



The State of Maternal, Newborn and Child Health in Bangladesh

Prof. (Dr.) Mohammad Shahidullah

Chairman, Dept. of Neonatology

and

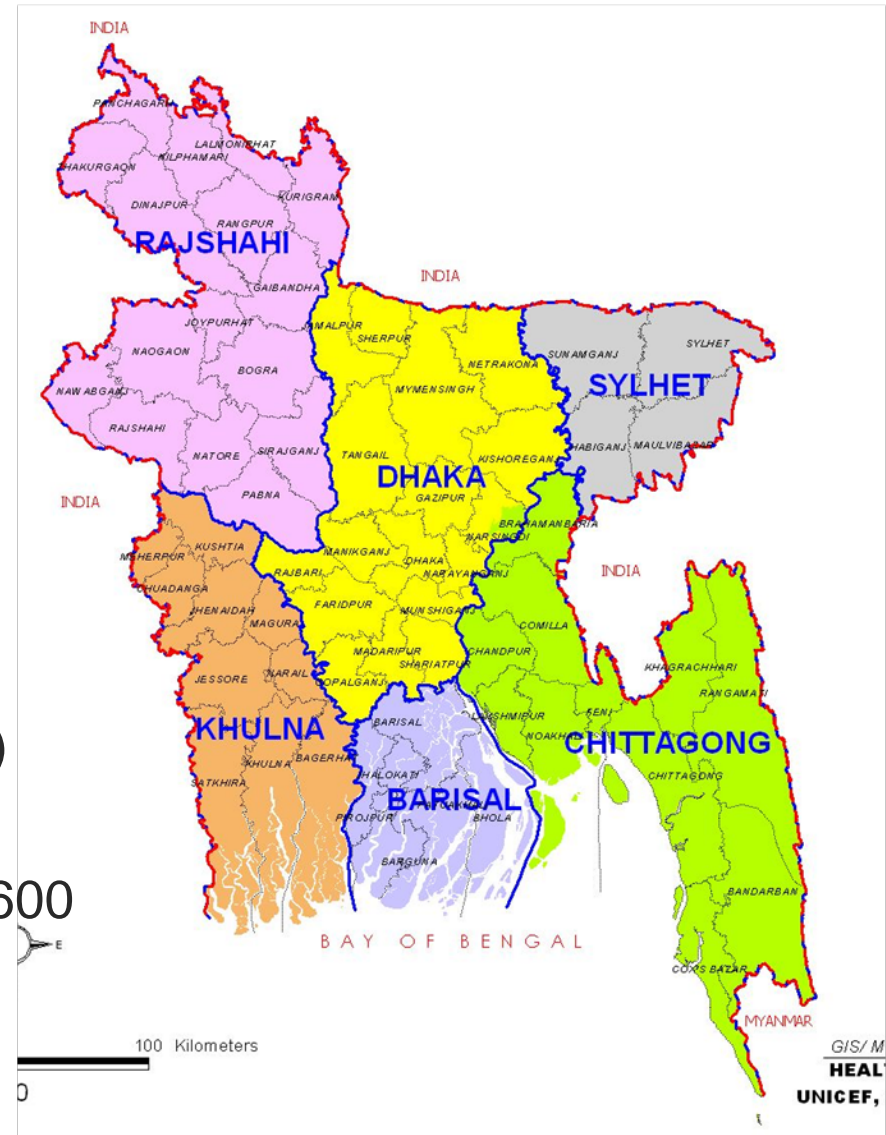
Pro-Vice Chancellor,

Bangabandhu Sheikh Mujib Medical University (BSMMU)

Dhaka, Bangladesh

About Bangladesh

- Area: 147,570 sq km
- Population: 150 million
- Population density: 1000/sqkm
- Annual births: 3.5 million
- Overall literacy rate: 50% (2004)
- Per capita income: US\$ around 600
- Life expectancy at birth: 66.7 yrs



Millennium Development Goals 4 & 5

MDGs	Target	Bangladesh Target
MDG 4: Reduce Child Mortality	Reduce by two-thirds by 2015, the under-five mortality rate	<ul style="list-style-type: none">• Reduce under-five mortality rate from 151 deaths per thousand live births in 1990 to 50 by 2015
MDG 5: Improving Maternal Health	Reduce by three quarters, by 2015, the maternal mortality ratio	<ul style="list-style-type: none">• Reduce the Maternal Mortality Ratio from 574 to 143 deaths per 100,000 live births by 2015• Achieve 50% skilled attendance at delivery by 2010

