SDG alternative report

BHUTAN

2025

A COMPREHENSIVE REVIEW OF BHUTAN'S PROGRESS ON SDG 3

List of acronyms

AFHS	Adolescent Friendly Health Services
AIDS	Acquired immunodeficiency syndrome
AMCHP	Accelerating Maternal and Child Health Program
AMR	Antimicrobial Resistance
AMS	Antimicrobial Stewardship
ANC	Antenatal Care
ART	Antiretroviral therapy
AST	Antimicrobial susceptibility testing
AWaRe	Access, Watch, Reserve
BCG	Bacillus Calmette-Guerin
BCTA	Bhutan Construction and Transportation Authority
BENAP	Bhutan Every Newborn Action Plan
BHTF	Bhutan Health Trust Fund
BNCA	Bhutan Narcotics Control Authority
CAPTURA	Capturing data on Antimicrobial Resistance Patterns and Trends in Use in Regions of Asia
COVID	Corona Virus Disease
CSO	Civil Society Organisation
DDD	Daily Defined Doses
DIC	Drop in Centres
DoPH	Department of Public Health
DPT	Diphtheria, Pertussis and Tetanus
GNH	Gross National Happiness
EPI	Expanded Programme on Immunization
HBV	Hepatitis B
HED	Heavy Episodic Alcohol Drinking
HISC	Health Information Service Centre
HIV	Human immunodeficiency virus
HPV	Human papillomavirus (HPV)
IHR	International health regulations
IMR	Infant mortality rate
IVF	In vitro fertilization
JEE	Joint External Evaluation
KII	Key Informant Interview
KGUMSB	Khesar Gyalpo University of Medical Sciences of Bhutan
LGBT+	Lesbian, Gay, Bisexual, Transgender and more
MCH	Mother and Child Health
MMS	Multiple micronutrient supplements
MoH	Ministry of Health
MPNDSR	Maternal, Perinatal, and Neonatal Death Surveillance and Response
MSDD	Medical Store and Distribution Division
MSM	Men who have Sex with Men
MVA	Motor Vehicle Accident
NACP	National AIDS Control Programme
NALS	Neonatal Advanced Life Support
NBLS	Neonatal Basic Life Support
NCD	Non-Communicable Diseases
NEML	National Essential Medicines List
NEQAS	National External Quality Assessment Scheme
NGO	Non-Governmental Organisation
NHS	National Health Survey
NICU	Neonatal Intensive Care Unit
NMS	National Medical Service
NTD	Neglected Tropical Diseases
OPV	Oral Polio Vaccine
PEN	Package of Essential NCD
PHC	Primary Health Care
PICU	Paediatric Intensive Care Unit
PNC	Prenatal Care
PrEP	Pre-exposure prophylaxis
PWD	People with Disabilities
RBP	Royal Bhutan Police
RCDC	Royal Centre for Disease Control
RENEW	Respect Educate Nurture & Empower Women
RMNCAH +A	Reproductive, Maternal, Newborn, Child, Adolescent Health and Ageing
SDG	Sustainable Development Goals
SNV	SNV Netherlands Development Organisation
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infection
SUD	Substance Use Disorder
TB	Tuberculosis
ToR	Terms of Reference
U5MR	Under 5 Mortality Rate
UHC	Universal Health Care
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WASH	Water, Sanitation and Hygiene (WASH)
WHO	World Health Organisation
YDF	Youth Development Fund

Table of Contents

Executive Summary

This report presents a concise, evidence-based review of Bhutan's progress on SDG 3, Good Health and Well-being, for the period of 2015 to 2025. The report synthesises a comprehensive desk review of over 55 sources of reports and documents, a youth survey on SDG 3 in Bhutan and key informant interviews to map progress, achievements, highlighting challenges, and provide actionable recommendations to accelerate progress to 2030.

Bhutan demonstrates a strong commitment to SDG 3, which has been further supported by the country's political will, a people-centred health system and policies that reflect the country's Gross National Happiness ethos. Overall, most of the SDG 3 indicators show improvement: maternal and child mortality rates have fallen, routine immunisation coverage remains high, and most of the priority communicable diseases are being effectively controlled. However, there has been a growing case of non-communicable diseases (NCDs), surging mental health cases and high suicide incidence still persist. Additionally, health workforce shortages, geographic inequities in service access, out-of-pocket costs for indirect services, limited disability inclusive infrastructure and gaps in emergency preparedness, notably for marginalised groups, undermine equity.

The report recommends comprehensive and equity-focused measures; inclusive service design, strengthened rural primary care and community mental health platforms, targeted workforce expansion and retention, anti-stigma social campaigns, implementation of WHO "best-buy" NCD measures, expanded PrEP and HIV testing and operationalisation of One Health approaches. These steps must be supported by multisectoral coordination with clear accountability, enhanced data disaggregation and sustainable domestic financing together with stronger governance. Additionally, if the government engage civil society organisations and youths meaningfully, Bhutan will be well positioned to meet its SDG 3 commitments, while preserving the Gross National Happiness ethos that has been guiding the country's national development.

Introduction

Bhutan is a small Himalayan kingdom with a population of 727,145, nestled between India and China[1]. The country is renowned for its pristine environment, vibrant culture and unique approach to development. Bhutan's abundant water resources have enabled the country to harness its hydropower potential, and the pristine natural beauty and rich cultural heritage have allowed for tourism to grow[2]. Since Bhutan's shift to a constitutional monarchy in 2008, the country has pursued its unique development philosophy, Gross National Happiness (GNH), and has consistently demonstrated its commitment to sustainable development and the well-being of its people[3]. The country's development is guided by the principles of GNH, which measures progress not solely by economic growth but by a holistic approach that integrates the spiritual, emotional, cultural and environmental well-being of its citizens. As seen by the Constitution's clause stating that "the state shall provide free access to basic public health services in both modern and traditional medicines," Bhutan's health system has been significantly impacted by GNH.[4] In addition to being a way of attaining gross national satisfaction, health is seen as a necessary condition for spiritual and economic growth. As a reflection of the WHO definition of health, which is "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity," the Health Ministry has openly promoted the pursuit of a holistic health system.[5]

In 2015, Bhutan joined the global community in adopting the SDGs, reaffirming its commitment to achieving a better and sustainable future for all. The SDGs resonate deeply with Bhutan's GNH framework and align seamlessly. Bhutan has integrated the SDGs into its national policies and development plans and continues to demonstrate its dedication to global development while ensuring that progress remains equitable and inclusive. This is evident from the country's 13th Five-Year Plan, which aspires to elevate the country to high-income status by 2034[6]. The plan emphasises promoting social equity, fostering resilient governance and aligning these goals with both national priorities and Bhutan's international commitments under the SDGs. The 13th FYP explicitly integrates SDGs, human rights instruments and multilateral environmental agreements into its national framework, ensuring coherence with Bhutan's global obligations. Additionally, the plan's eight national programmes and outcomes, spanning economic growth, social well-being, governance and environmental sustainability, directly contribute to key SDG targets such as poverty reduction, quality education, gender equality, climate action, and decent work.

Among all the 17 SDGs, SDG 3, which aims to ensure healthy lives and promote well-being for all, remains a huge priority for the country. The 13th Five Year Plan (FYP) of Bhutan places strong emphasis on improving the health and well-being of all Bhutanese, with several key enablers that directly support the advancement of Sexual and Reproductive Health and Rights (SRHR) in the country. At the central of the plan is the Healthy Drukyul Programme, which strengthens reproductive, maternal, newborn, child and adolescent health under the universal health coverage framework, significantly expanding access to quality services and strengthening health workforce[6]. Gender is mainstreamed across sectors with commitments to prevent gender-based violence and improving maternal and reproductive health.

This commitment reflects the country's strong focus on public health and its dedication to providing universal access to essential services[7]. Over the past decade, Bhutan has made significant progress in the health sector[7]. For instance, the country has achieved substantial reductions in maternal and child mortality, eliminated diseases such as polio, goitre and measles, sustained high immunisation coverage and expansion of access to healthcare services across its challenging terrain. Additionally, Bhutan's universal healthcare system provides free access to essential health services and initiatives such as the introduction of PrEP to combat HIV highlight Bhutan's proactive approach for SDG 3. At the same time, Bhutan's commitment to health is also reflected in the country's dual system of modern and traditional medicine (called Sowa Rigpa). Traditional medicine has been fully integrated into the national health system, offered alongside allopathic services in hospitals and primary health care centers. This approach not only honours Bhutan's cultural heritage but also strengthens holistic well-being. However, at the same time, challenges remain, particularly in addressing non-communicable diseases (NCDs) and communicable diseases, which pose a burden on the health system, mental health issues and substance use disorder.

With just five years remaining to achieve the 2030 agenda, the need to accelerate efforts toward the SDGs has never been more urgent. The COVID pandemic had also disrupted the health and social systems worldwide and in Bhutan as well. While Bhutan mounted a rapid, coordinated response, grounded in prior preparedness, community trust and strong leadership, and achieved extremely high vaccination coverage (reaching about 90% of population within days), the pandemic had also interrupted several essential services and contributed to rising mental health needs. These experiences highlighted the importance of strong primary care, inclusive emergency planning, community engagement and inclusive digital health systems, that should guide the country's efforts to build a more resilient health system. However, Bhutan has made significant progress in SDG 3, but challenges still remain that require renewed focus and innovation. This critical period presents an opportunity for Bhutan to strengthen collaboration across sectors, improve resource allocation and empower its youth and communities to drive meaningful change.

Objective

The report aims to develop a comprehensive monitoring analysis of Bhutan's progress towards Sustainable Development Goal 3 (Good Health and Well-being) over the period from 2015 to 2025. The report aims to:

- Evaluate and document Bhutan's overall achievements and challenges in advancing health and well-being during this decade.
- Incorporate insights and perspectives from key stakeholders, including government agencies, civil society organisations, youth groups, and community representatives, to ensure a thorough and accurate assessment.

Methodology

In-depth desk review:

The team undertook a comprehensive desk review of all publicly available information on SDG 3 in Bhutan from 2015 to 2025. This involved collecting and analysing over 55 sources, including government reports, policy documents, peer-reviewed journal articles, statistical reports, web articles, research papers, and other relevant grey literature, excluding website articles. These documents, spanning the past two decades, provided a comprehensive base of relevant information. These collected data were triangulated to establish robust evidence for SDG 3 indicators. The review process also aimed to identify data gaps and inconsistencies, and chart trends for each indicator, while highlighting major government interventions. This in-depth analysis ultimately served as the foundation of the report, ensuring that subsequent qualitative and quantitative

information was built on a deep understanding of existing knowledge and the contextual realities of SDG 3 in Bhutan.

Survey:

In order to quantitatively gauge youths' perspective on SDG 3, the team also deployed a structured survey targeting young people in Bhutan during the month of June 2025. The survey included closed and open-ended questions focusing on respondents' perceptions of the current status of SDG 3, perceived barriers to equitable health access, quality of these health services and priority areas for policy intervention. Convenience sampling was employed to reach as many young people across Bhutan as possible and the data was collected through a digital survey administered via Google Forms. A total of 77 youths responded to the survey. The resulting dataset enabled statistical analysis of young people's perceptions of the achievements and challenges related to SDG 3 in Bhutan and helped identify high-priority interventions.

Key informant interviews:

In order to complement the desk review, the team also conducted semi-structured interviews with eight KIIs with a diverse array of stakeholders from government, CSOs, NGOs and youth advocate, who shed light on Bhutan's SDG 3 achievements and challenges. A standardised interview guide was developed to explore perceptions of policy implementation, resource constraints, service delivery bottlenecks, community engagement strategies and enabling factors that have driven positive outcomes. Prior to conducting the KIIs, ethical consent was obtained from the interviewees. Additionally, all the information from the KII was included in the report only after the interviewees were informed about the purpose of the interview and the reasons for their participation. These interviews helped capture insights that are not always evident in published documents and included in the report.

The combination of these three methodologies enabled the study to map the quantitative trajectory of SDG 3 in Bhutan through a desk review, deepen the understanding of policy implementation and institutional dynamics through key informant interviews, and capture ground-level experiences and priorities through a survey. Together, these complementary approaches ensured that the analysis not only charted trends for SDG 3 in Bhutan but also included the voices of stakeholders.

Methodology Overview

In-depth Review:

55
Sources
analysed, including government reports, policy documents, peer-reviewed journal articles, statistical reports, web articles, research papers, and other relevant grey literature

Survey:

77
Respondents

41 **Women** **36** **Man**

from diverse educational backgrounds, age groups, districts, ethnic and institution.

Key informant interviews:

8
KIIs
from diverse stakeholders from government, CSOs, NGOs and youth advocate

Progress and Achievement

Maternal, Newborn and Child Health

3.1.1 Maternal mortality ratio

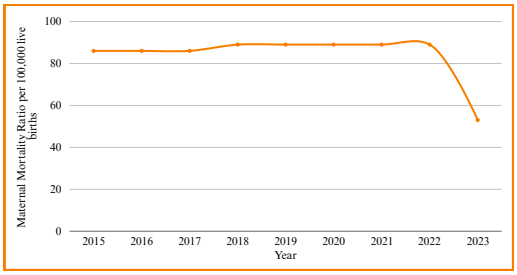

Figure 1. SDG 3.1.1. Maternal Mortality Ratio per 100,000 live births. Data from Annual Health Bulletin 2016 – 2024, Ministry of Health.

From a maternal mortality ratio of 777 per 100,000 live births in 1984 to a two-digit number of 53 in 2023, the maternal mortality ratio has dropped by over fifteen times in the last forty years.[8] The Ministry of Health's administrative statistics (55.5 per 100,000 live births) is consistent with the most recent NHS 2023 data. This accomplishment demonstrates how far Bhutan has come in meeting the challenging SDG 3 goal.[8]

Bhutan has unveiled a bold new plan to enhance the survival and well-being of expectant mothers and babies. The Ministry of Health's announcement of the Bhutan Every Newborn Action Plan (BENAP) 2025–2029 signifies a reinvigorated national commitment to eradicating avoidable stillbirths and newborn deaths while bolstering the nation's healthcare infrastructure.[9] By 2029, the strategy aims to lower maternal death to 40 per 100,000 live births, stillbirths to 2 per 1,000, and neonatal mortality to 5 per 1,000 live births.[9] The 13th Five Year Plan of Bhutan and the National RMNCAH+A plan (Reproductive, Maternal, Newborn, Child, Adolescent Health and Aging) are in line with BENAP 2025–2029; this has a robust monitoring and assessment system in place, replete with schedules, indicators, and responsible organizations.[9] SRHR services, particularly access to contraception and preconception care, quality antenatal care, respectful intrapartum care and timely obstetric referral, directly prevent high risk pregnancies and obstetric complications, and are therefore of critical enablers for reducing maternal deaths to the BENAP targets. Integrating SRHR into maternal health programs also promotes early detection of complications and empower women to make informed reproductive choices.

The Ministry of Health (MoH) launched the comprehensive Mother and Child Health (MCH) program on October 14, 2023, which is in line with national priorities and the "2020 Policy," and its main objective is to improve the health of mothers and children across Bhutan.[10] By emphasizing two crucial areas, improving access to mother and child health care and encouraging health-seeking behaviours, the complete MCH program seeks to address the issues head-on. Numerous services are included in the program, such as preconception and fertility services, medical screening, multiple micronutrient supplements (MMS), mental health screening during ANC and PNC, intimate partner violence screening, oral health screening, maternal exercises, lactation management, developmental delay screening and management, and conditional cash incentives for qualified women[10]. Additionally, the country has also launched the “Accelerated Maternal and Child Health Programme” or the 1,000 Golden Days Initiative in February 2025 to further boost the uptake of maternal and child health services with special outreach to women in remote and rural areas[11].

