

**Joint Mission of the
United Nations Interagency Task Force on the
Prevention and Control of
Noncommunicable Diseases**



BHUTAN
6-10 FEBRUARY 2017

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Cataloguing-in-Publication (CIP) data. CIP data are available at <http://apps.who.int/iris>.

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Executive Summary

A joint programming mission of the United Nations Interagency Task Force (UNIATF) on the Prevention and Control of Noncommunicable Diseases to Bhutan was held on 6-10 February 2017. Bhutan is a development success story with decreasing poverty and improvement in human development indicators and has a vision for gross national happiness driving national development. Unfortunately Bhutan is now at grave risk of the effects of noncommunicable diseases (NCDs) – principally cardiovascular disease, cancer, diabetes and chronic respiratory disease.

NCDs (56%) and injuries (a staggering 19%) account for over three-quarters of all deaths in Bhutan and the probability of dying prematurely (before the age of 70) from one of the four main NCDs is one in five¹ Source???

Alcohol is widely available, affordable and easily accessible in Bhutan with around 40% of the population found to be current drinkers of alcohol (2014 STEPS). Although there is a ban on tobacco sales, smoked and smokeless tobacco is widely used (34% in men and 14% in women). There is also widespread use of “doma”. Despite a remarkable decrease in stunting rates (from 37.8% in 2008 to 22.3% in 2015), stunting continues to be a major public health problem. But now the country is experiencing double the malnutrition, with 27% men and 40% women to be either overweight or obese. The 2015 National Nutrition found that 7.6% of children aged 0-59 months are overweight. Salt consumption is significantly higher than WHO’s recommended level (i.e. around twice the WHO’s recommended level). This can have a major impact on blood pressure and result in cardiovascular diseases.

Despite this, the Joint Mission was of the view that Bhutan’s strong commitment to health and health care means that there is every chance that Bhutan can tackle NCDs. Bhutan, has in place a comprehensive set of NCD and NCD-related strategies, action plans and coordination mechanisms as well as broader development plans. These provide the basis for implementing a small set of priority actions over the next 2 years.

The Joint Mission’s report charts a path for Bhutan to reduce NCDs within the context of its national development objectives and the internationally agreed Sustainable Development Goals (SDGs). The report sets out a set of key recommendations in the area of governance, harmful use of alcohol, tobacco and doma use, diet and nutrition and physical activity. The report then provides series of recommended next steps to take forward these recommendations between now and the end of 2017, during 2018, and then for 2019-2020. These next steps are a small set of evidence-based actions that are based on driving forward the national multisectoral action plan. They have been identified by the Joint Mission as feasible in Bhutan and ones where the UN Country Team and the wider UN system can provide technical support to the Royal Government of Bhutan.

In 2018 Bhutan alongside all other countries will meet at the Third High-level Meeting on NCDs at the UN General Assembly to report on progress against commitments made in 2014, including 18 specific targets. Responding to the recommendations of the Joint Mission will enable Bhutan to be in a strong position when reporting against these targets.

¹ World Health Organization - Noncommunicable Diseases (NCD) Country Profiles (page 33) , 2014.

Joint Mission of the United Nations Interagency Task Force on the Prevention and Control of Noncommunicable Diseases to Bhutan, 6 – 10 February 2017

1. A joint programming mission of the United Nations Interagency Task Force (UNIATF) on the Prevention and Control of Noncommunicable Diseases (NCDs) to Bhutan took place between 6 and 10 February 2017. In alphabetical order, the following six agencies participated in the mission: United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF), the World Bank (WB), the World Food Programme (WFP) and the World Health Organization (WHO).

2. At the request of the Royal Government of Bhutan (RGoB), the Mission had a particular focus on nutrition and diet-related NCDs and on combatting the harmful use of alcohol. Terms of Reference, members of the Joint Mission and the programme are provided in [Annexes 1-3](#). The Joint Mission is grateful to the Prime Minister, ministers, parliamentarians, and officials of the Royal Government of Bhutan for allocating time to meet with the Mission. The Mission also expresses its gratitude to development and civil society partners and other stakeholders that participated in the discussions during the week.

Key Findings

A development success story that is at serious risk as a result of the socioeconomic impact of NCDs...

3. Bhutan (population estimate 0.74 million in 2012) is a development success story with decreasing poverty and improvement in human development indicators and with a vision for gross national happiness driving national development. Gross National Income (GNI) per capita has consistently risen from US\$730 in 2000 to US\$2,409 in 2014, which is one of the highest in South Asia. The Gross National Happiness (GNH) is a vision expressed by Bhutanese leaders, which supports the pursuit of higher collective wellbeing in all its dimensions, economic and non-economic, monetary and non-monetary as opposed to GDP or profit maximization.

4. The forces of globalization, urbanisation and population ageing along with longstanding cultural behaviours are resulting in an increase in NCDs in Bhutan. Bhutan is far from unique in this regard – rates of NCDs are increasing in all countries. While many of the solutions are common to all countries, a number are specific to Bhutan. The epidemic of NCDs in Bhutan – principally cardiovascular diseases, cancers, diabetes and chronic respiratory diseases is being driven by common risk factors, such as harmful use of alcohol, tobacco and drug use, and unhealthy diet. There are actions being taken in Bhutan to combat these diseases and address their risk factors, but unless these actions are accelerated considerably, Bhutan will unlikely be able to meet the NCD SDG targets.

