The High-Level Parliamentarians’ Forum on accelerating NCD Prevention and Control was organized in Thimphu, Bhutan, on 12 December 2018. This was the first time that such a high-level political forum of elected representatives gathered to discuss on NCD issues in the country. The Parliamentary Forum underscored the urgent need to accelerate NCD response as a national priority and endorsed a list of priority actions that need to be focused for the coming decade and are aligned towards the country’s 2030 SDG targets. The Forum adopted this outcome document with an inspiring vision that “by 2030, all Bhutanese live a fuller life with better quality in a resilient society in the true state of Gross National Happiness in the Kingdom”.

Parliamentarians’ resolve to accelerate NCD prevention and control for a ‘Happy and Healthy Bhutan by 2030’
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Message from the Hon’ble Speaker

The 12th of December 2018 was a historic day. Parliamentarians, stakeholders and partners from a range of organizations and walks of life gathered to deliberate on how best to accelerate national action to save hundreds of lives disabled or lost to noncommunicable diseases (NCDs).

It was proof that as a nation we can no longer remain apathetic to the life-threatening and disabling burden NCDs pose to our society, whether from diabetes, stroke or heart disease. Deaths and disabilities due to these diseases have become a common phenomenon and a severe public health burden in our country.

As the Outcome of the Parliamentarians’ Forum makes clear, we must launch a national response commensurate with the gravity of the problem. At all levels of society, we need to act and step up our response, including by promoting healthier lifestyles and healthier diets alongside other key interventions. Importantly, we must do so as individuals, families, villages and towns. In other words, we must do it together.

Nevertheless, all public health interventions must be supported by a strong legislative and policy framework. The Parliamentarians’ Forum unequivocally supported the commitment to accelerate initiatives to prevent and control NCDs and protect our citizens. As part of that, we have endorsed our commitment to creating a “Happy and Healthy Bhutan by 2030”.

By pursuing our joint objectives and implementing a strong legislative and policy framework we look forward to saving hundreds of lives in the coming years and attaining our goal of achieving a happier and healthier Bhutan by 2030.

H.E. Wangchuk Namgyel
Hon’ble Speaker
National Assembly of Bhutan
Foreword by Hon’ble Prime Minister

The Royal Government of Bhutan is deeply concerned with the challenges that our nation is facing over the increasing burden of NCDs (heart disease, stroke, cancers etc); while we are still faced with the huge challenge of infectious diseases. In addition to the mortality, NCDs actual impact is from its morbidity on the lives of our people, especially in their productive age group; they become dependent on the state for the rest of their lives.

NCDs are preventable; there are proven cost-effective interventions to prevent, treat and manage NCDs. This Outcome Document endorsed by the Parliamentarians’ Forum on NCDs envisions a ‘Happy and Healthy Bhutan by 2030’ with clear strategic areas of action for the NCD response in the country. I commend the Parliamentarians of the Kingdom of Bhutan for their commitment to and support for the national urgency that is visible in the ongoing efforts to curb NCDs. The Royal Government of Bhutan will align NCD response with the strategic directions of the Outcome Document.

Delay and inaction lead to mounting numbers of young lives lost, families disabled, and children orphaned or living with single parents. Allowing deaths to occur when cheaper public policy and public health-care interventions are available is simply unacceptable. We have no time to lose. A business-as-usual and laissez faire approach will simply not address the high morbidity of 70% borne by NCDs in Bhutan. We need to accelerate and innovate our work on NCD control with greater intensity and focus.

Due to the multidirectional relationship between NCDs, poverty alleviation and economic development, sincere and collective efforts are needed to include these diseases within the development agenda. I invite agencies and stakeholders to boldly play their part to fast-track NCD prevention and control within their own spheres to make it a whole-of-society and whole-of-government response.

To remain true to the overarching vision of Gross National Happiness in Bhutan and to walk along the visionary roadmap charted by the benevolent Monarchs of the Kingdom, I call on the nation to work harder towards the achieving a ‘Happy and Healthy Bhutan by 2030’.

H.E. Dr Lotay Tshering
Prime Minister
Royal Government of Bhutan
Noncommunicable diseases in Bhutan: a developmental threat

Noncommunicable Diseases (NCDs) have become a national concern in Bhutan and now comprise 69% of the total deaths in the country. They are among the leading causes of preventable premature deaths (before the age of 70 years). The prevalence of type 2 diabetes doubled between 2009 and 2014, and newly diagnosed cancers and hospital admissions related to stroke are on the rise. Hospital records show that the number of admissions due to deaths related to heart disease, cancers and diabetes have consistently increased every year. As per the 2017 Annual Health Bulletin, there have been the following increases in the number of cases from 2012 to 2016: diabetic cases 4097 to 12,120, hypertension 27,023 to 30,260, rheumatic heart disease 718 to 929, and alcohol-related liver diseases from 2059 to 3508.


PROPORTIONAL MORTALITY*

28% Cardiovascular diseases 10% Cancers 9% Chronic respiratory diseases 4% Diabetes

17% Other NCDs 21% Communicable, maternal, perinatal and nutritional conditions 11% Injuries

NCDs are estimated to account for 69% of all deaths.

