

SAARC Efforts At Regional Cooperation

Two important efforts taken by the regional forum of SAARC nations in recent days is the meeting of the Technical Committee on Health and Population and a three day seminar on 'Enforcement, Prosecution and Trial of Drug-Related Offences.' Although doubtless the two issues are interrelated, as drug addiction has such an adverse effect on human health, the first of these subjects is one always uppermost in our minds in the wake of the steadily increasing population in Bangladesh.

It is indeed satisfying to know our regional forum is attempting to take control of these vital issues and more, besides, and each nation within SAARC is endeavouring to combat the defects to be found in the manner in which health services are rendered to the people. The clock is steadfastly running down as we wend our way towards the year 2000, the date set by us in SAARC to attain the goal of 'Health for All by 2000.'

The recommendation by the Technical Committee on Health and Population to set up a centre for tuberculosis in Nepal and to establish in Pakistan a centre for the coordination of a network arrangement between relevant institutions within SAARC countries aimed at achieving that which has till now always eluded us, the eradication of malaria. If successful these two efforts will go a long way in achieving our joint aim for 'Health for All by 2000', for both these scourges take a tremendous toll of human life within this region.

The major focus for SAARC must of necessity be on Family Planning and Population Control areas where, with the exception of Sri Lanka, none of us seem to be making too much progress, and new ideas and thoughts must therefore be forthcoming if we are to achieve our goal of keeping population within manageable limits but we would be failing in our duty if we did not bring into focus the necessity to do more to reduce existing levels of infant and child mortality rates and cases of maternal death. In our opinion focus must necessarily be here for reduction in these rates, which are far too high and totally unacceptable for a civilised nation, will result in smaller families as a natural outcome of assurity for life.

A quick glance at the statistics for this region will show the extent to which we are lacking and it concerns us even more to note that our own figures for infant mortality are too high even for countries of SAARC. Life expectancy too is much higher in Sri Lanka and the Maldives than in any of the other countries of SAARC and it is still distressing to note that in Nepal, Bhutan and Bangladesh, men outlive women, when generally it should be the other way around. A reflection of the general neglect of the female perhaps?

Any regional effort to combat drug trafficking and drug abuse, which distresses all thinking people as more and more youngsters adopt the habit, will be applauded. Tighter control of the borders and airports, and stiffer punishments should, reason tells us, help to contain this anti-people crime however, the profits to be earned from this lucrative business appears to be so great as to justify the risks. If sanctuary can be denied the fugitive from justice, at least within our own region of SAARC, we perhaps can control partially this vile business in human carnage. From the health side cooperation in the treatment of drug addiction through the regional media would help reduce the costs of educating the people to the dangers of drug addiction.

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