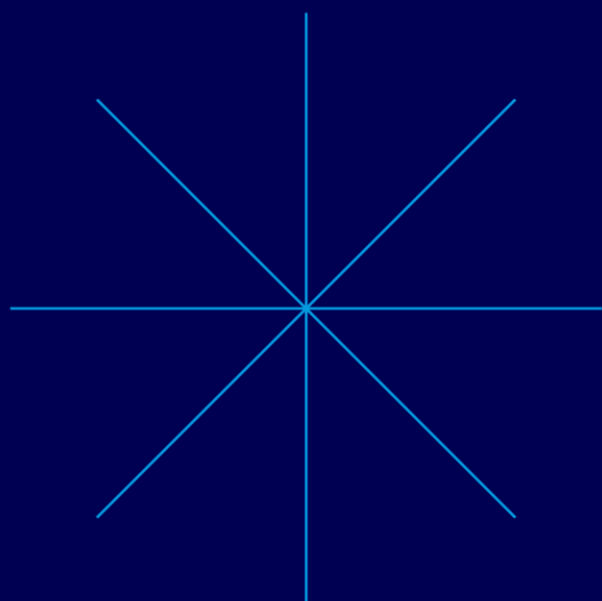


World Health
Organization

WHO contribution in Bhutan (2020-2024)

Evaluation report



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Cover photo description: A woman inspects bottled water for physical contamination in Bhutan, part of the Codex Trust Fund food-safety project involving Bhutan, India and Nepal (11 August 2023). © WHO / Sue Price

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Acronyms

AMR	antimicrobial resistance	OCR	Outbreak and Crisis Response
ANC	ante natal care	OECD	Organization for Economic Co-
CCS	Country Cooperation Strategy	DAC	operation and Development's
CSO	Civil Society Organization		Development Assistance
CT	computed tomography		Committee
DFC	Direct Financial Cooperation	PB	Programme Budget
EB	Executive Board	PEMA	Mental health and psychosocial
ePIS/e-	Electronic Patient Information		secretariat in Bhutan
PIS	System	PEN	Package of Essential
ERG	Evaluation Reference Group		Noncommunicable Disease
FAO	UN Food and Agriculture		Interventions
	Organization	PHC	primary health care
GDP	Gross Domestic Product	PO	Purchase Order
GER	Gender, equity and human rights	POCQI	Point of Care Quality
GPW13	WHO 13 th General Programme of		Improvement
	Work	SCCI	Service with Care and Compassion
GPW14	WHO 14 th General Programme of		Initiative
	Work	SDG	Sustainable Development Goals
HIV	Human Immunodeficiency Virus	ToC	Theory of Change
HPV	Human Papillomavirus	ToR	Terms of Reference
HRH	Human Resources for Health	UHC	universal health coverage
IHR	International Health Regulations	UN	United Nations
JEE	Joint External Evaluation	UNDP	United Nations Development
KPI	Key Performance Indicator		Programme
LMIC	low- and middle-income countries	UNEG	United Nations Evaluation Group
NAPHS	National Action Planning for	UNICEF	United Nations Children Fund
	Health Security	WASH	water, sanitation and hygiene
NCD	noncommunicable disease	WB	World Bank
NHS	National Health Survey	WHO	World Health Organization

Executive Summary

Introduction

Independent evaluations of the World Health Organization (WHO) contribution at the country level are conducted in line with the WHO Evaluation Policy (2018)([1](#)) and the implementation framework of WHO Evaluation Policy ([2](#)). The World Health Organization (WHO) commissioned this evaluation to assess the contribution of WHO to Bhutan over the period 2020 to 2024 in pursuit of the planned outcomes of the WHO Country Cooperation Strategy (CCS), Bhutan, 2020–2025. The evaluation provides accountability for WHO's contributions to national health outcomes and learning to inform the development of the new CCS for 2026–2030, which was conducted in parallel with this assessment. The evaluation was carried out between January 2025 and April 2025 by independent consultants.

Evaluation object

The object of this evaluation was WHO's contribution to progress towards the planned outcomes of the CCS 2020–2025 and related biennial work plans achieved, using input from all three levels of the Organization – country office, South-East Asia Regional Office and headquarters. The strategic priorities pursued, the intended outcomes and the financial expenditures during the evaluation period were part of the object of the evaluation. For the biennia 2020–2021, 2022–2023 and for 2024–2025 up to November 2024, WHO invested US\$ 21.3 million to support the health sector in Bhutan, with the main areas of expenditure being Universal Health Coverage at US\$ 7.3 million (34 percent) and Outbreak, Crisis and Response at US\$ 6.7 million (32 percent).

Evaluation objectives and intended audience

The objectives of the evaluation were to assess WHO's contributions to Bhutan's health goals against the CCS 2020–2025 and biennial work plans; analyse the coherence of WHO's strategy and plans with national priorities; review WHO's technical assistance and partnerships; and propose strategic shifts to align with Bhutan's 13th Five-Year Plan (2024–2029) (FYP13). The evaluation findings are intended to inform the development of the new CCS for 2026–2030 in consultation with key stakeholders and to identify opportunities for organizational learning. Bridging this evaluation and the development of the new CCS, a new Theory of Change (ToC) for WHO in Bhutan was drafted for finalization in discussion with the government.

The evaluation is both summative in assessing WHO's accomplishments since 2020 and formative in identifying lessons learned to improve WHO's ongoing and future initiatives in Bhutan. The intended users of the evaluation are the Who country and regional offices and headquarters as well as the Royal Government of Bhutan, especially the Ministry of Health, health care providers, the UN Country Team, civil society organizations (CSOs) and multilateral donors.

Evaluation methodology

The evaluation employed a participatory, learning-oriented approach that was used focusing on utilization of findings. A theory of change was reconstructed to test assumptions and pathways to expected results. Data collection methods included:

- a desk review examining over 100 documents, including the CCS 2020–2025, WHO workplans, national health policies, regional evaluation reports, strategic frameworks from WHO, UN and Bhutan's government, third party reports and research papers on health in Bhutan;
- quantitative analysis reviewing financial data from the WHO Bhutan Country Office and headquarters alongside health outcome data from national sources; and
- key informant interviews (KIIs) conducted with 50 participants (61% male and 39% female) across WHO's three levels and various Bhutanese stakeholders, including government ministries, academia, development banks, UN agencies and CSOs.

The evaluation employed WHO's standard evaluation criteria (in line with the revised OECD Development Assistance Committee (DAC) criteria) of relevance, coherence, effectiveness, efficiency and sustainability, with an additional consolidation of evaluation questions for equity into an equity criterion added at the reporting stage.

Constraints faced by the evaluation included: a planned CCS mid-term review, which would have provided valuable insights for 2020–2021, could not be conducted due to COVID-19 disruptions; and available documentation was largely descriptive and self-assessed, requiring reliance on secondary sources and qualitative interviews for triangulation. Mitigation measures included third party documentation and research that partially substituted for missing data. Further, additional KIIs at WHO headquarters, while outside the initial plan, were incorporated to enhance understanding of centrally driven processes relevant to the WHO Bhutan Country Office.

Key findings

A summary of key findings corresponding to each evaluation criterion is presented below:

Relevance

WHO is strongly aligned with Bhutan's national health priorities, including FYPs 12 and 13. WHO plays a leading role in developing national action plans and strategies across infectious disease control, noncommunicable diseases (NCDs), emergency response, health financing and human resources development. The Organization has kept pace well with changing circumstances and has been a leader in the collection and analysis of health data, demonstrating a good understanding of the threats facing the health system. WHO has adapted its approach to the changing national financial context, shifting its support for Bhutan in the latter's analysis and planning for its health budget, resourcing and moving

to a more strategic level of health financing. The country office has increased communication about its work through a Media & Communication strategy mainly focusing on social media and holds an annual workshop with local journalists.

Coherence

There is a high degree of coherence between the Bhutan CCS 2020–2025 and key strategic plans and policy documents, namely GPW13 at the international level and Bhutan's FYP12 at national level, with WHO South-East Asia Regional Office Regional Flagship programmes strengthening the coherence of health systems development across the region. WHO participation with the UN Country Team has improved, with WHO playing an active role in developing the UNSDCF 2024–2028 and engaging in relevant UN outcome groups. WHO works very closely with the Ministry of Health by providing technical support in policy development and funding for training, with a unique role in adapting health guidelines into national policy. The country office's location within the Ministry of Health facilities is efficient and allows close collaboration. Stakeholders recognize that addressing health determinants, nutrition, education and environmental health requires collaboration between government and non-government actors, with potential for WHO to strengthen its convening role.

Effectiveness

WHO has supported the government in achieving health goals in many areas, including COVID-19 response, vaccination, disease eradication, strengthening primary health care, mental health, emergency preparedness and in expanding academic training for health professionals. The Ministry of Health greatly appreciates WHO's technical support from country, regional and global levels, with the Regional Office support providing impartial perspective and supplementing country office capacity. During the COVID-19 pandemic, WHO provided strong technical and financial support, working as an honest broker with the Ministry of Health to help coordinate partners. The Service with Care and Compassion Initiative represents an innovative contribution to NCD management through primary health care teams, though challenges remain including inadequate monitoring mechanisms and funding shortages. WHO has also worked innovatively with the monastic sector, developing the Dratshang Health Coordinators' Guide on healthy lifestyles with the Zhung Dratshang and the Ministry of Health.

Efficiency

WHO's targeting of hypertension and diabetes as underlying causes of NCDs is a best-value, strategic and potentially high-impact intervention. WHO has provided significant support to strengthen health system digitization and integrated systems for better data-sharing, interoperability and joint monitoring across disease programmes through the electronic Patient Information System (ePIS). Substantial funds were mobilized for the pandemic response and subsequently from the Pandemic Funds for the One Health approach, with WHO supporting the Ministry of Health in developing a proposal that resulted in a US\$ 4.9 million award. However, the approval of over 100 Direct Financial Cooperation (DFC) grants

by the country office in 2024– many of which were of small amounts (US\$ 10 000–20 000) – highlights the need to further prioritize and streamline funding mechanisms in order to make them more efficient.

Sustainability

WHO's support has contributed to important and nationally owned gains in Bhutan's health system capacity. WHO has supported a field epidemiology training programme and secured pandemic funds to reinforce surveillance, laboratory capacity and human resources, with IHR conformity in Bhutan drawing on regional initiatives like the Delhi Declaration on Emergency Preparedness. While the agenda for health system strengthening is fully owned by the government, there may be potential for WHO to provide additional support to the coordination of delivery against the complex health challenges the country faces. Bhutan has retained rural health workers through support to more effective staffing policies, secure employment packages, reliable resources, transparent Civil Service rules and educational collaboration. However, the country office is conscious that maintaining health systems capacity gains will be challenging due to reducing health budgets and the exodus of skilled health workers, with WHO's own contribution to health system capacity also at risk because of decreasing country office budgets.

Equity

WHO played a lead role in the 2023 National Health Survey, which consolidated results from 14 survey instruments, providing evidence, including about vulnerable populations. WHO has also supported government programmes to address diseases disproportionately affecting vulnerable people including on tuberculosis, NCDs and reproductive health. WHO has implemented toolkits on gender, equity and human rights and Water and Sanitation for Health Facility Improvement Tool (WASH FIT) in Bhutan, providing inclusive hand washing and drinking water stations to all hospitals and training health workers across 20 districts. However, WHO needs to create a deeper analysis of vulnerabilities and pay greater attention to gender equality in its programming, which have been largely absent.

Key challenges facing Bhutan

In support of the development of the new WHO Bhutan CCS, three main challenges to Bhutan's health and well-being were documented: **NCDs**: Rising risk factors including tobacco use, alcohol abuse, poor nutrition and physical inactivity are increasing premature deaths and worsening mental health; **Human resources for health**: Severe shortages of skilled health personnel at all levels, with significant risk from brain drain to developing countries; and **Health financing**: Bhutan's free health care system faces sustainability challenges due to constrained national funds and reduced international aid.

Conclusion

The evaluation conclusions grouped by evaluation criteria are:

Relevance. WHO's strategic priorities demonstrate strong alignment with Bhutan's national health priorities and Five-Year Plans. The Organization has established itself as a long-term, reliable partner, characterized by frequent, catalytic interactions with the Ministry of Health and other health institutions. WHO has been effective in bringing health-related knowledge, expertise, standards and treatment protocols to Bhutan. WHO has tracked Bhutan's evolving health needs well and adapted its approach accordingly. With Bhutan's graduation to Low- and Middle- Income Country (LMIC) status, WHO must strengthen its focus on the three key challenges listed above.

Coherence. WHO's work demonstrates strong coherence with global and regional frameworks and national plans. Effective collaboration exists with UN partners on various initiatives. The Organization has an opportunity to further strengthen its convening role to coordinate stakeholders across sectors, an essential step in addressing the evolving health landscape, particularly the shifting focus from infectious diseases to NCDs. This will require further strengthening of innovative, cross-sectoral partnerships and coordination mechanisms.

Effectiveness. Through its support, WHO has strengthened Bhutan's health system, particularly in disease elimination, NCD management and emergency preparedness. The Service with Care and Compassion Initiative represents a successful adaptation of WHO's package of essential (PEN) interventions for NCDs. During COVID-19, WHO provided critical technical and financial support (US\$ 7 million).

Efficiency. WHO has successfully supported digital health integration and mobilized resources for specific initiatives (US\$ 4.95 million for One Health, US\$ 2.5 million for TB/HIV programmes). Regional technical and financial resources have been used effectively. To enhance strategic impact and operational efficiency, the management of DFCs could benefit from a more streamlined approach consolidating funds into fewer, larger allocations. This would help reduce administrative burden for country office staff, enabling them to dedicate more time to higher value functions such as performance assessment, learning and resource mobilization.

Sustainability. As external assistance decreases, WHO's modest financial resources for Bhutan have become increasingly important to the government. Thus, there is a need for WHO to strategically leverage its financial support alongside its technical expertise to maximize impact and reinforce its role. While WHO's investments in capacity development are extensive and valued, there is a clear need to better demonstrate their effectiveness and value for money. Developing more comprehensive business cases will also support strategic planning and prioritization of interventions aligned with national priorities and reduced WHO financial resources, while informing the next CCS and future resource allocation decisions. Enhancing monitoring and evaluation systems – including the development of tools by headquarters and WHO South-East Asia Regional Office to assess WHO's performance in its core roles – will be critical for improving accountability, informing strategic decision-making and strengthening the case for sustained financial support.

Equity. While WHO has made important contributions to advancing gender equity and inclusion in Bhutan through its leadership in various programmes, its overall performance on gender, equity and human rights has been mixed, with the CCS 2020–2025 lacking appropriate metrics to address the related issues. Moving forward, there is an opportunity for WHO to strengthen this area by integrating more robust vulnerability analyses and systematically mainstreaming gender, equity and human rights across all health programmes.

Recommendations

The following recommendations are offered for consideration by the WHO country and regional offices and headquarters. Recommendation 1 addresses *what* WHO should focus on, as an input to the parallel development of the new CCS for 2026–2030. The remaining recommendations address *how* WHO undertakes its work in Bhutan.

Recommendation 1: Ensure continuity between CCS 2020–2025 and CCS 2026–2030

The Bhutan Country Office should ensure continuity of WHO’s long-term, strategic interventions by:

- 1.1** Focusing on NCD prevention and control, strengthening primary health care (PHC) via the Service with Care and Compassion Initiative (SCCI) approach, scaling up healthy lifestyle and mental health awareness campaigns, advancing the 2021 National Suicide Prevention Strategy and helping to ensure that the NCD Multi-Sector Action Plan II is activated and well-coordinated;
- 1.2** Continuing and expanding technical support to Bhutan in its efforts to eliminate malaria and cervical cancer and reduce the incidence of HIV and sexually transmitted infections;
- 1.3** Addressing the lack of guidelines, reporting, staffing and funding for NTDs and expanding telemedicine-based health communication and consultations; and
- 1.4** Closing the gaps in Bhutan’s emergency response capacity – particularly related to International Health Regulation (IHR) core capacities – by building on the results of the ongoing Joint External Evaluation (JEE) and developing a new National Action Plan for Health Security.

Recommendation 2: Strengthen cooperation and partnership to address Bhutan’s key health challenges

The Bhutan Country Office should:

- 2.1** Leverage its convening power and further strengthen collective, multisector coordination in addressing the drivers of NCD, in alignment with FYP13 and in close partnership with the government, UN partners and the UN Resident Coordinator. This platform could facilitate regular data-sharing and analysis of local and international good practices, formulate integrated strategies for NCDs, health communication and disease prevention, and also serve as a mechanism for stakeholder alignment and resource mobilization.
- 2.2** Continue supporting efforts by the Ministry of Health to address health workforce shortages and retention challenges through sustained technical engagements and policy advice.

- 2.3** Engage with Multilateral Development Banks and UN agencies to formulate strategies for increasing external health financing support.
- 2.4** Further strengthen its strategic focus by reducing the number of DFCs, targeting resources to priority interventions and releasing WHO staff time for strategic planning, monitoring and evaluation – while continuing the practice of using the majority of its resources for the strategic priorities and reserving a percentage for unplanned needs.
- 2.5** Strengthen partnerships with monastic institutions and traditional medicine practitioners to broaden community-level health promotion and public communication on healthy living.

WHO South-East Asia Regional Office and WHO headquarters should:

- 2.7** Support the Bhutan Country Office in enhancing its convening role through technical assistance, tools and best practices that facilitate effective cross-sectoral collaboration.
- 2.8** Explore the creation of a regional coalition of countries facing similar human resource challenges to Bhutan, providing a platform for dialogue and shared learning among officials and advisers.
- 2.9** Provide technical guidance to the Bhutan Country Office on accessing innovative financing sources, including Multi-Partner Trust Funds such as Health4Life and the Health Impact Investment Platform, to diversify funding options and strengthen financial sustainability.

Recommendation 3: Improve equitable access to health services

The Bhutan Country Office should:

- 3.1** Strengthen its work on understanding the gendered inequalities in health, identifying health access barriers for women and girls, develop strategies to overcome them and make these strategies explicit in its programming and communications, building on disaggregated data. Further, to increase access to health services, WHO should support the Ministry of Health with innovations in digital health that will increase the access of more remote and disadvantaged people and collect feedback on their perceived needs.
- 3.2** Work with the Ministry of Health to enable data consolidation of National Early Warning, Alert and Response Surveillance, a District Health Information Software 2--based Health Management Information System and ePIS to reduce the risk of fragmentation amongst health databases to ensure optimal management of data for individuals and to enable targeting of vulnerable populations.
- 3.3** Continue its work on financial protection with the Ministry of Health and National Statistical Bureau and, in partnership with the World Bank, yield data on the affordability of health services by lower income groups, so as to improve targeting of vulnerable groups and their ability to access health services.
- 3.4** Engage local CSOs to maximize their contributions and understanding of local level realities of people living with HIV, cancer and disability. This engagement would be firstly about learning how to make local services most effective and secondarily concern WHO-funded partnerships.

Recommendation 4: Improve budget management, performance monitoring and learning

The Bhutan Country Office should:

- 4.1** Broaden its consultations on Programme Budget planning and management beyond traditional partners, i.e. the Ministry of Health. This approach will help increase transparency and build awareness among a wider range of stakeholders about WHO's financial and budgetary processes.
- 4.2** Integrate evaluation into its major interventions in Bhutan, with technical support from WHO South-East Asia Regional Office, and monitor the progress of interventions regularly with the Ministry of Health and partners. Strengthening the evidence base – particularly regarding the effectiveness and value for money of WHO's capacity development efforts – will be essential to inform future planning and support the development of compelling investment case for continued and expanded health sector support.

WHO South-East Asia Regional Office should:

- 4.3** Establish clear quality standards for its advisory and advocacy functions and introduce mechanisms to monitor the contextual relevance of its recommendations – taking into account the capacity of national partners to act on them. Periodic reviews of the uptake and application of these recommendations by national partners will help inform performance review and continuous improvement.
- 4.4** Facilitate regular learning exchange fora across countries in the region, led by the technical and operational units. These platforms should enable the sharing of practical experiences on cross-cutting themes such as multisector, multisectoral coordination for complex health challenges (e.g. NCDs, nutrition, etc.), performance monitoring, gender equality, value for money, assessment of WHO capacity development, strategic resource allocation and the management of DFC.

WHO headquarters should:

- 4.5** Devise tools for the periodic assessment of the performance of both country and regional offices, covering both self and independent assessment to strengthen their strategic planning, allow course correction and provide evaluative data for mid-term reviews and country programme evaluations.

1. Introduction

The World Health Organization (WHO) commissioned this Country Programme Evaluation (CPE) to assess the contribution from all three levels of WHO towards the planned outcomes of the WHO Country Cooperation Strategy Bhutan (CCS) 2020–2025 and as reflected in the Country Office’s biennial operational workplans. The CPE was included in the WHO Organization-wide 2024–2025 workplan approved by the WHO Executive Board (3). The evaluation serves a dual purpose: accountability for WHO's contributions through its support for national health outcomes and learning to inform the development of the new CCS for 2026–2030, which was conducted in parallel with this assessment. This evaluation was carried out between January and April 2025 by independent consultants through a comprehensive desk review, analysis of health outcome and financial data and interviews with 50 key informants from the WHO Country Office, Regional Office and headquarters, and with the Royal Government of Bhutan, UN agencies, development partners and CSOs. The evaluation team visited Bhutan for one week in January 2025 to conduct face-to-face interviews with national stakeholders. The assessment applied the WHO evaluation criteria of relevance, coherence, effectiveness, efficiency and sustainability.

2. Background

1.5 Health context

Bhutan health context at a glance

Table 1 includes key indicators for Bhutan, giving an overview of the country context. Further detail of health indicators is included as Annex 1.

Table 1. Overview of the country context for Bhutan

Category	Details
Geography	Landlocked in the Eastern Himalayas.
Population	Approximately 750 000; Over 40% of country population is aged under 24 years; elderly population projected to rise from 6% (2023) to 17% (2050); fertility rate: 2
Economy	Hydropower exports dominate Gross Domestic Product (GDP); GDP growth was 10.2% in 2020, reduced to 4.9% by 2024; Bhutan graduated from LDC to LMIC status in 2023.
Social Indicators	Literacy rate: 72% (2022); life expectancy: 74.9 years (2021); primary enrolment: 93.2%; rural electrification: nearly 100%.
Health System	Universal Health Coverage with free services; challenges include NCDs (70% of disease burden), access barriers and climate-related risks.
Health Status	Maternal Mortality Ratio (MMR): 53/100 000; Infant Mortality Rate (IMR): 15.2/1000; Immunization coverage: over 99%; increasing NCDs; near elimination of malaria and rubella.

Source: draft CCS 2026–2030

1.6 Geopolitical & economic context

Bhutan, a small kingdom nestled in the eastern Himalayas. Bhutan has historically prioritized diplomatic neutrality and peaceful coexistence. Renowned for its Gross National Happiness development philosophy, Bhutan's approach aligns closely with the Sustainable Development Goals (SDGs), emphasizing holistic well-being alongside economic growth.

As an LMIC with a GDP per capita of US\$ 3718, Bhutan achieved remarkable progress in poverty reduction before the COVID-19 pandemic. Extreme poverty, defined as living on less than US\$ 2.15/day, was nearly eradicated, and the proportion of people living below US\$ 3.65/day and US\$ 6.85/day decreased significantly. In December 2023, Bhutan graduated from the Least Developed Countries (LDC) category, marking its transition to greater economic stability [\(4\)](#).

Challenges persist, including inequalities, multihazard vulnerabilities and regional disparities. Bhutan's demographic structure presents both opportunities and challenges: over 40 percent of its population is aged under 24 years, whilst the elderly population is expected to rise from 6 percent in 2023 to 17.3 percent by 2050. Increasing rural-to-urban migration continues to strain urban social services, housing affordability and employment opportunities. Economically, Bhutan has maintained impressive growth, averaging 7.5 percent annually since the 1980s.

1.7 Key equity issues

Bhutan's rugged terrain limits access to health care, increases transportation costs and delays care-seeking, resulting in poorer health outcomes, especially in rural and high-altitude areas. Although over 90 percent of the population lives within 30 minutes of a health care facility, service quality and availability vary widely. Urban centres such as Thimphu and Paro benefit from better infrastructure and specialist services, whilst many people from rural districts bypass the nearest health facility due to limited services.

Institutional delivery rates are near universal in urban areas (99.6 percent) but remain lower in districts such as Zhemgang (86.9 percent), Tsirang (91.9 percent) and Trongsa (94 percent), despite an overall increase to 98 percent nationally. The elderly and people with disabilities face barriers to health care due to physical, social and systemic challenges. A 2017 survey found that only 16 percent of elderly respondents reported good health, while 44 percent rated their health as poor [\(5\)](#).

Socioeconomic factors significantly influence health equity in Bhutan. Income disparities remain stark, with poverty rates ranging from 1.5 percent in urban Thimphu to 41.4 percent in rural Zhemgang. Educational attainment directly impacts health outcomes, as reflected in Bhutan's adult literacy rate of 72 percent, with a notable gender gap (79 percent for males vs. 64 percent for females) [\(6\)](#).

Marginalized groups face unique health challenges. Drug users encounter stigma and limited treatment options, whilst tuberculosis patients struggle with treatment adherence. People living with HIV face stigma, delayed diagnoses and limited access to timely treatment.

Adolescents and youth face challenges including tobacco use, mental health issues, gaps in sexual and reproductive health knowledge, substance abuse and inadequate nutrition and physical activity, with 18.3 percent of Bhutanese adults not meeting WHO physical activity recommendations. The average daily

intake of fruits and vegetables is only 1.6 servings, highlighting insufficient nutritional intake. Additionally, 5.1 percent of children under five experience wasting, whilst 17.9 percent are stunted [\(7\)](#).

1.8 SDG alignment

Bhutan has demonstrated significant progress in aligning its health priorities with the SDGs, particularly SDG 3: Good Health and Well-Being. As of 2023, Bhutan is advancing on approximately 58 percent of the measurable SDG indicators for which sufficient data is available [\(8\)](#).