5. NCDs (56%) and injuries (a staggering 19%) account for over three-quarters of all deaths in Bhutan and the probability of dying prematurely (before the age of 70) from one of the four main NCDs is one in five²

6. Alcohol consumption is strongly embedded in the cultural norms in Bhutan with around 60% of adult population having used alcoholic beverages in their lives. According to the STEPS data

²Noncommunicable diseases country profiles 2014 (page 33). WHO

collected in 2015, around 50% of men and 30% of women are “current drinkers”, and traditional use of home-produced “ara” in Bhutan is increasingly complemented, especially in urban areas, by easily available and affordable commercially produced locally or imported beer and spirits. Heavy episodic drinking is common in Bhutan (29% in men and 14% in women). It is reported that during the period 2005-2010, alcohol-related mortality and morbidity have increased fourfold with alcohol liver cirrhosis being considered as the main cause of alcohol-related deaths. The harmful use of alcohol continues to present a significant challenge for health systems and society as a whole.

7. Although there is a ban on tobacco sales, smoked and smokeless tobacco is widely used (34% in men and 14% in women). There is also widespread use of “doma” in the form of chewing a mixture of areca nut, betel leaves and lime (largely without tobacco in Bhutan). The production and distribution of “doma” are not regulated or taxed. About 40% of the Bhutanese population 15 years and above report “doma” use, although the Joint Mission heard reports that the popularity of “doma” use among youth is decreasing, and its use is prohibited in schools.

8. Nutrition is a challenge in Bhutan on several fronts: Bhutan has achieved a remarkable reduction in its stunting rate among children under 5 years of age although it continues to be a major public health issue (affecting one in five children under 5 years of age). According to the National Nutrition Survey conducted in 2015, there is a widespread high rate of anaemia among children under 5 years of age, women of reproductive age including adolescent girls, and pregnant women. At the same time there is now high prevalence of overweight and obesity being observed among adult populations (i.e. 27% in men and 40% in women). Furthermore, two thirds of the population do not consume sufficient fruit and vegetables, resulting in diets that are not balanced and are not sufficiently diverse and nutritious. In addition, salt consumption is significantly higher than WHO’s recommended level (i.e. around twice the WHO’s recommended level). This can have a major impact on blood pressure and result in cardiovascular diseases. In fact, around 1/3 of adults have raised blood pressure while 6% have diabetes or raised blood sugar levels.³ Furthermore, increasing consumption of prepackaged foods and beverages which are high in fats, sugars and salt was observed and these foods and beverages are also being sold at shops in some schools.

Nevertheless, Bhutan’s strong commitment to wellbeing, health and happiness means that implementing and enforcing NCD prevention and control policies and strategies can demonstrate to the world that it can tackle NCDs...

9. Bhutan has in place a comprehensive set of NCD and NCD-related strategies and action plans. These provide the basis for implementing a small set of priority actions over the next 2 years. The commitment to multisectoral working is witnessed by a range of national steering and implementation committees and sub-committees.

10. In Bhutan, there is universal health coverage and it includes the early diagnosis and management of NCDs. Four percent of GDP and 9% of total government expenditure goes to health, significantly higher than the other countries in this region. Yet Bhutan is witnessing increased costs for management of patients with NCDs which is undertaken in India.

11. The 12th Five Year Plan will be launched in 2018 and will set out an ambitious trajectory for development in Bhutan. The development of the Plan and its implementation is led by the Gross National Happiness Commission (GNHC). National Key Result Area 14 of the draft Plan is “healthy and caring society enhanced” and it includes components of a comprehensive NCD response. In addition a number of the other National Key Result Areas are important for NCDs (e.g. 4.5, 8.3, 8.5,

³Figures quoted in this paragraph come from the WHO 2014 STEPS Factsheet on NCDs. http://apps.who.int/iris/bitstream/10665/128038/1/9789241507509_eng.pdf?ua=1

15.12 and 15.13). The Plan also includes 6 flagship programmes that focus on priority multisectoral actions. Decentralization is an important element of Bhutan's development in the 12th five year plan. More over as in the 11th FYP, the 12th FYP National Key Results Area and the Agency Key Results Area for health will include programs and interventions to reduce the percentage of population living with diabetes and raised blood pressure, and percentage of tobacco users amongst youth. The fact that these indicators are reflected in the National Key Results Area determines the importance of prevention and control of NCD as apriority for the Government as well.

12. Bhutan is committed to innovation and the Joint Mission saw examples of this. Bhutan is also committed to robust data collection: its last STEPS and tobacco surveys as well as national nutrition surveys were conducted in 2015.⁴

A road map for action to prevent and control NCDs...

13. The Joint Mission's report charts a path for Bhutan to reduce NCDs within the context of its national development objectives and the internationally agreed Sustainable Development Goals (SDGs). A new SDG Plan is currently being developed by the UN Country Team and NCDs is likely to be included in the Plan. The report highlights the risk to the countries socioeconomic development from NCDs and the importance of having policies in place that reduce premature mortality and ill health from NCDs, both in terms of their burden on the national economy and the escalating costs to the health system.

14. The Joint Mission report charts a path for Bhutan to take a series of critical steps to respond to NCDs. The recommendations are based on the Joint Missions' observations in country and on the Task Force's international experience. The recommendations are evidence-based, cost-effective and feasible and they have been shown to work in improving health and reducing early death. They also require not only political commitment, but actual "buy-in" of all concerned ministries and stakeholders as well as better enforcement of laws and regulations. Finally they require effective partnership between government and key partners such as civil society, private sector and the UN agencies, with effective community participation and mobilization.

