Health Related Millennium Development Goals in Bangladesh:

A Reality Check

Health Related Millennium Development Goals in Bangladesh: A Reality Check

Author
K. M. Mustafizur Rahman

Acknowledgement:
The manuscript is an output of a research programme of Social Policy Unit, undertaken by the Unnayan Onneshan-The Innovators, a center for research and action on development, based in Dhaka, Bangladesh. I cordially thank Mr. Rashed Al Mahmud Titumir for his constant support, careful supervision and un-interrupted encouragement to carry out this research work. I am also thankful to Mr. A. Z. M. Saleh for his efforts in developing and editing the report.

For orders and request please contact:

Unnayan Onneshan-The Innovators
House: 16/2, Indira Road, Farmgate, Dhaka-1205, Bangladesh.
Tell: + (880-2) 815 82 74, 911 06 36; Fax: + (880-2) 815 91 35
E-mail: info@unnayan.org; Web: www.unnayan.org

Table of Contents

Executive Summary 04

Introduction 06

MDG – 4: Reduce Child Mortality

- Global Target 07
- Target for Bangladesh 07
- Current Situation and Future Projection: Under-Five Mortality 07
- Infant Mortality Rate 08
- Major Causes of Infant Mortality 09
- Malnutrition 10
- Immunization against Measles 11

MDG – 5: Improve Maternal Health

- Global Target 12
- Target for Bangladesh 12
- Current Situation and Future Projection: Maternal Mortality Ratio 12
- Causes of Maternal Mortality 13
- Births Attended by Skilled Health Personnel 14

MDG – 6: Combat HIV/AIDS, Malaria and Other Diseases

- Global Target 15
- Target for Bangladesh 15
- Current Situation: HIV/AIDS Prevalence Rate 15
- Government Initiatives 16
- Condom Use Rate 16
- Contraceptive Prevalence Rate 17
- Prevalence and Prevention of Malaria 17
- Prevalence and Prevention of Tuberculosis 19

Conclusion 20

Executive Summary

Globally agreed all eight Millennium Development Goals (MDGs): eradicate extreme poverty and hunger, achieve universal primary education, promote gender equality and empower women, reduce child mortality rate, improve maternal health, combat HIV/AIDS, malaria, and other diseases, ensure environmental sustainability and develop a global partnership for development by 2015, are closely connected and all the targets might be achieved if the targets of the health related Millennium Development Goals are achieved. By reviewing literature related to health related Millennium Development Goals in Bangladesh issue this paper finds that progress made by Bangladesh on the MDGs, especially those related to health, has been extremely slow. With only five years left, it might be quite difficult to achieve the health related Millennium Development Goals as in most of cases the progress is not on track rather far away from the desired target.

MDG-4: Reduce Child Mortality Rate

If the current trend continues, the Unnayan Onneshan projection reveals that under-five mortality might stand at 53 deaths per thousand live births in 2015 against the targeted rate of 48 in 2015. Under-five mortality rates steadily declined from 146 deaths per thousand live births in 1990 to 67 per thousand in 2009 (GoB's progress report 2010). Projected infant mortality rate might reach to 43 deaths per thousand live births by 2015, which is higher by 12 deaths per thousand live births against the target. Infant mortality rate was 45 live births per thousand in 2009 (Bangladesh Progress Report, 2010). The average annual reduction between 1991 and 2009 was 2.84 percent against a target of 2.76 percent. Estimated one-year-old children immunized against measles might not reach to 100% by 2015 rather only 75% might be attained. The rate of improvement of immunization coverage increased from 54 percent in 1991 to 88 percent in 2006(GoB's progress report 2010). In that period, the average increase in the coverage of child immunization between 1991 and 2006 was 3.25 percent: 0.65 percent above the targets annual rate of 2.6 percent.

MDG-5: Improve Maternal Health

Unnayan Onneshan's projection on health related MDGs indicates that Bangladesh may possibly reach to 280 deaths per 100,000 live births by 2015 while the target is to reduce to 143. In 2006 the estimated maternal mortality ratio was 290 per 100,000 live births (BDHS, 2007). It was 348 in 2008 (Bangladesh Progress report 2010). Proportion of births attended by skilled health personnel might increase to 23% against the target of 50% by 2015. Between 2002 and 2006 the proportion of assistance during delivery by medically trained providers increased to 18 percent, at an annual average of 16.25 percent. Due to pregnancy and childbirth-related causes, principally because of skilled birth attendants, 21,000 mothers die annually. If this trend is maintained, Bangladesh may be far behind to achieve the MDG targets by 2015.