- **Maternal and Child Health:** Bhutan's maternal mortality rate dropped from 255 per 100 000 live births in 2000 to 53 per 100 000 in 2023, aligning with SDG Target 3.1. Similarly, under-five mortality declined from 84 per 1000 live births in 2000 to 19.5 per 1000 in 2023, supported by improvements in skilled birth attendance and institutional deliveries. Neonatal mortality has also declined significantly to 6.9 per 1000 live births in 2023 [\(7\)](#).
- **Communicable Diseases:** Bhutan has achieved substantial progress in containing diseases like measles, rubella, HIV/AIDS, tuberculosis, malaria and hepatitis B, aligning with SDG Target 3.3.
- **NCDs:** Bhutan is tackling its growing NCD burden, which accounts for over 70 percent of its total deaths. Public health initiatives targeting tobacco use, physical inactivity and unhealthy diets are aligned with SDG Target 3.4 [\(9\)](#).
- **Universal Health Coverage (UHC):** Bhutan's three-tier health system provides free and equitable health care services, aligning with SDG Target 3.8. The Universal Health Coverage Index improved from 57 percent in 2015 to 62 percent in 2019.
- **Health Workforce:** Bhutan increased the density of nursing and midwifery personnel from 14.4 per 10 000 in 2015 to 22.1 per 10 000 in 2021, whilst the density of physicians rose from 3.4 percent to 5.6 percent per 10 000 in the same period.

The country has set ambitious targets for SDG 3: Good Health and Well-Being. Key achievements include reducing maternal mortality from 255 to 53 per 100 000 live births and decreasing under-five mortality from 84 to 19.5 per 1000 live births [\(8\)](#). For the future, Bhutan aims to further reduce maternal and child mortality, combat communicable and noncommunicable diseases, strengthen health systems and ensure UHC. The country is working towards achieving zero preventable maternal and child deaths, ending epidemics of HIV/AIDS, tuberculosis, malaria and neglected tropical diseases (NTDs), reducing premature mortality from NCDs by one-third and promoting mental health and well-being.

1.9 Health situation in the country

Key health indicators. Bhutan has made notable progress in maternal and child health, with maternal mortality reduced to 53 per 100 000 live births and under-five mortality to 19.5 per 1000 live births. Institutional deliveries have reached 98 percent, and skilled birth attendance stands at 98.5 percent. However, challenges remain in reducing adolescent birth rates (18.6 per 1 000) and improving exclusive breastfeeding rates (69.4 percent).

Bhutan's health challenges include:

- **Disease burden and trends** NCDs account for over 70 percent of all deaths in Bhutan. Risk factors such as tobacco use increased from 23.9 percent in 2019 to 31.4 percent in 2023. Prevalence of high blood pressure has increased to 30.1 percent in 2023. Alcohol consumption remains significant, with 40.2 percent of respondents identified as current drinkers. Over 33 percent of adults are overweight, and 12.5 percent are categorized as obese. Bhutan reported 638 new cancer cases in 2022 [\(10\)](#).
- **Maternal and child health.** According to the National Health Survey 2023, anaemia affects 33.3 percent of pregnant women, posing risks to maternal and neonatal health. Disparities between urban and rural areas persist in accessing maternal and child health services.
- **Adolescent health.** Among adolescents, anaemia prevalence remains high at 36.5 percent. Additionally, Vitamin D deficiency among adolescents was reported to be as high as 93.9 percent, with higher prevalence in girls (96.3 percent) than in boys (92.5 percent).
- **Geographical and infrastructure access to Health care.** Whilst most of the rural population lives within 30 minutes of the nearest health facility, over 21 percent of the rural population lives more than 1 hour from the nearest health facility. The country is served by 3 referral hospitals, 51 hospitals and 187 primary health centres, though these are not evenly distributed. Out-of-pocket health expenditure stands at 18.8 percent.
- **Mental health issues.** According to the 2023 National Health Survey, 1.6 percent of the population attempted suicide. Anxiety and depression comprise over 55 percent of reported mental health cases. As of 2021, mental health disorders affected 156 per 10 000 population.
- **Human resource for health in Bhutan.** The country faces a shortage of health care professionals, with 68 percent and 42 percent gaps in required specialists and general doctors, respectively. As of 2021, Bhutan had approximately 4.64 doctors and 21.2 nurses per 10 000 population, falling below WHO recommendations. Health care workers are concentrated in major urban areas like Thimphu and Paro. Critical shortages exist in specialties like psychiatry, oncology and paediatric surgery, with many districts lacking permanent specialist doctors. High turnover rates in remote areas, limited postgraduate training capacity, an ageing workforce in some specialties and difficulty in attracting specialists outside the capital compound these challenges.
- **Health systems and policies.** Bhutan's health system operates on a three-tier model designed to ensure equitable access to health care. Primary Health Centres and outreach clinics deliver primary health care services. District hospitals provide secondary care and act as referral centres. The Jigme Dorji Wangchuck National Referral Hospital in Thimphu handles tertiary care. Complicated cases requiring special attention are referred to India. Bhutan's Constitution guarantees free health care services for all citizens. The country's health financing policy relies predominantly on government funding, supplemented by international aid and development assistance [\(11\)](#). Bhutan has implemented comprehensive screening protocols for various cancers, along with policies like the Cancer Control Strategy (2019–2025). The creation of the National Medical Service in 2023 represents a major reform aimed at streamlining health care delivery [\(12\)](#).

- **Bhutan Health Management Information System.** The Health Management Information System compiles routine health data into the District Health Information Software 2 platform. A separate information system for notifiable diseases includes the National Early Warning, Alert and Response System. The Royal Centre for Disease Control, established in 2009, is Bhutan's national focal point for disease surveillance and outbreak response. In 2023, the Virology and Molecular Laboratory at the Royal Centre for Disease Control was recognized as a National Influenza Centre by WHO [\(13\)](#).
- **Referrals.** Bhutan relies heavily on international referrals for specialized treatments, placing financial strain on the health system. Referral costs have increased by more than 150 percent since 2021. In response, Bhutan emphasises multisectoral governance, workforce development and digital innovations to improve service delivery.

Digital health and innovation. Bhutan's progress in digital health offers an opportunity to bridge access gaps, particularly in remote areas. Initiatives such as telemedicine and e-health services have enhanced health care delivery. However, barriers include insufficient IT professionals, limited digital literacy, infrastructure constraints and data privacy concerns. Strengthening digital health policies and expanding internet connectivity are critical for scaling these innovations.

Environment and climate change. Bhutan faces significant public health challenges due to its mountainous geography and increasing climate vulnerability. The country is particularly susceptible to glacial lake outburst floods, landslides and extreme weather events that destroy infrastructure and disrupt health care services in remote areas. Accelerated glacier melting heightens disaster risks, leading to community displacement and limiting access to essential services. Climate change is also causing the re-emergence of vector-borne diseases like malaria and dengue in previously unaffected regions. Bhutan's National Adaptation Plan prioritizes climate-resilient health care systems, early warning mechanisms and sustainable infrastructure development. Enhanced regional and global partnerships, including telemedicine technology, are crucial to maintain health care accessibility in hard-to-reach communities.

3. Evaluation object

The object of this evaluation was to assess WHO's contribution to the planned outcomes of the Country Cooperation Strategy (CCS) 2020–2025 up to the end of 2024 and related Country Office biennial operational workplans achieved, using input from all three levels of the Organization, the country and regional offices and headquarters. The strategic priorities pursued, the intended outcomes and the financial expenditures during the evaluation period are part of the object of the evaluation.

The five strategic priorities of the CCS were [\(14\)](#) (p. 35):

- **SP1.** Achieve UHC through Integrated people-centred quality health care services
- **SP2.** Improve reproductive, maternal, newborn, child, adolescent health (RMNCAH) and healthy ageing

- **SP3.** Build health system resilience to address communicable diseases and effects of health emergencies and climate change
- **SP4.** Address NCDs and their determinants with strategic priority
- **SP5.** Strengthen data, research, innovation and knowledge brokerage

The expected outcomes of the CCS were, in summary [\(14\)](#) (p. 44):

- Bhutan has successfully graduated from LDC with robust health systems based on the principles of PHC.
- A people-centred team-based NCD approach has been implemented in all health facilities.
- Capacity for research, training and innovation, primarily focusing on PHC, have been strengthened.
- Bhutan is self-sufficient in its core health workforce.
- Reduced maternal and newborn deaths.
- Strengthened adolescent health services.
- Healthy ageing strategy developed and implemented.
- Bhutan on track towards cervical cancer elimination, and premature deaths due to NCDs reduced.
- Mother to Child Transmission of HIV, syphilis and hepatitis B, leishmaniasis and other NTDs eliminated.
- Elimination of leprosy and measles is sustained and end-TB strategy accelerated.
- Increased response to AMR, emergency response capacity and access to medicines.
- Malaria is successfully eliminated and institutions to sustain elimination have been put in place.
- International Health Regulation (IHR) core capacities are strengthened.
- The country office's capacity is enhanced to guide and provide strategic and technical directions to the Government of Bhutan.

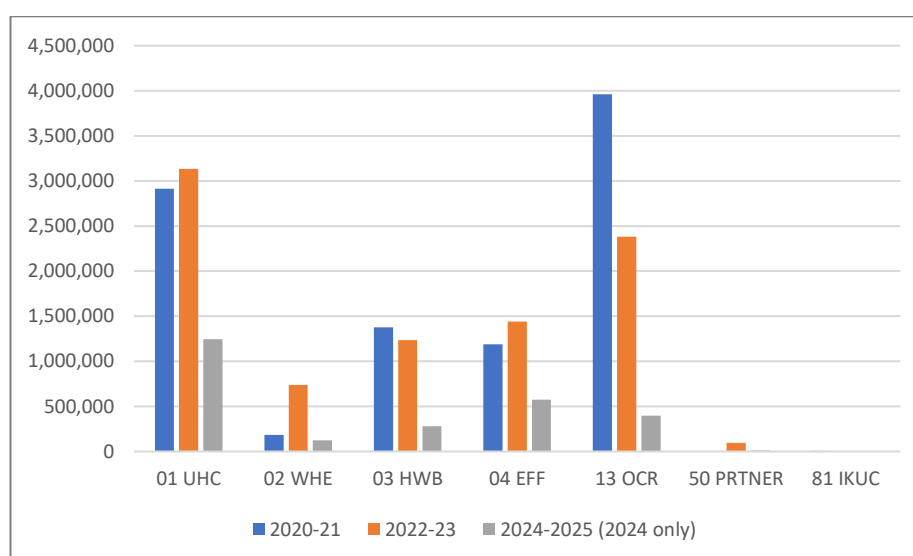
Table 2 sets out the total expenditures by area of work for the complete biennia 2020–2021, 2022–2023 and for 2024–2025 up to November 2024. Of a total expenditure of US\$ 21.3 million, the main areas of expenditure were for Universal Health Coverage at US\$ 7.3 million (34 percent of total expenditure) and Outbreak, Crisis and Response at US\$ 6.7 million (32 percent of total expenditure). The full details of financial resources planned, received and utilized are included as Annex 3. Table 2 summarises expenditure under principal budget headings by biennium. Figure 1 shows the trends in the WHO Bhutan expenditure by budget heading for the biennia covered by the CCS 2020–2025 (to end 2024). Universal Health Coverage and Outbreak Crisis and Response dominate, the latter because it includes spending on the pandemic response.

Table 2. WHO Bhutan expenditure by area of work 2020–2024

Expenditure	Area of work	2020–21	2022–23	2024–2025 (end 2024)	Total by Area
01 UHC	Universal Health Coverage	2 914 125	3 133 023	1 245 394	7 292 542
02 WHE	Health emergencies	186 058	736 968	123 939	1 046 965
03 HWB	Health and Well-being	1 378 310	1 233 883	278 709	2 890 902
04 EFF	Effective/Efficient WHO	1 189 327	1 440 459	575 565	3 205 351
13 OCR	Outbreak Crisis& Response	3 962 534	2 382 290	398 286	6 743 110
50 PRTNER	Frame Conv. Tobacco Ctrl		95 796	0	95 796
81 IKUC	In Kind	5 368	4 920	0	10 288
14 PIP	Pandemic influenza plan			8 964	8 964
Total		9 635 722	9 027 339	2 630 857	21 293 918

Source: Authors' own compilation from data in the Evaluation ToR

Fig. 1. WHO Bhutan expenditures by expenditure type and by biennium, 2020–2024 (US\$)



4. Objectives

According to its Terms of Reference (ToR) (see Annex 1), the evaluation had the following objectives.

- Assessing WHO's contributions to Bhutan's health goals as outlined in the CCS 2020–2025 and in the biennial work plans for 2020–2021, 2022–2023 and 2024–2025. The assessment will identify key success factors, gaps, challenges and opportunities for improvement in achieving these health objectives.
- Analysing the internal and external coherence of WHO interventions in Bhutan, assessing their alignment with national priorities and the extent to which they are well coordinated to maximize

impact. This analysis will also evaluate whether the resources are prioritized effectively to address the most critical health needs.

- Reviewing WHO's technical assistance and collaboration with national and international partners and providing recommendations to inform future strategic planning and resource allocation.
- Based on the findings, proposing strategic shifts to enhance WHO's alignment with Bhutan's FYP13 and strengthening its strategic positioning in the country. In consultation with key stakeholders, developing the new CCS for 2026–2030.

5. Scope

The evaluation serves two purposes: accountability, by looking back at WHO's contributions to national health outcomes in implementing the CCS over the evaluation period, and learning, generating lessons to directly inform the development of the new CCS for 2026–2030. The evaluation covers key results achieved by all WHO contributions in Bhutan from 2020 to 2024, as outlined in the CCS 2020–2025, including contributions from the South-East Asia Regional Office and headquarters. WHO's technical support, policy guidance, capacity-building and other core functions are assessed. The evaluation also examines WHO Bhutan's approach to human rights, gender equality, disability and inclusion, including interventions aimed at improving access to health services for vulnerable groups. While all WHO contributions in Bhutan since 2020 were within scope, the evaluation has focused on WHO's principal interventions and investments to maximize usefulness.

The intended users of the evaluation report are the WHO Bhutan Country Office and South-East Asia Regional Office, relevant stakeholders and focal points within national government ministries and departments, UN partners, CSOs and multilateral donors in Bhutan.

6. Evaluation criteria and questions

The WHO evaluation criteria (in line with the revised OECD Development Assistance Committee (DAC) criteria (www.oecd.org/dac/evaluation/revised-evaluation-criteria-dec-2019.pdf) of relevance, coherence, effectiveness, efficiency and sustainability have been employed, with one principal evaluation question for each of the evaluation criteria, as set out in the evaluation ToR, as shown in Table 3. At the request of WHO, in drafting the evaluation report, equity has been added as a separate evaluation criterion, given its importance to the evaluation.

Table 3. Evaluation criteria and principal evaluation questions (modified from the evaluation ToR)

Evaluation criterion	Evaluation question
Relevance	EQ1. To what extent are Bhutan Country Office positioning and contributions aligned to the national context, evolving needs and the policies, priorities and strategic plans of the Bhutanese government, while also being responsive to the needs and rights of Bhutanese people?
Coherence	EQ 2. To what extent have WHO contributions in Bhutan been coherent and synergistic with one another and with those implemented by other partners and the government?
Effectiveness	EQ 3. Since 2020, what results, both intended and unintended, positive and negative, have WHO's contributions in Bhutan achieved?
Efficiency	EQ 4. To what extent did WHO contributions in Bhutan deliver or are they likely to deliver results in an efficient and timely way?
Sustainability	EQ 5. To what extent has WHO contributed towards building national capacity and ownership for addressing Bhutan's health needs and priorities?
Equity	EQ1.2 (formerly under Relevance) To what extent have WHO strategic priorities responded to Bhutan's evolving health needs including those of vulnerable populations such as women, persons with disabilities and those facing geographical and socioeconomic challenges since 2020? 3.2 (formerly under Effectiveness) To what extent have WHO contributions in Bhutan addressed health inequalities and the needs of vulnerable populations (displaced, migrants, women and persons with disabilities)?

7. Evaluation methodology

Evaluation design and approach

The evaluation was guided by participatory, learning-oriented and utilization-focused principles, emphasizing engagement with key users of the evaluation process and findings. During the inception phase, an evaluation matrix was developed, included in Annex 5. A Theory of Change (ToC) was reconstructed to test assumptions and pathways to expected results in support of the evaluation. The ToC was also used to contribute to developing the new CCS (see sections 7.3 and 9).

Evaluation management and reference group

The evaluation team operated under the overall supervision of the Regional Planning Officer at WHO South-East Asia Regional Office (Regional Office evaluation function), with the Programme Management Officer at WHO South-East Asia Regional Office serving as the primary evaluation manager. All evaluation deliverables underwent quality assurance by the WHO Evaluation Office and the headquarters/WHO Evaluation Office and WHO South-East Asia Regional Office Evaluation Managers to maintain high standards throughout the process. An Evaluation Reference

Group (ERG) was created to ensure the evaluation’s relevance, accuracy and utility through a consultation and validation process. The ERG provided an additional line of quality assurance to ensure that the evaluation products (TOR, inception report, draft report and final report) were of sufficient quality to maximize their usefulness to the programme and the Organization.

Data collection

Data collection methods included:

- **Desk review.** More than 100 documents were consulted, and 94 are referenced (see Annex 10 Bibliography). Key documents consulted include CCS (2020–2025), biennium work plans, national health policies, strategies and plans, recent regional evaluation reports (15, 16), regional office mission reports to Bhutan, WHO South-East Asia Regional Office regional director annual reports and country office annual reports. Other strategic frameworks consulted include: WHO’s 13th General Programme of Work 2019–2025 (GPW13) and 14th General Programme of Work 2025–2028 (GPW14), the Regional Flagship Programme (2013–2023) and the Regional Road Map for Results (2024–29), the United Nations Sustainable Development Cooperation Framework (UNSDCF) for Bhutan 2024–2028 (8), United Nations Sustainable Development Partnership Framework for Bhutan 2019–2023 (17), the Government of Bhutan’s FYP12 and 13 (2018–2023 and 2024–2029) (18, 19) and the Sustainable Development Goals 2030. Additional documents included third party reports and research papers on health in Bhutan.
- **Quantitative data review,** including financial data provided by the WHO country office and headquarters and health outcome data from national reports and surveys.
- **KIIs.** Stakeholder mapping was conducted during the inception phase in consultation with the country and regional offices and headquarters focal points. Semi-structured KIIs were conducted with all three levels of WHO. Stakeholders were selected for semi-structured KIIs to include a range of perspectives from all three levels of WHO and a variety of different organizations in Bhutan with which WHO collaborates, including ministries of the Royal Government of Bhutan, especially the Ministry of Health, academia, multilateral development banks, UN agencies, NGOs and CSOs. The final list of interviewees was influenced by availability, and a number of interviewees delegated the interview to members of their team. In all, 34 KIIs were carried out with 49 participants (of which 39 percent were women). The summary of stakeholder groups and number of stakeholders is included as Annex 6 and interview questions as Annex 9.
- **Country visit.** The evaluation team visited Bhutan from 27 to 31 January 2025 to undertake KIIs. The country office prepared and adjusted the meeting agenda as the week proceeded.
- **Presentations of findings.** In an online meeting, the evaluators presented the initial evaluation findings and gathered the responses of the country office before preparing the draft report. When the report was completed, a further presentation was made to the country office and Evaluation Reference Group members of the final findings, conclusions and recommendations.

Theory of change (TOC) for WHO'S contribution to Bhutan

The ToR calls for the development of a Theory of Change for WHO in Bhutan to underpin planning for the new Bhutan CCS for 2026–2030. The draft ToC appears as Figure 2 in Section 9.

Principles and guidelines

The evaluation was conducted in line with the Ethical Guidelines for Evaluation, as defined by UNEG in 2020, following ethical principles of integrity, accountability, respect and beneficence. Attention has been given to ensuring confidentiality, preventing harm, maintaining anonymity and securely storing data collected during the evaluation. All respondents were informed that all collected data would remain confidential and be used exclusively for the purposes of this evaluation. Any documentation identified as confidential has either not been directly quoted or else not used. Interview transcripts have been stored securely on a Google drive that is only accessible to the evaluation team. The evaluation adhered to WHO's five key evaluation principles: impartiality, independence, utility, quality and transparency.

The evaluation has been undertaken with reference to the WHO Evaluation Policy (2018), WHO South-East Asia Regional Framework for Strengthening Evaluation for Learning and Development (2022), WHO Policy and Strategy on Health Equity, Gender Equality and Human Rights, 2023 to 2030, and the WHO Policy on Disability, WHO guidance on integrating gender, equity and human rights in the conduct of evaluations, UNEG Guidance on Integrating Human Rights and Gender Equality in Evaluations (2014) and UNEG Guidance on Integrating Disability Inclusion in Evaluations (2022).

Quality assurance

Quality assurance (QA) was provided by the Regional Evaluation Officer in the WHO Regional Office and by the Senior Evaluation Office in the WHO Evaluation Office. The draft report was factually reviewed by the country and regional offices, with a response to all comments provided by the evaluation team. The Evaluation Reference Group provided an additional line of quality assurance to ensure that the evaluation products (inception report, draft report and final report) were of sufficient quality to maximize their usefulness to the programme and the Organization.

Limitations and mitigations

The evaluation was subject to the following limitations:

- Due to the disruption caused by WHO's response to COVID-19 in Bhutan, a mid-term review of the CCS was not carried out, which would have been an important data source for the evaluation, especially for the years 2020 to 2021.
- Assessing the contributions of WHO in Bhutan was challenging due to limited qualitative or quantitative data on its own performance, although WHO has maintained a strong record in

monitoring the progress of overall health outcomes. This CCS evaluation was not designed to generate primary data, except for the qualitative data from interviews. The country and regional office documentation includes plentiful description of WHO activities in Bhutan, but evaluative evidence on WHO's performance in its core roles as defined in the GPW13 is very limited and based largely on self-assessment

- In some cases, gaps in assessment of progress were closed by reference to other partners reports, especially the UN Common Country Analysis, World Bank report and a few academic papers. None of these sources could provide data on WHO performance directly. The cross-section of interviews has provided impressionistic feedback on WHO performance and where these reinforce each other, this has increased confidence in the development of evaluation findings.
- Additional interviews at WHO headquarters, not planned at the inception phase, were added to help build an understanding of WHO processes relevant to Bhutan but managed by headquarters, for example regarding health-financing and performance against the International Health Regulations (IHR), and of WHO's approach to performance management.

8. Findings

This section summarizes WHO's performance in Bhutan against the five evaluation criteria of relevance, coherence, effectiveness, efficiency and sustainability, and related evaluation questions (EQs) and sub-questions, as set out in the Evaluation Inception Report. Where the substance of the evaluation sub-questions overlaps, the reader is pointed to the sub-section where the findings can be found.

a. Relevance

EQ 1. To what extent is the Bhutan WHO Country Office positioning and contributions aligned to the national context, evolving needs and the policies, priorities and strategic plans of the Bhutanese Government, while also being responsive to the needs and rights of the Bhutanese people?

Key findings

1. WHO is strongly aligned with Bhutan's national priorities, including Bhutan's FYP12 and 13, and plays a leading role in the development of national action plans and strategies across infectious disease control, NCDs, emergency response, health-financing and human resources development.
2. WHO has kept pace well with changing circumstances and has been a leader in the collection and analysis of health data. WHO has a good understanding of the threats facing the health system and health outcomes and is working to address them.

3. WHO has adapted its approach to the changing national financial context in Bhutan, shifting its support for Bhutan in the latter's analysis and planning of its health budget and resourcing and moving to a more strategic level of health financing for the nation.
4. The country office is increasingly taking the opportunity to communicate about its work and to send key messages. The office has a Media & Communication strategy mainly focusing on social media, and WHO holds an annual workshop with local journalists.
5. WHO is already taking a strategic approach to the principal challenges faced by the health system in Bhutan and will need to place greater emphasis on them in the coming CCS 2026–2030. (See also 10.1)

EQ 1.1 To what extent have WHO's strategic priorities outlined in the CCS 2020–2025 aligned with the national health priorities and objectives, the Royal Government of Bhutan's FYP12 and other strategic and operational instruments?

1. Over the evaluation period, WHO has led or supported the development of a wide range of plans, strategies, protocols and tools across infectious disease control, NCDs, emergency response health-financing and human resources development. It is not just that WHO is strongly aligned with Bhutan's national priorities, including Bhutan's FYP12 and 13, but WHO plays a leading role in the development of national action plans and strategies.
2. WHO also supported the development of the revised integrated Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Strategy for 2024–2030 and helped develop the National Strategic Plan 2024–2028 for TB pre-elimination.

EQ 1.2 How well has WHO responded to changing context, priorities and emerging lessons during the evaluation period, adapting new strategies, identifying and exploiting opportunities and minimizing threats to health capacity and outcomes?

3. WHO has kept pace well with changing circumstances and has been a leader in the collection and analysis of health data. WHO has a good understanding of the threats facing the health system and health outcomes and is working to address them. These include shortages of skilled health personnel, overstretched health budgets, the rise of NCDs, substance abuse, emergency risks and infectious diseases that are proving hard to eradicate completely. (*How WHO has addressed these challenges is discussed more fully in 8.3 below*).
4. WHO has adopted its approach to the changing nature of the financial context in Bhutan. Along with longer term trends of moving the major effort in health programming from infectious diseases to NCDs, the changing financial context has meant that WHO has shifted to support the analysis and planning of the health budget and resourcing, moving to a more strategic level of health financing for the nation, not just for its own financial support to the Ministry of Health.

5. There is a limited pool of CSOs in Bhutan with which WHO can partner. During the evaluation period, WHO engaged with RENEW (community-based support), LAKSHAM (HIV/AIDS), Tarayana (TB), Youth Development Fund (NCD and Youth), DRAKTSHO (hand washing and drinking water for disabled children), Wangsel (deaf children) and Muenseling (blind children).
6. The Country Office is increasingly taking the opportunity to communicate about its work and to send key messages. The office has a Media & Communication strategy mainly focusing on social media. The WHO Representative and country office are pro-active in supporting generation and dissemination of knowledge and evidence, such as the National Health Surveys and journal for traditional medicine.¹ As part of its health advocacy, WHO holds an annual workshop with local journalists. The 2024 workshop focused on the findings of the National Health Survey (NHS) 2023, leading to over 50 public health stories being published in mainstream Bhutanese media [\(20\)](#). The communication strategy appears to be successful as a public perception survey of the work of the United Nations in Bhutan, coinciding with the development of the UNSDCF (2024–2028), found that WHO was the UN organization with which the public was most familiar.² The WHO Representative is keen to step up public health-messaging on healthy lifestyles to reduce disease transmission and the incidence of NCDs.

b. Coherence

EQ2: To what extent have WHO contributions in Bhutan been coherent and synergistic with one another and with those implemented by other partners and the government?