15. Bhutan will be invited to report to WHO on progress in tackling NCDs ahead of the Third High-level Meeting at the UN General Assembly in 2018. It has made substantial progress since, in developing the necessary policies, strategies and actions as well as moving ahead with coordination mechanisms since the 2011 NCD Political Declaration. By taking forward the recommendations in the report it has the opportunity to demonstrate itself as a regional and global leader in the fight against NCDs.

Rewarding success...

16. The Joint Mission considers there to be significant opportunity for government ministries and other key institutions, public, private and religious bodies (e.g. schools, companies, hospitals workplaces) to demonstrate leadership by becoming healthy institutions by promoting healthy food and beverage and physical activity and discouraging use of doma and tobacco. The Joint Mission on also believes that government can encourage mayors and governors to establish healthy *thromdhes*(towns) and *dzongkhags*(districts) and that successful leaders and their institutions can be rewarded at the highest national levels. In addition government can provide incentives and rewards

⁴Between 2013 and 2016 the following major surveys have been conducted: Global Youth Tobacco Survey (2013); STEPS Survey 2014; National Nutrition Survey (2015); and Global School-based Student Health Survey (2016).

to encourage other public and private sector bodies that demonstrate action in the area of NCDs. Examples of success can be shared with other countries.⁵

Recommendations for Action

17. The Joint Mission has prioritised recommendations in five areas. The first is governance. The second, third and fourth are on tobacco and doma control, tackling harmful use of alcohol, improving diet and nutrition and the fifth is around physical activity, although current levels of physical activity at the population level are impressive and political commitment and action in this area is strong (e.g. the outdoor gym programme). The recommendations are in line with a broader set of highly cost effective evidence-based, feasible interventions described in the WHO Global NCD Action Plan, 2013-2020 (Annex 4 and Annex 5) and with the Bhutan's NCD and NCD-related strategies. With continued and ever enhanced leadership in Bhutan the Joint Mission considers that they all can be achieved.

Key Recommendations

Governance	<ul style="list-style-type: none"> Integrating NCDs explicitly into the 5YP and SDG Plan; Even greater engagement and accountability among non-health sectors – with health having greater technical capacity to lead with overall coordination by the Ministry of Health; Even greater clarity on financing requirements for the NCD and NCD-related plans; Strengthening multi stakeholder NCD coordination mechanisms, including local authorities; Encouraging greater participation of CSO, private sector and media in tackling NCD-related conditions; Much stronger regulatory capacity including enforcement in order to reduce NCD risk factors.
Harmful use of alcohol	<ul style="list-style-type: none"> Reduction in the number of outlets that are licensed to sell alcoholic beverages, potential expansion of restrictions on hours and days of sales; National behaviour change communication campaign and community action to change drinking behaviours across society and support effective alcohol control measures (with a focus on mental health, depression, suicides, violence and major NCDs); In the near future, revisit taxation and pricing policies on alcohol with potential increase and differentiation of excise tax on alcoholic beverages. Establishing the central lead governmental agency to lead implementation of the national response to the harmful use of alcohol as envisaged in the national policy and strategic framework. Funding of this function can be organized through the additional surcharge tax on commercial alcohol. Consider delegation of enforcement of some regulatory measures (such as ban on sales to underage or compliance with restrictions on opening hours) to the Bhutan Narcotic Control Agency. Restriction on production and sale of locally brewed alcohol along with strict monitoring
Tobacco and doma use	<ul style="list-style-type: none"> Ratification and implementation of the protocol to eliminate illicit trade in tobacco products;

⁵e.g. through the WHO Global Communications Campaign on NCDs: <http://www.who.int/beat-ncds/en/> and <http://apps.who.int/ncds-and-me/>

	<ul style="list-style-type: none"> • Behaviour change communication campaign and community action targeting youth to reduce tobacco use (with special focus on smokeless tobacco) and doma; • Amendment of regulations to ensure heavier penalties involved in illegal sale of tobacco products.
Diet and nutrition	<ul style="list-style-type: none"> • Improving maternal, infant, young child and adolescent nutrition with a focus on reducing anaemia as well as stunting which has direct link to increasing risk of obesity and diet-related NCDs • Promoting healthy eating and encouraging diversity in diet, including improved diet and nutrition in schools, health facilities and workplace • Regulating the sales and promotion of pre-packaged foods and beverages high in fats, sugars and salt in public places, such as in the government offices, hospitals and schools • Implementing nutrition labelling of all pre-packaged foods.
Physical activity	<ul style="list-style-type: none"> • Use sports events to advocate for improved awareness around NCDs and their risk factors; • Ensure sports events are supported by industries that do not have a negative impact on NCDs; • Safer, wider and greater numbers of footpaths (for walking and running), with adequate lighting so that they can also be used during early mornings and evenings; • Encouraging use of bicycles wherever applicable, including going to office or work • Organizing sports events for people who are in 40s and 50s to encourage them to stay physically active and healthy.

Next Steps to implement the Recommendations

18. A series of next steps to implement the recommendations above are set out in three timeframes: immediate (by the end of 2017), medium (by the end of 2018) and longer term (by the end of 2020). These are all ambitious but with the strong leadership of the Government, the joint Mission considers that these steps are achievable.

