World Health Organization

Country Cooperation Strategy *at a glance*

Bhutan

http:// www.who.int/countries/en/

WHO region	South-East Asia
World Bank income group	Lower-middle-income
CURRENT HEALTH INDICATORS	
Total population in thousands (2012)[1]	742
% Population under 15 (2012)[2]	28.53
% Population over 60 (2012)[2]	6.9
Life expectancy at birth (2012)[3] Total, Male, Female	69 (Female) 68 (Male) 68 (Both sexes)
Neonatal mortality rate (per 1000 live births(2012)[n]	21 [15-28] (Both sexes)
Under-5 mortality rate per 1000 live births (2012)[n]	45 [33-60] (Both sexes)
Maternal mortality ratio per 100 000 live births(2010)[n]	180 [95-320]
% DPT3 Immunization coverage among 1-year olds(2012)[n]	97
% Births attended by skilled health workers(2010)[n]	58.2
Density of physicians (per 1, 000 population) (2008)	0.074
Density of nurses and midwives (per 1 000 population) (2008)	0.288
Total expenditure on health as % of GDP (2011)[n]	4.1
General government expenditure on health as % of total government expenditure (2011)[n]	7.9
Private expenditure on health as % of total expenditure on health (2011)[n]	16.1
Adult (15+) literacy rate(52.8)[n] Total	52.8
Population using improved drinking-water sources (%) (2011)[n]	100 (Urban) 97 (Total) 96 (Rural)
Population using improved sanitation facilities (%) (2011)[n]	29 (Rural) 45 (Total) 74 (Urban)
Poverty headcount ratio at $1.25 a day (PPP) (% of population) (2007)	10.2
Gender-related Development Index rank out of --- countries (2012)[n]	92
Human Development Index rank out of --- countries (2012)[n]	140

Sources of data:
[1] Global Health Observatory
http://apps.who.int/gho/data/node.cco

HEALTH SITUATION

Bhutan signed the Alma Ata Declaration and introduced the primary health care approach in 1978 to build a modern health system in harmony with its traditional medicine services, and with a strong emphasis on community participation. In the intervening decades, Bhutan made laudable progress in several health indicators due to a number of factors— the constitutional mandate for free health care, well managed policies, overall socio-economic development and consistent investments in public health over several decades. The high coverage of the expanded programme of immunization has led to a notable decrease in vaccine preventable diseases and to zero reporting of poliomyelitis since 1986. The elimination of endemic goiter and leprosy, significant reduction in maternal, infant and under-five mortality, and in cases and deaths due to major communicable diseases such as tuberculosis and malaria, are documented public health successes. Coverage and access to safe drinking water and basic sanitation has increased significantly. There has been a spectacular decrease in mortality and morbidity with an increase in the average life expectancy from 37 years in 1960 to over 66 years today. However rapid demographic, epidemiological and environmental transitions, including rapid urbanization and the changes in lifestyle of the population present new challenges. Rising road traffic accidents and occupational safety are emerging concerns. These together with the effects on health due to climate and environmental changes, and frequent natural disasters to which Bhutan is prone, pose an increasing burden on the national health system. While Bhutan is well on course to achieving several of the health-related MDGs and has opted for "MDG-plus", aiming to surpass the MDGs beyond 2015, strengthening health systems capacity for designing and implementing cost-effective interventions emerges as a key priority to achieve targets set under the 11th National 5-year plan.

HEALTH POLICIES AND SYSTEMS

Bhutan's health system is firmly anchored in the country's unique social, cultural and spiritual development system based on the Gross National Happiness philosophy that gives the highest priority to the people's physical, mental and spiritual well-being within a safe and secure environment. The Constitution mandates that the Royal Government "provide free access to basic public health services in both modern and traditional medicines" and "endeavor to provide security in the event of sickness …" This has positive ramifications for achieving both better health outcomes as well as poverty reduction. Political Commitment to the social sector, and the Health Sector in particular, is high as evidenced by the allocation of above 6% of total annual government budget to the health sector annually.

