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Experiences of Managing the COVID-19 Pandemic in Bhutan During the Early Stages: Policy Interventions and Collaborative Governance Networks

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Abstract

The COVID-19 pandemic proved to be a global wicked problem that impacted all facets of society. Governments were overstretched and strained in dealing with the pandemic. Even as collaborations among the multiple state and non-state stakeholders expanded, the protracted nature of the pandemic required a "formalized" set up of these collaborative governance networks. As countries struggled to deal with the changing nature of the pandemic, only a handful of countries were, initially, able to deal with the problem with some success. Bhutan, a small developing country, was successful in containing and managing the pandemic. Through an in-depth analysis of Bhutan's experience in its COVID-19 management, particularly during the initial stages of the pandemic, this study highlights the importance of the formalization of the collaborations. It also demonstrates the importance of the role of a top-down nature of leadership in coordinating the multiple collaborative governance networks that have been formed to deal with the COVID-19 pandemic.

Keywords: COVID-19, wicked problem, Bhutan, governance networks, collaboration

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Introduction

The COVID-19 pandemic brought societies and economies to a near halt. It tested governments to their limits through its scale, speed of infection and unpredictable characteristics (Ansell et al. 2021; Moon 2020). The COVID-19 pandemic, according to O'Flynn (2021, 962), was a 'disruptive moment in history' with many complex and interconnected challenges. The effects of the pandemic not only strained entire healthcare systems worldwide, overwhelming hospitals and healthcare professionals; it also stretched across every sector of the society and economy (Weible et al. 2020). Novel diseases, such as COVID-19, are different from other crises where the central problems are obvious, and solutions and responses to those problems are clear (Capano et al. 2020). While the pandemic did not differentiate between developed and developing countries, the long-term impact of COVID-19 was particularly felt in the low- and middle-income countries due to their weak healthcare and lack of social insurance systems (Gong et al. 2020). In fact, Gill and Schellekens (2021,1) went so far as to state that the COVID-19 was a 'developing country pandemic' and argued that compared to their richer counterparts, the developing countries faced higher mortality rates. Amidst the disastrous impact of COVID-19 pandemic in developing countries, a lesser-known developing country that was successful, particularly in its initial stages, in managing the COVID-19 pandemic was Bhutan.

A small country, with a total land area of 38,394 square kilometres inhabited by 735,553 people (NSB 2017), Bhutan is classified as a developing country with a GNI per capita income of US$3,140 in 2019 (World Bank 2021). Despite its weak economic status, Drexler (2021, 3) claims that Bhutan has been able to act 'swiftly and astutely' since the COVID-19 virus was first detected, and the country had a preparedness and response plan in place. One of the indicators of Bhutan's successful management of COVID-19 pandemic was reflected in the total number of cases. At a time when there were an alarming number of cases, the Ministry of Health reported that there was only a total of 2501 confirmed cases, 168 active cases, 2331 recovered cases, and only 2 deaths as of July 2021 (RGOB 2021). These statistics are impressive given that Bhutan shares its borders with India

(one of the pandemic's worst-affected countries) and China (the country where the first case of COVID-19 was detected) (Rocha 2021). Bhutan also featured in the international spotlight and media (for example, as covered by CNN on 28 July 2021) as a "success story" because it was able to fully vaccinate 90% of its eligible population within a week in July 2021 (Regan 2021).

Part of Bhutan's success in managing the COVID-19 pandemic can be attributed to its small size and population. However, Kaul (2021, 59) points out that its size must not 'diminish its challenges'. In fact, LeVine et al. (2020) posit that in a small country, such as Bhutan, the impact of the pandemic is not only felt by the patients and their families, but by the entire country's population as the case and the response are keenly followed. Some of the reasons and drivers attributed to the successful pandemic management in Bhutan were its long-term mindfulness in policy and values (Kaul 2021), the 'leadership triumvirate' of the King, Prime Minister and Health Minister (Turner 2020, 1), and the Bhutanese core national identity of 'resilience' (Drexler 2021, 3). This study, therefore, examines the main policy interventions implemented in Bhutan to prepare, mitigate and respond to the COVID-19 pandemic, particularly during its early stages. In particular, the paper analyses the governance networks and collaboration among the multiple actors involved in controlling and managing the pandemic and its related issues. Bhutan's experience highlights two important factors in dealing with wicked problems. Firstly, as Weible et al. (2020) contend, addressing the COVID-19 pandemic requires more than actions of healthcare and medical professionals alone, and it calls for the engagement of governments, citizens and a range of organisations and individuals involved in policy making and implementation. The wide range of actors, particularly the vital role non-state stakeholders play in providing essential services voluntarily, involved in Bhutan's managing the COVID-19 pandemic helped in addressing the multiple problems associated with the disease. Secondly, there are major concerns related to the sustainability of the various collaborative governance networks as a result of the protracted nature of the wicked problem. Governments across the world were over-tasked and stretched thin in dealing with the multiple challenges arising due to the COVID-19 pandemic. An important contributing

factor to Bhutan's successful management of the pandemic was due to the "formalization" of the collaboration among the state and non-state stakeholders and the role of leadership in this multi-sectoral collaborative governance setting.

COVID-19: A Wicked Problem and Collaborative Governance Networks

The COVID-19 pandemic has been described as: a 'turbulent problem' characterized by inconsistent, unpredictable and uncertain events (Ansell et al. 2021, 949); a 'thorny policy problem' involving many types of uncertainty, lack of consensus among experts, possibility of over and under reactions, and different levels of trust in government (Capano et al. 2020, 288); and a 'compelling global wicked problem' that has no easy solution due to its high infection rate and global scalability (Moon 2020, 651). Wicked problems, such as the COVID-19 pandemic, cut across hierarchy and authority structures at the organisational level, and at a macro level it cuts across policy domains, political and administrative jurisdictions, and political group interests (Ferlie et al. 2011; Weber and Khademian 2007). In effectively implementing policies to tackle such wicked problems, collaborative governance that takes a cross-sectoral approach is seen to be effective. Emerson et al. (2012, 3) define collaborative governance as the 'processes and structures of public policy decision making and management that engage people constructively across the boundaries of public agencies, levels of government, and/or the public, private and civic spheres in order to carry out a public purpose that could not otherwise be accomplished'. The actors involved in collaborative governance work across multiple sectors and collaborate with a range of participants based on shared values and interests (O'Toole, 1997; Stoker, 2006; Klijn and Koppenjan, 2012). A public management network includes governmental and non-governmental agencies involved in public policy making, and that such network structures stress the importance of both formal and informal interactions between participants in the policy process (Blanco et al. 2011; Emerson et al. 2012; McGuire and Agranoff 2011; O'Toole 1997; Rhodes 2008).