* The mortality estimates for this country have a high degree of uncertainty because they are not based on any national NCD mortality data.
The high costs of long-term treatment and care of patients suffering from NCDs (often accompanied by related disabilities) strain the national budget and escalate health-care costs. The number of patients supported by the State for out-of-country referrals for treatment more than doubled between the period 2006–2007 (529 cases) and 2016–2017 (1,200 cases). The vast majority of these patients consisted of those with advanced NCDs and were estimated to cost about 4–7% of the annual national health budget. As the NCD burden represents 70% of the disease burden and its associated disabilities require long-term care, it is obvious that the majority of the national health budget is spent on NCD treatment and care in Bhutan. In addition to health-care costs, NCDs have direct and indirect costs on individuals and households that have the potential to drive communities and families into poverty. In the simplest sense, one can imagine the Bhutanese social care system where managing an illness becomes a common affair for the whole household and family members, who spend time off work caring for their sick loved ones even when all health care is provided free by the State.
Whole-of-society and multistakeholder approach to address NCDs

That the health sector is a major contributor of the health of the population is the biggest misconception that needs to be dispelled. In truth, most of the upstream interventions of the population health are beyond the remit of the health sector and are contributed more by other sectors tackling either the underlying social determinants or implementing the policies that eventually bring about a positive health outcome. Unfortunately, the linkages of actions of other sectors to improving health outcomes often get masked and hardly recognized. For instance, drink-driving interventions leading to reduction in roadside injuries and deaths, or curtailing alcohol through strong licensing control to limit access to alcohol and reduce consumption and in turn reduce alcohol-related disorder are not easily recognized. As a result, the interventions of stakeholders such as that of the Royal Bhutan Police or the Road Safety and Transport Authority often do not get the credit due to them of improving the health of the population. The health sector interventions focus on disease detection, management, and health awareness and health literacy events which tackle the downstream pathway of the disease causation, and are often seen as direct contributor to the health of the population. Maintaining or improving the health of the population in strict sense is a cross sectoral response and not the contribution of any single sector. The health sector is not the most appropriate agency to levy taxes on unhealthy and health harming products. The health sector, by itself, can improve access to healthy food, or make schools, institutions, workplaces and communities have a healthy enabling environment. Implementing and enforcing marketing regulations for alcohol, tobacco, unhealthy foods requires the collaboration of several Ministries as does promoting healthy built environment. It is crystal clear that implementing NCD response requires action by the whole-of-government and whole-of-society action. This will require leadership and actions by various agencies and stakeholders to drive the work to fruition.
Recognizing the threat of NCDs, the Royal Government of Bhutan acted early to implement the commitments made in the 2011 UN High-Level Political Declaration on NCDs and adopted strategies to reduce premature mortality due to NCDs by 25% by 2025 (also known as 25X25), and to further reduce premature mortality due to NCDs by one third by the provisions of the 2030 Sustainable Development Goal target 3.4. The National Multisectoral Action Plan for the Prevention and Control of NCDs was endorsed in July 2015. This was a blueprint to reduce NCD risk factors through a “whole-of-society/government” approach by 2020.\(^5\) There is strong political commitment and leadership to address the NCD epidemic through a sectorwide approach. A 12-member National Steering Committee (NSC) chaired by the Health Minister is overseeing the implementation of NCD control activities.

Need to accelerate and innovate NCD response

Although considerable progress has been made in garnering collective efforts and implementing related activities within the agency mandates, the battle is far from won. A review in April 2018 of the multisectoral response to NCD control in Bhutan\(^6\) noted several implementation obstacles. These include poor coordination, low understanding by agencies regarding the rules of engagement, inadequate capacity of the Secretariat, human resource deployment with required skills in the technical units of the MoH, inadequate capacity of the district and local governments to respond to the threat of NCDs and lack of funds for full implementation of the identified activities in the National Multisectoral Plan for the Prevention and Control of NCDs.

With Bhutan's recent economic development, the population is exposed to many risk factors and underlying determinants that are conducive to NCD conditions. The number of people exposed to NCD risk factors presented below highlights the magnitude of problem the nation is facing:

- More than 120,000 Bhutanese are tobacco users, and one fourth of the adult population is exposed to second-hand smoke in homes or workplaces.\(^7\) Nearly 19,000 schoolgoing adolescents (one third of students aged 13–17 years) either smoke or use smokeless tobacco products.\(^8\)
- The International Agency Research on Cancer (IARC) recognizes betel nut as a risk factor for oral cancer. In Bhutan, head and neck cancer is

\(^6\) Review of capacity needs for implementation of multisectoral response for prevention and control of NCDs and the UNITAF recommendations in Bhutan was requested by the Ministry of Health. An external review supported by World Health Organization was conducted from 23–28 April 2018.

\(^7\) National Survey for NCD risk factors and mental health using WHO STEPS approach in Bhutan, 2014.

