POLICY RESEARCH INSTITUTIONS AND THE HEALTH RELATED SDGs: BUILDING MOMENTUM IN SOUTH ASIA

Revised Country Report, Bhutan

Prepared by

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EXECUTIVE SUMMARY

As one of the first few priority countries to roll forward with the Sustainable Development Goals (SDG) since its adoption in September 2015, Bhutan is at crossroads to reorient its plans and priorities to attain the 2030 agenda. At the same time, it is also vital for the government to fully understand ground realities and have access to real-time data to make authentic analysis and strategic interventions. Therefore, this country report, which is a part of the South-Asia collaborative study on "Policy Research Institutions and the Health-related SDGs: Building Momentum in South Asia" attempts to briefly delineate the institutional framework in Bhutan for implementing SDGs and SDGs related to health. In addition, this report will also reflect on the role of Policy Research Institutions (PRIs) in the health sector.

The primary objective of this paper is to firstly document and define national level arrangements for implementation and monitoring of health related SDGs, secondly map major stakeholders whose work has direct relevance to health related SDGs with particular focus on Policy Research Institutes (PRI) and finally analyze at a national level the presence/strength of community level, local engagement in SDGs and the role of PRIs in policy making.

In Bhutan, Gross National Happiness Commission (GNHC) spearheads the task to integrate SDGs into the development agenda. Given that Bhutan's development paradigm, Gross National Happiness (GNH), strongly lines up with the SDGs has come of massive advantage in aligning these goals with the country's priorities. For instance, the 16 National Key Result Areas (NKRAs), which are the national level development outcomes that contribute towards achieving the Five Year Plan objectives, are closely related with 16 of the 17 SDGs. Hence, it makes sense to state that every government sector is engaged in the achievement of SDGs.

On the other hand, the involvement of Civil Society Organizations (CSOs) and the private sector in implementing SDGs is very limited, which is why the government has recently decided to take these organizations on board. While it can be seen that Bhutan has a robust framework to put into action the SDGs both at a national and local level, it is lack of resources that largely hinders the implementation process. Thus, more funds from development partners have become crucial.

With regard to health related SDGs, one thing the government could improve for better execution of the goals is engaging health research institutions in policy making. Capacity building is another aspect that requires more focus. However, it is the unavailability of periodic data that has come as a major challenge, which eventually deters monitoring activities.

CHAPTER ONE: INTRODUCTIONAND STUDY METHODOLOGY

INTRODUCTION

Bhutan is a small kingdom located in the eastern Himalayas, bordered by China in the north and India to the east, west and south. With a land area measuring 38,394 square kilometers, Bhutan has a population of 787,065 persons, which is largely young; the median age stands at 24 years. While the average household size is 4.4 persons, the fertility rate is estimated at 2.3 per 1000 live births and the population growth estimated at 1.3 percent. According to the Labour Force Survey 2014, the unemployment rate stood at 2.6 percent with a total of 339,569 persons gainfully employed and 9174 persons counted unemployed.

The health system is founded on the principles of Primary Health Care approach to achieve universal health coverage. The state also provides free basic health care to its citizens. Today around 39% of the population live less than half an hour from the nearest health facility, about 50% less than two hours. Only about 4.6% of the population lives at distances more than three hours from the nearest health facility. During the past five and a half decades of its existence, the predominantly public financed and managed health system has made remarkable achievements. Some indicators are as follows:

Indicator	Status	Reference Year
Life expectancy	69.5%	2014
Maternal Mortality Ratio	86/100000 live birth	2012 (MDG)
Immunization coverage	94.4%	2008
Water and Sanitation coverage	95%	2016

Source: Annual Health bulletin, 2017

The Health sector has also effectively managed the diseases (communicable and non- communicable) through its services. Some of the major diseases managed by the sector are as below:

Diseases	Status	Reference Year
HIV/AIDS	515 cases detected	2016
Tuberculosis	1188	2015
Leprosy elimination	14 cases	2015
Malaria	6.1% per 100000	2016

Diabetes	12120	2016 (Increasing trend)
Hypertension	30260	2016 (Increasing trend)
Cardiovascular diseases	1683	2016
Cancer	639	2014 (Increasing)
Cataract	846	2016

Source: Annual Health bulletin, 2017

Despite these achievements, Bhutan still faces an evolving burden of health challenges. The leading cause of Disability Adjusted Life Years (DALYs) in recent times was found to be non-communicable diseases (NCDs) and injuries. In the last five years, the number of NCDs cases has been on the rise as is evident from following table:

Type of diseases	**Year**				
	2012	**2013**	**2014**	**2015**	**2016**
Diabetes	4097	**5896**	9976	12384	12120
Hypertension	27023	29969	34927	34658	30260
Ischemic Heart Diseases	447	290	1069	768	352
Rheumatic Heart Diseases	718	664	1630	1361	920
Cataract	885	1858	1609	1748	841
Alcohol Liver Diseases	2059	2641	3142	3136	3508

Source: Annual Health Bulletin 2017, MoH

STUDY METHODOLOGY

The study used multiple methods to generate outputs and numerous interactions were made with close to 30 government agencies, Civil Society Organizations (CSO) and private organizations for information collection, some of which are as follows:

METHODS	KEY PARTICIPATING ORGANIZATIONS
Desktop reviews	Gross National Happiness Commission (GNHC)
Key informant surveys on health sector at national level	Ministry of Health (MoH)
One on one interview	Ministry of Education (MoE)
Focused group discussion	Ministry of Economic Affairs (MoEA)
Identifying, analyzing, mapping and prioritizing	Ministry of Agriculture and Forest (MoAF)
Questionnaires	Ministry of Works and Human Settlement (MoWHS)
Correspondence through emails	National Environment Commission (NEC)
	Center for Bhutan Studies (CBS)
	National Commission for Women and Children (NCWC)
	Jigme Dorji Wangchuck National Referral Hospital (JDWNRH)
	Khesar Gyalpo University of Medical Sciences of Bhutan (KGUMSB)
	Drug Regulatory Authority (DRA)
	Bhutan Narcotic Control Agency (BNCA)
	Bhutan Medical Health Council (BMHC)
	Lhaksam
	Bhutan Cancer Society
	Ability Bhutan Society
	Bhutan Kidney Foundation
	Bhutan Health Trust Fund

The first course of action kick started with a quick literature/desktop review on the adoption of SDGs in the country. Then the focal agency and key stakeholders responsible for implementing and monitoring the SDGs were identified and a common questionnaire was distributed accordingly. This was followed by one-on-one interviews, email correspondences and focused group discussions with the same group of participants to understand in detail how these goals are being mainstreamed into the national priorities. To gather statistics, a number of key informant survey reports were referred as well.

