Millennium
Development
Goals

BANGLADESH
Progress Report 2015

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General Economics Division (GED)
Bangladesh Plannning Commission
Government of the People's Republic of Bangladesh
September 2015

2015
**TIME FOR
GLOBAL ACTION**
FOR PEOPLE AND PLANET

Message

A H M Mustafa Kamal, FCA, MP
Minister
Ministry of Planning
Government of the People's Republic of Bangladesh

I am pleased to learn that the General Economics Division (GED) of Bangladesh Planning Commission has prepared and ready to publish the 'Millennium Development Goals: Bangladesh Progress Report 2015'. I am also delighted to know that this is the eighth edition of the progress report that 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 and status in respect of MDGs attainment.

The Government of Bangladesh's commitment for attaining MDG objectives has been manifested in her development plans, be it Poverty Reduction Strategy Paper (PRSP) or Five Year Plan. The Sixth Five Year Plan (2011-2015) has integrated the Millennium Development Goals within the broader agenda of the economic and social development in a very lucid manner.

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 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.

The eighth publication of Bangladesh MDGs Progress Report highlights the current trends of achieving the goals and targets. It shows that Bangladesh has already met most important targets of MDGs like reducing Headcount Ratio and Poverty Gap Ratio, attaining Gender Parity at Primary and Secondary levels education, Under-five Mortality Rate reduction, containing HIV infection with access to antiretroviral drugs, Children under five sleeping under insecticide treated bed nets, cure rate of TB under DOTS etc. The evidences are convincing enough to say that Bangladesh is a front runner country that is on way to achieve most of the targets set by the world community. However, achievement of some targets may need more time and resources.

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 tracking MDGs. I would also like to offer thanks to various Ministries/Divisions/Agencies for providing inputs/data for preparation of the 2015 report. I acknowledge with thanks UNDP's support in printing the report through the "Support to Sustainable and Inclusive Planning" Project being implemented by 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 really very happy to learn that the General Economics Division (GED) of Bangladesh Planning Commission has prepared the 'Millennium Development Goals: Bangladesh Progress Report 2015' as part of their regular publication of tracking the achievement of MDGs in Bangladesh.

It is well recognized by all including our development partners that Bangladesh for the last couple of decades has been investing a handsome amount of public resources for increasing living standard of the people of this country. The ascendency in economic and social indicators is the reflection of successes of the Government's efforts.

It is heartening to note 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. Since the terminal year of MDGs and 6th FYP coincides, implementing one, ultimately paves the way for implementing the other, as both are strategically well tuned. The pro-poor and inclusive growth strategy has paid off, reducing both absolute and extreme poverty while empowering the poor.

The achievements of MDGs in our country's perspective are not unmixed as some targets are already met, some are on-track to be achieved by the terminal year; and some targets need additional time, resources and technological know-how to be attained. However, it can be rightly said that the experience of implementation of MDGs in our country and the lessons learnt will be helpful in the implementation of new goals and targets to be set for the post 2015 development regime.

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

(M. A. Mannan)

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'Millennium Development Goals: Bangladesh Progress Report 2015' is the eighth report monitoring the progress of MDGs in Bangladesh after 2005. This report is prepared and published by the General Economics Division (GED) of the Planning Commission primarily on the basis of the inputs from different Ministries/Divisions/Agencies that are implementing various programmes/projects with the aim of achieving the targets of MDGs.

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; and declining share of agriculture. 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 and active management of the complementary roles of market and state; and long-term institutional reform aimed at making the public sector accountable to citizens, and devolution of responsibility and accountability to local levels; and determined social policy and innovation.

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, reducing the 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 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. The GED publication of "MDG Financing Strategy for Bangladesh" estimated that US$ 78.2 billion was required for attaining all the MDGs in Bangladesh during 2011-15. According to the study, Bangladesh needed foreign assistance of US$ 5.0 and US$ 3.0 billion per year under the baseline and high growth scenarios respectively. The MDG Progress Report 2015 reveals that from 1990-91 to 2013-14, Bangladesh, on an average, received US$ 1.74 billion ODA per year, 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 generously support Bangladesh's endeavour for achieving the targets set under MDGs. The encouraging factor is that the sectors like education, health, social welfare, labour, public administration and social infrastructure together with agriculture and rural development were receiving net ODA and their combined share was around 51 percent of the total ODA outlay received from 1990-91 to 2013-14.

Let me take this opportunity to state some problems in evaluating MDG performance in our country. Data unavailability and lack of updated information for some indicators is a hindrance to reflect latest report on the status of MDGs attainment. Moreover, some targets have no benchmark data to compare with and some indicators don't have end targets while some indicators are not measurable. Importantly, some indicators of goal 8 concerning ODA are vaguely defined. To overcome these issues, the National Statistical Organization (NSO) needs to be strengthened; and at the same time the targets and indicators should have to be specific, measurable, available/achievable in a cost effective way, and available in a timely manner (SMART) indicators. The UN should focus on these issues while setting up targets under the Sustainable Development Goals (SDGs).

Finally, I am thankful to all including concerned GED officials and other Focal Points in the relevant Ministries who helped us providing timely data/information in preparation of this Report. 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 Progress Report on MDGs within a short time.

(Prof. Shamsul Alam)

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Acronyms

9th SS	9th 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

Acronyms

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

Acronyms

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

Acronyms

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
XGS	Export of Goods and Services

Executive Summary

Bangladesh has made outstanding progress in MDGs achievement. She has already met several targets of the MDGs like reducing headcount poverty and poverty gap ratio, reducing the prevalence of underweight children, attaining gender parity at primary and secondary education, under-five mortality rate reduction, containing HIV infection with access to antiretroviral drugs, children under five sleeping under insecticide treated bed nets, cure rate of TB under DOTS and others. In addition, Bangladesh has made remarkable progress in, increasing enrolment at primary schools, lowering the infant mortality rate and maternal mortality ratio, improving immunization coverage and reducing the incidence of communicable diseases.

On the other hand, areas in need of greater attention are hunger-poverty reduction and employment generation, increases in primary school completion and adult literacy rates, ensuring quality education at all levels, creation of decent wage employment for women, increase in the presence of skilled health professionals at delivery, increase in correct and comprehensive knowledge on HIV/AIDS, increase in forest coverage, and coverage of Information and Communication Technology.

Goal 1: Eradicate Extreme Poverty and Hunger

Bangladesh has made commendable progress in respect of eradication of poverty and hunger. It has sustained a GDP growth rate of 6 percent or above in recent years that has played a positive role in eradicating poverty. The robust growth has been accompanied by corresponding improvements in several social indicators such as increased life expectancy and lower fertility rate despite having one of the world's highest population densities. This impressive performance is the result of persuasion of pro-poor and inclusive growth strategy. Inclusive growth has resulted in impressive poverty reduction from 56.7 percent in 1991-92 to 31.5 percent in 2010; the rate of reduction being faster in the present decade than the earlier ones. The latest HIES 2010 data show that the incidence of poverty has declined on an average 1.74 percentage points in Bangladesh during 2000 to 2010 against the MDG target of 1.20 percentage points. The poverty headcount ratio for 2015 is estimated to be 24.8 percent. Bangladesh has already met one of the indicators of target-1 by bringing down the poverty gap ratio to 6.5 against 2015 target of 8.0. The estimated figures suggest that the MDG target of halving the population living below the poverty line (from 56.7 percent to 29.0 percent) has been achieved well ahead i.e. by 2012. Unemployment as well as underemployment is still persistent especially among the young people between 15 to 24 years of age. This age group comprises nearly 8.5 percent of the country's total population and 22 percent of the total labour force. Moreover, while Bangladesh has demonstrated its capacity for achieving the goal of poverty reduction within the target timeframe, attaining food security and nutritional wellbeing for a populous country like Bangladesh still remains as a challenge. The challenges with regard to reducing income inequality and the low economic participation of women also remain as matter of concerns.

Goal 2: Achieve Universal Primary Education

Significant progress has been made in increasing equitable access in education (NER: 97.7 percent), reduction of dropouts, improvement in completion of the cycle, and implementation of a number of quality enhancement measures in primary education. Bangladesh has already achieved gender parity in

primary and secondary enrolment. Initiatives have been taken to introduce pre-school education to prepare the children for formal schooling. The government is in the process of implementing a comprehensive National Education Policy (2010) to achieve its objectives. The free distribution of all books to all the students up to class nine, introduction of Primary Education Completion (PEC) and Junior School Completion (JSC) examinations, holding examinations timely and providing results in stipulated times, introducing modern technology for learning are some of the important measures taken by the Government to improve the quality of education in the country. The Constitution of Bangladesh has provision for free and compulsory primary education. The Government nationalized and took over 36,165 primary schools in 1973 and regularized it under the Primary Education (Taking Over) Act of 1974, and declared 157,724 primary school teachers as government employees. Primary education is free and made compulsory under the Primary Education (Compulsory) Act 1990. Bangladesh is a signatory to the World Declaration on Education for All (EFA) held at Jomtien, Thailand in March 1990. Bangladesh is also a signatory to the Summit of 9 high Population Countries held on 16 December 1993 in New Delhi. 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 Prime Minister of Bangladesh declared the nationalisation of all non-government primary schools of the country. With a view to spreading and augmenting the quality of education, the government has nationalized 26,193 primary schools from January 2013 and jobs of 1 lakh 4 thousand 776 teachers have been nationalized. The challenges under MDG-2 include attaining the targets of primary education completion rate and the adult literacy rate. A large part of the physically and mentally retarded children remains out of the schooling system. Improvement of quality of education is also a challenge at the primary and higher secondary levels that need to be taken care of on priority basis.

Goal 3: Promote Gender Equality and Empower Women

Bangladesh has already achieved the targets of gender parity in primary and secondary education at the national level. This positive development has occurred due to some specific public interventions focusing on girl students, such as stipends and exemption of tuition fees for girls in rural areas, and the stipend scheme for girls at the secondary level. The Education Assistance Trust Act, 2012 has been passed and the Education Assistance Trust established to benefit the underprivileged meritorious students. For facilitating female education and women empowerment, the government has introduced first ever Education Trust Fund for students of graduate or equivalent level and allocated Tk. 1,000 crore. From the interest of the fund, the government would distribute Taka 75.15 crore among 1.33 lakh female students. Benevolent persons and education protagonists have been urged to donate money to this fund and their donation would enjoy tax-rebate. Bangladesh has made significant progress in promoting the objectives of ensuring gender equality and empowerment of women. There has been steady improvement in the social and political empowerment scenario of women in Bangladesh. The Bangladesh Government is committed to attaining the objective of CEDAW, Beijing Platform for Action and MDGs in conformity with the fundamental rights enshrined in the Bangladesh Constitution and has adopted the National Policy for Women's Development (2011) and a series of programs for ensuring sustainable development of women. There has been an increase in the number of women parliamentarians elected (20 percent of total seats) in the last national election. However, wage employment for women in Bangladesh is still low. Only one woman out of every five is engaged in wage employment in the non-agricultural sector.

Goal 4: Reduce Child Mortality

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. The under-five mortality rate was 151 per 1000 live birth in 1990 which has come down to 41 per 1000 live birth in 2013 and thereby achieving the MDG target before the stipulated time. Likewise, the infant mortality rate was 94 per 1000 live birth in 1990 which has reduced to 32 per 1000 live birth in 2013. Bangladesh is on the verge of achieving the target. 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; large part of it can be attributed to the conscious investment by Government as well as steady economic and social development. 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.

Despite these improvements, there are challenges ahead. While the mortality rates have improved, major inequalities among the population segments still need to be addressed. Childhood injuries, especially drowning, have emerged as a considerable public health problem responsible for a full quarter of the deaths among children 1-4 years of age.

Goal 5: Improve Maternal Health

The Maternal Mortality Ratio (MMR) in Bangladesh in the 1990/91 was 574 per 100,000 live birth, which was one of the highest in the world. According to Bangladesh Maternal Mortality Survey (BMMS), maternal mortality declined from 322 in 2001 to 194 in 2010, a 40 percent decline in nine years. The average rate of decline from the base year has been about 3.3 percent per year, compared with the average annual rate of reduction of 3.0 percent required for achieving the MDG in 2015. The BMMS 2001 and 2010 show that overall mortality among women in the reproductive ages has consistently declined during these nine years. The Maternal Mortality Estimation Inter-agency Group (MMEIG), however, found the MMR as 170 per 100,000 live births in 2013. The overall proportion of births attended by skilled health personnel increased by more than eight-folds in the last two decades, from 5.0 percent in 1991 to 42.1 percent in 2014. In the same duration, the antenatal care coverage (at least one visit) has increased 51 percentage points; 27.5 percent in 1993-94 to 78.6 percent in 2014. The government has framed the National Health Policy, 2011' with a view to revamping the health sector and the 'National Population Policy 2012' has also been finalized. Moreover, in order to strengthen primary healthcare facilities, the government has launched 12,979 community clinics to reach out the grassroots level population. The innovative idea to use the Information and Communication Technology for progress of the health of women and children has already been acclaimed by the world community. The GO-NGO collaboration has played a significant role in the health sector development in Bangladesh. The Government views NGOs as a way of extending their reach, particularly in the implementation of national strategies and policies. NGOs have developed strong capacity and innovative delivery models that have prompted a two-way learning exchange between government and non-governmental entities. The Sector Wide Approach (SWAp) (1998) has reduced duplication and financial waste in the health sector and has simplified the process of programme development and implementation. Moreover, non-health activities like poverty reduction initiatives have played an important factor in Bangladesh's progress. Participation in microcredit programmes has been connected to better child survival and the expansion of electricity coverage, and road infrastructure has assisted the roll out of immunization programmes to rural areas. An increase in net primary education enrolment has resulted in improved literacy rates. The economic and social position of women has gradually improved in line with education, income-generating activities, access to microfinance and employment in the garment industry. Bangladesh's disaster preparedness has shown the world that it has the capacity to plan, coordinate and implement crisis responses. This demonstrates the improving governance structures across public sectors. However, challenges remains in the area of access to reproductive health.

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

Bangladesh has performed well in halting communicable diseases under this goal. Available data show that the prevalence of HIV/AIDS in Bangladesh currently is less than 0.1 percent and thus is still below an epidemic level. According to National AIDS/STD Programmes (NASP), condom use rate at last high risk sex was 43.33 percent in 2013. According to National AIDS/STD Programmes (NASP), proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS is 17.70 percent in 2013. There was a significant improvement in the reduction of malarial deaths in the country over the years.

The prevalence of malaria per 100,000 population was 776.9 in 2008, which has come down to 433.9 in 2014. The MIS data of National Malaria Control Programme (NMCP) show that the proportion of children under 5 sleeping under insecticide-treated bed nets in 13 high risk malaria districts was 81 percent in 2008 which has increased to 92.2 percent in 2014. The proportion of children under-5 with fever who are treated with appropriate anti-malarial drugs was 60 percent in 2008, which was recorded at 99.92 percent in 2014 and the target is to achieve 90 percent in 2015 has already been achieved. The prevalence of TB per 100,000 population was 501 in 1990, which has reduced to 402 in 2014 against the target of 250 in 2015. The death rate associated with TB was 61 per 100,000 population in 1990, which has come down to 51 in 2014. The overall TB case notification rate was 53 per 100,000 population in 2014. The NTP adopted the DOTS strategy and started its field implementation in November 1993. The programme has been maintaining over 90 percent treatment success rate since 2006, and has successfully treated 92 percent of the new smear-positive cases registered in 2014.

Goal 7: Ensure Environmental Sustainability

At present there is only 13.40 percent of land in Bangladesh having tree cover with density of 30 percent and above. The area having tree cover is much lower than the target set for 2015. Since 1991, there has been a steady increase in CO_2 emission in Bangladesh because of increasing development interventions and activities. In 2005, the emission was 0.23 tonne per capita. At present the proportion of terrestrial and marine areas protected is 1.81 percent and 1.34 percent respectively which is much less than the target of 5 percent. Data show that without considering the issue of arsenic contamination, 97.9 percent of the population of Bangladesh is using improved/safe drinking water; 55.9 percent of population is using improved sanitation in 2012-13. However, access to safe water for all is a challenge, as arsenic and salinity intrusion as a consequence of climate change fall out will exacerbate access to safe water especially for the poor.

Goal 8: Develop a Global Partnership for Development

During the last twenty four years, Bangladesh, on an average, received US$ 1.74 billion ODA per year. The disbursed ODA as a proportion of Bangladesh's GDP has declined from 5.69 percent in FY 90-91 to 1.78 percent in FY 13-14, implying yearly average of 2.84 percent. During the same period, per capita ODA disbursement saw fluctuating figures ranging from US$ 19.79 to US$ 7.60. From FY 90-91 to FY13-14, on an average, each year Bangladesh received US$ 0.64 billion as grants and US$ 1.1 billion as loans. In absolute terms, the net ODA received by Bangladesh has shown rising trend over the last seven years notwithstanding it shows yearly fluctuations.

Out of 34-member states of the Organization for Economic Co-operation and Development (OECD), nine countries provided US$0.75 billion ODA to Bangladesh in 2013-14. The amount was about 24.25 percent of the total ODA received by Bangladesh in that particular year. The MDGs sectors like education, health, social welfare, labour, public administration and social infrastructure together with agriculture and rural development constituted around 50.82 percent of the total ODA outlay received during 1990-91 to 2013-14.

The Government of Bangladesh has taken up plans to ensure universal access through harmonious development of telecommunication network and building a well-developed, strong and reliable telecommunication infrastructure for effective implementation of its ICT policy and ultimately for complementing the 'Vision 2021' of the government. Cellular subscribers per 100 population up to June 2015 is 79.76 which was zero in 1990. The internet users per 100 population up to June 2015 is 30.39, which was 0.15 in 2005.

As MDGs are considered as an unfinished, accelerated development cooperation in terms of providing more grants, loans and transfer of technologies and also considered a must to attain the upcoming targets of Sustainable Development Goals (SDGs) by 2030.

CHAPTER 01

Introduction: Goals and re-set targets

Introduction: Goals and re-set targets

Building on the United Nations (UN) global conferences of the 1990s, the United Nations Millennium Declaration 2000 marked a strong commitment to the right to development, to peace and security, to gender equality, to eradication of many dimensions of poverty and to sustainable human development. Embedded in that Declaration, which was adopted by 147 Heads of State and 189 States, were what have become known as the Millennium Development Goals (MDGs).

In line with the Millennium Declaration, to monitor progress towards the goals and targets, set in the MDGs, the United Nations system, including the World Bank and the International Monetary Fund (IMF), as well as the Development Assistance Committee (DAC) of the Organisation for Economic Cooperation and Development (OECD), assembled under the Office of the UN Secretary General agreed a set of time bound and measurable goals and targets to assess progress over the period from 1990 to 2015. The Secretary General presented the goals, targets and indicators to the General Assembly in September 2001 in his report titled 'Roadmap Towards the Implementation of the United Nations Millennium Declaration'. A framework of 8 goals, 18 targets and 48 indicators to measure progress towards the MDGs was adopted. However, from January 2008, 21 targets and 60 indicators have been re-set and used to monitor the MDGs which are presented below:

Millennium Development Goals (MDGs)	
Goals and targets	**Indicators for monitoring progress**
Goal 1: Eradicate extreme poverty and hunger	
Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1.1 Proportion of population below $1 (PPP) per day 1.2 Poverty gap ratio 1.3 Share of poorest quintile in national consumption
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 1.5 Employment-to-population ratio 1.6 Proportion of employed people living below $1 (PPP) per day 1.7 Proportion of own-account and contributing family workers in total employment
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 1.9 Proportion of population below minimum level of dietary energy consumption
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	2.1 Net enrolment ratio in primary education 2.2 Proportion of pupils starting grade 1 who reach last grade of primary school 2.3 Literacy rate of 15-24 year-olds, women and men
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	3.1 Ratios of girls to boys in primary, secondary and tertiary education 3.2 Share of women in wage employment in the non-agricultural sector 3.3 Proportion of seats held by women in national parliament

Goals and targets	Indicators for monitoring progress
Goal 4: Reduce child mortality	
Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	4.1 Under-five mortality rate 4.2 Infant mortality rate 4.3 Proportion of 1 year-old children immunised against measles
Goal 5: Improve maternal health	
Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	5.1 Maternal mortality ratio 5.2 Proportion of births attended by skilled health personnel
Target 5.B: Achieve, by 2015, universal access to reproductive health	5.3 Contraceptive prevalence rate 5.4 Adolescent birth rate 5.5 Antenatal care coverage (at least one visit and at least four visits) 5.6 Unmet need for family planning
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 aged 15-24 years 6.2 Condom use at last high-risk sex 6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS 6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years
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
Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	6.6 Incidence and death rates associated with malaria 6.7 Proportion of children under 5 sleeping under insecticide-treated bed nets 6.8 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs 6.9 Incidence, prevalence and death rates associated with tuberculosis 6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course
Goal 7: Ensure environmental sustainability	
Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources **Target 7.B:** Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss **Target 7.C:** Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	7.1 Proportion of land area covered by forest 7.2 CO_2 emissions, total, per capita and per \$1 GDP (PPP) 7.3 Consumption of ozone-depleting substances 7.4 Proportion of fish stocks within safe biological limits 7.5 Proportion of total water resources used 7.6 Proportion of terrestrial and marine areas protected 7.7 Proportion of species threatened with extinction 7.8 Proportion of population using an improved drinking water source 7.9 Proportion of population using an improved sanitation facility

General Economics Division (GED)

Goals and targets	Indicators for monitoring progress
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
Goal 8: Develop a global partnership for development	
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 **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 and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly) **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)** 8.1 Net ODA, total and to the least developed countries, as percentage of OECD/DAC donors' gross national income 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) 8.3 Proportion of bilateral official development assistance of OECD/DAC donors that is untied 8.4 ODA received in landlocked developing countries as a proportion of their gross national incomes 8.5 ODA received in small island developing States as a proportion of their gross national incomes **Market access** 8.6 Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed countries, admitted free of duty 8.7 Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries 8.8 Agricultural support estimate for OECD countries as a percentage of their gross domestic product 8.9 Proportion of ODA provided to help build trade capacity **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) 8.11 Debt relief committed under HIPC and MDRI Initiatives 8.12 Debt service as a percentage of exports of goods and services
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
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 8.15 Cellular subscribers per 100 population 8.16 Internet users per 100 population

CHAPTER 02

Goal 1: Eradicate Extreme Poverty and Hunger

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	57.1 (LFS 2013)	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	85.0 (ILO 2005)	-
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) 35.1 (UESD 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

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[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.

2.1 Introduction

Bangladesh has made commendable progress in respect of eradication of poverty and hunger. The sustained growth rate in excess of 6 percent achieved in recent years has played positive role in eradicating poverty. The robust growth has been accompanied by corresponding improvements in several social indicators such as increased life expectancy and lower fertility rate. The inclusive growth has resulted in significant poverty reduction from 56.7 percent in 1991-92 to 31.5 percent in 2010. The latest HIES 2010 data show that the incidence of poverty has declined, on an average, 1.74 percentage points in Bangladesh during 2000 to 2010 against the MDG target of declining 1.20 percentage points in each year. The estimated poverty headcount ratio for 2015 is 24.8 percent. Bangladesh has already 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. Since the trend of sustained GDP growth over 6 percent is continuing, the MDG target of halving the population living under the poverty line (from 56.7% to 29%) has already been achieved by 2012

2.2 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

The proportion of the population below the national poverty line (2,122 kcal/day) is a proxy indicator under this target because of non-availability of data on those who earn $1 (PPP) per day in Bangladesh. The Household Income and Expenditure Survey (HIES) of Bangladesh Bureau of Statistics (BBS) has been providing data on the incidence of poverty by using the Cost of Basic Needs (CBN) method only. The proportion of population below $1.25 (PPP) per day is shown in Figure 2.1 based on information from the World Bank. It is observed that the head count ratio has reduced, on an average, at 1.49 percentage points per year during 1992 to 2010 period as against the required rate of 1.53 percentage points. Thus it can be seen that poverty has been consistently declining in Bangladesh by almost similar rates when poverty is measured by national poverty line using $1.25 PPP per day although the levels vary due to absolute differences in the poverty line measures.

