State of UHC: Bhutan

This snapshot summarises the key points raised in a focus group discussion held on 7 July, 2021, with 29 representatives of different vulnerable and marginalised communities in Bhutan.

What needs to be done?

1. Partner with civil society to improve the appropriateness and consistency of public messaging around health care services available, which requires a flexible approach.
2. Invite and listen to civil society to national-level policy and decision-making forums.
3. Speed up approval processes.
4. Reduce stigma against LGBTQI+ individuals and other marginalised and vulnerable groups through awareness raising at the grassroots level, and policy-level standards and protection to improve health worker behaviour.
5. Strengthen policies and behaviours related to protecting the privacy and confidentiality of individuals, particularly PLHIV.
6. Ensure that communities have the opportunity to provide feedback on services with a robust accountability mechanism involving civil society, preferably through hotlines.
7. Improve accessibility of sexual and reproductive health services by making more available in one, community-based location, i.e. testing and treatment, and counselling.
8. Improve the quality and quantity of mental health services.

UHC context

1. While no formal UHC policy or document exists in Bhutan, free health care is enshrined in the constitution, and all health care is freely available to all citizens.
2. Health care providers are required to adhere to a code of conduct to ensure a minimum standard of services.
3. No known coordination mechanism exists, but some civil society organisations are able to receive medical packages from the government to distribute to their constituents. Civil society has also been invited to participate in the development of a monitoring and evaluation framework for UHC in Bhutan.

Challenges facing those who risk being left behind

1. Very few services for mental health issues, particularly addiction, exist in Bhutan, despite alcohol-use being a serious health concern. Some services are available in India, but most cannot afford to access them.
2. Marginalised and vulnerable populations continue to experience stigma, discrimination, violence, harassment, and bullying in the general community, which results in mental health issues, including suicide.
3. Women are restricted by some traditional values, which deters sex workers from seeking health care, particularly for sexually transmitted infections, which requires contact tracing, which is complicated for sex workers.
4. Some groups who practice illegal activities choose to remain hidden for fear of arrest, meaning they also avoid seeking medical assistance. Others are made to feel ashamed or guilty when they go, reducing follow-up.

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Discussions included representatives from marginalised and vulnerable communities including people living with HIV, LGBTQI+, recovery drug and alcohol users, and sex workers.

What's working

1. All health services are free to all citizens, and minimum standards exist, alongside a code of conduct.
2. The Ministry of Health has invited representatives of marginalised and vulnerable groups to inform the development of a monitoring and evaluation (M&E) framework, and their opinions have been taken into account.
3. Outreach workers support people to fill out forms necessary to access services.

The impact of COVID-19

1. COVID-19 brought the community together to some extent, and the impact on the mental health was not all negative in that sense. Furthermore, the government successfully vaccinated nearly the whole population in a relatively short time. However, the pandemic diverted attention and resources from other health areas, and communities were not always responsive to government public health messaging, despite good efforts.
2. Border closure with India resulted in people who rely on international services were not able to access them, particularly related to detox and addiction rehabilitation.
3. Formally recognised organisations were continued to receive support for their constituents on time, but less well established groups missed out.

What needs to be improved

1. Stigma and discrimination needs to be eradicated from health care settings in order to create a safe environment to encourage treatment-seeking.
2. Mental health services need to be improved and better adapted to the needs of different marginalised and vulnerable communities.
3. Additional support is required to support detox services, many of which are unavailable in the country. Where international services are relied upon, transportation support is required to ensure access is possible.
4. Trans-people need to be recognised by the system, with facilities, services, and paperwork adapted to their needs and identities.
5. While marginalised populations are now being consulted in the development of the M&E framework, civil society is still excluded from higher level national policy and plans. Where inclusion does happen, opinions are not given sufficient weight to be influential.
6. Trust between the government and the community – particularly the most marginalised and vulnerable – needs to be built in general.

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