QUESTIONAIRE

1. What is the current status on the implementation of SDGs in Bhutan? What activities, strategies or policies are in place to accelerate the implementation?
2. What are the national-level institutional arrangements that already exist for SDGs implementation and where are the gaps?
3. Who are the key stakeholders involved in the implementation and monitoring of the health-related SDGs in Bhutan and what relationship exists among these stakeholders?
4. What role does your organization play to implement the SDGs?
5. What is the priority and sectoral primacy being accorded to the SDGs?
6. In what ways do you think stakeholders (including your organization) could work together to fast-track implementation of the SDGs?
7. How much of an influence, power or impact does your organization have to achieve the SDGs?
8. What changes are being contemplated to align policies to the health related SDGs?
9. Whether health policy research institutions exist in Bhutan and if any, what are their roles? If not, what are the plans in near future with respect to establishing such institutions?
10. Anything else you would want to add?

CHAPTER TWO: SDG AND NATIONAL LEVEL INSTITUTIONAL ARRANGEMENT

Together with the global community, Bhutan adopted the 2030 Agenda for Sustainable Development Goal (SDG) at the New York headquarters on September 2015. Since then, Bhutan has witnessed rapid progress showcasing a high level integration of SDGs into the national plan. The Gross National Happiness Commission (GNHC), as the central planning and coordinating agency, incorporates SDGs into the national plan, programs and strategies. Currently, 134 SDG targets out of the 143 relevant SDG targets have been successfully integrated into the 11 Five Year Plan (FYP). Further, the commission is also in the process of incorporating these targets to national priorities of the 12 FYP, wherein around 100 SDG targets and indicators have been integrated into the NKRAs and KPIs so far. The preliminary mapping of the 12 FYP and Key Performance Indicators (KPI) with the SDGs also established that 16 NKRAs show high relations to 16 of the 17 SDGs.

National priorities for the 11 FYP and 12 FYP have been translated through the 16 National Key Result Areas (NKRA), which in turn are formulated along the four pillars of Gross National Happiness (GNH) and its nine domains. Bhutan's development is guided by and based on the philosophy of GNH.

16 NKRAs

1. Macroeconomic Stability Ensured
2. Economic Diversity and Productivity Enhanced
3. Poverty Eradicated & Inequality Reduced
4. Culture & Traditions Preserved & Promoted
5. Healthy Ecosystem Services Maintained
6. Carbon Neutral, Climate and Disaster Resilient Development Enhanced
7. Quality of Education and Skills Improved
8. Water, Food and Nutrition Security Ensured
9. Infrastructure, Communication and Public Service Delivery Improved.
10. Gender Equality Promoted, Women and Girls Empowered
11. Productive and Gainful Employment Created
12. Corruption Reduced
13. Democracy and Decentralization Strengthened
14. Healthy and Caring Society Enhanced

15. Livability, Safety and Sustainability of Human Settlements Improved
16. Justice Services and Institutions Strengthened

Bhutan follows a five-year planning framework for socio-economic developments, which shapes the principal development agenda in the country for the FYP period. GNHC is the key-planning agency that screens policies for all government agencies and provides policy support to Civil Society Organizations (CSO) and other stakeholders. The commission also looks into the amalgamation of international and regional goals – SDGs, SAARC Development Goals, Vienna Programme of Action and Istanbul Programme of Action – into the FYP. Structured around the nine domains of GNH, all sector plans are strongly inclined to fulfilling GNH goals. All sectors of the government are required to plan the sector plans and local government plans based on the GNH goals. Hence, striking similarities between the SDG and GNH has enabled a smooth transition to SDG. If we look closely at the nine domains of GNH and the SDGs, there is a robust parity between the two. Given this seamless integration, the nation is well prepared to achieve long-term objectives of the SDGs.

NINE DOMAINS OF GNH

1. Health
2. Education
3. Good Governance
4. Ecological Diversity and Resilience
5. Living Standards
6. Psychological Well-being
7. Time Use
8. Cultural Diversity and Resilience
9. Community Vitality

For instant implementation, Bhutan has prioritized three SDGs, which are: No Poverty (Goal 1), Climate Action (Goal 13) and Life on Land (Goal 15). These three goals were provided precedence over others mainly because of the urgency to address poverty issues, remain a carbon neutral country at all times and globally stage Bhutan's rich biodiversity (Life on Land).

SDG is accorded high priority and Bhutan has welcomed these goals for numerous reasons, primarily because SDGs are a universal set of goals that are applicable to everyone and to which all must contribute. Secondly, they are comprehensive and holistic: Goals 1 to 6 cover the social dimension, Goals 7 to 11 cover the economic dimension, and Goals 12 to 15 cover the environmental dimension. Goal 16 deals with the issue of peace and security, and Goal 17 deals with the Means of Implementation and Global Partnerships. Thirdly, the SDGs require an integrated approach to development in a departure from the siloed approach; synergy and coherence are called for in the implementation of the goals. Fourthly, the principle of leaving no one behind is a key element and highlights the need to reach the most vulnerable and weakest. Finally, the 2030 Agenda emphasizes the need for Global Partnerships, with Goal 17 providing a good framework for Global Partnership to pursue the SDGs.

A number of institutions strive towards fulfilling the SDGs, some as implementers and evaluators while others as collaborative or developmental partners. Implementing policies and programmes that would have multiple impacts on a number of SDGs is a key approach being taken up.

INSTITUTIONS

Institution	Organizational Structure	Nature of Work
GNHC Secretariat	Public	Plan/Strategy formulation/Monitor/Evaluate
Ministry of Health	Public	Plan/Strategy formulation/implement
Ministry of Education	Public	Plan/Strategy formulation/implement
Ministry of Economic Affairs	Public	Plan/Strategy formulation/implement
Ministry of Works and Human Settlement	Public	Plan/Strategy formulation/implement
Ministry of Agriculture and Forest	Public	Plan/Strategy formulation/implement
Center for Bhutan Studies	Think Tank	Research/strategy formulation
National Environment Commission	Autonomous	Plan/Implementation
Ministry of Home & Culture Affairs	Public	Plan/Strategy formulation/implement
National Commission for Women and Children	Autonomous	Implement/awareness raising
Tourism Council of Bhutan	Autonomous	Assistance in Implementing
RENEW	CSO	Assistance in implementing/ awareness raising

Gross National Happiness Commission

GNHC is the central coordinating agency of the government. Equivalent to the Planning Commission, the commission collaborates with all sectors, agencies and local governments to prepare respective plans, programmes and policies at the national level.