Figure 2.1: Proportion of Population below $1.25 (PPP) Per Day, 1992-2010

Head Count Ratio following $1.25 (PPP)

	1992	1996	2000	2005	2010
Head Count Ratio following $1.25 (PPP)	70.2	60.9	58.6	50.5	43.3
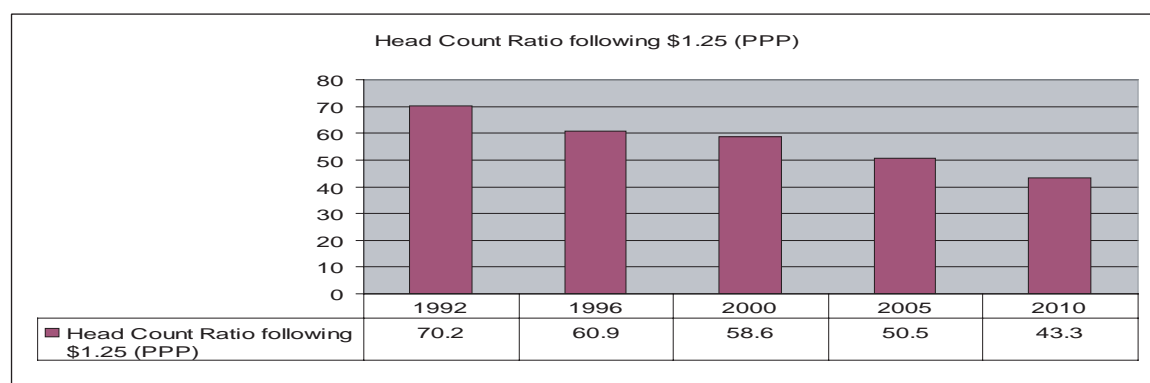
Source: unstats.un.org/unsd/mdg/data.aspx

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

Bangladesh has been successful in achieving significant reduction in poverty since 1990. This is shown in Figure 2.2. National poverty headcount ratio declined from 56.7 percent in 1991-92 to 31.5 percent in 2010. 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.

Figure 2.2: Long-Term Poverty Trends (Headcount Ratio)

Long Term Poverty Trends

	1991-1992	1995-1996	2000	2005	2010
National	56.7	50.1	48.9	40	31.5
Urban	42.8	27.8	35.2	28.4	21.3
Rural	58.8	54.5	52.3	43.8	35.2
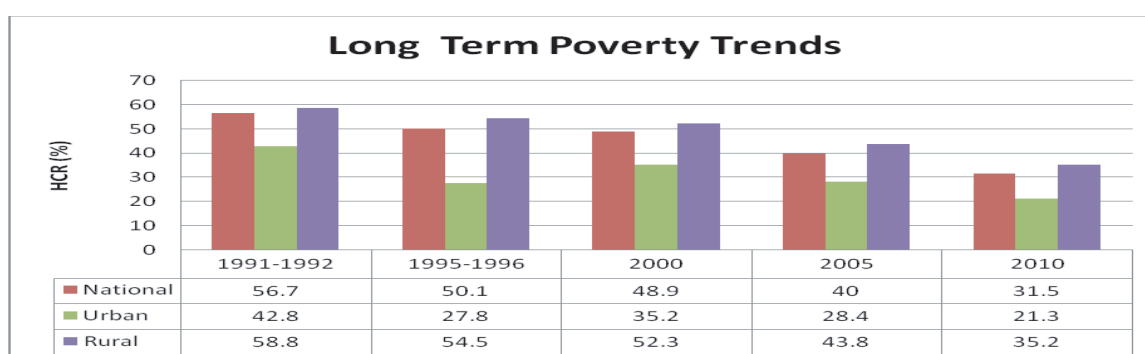
Source: HES1991-92 and HIES, various years, BBS

The 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 people. The size of the population below the upper poverty and the lower poverty lines declined by nearly 8.58 million and 8.61 million respectively during the period. The level and distribution of consumption among the poor improved as well, as is evident from reductions in the poverty gap and squared poverty gap measures by 28 percent and 31 percent respectively. 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. This shows that the economic conditions and incomes of the rural people, especially the poor, have improved significantly as a result of the pro-poor and pro-rural policies of the government.

Table: 2.1 Poverty Estimate for 2011 to 2015

Year	HCR-UPL	HCR-LPL
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[3]

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[3] *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. There are three options to choose the growth variable: (i) using change/growth in per capita real income; (ii) using the change/growth in real income; and (iii) using the change/growth in real per capita consumption. The figures in Table 2.1 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.*

The remarkable progress in respect of eradication of poverty was largely possible due to decline in population growth rate and changing population structure, increase in labour income, improved infrastructural and telecommunication connectivity, internal migration for formal and informal employment and government's targeted safety net programmes. 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 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. 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.

Figure 2.3: Poverty Gap Ratio using Upper Poverty Line, 1992-2010

Poverty Gap ratio from 1992-2010

	1991-92	1995-96	2000	2005	2010
Rural	18.1	15.95	13.8	9.8	7.4
Urban	12	10.75	9.5	6.5	4.3
National	17.2	15.05	12.9	9	6.5
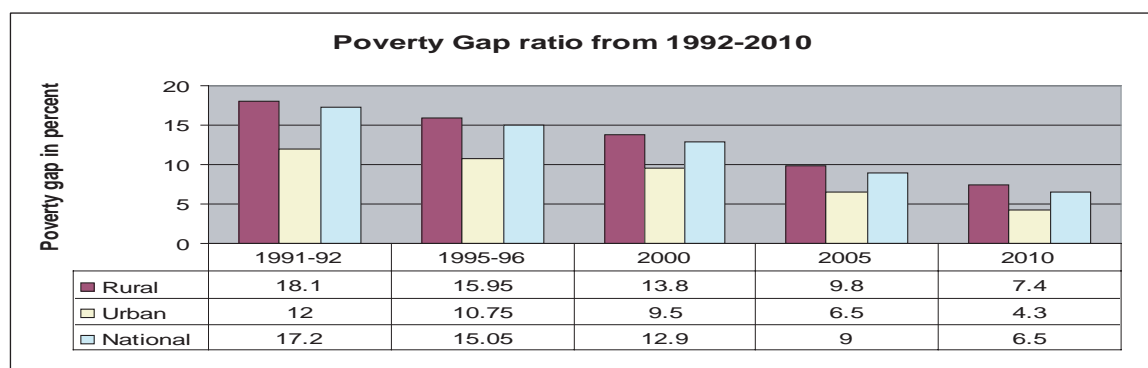
Source: For 1991-92, HES; for other years HIES 2000, 2005, 2010, BBS

It is evident from Figure 2.3 that reduction in the poverty gap ratio in Bangladesh has been quite significant. The poverty gap ratio has declined from 17.20 in 1991-92 to 12.90 in 2000, 9.00 in 2005 and further to 6.50 in 2010. Thus Bangladesh has already achieved the target of halving the poverty gap i.e. 8.6, which was targeted to be achieved in 2015. Moreover, this target is achieved both in rural and urban areas. This suggests that even among the poor, greater proportion of the people 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. The pro-poor growth policies along with targeted measures including the safety net programmes of the 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. Figure 2.4 shows that the severity of poverty has declined from 6.8 in 1991-92 to only 2.0 in 2010 with similar declining trend in both rural and urban areas. However, both poverty gap and squared poverty gap measures indicate that the depth and severity of rural poverty has always been higher than those of urban poverty in Bangladesh.

Figure 2.4: Squared Poverty Gap using Upper Poverty Line, 1992-2010

Trends of Squared Poverty Gap during 1992-2010

	1991-92	1995-96	2000	2005	2010
Rural	7.2	5.7	4.9	3.1	2.2
Urban	4.4	3.4	3.4	2.1	1.3
National	6.8	5.4	4.6	2.9	2.0
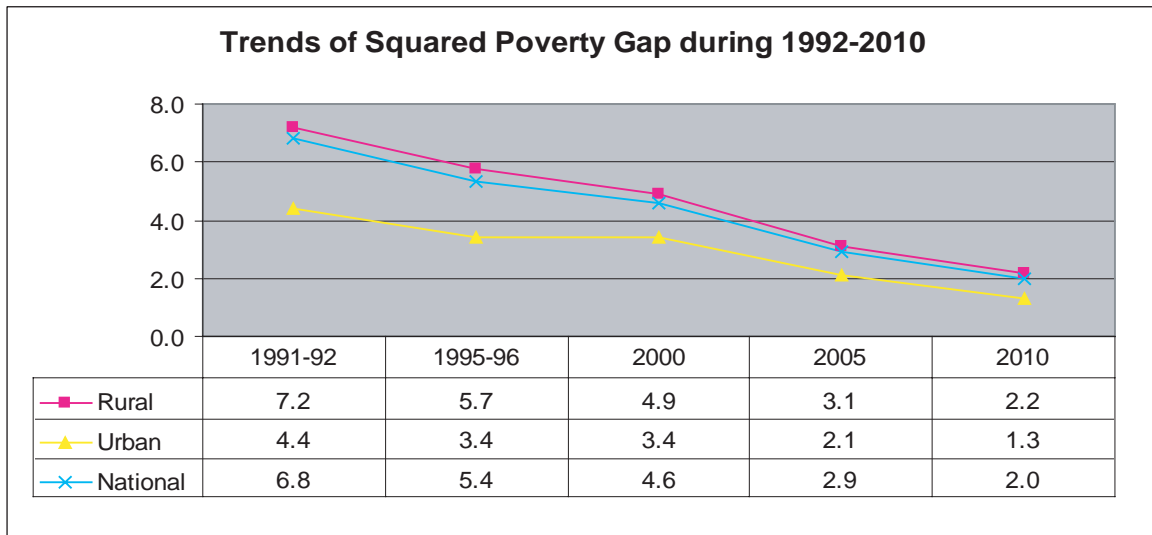
Source: HES 1991-92 and HIES, various years, BBS

Indicator 1.3: Share of the poorest quintile in national consumption

The share of the poorest quintile in national consumption has no benchmark data for 1990 since this indicator was not included in the Household Expenditure Survey conducted by BBS in 1991-92. Hence the share of the poorest quintile in national income was used as a proxy indicator, rather. It is clear from Figure 2.5 that in 1991-92 the poorest quintile had 6.52 percent share of national income. The share fell to 5.26 percent in 2005 and further to 5.22 percent in 2010 implying increasing income inequality between the rich and the poor.[4] Hence, the imperative is, appropriate interventions are required so that higher benefits of economic growth can reach the poorest quintile limiting increasing inequality.

Figure 2.5: Share of Poorest Quintile in National Income, 1992-2010

Share of poorest quintile in national income

In percent

	1991-92	1995-96	2000	2005	2010
Rural	6.74	6.49	7.09	5.88	5.76
Urban	6.4	5.12	5.04	4.82	5.07
National	6.52	5.71	6.15	5.26	5.22
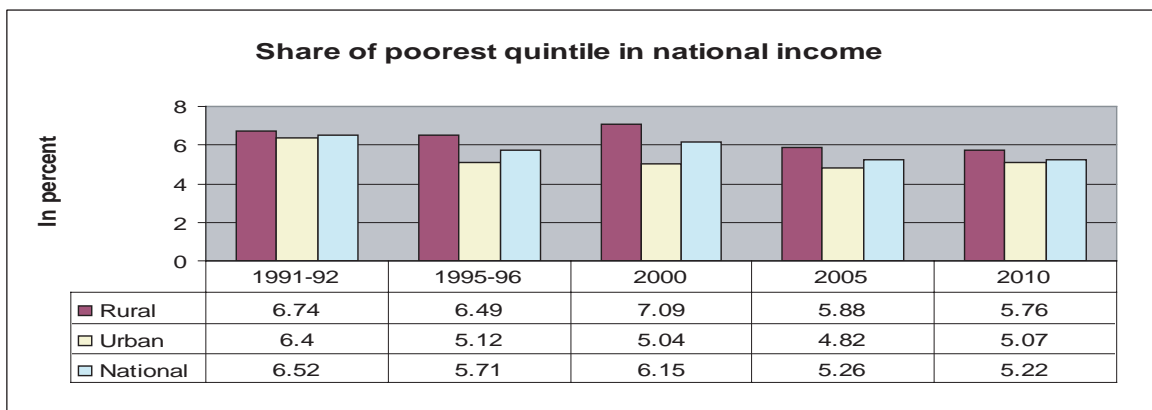
Source: HES 1991-92 and HIES, various years, BBS

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4 *There is no one-to-one correspondence between the movement of the share of the poorest quintile in national income and the extent of income inequality as captured in the Gini index, although there is a close relationship between the two.*

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It is interesting to note, however, that the share of the poorest quintile in national consumption was 8.76 percent in 2005 (Figure 2.6) which marginally increased to 8.85 percent in 2010. The increment is greater in urban areas than in rural areas, although the share of the poorest quintile in national consumption was higher in the rural areas than in the urban areas in both 2005 and 2010. This shows that the present pattern of growth favours the poorest groups more than other groups so that the share of the poorest households in national consumption has been showing a rising trend. Crop diversification and production of more vegetables and fruits help rural poor consuming more of these and thus improving consumption pattern.

Figure 2.6: Share of Poorest Quintile in National Consumption, 2005-2010

Share of poorest quintile in national consumption

	2005	2010
■ Rural	9.86	9.93
■ Urban	7.46	8.06
□ National	8.76	8.85
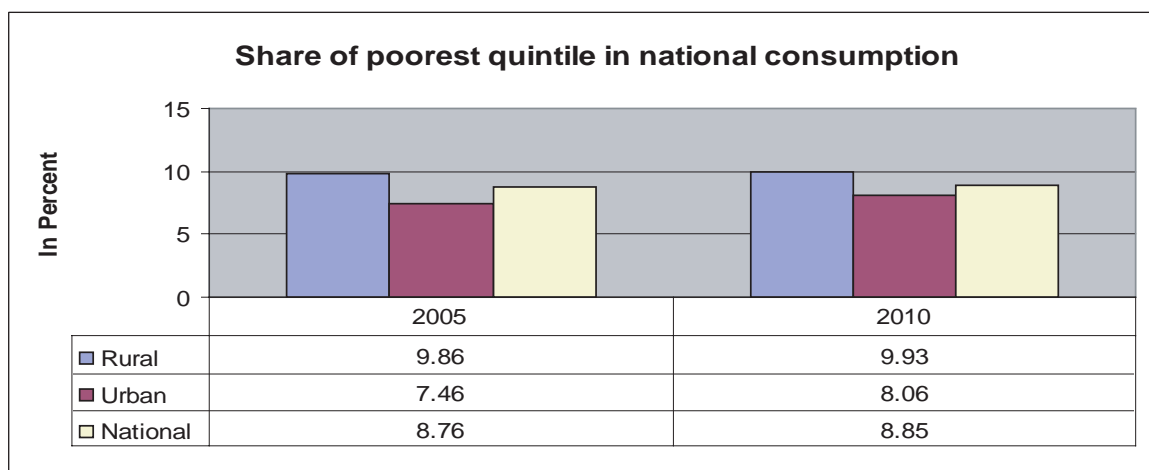
Source: HIES, BBS

To have a better understanding of the trend in inequality, the coefficients of income Gini and expenditure Gini from 1991-92 to 2010 are presented in Table 2.2. It is evident that during these periods 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, although the coefficient of Expenditure Gini slightly reduced during the same period. 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 2.2: 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

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[5] *Both income and expenditure Gini indexes have their separate uses, capturing respectively the inequality in income and consumption in society during a given period of time. Obviously, as poverty is measured in terms of consumption, changes in expenditure Gini would affect poverty trends more than changes in income Gini.*

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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

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$) with the growth rate is shown in Figure 2.7. It is observed that, the growth of GDP per person employed has been, on an average, 3.10 percent per year, over the last two decades or so. This matches more or less with per capita GDP growth during the 2001-2012 period. It is also observed that while GDP per person employed (PPP$) displays slight upward trend over the 1991-2012 period, per employed person GDP growth rate show considerable fluctuations, with sudden dip during the 2002-2003 period.

Figure 2.7: Trends of GDP per Person Employed and its growth, 1991-2012

	1991	1995	2000	2002	2003	2005	2010	2011	2012
GDP per person employed (PPP $)	2,137	2,441	2,961	2,987	3,012	3,245	3,841	4,004	4,146
Per employed person GDP growth rate (%)	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
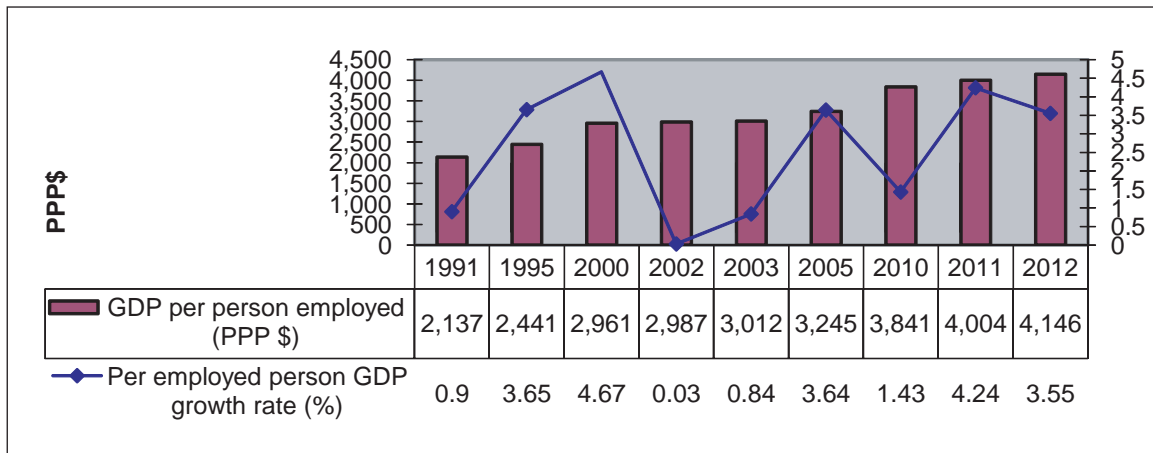
[Note: GDP per person employed is Gross Domestic Product divided by total employment in the economy and Purchasing Power Parity GDP is GDP converted to 1990 constant international dollars using PPP rates.]

Indicator 1.5: Employment-to-population ratio

In Bangladesh the share of the manufacturing sector in GDP has increased, while that of agriculture has declined. This shows a stylized structural transformation in the economy. However, the service sector has remained the dominant contributor to GDP and has sustained a similar level of contribution throughout the 1990s and 2000s and thus has emerged as the most dynamic sector of the economy. In the transformational phase of the economy growth rate in the service sector should have been increasing. Labour force participation rate in Bangladesh is rather low and has increased from 51.2 percent in 1990-91 to 59.3 percent in 2010, but again declined to 57.1 percent in 2013. (Table 2.3).

Table 2.3: Labour Force Participation Rate, 1991-2013

	% among population aged 15 & 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

Source: Labour Force Survey, various years, BBS

[Note: The number of people who are employed is divided by the total number of people in the 15 to 64 years age interval.]

The latest available data based on the Labour Force Survey 2013 reveal that as of 2013, only 57.1 percent (60.7 million) of the population over 15 years of age was economically active. The participation rate of women which was steadily increasing over the last two decades (1990-2010) and reached to 36 percent, but again came down 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 2.4).

Table 2.4: Annual Labour Force and Employment Growth

	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 reported unemployment rate in Bangladesh is rather low[6]. This can be attributed to low labour force participation and a large informal sector characterized by widespread underemployment (especially among women). The standard definition of unemployment, as used in Bangladesh following the ILO practice, is perhaps not capable of capturing fully the nature of unemployment as is prevalent in the country's labour market. However, Gender Statistics of Bangladesh 2008 suggests that the gap in under-employment between men and women has been converging to the national average after 2005-06 indicating similar deprivations for women and men.

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[6] The unemployment rates, as reported in various Labour Force Surveys, were 3.5 percent in 1995-96, and 4.3 percent thereafter (1999-2000, 2002-03 and 2005-06). The unemployment rate marginally increased to 4.5 percent in 2010 and again reduced to 4.3 percent in 2013. This low rate of unemployment is due to the calculation method of labour employment as followed by the ILO. According to ILO method, if a person is employed even for an hour in the preceding week when the interview was conducted is considered as employed person.

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The large share (nearly 88 percent in 2010) of the informal sector employment in total employment and relatively slow growth in employment especially in the formal sector remain major challenges for Bangladesh. Under such circumstances, it would be difficult to achieve the target of 'employment for all' in the terminal year of the MDGs i.e. by 2015.

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 illness, maternity or parental leave, holiday, training or industrial dispute. Unpaid family workers who work for at least one hour 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 Figure 2.8, which displays considerable fluctuations in this 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.

Figure 2.8: Proportion of Employed People Living Below $1.25 (PPP) per Day

	1991	1995	2000	2005	2010
% 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 on a continuous basis to work 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 is no official data available in Bangladesh to monitor the progress of this indicator. However, the UN data, as shown in Figure 2.9, exhibit an increasing trend between 1996 and 2005. The Labour Force Survey 2013 shows that nearly 59 percent of all employed persons in Bangladesh are either self-employed or unpaid family helpers.

Obviously, an important concern for the BBS, the National Statistical Organization, is to identify the MDG indicators for which no data are available and take urgent measures for generating the required information for regular monitoring and evaluation.

Figure 2.9: Proportion of Own-Account and Contributing Family Workers in Total Employment
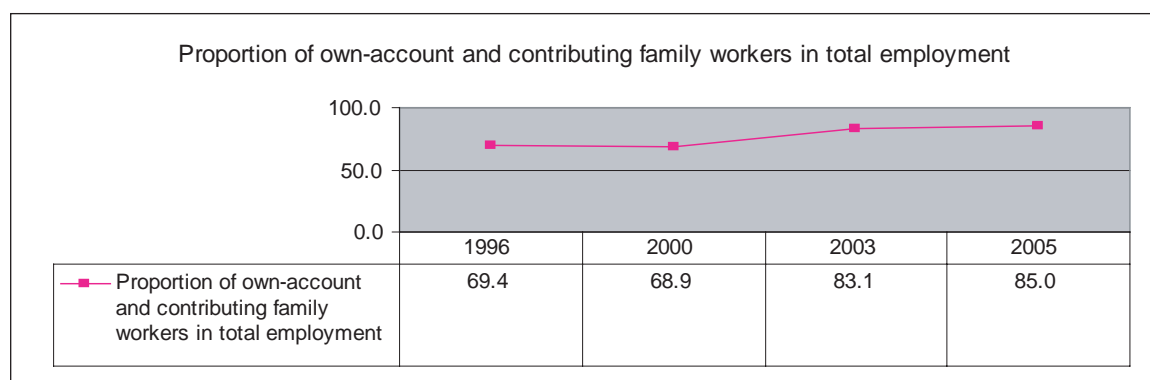
Proportion of own-account and contributing family workers in total employment

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

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

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)

Prevalence of hunger is reflected through underweight of children and quantity of malnutrition. Nearly two-thirds (66 percent) of Bangladesh's children under-five years of age were underweight in 1990. According to BDHS 2014, it came down to 32.6 percent in 2014 (female: 33.1 percent, male: 32.2 percent). The underweight rate is the highest in Sylhet Division (39.8 percent) and lowest in Khulna Division (25.5 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 as 31.9 percent. Increased literacy of women aged 15-24 (82 percent), reduction of fertility rate (2.3), enhanced measles vaccination coverage (86.1 percent), smaller family size (4.5 persons per household), spread of vitamin A supplementation coverage (74.8 percent), increased food production (34.9 million tonnes of rice) and energy intake (per capita electricity consumption 321 kwh) have been the probable causes contributing to the success.

Figure 2.10: Underweight Rates for Children under 5 Years

	1990	1992	1995	2000	2004	2005	2007	2009	2011	2012	2013	2014
Underweight	66	68	57	57	43	48	41	45	36	34.4	31.9	32.6
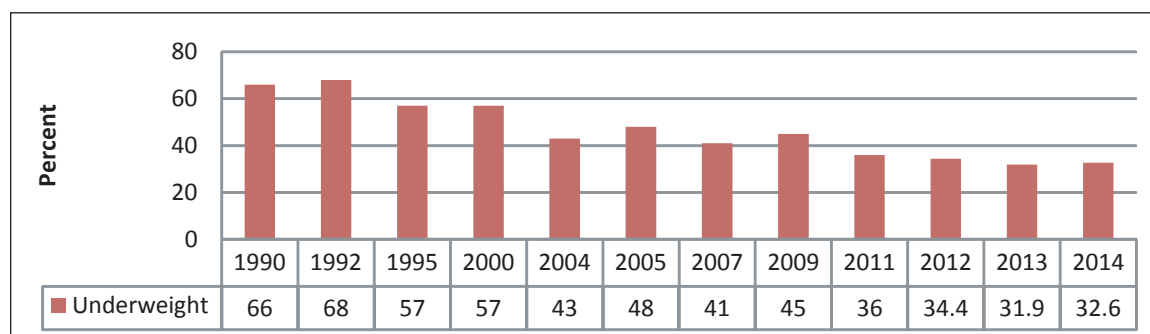
Source: BDHS for 2004, 2007, 2011 and 2014; MICS for 2013, others CMNS, BBS

According to BDHS 2014, 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). The prevalence of stunting increases with age from 14 percent of children under age 6 months to 46 percent of children 18-23 months and decreases to 38 percent among children 48-59 months. Rural children are more likely to be stunted than urban children (38 percent compared with 31 percent). Stunting is most prevalent in Sylhet (50 percent) and lowest in Khulna (28 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 percent).

Figure 2.11 shows that children's nutritional status has improved somewhat since 2004. The level of stunting has declined from 50.6 percent in 2004 to 36.1 percent in 2014, likewise wasting has declined slightly (14.3 percent in 2014 as compared with 15.6 percent in 2011).