Dealing with wicked problems requires a breadth of policy responses that covers a wider range of policy areas. Similarly, with COVID-19, rather than a single policy tool, policy responses involved a mix of health, social and economic policy interventions (Capano et al. 2020). COVID-19 patients strained and overwhelmed healthcare professionals and systems worldwide, and moreover, the effects stretched beyond health to food systems, education and economies (Weible et al. 2020). O'Flynn (2021, 963) noted that a 'range of big gnarly, wicked problems' are converging, and that facing up to these challenges will be complex, requiring integrated and interconnected responses that draw on diverse expertise and range of actors. Notwithstanding the importance of the roles played by the healthcare and medical professionals, addressing the effects of the pandemic on society called for the engagement of citizens, governments at all levels and a range of organisations and individuals involved in policy making and implementation (Weible et al. 2020). Actors from the public, private and other sectors needed to collaborate and be involved in the effort to address the health crisis and the resulting social and economic crises (Ansell et al. 2021). Cross-sectoral collaboration that includes actors inside and outside the government were particularly important in countries where: on one hand, governments played an important role in provision of local services and infrastructure (Razin, 2000), and on the other hand, there was also the chance for these governments to be overtasked, and therefore, affecting their performance (Kuhlmann and Wayenberg, 2016). McConnell and Stark (2021) made an astute observation that public sectors were struggling to cope with the huge working and logistical challenges posed by COVID-19. For governments in developing countries that were already working with limited resources and capacities in the public sector, these challenges were exacerbated by the pandemic. Some of these countries were able to fill the gap by relying on volunteers. For instance, in Taiwan part of the initial success in managing the pandemic was because of the public collaboration and voluntary assistance to the government (Huang 2021). In Thailand and Kenya, to keep COVID-19 under control they depended on community health workers (who were volunteers working in collaboration with the professional healthcare personnel) as front-line workers (Sudhipongpracha & Poocharoen 2021). Similarly, in

China volunteers who understood the local norms, relationships and dialects, helped the government to serve their communities in mitigating the problems related to the pandemic (Miao et al. 2021).

The protracted and dynamic nature of the COVID-19 pandemic posed a major challenge for countries. Even as collaborative governance effectively deals with wicked problems, sustaining and motivating the networks and actors for long periods of time can be an issue. Therefore, it is important that countries look to "formalising" these collaborations so that they can be sustainably managed and maintained for as long as the pandemic continues. The criteria of 'formal collaboration' distinguishes collaborative governance from more casual and conventional forms of interactions, and that the formal arrangement implies organization and structure (Ansell and Gash 2008, 546). Along with the formalization process of the multiple forms of collaboration, the role of leadership is important. Bianchi et al. (2021) note that collaborative programmes even if they are well-designed can fail if there is an absence or lack of support for leadership. Leadership in collaborative governance is important to enhance a strategic learning process among actors to manage conflicts, to build trust, to pursue a common shared view and to identify and evaluate outcomes. Additionally, it is not just leadership per se, but the nature of the relationship that is important. Boswell et al. (2021) contend that leadership matters, and top-down explanation focused on the actions and intentions of the core executive was an essential complement to the bottom-up emphasis of a distributed network in response to the COVID-19 pandemic. As Bhutan's experience demonstrates, the coordination and formalisation of the collaborative governance organisations and structures were important factors for the successful management of the COVID-19 pandemic.

Bhutan and the Initial Stages of the Covid-19 Pandemic

Bhutan's first COVID-19 case was detected on 06 March 2020, just a week before WHO declared COVID-19 a pandemic on 11 March 2020.

An American tourist who entered the country through India tested positive for COVID-19. Immediately, the government traced over 90 possible contacts the same day. It also issued restrictions on all incoming tourists for a period of two weeks, and closed schools and institutes in two dzongkhags, Thimphu and Paro (that is, where the tourist had travelled to prior detection in Bhutan). LeVine et al. (2020, 1206) point out that despite that patient's atypical presentation, Bhutan's 'preparedness' helped in making the quick initial diagnosis and taking steps to limit exposure. Being prepared for the pandemic was an important factor in the management of COVID-19 in Bhutan. In November 2019, prior to the discovery of COVID-19, 'most presciently', the World Health Organization (WHO) and Bhutan's Ministry of Health staged a simulation at the international airport to handle any new and deadly influenza virus (Drexler 2021, 7). Between the months of January and February 2020, a number of key preparatory measures were undertaken (www.pmo.gov.bt). For instance, in January 2020 media monitoring and advocacy, conducting the coordination meeting for preparedness and response plan, and enhancing surveillance system in the hospitals were initiated. And, on 29 January 2020, the National Disaster Management Authority meeting was held where they reviewed the country's COVID-19 prevention and other response mechanisms. In the first week of February 2020, a 20-bedded hospital specifically for COVID-19 was set up and a sensitization on national preparedness and response for COVID-19 was conducted for all health workers at the various points of entry into the country.

Upon the detection of the first positive case of COVID-19 in the country, the government took strict measures (Gyeltshen et al. 2021, Lhendup et al. 2022). Flu clinics were set up in all the dzongkhags (districts) and representatives of the armed forces took the lead in enhancing surveillance and providing logistical support. In March 2020, the COVID-19 Response Fund was set up and a joint parliamentary committee for COVID-19 was formed. A week after the detection of the first case, all those entering the country were required to be quarantined (initially for a period of two weeks and which was later extended to three weeks). Schools throughout the country were closed, and all businesses that drew huge crowds (for example, night

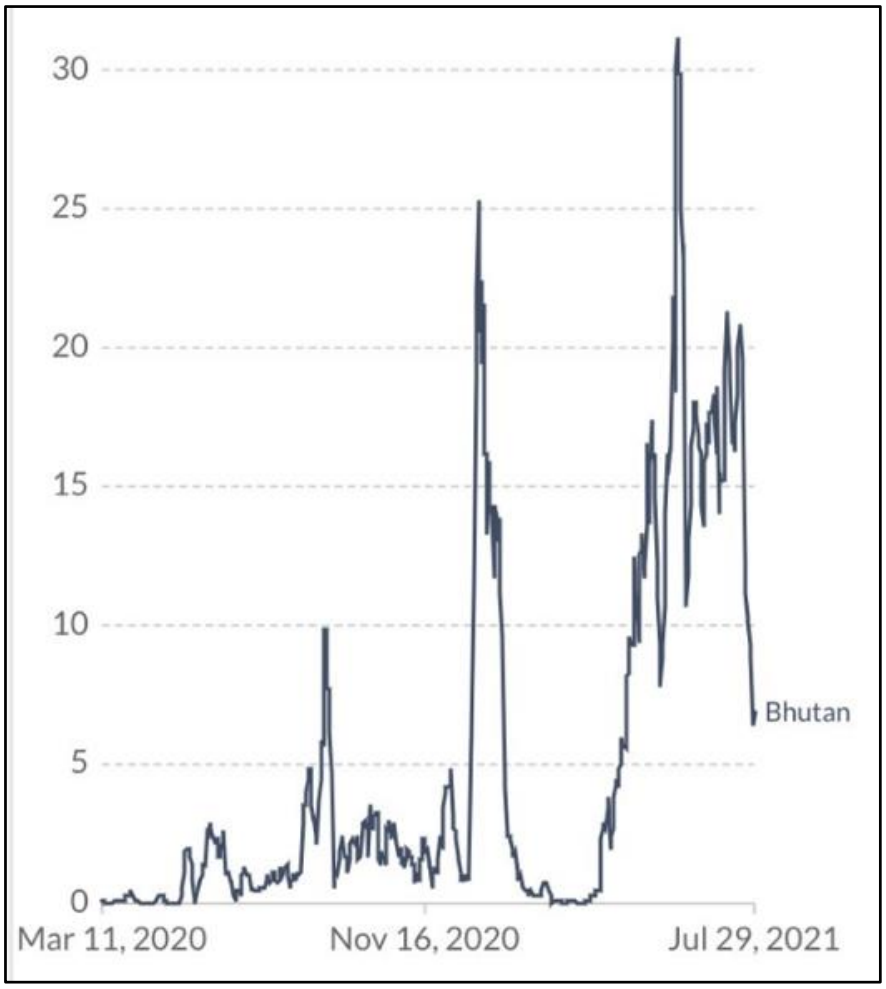
clubs, bars, discotheques) were suspended. In March 2020, His Majesty the King addressed the nation to work together to fight the pandemic and commanded the closure of all land borders. Assistance to all Bhutanese living abroad and wanting to return to the country was to be provided. A high-level task force was formed comprising senior government officials, armed forces, dzongkhag officials and other government and non-government agencies. The task force was mainly responsible for developing an operations and procedure system and managing three key COVID-19 related issues, that is, health, economy and security (Penjore 2021). In the second address to the nation on 10 April 2020, His Majesty commanded the establishment of the Druk Gyalpo's Relief Fund. The relief fund provided financial benefits to people and businesses affected by COVID-19 pandemic.

