

## ***Editorial***

# **The Millennium Development Goals: Achievement of Bangladesh**

In September 2000 member states of the United Nations met at the summit in New York and adopted a passionate commitment to bring the people of lagging countries into mainstream development 193 countries. The minutes adopted in this summit widely known as Millennium Development Goals (MDGs). It comprises 8 goals, 21 targets and 18 of the 60 indicators which are health related. It is a time-bound to be achieved by the year 2015. This quantified and time bound goal marked as a strong commitment and provided a window of opportunity for homogenous effort to improve global health. MDGs places health at the heart of developments. It will be seen that each available indicator reflects an aspect of health. Goal 4 of the MDGs is mainly to reduce infant and child mortality. The recent UN report (2015) categorizes Bangladesh as among 16 developing countries in the world on track to achieve significant reduction in the under-five mortality by the year 2015 (target of 48 per 1000 live births). The sample vital registration systems (SVRS) 2013 shows that the under-five mortality rate was 41/1000 live births, in 2013 as compared with 146 in 1991. This figure suggests that Bangladesh has already achieved the MDG target.

The infant mortality rate (IMR) from the survey of SVRS (2013) shows that the IMR is 32 per 1000 live births as compared with 92 in 1990. Another survey conducted by utilization of Essential service Delivery (UESD) 2013, of NIPORT proportion of one year children immunized against measles is found to be 82 percent. As a result of the outstanding performance in improving the child immunization status, we have achieved GAVI Alliance Award which was given recognition to achieving the MDGs, particularly in reducing child mortality. In 1978 a joint international conference (WHO-UNICEF) at Alma-Ata in the then USSR, the Governments of 134 countries called for revolutionary approaches "Health for All by 2000" and proclaimed primary health care as way to "achieving Health for All." No doubt it was a holistic concept calling for efforts in social justice and equity, recognition of community participation, changing ideas

about the nature of health and development. The importance of political will called for new approaches to make medicine and public health in the service of humanity more effective. Health for all was revolutionary concept and a historic movement, like to days MDGs which are also a movement in terms of its own evolutionary process. Over all we have already achieved Goal 4 & Bangladesh got the UN Award, Along with 5 countries from Asia & Africa for the remarkable achievement in attaining the MDGs specially in reducing child mortality.

We have made significant progress in child survival rate. The successful program of EPI, control of diarrheal diseases and Vit-A supplementation are considered to be the vital contributor to the decline in child and infant mortality rate. Another challenge is reducing a severe respiratory infection or pneumonia which kills more than 2 million children per year. Desegregated data indicate that only one in four (1:4) Children living in underprivileged and impoverished society is brought to a skilled health services provider when showing acute symptoms of an ARI. To-day in our society majority of children suffering from ARI or diarrhea are taken to village Doctors or the drug retail outlets. These partly trained practitioners are deeply embedded in the root of community and generally the first point of contact for majority families. However district level review suggests that still many challenges and uneven numerous constraints prevailing in our health system causing turbulence in sustain these proclaimed achievements. It is time to resolve regional disparity among have and have not gap to ensure a sustainable, equitable and comprehensive development in every sector of health services obviously more concerted actions and efforts are needed to develop indicators of quality of life.

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