Activities to achieve SDG 1.1 that talks about eradicating poverty by 2030 are directly being implemented by the commission. This goal relates to the national target of developing basic amenities and skills, improving income and enhancing food and nutrition security. To realize these targets, a number of activities are being executed like the distribution of CGI sheets to households, gained access to piped drinking water, improved sanitation and electricity. Production of livestock products and vegetables are also being promoted in the villages. However, addressing poverty issues follows a multi-sector approach. While the Ministry of Agriculture and Forest (MoAF) focuses on increasing the rural household income and providing additional employment opportunities, the Ministry of Education (MoE) contributes through improved health and wellbeing of school going children and their performances. MoH supports through free delivery of healthcare services.

Ministry of Education (MoE)

SDG 4 concerns inclusive and equitable quality education and promotes lifelong learning opportunities for all. MoE takes lead in implementing this goal through enhanced enrolment at ECCD centers and schools, empowering youth with appropriate knowledge, skills, attitudes and values and promotion of vocational centers coupled with equal opportunities for higher education. Numerous indicators are in place to measure progress of the targets. Primary and secondary enrollment ratios, ratio of females to males at tertiary level and productivity of youth are few key indicators.

National Environment Commission (NEC)

NEC plays the implementer's role to protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss. National targets include sustainable management and utilization of natural resources, improved natural habitats, improved environmental management services and enhanced biodiversity conservation among many others.

MULTI-SECTOR IMPLEMENTATION OF SDGS

Bhutan pursues the SDGs through a multi-sector approach. Currently, the GNHC Secretariat has developed guidelines for drafting the 12 FYP after extensive consultations with all ministries, agencies, local governments, NGOs and development partners. During the process, the National Plan Objectives and NKRAs for the FYP were finalized. Accordingly, all stakeholders will incorporate relevant targets and indicators in their respective 12 FYP. Therefore, a number of agencies work together to realize a single goal. For instance, to meet the objectives of Goal 13 - Take urgent action to combat climate change and its impact – MoAF has collaborated with the MoH, Ministry of Works and Human Settlement (MoWHS), Ministry of Economic Affairs (MoEA) and NEC. The MoAF will work towards enhancing capacity of the local communities to climate change by introducing resilient local crop varieties in select areas and train farmers on local genetic resources. MoH will strengthen the response to health impacts due to environment and climate change while MoWHS will strive to build disaster resilient infrastructures. The Ministry of Home and Cultural Affairs (MoHCA) is also on board to ensure disaster preparedness at all levels. Similarly, the MoEA will function towards improving flood /GLOF early warning services. Finally, the NEC will strengthen environmental monitoring, information management and communication. Relevant KPIs have been developed to measure the progress. However, lack of coordination at various levels is a major challenge, which is why the GNH framework for the 12 FYP will be extended from 4 pillars to 9 domains to guarantee a wider coverage of the national goals and thus, the SDGs.

MAINSTREAMING SDGs AT THE LOCAL LEVEL

Because Bhutan has a bottom to top approach for developmental activities, key government agencies have their departments and divisions in every district and local government (LG) settings. Owing to this setup of decentralization, SDGs are being mainstreamed into the plans of LGs, such that it has penetrated to remote pockets across the nation. Therefore, the geographical presence or the outreach of institutions working on the fulfillment of SDGs is vast, explicitly because of a uniform alignment of SDGs to national priorities. For instance, an office of the GNHC or one of the Ministries is prevalent in every district administration headquarter. Moreover, regional branches of CSOs like RENEW, Tarayana Foundation and Lhaksam to name a few are established in select districts. Numerous advocacy programs have been initiated to empower SDGs at the local and national level for important stakeholders like the youth, political parties and CSOs among others. However, given the fact that SDG was incepted only in 2015, the impact is yet to be evaluated. Having stated so, it is also important to mention that the influence is expected to be massive.

KEY OBSERVATIONS FROM THE RAPID INTEGRATED ASSESSMENT

In 2015, UNDP conducted a Rapid Integrated Assessment of the 11th FYP against the SDGs that are prioritized by multiple sectors. The following observations were reported:

1. 134 SDG targets out of the 143 relevant SDG targets have been successfully integrated into the 11 Five Year Plan (FYP).

2. Overall, while gender is well addressed in the NDP, an important gap is the recognition and value of unpaid care and domestic work through the provision of public services, infrastructure and social protection policies as nationally appropriate (SDG 5.4). The feminization of agriculture has been identified as one of the main challenges to agriculture growth. However, the NDP (Volume I and Volume II) does not include targets to improve agricultural production that focus on technological empowerment, unmediated control and ownership of land, enhancing of agricultural management skills and knowledge of women in agriculture.

3. The NDP seems not to contain explicit reference to 'mountain ecosystems' (SDG 15.4). As Bhutan is a mountainous country, the work on ecosystems and biodiversity (reflected in the NDP) most likely also relates to mountain ecosystems. This would perhaps need to be discussed.

4. There is no mention of promoting safe and secure working environments for migrants and those in precarious employment. This may need to be discussed to better align the NDP with SDG 8 on inclusive growth and employment (target 8.8).

5. Regarding social protection (SDG 1.3), there is only a mention of developing a social protection policy for private sector employees. Given that 12% of Bhutan's population is poor and mostly concentrated in rural areas, this may need to be looked into.

6. The NDP notes several challenges in increasing the access of small-scale industrial and other enterprises to financial services, including affordable credit, and their integration into value chains and markets (SDG 9.3). Challenges include limited access

to finance by the Cottage and Small Industries, difficulty to access viable markets, limited industrial infrastructure, limited entrepreneurial talent/skills, use of outmoded technology, high transportation costs, low economy of scale and, poor R&D and innovation culture among enterprises.