Immediate (by end of 2017)

Governance	<ul style="list-style-type: none"> • Integrate NCDs into the 12th FYP programming and encourage interventions that are truly multisectoral and are effectively financed (MoH, GNHC by mid-2017); • Assess the financing requirements for delivering the NCD, NCD-related and mental health plans (by end May); • RGoB to work with the World Bank to develop proposals for a package of multisectoral interventions to prevent and control NCDs, and reduce levels of stunting (by end of 2017 in time for the WB FY18); <u>but</u> • In the meantime the NCD Steering Group advocates to MoF for a proportion of the funding gap in order to enable the Steering Committee to start implementing a small set of priorities across government ministries. • Identify opportunities for local government to increase their commitment to tackle NCDs and then explicitly link them to the 5YP (MoH, Home Affairs, NCD Steering Committee in collaboration with local authorities by July 2017); • Briefing to Parliamentarians on the outcomes of the mission. • Parliament to establish a health subcommittee or include health in an existing subcommittee. • Government with support from UN Agencies in Bhutan WHO to consider drafting
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	a proposal for NCD prevention and control for SAARC Development Fund.
Harmful use of alcohol	<ul style="list-style-type: none"> • MoH, MoIC, MoHCA, BNCA, BCCI to develop a nationwide advocacy campaign on the harmful use of alcohol, focusing on the need for effective implementation of the national alcohol control policies, harms from alcohol consumption in Bhutan and behavioural change with support from community and religious leaders, media and CSOs. • Initiate the process of developing a national report on alcohol and health with complementary information products. • Develop further and support the network of towns and communities with good practices of community mobilization for effective alcohol control • Support community-based assessment of alcohol-related problems by developing technical guidance for such assessment and community mobilization (for example, by using Rapid Assessment and Response methodology). • MoH, MoF to explore feasibility of an analysis that assesses the socioeconomic benefits and costs of alcohol production and use in Bhutan. • Consider establishing national “Alcohol Awareness/Prevention Day” or such days or weeks in <i>dzongkhags</i>(districts) with ‘high’ prevalence of alcohol use. • Consider development of capacity building programs on alcohol and health/well-being for the Monastic Body and community leaders. Consider development of special course on alcohol and health/well-being at the Khesar Gyalpo University of Medical Sciences of Bhutan. • Ensure presence of alcohol-related public health messages in high-profile national and community communication campaigns. • Review existing national strategies and action plans with regard to congruence with National Policy and Strategic Framework to reduce harmful use of alcohol. • MoHCA in collaboration with Dzongkhags and Gewogs to consider options for reducing production and sale of locally brewed alcohol including restrictions and licensing of production for sale and monitoring compliance.
Tobacco and doma use	<ul style="list-style-type: none"> • Ratification of the protocol to eliminate illicit trade in tobacco products; • Implement a behaviour change communication campaign and undertake community action targeting the youth to reduce tobacco use (with a special focus on smokeless tobacco) and doma use.
Diet and nutrition	<ul style="list-style-type: none"> • MoH, MoAF, Ministry of Economic Affairs to agree a timeline for legislating for the code for marketing of breast milk substitutes, including mechanisms for monitoring. • School Feeding Technical Committee to: (i) review the content and quality of school meals in order to reduce salt, sugars and fats; (ii) identify resource requirements for increasingly dietary diversity (e.g. sourcing and storage for fruit and vegetable); and (iii) regulate sales and promotion of foods and beverages high in salt, sugars and fats in and around schools. • MoH, MoAF, MoE and others concerned to review and explore the possibility of improving storage facilities for food products, especially vegetables and fruits, in schools • Government to start implementing the national salt reduction strategy. • Concerned agencies to conduct communication and behavior change activities to improve maternal, infant, young child and adolescent nutrition through promotion of healthy eating and dietary diversity, including promoting, protection and support of exclusive breast feeding for 6 months and providing appropriate complementary foods with continued breastfeeding up to 2 years of age or beyond.

	<ul style="list-style-type: none"> Concerned government offices to discuss and identify the measures to increase sustainable access of safe drinking water and adequate sanitation.
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Medium Term (by end of 2018)

Governance	<ul style="list-style-type: none"> Consider giving more legal rights to local governments in using price instruments to better control sales of unhealthy products, e.g. tobacco, alcohol, foods rich of fats, salt and sugar. Include NCDs and health on the agenda of the annual Forum of District Governors.
Harmful use of alcohol	<ul style="list-style-type: none"> MoH, MoF to assess options for additional hypothecated earmarked taxation on production and sale of alcohol with annual revision of the affordability of alcohol and further tax increase, and undertake a related alcohol investment case. MoH, MoHCA, BNCA, RBP, BBCI to develop and implement alcohol policies in workplaces in different sectors (particularly transport, construction and communication). As reflected in the National Policy and Strategic Framework to Reduce Harmful Use of Alcohol: <ul style="list-style-type: none"> Prioritize and strengthen drink-driving policies and their enforcement, including the necessary infrastructure (such as breathalysers and capacity to assess blood alcohol levels). Develop capacity of health system to prevent and treat alcohol use disorders by training health professionals and developing the necessary competencies and infrastructure (focus on hazardous and harmful use of alcohol). Monitor and enforce bans on alcohol advertisements and comprehensive marketing restrictions.
Tobacco and doma use	<ul style="list-style-type: none"> Start implementation of the protocol to eliminate illicit trade in tobacco products. Implement a second behaviour change communication campaign and undertake community action targeting the youth to reduce tobacco use (with a special focus on smokeless tobacco) and doma use. Undertake an analytic study in Bhutan in terms of public health impact and opportunities to reduce usage for doma.
Diet and nutrition	<ul style="list-style-type: none"> Government to continue implementing the national salt reduction strategy. Continue implementing the Code of Marketing of Breast Milk Substitute. MoH, BAFRA, trade and economic affairs to develop a series of clear steps to institute nutritional labeling for locally and imported products that can be understood and used by the public. Set up the mechanism to monitor the content and quality of school meals in order to ensure the reduction of salt, sugars and fats and increased dietary diversity, as well as to regulate sales and promotion of foods and beverages high in salt, sugars and fats in and around schools. Regulate the sales of pre-packaged food and beverages high in fat, sugars and salt in government offices and hospitals and instead promote the sales of healthier options (i.e. provide safe drinking water, promote sales of fruits). Concerned government offices to identify the measures and steps to increase sustainable access of safe drinking water and adequate sanitation.

