Situation Analysis of Millennium Development Goals 4 & 5 : Pakistan's Perspective

Farah Asad Mansuri

Abstract

Millennium Development Goals [MDG] are being pursued since the year 2001, to scale up the critical health and development indicators for the world population. In this article we aimed to describe and explain the status of maternal and child health in Pakistan, in the light of MDGs 4 & 5 with their corresponding targets and indicators. Secondary data has been used to analyze the achievements or relative letdown in MCH sector in Pakistan. Though over the last two decades, maternal and child health indicators have been improved here, but still big challenges remain. At present, the under-5 mortality rate has fallen by 24% and maternal mortality ratio is halved since 1990. Pakistan is found to be 83% & 100% off track towards MDG 4 & 5 respectively.   (ASH & KMDC 19(2):91;2014).

Introduction

Integrated global efforts have been successfully taking place over a half century to improve life on earth and human longevity worldwide. In the same wake, during September 2000, the world leaders at the United Nations committed to work together for a safer, prosperous and equitable world by deriving eight Millennium Development Goals through its 21 targets and 60 indicators, which are to be achieved by the year 2015. These goals were set in order to combat poverty and hunger, illiteracy and injustice, disease and deaths and environmental degradation[1].

The Goals 4, 5 and 6 respectively address, reduction of child mortality, improving maternal health and control of HIV/AIDS & malaria[1]. Some modification in the structure of Goal 5 was introduced later on, realizing the fact that the reduction in maternal mortality cannot be achieved unless universal access is ensured among reproductive health seekers[2]. Therefore the specific target on reproductive health (known as target B), for universal access to reproductive health was included in the original structure of MDG 5 and that overarches the goal of improving maternal health. An explicit attention of the health policy makers and health technologists is more than ever required to monitor progress in these critical health areas.

Under the health related goals of 4, 5 and 6, a total of 18 progress indicators in health sector have been identified to assess morbidity and mortality rates. These indicators are infant mortality rate, Under 5 Mortality Rate (U5MR), Maternal Mortality ratio (MMR), HIV prevalence in youth and deaths due to measles in less than 4 year old etc.

To date 1.3 years remain for achieving MDGs targets which seem an unaccomplished task for many other countries. Globally, child and maternal mortality have been reduced to 50% since 1990[3]. This significant improvement in health indicators

Department of Community & Family Medicine,
College of Medicine
Taibah University Al Medinah Al Munawara,
Kingdom of Saudi Arabia

Correspondence: Prof. Farah Asad Mansuri
Professor of Community & Family Medicine,
College of Medicine
Department of Community & Family Medicine,
College of Medicine,
Taibah University Al Medinah AlMunawara,
Kingdom of Saudi Arabia
Email:fmansuri10@gmail.com

have been achieved unevenly for some countries but developing countries including Pakistan is way behind the target. It does not mean that developing countries are only to blame for this failure but the developed countries also lack an arching financial and technical support in meeting these targets.

Out of a survey of Public health practitioners of 77 countries, 51% were found to be fully agreed on positive statement for MDGs achievement whereas 40% partially agreed[4].

Pakistan has the third highest burden of maternal, fetal, and child mortality. It has made slow progress in achieving the MDGs 4 and 5 and in addressing common social determinants of health. The evidence shows that 52 (77%) out of total 68 countries with highest burden of child mortality, will not achieve MDG 4 by 2015 and regrettably, Pakistan is one of them[5]. A very negligible change is marked in child mortality despite of recruiting huge force of LHS/LHW during last decade[6]. Similarly, Pakistan is off track for all the five indicators of improved maternal health (Goal 5)[7]. One of the study mentioned that Maternal Neonatal Child Health (MNCH) has been functional only in 48% of the tertiary level care facilities in our country[8]. The importance of introducing MNCH further endorsed by the fact that over 40% of global neonatal deaths take place in central south Asian sub-region and it presents a formidable challenge for near future with lack of political stability and security in such countries[9].

