


# Annual Performance Agreement
# Between
# Prime Minister and
# Minister, Ministry of Health

## (July 1, 2026 – June 30, 2027)

## TABLE OF CONTENTS

**Section 1:** Vision, Mission and 13th FYP Outcome(s).

**Section 2:** Planning Matrix.

**Section 3:** Description of Key Performance Indicators.

**Annex: List of Acronyms.**

## Section 1: Vision, Mission and 13th FYP Outcome(s)

### Vision

A Nation With The Best Health

### Mission

1. To provide quality healthcare services in both traditional and modern medicines.
2. To prevent, control, eliminate and eradicate diseases.
3. To rehabilitate and promote healthy living.
4. To ensure sustainable, responsive, equitable, accessible, reliable and affordable health services.

### 13th FYP Outcome

a. By 2029, more Bhutanese enjoy improved health and well-being.
b. By 2029, Bhutan has an operational shock-responsive, inclusive, and comprehensive social protection system.

## Section 2: Planning Matrix

### 1. Bhutan Food and Drug Authority

| 13th FYP Output | Annual Deliverables | KPIs | Baseline | Target |
|---|---|---|---|---|
| Regulatory, monitoring and health security system strengthened | Strengthen/establish plant and animal quarantine stations at the Point of Entry (PoE) at Samdrup Jongkhar, Nganglam and Samtse. | Number of Plant and Animal Quarantine Stations (PAQS) strengthened at the Points of Entry | 0 | 3 (Samdrup Jongkhar, Nganglam and Samtse PAQS renovated, footdips and electrical upgrades completed) |
| Regulatory, monitoring and health security system strengthened | Deliver coordinated food safety services (domestic regulation, food import control and export certification) in collaboration with relevant government agencies and key stakeholders including the private sector, through the implementation of five food safety indicators to strengthen the national food safety system. | Number of coordinated actions or joint activities implemented with relevant government agencies and private sector stakeholders across the five food safety indicators. | 0 | 3 (residue monitoring for one prioritised commodity; technical working group on agri-food exports; joint food safety control of food business operators) |

| 13th FYP Output | Annual Deliverables | KPIs | Baseline | Target |
|---|---|---|---|---|
| Information and Technology harnessed to enhance health systems efficiency. | Percentage of regulatory services for medical products completed within the approved turnaround time, increased to 100% through DRIMS integration with G2C. | Timeline by which the Services provided by MPD from G2C integrated into the Drug Regulatory Management System (DRIMS) is completed. | 0 | June 2027 (DRIMS live and integrated with G2C for all medical products regulatory services)<br>Quarterly Breakdown:<br>Q1 (July-Sept): Complete TAM and TAS Module development, full system testing and deployment to production environment, UAT and bug fixing on the production, vulnerability scanning.<br>Q2 (Oct-Dec): Completion of UAT and comprehensive bug fixing, conduct vulnerability assessment and scanning remediation, commence data migration from legacy systems, conduct stakeholder demonstration.<br>Q3 (Jan-March): Phased implementation of completed Drug-RIMS, resolve post-roll-out bugs and operational issues, optimize workflows and |

| 13th FYP Output | Annual Deliverables | KPIs | Baseline | Target |
|---|---|---|---|---|
| | | | | integration-based use through revision of Standard Operating Procedures.<br>Q4 (April-June): Complete full operationalization of Drug-RIMS, complete outstanding integration, finalize SOPs, user manuals and system documentation, complete knowledge transfer to BFDA, final stakeholder sensitization and training. |
| Information and Technology harnessed to enhance health systems efficiency. | Regulatory Services related to food safety, biosecurity and certification streamlined and enhanced through the development of the Bhutan Biosecurity and Food Safety System. | Timeline by which biosecurity and food safety regulatory services are digitally transformed to streamline and enhance service delivery. | NA | May 2027 (all 18 food, plant, animal and certification services digitised on BBFSS) |

## 2. Department of Public Health

| 13th FYP Output | Annual Deliverables | KPIs | Baseline | Target |
|---|---|---|---|---|
| More Bhutanese Practice Healthy Lifestyles | Strengthen prevention, early detection, and management of non-communicable diseases (NCDs). | Number of hypertensive cases placed on protocol-based treatment. | 50,000 | 60,000 (adults 18+ on protocol-based antihypertensive treatment across all facility levels) |
| More Bhutanese Practice Healthy Lifestyles | Strengthen prevention, early detection, and management of non-communicable diseases (NCDs). | Percentage of eligible population screened for NCDs (Blood pressure, Blood glucose, BMI, CVD risk). | 70% | 75% (adults 18 to 69 screened for blood pressure, blood glucose, BMI and CVD risk) |
| Control and elimination of priority diseases achieved | Implement interventions for malaria elimination and obtain WHO certification. | Timeline by which Malaria-free certification is technically verified by the WHO. | NA | December 2026 (WHO elimination and certification for Malaria):<br>Q1 (July-Sept): 1. Launch of National Strategic Plan for Prevention of Reestablishment 2026-2030 and Malaria Elimination Report. 2. Independent Mission team for malaria elimination certification.<br>Q2 (Oct-Dec): 3. Final recommendation and |

| 13th FYP Output | Annual Deliverables | KPIs | Baseline | Target |
|---|---|---|---|---|
| | | | | certification by WHO. 4. Case-based surveillance and response. 5. Cross-border collaboration and community engagement. |
| Control and elimination of priority diseases achieved | Sustain zero human death due to dog-mediated rabies and obtain WHO validation. | Timeline by which Zero human death due to dog-mediated rabies is technically verified by the WHO. | NA | June 2027 (WHO technical verification of zero dog-mediated rabies deaths completed):<br>Q1 (July-Sept): 1. Development of national dossier as per the WHO requirement jointly with the Department of Livestock. 2. Technical review of the dossier by the Technical Advisory Group.<br>Q2 (Oct-Dec): 3. Submission of the final dossier to WHO SEARO. 4. Review of the dossier by the WHO technical committee.<br>Q3 (Jan-March): 5. Field validation by the expert mission. |

| 13th FYP Output | Annual Deliverables | KPIs | Baseline | Target |
|---|---|---|---|---|
| | | | | Q4 (April-June): 6. Final decision on validation by WHO. |
| Regulatory, monitoring and health security system strengthened | Strengthen national actions on lead poisoning prevention. | Timeline by which the National Strategy and Action Plan on Lead Poisoning Prevention is developed. | NA | September 2026 (National Strategy and Action Plan on Lead Poisoning Prevention is developed)<br>Q1 (July-Sept): 1. National Strategy and Action Plan on Lead Poisoning Prevention submitted for approval. 2. Strategy endorsed by HLC (High-Level Committee). |