3.1.2 Proportion of births attended by skilled health personnel

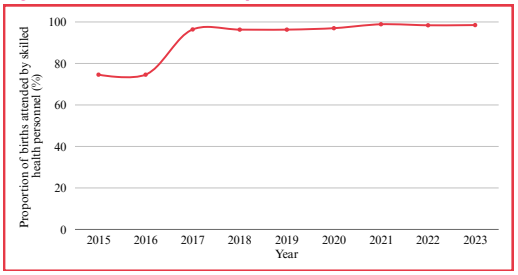

Figure 2. SDG 3.1.2. Proportion of births attended by skilled health personnel. Data from Annual Health Bulletin 2016 – 2024, Ministry of Health.

Just 10.9% of deliveries in 1994 took place in medical facilities, and only 15.1% were attended by skilled health personnel.[8] These percentages increased to 19.8% and 23.7%, respectively, by 2000. With 74.6% of deliveries attended by trained professionals and 73.7% taking place in medical facilities, 2012 saw a notable improvement. Significant progress has been made, according to the most recent NHS 2023 data, which shows that 98% of deliveries took place in health facilities and 98.5% were attended by trained professionals.[8] Research indicates that when a mother gives birth in a medical institution with the assistance of a trained birth attendant, the child's chances of survival are increased.[12]

As maternal age increases, the proportion of deliveries that are attended by skilled health personnel and take place in health facilities show very marginal declines. Both trained

provider attendance and deliveries at health facilities were at an astounding 100% among mothers under the age of twenty.[8] The proportion of births at health facilities and attended by trained medical professionals fell little to 99.1% and 98.5%, respectively, among mothers aged 20–34. These percentages dropped to 96.2% and 96.1%, respectively, for skilled health professional attendance and births at health facilities among mothers aged 35–49. All age categories show consistently high levels of healthcare services, according to the data. While the national coverage is extremely high, the National Health Survey highlights slight urban-rural differences including skilled birth attendance reaching 99.6% in urban areas compared to 97.7% in rural areas, and facility deliveries at 96.6% in rural communities[8]. Notably, about half of Bhutan's districts achieved 100% skilled birth attendance, setting strong benchmarks for maternal and newborn care standards. Additionally, with the launch of Accelerated Maternal and Child Health Programme in February 2025, it introduced a monthly conditioned cash transfer for disadvantaged mothers with children under two in remote areas[11]. This initiative aimed to strengthen timely ANC and PNC attendance and promote institutional deliver during the critical first 1,000 days after birth.

A number of structural adjustments are suggested by BENAP 2025–2029 to improve the usage of health facilities and trained health personnel's to assist with child birth.[9] These include creating advanced midwifery courses, incorporating maternal and newborn health into university curricula, and providing ongoing training for healthcare professionals. The plan also places a strong emphasis on expanding digital health systems and upgrading infrastructure. Community engagement is also a priority. The plan promotes people- and family-centred care, such as enforcing zero separation between mothers and newborns and boosting health literacy through civil society partnerships[9]. The availability of skilled birth attendants is a key SRHR outcome, as it ensures that women receive respectful, rights-based maternity care. Additionally, linking midwifery and reproductive health services, specifically in rural unreached areas, can strengthen both maternal and newborn survival and ensures continuity of care from pregnancy to postpartum.

3.2.1 Under-five mortality rate

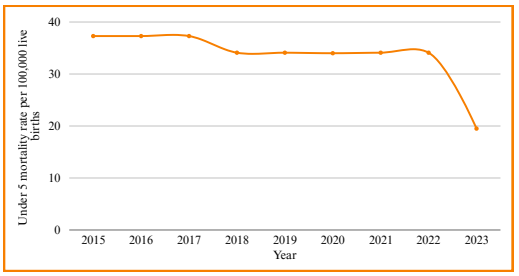

Figure 3. SDG 3.2.1. Under Five Mortality Rate per 100,000 live births. Data from Annual Health Bulletin 2016 – 2024, Ministry of Health.

The likelihood that a child will pass away within the first year of life per 1,000 live births is indicated by the Infant Mortality Rate (IMR), and the chance of dying before turning five per 1,000 live births is known as the Under-Five Mortality Rate, or U5MR.[8] The number of deaths that occur within the first 30 days of life per 1,000 live births in a year is known as the Neonatal Mortality Rate.[8] Neonatal causes make up the biggest percentage of causes of death for children under five in Bhutan, accounting for 55% of all under-five deaths.[13] From triple digits during the first national health survey in 1984 to a ratio of 15.2 and 19.5 respectively, by 2023, the IMR and U5MR showed a consistent downward trend.[8] With an estimated under-five death rate of 23.5 in rural areas and 13.7 in urban areas, the disparity was significantly greater.[8] Infant mortality (on or after the age of 1 month but before reaching the age of 1) decreased from 30.0 to 15.2, neonatal mortality (dying before reaching the age of 1 month) decreased from 21.0 to 6.9, and under-5 mortality decreased from 37.3 to 19.5 deaths per 1,000 live births between 2012 and 2023. The 2025 infant mortality rate in Bhutan is 18.46, which is 2.94% lower than the 2024 rate.[14]

In Bhutan, pneumonia is responsible for 12% of deaths in children under five (not including the 3% that fall under neonatal pneumonia), with other causes making up 18%. Diarrhoea and injuries account for 6% of mortality in children under five. Meningitis is responsible for 1% and AIDS for 2% of deaths in children under five[13]. This SDG 3 target aims to reduce neonatal mortality to at least as low as 12 per 1,000 live births and U5MR to 25 per 1,000 live births. Bhutan has met these targets and continues to make progress. The SDG targets are translated into successive national five-year development plans with 13th FYP aiming to further lower U5MR from 19.5 to 17 by 2029[8].

3.2.2 Neonatal mortality rate

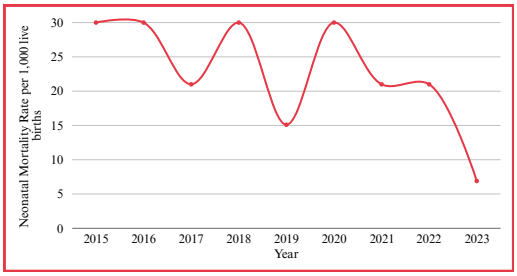

Figure 4. SDG 3.2.2. Neonatal Mortality Rate per 1,000 live births. Data from Annual Health Bulletin 2016 – 2024, Ministry of Health.

Out of roughly 10,000 live births in the nation each year, 69 neonatal fatalities occur. A 98% institutional delivery rate, the use of Kangaroo Care, enhancements to NICU and PICU services, and the introduction of a protocol for giving thiamine to children suffering from acute encephalopathy or meningoencephalitis since August 2018, among other things, are probably responsible for this remarkable accomplishment.[8] Additionally, according to the National Health Survey 2023, male child experienced higher mortality across all age categories, with neonatal, infant and under five mortality rates (8.9, 20.5 and 24.2 respectively) significantly exceeding those of female child[8]. The survey also highlighted geographic disparities with rural areas recording higher neonatal (8.3 vs 5), infant and under five mortality (23.5 vs 13.7) compared to urban settings, highlighting the equity gaps in access and service utilisation[8].

Sepsis (29%), preterm (23%), birth asphyxia (19%), and congenital abnormalities (19%) are the leading causes of neonatal mortality in Bhutan.[9] The need for comprehensive maternity care is highlighted by the fact that 42% of the deaths were related to maternal health issues, and more than half of the newborns who died were preterm or underweight[9]. Therefore, improving neonatal outcomes depends on integrated SRHR services that address maternal health before, during and after pregnancy. This will ensure access to antenatal and postnatal care, safe delivery and reproductive counselling helps prevent preterm births and birth complications that drive neonatal deaths.

In May 2023, the Ministry introduced the Maternal Micronutrient Supplement (MMS) in partnership with UNICEF and Vitamin Angels. In contrast to the earlier Iron-Folic Acid supplementation, MMS lowers the risk of stillbirths, low birth weight, and infantile Beriberi in addition to preventing anaemia.[15] Additionally, The Bhutan Every Newborn Action Plan, or BENAP (2025–2029), aims to improve vital statistics and civil registration, train personnel in precise cause-of-death certification, and fortify the Maternal, Perinatal, and Neonatal Death Surveillance and Response (MPNDSR) system.[9] The Health Ministry wants to boost service use from conception to a child's second birthday through the 1000 Golden Days campaign and the Accelerating Maternal and Child Health Program (AMCHP). In order to combat birth asphyxia, which is one of the main causes of neonatal mortality, the Ministry is also providing in-service training in Neonatal Basic and Advanced Life Support (NBLS/NALS) to healthcare professionals involved in deliveries and neonatal care in collaboration with NMS and KGUMSB.[15]

3.7.1 Proportion of women of reproductive age who have their need for family planning satisfied with modern methods

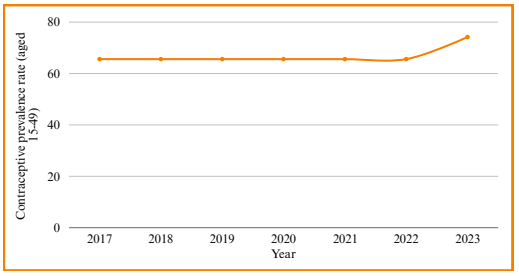

Figure 5. SDG 3.7.1.Contraceptive prevalence rate (aged 15-49). Data from Annual Health Bulletin 2016 – 2024, Ministry of Health.

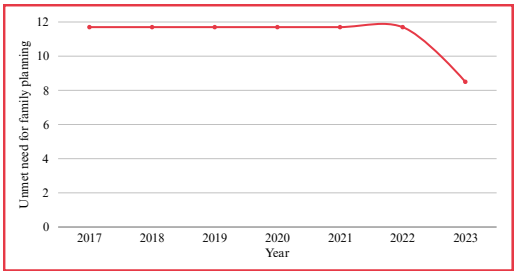

Figure 6. SDG 3.7.1. Unmet need for family planning in percentage. Data from Annual Health Bulletin 2016 – 2024, Ministry of Health.

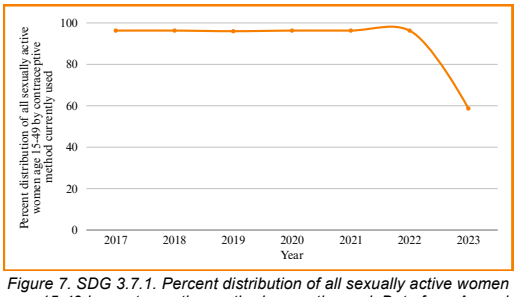

Figure 7. SDG 3.7.1. Percent distribution of all sexually active women age 15-49 by contraceptive method currently used. Data from Annual Health Bulletin 2016 – 2024, Ministry of Health.

Fecund and sexually active women who do not use any kind of contraception but indicate a desire to postpone their next pregnancy or to completely stop having children are said to

have an unmet need for contraception[8]. Among married or cohabitating women aged 15–49 had an overall unmet need for contraception of 8.5%; 8% wanted to delay or space their next child, while a small portion, 0.5%, wanted to stop having children altogether. Out of all the age groups, the 15–19 age group had the largest overall unmet need (13.7%), while the 20–24 age group had the lowest (5.9%).[8] As people age, their unmet need for contraception tends to increase, especially for limiting methods, (contraceptive methods to stop having children permanently). The unmet need for contraception tends to increase with age, mainly for limiting methods, as older women are more likely to have had the number of children they desired. Therefore, the unmet need among older women mainly involves limiting fertility, suggesting that family planning services should prioritize limiting methods for this age group.[8]

Nonetheless, the country has created measures to enhance the nation's population growth through initiatives such as the establishment of the Gyaltsuen Jetsun Pema Wangchuck Mother and Child Hospital, In Vitro Fertilization (IVF) facilities, and a cash transfer incentive for the third child.[16] Family planning is central to SRHR and directly contributes to achieving SDG 3 and ensuring equitable access to contraceptives not only supports gender equality but also helps foster individuals to make informed reproductive decision making.

3.7.2 Adolescent birth rate (10–14 and 15–19 years)

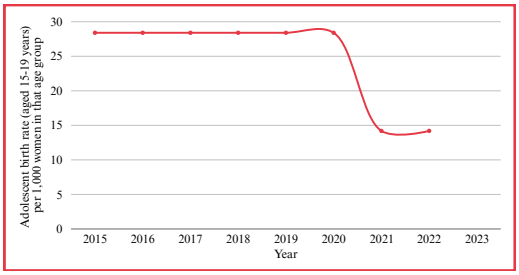

Figure 8. SDG 3.7.2. Adolescent birth rate (aged 15-19 years) per 1,000 women in that age group. Data from Annual Health Bulletin 2016 – 2024, Ministry of Health.

Teenage and adolescent pregnancy and motherhood are serious social and health issues. It denies young women access to socioeconomic and educational possibilities in addition to posing a serious health risk to them and their offspring. The number of live births to teenage women (15–19 years old) per 1,000 teenage women is known as the adolescent fertility rate, or adolescent birth rate. According to the National Health Survey, the adolescent fertility rate was 18.6 per 1,000 adolescent women, a considerable decrease from 120.2 in 1994 and 61.7 in 2000, as well as a decrease from 28.4 in 2012.[8] Adolescent fertility is a sensitive SRHR indicator, reflecting access to sexuality education contraception, and adolescent-friendly health services in the country.

In order to boost well-being, the PEMA Centre arranges medical examinations, offers counselling, and provides family support through intervention and follow-ups. In order to meet the unique requirements of young mothers, postpartum support systems are also set up in partnership with organizations like RENEW and Nazhoen Lamtoen.[17] The Jigme Dorji Wangchuck National Referral Hospital, Adolescent Friendly Health Service (AFHS) section offers information and counselling to prevent teenage and adolescent pregnancy, contraceptive services, mental health support and early intervention, such as folic acid during the first 6–7 weeks of pregnancy, which is essential for preventing birth abnormalities and promoting the baby's nervous system development.[18] There is a need to strengthen comprehensive sexuality education and youth-responsive reproductive services to sustain Bhutan's progress in reducing adolescent births and promoting girl's health and education.