Pakistan, like many other developing countries has been struggling hard to make improvements in maternal and neonatal health, through some interventions like community or lady health workers (CHW), lady health supervisors (LHS), Antenatal care, MNCH, Community Midwives (CMW) and Skilled birth attendance etc[10-12]. Despite of adopting preventive approaches, the main constraints for lack of success of MDGs 4 & 5 found in Pakistan, are inequitable interventions and lower skilled birth attendants' coverage[13]. In a study on 68 priority (fast Track) countries for countdown towards 2015, it was found that only 19 countries were on track to meet

MDG 4 whereas 47 showed acceleration in the yearly rate of reduction in mortality of children younger than 5 years, and in 12 countries progress had decelerated since 2000. This study concluded that progress towards reduction of neonatal deaths has been slow, and maternal mortality remains high in most Countdown countries because of existing disparities in the coverage of interventions between and within countries[14].

Our country has to face an uphill task in meeting these set targets of MDG 4 & 5 now by 2020, probably by mitigating the fragmentation in implementation of MNCH/Reproductive Health (RH) and Family Planning (FP) services[15]. It is highly imperative not only to attain these MDGs but also to sustain its pace in the post MDG period with recent changing responsibilities from Federal to the Provincial health systems[16-18].

Progress towards MDG 4

The Goal 4 demands a reduction of child mortality to 2/3 rd of its global average, between the year 1990 & 2015. Five out of the total 6 indicators (83%) of child health are not met uptil now in Pakistan. The only achievement made is cutting down the proportion of diarrhea to 8% in 2013 from 26% during 1990-91, among less than 5 years old and stands promising to bring U5MR further down.

The current Infant Mortality Rate (IMR) of 74 per 1,000 live births in Pakistan is lagging behind the MDG target of 40 per 1,000 live births. But it has reduced nearly to 27% in last couple of decades. The number of deaths decreased from 102 to 77 deaths per 1,000 during 1990/91 and 2001/02. However, in last decade, it has only reduced from 77 to 74 deaths per 1,000 live births. Whereas, under -5 mortality rate has been reduced by 24% during this period[19], and currently reported to be 89 per 1000 live birth. Both U5MR & IMR are thought to be relatively decelerated in last few years as compared to early years.

Regarding immunization status, 80% of the children 12-23 months are fully immunized and 81%

infants are immunized against measles in relation to their MDG target of more than 90%. The LHW coverage is said to be 83% overall, with certain disparities among provinces and in far flung areas.

Table 1. Progress towards MDG 4

Indicators	National Values 2013	Target for 2015	Status
Under 5 Mortality Rate	89	52	Off Track
Infant Mortality Rate	74	40	Off Track
Proportion of fully immunized children 12-23 months	80	>90	Off Track
Proportion of infants immunized against measles	81	>90	Off Track
Proportion of under 5 years, suffered diarrhea in last 30 days	8	<10	Achieved
Lady Health Workers' coverage	83	100	Off Track

Source: UNDP report 2013[20]

Lady Health workers' program is considered as an essential intervention in bridging the gap for mother and child health care and need to be supported further by Breast Feeding Health Initiative and an improved CMW programs across various health systems[21] (Table 1).

Progress towards MDG 5

The fifth Millennium Development Goal calls for a 75% reduction in the maternal mortality ratio between 1990 and 2015. Maternal mortality in the world has been decreased by less than 1% a year between 1990 and 2005, much slower than the 5.5% decrease needed to reach the target. Unacceptably high maternal mortality ratio of 276/100,000 live births against the target of 140, is currently evidenced in Pakistan. While it is documented as 220 according to newly introduced method for estimating maternal mortality whereby omitting both the affect of indirect maternal morbidity and of the general fertility rate[22].

The main issues thought to be inequity of service delivery and lack of integration of primary health care services. As a result many of the primarily preventable pregnancy related problems like malnutrition, eclampsia etc, are still found to be prevalent

The current Contraceptive Prevalence Rate (CPR) of 35% is considerably below the target of 55% set for 2015 and the current TFR (Total Fertility Rate) of 3.8, is also significantly higher than the desired rate of 2.1. Other indicators like skilled birth attendance and percentage of antenatal visits also found to be far below their respective targets as shown in (Table 2).

Table 2. Progress towards MDG5

Indicators	National Values 2013	Target for2015	Status
Maternal Mortality Ratio	276	140	Off Track
Skilled birth Attendance	52	>90	Off Track
Contraceptive Prevalence Rate	35.4	55	Off Track
Total Fertility Rate	3.8	2.1	Off Track
Proportion of women 15-49 yrs had attended at least one Antenatal visit in last three years	68	100	Off Track

(Source: UNDP Report 2013)[20]

Strengthening MDGs through Other Health Programs

Certain health programs in Pakistan, played a vital role in strengthening MDGs, including Expanded programme on Immunization" (EPI) in 1978, National Maternal Neonatal and Child Health Programme (MNCH) in 2006; the Population Welfare Program in 1993; Family Planning and Primary Health Care (FP&PHC) program in 1994 and PAIMAN (Initiative for Mothers and Newborns) in 2007[23].

