

## Way Forward

### ***Introduction***

To promote the quality of life of the people of Bhutan the Royal Charter of Bhutan Health Trust Fund (BHTF) has been instituted since 2000. The basic principle and intent is to provide quality care services readily accessible in equitable manner to all and aiming towards a self sustained health care system.

Currently the BHTF is looking into the sustainable transition of the most prominent three diseases of the country (HIV/AIDS, Tuberculosis and Malaria), currently supported by the Global Fund (GF). From GF perspective also, the 35<sup>th</sup> Board Meeting on GF sustainability, Transition and Cofinancing Policy has been adopted and has also launched the GF New Funding Modality (NFM).

It is so vital that BHTF has conducted a workshop on Transition Readiness Financing for Health: HIV/AIDS, Tuberculosis and Malaria with a proactive participation of the GF Secretariat from Geneva, Partners in Health and BHTF Secretariat and other senior colleagues from health sector. The Honourable Health Minister inaugurated and provided guidance for attaining the desired outcome.

### ***Suggested Actions to be followed up***

The final recommendation of the workshop is attached for further review and action. However there are several basic actions that may need to be addressed: (i) to achieve the intent of the Royal Charter on BHTF, (ii) actions taken to be closely aligned with the principles of the Royal Charter, (iii) to provide full satisfaction of the people of Bhutan, and finally (iv) to sustain the persistent support from GF and will also attract other Partners in Health for co-financing in further development of the BHTF. To cover all these important issues, the presentation will be structured as:

- 1) Health System Strengthening;
- 2) Sustaining the progress of three diseases intervention;
- 3) Further development of BHTF.

### **Health System Strengthening**

- Resilient health system is the key requirement in attaining the intent of the Royal Charter of BHTF. For this a proactive participatory approach at both the policy level and community level is obligatory.
- Health system can be strengthened only through an inclusive sector coordinating approach. As we all are aware that care of patients admitted and patients to the hospital is not sole solution of health system strengthening. As indicated in WHO's Health in All (HiA) strategy, it is essential to look into the provision and functions of all sectors engaged in health promotion and prevention. Moreover, it may be necessary to revisit all sectors, collation of all existing laws, bye-law and notification related to health. In other words, it is timely for mapping out the policies on health

inclusive of all sectors. The concerned decision maker level or policy level authorities of Ministry of Health should also be advising or guiding for an optimal impact of their implementation on health.

- The health policy mapping will be the key instrument in formulating the national health policy in further striving an optimal outcome of the Royal Charter.
- Proactive community participation is crucial for attaining the happiness of all. People need to aware of their daily life attitude and behaviour related to the productive health of the day, in terms of food, active engagement and willingness to object or accept to dangerous behaviour they are encountering. This, cannot be handled only by our health staff and need to pull in people from all relevant sectors.
- At the implementation level, Bhutan's landscape and terrain is unique. Simply expressing of doctors or health staff and population ratio may not be that meaningful. It is necessary to look into the availability of optimal skill-mixed staff at each Dungkhaig aligning closely with the local disease epidemiology. As such, Human Resources for Health (HRH) is an important component of the health system and Human Resources for Health for Minimal Data Set be made available and revise periodically.
- The country health system approach is an integrated one and as such, training and skill imparting to them should observe it appropriately.
- The second most important item beyond HRH is medicine. Bhutan has a long success story of essential medicine. It is time to relook into it. As Bhutan is moving forward now towards Universal Health Coverage (UHC), the development of Essential Health Care Package (EHCP) is very important. EHCP does not mean only one package. It varies with level of health care services from the lowest basic health care to the level of sub-speciality. Even at the basic level it may varies with the epidemiological situation among Dungkhaigs. It may include drugs, simple diagnostic and treatment equipment which are very much aligned to the skill hands and within the budget limit. It ensures the provision of quality health care at the most minimal cost.
- The third major component is health information system. Bhutan is very much ahead on this item among the countries in the Region. However complacency should not be the motive and move further for sustaining the progress. Information is critical, especially the real-time ones, evidence based policy decision is crucial for optimal impact with less cost.
- Information Communication Technology (ICT) is well developed in Bhutan, so also e-Health, DHIS II, and e-Patient Management Information System. These should be kept in sustained and progressive manner. As the size of the community, compared to other countries is manageable, it is important to have a thought on People Participatory Approach (PPA) instead of simply head counting. e-Patient Management Information System has a high impact for Bhutan as per Royal Charter, patients that need special care are still referring to other countries.

