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Small state, big example: Covid pandemic management in Bhutan

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In a world with drastic and exacerbating inequalities where health and well-being have been supplanted by wealth and hell being, the pandemic is a complex global occurrence that affected different subsets of populations with variable intensity within and across national borders. The pandemic and the responses to it must force us yet again to rethink the most fundamental aspects of security and power. As many critical scholars have often argued, human security is not assured by increased defence budgets, and the idea of big powers and strong states mean little if that size and strength cannot translate into the well-being of the population.

In this article, I reflect upon the reasons why a country like Bhutan has been able to successfully manage the pandemic in a way that many larger and wealthier nations have not. I have been substantively involved in studying Bhutan for over a decade and a half, having worked on analysing its transition to democracy and democratic consolidation between 2008 and 2018, and currently leading my research project on conceptualising an understanding of biodemocracy using Bhutan as an exemplar, which examines the political, developmental, and ecological dimensions of policy-making in this country.¹

Bhutan is a small Himalayan country with significant resource constraints (a low-income country) and yet it did not lose a single person to the pandemic in 2020. As of late March 2021, there has been one Covid-related death in Bhutan of a 34-year-old man with chronic liver disease and renal failure, who tested positive for COVID-19 and died at a hospital in the capital Thimphu (“Bhutan reports,” 2021). While pandemic profiteering affects wealthy advanced democracies like the UK where allegations emerged of cronyism in the awarding of contracts and the lockdown policies were often shambolic, in Bhutan, from the very outset, the head of state, the government, the bureaucracy, and the citizenry came together to swiftly and substantively mitigate the public health crisis (see Ongmo and Parikh 2020). The first Covid patient in Bhutan in March 2020 was an American tourist, whose presentation was atypical, yet the dedicated procedures and swift decision-making meant that he was identified and treated. In addition, those attending to him were isolated and monitored, and provided with counselling for trauma afterwards (for details, see LeVine et al. 2020).²

Contact tracing in Bhutan has been rigorous and efficient. At a very early stage, on March 22nd, Bhutan instituted travel restrictions to prevent foreign import, and managed to avoid community transmission until very late in 2020. Travel facilities were arranged for those Bhutanese who were abroad and wished to return to the country. Anyone coming into the country was required to undergo tests and extended mandatory quarantine (21 instead of the usual 14 days) at designated hotels; this was paid for by the government. Until September 2020 (after which public cost sharing was introduced), the government had spent about Nu 248.27 million on hotels that served as quarantine facilities for 14,667 people (“Sharing Cost,” 2020). Bhutan’s pandemic challenge was not miniscule; it borders two of the most populous countries in the world, India and China, affected severely by the pandemic. It has a significant volume of trade with its transit state India and apart

from hydropower, tourism (along a carefully managed high value, low volume policy)³ is a mainstay of its economy.

Even so, public policy was coordinated along multiple tracks towards the following: first, there was an extensive public health awareness campaign and meticulous track and trace of any Covid exposure and contact; second, as and when needed, restrictions were imposed on imports from India, and where this caused hardship, mitigation measures were put in place⁴; third, a range of overall welfare measures⁵ were introduced for social assistance⁶ including temporary rent freezes on personal and commercial properties, interest holidays on bank loans, free data packages to users of Bhutanese mobile telecommunications companies,⁷ organised measures at royal command for the army to feed stray animals during the lockdown, and the setting up of shelters for victims of domestic violence; fourth, whenever new clusters of cases or source of transmission came to light, rapid responses eventuated, such as sealing off all foreign missions when it was revealed that Indian military training and border roads employees were not observing the relevant protocols; fifth, use was made of ‘De-suungs’ or citizen volunteer corps trained in disaster management for a wide variety of purposes ranging from community assistance to essential movement regulation in lockdown to border surveillance and more.⁸