Reasons for Poor Progress in Pakistan

Improvement in health indicators is ultimately dependent on some key developmental targets like reduction of poverty, increased primary education and gender equality etc. Unless a positive change in these developmental indicators is achieved, the world would not see any sustainable improvement in health indicators[24].

Generally few structural weaknesses of MDGs itself are responsible for delay in meeting the targets, including absence of focus on non communicable diseases and accessibility of care along with other national sensitivities issues.

Moreover, shifting role of organizations in administering policies and plans seem to be a fundamental factor towards poor progress in MDGs. In Pakistan, after 18th Constitutional Amendment, functional and administrative responsibilities in relation to the social sectors, including health, have been devolved to provincial level since 2011. These added responsibilities of the provinces have led to new challenges as well as opportunities for health and demands an extra time to manage the tasks[25,26].

It is now more than half a century that Family planning (FP) & reproductive health (RH) programs have been taken up in our country but unfortunately, failed to deliver the desired results. This failure is attributable to some extent to inherent weaknesses in the programs and largely to lack of effective management for mother and child and good governance that resulted in low utilization rate of these services[27].

Pakistan's health system is facing too many complexities and obstacles. Research and primary data is scarce in all tiers of health system including primary, secondary and tertiary care in both public and private sectors along with an increasing population burden and gradually increasing double burden of diseases. These are further complicated by macroeconomic issues which limit the government's ability to enhance its investment in health; and an unstable security situation with a large burden of internally displaced populations asking for redirecting scarce resources, and, finally, the political and administrative changes[28].

Discussion

Mapping out all these direct and surrogate causes for an inclusive and sustainable improvement in maternal and child health outcomes, it is essential to address inequities, particularly in maternal and reproductive health interventions through a sensitive governmental stewardship[29].

Study of low and middle income countries identified slow progress in newborn survival and reductions in stillbirths as major contributing factors for poor child health targets. It was highlighted that the efforts must be directed to achieve the target of lesser than 12 neonatal deaths and fewer than 12 stillbirths per 1000 births in every country by 2030, in order to scale-up standards of care[30].

A study in Tanzania on maternal health care revealed that increased coverage and quality of preconception, antenatal, intrapartum, and postnatal interventions by 2025 would avert 71% of neonatal deaths, 33% of stillbirths and 54% of maternal deaths per year[31].

According to a rational approach, Pakistan needs to remove its anomalies of the 18th amendment with some essential functions to remain with the federal government. Devolution though initially planned in 3 phases and health sector was covered in 2011 as last phase and in addition to relative delay in revamping health, our unbalanced policies seem to jeopardize the achievement of MDGs. It is suggested that an Essential Health Services Package is required at all the three levels of primary healthcare to enhance the success rate of MDGs apparently by compromising health financing[32].

Besides health structuring, the uncertainties do prevail considering geopolitical environment of our country and terrorism threats all around, we may hope to attain and sustain these MDGs mainly by ensuring good governance through an effective intersectoral collaboration and ultimate reforms[33].

Under-nutrition leading to delay in achieving MDG 4 & 5 is a central phenomenon and need to be studied in different cultural contexts. But evidence shows that stand-alone growth monitoring or school feeding programs or other nutrition interventions do not work unless relevant economic and social policies are implemented[34].

A study of fast track countries suggests that global goals can be usefully augmented by taking into account country specific targets as evidenced in Bangladesh's effective Public Private Community partnership and Ethiopia's score-card system[35]. Though there are continuing challenges for the developing countries to meet the millennium goals, nevertheless progress can be substantially accelerated by focusing on resource allocation according to the need of the system, increased autonomy and fair evaluation of the programs. It was emphasized that increased development assistance from the donor agencies is all the more required now to further reduce child and mother mortality besides other core interventions[36].

Goal 5 B has been signified but no updated global criteria have been defined to see its progress. A grounded theory or qualitative search is needed to describe the existing opinions and to explain the factors for ill health of mother and child as perceived by the community.

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