The National Health Policy and plan pursues free universal health coverage based on the primary care approach as the strategy for social protection and development. The Health Financing Framework is being reviewed to maximize operational efficiency and accommodate potential sustainability issues. Substantial investments in strengthening the national health system in terms of service delivery, human resources and infrastructure.

As part of the effort to move towards self-reliance and financial sustainability in the health sector, the Bhutan Health Trust Fund was created in 1997 with the primary objective of enhancing accessibility and quality of primary health care by ensuring the continued availability of vaccines and essential drugs.

COOPERATION FOR HEALTH

The contribution through the various agencies – including the UN specialized agencies present in the country is welcomed while the country aims to achieve self-reliance in the longer term. Bhutan differs from most other aid-dependent countries in that the Royal Government of Bhutan has a very strong sense of development priorities that help determine where technical and financial assistance is most needed, and which external partners are best placed to meet the required support. The government is proactive in managing donor assistance within a well-defined framework, avoiding duplication and overlaps, with each donor or development partner active in preferred areas of assistance. Bhutan encourages close liaison between partners both in terms of overall assistance and within individual sectors. This framework has resulted in partnerships with many donor and development partners particularly the Government of India, which remains Bhutan's largest development partner. Other important partners in the health sector include AusAID, the European Union, GAVI, the Global Environment Fund, Global Fund, the Government of Japan, OPEC, UN agencies, funds and programmes, and the World Bank.

The democratization process, existence of a well-established public accounting and strong national auditing mechanism ensures transparency and accountability of aid management.

WHO CCS STRATEGIC AGENDA (2014-2018)

Strategic Priorities	Main Focus Areas for WHO Cooperation
STRATEGIC PRIORITY 1: Achieving and sustaining Universal Health Coverage through a revitalized primary health care approach and sustainable service delivery through strengthening of health systems	Strengthened health-systems capacity through human- resource development, improved health information system, effective procurement and supply management, and improved regulatory mechanisms and quality assurance of health services
	Costing and economic analysis and sharing of best international practices in financing health services, based on principles of universal access and equity
	Increased availability of quality-assured essential medicines and appropriate health technologies
STRATEGIC PRIORITY 2: Scaling up of prevention, early detection, monitoring and treatment of non-communicable diseases and addressing their determinants through inter-sectoral collaboration.	Enhanced national capacity and inter-sectoral action for the prevention, early detection and management of noncommunicable diseases and to address determinants of noncommunicable disease
	Scaled-up response to mental health, alcohol and substance abuse, disability and injury prevention
STRATEGIC PRIORITY 3: Pursuing a health through the life course approach with focus on maternal, new born, child and adolescent health.	Improved health services and enhanced equity in access to safe delivery, neonatal care and reproductive health
	Action plans that promote healthy and active ageing for a continuum of affordable health services at community level
	Strengthened management of environmental health risks due to climate change, unsafe water, chemicals and poor sanitation
STRATEGIC PRIORITY 4: Strengthen prevention and control of priority communicable diseases, in particular neglected tropical, vector borne and vaccine preventable diseases, and achieve and sustain MDG 6 targets.	National capacity built to achieve and sustain elimination of leprosy and rabies and combat kala-azar and other vector-borne diseases
	Sustained immunization coverage for effective control of vaccine-preventable diseases
	Measurable improvements in the prevention, early detection and control of TB and HIV and elimination of malaria
STRATEGIC PRIORITY 5: Achieving national capacity to prevent, reduce the risk, respond and manage health security threats.	Enhanced national capacity to prevent, detect, investigate and respond adequately, and in a timely manner, to outbreaks of priority communicable, foodborne and emerging diseases, in line with the IHR
	Strengthened risk-reduction, health-sector preparedness and response to disasters
STRATEGIC PRIORITY 6: Forging effective partnerships and sector coordination mechanisms that support the national health policy and plan and health agenda reflected in all area of policy across government	Enhanced partnership, sectoral coordination and health agenda appropriately reflected across all areas of the government
	National adherence to internationally agreed instruments, global and regional strategies and international norms and standards, adjusted to the country setting

Updated: 29 April 2014