tr>
<tr>
<td>Have BHU staff received any written recommendations from supervisors to improve NCD care?</td>
<td></td>
</tr>
<tr>
<td>If yes, have they been followed through?</td>
<td></td>
</tr>
<tr>
<td>What are major barriers affecting NCD care provision at the BHU?</td>
<td></td>
</tr>
<tr>
<td>How can these barriers NCD care provisions be addressed in the short term and long term?</td>
<td>Short term solutions: Long term recommendations:</td>
</tr>
<tr>
<td>What are the specific capacity needs of the health care worker to improve NCD prevention and control to meet the local and national NCD targets at the BHUs?</td>
<td></td>
</tr>
<tr>
<td>How can these capacity needs be met through short-term solutions and long-term plans?</td>
<td>Short term solutions: Long term recommendations:</td>
</tr>
</tbody>
</table>
There is a considerable progress in implementation of the MSAP for NCD prevention and control in Bhutan. A twelve-member national steering committee (NSC) chaired by the Hon'ble Health Minister is overseeing the NCD prevention and control in the country. The steering committee is actively providing the political leadership and guidance for the implementation of the MSAP. At the time of review, four NSC meetings have been conducted and guided the implementation of the MSAP.

The multisectoral NCD response in Bhutan recognizes the fact that many cost effective strategies to tackle NCD risk factors are delivered beyond the jurisdiction of health sector. The multisectoral actions of stakeholders are inherently embedded within the sectoral core responsibilities. The review team observed varying levels of progress and commitments on NCD actions among the implementing agencies. The health sector needs to play a pivotal role in harnessing both support and stimulating actions by other sectors and therefore have the responsibility to steer and coordinate response of other sector. As is the fact with managing multiple partners, health sector needs to become smart steward with the way it works with other sectors. The capacity of the health sector to lead the multisectoral coordination needs to be further strengthened.

Review of capacity needs for implementation of the national multisectoral response for prevention and control of NCDs and the UNIATF recommendations in Bhutan

Key to accelerating multisectoral response for prevention and control of NCDs