The swift action undertaken by the government in Bhutan helped in containing the spread of COVID-19 and restricted the rise in the number of daily cases (as indicated in Figure 1). The government faced criticism for some of its strict actions. For example, schools were made to close in March 2020 even though the first nationwide lockdown only took place in August 2020 (Dorji 2021). Overall, the number of daily cases since the onset of pandemic was low (see Figure 1) with spikes taking place on 31 August 2020 (approximately 10 cases), 28 December 2020 (approximately 20 cases) and on 29 May 2021 (approximately 30 cases). Bhutan's COVID-19 vaccination drive was crucial in the containment of number of cases and the mortality rate. In its first rollout, 93% of its adult population (that is, approximately 60% of the total population) were inoculated in just two weeks (Rocha 2021). The COVISHIELD (Oxford-AstraZeneca) vaccine received as donation from the Government of India was rolled out from 27 March to 3 April 2021. To ensure wide and interrupted coverage, vaccines were delivered to the elderly and disabled population, and health workers were vaccinated only after the others to avoid shortages in hospital due to potential side effects of the vaccine (Dorji & Tamang 2021). In July 2021, Bhutan was able to provide the second dose of vaccines to more than 90% of its eligible population within a week (see Figure 2). This was after a gap of almost 16 weeks when the first dose was administered. Bhutan faced a challenge in getting the second dose of vaccines when India was unable to provide any vaccines since they

urgently required it for their own citizens. Following a rigorous campaign by the Bhutanese government to secure vaccines from potential donors, more than 500,000 doses of COVID-19 vaccines were donated by Bulgaria, China, Croatia, Denmark and the United States (Park 2021). The government also administered vaccines to children aged between 12 to 17 years old. With the excess vaccines in Bhutan there was a request received from Nepal, a neighbouring country which has been able to vaccinate roughly 6% of its population, for donations (South Asia Monitor 2021).

Figure 1

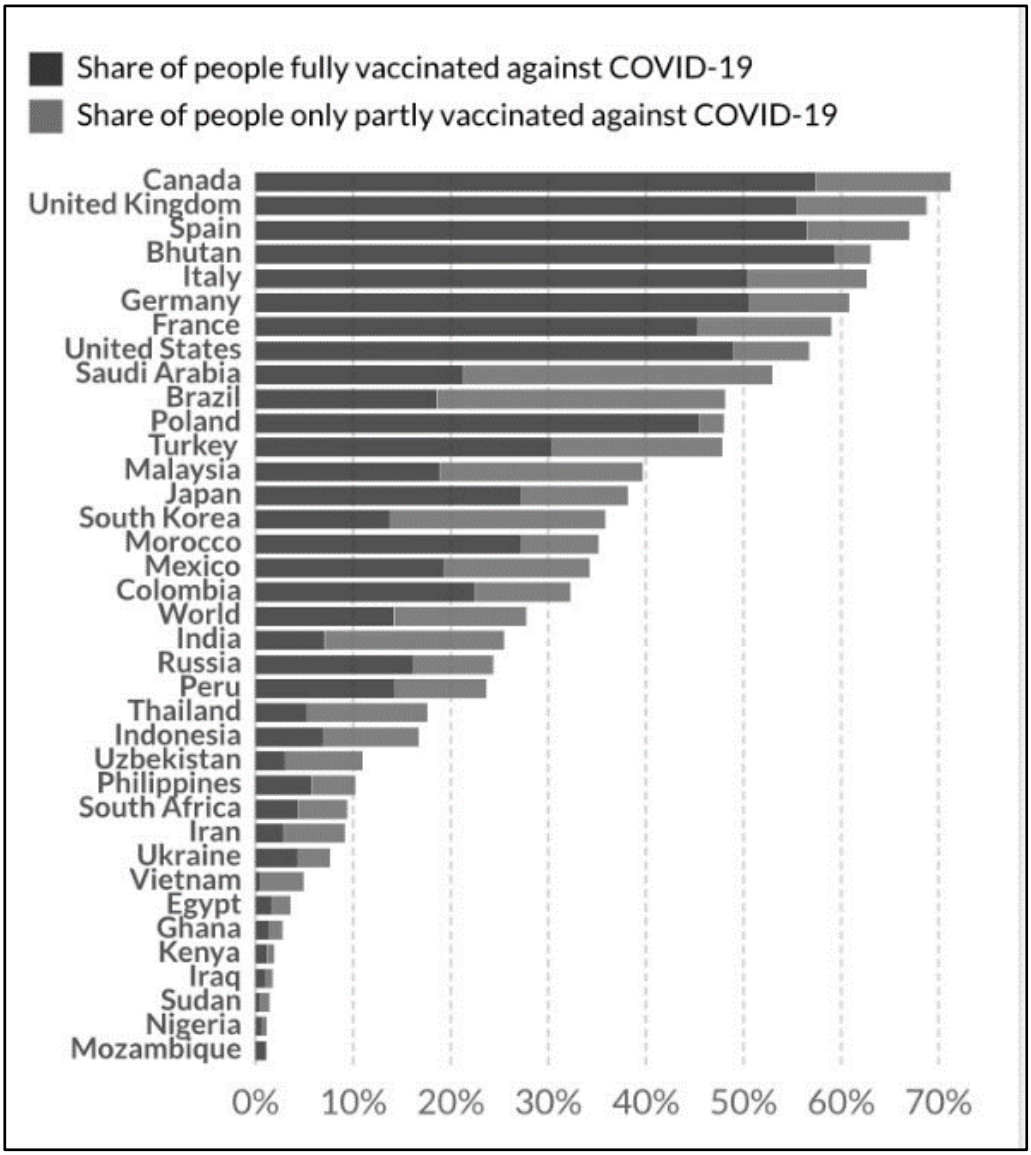
Daily New Confirmed COVID-19 Sases



Source: Our World in Data. www.ourworldindata.org/coronavirus

Figure 2

Heading Share of People Vaccinated Against COVID-19 (as of 29 July 2021)



