Access and barriers to essential health services during COVID-19 pandemic in Bhutan: A community perspective.

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Background: Measures such as restricting movements to reduce the impact of COVID-19 can also disrupt the delivery and utilization of essential health services (EHS). Ensuring the continuity of EHS can help avert deaths and excess morbidity during emergencies. We assessed the community perceptions around access and barriers to EHS during the COVID-19 pandemic in Bhutan.

Methods: This was a cross-sectional study carried out in 2021. The structured survey-based tool developed by the World Health Organization was adapted. Community members (village health workers and community leaders) from the sampled areas were recruited. Trained health workers collected data through face-to-face interviews. Descriptive statistics were used to analyze the data.

Results: A total of 140 community members were interviewed and the majority were males (74.5%). A majority (>80%) of the respondents reported that most EHSs was received by most people in the community. Around half felt that people's experience of availing service was affected due to fear of COVID-19 infection, disruption in public transport, and public recommendations to avoid facility visits. About a third reported having disadvantaged groups in their communities, and many reported that religious figures and local healers were also the preferred points of contact by the community when unwell. A quarter of the village health workers felt stigmatized, and many reported a risk of contracting COVID-19 at work (65%) and receiving little or some support to deliver their work (70%).

Conclusion: Overall, the findings show that communities could avail most of the EHS suggesting no major disruption in the delivery of EHS. This possibly reflects the presence of resilient primary health care and a well-functioning health system in Bhutan. EHS delivery can be further strengthened by scaling up programs to increase awareness and reduce stigma, and by capacitating village health workers, engaging community and religious figures, and targeting disadvantaged groups.

Disclosure of Interest Statement: The authors declare that there are no potential competing interests. This study was financially supported by the World Health Organization Bhutan Country Office.