

Editorial Mother and Child Health - Goals 4 and 5 under MDGs

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Editor

Pakistan is the worst place to be a mother in South Asia. Besides the country was ranked 147th among the 178 countries of the world considered for studies on the state of mothers and children there. Overall, Finland was ranked the best place to be a mother for the second straight year and Somalia came in last.

It was also shared though maternal mortality in Pakistan has been cut by almost half, child mortality decreased by a quarter, expected years of schooling increased by 3.3 years and gross national income per capita risen by 270 per cent over the past 15 years, these accomplishments are far less than desired and not comparable to the achievements made by other countries of the region.

It was the 15th annual report released by the organisation. Since 2000, the annual Mothers' Index has become a reliable international tool to show where mothers and children fare best, and where they face the greatest hardships, using the latest data on health, education, economics and female political participation, says the executive summary of the report. In short, the report identifies root causes for the dismal state of affairs and makes suggestions on how to improve the situation. It also guides the international community and donors to put their money where it is needed the most.

While the report discusses 178 countries, it puts special focus on crisis-hit places and concludes that half of maternal and child deaths worldwide occur here. This is something which could have been avoided with timely intervention and action. Conflicts and disasters can change situation of a country within no time and similarly corrective measures can do wonders.

As an example, the report states that "Afghanistan was the worst place to be a mother three years ago, but it is now ranked 146th due to progress in cutting child and maternal death. By contrast, Syria has slumped from 65th place in 2011 to 115th in 2014, after the conflict caused "the collapse of what had been a functioning health system, and threatens to set back progress by a generation."

The report gives an idea of the existing situation in Syria. Though the intensity is not the same, it may hold true for Pakistani women displaced by conflicts, natural and manmade disasters and sheer lack of maternal health facilities. It is discouraging to read in the report that women in Syria face difficulties in accessing prenatal, delivery and post-natal care, including lack of ambulances, few female hospital staff and frequent checkpoints and roadblocks encountered on the way to hospitals.

For this very reason, they are choosing to deliver by cesarean even if it is not needed medically. By availing

this option, they can time the delivery of their babies rather than risk being in labour in an insecure context, with no ambulance, and especially risking a terrifying journey at night.

The challenges, therefore, are tough for the policymakers as service providers in Pakistan as the country has the highest number of people affected by conflict. This has been stated in a research by the Centre for Research on the Epidemiology of Disasters (CRED) which states that at least 172 million people worldwide were directly affected.

Pakistan and Nigeria had the largest numbers of people affected i.e., 28 million and 19 million respectively.

Save the Children has observed that many children are still dying from preventable causes, mothers are giving birth alone at home and children are not staying in school and called upon the federal and provincial governments and civil society to:

- i) Ensure that every mother and newborn living in crisis has access to high quality healthcare, including family planning services, and breastfeeding counseling.
- ii) Build the resilience of health systems to minimise the damaging effects of crises on health.
- iii) Develop national and local preparedness plans tailored to respond to the specific needs of mothers, children and babies in emergencies.
- iv) Ensure adequate financing and coordination to timely respond to mothers and children's needs in emergencies.

Lady Health Workers (LHWs) and community midwives as the backbone of the health department and lauds the commitment of the government.

The post-18th Amendment scenario, a lot needs to be done at the provincial level for improvement in maternal health and well-being of the new born. Only Punjab needs 15,000 community midwives to provide quality service to expecting mothers.

According to Pakistan Demographic and Health Survey (PDHS), the country will not be able to meet the goal 4 and goal 5 under the MDGs which talk about maternal morbidity and under-5 mortality. Certain areas of the country need immediate attention. For example, there are on average 260 maternal deaths per 100,000 live births but the figure in Balochistan is 785 maternal deaths per 100,000 live births. It is hard to believe but true that there is only one LHW in whole Dera Bugti.

No doubt the report highlights disturbing facts and refers to alarming figures, but it is yet to be seen how the government reacts to the situation. The very first manifestation of its resolve would be the budgetary allocation for health.