MDG-6: Combat HIV/AIDS, malaria, and other diseases

HIV/AIDS-positive individuals have increased steadily since 1994 to approximately 7,500 people in 2005 (ICDDR,B). UNAIDS estimate the number to be slightly higher at 11,000 people. At the end of February 2010, 12,000 people in Bangladesh had HIV/AIDS and 500 deaths occurred due to the fatal

disease (CIA World Factbook). But this is a strong apprehension that the actual figure would be far higher as HIV/AIDS-infected people are afraid to disclose that they have the disease. Over 98 percent of all malaria cases in the country are concentrated in 13 districts out of total 64 that belong to the high-risk malaria zone. It is said that from 1955 to 1958, 47,500 people died of malaria each year, while 1.5 million were affected. In 2007 there were 50634 reported cases of malaria and 239 deaths. Bangladesh has made significant progress in preventing and reversing the spread of tuberculosis (TB) during the last two decades. The TB prevalence rate has reduced from 406 per 100,000 per year in 2006 to 391 in 2007. TB mortality rate also reduced in this period from 47 to 45 per 100,000 per year. To further decrease incidence and prevalence of TB, the momentum must be maintained to reach the MDG target.

It is pertinent to mention that theoretically many of the strategic documents and policy papers are sound and seems to be implementable. Though, the government of Bangladesh and some several other organizations are very much hopeful to achieve the MDG targets by 2015. However, the foregoing discussion indicates that it may be quite difficult for Bangladesh to achieve the health related MDGs, if the government does not give top priority on the MDG 4, 5, 6, and if the compliance and accountability of the developed world are not ensured.

Health Related Millennium Development Goals in Bangladesh: A Reality Check

Introduction

Progress made by Bangladesh on the MDGs, especially those related to health, has been extremely slow. Therefore, specific efforts are to be made towards these goals for attaining MDG 4, 5 and 6 on child and maternal health and HIV/AIDS respectively.

World leaders are going to meet in New York on the Millennium Development Goals (MDG Summit) from 20th to 22nd September 2010, to discuss the progress made on MDGs.

Globally agreed all eight Millennium Development Goals (MDGs) are: eradicate extreme poverty and hunger, achieve universal primary education, promote gender equality and empower women, reduce child mortality rate, improve maternal health, combat HIV/AIDS, malaria, and other diseases, ensure environmental sustainability and develop a global partnership for development by 2015.

There are criticisms of the MDGs on two counts. First, the goals and targets do not address the systematic structural causes that keep the global south to reproduce underdevelopment. Second, the formation of the framework of the MDGs is biased.

A legitimate question may arise on the achievement of the goals in developing world due to lack of compliance and accountability of the developed world.

The Goal – 8 which addresses the ‘partnership for development’ does not have benchmarking target for the developed countries as opposed to those set in for remaining goals. A legitimate question may arise on the achievement of the goals in developing world due to lack of compliance and accountability of the developed world. There is no effort to estimate why the progress of the MDGs is threatened due to non-fulfillment of the commitment of the developed world.

The progress of MDGs in Bangladesh is required an in-depth assessment. However, no systematic effort to date has been undertaken by the CSO, NGOs or research organizations. The Unnayan Onneshan is making a humble effort to make an assessment of the health related MDGs for having a clear image of the current situation of Bangladesh on achieving the targets.

MDG- 4 Reduce Child Mortality

Global Target

Global target for the development goal relating to child mortality is to reduce by two third, between 1990 and 2015. Three indicators have been selected for evaluation: i) under-five mortality rate; ii) infant mortality rate; and iii) proportion of one-year-olds immunized against measles.

Target for Bangladesh

To achieve the goal, Bangladesh must reduce under-five mortality from 146 deaths per thousand in 1990 to 48 by 2015, infant mortality rate from 92 deaths per thousand live births in 1990 to 31 by 2015. Another target is to enhance the proportion of immunized one-years-olds for measles from 54% in 1990 to 100% by 2015.

Current Situation and Future Projection

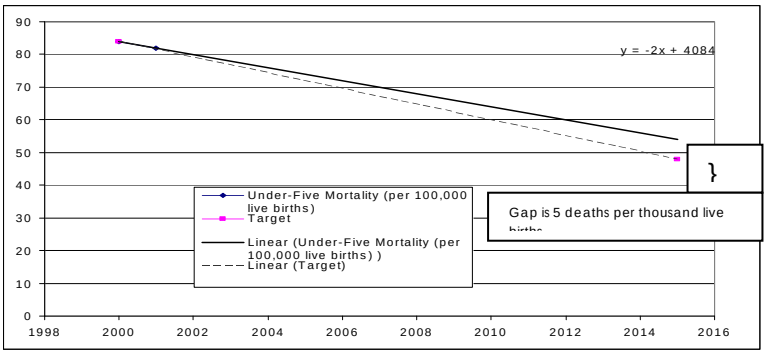
Under-Five Mortality

Estimated under-five mortality might stand at 53 deaths per thousand live births in 2015 against the target of 48 in 2015.