\(^8\) Report on Bhutan Global School-Based Student Survey 2016 (GSHS 2016). The survey was conducted among school children of age of 13-17 years attending classes 7-11. A nationally representative sample of 50 schools and 7990 students participated in the survey.
the third leading cancer and areca nut is one of the main risk factors.\textsuperscript{9} Approximately 250,000 adult Bhutanese consume betel nut (doma).\textsuperscript{10} Also 31,000 schoolgoing adolescents (aged 13–17 years) consume betel quid (doma khamtog).\textsuperscript{6}

- Bhutan has one of the highest drinking rates in South Asia – half of all adult males and one third of adult females are current drinkers. Among current drinkers, one in five are binge drinkers (hazardous drinkers). Underage alcohol consumption is rampant; one in four students (aged 13–17 years) are current drinkers.\textsuperscript{6}

- Nearly half of the adult population does not engage in vigorous physical activity. Among schoolchildren, one in four schoolchildren are physically inactive.\textsuperscript{6}

- One third of the adult population is overweight, and the problem is more in the urban population and among females.\textsuperscript{5}

- More than two thirds of adult Bhutanese do not meet the WHO recommendation of a daily consumption of five servings of fruits and/or vegetables (fruits and vegetables have protective effects on heart diseases and other NCDs).\textsuperscript{5}

In May 2018, a High-Level Commission on NCDs appointed by the Director-General of WHO while reporting the global progress of NCDs highlighted the grim situation that prevails across all countries. Unless there is a serious change in approach, with the current level of response, countries will not be able to achieve the 25X25 NCD targets and SDG target 3.4 to curb the world’s leading cause of death.\textsuperscript{11} What this means for Bhutan is that many lives will unfortunately be lost prematurely either to stroke, heart attack, heart disease and cancer in the coming few years, unless a bold national response is adopted.

\textsuperscript{9} The 2015 Bhutan Cancer Report
\textsuperscript{10} The Gross National Happiness Survey (GNH) 2010.
\textsuperscript{11} Time to deliver: report of the WHO Independent High-level Commission on Noncommunicable Diseases. Geneva: World Health Organization; 2018
Resolve of Parliamentarians to accelerate NCD prevention and control

The High-Level Parliamentarians’ Forum on accelerating NCD Prevention and Control was organized in Thimphu, Bhutan, on 12 December 2018. This was the first time that such a high-level political forum of elected representatives gathered to discuss on NCD issues in the country. The speaker of the National Assembly, His Excellency Wangchuk Namgyel was the guest of honour. Cabinet ministers, Parliamentarians of the ruling and opposition parties and hony’ble members of the National Council attended the Forum. The members of the national NCD Steering Committee for NCD prevention and control, civil society organizations and media representatives also attended the Forum.

The Ministry of Health and the World Health Organization jointly organized the Forum. It was an opportune time for the Members of Parliament since the Government had recently assumed office in October 2018 after the third parliamentary election.

The Speaker of the National Assembly in his keynote address called on the nation to wake up to the deepening situation of NCDs in the country and urged that prevention and control be accelerated. He said, “I lost siblings, in-laws and parents – all of them at a young age. Looking back, I now realize that they died of NCDs”. In Bhutan, NCDs contribute to 70% of the burden of disease and 53% of all deaths.

Hon’ble Kezang Chuki Dorjee of the National Council in her address stated, “I want to stress that every life is precious, and people dying young from heart attacks and strokes is a preventable tragedy. There is no excuse for inaction since no preventable death is acceptable.” She further noted that the word “NCDs” can be misleading at times as it connotes a disease condition and the immediate reaction thereof is that of something to do with the health sector. She clarified that it was very clear that the role of the health sector mainly revolves with the disease detection, and the management and conduct of health awareness. She highlighted that cost-effective responses and interventions are in fact beyond the remit of the health
sector. Bhutan adopted the National Multisectoral Action Plan for the Prevention and Control of NCDs in July 2015 and continues to implement actions through coordinated multisectoral participation. The implementation response is guided by the Cabinet, which appointed a 12-member steering committee representing various stakeholders that is coordinated by the Ministry of Health.

Parliamentarians unanimously expressed the urgent need to tackle the alcohol epidemic in the country. Alcohol-related deaths is one of leading causes of death in the country according to the Annual Health Bulletin 2018 of the Ministry of Health. The Hon’ble Speaker quoted the findings of a representative survey in schools conducted in 2016, in which it was found that one in every five schoolchildren aged 13–18 years had consumed alcohol in the last 30 days. “We must admit that we are facing a serious problem. The alcohol problem is a public health issue and it is hurting our aspiration of national happiness,” he said.

The Speaker also pointed out that alcohol outlets were too many in the country: one outlet per 98 individuals, and one outlet for 84 adults in the capital city of Thimphu. The Forum endorsed that since alcohol is a socially accepted drug, and being a part of social norm, public and social policies on alcohol must be designed innovatively. Parliamentarians noted that they would prioritize advancing alcohol control legislations from the public health perspective and introduce better market regulations and public policies that make alcohol less accessible and affordable as well as invest in changing social and community norms to reduce demand building on the ongoing national actions to curb the harmful use of alcohol. The Good Governance Committee of the National Council is reviewing the alcohol control issues in the country. The chairperson of the committee, Hon’ble Tashi Wangmo has informed that the recommendations will be submitted to the government in early 2019.

Bhutan is the only country globally where tobacco trade in all forms is banned. Members of Parliament resolved that the country should maintain its strong stand on tobacco control and continue with the stringent enforcement of the regulations. Throughout the world, the alcohol and tobacco industries aim to
Parliamentarian’s resolve to accelerate NCD prevention and control for healthier and happier Bhutan by 2030

influence political and legislative bodies to make laws and policies that favour their industry. Parliamentarians expressed that as elected representatives they should be fully cognizant of the direct and indirect influences exerted by the tobacco and alcohol industries.

Regarding the consumption of high sugar, high sodium and food products with high amount of transfat and saturated fats, the Forum noted the challenges of being an import-dependent economy. However, Parliamentarians agreed to focus on interventions to establish stringent policies to ensure that the food products in markets are safer and healthier.

