



**Review Report of Human Resource challenges in Bhutan's
healthcare system and implications for quality service delivery**

Presented to the 36th session of the National Council

ECONOMIC AFFAIRS COMMITTEE

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In the 21st century, change is taking place at a phenomenal rate. Our healthcare institutions should be agile and receptive, in order to take advantage of opportunities, and respond to new challenges brought about by the digital revolution, and progress in medical science, technology, and practices. Of all our institutions, it is vital that our education and healthcare be the most dynamic, responsive, and flexible. We have to establish a culture of being able to respond to changing times.

- His Majesty's Address at the first Convocation of KGUMSB on 25 April 2019

Legislative Power

The Economic Affairs Committee (EAC) of the National Council is pleased to provide the review report on the Human Resource challenges in Bhutan's healthcare system and implications for quality service delivery. The review is based on the mandate provided for in the Constitution of Bhutan and the National Council Act under the following articles:

Article 10.2 of the Constitution provides the basis for parliamentary review of executive functions when it says: *“Parliament shall ensure that the Government safeguards the interests of the nation and fulfills the aspirations of the people through public review of policies and issues, Bills and other legislations, and scrutiny of State functions.”*

The Constitution in Article 11.2 also confers specific additional powers on the National Council to *“act as the House of review on matters affecting the security and sovereignty of the country and the interests of the nation and the people that need to be brought to the notice of the Druk Gyalpo, the Prime Minister and the National Assembly”*.

The Section 7 of the National Council Act states that:

“The National Council shall ensure that the Government safeguards the interests of the nation and fulfills the aspirations of the people through public review of policies and issues, Bills and other legislation, and scrutiny of State functions.”

Further, Article 10 of the National Council Act highlights the review function of the National Council as follows:

“In exercising its review function, the National Council shall:

- a) Review and comment on the policies, plans and programs of the government;*
- b) Review performance of the government;*
- c) Review implementation of resolutions and laws; and*
- d) Review issues of national importance.”*

The Economic Affairs Committee was directed to conduct a review of the Human Resource challenges in Bhutan's healthcare system and implications for quality service delivery and present the findings in the 36th Session based on a decision of the National Council Retreat held at Paro in 10-11 July 2025.

Background

Bhutan has made a remarkable progress in public health over the recent decades. As of 2025, the country's estimated population stands at 784,043 (National Statistics Bureau, 2019), and life expectancy reached 70.2 years in 2017 (National Statistics Bureau, 2018). However, the total fertility rate (TFR) is currently at 1.7, which is below the replacement level of 2.1 (National Statistics Bureau, 2018). As a result of declining fertility and increased life expectancy, the number of people aged 65 years and above is projected to increase from 6.6% in 2022 to 13.4% by 2047 (National Statistics Bureau, 2019). Consequently, the old-age dependency ratio is also expected to double from 9.5% to 19.3% during the same period. This demographic shift presents a growing social, economic, and cultural challenges, particularly a surge in demand for healthcare and social services.

In parallel, the country is also undergoing a significant epidemiological transition, marked by a rapid increase in noncommunicable diseases (NCDs) over the past three decades. The share of NCDs in the total disease burden rose from 23% in 1990 to 62% in 2019 (World Bank, 2024). During the fiscal year 2019-2020, 41% of all health expenditures were associated with NCD related conditions. Additionally, nearly 10% of admissions in referral hospitals are attributed to NCDs (World Bank, 2024). Our public health expenditure as a share of GDP is 3.4%, among the highest in South Asia. At the same time, out-of-pocket healthcare spending is one of the lowest in the region and among lower-middle-income countries (World Bank, 2024). However, mental health concerns are rising, with common conditions including anxiety, depression, and disorders related to alcohol and substance use (World Bank, 2023).

Recognizing these growing challenges, the Ministry of Health has allocated Nu. 19.125 billion under the 13th Five Year Plan for the "Healthy Drukgyul Program," aimed at enhancing the overall health and wellbeing of the Bhutanese population (Ministry of Health, 2024). Despite substantial efforts and investments, ensuring inclusive, equitable, and people-centered quality healthcare services remains a major challenge. A key issue is the severe shortage of human resources for health, especially at specialized levels.

Currently, the doctor-to-population ratio stands at 5.29 per 10,000 people, and the nurse-to-population ratio is 20.2 (Ministry of Health, 2025), both significantly below the World Health Organization's (WHO) recommended levels. Further, the number of Health Assistants (HAs), crucial for delivering primary health care in rural areas, has declined from 650 in 2020 to 580 in 2023 (Ministry of Health, 2025). According to the Royal Civil Service Commission (RCSC), there are only 4,153 civil servants in the Medical and Health Services group (RCSC, 2025), whereas the estimated requirement exceeds 10,000. In contrast, the Annual Health Bulletin 2025 reported a total health workforce of 6,891 individuals. Further, the attrition rate among critical health professionals was recorded at 11.25% as of January 2024. There is a growing trend among our health professionals exiting the civil service for international employment.

Our Constitution, under Article 9(21), mandates that, "*The State shall provide free access to basic public health services in both modern and traditional medicines.*" While the Royal

government remains committed to this constitutional mandate, rising attrition, low health worker density, and uneven distribution of personnel are increasingly undermining our healthcare quality, especially in remote areas.

Addressing these human resource gaps is critical for improving service delivery, reducing regional disparities, and achieving national health goals. This review supports the priorities of the 13th Five Year Plan and contributes directly to our commitment to the Sustainable Development Goals (SDGs). It will also inform future policy direction, strategic planning, and optimal allocation of health sector resources by the Ministry of Health and other relevant stakeholders.

