The Millennium Development Goals (MDGs) mandated by the United Nations (UN) in order to improve the quality of life globally in September 2000. Bangladesh as a member state of the United Nations has a commitment to achieve the MDGs within 2015 and accordingly a lot of activities have been implementing in the eight areas of MDGs. The national plan document, PRSP reflecting the MDG strategies.

The current trend of MDG at the national level indeed indicates progress as Bangladesh is well on track in achieving the MDG targets in the areas of hunger (Goal 1), net enrolment in primary education (Goal 2), gender parity in primary and secondary education (Goal 3), reducing child mortality and improving immunization coverage (Goal 4), adolescent fertility rate, contraceptive use (Goal 5), rolling back malaria and controlling tuberculosis (Goal 6), and improved drinking water supply (Goal 7).

Apart from these achievements, the areas in need of attention are poverty reduction and employment generation (Goal 1), increases in the primary school completion rate and adult literacy rate (Goal 2), creation of more wage employment for women (Goal 3), reduction of the maternal mortality ratio and increase in the presence of skilled health professionals at delivery (Goal 5), increase in correct and comprehensive knowledge of HIV/AIDS (Goal 6), increase in forest coverage (Goal 7), and coverage of Information and Communication Technology (Goal 8).

Bangladesh, having a densely populated country, has multifaceted population and health issues. The country has been experiencing the third stage population transition with a significant reduction of fertility and improving some health parameters. The adoption of population and health policies with a pragmatic implementation of health and population sectors program boosted the status of social indicators in particular health, family planning and population. The impact goes to achieve the Millennium Development Goals at the national level. Although some population and health issues remain in the sub-national level.

The MDG progress report shows that the incidence of poverty, using the upper poverty line, has been declining at an annual rate of 3.6 per cent in Bangladesh during 2000 to 2010. If this trend continues, the MDG target of 29 per cent would be achieved by 2015. There has been slow growth of the employment rate at the national level. In 2006, the adult employment rate was 58.5 percent. The declining trend of underweight children in urban areas was faster than that of rural areas, but is not fast enough to reach the 2015 target. The challenges under Goal 1 include the increasing income inequality and the low economic participation of women in the country.

The net enrolment rate in primary education is on track and the target will be achieved before 2015. The net enrolment ratio in 2007 was more than 91 percent, with dominance of girls’ enrolment. If this trend continues, complete coverage in primary enrolment will be achieved.
within 2010. There was slow progress in the completion rate of primary education, while the baseline rate was only 40 percent. The completion rate of primary education for boys was less than 49 percent in 2007. The completion rate varies disproportionately across the country. It was very poor in Rajshahi Division, with a higher dropout rate in the monga-prone areas and in the Padma-Jamuna-Brahmaputra basin. The 15+ year literacy rate, a proxy indicator of the youth literacy rate (15 -24 years), shows that 56 percent of the people were literate in 2007. The challenges under Goal-2 include attaining the targets of primary education completion rate and the adult literacy rate.

Bangladesh has already achieved gender parity in primary and secondary education at the national level. In 2007, girls’ representation was even more than that of the boys (52:48) at the primary level. Similarly, the girls-boys ratio at the secondary level in 2007 was 52:48. This positive development has occurred due to some public sector interventions focusing on girl students, such as stipends and exemption of tuition fees for girls in rural areas, the stipend scheme for girls at the secondary level, etc. Gender parity at the tertiary level is now also close to unity. In 2006, the male- female ratio was 62:38 in the tertiary level enrolment in the public universities, colleges under the National University and the technical universities/colleges. The estimated trend shows that male- female ratio will be 55:45 in 2015. Low female enrolment in science education has resulted in a high gender disparity at the tertiary level.

The number of Information and Communication Technology (ICT) users is low in the country, as only three internet connections were available per 1000 population in 2008.

**Progress of Population and Health Indicators**

The reduction of the under-five mortality rate was remarkable in Bangladesh since 1991. In 2007, the under-five mortality rate was 60, which in fact is a two-thirds reduction from the base year (1991). If this trend continues, the under-five mortality rate will reach a number even below the target within another couple of years. A similar trend was found in the case of the infant mortality rate (IMR). District level data show that 24 districts in the western region have already achieved the national target with an under-five mortality rate of 47 or less. Similarly, 20 districts have already achieved the national target, having an IMR of 31 or less per 100,000 live births. High immunization coverage is one of the factors responsible for the improvement in the reduction of child mortality in the country. There are some lagging districts concerning child mortality, which need special interventions to reach the target uniformly by 2015. Under the Health, Nutrition and Population Sector Program (HNPSP), there are comprehensive interventions for reducing child mortality in the country.

Most of the indicators for achieving the targets under Goal 5 are not on track. The maternal mortality data from the Sample Vital Registration System (SVRS) of 2007 shows that there was a remarkable decline in the maternal mortality ratio (MMR) from 574 in 1990 to 250 in 2011. The MMR in Bangladesh is still one of the highest in South Asia. The presence of low-skilled professionals at the time of delivery still continues, along with low institutional delivery. Adolescent fertility has been also declined significantly. Some other challenges in maternal health are low antenatal care received (4+ visits), adolescent fertility and the overall traditional
mindset about childbirth. Poor maternal health condition requires significant attention immediately to achieve Goal 5, i.e. to improve maternal health. HNPSP implements comprehensive programs to improve the health condition of mothers including adolescent girls in order to ensure universal access to reproductive health by 2015.

Bangladesh has performed well in halting communicable diseases (HIV/AIDS, malaria and tuberculosis), which are under Goal 6. HIV/AIDS data show that the prevalence rate of HIV infections among adults is now 0.32 per 100,000 population and it is estimated that it will be 1.3 per 100,000 population by 2015. The low condom use rate and poor comprehensive knowledge of HIV/AIDS among youths (16 percent in 2006) increase the risk factors for contracting HIV/AIDS.

The challenges and way ahead in population and health related goals

Although the country will achieve the goal four as a whole but there are some pocket where there needs to pay attention in order to transmit the benefit of reduction of child mortality uniformly in the country. Taking up holistic action plans in the concerned regions would facilitate a reduction in the mortality rate in the time remaining in order to achieve the target. Other challenges in child mortality include neonatal health and injury-related deaths (drowning in particular among ages one to four) as an increasingly significant cause of child deaths.

The maternal mortality ration has almost remained stalled over the last decade in Bangladesh. Rapidly increasing the proportion of skilled births attendants (SBA) in dealing with delivery cases can improve the maternal health situation. However, the number of SBAs is still very inadequate in conducting delivery cases, so in order to meet the MDG target, there needs to be a substantial increase in the number of trained health personnel for ensuring safe deliveries.

The reduction of adolescent fertility can be accelerated by providing greater access to higher education for adolescent girls. Advocacy and awareness raising campaigns on safe motherhood and reproductive health behavior are also needed. Use of contraceptive and adolescent fertility rate among the different regions varies significantly. It is high in the remote areas like southern and northern areas that may retard the overall achievement of MDGs.

Embedding holistic and compatible action plans in the population and health areas in the concerned regions would foster accelerated social development that might be narrowed down the regional disparities in reaching the sub-national level MDG targets to be achieved by 2015.