7. Given the complexity, the assessment did not cover most of the targets related to SDG 17 on Means of Implementation, with the exception of the targets related to Trade. SDG 17 on means of implementation will need to be looked into more carefully on areas related to finance (ODA and domestic resources), technology (transfer of technology, North-South and South-South Collaboration), capacity building, partnerships (public-private and civil society partnerships), and data, monitoring and accountability issues.

8. The assessment identified various cross-sectorial linkages and it may be good to discuss whether there is collaboration between these sectors in their planning and implementation of actions and how their interventions complement each other's plan. While the assessment tried to identify as many cross-sectorial linkages, there may be additional linkages that may need to be identified for effective SDG implementation. This would need to be discussed.

9. Bhutan's Mainstreaming Reference Group is tasked with strengthening and facilitating the integration of all cross cutting issues (Climate Change, Environment, Disaster, Gender and Poverty) into the government's decision-making processes and development policies, plans and programmes. What is their envisioned role in the implementation of SDGs? Would they also cover other areas?

10. Gaps corresponding to the following SDG targets gaps were observed:

- SDG 5.4: Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate

- SDG 6.4: By 2030, substantially increase water-use efficiency across all sectors and ensure sustainable withdrawals and supply of freshwater to address water scarcity and substantially reduce the number of people suffering from water scarcity.

- SDG 8.10: Strengthen the capacity of domestic financial institutions to encourage and expand access to banking, insurance and financial services for all.

- SDG 10.5: Improve the regulation and monitoring of global financial markets and institutions and strengthen the implementation of such regulations.

- SDG 10.6: Ensure enhanced representation and voice for developing countries in decision-making in global international economic and financial institutions in order to deliver more effective, credible, accountable and legitimate institutions. SDG 10.7: Facilitate orderly, safe, regular and responsible migration and mobility of people, including through the implementation of planned and well-managed migration policies.

- SDG 11.7: By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities.

- SDG 12.3: By 2030, halve per capita global food waste at the retail and consumer levels and reduce food losses along production and supply chains, including post-harvest losses.

- SDG 15.4: By 2030, ensure the conservation of mountain ecosystems, including their biodiversity, in order to enhance their capacity to provide benefits that are essential for sustainable development

CHAPTER THREE: HEALTH SYSTEM AND SUSTAINABLE DEVELOPMENT-NATIONAL SCENARIO

HEALTH SYSTEM

Article 9, section 21 of the Constitution of the Kingdom of Bhutan mandates the state to provide free basic public healthcare both in traditional and modern medicines. Prior to the advent of modern health care system in the 1920s, medical practices were predominantly traditional in the country. In 1979 Bhutan adopted the Alma Ata Declaration of 'Health for All' as the guiding principle for the development of modern health services in the country. Following the Cabinet's approval of the National Health Policy (NHP) in 2011, the focus has further expanded to accomplish Universal Health Coverage on the principles of primary health care and through improved and equitable access to quality healthcare services. According to a recent review on health services, "NHP provides fundamental and essential guidance on health system, disease control, medical care and partnership in health and guides the government in achieving national and international health goals within the spirit of social justice and equity."

Guided by the GNHC, the MoH functions as the key agency in the health sector, which is responsible for drafting plans & policies and ensuring coordination among stakeholders. Besides, the ministry is also accountable for policy implementation, monitoring and supervision of services related to preventive, promotive, curative and rehabilitative services both in traditional and modern medicines.

Health care is delivered through a three-tiered delivery system comprising of primary level care at the Basic Health Units (BHU), secondary level care at district hospitals and tertiary level care at the regional and national referral hospitals. At the grassroots, the health system is connected to communities through Village Health Worker (VHW) services. Further, the referral system of patients abroad ensures accessibility of life-saving medical services, which are not available within the country. Moreover, the Royal Bhutan Army and the Indian Military Training Team (IMTRAT) also offer free health services through few of their hospitals and dispensaries. However, the private sector in health plays a limited role in Bhutan. Besides the nonexistence of private hospitals, there are only few selective diagnostic centers.

Health infrastructure and human resources

Going by the reports with the ministry, there are 882 public health facilities in Bhutan. Public health facilities include hospitals, BHUs, sub-posts, Out Reach Centers (ORC) and traditional medicine units. Today, there are 31 hospitals, 207 BHUs (Grade I and II),

28 sub-posts, 562 ORCs and 54 indigenous units widely spread across 20 districts. In addition, there are 13 privately operated diagnostic centers as well. While the delivery of services is supported by 5028 health professionals, there were 15.1 doctors and nursing staff per 10,000 populations as of 2016.

If we look at the geographical distribution of hospitals alone, 48 percent of hospitals are located in the western region, followed by 29 percent in the eastern territory and 23 percent in the central area. Hence, availability of health facilities has considerably augmented, in particular, for those residing in difficult geographical locations. The total number of hospital beds has also significantly increased from 739 beds in 1987 to 1530 in 2015. This means the ratio of hospital beds per 1000 population stands at 2.0. As of 2015, the number of health professionals stood at 3110, meaning there was one health professional for every 250 people. Although accessibility to health services has been a significant challenge, there has been tremendous progress in access to health care. Projections in 2012 showed 94.8 percent of the population lived within three hours by any means of travel from a nearest health facility.

ALIGNMENT OF HEALTH POLICIES WITH HEALTH SDGs

During the preparation of FYP, GNHC Secretariat holds widespread consultations with all stakeholders to finalize the NKRAs based on the GNH domains. This is also where the incorporation of various international goals into the national plan takes place. Respective agencies are required to build their plans based on the NKRAs and guided by the FYP guidelines. This has ensured close alignment of health policies to the SDGs. While SDG is accorded high priority, it is largely because of the parallels between SDG and GNH goals that allows for a high degree of synchronization. Specifically, the KPIs of NKRA 14 i.e. 'Healthy and Caring Society Enhanced' relates to health relevant SDGs to a large extent. Further, the health sector is involved in the implementation of other SDGs as well. For instance, to reduce the proportion of men, women and children living in poverty, the MoH provides preventive, curative and rehabilitative healthcare services. The ministry also promotes improved nutrition and improved reproductive and child health services. These programs directly subscribes to SDG 1, SDG 2 and SDG 5 respectively. As can be seen from the evidences, Bhutan's national plan for the health sector has close resemblance to the health related SDGs.

