



MILLENNIUM DEVELOPMENT GOALS:

End-period Stocktaking and Final Evaluation Report
(2000-2015)



General Economics Division (GED)
Bangladesh Planning Commission
Government of the People's Republic of Bangladesh
September 2016

MILLENNIUM DEVELOPMENT GOALS (MDGS):

**End-Period Stocktaking
and Final Evaluation
(2000-2015)**



General Economics Division (GED)
Bangladesh Planning Commission
Government of the People's Republic of Bangladesh
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Professor Shamsul Alam

Member (Senior Secretary), GED

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MESSAGE



A H M Mustafa Kamal, FCA, MP

Minister

Ministry of Planning

Government of the People's Republic of Bangladesh

I am quite pleased to learn that the General Economics Division (GED), Bangladesh Planning Commission has prepared and ready to publish the “Millennium Development Goals (MDGs): End-Period Stocktaking and Final Evaluation (2000-2015)”. I am also delighted to know that this terminal report on MDGs has been prepared based on inputs from relevant Ministries/Divisions and related stakeholders. I hope the report will be helpful to track record of Bangladesh's commendable achievements during the last one and a half decade in respect of MDGs attainment.

The success of Bangladesh in achieving the targets of MDGs is acclaimed globally when our Hon'ble Prime Minister was awarded with 'UN MDG Awards 2010' and South-South Award 'Digital Health for Digital Development' in 2011 for her innovative idea to use the Information and Communication Technology to accelerate progress of the health of women and children. In addition, in June 2013, Bangladesh received the 'Diploma Award' from Food and Agriculture Organization (FAO) for achieving the MDG-1 target of halving the poverty well ahead of the deadline set by the world community.

Besides this, Bangladesh was honoured with the 'special recognition' for their outstanding progress in fighting hunger and poverty. In September 2013, Hon'ble Prime Minister was awarded with 'South-South Award' for her Government's achievements in alleviating poverty. She was awarded 'UNESCO Peace Tree Award' in 2014 for her commitment to women's empowerment and girls' education. In 2015, Bangladesh was awarded the prestigious *Women in Parliaments Global Forum Award*, known as WIP award, for its outstanding success in closing gender gap in the political sphere; Bangladesh ranks 10th out of 142 countries.

In 2016, the UN-Women recognised our Hon'ble Prime Minister as "Planet 50-50 Champion" while the Global Partnership Forum handed over her the "Agent of Change Award" for her outstanding contributions to women empowerment.

The mammoth international recognition of Bangladesh with respect to achieving MDGs targets has allured us to do better in the implementation of Agenda 2030 and hence we have aligned the global goals with our ongoing national development plan i.e. the 7th Five Year Plan (2016-2020). We hope the implementation of the national plan will pave the way for successful achievement of the SDGs in the coming years.

I take the opportunity to thank the GED officials for their efforts in preparing the report which, I am sure, will be beneficial for the policy makers, researchers, academia, planners and development partners. I acknowledge with thanks UNDP's support in preparing the report through the “Support to Sustainable and Inclusive Planning” Project being implemented by the GED of the Planning Commission.

(A H M Mustafa Kamal)

MESSAGE



M. A. Mannan, MP

State Minister

Ministry of Planning and Ministry of Finance

Government of the People's Republic of Bangladesh

I am truly very happy to learn that the General Economics Division (GED) of Bangladesh Planning Commission has prepared the “Millennium Development Goals (MDGs): End-Period Stocktaking and Final Evaluation (2000-2015)” as part of their regular publication of tracking the achievement of MDGs in Bangladesh.

Let me take this opportunity to state that following the UN Millennium Declaration, Bangladesh embedded Millennium Development Goals in its developmental agenda be it Poverty Reduction Strategy Papers or Five Year Plans. The terminal year of MDGs and our national development plan i.e. 6th FYP (2011-15) coincided, and as the pace of implementation of the strategic plan was robust in the last couples of years under the dynamic leadership of our Hon'ble Prime Minister, the success in the implementation of MDGs was commendable. The pro-poor and inclusive growth strategy has paid off, reducing both absolute and extreme poverty while empowering the poor. We will definitely take lessons learnt from the MDGs era and craft our future objectives with a view to implementing the social, economic and environmental dimensions of sustainable development.

Finally, I would like to thank the GED officials for their efforts in preparing this report which, I am sure, will be beneficial for all the stakeholders dealing with the MDGs.

(M. A. Mannan)

FOREWORD



Prof. Shamsul Alam, Ph.D

Member (Senior Secretary)
General Economics Division
Planning Commission

The “Millennium Development Goals (MDGs): End-Period Stocktaking and Final Evaluation (2000-2015)” is the terminal last report of monitoring the progress of MDGs in Bangladesh. Since 2005, the General Economics Division (GED) of the Planning Commission has prepared and published 18 reports related to MDGs. The present report, however, tries to analyse the strength of Bangladesh in achieving the targets of MDGs, and side by side finding the causes for her slow pace of attaining some of the targets as to facilitate taking of appropriate action plans for the successor SDGs implementation. The report is prepared primarily on the basis of the inputs from different Ministries/Divisions/Agencies that are implementing various programmes/projects with the aim of assessing the targets of MDGs attainment. In preparing the evaluation report, data/information have been drawn from the Ministries/Divisions/Agencies including BBS and SID.

The report shows that Bangladesh has registered remarkable progresses in the areas of poverty alleviation, ensuring food security, primary school enrolment, gender parity in primary and secondary level education, lowering the infant and under-five mortality rate and maternal mortality ratio, improving immunization coverage; and reducing the incidence of communicable diseases.

The commendable progress was possible due to the relatively inclusive growth strategy and robust growth in GDP that was accompanied by structural transformation of the economy with greater share of manufacturing and services sectors. Moreover, the sustained growth has been accompanied by corresponding improvements in several social indicators. It is found that contributing factors for success of achieving MDGs include: consistent policy and committed leadership for reducing poverty, backed by improving implementation capacity and human capital, sound macro-economic management, open trade with tapping of global markets, recognition of the complementary roles of market and state, long-term institutional reform aimed at making the public sector accountable to citizens, devolution of responsibility and accountability to local levels; and determined social policy and low cost innovations.

However, the attainments of a few targets of MDGs are associated with several challenges also. The existence of poverty pockets, prevalence of unemployment and underemployment among the youth, stunting and wasting among the under five children, prevailing dropout rate and enhancing the quality of education at the primary level, universal access to reproductive health and resource constraints are identified as stumbling blocks in fulfilling all of the targets of MDGs in Bangladesh.

The challenges ahead of Bangladesh call for mobilizing required resources and targeted interventions in the areas lagging behind. It is well known that resource constraint was one of the major impediments to achieving the MDGs. According to a GED study, Bangladesh needed foreign assistance of US\$ 5.0 and US\$ 3.0 billion per year under the baseline and high growth scenarios (7.8% p.a.) respectively. The present evaluation reveals that from 1990-91 to 2014-15, Bangladesh received US\$ 1.79 billion ODA per year, and (ODA Disbursement 2014-15 is 3.043 billion) which has been far short of the required US\$ 3.0 billion per year. Hence the estimated resource requirement for attaining all the MDGs in Bangladesh indicates that the development partners should have generously supported Bangladesh's endeavour for achieving the targets set under MDGs.

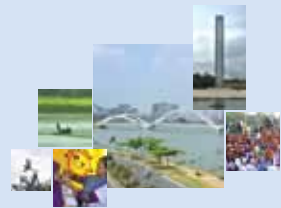
The data unavailability and lack of updated information for some indicators has been a hindrance to reflect latest status of MDGs attainment in cases. Moreover, some targets have no benchmark data to compare with and some indicators don't have end targets while some indicators are not measurable. To overcome such obstacles, in the regime of 2030 Global Agenda, our National Statistical Organization (NSO) needs to be strengthened to generate required data timely and in a cost effective way. The Line Ministries/Divisions should also invest in generating and disseminating their administrative data related to SDGs. For this the UN asked for data revolution that has to commence during the SDGs regime.

I believe this end period evaluation of MDGs by stocktaking of attainment of MDGs by targets will help as benchmarking for any future evaluation/progress of comparative performances of the SDGs attainments. So, this report bears particular significance and relevance throughout the implementing years of the SDGs. And therefore, we were meticulous to use data/figures/information as latest as available and validating accuracies I paid personal attention in this regard.

Finally, I am thankful to all including concerned hardworking GED officials and other Focal Points in the relevant Ministries who helped us providing timely data/information in preparation of this Report. I thank UNDP for supporting us through its "Support to Sustainable and Inclusive Planning" Project. We all from GED are grateful to our Hon'ble Planning Minister Mr. A H M Mustafa Kamal, FCA, MP, and Hon'ble State Minister for Ministry of Planning and Ministry of Finance, Mr. M. A. Mannan for their intimate support and inspiration in bringing out this Report on MDGs.



(Prof. Shamsul Alam)



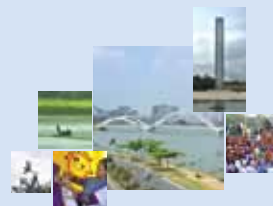
ACKNOWLEDGEMENTS

“Millennium Development Goals (MDGs): End-Period Stocktaking and Final Evaluation (2000-2015)” is the terminal report on monitoring MDGs in Bangladesh. From the General Economics Division (GED), Bangladesh Planning Commission there were eight annual MDGs progress reports prepared and published. However, the present report span for the last fifteen years.

All relevant Ministries/Divisions/Agencies associated with the implementation of millennium development goals and targets provided information and data on the latest status of the implementation of the MDGs. The inputs were then compiled and data analysed to prepare the report.

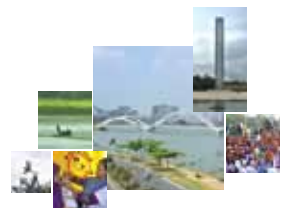
The Bangladesh Bureau of Statistics, Statistics and Informatics Division under the Ministry of Planning provided information related to poverty and other social sectors. The Ministry of Primary and Mass Education and the Ministry of Education provided information related to universal primary education and secondary education while the Ministry of Health and Family Welfare furnished information relating to child health, maternal health and communicable diseases. The Ministry of Environment and Forests gave necessary information on sustainable environment. Data provided by the Economic Relations Division and the Ministry of Post and Telecommunication were used to prepare write-up on the global partnership. Gender data were cross checked and endorsed by the Ministry of Women and Children Affairs. Based on the government data, majority of the targets were analysed, albeit some international sources were also used to make comparison; where our data were not available. At a glance progress of MDGs in Bangladesh is presented in tabular format at Annexure-1.

The GED acknowledges the contribution of all the officials of the relevant Ministries/Divisions for their assistance in preparing the report. Mr. Naquib Bin Mahbub, Chief, GED; Dr. Mustafizur Rahman, Joint Chief, GED deserve special thanks for their contribution. The officials of Poverty Analysis and Monitoring Wing of GED viz. Mr. Mohd. Monirul Islam, Deputy Chief, Mr. Md. Mahbubul Alam Siddiquee, SAC, Ms. Kohinoor Akter, AC, Syed Ali Bin Hassan, AC, Mr. Shimul Sen, AC and Ms. Josefa Yesmin, AC of GED provided support in preparation of this report. GED acknowledges their contribution.



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1. Millennium Development Goals: Bangladesh Progress Report, 2005
2. Millennium Development Goals: Mid Term Bangladesh Progress Report, 2007
3. Millennium Development Goals: Bangladesh Progress Report, 2008
4. Millennium Development Goals: Bangladesh Progress Report, 2009
5. Millennium Development Goals: Needs Assessment and Costing 2009-2015 Bangladesh, 2009
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9. Millennium Development Goals: Bangladesh Progress Report, 2011
10. MDG Financing Strategy for Bangladesh, 2011
11. SAARC Development Goals: Bangladesh Country Report 2011
12. The Millennium Development Goals: Bangladesh Progress Report 2012
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14. The Millennium Development Goals: Bangladesh Progress Report 2013
15. Progress of MDGs in Bangladesh and the Process towards formulating Post 2015 Development Agenda: A Brief for Bangladesh Delegation: UNGA 69th Session, 2014
16. The Millennium Development Goals: Bangladesh Progress Report 2015
17. MDGs to Sustainable Development Transforming our World: SDG Agenda for Global Action(2015-2030): A Brief for Bangladesh Delegation:UNGA 70th Session,2015
18. Policy Coherence: Mainstreaming SDGs into National Plan and Implementation prepared for Bangladesh Delegation to 71st UNGA session, 2016



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২.	Policy Study on Responding to the Millennium Development Challenge through Private Sector's Involvement in Bangladesh	মে, ২০০৯
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২৯.	Millennium Development Goals : Bangladesh Progress Report 2015	সেপ্টেম্বর, ২০১৫
৩০.	Millennium Development Goals : Bangladesh Progress Report 2015	সেপ্টেম্বর, ২০১৫
৩১.	7 th five Year Plan FY2015/16-FY2019/20	ফেব্রুয়ারী, ২০১৬
৩২.	Population Management Issues: Monograph-2	মার্চ ২০১৬
৩৩.	সপ্তম পঞ্চবার্ষিক পরিকল্পনার (২০১৬-২০) ৩০টি গবেষণাপত্র (৬ খন্ড)	জুন, ২০১৬
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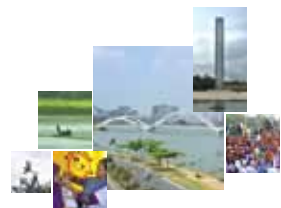
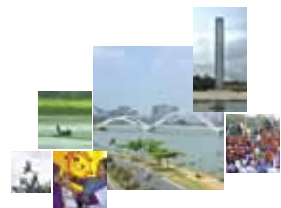


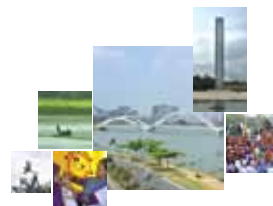
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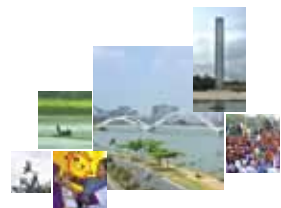
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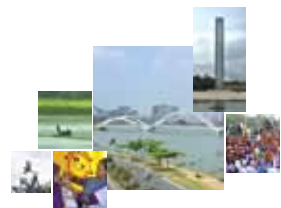
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ACRONYMS

9 th SS	9 th Serological Surveillance
AAA	Accra Agenda for Action
ADB	Asian Development Bank
ADP	Annual Development Programme
AIDS	Acquired Immune Deficiency Syndrome
ANC	Antenatal Care Coverage
APIs	Active Pharmaceutical Ingredients
APSC	Annual Primary School Census
ARI	Acute Respiratory Infections
ASC	Annual School Census
BANBEIS	Bangladesh Bureau of Educational Information and Statistics
BARC	Bangladesh Agriculture Research Council
BBS	Bangladesh Bureau of Statistics
BDF	Bangladesh Development Forum
BDHS	Bangladesh Demographic and Health Survey
BFS	Bangladesh Fertility Survey
BLS	The Bangladesh Literacy Survey
BMMS	Bangladesh Maternal Mortality Survey
BNH	Bangladesh National Herbarium
BPS	Bangladesh Parliament Secretariat
BSS	Behavioural Surveillance Survey
BTRC	Bangladesh Telecommunication Regulatory Commission
CBN	Cost of Basic Needs
CBO	Community Based Organization
CCM	Country Coordinating Mechanism
CCTF	Climate Change Trust Fund
CCU	Climate Change Unit
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CES	EPI Coverage Evaluation Survey
CFC	Chlorofluorocarbon
CHTs	Chittagong Hill Tracts
CMNS	Child and Maternal Nutrition Survey
COPD	Chronic Obstructive Pulmonary Disease
CPR	Contraceptive Prevalence Rate
CPS	Contraceptive Prevalence Survey
CSAFP	Census of Slum Areas and Floating Population
CSBA	Community Skilled Birth Attendant
DAC	Development Assistance Committee
DAE	Directorate of Agricultural Extension
DCI	Direct Calorie Intake
DFID	Department for International Development
DFQF	Duty Free Quota Free
DGDA	Directorate General of Drug Administration
DGHS	Directorate General of Health Services
DoE	Department of Environment

DoF	Department of Forest
DOTS	Directly Observed Treatment Short-course
DP	Development Partner
DPE	Department of Primary Education
DSF	Demand Side Financing
ECR	Environmental Conservation Rules
EmOC	Emergency Obstetric Care
EPI	Expanded Programme on Immunization
FAO	Food and Agriculture Organization of the United Nations
FDI	Foreign Direct Investment
FTA	Free Trade Area
FWV	Family Welfare Visitor
FY	Financial Year
GAVI	Global Alliance for Vaccines and Immunization
GDP	Gross Domestic Product
GER	Gross Enrolment Rate
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
GNI	Gross National Income
GOB	Government of Bangladesh
GPI	Gender Parity Index
GPS	Government Primary School
GTBR	Global Tuberculosis Report
HCR	Head Count Ratio
HES	Household Expenditure Survey
HIES	Household Income and Expenditure Survey
HIPC	Heavily Indebted Poor Countries
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
HPNSDP	Health, Population and Nutrition Sector Development Programme
HRD	Human Resource Development
ICT	Information and Communication Technology
IDU	Injection Drug Users
IEC	Information, Education and Communication
IFAD	International Fund for Agricultural Development
IMCI	Integrated Management of Childhood Illness
IMF	International Monetary Fund
IMR	Infant Mortality Rate
IPCC	Intergovernmental Panel on Climate Change
ITN	Insecticide Treated Net
IUCN	International Union for Conservation of Nature
IUD	Intra Uterine Device
JCS	Joint Cooperation Strategy
Kcal	Kilo calorie
LAS	Literacy Assessment Survey
LCG	Local Consultative Group
LDCs	Least Developed Countries
LFS	Labour Force Survey
LLIN	Long Lasting Impregnated Net
MARPs	Most at Risk Populations
MBDC	Mycobacterial Disease Control
MDGs	Millennium Development Goals

MDRI	Multilateral Debt Relief Initiative
MH/RH	Maternal Health/Reproductive Health
MICS	Multiple Indicator Cluster Survey
MMEIG	Maternal Mortality Estimation Inter-agency Group
MMR	Maternal Mortality Ratio
MOEF	Ministry of Environment and Forests
MOHFW	Ministry of Health and Family Welfare
MOWCA	Ministry of Women and Children Affairs
MSMEs	Micro, Small and Medium Enterprises
NAC	National AIDS Committee
NARS	National Agricultural Research System
NASP	National AIDS/STD Programme
NER	Net Enrolment Ratio
NGO	Non-Government Organization
NIDs	National Immunization Days
NMCP	National Malaria Control Program
NTP	National Tuberculosis Control Program
ODA	Official Development Assistance
ODP	Ozone Depleting Potential
ODS	Ozone Depleting Substance
OECD	Organization for Economic Cooperation and Development
ORT	Oral Rehydration Therapy
PPP	Purchasing Power Parity
PWID	People Who Inject Drugs
R&D	Research and Development
RNGPS	Registered Non-Government Primary School
SBAs	Skilled Birth Attendants
SFYP	Sixth Five Year Plan (2011-15)
SMEs	Small and Medium Enterprises
SOFI	State of Food Insecurity
SSN	Social Safety Net
SVRS	Sample Vital Registration System
TB	Tuberculosis
TDS	Total Debt Service
TFP	Total Factor Productivity
TFR	Total Fertility Rate
TRIPS	Trade Related Intellectual Property Rights
UESD	Utilization of Essential Service Delivery
UHFWC	Union Health and Family Welfare Centre
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
UNJMP	WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation
UNSD	United Nations Statistics Division
VAW	Violence Against Women
VCT	Voluntary Counselling and Testing
VGD	Vulnerable Group Development
WB	World Bank
WFP	World Food Programme
WHO	World Health Organization
WTO	World Trade Organization

PROLOGUE

BY THE EDITOR

In September 2000, leaders of 189 countries including 147 heads of state and government, gathered at the United Nations headquarters and accorded the historic Millennium Declaration, in which they made a promise to free people from extreme poverty and multiple deprivations. A year later, in August 2001, the UN Secretariat published the 8 *Millennium Development Goals* (MDGs) devised by a working committee, drawn from a range of UN bodies, including the World Bank, the International Monetary Fund, UNICEF, the Population Fund and the World Health Organization, as well as the Organization for Economic Cooperation and Development. The goals sought to address several core contents of development that emerged through UN conferences and summits held in the nineties. They ranged from halving extreme poverty and hunger to promoting gender equality and reducing child mortality including a commitment to finance MDGs through development cooperation and innovative financing. For each MDG, one or more targets have been set using 1990 as a benchmark year and 2015 as the target date. A framework of 8 goals, 18 targets and 48 indicators was adopted to measure progress towards the MDGs. Subsequently the targets and indicators under the 8 goals have been increased to 21 and 60 respectively. Bangladesh is one of the 189 countries committed to the Millennium Development Goals.

Bangladesh's progress towards attainment of MDGs was first assessed by the World Bank in 2005. Since 2007, the General Economics Division of the Planning Commission as a development focal point for poverty has carried out the assessments of annual or biennial progress; the last Bangladesh Progress Report 2015 was carried out in 2015. These reports reviewed the progress during the assessment period, analysed the prospect of meeting the targets by 2015 and recommended policies to accelerate the progress to reach the targets by the terminal year. GED also carried out several studies on issues relevant to MDG attainment such as need assessment and costing, MDG financing and options, and challenges of private sector's involvement in Bangladesh. These efforts reflect the commitment of the Government to MDGs achievements.

A major problem with assessing progress towards MDGs concerns lack of availability of relevant data timely. Bangladesh Bureau of Statistics is the national organization responsible for collection, compilation and dissemination of data to meet the needs of government for planning and informed policy making as well as needs of other users. BBS provides data on many important series periodically sometime with long interval of five years (HIES) and ten years (population census). For example, the latest data on the incidence of poverty that is available is for 2010. With lack of poverty data for 2015, it is hard to assess the state of poverty in the country that prevailed in 2015. In this case, a growth-elasticity based poverty estimate, calculated by GED has been used. BBS does not generate any data on some of the variables which are necessary for evaluation of achievements of some of the MDG targets.

Other important sources of data are the ministries, their directorates and departments or organizations under them. For example, Bangladesh Bureau of Educational Information and Statistics (BANBEIS) and Department of Primary Education (DPE) provide educational statistics, Directorate General of Health Services and National Institute of Population Research and Training provide population and health related data with some time gap, sometimes with time lag of several years.

Bangladesh has been recognized as one of the precursors of MDG implementation and an example for emulation for other developing countries. Bangladesh has made outstanding progress in the areas of poverty alleviation, ensuring food security, primary school enrolment, gender parity in primary and secondary level education, lowering infant and under-five mortality rate and maternal mortality ratio, improving immunization coverage, and reducing the incidence of communicable diseases. Political commitment from the highest level of the government has driven all government machineries to work in tandem to fulfil the MDG goals. The alignment of national development policies with the goals and targets of MDGs helped speedy implementation of the targets. The complementing role of non-government institutions such as NGOs and development partners set an example of Government-Non-Government partnership in achieving the goals of human development and prosperity.

There are still some challenges which need to be addressed properly in post-MDG agenda. The areas which require further attention include employment generation, primary school completion, increasing adult literacy rates, creation of decent wage employment for women, presence of skilled health professionals at delivery, forest area coverage, and Information and Communication Technology (ICT). Bangladesh fare well compared to other developing countries in most of the indicators. While analysing the country's achievement in regional and global context, it is important to bear in mind that a meaningful comparison can only be done with the countries with similar starting points (i.e., initial conditions). That is, in some cases 'within country' comparison is more informative and meaningful than the cross-country comparison because of our low base figures though we leapfrogged in many of the indicators.

A detailed account and analysis of the achievements for all the MDGs and targets and the related indicators is presented in the following chapters. The current status of Bangladesh is presented in the regional context to understand where Bangladesh stands in terms of a particular indicator. Besides, global experience in achieving a particular goal is presented to understand Bangladesh's situation in the global context. A brief discussion of government policies to achieve the goal is also carried out in each case. The report is based on existing national and international relevant reports and documents and information provided by government ministries/divisions and development partners. The report has also been benefitted from stakeholder consultations. Lastly, this has to be mentioned that this is an evaluation report and stocktaking in a particular point in time (2015) based on governmental facts and figures available.

MDGs: Progress of Bangladesh at a glance

MDG 1: Eradicate Extreme Poverty and Hunger

- ✓ Halve by 2015 the proportion of people living below poverty line.

Bangladesh showed an impressive poverty reduction from 56.7% in 1991-92 to 24.8% in 2015; the rate of reduction being faster in the present decade than the earlier ones.

MDG 2: Achieve Universal Primary Education

- ✓ Ensure that all boys & girls complete a full course of primary schooling

Significant progress has been made in increasing equitable access in education with net enrolment rate of 97.7 per cent and completion rate of 81.3 per cent at primary level in 2015.

MDG 3: Promoting Gender Equity and Empowering Women

- ✓ Eliminate gender disparity in primary & secondary education preferably by 2005, and at all levels in 2015.

Bangladesh achieved the targets of gender parity in primary and secondary education at the national level long before 2015. But it has yet to achieve gender parity at tertiary level.

MDG 4: Reduce Child Mortality

- ✓ Reduce by two thirds by 2015, the under-five mortality rate.

Bangladesh is on track in meeting the target of this goal measured in three different indicators like under-five mortality rate, infant mortality rate and immunization against measles

MDG 5: Improve Maternal Health

- ✓ Reduce by the three quarters, by 2015, the maternal mortality ratio

Maternal mortality declined from 322 in 2001 to 170 in 2013, a 47% decline in nine years, obviously a leapfrogging though not hitting the bull's eye.

MDG 6: Combat HIV/AIDS, Malaria and other Diseases

- ✓ Have halted by 2015 & begin to reverse the spread of HIV/AIDS

Bangladesh performed well in halting communicable diseases under this goal. The prevalence of HIV/AIDS in Bangladesh is less than 0.1 per cent and thus is still below an epidemic level.

MDG 7: Ensuring Environmental Sustainability

- ✓ Integrate the principals of sustainable development into country policies /programmes & reverse the loss of environmental resources

At present there is only 13.40 per cent of land in Bangladesh with tree cover of density of 30 per cent on average which is well below the target set for 2015 of 20%.

MDG 8: Developing a Global Partnership for Development

- ✓ Develop further an open, rule-based, predictable, non-discriminatory trading and financial system

During the last twenty five years, Bangladesh, on an average, received US\$ 1.8 billion ODA per year which was well below the amount required- US\$3.0 billion per year having an annual growth of rate of 7.8 per cent, to implement all the MDGs. Cellular subscribers per 100 populations were 79.76 in 2015 which was zero in 1990. The internet users per 100 population was 30.39 in 2015, which was 0.15 in 2005.

EXECUTIVE SUMMARY



In September 2000, leaders of 189 countries gathered at the United Nations headquarters and accorded the historic Millennium Declaration, in which they made a promise to free people from extreme poverty and multiple deprivations. A year later, in August 2001, the UN Secretariat published the 8 Millennium Development Goals (MDGs) on the basis of the Millennium Declaration. They ranged from halving extreme poverty and hunger to promoting gender equality and reducing child mortality including a commitment to finance MDGs through development cooperation. For each MDG, one or more targets have been set using 1990 as a benchmark and 2015 as the target date. A framework of 8 goals, 18 targets and 48 indicators was adopted to measure progress towards the MDGs. Subsequently the targets and indicators under the 8 goals have been increased to 21 and 60 respectively.

Bangladesh is one of the 189 countries committed to the Millennium Development Goals. Bangladesh has mainstreamed the MDGs in its development agenda and designed policies and strategies to achieve the MDGs by the end date of 2015. A summary of Bangladesh's MDG achievements is presented here.

Goal 1: Eradicate Extreme Poverty and Hunger

Target 1.A: Halve, between 1990 and 2015, the proportion of people below poverty line

- Bangladesh has made commendable progress in reducing poverty with national poverty headcount ratio declining from 56.7 per cent in 1991-92 to 31.5 per cent in 2010. The poverty headcount ratio for 2015 - estimated at 24.8 per cent and indicates that Bangladesh has achieved the target of halving poverty three years ahead of the end date.
- The incidence of extreme poverty declined from 25 per cent in 2005 to 17.6 per cent in 2010 with 47 per cent decline in urban areas and 26 per cent in rural areas making extreme poverty largely a rural phenomenon. Extreme poverty declined further to an estimated 12.9 per cent in 2015 again marking fulfilment of target before the end year.
- The poverty gap ratio has consistently declined from 17.20 in 1991-92 to 6.50 in 2010. Thus Bangladesh has already achieved the target of halving the poverty gap i.e. 8.6, ahead of time and the conditions of the poor and disadvantaged people have improved. Moreover, this target has been achieved both in rural and urban areas.
- The share of the poorest quintile in national income has always been below 7 per cent during the

period from 1991-92 to 2010. The value of the indicator declined from 6.52 per cent to 5.22 per cent during this period implying an increase in income inequality between the rich and the poorest.

Target 1.B: Achieve full and productive employment and decent work for all, including women and young people

- The growth rate of GDP per person employed has been, on an average, 3.10 per cent per year during the period from 1991 to 2012. GDP per person employed grew at the rate of 3.9 per cent during the 2011-14 period which exceeds corresponding world rate (1.8 per cent) as well as the rate for South Asia (3.5 per cent) depicting Bangladesh as a development surprise.
- Labour force participation rate (LFR) in Bangladesh has been consistently rising from a low base of 51.2 per cent in 1990-91 to 59.3 per cent in 2010 with a seemingly reversal of the trend in 2013 when LFR dropped to 57.1 per cent.
- Male LFR varied between about 82 per cent to about 87 per cent and is comparable to other developing countries. The female LFR is low at 33.5 per cent in 2013. It indicates female LFR will constitute most of incremental LFR in the future.

Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

- The proportion of underweight children under-five years of age declined consistently from 66 per cent in 1990 to 32.6 per cent in 2014 (female: 33.1 per cent, male: 32.2 per cent). Bangladesh has achieved the MDG target of 33 per cent hunger prevalence by 2015. The proportion of underweight children is lower in Bangladesh than in India.
- The level of stunting has declined consistently from 50.6 per cent in 2004 to 36.1 per cent in 2014. But there has been little change in wasting – low weight for height or thinness during this period.

Goal 2: Achieve Universal Primary Education

Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

- Bangladesh nearly achieved the MDG target as the net enrolment ratio increased to 97.94 per cent in 2015 from 60.5 per cent in 1991-92. The faster and relatively consistent growth in girls' enrolment vis-à-vis boys has been an important driver of the observed improvement in NER. It may be noted that NER is higher in Bangladesh than in neighbouring countries such as India, Sri Lanka, Maldives and Bhutan indicating large improvement in social sector.
- Proportion of pupils starting grade 1 who reach grade 5 has increased from 43 per cent in 1991 to 81.3 per cent in 2015. It may be noted that proportion of pupils starting grade 1 who reach last grade of primary schooling is higher in Bangladesh than in India, Pakistan, Nepal and Cambodia.
- Adult literacy rate of persons aged 15 years and above has increased from 37.2 per cent (44.3 per cent for male and 25.8 per cent for female) in 1991 to 64.6 per cent (67.6 per cent for male and 61.6 per cent for female) in 2015. Increase in adult literacy rate has been sluggish since 2011. Bangladesh still has a long way to traverse to reach 100 per cent literacy rate.

Goal 3: Promote Gender Equality and Empower Women

Target 3.A: Eliminate gender disparity in primary and secondary education preferably by 2005, and in all levels of education no later than 2015

- Bangladesh has already achieved the target for gender parity in primary school enrolment and has also achieved gender parity in secondary education level. It is remarkable that Bangladesh achieved gender parity well ahead of MDG target date and has been maintaining gender parity

at both levels. Interestingly, the proportion of girls is higher than boys at both levels of education. It may be noted that GPI in both primary and secondary education is higher in Bangladesh than the neighbouring countries in South Asia like India, Pakistan and Sri Lanka.

