

## Millennium Development Goal 5 - Future Challenges

Shaista Farooq

The (MDGs) Millennium Development Goals were proposed by United Nation Development program in year 2000 and were endorsed by 192 nations including Pakistan. These MDGs were developed keeping in view different interconnected factors that contribute to extreme poverty. These are time bound, and have measurable targets to address income poverty, hunger, disease, lack of adequate shelter, while promoting gender equality, education and environmental sustainability.

The eight Millennium Development Goals, to be achieved by 2015, are:

1. Cut extreme poverty and hunger by half.
2. Achieve universal primary education.
3. Promote gender equality and empower women.
4. Reduce child mortality by two-third.
5. Improve maternal health, reducing the maternal mortality ratio by two-third.
6. Combat HIV/AIDS, malaria and other diseases.
7. Ensure environmental sustainability.

Develop a global partnership for development.

MDG 5 aims include improving maternal health by achieving the following targets a) By reducing maternal mortality by three quarters between 1990 and 2015, and

b) To achieve universal access to reproductive health by 2015.

Pakistan is a developing country and a greater part of its population is constituted by women of different age groups. If they are healthy they will be able to bear healthy children and thus make a healthy nation. Unfortunately women are the most neglected part of our society. The health services are poor throughout Pakistan, particularly so in rural areas and slums of larger cities where there is lack of even fundamental health services. For the pregnant women there is lack of proper diet, pregnancy complications remain undiagnosed and delivery is conducted by unskilled dias. These different factors have resulted in alarmingly high maternal mortality rate; however when critically analyzed this high rate in majority of cases is due to avoidable causes. Maternal Mortality Ratio in Paki-

stan as calculated in 1997 by UNICEF was 340/100,000 live births, whereas the reported by National Health Survey figures reported in 1981<sup>1</sup> were 500/100,000 live births. According to Pakistan Demographic Health Survey report of 2006-2007 the Maternal Mortality Ratio was 371/100,000 live births in rural areas<sup>2</sup>. Pakistan is being ranked third among developing countries having higher maternal deaths<sup>3</sup>. Therefore attaining MDG-5 in our country is rather tougher in comparison to other Asia pacific countries.

The progress towards achieving first indicator of MDG -5 can be monitored by observing the decline in Maternal Mortality Ratio and the proportion of births attended by skilled health workers. According to 2005 data few low and middle income countries are on track to achieve this target. The average annual decrease in Maternal Mortality Ratio should be 5.5% to achieve MDG-5<sup>4</sup> year 2015.

The proportion of births to be conducted by skilled birth attendants could not be increased according to the set targets. The regions with the lowest proportions of skilled health attendants at birth were Eastern Africa (34%), western Africa (41%) and south central Asia (47%), which also had the highest numbers of maternal deaths<sup>5</sup>.

The second target of MDG-5 is universal access to reproductive health. The use of contraception has improved in many regions. The recommended four antenatal visits are still not available to all pregnant woman world wide. Adolescent pregnancies, abortion complication, sexually transmitted infections including HIV, essential obstetric care, with good quality care during pregnancy and delivery are targets yet to be achieved.

Progress has been made in some regions. Countries like Afghanistan, India and Pakistan have registered a drop in Maternal Mortality Ratio between 1980 and 2008. The targets which are to be achieved till 2015 needs a lot of planning, budgeting, monitoring, awareness programs and close working between Government and Donor Agencies. This big challenge has yet, to be met and fulfilled.

## REFERENCES

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*AUTHOR AFFILIATION:*

**Prof. Shaista Farooq**

Department of Gynaecology/Obstetrics  
Liaquat University of Medical & Health Sciences  
Jamshoro, Sindh-Pakistan.  
E-mail – [proshaista@hotmail.com](mailto:proshaista@hotmail.com)