### **Sustaining the Progress of Three Diseases Intervention**

- According to the Annual Health Buletin-2016, Status of Millennium Development Goals of Health Related Indicators are truly impressive in comparing to the current status in other member states of the Region. Goal 6 has totally achieved except that 432 HIV cases were detected in July 2015.
- The country's approach in health sector is an integrated one. It should be continued in the same approach and developing principles for the Government itself could further handle it.
- Two interested survey studies has been noted in the first Bhutan Health Journal (Vol 1, Issue1 of 2015), where the papers described on assessment of HIV risk behaviours, practices and knowledge among people living with HIV in Bhutan; and the effects of a behavioural change programme in reducing the house index of mosquito larvae in households in Phetcabun province, Thailand. These two articles are striking examples to explain some quarries arose during the workshop. These are the most useful examples for illustrating the importance of the People Participatory Approach.
- For all three diseases we do have National Strategic Plan (NSP). This should be developed out of the respective Five Year National Health Plan. As such within the country we should focus on single plan approach and all partners need to follow the NSPs in supporting the three diseases.
- The main discussion focused in the meeting was the Sustainability and Transition issue. It is very timely that Transition Assessment has to be initiated as soon as possible. An effective Team should be developed under the leadership of CCM. It is vital to choose the most appropriate tool for Bhutan and more time be taken in the exercise, considering its terrain and spread-out of people residing in valleys. To lessen the biasness, more outsider of health sector participation is advisable.
- By all means, the day will come for the government (BHTE) has to handle it as national ownership, an appropriate integrated and decentralized approaches be continued in a sustained manner.

### **Further Development of BHTE**

- The Royal Charter of the Bhutan Health Trust Fund has been introduced since 2000. As mentioned above, the Kingdom is looking forward for the happiness of the people – means free from illness and disabilities and beyond that the poverty reduction.
- A free basic health services is being provided in a sustained manner till date. However it is time for the policy makers to provoke a farsighted approaches for the future so as to attain the principles of the Royal Charter.
- Currently among the countries in the Region, Bhutan's Out-of-Pocket (OOPs) expenditure is quite low. It is vital to address it as a major issue as OOPs, in many countries in the region are in the rising trend. Bhutan's population is about 700,000 and it is very much possible to introduce the national health insurance system through careful communication and seeking people participatory approach. It has

ben noticed in some countries that people got impoverished after seeking care for their illness and created a big burden for their family livelihood.

- It is also critical that the BHTF have a sufficient capital fund, for its sustainability. For that BHTF needs to show its performance. This can be revealed and cognizance to the public through an effective Monitoring and Evaluation (M&E), not only with the accounting on health mechanisms but its image of accountability will be much meaningful. In the M&E, Process Monitoring need to be introduced for selective activities, if it is not able to cope all activities. This will definitely enhance the trust and chances of active participation of Partners in Health will drastically increased.
- It is also advisable to look into the Service Availability and Readiness to Access (SARA). This is a useful tool for the service availability and for further assessment.

### **Conclusion**

The Royal Charter of the Bhutan Health Trust Fund is truly geared towards the equitable and access to quality service for all the people of Bhutan. As its intent is to promote the happiness of the people, an inclusive effort of all the sectors and people participatory approach will be highly effective in striving to achieve its purpose.

## **Transition Readiness Financing for Health: HIV/AIDS, TB and Malaria Final Recommendation**

### Define destination

1. Clear targets for programmes as they go through transition
2. Define success
3. Increasing domestic finance – take over the key costs of the program
4. After transition – civil society should be able to sustain both in terms of human resources and programs
5. Continue to build the resilience of the overall health system
6. Key prevention programs and outreach for key populations integrated into domestic program costs
7. Greater focus on efficiency
8. Embracing innovation

### Planning processes

1. Ensuring transition debate fits into existing planning and programme review processes:
  - National strategy plans
  - Programme reviews
  - 12<sup>th</sup> FYP

### Ensure adequate health financing

1. Ensure the discussion on transition and BHTF including discussion on all sources of funding for health
2. Ensure at least 5% of GDP
3. Build evidence to make a case

### Bhutan Health Trust Fund

1. Review the BHTF charter and it's flexibilities
2. Early consideration by Global Fund of it's role in using the BHTF to channel funds as part of the transition
3. Keep BHTF as a financing mechanism, not a procurement body
4. Further discussion in options for sufficient capitalization

### Identify specific areas for detailed planning- START NOW!

Eg: Procurement of second line TB drugs

Sustainability of NGOs

Future role of the CCM

### **Cross cutting overview of systems issues**

- Information system
- Laboratories
- Stigma
- HRH
- Identify opportunities for more integrated/collective activities/efficiencies
- Take advantage of the HiT review

### Recommendations: Global Fund

- Continued communication of the STC policy and flexibility in other policies (esp the disease split and HSS)
- Global Fund to look at new funding options- earlier the better
- Consider reprogramming of the current grant
- Work with WHO effectively to help countries during the transition process