HEALTH-RELATED MILLENNIUM DEVELOPMENT GOALS

Bangladesh is well on track

The deadline for achieving the Millennium Development Goals (MDGs) is 2015—only 3 years ahead. Assessment is ongoing throughout the world to find answer to the question whether or not the countries made sufficient progress. Discussion is also ongoing about what to do beyond 2015. On the global perspective, much progress has been made towards attainment of the MDGs. However, much more has yet to be made. The same is also true for Bangladesh. The health sector is concerned about health-related MDGs. It may be stated that Bangladesh is well on track towards the achievements of health-related MDGs. This chapter summarizes the targets and achievements of health-related MDGs in Bangladesh and also excerpts the progress thereof from a report of the World Health Organization Secretariat.

Health-related MDGs in Bangladesh

Table 3.1 summarizes the target, benchmark, and the latest information on the achievement of health-related MDGs in Bangladesh.

Table 3.1. The Health-related MDGs: targets and indicators (*On track; **Goal Met)

Goal 1: Eradicate extreme poverty and hunger

Target	Indicator	Target (Year)	Benchmark (Year)	Achievement (Reference)
Reduce by half the proportion of people who suffer from hunger	Prevalence of underweight children aged <5 years (%)	33.0 (2015)	66.0 (1990) 42.5 (BDHS 2004)	36.4 (BDHS 2011)
	Population below minimum level of dietary energy consumption (%)	-	-	-

Goal 4: Reduce child mortality

Target	Indicator	Target (Year)	Benchmark (Year)	Achievement (Reference)
Reduce by two-thirds the mortality rate among under-five children	Death rate among under-five children/1,000 livebirths*	48.0 (2015)	144.0 (1990)	47.0 (SVRS 2010) 53.0 (BDHS 2011)
	Infant mortality rate/1,000 livebirths*	31.3 (2015)	94.0 (1990)	36.0 (SVRS 2010) 43.0 (BDHS 2011)
	1-year old children immunized against measles (%)*	100.0	52.0 (1991)	85.5 (BECES 2011) 84.0 (BDHS 2011)

Table 3.1 Continued

Goal 5: Improve maternal health

Target	Indicator	Target (Year)	Benchmark (Year)	Achievement (Reference)
Reduce by three-quarters the maternal mortality ratio	Maternal mortality ratio/100,000 livebirths*	143.5 (2015)	574.0 (1990)	194.0 (BMMS 2010)
	Births attended by skilled health personnel (%)	50.0 (2015)	7.0 (1990)	26.5 (BMMS 2010) 31.7 (BDHS 2011)
Ensure, by 2015, universal access to reproductive healthcare	Contraceptive prevalence rate (%)*	72.0	39.9 (1991)	61.2 (BDHS 2011) 56.7 (SVRS 2010)
	Birth rate among adolescent mothers/1,000 women	-	77.0 (1990/91)	105.0 (BMMS 2010)
	Antenatal care coverage (at least one visit) (%)	100.00	27.5 (1993)	54.6 (BDHS 2011)
	Antenatal care coverage (at least four visits) (%)	100.00	5.5 (1993)	25.5 (BDHS 2011)
	Unmet need for family planning (%)	7.6	19.4 (1993)	11.7 (BDHS 2011)