Figure 2.11: Proportion of Own-Account and Contributing Family Workers in Total Employment

	2004	2007	2011	2014
■ Stunting	50.6	43.2	41.3	36.1
□ Wasting	14.5	17.4	15.6	14.3
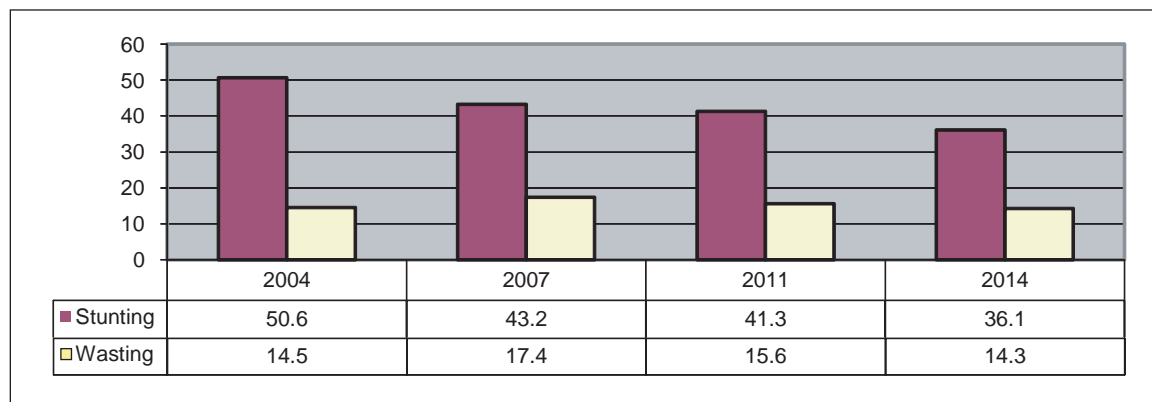
Source: BDHS 2014

According to BDHS 2014, 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)

The information from the HIES 2005 using Direct Calorie Intake (DCI) method indicates that there was a modest decrease 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 2.5). More than one quarter (28 percent) of the population consumed less than 1,805 kcal/day in 1991-92; and the proportion reduced to 19.5 percent in 2005. Since HIES 2010 has not estimated the percentage of the poor based on DCI method, recent data on this indicator are not available. National Statistical Organization like BBS should have designed or asked for data collection in a way as to allow monitoring of as many as indicators of the MDGs possible. Concern should be taken in right earnest when we will have post 2015 development agenda by 2015 after the terminal period of MDGs.

Table 2.5: 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

However, HIES 2010 shows that 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 thereby reversing the declining trend reported in previous surveys. Significant increase in per capita daily calorie intake might be due to changing food habit of the people as well as to increase in quantity of food consumption (Figure 2.12).

Figure 2.12: Per Capita per Day Calorie Intake (kcal), 1992-2010

Per capita per day calorie intake (Kcal)	1991-92	1995-96	2000	2005	2010
Rural	2267.8	2251.1	2263.2	2253.2	2344.6
Urban	2258.1	2209.1	2150	2193.8	2244.5
National	2266.6	2244	2240.3	2238.5	2318.3
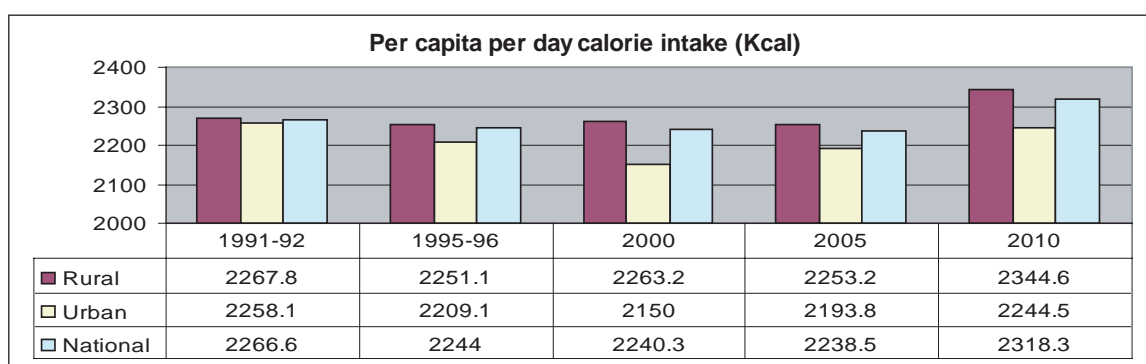
Source: HES 1991-92 and HIES, various years, BBS

According to the 'State of Food Insecurity (SOFI) 2014'[7] jointly prepared by the FAO, IFAD and WFP, Bangladesh has reduced 27.3 percent of the number of people undernourished within 1990-92 to 2012-14 (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 reduced from 32.8 percent in 1991 to 16.4 percent in 2015 (Figure 2.13).

Figure 2.13: 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
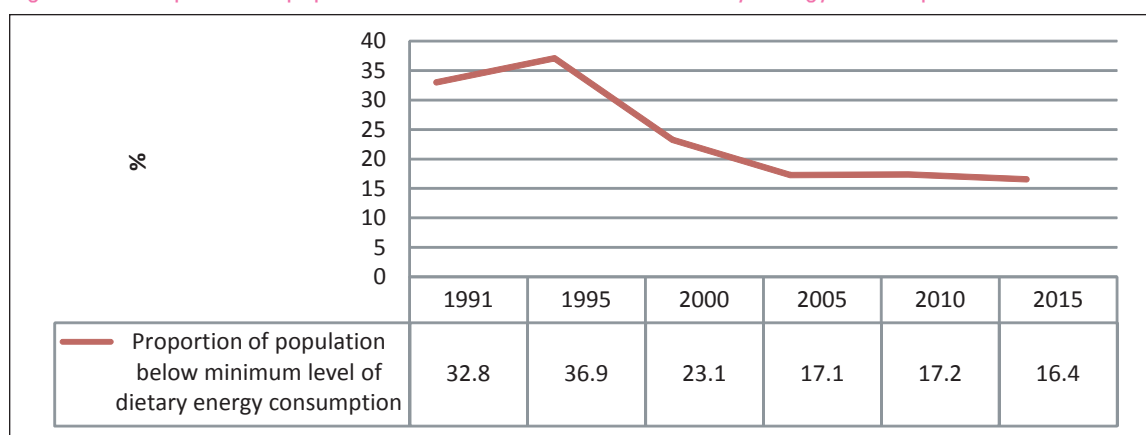
Source: mdgs.un.org/unsd/mdg/

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[7] *The State of Food Insecurity in the World: Economic growth is necessary but not sufficient to accelerate reduction of hunger and malnutrition, FAO, Rome, 2014*

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Similarly, according to the Global Hunger Index (GHI) Report 2014[8], Bangladesh has improved its rank to 57th from 68th position in 2012, which was 70th position in 2011. From the 1990 GHI to the 2014 GHI, 26 countries reduced their scores by 50 percent or more. In terms of absolute progress, comparing the 1990 GHI and the 2014 GHI, Angola, Bangladesh, Cambodia, Chad, Ghana, Malawi, Niger, Rwanda, Thailand, and Vietnam saw the biggest improvements in scores. Bangladesh's score was 36.6 in 1990, which has improved to 34.4 in 1995, then 24.0 in 2000 and finally 19.1 in 2014.

2.3 Global Experience of Implementing MDG 1

According to the Millennium Development Goals Report 2015 of the United Nations, extreme poverty rate in the developing countries was 47 percent in 1990, which has come down to 14 percent in 2015. Global number of extreme poor was 1,926 million in 1990, which has reduced to 836 millionin 2015. The salient features of the achievement are described 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. More than 1 billion people have been lifted out of extreme poverty since 1990.

● 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.

● Despite progress, almost half of the world's employed people work in vulnerable conditions.

● One in seven children worldwide are underweight, down from one in four in 1990.

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[8] *Global Hunger Index-The Challenge of Hunger: Building Resilience to Achieve Food and Nutrition Security, International Food Policy Research Institute, Concern Worldwide, Welthungerhilfe, Institute of Development Studies, October 2014*

2.4 Experience of Bangladesh in the Regional Perspective

Table 2.6 shows poverty figures of Bangladesh along with SAARC countries and Viet Nam and Cambodia. 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 2.6: Cross Country Comparison with respect to Poverty

Country	Proportion of population below $1.25PPP 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 2.7 shows that Nepal has the highest level of employment to population ratio followed by Cambodia, Viet Nam and Bhutan. Cambodia has the lowest level of women youth unemployment rate followed by Nepal, Viet Nam and Bangladesh.

Table 2.7: 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	56.0(2005)	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 2.8 shows that Viet Nam has the lowest level of children under five underweight rate, followed by Bhutan, Maldives and Afghanistan. However, Maldives has lowest level of undernourished population, followed by Nepal, Viet Nam and Cambodia.

Table 2.8: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 in comparison to most of the comparable countries in South Asia and also in South East Asia.

2.5 Eradicating Poverty and Hunger in the Post 2015 Development Agenda

Eradicating poverty and hunger would be the 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 post-2015 development agenda. Eliminating the remaining extreme poverty and hunger will be challenging. Many of the people suffering the most live in fragile contexts and remote areas. Access to good schools, health care, electricity, safe water and other critical services remains elusive for many people, and it is frequently determined by socioeconomic status, gender, ethnicity or geography. For those who have been able to climb out of poverty, progress is often fragile and temporary; economic shocks, food insecurity and climate change threaten to rob them of their hard-won gains. The post-2015 development agenda will pick up where the MDGs left off. The remaining gaps must be filled in order to eradicate poverty and hunger and promote sustained and inclusive economic growth, allowing people everywhere to thrive.

Goal 2: Achieve Universal Primary 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	97.7 (APSC, 2014, DPE)	100
2.2: Proportion of pupils starting grade 1 who reach grade 5, %	43.0	66	81.0(APSC, 2014, DPE) 96.4 (MICS 2012-13, BBS/UNICEF)	100
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: 78.63 (W: 78.86, M: 78.67) (BLS, BBS 2010)	100
2.3a: Adult literacy rate of 15+ years old population, % (proxy indicator)	37.2	52.8	61.0 (SVRS, 2013, BBS) 59.82 (M: 63.89,F: 55.71) (BLS 2010, BBS)	100

3.1 Introduction

Bangladesh has made commendable progress in 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 and secondary school enrolment. The government is in the process of implementing a comprehensive 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.

3.2 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

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.

In terms of bringing primary school age children to schools, the country is well on track of the MDG target as the net enrolment ratio in 2014 was 97.7 percent (Girls: 98.8 percent, Boys: 96.6 percent).

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 distribution of free textbooks among students up to the secondary level, providing scholarship to female students up to the higher secondary level, 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, media outreach, and community or satellite schools have all helped in boosting the NER. The government has been working 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 significant contribution of important factors, such as ascending growth in economy, decreased unemployment, decreased mortality rate, decreased hunger have made it easier in attaining the primary education targets of MDGs in Bangladesh.

Figure 3.1: Trends in Net Enrolment Ratio, 1990-2014

	1990	1995	2000	2005	2010	2011	2012	2013	2014
Total	60.5	75.8	85.5	87.2	94.8	94.9	96.7	97.3	97.7
Girls	50.8	73.9	85.8	90.1	97.6	97.3	98.1	98.4	98.8
Boys	69.4	77.5	85.2	84.4	92.2	92.7	95.4	96.2	96.6
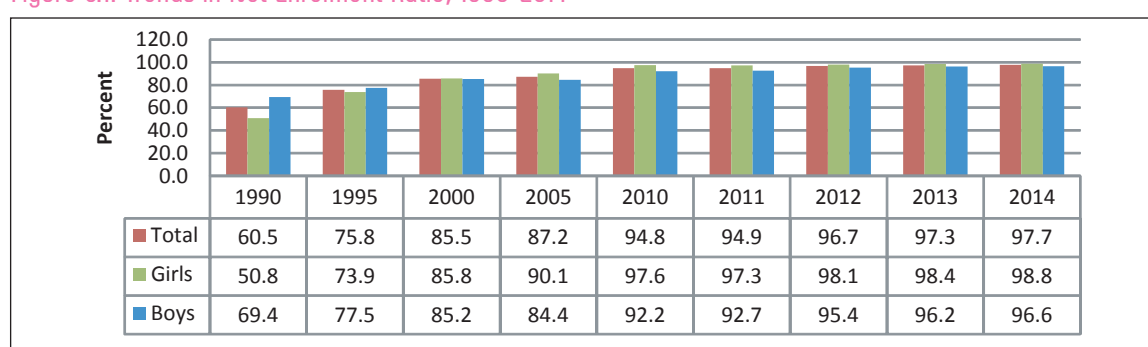
Sources: BANBEIS, MOE & APSC, DPE

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

Survival to the last grade of primary schooling (grade 5) has, however, not kept pace with the impressive progress achieved so far in the case of net and gross enrolment rates. The primary school grade 5 survival rate in 2014 was 81.0 percent (Boys: 77.65, Girls: 84.45) which indicates a modest but significant increase from 43 percent recorded in 1991. Since 2000, there has been a declining tendency of the primary school completion rate; the rate has, however, shown a positive trend after 2007 up to 2011. The figure for 2012 shows a slide decline and after that it is in a positive mode. 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. Figure 3.2 shows the trend of primary school grade 1 to 5 survival rates.

Figure 3.2: Proportion of Pupils Starting Grade 1 who Reach Grade 5, 1991-2014

	1991	2000	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Survival rate	43	66	53.9	50.2	51.9	54.9	59.7	67.3	79.6	75.3	80.5	81.0
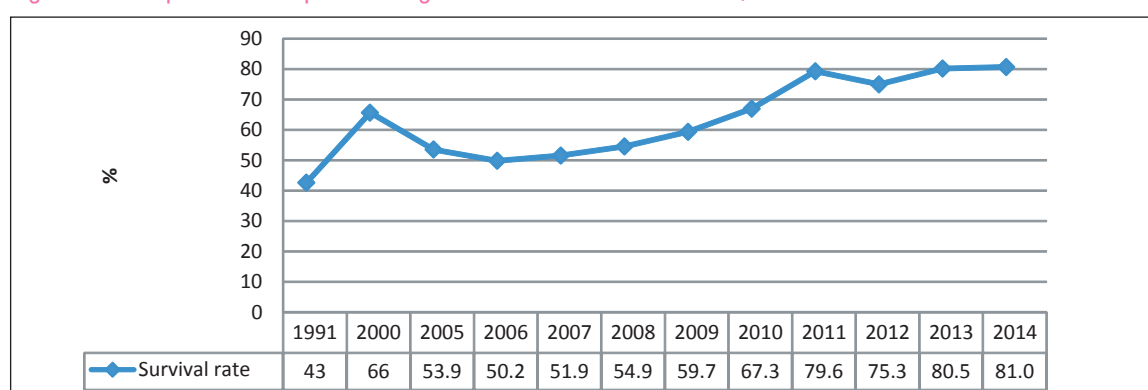
Source: Annual Primary School Census, DPE, Ministry of Primary and Mass Education

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The low primary completion rate or the high dropout rate at the primary level can be ascribed to several reasons. Household poverty leads to student absenteeism in general due to high opportunity costs of retaining children in the schools. Similarly, other hidden costs have been identified by several studies as major factors. The 2005 DPE baseline survey data estimated a rate of absenteeism of 23 percent in three major categories of schools: government primary schools, registered non-government primary schools and community schools.

However, 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 79.5 percent. The issue of completion rate up to grade five should draw serious attention if the country wants to be illiterate free, if necessary, providing supports through special social safety net programmes, amongst others.

Indicator 2.3: Literacy rate of 15-24 year-olds, women and men

The baseline data are not available on the literacy rate of 15-24 year olds in Bangladesh. Hence, literacy rate of 15+ year olds has been used as a proxy indicator to estimate the current literacy status. However, from 2006, Multiple Indicator Cluster Survey (BBS and UNICEF) started to calculate literacy rate of women aged 15-24 years. The literacy rate of those aged 15-24 is the percentage of persons aged 15 to 24 who show their ability to both read and write by understanding a short simple statement in their everyday life. By asking women aged 15-24 to read a short simple statement, Multiple Indicator Cluster Survey 2012-13 (BBS/UNICEF, 2014) reports that the literacy rate of women aged 15-24 is 82.0 percent, which is much higher than the 72.0 percent recorded in Multiple Indicator Cluster Survey 2009 (BBS/UNICEF 2007). Moreover, 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). However, the BDHS 2011 (NIPORT 2013) finds the literacy rate of 15-24 year olds in Bangladesh at 74.9 percent, being 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 for both sexes, while it is 76.6 percent for women and 74 percent for men.

Indicator 2.3a: Adult literacy rate of 15+ years old population

According to Sample Vital Registration System 2013 (SVRS, BBS 2015) the adult male and female literacy rates are 65.1 percent and 56.9 percent respectively, while the overall literacy rate is 61 percent. On the other hand, Bangladesh Literacy Survey 2010 (BBS and UNESCO, 2011) estimated the adult literacy rate based on persons who can write a letter. For the population over 15+ age groups, the survey finds the literacy rate to be 59.82 percent (male 63.89 percent and female 55.71 percent).

Figure 3.3: Trends of Adult Literacy Rate of Population 15+, Women and Men

%	1991	1995	2000	2005	2010	2011	2012	2013
■ Both	37.2	45.3	52.8	53.5	58.6	58.8	60.7	61.0
■ Male	43.3	55.6	61.0	58.3	62.9	62.5	64.8	65.1
□ Female	25.8	38.1	43.2	48.6	55.4	55.1	56.6	56.9
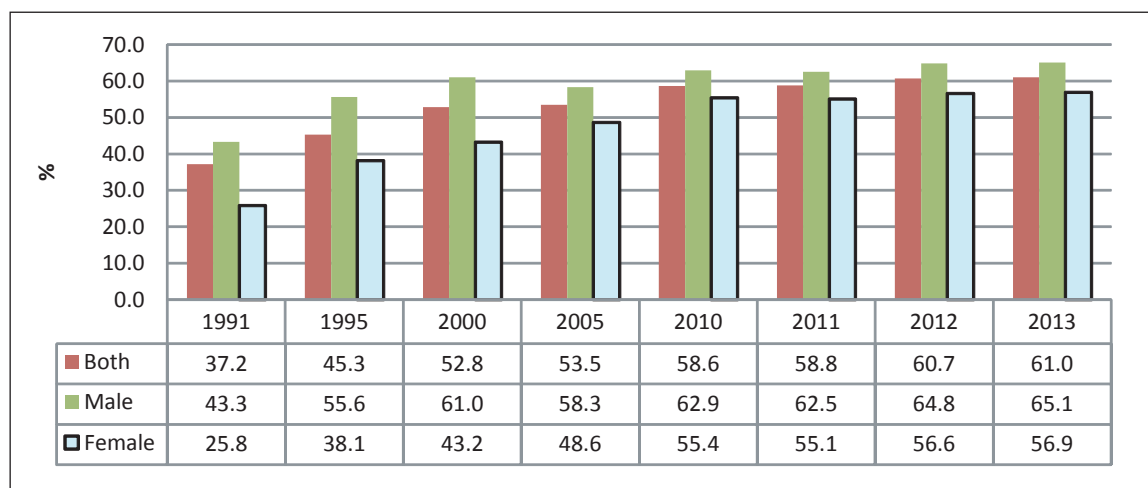
Source: SVRS, various years, BBS

It is evident from Figure 3.3 that adult literacy rates have increased by 23.8 percentage points over the period 1991-2013 implying an average increase of 1.1 percentage points per annum against the required reduction of 2.62 percentage points per year for achieving the MDG target. If this trend continues, the adult literacy rate at the terminal year of MDGs will be about 63.2 percent, falling considerably short of the targeted 100 percent.

The Government has nationalized 26,193 primary schools in 2013 and jobs of 104,776 teachers have been regularised in the government service, which is expected to help reduce illiteracy in the country in near future.

3.3 Global Experience of Implementing MDG 2

According to the Millennium Development Goals Report 2015 of the United Nations, global out-of-school children of primary school age was (2000: 100 million in 2000, which has come down to 57 million in 2015. The salient features of the achievement are described 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 initiated. 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. Between 1990 and 2012, the number of children enrolled in primary school in sub-Saharan Africa more than doubled, from 62 to 149 million.
- 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.

3.4 Experience of Bangladesh in the Regional Perspective

Table 3.1 shows that Net Enrolment Ratio in Primary education is highest in Nepal, followed by India, Cambodia and Viet Nam. However, Primary Completion rate is highest in Maldives, followed by Nepal, Bhutan and Viet Nam. Literacy rate of 15-24 year olds is highest in Maldives, followed by Sri Lanka, Cambodia and Viet Nam.

Table 3.1: Cross Country comparison related to NEL, Completion rate, Literacy rate

Country	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/

3.5 Education in the Post 2015 Development Agenda

The unfinished work on education must rank high on the post-2015 development agenda. Despite enormous progress during the past 15 years, 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 improving quality of education and ensuring a sustainable source of funding are also essential.

Stagnation in education progress has profound consequences for the children and adolescents who cannot go to school. As the world looks beyond 2015, it is crucial to reflect on and address the root causes of limited progress in youth literacy in some parts of the world. It is also necessary to explore new approaches to directly assess whether children have mastered the skills they are taught and whether they are being taught the skills they need in the twenty-first century.

Goal 3: Promote Gender Equality and Empower Women

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	1.03 (APSC, 2014, DPE) 1.07 (MICS 2012-2013) 1.10 (BDHS 2011)	1.00
3.1b: Ratio of girls to boys in secondary education (Gender Parity Index = Girls/ Boys)	0.52	1.06	1.14 (BANBEIS 2013) 1.30 (MICS 2012-13) 1.10 (BDHS 2011)	1.00
3.1c: Ratio of girls to boys in tertiary education (Gender Parity Index = Girls/ Boys)	0.37	0.33	0.67 (BANBEIS, 2013) 0.78 (UGC 2013) 0.60 (BDHS 2011)	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	20.00 (BPS 2014)	33.00

4.1 Introduction

Bangladesh has already achieved gender parity in primary and secondary education at the national level. This positive development has occurred due to some specific public interventions focusing on girl students, such as stipends and exemption of tuition fees for girls in rural areas, and the stipend scheme for girls at the secondary level. This has contributed to promoting the objectives of ensuring gender equality and empowerment of women. There has been steady improvement in the social and political empowerment scenario of women in Bangladesh. The government has adopted the National Policy for Women's Development 2011 and a series of programs for empowerment of women.

Women participation in the decision making process has also marked significant improvement in the country. There has been a sharp increase in the number of women parliamentarians elected in 2014 (20 percent) compared to 1991 (12.73 percent). 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. Only one out of every five women is engaged in wage employment in the non-agricultural sector.

4.2 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

Bangladesh has already achieved the target for gender parity in primary school enrolment. Since 1990, the primary school enrolment has increased from 12.00 million in 1990 (with 6.6 million boys and 5.4 million girls) to 19.00 million in 2012, half of whom are girls. Gender Parity Index from 1990 to 2014 in primary schools is shown in Figure 4.1.

Figure 4.1: Gender Parity Index at Primary Education, 1990-2014

	1990	1995	2000	2005	2010	2011	2012	2013	2014
GPI	0.82	0.90	0.96	1.01	1.02	1.02	1.01	1.00	1.03
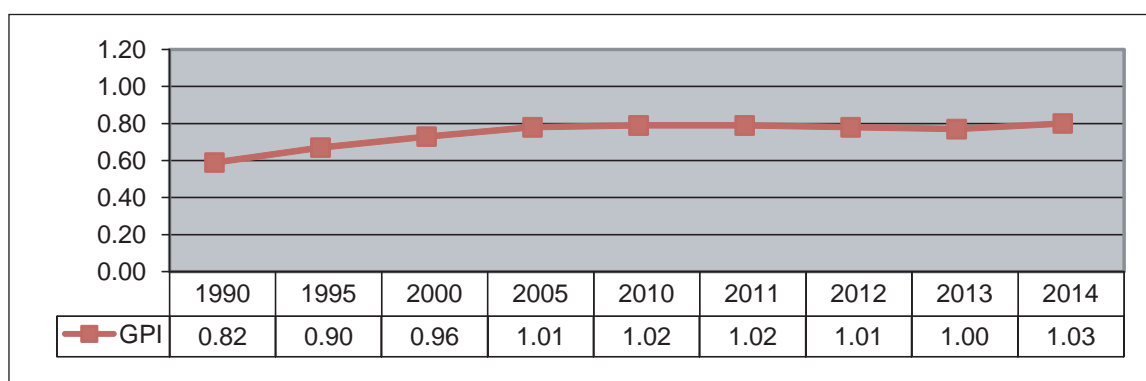
Source: BANBEIS, MOE and APSC, DPE

It is evident from Figure 4.1 that gender parity was achieved in 2005 and sustained till 2013. 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 was achieved at 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

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 percent for girls and 48 percent for boys). According to BANBEIS, in 2013 the ratio of girls to boys in secondary education is 1.14.

