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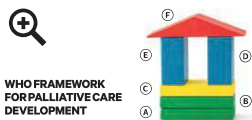


General data

POPULATION, 2023
786385
SURFACE, KM², 2022
38,390
PHYSICIANS / 1,000 INH, 2022
0,56

Socioeconomic data

COUNTRY INCOME LEVEL, 2022
Lower-middle
HUMAN DEVELOPMENT INDEX RANKING, 2021
127
GDP PER CAPITA (US\$), 2023
N/A
HEALTH EXPENDITURE (% GDP), 2021
3,85
UNIVERSAL HEALTH COVERAGE, 2021
60



WHO FRAMEWORK FOR PALLIATIVE CARE DEVELOPMENT

- Ⓐ EMPOWERMENT OF PEOPLE AND COMMUNITIES
- Ⓑ POLICIES
- Ⓒ RESEARCH
- Ⓓ USE OF ESSENTIAL MEDICINES
- Ⓔ EDUCATION AND TRAINING
- ⓫ PROVISION OF PC



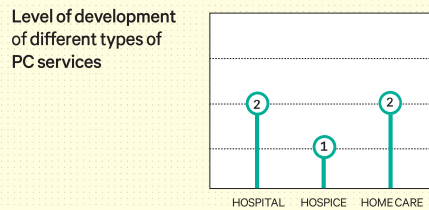
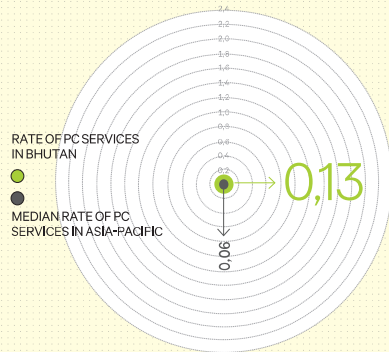
Bhutan

F Provision of PC (Specialized Services)

Total number of Specialized PC services **1**

Rate of PC services per 100,000 inhabitants **0,13**

Bhutan in the context of Asia-Pacific regions



Pediatric PC Services



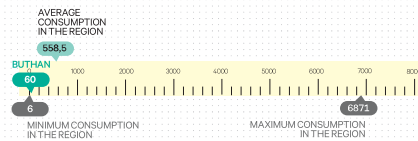
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Bhutan

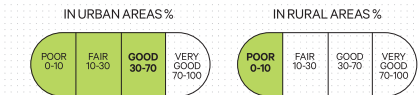
D Use of essential medicines

Opioids consumption (excluding methadone) **60**
S-DDD/MILLIN HABITANTS/DAY

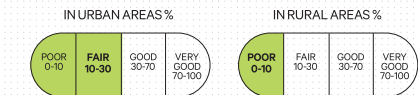
Bhutan in the context of Asia-Pacific regions



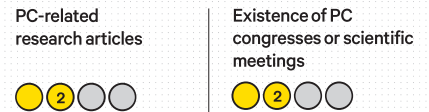
Overall availability of essential medicines for pain and PC at the primary level



General availability of immediate-release oral morphine at the primary level



C Research



National Association: -
Consultants: Tara Devi Laavar.
Data collected: June-September 2024.
Report validated by consultants: October - November 2024
Report sponsored by National Association: N/A
Edited by Atlantes Research Team University of Navarra (Spain)

E Education & Training

Medical schools with mandatory PC teaching **0/1**

Nursing schools with mandatory PC teaching **1/1**

Recognition of PC specialty **2**

B Policies

National PC plan or strategy **3**

Responsible authority for PC in the Ministry of Health **2**

Inclusion of PC in the basic health package at the primary care level **2**

A Empowerment of people and communities


Groups promoting the rights of PC patients **2**

Advanced care planning-related policies **1**



AP Bhutan

People & Communities

<p>Ind1</p> <p>Existence of groups dedicated to promoting the rights of patients in need of PC, their caregivers, and disease survivors.</p>	 <p>Pioneers, champions, or advocates of palliative care can be identified, but without a formal organization constituted.</p>	<p>In 2018, a home-based palliative care team was established at the national referral hospital in Thimphu, Bhutan, and continues to serve as the only formal palliative care provider in the country. In collaboration with a PhD-specialized palliative care nurse and lecturer at the Medical University of Bhutan, the team works to further develop palliative care services in Bhutan, enhance the knowledge and skills of healthcare professionals, and advocate for palliative care among healthcare providers, policymakers, and the general public.</p>
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<p>Ind2</p> <p>Is there a national policy or guideline on advance directives or advance care planning? (Select the highest that apply).</p>	 <p>There is no national policy or guideline on advance care planning.</p>	<p>The first national palliative care guideline has recently been finalized, but it provides limited guidance on advance care planning, as palliative care itself is still a relatively new concept in the country. Currently, no specific guideline exists for advance care planning.</p>
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Policies