	<ul style="list-style-type: none"> Continue behavior change activities to improve maternal, infant, young child and adolescent nutrition through promotion of healthy eating and dietary diversity.
Physical activity	<ul style="list-style-type: none"> Start using sporting events to advocate for improved awareness around NCDs and their risk factors.

Longer Term (by end of 2020)

Harmful use of alcohol	<ul style="list-style-type: none"> Consider development of research infrastructure for assessment and monitoring alcohol consumption and alcohol-related harm. Consider elaboration and strengthening licensing requirements for outlets serving or selling alcohol in order to reduce the density of outlets and ensure compliance with existing regulations. Work towards governmental regulations on quality and labelling of alcoholic beverages.
Tobacco use	<ul style="list-style-type: none"> Implement a second behaviour change communication campaign and undertake community action targeting the youth to reduce tobacco use (with a special focus on smokeless tobacco) and home use. Build capacity for greater enforcement of the ban on selling tobacco products
Diet and nutrition	<ul style="list-style-type: none"> MoH, BAFRA, trade and economic affairs to implement nutritional labeling for locally and imported products that can be understood and used by the public. Continue to monitor and assess the content and quality of school meals in order to ensure the reduction of salt, sugars and fats and increased dietary diversity, as well as to regulate sales and promotion of foods and beverages high in salt, sugars and fats in and around schools. Continue to monitor the sales of pre-packaged food and beverages high in fat, sugars and salt in government offices and hospitals and instead promote the sales of healthier options. Implement measures and steps to increase sustainable access of safe drinking water and adequate sanitation. Monitoring, evaluation and studies to assess the progress of improvement in diet and nutrition; and recommend for further intervention. Strengthen collaboration between School Agriculture programme and communities to produce good quantity and variety of vegetables.
Physical activity	<ul style="list-style-type: none"> Commit to ensuring (and enforcing) that sports events are supported by industries that do not have a negative impact on NCDs.

Preparing for the 2018 High level meeting on NCDs

19. During 2017, Member States are being invited to provide data to WHO to report at the 2018 Third High-level Meeting on progress on four key commitments and 18 specific targets. Meeting these targets is crucial to delivering on the Voluntary Global Targets on the Prevention and Control of NCDs for 2025 ([Annex 5](#)). A baseline for the 18 targets was published in WHO NCD Progress Monitor 2015⁶ and rapid implementation of a number of recommendations proposed by the Joint

⁶<http://www.who.int/nmh/publications/ncd-progress-monitor-2015/en/>. Note the assessment in the Table in this report is therefore different to the one in the Progress Monitor Report.

Mission will put Bhutan at an even stronger position for demonstrating progress against the four time bound indicators at 18 specific targets.

20. The four time-bound indicators from the 2014 high-level meeting outcome document and the 2015 baseline for the 18 targets are shown in [Annex 6](#). The full set of national commitments as set out in the Outcome Document of the 2014 High-Level Meeting of the General Assembly on the Review of the Progress Achieved in the Prevention and Control of NCDs are shown in [Annex 7](#).

Wider Observations

Government of Bhutan response

21. Bhutan has made progress in improving health and nutrition outcomes: a demonstrable reflection of the Government's commitment and policy to provide free access to universal health care for its people. Public health expenditure (4% of GDP and 9% of total government spending⁷) is the highest in the South Asia region. As the country develops and lifestyle changes, NCDs pose an ever greater risk to people's health and wellbeing in their most productive years. Although the existing system includes the provision of NCD-related services, as in most countries, it is not fully geared to meet the challenge of NCDs and their related conditions.

22. Operationalization of action plans is still at an early stage and the plans are not fully financed. In addition, rising health care costs will certainly require additional resources. The present requirement for implementation of NCD strategies is 430 million Ngultrum (US\$6.44 million) of which 348 Ngultrum (US\$5.21 million) has been made available. The financing gap is therefore 82 million Ngultrum (US\$1.22 million) or 19%. Nevertheless, Bhutan's performance in terms of health outcomes relative to health spending is low compared with other countries in the region (see Figure 1)⁸ which suggests there are opportunities for greater efficiency in the health sector.

