Improving Maternal and Child Health
Bhutan’s Experiences

Expert Group Meeting on Monitoring implementation of the Asian and Pacific Ministerial Declaration on Population and Development
Bangkok, Thailand, 23-24 September 2019
Presentation outline

- Country and health system context
- Maternal and Child Health Situation
  - Enabling environment
  - Service delivery
  - Community engagement
- Other development (Socio-economic changes influencing health outcomes)
Bhutan

- Land area: 38,294 km sq, “rugged” & mountainous
- Population: 735,553 (2017)
- Literacy rate: 71.4%
- Economy (Agriculture, Hydropower and Tourism)
- National Poverty Rate: 8.2%
Community
518 Outreach Clinics (ORCs)
Village Health Workers

Tertiary
(1 National and 2 Regional Referral Hospitals)

Secondary
22 Hospitals, 6 Army Hospitals & 15 BHU I

Primary
166 Basic Health Units (BHUs)

Community
518 Outreach Clinics (ORCs)
Village Health Workers

Integrated Primary Health Care System supported by community engagement at basic levels and government sponsored referral abroad

Maternal and Child Health is an integral part of the system
Maternal and Child Health: Program Implementation

- Enabling environment
- Service delivery
- Community engagement
1. Enabling Environment/ Political Support

✓ Guided by Development Philosophy of Gross National Happiness (GNH) since 1970s - translated into successive Five Year Plans (FYPs).
The 4 Pillars of GNH

- Sustainable & Equitable Socio-Economic Development
- Environmental Conservation
- Preservation & Promotion Of Culture
- Good Governance

The 9 Domains of GNH

- Living Standards
- Cultural Resilience & Promotion
- Good Governance
- Psychological Well-being
- Time Use
- Community Vitality
- Environment
- Education
- Health

9 Domains of Gross National Happiness
1. Enabling Environment/ Political Support

✓ Guided by Gross National Happiness Development Philosophy since 1970s

✓ Signatory to International Declarations including Alma-Ata, Safe Motherhood, ICPD

✓ 1995: Royal Decrees on Population Planning following ICPD 1994 recommendations

✓ Champion: Her Majesty the Queen Mother as the Goodwill Ambassador of UNFPA – reaching sexual and reproductive health messages to the remotest corner of the country
Queen Mother begins high-level advocacy programme in Thimphu

Sonam Pem, Thimphu
Dec 24, 2017

Her Majesty The Queen Mother Sangay Choden Wangchuck met with Royal Body Guard and Royal Bhutan Police personnel along with their families in Thimphu as part of the high-level advocacy on priority health and social issues.

Her Majesty is the United Nations Population Fund or UNFPA’s goodwill ambassador. The first day of the advocacy programme began today.

Addressing the people, Her Majesty expressed concerns over the increasing cases of HIV/AIDS, suicide, and communicable and non-communicable diseases in the country.

High level advocacy on public health and social Issues concludes

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Concluding the high level advocacy on priority public health and social issues in 20 dzongkhags, Her Majesty the Gyalyum Sangay Choden Wangchuck yesterday met the employees of drayang and representatives from Bhutan Film Association.
1. Enabling Environment/ Political Support

- Guided by Gross National Happiness Development Philosophy since 1970s
- Signatory to International Declarations including Alma Ata, Safe Motherhood, ICPD
- 1995: Royal Decrees on Population Planning following ICPD 1994 recommendations
- Champion: Her Majesty the Queen Mother as the Goodwill Ambassador of UNFPA – reaching sexual and reproductive health messages to the remotest corner of the country
- 2005: 100% Institutional Delivery Policy
- 2008: Constitutional mandate to provide free health care
2. Service Delivery and Monitoring

- Enhancing access to health care services
Health facilities in 1960s

Only 2 Hospitals & 11 Dispensaries

Health facilities in 2019

<table>
<thead>
<tr>
<th>Facilities</th>
<th>Nos</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals</td>
<td>25</td>
</tr>
<tr>
<td>BHU - I</td>
<td>25</td>
</tr>
<tr>
<td>BHU - II</td>
<td>185</td>
</tr>
<tr>
<td>Sub-Post</td>
<td>49</td>
</tr>
<tr>
<td>Out-reach clinics</td>
<td>553</td>
</tr>
</tbody>
</table>
Emergency Obstetric & Neonatal Care Services

EmOC facilities 2000

EmONC Facilities 2019
2. Service Delivery and Monitoring

- Enhancing access to health care services
2. Service Delivery and Monitoring

- Enhancing access to health care services
  - National Maternal and Neonatal Investigation Committee
  - District Maternal and Neonatal Investigation Committee
- Improving quality of care
Revision of Standards and Guidelines

ANC Visits increased to **Minimum 8 visits**

PNC Visits increased to **3 visits**
Managing of Postpartum Hemorrhage (PPH) – the leading cause of maternal death
**PPH as a percentage of Cause of Maternal Death**