The burden of heart diseases, diabetes, cancers and chronic respiratory diseases and mental illness amounts for a huge proportion of the national health budget. The Parliamentarians noted with concern that unless preventive efforts are strengthened, the constitutionally mandated free public health care in the country will become hugely compromised. The Forum recommended that health services should be fully prepared to deliver essential services for early diagnosis, screening and management of hypertension, diabetes, and other NCDs at the first tier of the health system, the Basic Health Units. The Forum highlighted that with more and more NCDs being diagnosed, existing gaps in palliative care and end-of-life care should be addressed to provide humane services towards elderly people and those living with the chronic conditions.

Without addressing health services for NCDs, health disparities are bound to remain. Parliamentarians noted that the provision of people-centred care should be the core component of Bhutan’s primary health care system and underscored that current health services should be revisited and
Parliamentarian’s resolve to accelerate NCD prevention and control for healthier and happier Bhutan by 2030

The health sector needs to seize the immediate opportunity to improve access to quality care among the urban poor, hard-to-reach and unreached populations, those living in geographically difficult terrains, differently abled people, individuals with mental illnesses, and among children and older people to “narrow the gap” in the health sector.

Political leaders at all levels need to get engaged to advance the actions against NCDs and mental disorders. The Forum emphasized that the responsibility of NCD response cannot be delegated to the health sector or health ministry alone. The Forum recommended that other ministries including ministries of Finance, Economic Affairs, Education, Agriculture, Works and Human Settlement, Home and Cultural Affairs, Labour and Human Resources should take equal responsibility; agencies, such as Bhutan Narcotics Control Agency, Bhutan Food Regulatory Authority, Road Safety and Transport Authority, and Royal Bhutan Police, should continue to take the lead on the enforcement on alcohol and tobacco control measures. The Forum advised that line ministries and local governments and administrations (dzongkhag, thromde and gewog) take proactive steps by integrating NCD activities in their annual developmental workplans. In doing so, the Forum recommended the government to increase the fiscal allocation to accelerate NCD response through multisectoral approach.
The Hon’ble Speaker in his address concluded, “Although the challenges of NCDs will stay, the road ahead also presents immense opportunity to innovate and act.” He called on the nation to create a shared vision, build a healthy and happy society through limiting the damage caused by chronic diseases and acting collectively, and in a coordinated manner ensure that the dividends in terms of lives saved, reduced number of orphans, and fewer household with economic difficulties are evident.

The Parliamentarians Forum underscored the urgent need to accelerate NCD response as a national priority and endorsed a list of priority actions that need to be focused for the coming decade and are aligned towards the country’s 2030 SDG targets. The first Parliamentary Forum on NCDs adopted an outcome document with an inspiring vision that “by 2030, all Bhutanese live a fuller life with better quality in a resilient society in the true state of Gross National Happiness in the Kingdom”. 
Parliamentarian’s resolve to accelerate NCD prevention and control for healthier and happier Bhutan by 2030
Outcome of the Parliamentarians’ Forum on accelerating Prevention and Control of NCDs in the Kingdom of Bhutan

‘Happy and Healthy Bhutan by 2030’

Bhutan’s unique national aspiration of Gross National Happiness (GNH) guides all its policies and has instilled a comprehensive approach to development that values collective happiness as the foremost goal. The values of GNH are in line with the objectives of sustainable human development.

The Bhutanese people are increasingly affected by the rising burden of noncommunicable diseases, which include heart disease, diabetes, chronic respiratory diseases and cancers, and mental disorders. These diseases are largely preventable through public policies that tackle the main risk factors of alcohol, tobacco, unhealthy diet and physical inactivity. Yet, far too many preventable deaths and disabilities occur despite the existence of cost-effective solutions and policy options to address NCDs and mental disorders.

NCDs and mental disorders pose significant challenges on health, the economy and society in Bhutan. NCDs affect people of prime age who are the economic backbone of the nation, and disable many in the growing elderly population as Bhutanese live longer lives.

Concerned with the NCD epidemic, Bhutan joined the global efforts and pledged to combat NCDs in the country through the 2011, 2014 and 2018 UN High-Level commitments, and World Health Assembly and WHO Regional Committee for South-East Asia resolutions. Bhutan has firmly resolved to implement these commitments that will secure the health, happiness and social capital of the country.

While progress has been made in the Kingdom in addressing NCDs and mental disorders through the multisectoral approach, the response needs to be further accelerated and scaled up through whole-of-government, whole-of-society and cross-sectoral approaches to reduce deaths by 2025 and meet the 2030 SDG health targets.

The Royal Government of Bhutan and its Parliamentarians reiterated their grave concern for the increasing burden of NCDs in the country and remain resolute to protect lives from NCDs. Every life is precious, and people dying young from
heart attacks and strokes is a preventable tragedy. There is no excuse for inaction since no preventable death is acceptable.

The Parliamentarians’ Forum underscores the urgent need to accelerate NCD response as a national priority and recommends the following innovations to consolidate the response:

1. Line ministries and government agencies responsible for tobacco, alcohol, diet and nutrition, physical activity and mental health, must mainstream WHO recommended “Best Buys” and cost-effective interventions in their sectoral plans.

2. Local governments and administrations (dzongkhag, thromde and gewog) must take more effective steps in creating an enabling environment to promote healthy lifestyles and to implement activities for tobacco and alcohol control in their annual developmental workplans.