If the current trend continues, the estimated under-five mortality might stand at 53 deaths per thousand live births in 2015 against the targeted rate of 48 in 2015, which is higher by 5 deaths per thousand per year. Under-five mortality rates steadily declined from 146 deaths per thousand live births in 1990 to 67 per thousand in 2009 (GoB's progress report 2010). Current situation demands under-five mortality rates to be reduced annually by three deaths per thousand between 2000 and 2015 (Figure 1) to achieve the target. The report highlighted the need to focus attention on neonatal and prenatal causes of death, deaths due to pneumonia, diarrhoea, injuries, poor care-seeking practices, malnutrition and low birth-weight (LBW). However, the decline was about 10 percent among 1-4 years old children and about 2.4% annually among post neonates (1-11 months) and also 2.2 percent in neonates (Bangladesh Demographic and Health Survey, 2007). It is obvious that if substantial reductions in post neonatal and neonatal mortality are not achieved, Bangladesh may not achieve MDG 4.

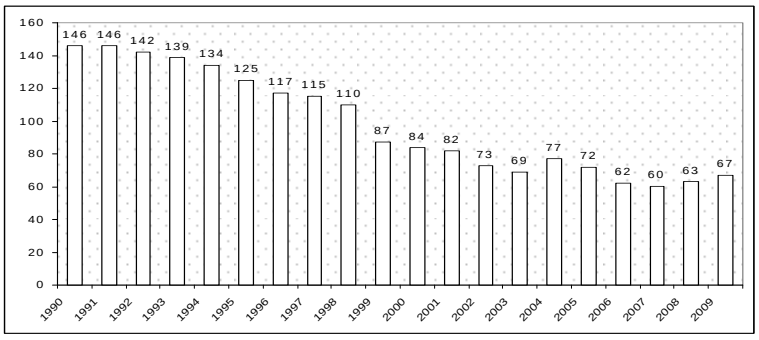
Figure 1: The Progress Rate of Under-Five Mortality (per 100,000 live births)

Declining rate of under-five mortality from 2000 does not suggest achieving the targeted death rate by 2015; rather it demands under-five mortality rates must be reduced annually by three deaths per thousand between 2000 and 2015.



Source: Author's Calculation

Figure 2: Trend of Under-Five Mortality Rates (per 100,000 live births)



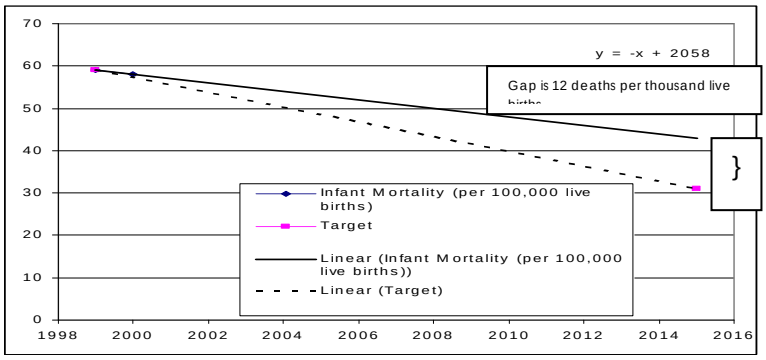
Sources: Millennium Development Goals, Bangladesh Progress Report (2010)

Infant Mortality Rate

Current trend on infant mortality rate might possibly stand at 43 deaths per thousand live births, while the target is to decrease to 31 by 2015.

Unnayan Onneshan projection reveals that the projected infant mortality rate might possibly reach to 43 deaths per thousand live births by 2015, which is higher by 12 deaths per thousand live births against the target. In 2009, the rate was 45 per thousand live births must be reduced annually by at least four deaths per thousand between 1999 and 2015. Infant mortality rate in Bangladesh, like under-five mortality rate, has also decreased impressively from 1990 to 2009 (Figure 4). The average annual reduction between 1991 and 2009 was 2.84 percent against a target of 2.76 percent.

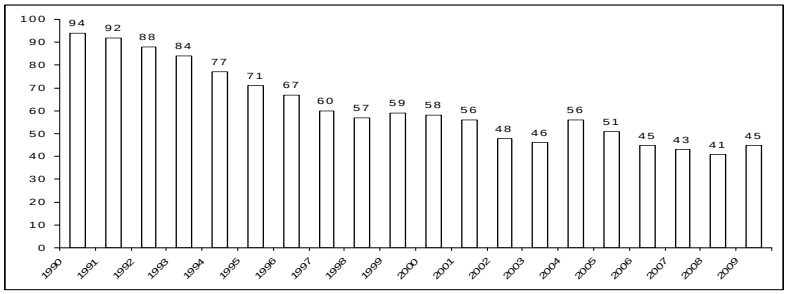
Figure 3: The Progress Rate of Infant Mortality (per 100,000 live births)



Infant death rate must be reduced annually by at least four deaths per thousand between 1999 and 2015.

Source: Author's Calculation

Figure 4: Trend of Infant Mortality Rate (per 100,000 live births)



Sources: Millennium Development Goals, Bangladesh Progress Report (2010)

Major Causes of Infant Mortality

The major causes of infant deaths are acute respiratory infections, neonatal and prenatal problems, diarrhoea, pneumonia etc.