- Despite significant progress in gender parity in tertiary education, GPI is still low with a value of 0.65 in 2015 though it has progressed much than 0.37 in 1990-91. Poverty and hidden costs of education, violence against girls, comparatively restricted mobility and discrimination in labour markets are some of the factors that may be responsible for lower enrolment of girls at the tertiary level.
- The share of women in wage employment in the non-agricultural sector has increased slowly from 19 per cent in 1991-92 to 31.6 per cent in 2013. Achieving gender parity in wage employment in non-agricultural sector has remained a formidable challenge in Bangladesh. However, our neighbouring countries with relatively lower share have a more formidable challenge in achieving gender parity in wage employment in non-agriculture sector.
- Bangladesh is an example of a country with dominant leadership of women in national politics and government. Currently, the Speaker of the National Parliament, the Prime Minister, and the Leader of the Opposition and the Deputy Leader of the House are all women. However, with some notable initiatives by the Government, women's participation in the Parliament stood at 20.29 per cent in 2015 compared to 12.73 per cent in 1991.

Goal 4: Reduce Child Mortality

Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

- Under-five mortality rate has been persistently declining to 36 in 2014 from 151 in 1990. Bangladesh has thus achieved the MDG 4 target for U5MR (target of 48 per 1,000 live-births) well ahead of time.
- The infant mortality rate has declined to 29 per 1,000 live births in 2015 from 94 in 1990 with similar decline for male and female infants in rural areas and also in urban areas. Bangladesh has been able to achieve the MDG target for IMR set at 31 per 1000 live births by 2015. Both U5MR and IMR are lower in Bangladesh compared with India and Pakistan.
- The proportion of one year old children immunized against measles has increased from 54 per cent in 1991 to 86 per cent in 2011 and remained at the same level in 2013. Thus Bangladesh has fallen short of universal coverage by 2015 though this performance is better than India and Pakistan.

Goal 5: Improve Maternal Health

Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

- The maternal mortality ratio has decreased from 472 per 100,000 live births in 1991 to 181 per 100,000 live births in 2015 at the national level implying that the MDG target has been missed though the reduction from the high base figure has been spectacular.
- The number of births attended by skilled health personnel has witnessed an increase over the MDG period from a mere 5 per cent in 1991 to over 40 per cent in 2014 which has been a substantial increase. However, this achievement still could not meet the MDG target set at 50 per cent.

Target 5b: Achieve By 2015 Universal Access to Reproductive Health

- Dramatic reduction in the total fertility rate (TFR) represents a success story for Bangladesh. The current TFR stands at 2.1 which is below the target that was set (2.2) for 2015.

- The contraceptive prevalence rate (CPR) has increased to 62.1 per cent in 2015 from 40 per cent in 1991 with sluggish expansion in the last decade. Thus Bangladesh has been unable to achieve the CPR target of 72 per cent. However, CPR is still higher in Bangladesh compared with India, Pakistan, Nepal and Maldives.
- In the last 20 years, antenatal care coverage (at least one visit) has increased by 51 percentage points (from 27.5 per cent in 1993-94 to 79 per cent in 2014).
- The percentage of women who had no ANC visits has declined from 44 per cent in 2004 to 21 per cent in 2014. At the same time, the percentage of pregnant women who made four or more antenatal visits has increased from 16 per cent in 2004 to 31 per cent in 2014.

Goal 6: Combat HIV/AIDS, Malaria And other Diseases

Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

- According to the National HIV Serological Surveillance (2011), the prevalence of HIV/AIDS stands at 0.1 per cent which is far below epidemic level. As such, Bangladesh is considered a low prevalence HIV/AIDS area.
- The findings of the 9th round National HIV SS show that the overall prevalence of HIV in Most at Risk Population (MARF) remains below 1 per cent and most importantly, HIV prevalence has declined among People Who Inject Drugs (PWID) in Dhaka from 7 per cent to 5.3 per cent.
- According to, 20 Years of HIV in Bangladesh: Experience and Way Forward 2009 (World Bank and UNAIDS), condom use has increased for specific sub-groups of the MARF, though not for all. For specific groups such as male sex workers and female injecting drug users, condom use has actually decreased. However, National AIDS STD Programmes (NASP) finds that condom use rate at last high risk sex was 43 percent in 2013.

Target 6b: Achieve by 2010 Universal Access to Treatment for HIV/AIDS for All Those Who Need it

- The United Nations General Assembly Special Session (UNGASS) Report 2009 shows the proportion of population with advanced HIV infection who have access to antiretroviral drugs coverage is approximately 47.7 per cent in Bangladesh. It was reported to be 45 per cent in 2012.

Target 6c: Have Halted by 2015 and Begun to Reverse the Incidence of Malaria and other Major Diseases

- The prevalence of malaria declined to 433.91 per 100,000 populations in 2014 from 441 per 100,000 populations in 2005. The wide fluctuations in the intervening period indicate that the decline may not be stable. Furthermore, we are still far from the malaria prevalence target set for 2015.
- The death rate has declined to 0.34 per 100,000 populations in 2014, which meets the target which was set at 0.6 in 2015.
- The proportion of children under 5 years of age who slept under insecticide treated mosquito nets has increased, albeit with some fluctuation, and currently exceeds the target of 90 per cent by 2015. The proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs was recorded at 99.92 per cent which is far above the target of 90 per cent by 2015.
- According to the National Tuberculosis (TB) Prevalence Survey (2007-2009) Report of Bangladesh, the overall prevalence of new smear positive cases among adults aged 15 and older was

estimated at 79.4 person over population of 100,000. This clearly overshoots the target set for 2015.

- A total of 190,893 cases (including 6,386 combined cases of return after failure, return after default and others) have been reported to NTP in 2013. So the overall case notification rate excluding those 6,386 cases was 119 per 100,000 populations. The case notification rate for new smear positives cases in 2013 was 68 per 100,000 populations, which has come down to 53 in 2014.
- The treatment success rate of TB under DOTS (Directly Observed Treatment Short-course) was 73 per cent in 1994, which has crossed the target of more than 90 per cent. The program has successfully treated almost 92 per cent of the new smear-positive cases registered in 2014.

Goal 7: Ensure Environmental Sustainability

Target 7.A: Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources

Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

- The proportion of land area covered by forest increased from 9 per cent in 1990-1991 to 13.4 per cent in 2014. Extensive destruction and clearing of forests for agriculture, homestead and other non-forest purpose hindered the target of attaining 20 per cent forest coverage with tree density of more than 70 per cent by the end of 2015.
- Bangladesh is not a big emitter of CO₂ and it has no obligation to reduce greenhouse gas emissions given its LDC status.
- In Bangladesh the consumption of Ozone Depleting Substances (ODSs) declined to 64.88 ODP tonnes in 2013. The latter number is within the target limit of 65.39 ODP tonnes for 2015. The consumption of Ozone depleting CFCs follows similar pattern.
- The per cent of population using an improved source of drinking water varies from 78 per cent to 86 per cent if arsenic contamination is considered. The numbers go up to 97.9 per cent to 98 per cent if arsenic contamination is not considered. The arsenic contamination does challenge fulfilling the national target of provision of 100 per cent safe drinking water for 2015.
- According to SVRS-2013 sanitary toilet facility increased from 42.5 per cent in 2003 to 73.5 per cent in 2015. Yet, are behind the national target of 100 per cent of the population having access to improved sanitation facility by 2015.

Target 7.D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

- Data of Bangladesh Bureau of Statistics show that in 2014 there were 13,938 slums covering all city corporations, municipalities, Upazila headquarters and all other urban areas which increased from 2,991 in 1997. A total of 592,998 slum households of an average size of 3.75 persons were in 2014 which increased from 334,431 slum households and 4.17 persons in 1997. This indicates an increase of 77 per cent in the number of slum households since 1997. In 2014, a total of 2.2 million people were living in the slums in Bangladesh. This indicates a population increase of 214 per cent between the two census years. About 6.36 per cent of total urban population lived in the slum areas in 2014. Targeted action programmes through social security and special measures are required to address the problem of increasing growth of slums.

Goal 8: Develop a Global Partnership for Development

- According to ERD the net ODA received by Bangladesh was US\$ 1,732 million in 1990-91 and in 2013-14 it rose to US\$3,084 million, the highest amount ever recorded in a single year. In 2014-15, the amount stands at US\$3,043 million. However, the disbursed ODA as a proportion of Bangladesh's GDP has declined from 5.59 per cent in 1990-91 to 1.56 per cent in 2014-15 (GDP base year 2005-06). This implies a yearly average of ODA-GDP ratio to be 2.28 per cent. During the same period, per capita ODA disbursement fluctuated from US\$ 19.79 to US\$ 7.60. This implies a yearly average per capita ODA of US\$ 13.31 for the last 25 years.
- According to the data of UNSD, proportion of total developed country imports from Bangladesh, admitted free of duty was 78.59 per cent in 2014, registering an increase from 57.27 per cent in 1996 and 70.91 in 2005.
- The total debt service as a proportion of exports of goods and services declined to 5.1 per cent in 2015, from 20.9 per cent in 1990. Bangladesh is categorized as a "less indebted" country by the World Bank. Debt service burden is lower in Bangladesh compared with Pakistan, Nepal, Sri Lanka and Bhutan implying attaining macroeconomic stability over the years.
- According to the Bangladesh Telecommunication Regulatory Commission (BTRC), telephone lines per 100 people was 0.67 in 2015 increasing from 0.20 in 1990.
- According to BTRC, there has been a tremendous growth in the number for cellular subscribers per 100 population: from 0 in 1990 to 79.76 in 2015.
- According to BTRC, the internet users per 100 population shot up to 30.39 in 2015 from a meagre 3.4 in 2008.

CHAPTER 1



Goal 1: Eradicate Extreme Poverty and Hunger

1.1 Introduction

Bangladesh has achieved remarkable success in meeting MDG 1, registering consistent improvement in all the indicators in varying degrees. The sustained growth rate in excess of 6 per cent per year achieved in recent years has played the most important contributing role in eradicating poverty. The growth elasticity of poverty is estimated to be about one in absolute value (upper poverty line: 0.93 and lower poverty line: 1.19; GED estimates, 2015) which implies that one percentage increase in real income growth results in about similar percentage decrease in the poverty rate. It indicates that the growth is an employment generating one which is both inclusive and poverty reducing. In 2000-2015 period, growth rather than redistribution has been argued to be the main driver of poverty reduction. Since the economic growth has primarily been driven by labour intensive manufacturing sector and by sending low skilled workers abroad, the growth is inherently inclusive and pro-poor. This is reflected by declining poverty and consumption inequality of the country.

Not many developing countries have seen such drastic reduction of poverty in the last decade that Bangladesh have. Over the decade, there was a persistent decline in the number of poor people, from nearly 62 million in 2000, to about 56 million in 2005 and 47 million in 2010. Not only that the number of people below the poverty line fell, the severity of poverty among the poor narrowed significantly primarily due to a decreasing number of individuals that are extremely poor. The incidence of poverty has declined, on an average, 1.74 percentage points annually during 2000 to 2010 against the MDG target of 1.20 percentage point annual decline. The estimated poverty headcount ratio in 2015 is 24.8 per cent. Bangladesh has also met one of the indicators of target-1 by bringing down the poverty gap ratio to 6.5, against the MDG target of 8.0 in 2015. **With sustained GDP growth rate of over 6 per cent, the MDG target of halving the population living under the poverty line (from 56.7% to 29%) was achieved by 2012** three years ahead of the target date.

We know that the potential trade-off between growth and equity can be more pronounced in the take off stage of the economy. Bangladesh have done a remarkable job in keeping inequality stable during its flight to higher growth path and this is well reflected in MDG indicators for income equality, particularly for the period 2010 onwards.

MDG 1: Targets with indicators (at a glance)

Targets and indicators	Base year 1990/1991	Status in 2000	Current status (source)	Target by 2015
Target 1.A: Halve between 1990 and 2015, the proportion of people below poverty line				
1.1: Proportion of population below \$1 (PPP) per day, (%)	70.2 (1992)	58.6	43.3(WB ¹ , 2010)	35.1
1.1a: Proportion of population below national upper poverty line (2,122 kcal), (%)	56.7 (1992)	48.9	31.5(HIES 2010) 24.8 (GED estimates for 2015)	29.0
1.2: Poverty gap ratio, (%)	17.0 (1992)	12.9	6.5 (HIES 2010)	8.0
1.3: Share of poorest quintile in national consumption, (%)	8.76 (2005)	-	8.85(HIES 2010)	-
1.3a: Share of poorest quintile in national income, (%)	6.52 (1992)	6.15	5.22(HIES 2010)	-
Target 1.B: Achieve full and productive employment and decent work for all, including women and young people				
1.4: Growth rate of GDP per person employed, (%)	0.90 (1991)	4.67	3.55 (WB 2012)	-
1.5: Employment to population ratio (15+), (%)	48.5	54.9	58.7(QLFS, July-Sept. 2015)	for all
1.6: Proportion of employed people living below \$1 (PPP) per day	70.4 (1991)	58	41.7 (ILO 2010)	-
1.7: Proportion of own-account and contributing family workers in total employment	69.4 (1996)	68.9	61.1 (QLFS, July-Sept. 2015)	-
Target 1.C: Halve between 1990 and 2015, the proportion of people who suffer from hunger				
1.8: Prevalence of underweight children under-five years of age (6-59 months), (%)	66.0	57	32.6(BDHS 2014) 31.9(MICS 2013)	33.0
1.9: Proportion of population below minimum level of dietary energy consumption (2,122 kcal), (%)	48.0	44.3	40.0 (HIES 2005 ²)	24.0
1.9a: Proportion of population below minimum level of dietary energy consumption (1805 kcal), (%)	28.0	20	19.5 (HIES 2005) ² 16.4 (Estimate for 2015 by UNSD)	14.0

1.2 Progress of achievements in different targets using indicators

Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

Indicator 1.1: Proportion of population below \$1 (PPP) per day

¹ Though the MDG indicators are \$1 (PPP), WB data are prepared based on \$1.25 (PPP). Throughout the report, whenever WB data are shown for MDG indicators of \$1 (PPP), it refers to \$1.25 (PPP).

² HIES 2010 have not measured poverty using Direct Calorie Intake (DCI) method.

Data on the prescribed indicator of poverty – the proportion of population whose income is less than \$1 (PPP) per day is used for cross-country comparison by taking into account the cost of living across countries³. For domestic policy making a country uses its own poverty estimates based on national poverty line. Bangladesh Bureau of Statistics (BBS) periodically conducts Household Income and Expenditure Survey (HIES) provides data on the incidence of poverty based on the proportion of population below the national poverty line (2,122 kcal/day). The national poverty line is estimated by using the Cost of Basic Needs (CBN) method.

The proportion of population below \$1.25 (PPP) per day is estimated by the World Bank. This is the average of poverty lines of a few countries adjusted by cost of living. The Table 1.1 clearly shows that this \$1.25 line lies above the national poverty line, giving rise to larger population lying below this poverty line.

Table 1.1: Proportion of Population below \$1.25 (PPP) Per Day, 1992-2010

	1992	1996	2000	2005	2010
Head Count Ratio following \$1.25 (PPP)	70.2	60.9	58.6	50.5	43.3

Source: unstats.un.org/unsd/mdg/data.aspx

Indicator 1.1a: Proportion of population below national upper poverty line (2,122 kcal/day)

As discussed above, Bangladesh has been highly successful in achieving significant reduction in poverty since 1991-92. National poverty headcount ratio – proportion of population below the national upper poverty line, dropped from 56.7 percent in 1991-92 to 24.8 per cent in 2015. A notable feature of poverty reduction between 2005 and 2010 was a significant decline in the incidence of extreme poverty. The percentage of population under the lower poverty line, the threshold for extreme poverty, decreased by 29.6 percent (or by 7.4 percentage points), from 25 percent of the population in 2005 to 17.6 percent in 2010. The incidence of extreme poverty declined by 47 percent in urban areas and 26 percent in rural areas thus urban poverty reduction outshining rural poverty reduction.

Table 1.2: Long-Term Poverty Trends (Headcount Ratio)

	1991-92	1995-96	2000	2005	2010	2015
National	56.7	50.1	48.9	40	31.5	24.8
Urban	42.8	27.8	35.2	28.4	21.3	-
Rural	58.8	54.5	52.3	43.8	35.2	-

Sources: HES1991-92 and HIES, various years, BBS. Data for 2015 is GED's Estimation.

The rate of decline in headcount ratio was greater than population growth during 2005-2010 period which led to a decline in the absolute number of the poor. The populations below the upper poverty line and the lower poverty line declined by nearly 8.58 million and 8.61 million respectively during the period.

³ For example in 2011, the conversion factor for Bangladesh was Taka 35.43. That is, it requires Taka 35.43 to buy the same amount of goods and services in Bangladesh as one US dollar would buy in the United States in 2011. It means PPP adjusted USD 1 poverty line is equivalent to Taka 35.43. This is the daily consumption expenditure per person.



Table: 1.3 Poverty Estimate for 2011 to 2015

Year	HCR -UPL(Poverty)	HCR -LPL(Extreme poverty)
2011	29.9	16.5
2012	28.4	15.4
2013	27.2	14.6
2014	26.0	13.7
2015	24.8	12.9

Source: GED Estimates ⁴

Some stylized facts of the poverty reduction in Bangladesh include: i) The rate of reduction of poverty rate (head count ratio) has been faster in the 2000s than the previous decades; ii) Extreme poor in Bangladesh is not found to be trapped in a lower equilibrium – the rate of reduction of extreme poor faster than moderate poor; iii) Extreme poverty has been largely a rural phenomenon.

Growth in rural labour income (e.g., real wage), declining dependency ratio, greater non-farm income opportunities and wider safety net program of government have contributed to this speedy reduction of the poverty rate. Greater access to infrastructure and telecommunication have also helped people increase their productivity and hence income. The sharp increase in rural wage has been argued to have the greatest impact on poverty reduction. Tightening of rural labour market due to greater reallocation of labour from farm to non-farm and from wage-labour to own-farm and outmigration of labour have resulted in this steep increase in rural wage.

Indicator 1.2: Poverty gap ratio

Poverty gap ratio is the mean distance separating the population from the poverty line (with the non-poor being given a distance of zero), expressed as a percentage of the poverty line. The ratio is an indicator of the depth of poverty measuring how far, on average, the poor are from the poverty line. It measures the aggregate income deficit of the poor relative to the poverty line, and gives an estimate of the resources needed to raise the poor above the poverty line.

Table 1.4: Poverty Gap Ratio Using Upper Poverty Line, 1992-2010

	1991-92	1995 -96	2000	2005	2010
National	17.2	15.05	12.9	9	6.5
Urban	12	10.75	9.5	6.5	4.3
Rural	18.1	15.95	13.8	9.8	7.4

Source: For 1991-92, HES; for other years HIES 2000, 2005, 2010, BBS

The reduction in the poverty gap ratio in Bangladesh has been quite significant. It consistently declined from 17.20 in 1991-92 to 6.50 in 2010 and obviously declined further in 2015. **Thus Bangladesh has already achieved the target of halving the poverty gap i.e. 8.6, ahead of time.** Moreover, this target

⁴ It is well recognized that real GDP growth is the single most important determinant of poverty, although the distribution of income is also important. In the absence of data on income distribution, the standard practice is to use the observed relationship between GDP growth and poverty reduction from the most recent two HIES years. The assumption here is that this aggregative elasticity captures the effects of prevailing pattern of income distribution that is assumed to remain unchanged over the projected years. The figures in Table 2.3 is drawn by taking poverty projection based on growth in per capita real income. The elasticity with respect to per capita real income change for UPL was 0.93 and that of LPL was 1.19. However, growth elasticity of poverty reduction can also be estimated from HIES data, which is not taken as they fail to capture the overall change in real income of the country. Further, over-reliance of rural sample also makes the changes in income or consumption smaller and this might result in over-estimation of elasticity.

has been achieved both in rural and urban areas. This suggests people who are still below the poverty line, greater proportion of them are closer to the poverty line now than at the beginning of the 1990s. It is also worth noting that poverty gap ratio declined at a faster rate than the poverty headcount ratio. Real per capita consumption expenditure during the 2005-2010 period increased at an average annual rate of 16.9 percent, with a higher rate of increase in rural areas as compared with the urban areas. The pro-poor growth policies along with targeted measures including the intensified safety net programmes of the present government have contributed to such an outcome by improving the economic conditions of the extreme poor and disadvantaged groups at a faster rate than the moderate poor groups.

The squared poverty gap, often interpreted as measuring severity of poverty, takes into account not only the distance separating the poor from the poverty line, but also the inequality among the poor. Under the measure, progressively higher weights are placed on poor households further away from the poverty line. The severity of poverty has likewise declined consistently from 6.8 in 1991-92 to only 2.0 in 2010 with similar downward trend in both rural and urban areas. A stark fact about the poverty situation in Bangladesh is, as indicated by all three measures of poverty, that rural poverty has always been higher than urban poverty.

Table 1.5: Squared Poverty Gap Using Upper Poverty Line, 1992-2010

	1991-92	1995-96	2000	2005	2010
National	6.8	5.4	4.6	2.9	2.0
Urban	4.4	3.4	3.4	2.1	1.3
Rural	7.2	5.7	4.9	3.1	2.2

Source: HES 1991-92 and HIES, various years, BBS

Indicator 1.3: Share of the poorest quintile in national consumption

The share of the poorest quintile in national consumption is defined as the share of the country's consumption that accrues to the poorest quintile (fifth or bottom 20 percent) of the population. This indicator provides a measure of relative inequality. In a situation where consumption is equally distributed the expected share of the poorest quintile is 20 percent.

This indicator does not have benchmark data for 1990 since it cannot be estimated using Household Expenditure Survey conducted by BBS in 1991-92. Hence the share of the poorest quintile in national income is used as a proxy indicator. The share of the poorest quintile in national income has always been below 7 percent during the period from 1991-92 to 2010. The indicator shows slight downward trend implying increasing income inequality between the rich and the poorest. In absence of HIES data (not available by now) trend of income or consumption inequality up to 2015 cannot be highlighted in this report.

Table 1.6: Share of Poorest Quintile in National Income, 1992-2010

	1991-92	1995-96	2000	2005	2010
National	6.52	5.71	6.15	5.26	5.22
Urban	6.4	5.12	5.04	4.82	5.07
Rural	6.74	6.49	7.09	5.88	5.76

Source: HES 1991-92 and HIES, various years, BBS. Note: In the absence of HIES data for 2015-16, the trend of income and consumption inequality up to 2015 could not be reported.

It is heartening to note that BBS has responded to the data needs for monitoring progress of MDGs by providing data on this indicator from HIES 2005. Available data show that the share of the poorest

quintile in national consumption was 8.76 percent in 2005 which marginally increased to 8.85 percent in 2010. This shows that the present pattern of growth favours the poorest groups more than other groups resulting in increase in the share of the poorest households in national consumption. Crop diversification and production of more vegetables and fruits help rural poor consuming more of these and thus improving their consumption share. It should be noted that in terms their share of both national income and national consumption the poorest quintile in urban areas are relatively worse off than their rural counterpart.

Table 1.7: Share of Poorest Quintile in National Consumption, 2005-2010

	2005	2010
National	8.76	8.85
Urban	7.46	8.06
Rural	9.86	9.93

Source: HIES, BBS. Note: In the absence of HIES data for 2015-16, the trend of income and consumption inequality up to 2015 could not be reported.

Gini coefficient measures the degree of inequality in the distribution of household income or consumption in a country. Its value lies between 0 and 1 with 0 representing perfect equality and 1 representing perfect inequality. It is the most commonly used measure of inequality in a country. BBS provides data on the coefficients of income Gini and expenditure Gini from 1991-92 to 2010 (Table 1.8). It is evident that during this period inequality has increased in the country. However, the level of inequality has remained somewhat stable over the last ten years at the national level as reflected in the coefficient of Income Gini, while the coefficient of Expenditure Gini slightly declined during the same period indicating some improvement in consumption inequality. Rural Bangladesh experienced a moderate increase in income inequality (0.39 in 2000 to 0.43 in 2010), although consumption inequality as reflected in Expenditure Gini remained stable during the same period ⁵.

Table 1.8: Coefficients of Income Gini and Expenditure Gini: 1992-2010

	1991 -92		1995 -96		2000		2005		2010	
Gini	Income	Exp.	Income	Exp.	Income	Exp.	Income	Exp.	Income	Exp.
National	0.388	0.260	0.432	0.310	0.451	0.334	0.467	0.332	0.458	0.321
Urban	-	0.310	-	0.370	0.497	0.373	0.497	0.365	0.452	0.338
Rural	-	0.250	-	0.270	0.393	0.279	0.428	0.284	0.430	0.275

Source: HES 1991-92 and HIES, various years, BBS. Note: In the absence of HIES data for 2015-16, the trend of income and consumption inequality up to 2015 could not be reported.

Indicators based on poorest quintile and Gini coefficient indicate that persistent increase in economic growth has been accompanied by little increase in inequality. Very few developing countries in the world have achieved this feat in recent history. This also indicates the quality of growth of Bangladesh which is pro-poor and inclusive.

Target 1.B: Achieve full and productive employment and decent work for all, including women and young people

Indicator 1.4: Growth rate of GDP per person employed

⁵ Income and expenditure Gini indexes are used to measure the inequality in income and consumption in society in a given period of time respectively. As poverty is measured in terms of consumption, changes in expenditure Gini affects poverty trends more than changes in income Gini.

GDP per person employed is defined as Gross Domestic Product divided by total employment in the economy while GDP is measured in 1990 constant US dollars using PPP rates. The information relating to growth rate of GDP per person employed is not available from the National Accounts Statistics of the BBS. However, from the World Bank data, it is observed that the GDP per person employed (constant 1990 PPP dollar) in Bangladesh was \$ 3,917 (PPP) in 2010 with a yearly growth rate of 3.43 percent. The GDP per person employed (PPP\$) with growth rate is shown in Table 1.9. It is observed that, the growth of GDP per person employed has been, on an average, 3.10 percent per year, over the last two decades or so. This matches more or less with per capita GDP growth during the 2001-2012 period. While GDP per person employed (PPP\$) displays slight upward trend over the 1991-2012 period, per employed person GDP growth rate displays considerable periodic fluctuations, with sudden dip during the 2002-2003 period. It should be noted that recent World Bank data show GDP per employed person increased from \$2533 (constant 2011 PPP dollar) in 1991 to \$5433 in 2014 implying an average annual growth rate of 3.4 percent. This rate exceeds growth rate during 1991-2012 period indicating further improvement in recent years. **World Bank data also show GDP per person employed grew at the rate of 3.9 per cent during the 2011-14 period which exceeds corresponding world rate (1.8 per cent) as well as the rate for South Asia (3.5 per cent)**

Table 1.9: GDP per Person Employed and its Growth, 1991-2014

	1991	1995	2000	2002	2003	2005	2010	2011	2012	2014
GDP per person employed (PPP\$)	2,137	2,441	2,961	2,987	3,012	3,245	3,841	4,004	4,146	5433
Growth rate of GDP per person employed (PPP\$)	0.9	3.65	4.67	0.03	0.84	3.64	1.43	4.24	3.55	-

Source: <http://data.worldbank.org/indicator/sl.gdp.pcap.em.kd>; Note: Figures for 2014 are not strictly comparable with previous figures since GDP per person is measured in 2011 constant PPP \$.

Indicator 1.5: Employment-to-population ratio

The creation of productive and decent jobs and employment is important for poverty reduction in Bangladesh which has a large and growing population. The employment to population ratio defined as number of people who are employed divided by the total number of people in the 15 to 64 years age interval, provides some insight into the employment situation in the country. Labour force participation rate (LFR) in Bangladesh has been consistently rising from a low base of 51.2 percent in 1990-91 to 59.3 per cent in 2010 and then reached 58.7 per cent in 2015 with a dip in 2013. (Table 1.10). This low LFR is, however, mainly due to low LFR of female workers.

Table 1.10: Labour Force Participation Rate, 1991-2013

	Percentage of population aged 15 years and above		
	All	Male	Female
1990 -1991	51.2	86.2	14.0
1995 -1996	52.0	87.0	15.8
1999 -2000	54.9	84.0	23.9
2002 -2003	57.3	87.4	26.1
2005 -2006	58.5	86.8	29.2
2010	59.3	82.5	36.0
2013	57.1	81.7	33.5
2015 (July -Sept)	58.7	-	-

Source: Labour Force Survey, various years, BBS. Data for 2015 are from BBS, QFLS (July-Sept, 2015)

The participation rate of women which was steadily increasing over the last two decades (1990-2010) peaked to 36 percent in 2010 and then dropped to 33.5 percent in 2013. The returns from labour force participation rates for female wage earners are lower than those of males, which partially explain their low participation rate. The annual rates of labour force and employment growth have also been rather low and women have contributed more to the annual increment of such growth compared to men (Table 1.11). The low LFR for women in the context of rising rural income may indicate voluntary withdrawal from the labour market. When the family income is high, the female members may choose to stay at home for household works, especially in rural areas. India also experienced declining female labour force participation in recent times⁶.

Table 1.11: Annual Labour Force and Employment Growth, 1991-2013

	Labour force growth (%)			Employment growth (%)		
	All	Male	Female	All	Male	Female
1991 -1996	2.4	2.7	1.5	3.1	1.8	12.0
1996 -2000	3.2	1.2	14.4	3.0	1.1	14.7
2000 -2003	4.4	3.8	6.5	4.4	3.5	7.6
2003 -2006	2.2	1.2	5.5	2.2	1.5	4.6
2006 -2010	3.6	1.5	10.5	3.5	1.2	10.8
2010 -2013	2.3	2.5	1.9	2.4	2.9	1.3

Source: Labour Force Survey, various years, BBS

The unemployment rate in Bangladesh is rather low; it varied from 3.5 percent in 1995-96 to 4.3 percent in 2013 with a peak at 4.5 percent in 2010. The low unemployment rate is mainly a result of the ILO methodology followed in Bangladesh which considers a person employed if s/he works for an hour in the preceding week. The unemployment rate measured in this way does not fully reflect the actual labour market conditions in Bangladesh. It does not take into consideration the substantial underemployment existing in the economy particularly in the informal sector employing 87.4 percent of the labour force in 2013.

However, Gender Statistics of Bangladesh 2008 suggests that the gap in underemployment between men and women has been converging to the national average after 2005-06 indicating similar deprivations for women and men. Relatively slow growth in formal employment in the face of increasing size of the labour force remains a major challenge for expanding the share of formal employment. Slow formal employment growth and increasing labour size result in growing informality in labour market. Under such circumstances, it has been difficult to achieve the target of 'employment for all' in the terminal years of the MDGs.

Indicator 1.6: Proportion of employed people living below \$1 (PPP) per day

The proportion of employed persons living below \$1 (PPP) per day, or the working poor, is the share of individuals who are employed, but nonetheless live in a household whose members are living below the international poverty line of \$1.25 a day, (measured at 2005 international prices), adjusted for purchasing power parity (PPP)). Thus one can calculate the working poverty rate as employed persons living below poverty line divided by total employment.

Employment is defined as persons above a specified age who performed any work at all, in the reference period, for pay or profit (or pay in kind), or were temporarily absent from a job for such reasons as

⁶ <http://documents.worldbank.org/curated/en/732961468189870923/pdf/WPS7412.pdf>

illness, maternity or parental leave, holiday, training or industrial dispute. Unpaid family workers who work for at least one hour during the reference period is included in the count of employment, although many countries use a higher hour limit in their definition. There is no official data in Bangladesh on this indicator. However, the UN data is presented in Table 1.12, which shows consistent decline in the indicator between 1991 and 2010. The proportion of employed labour force obtaining below the rate of \$ 1.00 (PPP) per day was 41.7 percent in 2010.

Table 1.12: Proportion of Employed People Living Below \$1.25 (PPP) per Day

	1991	1995	2000	2005	2010
Percentage of employed people living below \$1 (PPP)	70.4	60.7	58	49.4	41.7

Source: <http://mdgs.un.org/unsd/mdg/Data.aspx>

Indicator 1.7: Proportion of own-account and contributing family workers in total employment

Own-account workers are those who, working on their own account or with one or more partners, hold the type of jobs defined as self-employment (i.e. remuneration is directly dependent upon the profits derived from the goods and services produced), and have not engaged in work on a continuous basis during the reference period. Contributing family workers, also known as unpaid family workers, are those workers who are self-employed, as own-account workers in a market-oriented establishment operated by a related person living in the same household. The share of vulnerable employment is calculated as the sum of contributing family workers and own-account workers as a percentage of total employment. There was no official data available in Bangladesh to monitor the progress of this indicator. The UN data, as shown in Table 1.13, exhibit an increasing trend between 1996 and 2005 indicating increasing vulnerability in employment. However, the Quarterly Labour Force Survey, 2015 data show that the proportion of own-account and contributing family workers in total employment was 61.1 per cent in 2015 indicating substantial reduction in the proportion.