Communicable Diseases

3.3.1 New HIV infections per 1,000 population

HIV in Bhutan remains a low-level epidemic, with the first case reported in 1993 and by the end of 2016, there was a record of 515 people living with HIV in the country[19]. According to the HIV data from National AIDS/STI Control Program indicated that there have been 661 people diagnosed with HIV, of whom 98% were receiving antiretroviral therapy as of April 2023[20]. In 2022, Bhutan saw a record high 79 new cases, largely among adults aged 25 to 49 and roughly equal number of men (42) and women (37), followed by 61 new cases (34 male and 27 female) in 2023, higher than the long-term average of around 55 annual detections [21] [22]. The transmission remains overwhelmingly sexual especially in urban areas of the country and with negligible injecting drug contribution but is associated with higher risk of HIV infection as it can lower inhibitions and increase sexual risk-taking behaviour[23]. This calls for a need for comprehensive sexual education, condom promotion and access to testing and treatment

to protect individuals reproductive rights and overall health. The government is pursuing goals aligned with the SDG, such as reducing new infections by 90%, reaching 95% diagnosed, 90% virally suppressed, eliminate mother to child transmission and achieve zero stigma and discrimination with regards to HIV, all by 2030. The Royal Government of Bhutan acted early to initiate HIV prevention activities with the establishment of National HIV/AIDS and STIs Control Program (NACP) in 1988 managed by Ministry of Health. This program has been further expanded and guided by National Strategic Plans with the aim to achieve the global goals. At the same time, her Majesty Queen Ashi Sangay Choden Wangchuck is the UNFPA Goodwill Ambassador and has been an outspoken advocate of reproductive health, including HIV prevention. Since 2020, the government has scaled up diverse testing methods such as facility-based testing, community outreach, mobile HIV testing services and HIV self-testing has enhanced case detection[24]. In late 2024, PrEP was introduced in Bhutan to support key populations including MSM, transgender people and sex workers, with a phased rollout in collaboration with community organisations such as Pride Bhutan as a part of SKPA-2 Program[25]. In 2024, the Royal Government of Bhutan co-financed more than $782,142 which has been increasing over time with support from the Global Fund and agencies such as UNICEF and WHO[20]. Additional, CSOs and groups such as Lhaksam, Pride Bhutan and Queer Voices of Bhutan have been working to address the gradually raising HIV epidemics and demystifying stigmas and stereotypes surrounding HIV in the country. Bhutan's HIV response is also supported by the Multsectoral Task Force (MSTF), a cross sectoral mechanism that brings together government agencies, CSOs, community groups and private sector to coordinate prevention efforts, reduce stigma and address the broader social determinants of HIV. Nevertheless, there are persistent challenges including stigma and discrimination limiting services uptake among the key population and other competing health priorities, which the government has been trying to address[26]. The integration of HIV services within the broader SRHR frameworks in Bhutan can ensure inclusivity and reduces stigma for key populations.

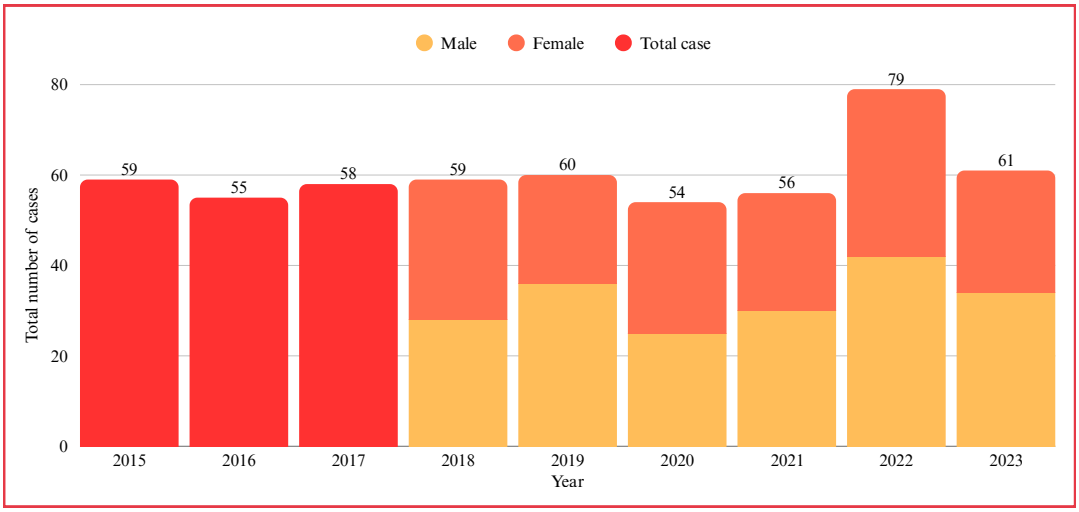

Figure 9. SDG 3.3.1. Total cases of HIV (male and female). Data from Annual Health Bulletin 2016 – 2024, Ministry of Health.

3.3.2 Tuberculosis incidence

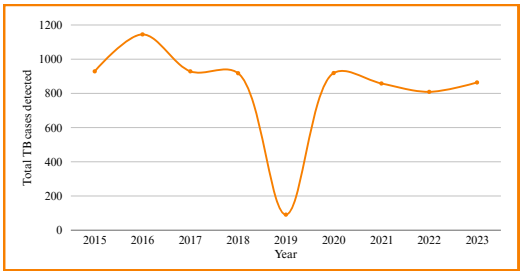

Figure 10. SDG 3.3.2. Total TB cases detected. Data from Annual Health Bulletin 2016 – 2024, Ministry of Health.

In Bhutan, the TB prevalence and incidence rate of all forms of TB were 196 per 100,000 and 169 per 100,000 population, respectively, in 2013, and the country was considered a low TB burden country as compared to other countries[27]. However, in the recent years the cases have been steadily rising in Bhutan, making it a major public health concern. The number of recorded TB cases decreased from 1,145 in 2016 to 920 in 2024[28] [29]. However, the slight increase from 858 cases in 2021 to 920 in 2024 raises about the disease's resurgence[30]. In Bhutan, TB remains a significant challenge, particularly among the economically active population, with almost 83% of the cases occurring in individuals aged 15-44[29]. Additionally, the Annual Health

Bulletin 2024 also highlighted that the highest number of new pulmonary bacteriologically confirmed cases occurs in the 15-24 age group, with 72 males and 98 females affected[22]. Despite the relatively moderate rates, Bhutan is yet to achieve the steep reductions required to meet the WHO End TB Strategy targets, which aims for an 80% reduction in TB incidence by 2030[31]. Additionally, challenges such as geographic barriers and disruptions during the COVID-19 pandemic have slowed progress and the rise in drug-resistant TB and complexities of treatment pose growing concerns, although new innovations and intensified efforts are underway.

The mortality rate from TB in Bhutan has risen from 26 deaths in 2022 to 28 in 2023, and further to 36 in 2024. In response to this alarming trend, the government has set ambitious targets to reduce TB cases by 90% and incidence rate by 80% by 2030. Bhutan has aligned its efforts with the End TB Strategy by implementing the National Strategic Plan, which emphasizes early diagnosis, prompt treatment and rigorous patient follow-up to combat the disease effectively, while at the same time the providing free diagnostic and treatment services across the country, ensuing that even remote populations have access to quality care under the National Tuberculosis Program[31] [22]. Additionally, the government with support from UNDP Bhutan had also deployed a mobile TB clinic equipped with AI-driven diagnostics and GeneXpert machines to improve access to TB screening[32]. The Ministry of Health has also been conducting campaigns to educate the public on TB symptoms, treatment options and the importance of early diagnosis with the aim to reduce stigma surrounding TB, which often prevents people from seeking timely medical care[31].

3.3.3 Malaria incidence

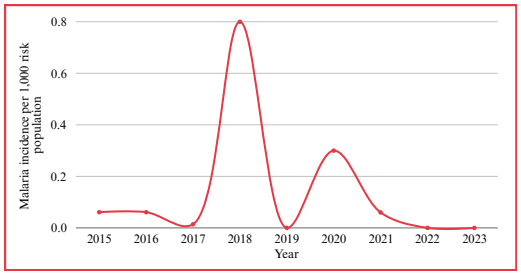

Figure 11. SDG 3.3.3. Malaria incidence per 1,000 risk population. Data from Annual Health Bulletin 2016 – 2024, Ministry of Health.

Malaria in Bhutan was first reported in the early 1960s and was followed by the first malaria eradication program in 1964[33].

Although the number of cases was huge in the past, with 39,852 cases with 62 deaths in 1993 to 1994, with the government's efforts and interventions, the trend has decreased over the last decades[33]. Bhutan has also sustained zero malaria death since 2013 except in 2017 and 2018 with one death. Between 2015 to 2023, Bhutan has achieved a remarkable reduction in malaria cases, dropping from 34 cases to nearly zero, respectively[34] [22]. The country is positioned to have eliminated malaria completely with the last indigenous cases reported in 2021. However, malaria continues to be a public health priority in Bhutan with most of the cases in the country being reported from southern districts.

Bhutan's success in combating malaria is guided by the National Strategic Plan for Elimination of Malaria and Prevention of Re-introduction in Bhutan 2020-2025 with the vision "Bhutan free of indigenous malaria" [35]. Bhutan had also established the National Malaria Reference Laboratory in 2019 at the Royal Centre for Disease Control as an independent entity to monitor and provide technical assistance to improve quality assurance on malaria diagnosis[36]. Additionally, Bhutan has also been expanding vector control efforts through distribution of insecticide treated nets and indoor residual spraying. Bhutan has enhanced regional cooperation with India to address cross border malaria transmission and actively participates in global platforms such as Asia Pacific Leaders Malaria Alliance[37]. However, the porous southern border with India facilitates imported malaria cases, posing continuous risk of reintroduction. The rugged geography, monsoon rains, improper urban planning and climate change can further complicate vector control, surveillance in remote areas and reintroduce malaria in Bhutan.

3.3.4 Hepatitis B incidence

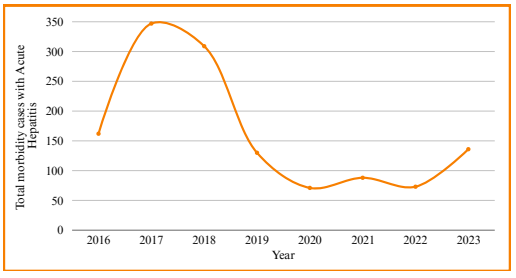

Figure 12. SDG 3.3.4. Total morbidity cases with Acute Hepatitis. Data from Annual Health Bulletin 2016 – 2024, Ministry of Health.

Bhutan's hepatitis B incidence has remained low and is steadily declining over the decades, this has made Bhutan the first countries in the South-East Asia Region to achieve Hepatitis B control by WHO[38]. There have been

significant fluctuations in the reported cases of acute Hepatitis B in Bhutan between 2015 to 2023. In 2015 there were 811 cases, which sharply declined to 162 in 2016[34] [28]. A gradual reduction was observed from 2015, reaching a low of 71 cases in 2020[39]. However, a resurgence occurred, with cases increasing to 136 by 2023[22].

The government has implemented robust initiatives in order to reduce hepatitis B cases. In 1997, a three-dose hepatitis B vaccine schedule was introduced into the Expanded Programme on Immunization (EPI) and Bhutan has integrated this within the maternal and child health services, achieving high coverage of more than 90% of primary health care [40] [20]. The National HIV/AIDS, Viral Hepatitis and STIs Strategic Plan - IV (2023-2028) emphasizes universal timely birth-dose vaccination, vaccination strategies and integration of HBV screening to prevent mother to child transmission[20].

3.3.5 Neglected tropical diseases (NTDs) coverage

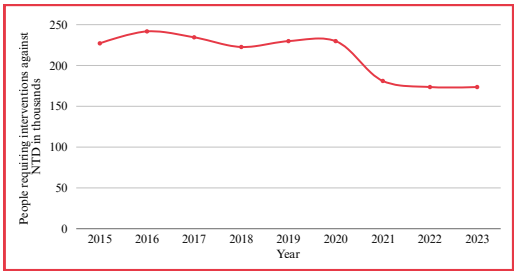

Figure 13. SDG 3.3.5. People requiring interventions against NTD in thousands. Data from SDG Gateway, Ministry of Health.

Bhutan has sustained remarkably low levels of key NTDs targeted under SDG 3.3.5. The number of people in the country requiring interventions for NTDs was over 227,111 in 2015; this figure rose to 241,761 in 2016 but has since steadily declined, reaching 173,578 by 2023[41]. Leprosy in the country has remained below the elimination threshold of 1 case per 10,000 population since 1997, with 18 cases detected in 2015 which reduced to 8 cases in 2023 and only sporadic clusters[34] [22]. Children aged between 6- to 12-year-old exhibited very low soil transmitted helminth infections, only about 0.4% prevalence in a 2023 National Survey (0.18% Ascaris, 0.11% Trichuris & 0.11% hookworm)[42]. This has been attributed to the school deworming programme which has been in place since 1988 and the declaration of 100% open defecation free status by 2022, which has reduced environmental reservoirs of parasitic worms[43] [44]. Lymphatic filariasis, schistosomiasis, onchocerciasis, and other NTDs are considered not endemic in the country.

Bhutan has a national School Deworming Programme that delivers free albendazole to over 90% of children twice yearly through primary and secondary schools, while preschools and health centers also ensure that preschoolers and adults are covered[45]. Additionally, Bhutan's Leprosy Programme maintains active case finding, contact tracing and free multi-drug therapy driving down incidence rate and preventing community spread [46].

3.b.1 Vaccine coverage (national immunisation programme)

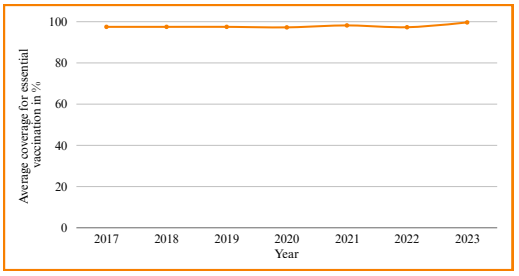

Figure 14. SDG 3.b.1. Average coverage for essential vaccination in percent. Data from Annual Health Bulletin 2016 – 2024, Ministry of Health.

Bhutan's National Immunization Programme, guided by the National Immunization Policy and Strategic Guidelines, has consistently achieved some of the highest coverage rates in the region[47]. Vaccination in Bhutan began with the effort to eliminate smallpox. In 1976, the country introduced vaccines for DPT, OPV, and BCG[48]. The Expanded Programme on Immunization (EPI) was launched in 1979, and a National Plan of Action to speed up EPI followed in 1987[48]. Bhutan has achieved Universal Child Immunization in 1991, has remained polio-free since 1986, and has reported only one case of neonatal tetanus since 1994, which occurred in 2006[48]. The overall vaccine coverage rate has been hovering around 97 to 99% from 2015 through 2019, dipping slightly during the COVID-19 disruption in 2020 before rebounding to 99% by 2022[39] [22]. Universal BCG in the country have approached 100% coverage, while the crude rate of infants receiving all scheduled vaccines climbed from 95.1% in 2017 to 99.4% in 2023[49] [22]. Bhutan has successfully maintained pentavalent coverage near 98% and reaching 100% in 2023 and sustained HPV vaccination at around 90% [22] [21].

Bhutan's 2021 COVID-19 vaccination campaign highlighted the country's resilience, proactive healthy system and public's strong trust in health authorities, achieving full vaccination for 90% of the population in just a

week[50]. Bhutan has steadily expanded its immunization program, integrating it into universal health care to ensure free access for all[51]. The country has also introduced the "Bhutan Vaccine System," a digital platform for real-time tracking of vaccinations during COVID-19 pandemic [52].

