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Bangladesh's Unlikely Attainment of the 4th Millennium Development Goal

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An analysis of their strategies toward improving child and neonatal health and how they can be applied to future initiatives

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(3000 words)

Abstract:

This study centers on the 2015 "Millennium Development Goals," (MDGs) a historic United Nations initiative aimed at bridging many of the world's inequalities. Since its conclusion, the success of the project has been hotly debated, as progress at the international level was markedly uneven. In order to ensure the success of future initiatives, it is necessary to determine why these goals failed so decisively in some contexts but succeeded in others. Given the innumerable nations involved in the project, the scope of the essay was narrowed to focus on a single country and MDG goal. This study centers on the improbable attainment of the fourth development goal (pertaining to neonatal and newborn health) in Bangladesh, one of the world's poorest countries. Using official UN documents, seminal literature, and consultation with crucial UN actor Uzma Syed herself, this study demonstrates that Bangladesh's success was a result of efficient programming, data acquisition, and transnational, individual, and domestic cooperation. This allowed a small nation like Bangladesh to significantly reduce its under-five and infant mortality rates, illustrating that it is, in fact, possible to enact meaningful change in difficult circumstances. Following the conclusion of the initiative, the country has decided to maintain child survival as a government health priority, as inequalities between populations persist. According to former secretary general Ban Ki-Moon, a continued, strategic focus on under-fives is imperative, with a particular emphasis on the structural and social determinants of health. Looking, now, toward the Sustainable Development Goals (SDGs), Bangladesh's triumph can be used to build a framework for continued progress in the realms of child and neonatal health.

INTRODUCTION

One of the most significant proposals aimed at bridging the North-South divide was the 2015 UN Millennium Project, more commonly known as the Millennium Development Goals (MDGs). Initiated by then-Security General Kofi Annan in September 2000, the project proposed eight ambitious developmental priorities to be achieved, worldwide, by 2015: (1) the eradication of extreme poverty and hunger; (2) the establishment of universal primary education; (3) the promotion of gender equality and the empowerment of women; (4) the reduction of child mortality; (5) the improvement of maternal health; (6) the control and suppression of HIV/AIDS, malaria, and other diseases; (7) a commitment to environmental sustainability; and (8) the development of a worldwide partnership for aid and development. These time-bound targets held global significance, as they were agreed upon by many of the world's countries and developmental organizations (Ojcius and Wallander, 2010). But were they 'adequate' in bridging the North-South divide? The simple answer is yes, and no. The UN Millennium Development Project has gone down in history as the most successful anti-poverty movements ever created. The progress made was astounding but uneven; inequalities persist.

Years after the conclusion of the initiative, the success of the project continues to be debated in academic and humanitarian circles alike. Initially a skeptic, Microsoft Corporation founder and philanthropist Bill Gates expressed that the targets were "picked arbitrarily," but later acknowledged that "without them, the world would not have made such progress in reducing … child and infant mortality" (Gulland, 2013). MDG 4 was created to address this need, and stressed that mortality rates of children under five be reduced by two-thirds by 2015. In the years leading up to the deadline, this goal was one of the furthest from being realized (Motluk 2010) with just six countries on track to achieve it—Laos, Cambodia, Nepal, Egypt, China, and Bangladesh (Gulland, 2013). It is necessary to determine why this particular goal was attained in some countries but failed in others. Given the numerous nations involved, the scope of this study will be narrowed to focus solely on the improbable attainment of MDG 4 by Bangladesh. Given that it is the poorest of the nations listed above, Bangladesh's success is that much more extraordinary. Bangladeshi techniques and approaches aimed at improving neonatal health were particularly impressive given the initial lack of resources. Bangladesh's achievement of MDG 4

in spite of extreme poverty levels will be analyzed, highlighting the importance of the accountability and strategic cooperation of domestic governments, non-governmental organization (NGOs), and individual actors. Firstly, the methods of this study will be outlined, followed by an overview of existing literature, a presentation of the results, a brief discussion and contextualization of the findings, and lastly, conclusions and implications.