23. The draft Twelfth Five Year Plan includes 16 national key result areas (NKRA). NKRA 14 is a "Healthy and Caring Society Enhanced". The Task Force discussions with GNHC recognized the importance of accelerating the response to NCDs, and possibilities for linkages through the 12th FYP flagship programmes and various national key result areas. It was agreed that the GNHC Commission should address NCDs and outcomes of the Task Force mission at its upcoming meeting, through a discussion to be tabled by the Ministry of Health.

24. The mission assessment is that the NCD plans need to be fully costed and even allowing for efficiencies; some priorities are likely to require additional funds. Barriers holding back Bhutan's health system⁹ for an effective response including availability of specialized manpower, targeted interventions for nutrition for low income and marginalized population sub-groups and enhancement of geographic access to secondary care services will for example all require substantial additional resources. The Joint Mission would now encourage the Ministry of Health's plans to integrate NCDs and related conditions explicitly into the 12th FYP, which could be, including NCDs into one of the 6 planned flagship programmes. The Joint Mission recommends that the Government:(i)undertakes an assessment of the financing requirements for delivering the NCD, NCD-related and mental health plans by the end of May 2017, including estimating costs required for addressing other barriers; (ii)integrates NCDs into one or more of the 12th FYP flagship programs

⁷ Ministry of Finance, Bhutan, 2012

⁸ WHO World Development Indicators & Royal Monetary Authority (2009); Human Development Public Expenditure Review. Report No: ACS2873. March, 2013

⁹ Nutrition in Bhutan (2010); Royal Government of Bhutan (2015); Yangchenet. al. (2016) Bhutanese Health and the Health Care System: Past, Present, and Future. The Druk Journal

to encourage interventions that are truly multisectoral and are fully and effectively financed; and (iii) works with the World Bank to develop proposals for a package of multisectoral interventions to prevent and control NCDs, and reduce levels of stunting by end of 2017 in time for the WBG FY18 dialogue with the government.

25. The Gross National Happiness Commission (GNHC) is the central government body for coordinating and spearheading policy formulation to ensure cohesion between sectoral policies and alignment with national development objectives and gross national happiness (GNH). GNH principles include: (1) developing a dynamic economy as the foundation for a vibrant democracy; (2) living in harmony with tradition and nature; (3) effective and good governance; and (4) investing in people, the nation's greatest asset. The GNHC is leading the development of the 12th Five Year Plan (1st July 2018 to 30 June 2023) with the Government Ministries and Commissions. The objective of the 12th Five Year Plan is a "Just, Harmonious and Sustainable Society through enhanced Decentralization". For the first time, representatives of civil society and the private sector have been consulted in the development of the Plan. In 2010, parliamentarians signed a commitment to NCD prevention and control.

26. NCD coordination is led by a National Steering Committee comprised of a twelve member multisectoral team chaired by the Health Minister. The broad functions of the Committee are to maintain momentum and national spirit for NCD responses among implementing bodies. It is chaired by the Minister of Health and includes representation across government ministries and other stakeholders. A working-level implementation committee reports to the National Steering Committee. The Joint Mission heard of significant commitment from line ministries tackling NCDs as well as the monastery body, which has a significant moral voice in advocating for the need for the whole population to reduce their risk of NCDs.¹⁰

27. Devolution in Bhutan is linked to the allocation of non-earmarked budgets by the Ministry of Finance to budgets of the provinces, which decide on their own on how to allocate funds locally in line with the 5 year National Plan. Fiscal decentralization involves allocation of funds to local governments by the Central government based on local governments' proposals (which must correspond to national priorities and areas identified within the five year plan) using resource allocation framework formula. Social sectors account for up to one-third of the total spending (education 17%, health up to 10%). Governors have the power to regulate alcohol sales (e.g. not issuing licenses for the points of sale of alcohol and issuing subsidies for healthy products, such as fruits and vegetables). But the latter is rarely used and, more importantly, local government lack the legal capacity to regulate prices and set up local taxes for unhealthy products.

28. Alcohol consumption is recognized as a significant public health problem associated with domestic violence, road traffic injuries and deaths from, among other causes, liver cirrhosis. While acknowledging strong cultural traditions of offering and consuming alcoholic beverages (including "ara" – homemade fermented or distilled beverage), the Government of Bhutan demonstrate strong commitment to reduce the harmful use of alcohol. In 2015, RGoB endorsed comprehensive and action-oriented National Policy and Strategic Framework to Reduce Harmful Use of Alcohol that is largely based on the national adaptation of the global strategy to reduce the harmful use of alcohol endorsed by the World Health Assembly. The national framework is multisectoral in its nature and provides a comprehensive list of actions and activities for different sectors at different levels of the government as well as for religious bodies and civil society. The National Alcohol Harm Reduction Committee was established under this framework which is a functional multisectoral coordination body. At the same time implementation of the actions and activities included in the framework

¹⁰Note: monks and nuns represent more than 10% of the population.

continues to be a challenge, also due to insufficient resources available. The central Alcohol Control Authority, envisaged in the framework, was not yet established.

29. There is a widespread notion that reducing the harmful use of alcohol in Bhutan can be achieved through education and information campaigns oriented towards behavioural change. At the same time an experience of community-based action based on the assessment of alcohol-related problems and mobilizing community support for effective strategies (such as non-drinking days, restrictions in opening/selling hours) proved to be effective and well-received by affected communities. The health care system has a limited role in prevention and reduction of alcohol-related harm providing in-patient detoxification and treatment of some alcohol-related health conditions, but long-term treatment and rehabilitation for alcohol use disorders is provided either by Narcotic Control Agency or non-governmental organizations with some patients treated abroad.