Non-Communicable Diseases and Mental Health

3.4.1 Mortality from cardiovascular diseases, cancer, diabetes, respiratory disease

Noncommunicable diseases (NCDs) pose significant public health challenges in Bhutan, with the increasing rates of hypertension, diabetes, cardiovascular diseases, cancer and obesity. Since 2009, the country has been implementing the WHO Package of Essential NCD (PEN) protocol, and from 2019 onwards, it adopted the enhanced People-Centred Care-PEN HEARTS project.[22] Over the past four years, major hospitals have observed a notable burden on the healthcare system from NCDs, particularly hypertension (approximately 355 cases per 10,000 population) and diabetes (223 cases per 10,000 population) in 2023.[22] In Bhutan, a total of 12 deaths were attributed to rheumatic and ischemic heart diseases, 227 deaths were caused by cancer, 14 deaths were due to diabetes, and 174 deaths resulted from respiratory diseases[22]. In recognition of this growing burden, Bhutan has aligned its national efforts with the Roadmap 2023-2030 for the Global Action Plan for the Prevention and Control of NCDs (2013-2030), prioritising strengthened primary care, early detection and population wide prevention measures to address NCD related morbidity and mortality.

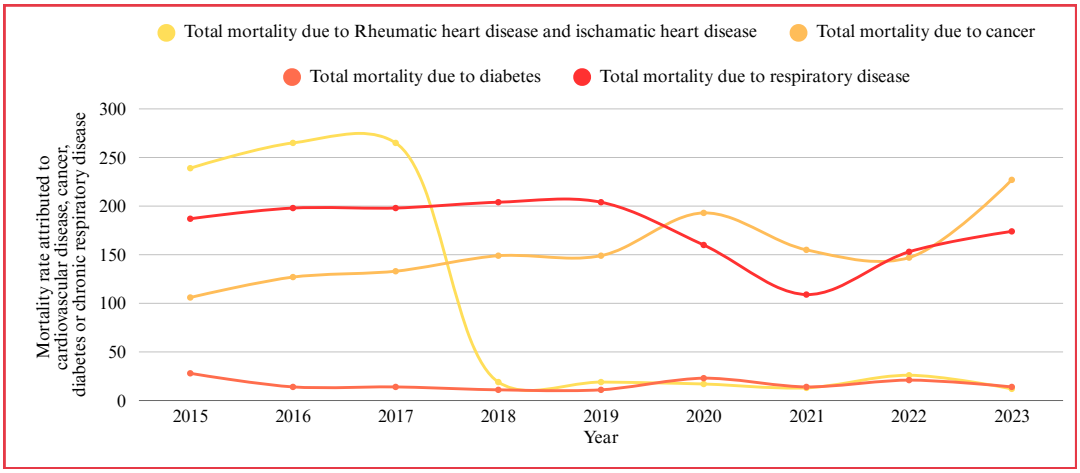

Figure 15. SDG 3.4.1. Mortality rate is attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease. Data from Annual Health Bulletin 2016 – 2024, Ministry of Health.

3.4.2 Suicide mortality rate

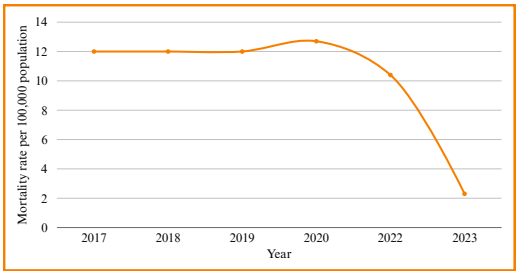

Figure 16. SDG 3.4.2. Mortality Rate per 100,000 population. Data from Annual Health Bulletin 2016 – 2024, Ministry of Health.

After alcoholic liver disease, various circulatory disorders, cancer, respiratory conditions, and transportation-related mortality, suicide is one of the top six causes of death in Bhutan. The number of suicide deaths exceeds the sum of the deaths from HIV, TB, and malaria. Bhutan has a completed suicide rate of 10 per 100,000 people, which is marginally lower than the global average of 11.4 per 100,000 people annually.[53] Bhutan has a male-to-female suicide death ratio of two males for every woman, which is marginally higher than the average of 1.5 men for every woman in low- and middle-income nations.[53] According to data collected in 2024, the suicide death rate per 100,000 inhabitants is 2.3.[22]

In the last two years, there have been 199 documented suicides, including 192 hanging suicides, according to the statistics released by the Royal Bhutan Police (RBP). Suicide by hanging was reported in 93 incidents in 2023 and 99 cases in 2024.[54] This public health concern is urgent. In the majority of these 37

fatalities, mental health conditions have been found to be the main cause. Although hanging was the most common technique, seven fatalities were caused by other causes, and the circumstances of 49 instances are still being investigated [54]. According to the National Mental Health Strategy 2025, some of the major causes behind suicide in the country are diverse ranging from social issues, relationship hardships, mental health challenges, adverse life events and terminal health conditions[55].

The National Health Policy includes provisions pertaining to mental health treatment.[30] Promoting mental health, preventing mental illnesses, improving mental health services, and fortifying information systems are the main goals.[30] In order to provide prompt, dependable, and efficient interventions through multi-sectoral and coordinated efforts, the Ministry of Health thus established clear and coordinated response structures. In general, it will concentrate on four main areas: multisectoral collaboration and coordination, active advocacy for mental illness prevention, proactive and responsive networks for the delivery of mental health services and enabling the mental health system.[56] To improve counselling services in the schools, the ministry has also provided training to teachers, counsellors, and principals in dzongkhags and thromdes.

Gender based violence in Bhutan has had severe mental health consequences. There have been high prevalence of intimate partner and non-partner violence with survivors reporting elevated rates of depression, anxiety, suicidal ideation and long term mental health problems[57]. Women exposed to partner violence are three times more likely to have suicidal thoughts and over half of the survivors experience multiple mental health symptoms[57]. COVID-19 lockdowns worsened risks and reduced service access in the country, but the government have tried their best in addressing these issues.

In 2015, the Ministry of Health's Department of Public Health established the National Suicide Prevention Program.[58] Serving as the national suicide prevention program's focal point and promoting, coordinating, and supporting suitable inter-sectoral action plans and programs for the prevention of suicidal behaviours at the national, Dzongkhag, Gewog, and community levels are the main goals of the program. However, there are obstacles in the form of limited financial and human resources, as well as capacity concerns in the areas where non-health sector officials must campaign and intervene on suicide prevention and mental health.[58]

3.5.1 Coverage of treatment for substance use disorders

Substance use disorders (SUD) are complex health issues that require specialized interventions. SUDs, if not treated, can contribute to criminal behaviours and recidivism.[59] The PEMA Secretariat in collaboration with the Royal Bhutan Police launched 'the SUD treatment and care services for drug offenders under detention at Thimphu Detention Centre.[59] The only hospital in Thimphu that can offer psychiatric services to patients with co-occurring mental problems is Jigme Dorji Wangchuck National Referral Hospital.[60] It offers detoxification for both SUD and AUD and features a ten-bed detoxification ward. Additionally, it offers pharmacological treatment for opioid addiction by substituting buprenorphine orally and disulfiram for aversion therapy for alcohol use disorder. Patients with drug use disorders and alcohol disorders receive treatment in separate venues. Community-based counselling services are offered by drop-in centres (DIC), which were founded by the Youth Development Fund (YDF) and BNCA. Doctors who have received de-addiction training at district hospitals are qualified to provide detoxification, particularly for disorders related to alcohol consumption[60].

Bhutan has strengthened its national response to substance use through the National Drug Task Force, led by the Prime Minister, which coordinates cross-sectoral action on prevention, treatment and enforcement[61]. Residential treatment and rehabilitation services have also expanded, with facilities available at Mitsey Yarab Lamsang (National Drug Treatment and Rehabilitation Centre), The PEMA Secretariat and the Bhutan Institute of Wellbeing, all offering structured care and recovery support[62] [63] [64]. The Yonphula Specialised Rehabilitation School is a recovery school that is being established in Trashigang to support adolescents and young people in treatment[65]. At the same time, to improve early intervention, several districts also operate Health Information Service Centers (HISC), which provides counselling, screening and referral support for individuals with substance use disorders[66].

3.5.2 Harmful use of alcohol (per capita alcohol consumption)

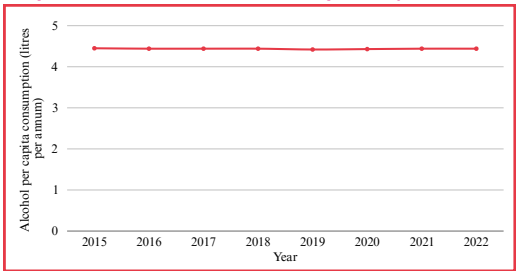

Figure 17. SDG 3.5.2. Alcohol per capita consumption (liters per annum). Data from SDG Gateway, UNESCAP.

Overall, 34.5% of the population (Men= 41.6%; Women= 26.3%) were identified as current drinkers (who drank alcohol in the past month before the survey).[8] Heavy Episodic Alcohol Drinking (HED): 39.8% of current drinkers engaged in heavy episodic drinking, with a higher prevalence among men as compared to women (45.4% vs 29.7%). The highest percentage of current drinkers, 39.9%, falls within the 25-39 age group. Notably, the highest prevalence of current drinkers was observed among the retired population (44.2%), and 14.8% of the student population were identified as current alcohol drinkers.[8]

Health Systems and Universal Coverage

3.8.1 Coverage of essential health services

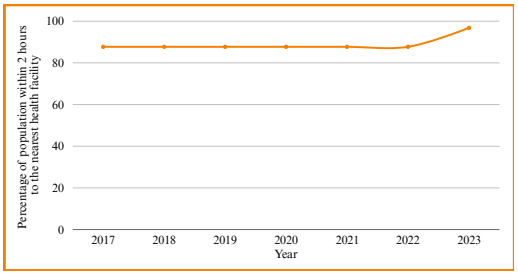

Figure 18. SDG 3.8.1. Percentage of population is within 2 hours to the nearest health facility. Data from Annual Health Bulletin 2016 – 2024, Ministry of Health.

Bhutan offers free basic health care to all its citizens, and its health system is largely government-funded, with the government allocating Nu. 9,902.1 million from 2023 to 2024 which accounts for 11.6% of the total allocation[67]. Bhutan's Universal Health Coverage (UHC) service coverage index was 60 in 2021[68]. Bhutan has a three-tiered health care system with 187 Primary Health Centre (PHC), 51 sub posts and 7 Health Information Service Centre (HISC) at the primary level, 52 district and general hospitals and three referral hospitals at the tertiary level in 2023[22]. These health infrastructures are within the travel time of less than 30 minutes of 72.9% of the population from their household and the travel time has doubled from 2012[22]. Additionally, for specialised or highly complex conditions not treatable within the country, Bhutan facilitates referral of patients to hospitals in India[69]. The government covers the full treatment costs and provides financial support for patients and their escorts during the course of care, ensuing equitable access to essential services even beyond national capacity.

Bhutan has made commendable achievement, and this is rooted in sustained government commitment through the "Healthy Drukyul Program" under the 13th Five Year Plan[70]. The 13th Five Year Plan allocated Nu. 20 million to the Healthy Drukyul Programme, around 4% of its dedicated budget[6]. The government has prioritized expanding service access, building primary care infrastructure across all districts, and investing in digital health, workforce training, and integrated care models, including traditional medicine. At the same time, SRHR integration with in the essential health service packages ensures that sexual and reproductive health needs and guarantees that SRHR remains a core component of equitable and comprehensive healthcare.

3.8.2 Population covered by health insurance or public health systems

The health expenditure in Bhutan was estimated at 73% from 2019 to 2018 by the government and 15% through household contributions in the same year [71]. Bhutan allocated 11.6% from its total allocation from 2023 to 2024, with majority of its expenditure on infrastructure, curative care services, preventative care, medicines and other medical goods[67]. Bhutan has expanded rural outreach through the Kidu Mobile Medical Unit, comprising of doctors and health staff who travels to remote areas within Bhutan to provide health related services[72]. Additionally, Bhutan Health Trust Fund has been ensuring free essential drugs and vaccines and quality healthcare in the country[73]. At the same, the National Health Policy in Bhutan has been guiding the healthy system with a greater focus on prevention and non-communicable diseases to sustain provision of quality general and public health services[74].

3.c.1 Health worker density and distribution

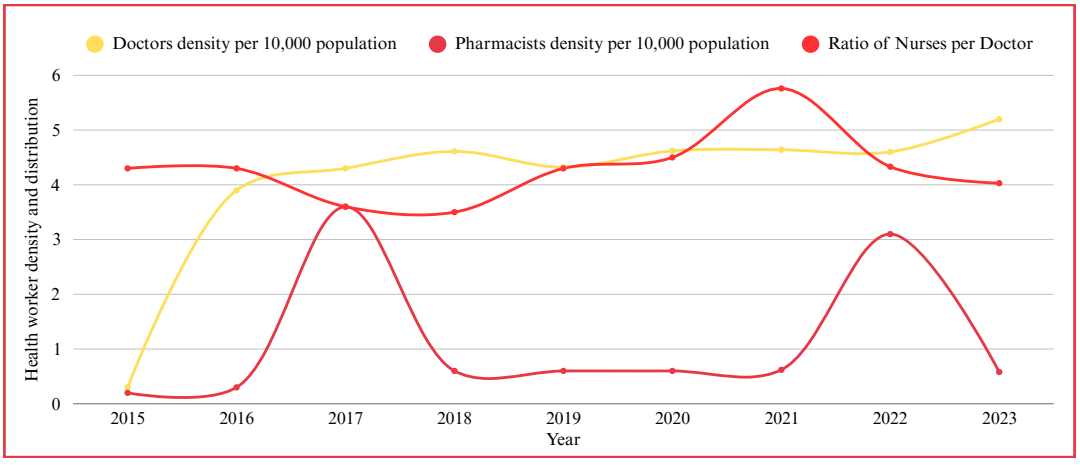

Figure 19. SDG 3.c.1. Health worker density and distribution. Data from Annual Health Bulletin 2016 – 2024, Ministry of Health.

Bhutan's health workforce has remained entirely within the public sector, with no private health workers. As of 2023, the country had approximately 401 doctors, 1,617 nurses, 580 health assistants and 45 pharmacists, which is an increase from 2015, when the country had 251 doctors, 1105 nurses, 548 health assistants and 15 pharmacists[22] [34]. This means that as of 2023 there are 5.2 doctors, 20.99 nurses, 7.53 health assistants and 0.58 pharmacists per 10,000 population in the country. Although the overall healthcare workforce has grown over time, Bhutan saw a decline in key personnel during the peak of its brain drain[75]. The number of nurses dropped from 1,608 in 2021 to 1,533 in 2022, and the number of health assistants fell from 647 in 2022 to 580 in 2023[22]. While the overall numbers of health workers have grown, distributions remain uneven. According to the MoH human resource administrative database revealed that the median density of all categories of health workers per 10,000 population was 43.2 in 2022, density ranged from 20.6 in Chukha and 23.7 in Paro to 70.8 in Gasa and 68.7 in Zhemgang[7]. This highlights the geographic imbalances in workforce deployment.

Bhutan has invested heavily in domestic training and retention strategies to address these disparities and workforce shortages. The establishment of the Khesar Gyalpo University of Medical Sciences (KGUMSB) in 2013 has expanded training across multiple health disciplines, producing more than 1,127 graduates and the launch of its first MBBS program in 2023[76] [77]. Government policies also aim to bind and retain health workers in the country. All students receiving public funding for health training must serve double their training duration in public service[78]. Additionally, the health assistant program was upgraded from a 2 year to a 3 year diploma, with a pathway to bachelor's in public health[79]. Bhutan also introduced the "Service with Care and Compassion" outreach program to strengthen primary care to address noncommunicable diseases in rural parts of Bhutan and for the aging population[7]. Despite these measures, Bhutan continues to face high attrition in the health sector, with 14 doctors and 259 nurses exiting the system in 2023, primarily due to emigration[79] [75].