Key Findings

1. There is a high degree of coherence between the Bhutan CCS 2020–2025 and key source documents, namely GPW13 at the international level and Bhutan's FYP12 at national level. The WHO South-East Asia Regional Office Regional Flagships have strengthened the coherence of health systems development across the region.
2. WHO participation at the UN Country Team is seen to have improved in recent years. WHO played an active role in the development of the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2024–2028 and is actively engaged in the relevant UN outcome groups.
3. WHO works very closely with the Ministry of Health in its core roles of technical support, policy and strategy development, providing and funding for training, and has a unique role in the adaptation and translation of health-related guidelines and protocols into national policy.
4. Key informants agreed that tackling health determinants, nutrition, health education, and environmental health requires government and non-government actors to work together closely.

¹ WHO Country Office for Bhutan, Functional review, 2024

² United Nations Bhutan, Public perception survey report, n.d.

There is potential for WHO to strengthen its leadership and convening role to bring partners together around these issues.

EQ 2.1 How well have WHO's strategic priorities in Bhutan aligned with WHO global and regional health priorities (e.g. WHO South-East Asia Regional Office flagship initiatives, GPW13)?

Table 4 below illustrates the high degree of coherence between the Bhutan CCS 2020–2025 and the two key source documents with which it needed to demonstrate its coherence at the time of its development, namely GPW13 at the international level and Bhutan's FYP12 at national level.

Table 4. Coherence between the Bhutan CCS 2020–2025 and key international and national planning frameworks

CCS Bhutan 2020–2025	GPW13	Bhutan FYP12
Expanding Universal Health Coverage		
“Enhancing accessibility to integrated people-centred quality health care services across continuum of care and life cycle” and “Instituting sustainable health financing model and making an investment case for health beyond LDC graduation” are priority action areas. (p. 39)	“The Secretariat will support countries to progress towards UHC and the goal of ensuring that all people and communities have access to and can use the high-quality promotive, preventive, curative, rehabilitative and palliative health services that are appropriate to their needs”. (p. 13)	“Regional referral hospitals and few strategic hospitals will be equipped with specialists' services and district hospitals and BHUs will have diagnostic and laboratory services. Strengthening collaboration between allopathic and traditional medicine is also a priority”. (pp. 131–132)
Communicable disease control and elimination		
“Elimination of malaria, [mother to child transmission] of HIV, syphilis and hepatitis B, leishmaniasis and other NTD, sustain elimination of leprosy, measles, and accelerate end TB strategy” is a key action area. (p. 40)	“WHO will work with partners to place elimination efforts on HIV/AIDS, tuberculosis, malaria, viral hepatitis and neglected tropical diseases on a sustainable footing by 2023” (p. 30)	“Indigenous malaria transmission” targets reduction from 15 to 0 cases. “TB Incidence” targets reduction from 164 to 98. “Immunization Coverage under 1yr population” targets increase from 95% to 97%. (pp. 141–142)
Tackling NCDs		
“Reducing burden of NCDs through multisectoral actions and WHO recommended best buys approaches” and “Implementation of people-centred team based NCD programme in all health facilities” are key action areas. (p. 40)	“The WHO Secretariat will provide technical assistance and evidence-based guidance to countries on the 'best buys' and other recommended interventions for prevention and treatment of NCDs”. (p. 30)	“To address NCD risk factors like harmful use of alcohol, tobaccos use, physical inactivity and unhealthy diet, the Ministry will continue to pursue health promotion and disease prevention programmes in the 12th FYP”. (p. 132)
Strengthening health workforce		
“Development of health workforce competency and institutional capacity to create PHC specialists and coaches”, under Strategic Priority 1. (p. 39)	“The WHO Secretariat will support countries to review policy options, including appropriate regulatory frameworks, management and information systems for human resources for health, and education systems that can meet current and future needs of communities”. (p. 16)	“In order to improve the quality of health care, interventions like increasing the pool of specialists and doctors, adequate recruitment and deployment of health workers in all health facilities based on the patient load, and continuous upgradation of skills will be undertaken”. (p. 131)
Addressing sexual and reproductive health		
“Strengthening quality SRH services” and “Strengthening prevention of	“WHO will work to ensure universal access to sexual and reproductive	“Strengthen RSHP and promote safety in workplace and adaptation

CCS Bhutan 2020–2025	GPW13	Bhutan FYP12
maternal death, newborn deaths and stillbirths”, under Strategic Priority 2. (p. 39)	health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes”. (p. 14)	measures to reduce health impact of climate change’ is planned with an allocation of Nu. 17 million. (p. 139) “ANC coverage of at least 8 visits” and “Contraceptive prevalence rate” are key indicators to be improved. (pp. 140–141)
Integrating technology and information systems		
“Adoption of digital technology to deliver quality primary health care” under Strategic Priority 5. (p. 40)	“In working with countries to strengthen these services, WHO will help to develop digital health approaches and other system innovations to help drive improvement”. (p. 14)	“The Ministry will also focus on the use of ICT enabled health care solutions like Hospital Information System (HIS), electronic Patient Information System (ePIS), and eBMSIS (for procurement and distribution of medicinal products) under the umbrella of e-health strategy”. (p. 132)
Climate change adaptation		
“Strengthen health adaptation plans for climate change” under Strategic Priority 3. (p. 40)	“The Organization will do so by supporting national and global advocacy; by providing evidence through country profiles and business cases for investment; by ensuring technical and capacity-building support for implementation”. (p. 32)	“Number of health facilities implementing health and climate change program” will increase from 25 to 45 by the end of the plan period. (p. 143) Activities include “adaptation measures to reduce health impact of climate change”. (p. 139)

Sources: Bhutan’s Five-Year Plan 2018–2023, WHO Bhutan Country Cooperation Strategy 2020–2025, WHO 13th General Programme of Work 2019–2023

7. From interviews, it is clear that the WHO South-East Asia Regional Office Regional Flagships and the associated commitments made by Member States have strengthened the coherence of health systems development across the South-East Asia region and allowed WHO South-East Asia Regional Office to focus its technical support. The flagships have run their course (2014–2023) and need renewal. (See also Table 5 below for details of Bhutan’s engagement in the Regional Flagships).

EQ 2.2 To what extent are WHO contributions in Bhutan aligned externally to UNSDCF and indicators for SDG3 Health and Well-being indicators?

8. WHO was closely involved in the development of the United Nations Sustainable Development Cooperation Framework (UNSDCF) 2024. The health context and progress towards SDG 3 were well documented in the UN Common Country Assessment, prepared with WHO support [\(21\)](#). WHO participation at the UN Country Team is seen to have improved in recent years, and WHO is actively engaged in the relevant UN outcome groups. In interviews, UN partners expressed interest in further engagement with WHO.
9. The UN in Bhutan contributes collectively to SDG3. The United Nations Sustainable Development Cooperation Framework (UNSDCF) 2024–2028 aligns with Bhutan’s FYP13, with WHO making its main contribution under the strategic priority Equitable Human Development and Well-being Across the Lifecourse. WHO has collaborated with other UN agencies, with technical support and shared funding,

including UNICEF on immunization and WASH, UNFPA on reproductive health and GBV, UNDP on emergency preparedness and climate resilience, WFP on nutrition security and, more recently, FAO on OneHealth. In 2023, the government established the PEMA Secretariat (PEMA), based on a coordinated multisectoral approach to Mental Health and Psychosocial Support and with UN agencies as partners, especially WHO. Local civil society also plays a role in health promotion and services.

10. The UNSDCF notes that disaggregated data required to ensure that no one is left behind are inadequate for most of the SDG indicators, yet there are significant gaps in the availability of comprehensive and comparable data [\[8\]](#). This observation aligns with WHO's support to improve data systems, including strengthening of the Civil Registration and Vital Statistics system.

EQ 2.3 How well has WHO articulated and harnessed its comparative advantage to deliver on its mandate, as a health leader, convening and coordinating partner, while positioning itself as a strategic partner in the context of Bhutan? What adaptations are needed to enhance this positioning?

11. WHO works very closely with the Ministry of Health in its core roles of technical support, policy and strategy development, providing and funding training. As indicated by the country and regional offices, many countries provide WHO with free space in their ministries, which is an important efficiency measure. The country office noted it is proud of its close working relationship with the Ministry of Health that builds trust, which includes its location within the ministry building facilitating interaction. The country office considers that it works with government differently, “not like other UN agencies”.
12. WHO has unique roles such as adaptation and translation of health-related guidelines and protocols into national policy, for which no other partners are mandated or competent. WHO has demonstrated its capacity to connect national to local level health systems development, for example in PHC development, and across different organizations, for example in forming an academic-medical-government partnership to strengthen HRH. Beyond these defined WHO roles, the country office is seeking greater clarity on its comparative advantage in relation to other organizations.
13. During the evaluation period, WHO has collaborated with a variety of government bodies, including the Ministry of Education and Skills Development on the Health Promoting Schools initiative, promoting yoga and meditation, adolescent health and providing sports equipment; the National Commission for Women and Children (NCWC) on gender issues; the Bhutan Qualifications and Professional Certification Authority (BQPCA); the Ministry of Home Affairs on disaster management, health emergencies response; Civil Registration and Vital Statistics; the Ministry of Infrastructure and Transport on water hygiene and sanitation; the Ministry of Agriculture and Livestock on One Health; municipalities, by giving them gym equipment; the Social and Cultural Affairs Committee of the Bhutan Parliament and the independent PEMA Secretariat on mental health.
14. The need to convene government and non-government actors to address health challenges presents WHO with an opportunity to strengthen its leadership and convening role, bringing together health and non-health partners to tackle, for example, health determinants, nutrition, health education and environmental health. According to GPW13, political and policy interests are influenced by alliances

and coalitions, involving non-governmental organizations, philanthropic foundations and private sector entities, with outreach to such actors critical for WHO's work [\(22\)](#). Interviewees highlighted the importance of cross-sector working for WHO's future success in Bhutan. A stronger convening role would mean WHO creating collective, multisector, multipartner forums at national-district-local levels where issues of strategic importance can be discussed on a regular basis, bringing the knowledge and technical and financial resources of international and local actors to bear on the most profound issues facing the country's health.

15. This finding is consistent with the 2023 Outcome Scorecard exercise, which concluded that the country office should strengthen partnerships through Memorandums of Understanding and engage new stakeholders to enhance emergency preparedness and response, while the Functional Review 2024 also recommended that the country office should initiate health sectoral coordination meetings under Ministry of Health and WHO leadership for planning and support to the health sector of Bhutan, to avoid duplication and to agree on common areas for advocacy and operations.

c. Effectiveness

EQ3. Since 2020, what results, both intended and unintended, positive and negative, have WHO's contributions in Bhutan achieved?

Key findings

1. WHO has supported the government to achieve health goals in many areas, including in response to COVID-19, vaccination, eradicating diseases, strengthening the primary health care network, mental health, emergency preparedness and making academic training for health professionals more widely available.
2. The Ministry of Health greatly appreciates the technical support provided by WHO from the country, regional and global level. Regional office support has been important in providing impartial perspective and supplementing country office capacity. Coordination with health partners has been effective.
3. With WHO support, Khesar Gyalpo University of Medical Sciences of Bhutan (KGUMSB) Faculty of Undergraduate Medicine was launched in October 2023, with continuous professional development and competency assessment frameworks.
4. WHO provided very strong technical and financial support to Bhutan's COVID-19 response, including its vaccination campaign. WHO assistance proved essential, working in tandem with the Ministry of Health through “every twist and turn” of the public health crisis, with WHO acting as an “honest broker”.
5. WHO has made an important and innovative contribution to Bhutan through the Service with Care and Compassion Initiative (SCCI), a people-centred model of NCD delivery through primary health care teams, which transformed health care delivery, especially in managing hypertension and

diabetes. However, challenges persist in the SCCI approach, such as inadequate monitoring and reporting mechanisms and funding shortages.

6. WHO has taken innovative approaches to working with the monastic sector. As the sector plays a key role in Bhutan's community life, WHO, the Zhung Dratshang, and the Ministry of Health developed the Dratshang Health Coordinators' Guide, which contains information on healthy lifestyles and NCD risks. WHO provided outdoor gym equipment to 43 monastic institutions across the country to promote physical activity among the monks as part of addressing NCD risk factors.³

EQ 3.1 What were WHO's key achievements across Country Office strategic priority areas and how did they contribute to the broader strategic objectives of the CCS 2020–2025, GPW13 and national health goals, particularly?

16. WHO has supported the government to achieve health goals in many areas, including in response to COVID-19, vaccination, eradicating diseases, strengthening the PHC network, mental health, emergency preparedness and making academic training for health professionals more widely available. In terms of the expected results stated in the Bhutan CCS 2020–2025 (page 44), the following results achieved can be said to be directly associated with WHO's work:
 - robust health systems based on the principles of PHC, with a people-centred team-based NCD approach implemented in all health facilities;
 - WHO PEN implemented in all 20 districts with over 50 000 people with hypertension and diabetes on NCD protocol;
 - palliative care established in regional referral hospitals and national referral hospitals;
 - reduced maternal and newborn deaths;
 - healthy ageing strategy developed (results not yet clear as yet);
 - The National Strategic Plan for TB, 2024–2028;
 - Bhutan on track towards cervical cancer elimination;
 - IHR core capacities strengthened (especially advanced due to COVID-19); and
 - Country office capacity enhanced to guide and provide strategic and technical directions to the Government of Bhutan.
17. WHO has provided significant support to vaccination campaigns in Bhutan, especially during the pandemic but also in relation to the control and elimination of other diseases. WHO has provided advice on vaccinations and the certification of vaccines and supported mass media campaigns and analysis of vaccination coverage. Bhutan has successfully controlled hepatitis B (with prevalence of the disease dropping to less than one per cent among children aged five years), achieving hepatitis B control certification from WHO in 2019 [\(23\)](#). The country has been a regional leader in eliminating maternal and neonatal tetanus and in the global fight against polio [\(14\)](#). Bhutan was certified polio-

³ WHO Country Office Bhutan, Functional review, 2024.

free in 2014 and eliminated endemic measles in 2017. Among the first countries in the WHO South-East Asia Region to do so, Bhutan achieved the elimination of rubella in July 2023, meeting the regional target for eliminating measles and rubella. This reflected Bhutan's strong commitment to public health and the success of its vaccination programmes. The country has also maintained high vaccination coverage at 99.4% for measles and rubella for children aged 12–23 months.

18. WHO has made an important and innovative contribution to Bhutan through the Service with Care and Compassion Initiative (SCCI), a unique interpretation of the WHO Package of Essential Noncommunicable Disease (PEN) health interventions that reflects Bhutanese cultural values. The SCCI is a people-centred model of NCD delivery through primary health care teams that has enabled country-wide screening and treatment of diabetes and hypertension, plus related interventions on cancer and public health messaging on drug abuse and tobacco consumption. The primary goal of SCCI is to ensure ease of access to hypertension and diabetes medication at the community level.
19. The SCCI approach functions through a partnership between district health sectors, the Ministry of Health and Khesar Gyalpo University of Medical Sciences of Bhutan (KGUMSB). WHO has invested in building the capacity of KGUMSB, and its partnership with the KGUMSB Faculty of Medical Sciences makes the latter a potential institute for a WHO Collaborating Centre for integrated NCD services through PHC capacity-building of village health workers.⁴ To operationalize the strategy, established SCCI districts were paired with new districts and mentored them, while Primary Health Centres facilitated access to medication refills and coordinated patients' laboratory appointments with hospitals.
20. Since its inception, the initiative has been expanded to 14 districts, with plans to cover the remaining six districts during the 2024–2025 biennium. In recognition of the SCCI innovation, in 2022, Bhutan received the UN Interagency Task Force and the WHO Special Programme on Primary Health Care Award for successful implementation of SCCI. A 2023 “pulse survey” suggested progress had been achieved in health care delivery and reporting at Primary Health Centres through the SCCI approach [\(24\)](#).
21. In a rapid assessment of the SCCI initiative, patients reported improvements in the availability of essential medicines and basic equipment such as stethoscopes and BP machines. However, health systems challenges persist that WHO will need to support the Ministry of Health in resolving during the next CCS period. These include the lack of designated NCD focal points, inadequate monitoring and reporting mechanisms, funding shortages, the need to improve integration of indicators into the Health Management Information System and the development of more effective referral pathways [\(24\)](#). Patients also highlighted several barriers to seeking continuous care, including limited information about doctors' availability at hospitals, lack of transport facilities and overcrowding/long queues.
22. The 2022–2026 Multisectoral National Action Plan for the Control of Noncommunicable Diseases II has been developed as a successor to the earlier plan for 2015–2020, which introduced multisectoral collaboration at the national, regional and community levels [\(16\)](#). The Multisectoral National Action Plan for the Control of Noncommunicable Diseases II is awaiting government approval. The implementation plan includes only government departments as key implementing agencies. WHO

⁴ Functional review, 2024, p.7.

standards and recommendations are acknowledged but no role is assigned to WHO or other UN agencies and external partners. The engagement of civil society is proposed but without involvement in any committee. For national action on NCDs to be most effective, all these actors will need to become active members of the coordination mechanism to ensure optimal planning, resource allocation and implementation.⁵

23. WHO made an important contribution to the significant progress made in screening of cervical cancer and risk communication through technical support to ensure alignment with global standards, enhancing cervical cancer screening strategies and capacity-strengthening for cervical cancer screening and management. In 2019, Bhutan became the first country in the South-East Asia Region to launch a comprehensive national strategic plan to eliminate cervical cancer by 2030. Currently, at least one dose of the HPV vaccine is delivered to 97 percent of adolescent girls. Research by the International Agency for Research on Cancer (IARC) and the Ministry of Health demonstrated that, between 2012 and 2018, the prevalence of vaccine-targeted HPV types among women aged 17–29 years in Thimphu decreased by 93 percent, with unvaccinated women also benefiting from reduced community transmission. Bhutan has achieved the interim target for cervical cancer elimination, marking a significant milestone in its commitment to women's health and demonstrating effective alignment with global and regional strategic objectives.
24. WHO supported Bhutan in assessing national progress in implementing the WHO Neglected Tropical Diseases Roadmap. Diseases such as dengue, chikungunya, leprosy, scabies and rabies face several challenges including the absence of a strategic plan for vector-borne diseases except malaria, poor acknowledgement, lack of guidelines, ineffective reporting, inadequate data systems, insufficient staffing and limited funding.⁶ With WHO's support, the first integrated National Strategic Plan for Hepatitis, HIV and Sexually Transmitted Infections 2023–2024 was developed to enable a more coordinated response⁷. The Secretary of Health and the WHO Representative visited Assam, India, to discuss how to address cross-border disease transmission, including malaria and dengue, followed by joint planning by the two countries [\(20\)](#).
25. Supported by WHO, health ministers met in Bhutan in 2023 for the Seventy-fifth session of the Regional Committee for South-East Asia, held in Bhutan in recognition of the example set by the country's action to address its mental health challenges. The Paro Declaration called for the strengthening of people-centred mental health care and services.⁸ In 2023, WHO supported the training of 52 health workers on community-based mental health at NIMHANS, Bengaluru, India.⁹
26. The Mental Health Action Plan for WHO South-East Asia 2023–2030 was developed and published to enable operationalization of the Paro Declaration. WHO supported the PEMA in the development of the National Mental Health Strategy covering prevention and promotion to treatment, rehabilitation, reintegration and aftercare, including workplace mental health as a priority.¹⁰ WHO supported the

⁵ Multisectoral Plan for Prevention and Control of Noncommunicable diseases in Bhutan (2022–2026).

⁶ Consultation workshop on gap analysis for NTDs in Bhutan, March 2023.

⁷ Functional review, 2024.

⁸ The former Health Minister was a key advocate at Mental Health for All: Leaving No-one Behind, a side-event of the Seventy-eighth UN General Assembly, 2023.

⁹ Report of the Regional Director 2023, WHO South-East Asia Regional Office

¹⁰ Functional review, 2024.

PEMA to review provisions of mental health in country laws focusing on mental health care advancements and tackling substance use disorders.

27. A 2020 assessment report had noted that Bhutan health service has no executive order to ensure a standard set of adolescent health services at health facilities.¹¹ Withdrawal of donor funds hindered implementation and due to attrition and transfer of teachers, it was difficult to have 100 percent trained school health coordinators in the schools.¹² In 2024, Member States of WHO's South-East Asia Region adopted a Ministerial Declaration on Adolescent-Responsive Health Systems. In response, the Adolescent Health and School Health programmes have been implemented by UNICEF, WHO and the Public Health Engineering Division. WHO has been a major technical partner and has greatly helped in building the capacity of health workers, teachers and programme personnel and technically and financially supports 80% of programme activities currently.
28. As noted earlier, the South-East Asia Regional Flagships have been influential in accelerating Bhutan's health progress in target areas. Table 5 summarizes WHO's inputs and the progress made by Bhutan against the targets adopted by Member States (MS) in the region, up to 2023.

Table 5. Bhutan engagement in and achievements against South-East Asia Regional Flagships

SEA Regional Flagship	Bhutan engagement/achievement
Flagship 1: Measles and rubella elimination by 2023	Bhutan achieved more than 95% coverage with the MRCV2; Bhutan [verified for measles elimination in] 2017 [and for rubella elimination in] 2023 (p.29)
Flagship 2: Prevention and management of NCDs	In 2022, Bhutan endorsed the regional Implementation Roadmap for the prevention and control of NCDs in South-East Asia 2022–2030. Bhutan set national targets to scale up hypertension and diabetes management in primary health care by 2025 (p. 40); An assessment of WHO's Model Quality Assurance System for Procurement Agencies (MQAS) was conducted in Bhutan (p. 79); WHO South-East Asia Regional Office supported e-training on the Point of Care Continuous Quality Improvement (POCQI) model in Bhutan, an approach intended to optimize MCH outcomes (p.64)
Flagship 4: Continue progressing towards UHC	National health accounts (NHA) studies were conducted in Bhutan (p. 84); WHO supported the development of service and staffing standards in Bhutan (p. 75); WHO provided training in lab-based quality control methods in Bhutan (p. 81)
Flagship 5: Building national capacity for preventing and combating antimicrobial resistance	Bhutan has achieved 95% coverage for measles-mumps-rubella first and second doses and had 83 percent indicators with implementation status 3 or above for AMS; Bhutan enrolled in Global AMR Surveillance System -Antimicrobial Resistance (AMR) (p. 95); Development of the One Health Policy in coordination with FAO and the World Organization of Animal Health (WOAH) (p. 98); Bhutan adopted the AWARe categorization of antibiotics into national lists of essential medicines (p. 100); WHO South-East Asia Regional Office provided training of trainers in Bhutan for Ministry of Health /the WHO country office on AMS stewardship (p. 99)
Flagship 6: Scaling up capacity development in emergency risk management.	The 75 th Session of the Regional Committee in 2022 in Bhutan endorsed the Implementation Roadmap for the prevention and control of NCDs in South-East Asia, 2022–2030 (p. 40)
Flagship 7: Finishing the task of eliminating NTDs and other diseases on the verge of elimination	Bhutan achieved the 2030 stillbirth rate target of 12 or less per 1000 total births (p. 60); Bhutan achieved at least 75% coverage for at least four antenatal clinic visits and skilled birth attendance (p. 60); Bhutan reports fewer than 25 new leprosy cases annually (p. 123); Bhutan developed a national guideline for the prevention, diagnosis and management of leishmaniasis in April 2023 (p. 127)

¹¹ Assessment report: access to and utilisation of sexual and reproductive health services amongst adolescents in Bhutan, n.d.

¹² Rapid assessment of Adolescent health and School Health in Bhutan, WHO South-East Asia Regional Office, 2019

Flagship 8: Accelerate efforts to end TB by 2030

WHO provided Bhutan with technical assistance (p. 146)

Source: WHO South-East Asia Regional Office, (2023). *Our Journey Together. Our Journey Ahead: A more responsive WHO in the South-East Asia Region*.

29. WHO has rolled out the International Classification of Diseases-11 (ICD-11) in Bhutan, with the country being the first globally to implement it nationwide. ICD-11 was integrated into the electronic patient information system (e-PIS) (20). Telemedicine services are being adopted, particularly in rural areas where access to health care facilities is limited. The government has invested in telehealth platforms that connect patients with health care providers through digital channels, enabling remote consultations and reducing travel time for patients. With support from the Asian Development Bank and WHO, phase 1 of the strategy has been completed, and the blueprint for the digital health information system is in development (25).

EQ 3.2 How effectively has WHO's country-level COVID-19 response supported national health systems in managing the pandemic, particularly in reaching remote and most vulnerable populations with vaccination and essential primary health care services?

30. WHO gave very strong technical and financial support to Bhutan's COVID-19 response, including in its vaccination campaign. According to the World Bank, “Bhutan has been an exemplar nation in the South-Asia Region in launching a strong health sector emergency response to COVID-19. With support from WHO, UNICEF, GAVI, World Bank and ADB, Bhutan established one of the world's most effective vaccination campaigns” (26).

31. WHO assistance proved essential to Bhutan's response, as has been well recognised by the government. The country office worked in tandem with the Ministry of Health through “every twist and turn” of the public health crisis, with WHO acting as an “honest broker” in the country, supporting the coordination of partners and initiatives. WHO made good use of international partnerships and enabled community engagement (27). WHO's support to the pandemic response included:

- conducting a simulation exercise at Paro International Airport in November 2019 under the WHO South-East Asia Regional Office flagship on emergency risk management, an exercise which proved remarkably prescient given the planning scenario of a foreigner arriving in Bhutan with an unknown coronavirus infection;
- providing expertise to develop a health emergency contingency plan and upgrading biosafety laboratory capacity from level 2 to level 3;
- Placing medical camp kits around the country, which were later converted to flu clinics when the pandemic hit;
- upon confirmation of the first COVID-19 case, releasing US\$ 175 000 under the South-East Asia Regional Health Emergency Fund within 24 hours;
- contributed US\$ 7 million in direct funding, donating over two million pieces of PPE and hundreds of thousands of tests and training nearly 15 000 frontline workers;

- funding workshops to draft the vaccination deployment plan and training 76 trainers who subsequently trained 372 frontline health workers on the special requirements of COVID-19 vaccines;
- Assigning three WHO National Professional Officers to the national Technical Advisory Group on COVID-19 and providing two pressure swing adsorption oxygen plants worth US\$ 700 000 to hospitals to enable a reliable oxygen supply for both routine operations and emergencies;
- purchasing 27 refrigerators and 28 deep freezers to strengthen cold-chain storage, funding the helicopter transport of vaccines to remote locations and working with Bhutan's Drug Regulatory Authority to expedite emergency authorization for the new vaccines; and
- guiding the establishment of a National COVID-19 Mental Health and Psychosocial Response Team, including a crisis hotline and round-the-clock counselling.