### 3. Department of Health Services

| 13th FYP Output | Annual Deliverables | KPIs | Baseline | Target |
|---|---|---|---|---|
| Innovative governance and sustainable health financing systems are in place | Establish and operationalize an evidence-informed sustainable health financing ecosystem through relevant strategies, studies and assessments. | Timeline by which the National Health Accounts (NHA) studies for FYs 2024-25 and 2025-26 are initiated and the preliminary report completed. | NA | Studies for FY 2024-25 and FY 2025-26 initiated in September 2026; data cleaning and analysis done by December 2026; report writing in March 2027; and preliminary NHA report ready by end of June 2027. |
| Innovative governance and sustainable health financing systems are in place | Establish and operationalize an evidence-informed sustainable health financing ecosystem through relevant strategies, studies and assessments. | Timeline by which the health costing study is completed and a policy brief produced, to help track health expenditure by different functions and thematic areas. | NA | Costing study completed by March 2027 and policy brief on health financing submitted by end of June 2027. |

### 4.1 Secretariat — Health Information and Research Division

| 13th FYP Output | Annual Deliverables | KPIs | Baseline | Target |
|---|---|---|---|---|
| Information and Technology harnessed to enhance health systems efficiency. | Implement Internet of Things (IoT) based digital health solution and train AI to provide specialist service to remote areas of Bhutan for Mother and Child Health through Internet-Based Cardiotocography (iCTG) (global south project in partnership with Melody International and JICA). | Number of pilot AI studies (projects) for iCTG completed by December 2026. | 0 | 1 (pilot AI iCTG study on fetal distress detection completed by December 2026)<br>Q1 (July-Sept): 1. Data gathering from the iCTG. Since the old data does not have consent, additional 20 devices were deployed in 18 facilities to collect the iCTG tracings. 2. Data annotation of the iCTG tracings and preparation of the data for the training of the AI model.<br>Q2 (Oct-Dec): 1. AI Algorithm Improvement: identify and report at least 3 clinical feedback items regarding AI diagnosis accuracy or UI/UX improvements. 2. Dual Standard Verification: analyze data compliance using both Japan and WHO diagnostic standards. 3. Preparation of HTA and deployment. |

| 13th FYP Output | Annual Deliverables | KPIs | Baseline | Target |
|---|---|---|---|---|
| Information and Technology harnessed to enhance health systems efficiency. | Strengthen electronic Patient Information System (ePIS) governance structure through re-engineering. | Timeline by which the ePIS Governance structure is established. | NA | December 2026 (multi-tiered ePIS governance structure formally established)<br>Q1 (July-Sept): 1. Draft Digital Health strategy and digital health governance. 2. Hire International Digital Health and Governance expert through ADB.<br>Q2 (Oct-Dec): 1. Stakeholder consultation for further validation. 2. Validation and finalization of digital health strategy and governance including ePIS. 3. December 2026: multi-tiered ePIS governance structure formally established. |

### 4.2 Secretariat — Policy and Planning Division

| 13th FYP Output | Annual Deliverables | KPIs | Baseline | Target |
|---|---|---|---|---|
| Access to quality health-related services and products improved | Enhance access to health care services through introduction of new services and infrastructural development. | Timeline by which the infrastructural work for upgradation of Samtse Hospital, Phuentsholing General Hospital and Trashigang Hospital is initiated. | NA | June 2027 (contractors mobilised and physical works commenced for the three hospital projects)<br>Quarterly Breakdown:<br>Q1 (July-Sept): Feasibility study, site survey & verification and tendering process for design consultancy completed.<br>Q2 (Oct-Dec): Award of design consultancy service; draft 1st conceptual design and drawing and start final draft.<br>Q3 (Jan-Mar): Complete design drawing and estimates.<br>Q4 (Apr-Jun): Prepare and issue tender for execution of works and award of works. |

| 13th FYP Output | Annual Deliverables | KPIs | Baseline | Target |
|---|---|---|---|---|
| Access to quality health-related services and products improved | Enhance access to primary and quality health care services. | Number of Mobile Medical Units procured and delivered to NMS. | 10 | 19 (9 additional customised all-terrain Mobile Medical Units delivered to NMS) |

### 5. Jigme Dorji Wangchuck National Referral Hospital

| 13th FYP Output | Annual Deliverables | KPIs | Baseline | Target |
|---|---|---|---|---|
| Access to quality health-related services and products improved | Enhance access to health care services through introduction of new services and infrastructural development. | Timeline by which the establishment of the Multi-Disciplinary Super-Speciality Hospital (MDSSH) is commenced. | NA | Completed by June 2027 (approvals completed and on-site physical works for MDSSH commenced) |
| Access to quality health-related services and products improved | Enhanced service delivery at JDWNRH through infrastructure development for the installation of CT and MRI machines. | Timeline by which the infrastructure development for the installation of CT and MRI machines is completed. | NA | June 2027<br>Quarterly Breakdown:<br>Q1 (July-Sept, 2026): Mobilization and preparatory activities for the JICA site assessment. |

| 13th FYP Output | Annual Deliverables | KPIs | Baseline | Target |
|---|---|---|---|---|
| | | | | Q2 (Oct-Dec, 2026): Technical team from JICA to conduct the site assessment in November 2026.<br>Q3 (Jan-March, 2027): As per the JICA assessment report, MoIT to carry out the design and drawings.<br>Q4 (April-June, 2027): Tendering and awarding of the development work; CT and MRI installation sites fully prepared and certified ready for commissioning. |
| Access to quality health-related services and products improved | Deploy adequate specialized staffing and upgrade critical emergency care infrastructure/technology at the Emergency Department. | Number of specialized emergency care staff deployed as per approved staffing, increased. | 1 | 5 (emergency physicians, emergency nurses and paramedics deployed per approved staffing pattern) |