Figure 4.2: Gender Parity Index at Secondary Education, 1991-2013

	1991	1995	2000	2005	2010	2011	2012	2013
GPI	0.52	0.82	1.06	1.04	1.14	1.13	1.14	1.14
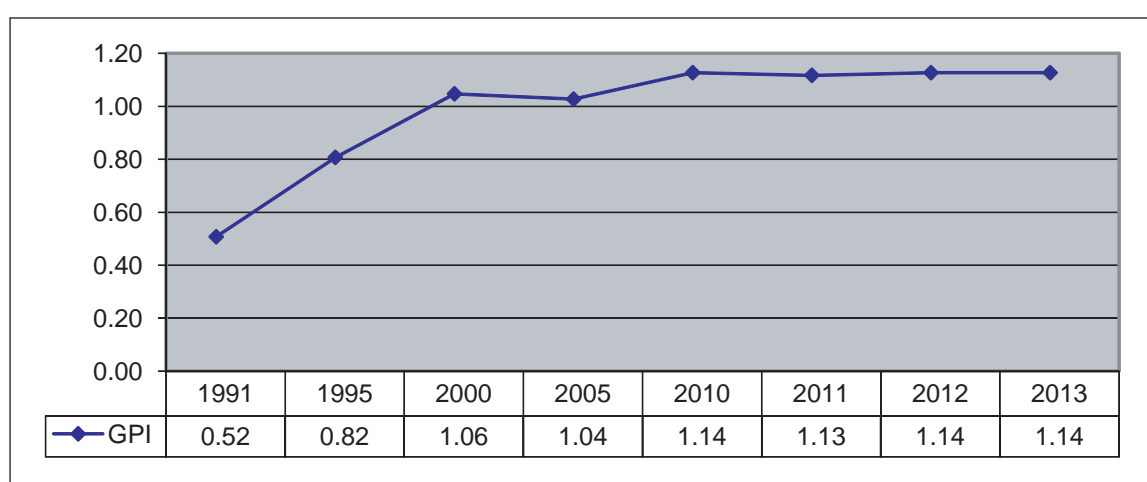
Source: BANBEIS, MOE.

Bangladesh has also been maintaining gender parity at secondary education level since 2000. Female education has been encouraged to empower women and to increase their involvement in the socio-economic activities 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 attention 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 the 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 was achieved at all the Divisions of Bangladesh. The BDHS 2011 report found GPI at the secondary level as 1.10.

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 but the information from UGC shows the figure to be 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 Ratio of girls to boys in tertiary education is lower compare to secondary and higher secondary level.

Poverty and other hidden costs of education and some factors that contribute to lower enrolment of girls in tertiary education include violence against girls, restricted mobility, wage increase and widening labour market, and lack of adequate girls' hostel facilities. As a result more attention is needed to achieve gender parity in tertiary education.

Figure 4.3: Gender Parity Index at Tertiary Education, 2001-2013

	2001	2002	2003	2004	2005	2006	2007	2008	2010	2011	2012	2013
GPI	0.33	0.35	0.29	0.30	0.32	0.32	0.31	0.32	0.39	0.66	0.73	0.67
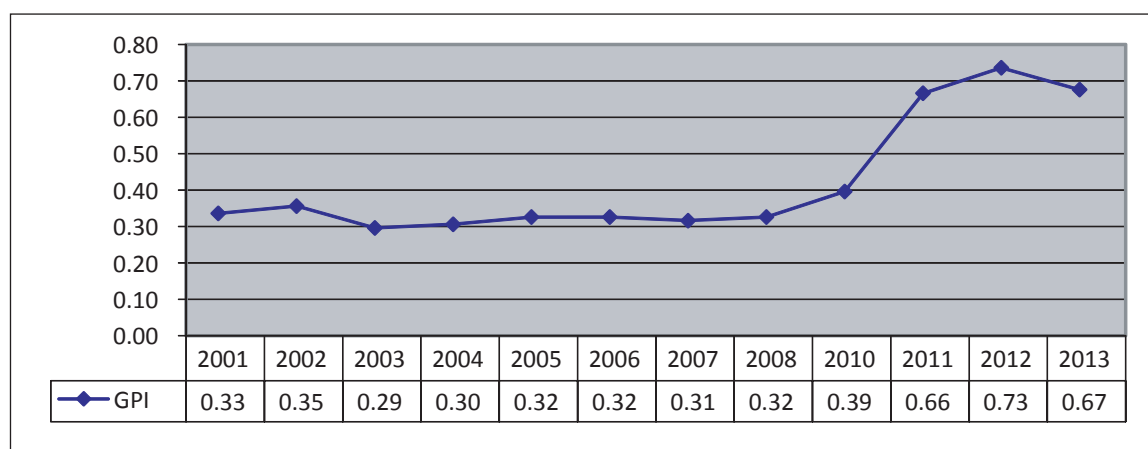
Source: BANBEIS, MOE

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

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. It also indicates the degree to which labour markets are open up for women in industry and service sectors which affect not only equal employment opportunities for women but also economic efficiency through flexibility of the labour market and the economy's capacity to adapt to changes over time.

The Labour Force Survey 2013 shows that labour force participation rate for females is around 33.5 percent. In Bangladesh, the share of women in wage employment in the non-agricultural sector was 19.1 percent in 1991-92, which declined to 14.6 percent in 2005-06. However, the share increased to 19.9 percent in 2010 and further enhanced to 31.6 percent in 2013 (Figure 4.4).

Figure 4.4: Share of Women in Wage Employment in the Non-Agricultural Sector
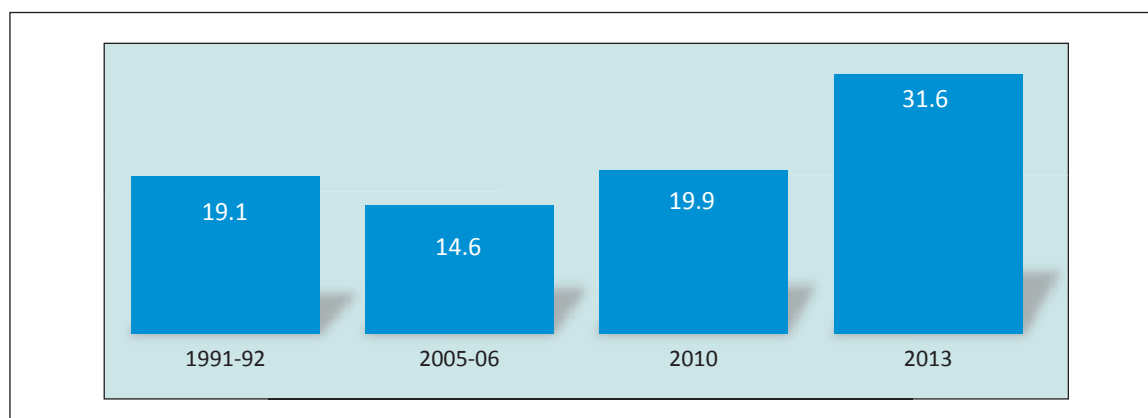
Source: Labour Force Survey, various years, BBS

The creation of opportunities for women labour force remains the major bottleneck for wage employment for women in the non-agricultural sector with an exception of the garments industry. The participation of labour force in mainstream economic activities by gender is shown in Table 4.1. Several features are worth reporting.

First, the share of women in wage employment in agricultural and non-agricultural sectors shows contrasting trend over the last two decades. While the share of the former (women in wage employment in agricultural sector) has increased between 1990 and 2005 (from 25.5 percent to 66.5 percent), the share of the latter (women in wage employment in non-agricultural sector) has declined (from 19.1 percent to 14.6 percent) as reported earlier. Between 2005 and 2010, however, while the share of the former has declined (from 66.5 percent to 40.8 percent) the share of the latter has increased (from 14.6 percent to 19.9 percent).

Second, while the share of women in wage employment in agricultural sector has been higher than that in non-agricultural sector over the entire 1990-2010 period, the gap between the two has significantly increased between 1990 and 2005 but declined thereafter (between 2005 and 2010). Third, while labour force participation rate of female has steadily increased over the last two decades, that of male, although much higher than female, has displayed fluctuation between 1990 and 2010.

Table 4.1: 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	
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

Finally, overall unemployment rate of female in the agricultural sector has declined and in the non-agricultural sector slightly increased, while that of male, although lower than that of female, fluctuated somewhat over the last two decades.

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

The situation of women empowerment and gender equality appears promising when one looks at the share of women in the highest policy making elected body-the National Parliament. During the last five governments of parliamentary democracy, women's participation in the Parliament was 12.7 percent in 1991-95; and 13 percent, 12.4 percent, 18.6 percent and 20.0 percent in 1996-2000, 2001-06, 2008 and 2014 respectively. In the last Parliament, the share of reserved seats for women was increased from 45 to 50. Moreover, the current Parliament has got 20 directly elected women Parliamentarians. The Speaker of the National Parliament, the Prime Minister, the leader of the opposition and the Deputy leader of the house are woman.

Figure 4.5: Proportion of Female Members in the Parliament, 1991-2014

Female Members in the Parliament

	1991	1996	2001	2008	2014
No of Female members	42	43	41	64	70
No of Total seats	330	330	330	345	350
Percentage	12.73	13.03	12.42	18.55	20.00
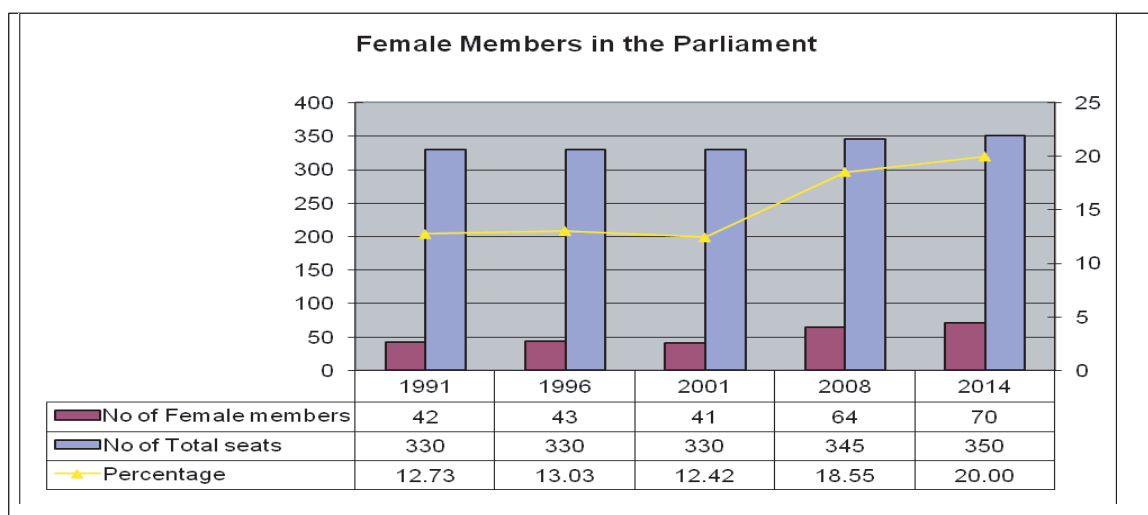
Source: Bangladesh Parliament Secretariat (BPS)

While there exist highly supportive laws and policies to encourage women's participation in development activities and decision making, initiatives are underway to increase the representation of women in the legislative, judiciary and executive branches of the government.

Table 4.2: Evolution of Gender Gap Index of Bangladesh, 2006-2014

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			
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 2014, World Economic Forum

Table 4.2 depicts the Gender Gap Index of Bangladesh from 2006 to 2014. According to the Global Gender Gap Report 2014, Bangladesh ranks 68th out of 142 countries with overall score of 0.6973. Its rank was, however, 76th in 2013. In terms of ranking of sub-index, health and survival (0.9663) comes out top, followed by educational attainment (0.9402), economic participation (0.4774) and political empowerment (0.4055) in 2014. The encouraging fact is that Bangladesh ranks 10th position out of 142 countries in the political empowerment sphere. 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.

4.3 Global Experience of Implementing MDG 3

According to the Millennium Development Goals Report 2015 of the United Nations, Primary school enrolment ratio in South Asia in 1990 for boys was 100 and for girls was 74; but in 2015 for boys it sustained at 100 but for girls it has increased to 103. The salient features of the achievement are described 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. About two thirds of countries in the developing regions have achieved gender parity in primary education.

- In Southern 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 percent of paid workers outside the agricultural sector, an increase from 35 percent in 1990. Globally, about three quarters of working-age men participate in the labour force, compared to half of working-age women.

- Between 1991 and 2015, the proportion of women in vulnerable employment as a share of total female employment has declined 13 percentage points. In contrast, vulnerable employment among men fell by 9 percentage points.

- Women have gained ground in parliamentary representation in nearly 90 percent 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 is women.

4.4 Experience of Bangladesh in the Regional Perspective

Gender Parity at the Primary level is highest in Nepal, followed by Bangladesh, India and Bhutan. However, gender parity in 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, Viet Nam ranked first followed by Cambodia, Maldives and Sri Lanka. Seats held by women in the national parliament are highest in Nepal, followed by Viet Nam, Bangladesh and Afghanistan.

Table 4.3: Cross Country Comparison on Gender

Country	GPI at Primary (Year)	GPI at Secondary (Year)	GPI at Tertiary (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)	0.72(2012)	13.3(2010)	70
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/

4.5 Gender in the Post 2015 Development Agenda

The fundamental causes of inequality between women and men must be rectified during the post 2015 development regime. While much progress has been made towards women's and girls' equality in education, employment and political representation over the last two decades, many gaps remain, particularly in areas that were not addressed in the MDGs. To achieve universal realization of gender equality and empowerment of women, it is critical to address the key areas of gender inequality, including 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. Gender perspectives should be integrated fully into all goals of the post-2015 development agenda and setting measurable targets.

CHAPTER 05

Goal 4: Reduce Child Mortality

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) 41 (SVRS 2013, BBS)	48
4.2: Infant mortality rate (per 1,000 live births)	92	58	38(BDHS 2014, NIPORT) 32(SVRS 2013, 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) 86 (CES 2013, DGHS)	100

5.1 Introduction

Bangladesh has made considerable progress 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. Despite these progresses, there still remain challenges. While the mortality rates have declined substantially, inequalities in terms of access and utilization of health services among the populations still need to be addressed.

5.2 Progress of achievements in different targets and indicators

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

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

Under-five mortality rate is the number of deaths among children under 5 years of age per 1,000 live births in a given year. The data from Bangladesh Demographic and Health Survey (BDHS) 2014 show that there has been a remarkable decline (46 per 1,000 live births) in the under-five mortality rate since 1990. As a consequence of this rapid rate of decline, Bangladesh has already achieved the MDG 4 target for under 5 mortality (target of 48 per 1,000 live-births) by the year 2015.

On the other hand, data provided by the Sample Vital Registration System (SVRS) 2013 show that the under-five mortality rate was 41 per 1,000 live births in 2013 as compared with 146 in 1991. This figure also suggests that Bangladesh has already achieved the MDG target. The levels and trends in under-five mortality rate can be seen in Figure 5.1. At the national level the reduction was 72.8 percent for national level; while this was 73.42 percent in rural areas and 64 percent in urban areas during 1990 to 2013.

Figure 5.1: Trends of Under-Five Mortality Rate, 1990-2013

Per 1000 LB	1990	1995	2000	2005	2010	2013
Rural	158	150	90	71	48	42
Urban	100	83	55	56	44	36
National	151	125	84	68	47	41
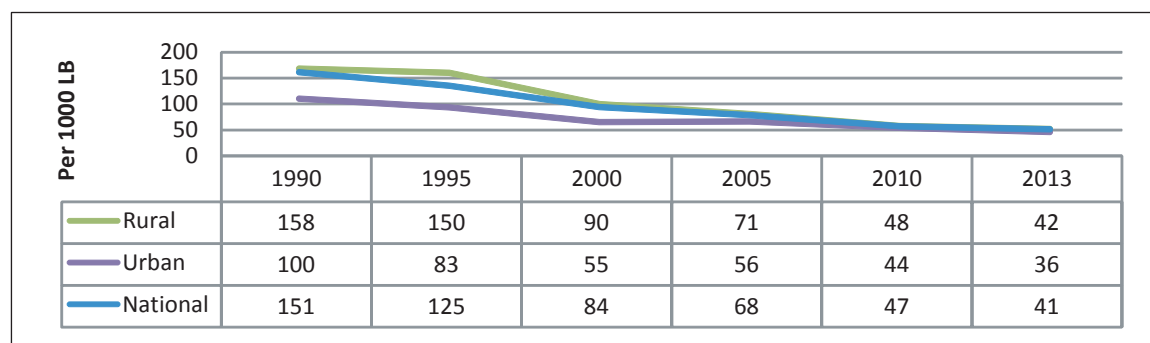
Source: SVRS, BBS, various years

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

Similar to the under-five mortality rate, substantial reduction has been documented in the infant mortality rate (IMR) in the BDHS 2014 (NIPORT 2015) report (from 87 per 1,000 live births in 1993-94 to 38 in 2014). Infant mortality rates obtained from the six preceding BDHS surveys conducted in Bangladesh since 1993-1994 confirm a declining trend (56 percent) in infant mortality.

On the other hand, recent data available from the SVRS 2013 show that the IMR is 32 per 1,000 live births in 2013 as compared with 94 in 1990. At the national level, IMR declined by 66 percent for both sexes; in the rural areas, the decline in IMR was by 66 percent for both sexes during 1990-2013 in the urban areas, the reduction of IMR for both sexes was 58 percent during the same period.

Figure 5.2:Trends of Infant Mortality Rate, 1990-2013

Per 1000 LB	1990	1995	2000	2005	2010	2013
Rural	97	78	62	51	37	33
Urban	71	53	44	44	35	30
National	94	71	58	50	36	32
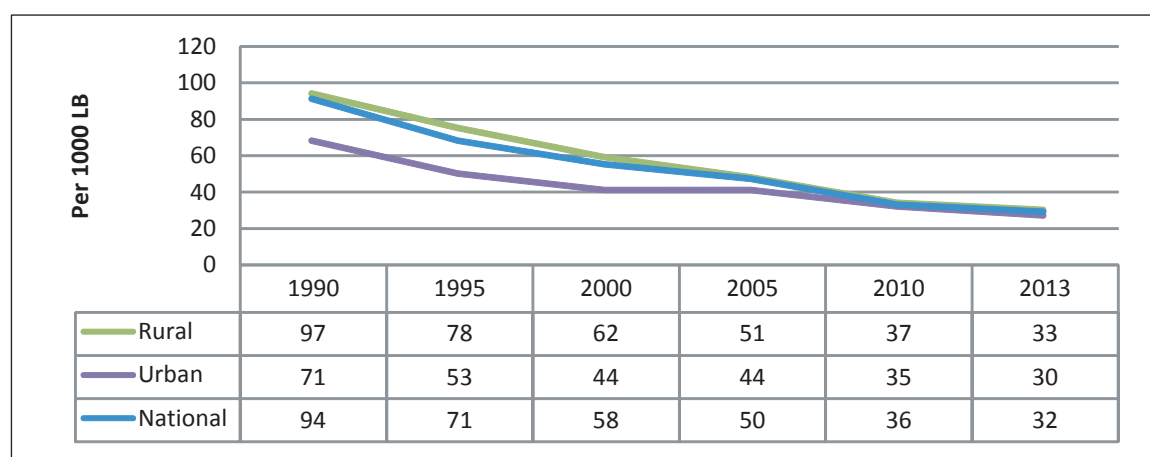
Source: SVRS, various years, BBS

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

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. The BDHS 2014 shows that there has been a remarkable increase in the proportion of one year-old children immunised against measles which rose from 55 percent in 1993-94 to 84 percent in 2011, but has come down to 80 percent 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 percent) and the lowest in Sylhet (61 percent). 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 percent of children whose mothers have no education.

The decline in immunization coverage is of concern. Rumours of sickness and death caused by immunization for measles may have contributed to this decline. Such rumours appeared in social media and on TV in 2013 and 2014. The Ministry of Health and Family Welfare investigated the reported cases, however, and found that the vaccine was not responsible for any deaths among children.

The Expanded Programme on Immunization (EPI) Coverage Evaluation Survey (CES 2013), on the other hand, reports the proportion of one year-old children immunised against measles stood at 86 percent in 2013. The coverage was the highest in Rajshahi Division (90.4 percent) and lowest in Barisal Division (83.2 percent). 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. However, recently conducted Utilization of Essential Service Delivery (UESD) Survey 2013 of NIPORT, proportion of 1 year children immunized against measles is found to be 82 percent.

Figure 5.3: Proportion of One Year Child Immunized against Measles, 1991-2013

	19 91	19 92	19 93	19 94	19 95	19 97	19 98	19 99	20 00	20 01	20 02	20 03	20 05	20 06	20 07	20 09	20 10	20 11	20 13
Immunization (Measles)	54	53	59	71	67	59	62	61	61	64	65	69	71	78	81	83	85	86	86
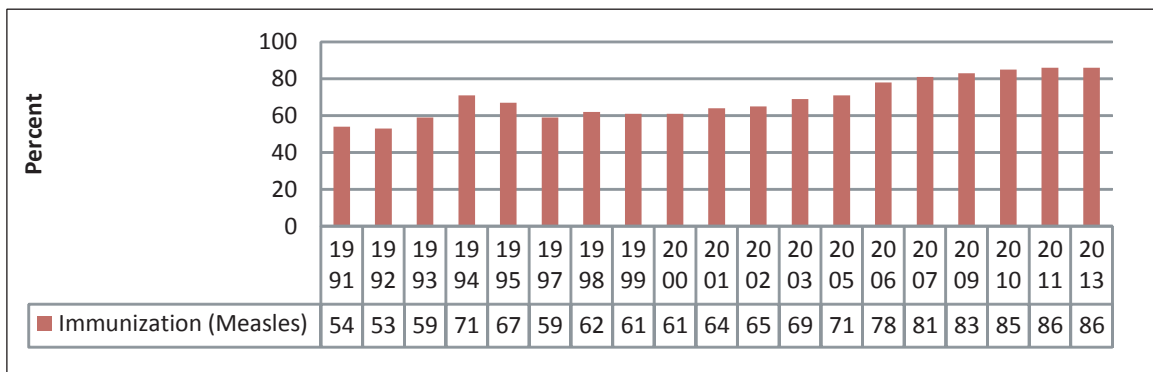
Source: EPI Coverage Evaluation Survey, DGHS, MOHFW

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 a 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 the health of women and children.

5.3 Global Experience of Implementing MDG 4

According to the Millennium Development Goals Report 2015 of the United Nations, Global number of deaths of children under five was 12.7 million in 1990, which has come down to 6 million in 2015. Global measles vaccine coverage was 73 percent in 2000, which has increased to 84 percent in 2013. The salient features of the achievement 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 percent of children worldwide received at least one dose of measles containing vaccine in 2013, up from 73 percent in 2000.
- Every day in 2015, 16,000 children under five continue to die, mostly from preventable causes.

5.4 Experience of Bangladesh in the Regional Perspective

Children under five mortality rate per 1000 live births is lowest in Sri Lanka followed by Maldives, Afghanistan and Bhutan. Likewise infant mortality rate per 1000 live birth is lowest in Sri Lanka, followed by Maldives, Viet Nam and Bhutan. However, Children 1 year old immunized against measles is highest in Sri Lanka and Maldives, followed by Viet Nam, Bangladesh and Cambodia.

Table 5.1: 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	41.1	33.2	93
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/

5.5 Child Health in the Post 2015 Development Agenda

Child survival must remain 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 are at risk of dying of preventable causes, maternal, new-born complexities and child survival must remain at the heart of the post-2015 global development agenda.

Goal 5: Improve Maternal Health

MDG 5: 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)	574	318	170 (MMEIG 2013) 197 (SVRS 2013) 218 (Sample census, 2011, BBS) 194 (BMMS 2010)	143
5.2: Proportion of births attended by skilled health personnel (%)	5.0	15.6	42.1 (BDHS 2014) 34.4 (UESD 2013) 43.5 (MICS 2012-2013)	50
Target 5.B: Achieve by 2015, universal access to reproductive health				
5.3: Contraceptive prevalence rate (%)	39.9 (CPS 1991)	53	62.4 (BDHS 2014) 61.8 (MICS 2012-2013) 62.5 (SVRS 2013)	72
5.4: Adolescent birth rate (per 1,000 women)	79 (1990 SVRS)	39	83 (MICS 2012-2013) 113 (BDHS 2014) 60 (SVRS 2013)	-
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-2012-2013)	100
5.5b: Antenatal care coverage (at least four visits), (%)	5.5 (1993-94)	16.7 (2004)	31.2 (BDHS 2014) 24.7 (MICS 2012-2013)	50
5.6: Unmet need for family planning (%)	21.6 (1993-94)	18.2	13.9 (MICS 2012-2013) 12.0 (BDHS 2014)	7.6

6.1 Introduction

According to the Bangladesh Maternal Mortality Survey 2010 (NIPORT 2011), maternal mortality declined from 322 in 2001 to 194 in 2010, showing a 40 percent decline which gives an average rate of decline of about 3.3 percent per year. The Maternal Mortality Estimation Inter-agency Group (MMEIG), however, found it 170 per 100,000 live births in 2013. The overall proportion of births attended by skilled health personnel increased by more than eight-folds in the last two decades, from 5.0 percent in 1991 to 42.1 percent in 2014. In the same duration, the antenatal care coverage (at least one visit) has increased 51 percentage points; from 27.5 percent in 1993-94 to 78.6 percent in 2014.