32. Bhutan achieved one of the fastest mass vaccination campaigns globally, with over 90 percent of the eligible population fully vaccinated within weeks of receiving supplies [\(28\)](#). By the end of 2022, almost 80 percent of the country was inoculated with the second dose and more than 20 percent with the booster [\(29\)](#). The Bhutan Vaccine System facilitated an effective vaccination programme through digital registration, pre-screening, real-time immunization-recording and adverse event-reporting. The pandemic disrupted Country Office operations but also brought additional financial resources, some of which were used to build a more resilient health system.

33. In May 2021, WHO coordinated an intra-action review of the successes, challenges and lessons learned in the COVID-19 response. There is scope for WHO to further support Bhutan's emergency preparedness to address improvements in logistical issues, HR deployment and standard operating procedures [\(30\)](#) (p. 3).

EQ 3.3 What strengths and weaknesses have characterized the effectiveness of WHO's contributions in Bhutan since 2020 in its core functions: policy development, technical guidance, advocacy, coordination (within the health sector and across sectors), institutional and capacity development? What factors enabled or hindered WHO contributions?

34. Bhutan's Ministry of Health reported that it greatly appreciated the technical support provided by WHO from the country, regional and, on occasion, global level. Regional office support has been important in providing impartial perspective and supplementing country office capacity. Coordination with health partners has been effective but will need to encompass a wider set of health partners to meet the key health challenges.

35. Bhutan provides a good example of WHO's technical expertise, advocacy and power of endorsement gaining traction given the right context. The operating context in Bhutan is favourable because: 1) the country faces significant health challenges both at systems level and in addressing multiple diseases and conditions; 2) the government is committed to addressing health challenges and ready to innovate yet has limited capacity; and 3) WHO enjoys a very close working relationship with the Ministry of Health. These factors in combination have laid the groundwork for WHO's contributions to be effective.

36. WHO has successfully advocated with the government, sometimes in conjunction with other agencies, for instance for the introduction of the WHO PEN-HEARTS package among others [\(31\)](#), implemented as the SCCI approach; for increased diabetes, hypertension and cancer screening; on the need to address the increased incidence of poor mental health; for pandemic preparedness; and for OneHealth, amongst other areas.
37. The Integrated National Strategy on RMNCAH 2024 was developed with WHO support to strengthen reproductive, maternal, newborn, child and adolescent health services as part of the health system strengthening efforts. The Policy to Accelerate Mother and Child Health Outcomes was developed in September 2020 but, as of 2023, had yet to be implemented, according to the Bhutan UN Common Country Assessment [\(21\)](#).
38. In the area of health financing, Bhutan's National Health Accounts for 2021 were produced jointly by the Ministry of Health and WHO. The document acknowledges that WHO's technical and financial support of the World Health Organization (WHO) was “invaluable” in helping to institutionalize [\(32\)](#).
39. The country office is small and has had only one international staff member. Therefore, the regional office plays an important role in technical leadership in key areas, such as supporting adaptation of global guidelines to the Bhutan context. Bhutan has received a high level of support from WHO South-East Asia Regional Office, in part because the Government of Bhutan government actively requests and welcomes WHO support. The regional office provided the evaluation with 14 mission reports from the period 2020 to 2024 related to its advisory, support and planning visits, oversight, resource mobilization, regional workshops and cross-border facilitation, amongst other roles. Regional advisers and specialists engaged by WHO South-East Asia Regional Office have interacted directly with the Ministry of Health in Bhutan and have strengthened WHO's influence at country level. While overall, the Ministry of Health sees the benefit of these missions, the quality and appropriateness of these missions and their output does not seem to have been reviewed by WHO South-East Asia Regional Office to learn lessons about how to make these missions more effective. The mission reports provide credible analysis of the state of the health sector in Bhutan but very little analysis of how far the country office has contributed to the health outcome.
40. In most cases, headquarters support goes to the regional office, and so indirectly the country office. Direct headquarters-country office interactions during the evaluation period include support to the pandemic response, IHR assessments and on financial protection. Interviews with the country office indicate that both the regional office and headquarters missions are valued by the country office and the Ministry of Health.

EQ 3.4 What good practices, innovations and lessons have emerged from WHO's contributions in Bhutan since 2020, which could be replicated?

41. Examples of innovations already mentioned include: 1. The Service with Compassion and Care Initiative, which has already received international attention; and 2. The combining of 14 surveys into one to realize the National Health Survey 2023, in which WHO played a leading role.
42. WHO has taken innovative approaches to working with the monastic sector. As the sector plays a key role in Bhutan's community life, giving health and spiritual advice, WHO, the Zhung Dratshang and

the Ministry of Health developed the Dratshang Health Coordinators' Guide, which contains information and messages for monks and nuns on healthy lifestyles and NCD risks to deliver during religious gatherings and community visits [\(20\)](#). WHO also developed a Traditional Medicine Standard Treatment guideline to help practitioners provide care based on clear clinical decisions [\(33\)](#). The importance of public health communication to address NCDs and other diseases is evident. WHO's innovative approach of establishing relationships of trust with monastic communities opens the prospect of healthy living messages reaching directly into homes and communities in a way the normal health structures might not achieve.

43. Additional good practices include WHO's support to the Royal Centre for Disease Control, which has been officially recognised by WHO as a National Influenza Centre (NIC) in the WHO Global Influenza Surveillance and Response System (GISRS), reflecting Bhutan's commitment to influenza surveillance and substantial advancements over the past decade [\(13\)](#).
44. WHO introduced the Point of Care Quality Improvement (POCQI) approach to in-service training of doctors and nurses in hospitals as well as in the preservice education of nurses and postgraduate for doctors in Bhutan. QI projects were implemented in JDWNRH and three referral hospitals. A national Training of Trainers on POCQI was supported by WHO and organized by KGUMSB [\(34\)](#). A Total Quality Management module was launched at the university in November 2023, with training-of-trainer sessions subsequently conducted at three regional hospitals, involving 149 health care providers, followed by coaching sessions and POCQI projects [\(35\)](#).
45. With WHO support, the KGUMSB Faculty of Undergraduate Medicine was launched in October 2023, adopting a competency-based education framework that includes 12 emergency life-saving courses.
46. In 2024, the Ministry of Health, with WHO support, organized a nationwide NCD screening covering all 20 districts.¹³ This integrated early detection for hypertension, diabetes and other risk factors, while also engaging monks and media in NCD advocacy to reinforce community-based prevention.
47. The installation and repair of open gym equipment in key locations, including monasteries, to promote physical activity and well-being represents an innovative approach to NCD prevention.
48. WHO supported the Ministry of Health to conduct Bhutan's first ever National Blood Lead Level Survey in 2024. The survey aimed to determine lead prevalence and identify sources to guide public health interventions in Bhutan. Prevalence of blood lead level at national level was found to be high at 76 percent, with the main sources of lead being foods, cooking utensils and religious items [\(20\)](#).

d. Efficiency

EQ4. To what extent did WHO contributions in Bhutan deliver, or are they likely to deliver, results in an efficient and timely way?

¹³ Interviews and Country Office, *Annual Report*, op.cit.

Key findings

1. WHO's targeting of hypertension and diabetes as underlying causes of NCDs is a “best value”, strategic and potentially high impact intervention.
2. WHO has provided significant support to strengthen the digitization of health systems and integrated systems for better data-sharing, interoperability and joint monitoring across disease programmes, including through the electronic Patient Information System (ePIS).
3. Substantial funds were mobilized for the pandemic response and subsequently from the Pandemic Funds for the One Health approach. WHO supported the Ministry of Health in developing and submitting a proposal to the pandemic fund, resulting in a US\$ 4.9 million award.
4. The Country Office's approval in 2024 of more than 100 DFCs, many of them small amounts of funding (US\$ 10,000–20,000), highlights the need to prioritize and streamline funding mechanisms in order to make them more efficient. The volume and scale of these allocations suggest a more opportunistic than strategic use of WHO resources, potentially placing an undue administrative burden on both programme and support staff.

EQ 4.1 To what extent are the programme management and M&E systems adequate to ensure efficient operational and timely allocation of resources and adequate measurement of results including in changing circumstances?

49. WHO has provided significant support to strengthen the digitization of health systems and devised a monitoring system to track the results of the national SCCI initiative. With WHO's support, Bhutan has improved data on human resources for health through national health workforce accounts, enhancing monitoring of health workforce. The Bhutan Country Office has supported the Ministry of Health to develop tracer indicators to link the activities carried out by all its departments with the FYP13 of the Health Sector and supported the Ministry of Health to implement sector-wide supervision of FYP13 activities, including Policy Planning and Coordination Meeting and High-Level Committee meetings. Integrated digital health systems allow for better data-sharing, interoperability and joint monitoring across disease programmes through the electronic Patient Information System (ePIS).¹⁴ This has been crucial for improving health data management and patient care coordination, potentially allowing more efficient operational allocation of resources. It is expected to address gaps in the tracking of disease incidence by enabling detailed, real-time and unique patient-level medical records.
50. WHO has provided training in health monitoring and assessment, including the implementation of District Health Information Software 2 and the Civil Registration and Vital Statistics (CRVS) strategy, which, in principle, should empower health officials with skills for effective data management and lay a foundation for health planning and decision-making [\[35\]](#). WHO provided training in health monitoring and assessment, including the implementation of ICD-11 and the capacity development

¹⁴ Bhutan Country Office, Email correspondence, February 2025.

of health workers on ePIS, District Health Information System 2, Civil Registration and Vital Statistics and SCORE (Survey, Count Births and Deaths, Optimizing Health Data Use, Review Progress and Performance, Enable Data Use for Policy Making).

51. WHO has provided two personnel under Special Service Agreements with IT background to support with the ePIS digital flagship project. The Output Scorecard 2023 noted that a lack of IT experts poses a serious threat to the sustainability of digitalization in the health sector.¹⁵ Concern was expressed that a fragmentation of data between several health databases may be leading to under-utilization of information systems. There may be potential for WHO to support the government to draw these databases together as one system.
52. In assessing results, the country office leadership with the Ministry of Health has advocated and conducted a joint assessment of the PB 2022–23 at the end of the biennium. Bhutan is one of the six countries to do so globally. A key area for strengthening within the country office monitoring and evaluation systems is the ability to effectively track its own performance and lack of dedicated focal person for programme management – an area that may be influenced by broader challenges related to the availability and implementation of regional and corporate performance management frameworks.

EQ 4.2 To what extent did WHO advocate and mobilize resources for implementing the CCS Strategic Agenda?

53. WHO supported the Ministry of Health in developing and submitting a proposal to the pandemic fund. A total fund of US\$ 4.95 million was secured by the Ministry of Health and the Ministry of Agriculture and Livestock, with technical support from WHO and FAO (36) in support of the One Health approach to improve surveillance, laboratory capacity and human resources, bringing together human and animal health expertise to address the threat of zoonotic diseases. WHO also supported proposal development for TB/HIV, submitted to the Global Fund and recommended for grant-making totalling US\$ 2.5 million for 2024–2027.
54. By 2026, Bhutan aims to establish a functional early warning and holistic disease surveillance system, with synergized approaches to prepare and respond to health emergencies based on increased cooperation among the One Health partners (36). FAO and WHO will work in partnership with the Government of Bhutan as Implementing Entities. The intention is to leverage an additional US\$ 13 million in co-financing and US\$ 24 million in co-investment for priority investments based on gaps identified in assessments including the Joint External Evaluation (JEE), the State Party Self-Assessment Annual Reporting and Performance of Veterinary Services (37).
55. WHO globally will need to grow its role in future to leverage funds for Bhutan's health system, not just for WHO. It is unclear whether Bhutan has yet accessed some of the newer global funding mechanisms that are available, such as the Health Impact Investment Platform (<https://www.who.int/about/collaboration/health-impact-investment-platform>). WHO headquarters mobilizes resources via global initiatives such as the Health Impact Investment Platform, supported by the Multilateral Development Banks and aimed at investing in and

¹⁵ Bhutan Country Office, Output Scorecard, 2023.

strengthening primary health care (PHC) services in low-income countries and LMICs (38). WHO headquarters also hosts three interconnected Multi-Partner Trust Funds (MTPF) for NCDs – Health4Life – established in 2021 by WHO, UNICEF and UNDP and where the UN Interagency Task Force (housed in WHO) serves as the secretariat. They have the potential to catalyse country action and scale up domestic financing for NCDs and mental health including for Bhutan (39).

EQ 4.3 How cost-effective have WHO's investment decisions been? To what extent has WHO considered value for money in its decision-making?

56. WHO's performance with regard to efficiency and value for money is mixed. Both the country office and the Ministry of Health consider that the close working relationship and co-location makes their interaction efficient. Proximity and regular discussion make it easy and often quick to resolve operational issues as they arise. Other non-WHO key informants were less clear about how WHO/Ministry of Health cooperation works and therefore tended not to have views about WHO internal efficiency.¹⁶ They did note, however, that WHO regularly interacts with the UN Country Team and related subgroups.
57. WHO's targeting of hypertension and diabetes as underlying causes of NCDs is a “best value”, strategic and potentially high impact intervention. In 2018–2019, 10 percent of all inpatient admissions at referral hospitals in Bhutan were associated with hypertension and diabetes, with the cost of such admissions up to 50 times as high as an outpatient visit (11).
58. WHO's management of its funds in Bhutan is less efficient. Table 6 below shows 2024 financial data for the country office and the DFC purchase orders by supplier. (In the table, “Suppliers” are DFC recipients and a PO or “purchase order” corresponds to an approved request for DFC).

Table 6. Bhutan Country Office DFC purchase orders, 2024

Supplier name	Total PO amount (US\$)	Total Expenditure (US\$)	Number of POs	Av. PO exp.
Department of Public Health	991 807	905 295	47	19 262
Ministry of Health	340 104	283 442	7	35 430
National Medical Services	251 071	236 247	14	16 875
Department of Health Services	238 652	226 037	18	12 558
Bhutan Food and Reg. Authority	130 237	124 932	10	12 493
Royal Centre for Disease Control	54 103	45 536	4	11 384
Ministry of Agric. and Livestock	14 280	12 463	1	6 232
Department of Medical Services	8 797	7 761	2	3 881
Ministry of Agric. and Forests	6 159	4 927	1	4 927
Grand Total	2 035 211	1 846 640	104	17 421

Source: Data obtained from WHO Finance Department, February 2025

¹⁶ UN agencies are typically reticent to comment on each other's efficiency.

59. Table 7 shows the numbers of value range of the 104 purchase orders for the year and frequency.

Table 7. Frequency of DFC POs by US\$ range (derived from Table 6)

US\$ range of PO value	Number	Percent POs
200 001 – 300 000	1	1
100 001 – 200 000	0	0
50 001 – 100 000	0	0
40 001 – 50 000	11	10
30 001 – 40 000	9	9
20 001 – 30 000	12	11
10 001 – 20 000	34	33
1 – 10 000	37	36
Grand Total	104	100

60. The country office is efficient in having no DFC reports outstanding¹⁷ and, by establishing a committee to screen Ministry of Health DFC applications, is helping to improve their relevance and quality. However, according to the data in Table 6, 104 purchase orders were issued in 2024, with an average value of US\$ 17 421. Moreover, Table 7 shows that 69 percent of all purchase orders issued by the country office in 2024 were valued at less than US\$ 20 000, including more than one third (36 percent) valued at less than US\$ 10 000.
61. During interviews, there was a perception that DFC proposals are not always of “high quality” and that a few are not relevant to the agreed strategic priorities and deliverables, which adds further to the overheads of DFC management and underlines why the work of the contracts review committee is important.
62. With an average of two new purchase orders to be addressed every week, this places an unnecessary burden on WHO in terms of reviewing, negotiating, approving, managing and reporting on the DFCs not only for administrative staff but also for country office programme officers. Bhutan being a Type C country, the country office staff complement is limited to 15 in total. More efficient fund management would allow the country office to spend more time on “longer-term extensive technical support in health systems foundations, in areas where the country is lagging behind in many impact targets and for addressing inequalities within the country”, as intended in a Type C country [\(40\)](#).
63. The very large number of small allocations points to an opportunistic rather than strategic use of WHO funds. Larger sums could be directed to priorities for WHO funds, as agreed between the Ministry of Health and WHO, to ensure that the bulk of the funds goes to, and is preserved for, the two or three top priorities for WHO in Bhutan. Following the increased delegation of authority to WHO Representatives in 2023, the WHO Representative can approve up to US\$ 300 000, meaning that very few such decisions would need to be referred to the Regional Director. However, if there is

¹⁷ Functional review, op.cit.

to be any significant change in the manner of DFC management, any revised approach should be agreed with and supported by WHO South-East Asia Regional Office.

64. According to the Functional Review, the country office should adopt a standardized approach to funding requests to make sure they are aligned with the CCS, the GPW and the National Health Strategic Plan. “[Bhutan Country Office] should actively evaluate such requests and strategically respond in alignment with organizational priorities in the country” (*op.cit.*). The challenge with this observation is that, given the breadth of the current CCS, many requests can be described as relevant to one or all of the CCS, GPW or the NHSP and, if the new CCS is similarly broad in scope, the same will be true in future.
65. With a few exceptions, analysis of the value for money of its capacity development was missing. The country office noted that pre- and post-training assessments are regularly conducted for all major WHO-funded training programmes; however, data on the effectiveness of those training programmes were not available at the time of the evaluation to support further analysis.

e. Sustainability

EQ5. To what extent has WHO contributed towards building national capacity and ownership for addressing Bhutan's health needs and priorities?

Key findings

1. WHO has supported a field epidemiology training programme and secured pandemic funds to reinforce surveillance, laboratory capacity and human resources. Progressing conformity with the IHR in Bhutan has drawn on regional initiatives, including the Delhi Declaration on Emergency Preparedness.
2. While the agenda for health system strengthening is fully owned by the government, there may be potential for WHO to provide additional support capacity to underpin delivery against the complex health challenges the country faces.
3. Bhutan has found success in maintaining skills and workers in rural posts through its rural staffing policies, based on secure employment packages, reliable resource availability, transparent Civil Service rules and collaboration to access education opportunities.
4. The Country Office is conscious that it will be challenging for Bhutan to maintain the gains in health systems capacity because of reducing health budgets and the exodus of skilled health workers. The sustainability of WHO's own contribution to health system capacity is also at risk because of reducing budgets.

EQ 5.1 To what extent has WHO supported the strengthening of health security and system resilience?

66. In 2017, with WHO, Bhutan evaluated its capacity to detect, assess and respond to public health emergencies and found shortcomings in surveillance, operations and mobilization of health personnel [\(27\)](#). By 2023, Bhutan had an overall IHR capacity of 64 percent, slightly below the WHO South-East Asia Regional Office average of 68 percent [\(41\)](#). The self-assessment exercise found that enhancements had been made during the COVID-19 response but also noted that persistent capacity gaps remain [\(42\)](#).
67. In response, WHO supported field epidemiology training programme for capacity-building and outbreak management and secured pandemic funds to reinforce surveillance, laboratory capacity and human resources, trained 126 health care professionals in disease outbreak management and 197 health care workers in advanced and basic life support techniques. Health workers trained on trauma registry and injury surveillance in Khon Kaen Regional Hospital, Thailand ¹⁸.
68. Progressing conformity with the IHR in Bhutan has drawn on regional initiatives, including the Delhi Declaration on Emergency Preparedness in the South-East Asia Region (2019), the five-year Regional Strategic Plan to strengthen public health preparedness and response, and the Risk Communication Strategy for public health emergencies in the WHO South-East Asia Region 2019–2023 [\(43\)](#).
69. The country office was successful in accessing funds raised for the pandemic response to make a major medical equipment purchase. Two CT scanners valued at US\$ 1.56 million were purchased for Dewathang and Samtse Hospitals, with a further US\$ 0.3 million in facility refurbishments [\(20\)](#) (p. 34).¹⁹ While government informants expressed great appreciation, country office interviews indicated discomfort with this purchase, as they saw it as not squarely within WHO's mandate.
70. IHR has spawned various assessment exercises, including the Joint External Evaluation (JEE) and Performance of Veterinary Services and States Parties' Annual Reports. Together, these components build towards the preparation and agreement of a national action plan for health security (NAPHS), a country-owned, multiyear, joint planning process that aims to improve the implementation of IHR core capacities, based on an all-hazards, multisectoral, whole-of-government, whole-of-society and One Health approach [\(44\)](#). Bhutan first adopted the NAPHS in 2019 [\(45\)](#). Led by WHO headquarters, a JEE exercise is due to take place in Bhutan in April 2025 and a new NAPHS is to be agreed during the next CCS period, likely in biennium 2026–2027, leading Bhutan to adopt a new round of IHR capacity development that improves national resilience to emergencies.
71. In May 2024, Bhutan hosted the Regional Stakeholder Consultation for the Strategic Action Framework for Strengthening Community Engagement and Resilience in the WHO South-East Asia Region (2024–2027). Government leaders, technical experts and civil society representatives converged to discuss governance structures, empower local workforces and leverage sociocultural data for evidence-based health actions. Participants also examined ways to address infodemics and ensure the inclusion of vulnerable groups in emergency responses [\(20, 46\)](#).

¹⁸ WHO, State Parties Annual Reporting 2023 workshop, 15–16 April 2024.

¹⁹ The total cost represents 21 percent of the WHO Bhutan biennium budget 2022–2023.

EQ 5.2 To what extent have WHO contributions supported national ownership for health system strengthening, as well as the national capacity to deliver on and achieve the results as planned in the relevant national health policies and strategies?

72. While the agenda for health system strengthening is fully owned by the government, there may be potential for WHO to provide extra support to the coordination of programmes that address the complex health challenges the country faces, especially those requiring combined government and non-government responses or an all of society approach.
73. WHO supported review and alignment of Bhutan's HRH Strategy (2023–2027) with recent health reforms, the FYP13 priorities and health-related SDG targets. According to WHO, the strategy aims to make the health system more inclusive, responsive, efficient and people-centred with reduced health inequalities [\(47\)](#).
74. In addition to the contributions mentioned under 8.3 above, WHO has been delivering capacity development at all levels of the health systems, though systems capacity is challenged at all levels. During the evaluation period, WHO support to capacity-building includes (not comprehensive):
- facilitating the mentorship arrangement between KGUMSB and the All-India Institute of Medical Sciences;
 - implementing the WHO South-East Asia Fellowships Programme that enables national health professionals to receive specialist training at partner institutes in Canada, India, Indonesia, Korea and Thailand;
 - training Ministry of Health officials on National Health Accounts study and on health financing,
 - Point of Care Quality Improvement (POCQI) approach to in-service training of doctors and nurses,
 - establishing the Centre for NCDs at KGUMSB in December 2023,
 - supporting the training of 52 health workers on community-based mental health at NIMHANS, Bengaluru, India;
 - With UNFPA, supporting the Ministry of Health in reviewing its Sexual Exploitation, Abuse and Harassment prevention and response internal framework;
 - Providing critical care nurses from Mongar Regional Referral Hospital and Central Regional Referral Hospital with skills-building support from experts at the Rajavithi Hospital, Thailand, with a particular focus on postoperative care [\(35\)](#);
 - supporting the PEMA in the development of the National Mental Health Strategy; and
 - training 70 health workers, including clinicians, nurses and health assistants on reporting poisoning cases via the national toxic exposure surveillance system [\(35\)](#).
75. The threats to health system sustainability, including human resource capacity and health financing, are severe and the majority of informants considered that HRH and resourcing strategies developed so far, many with WHO's assistance, are unlikely to meet the challenge. As the crisis in health staff retention has become more evident, the government's health workforce priorities have shifted from seeking an expansion in absolute health worker numbers to consolidating the existing workforce, and

WHO's strategies have shifted accordingly. More remote areas, in particular, often lack adequate health care infrastructure and human resources.

76. To fill human resource gaps, Bhutan relies heavily on expensive international referrals for specialized treatments. Referral costs have increased by more than 150 percent since 2021, highlighting the urgent need to strengthen domestic capacity for advanced care [\(48\)](#). WHO's important inputs to PHC (see 3.1) include support to the Village Health Worker system, which provides a crucial link between the formal health care system and community-level early treatment. The Village Health Worker system suffers from capacity limitations, difficulties in retention of Village Health Workers, who are volunteers, and from funding constraints.
77. WHO has invested in various exercises to strengthen the strategies and systems underpinning Bhutan's health workforce development include supporting the review of health workers' Performance Management System and career path with recommendations; assisting in developing National Health Service Standards and Health Workforce Standards; helping develop Health Care Services Rules and Regulations; contributing to the development of the Human Resources for Health (HRH) Strategy 2022–2026; and supporting review and alignment of the draft strategy on Human Resources for Health to recent health reforms and health sector transformation outputs [\(49\)](#).
78. WHO's work on Human Resources for Health (HRH) has been extensive but the country office lacks analysis of what works in its capacity development. The regional evaluation of HRH provides a comprehensive overview of HRH across the region and reports positively on HRH in Bhutan (see next paragraph) but as it covers 10 countries, it cannot provide in-depth analysis for any one country, including Bhutan.

EQ 5.3 How likely is it that any capacity gains in health systems can be sustained over time?

