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Re-situating Bhutan Health Journal's contributions on NCDs and COVID-19 in a global perspective

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As an international reader, I have followed with interest how the Bhutan Health Journal (BHJ) has documented Bhutan's response to non-communicable diseases (NCDs) and to the COVID-19 pandemic. Several editorials and viewpoints in the journal reflect challenges that are not unique to Bhutan, but are shared across many low- and middle-income countries. In this letter, I briefly highlight three such papers and situate them within the wider global health literature.

Dorji's editorial on 'Accelerating Non-Communicable Diseases Control in Bhutan: optimism and challenges' was an early attempt to frame NCDs as a strategic national priority rather than a purely clinical workload¹. The piece anticipated what is now firmly established in global evidence. According to the World Health Organization (WHO), NCDs are responsible for about 74 per cent of deaths worldwide, with a disproportionate burden in low- and middle-income countries². In that light, Dorji's call for stronger policy attention and cross-sectoral action in Bhutan aligns closely with global concern that NCDs threaten both health and economic development.

The later viewpoint by Sithey and colleagues titled 'Taking action on prevention and control of noncommunicable diseases in Bhutan by strengthening gross national happiness' adds an important normative dimension³. Rather than treating NCD control as a narrow technical agenda, the authors explicitly link NCD policies to Bhutan's Gross National Happiness (GNH) framework. This resonates with broader international debates on "beyond GDP" metrics and on how wellbeing, equity and social determinants can be integrated into health policy. Globally, there is growing interest in embedding NCD strategies within wider wellbeing or sustainable development frameworks, but Bhutan remains one of the few countries where such integration has been articulated in a coherent national philosophy. The BHJ article therefore offers a case study that could inform other settings experimenting with wellbeing-oriented policy approaches.

At the same time, both Bhutanese articles echo challenges described in global analyses. The WHO NCD agenda and subsequent United Nations high-level meetings have repeatedly stressed the need for multisectoral action, fiscal and regulatory measures, and strengthened primary care to meet the 2025 global NCD targets². However, progress has been uneven,

particularly in translating national plans into fully funded and implemented programs. Sithey et al. highlight similar gaps in Bhutan, noting the high prevalence of modifiable risk factors despite strong political commitment³. In this sense, Bhutan's experience appears less as an outlier and more as a microcosm of the global struggle to move from policy rhetoric to sustained multisectoral action.

The COVID-19 pandemic placed additional pressure on health systems already burdened by NCDs. In their editorial 'Beyond COVID-19: Creating a public health system based on Comprehensive Primary Health Care', Tobgay and Rifkin argue that a resilient response requires re-centering comprehensive primary health care, with attention to social determinants and community participation⁴. This argument mirrors conclusions from international reviews which found that countries with stronger primary health-care systems were generally better able to absorb COVID-19 shocks and maintain essential services, including NCD care. The editorial also reflects current global thinking that pandemic preparedness and NCD control should not be treated as separate agendas, but as interdependent elements of the same health-system resilience framework.

From a global health perspective, the three BHJ pieces taken together point to an important intersection: NCDs, primary health care and health-system resilience in a small, mountainous, middle-income country. They complement a broader literature on health research and system strengthening in low- and middle-income countries, which stresses the importance of locally led research, stable financing and closer links between evidence and policy⁵. Yet, as Franzen and colleagues note in their meta-narrative review, efforts to develop health research capacity remain fragmented and are often poorly evaluated⁵. Bhutan's experience, as portrayed in BHJ, appears to fit this pattern. Ambitious policy frameworks and innovative concepts such as GNH exist, but there is still a need for more systematic, longitudinal research on implementation and impact.

Against this background, BHJ could play a distinctive role in the global evidence ecosystem in at least two ways. First, by encouraging submissions that explicitly compare Bhutan's NCD and pandemic responses with those of other countries in the South-East Asia Region or in similar high-altitude, small-population settings. Comparative policy analyses or multi-country case series would help to move Bhutanese evidence from being primarily nationally relevant to also being regionally and globally informative. Second, by promoting articles that link quantitative outcomes with qualitative insights into governance,

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community engagement and policy processes, the journal could contribute to filling the “how” and “why” gaps that many global reviews identify⁵.

In conclusion, recent and past BHJ articles on NCDs and COVID-19 already speak to central themes in global health, including health-system resilience, primary health care and wellbeing-oriented policy. Making these links more explicit, and situating Bhutanese findings within international frameworks and targets, may increase the journal’s visibility and enhance its contribution to shared global learning. As an external reader, I see significant potential for BHJ to serve not only as a national platform, but as a reference point for countries seeking to reconcile strong normative visions of wellbeing with the very practical demands of NCD control and pandemic preparedness.

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CONFLICT OF INTEREST None