3.b.3 Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis

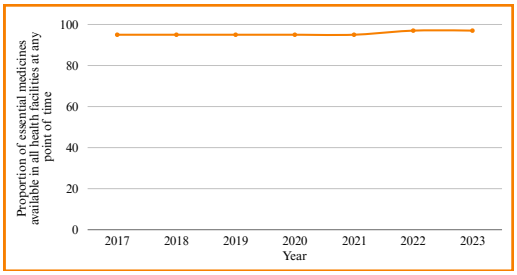

Figure 20. SDG 3.b.1. Proportion of essential medicines available in all health facilities at any point of time. Data from Annual Health Bulletin 2016 – 2024, Ministry of Health.

Bhutan's public health system has been providing essential medicines to the population for free and has maintained a high level of availability and affordability of essential medicines in the public health sector. In 2017, approximately 95% of core essential medicines were available at public health facilities and this figure rose to 97% by 2022[49] [21]. This

achievement is further supported through the free basic health care in Bhutan and the supply of over 428 medicines in the country as of 2023[159]. The country spent more than Nu. 1,446 million in 2019 on medicines[81]. All public sector procurement is handled centrally by the Ministry of Health through the Medical Store and Distribution Division (MSDD) in Phuentsholing [82]. However, the medicine supply chain has faced logistics hurdles with only 30 to 40% of medicine orders delivered on time and relying on about just 10 delivery vehicles in 2015[83].

Bhutan has introduced key policies and financing reforms to improve access to medicines. These include the Medicines Act 2003, the National Drug Policy 2007 and the Medicines Rules and Regulation 2019, which guide the regulation and public distribution of medicines. The National Essential Medicines List which is revised annually to reflect current needs. Bhutan Health Trust Fund (BHTF), a public–private partnership that matches donor contributions to ensure a continuous supply of priority drugs and vaccines, have been supporting the funding for essential medicines in the country[84]. Bhutan is also transitioning to an electronic inventory system to replace manual supply tracking[85].

Environmental Health and Safety

3.6.1 Death rate due to road traffic injuries

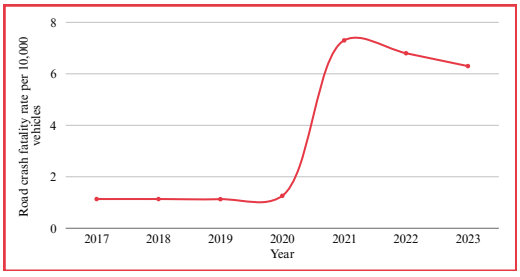

Figure 21. SDG 3.6.1. Road crash fatality rate per 10,000 vehicles. Data from Annual Health Bulletin 2016 – 2024, Ministry of Health.

The road crash fatality rate (per 10,000 vehicles) 6.3 in the latest data.[30] In the first two months of 2025, 239 motor vehicle accidents (MVAs) were reported to the Royal Bhutan Police (RBP).[86] There have been 25 fatalities and 158 injuries from the accidents as of February 27; the leading cause of accidents in the first two months of 2025 was due to lack of control over the vehicle with 60 incidents reported. Drink driving was the second leading cause, contributing to 53 accidents.[86] The Bhutan Construction and Transport Authority (BCTA) has been implementing road safety awareness and sensitization programs in several dzongkhags in an attempt to improve road safety and lower traffic-related incidents. [87] These programs seek to address major issues including overloading and distracted driving, encourage safe driving practices, and inform drivers and pedestrians about important safety precautions. Increasing public knowledge of vehicle load capacity and the danger of overloading is one of the program's main goals. In addition to lowering road safety, overloaded cars can hasten infrastructure deterioration, raise maintenance costs and put other drivers in danger.[87]

3.9.2 Mortality from unsafe water, sanitation, and hygiene

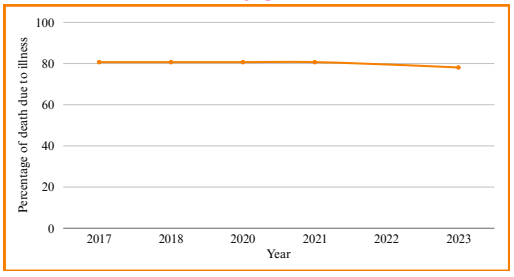

Figure 22. SDG 3.9.2. Percentage of death due to illness. Data from Annual Health Bulletin 2016 – 2024, Ministry of Health.

From the mortality rate attributed to unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services), 78.1% of deaths were due to illness, calculated from the total number of deaths and illnesses resulting from exposure to hazardous chemicals and air, water, and soil pollution and contamination[22]. The National Standards for Water, Sanitation, and Hygiene (WASH) have been implemented for these institutions by the Dratshang Lhentshog and the Ministry of Education and Skills Development. Recently, the framework was introduced in Samtse.[88] To improve rural water, sanitation, and hygiene (WASH) access for 83,999 persons, Water for Women collaborated with SNV Netherlands Development Organization (SNV) and other partners from 2023 to 2024.[89] In December 2024, SNV's Water for Women initiative was completed. 275 government employees, 66 of whom were women, received training in all 20 districts and four municipalities to improve their capacity to monitor and make decisions about WASH investments.[89] According to local leaders and health professionals, sanitation and cleanliness in healthcare facilities have significantly improved nationwide in recent years.[90] They credit this to the launch of the WASH FIT program, also known as the Water and Sanitation for Health Facility Improvement Tool.

3.a.1 Tobacco use prevalence

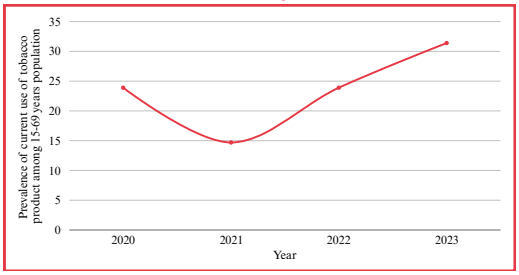

Figure 23. SDG 3.a.1. Prevalence of current use of tobacco products among 15-69 years population. Data from Annual Health Bulletin 2016 – 2024, Ministry of Health.

In June 2021, as part of COVID-19 border measures, the Tobacco Control (Amendment) Act of Bhutan 2021 was passed, which reversed the sales ban for a temporary (currently unspecified) period of time, among other measures. Despite these measures, there remains a substantial burden of tobacco use in Bhutan, and the country has also faced large amounts of trade in illicit tobacco[91].

According to the most recent WHO STEP wise approach to surveillance (STEPS) study, which was carried out in 2019, 24% of Bhutan's population between the ages of 15 and 60 now uses tobacco products. One percent used both, 10.6 percent used smoked tobacco, and 14.5 percent used smokeless tobacco.[91] Men in Bhutan are over three times as likely as women to use tobacco products (33% vs. 11.8%).According to the survey, tobacco usage, a risk factor for NCDs, rose dramatically from 23.9% in the STEP survey 2019 to 31.4% in the previous year.[92] In Bhutan, 31.4% of people aged 15 to 69 reported currently using any tobacco product in 2023, and 14.4% of those in this age group reported currently smoking.[30]

Preparedness and Health Emergencies

3.d.1 IHR capacity and emergency preparedness

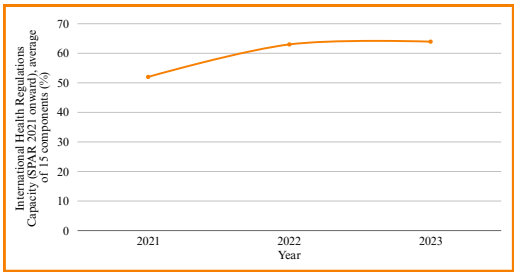

Figure 24. SDG 3.d.1. International Health Regulations Capacity (SPAR 2021 onward), average of 15 components (%). Data from SDG Gateway, UNESCAP.

Bhutan first implemented the International Health Regulations (2005) in 2006, by building them into the National Avian Influenza Preparedness and Response Programme of the Department of Public Health (DoPH) and was later officially launched throughout Bhutan in 2007[93]. Since then, Bhutan has made remarkable achievements in implementing the IHR, but from 2015 to 2024 there have been mixed results[94]. The country's core capacity index in 2015 was 64% and remained 64% in 2024 as well. However, the country saw a high core capacity index in 2016, 76%, with fluctuations from 73% in 2015 to 52% in 2021[94]. Bhutan had completed a WHO-led Joint External Evaluation (JEE) of its IHR capacities in 2018 and will be conducting another JEE for 2015[95]. The evaluation noted that high level political commitment and leadership was evident and highlighted the revised national legislation and policies to strengthen IHR core capacities[93]. Additionally, lab and surveillance systems have also been highlighted as strong areas, with a well-established national laboratory system at the Royal Centre for Disease Control (RCDC) with trained human resources and essential diagnostic facilities contributing immensely to providing timely testing services[82]. Overall, Bhutan has been steadily progressing, but the country still falls short of full IHR compliance.
[

Bhutan has launched several reforms to progress and address any gaps with regards to IHR. The government has established a Health Emergency Operations Centre under a new Health Emergency and Disaster Contingency Plan, linking health-sector response with the National and districts emergency centres[82]. Additionally, the country has also made major investments in laboratory infrastructure and surveillance such as strengthening screening and quarantine systems and expanding the RCDC laboratory with upgraded diagnostics and biosafety measures[82]. Bhutan has also developed a Bhutan One Health Strategy Plan for 2018 to 2023 to improve collaboration between human and animal health authorities[82].

3.d.2 Antimicrobial resistance (AMR) prevalence

Bhutan has faced challenges in monitoring and controlling antimicrobial resistance (AMR). Additionally, surveillance efforts have been limited to a handful of facilities, mainly the three national referral hospitals and a few districts hospitals, resulting in a lack of nationwide data and making it difficult to assess AMR trends accurately[96]. Most laboratories lack the capacity for routine

culture and antimicrobial susceptibility testing (AST) and there has been no centralised reporting system until recently[96]. However, progress is also being made towards establishment of an AMR surveillance network under coordination of the National Referral Laboratory for both human and animal sectors[97]. The consumption of antimicrobials in Bhutan was comparatively lower but has been steadily increasing, 13.27 Defined Daily Dose (DDD) in 2017 which increased to 16.29 DDDs in 2019[98]. Moreover, 124 deaths have been attributed to AMR while 464 deaths have been associated with AMR in 2019[99]. Although Bhutan has a controlled pharmaceutical system with a ban on over-the-counter antibiotic sales, a significant proportion of prescriptions still involve high-generation antibiotics, as high as 56% in clinical practice[100].

In 2017, Bhutan launched its first National Action Plan on AMR (2018-2022), which adopted a multisectoral One Health approach[96]. Additionally in 2020, the country also prepared a National AMR Surveillance Guideline 2020 understanding the growing concern of AMR[100]. The government has also partnered with Fleming Fund's CAPTURA project to build a formal AMR surveillance network, equip key laboratories with automated diagnostic platforms and build capacity in standardising data reporting[97]. The Antimicrobial Stewardship (AMS) programs were also initiated at the national referral hospital, with the aim to rationalise antibiotic prescribing and documented reduction in carbapenem use[101]. This was also followed by launching of National External Quality Assessment Scheme (NEQAS) for Bacteriology and Antimicrobial Resistance in 2021, as a tool to examine, monitor and improve laboratory methodologies and performance[102]. The National Essential Medicines List (NEML) was also updated to align with the WHO's AWaRe classification, while drug regulation remains stringent through the Medicine Rules and Regulation 2019[103].

Challenges

1. Inclusive and accessible services for person with disabilities and other vulnerable groups

Although Bhutan provides Universal Health Care and a range of services for its population, comprehensive accommodations for individuals with diverse disabilities (6.8% of the population) and marginalized groups such as LGBTQIA+ individuals remain insufficient, hindering equitable access to health care[104]. The Service Delivery Indicators Health Survey for Bhutan (2022-2023) showed only 24.5% of the facilities have ramps, 5.7% had a lift, 7.6% had tactile flooring, 13% have handicap-accessible toilets and just over 2.5% offer assistive technology for the visually impaired, leading to about 3% of the rural residents to bypass their nearest facility in search of disability friendly services[105] [106]. Additionally, there is an absence of braille signage, visual alerts or sign language interpretation services in many health centres, so blind and deaf persons face communication barriers even during emergencies. There are challenges that persist for people with intellectual disabilities and autism as well, who often face greater barriers in communication, service navigation and access to appropriate health and social care in the country. Similarly, people living with HIV and LGBT+ individual's also face gaps such as the health service providers often lacking sensitivity training and confidentiality concerns in small communities deter uptake of SRHR, HIV or mental health services in the country[107].

2. Health workforce shortages and inclusive care competencies

Bhutan's healthcare workforce faces critical shortages of health workers and an uneven distribution of health workers in the country[108] [109]. The ministry had also reported a shortage of 172 general doctors and specialists and more than 824 nurses in the country[110]. Additionally, access to specialised healthcare is unevenly distributed, with disparities between urban and rural areas in Bhutan[111]. At the same time, health workers often lack training in disability sensitive communication (for example, basic sign language and use of person-first languages), LGBT+ friendly practices, HIV stigma reduction and mental health screening at primary health care centres, which compromises the service experience for these vulnerable groups. The shortage of health workers in the country has led to heavier workloads and fatigue among

the remaining health workers, while the concern regarding the shortage of health workers in remote gewogs continues to remain pertinent [112] [109].

3. Escalating non-communicable disease burden

Non-communicable disease risk factors are rising significantly in Bhutan; tobacco use increased from 23.9% to 31.4% between 2019 and 2023, alcohol consumption reported by 46.3% of men and 33.3% of women, physical inactivity affects more than 18.3%, overweight or obesity rates exceed 45% and hypertension, cholesterol and diabetes prevalence have increased as well[104] [113]. These trends contribute to NCDs which accounts for more than 69% of deaths in the country[113]. Although the government is initiating several programs such as wellness days, NCDs screenings and advocacy programs by some of the CSOs, these initiatives seem to be ineffective in addressing the increasing NCD cases. This increase of NCD cases without strong preventive frameworks and capacity of the health sector could reverse Bhutan's health gains.

4. Triple burden of malnutrition

Bhutan is now experiencing a triple burden of malnutrition, this includes undernutrition, micronutrient deficiencies and rising overweight and obesity. While stunting and anaemia have declined overall, undernutrition continues to persist in rural and high-altitude communities where dietary diversity remains limited, and micronutrient deficiencies continue to affect pregnant women and young children despite national supplementation initiatives. At the same time, rapid urbanisation, the availability of processed foods and shifting dietary habits have contributed to growing rates of overweight and obesity among children and adolescents.

5. Emerging and persistent communicable diseases

Despite the substantial progress in reducing the overall burden of communicable diseases, they continue to pose a significant challenge for the country. Tuberculosis remains persistent public health concern, with rising cases including drug resistant cases, placing added pressure on the already stretched services. Additionally, although Bhutan is close to eliminating malaria, the risk of imported cases from neighbouring regions remains high due to porous borders and frequent population movement, demanding constant vigilance. Other vector borne diseases such as dengue, are also increasingly influenced by climate variability and urbanisation, this can target hard to reach areas and calls for a stronger cross border collaboration.