Source: Our World in Data. www.ourworldindata.org/coronavirus

COVID-19 Policy Interventions in Bhutan

The impact of the pandemic was felt worldwide, and most countries had to close or restrict their borders, and one-third of the world's population was subjected to some form of social restriction (Weible et al. 2020). With multiple mutations of the COVID-19 virus that

emerged, countries were forced to implement a range of public policies. Different policy approaches (such as 'soft-passive' approach based on herd immunity versus a 'hard-forceful' approach such as an aggressive lockdown) and policy instruments (such as testing, tracking, treatment, quarantine, social distancing) were implemented by countries (Moon 2020, 655). Based on an analysis of OECD countries, Capano et al. (2020) identified 18 most commonly used policy tools in response to the COVID-19 crisis: economy-related (tax payment deferral, tax regulation relaxation, leave and underemployment, business loan, financing relief, monetary policy), health-related (health facilities, medical supplies, patient care, immunization and treatment, healthcare spending, COVID-19 epidemiology), and social and other related (social security, support for vulnerable, information and advice, school and university closure, travel advisory and restriction, social distancing). However, Capano et al. (2020) add that not all governments adopted these instruments in the same order or same point of time and with the same level of stringency. In fact, many countries struggled with the choices of policy approaches and instruments in dealing with COVID-19 (Moon 2020). In this section, we examine some of Bhutan's COVID-19 related policy interventions.

Health-related Policy Interventions

A common observation in most developing countries was the shortage of infrastructure, financial and human resources in the health sector. During the pandemic, Bhutan had good health infrastructure in place. As of 2020, Bhutan had three referral hospitals, 48 hospitals, 184 primary health centres, 54 sub-posts, 552 out-reach clinics, three thromde health centres and five health information and service centres (MOH 2021). The health infrastructure covered 95% of the population within a distance of three hours of travel time (Dorji 2021). However, when it came to financial and health resources in the health sector, Bhutan faced major challenges. Financially, the total health expenditure for the financial year 2019—2020 was estimated at Nu 8.7 billion, that is, only 4.5% of the GDP (MOH 2021). The funds available for healthcare were comparatively lower than the world average of 8.6 to 10% of GDP (for the years 2000—2018) (World Bank 2021). Another area of concern, particularly in times of COVID-19 pandemic, was the

shortage of health human resources. The number of doctors per 1000 population was 0.46 in 2020, which is lower than the WHO recommendation of one doctor per 1000 population (MOH 2021) and there were no infectious disease specialists, virologists or immunologists in the country at that time (Dorji 2021). To meet the shortage of doctors due to COVID-19, the government recalled close to 50 doctors who were pursuing their medical studies in other countries (Dorji and Lucero-Prisno 2020). Technicians from other sectors, such as livestock-health and food safety programmes, were also reassigned to help with the testing and collection of samples related to COVID-19 (Drexler 2021).

In the initial phase of the pandemic, Bhutan put in place a highly vigilant tracing, testing and treatment system. A total of 54 flu clinics were established so that hospitals would not be overburdened in conducting passive surveillance and COVID-19 testing (Dorji 2021). Within the first three months after the detection of the first positive in the country in March 2020 over 41,000 people visited the 54 flu clinics, close to 7,000 people were in quarantine and approximately 16,000 samples were tested for COVID-19 (Tshokey 2020). A high rate of testing was recorded, and people were encouraged to come forward for testing or present themselves for quarantine as they were provided free of charge (Turner 2020). A detailed standard operating procedure was developed by the Ministry of Health for quarantine at designated hotels across the country (see MOH 2020 for more). In addition to all people entering into the country, all contacts of confirmed cases were also required to enter into quarantine (Gyem et al. 2020). During the 21-day quarantine period, individuals are tested by reverse transcription-PCR testing facilities twice (that is, on days 3-5 and 13-14) and a rapid antibody test on day 22 (that is, on completion of quarantine) (Tshokey et al. 2021). Health workers attending to confirmed cases in the designated accommodations are also required to follow a 14-day quarantine in the isolation ward (Tshokey 2020). The government has also provided insurance to all health workers in the event of COVID-19 related death (Dorji 2021).

Socio-Economic-Related Policy Interventions

COVID-19 pandemic due to its unpredictable nature tested all countries, and governments of these countries were stretched from dealing with healthcare to every sector of society and economy. Similarly, Bhutan adopted, and adapted, a series of policies to address the multiple issues as a result of the pandemic. The imposition of the first lockdown in August 2020 revealed a set of challenges for the country in dealing with the pandemic (Palden 2000a; 2000b). Firstly, lines and channels of communication were initially confusing with multiple phone numbers and officials not responding to the calls. Secondly, the lockdown zonings exposed the lack of postal and street address system in the country. Thirdly, people started to panic-buy and long queues were formed outside shops that sold essential items, such as, facemasks, sanitisers, food and grocery items and fuel. The Department of Consumer Protection also had to send out a notification to shops to refrain from hiking prices (Palden 2020a). Measures to address these challenges were immediately put in place by the government. The Ministry of Health provided weekly press briefing on COVID-19 and worked on a channel of communication that provided clear and consistent information through social media, print media, radio stations and the national television (Tshering 2020). Hand sanitisers were distributed free of charge and the use of facemasks was enforced. A contact tracing app, called Druk Trace, was developed and all offices, business entities and public places were required to display a QR code (Gyem et al. 2020). Physical distancing measures were undertaken, and offices provided services through work from home and tele-consult (Dorji 2021). A zoning and card-based system was instituted within each dzongkhag, which allowed movement for shopping and other basic activities to a certain number of people from a household and within a particular zone (Kuensel 2020). The government ensured uninterrupted delivery of essential healthcare services through facilities such as mobile clines and telemedicine facilities (Gyeltshen and Dorji 2020; Tsheten et al. 2023)).

The closure of the land and air borders had a major impact on Bhutan's economy. One of the first major hits was in the tourism sector, and it was estimated that the restrictions on tourism affected the

livelihoods of close to 50,000 people working in the sector (UNDP 2020). Another sector affected by the pandemic was the construction industry. Bhutan relies heavily on Indian construction labourers, and usually more than 50,000 Indians were hired each year; but in 2020, there were only about 10,000 of them bringing most of the construction works in the country to a halt (Tshering 2020). The Druk Gyalpo's Relief Kidu was established on the command of His Majesty in April 2020 for people directly affected by the COVID-19 pandemic. According to a press release issued in April 2020, the Prime Minister stated that 13,006 people were identified to receive support; and Nu 150 million was set aside for the months of April, May and June 2020, which would provide Nu 12,000 per person per month (that is, for those who were eligible for full kidu) or Nu 8,000 per person (that is, for those eligible for partial kidu) (www.royalkidu.bt). Those people who received full kidu were: employees of businesses who had been laid off, reduced pay or put on unpaid leave; self-employed individuals in the tourism sector who lost their earnings; and those Bhutanese who returned home from abroad because of the pandemic and have no other sources of income. Those who received partial kidu were those self-employed individuals in the tourism-linked businesses and other businesses affected by social distancing, mandatory closures and curfews. Other fiscal and monetary incentives were also provided (see Prime Minister's Press Release 11 April 2020 for the entire list of incentives). An important economic policy intervention was the deferment of loan repayment and waiver of interest payment for loans, initially for the months of April to June 2020 and which was extended to June 2022. Furthermore, through a cross-ministerial effort, the Build Bhutan programme was initiated to provide relief and support through reskilling and provision of jobs to the unemployed and to address labour shortages in the country (Gentilini et al. 2021).

