



<https://doi.org/10.47811/bhj.177>

A resilient and sustainable ‘free’ healthcare for a healthy Drukyul

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INTRODUCTION

Healthcare has always been at the forefront of developmental policies in Bhutan since modernization in 1960s. The Constitution of Bhutan mandates “free access to basic public health service in modern and traditional medicines” embodying free health services as a fundamental right of every Bhutanese¹. Removal of financial hardship while seeking health care, a primary tenet of the Universal Health Coverage (UHC), is a global pursuit for social security. As Bhutanese, we should be worrying the least about health and education, as both these services are provided free by the State. The extent of free health care provision ranges from fully lodged with free primary care to some of the highly specialized organ transplants through referrals at hospitals abroad. However, providing free services at the delivery point comes at a cost to the upstream national exchequer. Indeed, what is seen as free in the eyes of a service user at the corridors of a health facility has substantial background costs.

It must be acknowledged that healthcare resources are limited, and healthcare costs are escalating in the face of worsening population health. The recently concluded National Health Survey 2024 revealed the impending ill health of our population as more people are smoking and even less engaging in physical activity. Nearly one-third of adults are living with hypertension². The situation is worsened as the country experiences a rapidly aging society (6.5% elderly population), ever rising cancer cases and road traffic accidents². Equally concerning is the volatile situation of the health workforce with high attrition rates wherein 20% of nurses and 9% of doctors have left the service after the pandemic³.

The question of how we can sustain our free healthcare and maintain the quality in dynamic evolving situations of emerging diseases while balancing the pressure to remain abreast with technologies and the need for competent health workers is worrisome. As we confront the struggles to protect the health of our people, the quest for innovative solutions to retain a resilient and sustainable free health care should remain resolute. We propose three priority considerations to strengthen free health care for all.

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1. Increasing health spending

Bhutan allocated 3.85% of its Gross Domestic Product (GDP) for the health sector, which is much lower than the 10% in Maldives, which is comparable to the health spending by countries part of the Organization for Economic Co-operation and Development^{4,6}. For a strong and robust health system, the Bhutanese government must double the GDP allocation for the health sector. This is critical as Bhutan’s graduation from a least developed country to a low middle-income country, requires resource mobilization from internal revenue, which is in contrast to the past where the health sector benefitted from international donor support. Therefore, an efficient resource mobilization and prioritization for health care budget should remain adaptive. In addition to reliance on general pooled tax revenue for health care, the government should also prioritize introducing tax for health harming products.

2. Introduction of sin tax

Sin tax, a tax levied on goods and services that are considered harmful or costly to society, is a recommended global best practice, both as a public health intervention and a source of revenue. Sri Lanka imposes 77% tax on all brand of cigarettes while Colombia tripled cigarette costs and levied a 4% annual increase. This resulted in a 34% reduction in smoking as well as an increase in the revenue collection, contributing towards the financial sustainability of the UHC system⁷. Similarly, Bhutan must consider levying additional tax on alcohol, tobacco products and sugar sweetened beverages, which are classified as health harming products. Kuensel in its September 2024 issue reported that tobacco was among the top ten imported commodities with an import value of 1.4 billion ngultrums in 2022⁸. Following the lifting of the import ban on tobacco during the COVID 19 pandemic, accessibility to tobacco could be controlled through price raise through additional tax. The Ministry of Economic Affairs approved 1,282 restaurants to sell liquor in just 10 days in June 2022⁹. This comes amid concerns of alcohol liver disease claiming the highest number of lives in 2023 and 2024 (146 and 129 respectively)¹⁰.

3. Improving efficiency of primary health care

Enhancing access to primary care services for prevention and early intervention is crucial for a healthy population. Health systems should be able to detect and respond early to diseases that are associated with high disability adjusted life years such as

cancer, diabetes, stroke, hypertension and alcohol use disorders¹⁰. Routine screening for these diseases at primary health care centers and strengthened access at the community level, especially for hard-to-reach population, can yield better health outcomes by preventing delay in diagnosis and its associated complex and expensive treatment costs¹¹.

In Sri Lanka and Thailand, a primary care nurse visits houses in the community and maps health ailments in the family. Similarly, a sanitary inspector visits houses and establishments to inspect health hygiene practices. These are simple and low investment strategies with significant health system benefits. Our health system should consider prioritizing healthcare at the household level, by integrating family outreach as a unit of care and encouraging each individual to take responsibility of their own care.

The authors are mindful that while the above initiatives are advocated, routine clinical services must be maintained and upgraded as per the needs. However, prioritizing the above could be a smart way to sustain a robust and sustainable health system in long term.

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