3. Schools must strengthen holistic healthy lifestyle interventions in schools by improving the existing approaches to more skills- and-value-based curriculums such as by introducing health sciences and social sciences subjects, and by prioritizing implementation of healthy setting interventions in institutions, public and private workplaces and the community settings.

4. Enforcement of the existing laws and regulatory measures must be strengthened to protect public health through effective control of tobacco and alcohol, promotion of healthy diet and physical activity, and control of other risk factors and mental disorders.

5. Healthy lifestyle promotion and essential NCD and mental health services targeting hard-to-reach and unreached populations such as the urban poor, those living in geographically difficult terrains, and differently abled people, individuals with mental illnesses, and among children and older people, should be improved.

6. Meaningful engagement of civil societies, nongovernmental stakeholders and people living with NCDs and mental disorders and their families for NCD response must be enhanced.

7. Health services for early diagnosis, screening and management must be strengthened by improving essential medicines, diagnostics, and by the deployment of health workforce competent in the management
of NCDs and mental disorders, including palliative care and mental disorders, at basic health units and district-level hospitals, to enhance universal health coverage through the comprehensive primary health care approach.

(8) The Steering Committee for NCD Prevention and Control must take greater stewardship to oversee the national multisectoral response and through the Ministry of Health, submit annual appraisals and progress reports to the government using prioritized NCD indicators.

(9) The Government should provide a positive legislative and regulatory environment and increase fiscal space for NCD response and mental health promotion among stakeholders and agencies, and the health sector response, through domestic funds, to sustain the multisectoral NCD response.

(10) Research and evaluation of the NCD multisectoral response must be bolstered for evidence-based NCD policy decision-making.

(11) Parliament must prioritize strengthening legislations that support promotion and protection of public health.

The Parliamentarians’ Forum envisions a ‘Happy and Healthy Bhutan by 2030’ where schools, towns, workplaces and communities live in an alluring environment that is conducive to healthy lifestyles, and marketplaces and homes have healthy food, and people with risk factors and those living with chronic diseases receive quality care nearest to where they live, and affected families have the social and institutional support to cope with the illnesses and deaths of their nearest ones. By 2030, we envision that all Bhutanese live a fuller life with better quality in a resilient society in the true state of Gross National Happiness in the Kingdom.

12 December 2018
Thimphu
Taking forward the Parliamentarians’ Outcome Document

The High-Level advocacy on NCDs for parliamentarians and key stakeholders generated tremendous political awareness and support in accelerating NCD prevention and control in the country. The Ministry of Health, other stakeholders and the National Steering Committee for NCDs have an immediate opportunity to tap the conducive political environment and take strategic steps. The eleven-point recommendations of the Parliamentarians’ Forum provides a comprehensive and cost-effective policy framework for the acceleration of NCD response in the country. The next step is for the NCD Steering Committee to take greater stewardship to ensure that the recommendations are mainstreamed into the implementation plans of the stakeholders, and through the Ministry of Health submit annual appraisals to the National Assembly and the National Council to keep the law makers informed on the progress of the Outcome Document.

While deaths cannot be delayed indefinitely, there is no need for NCDs to kill people in their active working lives and in their 40s, 50s and 60s. With appropriate prevention activities, the number of those who develop such diseases at this age can be curtailed and new cases identified and provided prompt treatment. Achieving the nation’s noble vision of Gross National Happiness is only possible when there are fewer deaths and people live longer, healthier and productive lives. For this, leadership at all levels and whole-of-agencies and whole-of-society actions are required. Actions for a “Healthier and Happier Bhutan by 2030” should begin with renewed commitment to reap the results in times to come.
Annex 1

Additional notes on current responses, gaps and opportunities on NCD prevention and control in Bhutan

A review in April 2018 of the multisectoral response to NCD control in Bhutan noted several implementation obstacles. These include 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 MoH, inadequate capacity of the district and local governments to respond to the threat of NCDs, and lack of funds for full implementation of the identified activities of the National Multisectoral Plan for Prevention and Control of NCDs.

The review highlighted several avenues and low-hanging intervention areas such as strengthening coordination issues and setting rules of engagement of sectors, and creating an accountable framework of sectors. It also underscored the need for the programme to reach communities at the grassroots.

The response so far is not enough. It is very clear that much more concerted actions are needed to contain this growing epidemic.

Despite strong laws, tobacco control efforts need to be strengthened and sustained: Tobacco is well regulated with strong laws prohibiting production and marketing. Despite implementation hurdles, observation of smoke-free public spaces and trading restrictions are one of the best in Bhutan in the South-East Asia Region. BNCA, RBP and Thromdes spearhead the enforcement activities for tobacco-free initiatives and control of illicit tobacco trade. Measures to control smokeless tobacco and the rampant use of betel nut are nascent. These should also be further strengthened through legislative and community-based interventions.

12 Review of capacity needs for implementation of multisectoral response for prevention and control of NCDs and the UNITAF recommendations in Bhutan was requested by the Ministry of Health. An external review supported by World Health Organization was conducted from 23–28 April 2018.
The black market and global interference by the tobacco industry is a reality. While frequent arrests are made to disrupt illegal practices (423 individuals arrested from 2011 to 2017), these reflect only the tip of the iceberg. Strong partnerships should be developed between business communities and enforcement agencies to promote responsible trading practices.