Goal 6: Combat HIV/AIDS, malaria, and other diseases

Target	Indicator	Target (Year)	Benchmark (Year)	Achievement (Reference)
Halt and begin to reverse the spread of HIV/AIDS	HIV prevalence among population aged 15-24 years (%)*	Halt (2015)	0.005 (1990)	0.1% (DGHS 2011)
Ensure, by 2015, universal access to treatment for HIV/AIDS for all those who need	Population with advanced HIV infection with access to ARV drugs (%)	100.0 (2015)	-	47.7 (UNGASS 2009)
Halt and begin to reverse the incidence of malaria and other major diseases	Malaria prevalence/100,000 population	310.8 (2015)	776.9 (2008)	512.6 (DGHS 2010)
	Malarial death rate/100,000 population*	0.6 (2015)	1.4 (2008)	0.32 (DGHS 2010)
	Under-five children sleeping under insecticide-treated bednets in endemic areas (%)**	90% (2015)	81.0 (2008)	89% (DGHS 2011)
	Under-five children with fever treated with appropriate anti-malarial drugs (%)*	90.0 (2015)	60.0 (2008)	89.0 (DGHS 2011)
	Smear+ve TB prevalence rate/100,000 population**	320	639.0	79.4 (DGHS 2009)
	TB death rate/100,000 population*	38.0	76.0 (1990)	43.0 (DGHS 2010)
	TB case detection rate under DOTS (%)**	>70.0 (MDG)	21.0 (1994)	70.5 (NTP 2010)
	TB cure rate (%) with DOTS**	>85.0 (MDG)	73.0 (1994)	92.0 (NTP 2010)

Table 3.1 Continued

Goal 7: Ensure environmental sustainability

Target	Indicator	Target (Year)	Benchmark (Year)	Achievement (Reference)
Reduce by half the percentage of people without sustainable access to safe drinking-water; % of basic sanitation	Population using improved drinking-water source (%)*	100.0 (2015)	78.0 (1990)	92.8 (MICS 2009) 98.1 (SVRS 2010)
	Population using improved sanitation facility (%)*	100.0 (2015)	39.2 (2006)	80.4 (MICS 2009)

BDHS: Bangladesh Demographic and Health Survey; MICS: Multiple Indicators Cluster Survey done by Bangladesh Bureau of Statistics; SVRS: Sample Vital Registration Survey done by Bangladesh Bureau of Statistics; BECES: Bangladesh EPI Coverage Evaluation Survey; BMMS: Bangladesh Maternal Mortality Survey; UNGASS: United Nations General Assembly Special Session; DGHS: Directorate General of Health Service 2010; NTP: National Tuberculosis Control Program

The above table reveals that Bangladesh is making good progress in all the health-related MDGs. Some targets were already made; some are on track; however, some need attention. An overview of the global progress on health-related MDGs may give a better idea about the Bangladesh situation. The report of the WHO Secretariat submitted to the 65th World Health Assembly (21-16 May 2012, Geneva) under agenda 13.5 (document A65.14) may help making this overview. The excerpt of this report titled "Monitoring of the achievement of the health-related Millennium Development Goals: Progress in the achievement of the health-related Millennium Development Goals, and global health goals after 2015" is, therefore, given below.

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Current status and trends

In 2011, more than a decade after world leaders adopted the Millennium Development Goals and the targets, substantial progress has been made in reducing child and maternal mortality, improving nutrition, and reducing morbidity and mortality due to HIV infection, tuberculosis, and malaria. Progress in countries that have the highest rates of mortality has accelerated in recent years, even though large gaps persist between and within countries. The current trend forms a good basis for intensified collective action and expansion of successful approaches to overcome the challenges posed by multiple crises and large inequalities. Childhood malnutrition is the underlying cause of death in an estimated 35% of all deaths among children below five years of age (under-five mortality). The proportion of such children in developing countries who were underweight is estimated to have declined from 29% to 18% between 1990 and 2010. This rate of progress is close to what is required to meet the relevant target but is unevenly distributed between and within regions.

Globally, significant progress has been made in reducing mortality in children below five years of age. Between 1990 and 2010, under-five mortality declined by 35%, from an estimated rate of 88 deaths per 1,000 livebirths to 57. The global rate of decline has accelerated in the past decade, from 1.9% per annum between 1990 and 2000 to 2.5% per annum between 2000 and 2010. The annual rate of decline has more than doubled in the African region where almost half of all child deaths occur, rising from 1.1% to 2.6% over the same periods. Yet, most countries in this region are not likely to achieve the target of two-thirds reduction from 1990 levels of mortality by 2015. Globally, 37 out

of 143 low- and middle-income countries will have reached that target by 2015 if the pace of progress remains the same as during the period 2005–2010.