The major causes of infant deaths are acute respiratory infections, neonatal and prenatal problems, diarrhoea, pneumonia etc. Neonatal and prenatal causes amount one-half or two-thirds of under-five mortality or infant mortality (GoB and UN, 2005). According to the Bangladesh Demographic and Health Survey (BDHS) 2007, each year 1.2 lakh newborn babies died within 28 days. Neonatal deaths now substantially amount 57 percent to overall mortality of children aged less than five years (BDHS, 2007). So, neonatal and prenatal care for the mother is very important. Around four in ten women receive no antenatal care. In rural areas, about 90 percent natal practices occur at home; while in urban areas, little over one-fourth of this practice is done at health care center (BDHS, 2007). Only 24.4 percent of births are delivered by skilled health personnel (MICS, 2009). There is a strong association between under-five mortality and mother's education.

32 deaths per 1,000 live births among children of women with secondary complete or higher education to 93 deaths per 1,000 live births among children of women with no education.

It ranges from 32 deaths per 1,000 live births among children of women with secondary complete or higher education to 93 deaths per 1,000 live births among children of women with no education (BDHS, 2007). Birth spacing is another variable associated with under-five mortality. As the birth interval becomes shorter, infant mortality chances rise sharply. Both infant and under-five mortality rate are lower for those in the highest wealth quintile.

Malnutrition

Among the infants less than 2 months olds, only two-thirds (64 percent) are exclusively breastfed. The remainders are given water, other milk and liquids in addition to breast milk, and 6 percent even receive complementary foods.

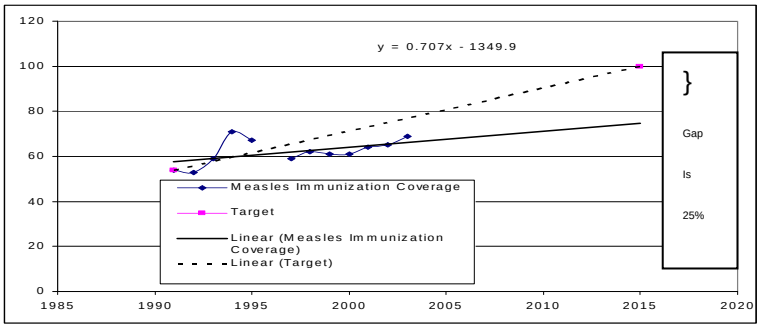
After the first month of birth, malnutrition becomes an important contributing factor to infant and child mortality. But in Bangladesh, it often occurs early because of improper feeding practices which play a pivotal role in determining the optimal development of infant. Poor breastfeeding and infant feeding practices have adverse consequence for the health and nutritional status of children. Only two-thirds among the infants, less than 2 months olds, (64 percent) are exclusively breastfed. The remainders are given water, other milk and liquids in addition to breast milk, and 6 percent even receive complementary foods. From about six months of age, the introduction of complementary foods is critical for meeting the protein, energy and micronutrient needs of children. Among children age 6-9 months, only three in four children receive complementary food (BDHS, 2007). Malnutrition passes from one generation to the next because malnourished mothers give birth to malnourished infant. If they are girls, these children often become malnourished mothers themselves and the vicious cycle continues. Health experts disclose that Bangladesh has one of the highest rates of child and maternal malnutrition in the world. State of World's Children (SOWC) Report 2008, issued by UNICEF, indicated that 48 percent of all the children under-five are under-weight. New born deaths make up nearly half of all under-five deaths (57 percent) and 71 percent of infant mortality. One neonate dies every year, according to UNICEF (IRIN, November 19, 2008).

Immunization against Measles

MDG 4 targets enhancing the proportion of one-year-old children immunized against measles to 100% by 2015 but by maintaining current trend only 75% might be achieved.

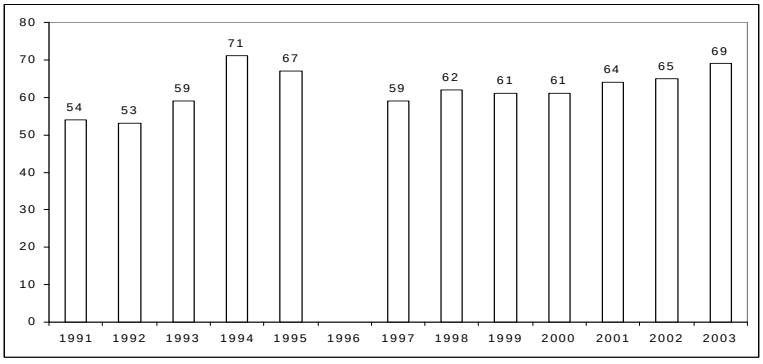
The current trend of one-year-old children immunized against measles suggests that it might not reach to 100% by 2015 rather only 75% might be attained. The rate of improvement in immunization coverage was 88 percent in 2006 (Millennium Development Goals Progress Report of Bangladesh, 2010). If the immunization coverage rate from 1991 is maintained, it will not achieve the target within 2015. However, the rate of improvements from 2000 in the immunization coverage explore different scenario, i.e. if this can be continued it will reach the target within 2015 years (Figure 5). In that time, the average increase in the coverage of child immunization between 1991 and 2006 was 3.25 percent that is 0.65 percent above the target annual rate of 2.6 percent. Figure 6 is a fluctuated figure. However Bangladesh is on the track to achieve MDG 4, the government should give top priority to achieve MDG 4 within 2015, otherwise not.