| 13th FYP Output | Annual Deliverables | KPIs | Baseline | Target |
|---|---|---|---|---|
| Access to quality health-related services and products improved | Deploy adequate specialized staffing and upgrade critical emergency care infrastructure/technology at the Emergency Department. | Timeline by which the refurbishment of infrastructure and expansion of the emergency department is completed. | NA | June 2027<br>Quarterly Breakdown:<br>Q1 (July-Sept, 2026): Design, drawing and Thromde approval completed; tendering and awarding completed; demolishing of temporary structure by September 2026.<br>Q2 (Oct-Dec, 2026): Construction starts from October.<br>Q3 (Jan-Mar, 2027): Construction works continue.<br>Q4 (April-June, 2027): Complete construction (JDWNRH Emergency Department refurbished, expanded and operationalised). |

| 13th FYP Output | Annual Deliverables | KPIs | Baseline | Target |
|---|---|---|---|---|
| Access to quality health-related services and products improved | Expand spaces for existing THCs and build/rent additional infrastructure for Thromde Health Services, including dental OPD relocation from existing old buildings at JDWNRH. | Timeline by which the expansion service is completed by relocating the JDWNRH GOPD to the old psychiatric ward and Dental OPD to the existing GOPD building. | NA | March 2027<br>Quarterly Breakdown:<br>Q1 (July-Sept, 2026): Refurbish old psychiatric ward.<br>Q2 (Oct-Dec, 2026): Shift GOPD to the refurbished site by November 2026; commence refurbishment of existing GOPD for Dental OPD.<br>Q3 (Jan-March, 2027): Complete refurbishment of the existing GOPD building for Dental OPD; relocate Dental OPD by March 2027 (General OPD relocated to the old psychiatric ward and Dental OPD to the existing GOPD building, both operational). |

### 6. National Centre for Traditional Medicine Services

| 13th FYP Output | Annual Deliverables | KPIs | Baseline | Target |
|---|---|---|---|---|
| Access to quality health-related services and products improved | Enhance delivery of evidence-based, patient-centered Traditional Medicine services that promote physical, mental and spiritual wellbeing. | Percentage of patients seeking Traditional Medicine services. | 22.9% | 25% of patients using health services availing Traditional Medicine services |
| Access to quality health-related services and products improved | Enhance and develop resilient Traditional Medicine infrastructure. | Timeline by which planning, design and estimation for the construction of the National Traditional Medicine Hospital and Office for National Centre for Traditional Medicine Services is completed. | NA | June 30, 2027<br>Q1 (July-Sept, 2026): Tender for consultancy services and work award.<br>Q2 (Oct-Dec, 2026) and Q3 (Jan-Mar, 2027): Execution of consultancy services for drawing, design and estimation including preparation of BoQ.<br>Q4 (April-June, 2027): Finalization and approval. |

| 13th FYP Output | Annual Deliverables | KPIs | Baseline | Target |
|---|---|---|---|---|
| Access to quality health-related services and products improved | Ensure sustainability of Traditional Medicine knowledge, practices and resources. | Number of digital repositories (Sowa Rigpa Digital Hub) developed and populated with documented traditional medicine knowledge and practices (digital, audiovisual and oral history archiving). | 0 | 1 digital repository developed: the Sowa Rigpa Digital Hub, populated with documented Traditional Medicine knowledge, resources and practices |
| Access to quality health-related services and products improved | Develop traditional medicine and wellness services under the 10X Holistic Living and Wellness initiative. | Number of hotels and wellness centers providing traditional Sorig Health and Wellbeing services. | 0 | 1 certified commercial partner facility (hotel, resort, or dedicated wellness center) officially operationalized to offer standardized Sorig Health and Wellbeing therapies in collaboration with private sector stakeholders under the 10X Holistic Living and Wellness national framework |

| 13th FYP Output | Annual Deliverables | KPIs | Baseline | Target |
|---|---|---|---|---|
| Access to quality health-related services and products improved | Develop traditional medicine and wellness services under the 10X Holistic Living and Wellness initiative. | Number of Tshachus and Menchus assessed for mineral contents. | 1 | 4 natural therapeutic water sources (comprising designated local Tshachus [hot springs] and Menchus [medicinal mineral springs]) scientifically sampled, laboratory tested, and mapped for their specific mineral content and therapeutic profiles |
| Access to quality health-related services and products improved | Develop traditional medicine and wellness services under the 10X Holistic Living and Wellness initiative. | Number of Sorig Zhiney and Luejong practices as preventive health practices to support physical and mental wellbeing, institutionalized and promoted. | 0 | 5 public institutions (such as Royal University of Bhutan [RUB] colleges, TVET institutes, or government ministries) formally adopting and embedding Sorig Zhiney (mindfulness/meditation) and Luejong (yogic/physical exercise) as routine workplace and institutional wellness practices |

| 13th FYP Output | Annual Deliverables | KPIs | Baseline | Target |
|---|---|---|---|---|
| Information and Technology harnessed to enhance health systems efficiency. | Promote research and innovation to advance Traditional Medicine knowledge and practices. | Number of research articles published. | 0 | 6 original scientific research papers on Sowa Rigpa clinical efficacy, ethnobotanical validation, or traditional medicine practices successfully accepted and published in peer-reviewed national or international journals |

## 7. National Medical Services

| 13th FYP Output | Annual Deliverables | KPIs | Baseline | Target |
|---|---|---|---|---|
| Access to quality health-related services and products improved | Enhance access to health care services through introduction of new services and infrastructural development. | Number of hospitals with Peritoneal Dialysis introduced and implemented at 3 Regional Referral Hospitals (RRHS). | 0 | 3 tertiary care facilities — specifically Jigme Dorji Wangchuck National Referral Hospital (JDWNRH) in Thimphu, Eastern Regional Referral Hospital (ERRH) in Mongar, and Central Regional Referral Hospital (CRRH) in Gelephu — fully equipped, staffed, and operationalized to provide Peritoneal Dialysis (PD) clinical services to renal failure patients |
| Access to quality health-related services and products improved | Enhance access to health care services through introduction of new services and infrastructural development. | Timeline by which one CT machine, one MRI machine and three ambulances are delivered to NMS/JDWNRH. | NA | June 2027<br>CT Machine — Q1 (July-Sept): tender bidding and contract signing. Q2-Q4 (Oct-June): manufacturing of the CT machine (Oct 2026-May 2027) and transportation/shipment (June 2027).<br>MRI Machine — Q1 (July-Sept): tender bidding and contract signing. Q2 (Oct-Dec): |