The leading World Health Organisation representative in Bhutan has referred to a longer timeline of emergency readiness in the country that contributed to its commendable handling of the pandemic. Bhutan underwent a joint external evaluation of its emergency readiness in 2018, had invested in medical kit equipment that could be rapidly deployed in cases of health care disruption, upgraded biosafety capacities, and in 2019 had conducted a simulation exercise for a viral outbreak involving national authorities across the board (for further details, see WHO 2020). A most important factor in handling the pandemic has been coherent and perceptive leadership; the current and former monarchs have toured the country to oversee arrangements and led with vision. The government – the ruling party is DNT, or Druk Nyamrup Tshogpa – has been organised and decisive in its policies and communications and supported by the opposition parties (see Turner 2020). There is a high degree of public trust in institutions and on occasions when panic or complaints have surfaced in public social/media discussions, they have been rapidly addressed.

I was in the capital Thimphu in October 2018 when the DNT government was elected⁹ and I remember the summer of political frenzy that preceded the two rounds of the elections. At the time and afterwards, the election of a government led by a Prime Minister and a Foreign Minister who were qualified medical doctors made news because the PM would still occasionally be at the National Hospital on Saturdays (“I like to operate,” 2019). It now seems remarkably serendipitous that the country’s health minister is a trained public health professional,¹⁰ and in common with a few other excellent female leaders globally, her efforts at managing the pandemic have been remarkable.

Having read thus far, one might be tempted to conclude that perhaps Bhutan’s success in managing the pandemic was too easy or a short-term exceptional phenomenon given a concatenation of factors concerning international partnerships and domestic leadership. This is even more likely to be the case given that India has recently provided the first consignment of vaccines to Bhutan, and this underscores a strategic partnership that has been forged over several decades.¹¹ Moreover, because the country is small and has a population of under one million, it might be appealing to diminish its challenges. On the contrary, it bears noting that apart from sovereignty preservation dilemmas, Bhutan has often been buffeted by modernisation, demography, aspirations, Westernisation, tourism growth, and political changes.¹² I argue that the most significant drivers of successful pandemic management in Bhutan have been indigenous and are reflective of a long-term mindfulness in policy and values.

Trump had once referred to Bhutan as ‘Button’ (“Trump called Nepal and Bhutan,” 2019) but even those much more erudite than the former US President, are often susceptible to stereotyping the small sovereign Himalayan country as a Shangri La or as stuck in its past (Kaul 2008a, 2021a). Bhutan is usually seen through the lens of its larger neighbours (India and China) and their geography or their

strategic priorities (Kaul 2021b). This is unsurprising given the conventional power focus in international relations. By contrast, Bhutan's distinction lies in its holistic idea of development as welfare that recognises the quality of life and its interdependence with the value of the natural environment: it uses a metric of GNH or Gross National Happiness (instead of GDP) to guide its development; it is one of the only two carbon-negative countries in the world; a rare functioning Asian welfare state; and the only Asian country set to graduate up from low-income countries in 2023 due to significant progress in social indicators (without having met the income criteria). At the time of its non-traditional transition to democracy that was initiated and supervised by its monarch, a new constitution was put into place after extensive public consultations, which sets a retirement age of sixty-five for future kings, ensures a strict division between religion and politics, places epistocratic restrictions on standing for parliamentary elections, and mandates that sixty percent of the country remain under forest cover in perpetuity (Kaul 2008b). The current government in Bhutan, when they came to power, as one of their first moves, announced a significant investment in education and an increase in pay for teachers and those in the social sector.

Bhutan's relatively successful management of the pandemic demonstrates the example of a country that has prioritised social well-being over a long period of time. This creates a trajectory of internalised learning and giving significance to health-related aspects of well-being. As a result, when the public health crisis struck, it was able to be dealt with by responsive and evidence-based public policy, an understanding of collective responsibility, a recognition of the interdependence of community and the significance of volunteerism, and trust and transparency in public health messaging. Thus, Bhutan – a small country in the Global South with significant resource constraints – holds vital lessons in relation to our understanding of 'powerful states,' security, and public policy. Will the bigger states learn?

