CHAPTER 2

**HEALTH**

Guided by the national development philosophy of Gross national Happiness, the health sector envisions building “a healthy and happy nation through a dynamic professional health system with attainment of highest standard of health for the people within the broader framework of overall national development, in the spirit of social justice and equity.”

Since the early years (1960s) of the introduction of modern health care development in Bhutan (Allopathic), the health programmes and interventions have focused on the preventive aspects of health care and services including, the prevention of morbidity, the promotion of positive determinants of health, and the control of infectious disease. These measures were further being reinforced after being signatory to the Alma Ata declaration in 1978.

There have been a continuous efforts and remarkable strides in improving the modern health care systems and services since then. The Ministry of Health has now a wide spread network of Health Facilities covering around 95 percent of the total population within three hours walking distance of the health facility. Institutional health facilities were earlier concentrated in the urban agglomerated centers, but today the emphasis has shifted to the rural areas where the majority of the population live.

Health Care is delivered in a totally integrated three-tiered system with National Referral Hospital at the apex, regional referral hospitals, district hospitals, and Basic Health Units (BHUs) at the Community Level. BHUs serve remote populace and are staffed by well-trained health personnel who are equipped to treat minor ailments and advice on preventive measures to avoid the spread of communicable diseases. Extended Health Centers such as Out Reach Clinics (ORCs) and Sub-posts support these BHUs.

There are also a number of special health programs in Bhutan administered by the Ministry of Health. These mainly cover Expanded Program on Immunization (EPI), Reproductive Health (RH), Acute Respiratory Infection (ARI) later upgraded to Integrated Management of Neonatal and Childhood Illness (IMNCI), National HIV/AIDS & STIs Control Program (NACP), National Tuberculosis Control Program (NTCP), National Leprosy Program, Rural Water Supply & Sanitation Program (RWSS), Village Health Workers Program (VHW), Vector Borne Disease Control Program (VDCP), Mental Health Program, among others.

As of 2013, there were 32 hospitals, 205 BHUs and over 519 ORCs spread across 20 dzongkhags and 205 gewogs providing primary health care services. Besides the allopathic system, there exists a well established network of Indigenous medical facilities and services integrated within the main health systems. The Institute of Traditional Medicine Services (ITMS) serves as the institution for the promotion of traditional medicine such as providing training and research of the Indigenous Physicians (Drungtshos) and sMenpas (Sowa Menpas).

The main indicators of the health status of the population are morbidity and mortality. Morbidity refers to the type of illness people suffer from, while mortality relates to deaths and causes of death. The National Health Survey (NHS) 2012 is the source for mortality statistics. Over-all the Infant mortality rate per 1000 live birth is 30 estimated from the NHS 2012, but causes of death data have not yet become available. Efforts are under way to improve the vital registration system. Morbidity data are obtained from the patients’ routine records maintained in hospitals and BHUs whose data are ultimately presented in the annual publication “Annual Health Bulletin Series”, published by Ministry of Health.