| 13th FYP Output | Annual Deliverables | KPIs | Baseline | Target |
|---|---|---|---|---|
| | | | | preparation for site survey for the installation of MRI. Q3-Q4 (Jan-June): manufacturing process.<br>Three Ambulances — Q1 (July-Sept): tender bidding and contract signing. Q2-Q4 (Oct 2026-June 2027): manufacturing of the ambulances. |
| Access to quality health-related services and products improved | Enhance access to health care services through introduction of new services and infrastructural development. | Timeline by which the refurbishment work to introduce Intra Uterine Insemination (IUI) services at 2 RRHS is initiated. | NA | June 2027<br>Q1 (July-Sept): Write to the WHO requesting financial support to initiate the proposed staff training. Implementation of the training is contingent upon the availability and approval of the required budget.<br>Q2-Q4 (Oct-June): Dependent on Q1 approval. |

| 13th FYP Output | Annual Deliverables | KPIs | Baseline | Target |
|---|---|---|---|---|
| Access to quality health-related services and products improved | Uptime of critical medical equipment maintained above 90%. | The uptime (functionality) of all critical medical equipment (Type 1) maintained at ≥92% across all tertiary care facilities for the entire FY 2026-27. | 90% | 92% uptime of critical medical equipment (Type 1) across all tertiary care facilities |
| Access to quality health-related services and products improved | Ensure health facilities receive essential medical supplies on time so that stock-outs of essential medicines are eliminated at the point of care. | Percentage of health facilities reporting zero stock-out of essential medicines at month end, sustained at ≥95% through on-time delivery of supply orders within the 90 to 180 day lead time. | 95% | 95% or above of health facilities reporting zero stock-out of essential medicines at month end, sustained monthly (a sustain-level target, maintaining the current baseline performance rather than year-on-year growth) |

| 13th FYP Output | Annual Deliverables | KPIs | Baseline | Target |
|---|---|---|---|---|
| Access to quality health-related services and products improved | Shorten the time patients spend waiting for outpatient consultation by deploying ePIS digital appointments, triage and queue management. | Average waiting time from patient registration to consultation at the General OPD, JDWNRH, reduced from 45 minutes to 40 minutes or less through ePIS-based appointment, triage and queue management. | 45 mins | 40 minutes or less average waiting time from registration to consultation at the General OPD, JDWNRH |

### 8. Royal Centre for Disease Control

| 13th FYP Output | Annual Deliverables | KPIs | Baseline | Target |
|---|---|---|---|---|
| Regulatory, monitoring and health security system strengthened | Strengthen quality assurance in medical products. | Number of National Medical Product Testing Laboratories (NMTPL) accredited to ISO/IEC 17025 standard. | 0 | 1 (NMTPL officially granted ISO/IEC 17025 accreditation by a recognized national or international accreditation body) |

### 9. Bhutan Health Trust Fund

| 13th FYP Output | Annual Deliverables | KPIs | Baseline | Target |
|---|---|---|---|---|
| Innovative governance and sustainable health financing systems are in place | Strengthen sustainable health financing by enhancing resource mobilization and increasing financial contributions to the Bhutan Health Trust Fund. | Percentage increase in annual contributions to BHTF. | 5% | 10% increase in annual contributions to the Bhutan Health Trust Fund over the previous fiscal year |

## Section 3: Description of Key Performance Indicators

| KPIs | Description | MoV | Department Responsible |
|---|---|---|---|
| Number of Plant and Animal Quarantine Stations (PAQS) strengthened at the Points of Entry | This KPI measures the number of Plant and Animal Quarantine Stations strengthened at the Points of Entry, covering renovation of two cattle sheds at Samdrup Jongkhar, cattle and equine sheds at Samtse, footdips at the entrance of all animal sheds, and upgrading of electrical connections at Samdrup Jongkhar, Samtse and Nganglam, funded through an approved RGoB budget of Nu. 5.5 million. A station is counted only on completion and handover of all works at that site. Baseline: 0. Target: 3 (Samdrup Jongkhar, Nganglam and Samtse PAQS renovated, footdips and electrical upgrades completed). | Progress Report | BFDA |
| Number of coordinated actions or joint activities implemented with relevant government agencies and private sector stakeholders across the five food safety indicators. | This KPI measures the coordinated actions and joint activities undertaken with government agencies and private sector stakeholders across the five food safety indicators, comprising residue monitoring for one prioritised food commodity, technical working group meetings on export facilitation of agri-food commodities, and collaborative implementation of official food safety control and oversight of food business operators. Baseline: 0. Target: 3 (residue monitoring for one prioritised commodity; technical working group on agri-food exports; joint food safety control of food business operators). | Reports / Records of Discussion (RoDs) / Official documents / Food safety certificates | BFDA |

| KPIs | Description | MoV | Department Responsible |
|---|---|---|---|
| Timeline by which the Services provided by MPD from G2C integrated into the Drug Regulatory Management System (DRIMS) is completed. | This KPI measures the timeline by which the Drug Regulatory Information Management System is designed, developed, tested and fully deployed as a single digital platform for all medical products regulatory functions, integrated with the G2C service platform and live for end users, with rollout to clients and operational acceptance confirmed. Baseline: 0. Target: June 2027 (DRIMS live and integrated with G2C for all medical products regulatory services). Quarterly Breakdown — Q1 (July-Sept): complete TAM and TAS module development, full system testing and deployment to production environment, UAT and bug fixing on the production, vulnerability scanning. Q2 (Oct-Dec): completion of UAT and comprehensive bug fixing, conduct vulnerability assessment and scanning remediation, commence data migration from legacy systems, conduct stakeholder demonstration. Q3 (Jan-March): phased implementation of completed Drug-RIMS, resolve post-roll-out bugs and operational issues, optimize workflows and integration-based use through revision of Standard Operating Procedures. Q4 (April-June): complete full operationalization of Drug-RIMS, complete outstanding integration, finalize SOPs, user manuals and system documentation, complete knowledge transfer to BFDA, final stakeholder sensitization and training. | DRIMS live system record; User manual | BFDA |

| KPIs | Description | MoV | Department Responsible |
|---|---|---|---|
| Timeline by which biosecurity and food safety regulatory services are digitally transformed to streamline and enhance service delivery. | This KPI measures the timeline by which all 18 regulatory services across food, plant, animal and certification services are fully digitised through the Bhutan Biosecurity and Food Safety System. Baseline: NA. Target: May 2027 (all 18 food, plant, animal and certification services digitised on BBFSS). | BBFSS system records | BFDA |
| Number of hypertensive cases placed on protocol-based treatment. | This KPI measures the number of adults aged 18 and above diagnosed with hypertension who are placed on protocol-based treatment across primary, secondary and tertiary health facilities. A patient is counted once assessed and started on appropriate antihypertensive treatment, lifestyle modification advice and follow-up in accordance with the national hypertension treatment protocol. Baseline: 50,000. Target: 60,000 (adults 18+ on protocol-based antihypertensive treatment across all facility levels). | NCD dashboard / ePIS Program Report | DoPH |