The porous international borders of Bhutan, particularly in the south with India, posed a serious security threat. In one of Bhutan's main border towns, Phuentsholing, a number of Bhutanese were living across the neighbouring Indian town, Jaigaon. All international borders were closed due to COVID-19 which was a problem for the approximately 5,000 Bhutanese living in Jaigaon. As a result, the Royal Bhutan Army was commanded by the King to construct temporary housing in

Phuentsholing so that the affected people could be relocated from Jaigaon (Turner 2020). There was also an increase in illegal crossing of the border. Some of them were to escape the mandatory quarantine (for example, the case of a person travelling from Nepal on 23 July 2020) or for attempting to smuggle contraband (for example, the two people arrested for smuggle tobacco products on 4 June 2020) (Pem 2020). The spike in COVID-19 cases (see figure 1.1) was attributed to the Indian origin variant of coronavirus B.1.617 or Delta (Drukpa 2021). The attack of the highly transmissible Delta mutation of the COVID-19 virus came at a time when a sense of complacency about following COVID-19 protocols seeped in the people.

Actors and Agencies Managing the Covid-19 Pandemic in Bhutan

In Bhutan, even as the roles of healthcare and medical professionals were important, dealing with COVID-19 required the engagement of the government and a range of public, private and community organisations to work together (Tsheten et al. 2022). Figure 2 shows the four broad thematic areas/issues (that is, health, social, economic and security), which were directly related to the COVID-19 pandemic policy interventions adopted in Bhutan examined in the earlier section. The agencies/sectors responsible for each of these different issues are indicated by the lines with arrowheads (a bold line indicates a direct and strong relationship, and a dashed line indicates an indirect and milder relationship). As Figure 2 indicates, each issue required the collaboration and intervention of multiples agencies working across various sectors. The key sectors that were involved in managing COVID-19 pandemic in Bhutan were the Ministry of Health, Armed Forces of Bhutan (which includes the Royal Bhutan Army and the Royal Bhutan Police), De-Suung and the Office of the Gyalpoi Zimpon (Tsheten et al. 2022). The other key actors and players were the relevant government agencies, external donors and international partners, private sector and the public. While this paper examines the roles of each of these sectors and agencies in relation to COVID-19 below, it will be helpful to provide a brief explanation of the Office of Gyalpoi Zimpon and De-Suung which are unique to Bhutan. The Office of Gyalpoi Zimpon serves as the secretariat of His Majesty in the provision of kidu (roughly translated as “welfare system”) which is

enshrined in the Constitution of the Kingdom of Bhutan as a Royal Prerogative. The Office of Gyalpoi Zimpon is responsible for implementing welfare-related initiatives, such as income-supplements and land redistribution reforms, in Bhutan (Ugyel 2019). De-Suung (translated as "guardians of peace") was established in 2011 by His Majesty the King. The primary purpose of De-Suung is to promote peace, harmony and unity through a spirit of volunteerism and cooperation in the country. Since its inception over 22,000 Bhutanese from all over the country and across the public, private and community spheres have undertaken the voluntary 3-4 weeks training that includes paramilitary, first-aid and other activities (www.desuung.org.bt). Of the total numbers trained so far, close to 9,000 people were trained in between April 2020 – May 2021 as a part of the accelerated training programme specifically for COVID-19 pandemic.

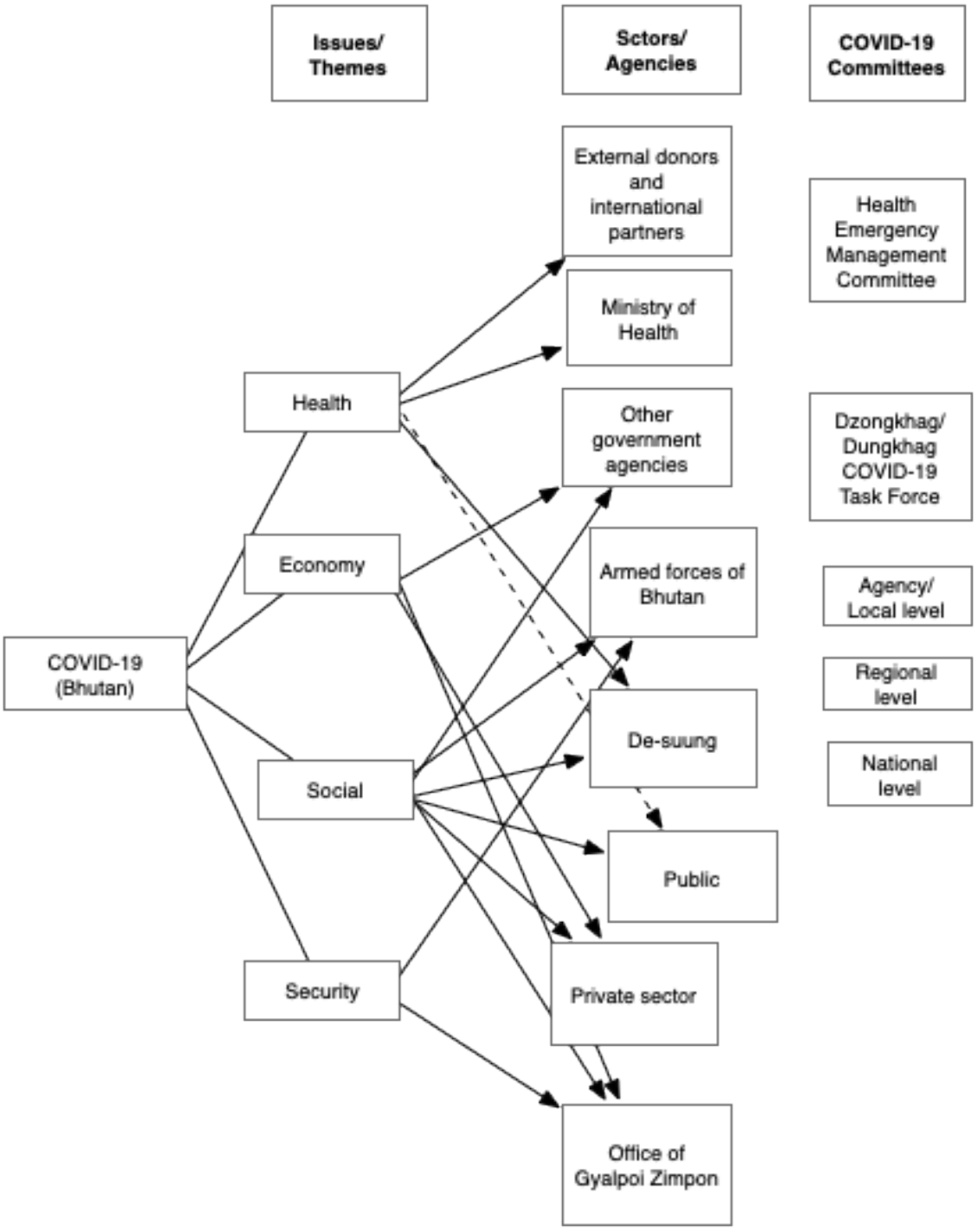
For COVID-19 health-related policy interventions in Bhutan, the primary organization responsible was the Ministry of Health. Within the ministry, the Health Emergency Management Committee with the minister as its chairperson was responsible for all decisions relating to health emergency management including the surveillance, quarantine and testing (Tshering 2020). The Health Emergency Management Committee formed various teams to respond to COVID-19. For instance, teams were set up to work on risk communication, media, logistics and supply, clinical management and vaccination rollout (Tshokey 2020; Dorji and Tamang 2021). The government worked closely with external donors and international partners, such as the Government of India, Danish Government that helped in the supply of vaccines, and international organisations (such as the WHO, UN and JICA offices in Bhutan) also helped with COVID-19 related assistance. The community played a key role in health-related interventions in various volunteer roles (Tsheten et al. 2022). Desuung volunteers were responsible for monitoring during lockdown and quarantine, ensuring public health safety measures such as maintaining physical distance of people during vaccination (Dorji 2020; Dorji and Tamang 2021). Volunteers also stepped up as village health workers and trained in identifying COVID-19 symptoms, surveillance, and health advocacy measures in the communities (Dorji 2021). The public provided support to health-related interventions by donating personal protective