Highest Level Political Commitment

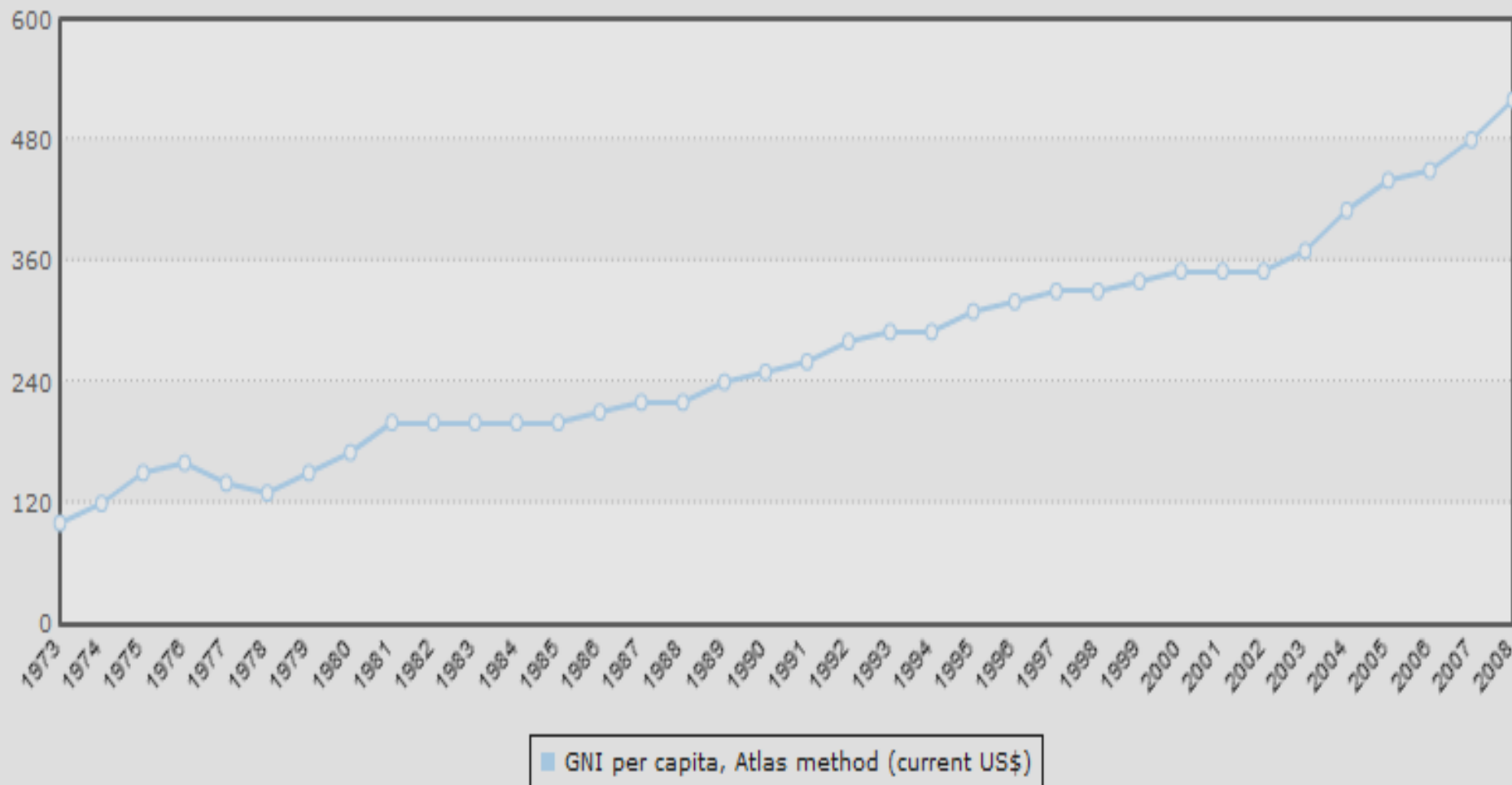
Vision 2021

**The government,
especially
the Ministry of Health
and Family Welfare,
is committed to
focus on ensuring
proper safety-net for
the poor, vulnerable,
and marginalized people.**