**A bold social movement is urgently needed to overcome the alcohol epidemic:**
Alcohol control has been reinvigorated with a new national plan in 2015 focusing on underage drinking, hours of sales, and taxation, and addressing demand and supply forces. A new mechanism – National Alcohol Harm Reduction committees – led by the Home Minister at the national level and Dzongdag and Gup at the district and county levels respectively – has been established to support alcohol control policies. The Mental Health Programme of the MoH has conducted advocacy meetings with the local governments particularly targeting high-consuming dzongkhags in the past two years. However, more work is needed to build community participatory approaches to address deeply rooted social practices and norms of alcohol use.

Taking advantage of social acceptance, the domestic and foreign alcohol industry is making an insidious entry into alcohol policy and trade, promoting alcohol as a “good” commodity that fuels economic growth. The broadcast of the victory of Team Druk Lager in Bumthang Sports Association Open Volleyball tournament, which made headlines in the Bhutan Broadcasting Service, is an example of a disguised marketing approach of an industry in the name of corporate social responsibility. Sales and trading practices need to be further enforced and honoured by those in the trade.

A study in Thimphu in 2014 reported that licensed sellers were indiscriminately selling to children and drunken customers and also violating alcohol sales hours. However, with small social interventions such as reinforcing the information on rules of sales and added enforcement visits, the behaviours of bar owners change significantly. In a 2016 survey, school children reported accessing alcohol from formal outlets (stores, shops), implying that sellers do not differentiate between

17 Report on Bhutan Global School-Based Student Survey 2016 (GSHS 2016).
adults and underage customers. Empowering communities to identify dubious practices by the industry, or recognizing weak points in the community, or promoting responsibility among sellers can get “buy in” from the communities and transform them to partners to address underage drinking, and improve compliance with regulations. The current interventions involve event-based advocacy but are not robust enough to sustain a community response to control alcohol.

**Physical activity promotion and reducing sedentary lifestyles:** Bhutan’s traditionally farming society involved physical labour and expenditure of manual energy. But more than 30% of the country’s population has moved to urban setting in the recent past. The issue of urban sedentary lifestyle needs to be urgently addressed. As presented earlier, this lifestyle is also creeping in among Bhutanese schoolchildren: children with higher activity levels in early childhood are more likely to be active in adulthood and vice versa. The MoE has defined a target of engaging students in sports and physical activity for a minimum of 120 minutes in a week and emphasized building partnership programmes with various agencies.\(^\text{18}\)

There are deeper issues involving the uptake of physical activity: first is the need for physical activity promoting facilities and avenues and secondly the individual’s behavioural motivation to be physically active.

A story covered by *Kuensel* dated 9 June 2018 in Trashigang Sports Association reported underutilization of the *dzongkhag’s* multisports facility.\(^\text{19}\) It demonstrates the interplay of individual motivation, social mobilization and availability of enabling physical space to engage in physical activity. Recent popular initiatives such as the open air fitness outlets of the MoH (700 units of equipment have been distributed across the nation) in urban spaces are welcome, but many of the centres have suffered from poor community ownership and signs of poor maintenance emerged shortly after their installation. Part of the problem has been that of disengagement of local communities to own and manage the facilities.\(^\text{20}\) Bhutan’s pristine and natural landscape surrounding clustered urban settlements have not been optimally used for routine walking trails by communities for physical activity. Strategic and sustained mass community mobilization to motivate communities to undertake physical activity will help derive greater benefits.

**Access to cheap and unhealthy food products and changing food patterns:** An abundance of unregulated cheap and unhealthy (salted, fatty and sweetened)

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18 The National Strategic Framework for School Sports and Physical Activity (NSFSSPA), 2015, has a plan with 10 strategic directions.

19 Multi-sports facility underused in Trashigang, *Kuences*, 9 June, 2018

20 Observation of the assessment of open air gyms by the LSRDP, MoH
products – an outcome of globalization – and the low awareness of parents and children on the detrimental health effects of these should be addressed. Dietary salt intake among Bhutanese is recorded to be much higher than the recommended levels. High salt intake has direct links to hypertension. Considering that one third of the adult Bhutanese are hypertensive, salt reduction becomes an important priority in controlling stroke and heart attack due to raised blood pressure. Conversely, consumption of vegetables and fruits should be supported with government subsidies and price controls.

Bhutan has a food-based dietary guideline. However, the information on the dietary guideline has not been transmitted in a strategically communicative manner and awareness of Bhutanese about healthy food is probably very limited. A notable initiative for reduction of salt consumption is a recent drive in institutions and schools to minimize the per capita supply of salt. Such activities should be amplified to bring about changes in the kitchen of every household.

**Frontline health services should be more responsive to NCD needs:** NCD prevention should be complemented by a responsive health system that can diagnose and manage NCDs early on. Basic health services, including essential medicines and technologies for treatment of NCDs, have been updated. Opportunistic screening for blood glucose and hypertension is available at the Basic Health Units. However, service gaps remain; one in three hypertensive people are not receiving treatment. This indicates that community outreach to screen for hypertension and service utilization is inadequate. A clinical audit the practices of health workers in the management of hypertension and diabetes showed discrepancies against standards. Among others, health services do not have clinical mentoring for health assistants by medical doctors. Lack of supportive supervision of health facilities has been noted as a long-standing problem of the health sector.