Table 1.13: Proportion of Own-Account and Contributing Family Workers in Total Employment, 1996-2015

	1996	2000	2003	2005	2015
Proportion of own-account and contributing family workers in total employment	69.4	68.9	83.1	85.0	61.1

Source: <http://mdgs.un.org/unsd/mdg/Data.aspx>. Data for 2015 are from BBS, Quarterly Labour Force Survey, July-Sept. 2015.

Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

Indicator 1.8: Prevalence of underweight children under-five years of age (6-59 months)

Eradication of hunger is a precondition for poverty reduction and improving the living conditions of the poor. Prevalence of hunger is manifested in malnourished children and nutritional status of women. Malnourished children could suffer from permanent physical and cognitive damage, thereby affecting their future health and economic well-being. Nearly two-thirds (66 percent) of children under-five years of age in Bangladesh were underweight in 1990. It has declined consistently to 32.6 percent in 2014 (female: 33.1 percent, male: 32.2 percent). **In view of recent progress made in reducing underweight prevalence rates for children, it seems that Bangladesh has already achieved the MDG target of 33 percent prevalence rate by 2015.** The BDHS report is also supported by Multiple Indicator Cluster

Survey 2012-13, where the underweight rate for under-five years of children was found to be 31.9 percent. Increased food production (34.9 million tonnes of rice) and crop diversification, increased literacy of women aged 15-24 (82 percent), reduction of fertility rate (2.3), enhanced measles vaccination coverage (86.1 per cent), increased safety-net coverage, smaller family size (4.5 persons per household), and spread of vitamin A supplementation coverage (74.8 percent), have been the plausible factors contributing to the success.

Table 1.14: Underweight Rates for Children under 5 Years, 1990-2014

	1990	1992	1995	2000	2004	2005	2007	2009	2011	2012	2013	2014
Underweight Rate (%)	66	68	57	57	43	48	41	45	36	34.4	31.9	32.6

Source: BDHS for 2004, 2007, 2011 and 2014; MICS for 2013, others CMNS, BBS

36.1 percent of children under 5 are considered to be short for their age or stunted, while 11.6 percent are severely stunted (below -3 SD, i.e., below 3 standard deviation from the median of the reference population). The prevalence of stunting increases with age from 14 percent of children under age 6 months to 46 percent of children aged 18-23 months and decreases to 38 percent among children aged 48-59 months. Rural children are more likely to be stunted than urban children (38 percent compared with 31 percent). Children of mothers with no education are much more likely to be stunted (40 percent) than children whose mothers have completed secondary and higher education (29 percent). The differentials across wealth quintiles are larger. Children whose mothers are in the lowest wealth quintile are two and a half times more likely to be stunted (50 percent) than children whose mothers are in the wealthiest quintile (21 per cent). Stunting and/or underweight are tantamount to wastage of human resources.

Children's nutritional status has improved somewhat since 2004. The level of stunting has declined consistently from 50.6 percent in 2004 to 36.1 percent in 2014. Likewise wasting – low weight for height or thinness, which is often associated with acute starvation, has declined marginally to 14.3 percent in 2014 from 14.5 percent in 2004 with fluctuations in the intervening period.

Table 1.15: Stunting and Wasting of Children under Age Five, 2004-2014

	2004	2007	2011	2014
Stunting	50.6	43.2	41.3	36.1
Wasting	14.5	17.4	15.6	14.3

Source: BDHS 2014, NIPORT

Overall, 14.3 percent of children are considered wasted or too thin for their height and 3 percent are severely wasted. Wasting peaks at age 9-11 months (20 percent for moderate wasting and 6 percent for severe wasting).

The findings of Multiple Indicator Cluster Survey 2012-2013, jointly done by BBS and UNICEF, found prevalence of moderate and severe stunting as 42 percent and prevalence of moderate and severe wasting as 9.6 percent.

Indicator 1.9: Proportion of population below minimum level of dietary energy consumption (2,122 kcal/day and 1,805 kcal/day)

A modest decrease was observed in the proportion of population not having the minimum level of dietary energy consumption (2,122 kcal/day) from 47.5 percent in 1990 to 40.4 percent in 2005 (Table

1.16). More than one quarter (28 percent) of the population consumed less than 1,805 kcal/day in 1991-92; the proportion declined to 19.5 percent in 2005. Recent data on this indicator are not available from Bangladesh Bureau of Statistics, the National Statistical Organization of the country. BBS could not take necessary steps in due time to generate data for relevant indicators to facilitate MDG progress monitoring.

Table 1.16: Percentage of Poor in Bangladesh estimated using the DCI Method

Year	Absolute poverty			Hard-core poverty		
	Rural	Urban	National	Rural	Urban	National
1991 -92	47.6	46.7	47.5	28.3	26.3	28.0
1995 -96	47.1	49.7	47.5	24.6	27.3	25.1
2000	42.3	52.5	44.3	18.7	25.0	20.0
2005	39.5	43.2	40.4	17.9	24.4	19.5

Note: HIES 2010 does not provide poverty estimates using DCI method. Source: HES 1991-92 and HIES, various years, BBS

Per capita daily calorie intake at the national level has significantly increased from 2,238.5 kcal in 2005 to 2,318.3 kcal in 2010 reversing the declining trend observed from 1991-92 to 2005. Significant increase in per capita daily calorie intake can be attributed to increase in per capita income of people, changing food habit of people and increase in quantity of food consumption (Table 1.17).

Table 1.17: Per Capita per Day Calorie Intake (kcal), 1992-2010

	1991 -92	1995 -96	2000	2005	2010
National	2266.6	2244	2240.3	2238.5	2318.3
Urban	2258.1	2209.1	2150	2193.8	2244.5
Rural	2267.8	2251.1	2263.2	2253.2	2344.6

Source: HES 1991-92 and HIES, various years, BBS

According to the State of Food Insecurity (SOFI) 2014 Bangladesh has reduced the number of people undernourished by 27.3 percent during 1990-92 to 2012-14 period (from 36 million in 1990-92 to 26.2 million in 2012-14). According to UN estimates, proportion of population below minimum level of dietary energy consumption has declined from 32.8 per cent in 1991 to 16.4 per cent in 2015 (Table 1.18).

Table 1.18 Proportion of population below minimum level of dietary energy consumption

	1991	1995	2000	2005	2010	2015
Proportion of population below minimum level of dietary energy consumption	32.8	36.9	23.1	17.1	17.2	16.4

Source: mdgs.un.org/unsd/mdg/

Bangladesh has consistently improved its hunger situation (Global Hunger Index-Armed Conflict and the Challenge of Hunger, International Food Policy Research Institute, Concern Worldwide, Welthungerhilfe, World Peace Foundation, October 2015). This is evident from the decline in its Hunger Index from 52.2 in 1990 to 27.3 in 2015. It ranked 73rd in Global Hunger Index among 104 countries in 2015 ahead of India and Pakistan.

1.3 Global Experience in Implementing MDG 1

The commitment of the nations to MDGs led them to make sustained efforts to achieve MDG 1. Consequently the world has seen substantial reduction in poverty and hunger by the target date. The specific achievements are pointed out below:

- Extreme poverty has declined significantly over the last two decades. **In 1990, nearly half of the population in the developing world lived on less than \$1.25 (PPP) a day; that proportion dropped to 14 percent in 2015.**
- Globally, the number of people living in extreme poverty has declined by more than half, falling from 1.9 billion in 1990 to 836 million in 2015. Most progress has occurred since 2000.
- The number of people in the working middle class—living on more than PPP \$4 a day—has almost tripled between 1991 and 2015. This group now makes up half the workforce in the developing regions, up from just 18 percent in 1991.
- The proportion of undernourished people in the developing regions has fallen by almost half since 1990, from 23.3 percent in 1990–1992 to 12.9 percent in 2014–2016. More than 1 billion people have been lifted out of extreme poverty since 1990.
- Despite progress, almost half of the world's employed people work in vulnerable conditions.
- The proportion of undernourished people in the developing regions has fallen by almost half since 1990.
- **One in seven children worldwide is underweight, down from one in four in 1990.**
- By the end of 2014, conflicts had forced almost 60 million people to abandon their homes.

1.4 Status of MDG 1 in South Asia and Two other Comparator Countries

Though differing in initial conditions, economic and social policies pursued and challenges confronting the economies it is somewhat instructive to consider the status of poverty in Bangladesh in the regional context. The poverty figures of Bangladesh along with SAARC countries and Viet Nam and Cambodia give comparative status of MDG 1 in these countries.

With respect to proportion of population below \$1.25 PPP per day, Maldives has the lowest poverty rate, followed by Bhutan, Viet Nam and Sri Lanka. However, Sri Lanka has the lowest level of proportion of population below national poverty line, followed by Bhutan, Viet Nam and Cambodia. Poverty gap ratio is lower in Maldives, followed by Bhutan, Viet Nam and Sri Lanka. In Pakistan share of poorest quintile in national income/consumption is the highest, followed by Afghanistan, Cambodia and Bangladesh (Table 1.19).

Despite remarkable success in reducing the incidence of poverty Bangladesh still has the highest incidence of poverty among the regional countries. It is to be noted also that Bangladesh had a very high percentage of base figure of poor in the early nineties. It fares little better in terms of share of poorest quintile in national income or consumption with 4th highest share among these countries. Its share exceeds those of India, Nepal, Maldives, Sri Lanka, Bhutan and Vietnam.



Table 1.19: Cross Country Comparison with Respect to Poverty

Country	Proportion of population below \$1.25(PPP) per day (Year)	Proportion of population below national poverty line (Year)	Poverty gap ratio at \$1.25 PPP per day (Year)	Share of poorest quintile in national income or consumption (Year)
Afghanistan	...	35.8(2011)	...	9.4(2007)
Bangladesh	43.3(2010)	31.5(2010)	11.2(2010)	8.9(2010)
India	23.6(2012)	21.9(2011)	4.8(2011)	8.5(2009)
Pakistan	12.7(2010)	22.3(2005)	1.9(2010)	9.6(2010)
Nepal	23.7(2010)	25.2(2010)	5.2(2010)	8.3(2010)
Maldives	1.5(2004)	...	0.1(2004)	6.5(2004)
Sri Lanka	4.1(2009)	6.7(2013)	0.7(2009)	7.7(2007)
Bhutan	2.4(2012)	12(2012)	0.4(2012)	6.8(2012)
Viet Nam	2.4(2012)	17.2(2012)	0.6(2006)	7.0(2012)
Cambodia	10.1(2011)	17.7(2012)	1.4(2011)	9.0 (2011)

Source: mdgs.un.org/unsd/mdg/

Table 1.20 shows that Nepal has the highest level of employment to population ratio followed by Cambodia, Viet Nam and Bhutan. However, the employment to population ratio in Bangladesh is better than those in India, Pakistan, Maldives and Sri Lanka. Cambodia has the lowest level of women youth unemployment rate. However, this rate for Bangladesh is again lower than those in India, Pakistan, Maldives, Sri Lanka and Bhutan. Bangladesh has the 4th lowest youth women unemployment rate among these countries and third lowest share of youth unemployed to total unemployed among the regional countries.

Table 1.20: Cross Country Comparison with respect to Productive employment and decent work

Country	Employment-to-population ratio, both sexes, percentage (Year)	Proportion of employed people living below \$1.25 (PPP) per day (Year)	Youth unemployment rate, aged 15-24, women (Year)	Share of youth unemployed to total unemployed, both sexes (Year)
Afghanistan	46.8(2005)
Bangladesh	58.7(2015)	41.7(2010)	9.2(2010)	44.4(2010)
India	51.5(2012)	29.3(2010)	11.6(2012)	51.3(2012)
Pakistan	42.8(2007)	18.1(2007)	10.5(2008)	45.8(2008)
Nepal	91.6(2003)	21.9(2010)	2.9(2008)	45.8(2008)
Maldives	46.0 (2010)	1.1(2004)	21.4(2010)	59.3(2010)
Sri Lanka	50.5(2012)	5.8(2007)	27.8(2013)	57.9(2013)
Bhutan	63.1(2012)	10.7(200)	9.9(2013)	43.2(2013)
Viet Nam	76.0(2013)	15.8(2008)	6.8(2013)	48.5(2014)
Cambodia	84.1(2012)	19.9(2008)	0.4(2010)	35.5(2013)

Source: mdgs.un.org/unsd/mdg/

Table 1.21 shows that Viet Nam has the lowest proportion of children under five underweight rate, followed by Bhutan, Maldives and Afghanistan. However, Maldives has the lowest percentage of undernourished population, followed by Nepal, Viet Nam and Cambodia. Bangladesh has the highest proportion of underweight children aged under five years only next to India. It ranks 6th in proportion

of undernourished population among the 10 countries. However, its undernourishment situation is better than Pakistan, Bhutan and Sri Lanka in South Asia.

Table 1.21: Cross Country Comparison with respect to Hunger

Country	Children under 5 moderately or severely underweight, percentage (Year)	Population undernourished, percentage (in 2015)
Afghanistan	25.0 (2013)	26.8
Bangladesh	35.1 (2013)	16.4
India	43.5 (2006)	15.2
Pakistan	31.6 (2012)	22.0
Nepal	29.1 (2011)	7.8
Maldives	17.8 (2009)	5.2
Sri Lanka	26.3 (2012)	22.0
Bhutan	12.8 (2010)	25.0
Viet Nam	12.0(2011)	11.0
Cambodia	29.0 (2010)	14.2

Source: mdgs.un.org/unsd/mdg/

The cross country comparison shows that Bangladesh has registered remarkable success in reducing poverty and achieving other MDG targets compared with some of the countries in South Asia and also in South East Asia. However, it also lags behind in some important indicators which requires greater attention and action plans with focused strategies, particularly while devising action plans for SDG implementation.

1.5 Government's Specific Efforts to Achieve MDG 1

Widespread poverty has been one of the important development challenges for Bangladesh. The country recognizes the multi-dimensional nature of the problem and the need to address the problem by adopting appropriate policies and strategies. Since the beginning of the new millennium several national documents have been prepared, namely, the Interim Poverty Reduction Strategy Paper, Poverty Reduction Strategy Papers (NSAPR I and NSAPR II), Long Term Perspective Plan and Sixth Five Year Plan (2011-15) to address the development problems facing the country. PRSPs and particularly, the Sixth Five Year Plan provided the main strategic and implementation vehicle for achieving MDGs in Bangladesh. Development policies and strategies were mainly centred around the overarching goal of achieving pro-poor growth. The economy enjoyed annual growth rate persistently exceeding 6 percent in the past several years. Sustained growth has been a major driver in reducing poverty and hunger and other indicators under MDG 1.

Economic growth has been broad based comprising growth in agriculture, industry and services ensuring productive employment and incomes for large number of people. The agriculture sector of Bangladesh has made a notable progress. The remarkable growth since late 80's has been due to introduction of government supported inputs such as HYV seeds, chemical fertilizers, mechanized cultivation and irrigation. Public investment in rural infrastructure such as power, roads, bridges, culverts, canals, dams have contributed immensely to the persistent reduction of poverty, creating farm and non-farm employment and generating higher incomes.

The role of government in promoting the manufacturing sector has been a pro-active one. Government has promoted export led growth policy by liberalizing the external sector, reforming the financial sector

and providing incentives to industrial production, upgrading infrastructure, providing trade logistics, seeking market access by engaging in bilateral as well as multilateral trade liberalization and seeking trade preferences.

An important component of the anti-poverty strategy of the government is providing social safety nets to address poverty and vulnerability of people. The present government, for the first time, has formulated a comprehensive National Social Security Strategy (NSSS) to provide support to its citizen who need it most. Distressed people particularly women, children, old age and disabled persons have been given priority under NSSS. Safety net coverage was 13% of population until 2008. However, the government has increased it to 24% of population in 2011. The allocation also has increased from 1.98 percent of GDP in FY 09 to 2.30 percent in FY 15. The allocation for Annual Development Programme (ADP), which is the main public investment window to reduce poverty, was 3.15 percent of GDP in FY 09 and has been increased to 5.32 percent of GDP in FY15. Moreover, half of the total budget expenditure has been related to poverty reduction for the last seven years.

Government has also begun to consider food in a broader context beyond rice and focused on food security in its three dimensions, namely, availability, access and utilization. Moreover, in case of food production, climate change adaptation strategy in the agriculture sector has been given priority to tackle the food insecurity susceptibility due to climate change. The achievement of targets of food security is being facilitated by the implementation of the National Food Policy and its Plan of Action and the Country Investment Plan (CIP) 2010-2015s.

The Government has mainstreamed the nutrition service delivery at all service delivery point of Health and Family Planning Directorates with the Community Clinics being the first rural contact point for receiving primary healthcare. To help assist exclusive breast-feeding of new born babies up to six months, maternity leave for the working mothers has been enhanced to six months by the government, which augmented the nutritional status of the citizens

1.6 Partnership with the Non-Government Actors

Non-government actors such as development partners and NGOs have also played important roles in making progress towards MDG 1. Development partners have funded projects and programmes which have directly and indirectly helped achieve MDG 1. The major contribution of NGOs in eradicating extreme poverty and hunger is through providing microcredit to the disadvantaged section of the community. Some NGOs also provide supplementary inputs such as training, information, insurance to enhance the productivity through microcredit. NGOs employ a large pool of educated males and females from rural and semi-rural areas, contributing significantly in creating awareness and jobs for the local young people.

1.7 Key challenges

- Maintaining sustained higher and inclusive growth which was instrumental in reducing poverty without much slippage will continue to remain a challenge in the face of slow growing investment rate, infrastructure deficits, weak business climate and poor institutions.
- Maintaining agricultural growth through diversification of crop agriculture and accelerating growth of animal farming and fishing to ensure food availability and access to food to the poor and create employment will remain a challenge.
- Accelerating manufacturing growth with diversification of the sector is essential for transferring labour from informal sector and agriculture to more productive and high return employment remains critical.

- Maintaining sustained increase in female LFP through ensuring women friendly work environment, mobility, safety and security, non-discrimination in work and pay, well-functioning day care centres as well as proper implementation of laws to prevent all forms of violence against women is important.
- It is important to recognize that poverty is multi-dimensional and hunger has many faces. Elimination of extreme poverty and hunger requires a broad range of interventions. Children should be provided with food, basic education, health care, nutrition and protection against vulnerabilities.
- Ensuring targeting and delivery of assistance to intended beneficiaries remains a major problem for government social safety net programmes.
- It is emphasized that the poverty reducing effects of growth is partly offset by increasing inequality in the economy. Since the drivers of economic growth such as export-led industrialization, remittance and rapid growth of rural non-farm sector are themselves largely responsible for rising income inequality twisting the pattern of growth might affect growth itself. In this context, providing the poor with assets such as physical, human, and financial assets will profoundly help the poor to overcome the hurdles to more productive and high return jobs.

1.8 Eradicating Poverty and Hunger in the 2030 Development Agenda

Eradicating poverty and hunger is central to the post-2015 development agenda. Although the MDG targets of halving the proportion of people living in extreme poverty and hunger have been met or almost met, the world is still far from reaching the MDG goal of eradicating extreme poverty and hunger. In 2015, an estimated 825 million people still live in extreme poverty and 800 million still suffer from hunger. Eradicating poverty and hunger remains at the core of the 2030 development agenda. Eliminating the remaining extreme poverty and hunger will be challenging. Geographical exclusion, ecological vulnerability and adverse climate change impacts and non-committal international supports are argued to be the major causes for the existence of extreme poverty and hunger. In order to meet the relevant targets of the Sustainable Development Goals (SDGs), policy makers and development practitioners require to address these challenges.

Further, in the new development agenda, targets related to poverty and hunger should be monitored at the local level also. Because, poverty dynamics at the aggregate level not only mask some important regional facts, it is often misleading also to base policy on national figures. In fact, the national trends in poverty reduction disguise regional patterns as the rate of poverty reduction has not been uniform across regions. For example, the rate of poverty has been declining in all divisions since 2000 (GED, 2013). However, this divisional picture is making inner truths. The sub-district level analysis of 2005 and 2010 shows that a large number of sub-districts have experienced an increase in poverty, both extreme and moderate, even though the poverty has decreased in the respective division (GED, 2013). Moderate and extreme poverty have been found to increase in 158 and 144 sub-districts respectively⁷. This calls for implementation of SDGs at local levels, designing customized need based interventions. ‘Lagged Region Funds’ may also be created in annual budgetary provisions to address problems of poverty pockets as has been suggested in the 7th Five Year Plan.

⁷ Alam S. and Iqbal K. 2016, “Dynamics of Regional Poverty and Real Wages: Policy Implications for Development Interventions” in Davine J. et al. edited, *Extreme Poverty, Growth and Inequality in Bangladesh*, Practical Action Publishing, UK.

CHAPTER 2



Goal 2: Achieve Universal Primary Education

2.1 Introduction

Primary education and literacy play a significant role in reducing poverty in developing countries through expanding economic and social opportunities and enabling people to make productive contribution to the society. Bangladesh has made commendable progress in universalization of primary education through increasing equitable access to education, reducing dropouts, improving completion of the cycle, and implementing a number of quality enhancement measures in primary education. It has already achieved gender parity in primary school enrolment. The government is in the process of implementing the National Education Policy (2010) to achieve its comprehensive objectives. The present challenges under MDG-2 include attaining the targets of primary education completion rate, increasing adult literacy rate and improving quality of education.

MDG 2: Targets with indicators (at a glance)

Targets and Indicators	Base year 1990/91	Status in 2000	Current status (source)	Target by 2015
Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling				
2.1: Net enrolment in primary education, %	60.5	85.5	97.94 (APSC, 2015, DPE)	100
2.2: Proportion of pupils starting grade 1 who reach grade 5, %	43.0	66	81.3 (APSC, 2015, DPE) 96.4 (MICS 2012-13, BBS/UNICEF)	100

Targets and Indicators	Base year 1990/91	Status in 2000	Current status (source)	Target by 2015
2.3: Literacy rate of 15-24 year olds, women and men, %	-	-	Total: 75.4 (W: 76.6, M: 74.0) (Population and Housing Census 2011, BBS) Total: 74.9 (W: 81.9, M: 67.8) (BDHS 2011, NIPORT) For Women 82 (MICS 2012-13, BBS/UNICEF) Total: 81.1(W:83.3, M:78.9) (UNESCO Institute for Statistics, online, 2013)	100
2.3a: Adult literacy rate of 15+ years old population, % (proxy indicator)	37.2	52.8	64.6 (SVRS, 2015, BBS) 59.7(W:56.2,M:63.2)(UNESCO Institute for Statistics, online, 2013)	100

Source: MDGs: Bangladesh Progress Report 2015, GED, Bangladesh Planning Commission (Updated)

2.2 Progress of achievements in different targets and indicators

Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

Indicator 2.1: Net enrolment ratio in primary education

Table 2.1: Trends in Net Enrolment Ratio, 1990-2015

	1990	1995	2000	2005	2010	2012	2013	2014	2015
Total	60.5	75.8	85.5	87.2	94.8	96.7	97.3	97.7	97.94
Boys	50.8	73.9	85.8	90.1	97.6	98.1	98.4	98.8	-
Girls	69.4	77.5	85.2	84.4	92.2	95.4	96.2	96.6	-

Sources: BANBEIS, MOE & APSC, DPE

The net enrolment ratio (NER) refers to the number of pupils in the official school age group in a grade, cycle or level of education in a given school year, expressed as a percentage of the corresponding population of the eligible official age group.

The country nearly achieved the MDG target as the net enrolment ratio increased to 97.94 percent in 2015 from 60.5 percent in 1991-92. The faster and relatively consistent growth in girls' enrolment vis-à-vis boys has been an important driver of the observed improvement in NER. Focused and substantive initiatives undertaken by the government such as, providing stipend to female students up to the higher secondary level, distribution of free textbooks among students up to the secondary level, introducing modern technology for learning, holding regular public examinations and announcing results within the stipulated time and creation of the Education Assistance Trust Fund for the poor and meritorious students, food for education, stipends for primary school children, awareness building through media outreach, and community or satellite schools have all helped in boosting the NER. The government has undertaken initiatives to improve the quality of education alongside increasing literacy rate to build an illiteracy-free Bangladesh by 2014 as announced in Vision 2021. It is observed that contribution of some important macroeconomic factors such as sustained higher economic growth accompanied by greater supply side improvement such as number of schools, teachers, class rooms, etc. as well as better transportation have facilitated the attainment of the primary education targets of MDGs in Bangladesh.

Indicator 2.2: Proportion of pupils starting grade 1 who reach last grade of primary (grade 5)

Table 2.2: Proportion of Pupils Starting Grade 1 who Reach Grade 5, 1991-2015

	1991	2002	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Survival rate	43	66	53.9	50.2	51.9	54.9	59.7	67.3	79.6	75.3	80.5	81.0	81.3

Source: Annual Primary School Census, DPE, Ministry of Primary and Mass Education

Survival to the last grade of primary schooling (grade 5) is the percentage of a cohort of pupils enrolled in grade 1 of the primary level in a given year who are expected to reach grade 5. In the short term gain in the survival rate has been difficult to sustain on several occasions due to economic and social factors. However, it shows an upward trend over the long term reaching 81.0 percent (Boys: 77.65, Girls: 84.45) in 2014 which increased further to 81.3 percent in 2015 from a mere 43 per cent recorded in 1991. While large numbers of children certainly do fail to complete the primary cycle in government schools, substantial numbers continue their education in non-formal or unregistered schools such as madrasas and under the non-formal education projects.

The low primary completion rate or the high dropout rate at the primary level can be ascribed to several reasons. Household poverty has been identified as the primary cause of dropout for both boys and girls. Dropout has also been found higher in disaster prone areas where schools remain closed due to natural disasters such as flood, water logging, and cyclone. For girls, additional factors such as security, social and family pressure, absence of female-friendly schools (e.g., lack of separate toilets for girls, etc.) and awareness of parents matter most.

The findings of Multiple Indicator Cluster Survey 2012-2013, jointly conducted by BBS and UNICEF, found percentage of children entering the first grade of primary school who eventually reach last grade as 96.4 percent, and the primary school completion rate was found to be 79.5 percent. The issue of completion rate up to grade V should draw serious attention of all concerned if the country wants to be a knowledge based society free from illiteracy and empowering poor households.

The literacy rate of persons aged 15-24 years is the percentage of those persons in the age group who show their ability to both read and write by understanding a short simple statement in their everyday life. The data obtained from UNESCO Institute for Statistics show that the total literacy rate in Bangladesh was 44.7 percent with 51.7 for men and 38 percent for women in 1990. In 2001 the total literacy rate for this age group increased to 63.6 percent with 67.2 percent for men and 60.3 percent for women. In 2013 the total, male and female literacy rates were 81.1 per cent, 78.9 per cent and 83.3 per cent respectively. There has been continuous improvement in youth literacy rate in Bangladesh with female youth literacy rate rising at a faster rate than male youth literacy rate. Notably, the female literacy rate marginally surpassed male literacy rate in 2010.

Multiple Indicator Cluster Survey (BBS and UNICEF) first started to calculate literacy rate of only women aged 15-24 years from 2006 by asking them to read a short simple statement and found 70 percent of women to be literate. Later surveys have found consistent increase in the literacy of women to 72 percent in 2009 and further to 82 percent in 2012-13. Bangladesh Literacy Survey 2010 (BBS and UNESCO 2011) found the literacy rate of 15-24 years olds as 78.63 percent (women: 78.86 percent, men: 78.67 percent). The Bangladesh Demographic and Health Survey 2011 (NIPORT 2013) finds the literacy rate of persons in this age group at 74.9 percent with 81.9 percent for females and 67.8 percent for males. All these reports indicate positive trends in the literacy rate of women aged 15-24. The Population and Housing Census 2011, conducted by BBS found the literacy rate of 15-24 years olds as 75.4 percent with 76.6 percent for women and 74 percent for men.



Table 2.3: Trends of Adult Literacy Rate of Population 15+, Women and Men

	1991	1995	2000	2005	2010	2011	2012	2013	2015
Both	37.2	45.3	52.8	53.5	58.6	58.8	60.7	61	64.6
Male	43.3	55.6	61	58.3	62.9	62.5	64.8	65.1	67.6
Female	25.8	38.1	43.2	48.6	55.4	55.1	56.6	56.9	61.6

Source: SVRS, various years, BBS

Literacy rate has traditionally been defined as the ability to read and write with understanding, a short, simple statement about one's everyday life. Adult literacy rate of persons aged 15 years and over stood at 37.2 percent with 44.3 percent for male and 25.8 percent for female in 1991. Literacy rate increased rapidly to 52.8 percent with 61.0 percent for male and 43.2 percent for female in 2000. Afterwards there has been consistent but slow increase in literacy rate; it reached 64.6 percent in 2015 with 67.6 percent for male and 61.6 percent for female.

Adult literacy rate has increased by 27.4 percentage points over the period 1991-2015 implying an average increase of 1.14 percentage points per annum against the required reduction of 2.62 percentage points per year for achieving the MDG target. **The progress in adult literacy rate falls short of the targeted 100 percent.**

Bangladesh has made considerable progress in attaining some of the MDG 2 targets but it lags behind in areas such as adult literacy and youth literacy. Ensuring meaningful and quality life-long learning for adolescents and the adult population has always been a challenge in the country. Poor quality adult literacy programmes discourage sustained participation of adults in literacy and ongoing adult education programmes. Limited staff development opportunities and low compensation provide little incentives for quality teaching. Extreme poverty, marginal population groups, special need children, child labour, hard to reach areas, natural disaster such as cyclones and floods, intergenerational transmission of illiteracy are several major factors which affect attainment of targets. While it is true that Bangladesh has managed to achieve high enrolment rate at a low cost, there is a link between the quality of education and investment in the education sector. Bangladesh has so far not been able to invest more than 2.5 percent of its GDP in education while UNESCO suggested for spending 6 per cent of GDP for educational sector in developing countries.

2.3 Global Experience in Implementing MDG 2

Education is considered a major instrument of poverty reduction and reducing income inequality in the long run in addition to its importance in achieving other social-economic goals. The international community made a pledge to enhance educational achievements for its multi-dimensional value and concerted efforts were made to achieve the targets. The global achievements with regard to MDG 2 are discussed below:

- The primary school net enrolment rate in the developing regions has reached 91 percent in 2015, up from 83 percent in 2000.
- The number of out-of-school children of primary school age worldwide has fallen by almost half, to an estimated 57 million in 2015, down from 100 million in 2000.
- Sub-Saharan Africa has had the best record of improvement in primary education of any region since the MDGs were launched. The region achieved a 20 percentage point increase in the net enrolment rate from 2000 to 2015, compared to a gain of 8 percentage points between 1990 and 2000.

- The literacy rate among youth aged 15 to 24 has increased globally from 83 percent to 91 percent between 1990 and 2015. The gap between women and men has narrowed.
- In the developing regions, children in the poorest households are four times as likely to be out of school as those in the richest households.

2.4 Status of MDG 2 in South Asia and Two other Comparator Countries

Table 2.4 shows that the regional countries have varied performance in attaining targets under MDG 2. Bangladesh ranks very high in net enrolment ratio in primary education which indicates its better performance compared with Pakistan, Maldives, Sri Lanka, and Bhutan (higher than the average of the developing regions). Sri Lanka has the highest percentage of pupils starting grade 1 who reach last grade of primary and is followed sequentially by Viet Nam, and Maldives. Bangladesh also ranks very high in percentage of pupils starting grade 1 who reach last grade of primary which shows its better performance compared to India, Pakistan, Nepal and Cambodia. Completion rate is highest in Maldives, followed by Nepal, Bhutan and Viet Nam. Bangladesh is only ahead of Pakistan in school completion rate. In case of literacy rate of 15-24 year olds Bangladesh performs better than that of India, Pakistan and Bhutan. In Bangladesh, attention has to be focused to increase the primary completion rate.

