

Bhutan



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WHO region	South-East Asia
World Bank income group	Lower-middle-income
Child health	
Infants exclusively breastfed for the first six months of life (%) (2015)	51.4
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2017)	99
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	70.1 (Female) 69.5 (Male) 69.8 (Both sexes)
Population (in thousands) total (2015)	774.8
% Population under 15 (2015)	26.9
% Population over 60 (2015)	7.4
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2007)	10.2
Literacy rate among adults aged >= 15 years (%)	
Gender Inequality Index rank (2014)	97
Human Development Index rank (2014)	132
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	3.6
Private expenditure on health as a percentage of total expenditure on health (2014)	26.81
General government expenditure on health as a percentage of total government expenditure (2014)	8.03
Physicians density (per 1000 population) (2016)	0.381
Nursing and midwifery personnel density (per 1000 population) (2016)	1.511
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2016)	18.3 [12.0-26.7]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2016)	32.9 [22.9-44.6]
Maternal mortality ratio (per 100 000 live births) (2015)	148 [101 - 241]
Births attended by skilled health personnel (%) (2016)	89
Public health and environment	
Population using safely managed sanitation services (%) (2017)	92.1 (Total) 88.1 (Urban) 97.6 (Rural)
Population using safely managed drinking water services (%) (2015)	99.6 (Total) 99.5 (Urban) 99.5 (Rural)

HEALTH SITUATION

Bhutan's health system is guided by the philosophy of Gross National Happiness (GNH) that gives the highest priority to the population's physical, mental and spiritual well-being within a safe and secure environment. The Constitution mandates the Government to "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.

Bhutan made commendable progress in several health indicators which can be attributed to a number of factors, among others, robust policies, overall socio-economic development and consistent investments in public health over several decades. Bhutan became one of the first two countries in the WHO South-East Asia Region to eliminate measles before the regional target of 2020. Significant reduction in maternal, infant and under-five mortality, and reduction in morbidity and mortality due to major communicable diseases such as tuberculosis and malaria, are documented public health successes. However, rapid demographic, epidemiological and environmental transitions, including rapid urbanization and the changes in lifestyle of the population present new challenges.

HEALTH POLICIES AND SYSTEMS

The National Health Policy 2011 articulates investment in the health sector as essential for both happiness and wellbeing. 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. Substantial investments have been made in strengthening the national health system particularly in service delivery, human resources for health and public health infrastructure.

WHO Country Cooperation Strategy 2014-18 is aligned with National health priorities defined in the Eleventh Five Year Plan 2014-2018 which states that the Ministry of Health shall continue its efforts towards achieving universal health coverage by focusing on providing improved and equitable access to quality health care services, achieving goals and targets, and work to fulfil the global monitoring framework for prevention of NCDs. Key health priorities include: responding to the growing burden of NCDs, further reduction of maternal and child deaths by investing in skilled birth attendants and newborn care; sustaining case detection and treatment of HIV/AIDS and TB; working towards elimination of malaria and neglected tropical diseases; addressing the double burden of malnutrition and strengthening the capacity to respond to emergencies.

COOPERATION FOR HEALTH

In its endeavor to implement Eleventh Five Year Plan and the development of Twelfth Five Year Plan, Royal Government of Bhutan seeks to strengthen partnership with bilateral as well as multilateral development agencies including WHO.

Working together at all three levels of the Organization, WHO brings strategic advantages in terms of global health initiative networks, innovative health technologies, global partnerships, and capacity to support national efforts for adoption of best practices in health policy development, programme implementation and monitoring health situation and trends in Bhutan. WHO collaborates in areas of health promotion, maternal and child health, communicable and noncommunicable diseases, climate change adaptation, health system strengthening and emergency preparedness and response amongst others.

WHO has been working towards inclusive development partnerships with sister UN agencies for sustainable development involving not only governments but also civil society, media and academia among others.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2014–2018)

Strategic Priorities	Main Focus Areas for WHO Cooperation
<p>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</p>	<ul style="list-style-type: none"> • 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
<p>STRATEGIC PRIORITY 2: Scaling up of prevention, early detection, monitoring and treatment of noncommunicable diseases and addressing their determinants through intersectoral collaboration</p>	<ul style="list-style-type: none"> • Enhanced national capacity and intersectoral 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
<p>STRATEGIC PRIORITY 3: Pursuing a health through the life course approach with focus on maternal, new born, child and adolescent health</p>	<ul style="list-style-type: none"> • 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
<p>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</p>	<ul style="list-style-type: none"> • 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
<p>STRATEGIC PRIORITY 5: Achieving national capacity to prevent, reduce the risk, respond and manage health security threats</p>	<ul style="list-style-type: none"> • 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
<p>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</p>	<ul style="list-style-type: none"> • 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