KPIs of Healthy and Caring Society Enhanced (NKRA 14)

KPI	Description
Suicide Death Rate	The indicator measures death caused through suicide.
Prevalence of Diabetes	The indicator measures percentage of people with raised blood sugar/Glucose.
Raised Blood Pressure	The indicator measures percentage of population currently under medication due to raised BP
Maternal Mortality	The indicator measures death of mothers per 100000 live births.
Infant Mortality Rate	The indicator refers to death of newborns before reaching 1 year per 1000 live births.
Under Five Mortality Rate	The indicator refers to death of children between 0-5 years.
HIV Incidence (15-49 years)	The indicator measures new HIV infections as a percentage of population.
People Enjoying Sufficiency Level in General Mental Health	The indicator measures percentage of population that has met the sufficiency threshold of General Mental Health.
People Enjoying Sufficiency Level in Safety	The indicator measures the percentage of population that has met the sufficiency threshold of Safety.
Targeted Intervention for vulnerable groups	The indicator measures number of targeted programs and projects specifically aimed to address needs of vulnerable groups.
Substance Abuse	The indicator measures number of substance abuse cases across the country.

NATIONAL LEVEL INSTITUTIONAL ARRANGEMENT FOR HEALTH SDGS

MoH is the lead agency responsible for drafting the health sector plan. Execution of health policy objectives is achieved through a five-year strategic plan of the health sector formulated through extensive consultations with stakeholders. The Planning and Policy Division (PPD) submits draft policies or the concept note to the GNHC Secretariat for review, which in turn is presented to the Cabinet for final approval. Prior to the submission of plans and policies to the GNHC Secretariat, Sector Key Result Areas (SKRA) at the national level and District Key Result Areas (DKRA) at district level are framed, followed by the setting up of respective KPI. At district level, health interventions are formulated and endorsed by a District Development Committee. The progress in implementation is measured through the Annual Performance Agreements (APA). According to health reports, the 11 FYP has 13 SKRAs related to health. Implementation is carried out at various levels through the ministry's five departments, which are: Department of Medical Services, Department of Public Health, Department of Medical Supplies and Health Infra, Department of Traditional Medicines Services and the Directorate of Services. A number of programs directly related to the SDGs are also underway at the ministry, to name few, are as follows:

- National Suicide Prevention Program
- Nutrition Program
- Reproductive, Maternal and Neonatal Program
- Life Style Related Disease Program
- Adolescent Health Program
- Child Health Program CDD/ARI

Then, there are health research institutions under the ministry to take up research works to produce policy briefs for the decision makers. These institutions conduct periodic health surveys/studies to generate indicators for planning, monitoring and evaluation purposes. Further, they provide technical backstopping to various programmes under the Ministry for research related projects; they also periodically conduct capacity building training and workshops.

At a national level, the following stakeholders are involved in carrying out health-related SDGs:

1) Ministry of Health including the departments.
2) Jigme Dorji Wangchuck National Referral Hospital (JDWNRH)
3) Khesar Gyalpo University of Medical Sciences of Bhutan (KGUMSB)
4) Drug Regulatory Authority (DRA)
5) Bhutan Narcotic Control Agency (BNCA)
6) National Environment Commission (NEC)
7) Bhutan Medical Health Council (BMHC)
8) Lhaksam
9) Bhutan Cancer Society
10) Ability Bhutan Society
11) Bhutan Kidney Foundation
12) Bhutan Health Trust Fund
13) RENEW

CLASSIFICATION BY ORGANIZATION TYPE AND WORK

Institution	**Organizational Structure**	**Nature of Work**
GNHC Secretariat	Public	Plan/Strategy formulation/Monitor/Evaluate
Ministry of Health	Public	Plan/Strategy formulation/implement/monitor
JDWNRH	Autonomous	Implement/Data Collection/Awareness Raising
KGUMSB	Academia	Research/capacity building
BNCA	Autonomous	Assistance in Implementation/Awareness Raising/ Data Collection
National Environment Commission	Autonomous	Plan/Strategy formulation/implement
Lhaksam	CSO	Awareness Raising
Bhutan Kidney Foundation	CSO	Awareness Raising
Bhutan Medical & Health Council		Assistance in Implementation
National Commission for Women and Children	Autonomous	Assistance in Implementation/Awareness Raising
Drug Regulatory Authority	Autonomous	Assistance in Implementing
RENEW	CSO	Assistance in implementing/ awareness raising

Jigme Dorji Wangchuck National Referral Hospital

An apex institution in delivering health care services in Bhutan, JDWNRH is an autonomous entity comprising of 17 departments. Established in 1972, the hospital caters to patients from across the nation. It provides free basic medical treatments as well as advanced surgeries and emergency services.

Khesar Gyalpo University of Medical Sciences of Bhutan

KGUMSB is the only medical university in the country working towards achieving self sufficiency in health human resources. The university is envisioned to develop into knowledge based society with teaching, learning and research activities. There are four institutions under the University namely:

- Faculty of Post Graduate Medicine (FoPGM)
- Faculty of Nursing and Public Health (FNPH)
- Faculty of Traditional Medicine (FoTM)
- Reldri Academy of Health Sciences (RAHS)

To promote the growing research culture, the university has established Medical Education Center for Research, Innovation and Training (MECRIT).

Collaborative partners/sectors

MoH collaborates with multiple agencies and sectors to implement national and international goals. The ministry works together with MoE through the Comprehensive School Health Programme to address issues concerning preventive health of students. It has teamed up with BNCA on harmful use of alcohol and with Ministry of Economic Affairs on suicide prevention measures. Few key partners of MoH are:

- MoEA for implementing integrated surveillance for monitoring climate-sensitive diseases.
- MoE, Youth Development Fund and BNCA to improve physical and mental health of adolescents.
- MoEA, MoE, Minsitry of Foreign Affairs, Ministry of information and Communication, CSOs, NGOs and Bhutan Agriculture Food Regulatory Authority (BAFRA) for implementation of the Nutrition Security Policy of Bhutan 2014.

- Lhaksam, an NGO formed by people living with HIV to sensitize on HIV prevention and control.
- Ability Bhutan Society, Disabled People Association of Bhutan, and Draktsho Vocational Institute to provide services for people with disabilities.