6.2 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 (MMR) is a very important mortality index of mothers who are exposed to the risk of death during child birth. It is generally expressed as the ratio of maternal death in a period to live births expressed per 100,000 live births. According to the first MDG Progress Report published in 2005, the MMR in 1990 was 574 per 100,000 live births in Bangladesh. However, according to Bangladesh Maternal Mortality Survey (BMMS) 2010 (NIPORT 2011), maternal mortality declined from 322 in 2001 to 194 in 2010, a decline of about 40 percent. The average rate of decline was about 3.3 percent per year, compared with the average annual rate of reduction of 3.0 percent required for achieving this MDG target in 2015. The BMMS 2001 and 2010 show that the overall mortality rate among women in the reproductive age has consistently declined during this period. Cancers (21 percent), cardio-vascular diseases (16 percent) and maternal causes (14 percent) are responsible for more than half of all deaths among Bangladeshi women in the reproductive age. Initiatives have been taken to conduct a new BMMS in 2015-16, the results are expected to be available by 2016.

Figure 6.1: Trend of MMR in Bangladesh, 1990-2010
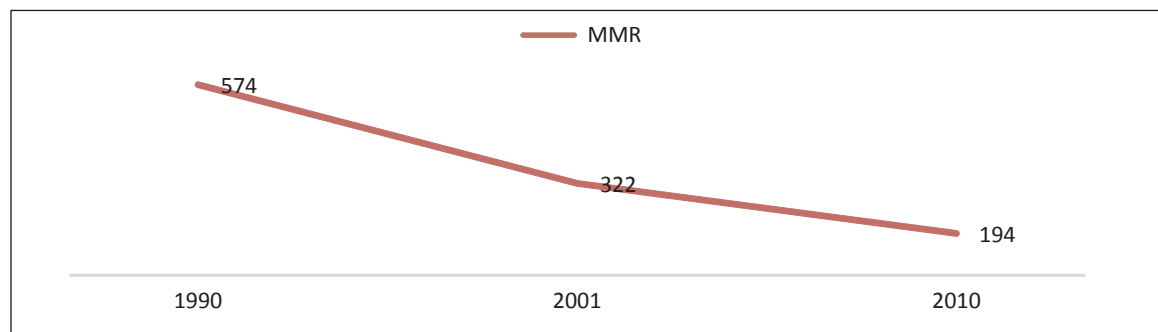
Source: BMMS 2001, 2010

The decline in MMR has been mainly due to reductions in direct obstetric deaths. Mortality due to indirect obstetric causes have somewhat increased. Maternal mortality during pregnancy and during delivery has also declined by 50 percent. In contrast, the reduction in post-partum maternal deaths has been 34 percent. The BMMS 2010 data show that haemorrhage and eclampsia are the dominant direct obstetric causes of deaths; together they were responsible for more than half of the MMR.

It should be mentioned that the Sample Vital Registration System (SVRS) of BBS found relatively higher MMR during 1990 to 2013 period. Although MMR came down to 315 per 100,000 live births in 2001 from 478 in 1990, the ratio increased to 348 in 2005 and then gradually decreased; it stood at 197 in 2013.

Maternal Mortality Ratio reported by the Bangladesh Bureau of Statistics by conducting Sample Census following successive Population Census is shown in Figure 6.2. The results of Population Census of 2011 reveal that MMR in 2011 was 218 per 100,000 live births as compared with 340 in 2004 and 472 in 1991.

Figure 6.2: Trend of MMR of Bangladesh, 1991-2011

MMR following Sample Census

	1991	2004	2011
National	472	340	218
Rural	484	380	244
Urban	402	180	105
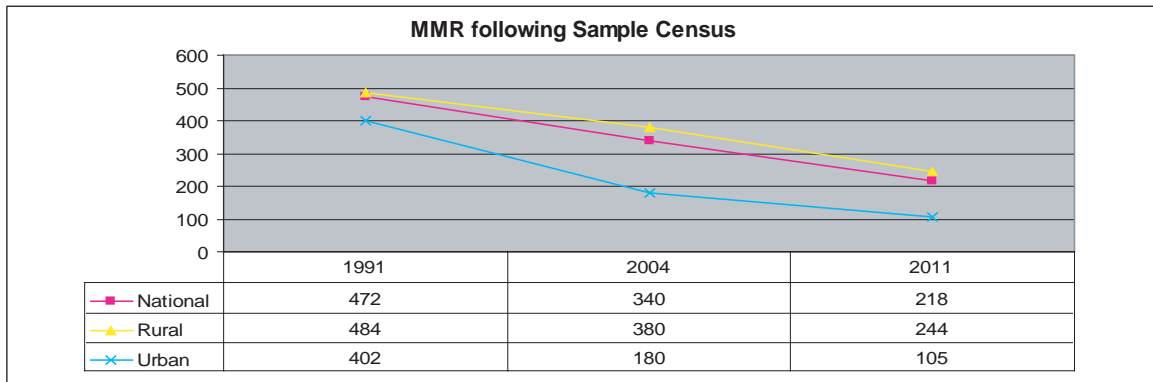
Source: Various Sample Censuses, BBS

According to Maternal Mortality Estimation Inter-agency Group (MMEIG), composed by WHO, UNICEF, UNFPA, UN Population Division and the World Bank (http://www.maternalmortalitydata.org), the MMR for Bangladesh was reported to be 170 per 100,000 live births in 2013.

Indicator 5.2: Proportion of births attended by skilled health personnel

According to the preliminary findings of Bangladesh Demographic and Health Survey (BDHS) 2014 (NIPORT 2015), 42 percent of births in Bangladesh are attended by medically trained personnel, that is, a qualified doctor; nurse or midwife; family welfare visitor (FWV); or community skilled birth attendant (CSBA). Another 4 in 10 births (38 percent) were assisted by 'dais' or untrained birth attendants, 10 percent by trained traditional birth attendants and 7 percent by experienced relatives and friends.

First births are more likely to be assisted by a medically trained provider. Across residence, births in urban areas and in Khulna are much more likely to be assisted by medically trained personnel than births in other areas. Delivery by medically trained personnel is more likely for births to mothers with secondary or higher education as well as births to mothers in the highest wealth quintile. The proportion of deliveries by medically trained providers has doubled from about 16 percent in 2004 to about 32 percent in 2011, and has increased to 42 percent in 2014, mostly due to improvement in institutional delivery mechanism. The Utilization of Essential Service Delivery (UESD) Survey of NIPORT found proportion of births attended by skilled health personnel to be 34.4 percent in 2013.

Figure 6.3: Births Attended by Skilled Health Personnel, 1991-2014

	1991	1994	2004	2007	2009	2010	2011	2013	2014
Births attended by Skilled Health Personnel	5	9.5	15.6	20.9	24.4	26.5	31.7	34.4	42.1
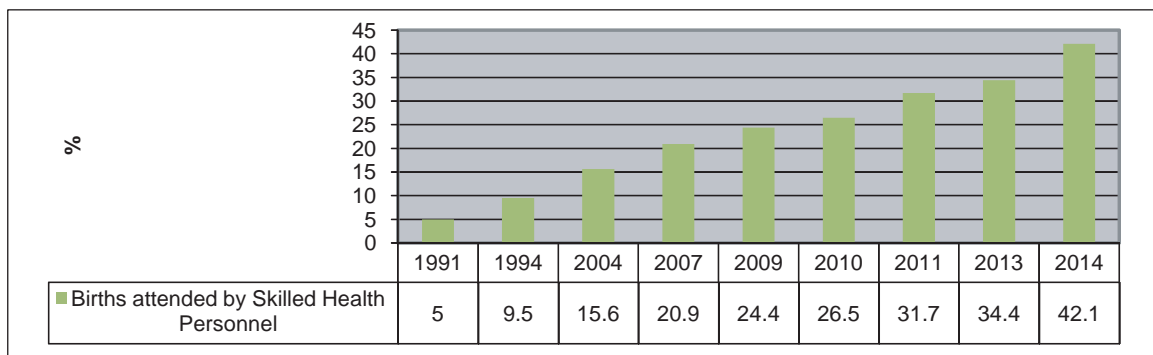
Source: BDHS1993-94, 2004, 2007, 2011, 2014; MICS 2009; UESDS 2010, 2013

However, the findings of Multiple Indicator Cluster Survey 2012-2013, jointly done by BBS and UNICEF, found 43.5 percent of women age 15-49 years with a live birth in the last 2 years were attended by skilled health personnel during their most recent live birth. Regional variation was found in this case, where Khulna was the best performing Division with having 56.7 percent whereas Sylhet Division was the least performer with 26.7 percent.

Target 5.B: Achieve, by 2015, universal access to reproductive health

Indicator 5.3: Contraceptive prevalence rate (%)

The contraceptive prevalence rate (CPR) is defined as the percentage of couple who has been currently using any method of contraception in total married women of reproductive age. According to BDHS 2014, 62 percent of married women in Bangladesh are currently using contraceptive methods. Use of contraception among married women in Bangladesh has increased from 40 percent in 1991 to 62 percent in 2014; 22.5 percentage points in last 23 years. But in the last decade, contraceptive use has increased by 4 percentage points only, from 58 percent in 2004 to 62 in 2014. Hence, it would be difficult to achieve the MDG target of 72 percent by 2015. Bangladesh is lagging behind in this target.

Interestingly, the similar result was found in the findings of Multiple Indicator Cluster Survey 2012-2013, jointly done by BBS and UNICEF. It reveals 62 percent of women age 15-49 years currently married is using a contraceptive method. Contraceptive use ranges from 73 percent in Rangpur Division to 46.5 percent in Sylhet. The Sample Vital Registration System (SVRS) of BBS also found CPR of 62.5 percent in 2013.

Indicator 5.4: Adolescent birth rate (per 1,000 women)

The age specific fertility rate is defined as the number of live births to women in a specific age group during a specified period, divided by the average number of women in that age group during the same period, expressed per 1000 women. The age specific fertility rate for women age 15-19 years is called the adolescent birth rate. According to current fertility rates as reported in the Bangladesh Demographic and Health Survey 2014, adolescent birth rate per 1000 women is 113 (urban 98, rural 120). Historically, BDHS reports found higher adolescent birth rate for Bangladesh as it was 140 in 1993-94, 144 in 1999-2000, 135 in 2004, 126 in 2007, and 118 in 2011.

However, according to SVRS 2013, the adolescent birth rate has declined, from 79 per 1,000 women in 1990 to 60 in 2013. As expected, early childbearing is more common in rural areas, among the poor and the less educated. Contrast to BDHS report, the SVRS of BBS always get relatively small adolescent birth rate for Bangladesh as it reports adolescent birth rate for Bangladesh was 55 , 39 , 57 and 59 in 1995, 2000, 2005 and 2010 respectively.

However, the findings of Multiple Indicator Cluster Survey 2012-2013, jointly conducted by BBS and UNICEF, found the age specific fertility rate for women age 15-19 years as 83 per 1000 women.

Indicator 5.5: Antenatal care coverage (at least one visit and at least four visits)

Indicator 5.5a: Antenatal care coverage (at least one visit)

Antenatal care (ANC) from a medically trained provider is important to monitor the status of a pregnancy and identify the complications associated with the pregnancy, and prevent adverse pregnancy outcomes. According to BDHS 2014, 79 percent of women with a birth in the three

years preceding the survey received antenatal care at least once from any provider. The majority of women (64 percent) received care from a medically trained provider, that is, a qualified doctor, nurse, midwife or paramedic; family welfare visitor (FWV); community skilled birth attendant (CSBA); or medical assistant (MA), or sub-assistant community medical officer (SACMO).

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. However, there has been a sharp increase in antenatal care in the three years between BDHS 2011 to BDHS 2014, mostly due to an increase in ANC from medically trained providers, mainly qualified doctors, whose role in ANC increased from 43 percent in 2011 to 58 percent in 2014.

The findings of Multiple Indicator Cluster Survey 2012-2013, jointly conducted by BBS and UNICEF, found the percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a birth at least once by skilled health personnel as 59 percent. The figure ranges from 75 percent in Khulna Division to 40 percent in Barisal Division.

Indicator 5.5b: Antenatal care coverage (at least four visits) (%)

The BDHS 2014 findings show that not only more women are receiving antenatal care, but that they are also receiving care more often. The percentage of women who had no ANC visits has declined from 44 percent in 2004 to 32 percent in 2011 and further declined to 21 percent in 2014. At the same time, percentage of pregnant women who made four or more antenatal visits has increased from 16 percent in 2004 to 25.5 percent in 2011 and finally 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).

The findings of Multiple Indicator Cluster Survey 2012-2013, jointly conducted by BBS and UNICEF, found the percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a birth at least four times by any provider as 25 percent. The figure ranges from 36 percent in Rangpur Division to 14 percent in Barisal Division.

It can be said that, albeit the number of women who receive at least four ANC has increased steadily (5.5 percent in 1993-94 to 31 percent in 2014), these gains will not be sufficient to reach the MDG target set for 2015 (50 percent). Inequalities in ANC coverage exist according to rural/urban settings, administrative divisions and household wealth status.

Indicator 5.6: Unmet need for family planning

The definition of unmet need for family planning was revised in the Bangladesh Demographic and Health Survey (BDHS) 2011. Unmet need for family planning refers to fecund women who are not using contraception but who wish to postpone the next birth (spacing) or stop childbearing altogether (limiting). Specifically, women are considered to have unmet need for spacing if they are:

- At risk of becoming pregnant, not using contraception, and either do not want to become pregnant within the next two years, or are unsure if or when they want to become pregnant.
- Pregnant with a mistimed pregnancy.

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- Postpartum amenorrhea for up to two years following a mistimed birth and not using contraception.

Women are considered to have unmet need for limiting if they are:

- At risk of becoming pregnant, not using contraception, and want no (more) children.
- Pregnant with an unwanted pregnancy.
- Postpartum amenorrhea for up to two years following an unwanted birth and not using contraception.

Women who are classified as in-fecund have no unmet need because they are not at risk of becoming pregnant.

According to the latest available estimate, 12 percent of currently married women in Bangladesh have an unmet need for family planning services, 5 percent have need for spacing, and 7 percent have need for limiting births (BDHS 2014).

Unmet need for family planning decreases with increasing age, ranging from 17 percent among women aged 15-19 to 7 percent among women aged 45-49. Women in rural areas have a higher unmet need (13 percent) than women in urban areas (10 percent). Unmet need is the highest in Sylhet (18 percent) and Chittagong (17 percent) and lowest in Rangpur (7 percent). Unmet need increased from 15 percent of currently married women in 2004 to 17 percent in 2007 and then decreased to 14 percent in 2011 and 12 percent in 2014. The BDHS 2014 reports that the demand for family planning services is 74 percent, of which 73 percent has been satisfied by the use of modern methods.

Like the BDHS 2014 report, the findings of Multiple Indicator Cluster Survey 2012-2013, jointly conducted by BBS and UNICEF, found the unmet need of family planning as 14 percent.

Figure 6.4: Unmet Need for Family Planning: 1993-94 to 2014

	1993 -94	1996 -97	1999 -00	2004	2007	2011	2014
Unmet Need for FP	21.6	19.7	18.2	15.0	16.8	13.5	12.0
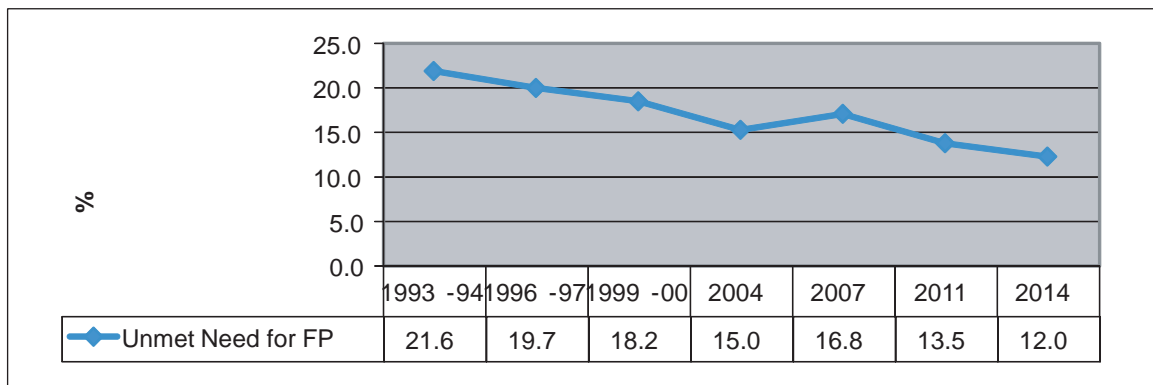
Source: BDHS 2014, NIPORT, MOHFW

6.3 Global Experience of Implementing MDG 5

According to the Millennium Development Goals Report 2015 of the United Nations, global maternal mortality ratio for 100,000 live births was 380 in 1990, which has reduced to 330 in 2000 and has further reduced to 210 in 2013. Again global births attended by skilled health personnel was 59 percent in 1990, which has increased to 71 percent in 2014. The salient features of the achievement are described below:

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- 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 the developing regions, only 56 percent of births in rural areas are attended by skilled health personnel, compared with 87 percent in urban areas.
- 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.
- 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.
- 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.

6.4 Experience of Bangladesh in the Regional Perspective

The Maternal Mortality Ratio is lowest in Sri Lanka, followed by Maldives and Viet Nam. Birth attended by skilled health personnel is highest in Maldives, followed by Sri Lanka, and Viet Nam.

Table 6.1: 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 6.2 shows that Contraceptive prevalence rate is highest in Viet Nam, followed by Afghanistan, Bangladesh and Sri Lanka. However, adolescent birth rate is highest in Afghanistan, followed by Nepal and Bangladesh. Antenatal care coverage of at least one visit is highest in Sri Lanka, followed by Maldives, Bhutan, Viet Nam and Cambodia. Likewise, antenatal care coverage of at least four visits is highest in Sri Lanka, followed by Maldives and Bhutan. However, unmet need for family planning is lowest in Viet Nam, followed by Sri Lanka, Bhutan and Cambodia.

Table 6.2: 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)	Antenatal care coverage, at least one visit, percentage (Year)	Antenatal care 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/

6.5 Maternal Health in the Post 2015 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 profound 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.

CHAPTER 07

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

MDG 6: Targets with indicators (at a glance)

Targets and Indicators	Base year 1990/91	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)	-
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)	120
6.10b: Treatment Success Rate New Smear Positive TB under DOTS, %	73 (1994)	81	92 (GTBR WHO 2014)	Sustain >90

7.1 Introduction

Bangladesh has performed quite well in halting communicable diseases under MDG 6. The available data show that the prevalence of HIV/AIDS in Bangladesh currently is less than 0.1 percent and thus is still below the epidemic level. There has been significant improvement in the reduction of malarial deaths in the country over the years. Moreover, a couple of indicators related to TB have already met the MDG targets. It may also be mentioned that some of the indicators are non-measurable in quantitative terms while, for several others, the benchmarks are not available. In addition, several targets are defined in percentage terms while others refer to absolute numbers.

7.2 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 data of the 9th round National HIV Serological Surveillance (SS) conducted in June 2011 show that the prevalence of HIV/AIDS in Bangladesh is currently less than 0.1 percent and thus still below an epidemic level. However, in Bangladesh, behavioural factors among most at risk populations (MARPs), explored in several rounds of Behavioural Surveillance Survey (BSS) show a trend that could fuel the spread of HIV from MARPs to the general population. 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 percent and most importantly, HIV prevalence has declined among people who inject drugs in Dhaka from 7 percent to 5.3 percent. Moreover, hepatitis C has also declined which is a marker for unsafe injecting practices. Thus, the overall data suggest that the intervention programmes are having a positive effect. Still the most number of HIV positive people, irrespective of population groups, live in Dhaka despite the decline in the proportion of HIV positives among people who take drugs through injection. 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).

The specific issues emerging from the 9th round of SS highlight that both HIV and Hepatitis C Virus (HCV) rates have declined in People Who Inject Drugs (PWID) in Dhaka suggesting that ongoing harm reduction programmes are effective in preventing the spread of blood borne infections in Dhaka. Other than PWID, another vulnerable population group appears to be the Hijra community as HIV was detected in the group from the locations where sampling was conducted. High rates of active syphilis (at >5%) was recorded in 10 cities amongst different population groups suggesting the practice of unprotected sex. Geographically, Dhaka appears to be the most vulnerable as this is where the most numbers of HIV positive individuals were detected. Border areas particularly Hili and Benapole are also vulnerable as HIV has been detected in these locations among different groups and cross border mobility in Hili is very high.

Indicator 6.2: Condom use at last high-risk sex

According to BDHS 2014, the rate of condom use among married couples is low. It was 3 percent in 1993-94 which has increased to 6.4 percent in 2014 and is unlikely to scale up significantly by 2015. The data provided in 20 Years of HIV in Bangladesh: Experience and Way Forward 2009 (World Bank and UNAIDS) show that though the rates of condom use among different most at

risk population (MARP) sub-groups have increased, a significant proportion of this population is not using condom at every high-risk sexual encounter as is required for preventing an escalation of HIV infection among them and its transmission to the general population (Table 7.1).

Table 7.1: Condom Use at Last High-risk Sex

Most at risk populations (MARP)	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 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

However, according to National AIDS/STD Programmes (NASP), condom use rate at last high risk sex was 43 percent in 2013.

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

The percentage of the population aged 15-24 years with comprehensive knowledge of HIV/AIDS (i.e., can correctly identify the two major ways of preventing sexual transmission of HIV and are able to reject the three misconceptions about HIV transmission) remains low. 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 data from Multiple Indicator Cluster Survey (MICS) 2006 (BBS/UNICEF 2007) indicate that only 16 percent of 15-24 year old women had comprehensive correct knowledge of HIV/AIDS in Bangladesh, which came down to 9 percent according to MICS 2012-2013. However, according to National AIDS/STD Programmes (NASP), proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS is 18 percent in 2013.

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

The data from Multiple Indicator Cluster Survey (MICS) 2012-2013 (BBS/UNICEF 2014) indicate that ratio of school attendance of orphans to school attendance of non-orphans as 0.88. It was found by the proportion attending school among children age 10-14 years who have lost both parents divided by proportion attending school among children age 10-14 years whose parents are alive and who are living with one or both parents.

Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

Indicator 6.5: Proportion of population with advanced HIV infection with access to antiretroviral drugs

The United Nations General Assembly Special Session (UNGASS) Report 2009 shows the proportion of population with advanced HIV infection with access to antiretroviral drugs coverage is 47.7 percent (353/740) in Bangladesh based on a study. However, it was reported to be 45 in 2012.

Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Indicator 6.6: Incidence and death rates associated with malaria

Indicator 6.6a: Prevalence of malaria per 100,000 population

The prevalence of malaria per 100,000 population was 442 in 2005. After gradual increase up to 2008, it has started to reverse and came down to 203 in 2013 but again raise to 434 in 2014. Table 7.2 gives the information on incidence and death rates associated with malaria.

Table 7.2: 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 6.6b: Death rate associated with malaria per 100,000 population

Malaria is now a localized disease in Bangladesh which is somewhat endemic in 13 districts of the eastern and northern parts of the country. However, three hilly CHT districts alone account for 90 percent of the total burden of malaria in Bangladesh. During the last 15 years, the annual average number of reported cases was 53,013 of which 43,895 (>82%) are due to Plasmodium falciparum. The rests are Plasmodium vivax and few cases are due to mixed infection. The overall prevalence of malaria in the thirteen endemic districts was 3.1 percent (Malaria Baseline Socioeconomic and Prevalence Survey 2007). Over 13.25 million people of Bangladesh are at high risk of malaria. Most vulnerable groups are <5 year children and pregnant women. About 0.34 percent annual deaths in Bangladesh is attributed to malaria. The country has been implementing the malaria control and has achieved remarkable success in terms of reduction in the number of cases and deaths. Early diagnosis and prompt treatment through doorstep facilities provided by GO-NGO partnership with support of GFATM Fund has proved to be very effective. The use of insecticide treated bed nets has supplemented the effort. Table 7.3 summarizes malaria epidemiological data from the endemic districts.