79. According to the 2024 WHO South-East Asia Regional Office regional evaluation of HRH, Bhutan has found success in maintaining skills and workers in rural posts through its rural staffing policies, based on secure employment packages, reliable resource availability, transparent Civil Service rules and through collaboration between Bhutan and neighbouring countries to access education opportunities not available domestically [\(15\)](#) (p. vii). However, the country office is well aware that it will be challenging to maintain the gains in health systems capacity because of decreasing health budgets and the flight of human capital. The sustainability of WHO's own contribution to health system capacity, including in HRH, is at also at risk. Increased output in the training of health workers is only one part of the solution. The majority view of stakeholders was that, without further changes in employment practices and the management of health workers, net capacity will continue to decline.
80. WHO has worked with KGUMSB to develop modules on Field Epidemiology and SCCI and Point of Care Quality Improvement. This reflects the critical need for continuous investments in health workforce development. To meet demand, the country will either have to increase its domestic production of health workers or secure agreements for migrant health workers to address their projected health worker shortages [\(15\)](#) (p. 32).
81. According to the country office, priorities include increasing domestic production, creating a unique career pathway and performance management system for health professionals' retention, ensuring

quality through a competency assessment framework and strengthening the HRH information system (48). Health workers educated or trained with support from government funds are required to serve in the public sector for double the duration of their education or training. Health assistants managing basic health units in rural areas are provided with housing, amenities and opportunities for professional advancement.²⁰

82. The 2024 WHO South-East Asia Regional Office evaluation on NCDs noted that most of Bhutan's NCD policy documents lack specific budget and strategies to ensure the long-term sustainability of programmes. They do not discuss best practices, programme enablers and barriers, the perceived quality of care by the community or the steps taken to ensure community involvement in the policy process (16).
83. In considering future health capacity, the government is considering whether and how to engage the private sector further in the delivery of health services. The private sector already provides diagnostic facilities such as laboratory tests, endoscopy and sonography. These services are popular, given their people-friendly timings, efficient service delivery and availability of services such as dental and dermatological procedures that are otherwise classified as non-essential services in the government sector (50).
84. Given the financial crisis confronting both WHO and governments due to reduced foreign aid budgets, the Bhutan Country Office budget is likely to be reduced. This makes careful targeting and prioritization of WHO resources on a limited number of key health interventions in the next CCS period all the more important.

f. Equity

To what extent WHO have strategic priorities responded to Bhutan's evolving health needs, including those of vulnerable populations such as women, persons with disabilities and those facing geographical and socioeconomic challenges since 2020? To what extent have WHO contributions in Bhutan addressed health inequalities and the needs of populations in vulnerable situations, including displaced populations, migrants, women and persons with disabilities?²¹ (this covers EQs 1.2 and 3.2 from the ToR – see Annex 1)

Key findings

1. WHO tracks Bhutan's evolving health needs well and has adjusted its priorities accordingly. The 2023 National Health Survey (NHS), in which WHO played a lead role in bringing together the results of 14 separate survey instruments, serves as a critical evidence base for strategic priorities.

²⁰ Functional Review, op.cit., p. 10.

²¹ Interviewees did not mention refugees or migrant workers. In mid-2020, there were more than 50 000 international migrants in Bhutan.

2. WHO's TB and NCD programmes have aimed at improving care for at-risk groups. WHO Bhutan contributed to reproductive health and maternal health initiatives and broader gender equality in health care decision-making and gender-based health disparities.
3. WHO has implemented the 2023 WHO South-East Asia Regional Office toolkit on GER for WASH in health care facilities as part of its work on PHC. In 2023, WHO provided inclusive handwashing and drinking water stations to all hospitals in the country. WHO has supported WASH FIT projects and trained relevant health workers in 20 districts.
4. No aspect of GER appeared in the CCS 2020–2025 Expected Results. In Bhutan, WHO needs to create deeper analysis of vulnerabilities and pay greater attention to gender equality in its programming, which has been largely absent.

85. WHO tracks Bhutan's evolving health needs well and has adjusted its priorities accordingly. A key milestone in developing the evidence base for Bhutan's health needs is the 2023 National Health Survey (NHS), a comprehensive analysis of Bhutan's health status, achieved through close collaboration between the Ministry of Health and other partners, and with WHO playing a lead role in bringing together the results of 14 separate survey instruments. The NHS serves as a critical evidence base to inform strategic priorities and assess health system performance and is viewed by the Ministry of Health and the Bhutan Country Office as a significant achievement. According to WHO South-East Asia Regional Office, the Bhutan NHS has set a “global benchmark for evidence-based decision-making” [\(35\)](#).
86. The SCCI approach has almost certainly extended the reach of PHC to vulnerable people, using home visits, while reaching people living with HIV and disabilities and the elderly. WHO delivered and reviewed an HIV programme carried out with the CSO Lhaksam, the only network of people living with HIV in Bhutan, which reached 2048 individuals [\(48\)](#). WHO has also funded projects for people living with disability and provided technical support during the COVID-19 pandemic to help ensure equitable vaccine distribution.
87. WHO's TB and NCD programmes have aimed at improving care for at-risk groups, though targeted gender-sensitive interventions are less visible. According to the country office, WHO Bhutan contributed to reproductive health and maternal health initiatives and broader gender equality in health care decision-making and gender-based health disparities (such as mental health and domestic violence). For the most part, evidence is not available to demonstrate the impact on inequality of such measures.
88. WHO supported the Ministry of Health and Ministry of Works and Human Settlement in preparing a health and well-being action plan for Thimphu Thromde to address the city's health needs in consultation with stakeholders from government departments, road safety, police, private companies, local communities, CSOs and NGOs. The action plan commits the parties involved to determining the needs of low-income and socially vulnerable populations. The goal is to integrate the healthy cities approach into the decision-making, planning and programming processes of the Thromde by 2026 (*Regional Director's report 2022*, p. 65) [\(51\)](#).

89. Health in All Policies recognises that population health is not merely a product of health sector programmes but largely determined by policies that guide actions beyond the health sector [\(52\)](#) In Bhutan, WHO supported training and capacity-building initiatives to educate government officials about the importance of addressing social determinants of health and implementing Health in All Policies principles. According to WHO South-East Asia Regional Office, the adoption of Health in All Policies has led to improved policy coherence, and Bhutan has been able to address root causes of health inequities and improve population health outcomes, and intersectoral collaboration has strengthened [\(53\)](#).
90. In 2023, economic analysis advisers from WHO South-East Asia Regional Office and headquarters provided training at the regional level on financial protection to be able to track the affordability of health services. The training was repeated in Bhutan, with WHO bringing the newly formed Health Financing Division of the Ministry of Health and the National Statistical Office together to learn how to jointly analyse survey data collected by the National Statistical Office, using a data set from 2022. This also involved the World Bank because WHO and the World Bank are joint custodians of SDG Indicator 3.8.2 on catastrophic health spending.²² A further capacity development workshop on financial protection was carried out in January 2025.
91. A new National Statistical Office survey due in 2025 should provide important information about the affordability of health services for the poorest households. According to the World Bank, addressing health equity in Bhutan will require policy change to rectify disparities not just between rich and poor but between urban and remote areas that face challenges in health access, including medical stockouts [\(54\)](#).
92. In support of healthy ageing, Bhutan developed the National Policy for Senior Citizens (2023), which was informed by the Healthy Ageing Strategy Bhutan – initially developed with WHO support in 2019 and later submitted by the Ministry of Health to the Gross National Happiness Commission due to its multisectoral scope. The policy has since guided the implementation of the Elderly Care Programme, including annual health screenings. A 2023 process evaluation found that, despite these advances, progress in care for the elderly is limited by a shortage of specialized health professionals and assistive technologies and that Bhutan will need to allocate more resources to elderly care and engage with other stakeholders to improve consultation and coordination among different sectors working for the welfare of elderly people. According to a report [\(55\)](#) (pp. 8, 39), a more robust mechanism for data collection and reporting for healthy ageing also is required to cope with the challenges to reporting presented by difficult terrain and monsoons [\(15\)](#).
93. Various initiatives have been taken by the country office on violence against women and children. WHO and UN Women developed an implementation package for the RESPECT Women Framework on the prevention of violence against women and held a three-day in-person training session with the National Commission for Women and Children and UNFPA. A capacity development workshop was held for all GER focal points from 20 districts on the RESPECT framework in 2024 The country office with the UN, the Bhutan Football Federation and RENEW launched the Kick for Equality campaign to raise awareness of gender-based violence [\(35\)](#).

²² SDG 3.8.2 Catastrophic health spending (and related indicators)

94. WHO and UNFPA supported the Ministry of Health in reviewing its Sexual Exploitation, Abuse and Harassment prevention and response internal framework, using RESPECT.²³ The National Commission for Women and Children, with WHO, convened a training session on the WHO's 2nd Global Status Report on Preventing Violence against Children, using WHO's INSPIRE: Seven Strategies for Ending Violence against Children.²⁴ In 2023, WHO contributed to the interagency plan on Prevention of Sexual Harassment, with UNDP, UNICEF, UNFPA and UN Resident Coordinator's Office (47) (p. 37), and in 2024, the PEMA Secretariat agreed to provide a complaint mechanism for addressing community complaints against UN personnel and partners (<https://thepema.gov.bt/the-pema-secretariat-and-un-bhutan-partner-to-address-sexual-exploitation-and-abuse/>).
95. WHO has implemented the 2023 WHO South-East Asia Regional Office toolkit on GER for WASH in health care facilities as part of its work on PHC (56). In 2023, WHO provided inclusive hand-washing and drinking water stations to all hospitals in the country. WHO has supported WASH FIT (facility improvement tool) projects and trained relevant health workers in 20 districts.²⁵ The country office also reports that it supported the Ministry of Health in training health workers in climate sensitive diseases. A Green Climate Fund project on health adaptation and mitigation measures for a resilient health system, including climate change and health, is in preparation with UNDP.
96. Bhutan is one of few countries in the region that monitors access to sanitation. In 2022, access to "Improved and Useable" sanitation was relatively high, at 84 percent. However, access to "Improved and gender-separated", "Improved and providing menstrual hygiene facilities" and "Improved and accessible to those with limited mobility" were all much more limited at only 31 percent, 16 percent and 31 percent respectively (47). Despite application of the GER for WASH toolkit, WHO did not provide evidence of these equity gaps being closed. It will only be possible to analyse and address gender inequality when data are disaggregated by gender (also age and disability) and assistance targeted to their specific needs.
97. While recognising the positive examples cited above, WHO needs to make greater efforts to analyse and target vulnerabilities more clearly in its programming. The cross-cutting nature of gender equality as a determinant of health appears in both GPW13 and GPW14 but gender equality seems have received inadequate attention in WHO's programming in Bhutan (57) (p. 19). Gender equality was only mentioned in two interviews without the evaluation team first raising it. A 2021 global WHO evaluation on GER found that a great majority of CCS did not systematically include GER (58). This applies equally to the Bhutan CCS 2020–2025, where no aspect of GER appears in the Expected Results, although its introduction states that the strategy "takes into account equity, gender, and human rights as the underlying principle, and is embedded within the strategic priorities and impact framework".
98. In the Output Scorecard assessment at the end of biennium of PB 2022–2023, the country office rated its performance on GER as 2 (on a scale of 1–4), the only indicator scored below satisfactory. Further, the 2024 Functional Review found that GER was "not identifiable" in the 2024–2025 biennium

²³ RESPECT = Relationship skills strengthened; Empowerment of women; Services ensured; Poverty reduced; Environments made safe; Child and adolescent abuse prevented; Transformed attitudes, beliefs and norms.

²⁴ 2nd Global Report: Working Together to End Violence Against Children.

²⁵ WASH FIT is a risk-based, quality improvement tool for health care facilities, covering key aspects of WASH services: water; sanitation; hand hygiene; environmental cleaning; health care waste management; and selected aspects of energy, building and facility management

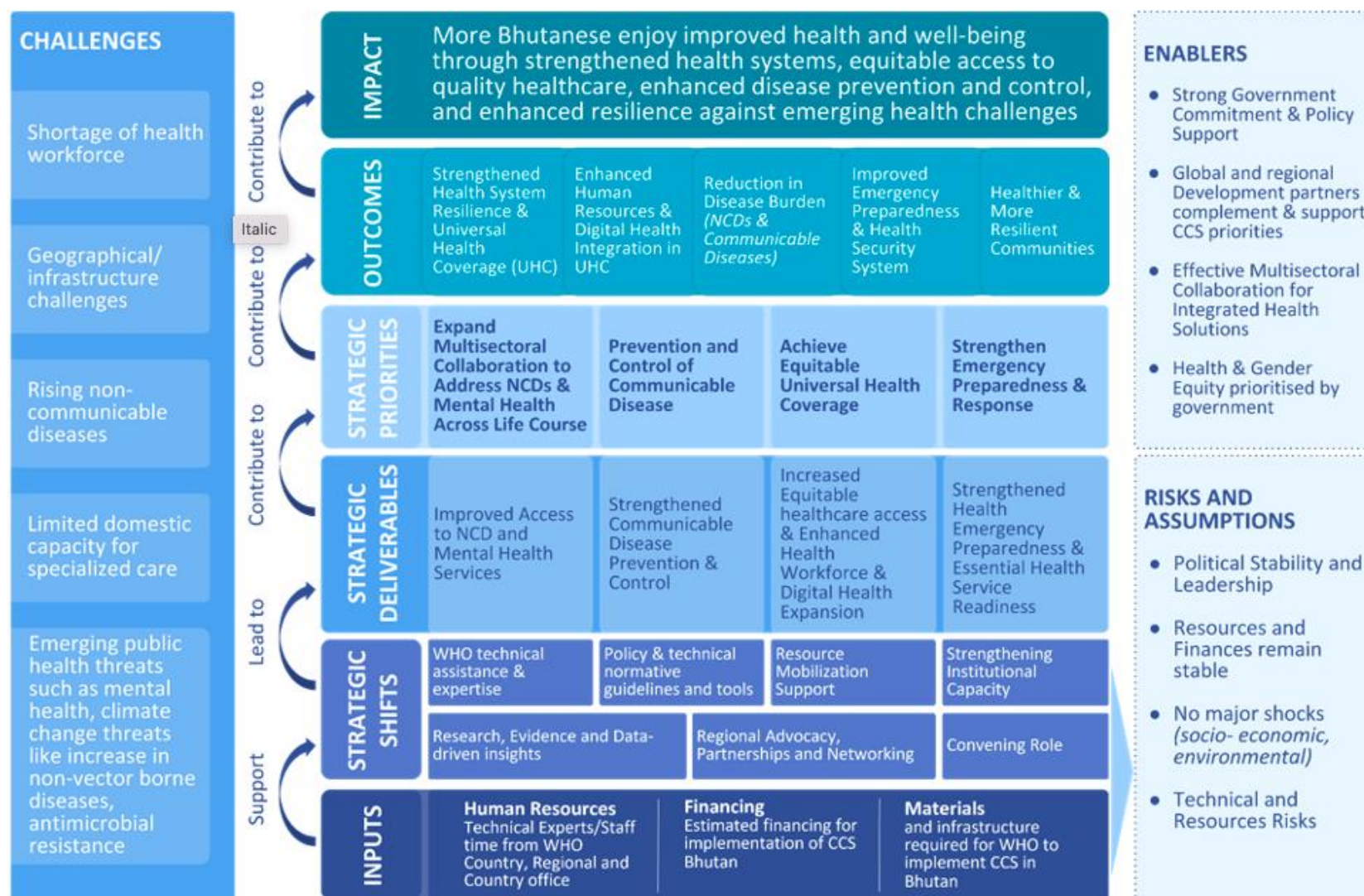
workplan and funds had been allocated to Gender Based Violence, in which WHO's “strategic role was not clear”, but not to other aspects of GER. The review also reminded the country office that the WHO Policy on Disability requires WHO to integrate disability into the design, implementation, monitoring and evaluation of all programmes, while continuing disability-specific or targeted initiatives for people with disability, in consultation with them.

9. Theory of Change and challenges

9.1 Theory of change

The evaluation ToRs called for the development of a Theory of Change to contribute to planning for the new Bhutan CCS for 2026–2030. The draft shown here as Figure 2 is being discussed and will be finalized following the stakeholder consultations with WHO and the government leading to the agreement of the new CCS.

Fig. 2. Draft Theory of change for developing the CCS 2026–2030 and framing the evaluation



9.2 Main challenges

In support of the development of the new WHO Bhutan CCS, three main challenges to Bhutan's health and well-being were documented. WHO is already involved in addressing all three but will need to strengthen its strategic contribution to each, before assigning resources elsewhere.

1. **NCDs.** NCD risk factors are increasing. Rates of tobacco use, alcohol abuse, drug dependency, poor nutrition and physical inactivity are high, adding to premature deaths and exacerbating the mental health crisis.
2. **HRH.** There are shortages of skilled health personnel at all levels of the health system. With WHO assistance, Bhutan has increased its capacity to train health staff, but the system is at severe risk from the brain drain of health expertise to developing countries.
3. **Health financing.** Bhutan provides patient care at no charge, including referrals abroad. National funds are constrained, and maintaining the current level of service will prove a challenge in future.

10. Conclusions

The evaluation draws the following conclusions concerning WHO's contribution so far to Bhutan over the period of the CCS 2020–2025, organized by the evaluation criteria.

a. Relevance

WHO's strategic priorities demonstrate strong alignment with Bhutan's national health priorities and Five-Year Plans. The Organization has established itself as a long-term, reliable partner, characterized by frequent, catalytic interactions with the Ministry of Health and other health institutions. WHO has been effective in bringing health-related knowledge, expertise, standards and treatment protocols to Bhutan. WHO has tracked Bhutan's evolving health needs well and adapted its approach accordingly. With Bhutan having graduated to LMIC status, the future relevance of WHO in Bhutan depends on the Organization further strengthening its focus on the challenges noted in section 9 above.

b. Coherence

WHO's work in Bhutan demonstrates strong coherence with both global frameworks (GPW13) and national plans (FYP12), reinforced by WHO South-East Asia Regional Office Regional Flagships. WHO has

collaborated effectively in the UN Country Team and with UN partners, including FAO on One Health, UNICEF on immunization and WASH, UNFPA on reproductive health and UNDP on emergency preparedness and climate resilience.

Moving forward, the Organization has an opportunity to further strengthen its convening role to coordinate stakeholders across sectors, an essential step in addressing the evolving health landscape, particularly the shifting focus from infectious diseases to NCDs. A more coordinated engagement of multilateral development banks, UN agencies and CSOs would make health investments more efficient and effective. Creating multipartner forums would strengthen WHO's ability to address complex health challenges requiring intersectoral approaches. Despite increased communication efforts, some partners have only a limited understanding of how WHO works in Bhutan beyond its “close support to the Ministry of Health”.

c. Effectiveness

WHO has made several effective contributions to strengthening Bhutan's health system, particularly in disease elimination, NCD management through primary health care, and emergency preparedness. The Service with Care and Compassion Initiative represents a successful adaptation of WHO's Package of Essential NCD Interventions, reflecting Bhutanese cultural values. WHO provided critical technical and financial support during the COVID-19 pandemic, including US\$ 7 million in direct funding. WHO's endorsement of national health strategies provides valuable reassurance to Bhutan that its health practices align with current global guidance – a function particularly valued by officials working with limited resources. Despite successes, persistent challenges remain in monitoring mechanisms and sustainable funding. More systematic evaluation of WHO's contributions to Ministry of Health-led initiatives would provide the evidence needed to secure continued investment.

d. Efficiency

WHO has successfully supported the integration of digital health systems and mobilized resources for specific initiatives, including US\$ 4.95 million for the One Health approach and US\$ 2.5 million for TB/HIV programmes. The Organization has used its regional office resources effectively, with WHO South-East Asia Regional Office contributing authoritative analysis and recommendations, adding value and strengthening WHO's impact in Bhutan. WHO's targeting of hypertension and diabetes represents a “best-value” strategic intervention, as it both improves patient care and reduces costly outpatient care and hospital admissions.

The management of DFCs needs to be made more strategic and efficient, with fewer, larger financial allocations to reduce administrative burden for Country Office staff and release their time for more strategic roles of performance assessment, learning and resource mobilization. WHO faces important budget cuts following the reduction in funding from donors, threatening programme continuity. This

makes the consolidation of WHO funds into a limited number of strategic investments all the more important.

e. Sustainability

As external assistance decreases, WHO's modest financial resources for Bhutan have become increasingly important to the government. This presents an opportunity for WHO to strategically leverage its financial support alongside its technical expertise to maximize impact and reinforce its role. While WHO's investments in capacity development are extensive and valued, there is a clear need to better demonstrate their effectiveness and value for money. Developing more comprehensive business cases will also support strategic planning and prioritization of interventions aligned with the national priorities, while informing the next CCS and future resource allocation decisions. Enhancing monitoring and evaluation systems – including the development of tools by headquarters and WHO South-East Asia Regional Office to assess WHO's performance in its core roles – will be critical for improving accountability, informing strategic decision-making and strengthening the case for sustained financial support.

f. Equity

While WHO has made important contributions to advancing gender equity and inclusion in Bhutan through its leadership in various programmes, its performance on GER has been mixed, with the CCS 2020–2025 lacking appropriate metrics to address the related issues. Moving forward, there is an opportunity for WHO to strengthen this area by integrating more robust vulnerability analyses and systematically mainstreaming GER across all health programmes.

11. Recommendations

The following recommendations are offered for consideration by the WHO Bhutan Country Office, WHO South-East Asia Regional Office and WHO. Recommendation 1 addresses *what* WHO should focus on, as an input to the parallel development of the new CCS for 2026–2030. The remaining recommendations address *how* WHO undertakes its work in Bhutan. Most actions are directed toward the country office. Where the country office will require support from WHO South-East Asia Regional Office, this is specified.

Recommendation 1: Ensure continuity between CCS 2020–2025 and CCS 2026–2030

The Bhutan Country Office should ensure continuity of WHO's long-term, strategic interventions by:

- 1.1 focusing on NCD prevention and control, strengthening primary health care (PHC) via the Service with Care and Compassion Initiative (SCCI) approach, scaling up healthy lifestyle and mental health awareness campaigns, advancing the 2021 National Suicide Prevention Strategy and helping to ensure that the NCD Multi-Sector Action Plan II is activated and well coordinated;
- 1.2 continuing and expanding technical support to Bhutan in its efforts to eliminate malaria, reduce the incidence of HIV and sexually transmitted infections and eliminate cervical cancer;
- 1.3 addressing the lack of guidelines, reporting, staffing and funding for NTDs and expanding telemedicine-based health communication and consultations; and
- 1.4 closing the gaps in Bhutan's emergency response capacity – particularly those related to IHR core capacities – by building on the results of the ongoing JE) and developing a new National Action Plan for Health Security.

Recommendation 2: Strengthen cooperation and partnership to address Bhutan's key health challenges

The Bhutan Country Office should:

- 2.1. Leverage its convening power and further strengthen collective, multisector coordination in addressing the drivers of NCD, in alignment with FYP13 and in close partnership with the government, UN partners and the UN Resident Coordinator. This platform could facilitate regular data-sharing, analysis of local and international good practices, formulate integrated strategies for NCDs, health communication and disease prevention, while also serving as a mechanism for stakeholder alignment and resource mobilization.
- 2.2. Continue supporting efforts by the Ministry of Health to address health workforce shortages and retention challenges through sustained technical engagements and policy advice.
- 2.3. Engage with Multilateral Development Banks and UN agencies to formulate strategies for increasing external health financing support.
- 2.4. Further strengthen its strategic focus by reducing the number of DFCs, targeting resources to priority interventions and releasing WHO staff time for strategic planning, monitoring and evaluation – while continuing the practice of using the majority of its resources for the strategic priorities and reserving a percentage for unplanned needs.

- 2.5. Strengthen partnerships with monastic institutions and traditional medicine practitioners to broaden community-level health promotion and public communication on healthy living.

WHO South-East Asia Regional Office and WHO headquarters should:

- 2.6. support the Bhutan Country Office in enhancing its convening role through technical assistance, tools, and best practices that facilitate effective cross-sectoral collaboration;
- 2.7. explore the creation of a regional coalition of countries facing similar human resource challenges to Bhutan, providing a platform for dialogue and shared learning among officials and advisers; and
- 2.8. provide technical guidance to Bhutan Country Office on accessing innovative financing sources, including multipartner trust funds such as Health4Life and the Health Impact Investment Platform, to diversify funding options and strengthen financial sustainability.

Recommendation 3: Improve equitable access to health services

The Bhutan Country Office should:

- 3.5 Strengthen its work on understanding the gendered inequalities in health, identifying health access barriers for women and girls, develop strategies to overcome them and make these strategies explicit in its programming and communications, building on disaggregated data. Further, to increase access to health services, WHO should support the Ministry of Health with innovations in digital health that will increase the access of more remote and disadvantaged people and collect feedback on their perceived needs.
- 3.6 Work with the Ministry of Health to enable data consolidation of National Early Warning, Alert and Response Surveillance, District Health Information Software 2-based Health Management Information System and ePIS to reduce the risk of fragmentation amongst health databases to ensure optimal management of data for individuals and to enable targeting of vulnerable populations.
- 3.7 Continue its work on financial protection with the Ministry of Health and National Statistical Bureau and in partnership with the World Bank to yield data on the affordability of health services by lower income groups so as to improve targeting of vulnerable groups and their accessibility to health services.
- 3.8 Engage local CSOs to maximize their contributions and understanding of local level realities of people living with HIV, cancer and disability. This engagement would be firstly about learning how to make local services most effective and secondarily concern WHO-funded partnerships.

Recommendation 4: Improve budget management, performance monitoring and learning

The Bhutan Country Office should:

- 4.1 broaden its consultations on Programme Budget planning and management beyond traditional partners, that is the Ministry of Health. This approach will help increase transparency and build awareness among wider range of stakeholders about WHO's financial and budgetary processes.
- 4.2 Integrate evaluation into its major interventions in Bhutan with technical support from WHO South-East Asia Regional Office and monitor the progress of interventions regularly with the Ministry of Health and

partners. Strengthening the evidence base – particularly regarding the effectiveness and value for money of WHO’s capacity development efforts – will be essential to inform future planning and support the development of compelling investment cases for continued and expanded health sector support.

WHO South-East Asia Regional Office should:

- 4.3** Establish clear quality standards for its advisory and advocacy functions and introduce mechanisms to monitor the contextual relevance of its recommendations while taking into account the capacity of national partners to act on them. Periodic reviews of the uptake and application of these recommendations by national partners will help inform performance review and continuous improvement.
- 4.4** Facilitate regular learning exchange fora across countries in the region, led by the technical and operational units. These platforms should enable the sharing of practical experiences on cross-cutting themes such as multisector, multisectoral coordination for complex health challenges (e.g. NCDs, nutrition, etc.), performance monitoring, gender equality, value for money, assessment of WHO capacity development, strategic resource allocation and the management of DFC.

