

Brief update on Bangladesh Multi-stakeholder Review - April 2014

A multi-stakeholder review of success factors contributing to country progress on the health of women and children in Bangladesh was conducted to identify key enabling factors contributing to the improvements observed over the past 40 years. The review process was led by the Ministry of Health and Family Welfare and coordinated and supported by the WHO country office with technical assistance provided by the Centre for Child and Adolescent Health (CCA) at icddr,b and BRAC Institute of Global Health (BIGH)

The multi-stakeholder review process encompassed the following activities:

1. **Expert review of a draft document by the MoHFW and development partners.** The document was developed based on in depth literature review and data analysis and expert review by WHO, UNICEF, Save the Children, UNFPA, JICA and USAID.
2. **Key Informant (KI) interviews held** prior to a multi-stakeholder workshop with key individuals from government, development partners and health professionals involved with maternal and child health programme implementation in Bangladesh.
3. **Multi-stakeholder workshop** held in Dhaka, Bangladesh on April 26th with participants from MNCH, reproductive health, nutrition, and policy and planning sectors.

The multi-stakeholder workshop held in Dhaka on the 26th April 2014 as part of the review was chaired by Dr. SAJ Md. Musa, Director, Primary Health Care and Line Director, MNC&AH, DGHS. The chief guest was Mr. Noor Hossain Talukder, Director General, Directorate General of Family Planning (DGFP). The workshop was jointly hosted by the Centre for Child and Adolescent Health (CCA), icddr,b, and the BRAC Institute of Global Health (BIGH) in collaboration with Director General of Health Services (DGHS) with support from PMNCH, WHO- HQ and was well represented with over 50 participants from Government and non-Government organizations.

Dr. Iqbal Anwar, Scientist from the Centre for Reproductive Health icddr,b presented the country context of maternal and child health and disseminated key findings from the key informant interviews. A plenary session was also held with the participation by the Planning wing, MoHFW, IMCI section of DGHS, representative from MNH programme, Director of Hospital of DGHS representatives from DGFP, National Institute of Population Research and Training (NIPORT) and non-government stakeholders from PMNCH, WHO country office, UNICEF, UNFPA, Save the Children, BRAC, icddr,b, and professional bodies including the Bangladesh Paediatric Association (BPA), the Obstetrical and Gynaecological Society of Bangladesh (OGSB), and renowned obstetrician and paediatricians' in Bangladesh.

The overall objectives of the workshop were to:

- Review and update maternal and child health coverage indicators.
- Identify and discuss “success” factors within and outside of the health sector that have led to the success in maternal and child health in Bangladesh.

Summary Findings

It was evident from the review that Bangladesh has made significant strides in reducing child and maternal mortality. However, there still remain challenges that need to be addressed and overcome.

- There has been a remarkable 40% decline in maternal mortality over the last decade, from 322 per 100,000 live births in 2001 to 194 in 2010 (BMMS 2010)
- The contraceptive prevalence rate increased from 40% in 1990 to 62% in 2011 (BDHS 2011)
- The fertility rate (TFR) more than halved between 1990 and 2011, from 5.1 to 2.3 births per woman (BDHS 2011)
- Under-five child mortality has declined from 151 per 1000 live births in 1990 to 53 per 1000 live births in 2011 (BDHS 2011).
- The infant mortality rate is 43 deaths per 1,000 live births and the child mortality rate is 11 deaths per 1,000 births (BDHS 2011).
- About 86% of children aged 12-24 months are fully vaccinated and 83% have received all vaccines by 12 months of age (BDHS 2011).

- Early initiation of breastfeeding in the 0-1 month age group has improved to 85% in 2011 (BDHS 2011)
- Exclusive breastfeeding of children under six months has also increased from 43% in 2007 to 64% in 2011.
- In 2011, 35% of children with symptoms of ARI received treatment from a health facility or provider, and of those 71% of children received antibiotic treatment (BDHS 2011).
- However, the slow progress to reduce neonatal deaths has resulted in high neonatal mortality estimated at 32 per 1000 live births, and which comprises 60% of all under-5 mortality (BDHS 2011).
- Infection related deaths have declined but drowning remains a significant cause of under-5 child mortality in Bangladesh (BDHS 2011).
- Births among adolescent mothers remain high - adolescents accounting for 33% of women giving birth.
- Skilled birth attendants (SBA) attended only 32% of deliveries in Bangladesh and 29% of deliveries have taken place in a health facility (BDHS 2011).
- Gains in reducing child and maternal mortality have been slow among the poor and the less educated.
- Poverty and high out-of-pocket costs remain a key challenge in Bangladesh
- Key factors identified within the health sector as contributing to the success include:
 - **Widespread health infrastructure** as a result of the Government's commitment to ensure accessibility to health facilities. The health facilities are well distributed in terms of coverage of the population.
 - **High level Political Commitment:** there is a strong mutual collaboration among GoB, Professional bodies, development partners and the NGO sector. This collaborative approach and friendly relationship has accelerated the progress towards achieving MDG 4 and 5. The government is also very receptive in adopting suggestions or recommendations from professional bodies and development partners
 - **National policies and programmes** that includes the National Maternal Health Strategy; National Neonatal Health Strategy and guidelines; National Population Policy, National Menstrual Regulation Act. Safe Motherhood Promotion Programme, MNCH, MNHI programme, Mamoni Programme, Maternal Health Voucher Scheme (Demand Side Financing) ,
 - **Expansion of the private sector:** Only one third of deliveries take place at a health facility and most are performed at private health facilities.
 - Expenditure on health increased from 7.6% in 2000 to 8.9% in 2011
- Contextual factors outside the health sector identified as key catalysts for reducing child and maternal mortality include:
 - Female education
 - Communication: road transportation, cell phone and media
 - Economic development
 - Microfinance, food for education
 - NGO interventions
 - Community solidarity mechanism

Next Steps

Recommendations have been made to arrange another discussion meeting with non-health sector stakeholders including representatives from the Ministry of Education, Finance, and Civil Society to garner further insight on success factors. The decisions and recommendations made during this workshop will be disseminated through a detailed report to all participants and stakeholders. It is expected that inputs from this workshop will be used for ongoing discussions in health reforms and reflected in the sector development programmes.

References

National Institute of Population Research and Training (NIPORT), Mitra and Associates, and ICF International. 2013. Bangladesh Demographic and Health Survey 2011. Dhaka, Bangladesh and Calverton, Maryland, USA: NIPORT, Mitra and Associates, and ICF International

National Institute of Population Research and Training (NIPORT), MEASURE Evaluation, and icddr,b. 2012. Bangladesh Maternal Mortality and Health Care Survey 2010. Dhaka, Bangladesh: NIPORT, MEASURE Evaluation, and icddr,b.