Notes

1. For details, see <https://www.westminster.ac.uk/news/dr-nitasha-kaul-hosts-second-bhutan-biodemocracy-and-resilience-conference-to-discuss-the-effects-of>.
2. LeVine et al. (2020, 1206) point out that 'Bhutan's preparedness played a role in limiting exposure and making the initial diagnosis . . . Those with exposures deemed high risk were tested initially and at the end of their 14 days of quarantine. Although this is not common practice globally, it led to the diagnosis of COVID-19 infection in the patient's partner, who was asymptomatic.'
3. For further details on Bhutan's tourism policy and the sustainable development levy on tourists, including from the region, see Kaul and Khandu (2020).
4. This went beyond essential food items. For instance, nicotine replacement therapy was offered to smokers – the country has in the past banned smoking altogether, and tobacco products come mainly from India.
5. The concept of interdependence and holistic development is key here. See Politzer (2020).
6. For more details about the longer social protection scenario, see Alvarenga and Soares (2020).
7. Phones are an important source of information in the country, even more so in the rural areas.
8. De-suung literally means 'guardians of peace.' The integrated training program for disaster management was launched in 2011 and de-suung volunteers have played a role providing assistance at such times, including overseas such as during the Nepal earthquake in 2015. See <https://desuung.org.bt>.
9. Bhutan's elections in 2008, 2013, and 2018 have brought a different party to power each time. I have studied the different elections, having personally witnessed the ones in 2008 and 2018.
10. She (Lyonpo/Minister Dechen Wangmo) studied global health epidemiology from Yale University. When meeting her at the DNT party office after the election results were announced, I was most impressed by her passion for good public policy, gender justice, and her commitment to inclusive values. Under her leadership, the information communication during the pandemic has been continuous and transparent. See the Ministry of Health portals at <http://www.moh.gov.bt> and <https://www.facebook.com/MoHBhutan/>
11. India provided 150,000 vaccines to Bhutan on 20 January 2021 (see "India to provide," 2021). In January 2021, Bhutan government stated that it will vaccinate everyone altogether in one go in a week once sufficient vaccines have been obtained. It also reported that the vaccination will commence after an inauspicious period ends on 13 March (see "Bhutan to await," 2021). As promised, vaccinations began in late March 2021. With comprehensive preparations in advance, at the time this article went to press, nearly 40 percent of the population had been vaccinated in two days before the end of March (see "Nearly 40 percent," 2021).

I have previously analysed the ways in which Bhutan seeks to keep religion and politics separate, yet at the same time combines religious/Buddhist values to reinforce important political messages in the secular domain. For instance, at the time the first elections in 2008, the vote was presented as ‘a precious jewel’ or Norbu (in Buddhist terminology) so that people new to democracy as a system would be prevailed upon exercise their franchise. In the current case, I read the wait until an auspicious time as follows – apart from its religious context, it also provided time to procure vaccines for everyone and create an understanding of why they are needed so that people would volunteer to receive them (Covid vaccination is not mandatory in Bhutan). Bhutan is a profoundly religious country yet one where science prevails and holds sway.

12. Bhutan’s media freedom rankings (ranked 67 out of 180 by Reporters without Borders in 2020) have improved in recent years and compare favourably to other regional countries (India is at 142, Pakistan at 145) (see <https://rsf.org/en/ranking>). Freedom House ranks Bhutan as a partly free consolidating democracy; since the last ranking homosexuality has been decriminalised and compared to the late 1980s (when ethnic strife, securitisation, and sovereignty preservation impulses combined to trigger what came to be known as the ‘southern problem’), national identity and citizenship is now understood and enacted in an inclusive manner (see <https://freedomhouse.org/country/bhutan/freedom-world/2020>).

Disclosure statement

No potential conflict of interest was reported by the author.

Notes on contributor

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