In 2010, global measles immunization coverage was 85% among children aged 12–23 months. More countries are now achieving high levels of immunization coverage; in 2010, 65% of Member States reached at least 90% coverage, and in half of WHO's regions, the coverage of more than 90% was maintained. Between 2000 and 2010, the estimated number of measles-realted deaths decreased by 74%, accounting for about one-fifth of the overall decline in child mortality.

Nevertheless, nearly 20% of the deaths in children below five years of age–mostly due to pneumonia and diarrheal diseases–continue to be preventable by vaccines. Efforts are being made to expand interventions against pneumonia as called for by the Health Assembly in Resolution WHA 63.24 on accelerated progress towards achievement of Millennium Development Goal 4 to reduce child mortality: prevention and treatment of pneumonia, and against diarrheal diseases. A rapidly increasing number of countries in the African region, the region of the Americas, and the Eastern Mediterranean region have introduced pneumococcal conjugate vaccines in the past year with support from the GAVI Alliance. The joint statements by UNICEF and WHO on clinical management of children with diarrhea and pneumonia have been used by several countries to formulate policies on increasing access to care through trained and supervised community health workers. By 2010, 30 out of 68 countries being monitored by the Countdown to 2015 initiatives had adopted the policy on community case management of pneumonia and eight other countries moved towards adopting the policy in the course of 2010.

Although the reduction in maternal deaths has been noteworthy, down to an estimated 287,000 in 2010 from 543,000 in 1990, the rate of decline is just over half that is necessary to achieve Target 5A: reducing the maternal mortality ratio by three-quarters between 1990 and 2015. The rate of decline in the maternal mortality ratio between 1990 and 2010 was globally 3.1% per annum, with lower rates in the Americas and the Eastern Mediterranean region (22.5% and 2.6 % per annum respectively). Approximately a quarter of the countries with the highest maternal mortality ratio in 1990

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In order to reduce maternal deaths, women need access to effective interventions and good-quality reproductive healthcare. For the period 2005–2010, 63% of women aged 15 to 49 years, who were married or in a consensual union, were using some form of contraception. The proportion of women receiving antenatal care at least once during pregnancy was about 81% for the period 2005–2011 but the figure dropped to around 55% for the recommended minimum of four visits or more. The proportion of births attended by skilled personnel–crucial for reducing perinatal, neonatal and maternal death was above 90% in three of the six WHO regions for the period of 2005–2011. However, improvements are needed in regions, such as the African region where coverage is still below 50%.

The total number of neonatal deaths fell from 4.4 million in 1990 to 3.1 million in 2010. Neonatal mortality rates declined from 32 per 1,000 livebirths to 23 per 1,000 livebirths over the same period, which is a 28% reduction. This is a slower decline than for child mortality overall, and the proportion of deaths in under-five children that occur in the neonatal period increased from 37% in 1990 to 40% in 2010. Progress in developing regions has been uneven, ranging from a 19% decline in sub-Saharan Africa and Oceania and 33% in southern Asia to more than 50% in northern Africa, Latin America and the Caribbean, and eastern Asia. The estimated global number of stillbirths fell from 3.0 million in 1995 to 2.6 million in 2009, with the rate of stillbirths declining by about 15%, from 22 per 1,000 livebirths in 1995 to 19 per 1,000 livebirths in 2009.

Early postnatal care is crucial for the prevention and management of conditions that cause neonatal death. WHO and its partners are supporting the strengthening of the capabilities of healthcare workers to prevent or manage the major perinatal and neonatal diseases, including home visits to newborn children. In addition, WHO is gathering more evidence on the most

cost-effective interventions, including simpler antibiotic treatment regimens for treatment of neonatal sepsis.

About half of the world's population is at risk of malaria, and an estimated 216 million cases of malaria led to 655,000 deaths in 2010, 86% of which were among children below the age of five years. In the WHO's African region, a total of eight countries and one area showed a reduction of more than 50% in either confirmed malaria cases or malaria-related hospitalizations and deaths. In other WHO regions, the number of reported cases of confirmed malaria decreased by more than 50% in 35 of the 53 countries with ongoing transmission between 2000 and 2010, and downward trends of 25% to 50% were seen in four other countries. The estimated incidence of malaria fell by 17% globally between 2000 and 2010. Coverage with interventions, such as the distribution of insecticide-treated bednets and indoor residual spraying has greatly increased and needs to be sustained in order to prevent resurgence of disease and deaths.