WHO headquarters should:

- 4.5** Devise tools for the periodic assessment of the performance of both country and regional offices, covering both self-assessment and independent assessment to strengthen their strategic planning, allow course correction and provide evaluative data for mid-term reviews and country programme evaluations.

Annex 1. Terms of reference

Evaluation of WHO's Contribution in Bhutan and the development of the Country Cooperation Strategy 2026–2030

December 2024

1. Introduction

Evaluations of WHO's contribution at the country level are part of the biennial WHO Organization-wide evaluation workplans approved by the Executive Board. These evaluations assess the outcomes and results achieved by WHO using inputs from all the three levels of the Organization.

The WHO Evaluation Office, WHO South-East Asia Regional Office and the WHO Country Office in Bhutan are jointly conducting an **integrated evaluation and planning** exercise to assess WHO's strategic contributions toward achieving health for all in Bhutan and simultaneously inform the development of the next WHO Country Cooperation Strategy (CCS). The exercise ensures alignment with national health priorities and global health goals.

The purpose of this evaluation is to:

- draw lessons learned and recommendations to support the development of the next WHO Country Cooperation Strategy document;
- strengthen the accountability of WHO to donors and national stakeholders; and
- strengthen the accountability of WHO to its Member States and the Executive Board.

This evaluation of WHO's programme in Bhutan comes at a crucial moment as the WHO Country Office nears the conclusion of its current CCS (2020–2025) [\(14\)](#)²⁶ and prepares to realign its approach with WHO's recently approved GPW14. Simultaneously, Bhutan's FYP13 outlines a roadmap for national priorities, and the Ministry of Health's National Health Survey 2023 highlights key achievements and gaps in the health care system. Moreover, reviews by regional office and headquarters missions have assessed progress and provided recommendations to the Ministry of Health. The evaluative evidence from this exercise will guide the Bhutan Country Office's strategic direction, including the formulation of the next CCS (2026–2030).

The evaluation will focus on how WHO's contributions align with Bhutan's health priorities and objectives, as outlined in the CCS 2020–2025, and national health strategies and document lessons learned and best practices. Meanwhile, the planning process will focus on using the evidence generated to formulate the next CCS.

²⁶ The CCS, initially planned to end in 2024, was extended to 2025.

2. Country and health context

2.1 Country context

Economic situation

The Kingdom of Bhutan, a small landlocked country with a population of about 750 000, is well known for its Gross National Happiness development philosophy which aligns with the Sustainable Development Goals (SDGs). A lower-middle-income country with a GDP per capita of approximately US\$ 3718, Bhutan achieved significant poverty reduction before the COVID-19 pandemic. Extreme poverty (US\$ 2.15/day) was nearly eradicated, and the proportion of people living below US\$ 3.65/day and US\$ 6.85/day declined sharply. Remittances played a vital role in enhancing household welfare and significantly lowering poverty rates, especially in rural areas. Improvements were also seen in non-monetary well-being dimensions, including education and sanitation.

However, challenges persist, with vulnerability to multihazard shocks and pronounced spatial inequalities. Poverty rates vary widely, from 1.5% in Thimphu to 41% in Zhemgang. Although monetary inequality, as measured by the Gini index, improved from 37 to 28, regional disparities remain pronounced. The COVID-19 pandemic intensified labour market challenges and contributed to a significant rise in outmigration.

Health indicators and challenges

The country has made significant progress in health indicators, including the elimination of diseases like measles and maternal and neonatal tetanus. Table 8 shows key health related indicators in Bhutan.

Table 8: Bhutan key health statistics

	National Health Surveys ESTIMATE					Unit of measurement
INDICATORS	1984	1994	2000	2012	2023	
General fertility rate	169.6	172.7	142.7	72	75.2	Number of births per 1000 women aged 15–49 years
Total fertility rate	-	5.6	4.7	2.3	2	Average number of children per woman
Adolescent birth/fertility rate	-	120	61.7	28.4	18.6	Number. of births per 1000 adolescent women aged 15–19 years
Neonatal mortality rate	-	-	-	21	6.9	Number of deaths before reaching the age of 1 month per 1000 live births
Infant mortality rate	102.8	70.7	60.5	30	15.2	Number of U1 deaths per 1000 live births
Under-five mortality rate	162.4	96.9	84	37.3	19.5	Number of U5 deaths per 1000 live births

Maternal mortality ratio	777	380	255	86	53	Number of maternal deaths per 100 000 live births
Skilled birth attendance	-	15.1	23.7	74.6	98.5	Percentage of birth attended by skilled health worker
Institutional delivery	-	10.9	19.8	73.7	98	Percentage of deliveries at health facilities

Source: 5th National Health Survey factsheets

Despite these achievements, Bhutan continues to confront significant health challenges. The **National Health Survey 2023** of Bhutan [\(59\)](#)²⁷ has revealed key health trends and challenges, focusing on areas such as NCDs, access to health care and population satisfaction with health services. The prevalence of risk factors for NCDs has risen significantly. Tobacco use increased from 23.9% in 2019 to 29.8% in 2023, and physical inactivity saw a steep rise from 7.3% to 18.3%. High blood pressure rates have also increased from 28% to 30.3%, while high cholesterol prevalence nearly doubled from 11% to 20.9%.

1.2 Health system and related challenges

Bhutan provides free health care to its population, guided by the principles of primary health care (PHC). Bhutan's Ministry of Health oversees a network of health care facilities that extend from the national referral hospital in the capital, Thimphu, to smaller district hospitals, basic health units and outreach clinics across the country. This tiered structure aims to bring essential services closer to communities, particularly in rural and remote areas where geographical barriers can limit access. Community health workers, known locally as Village Health Workers, play a pivotal role by delivering health care services and education in hard-to-reach villages, acting as a bridge between communities and formal health services.

Limited health care infrastructure, a shortage of trained health professionals and the difficulties of delivering services in remote and hard-to-reach areas are persistent issues. The country is vulnerable to climate-related health impacts, including vector-borne diseases, due to its diverse ecology and changing climate. Additionally, Bhutan's youth face rising mental health challenges, and tobacco and alcohol misuse are public health concerns impacting the well-being of many communities.

While over 90% of the population expressed satisfaction with health care services, satisfaction levels varied across regions. Most residents live within 30 minutes of a health care facility. However, issues like overcrowding and shortages of medical staff persist in areas like Phuentsholing and Paro. A significant reliance on health care referrals abroad has seen costs escalate by over 150% since 2021. This underscores a gap in local capacity to manage complex conditions.

Bhutan's health care system relies heavily on foreign aid and technical assistance from international organizations, which play a crucial role in strengthening health sector capacity, providing resources and

²⁷ The NHS 2023 combined 14 health-related surveys, offering comprehensive insights while reducing costs and respondent fatigue.

supporting Bhutan's public health goals. As Bhutan navigates these challenges, there is a strong commitment to sustainable development and resilience in health care, with a focus on building capacity, improving accessibility and addressing both traditional and emerging health issues in a holistic manner.

2.3 Health system response to COVID-19 pandemic

Bhutan's response to COVID-19 has been widely regarded as effective, drawing from the country's strong governance, swift decision-making and community-centred health approach. Bhutan's Ministry of Health and its partners mobilized health care resources to ensure nationwide testing, contact tracing, and isolation measures, even in remote areas. The government repurposed health facilities and set up temporary quarantine centres, supported by health care workers and community volunteers.

Vaccination was a cornerstone of Bhutan's response, with the country achieving one of the fastest mass vaccinations in the world. Leveraging donations and international partnerships, Bhutan's vaccination campaign was carefully planned and executed, with a large percentage of the population receiving their doses within a short time frame. Community engagement was central, with health workers and local leaders ensuring that even those in remote areas received timely vaccinations. Bhutan's health system demonstrated resilience, coordination and adaptability in its COVID-19 response, with an emphasis on protecting vulnerable populations, minimizing disruption to health care services and prioritizing mental health support during lockdowns and quarantines.

3. Evaluation object

This evaluation covers all WHO interventions in Bhutan since 2020, including those initiated by or through the WHO regional office and WHO headquarters. While the key strategic framework guiding this evaluation is the WHO CCS 2020–2025, other strategic frameworks include the United Nations Sustainable Development Cooperation Framework (UNSDCF) for Bhutan 2024–2028 [\(8\)](#), United Nations Sustainable Development Partnership Framework for Bhutan 2019–2023 [\(17\)](#), the Government of Bhutan's FYP13 [\(19\)](#), the Bhutan Ministry of Health Flagship Programmes 2019–2023 [\(60\)](#) and 2024–2028, and the Sustainable Development Goals 2030. Additionally, the evaluation will consider relevant interventions outside these strategic frameworks, such as WHO's response to the Covid-19 pandemic, which might have occurred independently of formal strategies.

CCS 2020–2025

The CCS outlines broad strategic directives for WHO's engagement in Bhutan, focusing on health sectors where WHO holds a comparative advantage. The evaluation will emphasize interventions aligned with the five priority areas identified in the CCS 2020–2025. Table 9 summarizes these priority areas and expected results, while Table 10 details the funding allocation by health areas and biennium.

Table 9: CCS 2020–2025 priority areas and expected results

Priority areas	Expected results
1) Achieve UHC through integrated people-centred quality health care services	<ul style="list-style-type: none"> - Strengthened leadership for equity and financial protection of health care delivery - Re-aligned health service delivery to provide effective, people-centred integrated quality health care across continuum of care and life cycle - Strengthened multisectoral collaboration and actions with health in all policies - Strengthened health workforce competency - Developed institutional capacity to create PHC specialist and coaches - Enhanced elderly and palliative care services to provide quality service in proximity to their houses - Established a sustainable health financing model
2) Improve reproductive, maternal, newborn, child, adolescent health (RMNCAH) and healthy ageing	<ul style="list-style-type: none"> - Quality SRH services are available, accessible and accountable to clients and communities served - Newborn deaths and stillbirths due to preventable causes reduced - Cervical cancer eliminated - Adolescent friendly health services strengthened - Health Promoting schools instituted - Healthy ageing strategy implemented - People-centred health services based on PHC strategies and comprehensive essential service packages provided
3) Build health system resilience to address communicable diseases and effects of health emergencies and climate change	<ul style="list-style-type: none"> - Strengthened IHR and emergency risk management including bio-safety and bio-security - Elimination of diseases earmarked for elimination including malaria, mother to child transmission, cervical cancer, leprosy, measles, leishmaniasis - Strengthened urban health to cater to needs of urban population and address influx of rural-urban migration - Country capacity enhanced to assess health risks and to develop and implement policies, strategies or regulations for prevention, mitigation and management of health impacts related to environmental and occupational hazards - Strengthened diagnosis, surveillance, outbreak management and advocacy of AMR, zoonotic diseases, food safety including bio-safety and bio-security systems - A health adaptation plan for climate change is developed and implemented
4) Address NCDs and their determinants	<ul style="list-style-type: none"> - Multisectoral risk factors addressed through engagement with public and private sector as well as civil society - Reduced burden of NCDs through multisectoral actions - Reduced harmful use of alcohol - Reduce overweight and physical inactivity - People-centred team based on NCD approach implemented in all health facilities - Gaps in Mental Health initiatives supported - Reducing trend of suicide rate
5) Strengthen data, research, innovation and	<ul style="list-style-type: none"> - Accurate measurement of the population in need of service - Monitoring equality in access to quality health services

knowledge brokerage	<ul style="list-style-type: none"> - Enhanced research and laboratory capacity to address emerging and re-emerging diseases - Digital technology adopted as a means to deliver quality PHC - Strengthened WHO staff capacity to provide independent technical and policy direction to the Ministry of Health - Enhanced academic institution capacity for research, training, innovation, primarily focusing on PHC - More effective and efficient WHO country office supporting countries in a better way
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Funding the WHO Bhutan country programme

Over the review period, Table 10 below represents financing levels and utilization of funds across the Bhutan Country Office budget segments.

Table 10: WHO Bhutan Country Office funding information²⁸

2020–2021				
Category	Allocated programme budget	Planned cost	Award budget	Utilization
01 1UHC	3 148 200	3 013 016	2 956 498	2 914 125
02 2WHE	651 167	640 866	186 836	186 058
03 3HWP	1 471 700	1 468 169	1 408 846	1 378 310
04 4EFF	1 453 827	1 451 608	1 197 284	1 189 327
13 13OCR	4 450 000	4 448 693	3 962 537	3 962 534
50 PRTNER	50 000			
81 81KUC	5 368	5 368	5 368	5 368
Total	11 230 262	11 027 720	9 717 369	9 635 722
2022–2023				
Category	Allocated programme Budget	Planned cost	Award budget	Utilization
01 1UHC	3 348 433	3 199 667	3 137 560	3 133 023
02 2WHE	1 745 000	1 305 000	737 047	736 968
03 3HWP	1 276 700	1 276 700	1 254 740	1 233 883
04 4EFF	1 541 218	1 541 216	1 445 312	1 440 459
13 13OCR	2 807 852	2 675 000	2 382 291	2 382 290

²⁸ Further details of funding will be provided during the inception phase.

50 PRTNER	100 000	100 000	95 797	95 796
81 81IKUC	8 200	8 200	4 920	4 920
Total	10 827 403	10 105 783	9 057 667	9 027 339
2024–2025				
Category	Allocated programme budget	Planned cost	Award budget	Utilization
01 1UHC	3 171 000	3 127 000	2 588 923	1 245 394
02 2WHE	1 305 000	1 305 000	160 811	123 939
03 3HWP	1 452 000	1 452 000	400 177	278 709
04 4EFF	1 640 000	1 640 000	851 304	575 565
13 13EOA (OCR)	4 457 754	2 698 055	2 278 896	398 286
14 14SPE (PIP)	100 000	100 000	75 000	8 964
50 PRTNER (Framework Convention on Tobacco Control)	57 000	57 000	28 500	
81 81IKUC (IN KIND)	3 277	3 277		
Total	12 186 031	10 382 332	6 383 611	2 630 857

Key implementation partners of the WHO country office included Bhutan's institutions such as the Ministry of Health and the National Bureau Statistics, UN system sister agencies such as the WFP, the World Bank, UNFPA, UNEP and UNICEF, as well as international and local NGOs and CSOs, including research centres, and the private sector.

The CCS implementation approach mandated WHO to focus on providing high quality technical support, institutional development and human resource development for more specialized patient care in line with the anticipated graduation of Bhutan from LDC during the programming period.

Health is a significant focus in the **UNSDCF for Bhutan 2024–2028 and the country's FYP13 (2024–2029)**, underlining Bhutan's commitment to achieving equitable access to quality health services and advancing its SDGs. Both frameworks prioritize addressing mental health challenges, improving the affordability of medicines and strengthening health care systems to reduce disparities, particularly for vulnerable populations. These efforts are central to fostering social inclusion and sustainable development and building a "healthy and productive society." The plans align in tackling both communicable diseases and NCDs, addressing gaps in health care resources and skilled personnel and improving health infrastructure. They emphasize adaptive policies, partnerships and capacity-building initiatives to support these goals. Rising mental health issues, increasing out-of-pocket health care expenditures and the need for disaster

risk management are also critical concerns. Together, these strategies reflect Bhutan's holistic approach to integrating health improvements with broader commitments to the SDGs, ensuring that advancements in health care contribute to national and international sustainable development priorities.

The Ministry of Health in Bhutan has implemented **flagship health programmes** focusing on combating the high burden of cancer, specifically gastric, cervical and breast cancers. These programmes emphasize early detection, timely treatment and public awareness. Key interventions include mass eradication of *H. pylori* infections to prevent gastric cancer, advanced HPV testing and liquid-based cytology for cervical cancer and mammography services for breast cancer. Significant efforts have been made to train health care workers, expand infrastructure and integrate these screening and treatment services into regular health programmes. Despite challenges such as resource constraints and low public participation in screenings, the initiatives have achieved notable successes, such as over 90% screening coverage for gastric cancer. Additionally, these flagship programmes are aligned with Bhutan's FYP12 and are expected to continue under FYP13, ensuring sustainability and contributing to Bhutan's long-term goal of eliminating cervical cancer by 2030. The Ministry of Health also prioritizes raising awareness about risk factors like tobacco and alcohol consumption while continuing HPV vaccination programmes for eligible boys and girls.

4. Evaluation purpose

The evaluation serves both the **learning** and **accountability** purposes.

Learning: This evaluation seeks to foster organizational learning, providing WHO with insights on what has worked well and what challenges have been encountered. By documenting successes and obstacles, WHO can improve its strategic decision-making, resource allocation and operational planning for future initiatives. This process will support WHO's staff and partners in adapting and refining interventions based on evidence and real-world experience in Bhutan. The learning gained will also contribute to global best practices, helping inform the design of similar programmes in other countries with comparable health challenges.

Accountability: The evaluation aims to strengthen accountability by examining WHO's results and effectiveness in supporting Bhutan's health system. This will provide transparency to stakeholders, including Bhutan's Ministry of Health, UN agencies and donor organizations, on how resources were utilized and the impact of WHO's interventions. By holding WHO accountable for these outcomes, the evaluation will reinforce the Organization's commitment to achieving its objectives in Bhutan. Additionally, it will highlight areas where WHO has met or exceeded expectations, as well as areas needing improvement, ultimately building trust with partners.

The evaluation will be both **summative and formative**. The **summative component** of the evaluation will assess WHO's accomplishments since 2020, analysing the extent to which interventions have achieved their intended outcomes. This will include an evaluation of covering any direct health outcomes, capacity-

building efforts and any unplanned positive or negative impacts. By providing a comprehensive overview of WHO's performance, this component will enable stakeholders to understand the value and effectiveness of WHO's contributions. Additionally, summative insights will serve as a benchmark for setting future goals and tracking progress over time. The **formative aspect** of the evaluation focuses on identifying lessons learned to improve WHO's ongoing and future initiatives in Bhutan. Through this process, the evaluation will pinpoint strategic and operational adjustments that could enhance WHO's impact, allowing for iterative improvements in real time, and help formulate the next WHO CCS in Bhutan (2026–2030). This focus on learning will equip WHO and its partners with actionable insights, supporting the adaptation of interventions to better align with Bhutan's evolving health needs. Furthermore, formative evaluation encourages a proactive approach to addressing challenges, fostering resilience and flexibility in WHO's planning and implementation efforts.

5. Evaluation objectives

The objectives of this integrated evaluation and planning approach are as follows.

- Assessing WHO's contributions to Bhutan's health goals as outlined in the CCS 2020–2025 and in the biennial work plans for 2020–2021, 2022–2023 and 2024–2025. The assessment will identify key success factors, gaps, challenges and opportunities for improvement in achieving these health objectives.
- Analysing the internal and external coherence of WHO interventions in Bhutan, assessing their alignment with national priorities and the extent to which they are well coordinated to maximize impact. This analysis will also evaluate whether the resources are prioritized effectively to address the most critical health needs.
- Reviewing WHO's technical assistance and collaboration with national and international partners and providing recommendations to inform future strategic planning and resource allocation.
- Based on the findings, proposing strategic shifts to enhance WHO's alignment with Bhutan's FYP13 and strengthening its strategic positioning in the country. In consultation with key stakeholders, developing the new CCS for 2026–2030.

6. Evaluation scope

The evaluation **will assess the key results achieved by all WHO interventions in Bhutan** from 2020 to 2025 (until the completion of data collection) as outlined in the CCS 2020–2025, including contributions from the South-East Asia Regional Office and headquarters. Although it will focus primarily on the strategic priorities outlined in the CCS 2020–2025, interventions carried out as part of other strategic and

operational instruments, such as the Memorandums of Understanding, operational workplans, biennial programme budgets, support to the UNSDCF, etc., will also be considered and their overall rationale and coherence assessed. Further, it will assess WHO's strategic direction and support in priority health areas, including UHC, reproductive health, communicable diseases, NCDs, and data and research-strengthening. Additionally, it will examine WHO's technical support, policy guidance, capacity-building and alignment with global, regional and national priorities, including with the country's FYP12 (2018–2023). The evaluation will also consider the review reports from the missions from the WHO South-East Asia Regional Office, as relevant.

In addition to results achieved – including in advancing cross-cutting issues such as human rights, gender equality, disability inclusion and ethics – the evaluation will examine strategic choices made and the processes that supported planning, implementation, monitoring and reporting during the period of concern.

The evaluation will encompass all populations across Bhutan, with a particular focus on interventions aimed at improving access to health services for vulnerable groups. Special attention will also be given to assessing the outcomes of these targeted efforts within Bhutan's specific context.

7. Stakeholders and users of the evaluation

Table 11 presents internal and external stakeholders and highlights their role and interest in the evaluation.

Table 11: Key stakeholders and their roles

Stakeholders	Role and interest in the evaluation
Bhutan Country Office staff	Evidence from this evaluation will inform the design and implementation of the next country strategy as well as improve resource mobilization and future WHO contributions
WHO South-East Asia Regional Office (relevant programme teams and country support team)	WHO South-East Asia Regional Office is responsible for ensuring that WHO's contribution at the country level is relevant, coherent, effective and efficient. The evaluation findings and best practices will be directly useful to inform other country offices in the region as well as regional approaches to health.
South-East Asia Regional Committee (RC) & Executive Board (EB)	RC and EB have a direct interest in being informed about the added value of WHO's contribution at the country level, best practices and challenges through the annual RC and evaluation report.
Headquarters (relevant programme teams and country support team)	Oversees the strategic analysis of the content of country-level strategic instruments and their implementation and is responsible for promoting the application of best practices in support of regional and country technical cooperation.

Government of Bhutan (Ministry of Health of Bhutan and other ministries)	As a recipient of WHO's action, it has an interest in the partnership with WHO and an interest to see WHO's contribution to health in-country independently assessed. Will be engaged in ERG, validation, stakeholder workshop and use of evaluation.
Bhutan health care providers and beneficiaries	WHO's action in-country must ensure that it benefits all population groups, prioritizes the most vulnerable and does not leave anyone behind. The evaluation will look at the way WHO pays attention to equity and ensures that all population groups are given due attention to the various policies and programmes. Will be engaged during data collection as respondents.
United Nations Country Team members	WHO, as part of the Bhutan United Nations Country Team, contributes to UN strategic frameworks. It is in the interest of the United Nations Country Team to be informed about WHO's achievements and best practices in the health sector and identify partnership opportunities. Will be engaged as part of ERG, key informants and stakeholder workshop.
Representatives of other development agencies	Partners will be engaged at the data collection stage in interviews and part of ERG. Findings will be shared at the Bhutan Health development partners' forum meetings
Representatives of local CSOs	
Donor representatives	Donors (multilateral and bilateral agencies) and philanthropic foundations have an interest in knowing whether their contributions have been spent effectively and efficiently and if WHO's work contributes to their strategies and programmes. Will be engaged through Bhutan's in-country stakeholder workshop and WHO publications on completion of the evaluation.

8. Evaluation questions

The **overarching question** for this evaluation is:

Which WHO strategic priorities add the greatest value in Bhutan's context, and what key interventions should be emphasized in the next CCS to effectively achieve better health for all?

Key questions will follow the OECD-DAC criteria as given in Table 12.

Table 12: Evaluation questions and sub-questions

Criteria	Evaluation questions	Evaluation sub-questions
Relevance	1. To what extent is Bhutan WHO Country Office positioning and interventions aligned to the national context, evolving needs and the policies, priorities and strategic plans of the Bhutanese government, while also being responsive to the needs and rights of Bhutanese people?	1.1 To what extent have WHO's strategic priorities outlined in the CCS 2020–2025 aligned with the national health priorities and objectives, the Royal government of Bhutan's FYP12 and other strategic and operational instruments?
		1.2 To what extent WHO have strategic priorities responded to Bhutan's evolving health needs including those of vulnerable populations such as women, persons with disabilities and those facing geographical and socioeconomic challenges since 2020?
		1.3 What key priorities should the Bhutan Country Office focus on in the coming years, particularly the next CCS cycle starting in 2026?
Coherence:	2. To what extent have WHO interventions in Bhutan been coherent and synergistic with one another and with those implemented by other partners and the government?	2.1 How well have WHO's strategic priorities in Bhutan aligned with WHO global and regional health priorities (e.g. WHO South-East Asia Regional Office flagship initiatives, GPW13)?
		2.2 To what extent are WHO interventions in Bhutan aligned externally with UNSDCF, Bhutan Government policies and priorities as well as other global, related, sector-specific policies?
		2.3 How well has WHO harnessed its comparative advantage to deliver on its mandate, as a health leader, convening and coordinating partner, while positioning itself as a strategic partner in the context of Bhutan, and what adaptations are needed to enhance this positioning?
Effectiveness	3. Since 2020, what results, both intended and unintended, positive and negative, have WHO's interventions in Bhutan achieved?	3.1 What were WHO's key achievements across the country office's strategic priority areas and how did they contribute to the broader strategic objectives of the CCS 2020–2025, GPW13 and national health goals, particularly?
		3.2 To what extent have WHO interventions in Bhutan addressed health inequalities and the needs of populations in vulnerable situations, including displaced populations, migrants, women and persons with disabilities?
		3.3 To what extent did WHO's country-level COVID-19 response effectively support national health systems in managing the pandemic, particularly in reaching remote and most vulnerable populations, particularly in vaccination efforts and reaching remote populations with essential primary health care services? How can these insights guide and strengthen future WHO interventions and pandemic preparedness in Bhutan?

		3.4 What strengths, weaknesses, opportunities and threats have characterized WHO's interventions in Bhutan since 2020? What factors enabled or hindered WHO contribution to improving health outcomes in the country since 2020?
		3.5 What good practices, innovations, and lessons emerged from WHO's interventions in Bhutan since 2020, which could be replicated while going forward?
Efficiency	4. To what extent did WHO interventions in Bhutan deliver, or are they likely to deliver results, in an efficient and timely way?	4.1 To what extent are the programme management and M&E systems adequate to ensure efficient operational and timely allocation of resources and adequate measurement of results including in changing circumstances?
		4.2 To what extent did WHO advocate and mobilize resources for implementing the CCS Strategic Agenda and what could be done differently going forward, especially to fund key strategic priority areas?
Sustainability	5. To what extent has WHO contributed towards building national capacity and ownership for addressing Bhutan's health needs and priorities?	5.1 To what extent has WHO supported Bhutan's national longer-term goals and built health security and system resilience?
		5.2 To what extent have WHO interventions supported national ownership for health system strengthening, as well as the national capacity to deliver on and achieve the results as planned in the relevant national health policies and strategies? Is there evidence that the benefits will be sustained over time?

