

A concept note seeking approval from the Cabinet to review the National Health Policy 2011

Date: 10.03.2019

1. Context and Background:

The National Health Policy (NHP) that was endorsed in 2011 is long overdue for a review. Academic literature and guidelines on policy formulation points out the need to review policies in every three years or whenever a critical need for review is felt. Furthermore, in the health sector, a series of key allied policies and strategies have been formulated since 2011 which calls for their alignment to the National Health Policy.

The need to align the NHP 2011 document with other relevant policies that have been revised and formulated outside the health sector has also been noted at various levels of policy consultations both within and outside the Ministry. Particularly, the health policy's linkage to the Economic Development and Foreign Direct Investment Policies (2016) are of paramount importance as broader policy implications- to the health sector's aspirations- have been foreseen due to the commissioning of the apropos economic policies. Pressing need for a revised policy is also felt to guide the implementation of the 12th Five Year Plan which is aimed at bringing radical changes predominantly (or at-least) to the health sector and systems.

2. Critique of Current Policy Options and Approaches:

A preliminary analysis of the NHP version 2011 has pointed out a set of clauses that require redressal. The following are some of them:

Clause Number: Issues (broad)	Proposed/probable amendments
Background and introductory write up	Background and introductory write up needs to be extensively revised to accommodate the most recent

	facts and figures.
5.2: Alignment to current policy changes	This can be aligned with 12th Plan goals and would merit a time reduction from 3 hours to 2 hours.
5.3: Alignment to current policy changes	Grassroots service can be aligned to new initiatives during the 12 th FYP such as the flagship programs and the service standard.
5.12: Alignment to current policy changes	This can be aligned with the health service standards.
Chapter 6: Alignment to current needs	A comprehensive clause on specialist retention may need to be included, in addition to clause 6.7 which broadly covers retention of health human resources.
9.13: Charging non Bhutanese for health services	The clause couldn't be operationalized due to sensitivities revolving around bilateral foreign relations. May require further deliberation and classification of Non-Bhutanese as deemed pertinent.
10.1 c: Re-phrasing	This can be rephrased and aligned with the HTA guidelines.
12.2 d, 12.3 c and 5.14: Re-phrasing	TTIs shall suffice as a broad term (12.2d), 'Emergency preparedness and response' and 'disaster resilience' which are more technically appropriate terms can be incorporated for clauses 12.3 c and 5.14.
15.4: Alignment to regulatory needs	Clause 15.4 may need to be rephrased to accommodate current regulatory needs

Preliminary analysis has also pointed out the need to align the NHP 2011 to other policies and strategic documents that have been endorsed and published both within and outside the health sector after 2011. Failure to review and update the national health sector policy to these developments would result in weaknesses in overall policy response and stewardship.

3. Policy Recommendations:

The revision of the policy could have potential implications on human resources in the health sector. The broadening of the policy's ambition and scope, and adding more policy statements or clauses to the document could have rippling effect at the program and activity levels; hence, calling for additional financial, human and other medical resources.

New strategic drivers related to health financing could call for the expansion of fiscal and budgetary space for the health sector. This could have implications on the government's overall financial coffers.

The effective revision and implementation of the policy would call for enhancing the efficiency and mix of health professionals. Although, this may have repercussions on overall training and recruitment issues, it could help in commissioning selective HR strategies particularly in the areas of specialists/sub-specialists training and retention.

n.b. Comments on this section of the concept note has more or less been addressed by the inclusion of the table in the earlier section.

3.1. Commitments of the New Government:

We will be simultaneously conducting a rapid feasibility assessment on the government's pledges related to health for appropriate incorporation in the revised

policy. For e.g. the policy revision process might involve studying the current referral system in the event the government might go ahead with the proposed multi-specialty hospital. New financing schemes may need to be tied with current Mother and Child Health (MCH) packages if we are to implement the government's pledge of introducing allowances that match the daily wage rate for women in rural areas during initial 6 months after childbirth.

We will draw strength from the commitments of the new government and incorporate the pertinent pledges to further strengthen the policy.

4. Integration of GNH and Cross Cutting Issues:

The revision will significantly address GNH and crosscutting issues such as disaster, environment, poverty, gender and ICT, as one of the primary intents of the proposed review is to align the Mother Policy with existing (or the most recent) strategic documents and other policy instruments in the area of emergency medical services, disability, disaster preparedness, environmental health, emerging public health concerns due to climate change and health sector response to gender issues.

The revised policy will also lay further emphasis on the improvement of Mother and Child Health (MCH) and nutrition issues; thereby reinforcing the health sector's status as a champion of the gender and child inclusiveness cause.

5. Process and Indicative Timeline:

The review process will essentially be carried out by a Technical Working Group which is comprised of officials from the MOH, all allied agencies, and the GNHC's RED. The output document generated through the TWG's efforts will be fine-tuned through consultations with: multi-sectoral government and LG officials; Members of Parliament; Civil Society members; members of the international development community; and the general populace who, in essence, are the actual beneficiaries of health services.

Technical Assistance, particularly from the WHO may be needed for the final phase of the review process; however, this will be in the form of an electronic

consultation process through which suggestions to better the policy document will be availed from health policy experts from the WHO SEARO.

The policy may conflict with the EDP and FDI policies which are pro-privatization of health services; however, this will be mitigated by considering existing legislations, and the primary global and national health agenda which is to foster universal health coverage and financial protection for all Bhutanese citizens. Moreover, this inclusive vision and grit of the health sector will ensure happiness for all Bhutanese citizens; thereby, constructively contributing to GNH.

n.b. Detailed work plan annexed.

6. Major Impediments or Risks Foreseen in the Development of the Policy:

There are no major impediments; however, some aspects of the revised policy such as Health Impact Assessment (HIA) will be challenging in view of differing roles and objectives of allied agencies and the private sector.

Submitted by:

Policy and Planning Division, Ministry of Health for review and onward submission to the Cabinet.

Proposed work plan for the review of the National Health Policy 2011 Document

Sl	Activity	2019-2020											
		A p r	M a y	J u n	J u l	A u g	S e p	O c t	N o v	D e c	J a n	F e b	M a r
1	Identify officials and finalize the TWG for the review assignment. Note: Seek formal approval for the review of the health policy from GfNHC, if required.												
2	Liaise with HODs and head of allied agencies including relevant stakeholders (LG), seeking their views and aspirations on areas that can be incorporated/changed in the revised policy.												
3	Initiate case study of a selected few countries to adopt national best practices and approaches and validate in our context. Study current policies/regulations and other relevant instruments. For this, the members of the TWG will be assigned with the Health Policy Document of a few countries and asked to do a comparative analysis in order to adopt best approaches that are missing in our policy												

	instrument.												
4	<p>First consultative workshop to discuss on the areas and clauses that will need review.</p> <p>By the end of this, a first draft of the revised policy will be available.</p>												
5	Present the first draft of the policy to the MOH and officials from the allied agencies to seek their feedback.												
6	Conduct a short writing retreat to finalize the draft.												
7	Present the draft policy to the High Level Committee meeting for approval.												
8	Incorporate the feedback of the HLC and finalize the policy document.												
9	Final approval from government.												
10	Knowledge sharing.												