The annual global number of new cases of tuberculosis has been slowly falling since 2006. In 2010, there were an estimated 8.8 million new cases, of which about 13% involved people living with HIV, and 5.7 million of these cases were reported by national tuberculosis programs. In 2010, an estimated 1.1 million HIV-negative people died of tuberculosis, and an additional 350,000 died of HIV-associated tuberculosis. Mortality due to tuberculosis has fallen by just over one-third since 1990. In 2009, the treatment success rate reached 87% worldwide, the third successive year when the target of 85% (first set by thee Health Assembly in 1991) has been exceeded. All of WHO's six regions are on track to achieve Target 6C in terms of tuberculosis incidence rates falling by 2015. However, multidrug-resistant tuberculosis continues to pose problems.

Globally, in 2010, an estimated 2.77 million people were newly infected with HIV, 15% fewer than the 3.1 million people newly infected in 2001. In 22 countries in sub-Saharan Africa, a similar rate of decline was observed during the past decade but this region still accounted for 70% of all the people who acquired HIV infection globally. There were an estimated 34 million people living with HIV at the end of 2010—an increase from previous years. As access to antiretroviral therapy in low-and middle-income countries improves (16 times more people were treated in 2010 than in 2003), the population living with HIV will continue to grow since fewer people are dying from AIDS-related causes.

The term "neglected tropical diseases" covers a group of 17 diseases that are endemic in 149 countries, affecting more than a billion people. With the exception of dengue and leishmaniasis, these diseases rarely cause outbreaks and the rise in the poorest, most marginalized communities, causing severe pain, permanent disability and death. WHO has reached a turning point in its efforts to overcome this disease; thanks to a coordinated and integrated approach, adopted since 2007, involving the simultaneous use of multiple safe and high-quality donated medicines. With fewer than 1,100 cases reported in 2011, dracunculiasis is on the verge of eradication without the use of any medication or vaccine.

Work on drinking-water and basic sanitation is covered by Target 7C: to halve, by 2015, the proportion of the population without sustainable access to safe drinking-water. The world has met the target with respect to drinking-water; in 2010, 89% of the population used an improved source of drinking-water compared to 76% in 1990. Progress has been impressive; nevertheless, disparities exist within WHO regions. Although coverage is above 90% in four of the six regions, it remains low in the African region and Eastern Mediterranean region. Based on the current rate of progress, these two regions will fall short of the 2015 target. With regard to basic sanitation, current rates of progress are too slow for the target to be met, both globally and within WHO regions (with the exception of the Western Pacific region). In 2010, 2500 million people lacked access to improved sanitation facilities, and 72% of them lived in rural areas. The number of people in urban areas without improved sanitation is increasing because of rapid growth in urban populations.

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Although nearly all countries publish an essential medicines list, the availability of medicines at public-health facilities is often limited. Surveys mainly in more than 70 low- and middle-income countries indicate that the average availability of selected generic medicines at the health facilities was only 42% in the public sector and 64% in the private sector. The availability of medicines for treatment of chronic non-communicable diseases is particularly poor when compared with the availability of medicines for acute illnesses. In a study of 40 countries, the mean availability of generic medicines in the public sector for chronic non-communicable diseases was 36% while in the same facilities, the availability of medicines for acute illnesses was 53.5%. Lack of medicines in the public sector forces patients to purchase medicines privately, with generic medicines in the private sector costing, on average, 61% more than their international reference price. Such low public-sector availability and high private-sector prices drive many families—particularly those with a member suffering from a chronic non-communicable disease—into catastrophic expenditure leading to poverty.

Global health goals after 2015

With just three years to go before the end of 2015, it is clear that much work remains to be done if the health-related Millennium Development Goals are to be achieved. At the same time, the world faces new challenges that need to be reflected in the way in which progress is measured after 2015. The views of Member States can help shape the debate on this subject.