METHODS

In order to ensure the success of the Sustainable Development Goals (SDGs)—direct successor to the MDGs—it is crucial that the triumphs of the MDGs be thoroughly investigated; it would be impractical to forge ahead into the next initiative without adequate exploration of the successes of its predecessor. A focus on a single case study will allow for an in-depth analysis of the Bangladeshi context. Similarly, only MDG 4 will be explored, as opposed to all of the goals, because it was the goal Bangladesh was able to achieve thoroughly and completely, and in fairly short order. While it is beyond the purview of this work to compare Bangladesh's progress to that of all other high-performing, low-income countries and their respective circumstances, the aim is not to focus solely on Bangladesh, as the MDGs are geared toward a collective rather than individual good. Bangladesh will therefore act as a case study and will be positioned within the broader framework of the Millennium and Sustainable Development Projects as it pertains to child and neonatal health. In the paragraphs that follow, Bangladeshi techniques and approaches will be investigated so that they may be applied to future initiatives, most notably the SDGs.

Existing literature

Much of the existing literature addresses the performance of MDG 5—the goal aimed reducing maternal mortality by 75 percent and achieving universal access to reproductive health—as Bangladesh saw great success with this goal in addition to goal 4. Seminal articles that mention MDG 4 tend to take a quantitative, macro-level approach, giving little attention to the individual actors and bodies which made possible Bangladesh's success with MDG 4. For example, Chowdhury et al. takes a quantitative approach to goals four and five, charting the results of the project numerically to demonstrate the progress that had been made. Similarly, Akanda focuses

on Bangladeshi success across all of the MDGs one to eight, noting which were achieved, and which were not, through a number of quantitative indicators and indices. Minnery et al. mentions specific reforms and programs, but again takes a more quantitative approach in charting Bangladeshi progress. This study will work to address apparent gaps in the literature. While quantitative analyses are useful, a qualitative, micro-level approach will be taken instead, focusing on individual actors and initiatives that allowed Bangladesh to surpass the other LDCs in its attainment of MDG 4.

RESULTS

To begin, this study will discuss Bangladesh's economic position within the international arena. In today's world, around 60 per cent of the world's one billion extremely poor people live in just five countries: India, Nigeria, China, the Democratic Republic of the Congo, and Bangladesh ("The Millennium Development Goals Report 2015," 2015). As the most populous of Asian Least Developed Countries (LDCs), Bangladesh is home to many of the world's poorest people (Martín *et al*., 2016). A critical link has been drawn between a country's GDP and its child mortality rates, which serves to explain, at least partially, Bangladesh's high initial neonatal mortality rate of 151 per 1000 live births, of which two-thirds of all deaths were children younger than one year. Prior to the MDGs, little emphasis was placed on essential newborn care in Bangladesh, as it was only one of eight elements of reproductive health and was not among the indicators used to measure health sector performance (Shiffman and Sultana, 2013).

The creation of the MDGs was the first step toward placing neonatal care on health agendas worldwide, as it pressured nation-states to act and provided them with specific targets toward which to strive. Upon their introduction, the MDGs were immediately integrated into Bangladesh's long- and mid-term development plans and were placed at the forefront of government health policy. While it was customary for lower-income countries to designate child health a low priority, Bangladesh quickly became "an exception to this inattention" (Shiffman and Sultana, 2013, p. 623). By 2011, four years shy of the deadline, the country had made progress far ahead of that of the other LDCs and had already achieved the MDG 4 goal of a two-thirds neonatal mortality rate reduction (Martín *et al*., 2016). While "low income need not be an

impediment to saving children's lives," as stated in their culminating 2015 MDG report, Bangladesh's success was not achieved without the focused commitment of multiple actors (UN, 2015).

The range of organizations present in Bangladesh—from domestic, to international, to non-governmental, to governmental—played a vital role in the reduction of neonatal and child mortality rates. The United States Agency for International Development (USAID), The United Nations International Children's Emergency Fund (UNICEF), and the Gates foundation were just a few of the organizations that provided financial support, as well as program establishment and maintenance (Shiffman and Sultana, 2013). For example, the domestic NGO Bangladesh Rural Advancement Committee (BRAC) spearheaded a maternal, neonatal, and child health project that positively impacted eight million residents of urban slums, supported by $25 million in funding from the Gates Foundation. The United Kingdom, Australia, and the European Commission provided $71.5 million to fund three governmental programs pertaining to maternal, newborn, and child survival in fifteen of Bangladesh's sixty-four districts (Shiffman and Sultana, 2013). Saving Newborn Lives (SNL)—a program of Save the Children USA—had by far the most meaningful impact on Bangladesh's transformation. Soon after its creation, SNL sought to create a global alliance of organizations aimed at the promotion of newborn survival, and selected Bangladesh as one of its six focal countries. Company officials moved quickly to establish a presence in Bangladesh, providing the impetus for the first large-scale child health movement in the country.

