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Characteristics of healthcare delivery system in Bhutan

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ABSTRACT

In the Kingdom of Bhutan, also known as the ‘country of happiness’, both traditional healing and Western medicine are at work. However, from an epidemiological point of view, Western medicine has produced more discernible and pleasant results against diseases in the half-century. Modern Bhutan employs a single-payer system. This article draws evidence from the existing literature by Bhutan Ministry of Health officer and gathers account from a former Bhutan Ministry of Finance officer, Bhutanese students in India and the USA to discuss five major components of its healthcare delivery system, namely, its high universality, equity, portability, accessibility but low comprehensiveness.

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History/background

The Kingdom of Bhutan also known as the ‘country of happiness’ is the size of Switzerland; however, its population is less than one-tenth that of Switzerland. Buddhism started in the 8th century and it is the only country in the world that practices a tantric form of Mahayana Buddhism [1]. This aspect gives the early health care in Bhutan a unique tint of spirituality, in which traditional healing had been a primary form of healthcare delivery until the mid-1950s. The traditional medicine believes that there is a god behind every object such as the tree, the rock, the soil, and the river [2]. Disease is thought to be caused by an unbalance between individual and environment and can be treated by spiritual healers who are capable of communicating with the divine. Many other aspects of Bhutanese culture also stress this relationship with one’s environment, for example, the concept of Gross National Happiness (GNP), instead of Gross National Product (GNP), as a measure of development. Consulting the shaman is still common today in both rural and urban areas [3]; it reflects Bhutanese’ respect for nature, rather than a haphazard adoption of superstition.

However, the accomplishment of Western medicine is more conspicuous and discernible in the last 60 years. Under the reign of the 3rd King, Jigme Dorji Wangchuck, who is also called the ‘father of modern Bhutan’, Western primary care and vaccination was introduced. Average lifespan increased from 37 in the 1950s to the current 68. At the time of the 1949 epidemic in the district of Bumthang, the whole country only had one hospital, not to mention the extreme lack of medical personnel, comprised mostly of ‘compounders’ that were more experienced in castrating

animals than treating humans [2]. Today, there are 31 hospitals around the country, complemented by 178 basic health units (BHU) and more than 600 outreach clinics [1].

Bhutan’s single-payer system

Bhutan health care is a single-payer system, a Beveridge model, a national health program [1]. This means civilians get treated for free, despite various levels of complexity associated with different procedures. Apart from individual and corporate income tax, donation is a main source for the Health Trust Fund, established to pay for the healthcare cost [3]. Donors range from private institutions, local businesses to friendship countries’ national government and multilateral organizations.

Health service is universal for all Bhutanese, rich or poor. It is extremely considerate of those marginalized in particular. For example, a welfare home free of charge is provided for those traveling to the capital Thimphu for kidney disease treatment, because the procedure takes days and patients often come from far-away regions [3,4]. This high equity is a highlight of the system. Even foreigners who unfortunately fall ill in Bhutan can receive the same treatment free of cost. The portability is high as well; you just bring your ID and the registration is easy. In cases where the disease is rare, expensive, or beyond local technology, the government will purchase foreign health insurance on behalf of the patient and arrange a trip for him to be transported and treated in nearby India or Bangkok [3,5].

Bhutan also implements a pay-for-appointment service that adds to the flexibility of care delivery. A

typical hospital operates from 9am to 3pm. During these hours, it is usually packed and people have to wait in a long line, a big inconvenience for elderly and businessman. Hence, after two hours of break time for doctors and nurses, from 5 to 7pm, patients can pay 500 local currency ‘ngultrum’ for VIP service [3–5] – that is roughly \$7.5.

Bhutanese government is the main provider of the healthcare system. Private hospitals do exist; however, very rarely do they operate on the same level as a public one, because qualified practitioners are precious assets and can get picked up by public demands almost immediately. As a result, very few private institutes remain over the years [4].

Seventy percent of the population is rural. With roughed terrain and limited paved roads, access to care is an issue for people living in the mountains. As a result, the government introduced BHUs every couple of close-knit communities; each BHU is equipped with two to three healthcare workers that include a Health Assistant (HA) and nurses. The country has only one medical school to train students, thus most of the HAs are foreign trained, usually in India, with tuition paid for by the Bhutanese government. They thus carry an obligation to serve the nation after they finish education, including 3 years of service in rural BHUs [3]. Of course, the nation values these young people and gives them traveling stipend and potter pony to aid their daily life [4,5]. After the term, they can choose to relocate to urban areas or to stay. This policy allows them freedom to pursue their personal dream.

BHU has disadvantages too. HA can be inexperienced and clinically novice to deal with complex healthcare needs. Apart from that, providing care to people deep inside the mountains increases accessibility, at the cost of reducing comprehensiveness. The geographic location of BHU creates difficulty of delivering anything rather than primary care supplies – a limitation of services that could be performed. For example, BHU does not have laboratory or radiology [1]. Other sophisticated medical equipment, such as a MRI or CT scan, are only found in the urban hospitals such as the National Referral Hospital in Thimphu, while Regional Referral Hospitals in Mongar and Gelephu carry out a certain degree of basic specialty operations in areas including but not limited to gynecology, obstetrics, and pediatrics [1]. Nevertheless,

the focus on primary care and inoculation is to guard innocent villagers against various infectious agents such as tetanus, measles, rubella, polio, and hepatitis B [1]. In 2009, Bhutan reached a 90% vaccination coverage after years of ceaseless effort in advancing primary care [6]. Improvement is yet to be made on medical specialties, but Bhutan’s healthcare system will remain sustainable and equitable to serve its people, to make this happiest country on earth happier.

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Disclosure statement

No potential conflict of interest was reported by the author.

Notes on contributor

Chu Qian received an MPH from Columbia University, and is certified in ADS and CNT by NADA and CCAOM.

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