The current standard of health care has key limitations. Active outreach for community screening of hypertension and diabetes is not available. As a result there are sizeable unreached populations even within the urban areas in addition to the far-flung rural communities. Another serious deficiency is the lack of chronic care for people who are terminally ill (such as those with stroke, diabetic amputations, cancers) and based in homes. The role of care provision by a health worker is limited within facilities or during emergencies. These unmet needs must to be met

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22 Ministry of Health has upgraded the training protocols of the essential services in line with the WHO Package of Essential NCDs since 2013.
23 PEN clinical audit in Bhutan 2016.
by rethinking care delivery to fill these critical gaps in a GNH society. In addition, the recall system of patients suffering from diabetes, hypertension and other NCDs needs to be streamlined and strengthened. Furthermore, delays in health seeking can be addressed through close engagement of communities.

The current model presents many limitations with the potential to significantly hinder progress and achievement of timely desired results. Some of the major issues are:

(1) A funding mechanism is needed, which is able to finance NCD actions by various sectors without affecting the sectoral budget ceiling and implementation of sector-specific planned activities.

(2) Existing prevention and control programmes are of inadequate rigour and intensity and do not effectively involve the community. At present, the programme does not have a sustained focus on lasting health outcomes, and adequate community engagement.

(3) Due to poor understanding of the benefits of regulatory efforts and lack of active coalition between enforcement agencies and communities, community ownership of tobacco and alcohol control laws are poor.

(4) The capacity of the government sectors to formulate transformative programmes and implement them is poor.

(5) There are inter- and intracoordination issues among implementing agencies, which results in inefficient monitoring and tracking progress by sectors.

The general perception in the non-health sector is that all matters related to health in the country are the sole responsibility of the health sector. However, controlling NCDs requires multisectoral coordination and ownership among sectors.
Annex 2

Agenda

High-Level Advocacy for Parliamentarians and Key Stakeholders for Accelerating Prevention and Control of Noncommunicable Diseases in Bhutan.

Venue: Terma Linca Resorts & Spa
Thimphu, 12th December 2018

<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda</th>
<th>Speaker</th>
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<tr>
<td>9.30–10.00 a.m.</td>
<td>Registration</td>
<td>Dr Karma Lhazeen, Director, Department of Public Health, Ministry of Health.</td>
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<tr>
<td>10.00–10.05 a.m.</td>
<td>Welcome speech</td>
<td>Dr Ugen Dophu, Secretary, Ministry of Health</td>
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<tr>
<td>10.05–10.20 a.m.</td>
<td>Bhutan’s Health System</td>
<td>Pemba Yangchen, Deputy Chief Programme Officer, DoPH, MoH</td>
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<td>10.20–10.30 a.m.</td>
<td>Appraisal on multisectoral response for NCD prevention and control in Bhutan</td>
<td>Dr Palitha Mahipala, Coordinator, WHO-SEARO</td>
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<td>10.30–10.50 a.m.</td>
<td>Global and regional response and opportunity for effective control of NCDs in Bhutan</td>
<td>H.E. Wangchuk Namgyel Hon’ble Speaker, National Assembly of Bhutan</td>
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<tr>
<td>10.50–11.00 a.m.</td>
<td>Address by the Chief Guest</td>
<td>H.E. Wangchuk Namgyel Hon’ble Speaker, National Assembly of Bhutan</td>
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<tr>
<td>Time</td>
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<td>11.00–11.10 a.m.</td>
<td>Address by Deputy Chairperson, Social and Cultural Affairs Committee, National Council of Bhutan</td>
<td>Hon’ble Kesang Chuki Dorjee, Eminent Member, National Council of Bhutan</td>
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| 11.40–12.40 p.m. | Panel discussion                          | Hon’ble Tashi Wangmo (Eminent Member)  
Hon’ble Kinley Wangchuk (Member of Parliament)  
Hon’ble Dr Samdrup R.Wangchuk (Member of Parliament)  
Mr Kinley Dorji, Thrompon  
Moderator: Dr Gampo Dorji, WHO/SEARO |
| 12.40–1.00 p.m. | Review of the Outcome Document, Vote of thanks | Mr Wangdi Gyeltshen, Chief Programme Officer, NCDD, DoPH, MoH              |
|           | Lunch                                    |                                                                             |
Annex 3

List of Participants

National Assembly Members
1. H.E. Wangchuk Namgyel  
   Hon’ble Speaker
2. H.E. Dechen Wangmo  
   Minister, Ministry of Health
3. H.E. Namgay Tshearing  
   Minister, Ministry of Finance
4. Hon’ble Yeshey Dem  
   MP, Khamaed Lunana
5. Hon’ble Gyem Dorji  
   MP, Drakteng Langthel
6. Hon’ble Lungten Namgyel  
   MP, Nanong-Shumar
7. Hon’ble Ugyen Wangdi  
   MP, Dramedtse Ngatshang
8. Hon’ble Dil Maya Rai  
   MP, Tashichholing
9. Hon’ble G Yambo Tshering  
   MP, Bardo Trong
10. Hon’ble Kinga Penjor  
    MP, Gangzur Minjey
11. Hon’ble Garja Man Rai  
    MP, Sergithang Tsirang Toed
12. Hon’ble Dorjee Wangmo  
    MP, Sombaykha
13. Hon’ble Kuenga Loday  
    MP, Khamdang Ramjar
14. Hon’ble Tenzin  
    MP, Khatoed Laya
15. Hon’ble Jurmi Wangchuk  
    MP, Drukjeygang Tseza
16. Hon’ble Choki Gyeltshen  
    MP, Maenbi Tshankhar
17. Hon’ble Hemant Gurung  
    MP, Lhamoi Dzingkha-Tashiding
18. Hon’ble Dinesh Kumar Pradhan  
    MP, Ugyentse Yoeseltse
19. Hon’ble Norbu Wangzom  
    MP, Jomotshangkha Marthala
20. Hon’ble Ganesh Ghimiray  
    MP, Phuntshopelri, Samtse
21. Hon’ble (Dr) Samdrup R Wangchuk  
    MP, Kanglung Samkhar Udzorong
22. Hon’ble Kinley Wangchuk  
    MP, Athang Thaedtsho
23. Hon’ble Ugyen Tshering  
    MP, Lamgong Wangchang
24. Hon’ble Dupthob  
    MP, Bumdeling Jamkhar
25. Hon’ble Dorji Wangdi  
    MP, Panbang