The Power of the Individual

Transnational involvement alone was not enough to create change. On the individual level, a number of domestic "political entrepreneurs" captured the attention of the Bangladeshi state, including the leaders of several domestic medical associations and Dr. Uzma Syed, a Bangladeshi physician on the faculty of the University of Dhaka (Shiffman and Sultana, 2013). She took the lead on newborn survival and played a central role in launching and generating awareness around the issue. She conducted situational analysis to emphasize the lack of attention that had been given to child health, which she presented at a meeting in February 2001 attended

by many health sector officials. She later joined Save the Children (an SNL program) in April 2001, and would go on to become the director of the program in Bangladesh (Syed, 2017). At the same meeting, Indian physician Abhay Bang's findings related to the biomedical causes of neonatal mortality and the simplicity with which it could be controlled were highlighted ("World Prematurity Day," 2014), generating widespread media coverage. The highest-level political authority championing the MDG cause was Bangladesh's visionary Prime Minister Shiekh Hasina, renowned for her unwavering dedication not only to child health, but to women's education, the alleviation of poverty, and sustainable environmental reform (Alam, 2015). She received the South-South Award, 'Digital Health for Digital Development,' for her use of communication and information technology to advance the health of women and children ("Bangladesh Progress Report 2015," 2015). Individual actors like Syed, Bang, and Shiekh laid the foundation for progress in Bangladesh.

As director of SNL (Syed, 2017) Dr. Syed proceeded to "cultivate ownership for the issue among multiple organizations and individuals—especially those in the government (Shiffman and Sultana, 2013). The existence of SNL and Syed's persistence allowed for the creation of a 'policy community,' a network of organizations and individuals collaborating and sharing a keen interest in the issue. Elsewhere referred to as 'development circles,' these networks involve collaboration between foreign donors—private and public, bilateral and multilateral—and local non-state actors. The groups often experience a "disassociation from traditional loyalties," and a "new sense of identity as a member of the development circle first and foremost" (Stiles, 2002). The MDG 4 policy community linked the Bangladeshi government, SNL, UN agencies, a Bangladeshi research institution, and several medical associations with a commitment to neonatal health. Working together, they were able to identify several core causes of the slow rate of neonatal mortality reduction, including a lack of skills among community health workers, lack of nurse midwives, and low postnatal care coverage (Stiles, 2012). They also organized attention-generating 'focusing events' that served the dual purpose of making the issue visible to government officials and influencing policy. The importance of generating such interest and awareness around a pertinent issue like child mortality cannot be understated, especially in a country like Bangladesh, where it was historically considered a low health priority.

The policy community in Bangladesh continually assessed relevant data in order to track progress and therefore ensure accountability (Shiffman and Sultana, 2013). The necessity of such 'checks and balances' has been highlighted by Joy Phumaphi, co-chair of a UN group tasked with analyzing the connection between accountability and the MDGs. She points out that the "few countries that that were due to meet targets on both infant and maternal mortality had all introduced strong oversight and accountability mechanisms" (Gulland, 2013). Bangladesh's continued publication of credible data allowed policymakers to reach evidence-based consensuses on the interventions and policy alternatives needed to make progress. From this, it becomes clear that information, national oversight, and accountability are all critical components in achieving large-scale policy goals and ultimately accomplishing change.

Effective Programming

Programs pertaining to immunization, the control of diarrheal diseases, and the supplementation of Vitamin A have aided not only in the decline of child deaths in Bangladesh but have also contributed to economic and social growth. In the post-MDG era, the country has emerged as global leader in the development of low-cost interventions such as oral rehydration solution, the use of zinc to counteract childhood diarrhea, and tetanus vaccinations for pregnant women. These interventions have been introduced locally and then scaled-up ("Bangladesh Progress Report 2015," 2015). This combined with larger-scale initiatives like family-planning, and more targeted reforms such as increased human resources in underserved areas, have contributed considerably to overall progress (Minnery *et al*., 2015). As cost-effective and targeted initiatives, these programs were well-suited to the Bangladeshi context, and are indicative of the benefits of smart, effective programming.

