

## Why mother and child matter

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Reliable or not, the first point of reference for key health indicators for Bhutan is a 1984 health survey. Subsequent national health surveys were carried out in 1994, 2000 and 2012. Modern health care was introduced in Bhutan in the early 1960s and began to pick up in the '70s, and really accelerated in the '80s and '90s. If Infant Mortality Rate (IMR) and Maternal Mortality Ratio (MMR) were to be used as tracers, the achievements in health in less than four decades of development of health infrastructure and services is truly remarkable. The Infant Mortality Rate (IMR) dropped from 102.8 per 1000 live births in 1984 to 30 per 1000 live births in 2012: similarly the Maternal Mortality Ratio (MMR) dropped from 770 maternal deaths per 100 000 live births in 1984 to just 86 maternal deaths per 100 000 live births in 2012<sup>1,2</sup>. Yet as the sun set on the Millennium Development Goals on 31 December 2015, there still remained much to be done.

The 2012 national health survey, although acknowledging the difficulty of obtaining a reliable estimate of MMR from a sample survey from a small population, puts it at around 86 maternal deaths per 100 000 live birth, and WHO's estimate is around 120 maternal deaths per 100 000 live births<sup>3</sup>. Irrespective of the level of mortality, the fact remains that mothers are still dying. This should not be the case. Compared to some of the neighboring countries, the rate of decline of child deaths and, in particular, that of neonatal death, is still far from optimal. For example, Sri Lanka's under-five mortality rate is 10 per 1000 live births as compared to Bhutan's 36 per 1000 live births, and Sri Lanka's infant mortality is 8 per 1000 live births compared to Bhutan's 27 per 1000 live births<sup>4</sup>.

But more worrying is the significant stunting observed in preschool children with 34.9% of children under five stunted<sup>5</sup>. It is known that poor nutrition before and during pregnancy is harmful for both the mother and the child<sup>6</sup>. Poor nutrition therefore carries its impact throughout the life course; from an underweight baby to a stunted early childhood to malnourished teen who go on then to become pregnant and then ultimately a malnourished mother, and the vicious cycle repeats. Malnutrition has intergenerational impacts that perpetuate the cycle of poor health of a mother and her offspring. Therefore, for a healthy nation it is important to have healthy mothers who give birth to healthy children who, in turn, grow into healthy adults. Towards that aim, the government needs to look at the opportunities offered through the Sustainable Development Goals or the SDGs<sup>7</sup>.

Much was achieved in improving the health of mother and child, and reducing maternal and child mortality during the 2010-2015 period through the strong global actions on the Global Strategy for Women's and Children's Health<sup>8</sup>, which spawned the UN-led Every Child Every Mother movement. In order not to lose the gains, and to build further momentum on the health and well-being of women during the newly dawned SDG era, on 26 September 2015 the UN Secretary General, Ban Ki Moon, released a revised Global Strategy for Women's, Children's and Adolescent's Health, 2016-2030. The strategy provides a clear framework and specific guidance on the interventions required to improve the health and well-being of mothers and children, and to further reduce maternal and child mortality.

In its short history of modernization, Bhutan has achieved much in the social sector and, in particular, in the provision of health care services to its people. To reduce maternal and child mortality further from the current level will require well-targeted intervention with focus on reaching the hard-to-reach population, and an overall improvement in the resilience of health system and a robust collaboration and interaction with sectors beyond health. The SDGs therefore provide the vision and the framework to do just that.

Health is only one of the 17 SDGs, but health is linked, directly or indirectly, to no less than ten other Goals. Whereas the MDGs dealt with specific diseases, the SDGs "are integrated and indivisible and balance the three dimensions of sustainable development; the economic, social and environment". The SDGs bring back the focus on systems-strengthening with emphasis on national leadership, more domestic resources for health, and policies and strategies specific to each individual country's situation and needs.

While health will continue to strengthen its facilities and services, preventing chronic hunger will require concerted multi-stakeholder actions from the kitchen garden of the village house to school feeding programmes to national policy interventions on food production and distribution. The intervention that may have the most impact on the improvement of health of mother and child may very well be beyond the purview of health services alone.

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