| KPIs | Description | MoV | Department Responsible |
|---|---|---|---|
| Percentage of eligible population screened for NCDs (Blood pressure, Blood glucose, BMI, CVD risk). | This KPI measures the proportion of eligible adults screened for key non-communicable disease risk factors, namely blood pressure, blood glucose, body mass index and cardiovascular disease risk, so that they receive appropriate counselling, follow-up and care. It applies nationwide to adults aged 18 to 69, screened through community-based activities and health facilities at all levels. The denominator is the total population aged 18 to 69 excluding people already diagnosed with hypertension and diabetes; the numerator is the cumulative number screened. Baseline: 70%. Target: 75% (adults 18 to 69 screened for blood pressure, blood glucose, BMI and CVD risk). | Annual Household Survey Report / NCD screening report | DoPH |
| Timeline by which Malaria-free certification is technically verified by the WHO. | This KPI measures progress towards official WHO Malaria-Free Certification, which requires demonstrating zero indigenous malaria transmission for at least three consecutive years through rigorous case investigation and surveillance. The last indigenous case was recorded in November 2021 and zero transmission has been sustained since, with an independent WHO pre-certification mission scheduled for August 2026. Baseline: NA. Target: December 2026 (WHO elimination and certification for Malaria). Q1 (July-Sept): 1. Launch of National Strategic Plan for Prevention of Reestablishment 2026-2030 and Malaria Elimination | Program Documents | DoPH |

| KPIs | Description | MoV | Department Responsible |
|---|---|---|---|
| | Report. 2. Independent Mission team for malaria elimination certification. Q2 (Oct-Dec): 3. Final recommendation and certification by WHO. 4. Case-based surveillance and response. 5. Cross-border collaboration and community engagement. | | |
| Timeline by which Zero human death due to dog-mediated rabies is technically verified by the WHO. | This KPI measures completion of the WHO technical verification process confirming that Bhutan has achieved and sustained zero human deaths due to dog-mediated rabies in accordance with WHO standards. Baseline: NA. Target: June 2027 (WHO technical verification of zero dog-mediated rabies deaths completed). Q1 (July-Sept): 1. Development of national dossier as per the WHO requirement jointly with the Department of Livestock. 2. Technical review of the dossier by the Technical Advisory Group. Q2 (Oct-Dec): 3. Submission of the final dossier to WHO SEARO. 4. Review of the dossier by the WHO technical committee. Q3 (Jan-March): 5. Field validation by the expert mission. Q4 (April-June): 6. Final decision on validation by WHO. | Program Documents | DoPH |

| KPIs | Description | MoV | Department Responsible |
|---|---|---|---|
| Timeline by which the National Strategy and Action Plan on Lead Poisoning Prevention is developed. | This KPI measures the development, finalisation and submission for approval of the National Strategy and Action Plan on Lead Poisoning Prevention, setting out Bhutan's approach to preventing and controlling lead exposure through stakeholder consultations, technical review and agreed implementation actions. It applies nationwide with particular attention to children, pregnant women and other groups at higher risk. Baseline: NA. Target: September 2026 (National Strategy and Action Plan on Lead Poisoning Prevention is developed). Q1 (July-Sept): 1. National Strategy and Action Plan on Lead Poisoning Prevention submitted for approval. 2. Strategy endorsed by the High-Level Committee (HLC). | Strategy document / Program Report | DoPH |
| Timeline by which the National Health Accounts (NHA) studies for FYs 2024-25 and 2025-26 are initiated and the preliminary report completed. | This KPI measures the timeline by which the National Health Accounts studies for FYs 2024-25 and 2025-26 are initiated and the preliminary report completed, following System of Health Accounts 2011 methodology. The studies collect, compile, validate and analyse health expenditure data from public, private, donor and external financing sources, classified by financing source, financing scheme, provider, healthcare function and disease or programme area, in collaboration with ministries, development partners, providers, insurance schemes and private stakeholders. Baseline: NA. Target: | Program Report | HFD, DHS |

| KPIs | Description | MoV | Department Responsible |
|---|---|---|---|
| | studies for FY 2024-25 and FY 2025-26 initiated in September 2026; data cleaning and analysis done by December 2026; report writing in March 2027; and preliminary NHA report ready by end of June 2027. | | |
| Timeline by which the health costing study is completed and a policy brief produced, to help track health expenditure by different functions and thematic areas. | This KPI measures the timeline by which the health costing study is completed and its findings translated into a policy brief, disaggregating and analysing health spending across healthcare functions such as curative, preventive and governance, and across thematic areas such as non-communicable diseases, primary healthcare and reproductive health, to inform evidence-based health financing decisions. Baseline: NA. Target: costing study completed by March 2027 and policy brief on health financing submitted by end of June 2027. | Program Report | HFD, DHS |

| KPIs | Description | MoV | Department Responsible |
|---|---|---|---|
| Number of pilot AI studies (projects) for iCTG completed by December 2026. | This KPI measures completion of the pilot study assessing the feasibility, diagnostic accuracy, usability and clinical utility of AI-assisted interpretation of fetal heart rate and uterine contractions for early detection of fetal distress in maternal care settings. Baseline: 0. Target: 1 (pilot AI iCTG study on fetal distress detection completed by December 2026). Q1 (July-Sept): data gathering from the iCTG; since the old data does not have consent, additional 20 devices were deployed in 18 facilities to collect the iCTG tracings; data annotation of the iCTG tracings and preparation of the data for training of the AI model. Q2 (Oct-Dec): AI algorithm improvement — identify and report at least 3 clinical feedback items regarding AI diagnosis accuracy or UI/UX improvements; dual standard verification — analyze data compliance using both Japan and WHO diagnostic standards; preparation of HTA and deployment. | Study report | HIRD & PPD |
| Timeline by which the ePIS Governance structure is established. | This KPI measures the timeline by which a formalised, multi-tiered governance structure for the nationwide Electronic Patient Information System is established, defining strategic oversight, data management, clinical leadership, technical maintenance and inter-agency coordination between the Ministry of Health, National Medical Services, GovTech and health facilities. Baseline: | Administrative report | HIRD |

