

# Millennium Development Goals (MDGs): A Review of Bangladesh's Achievements

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*[Abstract: The Millennium Development Goals, set forth in the UN Millennium Declaration 2000, are a set of quantified and time-bound goals to reduce extreme poverty, disease, and deprivation of the world's poorest people. This paper highlights these goals and assesses Bangladesh's achievements in the first five years after the adoption of the Declaration and its prospects to reach the goals by the 2015 deadline. While Bangladesh seems to be on track to achieve some of the MDGs such as universal primary education and gender parity, the prospects in other areas appear doubtful. International cooperation in the form of greater aid flows and trade liberalization by richer nations to allow greater market access for the country's exports will be needed to accelerate the country's economic growth, which is crucial to the attainment of the MDGs.]*

## I. Introduction

In September 2000, 189 countries attending the UN Millennium Summit, signed the UN Millennium Declaration, a manifesto to eradicate extreme poverty, hunger and disease among the one billion people in the world who subsist on barely anything (UN, 2000). The project set a deadline of 2015 to achieve eight goals, called Millennium Development Goals (MDGs). Table 1 lists these eight goals and eighteen targets that are bold commitments to uplift the world's poorest people.

**Table 1: Millennium Development Goals**

<b>1. Eradicate extreme poverty and hunger</b>	Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day Halve, between 1990 and 2015, the proportion of people who suffer from hunger
<b>2. Achieve universal primary education</b>	Ensure that by 2015 children everywhere, boys and girls alike, will be able to complete a full course of primary schooling
<b>3. Promote gender equality and empower women</b>	Eliminate gender disparity in primary and secondary education, preferably by 2005, and to all levels of education no later than 2015
<b>4. Reduce child mortality</b>	Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate
<b>5. Improve maternal health</b>	Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio
<b>6. Combat HIV/AIDS, malaria and other diseases</b>	Have halted by 2015 and begun to reverse the spread of HIV/AIDS Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases
<b>7. Ensure environmental sustainability</b>	Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources Halve by 2015 the proportion of people without sustainable access to safe drinking water and basic sanitation By 2020 to have achieved a significant improvement in

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<p><b>8. Develop a global partnership for development</b></p>	<p>lives of at least 100 million slum dwellers</p> <hr/> <p>Develop further an open, rule-based, predictable, non-discriminatory trading and financial system. Includes a commitment to good governance, development, and poverty reduction – both nationally and internationally</p> <hr/> <p>Address the special needs of the least developed countries. This includes: tariff- and quota-free access for least developed countries' exports; an enhanced program of debt relief for HIPC and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction</p> <hr/> <p>Address the special needs of landlocked countries and small island developing states (through the Program of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)</p> <hr/> <p>Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term</p> <hr/> <p>In cooperation with developing countries, develop and implement strategies for decent and productive work for youth</p> <hr/> <p>In cooperation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries</p> <hr/> <p>In cooperation with the private sector, make available the benefits of new technologies, especially information and communications</p>
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The first seven goals are to be pursued by the developing countries for sharp cuts in poverty, disease, and environmental degradation, while the eighth goal is essentially a commitment of global partnership, a compact of rich and poor countries, to work together to achieve the first seven goals. It calls for actions by developing countries to adopt sound economic policies and further develop an open trading and financial system, including commitments to good governance, development and poverty reduction. It also calls upon the developed countries to extend necessary assistance to developing countries for achieving these goals.

The MDGs are a set of numerical and time-bound targets to be achieved by 2015, taking 1990 as the base year. For example, the targets are to reduce the proportion of extremely poor people to half by 2015, and also hunger by the same proportion; achieve universal primary education and gender equality; reduce child mortality by two-thirds and maternal mortality by three quarters; reverse the spread of HIV/AIDS and other communicable diseases; and halve the proportion of people without access to safe water.

Five years after the project was launched, that is to say, a full third of the way into the 2015 deadline, it is worthwhile to assess the achievements made by Bangladesh to reach the goals. In fact, the achievement of the social goals under the MDGs is now at the centre of public policy in Bangladesh as in most other developing countries. In

section II, each of the eight different goals is discussed separately. It will be seen that while Bangladesh has achieved considerable success in certain areas like expansion of health and education facilities, and income earning opportunities for women, sustained efforts will be needed to consolidate these gains and achieve MDGs in these and other areas by 2015. Some concluding observations appear in the third and final section.

