These goals and targets are interrelated and HEALTH, a basic fundamental right of every individual is a major determinant of human development.
Malaysian’s infant and child mortality rates have declined dramatically over the past three and a half decades since 1970. The improvement of child health and the reduction of child mortality have been national development goals ever since the First Malaysia plan, and the policy vision of good health has been supported by a range of programmatic interventions. Medical advances, including vaccines and oral rehydration for the treatment of diarrhea, have been made widely accessible, even in rural areas, through the country’s primary health care system. These advances, together with progressively increased access to clean water, improved sanitation and better child nutrition have been the key determinants. The availability of child health services as an integral part of the MCH and rural health services, including the components of control of communicable diseases, immunization and treatment of diseases, provides for a broad package of interventions, both preventive and curative, that are essential for child health and child mortality reductions.

Measles

Key facts

- Measles is one of the leading causes of death among young children even though a safe and cost-effective vaccine is available.
- In 2010, there were 139,300 measles deaths globally – nearly 380 deaths every day or 15 deaths every hour.
- More than 95% of measles deaths occur in low-income countries with weak health infrastructures.
- Measles vaccination resulted in a 74% drop in measles deaths between 2000 and 2010 worldwide.
- In 2010, about 85% of the world’s children received one dose of measles vaccine by their first birthday through routine health services – up from 72% in 2000.
Malaysia has demonstrated progress in its steady and sustained decline in maternal mortality including the state of Selangor. Among several factors that were responsible for this dramatic decline in the MMR include (i) the national commitment to improve maternal health which enabled the MOH to obtain adequate allocation of resources; (ii) access to professional care during pregnancies and childbirth; and (iii) increasing access to quality family planning services and information. Further declines in the MMR will be slow as indirect causes of maternal mortality are more complex to manage and will need support of other disciplines for specialized skills, multidisciplinary case management, and prevention of pregnancies of known high-risk factors.

Two indicators are recommended for monitoring progress towards MDG5 to improve maternal health and its related target of reducing by three quarters, between 1990 and 2015, the maternal mortality ratio (MMR). These are the MMR and the proportion of births attended by skilled health personnel.

The MMR is the number of women who die from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration of pregnancy, per 100,000 births. Such deaths are affected by various factors, especially general health status, nutrition, education, and all obstetrics services and care, during pregnancy and childbirth.

The proportion of births attended by skilled health personnel is the percentage of deliveries attended by personnel trained to give the necessary supervision, care, and advice to women during pregnancy, labour, and the post-partum period; to conduct deliveries on their own; and to care for newborns. Skilled health personnel include only those who are properly trained and who have appropriate equipment and drugs.

This indicator focuses on access to professional care during pregnancy and childbirth, particularly for the management of complications. It has a strong inverse relationship with the MMR.
SELANGOR: TARGETS AND ACHIEVEMENTS

**Infant Mortality Rate (IMR)**
Achievement Against Set Target MDG 4

**Under Five Mortality Rate (U5MR)**
Achievement Against Set Target MDG 4

**Measles Immunization Coverage In Selangor 2007-2011**

SOURCE: Ministry of Health, Malaysia & Selangor State Health Department