<p>Ind3</p> <p>3.1. There is a current national PC plan, programme, policy, or strategy.</p> <p>3.2. The national palliative care plan (or programme or strategy or legislation) is a standalone.</p>	 <p>Actualized in last 5 years, but not actively evaluated or audited.</p>  <p>There is a dedicated section on palliative care contained within another national plan such as for cancer, NC diseases or HIV.</p>	<p>The palliative care strategy is integrated into the Cancer Control Program. The Ministry of Health has recently developed a national palliative care guideline, though it has not yet been officially published.</p>
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Policies

<p>3.3. There are indicators in the national plan to monitor and evaluate progress, with measurable targets.</p>	 <p>Not known or does not exist.</p>	
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<p>Ind4</p> <p>PC services are included in the list of priority services for Universal Health Coverage at the primary care level in the national health system.</p>	 <p>Decree or law to include palliative care in the list of health services provided at the primary care level in preparation.</p>	<p>Bhutan's National Health Policy is currently undergoing review, with palliative care incorporated into the updated version.</p>
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<p>Ind5</p> <p>5.1. Is there a national authority for palliative care within the government or the Ministry of Health?</p> <p>5.2. The national authority has concrete functions, budget and staff.</p>	 <p>The authority for palliative care is defined but only at the political level (without a coordinating entity defined).</p>  <p>There are concrete functions but do not have a budget or staff.</p>	<p>Palliative care is currently integrated into the Cancer Control Programme, with the Public Health Department at the Ministry of Health serving as the coordinating body responsible for overseeing its progress.</p>
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Research

Ind6

Existence of congresses or scientific meetings at the national level specifically related to PC.



In September 2023, the Ministry of Health hosted an international Cancer Symposium, where the significance of palliative care was emphasized, and several palliative care research findings were presented.

Ind7

Estimation of the level of peer-reviewed articles focusing on PC research published in any language in the past 5 years with at least one author from the country.



Although a few foundational studies on palliative care development have been published in Bhutan, the overall volume of research publications remains low.

Medicines

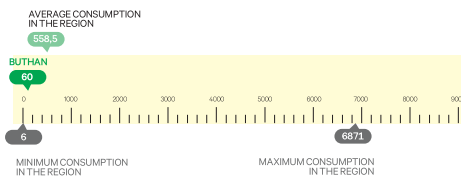
Ind8

Reported annual opioid consumption –excluding methadone– in S-DDD per million inhabitants per day.

Average consumption of opioids, in defined daily doses for statistical (S-DDD) purposes per million inhabitants per day, 2020–2022: 60 S-DDD.



COUNTRY VS REGION



AP Bhutan

Medicines

Ind9

9.1. Percentage of health facilities at the primary care level in Urban areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



In Bhutan, medicines for pain management and opioids as morphine tablets and injections are available at secondary and tertiary healthcare centers. Primary health centers in communities does not have availability of most of the palliative care medications as defined in the WHO Model List of Essential Medicines (just paracetamol and ibuprofen for pain management).

9.2. Percentage of health facilities at the primary care level in rural areas that have pain and palliative care medications as defined in the WHO Model List of Essential Medicines.



Ind10

10.1. Percentage of health facilities at the primary care level in urban areas that have immediate-release oral morphine (liquid or tablet).




In Bhutan, medicines for pain management and opioids as morphine tablets and injections are available only at secondary and tertiary healthcare centers. Primary health centers in communities does not have availability of most of the palliative care medications as defined in the WHO Model List of Essential Medicines (just paracetamol and ibuprofen for pain management).


10.2. Percentage of health facilities at the primary care level in rural areas that have immediate-release oral morphine (liquid or tablet).