equipment for the health workforce and some hotel owners offered free accommodation to facilitate quarantine facilities (Tsheten et al. 2020). The national new paper- Kuensel and radio (Bhutan Broadcasting Service) played a critical role in dissemination of information of various aspects of pandemic management (Gyeltshen et al. 2023).

For socio-economic-related policy interventions there were multiple actors involved. The Office of Gyalpoi Zimpon was responsible for all benefits provided as a part of the Druk Gyalpo's Relief Kidu. In addition, government agencies such as, Ministry of Economic Affairs, Ministry of Finance and the Royal Monetary Authority provided various financial and economic incentives for the private sector and public during the COVID-19 pandemic. The Ministry of Agriculture through the Food Corporation of Bhutan supported the stocking of essential food and non-food items (Gentilini et al. 2021). Civil society organisations in Bhutan helped in various ways (Dorji 2021). The Bhutan Kidney Foundation and the Bhutan Cancer Society ensured the supply of immunosuppressants and dialysis services, and chemo-and radiation therapies to their patients respectively. The Royal Society of Senior Citizens ensured the delivery of medicines to older citizens, and the Bhutan Red Cross Society helped the poor families conduct funerals. The public and private sector also played a role in the implementation of various socio-economic policy interventions. For instance, during the initial few months of the COVID-19 pandemic, farmers supplied free vegetables, rice and dairy products for the quarantine centres, landlords waived rents, and some travel companies and hotels continued to pay their employees (Palden 2020a). De-Suung volunteers helped in the delivery of essential supplies particularly during the lockdown and the Armed Forces of Bhutan helped in the construction of temporary housing facilities to those displaced as a result of COVID-19 pandemic. The major role of the Armed Forces and the De-Suung during this period was security related. They patrolled the international borders and prevented the illegal entry and exit of people that could pose a great security and health risk to the population of Bhutan.

Figure 3

Bhutan's COVID-19 Management



Formalisation of Covid-19 Collaborative Governance Networks in Bhutan

The Bhutanese government employed a range of policy interventions to manage the pandemic, given, at that time, the uncertain nature of COVID-19 virus. The mix of interventions included health, social, economic and security related policy responses. According to Kaul (2021,3), Bhutan was able to successfully manage the pandemic because of 'responsive and evidence-based public policy, an understanding of collective responsibility, a recognition of the interdependence of community and the significance of volunteerism, and a trust in public health messaging'. As such, dealing with wicked problems requires collaboration across policy and sectoral domains and jurisdictions. A key factor that distinguished Bhutan's successful management of the pandemic in Bhutan was the formalisation of the collaborative governance networks established. There was almost a return to a Weberian style of bureaucracy through the establishment of the COVID-19 task force committees at the national and regional levels in Bhutan. According to Weber (1978) organisations of bureaucracies follow the principle of hierarchy and each lower office is under the control and supervision of a higher one. Based on the rules that govern the organisation and instructions meted out by superiors, officials are confined to performing specific and specialised functions. To coordinate and facilitate the multiple sectors, agencies and networks responsible for COVID-19 pandemic in Bhutan, the National COVID-19 Task Force was established in March 2020. The National COVID-19 Task Force was cross-sectoral and comprised of the senior-most officials of various agencies. The other prominent members in this committee were the Chief Operations Officer of the Royal Bhutan Army, Ministers of the Ministry of Health and the Ministry of Foreign Affairs, Chief of the Royal Bhutan Police and the Director General of De-Suung. The National COVID-19 Task Force was chaired by the Prime Minister and was the highest decision-making body on all policy matters related to COVID-19 management (Tshering 2020).

The National COVID-19 Task Force was supported by the three Regional COVID-19 Task Force: Southern COVID-19 Task Force, Central COVID-19 Task Force and the Eastern COVID-19 Task Force

(refer to Figure 3). The three regional task forces were represented by members from multiple sectors and the shape of these committees were fit to purpose and based on the context and needs of the regions they covered (Penjore 2021). For instance, since the southern dzongkhags were where the international borders and the strategic economic hubs located, the Southern Task Force was based in the main border town of Phuentsholing. It had approximately 20 members from relevant agencies, and the chairperson was the Secretary of the Ministry of Home and Cultural Affairs. Some of the other members were senior officials of the Ministry of Health, Department of Immigration, Department of Law and Order, Department of Customs, Department of Trade, Department of Industries. The Southern COVID-19 Task Force also had a representative of the Office of Gyalpoi Zimpon, Royal Bhutan Army, Royal Bhutan Police and some prominent members of the civil society, private and public sectors. The Central COVID-19 Task Force was based in the capital city of Thimphu and the Eastern Task Force was based in the Samdrup Jongkhar (which is another town bordering India located in the south-eastern part of Bhutan). The Central COVID-19 Task Force (whose chairperson was the Cabinet Secretary) and Eastern COVID-19 Task Force (whose chairperson was the Secretary of the National Land Commission Secretariat) had relatively fewer committee members compared to the Southern Task Force and worked closely with the dzongkhag task force committees. Each of the three Regional COVID-19 Task Force committees were also assigned the responsibility of coordinating COVID-19 related policies and activities in a certain number of dzongkhags or dungkhags. The members of the dzongkhag COVID-19 task force were represented by the dzongdag and officials representing the various government sectors in the dzongkhag.

The other key factor was the role of leadership in coordinating the collaborative governance networks and the top-down, and hands-on, nature of these relationships [4]. In Bhutan's case, the core executive comprised of the National COVID-19 Task Force members that included the political leaders and senior defence and public sector officials. Perhaps, what was unique to Bhutan, was the leadership role played by His Majesty the King as a part of the core executive. The form of government in Bhutan is a democratic constitutional monarchy,

and as per Article 2(1) of the Constitution His Majesty functions as the Head of State. His Majesty is also the Supreme Commander in Chief of the Armed Forces and the militia (Article 28(1) of the Constitution) and has the royal prerogative to grant kidu (Article 2(16) of the Constitution) to the people of Bhutan. In addition, His Majesty established and continues to actively support the De-Suung training and activities. A quick glance at Figure 3 will reveal that His Majesty was directly responsible for three of the agencies involved in COVID-19-related policy interventions (Office of Gyalpoi Zimpon, Armed Forces of Bhutan and De-Suung). This underlies the importance of His Majesty's role within the core executive in the coordination and management of COVID-19 related policy interventions. Turner (2020) points out that the King, government and community acted in concert, and His Majesty fulfilled his traditional role as monarch by distributing kidu during the period of the COVID-19 pandemic. According to the WHO representative to Bhutan Dr Rui Paulo de Jesus, Bhutan's whole-of-the-society approach was unique and exemplary, and stated that (quoted in Tshedup 2020b):

> Today under His Majesty's guidance, Bhutan's response to COVID-19 is second to none and serves as a testimony of how compassionate and visionary leaders can make a difference in the world…I would applaud the government's efforts for COVID-19 response…I saw the true spirit of partnership, coordination and support among different sectors, well-informed leaders including active participation from the community.