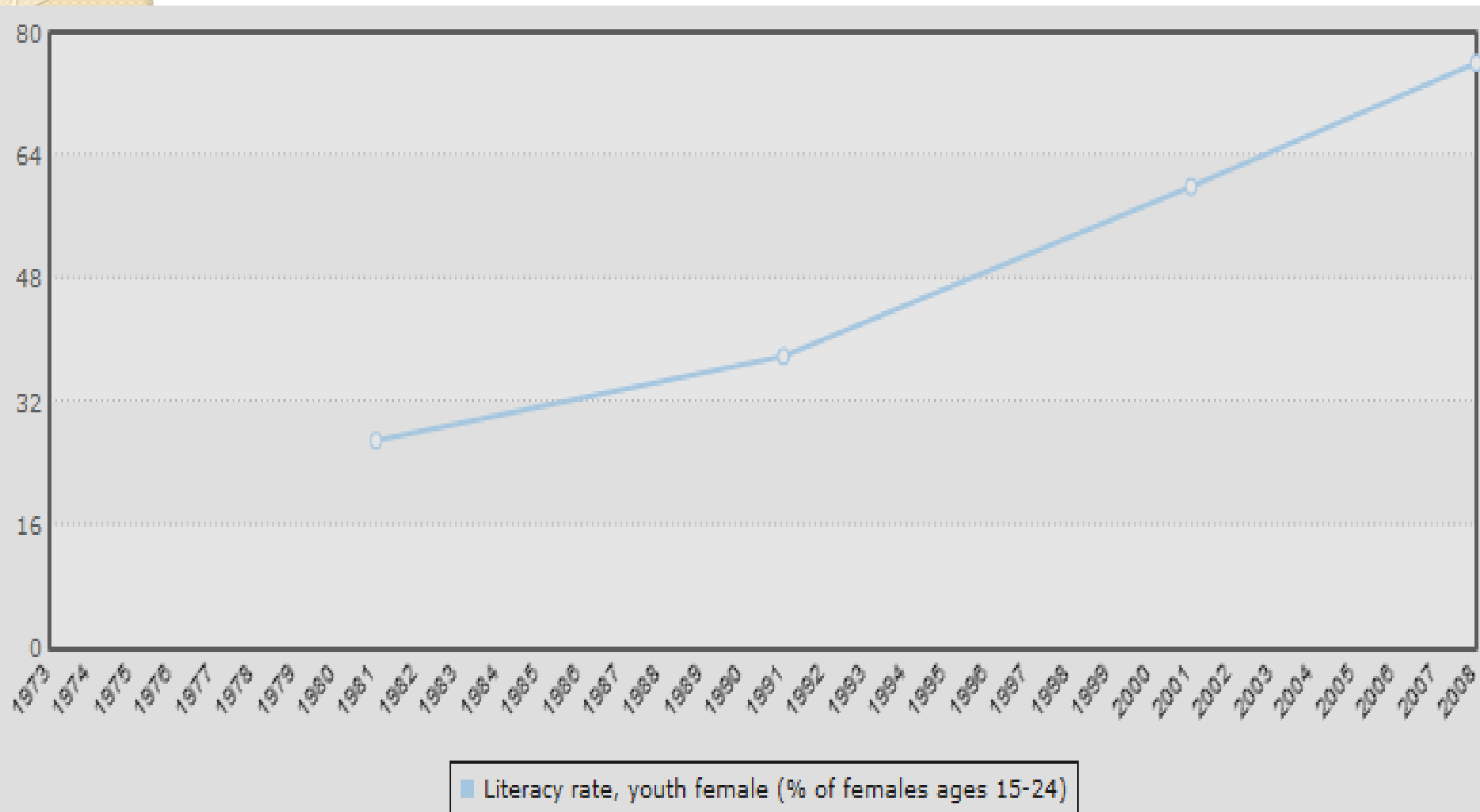
Prime Minister Sheikh Hasina

Bangladesh: GNI per capita (current US\$)



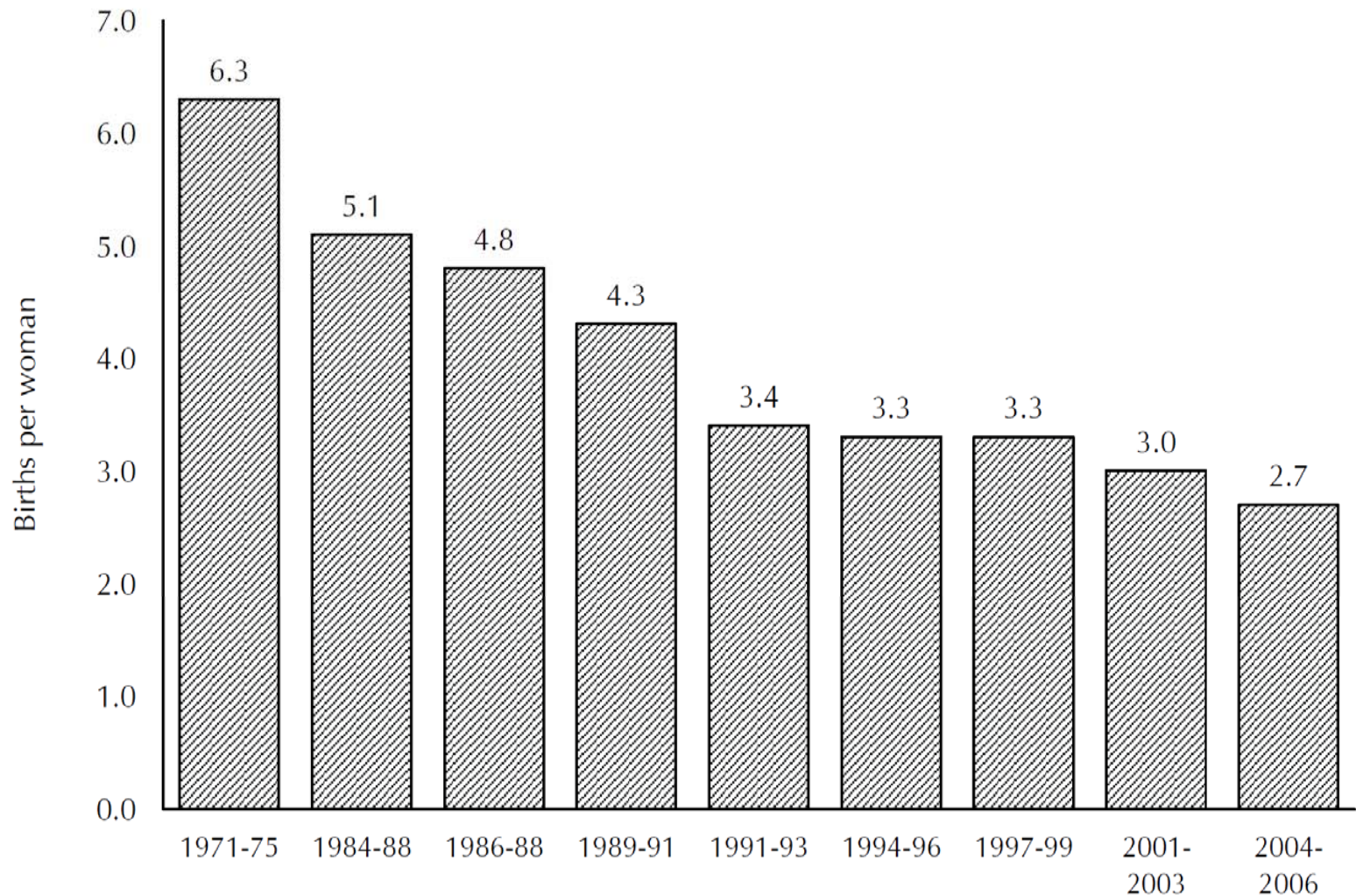
Per capita GNI has been increasing steadily in Bangladesh, from \$100 in 1973 to \$520 in 2008. In the last 6 years (2002-8), the increase has been almost 50%

Bangladesh: Literacy rate, female (15-24)