Table 7.3: Malaria Epidemiological Data from the Endemic Districts

Year	Clinical Cases	Positive Cases	P. falciparum[*]	P. vivax[**]	P. falciparum %	Deaths
2000	294,358	54,223	39,272	14,951	72.43	478
2001	276,901	54,216	39,274	14,942	72.44	490
2002	305,738	62,269	46,418	15,851	74.54	588
2003	279,439	54,654	41,356	13,298	75.67	577
2004	224,003	58,894	46,402	12,492	78.79	535
2005	242,247	48,121	37,679	10,442	78.3	501
2006	313,794	32,857	24,828	8,029	75.56	307
2007	458,775	59,857	46,791	13,066	78.17	228
2008	526,478	84,690	70,281	14,409	82.99	154
2009	553,787	63,873	57,020	6,853	89.27	47
2010	0	55,873	52,049	3,824	93.16	37
2011	0	51,773	49,194	2,579	95.02	36
2012	0	29,518	27,819	1,699	94.23	11
2013	0	26,891	25,908	983	96.34	15
2014	0	57,480	54132	3348	94.18	45
Average/ Year	231,701	53,013	43,895	9,118	83.4	270

P. falciparum produces malignant tertian malariaandthere is no dormant stage; parasites grow and multiply immediately. In this type of malaria, merozoites enter new RBCs and cause more severe infection on human than the P. vivax does.
*** P. vivax produces benign tertian malaria; and the lifecycle of the parasite includes a stage where the parasites remain dormant instead of multiplying and growing immediately. P. Vivaxmerozoites can invade RBCs of all ages. (Source: Communicable Disease Control Programme, DGHS)*

Indicator 6.7: Proportion of children under 5 sleeping under insecticide-treated bed nets (13 high risk malaria districts)

Major interventions for malaria control include expanding quality diagnosis and effective treatment of 90 percent of malaria cases, promoting use of long lasting nets and insecticide-treated nets in all households in the three CHT districts and 80 percent of the households in the remaining 10 high incidence districts by 2015, and intensive Information, Education and Communication (IEC) for increasing mass awareness of the people for prevention and control of malaria. The MIS data of National Malaria Control Programme (NMCP) show that the proportion of children under 5 sleeping under insecticide-treated bed nets in 13 high risk malaria districts was 81 percent in 2008 which has increased to 92 percent in 2014.

Indicator 6.8: Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs

The base line figure for the proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs was 80 percent for the year 2008. In 2014, it was recorded at 99.92 percent and the target was to achieve 90 percent in 2015, which is already achieved.

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 adjusted prevalence of new smear positive cases among adult (age?15 years) was estimated at 79.4/100 000 population (95% CI; 47.1-133.8). Under the Mycobacterial Disease Control (MBDC) Unit of the Directorate General of Health Services (DGHS), the National Tuberculosis Control Programme (NTP) is working with the mission of eliminating TB from Bangladesh. While the initial short term objectives of the programme were to achieve and sustain the global targets of achieving at least 70 percent case detection and 85 percent treatment success among new smear-positive TB cases under DOTS, the present objective is to achieve universal access to high quality care for all people with TB. The medium term objectives include reaching the TB related Millennium Development Goals. The NTP adopted the DOTS strategy and started its field implementation in November 1993. High treatment success rates were achieved from the beginning and the target of 85 percent treatment success rate of the new smear-positive cases has been met since 2003. The programme has been maintaining over 90 percent treatment success rate since 2006, and has successfully treated 93 percent of the 106,763 new smear-positive cases registered in 2012.

Figure 7.1: Nationwide case notification rate (per 100 000 population/year), 2001-2013
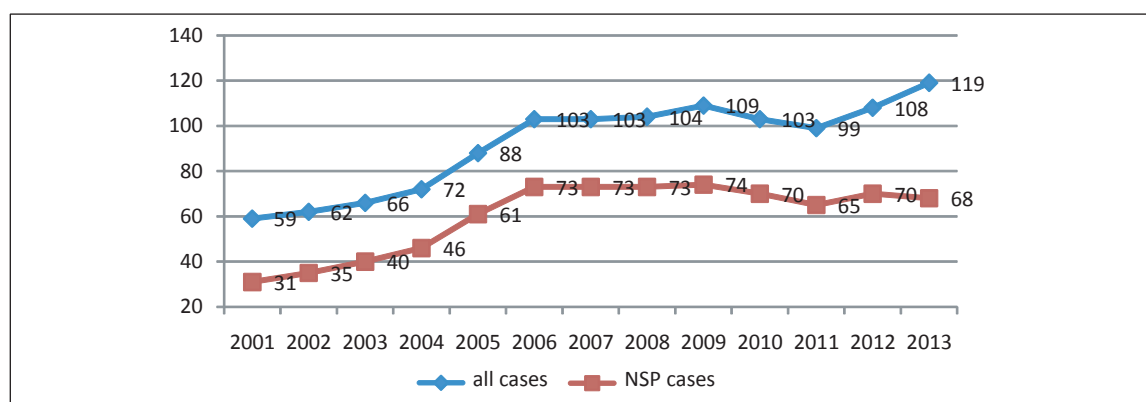
Source: NTP, DGHS

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

The death rate associated with TB was 61 per 100,000 populations in 1990. The country seeks to achieve the target of 30 by 2015. The current status is 51 in 2014 which shows that the country needs more attention to achieve the target.

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 population. The case notification rate for new smear positives cases in 2013 was 68 per 100,000 population, which has come down to 53 in 2014.

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

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

Figure 7.2: Treatment success rates of new smear positive TB cases, 2001-2012 cohorts
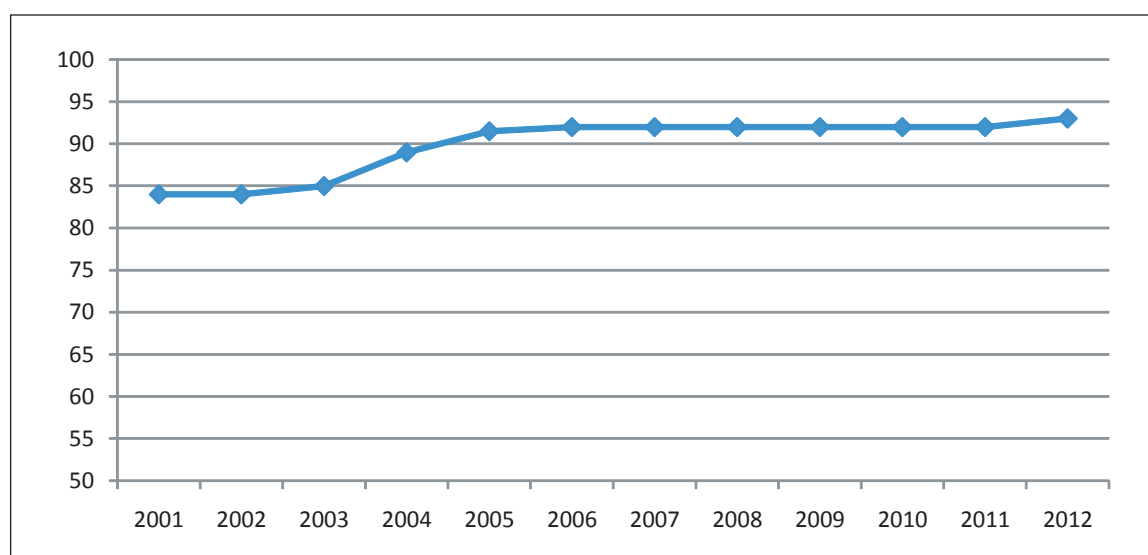
Source: NTP, DGHS

7.3 Global Experience of Implementing MDG 6

According to the Millennium Development Goals Report 2015 of the United Nations, global anti-retroviral therapy treatment was given to 0.8 million people living with HIV in 2003, which has increased to 13.6 million in 2014. The salient features of the achievement are described below:

- New HIV infections fell by approximately 40 percent between 2000 and 2013, from an estimated 3.5 million to 2.1 million cases.
- 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.
- In sub-Saharan Africa still less than 40 percent of youth aged 15 to 24 years had comprehensive correct knowledge of HIV in 2014.
- 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 percent and the mortality rate by 58 percent.
- 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 percent and the prevalence rate by 41 percent between 1990 and 2013.

7.4 Experience of Bangladesh in the Regional Perspective

Table 7.4 shows that number of death cases of AIDS was highest in India, followed by Viet Nam, Nepal and Pakistan. Afghanistan, Bangladesh and Maldives have lowest percentage of people living with HIV (0.001 percent); the rate is highest in Cambodia. The women of Viet Nam have the highest level of comprehensive correct knowledge of HIV/AIDS, followed by the women of Nepal and Maldives. The death rate of Malaria per 100,000 population is highest in Bhutan, followed by Bangladesh. Tuberculosis prevalence rate per 100,000 population is highest in Bangladesh, followed by Pakistan, Afghanistan, India and Nepal.

Table 7.4: Cross Country Comparison on HIV/AIDS, TB and malaria

Country	AIDS Death (in 2013)	People living with HIV, 15-49 years old, percentage (in 2013)	Percentage of population aged 15–24 years with comprehensive correct knowledge of HIV/AIDS (Year)	Malaria death rate per 100,000 population, all ages (in 2012)	Tuberculosis prevalence rate per 100,000 population (mid-point) (Year)
Afghanistan	292	0.01	Woman-1.8(2011)	0	340 (2013)
Bangladesh	485	0.01	Man-14.4 (2011) Woman-11.9(2011)	14	402 (2012)
India	127,232	0.26	Man-39.1(2006) Woman-19.9(2006)	04	211 (2013)
Pakistan	2,174	0.07	Man-5.2(2013) Woman-4.2(2013)	02	342 (2013)
Nepal	3,251	0.23	Man-33.9(2011) Woman-36.4(2014)	0	211 (2013)
Maldives	2	0.01	Woman-35(2009)	…	57 (2013)
Sri Lanka	92	0.02	-	0	103 (2013)
Bhutan	31	0.13	Woman-21(2010)	58	196 (2013)
Viet Nam	12,068	0.40	Man- 44.1(2009) Woman-49.3(2014)	0	209 (2013)
Cambodia	….	0.74	Woman-24(2010)	04	43 (2013)

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

7.5 Communicable Diseases in the Post 2015 Development Agenda

Strategic efforts on health must be expanded in the post-2015 era. Health is a precondition, an indicator and an outcome of sustainable development. As part of the post-2015 development agenda, robust efforts are needed to sustain gains made to date and integrate additional health issues into a broad health and development agenda. Vigorous efforts are needed to scale up care, intensify services and research, ensure bold policies and supportive systems, and improve prevention with awareness. This new health agenda also requires expanding the scope of health efforts to ensure access to services, prevent exclusion and protect people through the extension of universal health coverage. All of these are needed to ensure healthy lives and promote well-being for all people of all ages.

CHAPTER 08

Goal 7: Ensure Environmental Sustainability

MDG 7: Targets with indicators (at a glance)

Targets and Indicators	Base year 1990/91	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**				
7.1: Proportion of land area covered by forest, % (tree coverage)	9.0	11.3	13.40 (DoF2014) (Tree density>30%)	20.0 (Density >70%)
7.2: CO2 emissions, total, per capita and per $1 GDP (PPP)				
7.2a: CO_2 emissions, metric tons per capita	0.14	0.21	0.23 (2nd National Communication, 2012[9])	-
7.3: Consumption of ozone-depleting substances in ODP tonnes	202.1 ODP tonnes	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	-	-	a. 23% of resident vertebrates (IUCN 2003) b. 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	97.9 (MICS 2012-2013) 98.5 (SVRS 2013)	100
7.9: Proportion of population using an improved sanitation facility	34	45	55.9 (MICS 2012-2013) 64.2 (SVRS 2013)	100
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	-

[9] According to 2nd National Communication, 2012, assessment year 2005
[10] Considering arsenic contamination.

8.1 Introduction

At present there is only 13.40 percent of land in Bangladesh having tree cover with density of 30 percent and above. Government is trying hard to increase tree cover by accelerating coastal afforestation in newly accreted shoals and introducing social forestry in fallow and marginal land, homestead and institution planting. At present the proportion of protected terrestrial and marine areas is 1.81 percent and 1.34 percent respectively which is much less than the target of 5 percent. Another 13,395 hectares of terrestrial and 173,800 hectares of Marine Protected areas are under process of declaration. Thereby additional 3 percent area will be under Protected Area system by 2015. Data show that without considering the arsenic contamination, 98.5 percent population of Bangladesh is using improved drinking water source. However, arsenic adjusted figure was 86 percent in 2013. Moreover, 64 percent of the population was using improved sanitation in 2013. However, access to safe water for all is a challenge. It is 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.

8.2 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

According to the information of the Department of Forest, the total forest area in Bangladesh was 2.60 million hectares in 2013 which is only 17.62 percent of the total land area of the country. Out of this area, 2.33 million hectaresare owned by the government as classified and unclassified forests and 0.27 million hectaresare privately owned. Government forest land, managed by the Department of Forest, covers both natural and plantation forest. Out of 64 districts, 28 districts had no public forest in the past. But now almost all districts have been brought under forest coverage through Social Forestry Programme in marginal land such as roads, railway and embankment sides. Coastal afforestation programme in newly accreted shoals is accelerated to increase forest area of the country as well as for establishing a permanent protective green belt along the coast. Moreover, efforts have been made to increase tree density in existing forests by bringing more forests under Protected Area Management System and introducing silvicultural interventions like 'Enrichment Plantation', 'Assisted Natural Regeneration' etc. The ever increasing population of Bangladesh is creating pressure on existing government managed forest resources and has resulted in over exploitation of such resources and other natural resources. With a view to bringing the government owned fallow khas land under forestry coverage, participatory social forestation programme was introduced in the early 1980s. The government has amended the rules so that marginal poor are eligible to participate in the programme. Besides, the government has also increased the profit margin significantly for the participating poor that have increased people's participation in forest management. Based on the implementation of the Social Forestry Programme through people's participation, about 0.40 million hectares of land have been brought under forest cover. Nevertheless, widespread destruction and clearing of forest land for agriculture, homestead and other non-forest purpose seriously impede achieving the target of 20 percent forest coverage with tree density more than 70 percent by the end of 2015.

Indicator 7.2: CO$_2$ emissions, total, per capita and per $1 GDP (PPP)

Indicator 7.2a: CO$_2$ emissions (tonnes per capita)

Although Bangladesh is not a big emitter of CO$_2$ and the country has no obligation to reduce greenhouse gas emissions given its LDC status, the government has identified mitigation and low carbon development as one of the priority areas in its Bangladesh Climate Change Strategy and Action Plan (BCCSAP) 2009.Bangladesh submitted its Second National Communication (SNC) to UNFCCC in 2012.The total carbon emission was 33.27 tonnes in 2005. The per capita carbon emission was 0.26 tonnes and 0.25 tonnes in 2001 and 2005 respectively. According to SNCthe emission was 0.23 tonnes per capita in 2005. Understandably, the per capita CO$_2$ emission in Bangladesh is very low in the global context. However, there are some major areas of intervention to reduce emission such as, power generation, transportation and industrial production.

Figure 8.1 shows the projection of the total GHGs (CO$_2$, CH$_4$ and N$_2$O) emissions in energy sector. In 2005, the total GHG emissions in energy sector were 41,720 kton of CO$_2$ equivalent. It is projected that in 2030, the emission will increase to a total of 145,308 kton of CO$_2$ equivalent indicating a 3.5 times over the 2005 emissions. It is also estimated that, in 2030, electricity generation and industry would be the two main GHG emitters.

Figure 8.1: Total GHG Emissions Projection from Energy Activities (2005-2030)
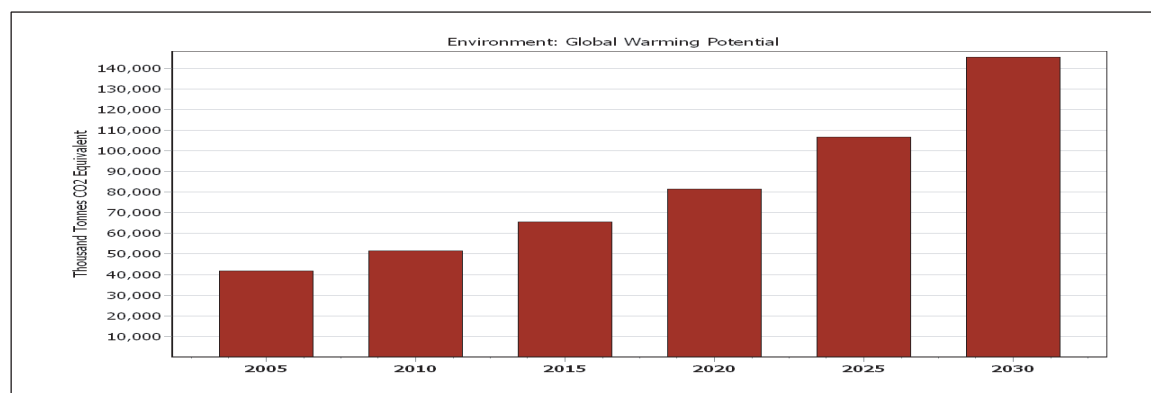
Source: Second National Communication of Bangladesh, Department of Environment, 2012

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 and 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 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 carbon tetrachloride (CTC), methyl-chloroform (MCF), methyl bromide (MBr) has also been phased out since 1 January 2010. The country showed evidence in phasing out HCFC141b from the foam sector among all other developing countries since 31st 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 consumption of ozone depleting substances was 202.1 ODP tonnes, which observed an increasing tendency up to 2001 when it was 826.9 ODP tonnes. However, after 2002 this consumption was in decreasing trend and it came down to 66.47 ODP tonnes in 2012 and 64.88 ODP tonnes in 2013.

Figure 8.2: Consumption of Ozone Depleting Substances in ODP tonnes, 1990-2013

Source: http://www.mdgs.un.org/unsd/mdg/
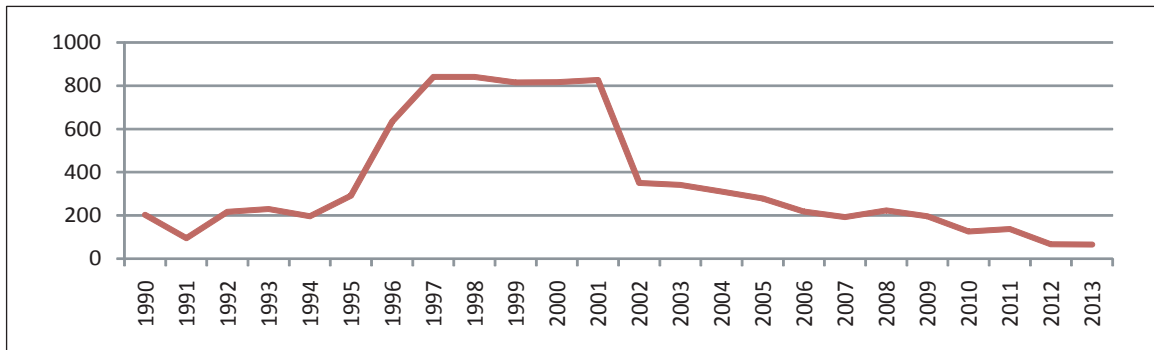
[Note: Figures of 2010 & 2011 included CFC consumption under Essential Use Nomination approved by the meeting of the parties of Montreal Protocol for production of metered dose inhalers only.]

Figure 8.3: Consumption of Ozone Depleting CFCs in ODP Tonnes, 1990-2013

Source: http://www.mdgs.un.org/unsd/mdg/
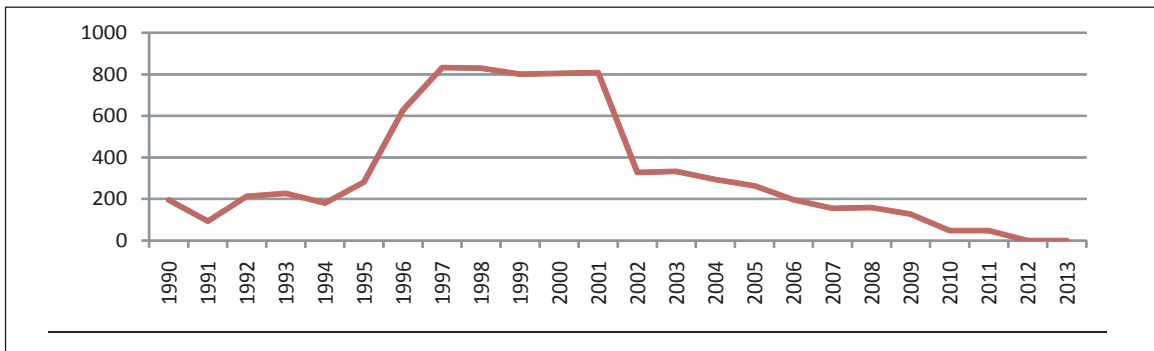
Indicator 7.4: Proportion of fish stocks within safe biological limits

Bangladesh is endowed with vast inland open waters measuring 4.05 million hectares and 0.3 million hectares closed waters in 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.[11] It is estimated that 265 fish species and 24 prawn species inhabit inland waters, while 475 species of fish and 38 species of shrimp are found in marine waters. According to IUCN (2000) 54 inland fish species are threatened of which 12 species are critically endangered and 4 species are threatened in marine systems. The actual fish production is shown source-wise in Table 8.1.

Table 8.1: Source-Wise Fish Production

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

The MDG Database prepared and maintained by the United Nations Statistics Division shows that the proportion of total water resources used in Bangladesh was 2.9 percent in 2010. Bangladesh is endowed with rich water resources. Internal renewable water resources are estimated at 105 km³/year (based on the National Water Plan Phase II), including 84 km³ of surface water produced internally as stream flows from rainfall and approximately 21 km³ of groundwater resources from within the country. Annual cross-border river flows that also enter groundwater are estimated at 1105.64 km³ and represent over 90 percent 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 percent) is used by agriculture, 3.60 km3 (10 percent) by municipalities and 0.77 km³ (2 percent) by industries. About 28.48 km3 or 79 percent of total water withdrawal comes from groundwater and 7.39 km³ or 21 percent, from surface water[12].

Indicator 7.6: Proportion of terrestrial and marine areas protected

According to the United Nations Statistics Division (UNSD), the proportion of terrestrial and marine areas protected in 1990 was 0.91 percent, which has increased to 4.24 percent in 2012.

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[11] *Bangladesh won a landmark verdict at the International Tribunal on Law of the Sea, which sustained its claims to 200-nautical-mile exclusive economic and territorial rights in the Bay of Bengal. The verdict of the Tribunal gave Bangladesh a substantial share of the outer continental shelf beyond 200 nautical miles, which would open up possibilities for exploiting immense resources (gas, oil, fish and others). Moreover, Permanent Court of Arbitration (PCA's) verdict in 2014 has allowed Bangladesh to establish its sovereign rights on more than 118,813 sq.kms of territorial sea, 200 nautical miles (NM) of exclusive economic zone and all kinds of living and non-living resources under the continental shelf up to 354 NM from the Chittagong coast.*

[12] *National Medium Term Priority Framework 2010-2015, FAO.*

However, according to the Ministry of Environment and Forests, in 2013, the proportion of protected territorial and marine area is 1.81 percent and 1.34 percent respectively. Given current trends, it is estimated that the protected areas in 2015 will be less than 2 percent--much lower than the national target of 5 percent protected areas. A positive development in this area has been the creation of a marine reserve in an area of 698 square km (0.47 percent of the total area of Bangladesh) in the Bay of Bengal for the protection and conservation of marine resources. The terrestrial and marine areas protected to total territorial areas, based on UNSD information is given in Table 8.2.

Table 8.2: 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 percent 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 finally, in June 2013, it was reported that, in addition to 106 species, another 120 species of vascular plants {5.81 percent of vascular plants; (226/3,885)X100} were threatened in the country.

Climate is the vital factor for Bangladesh in various aspects.It is widely recognized that climate change will affect many sectors, including water resources, agriculture and food security, ecosystems and biodiversity, human health and coastal zones in Bangladesh. The cyclones (SIDR in 2007 and AILA in 2009), and droughts and floods which occurred during the recent years indicate that IPCC predictions on extreme climate events were on track in Bangladesh. To prevent the climate change impact in the country, the Government of Bangladesh has carried out several initiatives in the policy making system. The establishment of Bangladesh Climate Change Trust (BCCT) is one of the major initiatives to address both climate change adaptation and mitigation. As per the direction of Climate Change Trust Act, 2010, BCCT was established on 24 January 2013 with effect from 13 October 2010 under the Ministry of Environment & Forests.

The establishment of Climate Change Unit (CCU) is one of the major initiatives to address both climate change adaptation and mitigation. The CCU started its activities in January 2010 under the Ministry of Environment and Forests.

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

According to Joint Monitoring Programme for Water Supply and Sanitation(UNJMP), access to improved water sources increased from 94 percent in 1994 to 98 percent in 2006. However, arsenic contamination of 22 percent of the tube wells in the country lowered the access to safe drinking water to an estimated 78 percent. The Multiple Indicator Cluster Survey (MICS) 2009 (BBS/UNICEF 2010) reveals that access to improved sources of water adjusted for arsenic contamination has increased to 86 percent and without considering arsenic contamination, it is 97.8 percent. However, the MICS 2012-2013 found that 97.9 percent of household members are using improved sources of drinking water, the arsenic adjusted figure is 85 percent. The Sample Vital Registration System (SVRS) -2013 of BBS found that access to drinking water of tap and tube-well is 98.5 percent. Table 8.3 shows the progress in the access to improved drinking water sources by the population in both rural and urban areas.