6. Growing Mental Health cases in the country

Mental health disorders in Bhutan have surged, with depression, anxiety and psychosis cases rising sharply. Depression in the country increased from 667 in 2015 to 2,687 in 2023, cases with regards to anxiety increased from 1,524 in 2015 to 3,765 in 2023 and psychosis increased from 526 in 2015 to 1,109[34] [22]. Additionally, alcohol related mental health disorders have also increased from 1,442 in 2015 to 2,825 in 2024 [34] [22]. However, service capacity remains critically limited with the country facing shortage of mental health professionals in delivering effective care despite the establishment of The Pema Secretariat, Primary Health Care centres lack counselling services[114]. At the same time, the presence of stigma and stereotypes surrounding mental illness to karma or spirits and possible breach of confidentiality deters many from seeking help.

7. Rural-Urban disparities in service access and quality

The geographic and economic disparities have created significant disparity in Bhutan's health care access. Bhutan's rural populations rely predominantly on primary health care centres that often are ill-equipped and lack reliable ambulance services[108]. Although health care is free at the point of service, there are indirect costs such as transportation to referral hospitals and purchases of out-of-stock medicines or assistive devices, which imposes heavier burdens on low income, rural households[219]. Many people living in very remote and hard to reach communities face even greater challenges, including longer travel times to avail services, difficult terrain and limited connectivity. Health promotion campaigns with regards to NCD prevention, mental health awareness or HIV related programs typically reach urban areas sooner, leaving rural communities under-informed. Additionally, there is also a lack of infrastructure in rural gewogs, which affects the healthcare service delivery[109].

8. Stigma and discrimination across health domains

Stigma and discrimination towards mental illness, HIV, disability, LGBT+ identities and substance use remains deeply entrenched, which erodes trust in health services and deterring health care services. People living with HIV fear disclosure in a tight knit community, delaying testing and treatment. Persons with disabilities face assumptions that they are not sexually active, excluding them from SRHR related education and program. LGBT+ individuals avoid services due to expected bias. Substance users confront moral judgements by the service providers and punitive enforcement focus by law enforcers rather than rehabilitation, discouraging help-seeking. Individuals suffering from mental illness delay care because of the cultural beliefs attributing their conditions to karma or spirits. These stigmas amplify barriers for individuals belonging to multiple marginalized groups.

9. Emergency preparedness gaps for vulnerable populations

Disaster and pandemic response plans often overlook the needs of marginalised communities. The COVID-19 pandemic showed that communication barriers such as wearing masks hindered lip and facial reading for person with deafness and absence of interpreters during news broadcasts, there were some disruptions in ART delivery and a surge in mental health needs (which was efficiently managed by the government), these issues were not anticipated. Additionally, evacuation procedures and emergency strategies rarely include accessible formats or confidentiality provisions for marginalized groups in the country. Therefore, the emergency preparedness plans and strategies in the country must also mainstream inclusive protocols.

10. Environment related health issues

Bhutan is globally recognised as a carbon negative nation with minimal pollution. However, rapid development and the impacts of climate change are giving rise to emerging environmental health risks, including pollution and zoonotic threats. These challenges are hindered by limited technical capacity and limited surveillance systems. There is limited laboratory infrastructure which restricts systematic testing for hazardous chemicals in the environment, while data on air, water and soil contaminants remain scarce and disconnected from health surveillance efforts. Although there is integration of one health framework into policies and strategies, the operational integration between health, agriculture, livestock and environment sectors for responding to zoonotic and climate driven disease threats are nascent.

11. Policy implementation gaps

Bhutan has progressive policies, such as the National Policy for Persons with Disabilities, National HIV/AIDS, Viral Hepatitis and STIs Strategic Plan, One Health Strategic Plan, and Multisectoral National Action Plan for the Prevention and Control of Non-Communicable Diseases, but implementation often remains weak due to lack of human resources, accountability mechanisms and financial resources. Civil Society Organizations contribute to the strategy formulation but their involvement in implementation is often limited undermining community driven program design and sustainability. Although there are multisectoral taskforces are in place in each district to support these policies and plans, greater coordination and collaboration among agencies and inclusion of CSOs and NGOs could enhance their implementation and impact.

12. HIV case detection gaps

Despite the high ART coverage of 98% from 661 people who have been diagnosed with HIV, it is estimated that there are more than 1,300 HIV cases in the country, a detection gap of 32.7%[115]. This is due to the fear of stigma and confidentiality breaches in small communities hinder testing uptake. At the same time, efforts to prevent mother to child transmission face challenges, as some pregnant women avoid testing due to fear of stigma from their communities, risking child health. Additionally, HIV prevention in Bhutan is heavily dependent from international funds such as Global Fund, with limited dedicated domestic funding for HIV beyond general infrastructure and human resources.

13. Out of pocket expenditure despite Universal Health Coverage policies

While healthcare services are free in the country, indirect costs such as transportation to the hospital, purchasing out of stock medicines or assistive devices, accommodation when traveling to the referral hospital from other districts and opportunity costs (lost wages), pose significant financial burdens on rural and low-income households. Persons with disabilities often must buy expensive assistive devices out of pocket

while people needing specialized services travel longer distances, incurring higher expenses.

14. Sustainability of health financing

With the health services in the country being provided for free, the sustainability of it's health financing model faces increasing pressure. The system heavily relies on domestic government revenue, which makes it vulnerable to economic fluctuations, competing national priorities and fiscal constraint, especially since Bhutan graduated from Least Developed Country (LDC) status and with external donor support for disease specific programmes such as HIV continuing to decline. While the Bhutan Health Trust Fund play a crucial role in ensuring the supply of essential medicines and vaccines, the fund remains limited in size and may not be sufficient for long term financing needs. Additionally, with the rising demand for specialised care, increased NCD burden, higher costs of medical technologies and the country's dependence on overseas referral services, the need for alternate sustainable health financing is important more than ever.

Way Forward

Enhance the inclusivity and accessibility of health services. Implementing disability-aware design standards in health facilities can significantly improve service uptake among persons with disabilities. At the same time, incorporating features such as braille signage, tactile wayfinding, detailed audio and visual announcements, on demand interpretation for both in person and via telehealth for person with deafness and making emergency centres reachable through video calls for person with deafness, helps ensures reasonable accommodation and that no one is left behind. Additionally, health services should also enforce and build the capacity of the health workers to make services LGBT+ friendly and provide empathy training for all health workers.

Strengthen health workforce capacity and distribution. There have been persistent shortages and uneven distribution of health workers which undermines service quality, especially in rural areas and hard to reach remote communities. The government should expand the scholarship programs at KGUMSB and link the service in remote gewogs, while offering hardship allowances, housing stipends or free housing, and fast track promotions for rural postings and at the same time the government should also include training and continuous professional development for health workers to improve retention.

Comprehensive anti-stigma and advocacy campaigns. Bhutan should focus on a unified social marketing effort, leveraging radio, social media and community theatres, to reframe harmful public attitudes towards HIV, mental illness and disability. The government should also look into integrating stigma reduction modules in medical and nursing curricula, for more compassionate care. The engagement of community and religious leaders in the campaign to frame these messages within Bhutan's national framework of Gross National Happiness can reinforce the campaign.

Upgrading rural primary health care centres and expand outreach services. There is an urgent need to strengthen rural primary health care centres by equipping them with basic diagnostics equipment, ensuring consistent availability of essential medicines and improving facility infrastructure. Additionally, there is a need to expand mobile medical units for unreached and hard to access areas to enhance access to essential health services, particularly for populations living in high altitude or remote communities.

Integrate community based mental health support. The country should also invest in community-based models by training counsellors within the rural communities, establish peer led support groups and enabling remote supervision by mental health professionals. These approaches will help decentralise mental health services, reduce access barriers and ensure early intervention and continuity of care for vulnerable populations at a grassroots level.

Implementation of "Best-Buy" NCD prevention interventions. The rising burden of non-communicable disease in Bhutan requires a holistic approach, combining prevention, early detection and integrated care. This include promoting healthy lifestyles through community and school initiatives, strengthening tobacco and alcohol control and promoting healthy diet. Bhutan should also adopt and strictly implement interventions listed in WHO's "Tackling NCDs: Best Buys" such as higher tobacco and alcohol taxes, salt reduction regulations and nationwide physical activity campaigns in schools and workplaces[116]. These interventions can curb and reduce the rising tide of non-communicable disease in the country.

Mainstreaming inclusion in emergency preparedness. Bhutan's disaster response plans and strategies currently overlook the needs of marginalised communities and therefore needs to be revised to explicitly address the needs of these groups. This should include a PWD task force, pre-positioning chronic medications in primary health care centres, and creating disability friendly audio and visual alerts to safeguard everyone.

Strengthening multisectoral coordination and accountability. Despite all the plans, policies and strategies, implementation seems to be an issue due to siloed nature of agencies and underutilisation of CSOs. While Bhutan has multisectoral taskforces in all districts, their functionality varies and requires revitalising and strengthening of these existing taskforces. This can include regular planning and performance reviews and expanding participation not only to CSOs and private sectors but also youth representatives. A stronger, better-coordinated taskforce system can improve accountability and drive more effective progress on SDG 3.

Scaling up sustainable domestic financing. There is currently heavy reliance on external funds from programs such as Global Fund which risks program continuity. Therefore, the country should strengthen Bhutan Health Trust Fund by exploring sin taxes financed through modest tobacco and alcohol levies. These funds should cover transport and assistive devices which will ease out of pocket burdens and at the same time fund HIV prevention programs in the country. In addition, the country should diversify its financing base by exploring public-private partnerships and other innovative financing mechanisms to ensure more sustainable and resilient health financing.

Integrate environmental health into SDG 3. There is anticipation for climate driven risks such as zoonotic diseases and pollution which are poorly linked to health surveillance currently. The Royal Centre for Disease Control should also be linked to environmental testing labs and conduct joint zoonotic outbreak drills. The current One Health Strategy should be operationalised through joint health-environment-agriculture-livestock response teams, enhanced lab capacity for environmental toxin testing and routine environmental health impact assessments.

Closing HIV Detection and Prevention Gaps. Bhutan should scale up HIV testing, expand PrEP distribution beyond urban centres to district and PHCs, and increase domestic HIV prevention budgets, this will allow Bhutan to reach the remaining undiagnosed one-third of people living with HIV.

Enhancing Data Disaggregation in the country. The current Electronic Patient Information System should be upgraded to capture disaggregated data by disability status, income quintile, location and publish an annual public dashboard. This will allow the revelation of gaps while allowing the country to implement and plan more targeted interventions. Additionally, the country should also strengthen the broader integrated digital health information system for patient records, monitoring and evaluation to improve data quality, streamline reporting and support evidence based decision making across the health sector.

Conclusion

Over the past decade, Bhutan has demonstrated unwavering commitment to SDG 3 through its unique Gross National Happiness driven development philosophy and robust policy frameworks. There has been significant progress in maternal and child health, universal health coverage has been bolstered by near 100% skilled birth attendance, sustained high immunization rates and the roll out of comprehensive newborn and maternal health initiatives. In communicable disease control, Bhutan has eliminated indigenous malaria, maintained low HIV prevalence while scaling up PrEP, and aligned the WHO End TB Strategy through innovative diagnostics and mobile clinics. However, NCDs, mental health disorders and AMR emerge as leading threats, Bhutan's health system must evolve and strengthen prevention, early detection and community engagement. There is a rising burden of hypertension, diabetes, tobacco and substance use, alongside surging depression and suicide rates. Health equity challenges persist in remote gewogs, among persons with disabilities, and within key populations facing discrimination, these gaps demand inclusive design standards, capacity building in disability-competent and LGBT+-friendly care, and outreach models that place marginalized voices at the centre of planning.

Looking ahead to 2030, Bhutan's holistic vision for health must harness strengthened governance, sustainable domestic financing, accountability and inclusion of various stakeholders in addressing some of the challenges that the country is facing with regards to SDG 3. Bhutan should ensure that no one is left behind and that every citizen benefits from the right to health and wellbeing by embracing holistic and inclusive strategies. Additionally, policy implementation should be strengthen to ensure effective delivery and multisectoral partnerships between government, CSOs, NGOs and youth representative should be strengthened. This will not only allow Bhutan to be positioned to meet its 2030 targets but also build a resilient, equitable and people centred health system, reflecting the country's commitment to holistic prosperity and happiness.

" Every individual should adopt healthier practices. There is only so much the government can do. "

" Greater collaboration between government, civil society and development partners is needed to mobilise resources and ensure sustainable financing."

" There is a need for improved data collection and inter-agency coordination to further accelerate progress on SDG 3."

" To truly advance SDG 3 in Bhutan, we need inclusive, youth-driven, community-anchored, and government-supported health actions."

" There is a need for improved data collection and inter-agency coordination to accelerate progress on SDG 3 further."

Reference

[1] NSB, *Population and Housing Census Bhutan 2017*. Thimphu: Loday Natshog Communications, 2018. [Online]. Available: https://www.nsb.gov.bt/wp-content/uploads/dlm_uploads/2020/07/PHCB2017_wp.pdf

[2] MoICE, "National Investment Opportunities," *Investment Opportunity Study*, vol. 97, pp. 96-121, 2006. [Online]. Available: https://www.moice.gov.bt/wp-content/uploads/2023/03/Chapters-C-F_Vol_I.pdf

[3] L. Nath, "An old monarchy, a new democracy and gross national happiness in Bhutan: A holistic approach for sustainable development," *The Clarion-International Multidisciplinary Journal*, vol. 7, no. 2, pp. 38-49, 2018. doi: 10.5958/2277-937X.2018.00024.2

[4] G. Sithey, A.-M. Thow, and M. Li, "Gross National Happiness and Health: Lessons from Bhutan," *Bulletin of the World Health Organization*, vol. 93, no. 8, pp. 514–517, 2015.

[5] B. M. Meier and A. Chakrabarti, "The Paradox of Happiness: Health and Human Rights in the Kingdom of Bhutan," *Health and Human Rights*, vol. 18, no. 1, pp. 1–11, 2016.

[6] Office of the Cabinet Affairs and Strategic Coordination, *13th Five-Year Plan*. Thimphu, Bhutan, 2024.

[7] World Bank Group, *Primary Health Care in Bhutan*. Washington, DC: World Bank Group, 2024.

[8] Ministry of Health, *5th National Health Survey: Integrated Stepwise Household Survey 2023*. Thimphu, Bhutan: Ministry of Health, 2024.

[9] J. Wangdi, "Bhutan Sets Bold Targets to Safeguard Mothers and Newborns," *BBS*, Oct. 26, 2023. [Online]. Available: https://kuenselonline.com/news/bhutan-sets-bold-targets-to-safeguard-mothers-and-newborns

[10] N. Katel, "Ministry of Health Launches Comprehensive Mother and Child Health Program to Prioritize Maternal and Child Well-being," *The Bhutanese*, Jun. 12, 2025.

[11] T. Namgay, "1,000 Golden Days Initiative benefits 7,250 pregnant and lactating mothers," *Kuensel*, Dec. 3, 2025. [Online]. Available: https://kuenselonline.com/news/1000-golden-days-initiative-benefits-7520-pregnant-and-lactating-mothers

[12] UNICEF Bhutan, *WASH (Water, Sanitation and Hygiene) in Maternal, Newborn and Child Health*. n.d.