9. Approach and methodology

The methodology outlined in this section is indicative, and evaluators are encouraged to adapt and integrate the approach and propose adjustments needed to adequately meet the evaluation purpose, objectives, scope and questions during the inception phase, noting the methodological limitations and corresponding mitigation measures.

The **overall approach** being used is **an integrated evaluation and planning approach**, which combines assessment and strategic planning into a single, cohesive process. Rather than conducting these processes separately, this approach ensures that the insights gained from an evaluation directly inform and shape the planning process, connecting past performance, current needs and future strategies. This method ensures that the evaluation of WHO's contributions inform and aligns directly with the development of the CCS. By conducting these processes jointly, it has the following aims.

- Enhance synergy: leverage the findings from the evaluation to shape and refine the CCS, ensuring it reflects lessons learned, best practices and identified gaps.

- Encourage real-time coordination and streamline efforts: avoid duplication of activities and optimize resources by using a unified framework for both evaluation and strategy development. The team works alongside planners, ensuring that evidence from the evaluation informs adjustments in the next CCS. This iterative process reduces delays between identifying problems and developing the new strategy.
- Strengthen relevance: ensure the CCS is rooted in evidence and directly addresses the country's health priorities as identified through the evaluation.
- Foster stakeholder engagement: create a more participatory process by involving stakeholders in a holistic dialogue that integrates evaluation outcomes with strategic planning.

This integrated approach not only maximizes efficiency but also strengthens the credibility and relevance of the resulting CCS.

4.5.1 Key features of the approach include:

- Alignment of objectives: The evaluation focuses on assessing progress, outcomes and lessons learned, while the planning process uses this evidence to design strategies and interventions that address identified gaps and build on successes.
- Concurrent processes: Evaluation and planning activities are conducted in parallel or sequentially within a single framework to save time, resources and effort.
- Data-driven decision-making: Findings from the evaluation provide evidence to inform and justify strategic priorities, resource allocation and programme designs.
- Stakeholder involvement: Involves key stakeholders in both the evaluation and planning stages to ensure the process is participatory, context-specific and aligned with shared goals.
- Adaptive learning: Encourages real-time learning, allowing teams to adjust strategies based on findings from the evaluation.

Evaluation design and approach

The evaluation will employ a theory-based approach, incorporating mixed methods with a rigorous methodology to comprehensively address the evaluation questions. This approach will involve constructing, testing and refining the Theory of Change (ToC) for WHO's interventions in Bhutan, allowing for a deeper analysis of the underlying assumptions, pathways and causal links between WHO's activities and the intended health outcomes.

Testing the ToC will involve examining the validity of the assumptions underpinning WHO's strategic objectives, identifying if and how the planned inputs and activities have led to anticipated outputs, outcomes and impacts. Finally, the ToC finalization will involve refining or adjusting the theory based on observed data and insights from stakeholders, ensuring that it reflects the reality of implementation in Bhutan's health context. Further, the ToC will be the basis of the new strategy.

It will be guided **by participatory, learning-oriented and utilization-focused principles**, emphasizing engagement with key users of the evaluation process and findings. These users include WHO's country and regional offices, relevant stakeholders and focal points within national government ministries and departments, national-level representatives and UN partners in Bhutan. Engaging these stakeholders will foster participation and ownership and encourage use of the evaluation findings. The evaluation team should aim to provide timely feedback to the WHO country office, facilitating iterative learning and enabling rapid identification and integration of improvements.

The evaluation will examine WHO's contributions to health development outcomes and impact, specifically in relation to Bhutan's five CCS priorities. Approaches such as contribution analysis will be valuable for assessing the effectiveness of WHO interventions, while other stakeholder consultation methods will support the collection of meaningful qualitative and quantitative data on core issues.

Data collection methods

The evaluation will employ a combination of qualitative and quantitative methods, including secondary analysis of relevant documentation and datasets, alongside primary data collection through interviews, focus groups and any other methods identified during the inception phase.

- **Desk review:** A comprehensive review of the following types of documents (not exhaustive) is expected to assess the internal and external alignment and coherence of CCS: national health strategies, WHO's health monitoring data, Bhutan's health data and other key publications; reviews or evaluations conducted internally or by other UN and other partners in Bhutan; documents that describes WHO's global, regional or country level work and contributions in Bhutan; and other studies on Bhutan's health situation.
- **Key Informant Interviews:** Interviews will be conducted with WHO staff (at the headquarters, region and country), national health authorities and key stakeholders involved in the design and implementation of the CCS. External stakeholders from Bhutan's Ministry of Health, the UNCT, local CSOs and other key stakeholders at the regional, district and community levels will also be interviewed.
- **Focus group discussions** with relevant staff from WHO headquarters, regions and from country offices, as necessary.

Field visits: A visit to Thimphu is expected. Where feasible, site visits to regional, district or community health facilities or community-based projects, will be organized to assess WHO-supported interventions on the ground.

Primary and secondary data collected throughout the evaluation will be analysed systematically. **Triangulation** will be used to compare findings from different data sources and methods to enhance the credibility and validity of the results.

Triangulation and data analysis

To ensure robust and reliable findings, the evaluation will use data triangulation, integrating insights from document reviews, KIIs and FGDs with quantitative data from health outcome reports and SDG indicators. Discrepancies or patterns across sources will offer a nuanced understanding of WHO's contributions in Bhutan. The analysis will synthesize qualitative and quantitative data to address core evaluation questions, guided by the OECD-DAC criteria for comprehensive results. Cross-referencing findings with national health statistics, comparing stakeholder perspectives and holding regular consultations with the Bhutan Country Office and Evaluation Reference Group will further ensure the consistency, validity, and reliability of the evaluation process.

10. Gender, equity and human rights consideration

This evaluation will adhere to the norms and standards for evaluation of the United Nations Evaluation Group (UNEG) and WHO guidance and policies, including the WHO Policy and Strategy on Health Equity, Gender Equality and Human Rights, 2023–2030 and the WHO Policy on Disability, WHO Evaluation Policy (2018), UNEG Guidance on Integrating Human Rights and Gender Equality in evaluations (2011 and 2014), WHO Guidance on integrating health equity, gender quality, disability inclusion and human rights in evaluations (2023) and UNEG Guidance on Integrating Disability Inclusion in Evaluations (2022). The evaluation is expected to integrate GER considerations in its conceptualization, design and analysis, ensuring that the principles of “leave no-one behind” and “do no harm” are duly considered. This involves analysis of inclusion of human rights principles and alignment with SDGs as applicable to the subject of the evaluation, as well as appropriate ethical approaches and risk assessments in the design and execution of the evaluation.

11. Ethical considerations

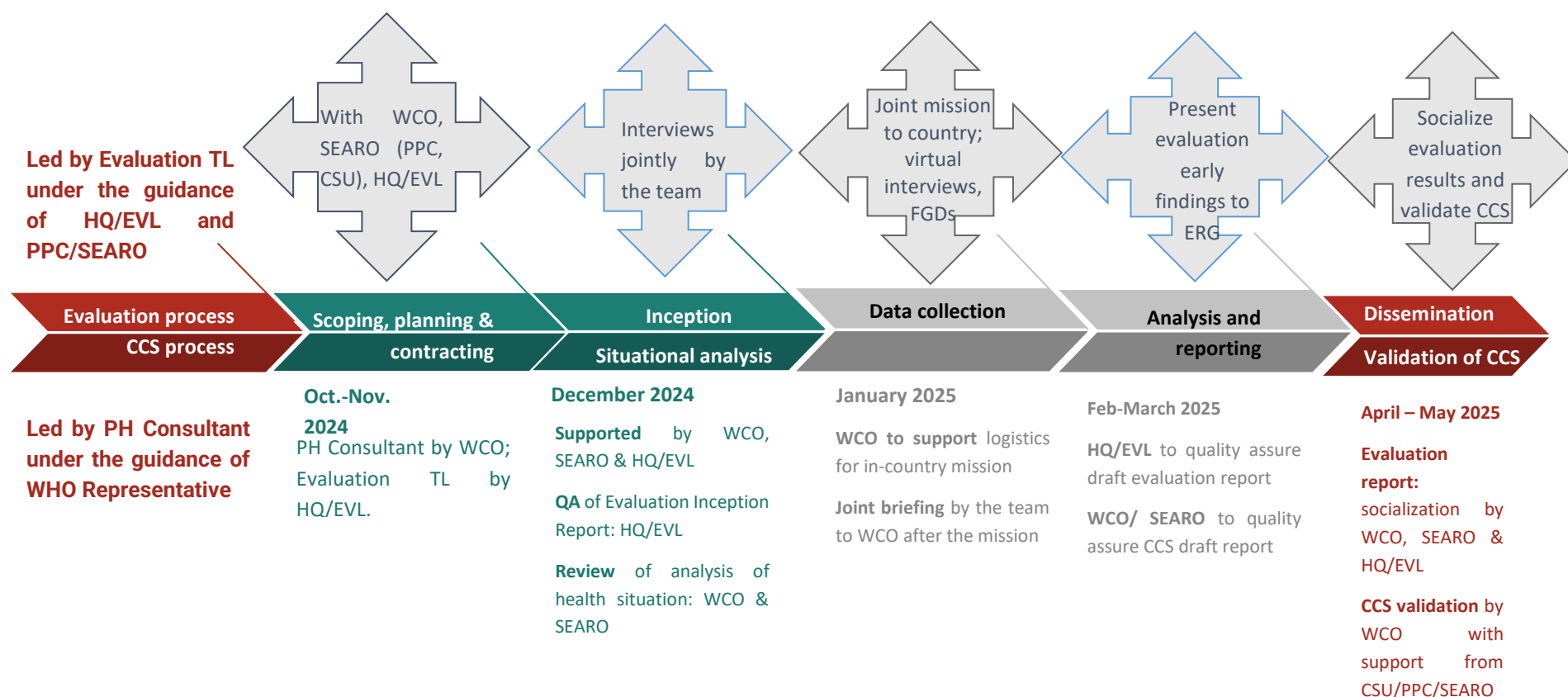
Due diligence will be given to effectively integrating good ethical practices and paying due attention to robust ethical considerations in the conduct of evaluation of WHO contribution in a Member State. Evaluators are expected to outline in the inception report how they will adhere to ethical considerations including: confidentiality and anonymity, do-no-harm approaches, use of the appropriate ethical protocols, gender and human rights consideration in the conduct of interviews and focus group discussions, especially if interviewing or conducting qualitative data collection with respondents who may have been negatively affected by a WHO intervention.

As such the requirements in the [Code of Conduct \(who.int\)](#) to prevent harassment including sexual harassment at WHO events and the [WHO Policy on Preventing and Addressing Sexual Misconduct](#) apply. WHO has zero tolerance for any form of sexual misconduct and for inaction against it.

12. Timeline and deliverables

The evaluation is expected to be undertaken during the period November 2024 to April 2025. Key deliverables will be provided according to the indicative timeline below.

Fig. 3: Integrated evaluation and planning approach: Bhutan²⁹



²⁹ To be adapted at the inception phase.

Table 13: Phases, timeline and deliverables

Evaluation of WHO contribution in Bhutan				
Phases	Period	Key task or outputs	Key deliverables	Deadline
Inception phase	December 2024	<ul style="list-style-type: none"> Inception interviews Identification of elements of Theory of Change & outline 		
		<ul style="list-style-type: none"> Submission of draft inception report, including evaluation matrix and data collection tools (inception report will be revised based on feedback from key stakeholders including ERG) 	1. Inception report	20 December 2024
Data collection	January 2025	<ul style="list-style-type: none"> Completion of data collection including field visits and virtual interviews- stakeholders in Bhutan, WHO South-East Asia Regional Office & headquarters (mission date to be confirmed during the inception phase). Construction of Theory of Change along with the Public Health Consultant Debriefings to WHO Representatives relevant stakeholder groups after the in-country mission identifying preliminary findings 		
Analysis and reporting phase	February 2025	<ul style="list-style-type: none"> Co-creation of recommendations workshop by presenting the main findings, conclusions and recommendations at a stakeholder workshop using a matrix Submission of first draft of evaluation report Additional opportunities for presentation/s may be identified during the inception or data collection phase. Propose a Theory of Change to be used for the new strategy & validation Evaluation Team Lead to provide inputs to new CCS draft 	2. Draft evaluation report	22 February 2025
	March 2025	<ul style="list-style-type: none"> Submission of final evaluation report by incorporating comments from WHO Evaluation Office and Evaluation Reference Group and any QA mechanisms established for this purpose Presentation to ERG or other stakeholder groups 	3. Final evaluation report (including a two-page evaluation brief and a ppt. presentation)	31 March 2025

Dissemination phase	April 2025	<ul style="list-style-type: none"> Dissemination via publication/internet; Management response High-level meeting in Bhutan involving Ministry of Health and key stakeholders 		
Development of WHO Country Cooperation Strategy 2026–2030				
Document review and inception interviews	December 2024–January 2025	<ul style="list-style-type: none"> Document reviews Inception interviews along with the Evaluation Team Lead 	4. A short analysis of the health situation in Bhutan , to be used for CCS document, including draft strategic priorities & an annotated outline of the CCS document	6 January 2025
Consultation and drafting	January–February 2025	<ul style="list-style-type: none"> Consultations with key stakeholders (as part of the evaluation interviews: in-country & virtual) with focus on CCS development Further document reviews PH consultant to provide inputs to the evaluation report Propose a Theory of Change to be used for the new strategy & validation along with the Evaluation Consultant 	5. First draft of full CCS document	25 February 2025
Feedback and revision	March 2025	<ul style="list-style-type: none"> Feedback from relevant stakeholders established for this purpose ToC to be part of the draft CCS 	6. Final draft CCS document	31 March 2025
Socialization of evaluation results and validation of CCS				
Socialization of evaluation and validation of CCS	April–May 2025	<ul style="list-style-type: none"> High-level in-country workshop to disseminate the key findings, recommendations and management response of evaluation & present the draft CCS for validation Evaluation report copy edited and published on WHO Evaluation Office /headquarters web page 	Country office to take lead with WHO South-East Asia Regional Office support	

13. The team

The evaluation and the CCS development will be conducted by an external team of two consultants with expertise in evaluation, public health/development. The team will consist of the following roles:

Team Leader/Senior Evaluator

The Team Leader is responsible to prepare and ensure the quality of the **key deliverables 1 to 3** mentioned in Table A1.6 (an inception report; a draft report and a final report). S/he is expected to consult and incorporate feedback on those deliverables in a timely manner. S/he will also be responsible for working collaboratively with the team and for providing inputs to deliverable 6 (draft CCS 2026–2030).

- **Qualifications:**
 - Advanced degree (Master's or PhD) in social or political sciences, economics, development studies or a related field.
 - At least 15 years of experience in evaluations, particularly in the health sector. Some of it should be in leading evaluations of country work of UN agencies.
 - Knowledge of WHO operations and public health systems, preferably with experience in South-East Asia.
 - Proven experience in conducting evaluations using both qualitative and quantitative methods, with a focus on health systems strengthening and health policy development.
 - Strong leadership, communication and stakeholder engagement skills.
 - Ability to provide actionable recommendations based on evidence gathered.
 - Excellent writing and communication skills in English

Expected level of efforts: 25 days for evaluation and 5 days for inputs to new CCS

Public Health Expert

The Public Health Expert is responsible for preparing and ensuring the quality of the **key deliverables 4 to 6** (a short analysis of the health situation in Bhutan, to be used for CCS document, including draft strategic priorities & an annotated outline of the CCS document; First draft of full CCS document & Final draft CCS document) draft CCS 2026–2030) through a consultative process. S/he is responsible for conducting analysis of health situation in Bhutan necessary for preparing the new CCS. S/he is expected to be part of the evaluation team, capture necessary analytical information from the evaluation process and propose the new CCS for consideration. Further, s/he is also responsible for providing inputs to the key deliverables 1 to 5 in a timely manner. S/he will also be responsible for working collaboratively with the team.

- **Qualifications:**

- Advanced degree in public health or a related field.
- At least 10 years of experience in public health programming, especially in areas such as UHC, NCDs and reproductive health.
- Experience in evaluating health systems and providing policy recommendations for improving health outcomes.
- Strong understanding of WHO's work at country level, including preparation of strategic documents.
- Familiarity with Bhutan's health system is an added advantage.

Expected level of efforts: 10 days for inputs to evaluation and 20 days for CCS development

14. Evaluation management

The evaluation team will operate under the overall supervision of the Regional Planning Officer at WHO South-East Asia Regional Office, with the Programme Management Officer at WHO South-East Asia Regional Office serving as the evaluation manager. The evaluation manager will ensure that the evaluation follows the UN Evaluation Group norms and standards for evaluation and WHO Evaluation Policy (2018). All evaluation deliverables will undergo quality assurance by the WHO Evaluation Office and the Evaluation Manager to maintain high standards throughout the process.

The **WHO Country Office in Bhutan** will provide necessary logistical support, access to relevant documents and support arranging stakeholder interviews.

An **Evaluation Reference Group (ERG)** will ensure the evaluation's relevance, accuracy and utility through a consultation and validation process. The ERG includes relevant staff from the regional (including Programme Planning and Coordination, Country Support & Coordination and Resource Mobilization Unit) and country offices and a representative of the headquarters Evaluation Office. The ERG will review and validate the key deliverables (TOR, inception report, draft and final reports) of the evaluation.

For the development of the CCS, steps as envisaged in the 2023 Country Cooperation Strategy Guide [\(14\)](#) and other processes will be established during the inception phase. All key stakeholders will be engaged throughout the process. These processes will be led by the WHO country office and relevant regional office units.

Key background documents

Evaluation

- WHO Secretariat and Government of Bhutan CCS 2020 – 2025 [\(14\)](#)
- United Nations Sustainable Development Partnership Framework for Bhutan 2019–2023 [\(17\)](#)
- UNSDCF 2024–2028 [\(8\)](#)
- Government of Bhutan’s Country Partnership Strategy 2024–2028 [\(61\)](#)
- Government of Bhutan’s FYP12 [\(18\)](#)
- Government of Bhutan’s FYP13 [\(19\)](#)
- Bhutan’s Ministry of Health Flagship Programmes 2019–2023 [\(62\)](#) and 2024–2028³⁰
- WHO’s GPW13 [\(22\)](#)
- WHO’s GPW14 [\(57\)](#)
- WHO evaluations of contributions at country level: <https://www.who.int/about/evaluation/corporate-evaluations/office-specific-evaluations>
- Framework to evaluate WHO contributions at country level: [https://www.who.int/publications/m/item/framework-for-evaluations-of-who-s-contribution-at-country-level-\(2022\)](https://www.who.int/publications/m/item/framework-for-evaluations-of-who-s-contribution-at-country-level-(2022))

Country Cooperation Strategy

- WHO Country Cooperation Strategy Guides 2020 [\(63\)](#) and 2023 [\(64\)](#) (latest to be used for next strategy development)
- Sample WHO Country Cooperation Strategies: Maldives 2024–2029 [\(65\)](#); Botswana 2024–2027 [\(66\)](#). Other CCS documents can be seen here: <https://www.who.int/publications/i?publishingoffices=e07095d9-08d5-46eb-89e9-4ac2b18a3570>

³⁰ Not available online.

Annex 2. Bhutan Health Statistics

Table 14 provides Bhutan's status on key health indicators, comparing them to global and regional averages and relevant SDG 2030 targets.

Table 14: Bhutan health statistics

Health indicators	Global average	WHO regional average	SDG 2030 Target	Bhutan's status (2023) ³¹
General fertility rate <i>Number of births per 1000 women aged 15–49 years</i>	-	-	-	75.2
Total fertility rate (TFR)* <i>Average number of children per woman</i>	2.3 (2022)	2.2 (2022)	-	2
Adolescent birth/fertility rate (A/BFR)** <i>Number of births per 1000 adolescent women aged 15–19 years</i>	41.3 (2023)	24.3 (2023)	-	18.6
Neonatal mortality rate (NMR)** <i>Number of deaths before reaching the age of 1 month per 1000 live births</i>	17.55 (2021)	17.28 (2021)	12	6.9
Infant mortality rate (IMR)** <i>Number of U1 deaths per 1000 live births</i>	28.42 (2021)	23.87 (2021)	-	15.2
Under-five mortality rate (U-5MR)** <i>Number of U5 deaths per 1000 live births</i>	38.09 (2021)	28.64 (2021)	25	19.5
Maternal mortality ratio (MMR)** <i>Number of maternal deaths per 100 000 live births</i>	223 (2020)	117 (2020)	70	53
Skilled birth attendance (SBA)*** <i>Percentage of births attended by a skilled health worker</i>	86 (2023)	86 (2023)	-	98.5
Institutional delivery (ID)*** <i>Percentage of deliveries at health facilities</i>	79 (2023)	82 (2023)	-	98
Exclusive breastfeeding (0–6 months) (EB)*** <i>Percentage of infants exclusively breastfed for the first six months</i>	48 (2023)	60 (2023)	-	69.4
Child vaccination coverage <i>Percentage of children aged 12–23 months fully vaccinated</i>	-	-	-	99.4

Source for Global and WHO Regional average:

*World Bank Database, **WHO Global Health Observatory Data Repository, ***UNICEF Global Database, ****World Obesity Atlas 2024

³¹ The National Health Survey (NHS) 2023 is a comprehensive survey conducted by Bhutan's Ministry of Health to assess the health status, trends and challenges of the population. The survey provides critical data on key health indicators, including maternal and child health, NCDs, health care access and risk factors such as tobacco use and physical inactivity. It serves as a foundational resource for policy-making, programme evaluation and strategic planning in Bhutan's health sector, guiding efforts toward achieving universal health coverage and aligning with the Sustainable Development Goals.

Annex 3. Country Cooperation Strategy 2020–2025 strategic priorities

Table 15 lists the strategic priorities as set out in the current CCS. The evaluation findings are then discussed below organized according to the five strategic priorities.

Table 15: WHO Bhutan strategic priorities 2020–2025 (from CCS 2020–2024, p. 38)

SP1. Achieve UHC through integrated people-centred quality health care services

- Strengthen health governance and leadership with focus on PHC
- Enhance accessibility to integrated people-centred quality health care services across continuum of care and life cycle
- Promote multisectoral collaboration and actions for Health in All Policies
- Develop health workforce competency and institutional capacity to create PHC specialists and coaches
- Develop and implement innovative model of care
- Institute sustainable health financing model and make an investment case for health beyond LDC graduation

SP2. Improve reproductive, maternal, newborn, child, adolescent health (RMNCAH) and healthy ageing

- Strengthen quality SRH services
- Strengthen prevention of maternal death, newborn deaths and stillbirths
- Strengthen cancer prevention and care with special focus on cervical cancer elimination
- Enhance demand creation of adolescent friendly health services
- Establish health promoting institutions including schools and monastic institutions
- Sustain high routine immunization coverage

SP3. Build health system resilience to address communicable diseases and effects of health emergencies and climate change

- Strengthen IHR and emergency risk management including bio-safety and bio-security
- Eliminate malaria, mother to child transmission of HIV, syphilis and hepatitis B, leishmaniasis and other NTDs, sustain elimination of leprosy and measles and accelerate end TB strategy

- Establish urban health to meet growing needs of urban population and rural-urban migration
- Conduct Health Impact Analysis (HIA)
- Strengthen diagnosis, surveillance, outbreak management and advocacy of AMR, zoonotic, dengue and other vector-borne diseases, food safety including bio-safety and bio-security systems
- Strengthen health adaptation plans for climate change
- Strengthen advocacy and risk communication on communicable diseases

SP4. Address NCDs and their determinants with strategic priority

- Reduce burden of NCDs through multisectoral actions and WHO recommended best buy approaches
- Develop initiatives to reduce alcohol consumption
- Develop initiatives to reduce overweight, undernutrition and physical inactivity
- Implement people-centred, team-based NCD programme in all health facilities
- Strengthen mental health services with emphasis on suicide prevention
- Strengthen health promotion on NCD prevention

SP5. Strengthen data, research, innovation and knowledge brokerage

- Strengthen health surveillance and research capacity
- Strengthen laboratory diagnostic capacity to address emerging and re-emerging diseases
- Adopt digital technology to deliver quality primary health care
- Strengthen country office capacity to provide independent technical and policy direction to Ministry of Health
- Enhance institution capacity for research, training, innovation, primarily focusing on PHC
- Establish health data repository and health metrics
- Establish Centre of Excellence in traditional medicine and priority public health areas

Annex 4. Bhutan Country Office budget 2020–2026

Table 16 shows the details of planned, received and utilized budget across the three biennia covered by the evaluation period.

Table 16: Summary of planned, received and utilized WHO Bhutan funds by biennium

2020–21	Area of work	Allocated Programme Budget	Planned cost	Award budget	Utilization	Util/award %age
01 UHC	Universal Health Coverage	3 148 200	3 013 016	2 956 498	2 914 125	99%
02 WHE	Health emergencies	651 167	640 866	186 836	186 058	100%
03 HWB	Health and Well-being	1 471 700	1 468 169	1 408 846	1 378 310	98%
04 EFF	Effective and Efficient WHO	1 453 827	1 451 608	1 197 284	1 189 327	99%
13 OCR	Outbreak, Crisis and Response	4 450 000	4 448 693	3 962 537	3 962 534	100%
50 PRTNER	Frame Convention Tobacco Ctrl	50 000				
81 IKUC	In Kind	5 368	5 368	5 368	5 368	100%
Total		11 230 262	11 027 720	9 717 369	9 635 722	99%
2022–23	Area of work	Allocated Programme Budget	Planned cost	Award budget	Utilization	Util/award %age
01 UHC	Universal Health Coverage	3 348 433	3 199 667	3 137 560	3 133 023	100%
02 WHE	Health emergencies	1 745 000	1 305 000	737 047	736 968	100%
03 HWB	Health and Well-being	1 276 700	1 276 700	1 254 740	1 233 883	98%
04 EFF	Effective and Efficient WHO	1 541 218	1 541 216	1 445 312	1 440 459	100%
13 OCR	Outbreak, Crisis and Response - Covid	2 807 852	2 675 000	2 382 291	2 382 290	100%
50 PRTNER	Framework Convention Tobacco Ctrl	100 000	100 000	95 797	95 796	100%
81 IKUC	In Kind	8 200	8 200	4 920	4 920	100%
Total		10 827 403	10 105 783	9 057 667	9 027 339	100%
2024–2025 to end 2024		Allocated Programme Budget	Planned cost	Award budget	Utilization	Util/award %age
01 UHC	Universal Health Coverage	3 171 000	3 127 000	2 588 923	1 245 394	48%
02 WHE	Health emergencies	1 305 000	1 305 000	160 811	123 939	77%
03 HWB	Health and Well-being	1 452 000	1 452 000	400 177	278 709	70%
04 EFF	Effective and Efficient WHO	1 640 000	1 640 000	851 304	575 565	68%
13 OCR	Outbreak, Crisis and Response-Pandemic fund	4 457 754	2 698 055	2 278 896	398 286	17%
14 PIP	Pandemic Influenza Plan	100 000	100 000	75 000	8 964	12%
50 PRTNER	Framework Convention Tobacco Ctrl	57 000	57 000	28 500		0%
81 IKUC	In Kind	3 277	3 277			
Total		12 186 031	10 382 332	6 383 611	2 630 857	41%

Source: Data extracted from the Global Management System, WHO

Annex 5. WHO South-East Asia Regional Office Regional key performance indicators

Table 17 shows WHO South-East Asia Regional Office's rating of WHO Bhutan's performance against regional Key Performance Indicators (KPIs) agreed for 2022 and 2023.