Table 2.4: Cross Country comparison related to NER, Completion rate, Literacy rate

Country	Total net enrolment ratio in primary education, both sexes (Year)	Percentage of pupils starting grade 1 who reach last grade of primary, both sexes (Year)	Primary completion rate, both sexes (Year)	Literacy rate of 15-24 year-olds (Year)
Afghanistan	28(1993)	87.8(1993)	28.8(1993)	47(2011)
Bangladesh	96.2(2013)	66.2(2009)	74.6(2011)	79.9(2012)
India	98.6(2012)	61.4(2001)	96.5(2011)	76.4(2006)
Pakistan	71.9 (2013)	62.2(2012)	73.1(2013)	70.8(2011)
Nepal	98.7(2013)	60.4(2012)	101.6(2014)	82.4(2011)
Maldives	93.1(2007)	82.8(2011)	132.3(2006)	99.3(2006)
Sri Lanka	94.3(2013)	98.5(2012)	97.4(2013)	98.2(2010)
Bhutan	90.7(2013)	78.9(2012)	98.4(2013)	74.4(2005)
Viet Nam	98.1(2013)	94.5(2012)	97.5(2013)	97.1(2009)
Cambodia	98.4(2012)	64.2(2012)	97.3(2013)	98(2004)

Source: mdgs.un.org/unsd/mdg/

2.5 Government's Specific Efforts to Achieve MDG 2

Bangladesh's commitment to universal primary education predates its commitment to MDG 2. The Constitution of Bangladesh has provision for free and compulsory primary education. The government had taken many initiatives including the Compulsory Primary Education Act 1993 which made the five-year primary education free in all primary schools. In 2000 the government adopted Primary Education Development Program II- a six year program to increase access, quality and efficiency in primary education. This has been followed by PEDP III which builds on achievements and experience of PEDP II, broadens its scope and deepens quality improvement. A major milestone in the education

sector is the adoption of National Education Policy 2010, a forward looking and comprehensive policy, which the government is implementing. Government has adopted policies and programs to encourage enrolment and completion of school cycle, to address problems of drop-out children, child labour, hard to reach children, hard to reach areas and to improve quality and efficiency of education.

Bangladesh is a signatory to the World Declaration on Education for All (EFA). The country has formulated National Plan of Action I and II to realize the goals of Education for All. The country has also prepared a Non-formal Education Policy. After four decades, in January 2013, in a landmark announcement, the government declared the nationalization of all non-government primary schools of the country. With this declaration 26,193 primary schools were nationalized and jobs of 1 lakh 4 thousand 776 teachers were also brought under government's payroll.

2.6 Partnership with the Non-Government Actors

Development partners have funded projects and programmes which have helped achieve or make considerable progress towards achieving targets under MDG 2. Primary Education Development Programs have been multi donor funded programs. NGOs depend critically on development partners for funding to operate different programs. According to HIES 2010 NGO run schools have served 2.52 percent of total primary level students. This is a small percentage compared with about 94 percent government or government subsidized schools. However, this percentage is higher than madrasa (religious stream schools) or non-government schools and the NGO schools serve mainly disadvantaged groups in the society. BRAC is the largest player serving about 80 percent of students in NGO schools. Its non-formal primary schools provide second chance at learning to disadvantaged children left out the formal education system because of extreme poverty, violence, displacement, distress and discrimination.

2.7 Education in the 2030 Development Agenda

Bangladesh has almost achieved the target NER by 2015. However, there has been little change in NER in the last three years. This small group of children poses a challenge to attaining 100 per cent NER. Extreme poverty, marginal population groups, special need children, child labour, hard to reach areas, sparsely populated villages, children living in slums, natural disasters such as cyclones and floods constitute some of the major impediments to achieve the target. Further, there exists disparity between NER of boys and girls with lower NER for girls.

Despite significant increase in the proportion of pupils starting grade I who reach the last grade of primary, Bangladesh has missed the target by a considerable margin. In the current context of low completion rate or high dropout rate at the primary level it is challenging to attain 100 percent completion rate in the near future. Multiple and overlapping factors create a challenging environment for student retention and learning. Children with limited schooling opportunities, for example, working children, disabled children, indigenous children or children living in remote areas or living in extreme poverty or living in slums, special needs children, lack of friendly environment in schools, inadequate contact hours, some teachers with poor qualification and lack of motivation, teacher absenteeism, and lack of relevance of learning to jobs combine to lead to poor learning outcomes for a large proportion of students with impact on completion rate.

Achieving 100 percent youth literacy rate provides a formidable challenge. Perhaps the greatest challenge in the education sector is to attain 100 percent adult literacy rate. Ensuring meaningful and quality life-long learning for adolescent and adult population has always been a challenge in the country. Absence of flexible delivery mechanism, lack of initiative in developing structures, inadequate training and capacity building measures for teachers and facilitators, absence of long term, sustainable planning of Non-formal and life-long learning programs provide a challenge to achieving target adult literacy rate.

While it is necessary to ensure all children enroll in schools, it is equally important, if not more, the children finish their schools with necessary skills. Improving the quality of education has been a major challenge for the policy makers in the country. It has been found that it takes an average of 8.6 years to complete the five-year primary cycle. Only half of the primary graduates achieve the minimum national curriculum competencies.

Bangladesh has been successful in substantially improving the education performance indicators at low cost. But the quality of education is found to have close linked to investment. The Incheon Declaration of the World Education Forum(2015) urges allocating at least 4-6 per cent of GDP and/or at least 15-20 percent of total public expenditure to education. This represents a large increase from recent past expenditure on education at 2.2 per cent of GDP.

2.8 Education in the 2030 Development Agenda

The unfinished work on education must rank high on the post-2015 development agenda. Despite enormous progress during the last decade, achieving universal primary education will require renewed attention in the post-2015 era, just as the global community seeks to extend the scope to universal secondary education. Drawing on lessons learned from the MDGs, interventions will have to be tailored to the needs of specific groups of children—particularly girls, children belonging to minorities and nomadic communities, children engaged in child labour and children living with disabilities, in conflict situations or in urban slums. Investing in the programmes for improving quality of education and ensuring a sustainable source of funding is also essential.

In this world of growing inequality, the division between the rich and the poor will widen further if we cannot check the growing inequality of human capital between the rich and the poor. The rich have greater access to quality education than the poor and the return on quality education in a developing country is very high. Taken together, if we cannot ensure quality education for the poor, the dream of building a just, equitable and high productive society cannot be materialized, which is the core spirit of SDGs and our development pursuit.

CHAPTER 3

GOAL 3



Goal 3: Promote Gender Equality and Empower Women

3.1 Introduction

Building of a just and equitable society requires ensuring gender equality in all social, cultural, economic and political spheres. How a society treats women is an important indicator of progress and enlightenment of the society. In order to build a society where both men and women will be treated equally, a nation needs to invest in women to make them empowered in all dimensions. Furthermore, an empowered woman contributes more to her family and society than the less empowered ones - children's health and education outcomes are highly correlated with the more empowered women. In this spirit, Bangladesh has made considerable success in some key indicators of gender equality. It has achieved gender parity in primary and secondary education. There has been a sharp increase in the number of women parliamentarians elected in 2014. According to the Global Gender Gap Report 2014, Bangladesh ranks 10th position out of 142 countries in the political empowerment sphere and was awarded the prestigious Women in Parliaments Global Forum Award in 2015. However, wage employment for women in Bangladesh is still low compared with men.

MDG 3: Targets with indicators (at a glance)

Targets and indicators	Base year 1990/91	Status in 2000	Current status (source)	Target by 2015
Target 3.A: Eliminate gender disparity in primary and secondary education preferably by 2005, and in all levels of education no later than 2015				
3.1: Ratios of girls to boys in primary, secondary and tertiary education				
3.1a: Ratio of girls to boys in primary education (Gender Parity Index = Girls/ Boys)	0.83	0.96	1.04(APSC, 2015, DPE) 1.07 (MICS 2012-2013) 1.10(BDHS 2011)	1.00

Targets and indicators	Base year 1990/91	Status in 2000	Current status (source)	Target by 2015
3.1b: Ratio of girls to boys in secondary education (Gender Parity Index = Girls/ Boys)	0.52	1.06	1.14(BANBEIS 2015) 1.30 (MICS 2012-13)	1.00
3.1c: Ratio of girls to boys in tertiary education (Gender Parity Index = Girls/ Boys)	0.37	0.33	0.65(BANBEIS, 2015) 0.78(UGC 2013)	1.00
3.2: Share of women in wage employment in the non-agricultural sector (%)	19.10	22	31.6 (LFS 2013)	50.00
3.3: Proportion of seats held by women in national parliament (%)	12.70	13.03	20.29 (BPS 2015)	33.00

Source: MDGs: Bangladesh Progress Report 2015, General Economics Division, Bangladesh Planning Commission (Updated)

3.2 Progress of achievements in different targets and indicators

Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

Indicator 3.1: Ratios of girls to boys in primary, secondary and tertiary education

Indicator 3.1a: Ratio of girls to boys in primary education

Table 3.1: Gender Parity Index (GPI) at Primary Education, 1990-2015

	1990	1995	2000	2005	2010	2011	2012	2013	2014	2015
GPI	0.82	0.90	0.96	1.01	1.02	1.02	1.01	1.00	1.03	1.04

Source: BANBEIS, MOE and APSC, DPE

Bangladesh has already achieved the target for gender parity in primary school enrolment. Gender Parity Index, defined as the ratio of the number of female students in primary, secondary and tertiary levels of education to the corresponding number of male students in each level, increased from 0.82 in 1990 to 1.04 in 2015 in primary schools. GPI marks some annual fluctuations in the intervening period.

It is evident from the table that gender parity at the primary level was first achieved in 2005, which has been sustained afterwards. However, Multiple Indicator Cluster Survey 2012-2013 (BBS/UNICEF 2014) reports Gender Parity Index at the primary school level as 1.07 and the gender parity has been achieved at the regional level in all the divisions of Bangladesh. The BDHS 2011 report found GPI at primary level as 1.10.

Indicator 3.1b: Ratio of girls to boys in secondary education(grade 6 to 10)

Table 3.2: Gender Parity Index at Secondary Education, 1991-2015

	1991	1995	2000	2005	2010	2011	2012	2013	2015
GPI	0.52	0.82	1.06	1.04	1.14	1.13	1.14	1.14	1.14

Source: BANBEIS, MOE.

The secondary education system in Bangladesh consists of two levels—secondary education (grades 6-10) and higher secondary education (grades 11-12). Since 1991, the enrolment of female students in secondary education has increased significantly with girls' enrolment surpassing boys' in 2000 (52 per cent for girls and 48 per cent for boys). Gross Parity Index jumped from 1.06 in 2000 to 1.14 in 2010 and stabilized around this level till the end of the MDG period in 2015.

It is remarkable that Bangladesh has been maintaining gender parity at secondary education level during the last 15 years. Female education has been encouraged through providing stipend to the female students at secondary and higher secondary level, financial support to purchase books and payment of fees for the public examination. Although primary and secondary education is free for girls in the country, dropout still exists, especially among girls. The challenge in completing the full cycle of primary and secondary education requires larger investment in education as it results in lower level of female enrolment at the higher secondary and tertiary levels. Poverty and other hidden costs of education are major causes for dropouts especially in rural areas. Other factors that contribute to dropouts of girl students at the secondary level include violence against girls, restricted mobility, lack of separate toilet facilities for girls, fewer female teachers at secondary level, and lack of girls' hostel facilities.

However, Multiple Indicator Cluster Survey 2012-2013 (BBS/UNICEF 2014) reports Gender Parity Index at the secondary level as 1.30 and the gender parity has been achieved at the regional level in all the Divisions of Bangladesh.

Indicator 3.1c: Ratio of girls to boys in tertiary education

According to BANBEIS under the Ministry of Education, Gender Parity Index (GPI) in the tertiary education is 0.67 in 2013. This figure is more than double compared with what it was in 2005. In fact, GPI was hovering around 0.30 between 2001 and 2008 but increased to 0.39 in 2010 and shot up to 0.66 in 2011 and 0.73 in 2012. However, it came down to 0.67 in 2013. The BDHS report 2011 found GPI at the tertiary level as 0.60. The information from UGC shows the figure to be considerably higher at 0.78 in 2013.

Measures have been taken to increase female participation in tertiary and higher education in recent years. An international university 'Asian University for Women' has been established in Chittagong. It has been planned to make girls education free up to graduation level. The number and amount of general scholarship for the meritorious students and scholarship for technical and vocational education have also been increased. 'Prime Minister's Education Assistance Trust Act, 2012' has been approved to provide assistance and stipend to students up to graduate level. Government has allocated Tk. 10 billion (equivalent to 125 million US dollar) as seed money to this end. There is a concern that Gross Parity Index measured as ratio of girls to boys in tertiary education is lower compared to secondary and higher secondary level. The factors that contribute to lower enrolment of girls in tertiary education include poverty and hidden costs of education, violence against girls, restricted mobility, and lack of adequate hostel facilities for girls and discriminatory labour market.

Table 3.3: Gender Parity Index at Tertiary Education, 2001-2015

	2001	2005	2006	2007	2008	2010	2011	2012	2013	2015
GPI	0.33	0.32	0.32	0.31	0.32	0.39	0.66	0.73	0.67	0.65

Source: BANBEIS, MOE

Indicator 3.2: Share of women in wage employment in the non-agricultural sector (%)

Table 3.4: Share of Women in Wage Employment in the Non-Agricultural Sector (percent)

1991-92	2005-6	2010	2013
19.1	14.6	19.9	31.6

Source: Labour Force Survey, various years, BBS

The share of women in wage employment in the non-agricultural sector is the number of female workers in wage employment in the non-agricultural sector expressed as a percentage of total wage employment in the sector. The non-agricultural sector includes industry particularly SMEs and services. This indicator shows the extent to which women have access to paid employment. Increasing wage employment of women in the non-agricultural sector is an important indicator of development and women empowerment.

Status of women in the labour force has been improving, albeit slowly, as shown by their labour force participation rate and share in non-agricultural employment. Labour force participation rate for females increased to 33.5 per cent in 2013 with a peak at 36.0 per cent in 2010 from 14 per cent in 1990-91. In Bangladesh, the share of women in wage employment in the non-agricultural sector was 19.1 per cent in 1991-92, which declined to a trough of 14.6 per cent in 2005-06. However, the share increased to 19.9 per cent in 2010 and increased rapidly to 31.6 per cent in 2013.

Table 3.5: Participation of Labour in Mainstream Economic Activities: 1990-2013

No.	Indicator	Gender	1990	2005	2010	2013
1	Share of women in wage employment in agricultural sector	Female	45.50	66.54	40.84	N.A.
2	Share of women in wage employment in non-agricultural sector	Female	19.10	14.60	19.87	31.6
3	Labour force participation rate	Female	23.90	29.20	36.00	33.5
		Male	84.00	86.80	82.50	81.7
4	Unemployment rate	Female	7.80	7.04	5.80	7.3
		Male	3.40	3.35	4.10	3.0

Source: Gender Compendium of Bangladesh 2009, BBS and LFS 2013, BBS

The participation of labour force in mainstream economic activities by gender is shown in Table 3.5. First three rows of the table indicate one consistent story: while the female labour force participation has decreased in the period 2010-2013, the share of women in wage employment in non-agricultural sector has increased in this period. It indicates that the share of women might have decreased in agricultural wage employment. This offers an explanation of the puzzle why female labour force participation has declined recently. As the rural household income has increased substantially, some women have withdrawn themselves from the labour market to spend more time with their family. This may also be explained as preference for leisure or family care of households which benefit from increased total income derived from high agricultural wage and/or from non-farm activities.

Indicator 3.3: Proportion of seats held by women in national parliament

Table 3.6: Proportion of Female Members in the Parliament, 1991-2015

	1991	1996	2001	2008	2014	2015
No of female members	42	43	41	64	70	71
No of total seats	330	330	330	345	350	350
Percentage	12.73	13.03	12.42	18.55	20.00	20.29

Source: Bangladesh Parliament Secretariat (BPS)

Bangladesh is an example of a country with dominant leadership of women in national politics and government. Currently, the Speaker of the National Parliament, the Prime Minister, the Leader of the Opposition and the Deputy Leader of the House are all women. The situation of women empowerment and gender equality appears promising from this perspective. However, broader participation of women in the National Parliament was quite limited in the early nineties. Though still low it is heartening to note that women's participation in the Parliament stood at 20.29 per cent in 2015 compared to 12.73 per cent in 1991. In the last Parliament, the share of reserved seats for women was raised to 50 from 45. Moreover, the current Parliament has 20 directly elected women Parliamentarians. In addition, one women parliamentarian has been elected later on in a by-election in 2015. In order to ensure greater participation of women in important decision making positions, initiatives are now underway to increase the representation of women in the legislative, judiciary and executive branches of the government.

Table 3.7: Evolution of Gender Gap Index of Bangladesh, 2006-2015

Year	Overall score (Rank)	Economic participation & Opportunity score (Rank)	Educational attainment score (Rank)	Health and survival score (Rank)	Political empowerment score (Rank)
1	2	3	4	5	6
	Combined	Sub-index			
2015	0.704 (64)	0.462 (130)	0.948 (109)	0.971 (95)	0.433 (8)
2014	0.6973 (68)	0.4774 (127)	0.9402 (111)	0.9663 (122)	0.4055 (10)
2013	0.684 (75)	0.495 (121)	0.884 (115)	0.955 (124)	0.403 (7)
2012	0.668 (86)	0.480	0.858	0.956	0.380
2011	0.681 (69)	0.493	0.917	0.956	0.359
2010	0.670 (82)	0.473	0.914	0.956	0.338
2009	0.653 (93)	0.455	0.911	0.950	0.294
2008	0.653 (90)	0.444	0.909	0.950	0.310
2007	0.631 (100)	0.437	0.871	0.950	0.267
2006	0.627 (91)	0.423	0.868	0.950	0.267

Source: The Global Gender Gap Report 2015, World Economic Forum

Table 3.7 depicts the Gender Gap Index of Bangladesh from 2006 to 2015. Bangladesh ranks 64th out of 142 countries with overall score of 0.704. Its rank was 75th in 2013. In terms of sub-indexes, health and survival (0.971) has the highest rank, followed sequentially by educational attainment (0.948), economic participation (0.462) and political empowerment (0.433) in 2015. It is gratifying to see that Bangladesh ranks 8th position out of 142 countries in the sphere of political empowerment. It was internationally acclaimed when Bangladesh was awarded the prestigious Women in Parliaments Global Forum award, known as WIP award, in 2015 for its outstanding success in closing gender gap in the political sphere. During the 2006-2015 period Bangladesh has improved its rank in all the indexes and there has been improvement in 2015 compared to 2014.

3.3 Global Experience in Implementing MDG 3

Developing nations have made great strides in promoting gender parity and women empowerment. The major features of the progress are highlighted below:

- Many more girls are now in school compared to 15 years ago. The developing regions as a whole have achieved the target to eliminate gender disparity in primary, secondary and tertiary education.
- In South Asia, only 74 girls were enrolled in primary school for every 100 boys in 1990. Today, 103 girls are enrolled for every 100 boys.
- Women now make up 41 per cent of paid workers outside the agricultural sector, an increase from 35 per cent in 1990.
- Between 1991 and 2015, the proportion of women in vulnerable employment as a share of total female employment has declined by 13 percentage points. In contrast, vulnerable employment among men fell by 9 percentage points.
- Women have gained ground in parliamentary representation in nearly 90 per cent of the 174 countries with data over the past 20 years. The average proportion of women in parliament has nearly doubled during the same period. Yet still only one in five members are women.
- About two thirds of countries in the developing regions have achieved gender parity in primary education.
- Globally, about three quarters of working-age men participate in the labour force, compared to half of working-age women.

3.4 Status of MDG 3 in South Asia and Two other Comparator Countries

Gender Parity at the Primary level is highest in Nepal, followed by Bangladesh, India and Bhutan. Gender parity at the secondary level is highest in Bangladesh, followed by Maldives, Bhutan and Sri Lanka & Nepal. At the tertiary level, gender parity is highest in Sri Lanka, followed by Maldives, Pakistan and India. With respect to share of women in wage employment in the non-agriculture sector, Bangladesh outperformed India, Pakistan, Nepal, Afghanistan and Bhutan.

Table 3.8: Cross Country Comparison on Gender Equality

Country	GPI at Primary Level (Year)	GPI at Secondary Level (Year)	GPI at Tertiary Level (Year)	Share of women in wage employment in the non-agricultural sector (Year)	Seats held by women in national parliament (in 2015)
Afghanistan	0.70(2013)	0.55(2013)	0.33(2011)	18.4(2004)	69
Bangladesh	1.06(2011)	1.14(2012)	0.65(2015)	31.1(2015)	71

Country	GPI at Primary Level (Year)	GPI at Secondary Level (Year)	GPI at Tertiary Level (Year)	Share of women in wage employment in the non-agricultural sector (Year)	Seats held by women in national parliament (in 2015)
India	1.03(2012)	0.95(2012)	0.92(2013)	19.3(2010)	65
Pakistan	0.87(2013)	0.73(2013)	0.98(2013)	12.6(2008)	67
Nepal	1.09(2014)	1.06(2014)	0.81(2013)	14.0(2014)	176
Maldives	0.97(2007)	1.13(2004)	1.13(2008)	40.5(2010)	5
Sri Lanka	0.99(2013)	1.06(2013)	1.60(2013)	32.4(2013)	13
Bhutan	1.01(2013)	1.07(2013)	0.74(2013)	26.3(2012)	4
Viet Nam	0.98(2013)	0.90(1998)	0.90(2013)	41.1(2015)	121
Cambodia	0.93(2013)	0.85(2008)	0.61(2011)	40.9(2012)	25

Source: mdgs.un.org/unsd/mdg/

The number of seats held by women in the national parliament in Bangladesh is higher than that of India, Pakistan, Afghanistan, Maldives, Sri Lanka and Pakistan. Bangladesh outperformed other comparator countries in case of GPI in primary and secondary levels. Greater efforts are needed to raise the GPI at the tertiary level.

3.5 Government's Specific Efforts to Achieve MDG 3

The government prepares the Gender Budget every year which is presented along with the annual budget before the Parliament in order to highlight and encourage the contributions of women to socio-economic development and to help frame policies for women advancement. It provides the policies and strategies undertaken by the government for women development and the budget allocation for their benefit.

In addition to endorsement of all international conventions for the protection of women's rights, Bangladesh took many new legal and policy measures to uphold the rights of women. An important step was the reformulation of the National Women Development Policy (NWDP) 2011, and the National Action Plan to implement the Policy. Laws formulated for protecting women's right include the Domestic Violence (Prevention and Protection) Act, 2010, the Domestic Violence Prevention and Protection Rules 2013, Prevention and Suppression of Human Trafficking (PSHT) Act 2012, Hindu Marriage Registration Act 2012 and National Children's Act 2013. Some sectoral laws that were enacted ensuring protection and benefits of women such as, Overseas Employment and Migration Act 2013 and the Pornography Control Act 2012.

The Bangladesh Government is committed to attaining the objective of the Convention on the Elimination of all Forms of Discrimination Against Women (CEDAW), which is the Beijing Platform for Action and MDGs in conformity with the fundamental rights enshrined in the constitution of Bangladesh.

3.6 Partnership with the Non-Government Actors

Development partners have funded projects and programmes which have helped achieve or make considerable progress towards achieving targets under MDG 3. All large donors such as the World Bank, the ADB and JICA have supported programs in the education sector. Primary Education Development Program I, II and III have been multi donor funded programs which have sought to address problems of access, quality and efficiency of primary level education benefitting girl students.

NGOs have been contributing to women empowerment through providing microcredit to poor women which benefits them in more than one way. Microcredit enables them to undertake diversified income generating activities, enhance their income and reduce poverty, participate in decision making in the household and augment their status in the family. Social consciousness and mobility of women have increased and this has resulted in increased participation in social and economic activities. NGOs help rural communities to build institutions which work to raise awareness and voices of the poor, address violence against women and children, and encourage women to participate in public life.

3.7 Key Challenges

Bangladesh has achieved gender parity in education at both primary and secondary levels and there has not been any slippage. The gender parity index in secondary education is higher than in primary education. This indicates higher dropout for boys who look for jobs while girls continue their education.

Bangladesh has doubled its gender parity index between 2001 and 2015 period. Increasing the transition of girls from secondary to higher secondary and from higher secondary to tertiary education poses a significant challenge. Multiple and overlapping factors account for low gender parity index in tertiary education. Some of the major factors include poverty, substantial hidden cost of education, violence against girls, safety and security of girls, early marriage, lack separate toilets and hostels for girls and lack of separate public transports for girls.

Improving performance of girls/women at all level of education has not led to commensurate increase in share of women in wage employment in the non-agriculture sector. The share has increased over time but it is very low at around 32 per cent in 2013. The political participation of women is still low.

3.8 Gender in the 2030 Development Agenda

While much progress has been made by Bangladesh towards women's and girls' equality in education, employment and political representation over the last two decades but many grey areas remain, particularly in areas of discrimination and violence against women in both public and private spheres. To achieve gender equality and empowerment of women, it is critical to address the key areas of gender-based discrimination in law and in practice; violence against women and girls; women's and men's unequal opportunities in the labour market; the unequal division of unpaid care and domestic work; women's limited control over assets and property; and women's unequal participation in private and public decision making and business. While preparing the action plans for SDGs implementations, these grey areas need to be addressed commensuration with devising, if necessary, strategies, policies facilitating governance improvement.

CHAPTER 4



GOAL 4

Goal 4: Reduce Child Mortality

4.1 Introduction

Investment in child health is found to have positive and robust correlation with the productivity of child's adult life. That is, condition of health at early age determines a person's lifetime ability and income stream. Bangladesh has made notable success in reducing child mortality in order to build a healthy and prosperous society. This has more relevance while the country is passing the early stages of demographic dividend period. Considerable progress has been made in child survival rate as the mortality has declined rapidly over the last decade. The successful programs for immunization, control of diarrhoeal diseases and Vitamin-A supplementation are considered to be the most significant contributors to the decline in child and infant deaths. An interesting aspect of reducing child mortality in Bangladesh is that most of the solutions are low-cost innovative indigenous solutions. Bangladesh is a global leader in developing low-cost interventions such as the use of zinc in the treatment of childhood diarrhoea, oral rehydration solution, delivery kits, tetanus vaccinations for pregnant women, and iodized salt. These interventions have been rolled out locally, scaled up and even used in other developing countries. Bangladesh's strong emphasis on childhood immunization has resulted in almost universal access. In sum, Bangladesh showcases a success story not only in inventing low-cost local solutions of the problem but also reaching these solutions to the door-step of the poor people through effective mass campaign by both government and NGOs.

MDG 4: Targets with indicators (at a glance)

Targets and indicators	Base year 1990/91	Status in 2000	Current status (source)	Target by 2015
Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.				
4.1: Under-five mortality rate (per 1,000 live births)	146	84	46 (BDHS 2014, NIPORT) 36 (SVRS 2015, BBS)	48

Targets and indicators	Base year 1990/91	Status in 2000	Current status (source)	Target by 2015
4.2: Infant mortality rate (per 1,000 live births) (Below one year)	92	58	29 (SVRS 2015, BBS) 37.3 (Sample Census 2011, BBS)	31
4.3: Proportion of 1 year old children immunized against measles (%)	54	61	79.9 (BDHS 2014, NIPORT) 81.9 (UESD 2013, NIPORT)	100

4.2 Progress of achievements in different targets and indicators

Target 4.A: Reduce the under-five mortality rate (U5MR) by two-thirds between 1990 and 2015

Indicator 4.1: Under-five mortality rate (per 1,000 live births)

Table 4.1: Under-Five Mortality Rate in Bangladesh, 1990-2015

	1990	1995	2000	2005	2010	2015
Rural	158	150	90	71	48	39
Urban	100	83	55	56	44	32
National	151	125	84	68	47	36

Source: SVRS, BBS, various years

The under-5 mortality rate is the number of deaths among children under 5 years of age per 1,000 live births in a given year. Data from Bangladesh Demographic and Health Survey (BDHS) 2014 show that there has been persistent decline in the U5MR to 46 in 2014 from 146 in 1990-91. Bangladesh has thus achieved the MDG 4 target for U5MR (against target of 48 per 1,000 live-births) ahead of time.

However, data provided by the Sample Vital Registration System (SVRS) 2015 show a much lower U5MR at 36 per 1,000 live births implying an average annual decline of 6.3 per cent. This figure reinforces the BDHS finding that Bangladesh has already met the MDG target. Rapid decline has taken place in both rural and urban areas but the rural rate exceeded the urban rate resulting in substantial reduction in the rural urban difference in 2015.

Indicator 4.2: Infant mortality rate (per 1,000 live births)

Table 4.2: Infant Mortality Rate in Bangladesh, 1990-2015

	1990	1995	2000	2005	2010	2015
Rural	97	78	62	51	37	29
Urban	71	53	44	44	35	28
National	94	71	58	50	36	29

Source: SVRS, various years, BBS

The infant mortality rate (IMR) is defined as the number of deaths among children under one year of age per 1000 live births in a given year. The SVRS report shows that there has been persistent and substantial decline in the infant mortality rate from 1994-95 to 2015 period. During this period IMR declined from

71 per 1,000 live births to 29 implying an annual rate of decline of 4.4 per cent. Declines took place in both rural and urban areas with rural areas having a faster decline than urban areas. As a result the disparity between rural-urban IMR has been reduced substantially. It is worth mentioning that there has been similar decline in IMR for male and female infants in rural areas and also in urban areas. Above all, Bangladesh has been able to achieve the MDG target for IMR set at 31 per 1000 live births.

Indicator 4.3: Proportion of 1 year-old children immunized against measles

Table 4.3: Proportion of One Year Child Immunized Against Measles, 1991-2014

	1991	1995	2000	2005	2007	2009	2010	2011	2013	2014
Immunisation (Measles)	54	67	61	71	81	83	85	86	86	80

Source: EPI Coverage Evaluation Survey, DGHS, MOHFW

The proportion of one year old children immunized against measles is the percentage of children under one year of age who have received at least one dose of the measles vaccine. DGHS reports show that there has been a remarkable increase in the proportion of one year-old children immunized against measles which rose from 54 per cent in 1991 to 80 per cent in 2014.

Results of BDHS 2014 indicate that vaccination coverage does not vary by the sex of the child. Birth order is negatively related to the likelihood of being fully vaccinated—as birth order increases, vaccination coverage declines. Among administrative divisions, the highest level of coverage is seen in Rangpur (90 per cent) and the lowest in Sylhet (61 per cent). As expected, mother's education and wealth status are positively associated with children's likelihood of being fully vaccinated. For instance, 95 percent of children whose mothers completed secondary or higher education are fully vaccinated, compared with 74 per cent of children whose mothers have no education.

The reversal in immunization coverage is of concern. Wild rumours of sickness and death caused by immunization for measles may have contributed to this decline. The Ministry of Health and Family Welfare investigated some reported cases, however, and found that the vaccine was not responsible for any deaths among children.

There has been a steady increase in immunization coverage especially after adoption of the Reach Every District (RED) strategy targeting the low performing districts. While further efforts are needed to ensure full coverage and remove regional disparities in the vertical programmes such as EPI, this needs to be supplemented by better access to and utilization of health services especially by the poorer quintiles. Another survey conducted by NIPORT - Utilization of Essential Service Delivery (UESD) Survey 2013, finds the proportion of 1 year children immunized against measles to be 82 per cent.

As a result of the outstanding performance in improving the child immunization status, Bangladesh achieved GAVI Alliance Award in 2009 and 2012, which was given as recognition to achieving the Millennium Development Goals (MDG), particularly in reducing child mortality. The success of Bangladesh in achieving the targets of MDGs is acclaimed globally when our Hon'ble Prime Minister was awarded with 'UN MDG Awards 2010'. She was also awarded the South-South Award 'Digital Health for Digital Development' in 2011 for her innovative idea to use the Information and Communication Technology to accelerate progress of health of women and children.

4.3 Global Experience in Implementing MDG 4

The Millennium Development Goals Report 2015 of the United Nations observes that there has been impressive reduction in global number of deaths of children under five and significant increase in global measles vaccine coverage. The achievements are described below:

- The global under-five mortality rate has declined by more than half, dropping from 90 to 43 deaths per 1,000 live births between 1990 and 2015.
- Despite population growth in the developing regions, the number of deaths of children under five has declined from 12.7 million in 1990 to almost 6 million in 2015 globally.
- Since the early 1990s, the rate of reduction of under-five mortality has more than tripled globally.
- In sub-Saharan Africa, the annual rate of reduction of under-five mortality was over five times faster during 2005–2013 than it was during 1990–1995.
- Measles vaccination helped prevent nearly 15.6 million deaths between 2000 and 2013. The number of globally reported measles cases declined by 67 percent for the same period.
- About 84 per cent of children worldwide received at least one dose of measles containing vaccine in 2013, up from 73 per cent in 2000.
- Every day in 2015, 16,000 children under five continue to die, mostly from preventable causes.