| KPIs | Description | MoV | Department Responsible |
|---|---|---|---|
| | NA. Target: December 2026 (multi-tiered ePIS governance structure formally established). Q1 (July-Sept): 1. Draft Digital Health strategy and digital health governance. 2. Hire International Digital Health and Governance experts through ADB. Q2 (Oct-Dec): 1. Stakeholder consultation for further validation. 2. Validation and finalization of digital health strategy and governance including ePIS. 3. December 2026: multi-tiered ePIS governance structure formally established. | | |
| Timeline by which the infrastructural work for upgradation of Samtse Hospital, Phuentsholing General Hospital and Trashigang Hospital is initiated. | This KPI measures the progress and timeliness of preparatory, design, procurement and contracting activities required to initiate the infrastructural upgradation of Samtse Hospital, Phuentsholing General Hospital and Trashigang Hospital. The KPI will be considered achieved when contractors for all three hospital projects have been mobilised and physical construction works have commenced by June 2027. Baseline: NA. Target: June 2027 (contractors mobilised and physical works commenced for the three hospital projects). Quarterly Breakdown — Q1 (July-Sept): feasibility study, site survey & verification and tendering process for design consultancy completed. Q2 (Oct-Dec): award of design consultancy service, draft 1st conceptual design and drawing and start final draft. Q3 | Progress Report | PPD, NMS & MoH |

| KPIs | Description | MoV | Department Responsible |
|---|---|---|---|
| | (Jan-Mar): complete design drawing and estimates. Q4 (Apr-Jun): prepare and issue tender for execution of works and award of works. | | |
| Number of Mobile Medical Units procured and delivered to NMS. | This KPI measures the procurement, inspection and formal delivery to National Medical Services of customised Mobile Medical Units, being all-terrain or heavy-duty vehicles fitted with diagnostic, screening and basic therapeutic equipment, to expand primary healthcare access, specialised outreach and screening services in remote, hard-to-reach and underserved communities. Baseline: 10. Target: 19 (9 additional customised all-terrain Mobile Medical Units delivered to NMS). | Purchase order and delivery inspection report (goods received note) | PPD & HRD |
| Timeline by which the establishment of the Multi-Disciplinary Super-Speciality Hospital (MDSSH) is commenced. | This KPI measures the date by which physical construction of the Multi-Disciplinary Super-Speciality Hospital officially commences, following completion of required approvals, planning and institutional arrangements. Commencement means the start of on-site physical works including preliminary site and foundation works. Baseline: NA. Target: completed by June 2027 (approvals completed and on-site physical works for MDSSH commenced). | Progress Report | Secretariat/ JDWNRH |

| KPIs | Description | MoV | Department Responsible |
|---|---|---|---|
| Timeline by which the infrastructure development for the installation of CT and MRI machines is completed. | This KPI measures completion of all engineering, utility and support works required for the installation of CT and MRI machines, so that sites are fully prepared and certified ready for equipment installation and commissioning. Baseline: NA. Target: June 2027. Quarterly Breakdown — Q1 (July-Sept 2026): mobilization and preparatory activities for the JICA site assessment. Q2 (Oct-Dec 2026): technical team from JICA to conduct the site assessment in November 2026. Q3 (Jan-March 2027): as per the JICA assessment report, MoIT to carry out the design and drawings. Q4 (April-June 2027): tendering and awarding of the development work; CT and MRI installation sites fully prepared and certified ready for commissioning. | Administrative or Project Report (Work Handover Note and Completion Report); compilation of administrative and engineering project reports | JDWNRH |
| Number of specialized emergency care staff deployed as per approved staffing, increased. | This KPI measures the deployment of specialised emergency care personnel against the approved staffing pattern, tracking recruitment, placement and retention of emergency physicians, emergency nurses, paramedics and other qualified professionals providing specialised emergency and critical care. Baseline: 1. Target: 5 (emergency physicians, emergency nurses and paramedics deployed per approved staffing pattern). | Administrative report; monitoring of administrative and human resource records | JDWNRH |

| KPIs | Description | MoV | Department Responsible |
|---|---|---|---|
| Timeline by which the refurbishment of infrastructure and expansion of the emergency department is completed. | This KPI measures timely completion of the refurbishment, remodelling and expansion of the Emergency Department at JDWNRH, covering patient care areas and supporting infrastructure, together with operational readiness to improve emergency care capacity, patient flow and quality of service. Baseline: NA. Target: June 2027. Quarterly Breakdown — Q1 (July-Sept 2026): design, drawing and Thromde approval completed; tendering and awarding completed; demolishing of temporary structure by September 2026. Q2 (Oct-Dec 2026): construction starts from October. Q3 (Jan-Mar 2027): construction works continue. Q4 (April-June 2027): complete construction (JDWNRH Emergency Department refurbished, expanded and operationalised). | Administrative report (Work Handover Note and Completion Report) | JDWNRH |
| Timeline by which the expansion service is completed by relocating the JDWNRH GOPD to the old psychiatric ward and Dental OPD to the existing GOPD building. | This KPI measures timely completion of two service relocations at JDWNRH — the General OPD to the old psychiatric ward, and the Dental OPD to the existing GOPD building — covering renovation, relocation, commissioning and operational readiness to improve patient access and service efficiency. Baseline: NA. Target: March 2027. Quarterly Breakdown — Q1 (July-Sept 2026): refurbish old psychiatric ward. Q2 (Oct-Dec 2026): shift GOPD to the refurbished site by November 2026; commence refurbishment of existing | Administrative report (Work Handover Note, Completion Report, or Services Relocation Notification); monitoring renovation | JDWNRH |

| KPIs | Description | MoV | Department Responsible |
|---|---|---|---|
| | GOPD for Dental OPD. Q3 (Jan-March 2027): complete refurbishment of the existing GOPD building for Dental OPD; relocate Dental OPD by March 2027 (General OPD relocated to the old psychiatric ward and Dental OPD to the existing GOPD building, both operational). | progress reports and administrative report | |
| Percentage of patients seeking Traditional Medicine services. | This KPI measures the proportion of patients availing Traditional Medicine services out of the total patients using health services, traditional and modern combined, during the reporting period. Baseline: 22.9%. Target: 25% of patients using health services availing Traditional Medicine services. | Morbidity Report | NCTMS |
| Timeline by which planning, design and estimation for the construction of the National Traditional Medicine Hospital and Office for National Centre for Traditional Medicine Services is completed. | This KPI measures timely completion of all preparatory works — planning, design and estimation — required before physical construction of the National Traditional Medicine Hospital and the Office for the National Centre for Traditional Medicine Services begins. Baseline: NA. Target: June 30, 2027. Q1 (July-Sept 2026): tender for consultancy services and work award. Q2 (Oct-Dec 2026) and Q3 (Jan-Mar 2027): execution of consultancy services for drawing, design and estimation including preparation of BoQ. Q4 (April-June 2027): finalization and approval. | Monitoring and Physical Verification | NCTMS |