However, when it comes to evidence based policy making, all sectors wholly rely on limited administrative data collected through past surveys. There is neither any periodic data collection nor publications wherein decisions are at times based on outdated data. Consequently, monitoring and progress assessments become slightly unreliable. To monitor activities and programs, MoH conducts a mid-term review (MTR) of the FYP (every two and half years) and an additional yearly mid-term review. Owing to the similarity between SDG and GNH, most SDG targets are already in the implementation phase. Further, stakeholders have been asked to identify relevant targets where respective agencies can contribute during the implementation of 12 FYP.

LOCALIZATION OF HEALTH RELATED SDGs

Given the decentralized structure of the health system, the adoption and implementation of health related SDGs can be said to have extended to nook and cranny of the country. Regional and district hospitals, BHUs and village health workers form a robust framework to achieve the targets, the success of which is quite evident from the "tables" that are reflected in the "Annexure" part towards the end of this country report. For instance, the maternal mortality rate has dropped to 86 deaths in 2016 from 225 deaths in 2000 and under-five mortality rate to 37.3 deaths from 84 deaths. Similarly, adolescent birth rate has improved to 28.4 in 2016 from 48.6 in 2005 while births attended by skilled health personnel has increased to 74.6% from 49.1% during the same period.

CHAPTER FOUR: POTENTIAL ROLE OF PRIs TO ACHIEVE HEALTH RELATED SDGs

The MoH has Health Research Units (HRU) or probable PRIs, in this project's context, to take up research works and provide policy briefs to the decision makers. These institutions conduct periodic health surveys/studies to generate indicators for planning, monitoring and evaluation purposes. Further, they provide technical backstopping and reinforcement to various programmes under the Ministry for research related projects; they also periodically conduct capacity building training and workshops. These HRU are:

1. Health Research and Epidemiology Unit, established in 1995, at the Ministry of Health
2. MenziRigpa and Zhipjuk Division
3. Royal Center of Diseases Control, erstwhile Public Health Laboratory
4. Research Unit under the Menjong Sorig Pharmaceuticals
5. Medical Education Centre for Research Innovation and Training (MECRIT), established in 2016, at KGUMSB.

Health Research and Epidemiology Unit (HREU)

HREU is the apex body for research units in the health sector that provides policy framework and guidance to other units. The The unit is responsible for identifying priority areas that require research investigations. Capacity building of the health workers is another key objective. Once KGUMSB builds up their capacity, the responsibility will be handed over.

MenziRigpa and Zhibjuk Division

MZD is a division under the Department of Traditional Medicine pushing to achieve excellence in Traditional Medicine (TM) research. The division in mandated to develop, oversee and monitor research activities and ensure effective implementation of research resolutions, policy, procedures and good practices. The division also promotes research in TM through capacity building.

MECRIT

MECRIT is expected to develop into a leading center for Continual Profession Development in health and research. The center will provide opportunities in building competency among all health professionals and faculty members to address knowledge and skills gap. Well designed training modules will be developed while trainings, seminars and workshops will be conducted for competence building. MECRIT is also responsible to bring about innovations in medical education and health care practices. In near future, the center could start consultancy services in various health related fields.

PRIs and Challenges

Coming to the relevance and capacity of PRIs, it should be noted that research culture and the demand for evidences for policymaking is slowly picking up in Bhutan. In the erstwhile years, policies were backed by limited administrative data and there was not much emphasis on rigorous research works. However, this trend is gradually changing with time although there is a paucity of qualified health researchers in the country in addition to inadequate fund for R&D.

Because evidences from policy analysis and original research studies will be crucial for efficient, effective and sustainable use of Bhutan's scarce resources while striving for the SDGs, there is a need for skillfully packaged evidences such as policy briefs for our policy makers. As timely as it could have been, the MoH has recognized this need for a health specific PRI and therefore, MECRIT was established at the KGUMSB.

To fill in the gaps, PRIs could support through generation of evidences for decision making and by building capacity of healthcare providers, program managers and decision makers. Although data are collected by the MoH, they are not optimally analyzed for policy and planning purposes. Therefore, PRIs could intervene in these areas of data analysis and capacity building, ultimately aiding in enhancement of policies. On the other hand, lack of capacity, inadequate fund and competence of the local PRIs has slugged the research prospects. To cope with shortage of funds, the government or development partners could establish research endowment fund, particularly in a developing country like Bhutan. Policy analysis backed by vigorous studies should be promoted within the health sector. MoH should also explore opportunities to build institutional linkages through collaboration with international PRIs and individuals. Most importantly, it was found that National Research Council could be established to strengthen PRIs, and therefore the research systems in the country.

CHAPTER FIVE: FINDINGS AND RECOMMENDATIONS

KEY FINDINGS: 1) GNHC as the national planning agency is responsible for integrating SDGs into the National Key Result Areas. It coordinates and collaborates with other sectors and agencies to bring about a multi-sectoral approach to fulfill the SDGs. Hence, multiple agencies work together to implement these goals.

2) Given that SDGs show high resemblance to GNH pillars and domains, almost every government ministry, agency and CSOs are directly or indirectly involved in implementing the SDGs. Currently, 134 SDG targets out of the 143 relevant SDG targets have been successfully integrated into the 11 FYP. Around 100 targets and indicators of SDGs have been integrated into the NKRAs and KPIs for the 12 FYP.

3) A number of implementing agencies have been identified to achieve the SDGs. To eradicate poverty, GNHC collaborates with MoAF, MoH, MoEA, National Commission for Women and Children (NCWC), Ministry of Labor and Human Resource (MoLHR) and the MoHCA.

4) To end hunger, achieve food security and improved nutrition and promote sustainable agriculture, the MoAF as the focal implementing agency works together with MoH and MoE. To achieve the targets, production of livestock products are being

enhanced and school feeding programs are underway. Rural livelihood is also being improved while sustainable management and utilization of natural resources is being promoted.

5) MoH is the lead agency in ensuring that objectives of SDG 3, which is to ensure healthy lives and promote well-being, are being met. MoH has taken on board other agencies like MoIC, MoE and MoEA among others to realize the goal.

6) Today, the government has realized importance of CSOs and they were consulted during the preparation of guidelines for 12 FYP. However, the roles of CSOs are mostly limited to building awareness and advocacy programs. At present, stakeholders, including CSOs and private organizations are figuring out their role in the implementation of SDGs through the 12 FYP.