30. A detailed assessment of tobacco control in Bhutan was published in 2011¹¹. Despite the ban by law of domestic production and sale of tobacco products in the country, recent surveys (2013 GYTS and 2014 Bhutan STEPS) found high prevalence of use of both smoked and smokeless tobacco products. This clearly indicates an urgent need for strengthening enforcement of the tobacco law as well as to intensify surveillance for illicit trade of tobacco products. The ban on smoking in public places is well maintained which means that tobacco is mostly consumed in private locations. The ban means that there is no advertising of tobacco products but neither is there the option of plain packaging nor the option to raise taxes from tobacco use, with the small exception of small amounts of tobacco for personal consumption that are legally allowed to be imported into the country. The Joint Mission considers that there is a significant opportunity for Bhutan to demonstrate regional and global leadership by ratifying and implementing the protocol to eliminate illicit trade in tobacco products, as well as relevant articles of the WHO Framework Convention for Tobacco Control. Behaviour change communication campaigns and community action to target reduction of tobacco use among youth is critical, with a special focus on smokeless tobacco.

31. Chewing “doma” is widely acceptable in Bhutanese society, though associated cancer risks are known. Other health consequences of “doma” use are not well documented, and concerns related to “doma” use are often based on non-health considerations. There are no regulations for “doma” in Bhutan and feasibility of any such regulations is considered to be relatively low. There is an increase in availability and use of illicit psychoactive drugs, particularly among youth, and preparedness of health systems to deal with this phenomenon is low.

32. There has been a remarkable reduction in chronic undernutrition – stunting – among children less than 5 years of age although it still remains over 20%. National nutrition survey in 2015 found that 7.6% of children aged 0-59 months are overweight, the highest in South Asia. Undernutrition remains high as is associated with socio-economic and geographic disparities, with higher prevalence in the eastern and rural areas of the country (NNS, 2015)¹² and the Task Force welcomed the Prime Minister’s commitment to reach the poorest and most vulnerable through the Targeted Household Poverty Program and meet the gap in undernutrition.

33. At the same time, overweight, obesity and diet-related noncommunicable diseases are now increasing rapidly. Providing information to encourage behavioral change is important and should be done at the same time as ensuring that the food environment enables people to choose healthier dietary practices. The Joint Mission noted a number of policies and strategies including the Food Act

¹¹ International Tobacco Control Project (May 2011). ITC Bhutan Project Report. University of Waterloo, Ontario, Canada

¹² Only 45% of children receive Vitamin A supplementation and only 61% of children with diarrhoea receive ORS (IFPRI, 2015). More specific to nutrition, approximately 35 percent of women (10-49 years) are still anemic (NNS, 2015) and only 49 percent of women exclusively breastfed their infants until 6 months of age (BMIS, 2011). The Task Force was also concerned with the high rates of anaemia among children under 5 years of age, women of reproductive age including adolescent girls, and pregnant women.

that have been developed. Full implementation and enforcement of these is now required, including implementation of nutrition labelling. As in many countries, people in Bhutan are increasingly consuming pre-packaged foods and beverages which are high in fats, sugars and salt and the Task Force saw that such foods and beverages are now starting to be sold in some schools. Schools, including the increasing network of boarding schools can provide an important entry point for implementing effective interventions to prevent NCDs through healthy and nutrition-friendly school environments.

34. The agriculture industry plays an important role in Bhutan as the biggest contributor to GDP but also because of its influence on the diet of the population.¹³ Furthermore a priority of the government is to move towards self-sufficiency in food production. It was clear from the discussions with the Joint Mission's that the Ministry of Agriculture and Forestry (MoAF) understands the importance of increasing levels of healthy diet and nutrition in the population and its links with NCDs. Systematic consideration of the links between the aims and objectives of the MoAF and the NCD agenda is important and could be considered through one of the Five Year Plan flagship programmes.

35. Despite the potential for locally produced produce, dietary diversity throughout Bhutan is very low, especially in schools, where meals for children consist mainly of starch (potatoes and rice). A reason for the low dietary diversity in schools includes lack of storage facilities and the high price of fresh vegetables and meats which schools cannot afford. In order to improve dietary diversity and nutrition in schools, MoAF has started to work with schools, setting up vegetable gardens and in a few cases poultry farms. Nevertheless, challenges remain: land cultivation and maintaining production to ensure year round availability of various food products is hard (due to climatic and geographic conditions) and requires considerable additional work. MoAF is also looking at how greater use of food preservation could be introduced in schools, when refrigeration is not possible.

36. In addition to improving the health and nutritional status of children, the school feeding programme increases school attendance and retention. Healthy diet in schools is a considerable challenge due to lack of resources and lack of storage for fresh fruits and vegetables. Nevertheless there are some interventions that cost little to implement, particularly for reducing levels of salt in school meals– which are currently much higher than they should be. The Ministry of Education agreed with the Joint Mission that it would start a program to reduce salt in school food, as well as, a program to promote further healthy diet and lifestyle. The Ministry of Education also agreed to invest in equipment to ensure there were annual assessments of the weight and height of schoolchildren.

37. Imported packaged food products are an important source of food in Bhutan. Most comes from neighbouring countries, such as India, China and Thailand. While there is international evidence that easily understood food and nutrition labelling systems enable consumers to make healthy choices, the capacity for implementing this for domestic and internationally imported products is very limited. Nevertheless this is something that the MoAF, the Bhutan Agriculture and Food Authority and the Ministry of Economic Affairs (MoEA) may wish to explore in the future.