Gains in female literacy has been impressive

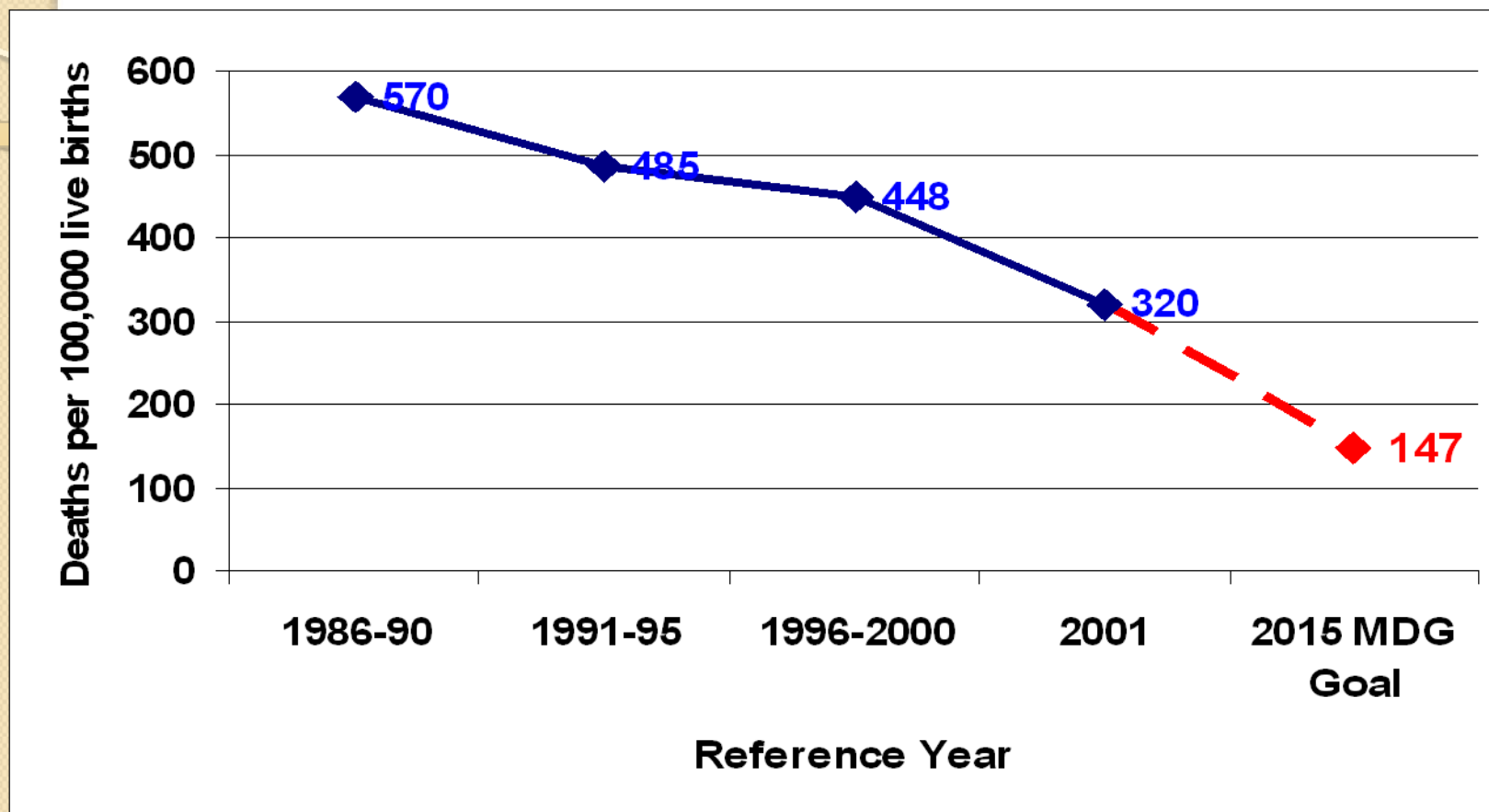
Bangladesh: Trends in Total Fertility Rate



In 90s TFR was in a plateau and then, it has again started to decline. Bangladesh is an exemplar for achievement in TFR decline

MDG5 : Trend in Maternal Mortality Ratio

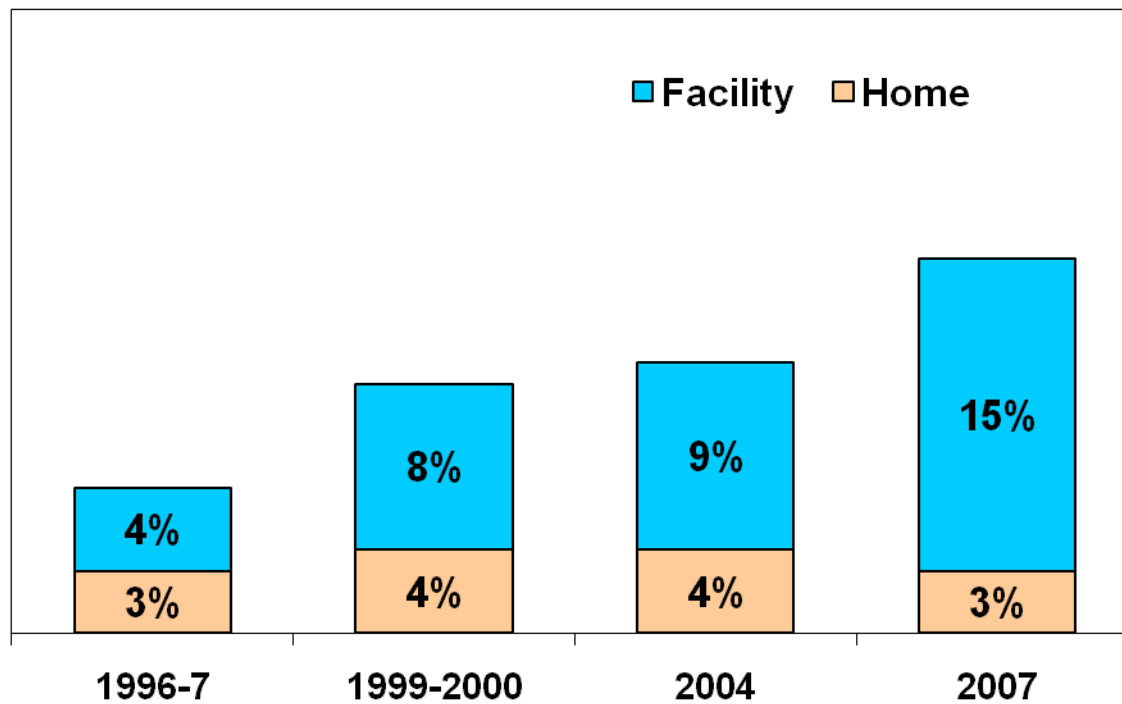
(Source: Bangladesh Maternal Health Services and Maternal Mortality Survey 2001)



Maternal mortality is slowly declining, The country is not on track for MDG 5.