7) The role of external assistance in health policy formulation and service delivery is very significant. Bhutan has been receiving financial and technical support from various development partners, which helps in aligning SDGs with the national plan. Few of these key development partners are:

- United Nations Children Fund (UNICEF)
- United Nations Population Fund (UNFPA)
- World Health Organization (WHO)
- World Bank
- Japan International Cooperation Agency (JICA)
- Asian Development Bank (ADB)
- Thailand International Cooperation Agency (TICA)
- Government of India

8) Despite smooth integration of the SDGs into the national plan, Bhutan faces critical challenge in mobilizing resources required to fund the programmes. Because most research works in Bhutan are donor funded, the donor's interest takes precedence over national priorities. Moreover, some SDGs require consistent and substantial amount of resources to be put in place, which is why resource constraints and technology gaps impede achievement of the targets.

9) Synergy of efforts from all stake holders, including CSOs and private agencies, is imperative for the fulfillment of SDGs. This becomes difficult at times when organizational or individual agendas take priority over the goals.

10) As is the case with many developing countries, availability of data and their reliability is another major challenge. Those data that are available are mostly outdated and eventually hampers monitoring and evaluation activities.

11) Although there are no health related PRIs in the country, few health research institutions are in place that take up research works, capacity building and provide policy briefs to the decision makers. In true sense of a PRI, MECRIT could qualify as a health specific PRI in the country. However, the center was only established in 2015 and it has a long way before it starts operating as a PRI. Hence, the Health Research and Epidemiology Unit (HREU) has presently taken up the role of a PRI. On the other hand, the research culture in Bhutan is gradually growing. The number of research proposals submitted at the HREU has augmented from around 30 proposals in 2009 to more than 100 proposals in 2016.

12) Competency level and lack of funding are two major challenges faced by health research institutions. To overcome human resource constraint, KGUMSB was established and capacity building is a primary objective of the university.

13) Evidence based decision making is limited to analysis of administrative data collected through national surveys. Research backed policies are lacking in Bhutan although there is now a shift towards research culture in the country.

RECOMMENDATIONS

1) Despite the strong assimilation of SDGs into the national plan, more sensitization is required for stakeholders to be made aware of their role in implementing the goals. Stakeholders should be provided with necessary tools to build their capacity so there is a greater understanding of their part.

2) While the institutional setup for SDGs at a national level is robust in Bhutan, it is primarily the lack of resources to carry out necessary activities that hinders implementation. Hence, a stronger relationship and increased funding from development partners is vital.

3) Government agencies should collaborate with CSOs and private organization at a greater level to assist in implementing and monitoring of SDGs.

4) The GNHC secretariat should coordinate with all stakeholders and development partners to ensure that limited resources are channeled to priority areas. Development partners should also be willing to mobilize resources in the right areas.

5) Capacity building of health workers is important and Bhutan is moving in the right direction through training programs. Increased funding from the government or development partners is necessary in this area.

6) There are no health related PRIs in Bhutan besides the five health research units. Evidence based decision making is picking up in Bhutan but most information gathered is not fully analyzed. Policies should be backed by solid findings and analysis.

7) Monitoring the SDGs becomes challenging when the output is based on outdated data. Regular information collection and publication is necessary to arrive at right interventions. Again, the reliability of the collected data is also questionable.

8) Bhutan is quite clear on the policy front. What it requires is investments in areas that will help build the national productive capacity like social and economic infrastructures such as all-weather roads, bridges, urban infrastructures, and communication facilities.

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ANNEXURES:

SDG targets related to health and proposed indicators: Table A

Types Of Indicators	SDG	Proposed Indicator	Year			Source
			2005	2010	2016	
Impact	3.1	Maternal mortality (Deaths per 100,000 live births)	-	-	86	NHS 2012, AHB 2017
	3.2	Under-five mortality	61.5	69.0	37.3	PHCB 2005, BMIS 2010 &NHS 2012
	3.2	Neo-natal mortality (Deaths per 1000 live births)	-	-	21	NHS 2012
	3.7	Adolescent birth rate (Birth per 1000 women)	46.3	59.0	28.4	PHCB 2005, BMIS 2010, NHS 2012
	3.9	Mortality due to unsafe water, sanitation, hygiene; Mortality due to air population(household and ambient)				
Coverage	3.1	Births attended by skilled health personnel (%)	49.1	64.5	74.6	PHCB 2005, BMIS 2010, NHS 2012
	3.7	Family planning coverage	96.3% of woman aged 15-49 years were aware of one modern contraceptive method.			NHS 2012
	3.8	UHC: RMNH tracers (family planning, antenatal and delivery care, full immunization coverage, health-seeking behavior for suspected child pneumonia)	94.4 % Immunization coverage			AHB 2017
	3.7(22)	Model life table systems				
Risk factor/ Determinants	2.2	Child stunting, child wasting, child over weight (under 5 years by percentage against population)	Refer Table 1			NNS 2015
	6.1	Access to safety managed drinking-water source	100% of the population has access to improved drinking water sources.			
	6.2	Access to safely managed sanitation	66.3% of the population used improved sanitation facilities.			NHS 2012
	7.1	Clean household energy (Energy production, primary)	75 Petajoules in 2013			Undata, Country Profile
	11.6	Ambient air pollution (CO2 emission estimates (000 tons/tons per capita)	884/1.2 in 2013			UNdata, Country Profile

Table B

Types Of Indicators	SDG	Proposed Indicator	Year			Source
			2010	2013	2016	
Impact	3.3	HIV incidence (15 – 19 years)	Sustained at <0.1			Country reported program data-HIV/AIDS Epidemic update report, NACP,DoPH,MoH.
		Proportion of population with advanced HIV infection with access to antiretroviral drugs (%)	14.4	-	40.2	Country reported program data-HIV/AIDS Epidemic update report, NACP,DoPH,MoH.
	3.3	Tuberculosis incidence (rate per 10,000)	16	15	15	HMIS, MoH
	3.3	Malaria incidence (Death rate per 10,000 population)	0.3	-	0.0	Country reported program data-VDCP, DoPH, MoH& AHB 2014
	3.3	Hepatitis incidence (Total Morbidity)	640 cases in 2016			Annual Health Bulletin, 2017
	3.3	People requiring interventions against tropical disease				
	3.9	Mortality due to unsafe water, sanitation and hygiene; Mortality due to air pollution (household and ambient)				
Coverage	3.8	UHC: infectious disease tracer (ART coverage, TB treatment, use of insecticide-treated nets, access to safely managed drinking- water source and sanitation)				
	3 d	International Health Regulations(IHR) Capacity and health emergency preparedness				
Risk factor/ Determinants	6.1	Access to safely managed drinking-water source	100% of the population has access to improved drinking water sources.			AHB 2017
	6.2	Access to safely managed sanitation	66.3% of the population used improved sanitation facilities.			NHS 2912
	7.1	Clean household energy (Energy production, primary)	75 Petajoules in 2013			Undata, Country Profile