Unfinished business. Reporting on achievements has improved but it will still be some time before achievement of the existing goals can be fully assessed. It is clear, nevertheless, that many countries—particularly the poorest—will need sustained efforts beyond 2015 to enable the original goals to be attained. Moreover, as gaps in income levels within and between countries persist or even widen, the focus on inequities and their consequences for health will also become sharper. One way to accelerate progress has been to focus on specific areas where achievements lag behind expectation. Examples include the United Nations Secretary-General's Global Strategy for Women's and Children's Health, the recommendations of the United Nations Commission on Information and Accountability for Women's and Children's Health, and the Political Declaration on HIV/AIDS, intensifying our efforts to eliminate HIV/AIDS. The Rio Political Declaration on Social Determinants of Health specifically addresses the issue of inequity.

New challenges to health. All countries face common challenges relating to the health of their populations, many of which go beyond the health sector: rapid, unplanned urbanization; ageing populations; competition for scarce natural resources; economic uncertainty; migration; and the impact of climate on the fundamental requirements for health—clean air, safe and sufficient drinking-water; a secure food supply; and adequate nutrition and shelter. Epidemiological and demographic transitions impose an increasingly complex burden of infectious diseases in tandem with non-communicable diseases, mental health disorders, injuries, and the consequences of violence. Thus, while much unfinished business remains, countries have to face the growing challenges of chronic conditions. In September 2011, the United Nations General Assembly at its High-level Meeting on Prevention and Control of Non-communicable Diseases adopted a political declaration calling for a multipronged campaign by governments, industry, and civil society to deal with the risk factors for major non-communicable diseases. Specific indicators and targets to measure progress are under development.

New approaches to development. Thinking about development has changed. The Millennium Development Goals involved, inter alia, through the series of United Nations thematic conferences in the 1990s when social goals were dominant. With the exception of Goal 8, they are primarily concerned with low-income countries. Many would now argue–in the face of challenges, such as climate change and the impact of food and financial crises–that the goals need to be recast in ways that recognize development as a process that affects all societies, with indicators that can be used in measuring overall global progress towards sustainable development.

Defining new goals: The debate on development goals after 2015 has already begun and has featured prominently in forthcoming global meetings, in particular the Rio+20 United Nations Conference on Sustainable Development held on 13–22 June 2012. Within the United Nations system, a Task Team, on which WHO is represented, prepared a report to the Secretary General on the post-2015 development agenda.

The Secretary is also expected to appoint a High-level Panel to consider this issue after the completion of the Rio+20 Conference.

In defining new goals, it will all be important to: identify measures of global progress towards sustainable development that go beyond the purely economic measures, such as gross domestic product; give emphasis to the challenges of increasing employment and social protection; and create stronger links between economic, social and environmental policy (the three pillars of sustainable development). A broader conception of development should favor and not diminish the role of health. Health should, therefore, be cast as an important contributor to social, economic and environmental development and, critically, as the benchmark for measuring the impact of policies in all areas.

Learning from success. The process of developing post-2015 goals that maintains a sense of focus while responding to new challenges will not be easy in the more complex political and institutional environment that exists today. In this regard, it is important to acknowledge the attributes of the current framework of the Millennium Development Goals that have contributed to the successes: a focus on a limited number of goals that resonate well with politicians and the general public, measurable indicators, and a defined timeline. Irrespective of the specific goals, similar attributes will be needed in the future if a new set of goals is to have the same degree of acceptance by a worldwide audience.

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The role of WHO. The setting of new health goals needs to be clearly linked with the process of WHO's reform. WHO must be equipped to face new challenges and to complete the unfinished tasks. The purpose of the WHO report to the 65th World Health Assembly was to stimulate discussion among Member States about how future goals for global health should be framed and measured. The expression of a common voice on the part of the health sector would exert a powerful influence on what would inevitably be a difficult and complex debate between parties in numerous sectors. At the same time, there needs to be congruence between the goals that Member States advocate for the world and the overall priorities for the Organization itself. In other words, the next set of health-related Millennium Development Goals should closely match the priorities to be defined in the next General Program of Work.