Figure 5: Progress Rate of Immunization Coverage



Source: Author's Calculation

Figure 6: Trend of Measles Immunization Coverage



Source: World Bank, 2005

MDG- 5 Improve Maternal Health

Global Target

The global target under this goal is to reduce the maternal mortality ratio by three-quarters between 1990 and 2015. This goal has one target and two indictors; i) maternal mortality ratio; and birth attended by skilled health personnel.

Target for Bangladesh

To achieve the goal, the targets of Bangladesh are: i) reduce maternal mortality from 574 deaths per 100,000 live births in 1990 to 143 by 2015; and ii) increase the proportion of birth attended by skilled personnel to 50 percent by 2015.

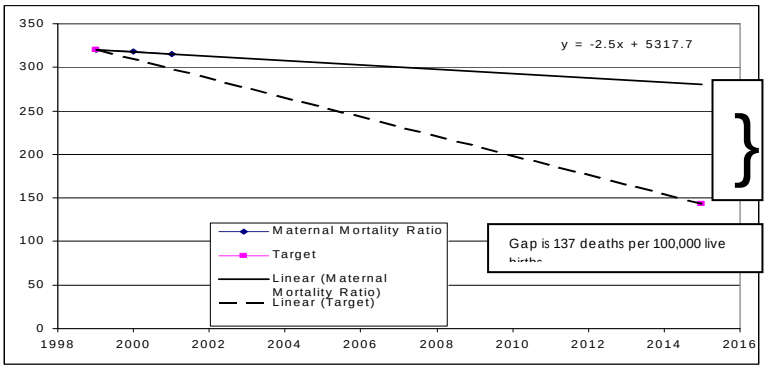
Current Situation and Future Projection

Maternal Mortality Ratio

Bangladesh's estimated maternal mortality rate might reach 280 deaths per 100,000 live births against the target of 143 by 2015.

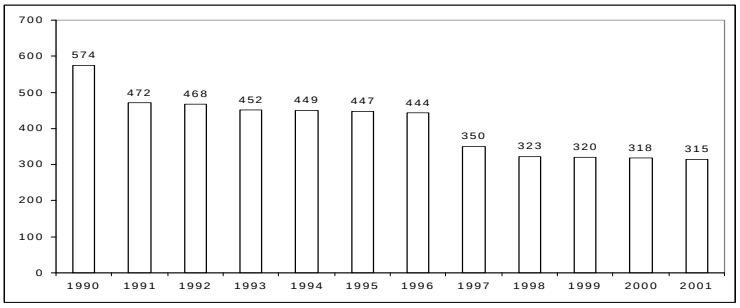
Unnayan Onneshan's projection on health related MDGs indicates that Bangladesh might reach to 280 deaths per 100,000 live births by 2015 while the target is to reduce to 143. In 2008, the rate was 348 (Millennium Development Goals, Bangladesh Progress report 2010). The estimated maternal mortality ratio in 2006 was 290 per 100,000 live births (BDHS, 2007). Bangladesh's estimated maternal mortality rate between 320 and 400 per 100,000 live births (GoB and UN, 2005), in 2002 was the highest in the world at that time and is still high relative to many developing countries. Government claims the decline rate is on track for achieving the goal, however the rate of reduction from 1999 does not indicate so (Figure 7). In Bangladesh maternal mortality ratio has decreased from 574 per 100,000 live births in 1990 to 315 live births in 2001 (Figure 8).

Figure 7: Progress Rate of Maternal Mortality



Source: Author's Calculation

Figure 8: Trend of Maternal Mortality Ratio



Source: UNESCAP Using BBS Data from Vital Registration System

Causes of Maternal Mortality

Most maternal deaths occur due to hemorrhage, unsafe abortion and natal problems. Over half of all pregnant women do not receive any institutional health service during childbirth, while significantly fewer received institutional post-natal health care (BDHS, 2007). About four in every ten women receive no antenatal care. Eighty percent of the deliveries still take place at home. The percentage of deliveries with assistance from qualified professionals is also very low, 18 percent deliveries are attended by medically trained personnel while 10.8 percent births are attained by trained birth attendants. Only 15 percent births take place at health facility. Malnutrition, particularly chronic energy deficiency (CED) and anemia, contribute to poor maternal health and pregnancy outcomes for both the mother and her children. Severe anemia increases the risk of maternal mortality, which accounts for over one-thirds of maternal deaths. Recent data indicates that 40 percent of adolescent girls, 46 percent of non-pregnant and 39 percent of pregnant women are chronically malnourished (BDHS, 2007).