Source: MNDI Reports 2001-12
2. Service Delivery and Monitoring

• Enhancing access to health care services

• Institution of Maternal and Neonatal Death Investigation (MNDI) System
  • National Maternal and Neonatal Investigation Committee
  • District Maternal and Neonatal Investigation Committee

• Improving quality of care

• Current RMNCH Plans and Strategies geared towards SDGs
RMHCH Plans and Strategies

BHUTAN EVERY NEWBORN ACTION PLAN (2016-2023)

National Reproductive Health Strategy of Bhutan (2018–2023)

Reproductive, Maternal and Newborn Health Programme
Department of Public Health
Ministry of Health
Royal Government of Bhutan
June, 2018

A strategy for achieving universal access to sexual and reproductive health services and rights

TWELFTH FIVE YEAR PLAN 2018–2023
3. Community Engagement

- Village Health Workers (VHWs) – the link between health system and community
Community
- 518 Outreach Clinics (ORCs)

Village Health Workers

Primary
- 166 Basic Health Units (BHUs)

Secondary
- 22 Hospitals, 6 Army Hospitals & 15 BHU I

Tertiary
- (1 National and 2 Regional Referral Hospitals)

Health Care Delivery System
3. Community Engagement

- Village Health Workers (VHWs) – the link between health system and community
- Community Action Groups (CAGs) – community social network for health
- Multi-sectoral Taskforce (MSTF) in every districts for advocacy on HIV/AIDS prevention and other public health matters
- High level health promotion in the community
Maternal and Child Health: Outcomes and Impacts
Family Planning: CPR in Bhutan

<table>
<thead>
<tr>
<th>Year</th>
<th>Percentage (%)</th>
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<tbody>
<tr>
<td>1994</td>
<td>18.8%</td>
</tr>
<tr>
<td>2000</td>
<td>30.7%</td>
</tr>
<tr>
<td>2003</td>
<td>44.0%</td>
</tr>
<tr>
<td>2007</td>
<td>35.0%</td>
</tr>
<tr>
<td>2010</td>
<td>47.9%</td>
</tr>
<tr>
<td>2015</td>
<td>60%</td>
</tr>
<tr>
<td>2018</td>
<td>70%</td>
</tr>
</tbody>
</table>

- NHS
- BLSS
- BMIS
- MDG
- EFYP
97.2% of the births are attended by health professionals

Source: NHS & PHCB
Maternal Mortality Ratio (MMR) Trend

- **1984**: 770
- **1990**: 560
- **1994**: 380
- **2000**: 255
- **2005**: 200
- **2017**: 89

**MDG Targets**: 140

- **SDG Targets**: 83
- **Bhutan 12th FYP Targets (2018-2023)**: 70
CHILD MORTALITY

MDG Targets
- U5MR 40
- IMR 30

SDG Targets
- U5MR 20
- IMR <15
- U5MR <25

Bhutan 12th FYP Targets (2023)
- U5MR 20
- IMR <15

Sources: NHS & PHCB
Other Developments

Socio-economic changes influencing health outcomes
FEMALE EDUCATION

Literacy Rate in Bhutan

<table>
<thead>
<tr>
<th>Year</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>54</td>
<td>33</td>
</tr>
<tr>
<td>2007</td>
<td>66</td>
<td>46</td>
</tr>
<tr>
<td>2012</td>
<td>72</td>
<td>55</td>
</tr>
<tr>
<td>2017</td>
<td>78.1</td>
<td>63.9</td>
</tr>
</tbody>
</table>

Percentage
Non-Formal Education

Non Formal Education (NFE) providing basic literacy and functional skills in rural areas. Year 2013…..

9,628 learners in 855 centers with 875 instructors
Road Network

Before 1960

Now
The parents of the baby boy who was born in a helicopter last week said they were prepared for him to be born preterm but had never imagined that their third son would be born in mid air.

Sangay Rigzin who owns a parlour in Panbang, Zhemgang had many customers on October 21. The people were preparing for Panbang Tshechu. Her husband, Kinlay Dorji, said that later that night, his wife complained of cramps. “I started to get worried.”

The couple was expecting their third child. Kinlay Dorji, a freelance eco-guide, said their first two sons were born preterm. “In all the three pregnancies, my wife got jaundice six months after she conceived.”

He wanted their third child to be born at nine months and so he did most of the household chores.
COMMUNICATION

Keeping Bhutan Connected!
Declining Poverty
Challenges and Data Gaps

• Inequity in access to quality MCH services

• Epidemiological and demographic transitions (rise of NCDs, emerging diseases and ageing)

• Health Finance Sustainability

• Data Gaps
  • Routine data collection on teenage pregnancy (ASRH), nutritional status in women and child
  • Pre-term birth causes of death – reducing neonatal death
  • Burden of infertility not known - Bhutan’s TFR 1.7 (2017)
Way forward

• Tracking of Every Mother and Child – 1000 Golden Days and beyond

• Strengthen routine data collection on ASRH and nutritional status information

• Continue to integrate population health including MCH into other development agenda

• Continue to engage community for demand generation

• Use of technology – DHIS2, ePIS
Thank You