The novel coronavirus disease (COVID-19) outbreak which started in December 2019 in the Chinese city of Wuhan, ruined the Chinese New Year and continues to devastate the whole world. As the pandemic spared no countries with huge morbidity and mortality, the world has almost come to a standstill from businesses closed and jobs lost, institutions shut, flights grounded and trains sheltered, extended lockdowns and psychosocial fear. The obscurity of the disease keeps the scientific community baffled, the public distressed, and leaders undecisive. Meanwhile, the global rush for medical supplies, the hunt for a definitive cure and the race for an effective vaccine continues.

Bhutan’s preparedness and response plan on COVID-19 began as early as 11th January 2020, almost immediately after the first case out of China was announced. The extraordinary concern and guidance from His Majesty the King, the Prime Minister and the personal involvement of the Health Minister in leading the response team put things in the best position. The preparedness and response plan encompassed the national, district and municipal level plans. The Health Emergency Management Committee (HEMC) under the chairmanship of the Health Minister spearheads the action plan. The Technical Advisory Group (TAG) for COVID-19 has been the key player on all strategic decisions and guidance to the HEMC and the teams under it. The teams for the COVID-19 response including the quarantine and isolation, surveillance, mental health, risk communication, media, information technology, logistics and supply, clinical management and armed forces function almost round the clock every day. In addition, the monastic body and religious institutions, ministries, agencies, organizations and the different task forces are extensively engaged in various tasks. Numerous guidelines, protocols and standard operating procedures are put in place by these different teams. Several trainings, briefings, simulations and teleconferences have taken place with national and international teams on different perspectives of COVID-19 prevention, control and management.

After weeks of preparation and readiness, Bhutan had its first case of COVID-19 on 5th March 2020. This was the first test of the plan and the overnight response was personally overseen by His Majesty the King. As of 20th May 2020, Bhutan has 28 confirmed cases of COVID-19 all of whom are imported; two American tourists and 26 Bhutanese studying or living abroad. Of the 28, nine (32%) were males. Except for the first patient, the rest were all asymptomatic or with mild symptoms. Fever, anosmia, gastrointestinal discomfort, and cough were the commonest presenting symptoms. From 28 confirmed cases, the first case has been airlifted to the United States, the second case has recovered and left the country, next four cases have recovered and sent home, 14 cases are under facility deisolation, and eight active cases are in stable condition in the isolation ward for COVID-19. There are no deaths reported in Bhutan due to COVID-19. The average number of hospital stay was about 12 days after laboratory confirmation. As per the National Clinical Management Guideline, asymptomatic and mild cases without risk factors only receive symptomatic treatment but those that have mild disease with risk factors to pneumonia and above are treated with hydroxychloroquine with or without Lopinavir/Ritonavir. Additional therapies such as low molecular weight heparin, steroids and antibacterial are included for case by case usage.

Bhutan continues with the highest vigilance to trace, test and treat cases effectively. As of 27th May 2020, over 41,127 patients have visited 54 flu clinics around the country; 24,405,831 people have been screened at points of entries (air and ground); 6,812 people have been mandatorily quarantined in facility quarantine of which 5,722 have been released; and 15,862 samples (4,318 by RT-PCR and 11,544 by rapid antibody test) have been tested for COVID-19.

A very unique measure undertaken by Bhutan is the mandatory 21 days quarantine for all people coming into the country. During this quarantine period, individuals are tested by RT-PCR based on risks or appearance of symptoms. At the end of quarantine, everyone is tested by rapid antibody test before releasing them along with the quarantine completion certificate. In addition, health workers attending confirmed cases reside in designated accommodation during their deployment in the isolation wards. Till now, five medical teams have attended to COVID-19 confirmed cases in the isolation ward. These teams follow a 14 days period of deployment to the isolation ward followed by a 14 days quarantine. At the end of quarantine, everyone is tested before resuming work in the hospital and no health workers have been infected with COVID-19 till date. Owing to these stringent quarantine requirements, there is no community transmission until now and Bhutan has not resorted to any kind of lockdowns within the country except closure of schools and international borders.

Bhutan has not only managed COVID-19 patients at par with the international standards but also taken care of everyone affected by the pandemic. The King’s welfare program (Druk Gyalpo’s Kidu) and the government’s economic stimulus package has come to the rescue of everyone on the socioeconomic front. With the invaluable guidance and support from the highest level and the preparedness and confidence on the ground, Bhutan continues to combat COVID-19 efficiently while watching its neighbors and the rest of the world to decide its future course of action. Meanwhile, His Majesty the King woke up the nation in unity, confidence and reassured his people through his national address, “We must exhibit the strength that comes out of our smallness, remain united and support one another. During such exceptional circumstances, the government will take the responsibility of alleviating any suffering to the people due to the virus”. The beloved king of the people continues to lead in the forefront in the fight against COVID-19 as with any other disasters and emergencies in the country.