Table C

Types Of Indicators	SDG	Proposed Indicator	Year	Source
Impact	3.4	NCD mortality	Refer Table 2	
	3.4	Suicide mortality	92 cases in 2016	NSPP
	3.9	Mortality due to air pollution (household and ambient)		
Coverage/ risk factors	3.8	NCDs tracers (hypertension treatment coverage; diabetes treatment coverage; cervical cancer screening; tobacco use)		
	3.a	Tobacco use	Refer Table 3 & 4	NHS 2012
	3.5	Substance abuse (harmful use of alcohols)	Refer Table 5	NHS 2012
Risk factor/ Determinants	7.1	Clean household energy (Energy production, primary)	75 Petajoules in 2013	Undata, Country Profile
	11.6	Ambient Air Pollution (CO2 emission estimates (000 tons/tons per capita)	884/1.2 in 2013	Undata, Country Profile

Table D

Types Of Indicators	SDG	Proposed Indicator	Year			Source
Impact	3.6	Deaths due to road traffic injuries				
	3.9	Mortality due to unintentional poisoning				
	1.5, 11.5, 13.1	Deaths due to disasters				
	16.1	Homicide				
	16.1	Conflict-related deaths				
Coverage/ risk factors	5.2	Women and girls subjected to physical, sexual or physiological violence	Refer Table 6			NHS 2012
	16.1	Population subjected to physical, sexual or physiological violence				

Table E

Types Of Indicators	SDG	Proposed Indicator	Year			Source
Impact	3.8	UHC index: tracer indicators on service access(hospital access, health workforce density by specific cadres, access to medicines and vaccines, IHR capacities)				
	3.9	UHC: Financial protection(Catastrophic and impoverishing out- 0f- pocket health spending)				
System	3.b	Access to medicines and vaccines	Access to 95% essential medicines at all times			
	3.b	Research and development on health issues that primarily affect developing countries, including official developmental assistance(ODA)				
	3.c	Health workforce density and distribution	Refer Table 7			NHS 2012
	3.d	IHR capacity and emergency preparedness				
	17.18	Data aggregation				
	17.19	Coverage of birth and death registration; completion of regular population census				

Table 1: Child stunting, wasting and underweight

Types Of Indicators	SDG	Proposed Indicator	Year			Source
			2005	2010	2015	
Risk factor/ Determinants	2.2	Child stunting (under 5 years by percentage against population)	-	33.5	21	NNS 2015
		Child Wasting(under 5 years by percentage against population)	-	5.9	4.3	NNS 2015
		Child Underweight (under 5 years by percentage against population)	-	12.7	9	NNS 2015

Source: National Nutritional Survey 2015, MoH

Table 2: Percentage of current smokers aged 10-75 by sex and age

Sex and Age	Persons 10-75 years interviewed	Current Smokers	
		Number	% to total
TOTAL	**39,789**	**1405**	**3.5**
Male	18479	1114	6.0
Female	21310	291	1.4
10-14	5458	17	0.3
15-24	9343	503	5.4
25-34	8066	431	5.3
35-44	6172	154	2.5
45-54	5100	111	2.2
55-64	3543	110	3.1
65+	2106	79	3.8

Table 3: Percentage of smokeless tobacco Users

Sex and Age	Persons 10-75 years interviewed	Smokeless users	
		Number	% to total
TOTAL	**39,789**	**17142**	**43.1**
Male	18479	8127	44.5
Female	21310	8925	41.9
10-14	5458	696	12.8.
15-24	9343	3219	34.4
25-34	8060	4529	56.2
35-44	6172	3537	57.3
45-54	5100	2719	53.3
55-64	3543	1652	46.6
65+	2106	790	37.5

Source: National Health Survey 2012, MoH

Table 4: Alcohol use status

Sex	Persons 10-75 years interviewed	Person who drank alcohol in past 30 days		
		Number	%	Average monthly expenditure (Nu.)
Total	**39789**	**9722**	**24.4**	**594**
Male	18480	5800	31	667
Female	21309	3922	18	486
Urban	9579	2163	23	774
Rural	30210	7559	25	542

Source: National Health Survey 2012, MoH

Table 5: Distribution of health workers among the regions and 20 districts

Regions	Dzongkhags	No. of doctors /specialist	No. of nurses	Population [12.12.16]	Doctors /1000 population	Nurses/1000 population
EASTERN	Trashigang	19	66	59413	0.32	1.11
	SamdrupJhongkhar	8	41	49189	0.16	0.83
	Lhuentse	8	14	17888	0.45	0.78
	Trashiyangtse	4	18	21339	0.19	0.84
	Pemagatshel	6	17	15924	0.38	1.07
	Mongar	14	106	45106	0.31	2.25
	Sub-Total	**59**	**262**	**208859**	**0.28**	**1.25**
CENTRAL	Bumthang	5	13	19385	0.26	0.67
	Dagana	10	29	22691	0.44	1.28
	Tsirang	3	22	22196	0.14	0.99
	Trongsa	5	17	16329	0.31	1.04
	Sarpang	16	79	52339	0.31	1.51
	Zhemgang	10	27	21905	0.46	1.23
	Sub-Total	**49**	**187**	**154845**	**0.32**	**1.21**
WESTERN	Paro	10	34	43823	0.23	0.78
	Samtse	9	44	72291	0.12	0.61
	Punakha	6	23	21556	0.28	1.07
	Thimphu	104	380	127202	0.82	2.99
	Gasa	2	4	3749	0.53	1.07
	Chukha	22	72	90514	0.24	0.80
	Haa	3	5	13691	0.22	0.37
	WangduePhodrang	5	28	38325	0.13	0.73
	Sub-Total	**161**	**590**	**411151**	**0.39**	**1.43**
Total		**269**	**1039**	**774855**	**0.35**	**1.34**

Source: National Health Survey 2012, MoH