| KPIs | Description | MoV | Department Responsible |
|---|---|---|---|
| Number of digital repositories (Sowa Rigpa Digital Hub) developed and populated with documented traditional medicine knowledge and practices (digital, audiovisual and oral history archiving). | This KPI measures the development of the Sowa Rigpa Digital Hub and the migration into it of documented Traditional Medicine knowledge, resources and practices, including digital records, audiovisual materials, oral histories, classical texts, research and clinical practices. Baseline: 0. Target: 1 digital repository developed: the Sowa Rigpa Digital Hub, populated with documented Traditional Medicine knowledge, resources and practices. | Desk Review, Interview and Digital Recording | NCTMS |
| Number of hotels and wellness centers providing traditional Sorig Health and Wellbeing services. | This KPI measures the number of hotels, resorts and wellness centres providing Traditional Sorig Health and Wellbeing services, including Sowa Rigpa-based therapies, wellness programmes and preventive health practices, as the first step of the 10X Holistic Living and Wellness initiative. Baseline: 0. Target: 1 certified commercial partner facility (hotel, resort, or dedicated wellness center) officially operationalized to offer standardized Sorig Health and Wellbeing therapies in collaboration with private sector stakeholders under the 10X Holistic Living and Wellness national framework. | Monitoring and Physical Verification | NCTMS |

| KPIs | Description | MoV | Department Responsible |
|---|---|---|---|
| Number of Tshachus and Menchus assessed for mineral contents. | This KPI measures the number of Tshachus (hot springs) and Menchus (medicinal waters) assessed for mineral content to determine their therapeutic value and suitability for Traditional Medicine and wellness use. Baseline: 1. Target: 4 natural therapeutic water sources (comprising designated local Tshachus and Menchus) scientifically sampled, laboratory tested, and mapped for their specific mineral content and therapeutic profiles. | Survey, Verification and Sample Testing | NCTMS |
| Number of Sorig Zhiney and Luejong practices as preventive health practices to support physical and mental wellbeing, institutionalized and promoted. | This KPI measures the number of institutions and organisations where Sorig Zhiney and Luejong have been promoted and institutionalised as preventive health practices, including integration at RUB colleges, TVET institutes and government ministries through awareness, training and regular practice programmes. Baseline: 0. Target: 5 public institutions (such as Royal University of Bhutan colleges, TVET institutes, or government ministries) formally adopting and embedding Sorig Zhiney (mindfulness/meditation) and Luejong (yogic/physical exercise) as routine workplace and institutional wellness practices. | Monitoring and Physical Verification | NCTMS |

| KPIs | Description | MoV | Department Responsible |
|---|---|---|---|
| Number of research articles published. | This KPI measures the number of scientific and medical research papers formally accepted and published in peer-reviewed journals during the reporting period. Baseline: 0. Target: 6 original scientific research papers on Sowa Rigpa clinical efficacy, ethnobotanical validation, or traditional medicine practices successfully accepted and published in peer-reviewed national or international journals. | Journals | NCTMS |
| Number of hospitals with Peritoneal Dialysis introduced and implemented at 3 RRHS. | This KPI measures the introduction and operationalisation of Peritoneal Dialysis services at JDWNRH and the two Regional Referral Hospitals, Central and Eastern. A hospital counts only once the service is operational and treating patients. Baseline: 0. Target: 3 tertiary care facilities — specifically Jigme Dorji Wangchuck National Referral Hospital (JDWNRH) in Thimphu, Eastern Regional Referral Hospital (ERRH) in Mongar, and Central Regional Referral Hospital (CRRH) in Gelephu — fully equipped, staffed, and operationalized to provide Peritoneal Dialysis (PD) clinical services to renal failure patients. | Program Documents | DCS, NMS |

| KPIs | Description | MoV | Department Responsible |
|---|---|---|---|
| Timeline by which one CT machine, one MRI machine and three ambulances are delivered to NMS/JDWNRH. | This KPI measures the timeline by which one CT scanner, one MRI scanner and three emergency ambulances are delivered to National Medical Services and JDWNRH, following physical inspection and operational handover. Baseline: NA. Target: June 2027. CT Machine — Q1 (July-Sept): tender bidding and contract signing; Q2-Q4 (Oct-June): manufacturing of the CT machine (Oct 2026-May 2027) and transportation/shipment (June 2027). MRI Machine — Q1 (July-Sept): tender bidding and contract signing; Q2 (Oct-Dec): preparation for site survey for the installation of MRI; Q3-Q4 (Jan-June): manufacturing process. Three Ambulances — Q1 (July-Sept): tender bidding and contract signing; Q2-Q4 (Oct 2026-June 2027): manufacturing of the ambulances. | Progress Report | Secretariat |
| Timeline by which the refurbishment work to introduce Intra Uterine Insemination (IUI) services at 2 RRHS is initiated. | This KPI measures the timeline by which refurbishment work to introduce Intra Uterine Insemination services at two Regional Referral Hospitals is initiated, the rooms having already been identified, alongside arrangements for staff training. Baseline: NA. Target: June 2027. Q1 (July-Sept): write to the WHO requesting financial support to initiate the proposed staff training; implementation of the training is contingent upon the availability and approval of the required budget. Q2-Q4 (Oct-June): dependent on Q1 approval. | Progress Report | DCS, NMS |