Conclusion

Bhutan's experience with the initial stages of COVID-19 pandemic conforms to the common understanding of the COVID-19 as a wicked problem that cuts across sectors and requires multiple policy interventions. Furthermore, Bhutan's management of the COVID-19 pandemic was similar to how countries and governments normally dealt with such forms of wicked problems, that is, through forms of collaborative governance. While the nature of the COVID-19 pandemic was such that it required health-related policy interventions, its impacts were also felt in the other socio-economic sectors. To this effect, Bhutan initiated a series of social and economic policy interventions.

In Bhutan's case, security-related policy interventions were also required as a porous international border, particularly in the south with India. Each of these policy interventions was equally important and needed to be implemented simultaneously. The costs, both in terms of health and finance, of the pandemic were enormous. As of July 2021, over 185 million confirmed cases including over 4 million deaths worldwide were reported (WHO 2021). According to the IMF World Economic Outlook (April 2021) the global economy contracted by -3.3% in 2020. While the growth was projected to improve, the recovery paths between developed and developing countries were projected to be significantly different. The cumulative per capita income losses over the period of 2020 – 2022 were projected to be equivalent to 20% of 2019 per capita GDP in developing countries, while in developed countries the losses were expected to be relatively smaller at 11% (IMF 2021). Bhutan's GDP also contracted by almost 6% in 2020 due to the COVID-19 pandemic. The economy took a hit due to decrease in revenues, particularly from the tourism-related sector. Almost 32% of the employees in the tourism sector lost their jobs in 2020, and in a worse-case scenario it was projected that unemployment rate in the country was as high as 14.4% (in 2019 unemployment rate was 2.7%) (UN 2021). Thus, as focus of the COVID-19 pandemic is health-related, the economic and social impacts of the pandemic are also equally important, and one that Bhutan needs to keep in mind in the future.

In major uncertainties, such as COVID-19 pandemic, developing countries face greater challenges. The health and socio-economic fallout of the pandemic was more drastic for poorer countries unable to afford the necessary health interventions to combat COVID-19 and the economic capacity to weather the related financial distress. Under such circumstances, Bhutan was able to do well in managing the initial onset of the COVID-19 pandemic. The main reasons for success were its preparedness, collaboration and leadership. These, however, are mainly internal factors which Bhutan can control. COVID-19 was not only a whole-of-government but a "whole-of-governments" issue. It was the external factors that poses a greater challenge for countries such as Bhutan. Even as Bhutan was able to efficiently vaccinate its people, getting the second dose of the vaccination required it to use all of its

goodwill and negotiation tactics to acquire enough vaccines for the second dose. Differences in access to health and socio-economic policy instruments are critical factors that determine whether or not a country can successfully overcome crisis.

References

Aguirre, J. P. C., & Hannan, S. A. (2021). Recoveries after pandemics: The role of policies and structural features. In *IMF Working Papers*. IMF.

Ansell, C., Sørensen, E., & Torfing, J. (2021). The Covid-19 pandemic as a game changer for public administration and leadership? The need for robust governance responses to turbulent problems. *Public Management Review,* 23(7), 949-960.

Blanco, I., Lowndes, V., & Pratchett, L. (2011). Policy networks and governance networks: Towards greater conceptual clarity. *Political Studies Review*, 9, 297-308.

Boswell, J., Corbett, J., Rhodes, R. A. W., & Salomonsen, H. H. (2021). The comparative 'court politics' of Covid-19: Explaining government responses to the pandemic. *Journal of European Public Policy*. https://doi.org/10.1080/13501763.2021.1942159

Bryson, J. M., Crosby, B. C., & Stone, M. M. (2015). Designing and implementing cross-sector collaborations: Needed and challenging. *Public Administration Review*, 75(5), 647–663.

Capano, G., Howlett, M., Jarvis, D. S. L., Ramesh, M., & Goyal, N. (2020). Mobilizing policy (in)capacity to fight Covid-19: Understanding variations in state responses. *Policy and Society*, 39(3), 285-308.

Dorji, T. (2021). The gross national happiness framework and the health system response to the Covid-19 pandemic in Bhutan. *American Journal of Tropical Medicine and Hygiene*, 104(2), 441–445.

Dorji, T., & Lucero-Prisno, D. E. (2020). Recalling doctors back to Bhutan for Covid-19. *Population Medicine*, 2(24), 1-2.

Dorji, T., & Tamang, S. T. (2021). Bhutan's experience with Covid-19 vaccination in 2021. *BMJ Global Health*, 1-5.

Drexler, M. (2021). The unlikeliest pandemic success story: How did a tiny, poor nation manage to suffer only one death from coronavirus? *The Atlantic*.

Drukpa, U. (2021, June 12). Why Covid-19 cases are on the rise despite several lockdowns in Phuentsholing. *The Bhutanese*.

Emerson, K., Nabatchi, T., & Balogh, S. (2012). An integrative framework for collaborative governance. *Journal of Public Administration Research and Theory*, 22(1), 1-29.

Ferlie, E., Fitzgerald, L., McGivern, G., Dopson, S., & Bennett, C. (2011). Public policy networks and 'wicked problems': A nascent solution? *Public Administration*, 89(2), 307-324.

Gentilini, U., Almenfi, M., Blomquist, J., & et al. (2021). *Social protection and jobs responses to Covid-19: A real-time review of country measures*. World Bank.

Gill, I., & Schellekens, P. (2021). Covid-19 is a developing country pandemic. In The Brookings Institution (Ed.), *Future Development*.

Gong, B., Zhang, S., Yuan, L., & Chen, K. Z. (2020). A balance act: Minimizing economic loss while controlling novel coronavirus pneumonia. *Journal of Chinese Governance*, 5(2), 249-268.

Grzymala-Busse, A. (2010). The best laid plans: The impact of informal rules on formal institutions in transitional regimes. *Studies in Comparative International Development,* 45(3), 311-333.

Gyeltshen, D., & Dorji, T. (2020). Doorstep delivery of essential healthcare services during the nationwide Covid-19 lockdown in Bhutan. *Population Medicine*, 2(43), 1-2.

Gyeltshen, K., Tsheten, T., Dorji, S., Pelzang, T., & Wangdi, K. (2021). Survival analysis of symptomatic COVID-19 in Phuentsholing Municipality, Bhutan. *International Journal of Environmental Research and Public Health*, 18.

Gyeltshen, K., Phuntsho, S., & Wangdi, K. (2023). Knowledge, attitude, and practice towards COVID-19 among patients attending Phuentsholing Hospital, Bhutan: A cross-sectional study. *International Journal of Environmental Research and Public Health,* 20.

