

# Bhutan

The Government of Bhutan reports as follows.

## National coordination

There is no written national strategy or plan that focuses exclusively or primarily on the prevention and control of viral hepatitis.

There is no designated governmental unit/department responsible solely for coordinating and/or carrying out viral hepatitis-related activities. It is not known how many people work full-time on hepatitis-related activities in all government agencies/bodies.

The government has a viral hepatitis prevention and control programme that includes activities targeting the following specific populations: health-care workers (including health-care waste handlers), people who inject drugs, migrants, prisoners, the homeless, people living with HIV, low-income populations, the uninsured, indigenous people and pregnant women.

## Awareness-raising and partnerships

The government did not hold events for World Hepatitis Day 2012 and has not funded other viral hepatitis public awareness campaigns since January 2011.

The government does not collaborate with in-country civil society groups to develop and implement its viral hepatitis prevention and control programme.

## Evidence-based policy and data for action

There is routine surveillance for viral hepatitis. There is a national surveillance system for acute hepatitis B, but not for any type of chronic hepatitis.

There are no standard case definitions for hepatitis. Hepatitis deaths are not reported to a central registry. The percentage of hepatitis cases reported as "undifferentiated" or "unclassified" hepatitis is not known.

Liver cancer cases are not registered nationally, but cases with HIV/hepatitis coinfection are.

The government publishes hepatitis disease reports annually.

Hepatitis outbreaks are reported to the government and are further investigated.

Population (in millions) (2011)	0.7
Country classification (2012)	Lower-middle-income
Gross national income per capita (PPP int \$) (2011)	\$5570
Total health expenditure as % of GDP (2010)	5.19%
Per capita total health expenditure (PPP int \$) (2010)	\$274.76
Per capita government health expenditure (PPP int \$) (2010)	\$238.57
Life expectancy at birth (in years) (2009)	63
Human Development Index (2011)	0.552
Median age (in years) (2010)	25
Total fertility rate per woman (2010)	2.4

There is adequate laboratory capacity nationally to support investigation of viral hepatitis outbreaks and other surveillance activities.

There is no national public health research agenda for viral hepatitis. Viral hepatitis serosurveys are not conducted regularly.

## Prevention of transmission

There is no national policy on hepatitis A vaccination.

The government has not established the goal of eliminating hepatitis B.

Nationally, 29% of newborn infants in a given recent year received the first dose of hepatitis B vaccine within 24 hours of birth, based on a policy introduced in mid-2011, and 93% of one-year-olds (ages 12–23 months) in a given recent year received three doses of hepatitis B vaccine.

There is a national policy that specifically targets mother-to-child transmission of hepatitis B (Annex B).

There is no specific national strategy and/or policy for preventing hepatitis B and hepatitis C infection in health-care settings. However, health-care workers are vaccinated against hepatitis B prior to starting work that might put them at risk of exposure to blood.

There is a national policy on injection safety in health-care settings, which recommends single-use syringes for therapeutic injections. Single-use or auto-disable syringes, needles and cannulas are always available in all health-care facilities.

Official government estimates of the number and percentage of unnecessary injections administered annually in health-care settings are not known.

There is a national infection control policy for blood banks. All donated blood units (including family donations) and blood products nationwide are screened for hepatitis B and hepatitis C.

There is a national policy relating to the prevention of viral hepatitis among people who inject drugs.

The government does not have guidelines that address how hepatitis A and hepatitis E can be prevented through food and water safety.

## Screening, care and treatment

Health professionals obtain the skills and competencies required to effectively care for people with viral hepatitis through schools for health professionals (pre-service education) and on-the-job training.

There are no national clinical guidelines for the management of viral hepatitis.

The government does not have national policies relating to screening and referral to care for hepatitis B or hepatitis C.

People testing for both hepatitis B and hepatitis C register by name, and there is open access to their names. Hepatitis B and hepatitis C tests are free of charge for all individuals, and are compulsory for blood donors and people living with HIV.

Publicly funded treatment is not available for hepatitis B or hepatitis C.

The following drug for treating hepatitis B is on the national essential medicines list: lamivudine. No drug for treating hepatitis C is on the national essential medicines list.

The Government of Bhutan welcomes assistance from WHO in one or more areas of viral hepatitis prevention and control (Annex C).