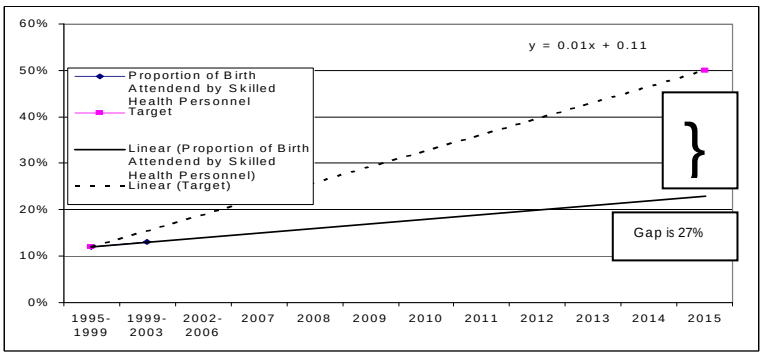
The percentage of deliveries with assistance from qualified professionals is also very low, 18 percent deliveries are attended by medically trained personnel and 10.8 percent births are attained by trained birth attendants. Only 15 percent births take place at health facility.

Births Attended by Skilled Health Personnel

Proportion of births attended by skilled health personnel might increase to 23% against the target of 50% by 2015.

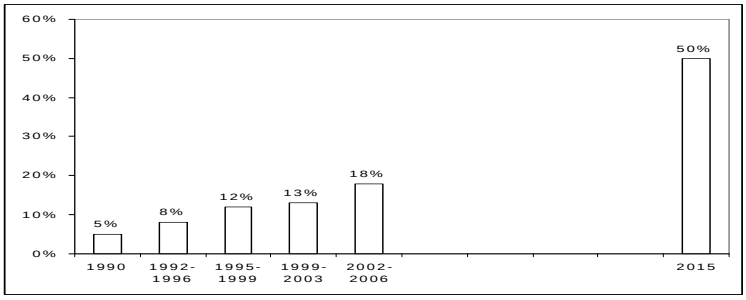
If the current rate is maintained, Bangladesh might increase the proportion of births attended by skilled health personnel to 23 percent by the year 2015 against the target of 50 percent. Proportion of assistance during delivery by medically trained providers was 5 percent in 1990 and it increased to 18 percent in the period 2002-2006, at an annual average of 16.25 percent. It is yet considerably lower than the MDG target and if this trend continues, there might be a gap of 27% against the target by 2015 (Figure 9). Due to pregnancy and childbirth-related causes, mainly because of unskilled birth attendants, 21,000 mothers die annually (BDHS, 2007). The institutional deliveries in have increased significantly in the last two years compared to the progress in earlier years. However, there are high rural-urban variations and regional disparities in institutional deliveries. The birth delivered at facilities was three times higher in urban area than that in rural area (BDHS, 2007).

Figure 9: The Progress Rate of Birth Attended by Skilled Health Personnel



Source: Author's Calculation

Figure 10: Trend of the Proportion of Birth Attended by Skilled Health Personnel



Sources: BDHS

MDG- 6 Combat HIV/AIDS, Malaria and Other Diseases

Global target

The global targets under this goal are to end the spread of HIV/AIDS, malaria and other diseases by 2015 and reverse the spread of the diseases.

Target for Bangladesh

Bangladesh's target for achieving the goal is also to stop and reverse the spread of HIV/AIDS, malaria and other diseases by 2015.

Current Situation

HIV/AIDS Prevalence Rate

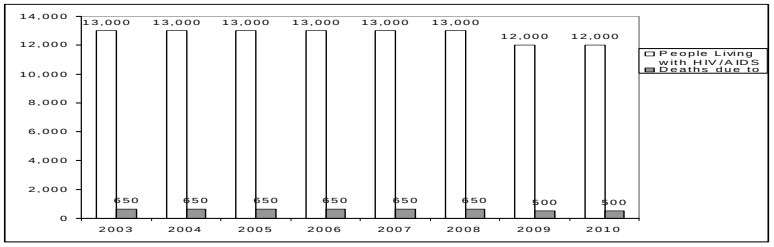
AIDS is caused by infection of a virus named Human Immunodeficiency Virus (HIV). This virus is transmitted through blood and sexual contact. In addition, infected pregnant women can pass HIV to their offspring during pregnancy and deliver as well as through breastfeeding.

7,500 people in 2005 were affected by HIV/AIDS according to the International Center for Diarrhoeal Disease Research, Bangladesh.