4.4 Status of MDG 4 in South Asia and Two other Comparator Countries

The under-five mortality rate per 1000 live births in Bangladesh is lower than that of India and Pakistan. Bangladesh also performed better than India and Pakistan in case of infant mortality rate per 1000 live birth and children 1 year old immunized against measles. While other comparators countries performed better than Bangladesh, it is important to bear in mind that these countries were in much better position to begin with in 2000.

Table 4.4: Cross Country Comparison on Child Health

Country	Children under five mortality rate per 1,000 live births (in 2013)	Infant mortality rate (0-1 year) per 1,000 live births (in 2013)	Children 1 year old immunized against measles, percentage (in 2013)
Afghanistan	23.8	70.2	75
Bangladesh	41	31	86
India	52.7	41.4	74
Pakistan	85.5	69	61
Nepal	39.7	32.2	88
Maldives	9.9	8.4	99
Sri Lanka	9.6	8.2	99
Bhutan	36.2	29.7	94
Viet Nam	23.8	19	98
Cambodia	37.9	32.5	90

Source: mdgs.un.org/unsd/mdg/

4.5 Government's Specific Efforts to Achieve MDG 4

The government's programmes, policies and strategies have been instrumental in attaining the MDG-4. The government has ensured easy access to quality health services throughout the country through establishing community clinics with active engagement of local people. Sector-wide Health and Population Sector Programme (HPSP) sought to improve the state of health of the people of the country with focus on women, child and the poor by providing essential service packages (ESP) and through sector reform. These programs has been followed by Health Population and Nutrition Sector Development Program (HPNSDP) (July 2011-June 2016) which is committed to deliver quality services in health, population and nutrition with focus on increase in service provision at the community level. The Sector Wide Approach (SWAp) has reduced duplication and financial waste in the health sector and has simplified the process of programme development and implementation. The government has also committed to end preventable child deaths through scaling up high impact maternal, neo-natal and child healthcare (MNCH) interventions.

A fundamental factor in better health outcomes in Bangladesh has been policy continuity. Many policies have been sustained for a significant period of time despite changes in political regime. Another factor in Bangladesh's success has been the government's ability to collaborate with non-governmental actors. The Government views NGOs as a way of extending their reach, particularly in the implementation of national health services as well as strategies and policies.

Policies that have been pivotal in improving the population's health include; the Population Policy (1976), which pioneered a community based intervention that brought family planning services, including contraceptives and education, directly to individual households. The Drug Policy (1982), which included categorising and procuring essential medicines and the establishment of the Essential Drugs Company Limited. This led to the domestic production of drugs appropriate to local needs, saving the country importation cost of approximately US\$ 600,000 million a year.

4.6 Partnership with Non-Development Actors

Development partners have played profound role in the health sector outcomes in Bangladesh through providing funds for designing and implementing innovative programmes. HPSP and its successor HPNSDP are both multi-donor funded programmes. Some low-cost interventions have also been introduced and popularized in the non-government sphere.

NGOs have also been playing a critical role in the health sector of the country. In health care delivery many NGOs have demonstrated innovativeness and cost-effectiveness in introducing new technology and reaching this technology to the citizens. NGOs have worked as partners in providing health care services at the community level. There has been imitable collaboration between the Government and NGOs, in BINP, social marketing of contraceptives and urban primary health care. NGO involvement in providing primary and community-based health care and nutrition services has been effective. The collaboration between MOHFW and NGOs in strengthening family planning, EPI, TB and leprosy activities have been very effective through active involvement of the communities and need to be intensified and continued.

4.7 Child Health in the 2030 Development Agenda

Child health remains at the heart of the post-2015 global development agenda. Reducing under-five mortality requires political will, sound strategies and adequate resources. The MDGs have led to dramatic and unprecedented progress in reducing child deaths. Effective and affordable treatments,

improved service delivery and political commitment have all contributed. Yet every minute around the world, 11 children die before celebrating their fifth birthday, mostly from preventable causes. More work is needed to improve child survival rates. Achievement of Goal 4 by a significant number of countries, even very poor countries, shows that it can be done. With millions of women and children still at risk of dying of preventable causes, maternal, new-born complexities and child survival remain at the heart of the action plans of the 2030 global development agenda.

Government has prepared ‘Health, Nutrition and Population Strategic Investment Plan (HNPSIP) 2016-21’ with a view to building “Better Health for a Prosperous Society”. It has identified the key investment areas required to accelerate the pace of development in the health, nutrition and population sector in line with the Sustainable Development Goals (SDGs) and targets, and the 7th Five Year Plan (2016-20) strategies of the Government. The objective is to ensure that quality services are delivered and key services are provided more effectively, with special focus on equitable access to all. The longer-term aim is to move towards achieving universal health coverage (UHC) as targeted in SDGs. This HNPSIP will be main vehicle of the government to take the unmet targets of MDG 4 further and fulfil the aspiration laid out in SDGs and the 7th Five Year Plan.

It is also worth noting that ‘Promise Renewed: Bangladesh Call for Action to End Preventable Child Deaths by 2030’, launched in July 2013 has prioritized 11 interventions focusing on maternal, new-born and child health. Bottlenecks have been identified and budgeted action plans developed. There are now national level benchmarks as well as a dashboard to monitor progress. The “Bangladesh Every New-born Action Plan” (BENAP) identifies a set of priority maternal and new-born interventions. A wide consensus now exists for a comprehensive new-born care package including several high impact interventions. Revision of the Bangladesh Maternal Health Strategy and development of Standard Operating Procedures (SOP) for both maternal and new-born care are important steps taken to implement.

4.7 Key Challenges

Bangladesh has been successful in achieving two of the indicators of MDG 4, that is, under five mortality rate and infant mortality rate. Continued emphasis on reduction of U5MR and IMR, expansion of education of mothers and increase in per capita income of household will help reduce these indicators further.

Despite rapid expansion of coverage of child immunization Bangladesh is yet short of achieving the full immunization coverage. Further there was reversal of coverage in 2014 raising concern about continued progress. It is necessary to monitor and evaluate the programmes to maintain and further improve whatever gains have already been made.

4.8 Child Health in the 2030 Development Agenda

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CHAPTER 5



Goal 5: Improve Maternal Health

5.1 Introduction

Bangladesh's overall achievement of improving maternal health is noteworthy compared to other comparable countries in the world. Drastic reduction of fertility rate due to greater proliferation of contraceptive use is an imitable success. There are, however, some areas where maternal health lags behind the targets set in MDG 5. The proportion of births attended by skilled health personnel increased about three times in 14 years and antenatal care coverage (at least four visits) doubled in 10 years but they still lag behind the target set for 2015. However, while one could argue that some targets were very ambitious to begin with, maternal health remains part of an unfinished agenda with a great deal left to be done. Improving maternal health represents the fifth goal of the MDGs and it was emphasized because of its importance in overall development and well-being of the society.

MDG 4: Targets with indicators (at a glance)

Targets and indicators	Base year 1990/91	Status in 2000	Current status (source)	Target by 2015
Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio				
5.1: Maternal Mortality Ratio (per 100,000 live births)	472	318	170 (MMEIG 2013) 181 (SVRS 2015) 194 (BMMS 2010)	143
5.2: Proportion of births attended by skilled health personnel (%)	5.0	15.6	42.1 (BDHS 2014) 43.5 (MICS 2012-13)	50
Target 5.B: Achieve by 2015, universal access to reproductive health				

Targets and indicators	Base year 1990/91	Status in 2000	Current status (source)	Target by 2015
5.3: Contraceptive prevalence rate (%)	39.9 (CPS 1991)	53	62.4 (BDHS 2014) 61.8 (MICS 2012-13) 62.1 (SVRS 2015)	72
5.4: Adolescent birth rate (per 1,000 women)	79 (1990 SVRS)	39	83 (MICS 2012-13) 113 (BDHS 2014) 75 (SVRS 2015)	-
5.5: Antenatal care coverage (at least one visit and at least four visits) (%)				
5.5a: Antenatal care coverage (at least one visit), (%)	27.5 (1993-94)	50.6 (2004)	78.6(BDHS 2014) 58.7(MICS-2012-13)	100
5.5b: Antenatal care coverage (at least four visits), (%)	5.5 (1993-94)	16.7 (2004)	31.2(BDHS 2014) 24.7(MICS 2012-13)	50
5.6: Unmet need for family planning (%)	21.6 (1993-94)	18.2	13.9(MICS 2012-13) 12.0(BDHS 2014)	7.6

Source: MDG Progress Report 2015(updated)

5.2 Progress of achievements in different targets and indicators

Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

Indicator 5.1: Maternal mortality ratio (per 100,000 live births)

The maternal mortality ratio is the number of women who die from any cause related to pregnancy or child birth per 100,000 live births. It is an important mortality index of mothers who are exposed to risk of death during child birth. As Table 5.1 shows, the maternal mortality ratio has been on the decline since 1991 and during the period that the MDGs were implemented across the globe. However, there is a clear demarcation across rural and urban within the Bangladesh context. Despite substantial progress made during the period the end period figures are far above the MDG targets.

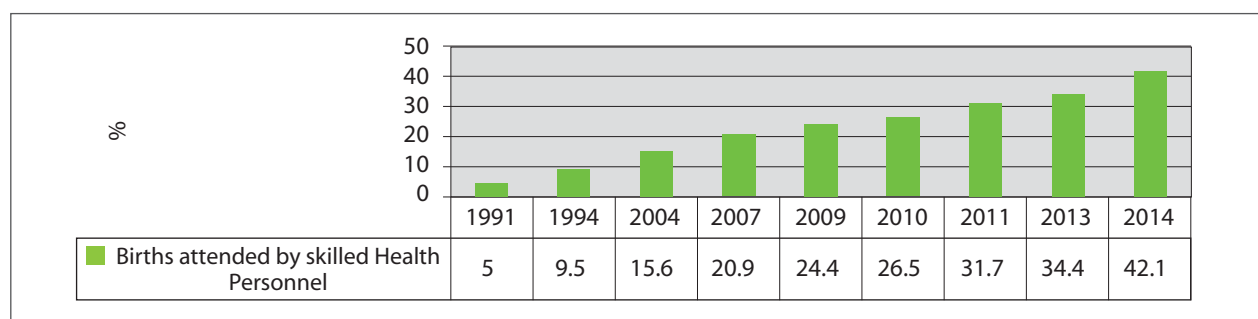
Table 5.1 Maternal Mortality Ratio, 1991-2015

	1991	1995	2000	2005	2010	2015
National	472	447	318	348	216	181
Rural	484	452	329	358	230	191
Urban	402	380	261	275	178	162

Source: BBS, SVRS, various years

Indicator 5.2: Proportion of births attended by skilled health personnel

In order to reduce maternal mortality and infant mortality through ensuring safe delivery attendance by properly trained skilled personnel is critical. The number of births attended by skilled health personnel has also witnessed an increase over the MDG period from a mere 5 percent in 1991 to over 40 percent in 2014. However, this achievement still could not meet the target set at 50 percent. Moreover, there remain high rural urban disparities.

Figure 5.1: Births Attended by Skilled Health Personnel, 1991-2014

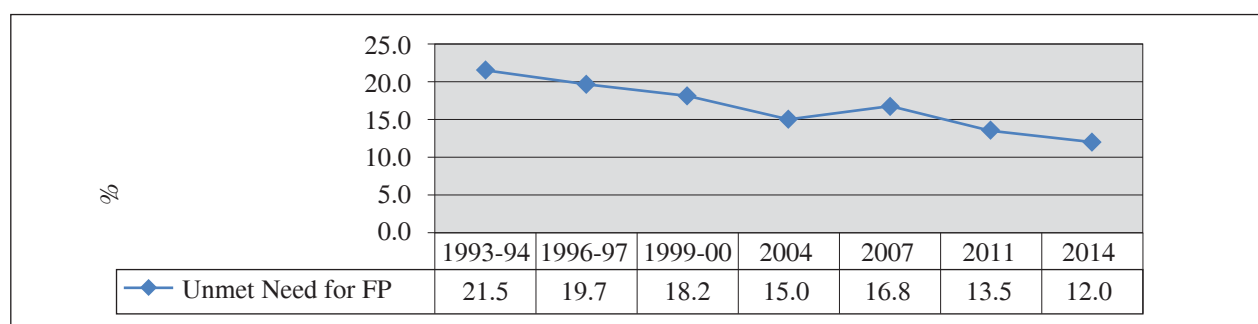
Source: BDHS for 1994, 2004, 2007, 2011 and 2014; BMMS for 2010; MICS for 2009

Target 5b: Achieve by 2015 Universal Access to Reproductive Health

Dramatic reduction in TFR does indeed represent a startling success story for Bangladesh. The current TFR stands at 2.1 which is below the target that was set for 2015 (2.2). One major reason that can be attributed for this decline can be the increase in the utilization of contraceptives. The use of contraceptives among married women has risen from 40 percent in 1991 to 62.1 percent in 2015. The sharpest increase in the contraceptive prevalence rate (CPR) actually took place in the first decade of this period; since 2004, the increase in use of contraceptives has slowed down. The adolescent birth rate which is the age-specific fertility rate for women aged 15 to 19 years has also declined from 79 per 1000 women in 1990 to 60 in 2013. However, SVRS-2015 data show a reversal in adolescent birth rate which stood at 75 in 2015 and it has been marked by annual fluctuations.

There are also regional variations in this figure. In the present high population growth momentum, this parameter of adolescent birth-rate needs to be objectively monitored to understand population dynamics in the context of rapid development.

In the last 20 years, antenatal care coverage (at least one visit) has increased 51 percentage points (from 27.5 percent in 1993-94 to 79 percent in 2014), implying 2.5 percentage points increase in each year, on an average. The percentage of women who had no ANC visits has declined from 44 percent in 2004 to 21 percent in 2014. At the same time, the percentage of pregnant women who made four or more antenatal visits has increased from 16 percent in 2004 to 31 percent in 2014. Urban women are more likely than rural women to have made four or more antenatal visits (45.5 percent compared to 26 percent). Moreover, utilization remained low amongst poorer women with little or no formal education. Though there has been clear progress made, again, these still fall short of the MDG targets set for 2015. As far as unmet need for family planning, the latest estimates indicate that it stands at 12 percent which is also higher than the target set for 2015.

Figure 5.2 Unmet Need for Family Planning: 1993-94 to 2014

Source: BDHS 2014, NIPORT, MOHFW

5.3 Global Experience in Implementing MDG 5

- Since 1990, the maternal mortality ratio has declined by 45 percent worldwide, and most of the reduction has occurred since 2000.
- In South Asia, the maternal mortality ratio declined by 64 percent between 1990 and 2013, and in sub-Saharan Africa it fell by 49 percent.
- More than 71 percent of births were assisted by skilled health personnel globally in 2014, an increase from 59 percent in 1990.
- In Northern Africa, the proportion of pregnant women who received four or more antenatal visits increased from 50 percent to 89 percent between 1990 and 2014.
- Contraceptive prevalence among women aged 15 to 49, married or in a union, increased from 55 percent in 1990 worldwide to 64 percent in 2015.
- In the developing regions, only 56 percent of births in rural areas are attended by skilled health personnel, compared with 87 percent in urban areas.
- Only half of pregnant women in the developing regions receive the recommended minimum of four antenatal care visits.
- Just 51 percent of countries have data on maternal cause of death.

5.4 Status of MDG 5 in South Asia and Two other Comparator Countries

Since 1990, maternal mortality ratios have gone down by 45 percent worldwide. In South Asia, the decline has been even greater at over 60 percent. Bangladesh's achievements in the area of maternal health, however, present a mixed picture when we compare across the region. As far as the maternal mortality ratio, for instance, Bangladesh has outperformed neighbouring India as well as Nepal. Contraceptive prevalence rates are also higher than many countries in the region. In fact, Bangladesh's progress in social development indicators such as the MMR has been the subject of Dreze and Sen's work (An Uncertain Glory: India and Its Contradictions, 2013) where they have discussed the basis for Bangladesh's progress. Nevertheless, there are still many areas where challenge remains. Despite the reduction in the total fertility rate in a highly densely populated country, the adolescent birth rate is still exceedingly high when compared to almost all countries in the region with exception to Afghanistan and Nepal. Similarly, although Bangladesh has made great progress in increasing the number of births attended by skilled health personnel, the figure remains dismally low in comparison to other countries in the region such as Sri Lanka and Bhutan. Low maternal mortality figures for Sri Lanka and Maldives show that Bangladesh has miles to go yet as indicated in Table 5.3.

Table 5.3: Cross Country Comparison on Maternal Health

Country	Maternal mortality ratio per 100,000 live births (in 2013)	Births attended by skilled health personnel, percentage(Year)
Afghanistan	400	38.6(2011)
Bangladesh	170	42.1(2014)
India	190	52.3(2008)
Pakistan	170	52.1(2013)
Nepal	190	55.6(2014)
Maldives	31	98.9(2011)
Sri Lanka	29	98.6(2008)
Bhutan	120	74.6(2012)
Viet Nam	49	93.8(2014)
Cambodia	170	89(2014)

Source: mdgs.un.org/unsd/mdg/

Table 5.4: Cross Country Comparison on Access to Reproductive Health

Country	Current contraceptive use among married women 15-49 years old, any method, percentage (Year)	Adolescent birth rate, per 1,000 women (Year)	ANC coverage, at least one visit, percentage (Year)	ANC coverage, at least four visits, percentage (Year)	Unmet need for family planning, total, percentage (Year)
Afghanistan	75.7(2014)	90(2008)	47.9(2011)	14.6(2011)	..
Bangladesh	68.4(2007)	83(2011)	63.9(2014)	31.2(2014)	13.9(2013)
India	54.80(2008)	38.5(2009)	74.2(2006)	37(2006)	20.5(2008)
Pakistan	35.04(2013)	48(2010)	73.1(2013)	36.6(2013)	20.1(2013)
Nepal	49.6(2014)	87(2008)	68.3(2014)	59.5(2014)	27.5(2011)
Maldives	34.7(2007)	13.9(2012)	99.1(2009)	85(2005)	28.6(2009)
Sri Lanka	68.4(2007)	24.1(2006)	99.4(2007)	92.5(2007)	7.3(2007)
Bhutan	65.6(2010)	28.4(2012)	97.9(2012)	81.5(2012)	11.7(2010)
Viet Nam	75.7(2014)	36(2013)	95.8(2014)	73.7(2014)	6.1(2014)
Cambodia	56.3(2014)	57(2013)	95.3(2014)	75.6(2014)	12.5(2014)

Source: mdgs.un.org/unsd/mdg/

Further lessons can be drawn from Sri Lanka which exhibits strikingly high antenatal coverage as shown in Table 5.4. In fact, antenatal coverage of at least one visit is close to 100 percent in Sri Lanka in comparison to 63.9 percent in Bangladesh. Antenatal coverage of at least four visits is also over 90 percent in Sri Lanka whereas in Bangladesh, it stands just over 30 percent. What is even more striking is that Sri Lanka has a far lower adolescent birth rate despite having a contraceptive use rate that is similar to Bangladesh. It will be useful to explore Sri Lanka's policies and experiences further in this area.

5.5 Government's Specific Efforts to Achieve MDG 5

The five year plans and annual development plans have been developed keeping the MDGs in mind. The fifth Five-Year Plan (1997-2002) aimed to increase coverage of reproductive health services including the provision of quality obstetric care and clinical contraceptive methods amongst other. Policy continuity has been the mainstay of the GoB's health sector programme which in turn has been continuously reflected in successive programmes, policies and budgetary outlays. In addition, sound macroeconomic policies taken forth by the government have also created an enabling environment and the policy space to prioritize social development objectives.

The Ministry of Health and Family Welfare (MOHFW) has taken the lead role in improving health outcomes through a sector wide program for the improvement of health, population and nutrition. This sectoral approach is seen as an effective approach to harmonize initiatives and reduce overlap. The latest program is known as the Health, Population and Nutrition Sector Development Program (HPNSDP) and is built on the lessons learnt from earlier programs implemented by the MOHFW. These programmes have focused on increased coverage of health sector services and family planning programmes. The latest health sector program coordinated by the MOHFW has focused on targeting areas with high maternal mortality ratios and establishing e-health in all community clinics. Other policies with similar objectives include the National Health Policy 2011 and the National Population Policy 2012. Moreover, in order to strengthen primary healthcare facilities, the government has launched 13,126 community clinics during the 6th FYP period.

5.6 Partnership with the Non-Government Actors

Partnerships with NGOs have formed the mainstay of programmatic interventions in the health sector. From the outset, GO-NGO partnerships have been fostered to provide additional clinical and family planning services. NGOs such as BRAC and ICDDR, for instance, provide various complementary services as part of their reproductive health programmes.

The Health and Population Sector policies have been formulated in an inclusive manner and in consultation with donors and UN agencies such as UNDP, UNFPA and WHO and UNICEF to name a few. A multiple donor trust fund has been created to finance these initiatives with contributions from a host of donors including USAID, DFID, CIDA, SIDA, DFAT, and IDA.

5.7 Key Challenges

Meeting the targets of MDG 5 requires more access to affordable and quality health service as well as changes in social attitudes towards women and their health. The latter receives a great deal of attention in development discourse as developing countries have experienced greater progress in child's health but lagging behind in maternal health when we compare them with the MDG targets. While solutions to child health problems are cheaper than that for women health, one cannot ignore the yet passive role of family and society as a whole in improving maternal health.

Both health facilities and health workers in rural areas are few in number when compared to urban areas. According to the World Health Organization, there are an estimated 3.05 physicians per 10,000 population and 1.07 nurses per 10,000 population. Even though the majority of the population reside in rural areas, health workers are concentrated in urban secondary and tertiary hospitals. The health sector is further challenged by high turnover of health workers, absenteeism and poor maintenance of equipment and tools.

While exceptional progress has been made in family planning over several decades, disaggregated data show where more attention is needed in terms of reducing inequities, ensuring sustainable services and meeting unmet need. The issue of adolescent pregnancy rates is linked to practices of early marriage as well as the lack of information and supportive services for adolescent girls and young women.

Another major challenge lies in generating reliable data on maternal health. For example, only 51 percent of countries have reliable data on the maternal cause of death. In Bangladesh, due to the problems associated with ensuring wide-scale birth and death registration, the statistics that are generated may not reveal the full view and reality of the status of maternal health in the country. There are also discrepancies between the findings generated from Bangladesh Maternal Mortality Surveys with other sources of data collection.

5.8 Improving Maternal Health in the 2030 Development Agenda

Improving maternal health is part of the unfinished agenda remained for the post-2015 period. Goal 5 brought a concentrated focus on efforts to reduce maternal deaths and ensure universal access to reproductive health. Significant progress has been made, but it fell far short of the global goal and targets. This leaves an unfinished agenda to ensure that all people receive comprehensive sexual and reproductive health services. In-depth analyses reveal insufficient and greatly uneven progress. Averages at the global, regional and even country level mask what can be striking health disparities among subgroups that are vulnerable, because of their level of education, place of residence, economic status or age. Large inequities remain in maternal health, along with gaps in access to and use of sexual and reproductive health services that must be consistently addressed and monitored. In addition, country capacity needs to be strengthened to help reduce inequalities in both the availability and the quality of health-related data, as well as registration of births and deaths. This information is crucial for establishing informed policy priorities, targeting resources more efficiently and measuring improvements in maternal health and universal access to sexual and reproductive health care during the 7th FYP period and beyond.

CHAPTER 6



Goal 6: Combat HIV/AIDS, Malaria and other Diseases

6.1 Introduction

The perspective plan and the 6th Five Year Plan reiterate the broader targets of MDGs for health, nutrition and population sector. Both the plans recognize health as a fundamental human right and, therefore, the need to promote health and to alleviate ill health and suffering in the spirit of social justice. The plans emphasize the need for eliminating all kinds of contagious diseases as well as other diseases such as malaria and HIV/AIDS in light of MDGs. The prevalence of HIV has been historically low at around 1 percent of the high-risk population. The prevalence of malaria has registered moderate decline and is yet to reach the MDG target. Bangladesh is committed to eliminate malaria by 2020. For tuberculosis (TB), although the prevalence rate needs attention, progress on reducing death rates is on track.

MDG 6: Targets with indicators (at a glance)

Targets and indicators	Base year 1990/1991	Status in 2000	Current status (source)	Target by 2015
Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS				
6.1: HIV prevalence among population, %	0.005	<0.1	<0.1 (UNAIDS 2013)	Halting
6.2: Condom use rate at last high risk sex, %	6.3	7.9	43.33 (NASP 2013)	-
6.3: Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS, %	-	-	17.70 (NASP 2013) Women-9.1 (MICS 2013)	-
6.4: Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years	-	-	0.88 (MICS-2013)	-

Targets and indicators	Base year 1990/1991	Status in 2000	Current status (source)	Target by 2015
Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it				
6.5: Proportion of population with advanced HIV infection with access to antiretroviral drugs, %	-	-	45 (UNGASS 2012)	100
Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases				
6.6a Prevalence of malaria per 100,000 population	441.5 (2005)	441.5 (2005)	433.91(MIS NMCP 2014)	310.8
6.6b Deaths of Malaria per 100,000 population	1.4 (2008)	1.4 (2008)	0.34 (MIS NMCP 2014)	0.6
6.7 Proportion of Children under-5 sleeping under insecticide treated bed nets (13 high risk malaria districts) %	81 (2008)	81 (2008)	92.2 (MIS NMCP 2014)	90
6.8 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs	60 (2008)	60 (2008)	99.92 (MIS NMCP 2014)	90
6.9a Prevalence of TB per 100,000 population	504 (1990)	482	402 (GTBR WHO 2014)	250
6.9b TB mortality per 100,000 population/year	80 (1990)	74	51 (GTBR WHO 2014)	30
6.10a: TB Case Notification rate (all forms) per 100, 000 population per year	59 (2001)	59 (2001)	53(GTBR WHO 2014)	130
6.10b: Treatment Success Rate New Smear Positive TB under DOTS, %	73(1994)	81	92 (GTBR WHO 2014)	Sustain >90

Source: Bangladesh Progress Report 2015

6.2 Progress of achievements in different targets and indicators

Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

Indicator 6.1:HIV prevalence among population, aged 15-24 years

The first case of HIV/AIDS in Bangladesh was detected in 1989. Since then 3,674 HIV positive cases have been identified; among them 1,417 developed AIDS. Out of the total AIDS cases, 653 deaths have been recorded (as of December 2014, NASP). According to the latest surveys such as the National HIV Serological Surveillance (2011), the prevalence of HIV/AIDS stands at 0.1 per cent which is far below epidemic level. As such, Bangladesh is considered a low prevalence HIV/AIDS area. Although this is the case, there is still ground for worry if we consider the Most at Risk Population (MARPs) like injecting drug users and members of the transgender community known as hijras. In Bangladesh, however, even for the MARPs, the incidence of HIV/AIDS is also below 1 per cent. The findings of the 9th round National HIV SS are very encouraging as these show that the overall prevalence of HIV in populations most at risk remains below 1 per cent and most importantly, HIV prevalence has declined among People Who Inject Drugs (PWID) in Dhaka from 7 per cent to 5.3 per cent. Moreover, hepatitis C has also

declined which is a marker for unsafe injecting practices. From 9th round of the National HIV Serological Surveillance, Dhaka appears to be the most vulnerable to HIV among 10 cities. Two land port areas at Benapole and Hili with large cross border mobility are particularly vulnerable among border areas.

Indicator 6.2: Condom use at last high-risk sex

According to 20 Years of HIV in Bangladesh: Experience and Way Forward 2009 (World Bank and UNAIDS) Condom use has increased for specific sub-groups of the Most At Risk Population (MARPs), though not for all. For specific groups such as male sex workers and female injecting drug users, condom use has actually decreased. Moreover, condom use amongst married couples is quite low at around 6.4 per cent in 2014 though it has increased from 3 per cent in 1993-94. It is unlikely to increase much by 2015. Although no specific target was set for 2015, the trends give a mixed picture and are a cause for concern. However, National AIDS STD Programmes (NASP) finds that condom use rate at last high risk sex was 43 per cent in 2013.

Table 6.1 Condom Use Amongst High Risk Population

Most at risk populations (MARPs)	2005	2008
Female sex workers who used condom with their most recent client, %	30.9	66.7
Male sex workers who used condom with their most recent client, %	44.1	43.7
Transgender who used condom with their most recent client	15.6	66.5
Male injecting drug users(IDU) who reported use of condom in last sexual intercourse (commercial sex), %	23.6	44.3
Female IDU who reported use of condom in last sexual intercourse (commercial sex), %	78.9	54.8

Source: BSS 2003-04, 2006-07, UNGASS 2008

Indicator 6.3: Proportion of population aged 15 to 24 with comprehensive, correct knowledge of HIV/AIDS

Having a comprehensive knowledge of HIV/AIDS entails being able to identify two major ways of preventing transmission of HIV/AIDS as well as being able to reject any misconceptions about the disease. Various surveys conducted in Bangladesh suggest that the proportion of the youth aged 15 to 24 with such comprehensive, correct knowledge is low. For instance, a national youth HIV/AIDS campaign end line survey among youth in Bangladesh conducted in 2009 showed that only 17.7 percent of people aged 15-24 years had comprehensive correct knowledge of HIV. The Multiple Indicator Cluster Survey 2006 finds this figure to be 16 percent which declined to 9 percent in 2012-13. According to NASP 18 percent of population in this age group have comprehensive, correct knowledge.

Indicator 6.4: Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years

Given the low prevalence of HIV/AIDS, this is not a relevant indicator in the context of Bangladesh. The ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years stands at 0.88 in Bangladesh.

Target 6b: Achieve by 2010 Universal Access to Treatment for HIV/AIDS for All Those who Need it

The United Nations General Assembly Special Session (UNGASS) Report 2009 shows the proportion of population with advanced HIV infection who have access to antiretroviral drugs coverage as approximately 47.7 per cent in Bangladesh. It was reported to be 45 per cent in 2012. Bangladesh's pharmaceutical industry at a growing stage has also started to produce antiretroviral drugs due to some of the flexibilities within the Trade Related Intellectual Property Rights (TRIPs) for least developed countries (LDCs).