Source:
BDHS

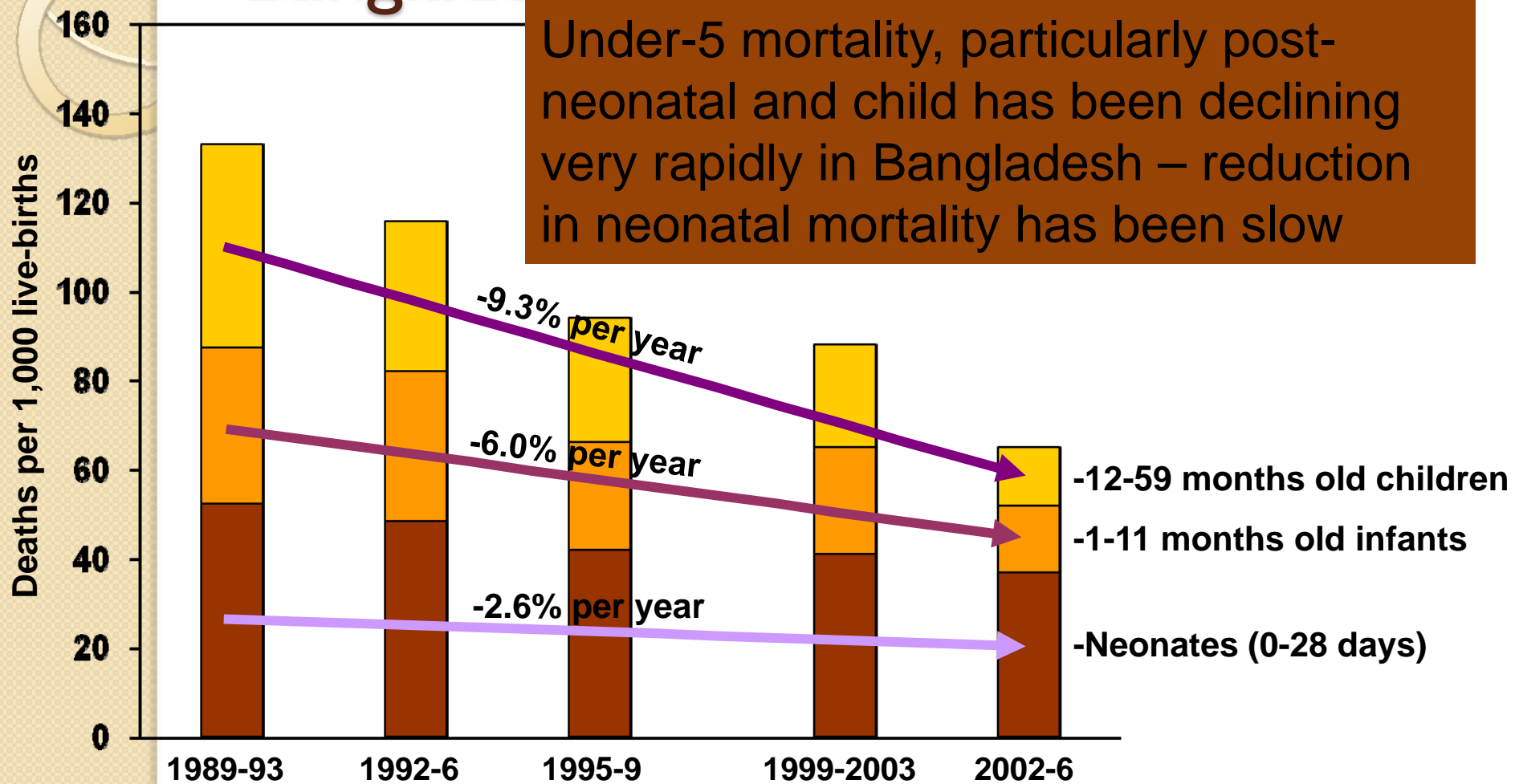
Facility Delivery Has Increased But Not Home Delivery By Skilled Attendants



Increases in skilled attendance at deliveries has been entirely due to increases in facility deliveries, particularly in private facilities