Overall HIV/AIDS prevalence in Bangladesh is expected to be extremely low and insignificant. In reality, HIV/AIDS-positive individuals have increased steadily since 1994 to approximately 7,500 people in 2005 (ICDDR,B). UNAIDS estimated the number to be slightly higher at 11,000 people while CIA World Factbook anticipated 12,000 people in Bangladesh had HIV/AIDS at the end of February 2010 and 500 died due to the pandemic. A strong apprehension is that the actual figure would be far higher as the infected people are afraid to disclose their status.

The level of knowledge on HIV/AIDS and its prevention among the people is increasing but 85 percent of men and only 67 percent of women have hard of it (BDHS, 2007). Though, there is a variation of estimated figure of HIV/AIDS-positive people among different sources, the increasing trend of HIV/AIDS positively indicates that country is on the brink of a nationwide crisis.

Figure 11: HIV/AIDS Related Information



Source: CIA World Factbook, 2010

Government Initiatives

First initiative of the government to combat HIV/AIDS was the establishment of National AIDS and Sexually Transmitted Disease Program in 1985.

Bangladesh's HIV/AIDS prevention program started 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. But the government has yet to show any good success. The activities of various organizations of UN and NGOs working on this issue are limited. The government is expected to produce and market cheap sterile syringes and needles that will automatically be damaged after one use. But it has not been implemented yet. In addition, blood screening facilities are not developed by the public or the private sector until now.

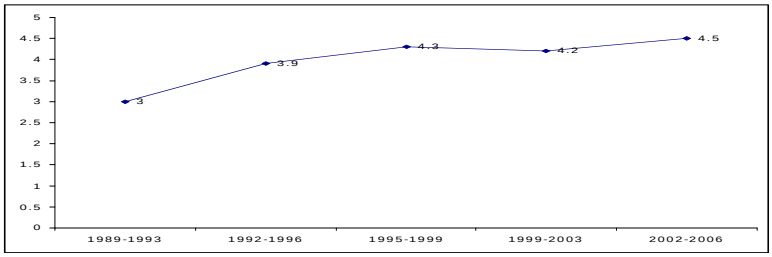
Condom Use Rate

55.8 percent of currently married women are using a contraceptive method and only 4.5 percent of men are using condom.

The Bangladesh Demographic and Health Survey data 2007 indicate that overall 55.8 percent of currently married women are using a contraceptive method, with only 4.5 percent of men are using condom. Use of condom increased slowly from 3 percent in 1989 to 4.5 percent in 2006 (Figure 12). There is no data available on the contraceptive prevalence rate among the HIV/AIDS high-risk groups. UNAIDS estimate consistent condom use is only 2 percent and 4 percent for brothels and street based sex workers. Among their clients 75 percent of

truck drivers reported that they did not use condoms the last time they purchased sex, and only 2 percent of rickshaw-pullers reported using condoms consistently while having sex with sex workers (GoB and UN, 2005).

Figure 12: The Trend of Condom Use Rate



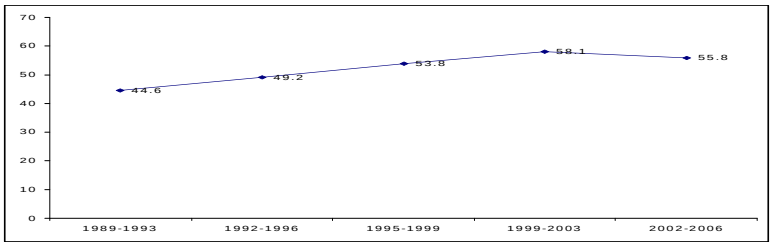
Source: BDHS

Contraceptive Prevalence Rate

Contraceptive prevalence reduced to 55.8 percent in 2007 from 58.1 percent in 2004.

The contraceptive prevalence rate in Bangladesh increased from 44.6 percent in 1989-93 to 55.8 percent in 2006 at an annual average rate of 1.56 percent. However, the contraceptive prevalence according to BDHS was 58.1 percent in 2004 and it reduced to 55.8 percent in 2007 (Figure 13). Deeper analysis shows that there was no decline in use of modern methods but use of traditional methods reduced in this period without adversely affecting the TFR, which declined from 3.0 in 2004 to 2.7 in 2007.

Figure 13: The Trend of the Contraceptive Prevalence Rate



Source: BDHS

Prevalence and Prevention of Malaria

239 people died of malaria in 2007 while 50634 were affected by the fatal disease.