As a result of efficient programming, data acquisition, and transnational, individual, and domestic cooperation, Bangladesh was able to bring its under-five mortality rate from 151 to just 41 deaths per 1000 live births, and the infant mortality rate from 94 to 32 deaths per 1000 live births ("Bangladesh Progress Report 2015," 2015). Bangladesh received international acclaim for its progress and was given a UN award for its attainment of MDG 4. Tellingly, in their terminal MDG report, Bangladeshi officials stated that their success could be attributed to a

combination of factors, including: “political will and commitment, sound strategies, adequate resources, effective and affordable treatments, and improved service delivery” (“Bangladesh Progress Report 2015,” 2015). However, challenges still remain. Bangladesh has pledged to keep child survival on the global development agenda, as major inequalities between populations still exist, and childhood injuries, particularly drowning, have become responsible for a quarter of the deaths among children one to four years of age (“Bangladesh Progress Report 2015,” 2015). The neonatal mortality rate is still high when compared to the global average of 19 deaths per 1000 live births, and low levels of skilled birth attendants persist (“Neonatal Mortality,” 2018). A continued push may be needed to maintain and continue the reduction of under-five and neonatal mortality (“Bangladesh Progress Report 2015,” 2015) and further research may need to be conducted to assess the sustainability of these progresses (Akanda 2015). But despite this, as the report states quite simply: “the achievement of Goal 4 by a significant number of […] very poor countries, shows that it can be done” (“Bangladesh Progress Report 2015,” 2015).

DISCUSSION

The Bangladeshi attainment of MDG 4 will now be positioned within the broader context of the UN Millennium Development Project and future developmental goals. In the culminating MDG report, UN Secretary General Ban Ki-Moon stated that while progress had been uneven and inequalities persisted, the UN Millennium Development Project was by far the most successful anti-poverty movement in history. With regard to MDG 4, the international child mortality rate was cut in half, declining from 90 to 43 deaths per 1000 live births, while the number of deaths of children under five had declined from 12.7 million to almost six million globally. Given that MDG 4 was not achieved on the global scale, Ki-Moon emphasized that continued, strategic focus on newborn and child health was imperative, and that structural and social determinants such as poverty, illiteracy, and female disempowerment should not be overlooked (“The Millennium Report 2015,” 2015). The direct successor of MDG 4 is now Sustainable Development Goal 3, which aims to “end preventable deaths of newborns and children under 5 years of age … reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births” (“Sustainable Development Goal 3,” 2017).

Looking now to the SDGs, Bangladesh's success should be used to create a framework to ensure future progress in the realms of neonatal and child health. Given that the socio-economic contexts of the LDCs vary widely, the inequalities *within* them being nearly as significant as the inequalities *between* them, adjustments will need to be made (Halder and Kabir, 2008). Bangladesh itself was a very specific case, given its complex health system with innumerable actors. But while specific plans must be developed for each country, there are some commonalities to success. In a comparative report co-authored by individuals from a number of non-profit organizations, including Dr. Syed, researchers found that overarching drivers of progress include elements such as "local ownership and involvement, [a] broad representation of all stakeholders in formulating national-level technical oversight of research and associated politics […] community involvement, locally-generated data, and site visits by policy makers in-country in order to effectively implement and maintain policy and program innovations (Rubayet *et al*., 2012). From this, it becomes clear that Bangladesh's success is not solely to its own benefit; there is much to be gained by the international community as well.

CONCLUSIONS AND IMPLICATIONS

As one of the world's poorest countries, with "widespread poverty, low levels of female literacy" and "more than two-thirds of births occurring without … skilled assistance," Bangladesh has demonstrated that it is possible to enact change in even the unlikeliest of circumstances (Rubayet *et al*., 2012). Progress required a combined effort and targeted attempts to bring the issue to the forefront of the national imagination. As demonstrated by the Bangladeshi context, an effective framework might feature the participation of determined political entrepreneurs, the persistence of an organized and accountable policy community, the ongoing publication of credible data, evidence-based consensuses on policy decisions, as well as the availability of funding from international and domestic donors. Most importantly, substantial progress requires global agreements such as the UN Millennium Development Project, which encourage accountability and push states to act.

Bearing in mind that MDG 4 was not globally attained, this analysis of Bangladesh's success is aimed at encouraging a dialogue and further research. Future analysis may address: (1) the societal transitions—economic, political, and social—that occurred in Bangladesh throughout the 1990s and early 2000s, which may have assisted or inhibited their developmental progress; and (2) Bangladeshi advancements not only in child health, but in decreasing poverty, supporting gender equality in primary and secondary education, combatting HIV and tuberculosis, among others. Bangladeshi strategies should be put toward the creation of a developmental framework applicable to other LDCs, which would ensure continued advances not only in the Sustainable Development Goals, but in future global health initiatives.

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