The prevalence of malaria in Bangladesh has fluctuated a great deal. In 2005, it was 441 per a population of 100,000. Although the figure for 2014 shows a decline in prevalence, the extent of fluctuation indicates that the decline may not be stable. Furthermore, we are still far from the malaria prevalence target set for 2015. The death rate was on a steady decline from 2005 but has only since increased slightly between 2013 and 2014. Despite this increase, the death rate per 100,000 population meets the target which was set for 0.6 in 2015. Similarly, the proportion of children under 5 years of age who slept under insecticide treated mosquito nets has increased, albeit with some fluctuation, and currently exceeds the target of 90 per cent by 2015. Moreover, the base line figure for the proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs was 60 per cent for the year 2008. **In 2014, it was recorded at 99.92 per cent which is far above the target of 90 per cent by 2015.**

Table 6. 2: Malaria Statistics, 2005-2014

Year	Total cases	Prevalence per 100,000 population	Death	Death rate per 100,000 population	Population of children under 5 who slept under an ITN/LLIN the previous night, %
2005	48,121	441.48	501	4.596	0
2006	32,857	301.44	307	2.817	0
2007	59,857	549.15	228	2.092	0
2008	84,690	776.97	154	1.413	81
2009	63,873	585.99	47	0.431	0
2010	55,873	512.6	37	0.339	90
2011	51,773	474.98	36	0.33	89.3
2012	29,518	270.84	11	0.101	94.4
2013	26,891	203	15	0.113	90.1
2014	57,480	433.91	45	0.34	92.2

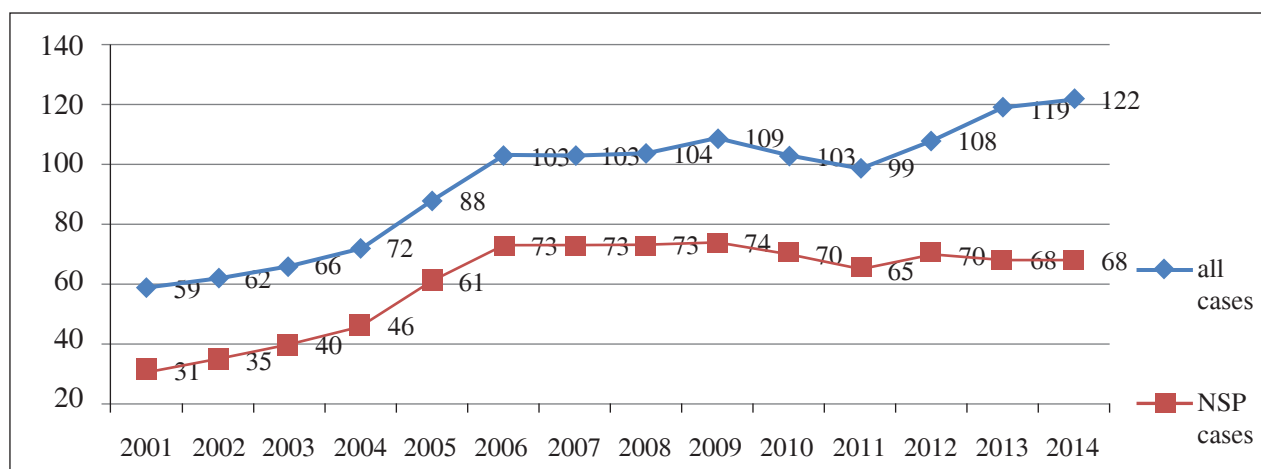
Source: MIS Report, M&PDC, DGHS

Indicator 6.9 : Incidence, prevalence and death rates associated with tuberculosis

Indicator 6.9a : Prevalence of tuberculosis per 100,000 population

According to the National Tuberculosis (TB) Prevalence Survey (2007-2009) Report of Bangladesh, the overall prevalence of new smear positive cases among adults aged 15 and older was estimated at 79.4 per population of 100,000. This clearly overshoots the target set for 2015.

Figure 6.1 Nationwide case notification rate (per 100 000 population/year), 2001-2014



Source: NTP, DGHS, Copenhagen Consensus Bangladesh Perspectives

Indicator 6.9b: Death rate associated with tuberculosis per 100,000 population

Death rates associated with tuberculosis represent a clear and pressing challenge. The death rate associated with TB was 61 per 100,000 populations in 1990. The current status is 51 in 2014. This indicates the country cannot achieve the target of 31 by 2015 with past level of efforts.

Indicator 6.10: Proportion of tuberculosis cases detected and cured under directly observed treatment short course (DOTS)

Operationally these indicators are interpreted as case detection rate (number of new smear-positive cases notified under DOTS out of all estimated incident smear-positive cases) and number of patients who were cured or have completed treatment among those who started treatment one year earlier. While treatment outcomes were high since the beginning of the DOTS programme, case detection has increased significantly during the expansion of the coverage and shows only a modest increase in recent years.

Indicator 6.10a: Proportion of tuberculosis cases detected under DOTS

A total of 190,893 cases (including 6,386 combined cases of return after failure, return after default and others) have been reported to NTP in 2013. So the overall case notification rate excluding those 6,386 cases was 119 per 100,000 populations. The case notification rate for new smear positives cases in 2013 was 68 per 100,000 population and has remained at the same rate for 2014.

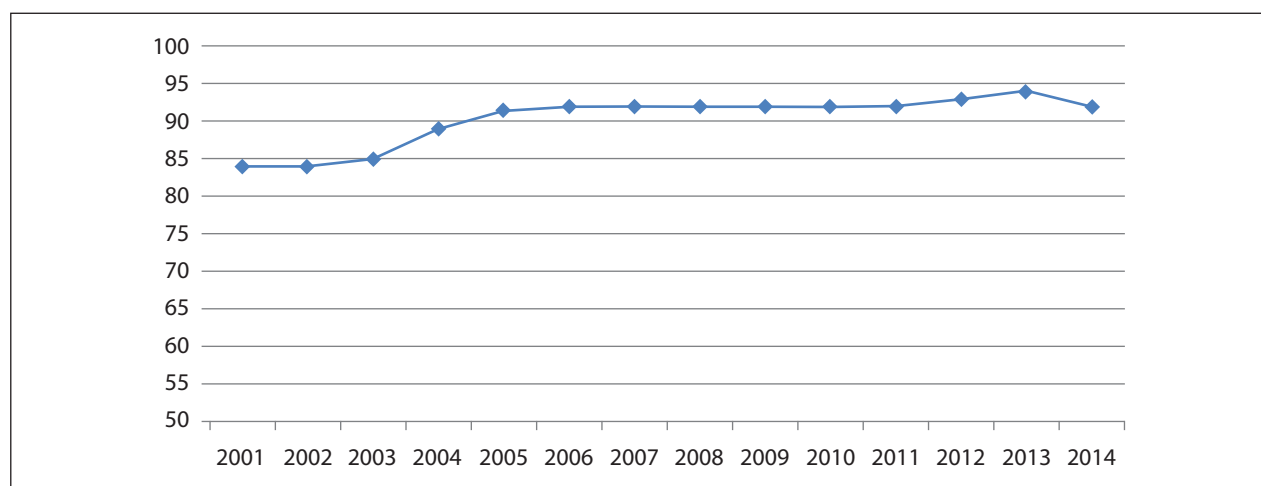
Indicator 6.10b: Proportion of tuberculosis cases successfully treated under DOTS

The treatment success rate of TB under DOTS was 73 per cent in 1994, which has crossed the target of more than 90 per cent. The program has successfully treated almost 92 percent of the new smear-positive cases registered in 2014.

The treatment success rate of TB under DOTS⁸ was 73 per cent in 1994, which has crossed the target of more than 90 percent. The program has successfully treated almost 92 per cent of the new smear-positive cases registered in 2014.

⁸ According to the World Health Organisation (WHO), DOTS or Directly Observed Treatment Short course is the internationally recommended strategy for TB control that has been recognized as a highly efficient and cost-effective strategy

Figure 6.2 Treatment success rates of new smear positive TB cases, 2001-2014 cohorts



Source: NTP, DGHS, GTBR WHO

6.3 Global Experience in Implementing MDG 6

Under MDG 6 the nations pledge to deal with certain diseases –old as well as new, whose outbreak can threaten the existence of humanity in the affected regions. The global attainment of this goal is pointed out below:

- New HIV infections fell by approximately 40 per cent between 2000 and 2013, from an estimated 3.5 million cases to 2.1 million.
- By June 2014, 13.6 million people living with HIV were receiving antiretroviral therapy (ART) globally, an immense increase from just 800,000 in 2003. ART averted 7.6 million deaths from AIDS between 1995 and 2013.
- Over 6.2 million malaria deaths have been averted between 2000 and 2015, primarily of children under five years of age in sub-Saharan Africa. The global malaria incidence rate has fallen by an estimated 37 per cent and the mortality rate by 58 per cent.
- More than 900 million insecticide-treated mosquito nets were delivered to malaria-endemic countries in sub-Saharan Africa between 2004 and 2014.
- Between 2000 and 2013, tuberculosis prevention, diagnosis and treatment interventions saved an estimated 37 million lives. The tuberculosis mortality rate fell by 45 per cent and the prevalence rate by 41 per cent between 1990 and 2013.
- In sub-Saharan Africa still less than 40 per cent of youth aged 15 to 24 years had comprehensive correct knowledge of HIV in 2014.
- Tuberculosis prevention, diagnosis and treatment saved an estimated 37 million lives from 2000 to 2013.

6.4 Status of MDG 6 in South Asia and Two other Comparator Countries

Within the region, Bangladesh has a fairly low prevalence of HIV/AIDS with only 0.01 per cent of people within the 15 to 49 year age bracket infected with the disease. The region as a whole also has a fairly low prevalence of HIV/AIDS with all countries having an incidence rate of less than 1 per cent. Globally, new HIV infections fell most rapidly in the Caribbean followed by South Asia and Southern Africa. However, the incidence of malaria and tuberculosis is significant within the Asia region and

for Bangladesh. TB rates globally have declined between 2000 and 2013, owing largely to progress in two regions: East and South Asia. In South Asia, which accounts for almost half of TB deaths, mortality rates declined annually by 4.2 per cent during this period.

Table 6.3 Cross Country Comparison of HIV/AIDS, Malaria and Other Diseases

Country	AIDS Death	People living with HIV, 15-49 years old, percentage	Malaria death rate per 100,000 population, all ages	Tuberculosis prevalence rate per 100,000 population (mid-point)
Afghanistan	292(2013)	0.01(2013)	0(2012)	340(2013)
Bangladesh	485(2013)	0.01(2013)	14(2012)	402(2012)
India	127232(201)	0.26(2013)	04(2012)	211(2013)
Pakistan	2174(2013)	0.07(2013)	02(2012)	342(2013)
Nepal	3251(2013)	0.23(2013)	0	211(2013)
Maldives	2(2013)	0.01(2013)	...	57(2013)
Sri Lanka	92(2013)	0.02(2013)	0(2012)	103(2013)
Bhutan	31(2013)	0.13(2013)	58(2012)	196(2013)
Viet Nam	12068(2013)	0.40(2013)	0(2012)	209(2013)
Cambodia	0.74(2013)	04(2012)	43(2013)

Source: mdgs.un.org/unsd/mdg/

Bangladesh has the lowest percentage of population aged 15-49 years who live with HYV in the region along with Afghanistan and Maldives. It has the second highest rate of malaria death in the region after Bhutan. Tuberculosis prevalence rate is highest in Bangladesh among the regional countries as the data reveals. Very high population density and proliferating slum dwellers in urban areas has been important causal factors for yet high tuberculosis prevalence.

6.5 Government's Specific Efforts to Achieve MDG 6

Bangladesh's HIV/AIDS prevention program commenced in 1985 with the establishment of the National AIDS and Sexually Transmitted Disease Program under the overall policy support of the National AIDS Council (NAC). The national AIDS/STD Program has set guidelines on key issues including testing, care blood safety, sexually transmitted infections, and prevention among youth, women, migrant population, and sex workers. In 2004, a six-year National Strategic Plan (2004-2010) was approved. The country's HIV policies and strategies are based on other successful family planning programs which include participation from schools, as well as religious and community organizations. The AIDS Initiative Organization was launched in 2007 in order to combat the virus. Moreover, the Government with the support of donor agencies has developed a National Strategic Plan (NSP) for comprehensive and integrated action in response to HIV/AIDS. The NSP will also incorporate a National Monitoring and Evaluation System that will strengthen follow up of MDG indicators. Other major policy directives and interventions taken forth by the government include the National Malaria Control Program (NMCP) and the National Tuberculosis Control Program (NTP). The NTP started its field implementation in 1993 in only four upazilas and progressively expanded to cover all districts by 1998. In 1998, the NTP was integrated into the Communicable Disease Control component of the Essential Services Package under the Health and Population Sector Program (HPSP).

6.6 Partnership with Non-Government Actors

The World Health Organisation has played a significant role by way of providing technical support in the area of HIV/AIDS surveillance and the evaluation of anti-retroviral drug production within the country. The WHO has also conducted divisional trainings on HIV counselling and testing. Additionally, to complement the efforts of the government, a large number of NGOs are actively working on HIV and AIDS, primarily in prevention, and approximately 235 NGOs are interlinked through the STI/AIDS Network. Funding for all the HIV/STI activities has been and is obtained from the Ministry of Health and Family Welfare (MoHFW), GoB; the Global Fund for AIDS, TB and Malaria (GFATM); World Bank; DFID; German Technical Cooperation (GTZ); USAID; and others. BRAC, ICDDR, and other leading NGOs are also involved with the government's malaria and tuberculosis control programs.

6.7 Key Challenges

As far as target 6A, the main challenge is to continue to raise awareness amongst those most at risk of HIV/AIDS. Moreover, increasing the contraceptive use rate for these at-risk populations is imperative. Target 6B presents a distinct set of challenges globally about ensuring policy harmonisation across various global institutions like the WHO and the WTO and ensuring that patent laws are more relaxed when it comes to the provision of essential drugs for life threatening diseases. Finally, with respect to target 6C, a few important challenges have emerged. The prevalence of malaria and the inability to meet the MDG target for 2015 means that efforts need to be reinvigorated in this area. The emphasis needs to be given to the 13 districts within Bangladesh where malaria is considered to be endemic. Moreover, there needs to be continued interventions targeting tuberculosis control considering that Bangladesh still remains a high-prevalent TB country.

A challenge for not only Bangladesh but for developing countries as a whole is to tilt the global imbalance in funding and research in favour of tropical diseases as well as tuberculosis. Generating adequate funding, research and innovation on neglected diseases will remain crucial in averting public health crises.

6.8 Combat HIV/AIDS, Malaria and other Diseases in the 2030 Development Agenda

Goal 3 of SDGs—Good Health and Well-being—aims to ensure healthy lives and promote well-being for all at all ages. SDG 3 aspires to ensure health and well-being for all, including a bold commitment to end epidemics of AIDS, tuberculosis, malaria and other communicable diseases by 2030. It also aims to achieve universal health coverage, and provide access to safe and effective medicines and vaccines for all. The Goal 3 targets are numerous and wide-ranging and cover issues of communicable and non-communicable diseases, lifestyle and healthy environments. It requires a holistic framework for development of national responses. The SDGs provide a new framework for addressing health issues in a more holistic and multi-sectoral way. The recently drafted health, nutrition and population strategic investment plan (HNPSIP) 2016-21 for Bangladesh is based on the multi sectoral approach in the light of SDGs, particularly goals 3 and 6.

CHAPTER 7



Goal 7: Ensure Environmental Sustainability

7.1 Introduction

The process of economic growth has always been disruptive, inflicting severe toll on environment and ecology. Striking a critical balance between short term economic gain and long term environmental damage poses a daunting challenge for a developing country. Managing development in a sustainable way to ensure intergenerational equity is the basic spirit of MDG 7.

The achievements of Bangladesh in MDG 7 have been a mixed bag. While significant improvements have been recorded in case of sanitation and safe drinking water, other areas such as forest areas, carbon emission, and slum dwelling require greater attention. At present 13.40 per cent of land in Bangladesh is covered by forest with a tree density of 30 per cent and above. **The proportion of protected terrestrial and marine area is 1.81 per cent and 1.34 per cent respectively.** This is less than the target of 5 per cent. However, an additional 3 per cent area is expected to be under Protected Area system by 2015. 98.5 per cent of the population of Bangladesh is using improved drinking water source at present. However, arsenic adjusted figure was 86 per cent in 2013. 64 per cent of the population was using improved sanitation in 2013 and has been increasing rapidly. Access to safe water for all is a challenge due to arsenic contamination and salinity intrusion as a consequence of climate change which exacerbates the problem of availability of safe water especially for the poor.

MDG 7: Targets with indicators

Targets and indicators	Base year 1990/1991	Status in 2000	Current status (source)	Target by 2015
Target 7.A: Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources				
Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss				

Targets and indicators	Base year 1990/1991	Status in 2000	Current status (source)	Target by 2015
7.1: Proportion of land area covered by forest, % (tree coverage)	9.0	11.3	13.40 (DoF, 2014) (Tree density>30%)	20.0 (Density>70%)
7.2: CO ₂ emissions, total, per capita and per \$1 GDP (PPP) – Data not available				
7.2a: CO ₂ emissions, metric tonnes per capita	0.14	0.21	0.23 (2 nd National Communication, 2012)	-
7.3: Consumption of ozone-depleting substances in ODP tonnes	202.1	816.4	64.88 (DoE, 2013)	65.39
7.4: Proportion of fish stocks within safe biological limits	-	-	54 inland and 16 marine species	-
7.5: Proportion of total water resources used	-	-	2.9 (UNSD, 2010)	-
7.6: Proportion of terrestrial and marine areas protected	0.91	3.15	1.81 (Terrestrial) 1.34 (Marine) (BFD, 2013)	5.0
7.7: Proportion of species threatened with extinction	-	-	23 of resident vertebrates (IUCN, 2013) 5.81 of vascular plants (BNH, 2013)	-
Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation				
7.8: Proportion of population using an improved drinking water source	68	76	87 (JMP, 2015) 97.9 (MICS, 2012-2013) 97.9 (SVRS, 2015)	100
7.9: Proportion of population using an improved sanitation facility	34	45	61 (JMP, 2015) 55.9 (MICS, 2012-2013) 73.5 (SVRS, 2015)	100
Target 7.D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers				
7.10: Proportion of urban population living in slums		7.8 (BBS, 2001)	6.36 (CSAFP, BBS, 2014)	-

Source: Bangladesh MDGs Progress Report 2015 (Updated)

7.2 Progress of achievements in different targets and indicators

Target 7. A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

Indicator 7.1: Proportion of land area covered by forest

The proportion of land area covered by forest increased from 9 per cent in 1990-1991 to 11.3 per cent in 2000, and 13.4 per cent in 2014. According to the Department of Forest the total forest area in Bangladesh was 2.60 million hectares in 2013. Of this total forest area, 2.33 million hectares (90 per cent) were publicly owned as classified and unclassified forests, and 0.27 million hectares (10 per cent) were privately owned. Of the publicly owned forests, managed by the Department of Forest, there were both natural and plantation forests. Though the publicly owned forests were much bigger in total area, there were 28 districts, out of 64, that had no public forest in the past. However, through the Social

Forestry Programme of the government, now almost all districts have been brought under forest coverage. Marginal land such as road, railway and embankment sides has been used for such forestation.

Under the Coastal Forestation Programme newly accreted shoals have been brought under forest coverage. Such coastal forestation also serves the purpose of a permanent protective green belt along the coast and also as a defence against storms and cyclones. The government has introduced a Protected Area Management System and silvicultural interventions such as Enrichment Plantation and Assisted Natural Regeneration in order to increase the tree density of the existing forests.

The ever increasing population of Bangladesh puts enormous pressure on the existing publicly managed forests and natural resources. To counter this, Participatory Social Forestation programme was introduced in the early 1980s in order to bring the government owned fallow *khaas* land under forestry coverage, making room for the marginally poor to participate in the programme. In order to attract popular participation, the government has raised the profit margin significantly for the participating poor. Through this Social Forestry Programme about 0.40 million hectares of land have been brought under forest coverage.

Despite the positive picture in afforestation, extensive destruction and clearing of forests for agriculture, homestead and other non-forest purpose grimly thwart the target of attaining 20 per cent forest coverage with tree density of more than 70 per cent by the end of 2015.

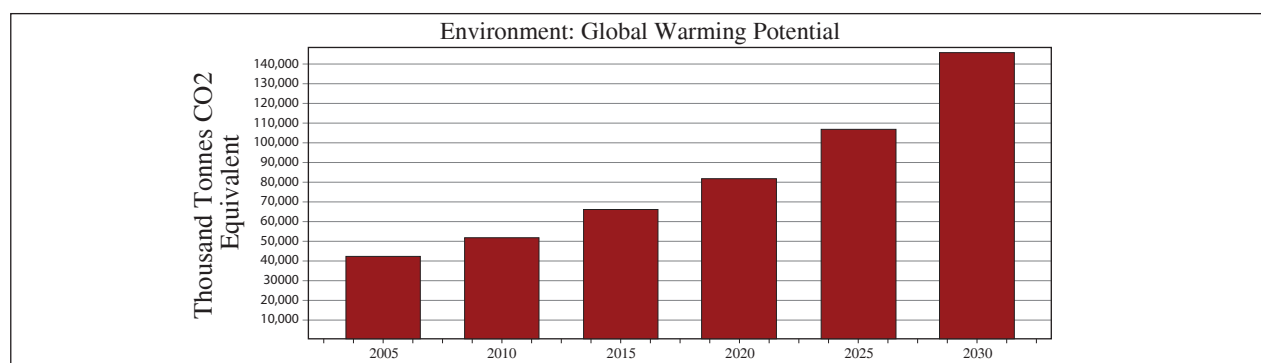
Indicator 7.2: CO₂ emissions, total, per capita and per \$1 GDP (PPP)

Indicator 7.2a: CO₂ emissions (tonnes per capita)

Bangladesh is not a big emitter of CO₂ and it has no obligation to reduce greenhouse gas emissions given its LDC status. However, in its Bangladesh Climate Change Strategy and Action Plan (BCCSAP) 2009, the government has identified low carbon emission as one of the priority areas. According to the Second National Communication (SNC) submitted to the UNFCCC in 2012, the total carbon emission was 33.27 tonnes in 2005. Between 2001 and 2005, the per capita carbon emission remained almost the same: 0.26 tonnes and 0.25 tonnes in 2001 and 2005 respectively. According to the SNC, the emission was 0.23 tonnes per capita in 2005. The per capita CO₂ emission in Bangladesh remains at a very low level, given the global context. However, there are some major areas of intervention to reduce emission such as, power generation, transportation and industrial production.

Figure 7.1 shows the projection of the total GHGs (CO₂, CH₄ and N₂O) emissions in the energy sector. In 2005, the total GHG emissions in the energy sector were 41,720 kton of CO₂ equivalent. The emissions are being projected to 145,308 kton of CO₂ equivalent for 2030, signifying a 3.5 times increase over the 2005 emissions. In 2030, electricity generation and industry would be the two main sources of GHG emissions.

Figure 7.1: Total GHG Emissions Projection from Energy Activities, 2005-2030



Source: Second National Communication of Bangladesh, Department of Environment, 2012



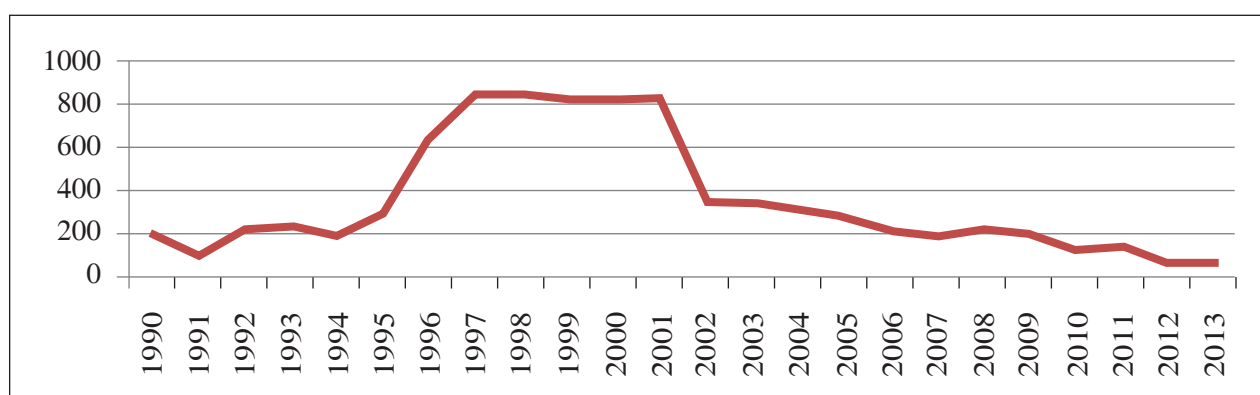
Indicator 7.3: Consumption of ozone-depleting substances

Indicator 7.3a: Consumption of ozone-depleting substances in ODP tonnes

In Bangladesh, the major Ozone Depleting Substances (ODSs) are CFC11, CFC12, CTC, HCFC22 and HCFC141b. **The country is in compliance with the ODS target and consumption of ODSs has been in line with the Montreal Protocol obligations.** The consumption of CFCs from the commercial sector uses has been totally phased out from 1 January 2010 and has been phased out from metered dose inhalers (MDIs) production since 1 January 2013. Other ODSs such as carbon tetrachloride (CTC), methylchloroform (MCF) and methyl bromide (MBr) have also been phased out since 1 January 2010. The country phased out HCFC141b from the foam sector among all other developing countries since 31 December 2012. The country has been implementing HCFC Phase-out Management Plan (HPMP) Stage I and is gradually phasing out other HCFCs as per Montreal Protocol obligation.

In Bangladesh the consumption of ODSs was 202.1 ODP tonnes, which rose to 826.9 ODP tonnes in 2001 as shown in Figure 7.2. However, after 2002 this consumption declined to 66.47 ODP tonnes in 2012 and 64.88 ODP tonnes in 2013. The latter number is within the target limit of 65.39 ODP tonnes for 2015. The consumption of Ozone depleting CFCs in ODP tonnes shows similar pattern in Figure 7.3.

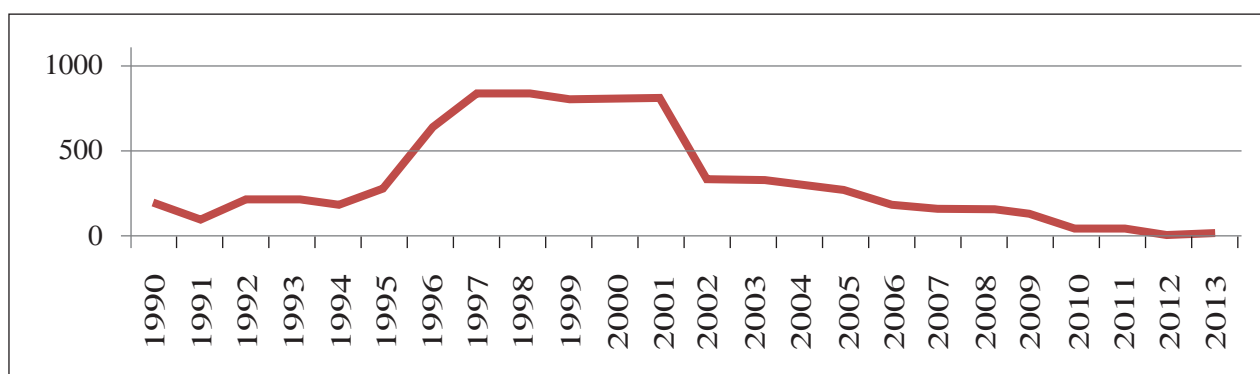
Figure 7.2: Consumption of Ozone Depleting Substances in ODP tonnes, 1990-2013



Source: <http://www.mdgs.un.org/unsd/mdg/>

Note: Figures of 2010 & 2011 included CFC consumption under Essential Use Nomination approved by the meeting of the parties of Montreal Protocol for production of metered dose inhalers only.

Figure 7.3: Consumption of Ozone Depleting CFCs in ODP Tonnes, 1990-2013



Source: <http://www.mdgs.un.org/unsd/mdg/>

Indicator 7.4: Proportion of fish stocks within safe biological limits

Bangladesh's endowment of vast inland open water measures at 4.05 million hectares, and closed waters measures at 0.3 million hectares which include man-made ponds and aquaculture enclosures. The country also has 166,000 km of marine water resources in the Bay of Bengal, extending up to 200 nautical miles in the exclusive economic zone, with high potential of fish production. It is estimated that 265 species of fish and 24 species of prawn inhabit the inland waters, whereas 475 species of fish and 38 species of shrimp inhabit the marine waters. According to IUCN (2000) 54 inland species of fish are threatened. Of these threatened species, 12 species are critically endangered and 4 species are threatened in the marine systems.

The actual fish production is shown source-wise in Table 7.1. Total fish production increased from 8.96 lakh tonnes in 1990-1991 to 34.10 lakh tonnes in 2012-13. The table shows increase in production in all categories, though there is a slow down after 2011 mainly due to decline in capture fisheries.

Table 7.1: Source-Wise Fish Production, 1990-2013

Water sources	Production (lakh tonnes)						
	1990-91	1995-96	2000-01	2005-06	2010-11	2011-12	2012-13
1. Inland open waters (capture fisheries)	4.43	6.09	6.89	9.56	10.55	9.57	9.61
2. Impounded waters (aquaculture fisheries)	2.11	3.79	7.12	8.92	14.60	17.26	18.60
3. Marine fisheries	2.41	2.69	3.79	4.79	5.46	5.79	5.89
Total	8.96	12.58	19.98	23.28	30.61	32.62	34.10

Source: Bangladesh Economic Survey, 2012; Dept. of Fisheries, 2014

Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

Indicator 7.5: Proportion of total water resources used

Bangladesh is endowed with rich water resources. According to the National Water Plan Phase II the internal renewable water resources of Bangladesh are estimated at 105 km³/year, including 84 km³ of surface water produced internally as stream flows from rainfall, and approximately 21 km³ of ground-water resources from within the country. Annual cross-border river flows that also enter groundwater are estimated at 1105.64 km³ and represent over 90 per cent of total renewable water resources which are estimated to be 1210.64 km³. Total water withdrawal in 2008 was estimated at about 35.87 km³, of which approximately 31.50 km³ (88 per cent) is used by agriculture, 3.60 km³ (10 per cent) by municipalities and 0.77 km³ (2 per cent) by industries. About 28.48 km³ or 79 per cent of total water withdrawal comes from groundwater and 7.39 km³ or 21 per cent, from surface water.⁹ The MDG Database prepared and maintained by the United Nations Statistics Division (UNSD) shows that the proportion of total water resources used in Bangladesh was 2.9 per cent in 2010.

Indicator 7.6: Proportion of terrestrial and marine areas protected

⁹ National Medium Term Priority Framework 2010-2015, FAO.

According to the UNSD the proportion of terrestrial and marine areas protected was 0.91 per cent in 1990 and rose to 4.24 per cent in 2012. However, according to the Ministry of Environment and Forests the proportions of protected terrestrial and marine area were 1.81 per cent and 1.34 per cent respectively in 2013. Despite the rise in the proportion according to the UNSD, it is estimated that the protected areas in 2015 will be less than 2 per cent, a gap of more than 3 per cent from the national target of 5 per cent.

A positive development in this area has been the creation of a marine reserve in an area of 698 square km (0.47 per cent of the total area of Bangladesh) in the Bay of Bengal for the protection and conservation of marine resources.

The proportions of terrestrial and marine areas protected to total territorial areas, based on UNSD information, are given below in Table 7.2. The percentages of terrestrial and marine areas protected to total area register a slow rising trend between 2000 and 2014, and as has been indicated already this rise is not enough to reach the target of 5 per cent for the year 2015.

Table 7.2: Terrestrial and Marine Areas Protected, 1990-2014

Year	1990	2000	2014
Terrestrial and Marine area protected to total area, %	0.55	3.15	3.41
Terrestrial and Marine area protected, sq.km	1201.43	6888.58	7452.00
Terrestrial area protected to total surface area, %	0.83	4.31	4.60
Terrestrial area protected, sq.km	1201.43	6888.58	7452.00
Marine areas protected to territorial water, %	0.1	2.1	2.5
Marine areas protected, sq.km	33	843	1000

Source: <http://www.mdgs.un.org/unsd/mdg/>

Indicator 7.7: Proportion of species threatened with extinction

Based on the data of 2000, IUCN reports that among the 895 varieties of inland and resident vertebrates of Bangladesh, 13 species have been extinct and 201 species are threatened. It is also reported that among the 702 living species of marine and migratory vertebrates, 18 species are threatened. In the case of fish resources, 54 inland fish species are threatened of which 12 are critically endangered, and in the marine systems, 4 species are threatened. According to IUCN (2003), 23 per cent of resident vertebrates are threatened with extinction. In 2001, Bangladesh National Herbarium (BNH) of the Ministry of Environment and Forests, under a contract research project of Bangladesh Agriculture Research Council, reported that 106 species of vascular plants were threatened.

The present status regarding vulnerability of vascular plants of the country has also been conducted by BNH during 2009-13 and it was found that in addition to 106 species, another 120 species of vascular plants [5.81 per cent of vascular plants; $\{(226/3,885) \times 100\}$] were threatened in the country.

Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

Indicator 7.8: Proportion of population using an improved drinking water source

Various data sources support an increase in the proportion of population using an improved drinking water source. According to the Joint Monitoring Programme for Water Supply and Sanitation (UNJMP), there has been an increase in the access to improved drinking water sources from 94 per cent in 1994 to 98 per cent in 2006. If the arsenic contamination of 22 per cent of the tube wells in the country

is factored in, the access to improved drinking water sources reduces to 78 per cent. The Multiple Indicator Cluster Survey (MICS) 2009 (BBS/UNICEF 2010) reveals that access to improved sources of drinking water adjusted for arsenic contamination has increased to 86 per cent. If arsenic contamination is not considered, it is 97.9 per cent. However, the MICS 2012-2013 found that 97.9 per cent of the household members are using improved sources of drinking water, and the arsenic adjusted figure is 85 per cent. **The Sample Vital Registration System (SVRS) 2015 of BBS found that access to drinking water of tap and tube-well is 97.9 per cent.**

From the above data, if arsenic contamination is considered, the per cent of population using an improved source of drinking water varies from 78 per cent to 86 per cent, whereas the numbers go up to 98 per cent to 97.9 per cent if arsenic contamination is not considered. The arsenic contamination does challenge fulfilling the national target of 100 per cent for 2015.