Bangladesh's target for achieving the goal is to stop and reverse the spread of Malaria which is one of the major public health problems in Bangladesh because 13 out of total 64 districts belong to the high-risk malaria zone. Over 98 percent of all malaria cases in the country are concentrated in these districts. It is said that between 1955 and 1958, 47,500 people died of

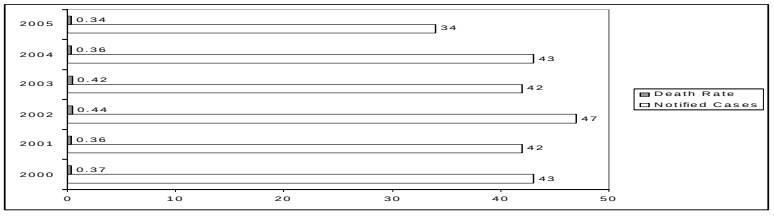
malaria each year while 1.5 million were affected. In 2007 there were 50634 reported cases of malaria and 239 deaths. The case fatality ratio was 472 per 100,000 in the same year (Table 1). The trend of malaria cases per 100,000 population shows that the prevalence of the disease increased from 43 in 2000 to 47 in 2002. After 2002 it reduced to 42 percent and remained almost same in 2003 and 2004. Then the prevalence of malaria reduced drastically in 2005 to 34 percent per 100,000 populations (Figure 14). Changes in the malarial death rate per 100,000 population show similar trend as the trend in reported cases of malaria.

Table 1: Malaria Cases and Deaths by Year

Year	Cases	Deaths	Case fatality ratio (per 100,000)
2000	55,599	468	841
2001	55,646	470	846
2002	63,516	589	927
2003	55,909	577	1032
2004	59,514	498	837
2005	49,537	470	948
2006	34,346	442	1287
2007	50,634	239	472

Source: WHO, IEDCR

Figure 14: Notified Cases and Death Rate due to Malaria (per 100,000 population)



Source: WHO, SEARO

Prevalence and Prevention of Tuberculosis

Tuberculosis prevalence rate has reduced from 406 per 100,000 per year in 2006 to 391 in 2007.

Reports from various sources indicate that Bangladesh has made significant progress in halting and reversing the spread of tuberculosis (TB) during the last two decades on route to reaching the goal of MDG. Though about 70,000 patients die of TB each year (GoB and UN, 2005) the TB prevalence rate has reduced from 406 per 100,000 per year in 2006 to 391 in 2007. TB mortality rate has also reduced from 47 to 45 per 100,000 per year (NTCP and WHO, Bangladesh). The momentum must be maintained for further decrease incidence and prevalence of TB to reach the MDG target.

Tuberculosis treatment rate under DOTS gradually increased from 73 percent in 1994 to 92 percent in 2006.

The TB detection rate under DOTS, show that the country has been highly successful in identifying the TB cases from 21 percent in 1994 to 71 percent in 2006 and well on the track towards 100 percent detection rate by the year 2015. Tuberculosis treatment under DOTS also made a good progress. The tuberculosis treatment success rate under DOTS gradually increased from 73 percent in 1994 to 92 percent in 2006 (Table 3). Given this phenomenon, Bangladesh is well on the track towards achieving the MDG target which is 100 percent treatment success rate.

Table 2: Tuberculosis Detection Rate under DOTS

Year	1994	1996	1998	2000	2002	2004	2006
Detection Rate	21	35	30	30	34	46	71

Sources: Annual Report, 2007 (NTP)

Table 3: Tuberculosis Treatment Success Rate Under DOTS

Year	1994	1996	1998	2000	2002	2004	2006
Success Rate	73	76	81	82	84	89	92

Sources: Annual Report, 2007 (NTP)

Conclusion

Health is one of the basic needs of people as stated by the Constitute of the People's Republic of Bangladesh [15(a)]. Although the government of Bangladesh is very much hopeful to achieve the MDG target, Unnayan Onneshan's analysis shows that Bangladesh is not on track to achieve the Millennium Development Goal targets. Moreover, it might be quite difficult to achieve, if the government does not give top priority on the MDG 4, 5, 6 and if the compliance and accountability of the developed world are not ensured.

As regards MDG 4, it was found that under-five mortality might stand at 53 deaths per thousand live births in 2015 against the targeted rate of 48 deaths per thousand live births by the same year. Projected infant mortality rate might reach to 43 deaths per thousand live births by 2015, which is higher by 12 deaths per thousand live births against the target. Estimated one-year-old children immunized against measles might not reach to 100% by 2015 rather only 75% might be attained.

The MDG5 target relating to improving maternal health are claimed to be on track, though Unnayan Onneshan's projection on health related MDGs indicates that Bangladesh may possibly reach to 280 deaths per 100,000 live births by 2015 while the target is to reduce to 143. Proportion of births attended by skilled health personnel might increase to 23% against the target of 50% by 2015.

Considering MDG6, it is found that the death due to HIV/AIDS has decreased in the recent years. Gender differential also found in health sectors. Though the condition of girls with respect to under-five mortality and infant mortality is slightly better than the boys but in respect of immunization against measles the rate of coverage for girls is lower than the boys. Also girls are little more malnourished than the boys. Men are much more aware about HIV/AIDS than their women counterparts.

It is relevant to mention that theoretically many of the strategic documents and policy papers are sound and seems to be implementable. However, in reality, it fails to do so because the establishment of an effective referral system, access to GoB quality care or implementation of nutrition program as safeguard to improve the health situation to achieve the health related MDG target within the short span of only 5 years is very difficult. Therefore, the aim might slip from the runway of achieving the target of Millennium Development Goal (MDG).