| KPIs | Description | MoV | Department Responsible |
|---|---|---|---|
| The uptime (functionality) of all critical medical equipment (Type 1) maintained at ≥92% across all tertiary care facilities for the entire FY 2026-27. | This KPI measures the functionality of all critical medical equipment (Type 1) across tertiary care facilities, calculated as the number of functional equipment divided by the total number of equipment, expressed as a percentage and maintained throughout the year. Baseline: 90%. Target: 92% uptime of critical medical equipment (Type 1) across all tertiary care facilities. | ePIS system & program report (monthly functionality returns compiled from ePIS and asset-management records; functionality computed as functional Type 1 equipment divided by total Type 1 equipment) | DBME, NMS |
| Percentage of health facilities reporting zero stock-out of essential medicines at month end, sustained at ≥95% through on-time delivery of supply orders within the 90 to 180 day lead time. | This KPI measures the proportion of health facilities reporting no stock-out of any essential medicine at the end of each month, as the outcome of on-time delivery of approved supply orders within the 90 to 180 day lead time. Lead time runs from approval of a procurement order to physical receipt at the facility. A facility counts as compliant only when its month-end stock report shows zero stock-out across the essential medicines list. This is a sustain-level KPI: baseline and target are both | Purchase orders; submission of bills by suppliers; physical verification of goods after delivery | DMP, NMS |

| KPIs | Description | MoV | Department Responsible |
|---|---|---|---|
| | set at 95% or above, reflecting the objective of maintaining already-strong supply performance rather than year-on-year growth. Baseline: 95%. Target: 95% or above of health facilities reporting zero stock-out of essential medicines at month end, sustained monthly. | | |
| Average waiting time from patient registration to consultation at the General OPD, JDWNRH, reduced from 45 minutes to 40 minutes or less through ePIS-based appointment, triage and queue management. | This KPI measures the average time a patient spends between registration and consultation at the General Outpatient Department of JDWNRH, as the outcome of deploying ePIS digital appointments, electronic triage, automated queuing and integrated patient records. It is calculated from ePIS timestamps for all GOPD visits in the reporting period. Baseline: 45 mins. Target: 40 minutes or less average waiting time from registration to consultation at the General OPD, JDWNRH. | Administrative report | NMS |
| Number of National Medical Product Testing Laboratories (NMTPL) accredited to ISO/IEC 17025 standard. | This KPI measures accreditation of the National Medical Product Testing Laboratory to ISO/IEC 17025. The laboratory is deemed accredited when a recognised national or international accreditation body, such as NABCB, NABL or an equivalent ILAC-MRA signatory, conducts an on-site audit and issues the Certificate of Accreditation. Baseline: 0. Target: 1 (NMTPL officially granted ISO/IEC 17025 accreditation by a recognized national or international accreditation body). | ISO certificate; Program Report or Progress Report | RCDC |

| KPIs | Description | MoV | Department Responsible |
|---|---|---|---|
| Percentage increase in annual contributions to BHTF. | This KPI measures the annual increase in contributions mobilised to the Bhutan Health Trust Fund compared with the previous fiscal year's contribution. Baseline: 5%. Target: 10% increase in annual contributions to the Bhutan Health Trust Fund over the previous fiscal year. | Annual Progress Report; financial records and audited financial statements | BHTF |

## Annex: List of Acronyms

The following acronyms are used throughout this Annual Performance Agreement.

| Acronym | Full Form |
|---|---|
| APA | Annual Performance Agreement |
| BBFSS | Bhutan Biosecurity and Food Safety System |
| BFDA | Bhutan Food and Drug Authority |
| BHTF | Bhutan Health Trust Fund |
| BMI | Body Mass Index |
| BoQ | Bill of Quantification |
| CRRH | Central Regional Referral Hospital |
| CT | Computed Tomography |
| CVD | Cardiovascular Disease |
| DBME | Department of Biomedical Engineering |
| DCS | Department of Clinical Services |
| DHS | Department of Health Services |
| DMP | Department of Medical Products |
| DoPH | Department of Public Health |
| DRIMS | Drug Regulatory Information Management System |
| ePIS | Electronic Patient Information System |
| ERRH | Eastern Regional Referral Hospital |
| FYP | Five-Year Plan |
| G2C | Government to Citizen (service platform) |
| GOPD | General Outpatient Department |
| HFD | Health Financing Division |
| HIRD | Health Informatics and Research Division |
| HLC | High-Level Committee |
| HRD | Human Resources Division |
| HTA | Health Technology Assessment |
| ICTG / iCTG | Internet-Based Cardiotocography |
| ISO/IEC | International Organization for Standardization / International Electrotechnical Commission |

| Acronym | Full Form |
|---|---|
| IUI | Intra Uterine Insemination |
| JDWNRH | Jigme Dorji Wangchuck National Referral Hospital |
| JICA | Japan International Cooperation Agency |
| KPI | Key Performance Indicator |
| MDSSH | Multi-Disciplinary Super-Speciality Hospital |
| MoIT | Ministry of Infrastructure and Transport |
| MoV | Means of Verification |
| MPD | Medical Products Division |
| NABCB | National Accreditation Board for Certification Bodies |
| NABL | National Accreditation Board for Testing and Calibration Laboratories |
| NCD | Non-Communicable Disease |
| NCTMS | National Centre for Traditional Medicine Services |
| NHA | National Health Accounts |
| NMS | National Medical Services |
| NMTPL | National Medical Product Testing Laboratory |
| PAQS | Plant and Animal Quarantine Station(s) |
| PD | Peritoneal Dialysis |
| PoE | Point of Entry |
| PPD | Policy and Planning Division |
| RCDC | Royal Centre for Disease Control |
| RGoB | Royal Government of Bhutan |
| RoD | Record of Discussion |
| RRHS | Regional Referral Hospitals |
| RUB | Royal University of Bhutan |
| SEARO | South-East Asia Regional Office (WHO) |
| SOP | Standard Operating Procedure |
| TAM / TAS | Turnaround Module / Turnaround Standard (DRIMS modules) |
| THC | Thromde Health Centre |
| TVET | Technical and Vocational Education and Training |
| UAT | User Acceptance Testing |
| WHO | World Health Organization |

**Execution Clause**

I, the Minister, Ministry of Health, hereby commit to the Prime Minister, the Government, and the People of Bhutan to deliver the results described in this Annual Performance Agreement.

Tandin Wangchuk
Minister, Ministry of Health

The Prime Minister, the Minister of Finance, and the Chairperson of the Royal Civil Service Commission, hereby commit to the Minister, Ministry of Health, on behalf of the Government and the People of Bhutan, to provide the necessary resources, including the financial resources, human resources and civil service support, required for the delivery of the results described in this Annual Performance Agreement.

Lekey Dorji
Minister, Ministry of Finance

Tashi Pem
Chairperson, Royal Civil Service Commission

Dasho Tshering Tobgay
Prime Minister of Bhutan

**Signed on this 16 day of September *2026***