Table 7.3 below shows the progress in the access to improved drinking water sources by the population in both rural and urban areas. As can be seen from the UNSD data, the rural areas achieved more in terms of using improved drinking water sources and the difference between the rural and urban experience has reduced drastically over the years.

Table 7.3: Percentage of Population Using an Improved Drinking Water Source, 1990-2014

Year	Total	Urban	Rural
1990	68	81	65
1995	72	82	69
2000	76	83	74
2005	80	84	78
2010	84	85	83
2014	84	86	84

Source: <http://www.mdgs.un.org/unsd/mdg/>

Note: The drinking water estimates for Bangladesh have been adjusted for arsenic contamination levels based on the national surveys conducted by the Government of Bangladesh.

Indicator 7.9: Proportion of population using an improved sanitation facility

Various data sources support an increase in the proportion of population using an improved sanitation facility. The Coordinated National Sanitation Campaigns since 2003 has resulted in a remarkable decline in open defecation from 33 per cent in 1990 to 6 per cent in 2009. As reported by the MICS 2009 (BBS/UNICEF 2010), access to an improved sanitation facility has also gone up from 39 per cent in 1990 to 54 per cent in 2009. Moreover, the MICS 2012-2013 found that 56 per cent of household members are using improved sanitation facilities which are not shared. According to SVRS-2015 sanitary toilet facility increased from 42.5 per cent in 2003 to 73 per cent in 2015.

However, the impressive performance of sanitation coverage in the urban areas compared to the rural areas is somewhat undermined by the higher population density in the urban areas. In the slums in the urban areas, 12 per cent of the households use an improved sanitation facility, with a large number of households sharing one toilet due to lack of space. Another problem due to lack of space is maintaining a safe distance between pit latrines and drinking water sources. This problem is exacerbated by improper de-sludging and unsafe disposal of the latrines and septic tanks.

Table 7.4, based on the inputs from UNSD, shows the proportion of population using improved sanitation facility in Bangladesh during the 1990-2014 period. **Though the urban-rural divide has narrowed, we are far yet from reaching the national target of 100 per cent of the population having access to improved sanitation facility.** Concerted efforts are needed to increase the improved sanitation facilities in both urban and rural areas.

Table 7.4: Percentage of Population Using an Improved Sanitation Facility, 1990-2014

Year	Total	Urban	Rural
1990	34	47	31
1995	40	49	38
2000	45	51	44
2005	51	53	50
2010	56	56	56
2014	57	56	57

Source: <http://www.mdgs.un.org/unsd/mdg/>

Target 7.D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

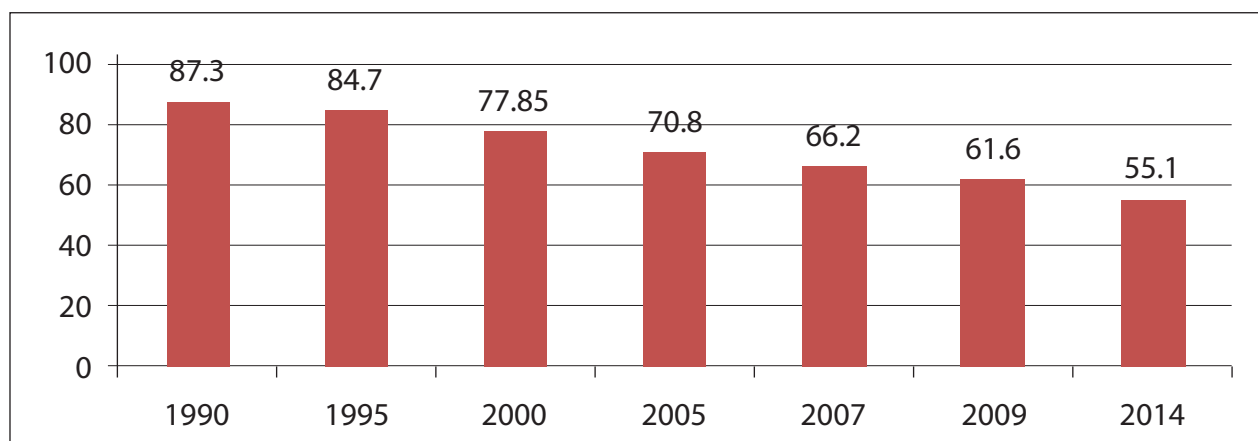
Indicator 7.10: Proportion of urban population living in slums

According to the 2011 Population Census, 41.9 million people (28 per cent of the total population) lived in urban areas including Statistical Metropolitan Areas (SMA).¹⁰ The vast majority of this population lived in one megacity, 316 City Corporations and Paurashava and 189 Upazila Headquarters. The urban population is increasing at the rate of 3.5 per cent and is expected to reach 60 million in 2051.

A Census of Slum Areas and Floating Population conducted by BBS in 2014 identified 13,938 slums covering all city corporations, municipalities, Upazila headquarters and all other urban areas. The number was 2,991 slums for the year 1997. A total of 592,998 slum households of an average size of 3.75 persons were counted in 2014. For 1997, these numbers were 334,431 slum households and 4.17 persons. This indicates an increase of 77 per cent in the number of slum households since 1997. **In 2014, a total of 2.2 million people were living in the slums.** This indicates a population increase of 214 per cent between the two census years. **It can be calculated that 6.36 per cent of total urban population lived in the slum areas in 2014 in Bangladesh.**

Figure 7.4 shows the proportion of urban population living in slums based on UNSD data. The figure shows a decline in the proportion of urban population living in the slums from 87.3 per cent in 1990 to 55.1 per cent in 2014 (See the note below). Despite the decline, the proportion of 55.1 per cent is still a big number. Moreover, the population density in the slums exceeds the average population density of Bangladesh. Such high density in the face of steady rural to urban migration is likely to put pressure on the basic services in urban areas that are already overstretched, inadequate and cannot cope up with incremental provisions.

¹⁰ There have been definitional changes of what constitute urban areas in 2011 Population Census as compared to that in 2001 Census, which explains why the percentage of population living in urban area has remained more or less the same (around 23 per cent) over the inter-census period. Also, 2011 Population Census did not estimate the proportion of urban population residing in slums.

Figure 7.4: Proportion of Urban Population Living in Slums, 1990-2014

Source: <http://www.mdgs.un.org/unsd/mdg/>

Note: The actual proportion of people living in slums is measured by a proxy, represented by the urban population living in households with at least one of the four characteristics: (i) lack of access to improved water supply; (ii) lack of access to improved sanitation; (iii) overcrowding (3 or more persons per room); and (iv) dwellings made of non-durable material.

7.3 Global experience in implementing MDG 7

The salient features of the achievements according to the Millennium Development Goals Report 2015 of the United Nations are:

- Global emissions of carbon dioxide have increased by over 50 per cent since 1990.
- Ozone-depleting substances have been virtually eliminated since 1990, and the ozone layer is expected to recover by the middle of this century.
- Terrestrial and marine protected areas in many regions have increased substantially since 1990. In Latin America and the Caribbean, coverage of the terrestrial protected areas rose from 8.8 per cent to 23.4 per cent between 1990 and 2014.
- In 2015, 91 per cent of the global population is using an improved drinking water source, compared to 76 per cent in 1990. This figure is lower than the Bangladesh average.
- Of the 2.6 billion people who have gained access to improved drinking water since 1990, 1.9 billion gained access to piped drinking water on premises. Over half of the global population (58 per cent) now enjoys this higher level of service.
- Since 1990, worldwide, 2.1 billion people have gained access to improved sanitation. The proportion of people practicing open defecation has fallen almost by half since 1990.
- Globally, 147 countries have met the drinking water target, 95 countries have met the sanitation target and 77 countries have met both.
- The proportion of urban population living in slums in the developing regions fell from approximately 39.4 per cent in 2000 to 29.7 per cent in 2014.

7.4 Status of MDG 7 in South Asia and Two other Comparator Countries

Table 7.5 shows that Bhutan has the highest proportion of land area covered by forest (a largely mountainous country), followed by Cambodia, Viet Nam, Sri Lanka and Nepal. Maldives has the

highest level of Carbon dioxide emissions, followed by Viet Nam, India, Pakistan and Bhutan. India has the highest level of consumption of all Ozone Depleting Substances in ODP tonnes, followed by Viet Nam, Pakistan Bangladesh and Afghanistan. Pakistan has the highest proportion of total water resources used, followed by India, Afghanistan, Sri Lanka and Maldives. Bhutan has the highest percentage of terrestrial areas protected with respect to total territorial area, followed by Nepal, Cambodia, Pakistan and Bangladesh.

Table 7.5: Cross-country Comparison of Global Environmental Sustainability, various years

Country	Proportion of land area covered by forest, percentage Indicator 7.1 (2010)	Carbon dioxide emissions (CO ₂), metric tons of CO ₂ per capita (CDIAC) Indicator 7.2a (2011)	Consumption of all Ozone-Depleting Substances in ODP tons Indicator 7.3 (2013)	Proportion of total water resources used, percentage Indicator 7.5 (Year)	Terrestrial and marine areas protected to total territorial area, percentage Indicator 7.6 (2014)
Afghanistan	2.1	0.4209	17.7	31(2000)	0.46
Bangladesh	11.1	0.3733	64.9	2.9(2010)	3.41
India	23	1.6987	956.1	33.9(2010)	3.13
Pakistan	2.2	0.9278	247	74.4(2010)	8.60
Nepal	25.4	0.1596	0.7	4.5(2005)	22.93
Maldives	3.3	3.3250	3.2	15.7(2010)	0.07
Sri Lanka	28.8	0.7279	13.4	24.5(2005)	2.64
Bhutan	69.1	0.7692	0.3	-	47.30
Viet Nam	44.5	1.9264	252.9	9.3(2005)	2.54
Cambodia	57.2	0.3078	9.5	0.5(2005)	20.61

Source: mdgs.un.org/unsd/mdg/

Table 7.5 shows that Bangladesh is placed above only Pakistan, Afghanistan and Maldives in case of proportion of land covered by forest, indicating greater attention is required in the area of afforestation. However, Bangladesh has been doing very well in keeping CO₂ emissions low as evident from CO₂ emission per capita in the above table. Only Nepal is ahead of Bangladesh in South Asia. In case of ODS consumption, Bangladesh has been performing better than India, Pakistan and Viet Nam. The above table also indicates that greater focus on water resource management and protecting terrestrial and marine areas is required.

Table 7.6 shows that Bangladesh is only ahead of Afghanistan and Cambodia in case of access to improved drinking water in the region. In case of access to improved sanitation, the situation is much better for Bangladesh; Bangladesh has been doing better than Afghanistan, India, Nepal, Bhutan and Cambodia. The table indicates that Bangladesh needs to carefully fight the challenge in providing safe water in the face of arsenic crisis, keep a close eye on the sanitation facilities in the face of high population density, and work in a planned way towards further reducing the number of slum dwellers.

Table 7.6: Cross-country Comparison of Access to Safe Drinking Water, Basic Sanitation and Living in the Slums, various years

Country	Proportion of the population using improved drinking water sources, total Indicator 7.8 (2015)	Proportion of the population using improved sanitation facilities, total Indicator 7.9 (2015)	Slum population as percentage of urban, percentage Indicator 7.10 (2014)
Afghanistan	55	32	62.7
Bangladesh	87	61	55.1
India	94	40	24
Pakistan	91	64	45.5
Nepal	92	46	54.3
Maldives	99	98	...
Sri Lanka	96	95	---
Bhutan	100	50	...
Viet Nam	98	78	27.2
Cambodia	76	42	55.1

Source: mdgs.un.org/unsd/mdg

7.5 Government's Specific Efforts to Achieve MDG 7

The Government of Bangladesh launched its first Climate Change Strategy and Action Plan (BCCSAP) in 2008 and revised it in 2009. It builds on the National Adaptation Programme of Action (NAPA), published in 2005. The BCCSAP seeks to build a medium to long term program for enhancing resilience to climate shocks and facilitating low-carbon, sustainable growth. To implement 44 programs specified under the six thematic areas of BCCSAP 2009, Climate Change Trust Fund (CCTF) was created in the fiscal year of 2009-10. Subsequently, Climate Change Trust Act, 2010 was enacted.

The GOB has also prepared National Sustainable Development Strategy (2010-2021) with a view to achieving its stated vision and addressing long-term sustainability issue of productive resources. To attain good governance in environmental sustainability, Government of Bangladesh took several initiatives to ensure appropriate environment management system, enforcement for pollution control and enhance, preserve, and conservation of natural resources.

Through programmes such as coastal afforestation and social forestation, it was possible to make some dents in the challenging area of increasing forest coverage in the face of high population density. A lot needs to be done in this area and also in the area of protecting terrestrial and marine land.

7.6 Partnership with the Non-Government Actors

Over the past years, the GOB, with the support of development partners, has invested over \$10 billion to make the country less vulnerable to natural disasters. The challenge Bangladesh now faces is to scale up these investments to create a suitable environment for the economic and social development of the country and to secure the well-being of our people.

The Government of Bangladesh (GOB) also established the Bangladesh Climate Change Resilience Fund (BCCRF) to support the implementation of the BCCSAP in 2010 with several Development Partners (DPs). The total amount pledged under BCCRF as of the end of 2014 was approximately US\$187 million.

Through this funding arrangement, which awaits more pledges from international donors, Bangladesh effectively fosters participating ministries and stakeholder to implement the climate change strategy.

7.7 Accessing green climate fund

The Green climate Fund (GCF) was established in COP-16 in 2010 under the auspices of United Nations Framework Convention on Climate Change (UNFCCC). The fund will be made available to member countries to mitigate and adapt to the effects of climate change. The governing board of the GCF has decided to use its funds equally for adaptation and mitigation purposes. For this purpose, the GCF aims to muster \$200 billion by 2020.

The Economic Relations Division (ERD) of the Ministry of Finance has been selected as the National Designated Authority (NDA) of Bangladesh to the GCF. The NDA has initiated the process of getting Bangladeshi institutions accredited as National Implementing Entity (NIE) to GCF. The GCF board, based on stringent eligibility criteria, will provide the accreditation to the NIEs, but before applying for accreditation, certification of the NDA will be required. Direct access to the fund will not be possible without accreditation to GCF.

After having consultation with all relevant stakeholders, 14 national entities have been identified that have the high potential to gain accreditation. The NDA requested the 14 national entities to do self-assessment to identify their strengths, gaps and the ways to mitigate those gaps to meet the GCF's criteria.

A few important steps are needed to gain accreditation. The first and most important step is institutional capacity improvement in the area of environmental and social safeguard policy and practices. In this regard, there is a need to improve our Environment Impact Assessment (EIA) practices at both project and programme level. The second step is to enhance the fiduciary standards and project management capacities. The third step is to have well designed and credible bankable projects or programmes to be forwarded to GCF for funding.

7.8 Key Challenges

Bangladesh has achieved the status of a lower middle income country and plans to become a high middle income country. It has been able to accelerate its growth and has planned to enjoy accelerated growth in the future. Accelerated growth resulting from agricultural development, industrialization, urbanization and infrastructure development coupled with a large population makes claims on land and other natural resources leading to degraded land, wetland and forest areas and other common pool resources.

Clearing of forest land for cultivation and other purposes resulted in loss of forest coverage and land degradation. Afforestation and reforestation programmes are being implemented to increase forest coverage area. But their success is undermined by pilferage and illegal chopping. Degradation of wetlands has led to serious reduction in fish habitat, population and diversity and declining open water fisheries. Reversing this downward trend through maintaining sanctuaries combined with banned seasons for fishing faces challenges from lack of alternative livelihood supports to fishermen during banned seasons. Most large fauna are threatened with extinction or are already extinct on a national level.

Excessive extraction of underground water for agriculture and other purposes has led to falling water table and arsenic contamination threatening water safety and security. Emission of CO₂, though low at present, is likely to increase in the future with growth and consequent increase in (nonrenewable) energy consumption. The Government is aware of the challenges and has adopted strategies such as National Sustainable Development Strategy to promote sustainable development. However, the implementation of the strategies has remained a challenge yet. In addition, reduced flow of water in trans-boundary rivers has led, among other effects, to desertification in north west Bangladesh and salinity intrusion in south west part of the country.

Sustainable improvement of the lives of the slum dwellers poses a big challenge because of dearth of secondary cities to relieve the pressure on large cities, limited capacity of the municipalities to fully implement the decentralization process and absence of comprehensive urban development policy.

The effects of climate change – especially high temperature, sea-level rise, cyclones and storm surges, salinity intrusion, and heavy monsoon downpour threaten environmental sustainability of Bangladesh. The Government has adopted climate change adaptation and mitigation strategy within the broad goal of accelerated growth. However, implementation of the strategy as well as mobilization of resources with support from development partners poses significant challenge.

7.9 Environmental sustainability in the 2030 Development Agenda

Environmental protection is a core pillar of the 2030 development agenda. Efforts to ensure global environmental sustainability have shown mixed results throughout the last 15 years. Much work remains for the post-2015 period, particularly given the acute environmental challenges the world is facing, such as climate change, food and water insecurity, and natural disasters. One theme emerging from the debate on the successor agenda to the MDGs is the importance of true integration of environment into development plans. Environmental sustainability as a core pillar of the post-2015 agenda and becomes a prerequisite for the lasting socioeconomic development and poverty eradication. Healthy, well-managed and diverse ecosystems and resources can play a strong role in mitigating future environmental challenges and improving livelihoods everywhere. Therefore, it is crucial to ensure that the development agenda for the future reflects the links between socioeconomic and environmental sustainability and protects and reinforces the environmental pillar.

The Government's proposal to the UN on Post-2015 Development Agenda calls for more attention towards environmental issues. While Bangladesh shares the view that the mobilization of internal resources plays an important role in addressing the emerging challenges and strongly believes that building a solid partnership through galvanizing support from the developed countries holds the key to the successful implementation of the 2030 global Development Agenda.

CHAPTER 8



Goal 8: Develop a Global Partnership for Development

8.1 Introduction

In this globalized world, countries assist other countries to foster global partnership of shared prosperity. The interaction among countries at both private and government level is considered as a key element for development. The development assistance that generally flows from developed to developing countries is often coupled with transfer of technology and knowledge. The grant, credit, technology and knowledge of the developed countries play a critical role in the development of the recipient countries. Greater concessional market access by the developed countries also helps developing countries to produce beyond their local demand, resulting in higher growth and employment opportunities. The MDG 8 addresses such role of global partnership in achieving development goals of the developing countries.

Between 1990-91 and 2014-15, the disbursement of ODA as a proportion of Bangladesh's GDP has fallen from 5.59 per cent to 1.56 per cent. Between the same periods, per capita ODA disbursement fluctuated between US\$ 15.60 and US\$ 19.27. Nine out of 34 member-states of the Organization for Economic Co-operation and Development (OECD) extended US\$ 748.02million ODA to Bangladesh in 2013-14. This amount was about 24 per cent of the total ODA received by Bangladesh during that period. Of the total ODA outlay, about 51 per cent was allocated for MDG sectors like education, health, social welfare, labour, public administration and social infrastructure together with agriculture and rural development.

MDG 8: Targets with indicators (at a glance)

Targets and indicators	Base year 1990/1991	Status in 2000	Current status (source)	Target by 2015
Target 8.A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system Target 8.B: Address the special needs of the least developed countries (LDCs) Target 8.C: Address the special needs of landlocked developing countries (LLDCs) and small island developing states (SIDS) Target 8.D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term				
Official development assistance (ODA)				
8.1a: Net ODA received by Bangladesh (million US\$)	1,732	1,588	3,043 (ERD,2015)	3,352 (ERD, 2015)
8.1b: Net ODA received by Bangladesh, as percentage of OECD/DAC donors' GNI, %	-	-	0.002 (ERD,2014)	0.003
8.2: Proportion of total bilateral sector-allocable ODA to basic social services, %	-	42 (2005)	51 (ERD,2015)	55
8.3: Proportion of bilateral ODA of OECD/DAC donors that is untied (received by Bangladesh), %	-	82 (2005)	100 (ERD,2013)	100
8.4: ODA received in landlocked developing countries as a proportion of their gross national incomes	Not relevant to Bangladesh			
8.5: ODA received in small island developing States as a proportion of their gross national incomes	Not relevant to Bangladesh			
Market Access				
8.6: Proportion of total developed country imports (by value and excluding arms) from Bangladesh, admitted free of duty	57.2 (1996)	57.5	78.59 (UNSD, 2014)	-
8.7: Average tariffs imposed by developed countries on agricultural products, textiles and clothing from Bangladesh, %	-	12 (2005)	0-9 (BTC,2011)	-
8.8: Agricultural support estimate for OECD countries as a percentage of their gross domestic product	Not relevant to Bangladesh			
8.9: Proportion of ODA provided to help build trade capacity	Data is not available			
Debt sustainability				
8.10: Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative)	Not relevant to Bangladesh			
8.11: Debt relief committed under HIPC and MDRI Initiatives	Not relevant to Bangladesh			
8.12: Debt service as a percentage of exports of goods and services, %	20.87	8.96	5.1 (ERD,2015)	6
Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries				
8.13: Proportion of population with access to affordable essential drugs on a sustainable basis, %	-	80 (2005)	80 (2005)	-
Target 8.F In cooperation with the private sector, make available the benefits of new technologies, especially information and communications				
8.14: Telephone lines per 100 population	0.2	0.38	0.67 (BTRC, March 2015)	-
8.15: Cellular subscribers per 100 population	-	0.22	79.76 (BTRC, June 2015)	-
8.16: Internet users per 100 population	0.0	0.07	30.39 (BTRC, June 2015)	-

8.2 Progress of achievements in different targets and indicators

Target 8.A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system. Includes a commitment to good governance, development and poverty reduction – both nationally and internationally

Target 8.B: Address the special needs of the least developed countries (LDCs). Includes: tariff and quota free access for the least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction

Target 8.C: Address the special needs of landlocked developing countries (LLDCs) and small island developing States (SIDS)

Target 8.D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term

Official development assistance (ODA)

Indicator 8.1: Net ODA, total and to the least developed countries, as percentage of OECD/DAC donors' Gross National Income (GNI)

Indicator 8.1a: Net ODA received by Bangladesh (million US\$)

According to ERD the net ODA received by Bangladesh was US\$ 1,732 million in 1990-91 and in 2013-14 it rose up to US\$3,084 million, the highest amount ever recorded in a single year. Currently (2014-15), the amount is US\$3,043 million. This translates into Bangladesh receiving US\$ 1,788 million ODA on an average every year. However, between the fiscal years 2005-06 and 2014-15, the annual average of net ODA received by Bangladesh was US\$ 2,218 million.

If we look at the proportions, despite the rise in absolute amount of ODA, the disbursed ODA as a proportion of Bangladesh's GDP has declined from 5.59 per cent in 1990-91 to 1.56 per cent in 2014-15 (GDP base year 2005-06). This implies a yearly average receipt of 2.28 per cent. During the same period, per capita ODA disbursement fluctuated ranging from US\$ 19.79 to US\$ 7.60. This implies a yearly average ODA of US\$ 13.31 per capita.

Table 8.1 shows that Bangladesh received US\$ 632 million as grants and US\$ 1,156 million as loans, on an average each year between 1990-91 and 2014-15. Table 8.1 and Figure 8.1 show that share of grants declined from 48 per cent to 19 per cent of total ODA whereas share of loans increased from 52 per cent to 81 per cent. In absolute terms, the net ODA received by Bangladesh has shown rising trend over the last eight years notwithstanding with yearly fluctuations. However, the share of ODA as a percentage of GDP shows a slightly declining trend with loans constituting a bigger share of the ODA.

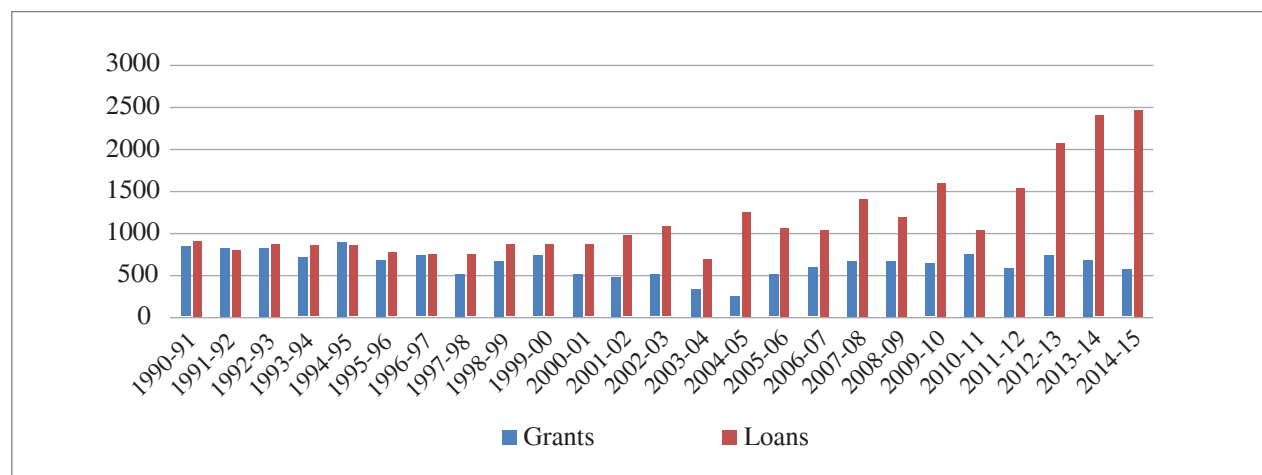
Table 8.1: Trends in ODA Disbursement (in million US\$), 1990-91 to 2014-15

Year	Grants (% of total ODA)	Loans (% of total ODA)	Total ODA	Total ODA as share of GDP (%)	Per capita ODA disbursement (US\$)
1	2	3	4 = 2 + 3	5 = (4/GDP) *100	6 = 4/population
1990-91	831(48)	901 (52)	1,732	5.59	15.60
1991-92	817 (51)	794 (49)	1,611	5.14	14.22
1992-93	818 (49)	857 (51)	1,675	5.23	14.50
1993-94	710 (46)	849 (54)	1,559	4.61	13.25

Year	Grants (% of total ODA)	Loans (% of total ODA)	Total ODA	Total ODA as share of GDP (%)	Per capita ODA disbursement (US\$)
1	2	3	4 = 2 + 3	5 = (4/GDP) *100	6 = 4/population
1994-95	890 (51)	849 (49)	1,739	4.58	14.53
1995-96	677 (47)	766 (53)	1,443	3.10	11.91
1996-97	736 (50)	745 (50)	1,481	3.07	12.04
1997-98	503 (40)	748 (60)	1,251	2.51	10.02
1998-99	669 (44)	867 (56)	1,536	2.99	12.13
1999-00	726 (46)	862 (54)	1,588	2.98	12.37
2000-01	504 (37)	865 (63)	1,369	2.54	10.53
2001-02	479 (33)	963 (67)	1,442	2.64	10.92
2002-03	510 (32)	1,075 (68)	1,585	2.63	11.84
2003-04	338 (33)	695 (67)	1,033	1.59	7.60
2004-05	244 (16)	1,244 (84)	1,488	2.14	10.80
2005-06	501 (32)	1,067 (68)	1,568	2.18	11.22
2006-07	590 (36)	1,040 (64)	1,630	2.05	11.50
2007-08	658 (32)	1,403 (68)	2,061	2.25	14.33
2008-09	658 (36)	1190 (64)	1,847	1.80	12.67
2009-10	639 (29)	1,589 (71)	2,228	1.93	15.07
2010-11	745 (42)	1,032 (58)	1,777	1.38	11.87
2011-12	588 (28)	1,538 (72)	2,126	1.59	14.02
2012-13	726 (26)	2,085 (74)	2,811	1.87	18.29
2013-14	681 (22)	2403 (78)	3,084	1.78	19.79
2014-15	571 (19)	2472 (81)	3,043	1.56	19.27
Yearly average	632 (35)	1,156 (65)	1,788	2.79	13.21

Source: Flow of External Resources into Bangladesh 2014-2015, ERD; National Accounts, BBS

Figure 8.1: Loans and Grants Received by Bangladesh (million US\$), 1990-91 to 2014-15



Source: Flow of External Resources into Bangladesh 2014-2015, ERD

Indicator 8.1b: Net ODA received by Bangladesh, as percentage of OECD/DAC donor's GNI

Nine countries out of 34 member states of the OECD provided US\$748.02 million ODA to Bangladesh in 2013-14. The amount was about 24.25 per cent of the total ODA received by Bangladesh in that particular year. Net ODA received by Bangladesh from nine countries of OECD/DAC in 2014 is given in Table 8.2.

Table 8.2: Net ODA Received by Bangladesh from OECD Countries (in million US\$), 2013-14

Country	Bangladesh got ODA from OECD countries (US\$ million)	GNI of OECD countries in 2014 (US\$ million)	ODA as % of GNI of OECD countries	ODA received by Bangladesh as % of GNI of OECD countries
1	2	3	4	5
Canada	16.28	1,837,063	0.24	0.00088
Denmark	62.67	345,788	0.85	0.0181
Germany	35.34	3,853,600	0.41	0.00091
Japan	450.78	5,338,200	0.19	0.00844
Netherlands	6.96	862,889	0.64	0.00081
Sweden	23.97	596,904	1.1	0.00402
UK	116.02	2,753,932	0.71	0.00421
South Korea	35.54	1,365,878	0.13	0.00260
USA	0.46	17,603,280	0.19	0.000003
Total	748.02	34,557,533		0.00216

Source: Column 2: Flow of External Resources into Bangladesh 2013-2014, ERD;
 Column 3: World Development Indicators database, World Bank (1st July 2015);
 Column 4: OECD (2015), Net ODA (indicator). doi: 10.1787/33346549-en (Accessed on 21 July 2015)

From the above table it is evident that only three countries, namely Sweden, Denmark and the United Kingdom, are complying with their commitment to provide more than 0.7 per cent of their GNI as ODA to the developing countries. Though Japan provides the largest amount of ODA to Bangladesh, in terms of percentage of its GNI, its overall ODA is only 0.19 per cent. If we consider Bangladesh's ODA received from the OECD countries as percentage of their GNI, Denmark comes first, followed by Japan, the United Kingdom, Sweden and South Korea. The target for Bangladesh is to raise the net ODA percentage to .003 of donor country GNI.

In 2014-15, eleven OECD countries provided US\$ 601 million ODA to Bangladesh, which is about US\$ 149 million lower than that in the previous year (Table 8.3). In absolute terms, Japan was the highest provider of ODA amounting to US\$ 366.46 million, followed by the United Kingdom (US\$ 79.30 million) and South Korea (US\$ 55.73 million).