[13] Ministry of Health, *Bhutan Every Newborn Action Plan (2016-2023)*. Thimphu, Bhutan: Ministry of Health, Department of Public Health, RMNH Program, n.d.

[14] Macrotrends, "Bhutan Infant Mortality Rate 1950–2025," *Macrotrends*, n.d.

[15] C. Dema, "Most of 85 Infant Deaths Reported between 2024 and Present Are Neonatal," *The Bhutanese*, Aug. 8, 2025.

[16] C. Dema, "A Shift from Family Planning to Population Decline Concerns as 74.2% of Women Use Contraception," *The Bhutanese*, Mar. 8, 2024.

[17] D. Dolkar, *The Journey of Young Mothers: From Teen Pregnancy to Empowerment*. Thimphu, Bhutan: RENEW, 2024. Accessed: Dec. 10, 2025. [Online]. Available: https://renew.org.bt/wp-content/uploads/2024/12/The-Journey-of-Young-Mothers-from-teen-pregnancy-to-empowerment-compressed.pdf

[18] T. Dema, "Teenage Pregnancies and Issues Related to It," *The Bhutanese*, Aug. 6, 2024.

[19] K. Chophel, K. Tenzin, and A. Moir-Bussy, "Mindfulness as a Transformative Intervention for Building Psychosocial Resilience in People Living with HIV/AIDS in Bhutan," *Australian Counseling Research Journa*l, 2023. ISSN 1832-1135.

[20] *National HIV, AIDS and STI Control Programme, National HIV/AIDS, Viral Hepatitis and STIs Strategic Plan – IV (2023–2028)*. Thimphu, Bhutan: MoH, 2023.

[21] Ministry of Health, *Annual Health Bulletin*. 2023. Thimphu, Bhutan: MoH, 2025. [Online]. Available: https://moh.gov.bt/wp-content/uploads/2025/01/Annual-Health-Bulleti-2023.pdf

[22] Ministry of Health, *Annual Health Bulletin. 2024*. Thimphu, Bhutan: MoH, 2025. [Online]. Available: https://moh.gov.bt/wp-content/uploads/2025/01/Annual-Health-Bulletin-2024.pdf

[23] World Bank Group, "HIV/AIDS in Bhutan," *World Bank*, Jul. 10, 2012.

[24] Innovations Map, "HIVST," *Innovations Map*, n.d.

[25] SCI Bhutan, "PrEP Launch in Bhutan," *APCOM*, Dec. 12, 2024. [Online]. Available: https://www.apcom.org/skpa-prep-pilot-bhutan/

[26] D. Pem, "Social stigma and discrimination, greatest challenge for People Living with HIV and Key Populations," *The Bhutanese*, Feb. 7, 2022. [Online]. Available: https://thebhutanese.bt/social-stigma-and-discrimination-greatest-challenge-for-people-living-with-hiv-and-key-populations/

[27] RCDC, "Prospective Drug Resistance surveillance to determine prevalence and burden Multi-Drug resistance among smear positive cases in Bhutan," *RCDC*, n.d. [Online]. Available: https://www.rcdc.gov.bt/web/?p=587

[28] Ministry of Health, *Annual Health Bulletin*. Thimphu, Bhutan: MoH, 2017. [Online]. Available: https://moh.gov.bt/wp-content/uploads/2025/01/Annual-Health-Bulletin-2017.pdf

[29] N. Dorji, "Tuberculosis Still a Concern in Bhutan," *Kuensel*, Mar. 24, 2025.

[30] Ministry of Health, *Annual Health Bulletin*. Thimphu, Bhutan: MoH, 2022. [Online]. Available: https://moh.gov.bt/wp-content/uploads/2025/01/Annual-Health-Bulleti-2022_Link-3.pdf

[31] J. Wangdi, "Bhutan's Health Ministry Steps Up Fight against Tuberculosis," *Kuensel*, Apr. 3, 2025.

[32] P. Gyem, "AI-Powered TB Mobile Clinic Screens over 400 People in Thimphu and Samtse," *BBS*, Mar. 27, 2025.

[33] Ministry of Health, *National Guideline for Diagnosis and Treatment of Malaria in Bhutan*. Thimphu, Bhutan: MoH, 2024.

[34] Ministry of Health, *Annual Health Bulletin*. Thimphu, Bhutan: MoH, 2016. [Online]. Available: https://moh.gov.bt/wp-content/uploads/2025/01/Annual-Health-Bulletin-2016.pdf

[35] Ministry of Health, *Vector-Borne Diseases Control Programme*. Thimphu, Bhutan: Ministry of Health, 2020.

[36] Ministry of Health, *Monitoring and Evaluation Plan for Malaria Elimination in Bhutan 2020–2025*. Thimphu, Bhutan: Ministry of Health, 2021.

[37] APLMA, “Thematic Feature: Cross-Border Malaria Elimination along the India-Bhutan and India-Nepal Borders,” *APLMA*, May 10, 2024.
[38] WHO, “Nepal, Bangladesh, Bhutan, and Thailand Achieve Hepatitis B Control,” *WHO*, Jul. 25, 2019.
[39] Ministry of Health, *Annual Health Bulletin.* Thimphu, Bhutan: MoH, 2021. [Online]. Available: https://moh.gov.bt/wp-content/uploads/2025/01/24.06.2021_Bulletin-Book-2021.pdf
[40] N. Tshering et al., “Prevalence of HBV and HCV Infections, Bhutan, 2017: Progress and Next Steps,” *BMC Infectious Diseases*, vol. 40, no. 485, 2020. doi: 10.1186/s12879-020-05176-3
[41] WHO, “Reported Number of People Requiring Interventions against NTDs,” *WHO*, Mar. 19, 2025.
[42] Ministry of Health, *5th National Health Survey*. Thimphu, Bhutan: Ministry of Health, 2023.
[43] H. Allen et al., “Epidemiology of Soil-Transmitted Helminths in the Western Region of Bhutan,” *Southeast Asian Journal of Tropical Medicine and Public Health*, vol. 35, no. 4, pp. 777–79, 2017.
[44] UNICEF, “Bhutan Achieves 100% Open Defecation Free with Access to Improved Sanitation,” *WHO*, Nov. 19, 2022.
[45] T. Dukpa et al., “Soil-Transmitted Helminth Infections Reduction in Bhutan: A Report of 29 Years of Deworming,” *PLOS One*, vol. 15, no. 1, 2020.
[46] P. Gyem, “Some Districts Report Alarming Leprosy Cases, Public Misunderstand Common Leprosy Symptoms to Other Mild Diseases,” *BBS*, Jan. 20, 2024.
[47] Ministry of Health, *National Immunisation Policy and Strategic Guidelines*. Thimphu, Bhutan: Ministry of Health, 2011.
[48] Ministry of Health, *Expanded Programme on Immunization (EPI) Manual for Health Staff.* Thimphu, Bhutan: Ministry of Health, 2022.
[49] Ministry of Health, *Annual Health Bulletin*. Thimphu, Bhutan: MoH, 2018. [Online]. Available: https://moh.gov.bt/wp-content/uploads/2025/05/Health-Bulletin_2018.pdf
[50] UNICEF, “UNICEF Hails Bhutan’s Successful Completion of Full COVID-19 Vaccinations for 90% of the Population,” *UNICEF*, Jul. 28, 2021.
[51] P. Gyem, “Bhutan Closer to Achieving Universal Immunisation Coverage with 99.6% Children Vaccinated,” *BBS*, Apr. 26, 2024.
[52] S. Phuntsho et al., “An Exemplary National COVID-19 Vaccination: Lessons from Bhutan,” *Tropical Medicine and Infectious Disease*, vol. 7, no. 7, 2022. doi: 10.3390/tropicalmed7070131
[53] Royal Government of Bhutan, *Suicide Prevention in Bhutan: A Three Year Action Plan (July 2015–June 2018)*. Thimphu, Bhutan: Royal Government of Bhutan, 2015.
[54] T. Dema, “RBP Records Disturbing Trends in Suicide Cases,” *The Bhutanese*, Jan. 18, 2025.
[55] The PEMA, “National Mental Health Strategy 2025,” The PEMA, 2025.
[56] T. Dema, “Suicide Cases and Episodes of Self-Harm Increasing over the Years,” *The Bhutanese*, Aug. 26, 2023.
[57] K. Choden, “Gender Based Violence Remains A Silent Crisis Despite Policy Efforts,” *Bhutan Today*, 2021.
[58] Royal Government of Bhutan, *Suicide Prevention in Bhutan: A Five Year Action Plan (2018–2023)*. Thimphu, Bhutan: Royal Government of Bhutan, 2018.
[59] The PEMA, “Inauguration of Substance Use Disorder (SUD) Treatment and Care Services for Drug Offenders under Detention,” *The PEMA*, Dec. 11, 2023.
[60] Damber, "Alcohol and Substance Use Disorders and the Current Scenario in Bhutan," 2019. [Online]. Available: https://www.issup.net/node/5971
[61] T. Dema, “How the National Drug Task Force will tackle substance abuse,” *The Bhutanese*, Mar. 6, 2023.
[62] S. Dema, “Mitshey Yarab Lamzang helps over 250 individuals with substance use disorder in just three months,” *BBS*, Mar. 12, 2025.
[63] The PEMA, “Reintegration and Aftercare Programmes,” *The PEMA*, n.d.
[64] P. Gyem, “Bhutan Institute of Well-being, the only Rehab Centre for both male and female, to open from tomorrow,” *BBS*, Jul. 2, 2020.
[65] S. Darjay, “Bhutan’s first specialised institution for students in recovery from substance use disorder launched in Trashigang,” *The Bhutanese*, Jul. 30, 2025.
[66] JDWNRH, “Health Information Service Center,” *JDWNRH*, n.d.
[67] Ministry of Finance, *Budget Report for FY 2023–24*. Thimphu, Bhutan: MoF, 2024.
[68] UHC2030, “UHC Country Data,” *UHC2030*, n.d.
[69] Ministry of Foreign Affairs, “Health Services,” *MFA*, 2021.
[70] Ministry of Health, *Healthy Drukyul Program*. Thimphu, Bhutan: MoH, 2024.
[71] Ministry of Health, *National Health Accounts (2018–19 & 2019–20)*. Thimphu, Bhutan: MoH, 2021.
[72] The Bhutanese, “His Majesty Thanks Medical Team in Royal Audience,” *The Bhutanese*, May 21, 2016.
[73] Bhutan Health Trust Fund, “Nu. 278.87 Million Released for 1st and 2nd Quarter of Financial Year 2024–25,” *BHTF*, n.d.
[74] Ministry of Health, *National Health Policy.* Thimphu, Bhutan: MoH, 2011.
[75] The Bhutanese, “Nurses,” *The Bhutanese*, Jul. 10, 2023.
[76] KGUMSB, *Khesar Gyalpo University of Medical Sciences of Bhutan Strategic Document 2022–2026.* Thimphu, Bhutan: KGUMSB, 2022.
[77] KGUMSB, “KGUMSB Launched MBBS Programme,” *KGUMSB*, Oct. 15, 2023. [Online]. Available: https://www.kgumsb.edu.bt/?p=238378
[78] RCSC, *Bhutan Civil Service Rules and Regulations 2010*. Thimphu, Bhutan: RCSC, 2010.
[79] WHO, "Bhutan," *WHO*, n.d. [Online]. Available: https://www.who.int/countries/btn/
[80] Ministry of Health, *National Essential Medicine List 2023*. Thimphu, Bhutan: MoH, 2023.
[81] UNDP, *Medicines Price Regulation in Bhutan*. Thimphu, Bhutan: UNDP, 2024.
[82] Royal Audit Authority, *Strong & Resilient National Public Health Systems (Performance Audit)*. Thimphu, Bhutan: RAA, 2024.
[83] WHO, *Medicines in Health Care Delivery*. Geneva, Switzerland: WHO, 2015.
[84] Bhutan Health Trust Fund, “About,” *Bhutan Health Trust Fund*, n.d. [Online]. Available: https://www.bhtf.bt/?page_id=21
[85] BBS, “Health Ministry Launches e-BMSIS,” *BBS*, Jul. 19, 2017. [Online]. Available: https://www.bbs.bt/76445/
[86] T. Dema, “25 Dead and 158 Injured in 239 Vehicle Accidents in First Two Months of 2025,” *The Bhutanese*, Mar. 1, 2025.

[87] K. Choden, “BCTA Intensifies Road Safety Awareness to Curb Traffic Violations,” *Bhutan Today*, n.d.
[88] P. Dorji, “Bhutan Sets New WASH Standards for Schools and Monastic Institutions,” *BBS*, Jun. 12, 2025.
[89] Water for Women Fund, “Water for Women – Bhutan,” *Water for Women Fund*, May 27, 2024.
[90] K. Dem, “WASH FIT Programme Sees Success, Local Leaders Urge More Inclusive Facilities,” *BBS*, Dec. 24, 2024.
[91] UNDP, *Investment Case for Tobacco Control in Bhutan.* Thimphu, Bhutan: UNDP, 2024.
[92] S. Dema, “National Health Survey Report 2023: Maternal, Child Mortality Decreases; NCD Rate Rising,” *BBS*, Jun. 22, 2024.
[93] WHO, *Joint External Evaluation of IHR Core Capacities of the Kingdom of Bhutan.* Geneva, Switzerland: WHO, 2017.
[94] WHO, “Electronic IHR States Parties Self-Assessment Annual Reporting Tool,” *WHO*, n.d. [Online]. Available: https://extranet.who.int/e-spar/
[95] WHO, “Bhutan Prepares for the Joint External Evaluation,” *WHO*, 2025.
[96] Ministry of Health, *National Action Plan on Antimicrobial Resistance (2018–2022)*. Thimphu, Bhutan: MoH, 2017.
[97] CAPTURA, *CAPTURA Country Report: Kingdom of Bhutan*. CAPTURA, 2023.
[98] T. Tshering, S. Wangda, and K. Buising, “Trends in Antimicrobial Consumption in Bhutan,” *IJID Regions*, vol. 1, pp. 66–73, 2021. doi: 10.1016/j.ijregi.2021.09.009
[99] University of Washington, *The Burden of Antimicrobial Resistance (AMR) in Bhutan*. Seattle, WA: GRAM, 2023.
[100] Ministry of Health & Ministry of Agriculture and Forestry, *National AMR Surveillance Guideline 2020*. Thimphu, Bhutan: MoH, 2020.
[101] WHO, "AMS in Bhutan: Introduction into Health Facility, Lessons Learned and Way Forwards," *WHO*, n.d.
[102] RCDC, *Annual Scientific Report*. Thimphu, Bhutan: RCDC, 2022.
[103] Drug Regulatory Authority, *Bhutan Medicines Rule and Regulation 2019*. Thimphu, Bhutan: DRA, 2019, pp. 1–12.
[104] Ministry of Health, *5th National Health Survey: Factsheets*. Thimphu, Bhutan: Ministry of Health, 2024.
[105] World Bank Group, *Service Delivery Indicators Health Survey for Bhutan*. Washington, DC: World Bank, 2024.
[106] Kipchu, “National Health Survey Reveals Poor Access in Healthcare for Persons with Disabilities,” *BBS*, 2024.
[107] N. Dorji, “Stigma in Silence: The Hidden Struggles of Living with HIV in Bhutan,” *Kuensel*, 2025.
[108] J. Sharma, M. Pavlova, and W. Groot, “Rural–Urban Inequalities in Health Care Utilization in Bhutan: A Decomposition Analysis,” *International Journal for Equity in Health*, vol. 23, no. 69, 2024.
[109] C. Dema, “MPs Raise Concerns over Health Worker Shortage and Infrastructure in Remote Areas,” *The Bhutanese*, 2025.
[110] K. S. Wangda, “Country Short of over 170 Doctors and Specialists, over 800 Nurses,” *BBS*, 2024.
[111] World Telehealth Initiative, “Health and Happiness in the Himalayas: Supporting Bhutan’s Healthcare Landscape,” World Telehealth Initiative, 2024.
[112] C. Dema, “JDWRNH Faces Shortage of 544 Staff,” *The Bhutanese*, 2025.
[113] WHO & Ministry of Health, *Noncommunicable Disease Risk Factors: Bhutan STEPS Survey Report 2019*. Thimphu, Bhutan: MoH, 2020.
[114] J. Wangdi, “Tackling Bhutan’s Growing Mental Health Challenges,” *BBS*, 2024.
[115] The Bhutanese, “79 New HIV Cases Detected in 2022,” *The Bhutanese*, 2023.
[116] WHO, *Tackling NCDs: Best Buys*. Geneva, Switzerland: WHO, 2017.