Gyem, K., Monger, A., Darnal, J. B., Adhikari, L. M., Wangchuk, S., & Dorji, T. (2020). A descriptive study of confirmed Covid-19 cases

in Bhutan. *Journal of Infectious Diseases and Epidemiology*, 6(4), 1-6.

Huang, I. Y.-F. (2021). Fighting Covid-19 through government initiatives and collaborative governance: The Taiwan experience. *Public Administration Review*, 80(4), 665–670.

Kaul, N. (2021). Small state, big example: Covid pandemic management in Bhutan. *Critical Studies on Security*, 9(1), 58-62.

Klijn, E.-H., & Koppenjan, J. (2012). Governance network theory: Past, present and future. *Policy & Politics*, 40(4), 587-606.

Kuensel. (2020, August 4). Dzongkhags begin zoning systems easing lockdown. *Kuensel*.

Kuhlmann, S., & Wayenberg, E. (2016). Institutional impact assessment in multi-level systems: Conceptualizing decentralization effects from a comparative perspective. *International Review of Administrative Sciences*, 82(2), 233-254.

LeVine, S., Dhakal, G. P., Penjor, T., Chuki, P., Namgyal, K., Tshokey, & Watts, M. (2020). Case report: The first case of Covid-19 in Bhutan. *American Journal of Tropical Medicine and Hygiene*, 102(6), 1205-1207.

Lhendup, K., Tsheten, T., Rinzin, T., & Wangdi, K. (2022). Risk factors of symptomatic COVID-19 in Samtse District, Bhutan. *Frontiers in Public Health*, 10, Article 857084.

Ministry of Health [MOH]. (2021). *Annual health bulletin 2021*. Policy and Planning Division.

McConnell, A., & Stark, A. (2021). Understanding policy responses to Covid-19: The stars haven't fallen from the sky for scholars of public policy. *Journal of European Public Policy*, 1-16.

McGuire, M., & Agranoff, R. (2011). The limitations of public management networks. *Public Administration*, 89(2), 265-284.

Moon, M. J. (2020). Fighting Covid-19 with agility, transparency, and participation: Wicked policy problems and new governance challenges. *Public Administration Review*, 80(4), 651–656.

National Statistical Bureau [NSB]. (2017). *Population and housing census of Bhutan*. Royal Government of Bhutan.

O'Flynn, J. (2021). Confronting the big challenges of our time: Making a difference during and after Covid-19. *Public Management Review*, 23(7), 961-980.

O'Toole, L. J. (1997). Treating networks seriously: Practical and research-based agendas in public administration. *Public Administration Review*, 57(1), 45-52.

Palden, T. (2020a, March 7). Bhutan comes together to battle Covid-19. *Kuensel*.

Palden, T. (2020b, September 9). Bhutan's Covid-19 story. *Kuensel*.

Parks, W. (2021). UNICEF hails Bhutan's successful completion of full COVID-19 vaccinations for 90% of the eligible population. UNICEF. https://www.unicef.org/bhutan/press-releases/unicef-hails-bhutans-successful-completion-full-covid-19-vaccinations-90-eligible

Pem, D. (2020, July 28). Three men convicted in connection to crossing the border. *The Bhutanese*.

Penjore, T. (2021). Interview relating to Covid-19 task force in Bhutan [Personal interview].

Royal Government of Bhutan [RGOB]. (2021). Covid-19 in Bhutan - Information on Covid-19. https://www.gov.bt/covid19/

Razin, E. (1999). The impact of local government organization on development and disparities — a comparative perspective. *Environment and Planning C: Government and Policy*, 18, 17-31.

Rhodes, R. A. W. (2008). Policy networks. In B. Galligan & W. Roberts (Eds.), *The Oxford companion to Australian politics*. Oxford University Press.

Rocha, I. C. N. (2021). Employing medical anthropology approach as an additional public health strategy in promoting Covid-19 vaccine acceptance in Bhutan. *The International Journal of Health Planning and Management*, 1-4.

South Asia Monitor [SAM]. (2021). Nepal seeks Covid-19 vaccines from Bhutan.

Stoker, G. (2006). Public value management: A new narrative for networked governance? *The American Review of Public Administration*, 36(1), 41-57.

Sudhipongpracha, T., & Poocharoen, O.-O. (2021). Community health workers as street-level quasi-bureaucrats in the Covid-19 pandemic: The cases of Kenya and Thailand. *Journal of Comparative Policy Analysis: Research and Practice*, 23(2), 234-249.

Tshering, U. (2020). Bhutan: Decision making for social and movement measures in the context of Covid-19. WHO. https://www.who.int/docs/default-source/hgf/bhutan.pdf?sfvrsn=ce5445da_9

Tsheten, T., Wangchuk, S., Wangmo, D., Clements, A. C. A., Gray, D. J., & Wangdi, K. (2020). Covid-19 response and lessons learned on dengue control in Bhutan. *Journal of Medical Entomology*, 58(2), 502–504.

Tsheten, T., Chateau, D., Dorji, N., Pokhrel, H. P., Clements, A. C. A., Gray, D. J., & Wangdi, K. (2023). Impact of COVID-19 on mental health in Bhutan: A way forward for action. *The Lancet Regional Health - Southeast Asia*, 11, Article 100179.

Tsheten, T., Tenzin, P., Clements, A. C. A., Gray, D. J., Ugyel, L., & Wangdi, K. (2022). The COVID-19 vaccination campaign in Bhutan: Strategy and enablers. *Infectious Diseases of Poverty*, 11(6).

Tshokey. (2020). An update on Covid-19 in Bhutan. *Bhutan Health Journal*, 6(1), 1-3.

Tshokey, T., Choden, J., Dorjee, K., Pempa, P., Yangzom, P., Gyeltshen, W., Wangchuk, S., Dorji, T., & Wangmo, D. (2021). Limited secondary transmission of the novel coronavirus (SARS-CoV-2) by asymptomatic and mild Covid-19 patients in Bhutan. *American Journal of Tropical Medicine and Hygiene*, 104(2), 490–495.

Turner, M. (2020). Bhutan's decisive response to Covid-19. *East Asia Forum*.

United Nations [UN]. (2021). *Monitoring of countries graduating from the least developed country category: Bhutan*.

Ugyel, L. (2019). Inequality in Bhutan: Addressing it through the traditional Kidu system. *Journal of Bhutan Studies*, 39, 1-20.

Weber, M. (1978). *Economy and society: An outline of interpretative sociology* (Vol. 1). University of California Press.

Weber, E. P., & Khademian, A. M. (2007). Wicked problems, knowledge challenges, and collaborative capacity builders in network settings. *Public Administration Review*, 68(2), 334-349.

Weible, C. M., Nohrstedt, D., Cairney, P., Carter, D. P., Crow, D. A., Durnová, A. P., Heikkila, T., et al. (2020). Covid-19 and the policy

sciences: Initial reactions and perspectives. *Policy Sciences*, 53, 225-241.

World Bank. (2021a). *Current health expenditure (% of GDP)*.

World Bank. (2021b). *GNI per capita, Atlas method (current US$)*.

World Health Organization [WHO]. (2021). WHO Coronavirus (Covid-19) dashboard. Retrieved July 10, 2021, from https://covid19.who.int/