38. The Joint Mission was impressed with data that suggest that around 19 in 20 people are physically active (more than 150 minutes of moderate-intense activity per week). Bhutan has a number of policies and regulations to encourage physical activity and a National Steering Committee for Lifestyle Promotion and Prevention of NCDs exists to drive forward relevant policies and frameworks. A nationwide "Move for Health Campaign" is conducted routinely led by the Prime Minister. The campaign raises revenue for primary health care services and encourages physical activity among the population. Physical activity promotion programs are implemented in schools and

¹³ Royal Government of Bhutan, Ministry of Agriculture and Forestry. 2015. Bhutan RnR Statistics 2015. RNR Statistical Coordination Section, Policy and Planning Division.

have dedicated physical health coordinators who could enhance competency of the school teachers on lifestyle promotion. The Joint Mission saw examples of open-air gyms in Thimphu and a number of other districts and received a number of reports of their success. There is now an opportunity to evaluate the full impact of them.

United Nations Response

39. The United Nations Development Assistance Framework: Bhutan One Programme 2014-2018 aims to ensure a continued focused, coordinated and effective support for national development goals, the MDGs and the post 2015 agenda. Resident UN organizations participating in the One Programme 2014-2018 are: FAO, UNDP, UNFPA, UNICEF, WFP and WHO. Non-Resident Agencies, Funds and Programmes include UNAIDS, UNCDF, UNCTAD, UNEP, UNESCO, UN-HABITAT, UNIDO, UNODC, UNOPS, UNV, UN Women and IFAD. The Bhutan One Programme has four outcomes.¹⁴

40. The One Plan notes the rising burden of NCDs, due in part to changes in lifestyle, dietary habits and urbanization, and includes an indicator on the 'Number of dzongkhags implementing the WHO Package of Essential Non-Communicable Diseases (PEN)'. All four outcomes incorporate outputs that provide entry points for multi-sectoral NCD responses, including in relation to health and education systems, food and nutrition policies, youth and at risk populations, gender-based violence, local government services and environmental sustainability.

41. Further details on agency- specific activities in the area of SDG-related NCDs are included in Appendix 1.

Non-State actors

42. Non-State actors including civil society have a crucial role in supporting member States in their national efforts to tackle NCDs as part of the 2030 Agenda for sustainable development.¹⁵ Bhutan is experiencing an emerging civil society which is increasingly acknowledged by the Royal family. The Joint Mission has met with representatives of Bhutan Cancer Society and the Youth Development Fund and emphasised the crucial role of NGOs in supporting the government in its national efforts to tackle NCDs. Each of them is developing public awareness on the risk factors but with a clear lack of resources. Overall, the Joint Mission considered that the NGO sector needed to be strengthened and better organized in Bhutan to support the government. A Bhutanese NCD Alliance should be established to enable government to maximize the potential of non-State actors.

43. The Bhutan Chamber of Commerce and Industry (BCCI) comprises of 13 associations, with an extensive membership composed largely of small enterprises and businesses. Recognizing the challenge of NCDs to the private sector, BCCI has appointed a focal point for NCDs and works to build awareness among its membership. BCCI also collaborates with government and the Ministry of Health and engages in policy discussions on health promotion and NCDs.

¹⁴ (i) sustainable and green economic growth that is equitable, inclusive, climate and disaster resilient and promotes poverty reduction, and employment opportunities particularly for vulnerable groups enhanced; (ii) increased and equitable access, utilization and quality of inclusive essential social services for all with a focus on sustaining the MDGs and addressing emerging challenges; (iii) communities and institutions strengthened at all levels to achieve enhanced gender equality, empowerment and protection of women and children; (iv) governance institutions and communities exercise the principles of democratic governance at the national & local levels with a focus on inclusiveness, transparency, accountability and evidence-based decision making.

¹⁵ <http://www.who.int/global-coordination-mechanism/dialogues/global-dialogue-meeting-2030-agenda-for-sustainable-development/en/>.

44. BCCI welcomed opportunities to scale action on NCDs, including identifying areas for common advocacy such as in relation to increasing awareness of NCDs among its members and their families and communities; establishing NCD workplace programmes; promoting corporate social responsibility in Bhutan; and advocating for taxation policy that supports healthy choices.

International donor action on NCDs

45. The Task Force met with South Asian Association for Regional Cooperation (SAARC) Development Fund, which works for eight countries in the region (Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan and Sri Lanka) with its headquarters in Thimphu, Bhutan. SAARC Development Fund (SDF) currently develops portfolio of social-oriented projects and is interested in projects providing support to NCDs prevention and control, in particular those aiming to catalyse domestic finance. SDF has legal capacity to work closely with UN agencies and might be interested in supporting a NCD proposal, which should cover at least three SAARC countries and be approved by all SAARC members.

46. The mission noted that international donor action in the area of NCDs is minimal. Even though there are major donors and partners on the ground (e.g. World Bank, Asian Development Bank), addressing NCDs seem not to be a priority intervention area in Bhutan. The mission also explored the possibility of submitting an inter-country multisectoral NCD prevention proposal to the South Asian Association for Regional Corporation (SAARC) and the SAARC Development Fund (SDF) as NCDs are now affecting a country's productivity while draining its health budgets on treatment and care of patients affected with NCDs.

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