Annexure 1:

Monitoring Progress on SDG 3: Good Health and Well-being in Bhutan: Survey

Background:

This survey seeks to gather valuable insights and perspectives from young people in Bhutan about the progress made on SDG 3: Good Health and Well-being. As SDG 3 aims to ensure healthy lives and promote well-being for all, this survey focuses on understanding the awareness, challenges and perspectives of Bhutanese youth regarding SDG 3 and its indicators. These information collected will support evidence-based advocacy efforts and provide youth-driven perspectives on SDG 3 related issues.

Duration:

Completing this survey will take approximately 5 to 10 minutes of your time. Your honest feedback is crucial and greatly appreciated.

Contact Information:

Should you have any questions, require clarification or wish to provide additional input, please feel free to contact us at sdgs3surveybhutan@ypeerap.org.

Confidentiality:

Your participation in this survey is voluntary, and all responses will be kept anonymous and confidential. The survey is conducted independently by a youth organisation and is not affiliated with the government.
Sharing the Survey:
Help us reach more young voices! Share this survey with your peers and community:
●https://forms.gle/SA7sB1GaKf3Bs6x66
Your support in expanding participation will help ensure diversity and representative feedback.

General Information

1. Email (optional)
2. Phone (optional)
3. Full Name (Optional)

4. Gender
Man
Woman
Non-Binary
Prefer not to say
Other:

5. Age
13 - 15
16-19
20-24
25-29
30+

6. Current Address

7. Level of Education
Primary or Elementary level (Grade 1 to 6)
Secondary Level (Grade 7 to 12)
Bachelors Ongoing
Bachelors Completed
Masters Ongoing
Masters Completed
Education Above Masters
School Drop out
Prefer not to say
Other:

8. Which Organization or educational institute are you affiliated with?

9. Briefly describe your role in the aforementioned organization or what you study.

Awareness of SDGs

10. How would you describe your understanding of the SDGs (Sustainable Development Goals)?
1 - Very low
5 – Very high

11. How familiar are you with SDG 3 and its related indicators?
1 – Not at all familiar
5 – Very familiar

12. Are you aware of how Bhutan monitors its progress on SDGs?
Yes, I am fully aware about the process
Yes, I am aware but not much
No, I am aware its tracked but not sure
No, I am hearing about this for the first time

13. Have you participated in any SDG-related activities, events, programs or surveys that was used to take feedbacks from young people since 2015?
Yes
No, but I am aware about some of these
No

14. Were you part of any of these?
Yes
No, but I am aware about some of these
No

15. If yes, please mention the program year and a brief detail about the program

16. What, in your opinion, is the best way to gather feedback from young people with regards to SDGs?

In-depth exploration of SDG 3

General Health

17. Do you feel that people in your community live healthier and longer lives compared to 10 years ago?
Yes
No
Not sure

18. If no, what do you think are the main reasons?

19. How often do you or your family get health checkups?
Regularly (at least once a year)
Occasionally
Rarely
Never

Maternal and Child Health

20. Are you aware of programs in your area focused on reducing maternal mortality?
Yes
No

21. Have you or anyone you know accessed maternal health programs in the past?
Yes
No

22. Do you think there are sufficient child health services in your community (e.g. immunizations, nutrition support and pre and post-natal care)?
Yes
No

23. How confident are you that children under 5 your area receive proper healthcare?
1 – Not confident
5 – Very confident

Communicable Diseases

24.Have you seen or participated in awareness campaigns about communicable diseases like HIV, TB, or malaria?
Yes
No

25. Are people in your community comfortable seeking testing and treatment for HIV or STIs?
Yes
No

26. If no, what are the reasons?

27. Are vaccination campaigns regularly conducted in your area?
Yes
No

28. Are you aware of the immunization services available for children in your area?
Yes
No

Non-communicable diseases

29. How concerned are you about the impact of non-communicable diseases (e.g. diabetes, heart disease and cancer) in your community?
1 – Not concerned
5 – Very concerned

30. Do you think Bhutan has sufficient programs to address NCD prevention (e.g. lifestyle awareness, screenings)?
Yes
No

Mental Health

31. Do you believe that mental health is treated as a priority in Bhutan?
Yes
No

32. Do you think mental health stigma is decreasing in your community?
Yes
No

33. Do you know any mental health support or counselling services that are available in your area?
Yes
No

34. If yes, what are some of the services that you can avail for your mental health?

Substance Abuse

35. Do you think Bhutan is effectively addressing issues like alcohol and drug abuse?
Yes
No

36. What kinds of support programs would help reduce substance abuse among youths?

Road Traffic Safety

37. Have you noticed any changes in the road safety measures (e.g., awareness, campaigns, enforcement of traffic rules)?
Yes
No

38. Do you feel safe on Bhutan's roads now compared to 10 years ago?
Yes
No

Sexual and Reproductive Health

39. How important is Sexual and Reproductive Health and Rights (SRHR) according to you?
1 – Not very important
5 – Very important

40. Are young people in your community able to freely access contraception and family planning services?
Yes
No

41. Do you think Bhutan is doing enough to promote sexual and reproductive health education for youth?
Yes
No

42. What do you think are the barriers to supporting young people's sexuality and sexuality education or services in Bhutan?

43. Are there any policies or programs related to Sexual and Reproductive Health and Rights (SRHR) linked with SDG 3 and other SDGs?
Yes
No
Not sure

44. If yes, please provide details about the policy or the program.

Universal Health Coverage

45. Are you currently covered under Bhutan's national health scheme?
Yes
No
I am not sure

46. How satisfied are you with the availability of health services in your area?
1 - Very satisfied
5 - Very dissatisfied

47. What barriers have you faced in accessing health services? (Select all that apply)
Distance to facility
Cost of services (traveling to avail the services)
Lack of information
Cultural stigma
Inadequate services

Overcrowded
None
Other:

Environmental Health Risks

48. Do you think air and water pollution in your area have impacted public health?
Yes
No

49. Are you aware about any measures in place in your community to reduce pollution and improve health?
Yes
No

Health Workforce

50. Do you think there are enough trained health professionals in your area?
Yes
No

51. Have you experienced delays in accessing healthcare due to staff shortages?
Yes
No

Emergency Preparedness

52. How prepared do you think Bhutan is to handle public health emergencies similar to COVID?
1 - Not prepared
5 - Very prepared

53. Have you observed any improvements in emergency health services in recent years?
Yes
No

Youth Perspectives and Feedback

54. How important is SDGs according to you?
Very important
Important
Not important
Not very important

55. Please share your opinion with regards to the importance of SDG in Bhutan

56. What do you think has been Bhutan's greatest achievement in the health sector over the past 10 years?

57. What are some biggest health related challenges in Bhutan?

58. On a scale from 1 to 5, how would you rate Bhutan's progress toward SDG 3?
1 – No Progress
2 – Progressing

59. What changes would you like to see in Bhutan's health services over the next 5 years?

60. If you could influence the government, civil society, or youth groups, what actions would you prioritize to advance SDG 3?

61. Any additional feedback or suggestions to improve Bhutan's progress on SDG 3?

Consent Statement

62. By submitting this survey, you agree to allow the collected responses to be used * anonymously for study purpose related to SDG 3 in Bhutan. Your information will remain strictly confidential, and no identifiable details will be shared.
I agree to the terms and consent to my responses being used for the stated purpose.
I do not agree and would like to exit the survey.

Thank you for being a part of this important initiative. Your voice matters!

Annexure 2:

Guiding questions for Key Informant Interview

I. General Understanding and National Context

1. What is your understanding of SDG 3 (Good Health and Well-being) in the context of Bhutan? How does it align with Bhutan's philosophy of Gross National Happiness (GNH) or other National Plans that are currently existing (example: Thirteenth Five Year Plan (2024-2029))?
2. From your perspective, what are the most significant health achievements Bhutan has made in recent years on SDGs 3 or overall SDGs?
3. What are the primary health challenges and priorities currently facing Bhutan?
4. How do national policies and plans (e.g., Five Year Plans, health sector strategies) integrate and address the targets of SDG 3?
5. In your opinion, how well is Bhutan currently performing in achieving the various targets under SDG 3? (e.g., maternal and child health, communicable diseases, non-communicable diseases, mental health, universal health coverage, etc.)

II. Progress on Specific SDG 3 Targets

6.a, Maternal and Child Health (SDG 3.1 & 3.2)

1. What are the key initiatives and programs implemented to reduce maternal and child mortality in Bhutan?
2. What factors have contributed to the successes or challenges in these areas?

6b. Communicable Diseases (SDG 3.3)

1. How effectively is Bhutan combating epidemics such as AIDS, tuberculosis, malaria, and other communicable diseases?
2. How has Bhutan's experience with recent public health events (e.g., the COVID-19 pandemic) influenced its approach to communicable disease control?

6.c. Non-Communicable Diseases (NCDs) and Mental Health (SDG 3.4)

1. What is the prevalence and impact of NCDs (e.g., cardiovascular diseases, diabetes, cancers) in Bhutan? What strategies are in place for prevention and treatment?
2. How is mental health and well-being being addressed within Bhutan's health system? What are the key challenges in this area?
3. What are the strengths and weaknesses of the current disease surveillance and response systems? (for all 3 things mentioned above 6a,6b,6c)

7a) Substance Abuse (SDG 3.5)

1. What are the main issues related to substance abuse (including alcohol and narcotic drugs) in Bhutan?
2. What prevention and treatment programs are available, and how effective are they?

7b) Road Traffic Accidents (SDG 3.6)

1. What progress has been made in reducing deaths and injuries from road traffic accidents?
2. What are the main contributing factors to these accidents, and what measures are being taken to address them?

8a) Sexual and Reproductive Health (SDG 3.7)

1. How accessible and comprehensive are sexual and reproductive health-care services in Bhutan, including family planning and education?
2. Are there any specific groups facing challenges in accessing these services?

8b) Universal Health Coverage (UHC) and Access to Medicines (SDG 3.8)

1. To what extent has Bhutan achieved Universal Health Coverage? What are the key components of its UHC system?
2. How effectively does the health system provide financial risk protection and access to quality essential health services, medicines, and vaccines for all?
3. Are there any out-of-pocket expenditures that still pose a significant burden on households?

9a) Environmental Health (SDG 3.9)

1. How is Bhutan addressing health risks related to hazardous chemicals, air, water, and soil pollution?
2. What initiatives are in place to ensure safe drinking water and sanitation, and how do they contribute to health outcomes?

III. Health System Capacity and Resources (SDG 3.A, 3.B, 3.C, 3.D)

1. How would you describe the overall capacity and resilience of Bhutan's health system?
2. What are the key strengths and weaknesses of the health workforce in Bhutan (e.g., number, distribution, training, retention)?
3. How is health financing structured in Bhutan, and is it sufficient to meet the SDG 3 targets? Are there any concerns regarding the efficiency or equity of health spending?
4. What role does research and development play in addressing Bhutan's health priorities? How is access to affordable essential medicines and vaccines ensured?
5. How is Bhutan strengthening its capacity for early warning, risk reduction, and management of national and global health risks (e.g., pandemics, natural disasters)?
6. How effectively do various stakeholders (government agencies, NGOs, civil society, private sector, international partners) collaborate on health initiatives in Bhutan?

IV. Data, Monitoring, and Reporting

1. What are the main data sources and systems used to monitor progress on SDG 3 indicators in Bhutan?
2. How reliable and timely is the available health data? What are the gaps or limitations in data collection and analysis?
3. Are there specific disaggregated data (e.g., by age, gender, location, income, disability) that are particularly challenging to collect, and why?
4. How are monitoring results used to inform policy decisions and program adjustments in the health sector?

V. Future Outlook and Recommendations

1. What do you see as the biggest opportunities for accelerating progress on SDG 3 in Bhutan in the coming years?
2. What are the potential risks or obstacles that could hinder further progress towards SDG 3 targets?
3. If you could make one key recommendation to improve health outcomes and well-being in Bhutan, what would it be?
4. How can the global community and development partners best support Bhutan in achieving SDG 3?

Annexure 3:

Statistical Data Summary on SDG 3 from 2015 to 2023

Published with the support of

PRODUCTION TEAM
Author(s):
Palden Wangchuk Dorji
Bidhya Rai
Sangeet Kayastha

Template Design: TM Ali Basir

Y-PEER Bhutan
Y-PEER Bhutan is a youth group dedicated to empowering young people through comprehensive sexuality education, advocacy, and peer-to-peer learning in Bhutan. The group has more than 18 networks spread across the country in colleges and training institutions with over 1,600 members.

Y-PEER Asia Pacific Center
Y-PEER Asia Pacific is a regional youth network that strengthens peer education, youth leadership, and SRHR advocacy across the Asia-Pacific region. It supports national Y-PEER networks through capacity-building, knowledge sharing, and regional collaboration to advance young people's sexual and reproductive health and rights.

CONTACT US AT:
Address: Bangkok, Thailand
Email: ypeer.asiapacific@gmail.com
Website: https://ypeerap.org/
Facebook: YPEER Asia Pacific Center
Instagram: ypeer.asiapacific
Twitter: @ypeerap
Linkedin: YPEER AP

ABOUT THE PUBLICATION
This publication was developed by Y-PEER Bhutan and Y-PEER Asia Pacific. The publication has been produced as part of SDG Alternative Report. This project is being implemented in Bhutan in partnership with the Asian-Pacific Resource and Research Centre for Women (ARROW). Electronic copies are available at https://ypeerap.org/ and www.arrow.org.my. This publication has been published with support from ARROW.

ABOUT ARROW
ARROW is a regional non-profit women's NGO based in Kuala Lumpur, Malaysia, and has consultative status with the Economic and Social Council of the United Nations. Established in 1993, it envisions an equal, just, and equitable world, where every woman enjoys her full sexual and reproductive rights. ARROW promotes and defends women's rights and needs, particularly in the areas of health and sexuality, and to reaffirm their agency to claim these rights. To find out more about ARROW, go to www.arrow.org.my.