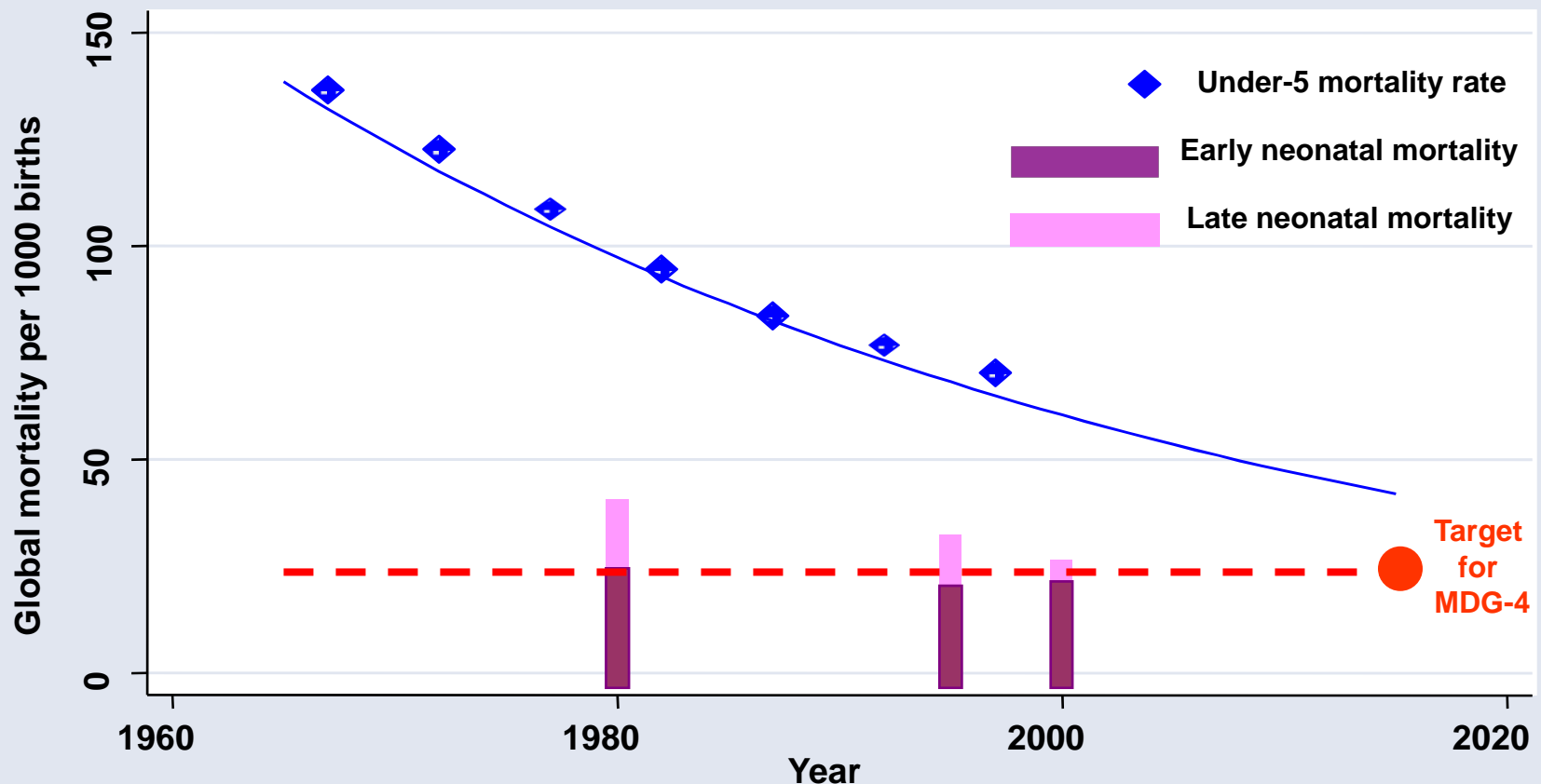
Source: Bangladesh Demographic and Health Surveys

Under-5 child mortality in Bangladesh



Source: Bangladesh Demographic and Health Surveys, 1993-4, 1996-7, 1999-2000, 2004, 2007

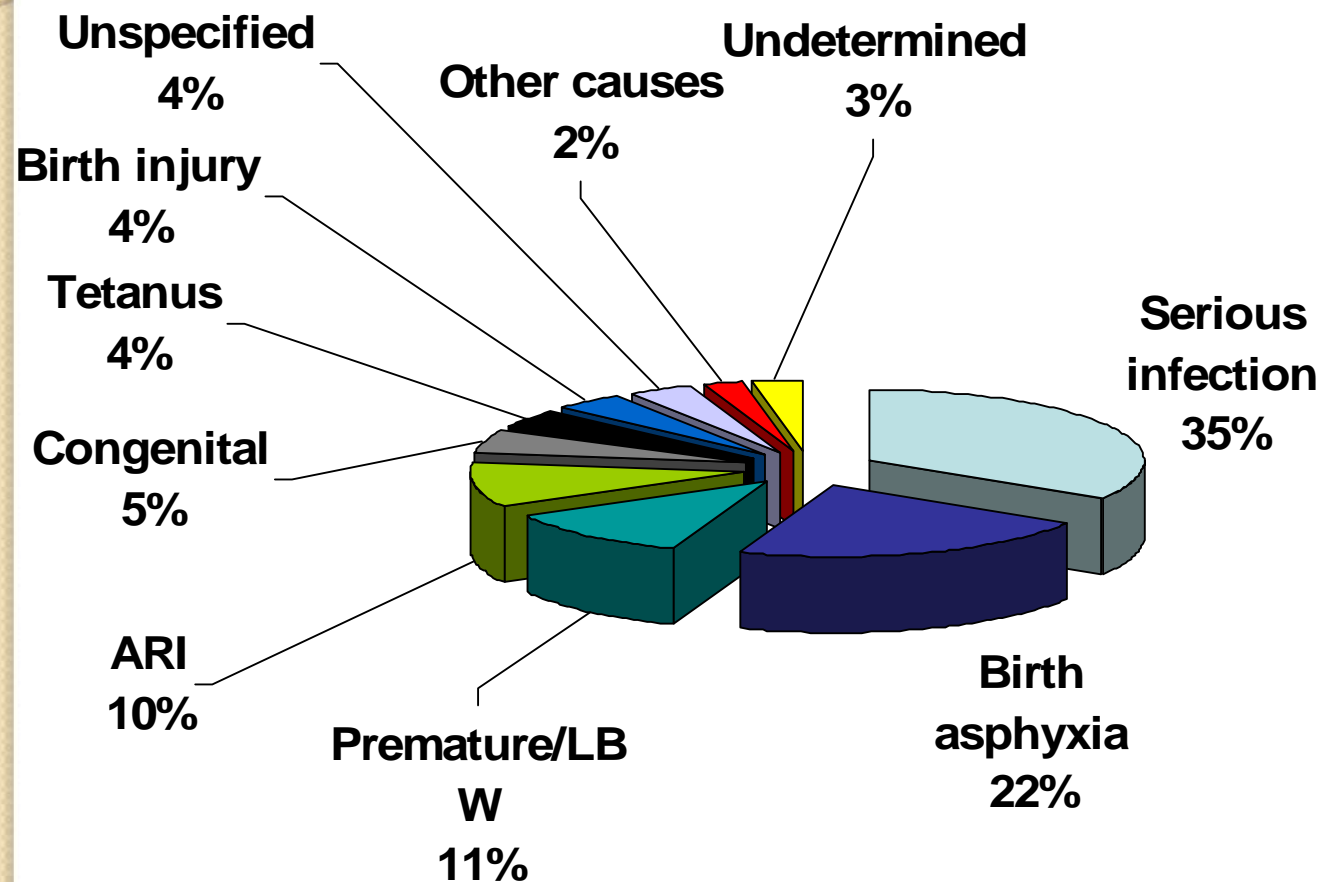
Neonatal deaths and the Millennium Development Goals



