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# Millennium Development Goals: Bangladesh Progress Report (Health Targets and Issues)

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# Background

- The universal dream of improving the quality of life globally embedded in eight thrust areas was translated into millennium development goals (MDGs) and mandated by the United Nations in 2000
  - Numerical global targets are set for each goal to be achieved by 2015
  - Indicators are set for each goal to monitor attainments
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# Millennium Development Broad Goals

1. Eradicate extreme poverty and hunger
  2. Achieve universal primary education
  3. Promote gender equality and empower women
  4. Reduce child mortality
  5. Improve maternal health
  6. Combat Aids, malaria and other diseases
  7. Ensure environmental sustainability
  8. Develop a global partnership for development
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# Bangladesh Strategy

- Bangladesh as a UN member state has a commitment to achieve the MDGs within the stipulated timeframe
  - The first Poverty Reduction Strategy Paper (PRSP), the National Strategy for Accelerated Poverty Reduction (NSAPR II revised), Mid Term Budgetary Framework (MTBF) and the Annual Development Programme have been tuned to the MDGs.
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# What we achieved, how far we achieved?

- Let's see in a Table New Microsoft Excel Worksheet.xls



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## Comments on MDG 4.A: Reduce by two-thirds, b/w 1990 and 2015 the under five mortality rate

- 4.1 Under-five Mortality: About 24 districts (in all 64 districts) have already achieved national targets. Another 24 districts carry moderate values and can be expected they will achieve the target by 2015. High under five mortality exists in only 16 districts and the target might not be achieved by 2015
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# Contd..

- 4.2 Infant mortality: About 20 districts have already achieved the national target with an IMR of 31 or less per 100,000 live births. Another 17 districts carry moderate values and expect to achieve the target by 2015. In rests of the districts( 27 districts) target might not be achieved (districts in the Padma-Jamuna-Brahmaputra basin).
- 4.3 Measles immunization: coverage was 88 percent in 2006, in 1991 this was 54 percent indicating an increase of 82 percent between the periods. There was no significant rural urban variation
- To reach the universal target of measles coverage, Bangladesh has to wait another four years (2010)

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## Improve Maternal Health;

### Target 5.A: Reduce by Three Quarters the Maternal Mortality Ratio

- 5.1 Maternal Mortality Ratio: Maternal mortality rate has shown remarkable decline from 574 in 1990 to 391 in 2002. MMR is still one of the highest in South Asia. High incidence of home deliveries, adolescent births and the presence of low skilled health professional, non-utilization of delivery kits during home delivery are some of the significant causes high MMR
  - 5.2 Births attended by Skilled Health Personnel: In 1991-2006 there was increase of SHP four-fold (20 %) i.e. only one woman out of five was attended. The target is to increase of 50% by 2010. If the present trend continues, the estimated presence of SHP will be 27% by 2010 much below the target
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## Target 5.B: Achieve universal access to reproductive health

- 5.3 Contraceptive prevalence rate (CPR): The CPR in 2007 was 55.8 percent. It is found the CPR is around 70% in Sri Lanka. Based on the present trends, the estimated figure will be 69 percent by 2015
  - 5.4 Adolescent birth rate: This is a new indicator included in 2008. The average number of births by women between the ages of 15 and 19 in a given year is 59 births for every 1000 teenage mothers. The estimated figure for 2015 is 43
  - 5.5a and b :Antenatal care coverage: 60 percent of the women receive antenatal care with at least one visit in 2007. Only 21 percent women made such visits four times during the whole pregnancy period. The estimate shows that such a care (one visit) will increase to 85 percent, four visits to only 30 percent by 2015. This is a serious concern for maternal health.
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## Goal 6: Combat HIV/ AIDS, Malaria and other Diseases; Have Halted and begun to reverse the trend

- 6.1: HIV prevalence among population (age 15-24) is at present 0.319 per 100,000 population. The estimated prevalence is 1.3 per 100,000 population in 2015
  - 6.2 Condom use rate: The rate of condom use by married couples is very low from the base year. The trend shows it will not scale up significantly even by 2015
  - 6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS. In 2006 only 15.8 percent of 15-24 year old women have comprehensive correct knowledge of HIV /AIDs in Bangladesh
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- 6.6 Prevalence of Malaria per 100,000 population. In 2005 the prevalence was 35 per 100, 000 population while in 2008 it was 59. Estimates from malaria control programme indicate the prevalence will come down to 21 by 2015. The death rate from malaria is at a halting level at present compared to 1991.
  - 6.9 Prevalence rate associated with Tuberculosis per 100,000 population. The tuberculosis rate fell from 264 per 100,000 population in 1990 to 225 in 2007 and projected to be 209 in 2015. Deaths by tuberculosis was 76 in 1990 that came down to 45 in 2007 and to 36 in 2015.
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## Challenges

- The HIV prevalence is at below the epidemic stage. The low correct knowledge of HIV among youths and the low condom use rate put the country at some vulnerability. NSAPR II initiated a strengthened mechanism for the surveillance of communicable diseases including HIV/ AIDS, malaria and tuberculosis. The focus includes strengthening the integrated monitoring mechanism for communicable diseases, setting up a coordinated system for synergic, effective contribution from the public and private sectors including health related NGOs.
  - Situation in health sector would improve as 12 000 Community Clinics have started (2009) in rural areas
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# Thanks

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