SPOTLIGHT ON BANGLADESH

PROGRESS OVERVIEW
Bangladesh has achieved significant reductions in child mortality over the past two decades, with under-five mortality falling from 144 to 41 deaths per 1,000 live births between 1990 and 2013. The equity picture is mixed. While gaps in child survival rates between rich and poor have reduced over the past two decades, they actually increased in the most recent five-year period. Gender inequalities in mortality rates have halved in two decades, although there is still a clear survival disadvantage for girls. Bangladesh ranks 16 out of 31 Countdown countries for equitable coverage of eight core MNCH interventions across economic groups. Equity gaps have been closing for some services such as DTP3 vaccinations, but challenges remain around newborn care, skilled birth attendance, and a strong non-governmental organisation (NGO) network. Foreign remittances; and collaboration between government and a strong non-governmental organisation (NGO) network.

Challenges
- Coverage of essential health services remains low; less than one-third of births are attended by a skilled health worker. Differential investment is needed to address regional inequalities in key intervention indicators.
- Public investment in health is among the lowest anywhere in the world, at US$9 per person in 2013 (less than 1% of GDP). Health financing depends largely on out-of-pocket payments, which create major barriers for the poorest people and are a significant cause of financial hardship.
- Health systems are weak and characterised by poor quality of care, with inefficiency exacerbated by governance and accountability issues.
- Child malnutrition rates in Bangladesh are among the highest in the world, with a 41.3% under-five stunting rate and 6 million children chronically undernourished. High rates of malnutrition cut across all segments of society, suggesting that a universal approach is needed to tackling the issue, including through nutrition-sensitive social protection.

OUTCOMES
MDGs
Child mortality rate: 41 per 1,000
MDG target: 48 per 1,000 – MET
Number of child deaths per year: 129,000
Average annual rate of reduction (2000–2013): 5.4% – ACCELERATING
Equity of progress (2000–2011):
- Economic groups: No change
- Regions: Decreasing inequality
- Urban/rural: No change

POST-2015
On track for post-2015 nationally: Yes
On track for all groups: Yes
- Economic groups: Yes
- Regions: Yes
- Rural and urban: Yes

Policy spotlight: improving coverage and equity in services focusing on the needs of the poor
- Community mobilisation and outreach for immunisation and treatment of diarrhoea, integrated into the primary healthcare system and backed by intensive media campaigns to create demand, has achieved speed and scale in coverage. Community health workers successfully demonstrated how rehydration salts for diarrhoea can be made with household ingredients and provide vaccinations at clinics and through outreach sessions. Increases in immunisation coverage have been seen across all groups, with equity gaps closing (DPT3 coverage was 65% in rural Bangladesh in 1993 and 79% in urban areas; this has improved to 93% and 94% respectively in 2011). Gender disparities, which were very evident in the 1990s, have now disappeared.
- Improvements in family planning brought the fertility rate down from seven children per woman in the 1970s to 2.5 in 2010. Intensive community outreach for family planning has been a priority since the 1970s, deploying female outreach workers and social marketing to change norms and attitudes. However, more remains to be done, as Bangladesh has one of the highest rates of child marriage in the world.
- Improvements in access to and utilisation of health services have been driven by consistent national policy commitment and investment in women’s education, employment and microcredit schemes; improved infrastructure; foreign remittances; and collaboration between government and a strong non-governmental organisation (NGO) network.

See Appendix 3 for guidance on interpreting data, and References section for sources used for policy analysis.