Millennium Development Goal 4 can only be achieved if neonatal deaths are addressed - missing from current programs

Source: The Lancet 2005

Causes of Neonatal Deaths: BDHS 2004




Postnatal Care of Newborns is Low

- Less than one-fifth of newborns receive care from a trained provider within 2 days of birth

Table 9.9.2 Timing of first postnatal checkpoint: Children

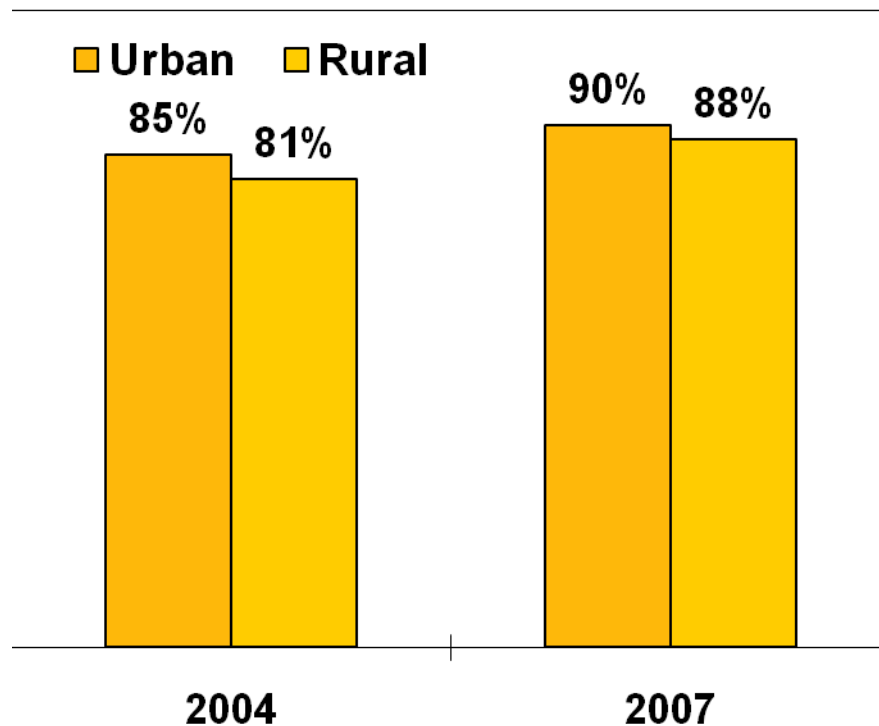
	Percentage receiving checkpoint within 2 days of delivery from any provider	Percentage receiving checkpoint within 2 days of delivery from a medically trained provider ²
Residence		
Urban	42.0	35.8
Rural	23.0	13.9
Wealth quintile		
Lowest	11.1	5.3
Second	17.2	7.8
Middle	20.8	12.2
Fourth	36.8	23.5
Highest	53.3	47.9
Total	27.0	18.5%



Bangladesh has made impressive gains in the coverage of several interventions that target the main causes of child deaths

Vitamin A supplementation

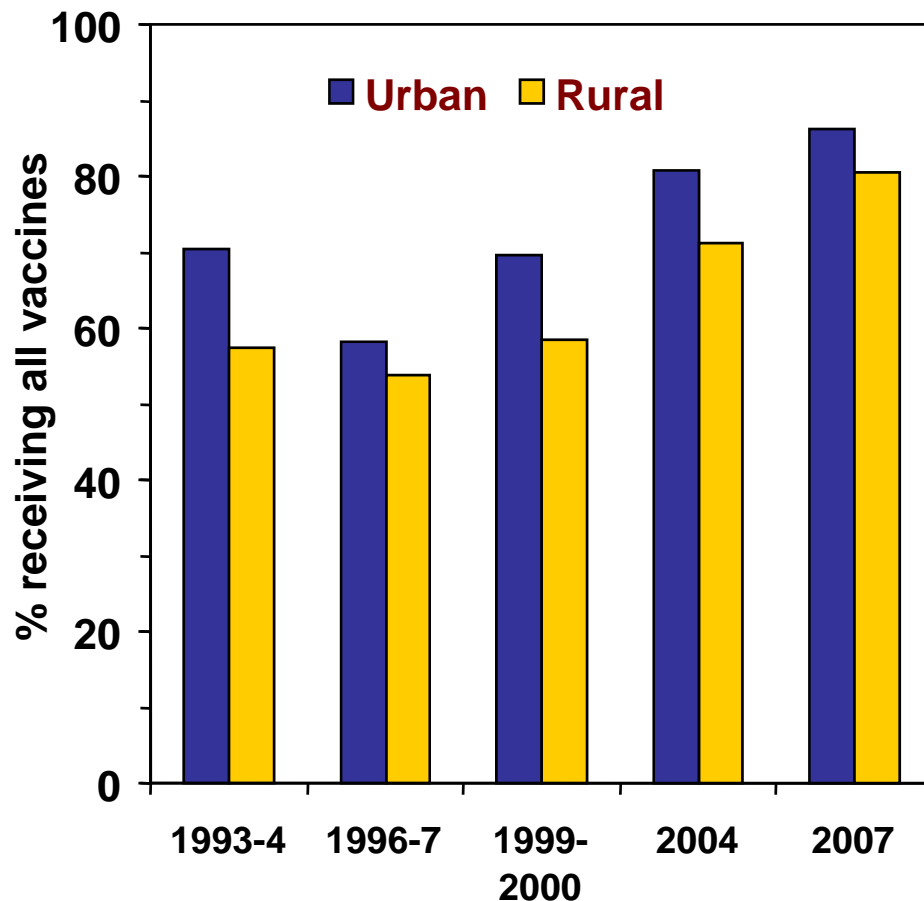
9-59 months old children who received vitamin A supplement in previous 6 months