Objectives

1. To assess the current status of human resources in our health sector, including availability, distribution, and attrition.
2. To evaluate the impact of HR gaps on quality of health service delivery in Bhutan.
3. To identify factors contributing to HR shortages, including structural, administrative, and socio-geographic dimensions.
4. To assess the adequacy of the current HR planning, training, and deployment strategies.
5. To provide policy recommendations aimed at strengthening HR capacity for improved health service delivery.

Methodology

This review adopted a qualitative and secondary data analysis approach to comprehensively analyse HR gaps in our health sector. The approach focused on document review, institutional data analysis, and stakeholder engagement to derive findings and recommendations.

1. Desk review and secondary data analysis
A comprehensive review of existing literature, administrative data, and official reports was conducted to understand the current HR situation in our health sector.
2. Key informant interviews (KIIs)
Semi-structured interviews were conducted with key institutional stakeholders to gather insights on structural and administrative issues, policy gaps, and planning challenges.
3. Focus group discussions (FGDs)
Targeted FGDs were conducted with health officials, Local government officials and public to capture field-level perspectives.
4. Field visits to selected health centres

Field visits were conducted to selected health centres (purposive sampling) in both urban and rural areas to observe and document the practical implications of HR shortages on health service delivery.

Observations and findings

1. Current status of HR in health sector in Bhutan

- 1.1 Total number of health professionals in the country categorized by type, position, gender, specialization, and employment type (*i.e.*, regular/contract).
- 1.2 Distribution of health professionals across health centres in the country categorized by type, position, gender, specialization, and employment type (*i.e.*, regular/contract).
- 1.3 Attrition trends of health professionals in the country in the past 5 years categorized by type, position, gender, specialization, and reason for exit from the system (if available).
- 1.4 Status of vacancy rates of health professionals across health centres in the country categorized by type, position, specialization, and health centres.
- 1.5 Total number of foreign medical professionals in the country categorized by type, position, gender, specialization, and average duration of service.
- 1.6 Health professionals to population ratio in the past five years (compared with south Asia region and WHO standards).
- 1.7 Projected requirement of health professionals in the country in the next 5-10 years categorized by type, position, and specialization.

2. Impact of HR gaps on quality of health service delivery in Bhutan

- 2.1 Ex-country referral records in the past 5 years categorized by medical cases and reason for referrals (*e.g.*, lack of specialists, equipment, diagnosis, etc) alongwith cost implications.
- 2.2 In-country referral cases categorized by medical cases, health centres (*i.e.*, from BHUs & Dzongkhag Hospitals to Regional hospitals, and from Regional hospitals to JDWNRH), and reason for referrals.
- 2.3 Health service disruption records (if there is any) in the past 5 years particularly due to lack of certain medical professionals.
- 2.4 Patient satisfaction surveys (if there is any).

3. Factors contributing to HR shortages in health sector in Bhutan

- 3.1 Recruitment pattern of health professionals in the country in the past five years categorized by type, position, gender, specialization, and employment type (*i.e.*, regular/contract).
- 3.2 Recruitment and deployment challenges (Qualitative).

- 3.3 Workload of health professionals in the country (check if quantitative data is available).
- 3.4 Career progression, promotion, and capacity building (Qualitative).
- 3.5 Transfer policy for health professionals in the country.
- 3.6 Anecdotal evidences of health professionals who have resigned from civil service.

4. Adequacy of the current HR planning, training, and deployment strategies

- 4.1 Total number of health professionals in the country undergoing training (*i.e.*, Long-term training, fellowships, MD, DM, or any other trainings) categorized by type, position, specialization subject/discipline of training.
- 4.2 Annual intake/output and capacity of medical and health training institutes in the country (KGUMSB, Apollo and Arura Nursing institutes).

5. Strengthening HR capacity for improved health service delivery

- 5.1 Ongoing HR development programs and HR policy reforms.
- 5.2 WHO guidelines and best practices from other countries.
- 5.3 Synthesis of findings from the above objectives.

Activity planning

Activity	Timeline	Remarks
Desk review of existing reports (Annual Health Bulletin, MoH HR reports, RCSC, KGUMSB data, WHO, World Bank)	Till submission to the House	
Official letters to stakeholders for data request and meeting appointments	15-17 th July	
Field visits to selected hospitals and BHUs	1 st and 2 nd week of August	
Stakeholder consultations	3 rd and 4 th weeks of August	
Synthesis of field findings and data validation	1 st and 2 nd week of September	
Report writing and policy recommendations	3 rd and 4 th week of September	

Stakeholder consultation

Stakeholder	Objective
Ministry of Health (HR Division)	To gather HR data and reports
MoH-Planning & Policy Division	strategic plans, HR forecast, and health HR policy.
MoH-Department of Medical Services	Supervisory responsibility, insights on service delivery impact.
RCSC	Health HR policies and reforms
JDWNRH Superintendent and HR division	On-ground HR gaps

Traditional Medicine Hospitals	HR in <i>Nanpai menkhangs</i>
KGUMSB and Nursing institutes	Medical education and training plans
BMHC	Licensing, registration, mapping
WHO country office	Health reports, advisory notes
UNICEF Bhutan	maternal/child health focus
MBBS & Nursing students	Career expectations & specialization interests
Health Assistants in BHUs	Transfer issues, training gaps
Nurses at JDWNRH & Regional Hospitals	Workload, motivation, satisfaction
Health Researchers (RCDC, VDCP)	Research fund, equipment for diagnostic purpose and disease control plans

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