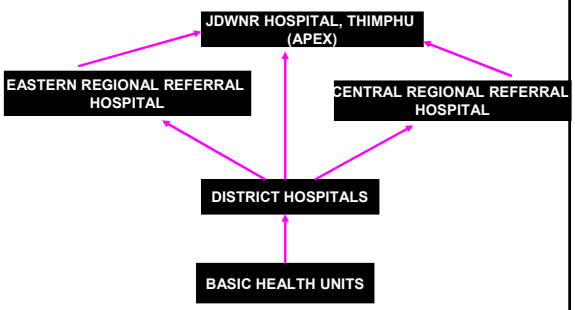
Presentation of the National Plan

BHUTAN

DEMOGRAPHIC PROFILE

Demography	Total
Area	38,394 Sq Km
Population	6,80,000
Total No. of Referral Hospitals	3
Total No. of Hospitals	29
Total No. of Basic Health Units	178
Total No. of Doctors	157

REFERRAL SYSTEM



Service Delivery: Disease Control (Annual)

Disease	Target set	Actual *	Percentage
Cataract (CSR)	1500	1200	80%
Refractive errors (Spectacles delivered)			
Diabetic Retinopathy (Patients identified & Treated)	500	369	74%
Pediatric Eye Care (No of children treated)	500	200	40%
Others			

**If exact figure are not available, please provide estimates or subjective assessment like (achieved, not achieved, Moderately achieved)*

Service Delivery: Cataract

- Geographic Distribution: Un-even scattered settlement of population in the different altitudes.
- Underserved areas: Because of the accessibility – road, esp. northern high altitude settlements - cost efficient is not uniform
- Reasons for low distribution: Climatic condition, vegetation, cultural bio-diversity, life style
- Challenges faced: Accessibility to the particular area is difficult because of difficult terrain & un-even distribution of people living in the area.

Service Delivery: Refractive Errors

- Geographic Distribution: Un-even scattered population in the different altitudes.
- Underserved areas: Where ophthalmic professionals are not available
- Reasons for low distribution: Accessibility to optical services poor
- Challenges faced: No adequate trained opticians available

Service Delivery: Diabetic Retinopathy

- Geographic Distribution: Un-even scattered population in the different altitudes
- Underserved areas: All districts except Thimphu (apex hospital)
- Reasons for low distribution: NCD program launched, Diabetic Clinic only recently in apex hospital. Services need to be expanded. Life style in urban & rural is different.
- Challenges faced:
  - Need to set up proper reporting and recording system.
  - No trained Vitreo-retinal surgeon yet [pipeline ~ 1 year after]

Service Delivery: Pediatric Eye Care

- Geographic Distribution
- Underserved areas
- Reasons for low distribution
- Challenges faced: No adequate manpower

Similar reasons as mentioned earlier

Human Resources

(Ophthalmologists/MLEP*/Manager)
Target Year:

Category	Target	Current Status	Annual Capacity
Ophthalmologists	10	7	
MLEPs	80	55	2
Manager	2	1	

** MLEP includes ophthalmic assistants, optometrists, opticians*

Human Resources

(Ophthalmologists/MLEP*/Manager)

- **Distribution for HR:**
  - **Each Grade I BHU & District Hospital has OAs.**
  - **Referral Hospital has Ophthalmologists, OAs, ONs and Opticians.**
  - **Program Manager only in Thimphu**
- **Reasons for low distribution in specific area**
- **Training capacity (annual output): Annually 2 from (Royal Institute of Health & Science)**
- **Challenges: Relevance & Placement for the training.**

** MLEP includes ophthalmic assistants, optometrists, opticians*

Infrastructure
Target Year:

Category	Target	Current Status
Primary	As per Royal Government of Bhutan planned programme	
Secondary		
Tertiary		

We have integrated system of health service. As such no separate eye hospital is constructed. Basic Health Units (BHU), District Hospital and the Referral Hospitals serves the purpose.

Infrastructure

- Distribution ~ More or less well distributed
- Not covered area & reasons : Poor accessibility, un-even distribution of population.
- Challenges : Manpower coverage

Others areas

- Presence of National body/structure for Implementation- Govt. or Non Govt.
- INGO's active in eye care Program: Himalayan Cataract Project
- Govt. Commitment (Budget allocation & HR support): Only equipment
- Neglected areas in the plan ~ *Balanced manpower development*
- Major challenges faced during implementation/achieving the targets
  - Central level planning, implementation, monitoring, support and evaluation limitation due to lack of manpower and training