Table 8.3: 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

Open defecation shows a remarkable decline, from 33 percent in 1990 to 6 percent in 2009. This profound behaviour change has been possible due to the Coordinated National Sanitation Campaigns since 2003 using community based approaches. Access to an improved sanitation facility has also gone up from 39 percent in 1990 to 54 percent in 2009 as reported by the MICS 2009 (BBS/UNICEF 2010). However, the MICS 2012-2013 found that 56 percent of household members are using improved sanitation facilities which are not shared. According to SVRS-2013 sanitary toilet facility increased from 42.5 percent in 2003 to 64 percent in 2013. In spite of the higher percentage of sanitation coverage in the urban areas compared with the rural areas, the actual sanitation situation is worse due to higher population density. In the slums, only 12 percent of the households use an improved sanitation facility in conformity with the government standard, with a large number of households sharing one toilet due to lack of space. In densely populated areas of Bangladesh, maintaining a safe distance between pit latrines and drinking water sources is also problematic. Moreover, improper de-sludging and unsafe disposal of the latrines and septic tanks has the potential to spread pathogens.

Table 8.4, based on the inputs from UNSD, shows the proportion of population using improved sanitation facility in Bangladesh during the 1990-2014 period. Concerted efforts are needed to increase the improved sanitation facilities in both urban and rural areas.

Table 8.4: 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 percent of the total population) live in urban areas including Statistical Metropolitan Area (SMA).[13] The vast majority lives in one megacity, 316 City Corporations and Paurashava and 189 Upazila Headquarters. The urban population is increasing at the rate of 3.5 percent per annum and is expected to reach 60 million in 2051.

The population density in slums is far greater than the average population density of Bangladesh.Steady rural to urban migration is likely to exacerbate the pressure on expansion of basic services in urban areas that are already overstretched and inadequate to meet the minimum needs of safe drinking water, sanitation, sewerage and waste disposal facilities.

A Census of Slum Areas and Floating Population was conducted in 2014 by BBS where a total of 13,938 slums were counted covering all city corporations, municipalities, Upazila headquarters and all other urban areas. This compares to a total of 2,991 slums recorded in the Census of Slum Areas and Floating Population 1997. A total of 592,998 slum households of an average size of 3.75 persons were counted in 2014. This compares to 334,431 slum households of an average size of 4.17 persons in 1997. That is an increase of 77 percent in the number of slum households over the 17 years since the 1997 census was revealed (against an increase of 366 percent in the number of slums over the same period). In the Census of Slum Areas and Floating Population 2014, a total of 2.2 million people were counted dwelling in the slums. This is a population increase of 214 percent over 17 years by comparison with the Census of 1997. Hence, it can be said that 5.25 percent of total urban population lived in the slum areas in 2014 in Bangladesh. However, Figure 8.4 shows the proportion of urban population living in slums based on UNSD data.

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[13] *There has 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 percent) over the inter-censal period. Also, 2011 Population Census did not estimate the proportion of urban population residing in slums.*

Figure 8.4: Proportion of Urban Population Living in Slums, 1990-2014

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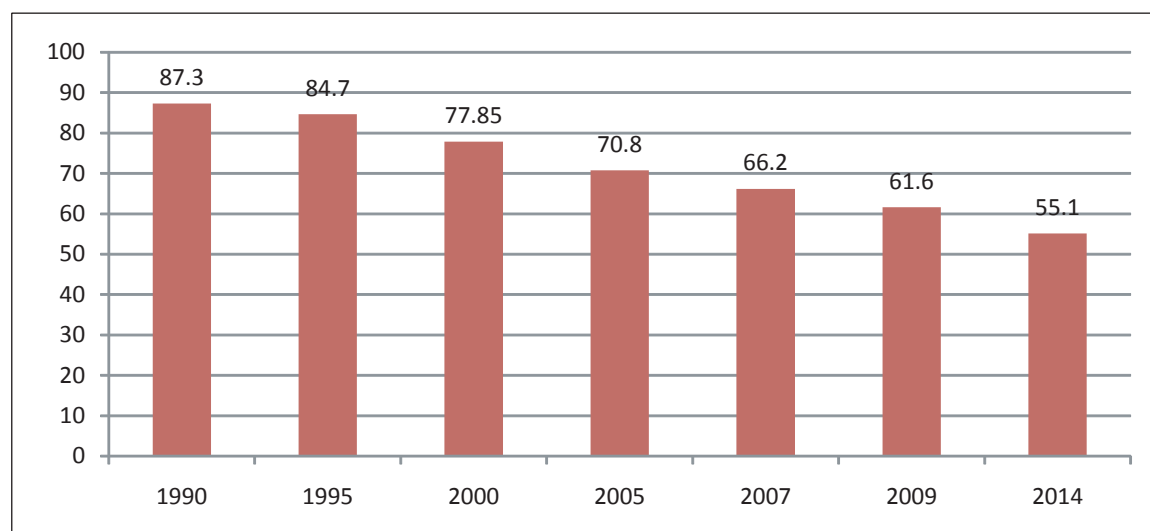
[Note: The actual proportion of people living in slums is measured by a proxy, represented by the urban population living in households with at least one of the four characteristics: (i) lack of access to improved water supply; (ii) lack of access to improved sanitation; (iii) overcrowding (3 or more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

8.3 Global Experience of Implementing MDG 7

According to the Millennium Development Goals Report 2015 of the United Nations, 1.9 billion people have gained access to piped drinking water since 1990; it was 2.3 billion in 1990, which has increased to 4.2 billion in 2015. The salient features of the achievement are described below:

- Ozone-depleting substances have been virtually eliminated since 1990, and the ozone layer is expected to recover by the middle of this century.
- Global emissions of carbon dioxide have increased by over 50 percent since 1990.
- Terrestrial and marine protected areas in many regions have increased substantially since 1990. In Latin America and the Caribbean, coverage of terrestrial protected areas rose from 8.8 percent to 23.4 percent between 1990 and 2014.
- In 2015, 91 percent of the global population is using an improved drinking water source, compared to 76 percent in 1990.
- 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 percent) now enjoys this higher level of service.
- Globally, 147 countries have met the drinking water target, 95 countries have met the sanitation target and 77 countries have met both.
- 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.
- The proportion of urban population living in slums in the developing regions fell from approximately 39.4 percent in 2000 to 29.7 percent in 2014.

8.4 Experience of Bangladesh in the Regional Perspective

Table 8.5 shows that Bhutan has the highest proportion of land area covered by forest, followed by Cambodia, Viet Nam, Sri Lanka and Nepal. Maldives has the highest level of Carbon dioxide emissions, followed by Viet Nam, India and Pakistan.

India has the highest level of consumption of all Ozone Depleting Substances in ODP metric tons, followed by Viet Nam and Pakistan. Pakistan has the highest proportion of total water resources used, followed by India and Sri Lanka.

Bhutan has the highest percentage of terrestrial and marine areas protected with respected to total territorial area, followed by Nepal, Cambodia and Pakistan.

Table 8.5: Scenario of global environmental sustainability

Country	Proportion of land area covered by forest, percentage (2010)	Carbon dioxide emissions (CO$_2$), metric tons of CO$_2$ per capita (CDIAC) (2011)	Consumption of all Ozone-Depleting Substances in ODP metric tons (2013)	Proportion of total water resources used, percentage (Year)	Terrestrial and marine areas protected to total territorial area, percentage (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 8.6 shows that Bhutan has the highest percentage of population using improved drinking water source, followed by Maldives, Viet Nam and Sri Lanka. However, Maldives has the highest percentage of population using improved sanitation facilities, followed by Sri Lanka and Viet Nam. Slum population as percentage of total urban population is highest in Afghanistan, followed by Cambodia, Bangladesh and Nepal.

Table 8.6: Cross country comparison on access to safe drinking water and basic sanitation

Country	Proportion of the population using improved drinking water sources, total (2015)	Proportion of the population using improved sanitation facilities, total (2015)	Slum population as percentage of urban, percentage (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/

General Economics Division (GED)

8.5 Environmental Sustainability in the Post 2015 Development Agenda

Environmental sustainability is a core pillar of the post-2015 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 ambitions. Environmental sustainability is a core pillar of the post-2015 agenda and a prerequisite for 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.

CHAPTER 09

Goal 8: Develop a Global Partnership for Development

MDG 8: Targets with indicators (at a glance)

Targets and Indicators	Base year 1990/91	Status in 2000	Current status (source)	Target by 2015
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 (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	3,084 (ERD 2014)	4,175
8.1b: Net ODA received by Bangladesh, as percentage of OECD/DAC donors' GNI, %	-	-	0.0022 (ERD 2014)	0.003
8.2: Proportion of total bilateral sector-allocable ODA to basic social services, %	-	42 (2005)	50.82 (ERD 2014)	-
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 (2011, BTC)	-

Targets and Indicators	Base year 1990/91	Status in 2000	Current status (source)	Target by 2015
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	6.4 (ERD 2014)	-
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 (March 2015, BTRC)	-
8.15: Cellular subscribers per 100 population	-	0.22	79.76 (June 2015, BTRC)	-
8.16: Internet users per 100 population	0.0	0.07	30.39 (June 2015, BTRC)	-

9.1 Introduction

The disbursement of ODA as a proportion of Bangladesh's GDP has declined from 5.59 percent in 1990-91 to 1.78 percent in 2013-14. However, per capita ODA disbursement saw a fluctuating figures and it was US$ 15.60 in 1990-91 and US$ 19.79 in 2013-14. Out of 34-member states of the OECD, only nine countries provided US$ 748.02million ODA to Bangladesh in 2013-14. The amount was about 24.25 percent of the total ODA received by Bangladesh in that particular year. The MDGs sectors like education, health, social welfare, labour, public administration and social infrastructure together with agriculture and rural development constituted around 50.82 percent of the total ODA outlay.

9.2 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 report on Flow of External Resources into Bangladesh, net ODA received by Bangladesh in 1990-91 was US$ 1,732 million and in 2013-14 it was recorded the highest amount ever in a single year as US$3,084 million. It implies during the last twenty-four years, Bangladesh, on an average, got US$ 1,736 million ODA per year. However, during the last decade (FY04-05 to FY 13-14), yearly average of net ODA received by Bangladesh was US$ 2,062 million. The disbursed ODA as a proportion of Bangladesh's GDP has declined from 5.59 percent in FY 90-91 to 1.78 percent in FY 13-14 (GDP base year 2005-06), implying yearly average of 2.84 percent. During the same period, per capita ODA disbursement saw fluctuating figures ranging from US$ 19.79 to US$ 7.60; meaning yearly average of US$ 12.96. In 2013-14, the share of grants was 22 percent of total ODA received in that particular year, implying loans constituted 78 percent. Table 9.1 reveals that from FY 90-91 to FY13-14, on an average, each year Bangladesh received US$ 635 million as grants and US$ 1,101 million as loans. In absolute terms, the net ODA received by Bangladesh has shown rising trend over the last seven years notwithstanding with yearly fluctuations.

Table 9.1: Trends in ODA Disbursement (in million USD), 1990-91 to 2013-14

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
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
Yearly average	635 (37)	1,101 (63)	1,736	2.84	12.96

Source: Flow of External Resources into Bangladesh 2013-2014, ERD

Figure 9.1: Loans and Grants Received by Bangladesh (million US$), 1990-91 to 2013-14
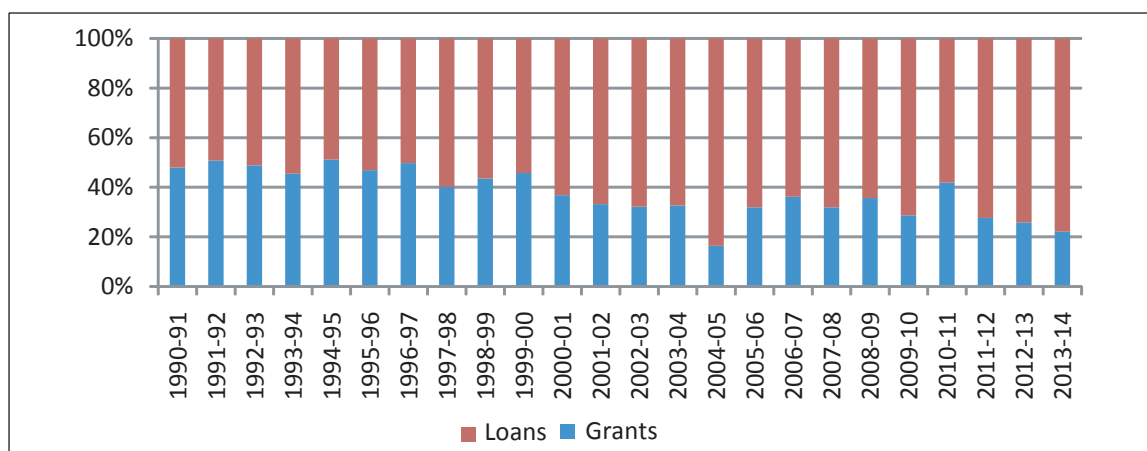
Source: Flow of External Resources into Bangladesh 2013-2014, ERD

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

The nine countries out of total 34-member states of the Organization for Economic Co-operation and Development (OECD) provided US$748.02 million ODA to Bangladesh in 2013-14. The amount was about 24.25 percent of the total ODA received by Bangladesh in that particular year. Net ODA received by Bangladesh fromnine countries of OECD/DAC in 2014 is given in Table 9.2.

Table 9.2: Net ODA Received by Bangladesh from OECD Countries, 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)

It is revealed from Table 9.2 that out of the nine OECD countries that provided ODA to Bangladesh in FY 13-14, three countries-Sweden, Denmark and United Kingdom--are complying with their commitment to provide more than 0.7 percent of their GNI as ODA to the developing countries. 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 and Sweden.

In 2013-14, nine OECD countries provided US$ 748.02 million ODA to Bangladesh, which is about US$ 123.14 million higher than that in the previous year (Table 9.3). In absolute terms, Japan was the highest provider of ODA amounting to US$ 450.78 million, followed by the United Kingdom (US$ 116.02 million) and Denmark (US$ 62.67 million).

Table 9.3: ODA Received from the OECD Countries (US$ million)

Country	2009-10	2010-11	2011-12	2012-13	2013-14
Japan	121.27	120.02	247.59	348.58	450.78
UK	61.37	96.69	136.77	108.95	116.02
South Korea	20.07	54.47	60.14	37.84	35.54
Germany	49.29	48.05	43.05	68.71	35.34
Canada	31.82	13.91	4.69	3.52	16.28
Denmark	63.03	13.1	10.58	41.42	62.67
Sweden	0.005	11.55	33.77	11.26	23.97
Norway	3.10	5.87	0	0	0.00
Netherlands	4.80	0.33	0	4.60	6.96
USA	0	0	0	0	0.46
Total	354.76	363.99	536.59	624.9	748.02

Source: Flow of External Resources into Bangladesh 2013-2014, 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)

It is seen from Table 9.4 that during the period of 1990-91 to 2013-14, total ODA received by Bangladesh in major sectors was US$ 35,503.30 million, out of which the Public administration sector got the highest share followed by power, transport, education and health sectors. During the 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 50.82 percent of total ODA outlay.

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Table 9.4: Disbursement of ODA in Major Sectors during 1990-91 to 2013-14

Sector	Total disbursement (US $ million)	% of total
Public Administration	6,113.90	17.22
Power	5,412.90	15.25
Transport	4,718.60	13.29
Education & Religious Affairs	4,128.10	11.63
Health, Population & Family Welfare	3,431.20	9.66
Physical Planning, Water Supply & Housing	2,722.30	7.67
Water Resources	2,180.00	6.14
Agriculture	1,529.00	4.31
Rural Development & Institutions	1,364.70	3.84
Oil, Gas & Mineral Resources	1,132.90	3.19
Industries	1,123.30	3.16
Communication	843.3	2.38
Private	422.3	1.19
Social Welfare, Women's Affairs & Youth Development	352.2	0.99
Mass Media	24.1	0.07
Labour & Manpower	3.1	0.01
Sports & Culture	0.8	0.00
Science & Technology Research	0.6	0.00
Total	35,503.30	100.00

Source: Flow of External Resources 2013-2014, ERD

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

One joint evaluation, conducted by four Development Partners (WB, ADB, DFID and Japan), shows that about 94 percent of aid to Bangladesh provided by OECD-DAC donors in 2008 was untied. The Government of Bangladesh (GOB) and the Development Partners (DPs) have jointly established a multi-tier structure for GOB-DP dialogue and coordination. The apex tier is the high level forum for dialogue and coordination called Bangladesh Development Forum (BDF). There was ministerial level representation from GOB and high level participation from donor headquarters in the two BDF meetings held in 2005 and 2010. Aid-Effectiveness was an important agenda for discussion in BDF meetings. The BDF meetings also reviewed the progress and adopted agreed 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. The plenary as well as the working groups of the LCG are co-chaired by GOB and DP representatives and the LCG meets regularly for review of progress and coordination. Thus all ODA received from bilateral OECD/DAC donors are fully untied at present which was 82 percent in 2005 and 94 percent 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 percent in 2014, which was 57.27 percent in 1996 and 70.91 in 2005.

Figure 9.2: Proportion of total developed country imports from Bangladesh, admitted free of duty

	1996	2000	2005	2010	2011	2012	2013	2014
Proportion of total developed country imports (by value and excluding arms) from Bangladesh, admitted free of duty	57.27	57.51	70.91	72.09	75.33	75.42	77.49	78.59
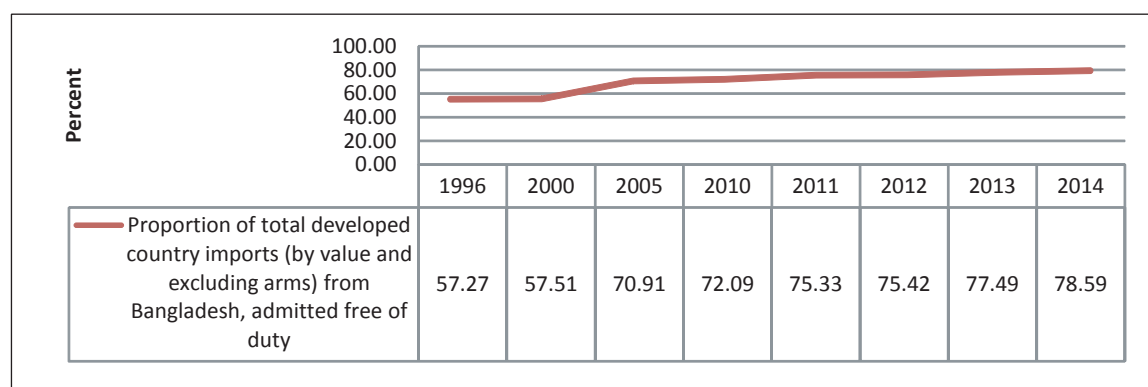
Source: mdgs.un.org/unsd/mdg/

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 percent in 2005. In 2011, according to Bangladesh Tariff Commission (BTC), it varied from zero to 9 percent.

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 availabl

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.

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

For Bangladesh, Total Debt Service (TDS) payment in 2013-14 was US$ 3,004.60 million (interest: US$ 263.4 million and principal: US$ 2,741.2 million). On the other hand, export of goods and services in the same year 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). Hence, total debt service as a proportion of exports of goods and services was 6.40 percent in 2014, which was 20.87 percent in 1990. According to the World Bank classification, Bangladesh is categorised as "less indebted" country. The external debt position of Bangladesh is shown in Table 9.5.

Table 9.5: Bangladesh's External Debt Position, 1990-2014 (US$ million)

	1990	1995	2000	2005	2010	2014
Total Outstanding Debt	10,609.30	16,766.50	16,210.90	19,285.80	21,448.90	27,036.00
Total Debt Service (TDS)	570	552.1	767.2	1,139.50	1,700.70	3,004.60
Current Account Balance	-1,579.00	-1,030.00	-418	-557	3,734.00	1,547.00
Export of Goods and Services (XGS)	2,731.00	5,490.00	8,560.00	13,679.50	29,669.70	46,945.00
GDP at current price	22,129.30	29,110.60	53,369.77	69,567.37	115,284.58	172,886.57
TDS/XGS (%)	20.87	10.06	8.96	8.33	5.73	6.40
TDS/GDP (%)	2.58	1.90	1.44	1.64	1.48	1.74
Interest/XGS (%)	6.7	2.8	2.2	1.4	0.7	0.6
Debt/XGS (%)	388.48	305.40	189.38	140.98	72.29	57.59
Debt/GDP (%)	47.94	57.60	30.37	27.72	18.61	15.64
Current Account/GDP (%)	-7.14	-3.54	-0.78	-0.80	3.24	0.89

Source: Flow of External Resources into Bangladesh 2013-2014, ERD; National Accounts, BBS for GDP (Base year 2005-06 for 2000 to 2014, others 1995-96)

Figure 9.3: Debt Service as a Percentage of Exports of Goods and Services, 1990-2014
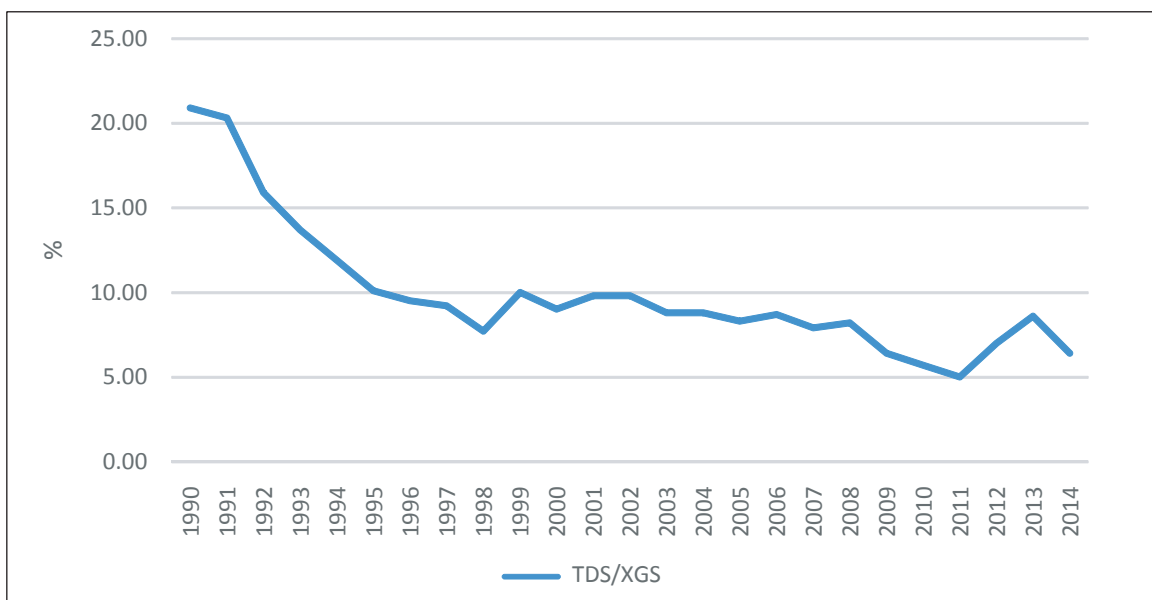
Source: Flow of External Resources 2013-2014, ERD

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 Millennium Development Goals Bangladesh Progress Report 2005, the proportion of population with access to affordable essential drugs was 80 percent. 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 information provided by the Bangladesh Telecommunication Regulatory Commission (BTRC), telephone line per 100 people was 0.71 in 2014 which was 0.20 in 1990. However, the latest figure (up to March 2015) is 0.67 per 100 people. The demand for fixed telephone lines has declined significantly after 2008 because of the phenomenal growth of cellular phone services as well as poor customer service provided by the fixed telephone companies in the country.