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Education & Training



<p>Ind11</p> <p>11.1. The proportion of medical schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of medical schools in the country</p>	<p>0/1</p>	<p></p> <p>Bhutan has one medical university, comprising four faculties: the Faculty of Nursing and Public Health (FNPH), the Faculty of Traditional Medicine, the Faculty of Postgraduate Medicine, and the newly established Faculty of Undergraduate Medicine. Currently, palliative care is not a mandatory part of the undergraduate medical curriculum. However, it is included as a compulsory component in the nursing and community health curriculum at FNPH.</p>
<p>11.2. The proportion of medical schools with OPTIONAL teaching in PC...</p>	<p>1/1</p>	
<p>11.3. The proportion of nursing schools with COMPULSORY teaching in PC (with or without other optional teaching) over the total number of nursing schools in the country.</p>	<p>1/1</p>	
<p>11.4. The proportion of nursing schools with OPTIONAL teaching in PC...</p>	<p>0/1</p>	

<p>Ind12</p> <p>12. Existence of an official specialisation process in palliative medicine for physicians, recognised by the competent authority in the country.</p>	<p></p> <p>There is no process on specialization for palliative care physicians but exists other type of professional training diplomas without official and national recognition (i.e., advanced training courses or masters in some universities of institutions).</p>	<p>Bhutan has only one palliative care physician, who recently completed a year-long Fellowship in Palliative Medicine at the Singapore National Cancer Center. The country currently lacks a specialized palliative care or postgraduate program in this field.</p>
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AP Bhutan

Provision of PC / Services

<p>Ind13</p> <p>13.1. There is a system of specialized PC services or teams in the country that has a GEOGRAPHIC reach and is delivered through different service delivery platforms.</p>	<p></p> <p>No or minimal provision of palliative care specialized services or teams exist in the country.</p>	<p>There is only one specialized Palliative Care team in Bhutan based at the Jigme Dorji Wangchuck National Referral Hospital. While the team primarily serves adult cancer patients, its services have recently been extended to include non-cancer patients living in Thimphu city. According to 2023 World Bank population data for Bhutan, this corresponds to a rate of 0.13 specialized palliative care services per 100,000 inhabitants.</p>
<p>13.2. Are available in HOSPITALS (public or private), such as hospital PC teams (consultation teams), and PC units (with beds), to name a few examples.</p>	<p></p> <p>Ad hoc/ in some parts of the country.</p>	
<p>13.3. Free-standing HOSPICES (including hospices with inpatient beds).</p>	<p></p> <p>Not at all.</p>	
<p>13.4. HOME CARE teams (specialized in PC) are available in the community (or at the primary Healthcare level), as independent services or linked with hospitals or hospices.</p>	<p></p> <p>Ad hoc/ in some parts of the country.</p>	<p>RATE OF SPECIALIZED PC SERVICES/100,000 INH</p> <p>MEDIAN RATE IN THE REGION</p> <p>0.05</p> <p>BHUTAN 0.13</p> <p>0 2.58</p> <p>MINIMUM RATE IN THE REGION MAXIMUM RATE IN THE REGION</p> <p>1 ← SPECIALIZED PALLIATIVE CARE SERVICES</p>

<p>Ind14</p> <p>14.1. There is a system of specialized PC services or teams for children in the country that has geographic reach and is delivered through different service delivery platforms.</p>	<p></p> <p>No or minimal provision of palliative care specialized services or teams for children exists in country.</p>	<p>Palliative care for children is in the very early stages of development in Bhutan. It was in 2023 that pediatricians, resident doctors, and nurses began receiving training in pediatric palliative care. A year-long Pediatric Palliative Care Leadership Course is currently being conducted in the region, with a PhD-trained palliative care nurse and lecturer at the Medical University of Bhutan (Dr. Laabar), among the scholars in the inaugural cohort. The program, offered by Two Worlds Cancer Collaboration and Sunflower Children's Hospital, aims to build capacity in this field. Through the course, Dr. Laabar has been working to enhance the knowledge and skills of healthcare professionals involved in pediatric palliative care in the country.</p>
<p>14.2. Please enter the total number of pediatric specialized PC services or teams in the country.</p>	<p></p> <p>PPC TEAMS</p>	