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The Editorial

MATERNAL, NEONATAL AND CHILD HEALTH STRATEGIC POSITION IN BANGLADESH

Almost hundred years back midwifery act was framed and implemented in Europe and North America. That was the first milestone of midwifery services which was subsequently taken globally as strategy for reduction of maternal and neonatal mortality. Initially volunteers were called to join midwifery school and practice midwifery in the community. It was well understood that, midwives are the backbone midwifery services. With advancement of science and technology institutes were developed to take care of pregnancy mother and newborn. Subsequently, the physicians came forward to practice advance midwifery practices but for general population midwives still remained as primary service providers in midwives. Maternal and neonatal health become an integral package of service for both physicians and midwives with institutional back up services.

The present day MNCH service has more a public health approach and Government, UN Agencies and Development Partners are joining hand-to-hand to address the MNCH issues. Every national program is set with a strong infrastructure, trained manpower along with strategy outline and programmatic inputs. The developing Governments are utilizing the lesson learned out of hundred years of experience of developed world. No nation need to frame a new strategy but to adapt age old tested strategy with little adaptation at local level. The international agencies and interagency group (IAG) are continuously working to provide best strategy and technology to others based on research, evidences and scientific footings. In this process UN Agencies and development partners are also part of interagency group. The national expert along with the national policy makers and programmers could implement such strategy and program without the help of expatriate technologist. The continuum of care along with effective continuity of programs depends on a strong local health infrastructure and skilled manpower. A strong health infrastructure along with skill manpower is the strength of a nation and success of national health depends on this.

Because of weakness of strength in infrastructure and manpower some of the Development Partners take advantage of this weakness and intervene unnecessarily to the national program with a plea of financial and technical support. Many of the developing countries may need both financial and technical support but the strength of the infrastructure and management of all the functionaries should be their own initiative. In the name of technical support many of the UN Agencies and Development Partners becomes implementer of the national program which is contrary to the MOU signed between Government of UN Agencies.

In Bangladesh for the last few decades UN Agencies and development partners are interfering the process of implementation of national programs on the plea of financial and technical support. This type of technical support weaken the strength of national infrastructure, management and implementation process of the program. The support of this type of interfered and dependant program once withdrawn a situation of stagnation, inefficiency and corruption come back.

Joint UN MNH project lately implemented in Bangladesh had lot of opposition form professional groups for various intrigue policy detrimental to the national interest. Bangladesh had past experience of such top guided program and every time faced set back in MNH.

It is high time for Bangladesh to frame its own policy and take its program with the existing strength of its infrastructure and management so that we learn from our own strength and weakness and take the national health forward with patriotism and commitment

Bangladesh is going to frame its national health policy and it is now the time to visit the details of the policy so that our own resources and manpower are best utilize avoiding dependant on others. Global strategy like Family Planning services for all eligible couples, skill attendance to all mothers and neonates, and emergency obstetric care for all those need it, become the basis of maternal health policy.

Prof A B Bhuiyan

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