Figure 9.4: Fixed Telephone Lines per 100 Population

	1990	1995	2000	2005	2008	2011	2012	2014
Fixed Telephone Lines	0.21	0.24	0.38	0.76	0.92	0.69	0.75	0.71
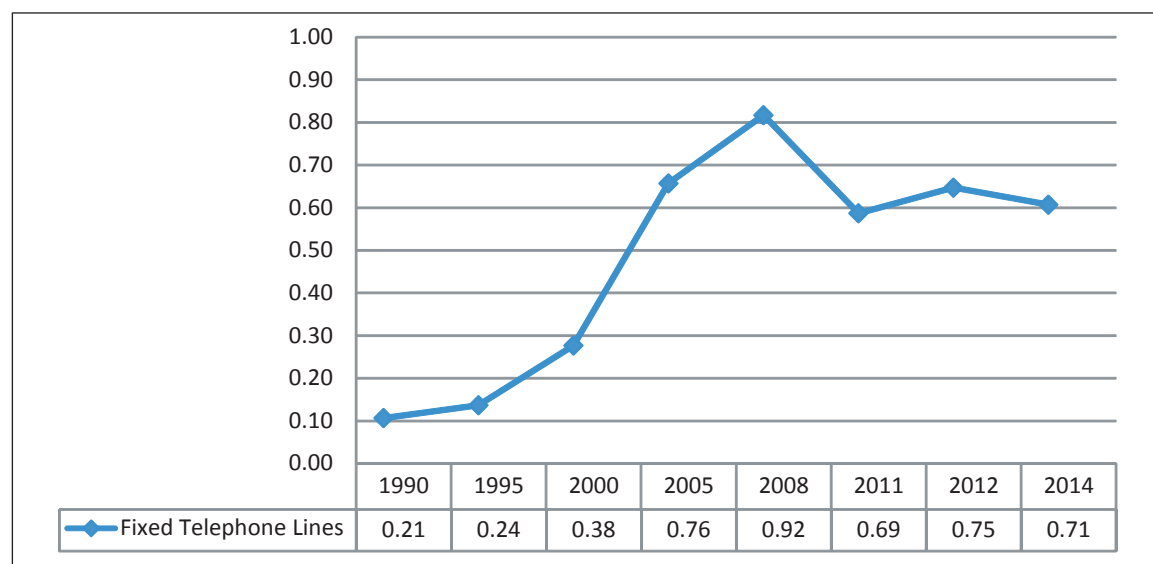
Source: BTRC; Pacific Economic Survey, 2008; ITU estimates

Indicator 8.15: Cellular subscribers per 100 population

According to the information provided by BTRC, cellular subscriber per 100 population was 75.81 in 2014, exhibiting a tremendous growth, which was zero in 1990. The latest figure (up to June 2015) shows that it is 79.76 per 100 people. According to the HIES 2010 (BBS 2011), an extraordinary increase has taken place in the case of mobile phone use. It has increased to 63.74 percent in 2010 from a meagre 11.29 percent in 2005. This increase occurred in both rural and urban areas. Over 56.7 percent of the households in the rural areas reported the use of mobile phone in 2010 compared with only 6.05 percent in 2005. In urban areas, its use is reported by 82.74 percent of the households in 2010 relative to 26.73 percent in 2005.

Figure 9.5: Cellular Subscribers per 100 Population

Cellular subscribers	1997	2000	2001	2005	2006	2007	2008	2009	2010	2011	2012	2014
Celluler subscribers	0.02	0.22	0.39	6.40	13.44	23.88	30.68	35.66	46.17	56.48	64.56	75.81
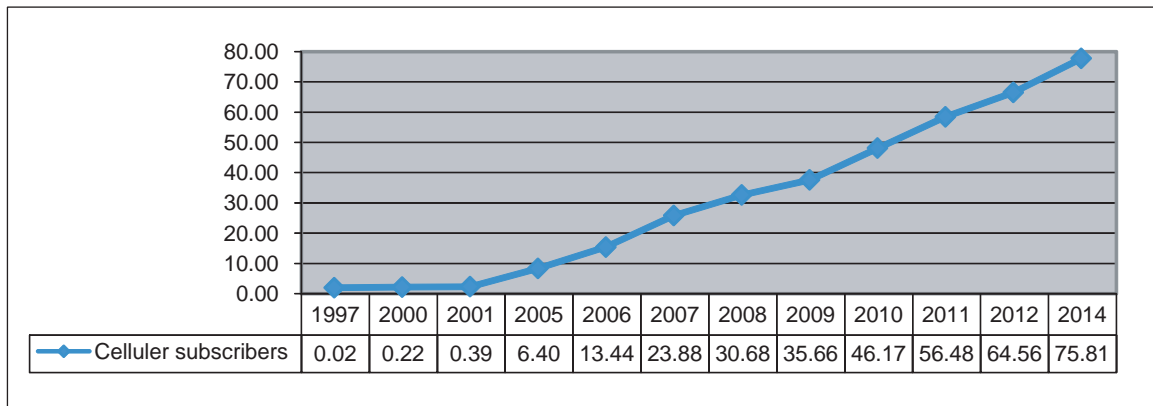
Source: BTRC and ITU

Indicator 8.16: Internet users per 100 population

According to BTRC, the internet users per 100 population was 24.37 in 2014, which was only 3.4 in 2008. The latest figure (up to June 2015) shows that it is 30.39 per 100 people. Bangladesh has demonstrated significant successin augmenting private investment and fostering public-private partnership to render efficient delivery of utility services. In the telecommunications sector, private companies dominate the provision of 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.

Figure 9.6: Internet Users per 100 Population

Internet Users	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2011	2012	2014
Internet Users	0.04	0.07	0.13	0.14	0.16	0.20	0.15	0.20	1.80	3.40	10.3	20.5	24.3
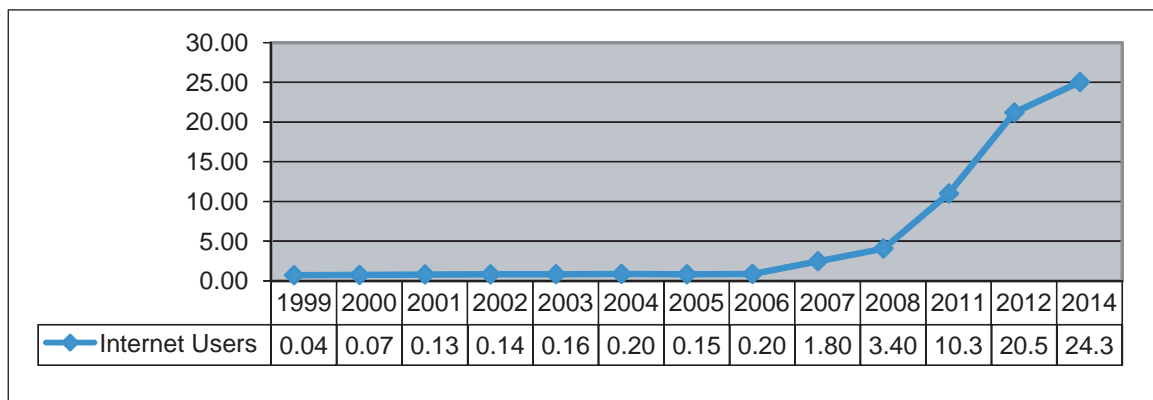
Source: BTRC and ITU

9.3 Global Experience of Implementing MDG 8

According to the Millennium Development Goals Report 2015 of the United Nations, Official Development Assistance was $81 billion in 2000, which has increased to $135 billion in 2014. Global Internet penetration was 6 percent in 2000, which has increased to 43 percent in 2015. The salient features of the achievement are described below:

- Official development assistance from developed countries increased by 66 percent 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 percent of gross national income.
- In 2014, 79 percent of imports from developing to developed countries were admitted duty free, up from 65 percent in 2000.
- The proportion of external debt service to export revenue in developing countries fell from 12 percent in 2000 to 3 percent in 2013.
- As of 2015, 95 percent of the world's population is covered by a mobile-cellular signal.
- The number of mobile-cellular subscriptions has grown almost tenfold in the last 15 years, from 738 million in 2000 to over 7 billion in 2015.
- Only one third of the population in the developing regions use the Internet, compared to 82 percent in the developed regions.
- Internet penetration has grown from just over 6 percent of the world's population in 2000 to 43 percent in 2015. As a result, 3.2 billion people are linked to a global network of content and applications.

9.4 Experience of Bangladesh in the Regional Perspective

Table 9.6 shows that Pakistan has the highest level of debt service as percentage of total exports of goods and services, followed by Sri Lanka, Bhutan and Nepal.

Table 9.6: CrossCountry Comparison on Global partnership

Country	Debt Service as % of XGS (in 2013)	Developedcountry imports from developing countries, admitted duty free, % (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/

Table 9.7 data reveals thatPakistan ranks highest for fixed telephone lines per 100 population, followed by Sri Lanka and Viet Nam. However, cellular subscribers are highest in Cambodia, followed by Pakistan, Viet Nam and Sri Lanka. Internet users are highest in Pakistan, followed by Viet Nam, Bhutan and Sri Lanka.

Table 9.7: CrossCountry Comparison on Information technology

Country	Fixed Telephone Lines per 100 Population (in 2014)	Cellular Subscribers per 100 Population (in 2014)	Internet users per 100 population (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/

9.5 Global Partnership in the Post 2015 Development Agenda

Greater funding and innovation are crucial to the implementation of the post-2015 development agenda. As the post-2015 development agenda is being prepared for launching, its breadth and ambition need to be matched by adequate funding and renewed efforts to mobilize innovation, science and technology for sustainable development.

ODA remains critically important for countries with limited capacity to raise 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 finance and investments. Such market-like 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. Only then will the transformative power of ICTs and the data revolution be harnessed to deliver sustainable development for all.

CHAPTER 10

Sustainable Development Goals: Transforming our World

Introduction

The world has the opportunity to agree upon a new global sustainable development framework between 25 and 27 September 2015 during the 70th United Nations General Assembly (UNGA) in New York. The agreed Sustainable Development Goals (or SDGs) during the 70th UNGA will succeed the Millennium Development Goals (MDGs), forged in the year 2000. Countries like Bangladesh have made commendable progress in achieving most of the goals set in MDGs.

However, the 8 goals of MDGs somehow overlooked to consider the root causes of poverty, or gender inequality, or the urgency of holistic nature of development. As a result, according to the World Bank measurement of poverty, around 1 billion people still live on less than $1.25 a day and some 800 million people still live in hunger. In addition, women are still fighting for their rights, and millions of women still die while giving birth. In this backdrop, the UN Member States engaged in discourse for setting a comprehensive development agenda beyond 2015 at the September 2010 MDG Summit, with the end date of the MDGs in sight. In June 2012 at Rio+20, the UN Conference on Sustainable Development, UN Member States adopted '*The Future We Want*' outcome document, which paved the path for the post-2015 development agenda.

10.1 Status of the Post-2015 Development Agenda

The United Nations (UN) member states will approve are expected to adopt the Post-2015 Agenda or Sustainable Development Goals, in September 2015 at the 70th UNGA prior to the end of timeline of MDGs. The groundwork has started in several tracks and levels in light with the agreement and decisions taken in the UN Conference on Sustainable Development (Rio+20) in June 2012. The update of processes en-route to adopting post-2015 development agenda are as follows.

Rio+20 (The United Nations Conference on Sustainable Development)

The United Nations Conference on Sustainable Development - or Rio+20 -took place in Rio de Janeiro, Brazil on 20-22 June 2012. The SDGs were first formally discussed at the Rio+20. It resulted in a focused political outcome document which contains clear and practical measures for implementing sustainable development. In Rio, Member States decided to launch a process to develop a set of Sustainable Development Goals (SDGs), which will build upon the Millennium Development Goals and converge with the post 2015 development agenda. Governments also decided to establish an intergovernmental process under the General Assembly to prepare options on a strategy for sustainable development financing. They also agreed to establish a high-level political forum for sustainable development.

High Level Panel of Eminent Persons

The UN Secretary-General Ban Ki-moon appointed 27 civil society, private sector, and government leaders from all regions of the world on 31 July 2012 to a High Level Panel (HLP) to advise him on the Post-2015 Development Agenda. On 30 May 2013, the High Level Panel on the Post-2015 Development Agenda released "*A New Global Partnership: Eradicate Poverty and Transform Economies through Sustainable Development*," a report which sets out a universal agenda to eradicate extreme poverty from the face of the earth by 2030, and deliver on the promise of sustainable development. In the report, the Panel calls for the new post-2015 goals to drive five big transformation shifts:

(a) leave no one behind

(b) put sustainable development at the core

(c) transform economies for jobs and inclusive growth

(d) build peace and effective, open and accountable institutions for all, and

(e) forge a new global partnership

High-level Political Forum on Sustainable Development (HLPF)

The United Nations High-level Political Forum on Sustainable Development (HLPF) replaced the Commission on Sustainable Development on the 24 September 2013 succeeding the outcome document of Rio+20 in order to follow up and review progress in implementing sustainable development commitments. This body meets both under the General Assembly every four years and the UN Economic and Social Council (ECOSOC) in other years with technical, ministerial and high level segments. It has the mandate to address new and emerging sustainable development challenges; and enhance the integration of economic, social and environmental dimensions of sustainable development.

The third meeting of the HLPF under the auspices of the ECOSOC was held from 26 June to 8 July 2015. A key message of the meeting was that implementation of the ambitious and transformative development agenda/SDGs must be started urgently. The forum debated on how communication can accelerate implementation, how to mobilize business and civil society, and how to put finance and technology at the service of sustainable development.

Open Working Group on Sustainable Development Goals (OWG)

At the Rio+20 conference, 192 UN member states agreed to establish an intergovernmental working group to design Sustainable Development Goals (SDGs) as a successor of the MDGs. The 30-member Open Working Group (OWG) of the General Assembly was established on 22 January 2013 in order to prepare a proposal on the SDGs. At first, the OWG agreed on the SDGs that, the sustainable development goals will provide a holistic framework, applicable to all countries. Taken together, the goals will aim to eradicate poverty and deprivation, but also to grow our economies, to protect our environment and promote peace and good governance.

On 19 July 2014, the OWG forwarded a proposal for the SDGs to the Assembly. The proposal contained 17 goals with 169 targets covering a broad range of sustainable development issues.

UN Global Conversations

To adopt the Post-2015 Development Agenda, the UN conducted a series of "global conversations", which included 11 thematic and 88 national consultations. The global thematic consultations focused on eleven themes identified by United Nations Development Group (UNDG): inequalities, health, education, growth and employment, environmental sustainability, governance, conflict and fragility, population dynamics, hunger, food and nutrition security, energy, water. The consultations were organized by UN teams in the participating 88 countries. in 2013 it also launched an online My World survey asking people to prioritise the areas they'd like to see addressed in the goals. "*A Million Voices: The World We Want*," a report prepared with the view from people engaged in 88 national consultations, 11 thematic dialogues, and through the My World global survey.

Transforming our World: The 2030 Agenda for Sustainable Development

On 2nd August 2015; the United Nation's 193-member states agreed on an agenda for the world's sustainable development over the next 15 years that pledges to leave no-one behind and is now due to be formally adopted by world leaders at a summit in September. The new

SDGs will aim to eradicate hunger and extreme poverty, reduce inequality within and between states, achieve gender equality, improve water management and energy, and take urgent action to combat climate change.

The Outcome document of the United Nations Summit for the adoption of the post-2015 development agenda titled *'Transforming our World: The 2030 Agenda for Global Action,'* contains five sections, including the 17 Sustainable Development Goals (SDGs) and 169 targets proposed by the Open Working Group (OWG) in 2014, with several revisions for specificity and consistency with international ambition. Once adopted in the 70th UNGA, the new goals and targets of the SDGs will come into effect on 1 January, 2016. This Agenda will be implemented by all countries and at the regional and global levels.

Sustainable Development Goals (SDGs)

Goal 1: End poverty in all its forms everywhere

Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture

Goal 3: Ensure healthy lives and promote well-being for all at all ages

Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

Goal 5: Achieve gender equality and empower all women and girls

Goal 6: Ensure availability and sustainable management of water and sanitation for all

Goal 7: Ensure access to affordable, reliable, sustainable and modern energy for all

Goal 8: Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all

Goal 9: Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation

Goal 10: Reduce inequality within and among countries

Goal 11: Make cities and human settlements inclusive, safe, resilient and sustainable

Goal 12: Ensure sustainable consumption and production patterns

Goal 13: Take urgent action to combat climate change and its impacts*

Goal 14: Conserve and sustainably use the oceans, seas and marine resources for sustainable development

Goal 15: Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss

Goal 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

Goal 17: Strengthen the means of implementation and revitalize the global partnership for sustainable development

* Acknowledging that the United Nations Framework Convention on Climate Change is the primary international, intergovernmental forum for negotiating the global response to climate change.

10.2 Financing for Sustainable Development

The Rio+20 conference recognized the need for significant mobilization of resources from a variety of sources and the effective use of financing, in order to give strong support to developing countries in their efforts to promote sustainable development. Therefore, an Intergovernmental Committee of Experts on Sustainable Development Financing comprising 30 experts, nominated by regional groups with equitable geographical representation, was formed on 21 June 2013. The committee highlighted that public finance and aid would be central to support the implementation of the SDGs. But it insisted that money generated from the private sector, through tax reforms, and through a crackdown on illicit financial flows and corruption was also vital.

Third International Conference on Financing for Development (FfD3)

The Third International Conference on Financing for Development (FfD3), held in Addis Ababa Ababa, Ethiopia, from 13-16 July 2015, has concluded with the adoption of the Outcome Document of the Conference, the Addis Ababa Action Agenda (AAAA). In support of the AAAA, a number of significant partnerships were launched during FfD3, including: the Addis Tax Initiative, which will support strengthening domestic tax systems; the Global Financing Facility in Support of Every Woman Every Child, which brings together countries, donors and the private sector; and the Commission on Financing Global Education.

The AAAA comprises a number of concrete deliverables, such as: a technology facilitation mechanism (TFM), which will be officially launched at the post-2015 Summit in September 2015; a global infrastructure forum to improve alignment and coordination among established and new infrastructure initiatives, multilateral and national development banks, UN agencies, and national institutions, development partners and the private sector; an Economic and Social Council (ECOSOC) Forum on Financing for Development (FfD) follow-up that will discuss the follow-up and review of the FfD outcomes and the means of implementation (MOI) of the post-2015 development agenda; and an inter-agency Task Force convened by the UN Secretary-General to report annually on progress in implementing the FfD outcomes and the post-2015 MOI.

10.3 Bangladesh Proposal to UN

The main objective of the Post-2015 consultation process in Bangladesh, led throughout 2013 by the General Economics Division (GED), Planning Commission, was to broaden the debates and ensure people's active participation in the discussions. The country consultations were designed to stimulate an inclusive debate on formulation of a post-2015 development agenda by providing an analytical base, inputs and ideas that:

(a) build a shared global vision
(b) amplify the voices of the poor and other marginalized group
(c) influence the inter-governmental processes

In Bangladesh, the first round of post-2015 national consultations provided opportunities for the country to reflect and draw upon its experiences with the MDG framework, bolster its say in shaping new global development goals and to ensure that the goals set are relevant to Bangladesh development context. To this end, the Government of Bangladesh (GoB) committed to lead the national consultative process in an inclusive and participatory manner.

On 10 November, 2012, the GoB conducted the first National Expert Level Consultation Conference that 'kick-off' the national consultation process. The aim of the conference was to identify gaps and challenges that exist in relation to sustainable development and generate ideas on preliminary goals, targets and indicators for Post-2015 development agenda. The summary report from the first national conference set the motion for the subsequent consultations. Between November 2012 and May 2013, a number of consultation meetings were organized to create a draft framework. These dialogues were held at the national and sub-national levels and participated by concerned Ministries, UN agencies, Development Partners, civil societies and media representatives. The draft framework was reviewed by various experts from the UN System who provided insights and inputs for inclusion in May 2013, prior to the final consultation with the Hon'ble Prime Minister Sheikh Hasina and Ministers of Finance, Planning as well as Foreign Affairs, among others, present.The national document of Bangladesh contains 11 goals, 58 targets and 241 indicators. *The goals set are*:

Goal 1: Unleash human potentials for sustainable development
Goal 2: Eradicate poverty and reduce inequality
Goal 3: Ensure sustainable food security and nutrition for all
Goal 4: Universal access to health and family planning services
Goal 5: Achieve gender equality
Goal 6: Ensure quality education and skills for all
Goal 7: Increase employment opportunities and ensure worker rights
Goal 8: Ensure good governance
Goal 9: Promote sustainable production and consumption
Goal 10: Ensure environmental sustainability and disaster management
Goal 11: Strengthen international cooperation and partnership for sustainable development

10.4 2nd round of Post-2015 Consultations

While the 1st round of consultations focused on substantive issues and areas to be included in a post-2015 development agenda, the 2nd round of post-2015 consultations, led by the UN Development Group (UNDG) in partnership with member states and their governments, will focus on implementation strategies of the post-2015 development agenda. In this context, the UNDG global initiative proposed that the UNCTs in interested programme countries will work together with partners on one of the themes ('areas for consultations') and document existing or new strategies that could be considered when implementing the post-2015 agenda. The UNDG proposed areas for the 2nd round of consultations include: (a) Localizing the post-2015 development agenda, (b) Helping to strengthen capacities and institutions, (c) Participatory monitoring for accountability, (d) Partnerships with civil society and other actors, (e) Partnerships with the private sector, and (f) Culture and development.

To expedite the 2nd round dialogue; a meeting was held on 30 April 2014 organized by the GED, Planning Commission, confirmed the previous preliminary decision of the GED to focus on the theme of 'participatory monitoring for accountability' as the most appropriate for the 2nd round of post-2015 dialogue in Bangladesh. This particular theme was chosen firstly for its crosscutting nature, and secondly because it would directly address in an inclusive and transparent manner one of the main criticisms of the MDGs, the lack of mutual accountability. In order to make such a dialogue practical, the consensus was to anchor the theme on two goals proposed by the GoB in its post-2015 national report, namely *gender equality* and *good nutrition*

The 2nd round of post-2015 consultations in Bangladesh brought together a diverse set of experts for a series of technical meetings and a knowledge event, with the objective of highlighting best practice approaches to participatory monitoring for accountability in the country. Examples of what is working, and what is not, in the fields of nutrition and gender, and provided evidence of potential approaches and tools to be harnessed for effective post-2015 implementation across all thematic areas.

10.5 Addressing SDGs in National Plan of Bangladesh

Taking the UN Millennium Declaration into consideration, Bangladesh mainstreamed the goals in its developmental agenda which is evidently reflected through either in the Poverty Reduction Strategy Papers or ongoing Sixth Five Year Plan (6th FYP). As the terminal year of MDGs and 6th FYP coincides, implementing one, ultimately paves the way for implementing the other.

Bangladesh is now in the process of formulating its Seventh Five Year Plan (7th FYP) for the period of 2016-2020. While formulating the plan document, the proposed goals by both OWG were well taken into consideration so that the proposed goals of the SDGs can be illustrated in the national plan. The goals of SDGs were also given emphasis while setting up the priority areas of the 7th FYP. Bangladesh tries to address the issues of international goals into the Seventh Five Year Plan because it is the guiding document of the country that is implemented in next five years' time.

For the 1st time in the history of formulation of national plan of the country, a Development Result Framework (DRF), considering the indicators of proposed SDGs, has been developed to be incorporated the 7th FYP. The DRF was prepared in a consultative process in order to address the views of different actors and develop a robust and rigorous result based monitoring and evaluation framework. A number of consultations were held with line ministries, development partners, academia, independent experts and civil society organizations and think-tanks/NGOs to come up with the desired DRF.

As the goals, targets and indicators of the SDGs are well taken care of in the formulation process of the 7th FYP of Bangladesh, it can be said that the country will be an 'early starter' in the implementation process of the SDGs. In addition, being a commendable achiever of the MDGs and 'early starter' of SDGs, Bangladesh will perform well in attaining the SDGs goals and targets those will be signed by the head of the states in September 2015.

The new goals and targets of the SDGs will come into effect on 1 January, 2016. This Agenda will be implemented by all countries and at the regional and global levels.

Annexure

MDGs: Bangladesh progress at a glance- 2015

Goals, Targets and Indicators (revised)	Base year 1990/91	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[14], 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)	-	-
1.3a: Share of poorest quintile in national income, %	6.52 (1992)	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)	3.55 (WB 2012)	-	-
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)	-	-
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 update data

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[14] *Actually WB data are prepared based on $1.25 (PPP)*

Goal 2: Achieve Universal Primary Education: Goal will partially be met				
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	97.7 (APSC, 2014, DPE)	100	On track
2.2: Proportion of pupils starting grade 1 who reach grade 5, %	43.0	81.0 (APSC, 2014, 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	61.0 (SVRS, 2013)	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	1.03 (APSC, 2014, 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 2013)	1.0	Target met
3.1c: Ratio of girls to boys in tertiary education (Gender Parity Index = Girls/ Boys)	0.37	0.67 (BANBEIS 2013)	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	20.00 (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	46 (BDHS 2014)	48	Target met
4.2: Infant Mortality Rate (per 1000 live births)	92	32 (SVRS 2013)	31	On track
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.				
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)	-	-
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)	-	-
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
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 (2nd National Communication, 2012)	-	-
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	-	-
7.5:	Proportion of total water resources used		2.9% (UNSD 2010)	-	-
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)	-	-

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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	-		
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**					
8.1a: Net ODA received by Bangladesh (million US$)	1,732	3,084 (ERD 2014)	4,175	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)	50.82 (ERD 2014)	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)	-	-	
8.7: Average tariffs imposed by developed countries on agricultural products, textiles and clothing from Bangladesh, %	12 (2005)	0-9 (2011) (BTC)	-	-	
8.12: Debt service as a percentage of exports of goods and services, %	20.87	6.4 (ERD 2014)	6.0	-	
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
8.16: Internet users per 100 population	0.0	30.39 (June 2015, BTRC)	-	Gradually increasing

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Photo: Courtesy of UNDP Bangladesh

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September 2015