National Council Members
26. Hon’ble Dhan Kumar Sunwar  
    MP, Tsirang
27. Hon’ble Anand Rai  
    MP, Sarpang
28. Hon’ble Tashi Wangmo
   Eminent Member

29. Hon’ble Kesang Chuki Dorjee
   Eminent Member

30. Hon’ble Nima
    MP, Bumthang

31. Hon’ble Tempa Dorji
    MP, Lhuentse

Other Stakeholders

32. Dr Mahesh Gurung
    Medical Specialist
    Jigme Dorji Wangchuck National
    Referral Hospital

33. Mr Nima Gyeltshen
    Department of Youth and Sports
    Ministry of Education

34. Dr Sithar Dorjee
    Director
    Khesar Gyalpo University of
    Medical Sciences

35. Dr Chencho Dorjee
    Dean
    Faculty of Nursing and Public
    Health (FNoPH), (KGUMSB)

36. Ms Manikala Lagoi
    Faculty Member
    FNoPH, KGUMSB

37. Dr Ripa Chakma
    FNoPH, KGUMSB

38. Mr Wangchuk
    FNoPH, KGUMSB

39. Mr Tshewang Rinzin
    RBP

40. Mr Pemba Wangchuk
    Director General

41. Mr Ugyen Tshering
    BNCA

42. Ms Yeshey Seldon
    DRC, MOF

43. Dr Ugen Tshomo
    JDWNRH

44. Mr Tshewang Tenzin
    Chithuen Phendey Association,
    CSO

45. Ms Tshering Delma
    The Bhutanese, Media

46. Ms Dechen Tshomo
    Kuensel Corporation Ltd., Media

47. Ms Choney Zangmo
    Druk Nyetshuel, Media

48. Ms Dechen Yangzom

49. Dr Ugen Tshomo
    JDWNRH

50. Mr Sonam Penjor
    Bhutan Times, Media

51. Ms Sonam Pem
    Bhutan Broadcasting Service
    (BBS)

52. Mr Sherub Gyeltshen
    BBS

Ministry of Health

53. Dasho Dr Ugen Dophu
    Secretary, Ministry of Health

54. Dr Karma Lhazeen
    Director, Department of Public
    Health

55. Mr Tenzin Chophel
    Director, Directorate Services,
    MoH
56. Mr Tashi Penjor  
   Chief Planning Officer  
   PPD, MoH
57. Mr Wangdi Gyeltshen  
   Chief Programme Officer  
   NCDD, DoPH, MoH
58. Ms Pemba Yangchen  
   Deputy Chief Programme Officer  
   NCDD, DoPH, MoH
59. Mr Dorji Phub  
   Chief Programme Officer  
   HPD, DoPH
60. Mr Pema Letho  
   Senior Programme Officer  
   DoPH, MoH
61. Mr Loday Zangpo  
   Programme Officer  
   DoPH, MoH
62. Ms Tshewang Lhaden  
   Programme Officer  
   DoPH, MoH
63. Mr Tshering Dendup  
   Deputy Chief Programme Officer  
   PPD, MoH
64. Mr Dil Kumar Subba  
   Programme Officer  
   DoPH, MoH

**World Health Organization**

65. Dr Palitha Mahipala  
   Coordinator  
   WHO/SEARO
66. Dr Khassoum Diallo  
   Coordinator  
   WHO/HQ
67. Dr Tomas Zapata Lopez  
   Regional Advisor  
   WHO/SEARO
68. Dr Gampo Dorji  
   Technical Officer  
   WHO/SEARO
69. Mr Ugyen Wangchuk  
   Administrative Officer  
   WHO Country Office  
   Bhutan
70. Ms Rinzi Om Dorji  
   WHO Country Office  
   Bhutan
71. Ms Thinley Wangmo  
   WHO Country Office, Bhutan
72. Mr Sonam Jamtsho  
   WHO Country Office, Bhutan
The High-Level Parliamentarians’ Forum on accelerating NCD Prevention and Control was organized in Thimphu, Bhutan, on 12 December 2018. This was the first time that such a high-level political forum of elected representatives gathered to discuss on NCD issues in the country. The Parliamentarian Forum underscored the urgent need to accelerate NCD response as a national priority and endorsed a list of priority actions that need to be focused for the coming decade and are aligned towards the country’s 2030 SDG targets. The Forum adopted this outcome document with an inspiring vision that “by 2030, all Bhutanese live a fuller life with better quality in a resilient society in the true state of Gross National Happiness in the Kingdom”.

Parliamentarians’ resolve to accelerate NCD prevention and control for a ‘Happy and Healthy Bhutan by 2030’