Table 17: WHO Bhutan performance against regional KPIs

Programme Budget Performance – Assessment by WHO South-East Asia Regional Office	MTR 2022*	End Biennium 2022–23**
1.1.A CO: HIV testing and treatment guidelines in line with WHO guidelines revised	Green:	GreenQ
1.1.B CO: National Action Plan for hepatitis developed in line with WHO guidelines, costed and in implementation	Yellow:	Green
1.1.C CO: Costed strategic action plan for ending TB in SEAR implemented	Yellow:	GreenQ
1.1.D CO: The SEA Regional Response Framework for DR-TB in implementation	Yellow:	GreenQ
1.1.E CO: Independent malaria programme reviews in SEAR countries	Yellow:	Green
1.1.F CO: National NTD programme reviews with follow-up actions based on the review recommendations	Yellow:	GreenQ
1.1.G CO: National Action Plan or equivalent for measles and rubella elimination	Yellow:	GreenQ
1.1.H CO: National Strategy and/or Action Plan for prevention of suicide, either stand alone or integrated with existing mental health national action plan	Yellow:	Green
1.1.I CO: PEN or related service delivery models at PHC facilities in implementation	GreenQ	Green
1.1.J CO: A Healthy Ageing Strategy up-to-date	Green:	GreenQ
1.1.K CO: Standard operating guidelines on MDSR developed/updated	Green:	GreenQ
1.1.L CO: Key interventions for newborns at the time of births in the institutions scaled-up	Yellow:	GreenQ
1.1.M CO: Service delivery models that also include improved quality and safety updated and in implementing	Green:	Green
1.1.N CO: HRH strategy up-to-date and approved	Green:	GreenQ
1.2.A CO: Health financing strategy that will guide the country towards improved financial protection up-to-date and approved	Yellow:	Green
1.3.A CO: Country's medicines availability assessed using WHO guideline for national surveys	Green:	Green
1.3.B CO: Data on bloodstream infections of selected AMR organisms submitted to Global AMR Surveillance System	Green:	Green
1.3.C CO: National Action Plan to combat AMR implemented and/or updated	Green:	GreenQ
2.1.A CO: National Action Plans for IHR capacity-strengthening	Yellow:	Green
2.1.B CO: Simulation exercises using WHO tools and guidelines conducted	Green:	GreenQ
2.1.C CO: The situational analysis country process including the collection of relevant information	Yellow:	Green

Programme Budget Performance – Assessment by WHO South-East Asia Regional Office	MTR 2022*	End Biennium 2022–23**
2.2.A CO: The national pandemic preparedness plan developed/updated and tested	Yellow:	Green
2.2.B CO: Competent partners in all sectors mobilized for the timely detection, verification, reporting and response to epidemic/pandemic prone diseases in the WHO SEA Region	Yellow:	Green
2.2.C CO: High-quality surveillance for acute flaccid paralysis	Yellow:	GreenQ
2.3.A CO: Functional Health Emergency Operation Centres and surveillance measures implemented	Yellow:	Green:
3.1.A CO: Population-based interventions restricting marketing of foods and non-alcoholic beverages to children	Yellow:	Green:
3.1.B CO: Reporting on basic WASH services in health care facilities (HCFs)	Yellow:	Green:
3.2.A CO: Defined interventions to reduce the mean population intake of salt implemented	Green:	Green:
3.2.B CO: National Food Control System strengthened	Yellow:	Green:
3.2.C CO: Measures of the MPOWER package at the highest level of achievement implemented	Yellow:	Green:
3.2.D CO: Three ‘best buys’ for reduction of harmful use of alcohol fully implemented, and community-based programmes initiated/implemented	Yellow:	Green:
3.3.A CO: WHO air quality guidelines including interim targets, in implementation	Yellow:	Green:
3.3.B CO: Road safety legislation and laws and/or raising public awareness on road safety strengthened	Green:	Green:
4.1.A CO: The national HIS, Civil Registration and Vital Statistics systems and digital health or eHealth investments improved	Yellow:	Green:
4.2.A CO: Budget: 80% of allocated BASE budget to priority outcomes by BC	Green:	Green:
4.2.B CO: WHO regularly and actively participated in United Nations coordination mechanism at the country level contributing to integrated national development	Green:	Green:
4.2.C CO: Regional/global resource mobilization e-Platform and more than 1 strategic partnership engagement for priority areas of funding, in implementation	Green:	Green:
4.2.D CO: SEAR budget implemented	Green:	Green:
4.2.E CO: 3+ key communication outputs implemented	Green:	Green:
4.3.A CO: Overdue reports (DFC, DI, Global Letters of Agreement, Donor reports) reduced	Green:	Green:
4.3.B CO: Selection of fixed-term international professional staff completed within the 15-week timeframe	NA	Green:
4.3.C CO: An average time of <52 days taken between receipt of the goods request and the contract	Green:	Green:
4.3.D CO: Female staff members at grades P4 and above increased	NA	Green:

Sources: spreadsheets showing progress against regional KPIs provided by Bhutan Country office

Ratings understood as:	Yellow	Below satisfactory	Green	Satisfactory	GreenQ	Above satisfactory
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* From Mid Term Review spreadsheet provided by Bhutan Country Office, dated 8 Jan 2024. ** From Programme Budget Performance Assessment 2022–2023 [\[67\]](#) and based on: 1) country progress towards impact through the 12 outcomes and Triple Billion goals; 2) country impact case studies on a health outcome, highlighting the Secretariat’s contribution; 3) an assessment of the Secretariat’s contribution using the outputs scorecard methodology on 42 outputs, including budget financing and implementation.

Annex 6. Evaluation matrix

Table 18: Evaluation matrix for the Evaluation of WHO contribution in Bhutan (2020–2024)

Criteria	Evaluation question	Sub-question	Measure proposed	Primary data Sources				Secondary Data
				WHO	Government	UN, Donors	Other Orgs	
1. Relevance	1. To what extent is Bhutan WHO Country Office positioning and contributions aligned to the national context, evolving needs and the policies, priorities and strategic plans of the Bhutanese government, while also being responsive to the needs and rights of Bhutanese people?	1.1 To what extent have WHO's strategic priorities outlined in the CCS 2020–2025 aligned with the national health priorities and objectives, the Royal Government of Bhutan's 12 th Five-Year Plan and other strategic and operational instruments?	1) Perceived relevance by stakeholders of WHO's contribution 2) Review of CCS reporting against external documents outlining national priorities 3) Evidence that the WHO strategy, has been aligned with the Five-Year Plan, GPW13 and WHO South-East Asia Regional Office regional initiatives	X	X	X	X	CCS, CSP, national policies and plans WHO health emergency plans
		1.2 To what extent have WHO strategic priorities responded to Bhutan's evolving health needs including those of vulnerable populations such as women, persons with disabilities, and those facing geographical and socioeconomic challenges since 2020?	1) Evidence of regular monitoring of changing health needs 2) Evidence of health needs being analysed by gender and different vulnerabilities	X	X	X	X	3 rd party vulnerability analysis
		1.3 How well has WHO responded to changing context, priorities and emerging lessons during the evaluation period, adapting new strategies, identifying and exploiting opportunities and minimizing threats to health capacity and outcomes?	1) Evidence of WHO generating and monitoring contextual data and responding to changing needs 2) Evidence of WHO influencing or responding to changing government priorities across the evaluation period 3) Evidence of WHO changing practice in relation to new evidence, lessons learned or partner feedback	X	X	X	X	Mission reports Context analysis
2. Coherence	2. To what extent have WHO contributions in Bhutan been coherent and synergistic with one another and with those implemented	2.1 How well have WHO's strategic priorities in Bhutan aligned with WHO global and regional health priorities (e.g. WHO South-East Asia Regional Office flagship initiatives, GPW13)?	Map alignment and coherence of base programmes and emergency programmes, of WHO in Bhutan	X	X	X		Programmes in Bhutan framework documents
		2.2 To what extent are WHO contributions in Bhutan aligned externally to UNSDCF	1) Perceived comparative advantage of WHO by other actors in Bhutan 2) Perceived health leadership and coordination role of	X	X	X	X	UNSDCF and any UN or multi-actor task forces

Criteria	Evaluation question	Sub-question	Measure proposed	Primary data Sources				Secondary Data
				WHO	Government	UN, Donors	Other Orgs	
	by other partners and the government?	and indicators for SDG3 Health and Well-being indicators?	WHO across different technical areas 3) Strategic, programmatic and operational adaptation needed to enhance WHO positioning					
		2.3 How well has WHO articulated and harnessed its comparative advantage to deliver on its mandate, as a health leader, convening and coordinating partner, while positioning itself as a strategic partner in the context of Bhutan? What adaptations are needed to enhance this positioning?	1) Evidence that WHO communicates and explains how it meets its mandated role in practice, and how it adds value in relation to other partners. 2) Evidence that WHO is seen as a leader in health by other actors 3) Evidence that WHO has engaged with other organizations to show how health outcomes can be improved by working together	X	X	X	X	Government health plans UN Sustainable Development Cooperation Framework and other UN documents
3. Effectiveness	3. Since 2020, what results, both intended and unintended, positive and negative, have WHO's contributions in Bhutan achieved?	3.1 What were WHO's key achievements across Country Office strategic priority areas and how did they contribute to the broader strategic objectives of the CCS 2020–2025, GPW13 and national health goals, particularly?	Level of achievement of outputs and outcomes results as: 1) Reported against planned results 2) Perceived by WHO and external stakeholders, covering regular, emergency and special programmes	X	X	X	X	Country Office and WHO South-East Asia Regional Office reports and KPIs, Output Score Cards, WHO evaluations
		3.2 To what extent have WHO contributions in Bhutan addressed health inequalities and the needs of populations in vulnerable situations, including displaced populations, migrants, women and persons with disabilities?	1) Evidence that WHO contributions assess the extent to which they address inequities 2) Evidence of strategies developed to respond to differentiated needs and inequities	X	X	X	X	Disaggregated data and reports on health inequities in Bhutan produced by WHO and other stakeholders. 3 rd party evaluation reports
		3.3 How effectively has WHO's country-level COVID-19 response supported national health systems in managing the pandemic, particularly in reaching remote and most vulnerable populations with vaccination and essential primary health care services?	1) Evidence of global and regional initiatives and support provided to Bhutan 2) Perceived added value of WHO regional/headquarters contributions to the results in Bhutan 3) Evidence of vulnerable populations have g been identified and reached with vaccination and PHC. 4) Evidence of pandemic response enabling WHO contributions not otherwise possible	X	X	X		WHO South-East Asia Regional Office Mission reports WHO South-East Asia Regional Office initiatives/ strategies WHO health emergency plans

Criteria	Evaluation question	Sub-question	Measure proposed	Primary data Sources				Secondary Data
				WHO	Government	UN, Donors	Other Orgs	
								3 rd party reports of pandemic response
		3.4 What strengths and weaknesses have characterized the effectiveness of WHO's contributions in Bhutan since 2020 in its core functions: policy development, technical guidance, advocacy, coordination (within the health sector and across sectors), institutional and capacity development? What factors enabled or hindered WHO contributions?	1) Document WHO response in the pandemic, including review of existing assessment 2) Gather primary data from key stakeholders, in particular in relation to how the COVID-19 response has been leveraged to sustainably strengthen the health system and emergency preparedness systems	X	X	X	X	COVID-19 after action review Reports by Ministry of Health
		3.5 What good practices, innovations and lessons have emerged from WHO's contributions in Bhutan since 2020, which could be replicated?	1) Evidence of government and other parties highlighting good practices 2) Regional office/headquarters recording and recognising good practice examples from Bhutan or from other countries with potential application in Bhutan	X	X			Regional evaluations Reports of regional health workshops
4. Efficiency	4. To what extent did WHO contributions in Bhutan deliver, or are they likely to deliver, results in an efficient and timely way?	4.1 To what extent are the programme management and M&E systems adequate to ensure efficient operational and timely allocation of resources and adequate measurement of results including in changing circumstances?	1) Perceived efficiency of the WHO contributions by WHO and external stakeholders 2) Budget analysis: budget adherence; resource allocation efficiency (funds & human) to priority contributions; 3) Evidence of operational responsiveness to evolving health needs	X	X			Financial data, monitoring data, output data, evaluations, Organigram
		4.2 To what extent did WHO advocate and mobilize resources for implementing the CCS Strategic Agenda?	1) Review of M&E system design and implementation 2) Perceived efficacy/relevance/use of M&E for accountability and learning Document fundraising efforts by country and regional offices	X	X	X		M&E guidelines, results-based management guiding documentation

Criteria	Evaluation question	Sub-question	Measure proposed	Primary data Sources				Secondary Data
				WHO	Govern- ment	UN, Donors	Other Orgs	
		4.3 How cost-effective have WHO's investment decisions been? To what extent has WHO considered value for money in its decision-making?	1) Resource allocation efficiency (funds & human) to priority contributions. 2) Analysis of the balance and distribution of sources of funding and human resources between priority areas. 3) Evidence of value for money analysis in senior management decision-making.	X	X	X		Financial data Funding proposals and pipeline
5. Sustainability	5. To what extent has WHO contributed towards building national capacity and ownership for addressing Bhutan's health needs and priorities?	5.1 To what extent has WHO supported the strengthening of health security and system resilience?	Evidence of contribution of WHO to emergency preparedness	X	X	X	X	3 rd party reports of pandemic response. Donor/ academic/ other 3 rd party reports on preparedness and resilience
		5.2 To what extent have WHO contributions supported national ownership for health system strengthening, as well as the national capacity to deliver on and achieve the results as planned in the relevant national health policies and strategies?	Evidence that WHO has mapped, assessed and planned for health systems capacity development likely to be supported by sustainable human and financial resourcing.	X	X	X		Donor/ academic/ other 3 rd party reports on health systems capacity
		5.3 How likely is it that any capacity gains in health systems can be sustained over time?	Evidence of government, WHO, donor or other intention to invest in Bhutan health systems.	X	X			Donor/ academic/ other 3 rd party reports on health systems capacity

Source: Evaluation Inception Report, 15 January 2025

Annex 7. Stakeholder Analysis and Key Informants

A stakeholder analysis was undertaken during the evaluation inception phase with the Bhutan Country Office and WHO South-East Asia Regional Office and identified around 40 key informants for the evaluation from five stakeholder groups. In addition to this, several stakeholders were added during the data collection phase using snowball sampling, bringing the total number of key informants to 49 (see Table 19).

Table 19: Key informants by category and gender

Category of stakeholders	Male	Female	Total
Internal Stakeholders (WHO)	10	8	18
External Stakeholders (UN)	3	2	5
Implementing Partners (including Ministries of Health, Planning, etc.)	8	3	11
National Government Representatives (Ministry of Finance)	1	1	2
Additional stakeholders (banks, bilateral & international NGOs)	8	5	13
Total	30 (61%)	19 (39%)	49

Annex 8. Key informant interview (KII) questions

Guidance for interviewers

- Use open-ended questions to encourage elaboration.
- Use follow-up probes when responses lack detail or clarity.
- Aim to cover all questions relevant to the interviewee. If short of time, **questions in bold are top priority.**
- Make sure the interviewee is comfortable before asking them questions
- Remain sensitive to cultural nuances and the respondent's role and position.

Interview introduction

- Many thanks for agreeing to this interview.
- We are carrying out a combined exercise that both reviews WHO's contribution to health in Bhutan over the past five years and helps WHO to develop its Country Cooperation Strategy (CCS) for Bhutan for the next 5 years.
- We are an independent evaluation team. This interview is confidential, and WHO will not see the recording or notes of this interview. The evaluation report will not attribute any statement or view to individuals.
- The evaluation report will be completed by the end of March. We do not know when it will be made public by WHO.

Do you have any questions before we start?

Table 20: Interview questions by stakeholder type

Evaluation question	Interview questions	Questions addressed to:			
		WHO	Govt	UN, Donor	Other Orgs
EQ1. To what extent is Bhutan WHO Country Office positioning and contributions aligned to the national context, evolving needs and	<p>How well is WHO's work in Bhutan aligned with the health priorities of the Government?</p> <p>Possible follow-up</p> <ul style="list-style-type: none"> • How does WHO align its work with the government? • Dialogue with the government? • Challenge to government about its priorities • Influence of WHO on preparation of government health priorities and strategies 	X	X	X	

Evaluation question	Interview questions	Questions addressed to:			
		WHO	Govt	UN, Donor	Other Orgs
the policies, priorities and strategic plans of the Bhutanese government, while also being responsive to the needs and rights of Bhutanese people?	How (and how well) has WHO determined and agreed the health priorities in Bhutan? Possible follow-up <ul style="list-style-type: none"> • Studies? Data collection? Data analysis capacity? • Dialogue with the government? • Consultation with other health/non-health organizations? 	X	X	X	
	What are the main health challenges in Bhutan? Possible follow-up <ul style="list-style-type: none"> • What has changed in the health profile of Bhutan in the past five years and why? • Improvements in disease incidence? Disease eradication/near eradication? • Worsening disease incidence? What are the most important threats now? • Main drivers of change in health status? • WHO foresight in spotting and responding to changes? • What health emergencies have occurred (apart from the pandemic)? 	X	X	X	X
	What are the principal strengths and weaknesses of the health sector in Bhutan? Possible follow-up: <ul style="list-style-type: none"> • Human resources • Financial resources • Infrastructure - Buildings/hardware/equipment • Reach into rural areas • Data systems 	X	X	X	X
EQ2. To what extent have WHO contributions in Bhutan been coherent and synergistic with one another and with those implemented by other partners and the government?	How does WHO in Bhutan ensure alignment with WHO global priorities: Possible follow-up <ul style="list-style-type: none"> • How has WHO Bhutan aligned itself with GPW13 (and initially GPW14) • Which WHO South-East Asia Regional Office regional Flagships have been active/subject of case study in Bhutan? • In 2020–2024, have there been any areas of mismatch between GPW13 and WHO's work in Bhutan? • Are there areas of GPW13/14 that do not capture health priorities in Bhutan? 	X	X		

Evaluation question	Interview questions	Questions addressed to:			
		WHO	Govt	UN, Donor	Other Orgs
	<p>In Bhutan, what is the process of dialogue/prioritization/planning for the UNSDCF?</p> <p>Possible follow-up</p> <ul style="list-style-type: none"> • What is the process for analysing progress against SDG3? When/how/who? • How is SDG3 discussed in the UNCT? • What role (if any) has WHO played in leading these discussions? • How and how well are UNICEF, UNFPA, FAO, etc. engaged in those discussions to agree health priorities and programmes? • Are there any joint UN programmes related to health? Do they include NGOs and other non-state actors? 	X		X	
	<p>How does WHO exercise its leadership role in the health sector in Bhutan as it supports the government?</p> <p>Possible follow-up</p> <ul style="list-style-type: none"> • Does WHO play any role in coordinating health interventions in Bhutan? If so, how, how well? • Are there task groups for the coordination of e.g. nutrition, combined response to NCDs? If so, how are they coordinated? Who is involved? 	X	X	X	X
EQ3. Since 2020, what results, both intended and unintended, positive and negative, have WHO's	<p>What do you see as WHO's main achievements in the past five years in Bhutan?</p> <p>Possible follow-up</p> <ul style="list-style-type: none"> • Which contributions were most effective and why? • Are any of these unexpected/outside those anticipated in the CCS? 	X	X	X	X

Evaluation question	Interview questions	Questions addressed to:			
		WHO	Govt	UN, Donor	Other Orgs
contributions in Bhutan achieved?	How does WHO contribute to the success of government health interventions? Possible follow-up <ul style="list-style-type: none"> • What is WHO's added value? • WHO distinctive/unique role? • What are the limitations of WHO influence over government? • What is the contribution of WHO South-East Asia Regional Office to in support of, and in contrast to, the country office? • What is the contribution of headquarters, if any? Is it direct to country office or via WHO South-East Asia Regional Office? 	X	X	X	
	How /how well did WHO support the government response to the pandemic? Possible follow-up <ul style="list-style-type: none"> • Protection of the population against COVID-19? • How well did WHO execute/support government vaccination campaigns (COVID and other)? 	X	X	X	X
	How well does WHO analyse and address health inequalities? Possible follow-up <ul style="list-style-type: none"> • Data on inequalities? • Access to/action on remote communities? • Analysis by gender, displaced/migrants, persons with disabilities? 	X	X	X	
	Which innovations/good practices have emerged from WHO programmes (or the health sector more generally) that could be spread more widely in Bhutan and/or other countries?	X	X	X	X
	What limits WHO's effectiveness in Bhutan? Possible follow-up Are there identifiable barriers? How could they be removed?	X	X	X	X
EQ4. To what extent did WHO contributions in Bhutan deliver, or are they likely to deliver results in an	How does WHO set its priorities and budgets for each biennium? Possible follow-up <ul style="list-style-type: none"> • How well does this process work? • How realistic were the objectives set for the CCS 2020–2024? • What was the effect of any shortfalls in funding of planned activities? 	X	X		

Evaluation question	Interview questions	Questions addressed to:			
		WHO	Govt	UN, Donor	Other Orgs
efficient and timely way?	How is the health system in Bhutan funded? Possible follow-up <ul style="list-style-type: none"> • Approx. breakdown between taxation/donor funding incl. WHO contribution? • Who are the main external donors/funders apart from WHO? • Has the government asked WHO to fund initiatives that WHO does not have the resources to support? 	X	X		
	How successful was WHO in advocating for and raising financial resources to deliver the CCS strategic priorities? Possible follow-up <ul style="list-style-type: none"> • What were the respective contributions of the country office/regional office/headquarters? • What are the strengths and weaknesses in the process of WHO resource mobilization? 	X	X		
	Which WHO investments have given the best value for money? Which is the least value? Possible follow-up <ul style="list-style-type: none"> • Does/How does WHO decide which investments are the best value? • Has the government requested investments that WHO has declined to support? • What lessons can be drawn regarding collaboration with stakeholders and resource allocation? • How can WHO make better use of its funds in Bhutan? 	X	X	X	X
EQ5. To what extent has WHO contributed towards building national capacity and ownership for addressing Bhutan's health needs and priorities?	What has WHO done to increase the capacity of health systems, personnel and institutions in Bhutan (government and other institutions)? Which contributions have been most successful, least successful? Possible follow-up <ul style="list-style-type: none"> • With different departments within Ministry of Health? • Health-related academic/research institutes? • How has WHO measured health systems/health institution capacity? How has capacity changed over time? • How has the government taken ownership for increasing national health systems capacity, if at all? • Emergency resilience/preparedness/and response incl. technical assistance in emergencies? Probe on strengthened health systems capacity	X	X	X	X
	How likely is it that gains in systems capacity can be sustained into the future? Possible follow-up <ul style="list-style-type: none"> • What is holding back sustainability? • What will it take to make any gains sustainable? 	X	X	X	
	What unfinished business remains from the previous CCS?	X	X	X	X

Evaluation question	Interview questions	Questions addressed to:			
		WHO	Govt	UN, Donor	Other Orgs
CCS. What should be the key focus areas, strategic shifts and deliverables for Bhutan's next CCS (2026–2030) to address evolving health priorities and challenges?	<p>Possible follow-up:</p> <ul style="list-style-type: none"> Which health domains (e.g. NCDs, UHC, mental health, climate induced risks) should receive priority? What role should emerging areas like digital health, telemedicine or climate adaptation play? Given the strategic priorities in GPW14, Bhutan's FYP13 and UNSDCF (e.g. UHC, climate resilience, digital innovation and health financing), what key actions and enablers do you propose for the next CCS? What new areas does Bhutan need to consider given changing global circumstances? <p>Probe-strategic priorities identified through the key documents-ranging from achieving equitable UHC and addressing health inequities to promoting climate-resilient health systems, digital innovation and sustainable health financing</p>				
	<p>Given today's health and financing environment, what strategic shifts should WHO consider to enhance its support for Bhutan's health system?</p> <p>Possible follow-up:</p> <ul style="list-style-type: none"> How can WHO adapt its role to meet Bhutan's health priorities effectively? What approaches could improve primary health care integration or health financing mechanisms? Are there programmes where WHO support is no longer needed or other development partners can do better? Also newer areas where WHO's support is required? <p>Probe-such as enhanced intersectoral collaboration, focused capacity-building for health workforce, emphasis on technology & innovation for health care</p>	X	X	X	X
	<p>What enablers are critical for the success of the next CCS?</p> <p>Possible follow-up:</p> <ul style="list-style-type: none"> What systemic changes are necessary for effective implementation? How can WHO ensure sustainable financing and resource allocation? <p>Probe – Long term financing, regional partnerships and collaboration and enhanced stakeholder mechanisms</p>	X	X	X	X
	<p>How should WHO collaborate with stakeholders to achieve the next CCS objectives?</p> <p>Possible follow-up:</p> <ul style="list-style-type: none"> What role should WHO play in aligning with other development partners and agencies? How can WHO support the government in health governance and leadership? Are there programs where WHO support is no longer needed or other development partners can do better? <p>Probe – Aligning with government health priorities, leveraging partnerships with UN agencies and NGOs, supporting local community involvement</p>	X	X	X	X

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