Table 8.3: ODA Received by Bangladesh from the OECD Countries (in million US\$), 2009-10 to 2014-15

Country	2009 -10	2010 -11	2011 -12	2012 -13	2013 -14	2014 -15
Japan	121.27	121.35	247.59	348.58	450.78	366.46
UK	61.38	102.81	136.77	108.95	116.02	79.30
South Korea	20.07	74.60	60.14	37.84	35.54	55.73
Germany	49.29	46.23	43.03	68.71	35.34	30.08
Canada	31.82	31.14	4.69	3.53	16.28	13.28
Denmark	63.03	33.06	45.45	41.42	62.67	29.53
Sweden	0.005	11.71	33.77	11.26	23.97	10.15
Netherlands	4.80	0	0	4.60	6.96	0.93
USA	0	0	0	0	0.46	1.53
Switzerland	0	0	0	0	1.72	13.84
Turkey	0	0	0	0	0	0.16
Total	351.67	420.90	571.44	624.89	749.74	600.99

Source: Flow of External Resources into Bangladesh 2014-2015, ERD

Indicator 8.2: Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation)

Table 8.4 shows the sectoral distribution of ODA received by Bangladesh between 1990-91 and 2014-15. Public administration sector got the highest share followed by power, transport, education and health sectors. During this period, total disbursement in MDG sectors like education, health, social welfare and labour have shown rising trends. **These MDG sectors, along with public administration, agriculture, rural development and industries, received nearly 51 per cent of total ODA outlay. The target is to raise this percentage to 55 of total ODA outlay.**

Table 8.4: Disbursement of ODA in Major Sectors, 1990-91 to 2014-15

Sectors	Total disbursement (US \$ million)	% of total
Public Administration	6,736.40	17.49
Power	6,041.90	15.69
Transport	5,000.70	12.99
Education & Religious Affairs	4,503.20	11.69
Health, Population & Family Welfare	3,608.60	9.37
Physical Planning, Water Supply & Housing	3,023.40	7.85
Water Resources	2,270.00	5.89
Agriculture	1,744.00	4.53
Rural Development & Institutions	1,414.60	3.67
Oil, Gas & Mineral Resources	1,151.00	2.99
Industries	1,205.30	3.13

Sectors	Total disbursement (US \$ million)	% of total
Communication	939.4	2.44
Private	422.3	1.10
Social Welfare, Women's Affairs & Youth Development	418.8	1.09
Mass Media	24.1	0.06
Labour & Manpower	3.7	0.01
Sports & Culture	0.8	0.00
Science & Technology Research	0.6	0.00
Total	38,508.80	100.00

Source: Flow of External Resources 2014-2015, ERD

Indicator 8.3: Proportion of bilateral official development assistance of OECD/DAC donors that is untied

One joint evaluation by four Development Partners (WB, ADB, DFID and Japan) shows that about 94 per cent of aid to Bangladesh, provided by OECD-DAC donors in 2008, was untied. **All ODA received from bilateral OECD/DAC donors are fully untied at present which was 82 per cent in 2005 and 94 per cent in 2007.**

Indicator 8.4: ODA received in landlocked developing countries as a proportion of their gross national incomes

This indicator is not relevant to Bangladesh.

Indicator 8.5: ODA received in small island developing States as a proportion of their gross national incomes

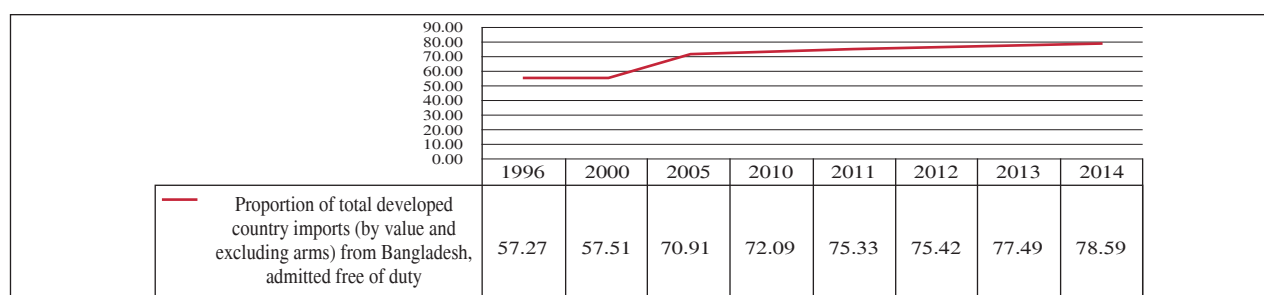
This indicator is not relevant to Bangladesh.

Market access

Indicator 8.6: Proportion of total developed country imports (by value and excluding arms) from Bangladesh, admitted free of duty

According to the data of UNSD, proportion of total developed country imports from Bangladesh, admitted free of duty was 78.59 per cent in 2014, registering an increase from 57.27 per cent in 1996 and 70.91 in 2005 as shown in Figure 8.2.

Figure 8.2: Proportion of Total Developed Country Imports from Bangladesh, Admitted Free of Duty, 1996-2014



Source: mdgs.un.org/unsd/mdg/

Indicator 8.7: Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries

Average tariff imposed by developed countries on agricultural products and textiles and clothing from Bangladesh was reported to be 12 per cent in 2005. In 2011, according to Bangladesh Tariff Commission (BTC), it varied from zero to 9 per cent indicating a reduction in tariffs.

Indicator 8.8: Agricultural support estimate for OECD countries as a percentage of their gross domestic product

Information on this indicator is not available.

Indicator 8.9: Proportion of ODA provided to help build trade capacity

No quantitative information on this indicator is available.

Debt sustainability

Indicator 8.10: Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative)

This indicator is not relevant to Bangladesh.

Indicator 8.11: Debt relief committed under HIPC and MDRI Initiatives

This indicator is not relevant to Bangladesh.

Indicator 8.12: Debt service as a percentage of exports of goods and services

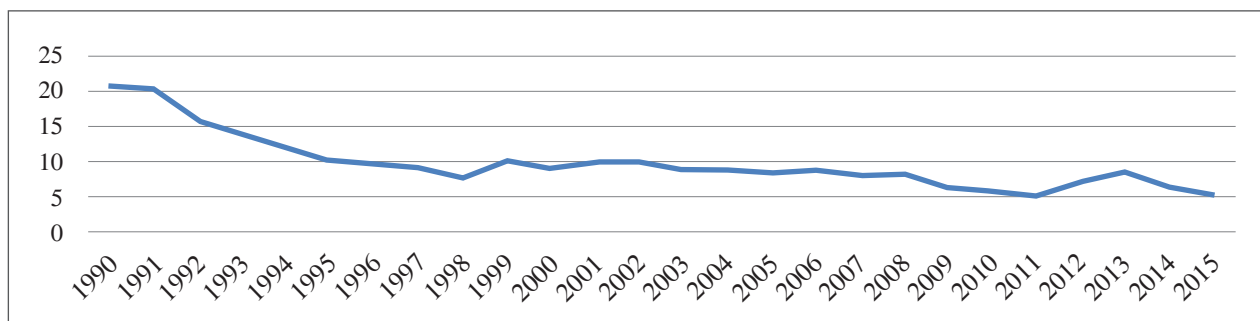
According to the World Bank classification, Bangladesh is categorised as a “less indebted” country. For Bangladesh, Total Debt Service (TDS) payment in 2013-14 was US\$ 3,004.60 million (including interest of US\$ 263.4 million and principal of US\$ 2,741.2 million). In the same year, export of goods and services was US\$ 46,945 million (merchandise export: US\$ 30,186.62 million, services invisible receipts: US\$ 2,643.38 million and remittance: US\$ 14,115 million). This leads total debt service as a proportion of exports of goods and services to 6.40 per cent, a decline from 20.9 per cent in 1990 as can be seen from Table 8.5 and Figure 8.3. **In 2014-15, according to ERD, the debt servicing is 5.1 per cent of export of goods and services.**

Table 8.5: Bangladesh’s External Debt Position (million US\$), 1990-2015

	1990	1995	2000	2005	2010	2015
Total Outstanding Debt	10,609	16,767	16,211	19,286	21,449	26,573
Total Debt Service (TDS)	570	552	767	1140	1701	2,514
Current Account Balance	-1,579	-1,030	-418	-557	3,724	-1,646
Export of Goods and Services (XGS)	2,731	5,490	8,560	13,680	29,670	49,102
GDP at current price	30,477	37,938	53,370	69,567	115,285	195,159
TDS/XGS (%)	20.9	10.1	9.0	8.3	5.7	5.1
TDS/GDP (%)	1.9	1.5	1.4	1.6	1.5	1.3
Interest/XGS (%)	6.7	2.8	2.2	1.4	0.7	0.5
Debt/XGS (%)	388.48	305.40	189.38	140.98	72.29	54.12
Debt/GDP (%)	34.81	44.19	30.37	27.72	18.61	13.62
Current Account/GDP (%)	-5.18	-2.71	-0.78	-0.80	3.23	-0.84

Source: Flow of External Resources into Bangladesh 2014-2015, ERD; National Accounts, BBS for GDP (Base year 2005-06 for 2000 to 2015, others 1995-96)

Figure 8.3: Debt Service as a Percentage of Exports of Goods and Services, 1990-2015



Source: Flow of External Resources 2014-2015, ERD

Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

Indicator 8.13: Proportion of population with access to affordable essential drugs on a sustainable basis

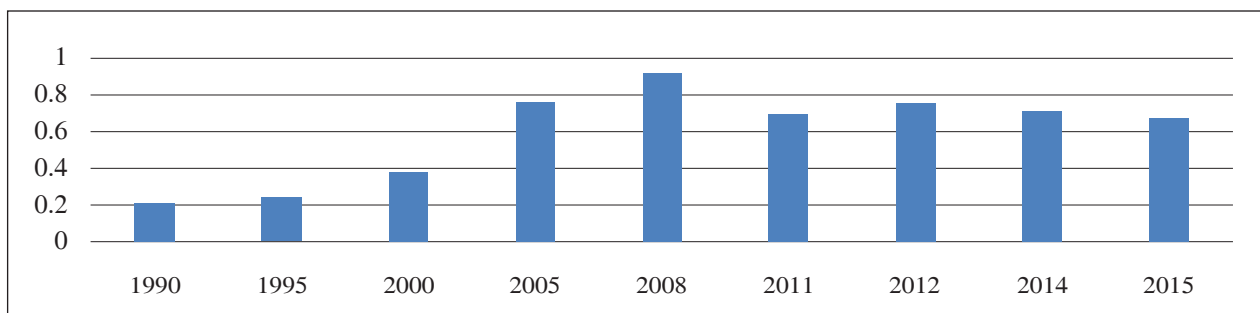
According to the Millennium Development Goals Bangladesh Progress Report 2005, the proportion of population with access to affordable essential drugs was 80 per cent. No updated data on the indicator are available afterwards.

Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

Indicator 8.14: Telephone lines per 100 population

According to the Bangladesh Telecommunication Regulatory Commission (BTRC), telephone lines per 100 people was 0.67 in 2015 and 0.20 in 1990. After 2008, as Figure 8.4 below shows, there has been a significant decline in the demand for fixed telephone lines due to often non-compliant customer service of the fixed telephone companies on the one hand and phenomenal growth of the cellular phone companies on the other.

Figure 8.4: Fixed Telephone Lines per 100 Population, 1990-2015



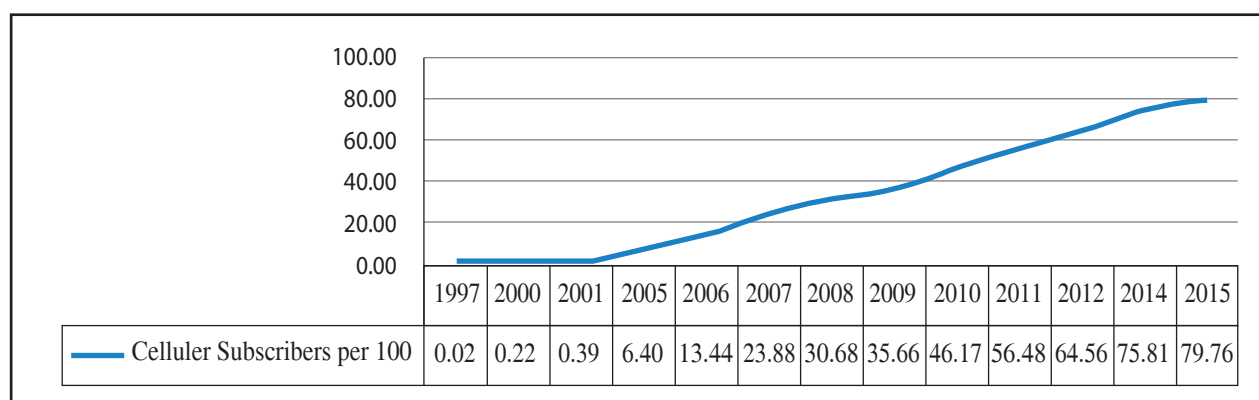
Source: BTRC; Pacific Economic Survey, 2008; ITU estimates

Indicator 8.15: Cellular subscribers per 100 population

According to BTRC, there has been a tremendous growth in the number for cellular subscriber per 100 population: from 0 in 1990 to 75.81 in 2014 to 79.76 in 2015 (See Figure 8.5). According to the HIES 2010 (BBS 2011) mobile phone use increased to 63.74 per cent in 2010 from a meagre 11.29 per cent in 2005. This increase occurred in both rural and urban areas. In the rural areas there has been increase

in mobile phone use to 56.7 per cent of the households in the rural areas in 2010 from 6.05 per cent in 2005. In the urban areas, the numbers changed to 82.74 per cent of the households in 2010 from 26.73 per cent in 2005. Privatisation of cellular phone services leads to competitive market structure and this has helped reducing service cost drastically and expanding coverage.

Figure 8.5: Cellular Subscribers per 100 Population, 1997-2015

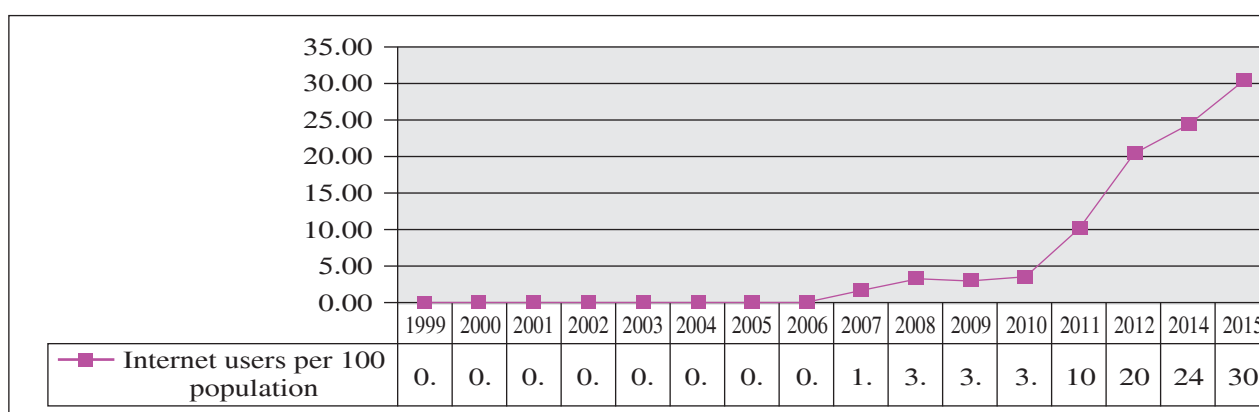


Source: BTRC and ITU

Indicator 8.16: Internet users per 100 population

According to BTRC, the internet users per 100 population shot up to 24.37 in 2014 from a meagre 3.4 in 2008 (See Figure 8.6). The latest figure (up to June 2015) shows that 30.39 per 100 people are using the internet. However, use of the internet is not as prevalent as the use of fixed lines and cellular phones. Bangladesh is behind the developing region in terms of using internets where the developing region's average use is 33 per cent and the world average is 43 percent.

Figure 8.6: Internet Users per 100 Population, 1999-2015



Source: BTRC and ITU

8.3 Global experience in implementing MDG 8

According to the Millennium Development Goals Report 2015 of the United Nations, the salient features of the achievements are listed below:

- Official development assistance from developed countries increased by 66 per cent in real terms between 2000 and 2014, reaching \$135.2 billion.

- In 2014, Denmark, Luxembourg, Norway, Sweden and the United Kingdom continued to exceed the United Nations official development assistance target of 0.7 per cent of their gross national income.
- In 2014, 79 per cent of imports from developing to developed countries were admitted duty free, up from 65 per cent in 2000.
- The proportion of external debt service to export revenue in developing countries fell from 12 per cent in 2000 to 3 per cent in 2013.
- **As of 2015, 95 per cent of the world's population is covered by a mobile-cellular signal.**
- The number of mobile-cellular subscriptions has grown from 738 million in 2000 to over 7 billion in 2015, almost a tenfold increase in the last 15 years,
- **Only one third of the population in the developing regions use the Internet, compared to 82 per cent in the developed regions.**
- Internet penetration has grown from just over 6 per cent of the world's population in 2000 to 43 per cent in 2015. As a result, 3.2 billion people are linked to a global network of content and applications.

8.4 Status of MDG 8 in South Asia and Two other Comparator Countries

Table 8.6 shows that Pakistan has the highest percentage of debt service from its total exports of goods and services, followed by Sri Lanka, Bhutan, Nepal and Bangladesh. Afghanistan tops the list of the countries in the table with 99.7 per cent of its imports entering the developed countries duty free. Afghanistan is followed by Bhutan, Maldives, Nepal and India.

Table 8.6: Cross-country Comparison of Global Partnership, various years

Country	Debt Service as % of XGS Indicator 8.12 (in 2013)	Developed country imports from developing countries, admitted duty free, % Indicator 8.6 (in 2012)
Afghanistan	1.2	99.7
Bangladesh	5.1	75.4
India	3.1	75.9
Pakistan	20.3	22.8
Nepal	8.6	87.2
Maldives	2.5	96.7
Sri Lanka	11.9	36.3
Bhutan	10.7	99.4
Viet Nam	1.9	67.2
Cambodia	1.1	56.9

Source: mdgs.un.org/unsd/mdg/

From the above table it can be seen that Bangladesh is placed fifth in indicator 8.12 and sixth in indicator 8.6. Comparing with other countries, Bangladesh is doing better in terms of debt servicing and duty free entry to developed countries. However, there is still room for improvement especially in the case of duty free entry as international trade has been the engine for rapid economic growth and job creation.

Table 8.7 data shows that Pakistan tops the list for fixed telephone lines per 100 population, followed by Sri Lanka, Viet Nam, Bhutan and Nepal. Cellular subscribers are the highest in Cambodia, followed by Pakistan, Viet Nam, Sri Lanka and Nepal. Internet users are the highest in Pakistan, followed by Viet Nam, Bhutan, Sri Lanka and India.

Table 8.7: Cross-country Comparison of Information Technology, 2014

Country	Fixed Telephone Lines per 100 Population Indicator 8.14 (in 2014)	Cellular Subscribers per 100 Population Indicator 8.15 (in 2014)	Internet users per 100 population Indicator 8.16 (in 2014)
Afghanistan	0.33	74.88	6.39
Bangladesh	0.69	75.92	9.60
India	2.13	74.48	18.00
Pakistan	14.61	148.83	67.00
Nepal	2.98	82.49	15.44
Maldives	2.65	73.33	13.80
Sri Lanka	12.49	103.16	25.80
Bhutan	3.11	82.07	34.37
Viet Nam	6.01	147.11	48.31
Cambodia	2.84	155.11	9.00

Source: mdgs.un.org/unsd/mdg/

In the above table, Bangladesh ranks ninth in indicator 8.14, seventh in indicator 8.15 and eighth in indicator 8.16. Comparing with other countries, it can be said that Bangladesh is lagging behind in making the benefits of information and communication technology available to its people especially in case of the internet. This contradicts with the vision of digital Bangladesh. Greater attention has to be given on both cellular phone services expansion and internet access to all.

8.5. Government's Specific Efforts to Achieve MDG 8

In order to facilitate dialogue and coordination the GOB and the Development Partners (DPs) have jointly established a multi-tier structure for GOB-DP communication, the apex tier of which is called Bangladesh Development Forum (BDF). There are ministerial level representations from the GOB and high level participation from the donor headquarters. Aid-effectiveness is an important agenda for discussion in BDF meetings. So far six meetings were held in 2002, 2003, 2004, 2005, 2010 and 2015. The BDF meetings reviewed the progress and adopted action agenda for implementation by the GOB and the DPs. The other important tier for aid coordination is the Local Consultative Group (LCG) and its working groups. There are 18 LCG working groups in Bangladesh. Frequency of Bangladesh Development Forum (BDF) meeting needs enhancement for closer understanding and exchange experiences with rapidly transforming development dynamics and need assessment.

Bangladesh has demonstrated significant success in boosting private investment and fostering public-private partnership in efficient delivery of utility services. In the telecommunications sector, private companies dominate the mobile phone services under government licensing. Private operators are encouraged to extend fibre optic lines across the country for the development of speedy internet facilities nationwide.

8.6 Global partnership in the 2030 development agenda

Greater funding and innovation are crucial to the implementation of the post-2015 development agenda, given its wide coverage of development areas. The breadth and ambition of SDGs need to be matched by adequate funding and renewed efforts to spur innovation, use of science, technology and expanding trade for sustainable development. For research and development private entrepreneurs and corporate houses must also be encouraged.

ODA remains critically important for countries with limited capacity such as Bangladesh in raising public resources domestically. It is important to pay greater attention to the potential of ODA to attract other financial flows, both by blending it with non-concessional public finance and by leveraging private borrowing and investments. Such market-friendly financial instruments may play an important role in financing the post-2015 development agenda.

The changing trade landscape will also demand innovative ways to improve market access and address non-tariff barriers, particularly as trade in services expands. Also, it will be crucial to strengthen the integration of developing countries into the multilateral trade system, as measured by their trade diversification and share in value-added.

Similarly, it will be essential to address the widening digital divide. We must have leap-frogging in ICT transformation and facilitation. Only then will the transformative power of ICTs and the ICT revolution be harnessed to deliver sustainable development for all.



ANNEXURE 1

Stocktaking of Bangladesh's Progress in Achieving the Millennium Development Goals 2015 (A Compendium Table of Goals and Targets)

Goals, Targets and Indicators (revised)	Base year 1990/1991	Current Status (Source)	Target by 2015	Remarks
Goal 1: Eradicate Extreme Poverty & Hunger: Goal will partially be met				
Target 1.A: Halve between 1990 and 2015, the proportion of people below poverty line				
1.1: Proportion of population below \$1 (PPP) per day, %	70.2 (1992)	43.3 (WB ¹¹ , 2010)	35.1	Need Attention
1.1a: Proportion of population below national upper poverty line (2,122 kcal), %	56.7 (1992)	31.5 (HIES 2010) 24.8 (Estimate for 2015, GED)	29.0	Target met
1.2: Poverty Gap Ratio, %	17.0 (1992)	6.5 (HIES 2010)	8.0	Target met
1.3: Share of poorest quintile in national consumption, %	8.76 (2005)	8.85 (HIES 2010)	-	No End Target (NET)
1.3a: Share of poorest quintile in national income, %	6.52 (1992)	5.22 (HIES 2010)	-	NET
Target 1.B: Achieve full and productive employment and decent work for all, including women and young people.				
1.4: Growth rate of GDP per person employed, %	0.90 (1991)	3.55 (WB 2012)	-	NET
1.5: Employment to population ratio (15+), %	48.5	57.1 (LFS 2013)	for all	Need Attention
1.6: Proportion of employed people living below \$1 (PPP) per day	70.4 (1991)	41.7 (ILO 2010)	-	NET
1.7: Proportion of own-account and contributing family workers in total employment	69.4 (1996)	85.0 (ILO 2005)	-	Lacks update data
Target 1.C: Halve between 1990 and 2015, the proportion of people who suffer from hunger.				
1.8: Prevalence of underweight children under-five years of age (6-59 months), %	66.0	32.6 (BDHS 2014)	33.0	Target met
1.9: Proportion of population below minimum level of dietary energy consumption (2122 kcal), %	48.0	40 (HIES 2005)	24.0	Lacks updated data
1.9a: Proportion of population below minimum level of dietary energy consumption (1805 kcal), %	28.0	19.5 (HIES 2005) 16.4 (UNSD 2015)	14.0	Lacks updated data
Goal 2: Achieve Universal Primary Education: Goal will partially be met				

¹¹ Actually WB data are prepa red based on \$1.25 (PPP)

Goals, Targets and Indicators (revised)	Base year 1990/1991	Current Status (Source)	Target by 2015	Remarks
Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling				
2.1: Net enrolment ratio in primary education, %	60.5	97.94 (APSC, 2015, DPE)	100	On track
2.2: Proportion of pupils starting grade 1 who reach grade 5, %	43.0	81.3 (APSC, 2015, DPE)	100	Need Attention
2.3: Literacy rate of 15-24 year-olds, women and men, %	-	Total 75.4 Women: 76.6 men: 74.0 (Census 2011)	100	Need Attention
2.3a: Adult literacy rate of 15+ years old population, % (Proxy indicator)	37.2	64.6 (SVRS, 2015)	100	Need Attention
Goal 3: Promote Gender Equality and Empower Women: Goal will probably be met				
Target 3.A : Eliminate gender disparity in primary and secondary education preferably by 2005, and in all levels of education no later than 2015				
3.1a: Ratio of girls to boys in Primary education (Gender Parity Index = Girls/ Boys)	0.83	1.04 (APSC, 2015, DPE)	1.0	Target met
3.1b: Ratio of girls to boys in secondary education (Gender Parity Index = Girls/ Boys)	0.52	1.14 (BANBEIS 2015)	1.0	Target met
3.1c: Ratio of girls to boys in tertiary education (Gender Parity Index = Girls/ Boys)	0.37	0.65 (BANBEIS 2015)	1.0	Need Attention
3.2: Share of women in wage employment in the non-agricultural sector, %	19.1	31.6 (LFS 2013)	50	Need Attention
3.3: Proportion of seats held by women in national parliament, %	12.7	20.29 (BPS 2014)	33	Need Attention
Goal 4: Reduce Child Mortality: Goal will be met				
Target 4.A: Reduce by two-third, between 1990 and 2015, the under-five mortality rate.				
4.1: Under-five Mortality Rate (per 1000 live births)	146	36 (BDHS 2015)	48	Target met
4.2: Infant Mortality Rate (per 1000 live births)	92	29 (SVRS 2015)	31	Target met
4.3: Proportion of 1 year-old children immunized against measles, %	54	79.9 (BDHS 2014)	100	Need Attention
Goal 5: Improve Maternal Health: Goal will be met				
Target 5.A: Reduce by three quarters, between 1990 and 2015, the Maternal Mortality Ratio.				
5.1: Maternal Mortality Ratio, (per 100,000 live births)	574	170 (MMEIG 2013)	143	Need Attention
5.2: Proportion of births attended by skilled health personnel, %	5.0	42.1 (BDHS 2014)	50	Need Attention
Target 5.B: Achieve by 2015, universal access to reproductive health.				

Goals, Targets and Indicators (revised)	Base year 1990/1991	Current Status (Source)	Target by 2015	Remarks
5.3: Contraceptive Prevalence Rate, %	39.7	62.4 (BDHS 2014)	72	Need Attention
5.4: Adolescent birth rate, (per 1000 women)	79 (SVRS)	83 (MICS 2012-13)	-	-
5.5a: Antenatal care coverage (at least one visit), %	27.5 (1993-94)	78.6 (BDHS 2014)	100	Need Attention
5.5b: Antenatal care coverage (at least four visits), %	5.5 (1993-94)	31.2 (BDHS 2014)	50	Need Attention
5.6: Unmet need for family planning, %	21.6 (1993-94)	12.0 (BDHS 2014)	7.6	Need Attention
Goal 6: Combat HIV/AIDS, malaria and other diseases				
Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS				
6.1: HIV prevalence among population, %	0.005	<0.1 (UNAIDS 2013)	Halting	On track
6.2: Condom use rate at last high risk sex, %	6.3	43.33 (NASP 2013)	-	NET
6.3: Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS, %	-	17.70 (NASP, 2013)	-	Low
6.4: Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years	-	0.88 (MICS 2012-13)	-	NET
Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it				
6.5: Proportion of population with advanced HIV infection with access to antiretroviral drugs, %	-	45 (UNGASS 2012)	100	Need Attention
Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases				
6.6a: Prevalence of Malaria per 100,000 population	441.5 (2005)	433.91(MIS NMCP 2014)	310.8	Need Attention
6.6b: Deaths of Malaria per 100,000 population	1.4 (2008)	0.34 (MIS NMCP 2014)	0.6	Target met
6.7: Proportion of Children under-5 sleeping under insecticide treated bed nets (13 high risk malaria districts), %	81 (2008)	92.2 (MIS, NMCP 2014)	90	Target met
6.8: Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs, %	60 (2008)	99.92 (MIS NMCP 2014)	90	Target met
6.9a: Prevalence of TB per 100,000 population	504 (1990)	402 (GTBR WHO 2014)	250	Need Attention
6.9b: Deaths of TB per 100,000 population	80 (1990)	51 (GTBR WHO 2014)	30	Need Attention
6.10a: Detection rate of TB under DOTS, %	59 (2001)	53 (GTBR WHO 2014)	120	Need Attention
6.10b: Cure rate of TB under DOTS, %	73 (1994)	92 (GTBR WHO 2014)	Sustain >90	Target met

Goals, Targets and Indicators (revised)	Base year 1990/1991	Current Status (Source)	Target by 2015	Remarks
Goal 7: Ensure Environmental Sustainability				
Target 7.A: Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss				
7.1: Proportion of land area covered by forest, % (tree coverage)	9.0	13.40 (DoF2014) (Tree density>30%)	20.0 (Tree density >70%)	Need Attention
7.2: CO ₂ emissions, total, per capita and per \$1 GDP (PPP)	Data is not available			
7.2a: CO ₂ emissions, metric tons per capita	0.14	0.23 (2 nd National Communication, 2012)	-	NET
7.3: Consumption of ozone-depleting substances in Ozone Depleting Potential (ODP) tonnes	202.1	64.88 (DoE, 2013)	65.39	Target met
7.4: Proportion of fish stocks within safe biological limits		54 inland & 16 marine	-	NET
7.5: Proportion of total water resources used		2.9% (UNSD 2010)	-	NET
7.6: Proportion of terrestrial and marine areas protected, %	0.91	Terrestrial: 1.81% Marine: 1.34% BFD, 2013	5.0	Need Attention
7.7: Proportion of species threatened with extinction	-	a. 23% of resident vertebrates (IUCN 2003) b. 5.81% of vascular plants (BNH 2013)	-	NET
Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation				
7.8: Proportion of population using an improved drinking water sources	68	97.9 (MICS 2012-2013)	100	On track
7.9: Proportion of population using an improved sanitation facility	34	55.9 (MICS 2012-2013)	100	Need Attention
Target 7.D: Halve, by 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers.				
7.10: Proportion of urban population living in slums	7.8 (BBS 2001)	5.25 (CSAFP, BBS, 2014)	-	NET
Goal 8: Develop a Global Partnership for Development				
Target 8.A: Developed further an open, rule-based, predictable, non-discriminatory trading and financial system Target 8.B: Address the special needs of the least developed countries Target 8.C: Address the special needs of landlocked developing countries and small developing states Target 8.D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term				

Goals, Targets and Indicators (revised)	Base year 1990/1991	Current Status (Source)	Target by 2015	Remarks
8.1a: Net ODA received by Bangladesh (million US\$)	1,732	3,043 (ERD 2015)	3352	Need Attention
8.1b: Net ODA received by Bangladesh, as percentage of OECD/DAC donors' GNI, %	-	0.0022 (ERD 2014)	0.003	Need attention
8.2: Proportion of total bilateral sector-allocable ODA to basic social services, %	42 (2005)	51 (ERD 2015)	55	-
8.3: Proportion of bilateral ODA of OECD/DAC donors that is untied (received by Bangladesh) , %	82 (2005)	100 (ERD 2013)	100	Target met
8.6: Proportion of total developed country imports (by value and excluding arms) from Bangladesh , admitted free of duty	57.2 (1996)	78.59 (2014)	-	NET
8.7: Average tariffs imposed by developed countries on agricultural products, textiles and clothing from Bangladesh, %	12 (2005)	0-9 (2011) (BTC)	-	Need attention
8.12: Debt service as a percentage of exports of goods and services, %	20.87	6.4 (ERD 2014)	6.0	On track
Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries				
8.13: Proportion of population with access to affordable essential drugs on a sustainable basis, %	80 (2005)	80 (2005)	-	Lacks update data
Target 8.F In cooperation with the private sector; make available the benefits of new technologies, especially information and communications.				
8.14: Telephone lines per 100 population	0.2	0.67 (March-2015, BTRC)	-	Low users
8.15: Cellular subscribers per 100 population	-	79.76 (June 2015,BTRC)	-	Impressive Progress
8.16: Internet users per 100 population	0.0	30.39 (June 2015, BTRC)	-	Need attention

MDGs gone by- leaving a rich legacy of development



Eradicate extreme
poverty and hunger



Achieve universal
primary education



Promote gender
equality and
empower women



Reduce child
mortality



Improve maternal
health



Combat HIV/Aids,
malaria and other
diseases



Ensure
environmental
sustainability



Global partnership
for development



General Economics Division (GED)

(Making Growth work for the Poor)

Bangladesh Planning Commission

Government of the People's Republic of Bangladesh