Coverage of routine vitamin A supplementation of under-5 children is high and has been increasing

Source: Bangladesh Demographic and Health Surveys

Childhood Immunization



- Significant improvements in child immunization rates need to be sustained
- 86% of 12-23 month old children in urban areas have received ALL vaccines. This is 81% in rural areas

Source: Bangladesh Demographic and Health Surveys

Issues to be addressed

- Maternal mortality is declining but we may not be on track to achieve MDG5. Progress in increasing skilled attendance at delivery has been slow.
- Programme strategies that offer skilled attendance at home delivery and functional facilities for CEmOC are very crucial
- Many interventions, particularly those targeting newborn care (including breastfeeding) at home and facilities require immediate attention
- Care of the sick newborn and child requires access to 24/7 good quality care – involving resources in the community, 1st level facilities and referral facilities, that work together

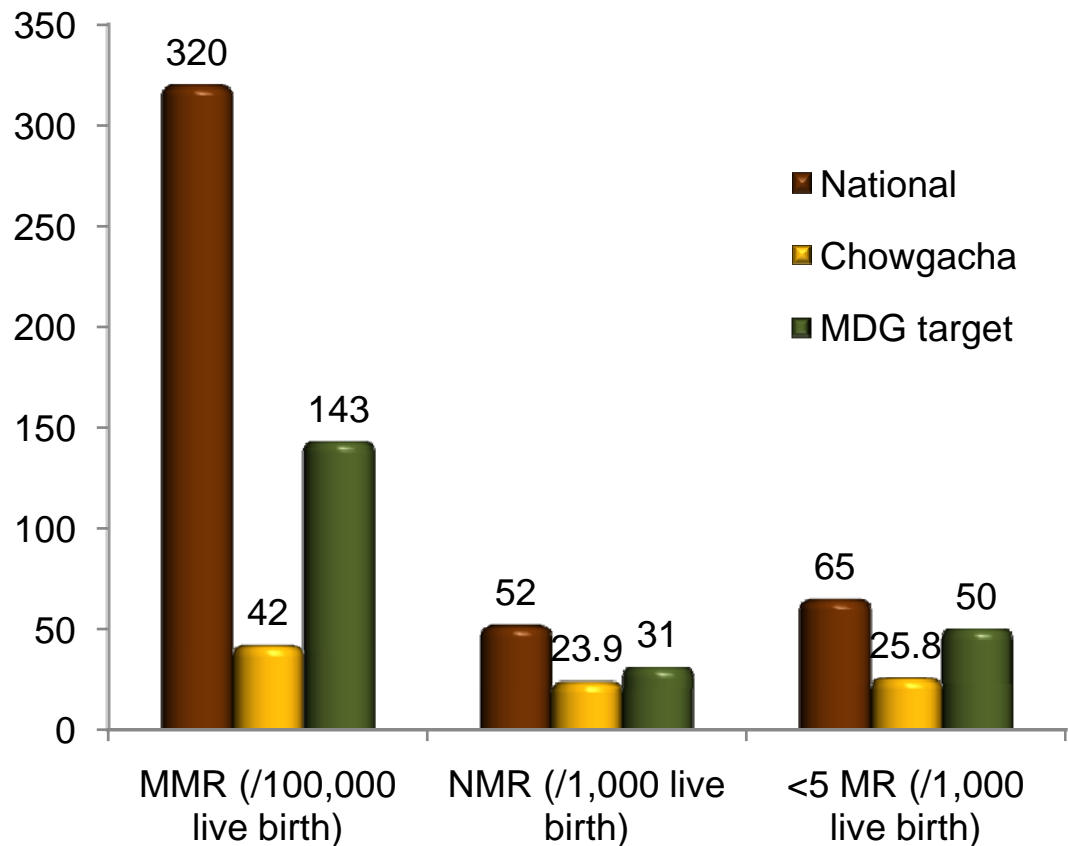
Successes of Bangladesh

- Bangladesh is on track on track to achieve MDG4.
- Impressive achievements have been made with increasing and sustaining universal coverage for immunization and Vitamin A
- Commendable decline in fertility

What More Stories to Tell about Bangladesh



UPAZILA HEALTH COMPLEX Chowgacha, Jessore.



Key Success to Chowgacha Model

- Invigorating sense of owning and sustaining health services at health Complex by the community
- Providing health care services in practice by the self-motivated doctors to people in Chowgacha;
- Building confidence in the community and mutual trust and respect among doctors, community and patients;
- Promotion of public-private partnership including pharmaceutical companies;
- Promoting women-friendly hospital and 24/7 CEoC services

Future Directions

- Bangladesh is a country with examples of successful interventions and many gaps and challenges in health system
- Chowgacha lessons from this country could be scaled up throughout the country in phases
- For this to happen, we need firm commitment and practical strategies

Eventually....

- Good maternal health & survival....
- Good Newborn health & survival
- Good Child health & survival...

What we have & What we need....

- Political Commitment ...
- Pragmatic programme & action plan..
- Concerted effort between public-private sector....
- Support from the Professional bodies, NGO's, Development partners & Global partners.....

Thank you