## **II. The Millennium Development Goals (MDGs)**

### **2.1. MDG 1: Eradicating Poverty and Hunger**

Bangladesh has made reasonably good progress in its effort at reducing poverty. The decline in poverty was more rapid in the 1990s than during earlier decades. Poverty reduction in the first half of the current decade was also somewhat faster than in the 1990s. During the 9 years between 1991-92 and 2000, the poverty head-count ratio in Bangladesh fell by 9 percent - an annual rate of decline of one percentage point. Between 1999 and 2004, the poverty head-count ratio fell by 5.3 percent (from 46.2% to 40.9%), depicting an annual rate of decline of 1.06 percent (BBS, 2004).

However, the progress made in poverty reduction so far is not sufficient to achieve the objective of halving poverty by 2015. In 1990, poverty ratio in the country was 50%. The MDG target for Bangladesh is to bring it down to 25% in 2015. This requires poverty to decline at the annual rate of 1.41% from now up to 2015, whereas in the most recent five years poverty has fallen at the rate of just 1.06%. This ratio is, of course, better than in Pakistan, where poverty was largely stagnant during the last decade, but falls short of poverty reduction in India, where the poverty head-count ratio fell at an annual rate of 1.7 percent between 1993-94 and 1999-2000.

In any case, Bangladesh is definitely not on track to achieve the first MDG within target. While some success has been achieved, there are wide variations in the pace of poverty reduction across various regions of the country. In some regions, there was a large decline in poverty, whereas in quite a few others poverty actually rose (although not by very much). According to one report, at the current rate of poverty reduction Bangladesh will require some 135 years to eliminate poverty in rural areas and 43 years to achieve the major MDG targets. Similarly, Bangladesh may also seriously miss the target of halving the proportion of people that suffer from hunger.

However, there is no reason to be outrageously pessimistic about the country's ability to reduce poverty further. The reduction of poverty in the most recent times has been possible mainly because of a steady rate of economic growth. During the last decade, the economy grew consistently at around 5 percent a year. The growth rate reached a peak of 6.3% in 2002-03. For a sustained reduction of poverty, there is in fact no alternative to growth, which, therefore, is currently the government's top priority.

Besides the general objective of achieving higher economic growth, the Government have adopted several intervention measures to reduce poverty, some of which go back to the 1970s (World Bank, 2005). These include, among others, Food-for-Work (FFW), Test Relief (TR), Food-for-Education (FFE), Gratuitous Relief (GR), Vulnerable Group Development (VGD), and Vulnerable Group Feeding (VGF) programmes. Alongside government interventions, many NGOs, such as the Grameen Bank, Bangladesh Rural Advancement Committee (BRAC), and PROSHIKA, have

played an important role in establishing micro-credit, skill development, and employment generation programmes in the country. Nearly 80% of the villages in Bangladesh are covered by NGO programmes or projects (World Bank, 2005). If the country can achieve and maintain strong economic growth and continued expansion of male and female schooling, and prevent income inequality from rising, the attainment of the poverty MDG appears plausible in Bangladesh. The recently finalized Poverty Reduction Strategy Paper (PRSP) has a pro-poor orientation and focuses on accelerated growth in rural areas, development of agriculture and non-farm economic activities, small and medium enterprises (SMEs), rural electrification, roads, water supply and sanitation, supportive infrastructure, including measures to reduce natural, and human-induced shocks – all of which will significantly contribute to reducing poverty.

## **2.2. MDG 2: Achieving Universal Primary Education**

One of the main education-related MDGs is universal primary school enrollment. The goal is to ensure that the net primary enrollment rate rises to 100% by 2015, and that all the pupils entering grade 1 are retained until grade 5. Education is the prime mover of economic development and hence this sector has usually received topmost priority in the government's expenditure programmes.

In order to ensure universal primary education, the Parliament enacted the Primary Education (Compulsory) Act 1990, and the compulsory primary education programme was started in 1993. This programme will continue as long as it is necessary to achieve the education-related MDG. Also, in order to ensure “education for all”, the government has introduced a programme called “Reaching Out-of-School Children”, to be implemented between July 2004 and June 2010.

**Enrollment rates:** During the last two decades, Bangladesh has made good progress in schooling. The gross primary enrollment rate increased from 61 percent in 1980 to 72 percent by 1990, and to 96 percent by 2000. The net primary enrollment is, however, much lower — in 2000, it was only, 65.4 percent. Gross enrollment rates tend to be higher than net rates because of the late entry of children (i.e., beyond age 6) into primary school and the resulting enrollment of overage children (i.e., those above age 10) at the primary level. The MDG target is to raise the net enrolment rate to 100 percent by 2015.

**Primary Completion:** Apart from universal primary enrollment, retention of students in schools until grade 5 is another education-related MDG. School completion is an indicator — although imperfect – of the quality of school. A child is considered to have completed primary school if he/she has completed class 5. According to HIES data, the primary completion rate was 66.3 percent in 2000, which means that the primary school dropout rate was about 34 percent in that year. This compares quite favourably with India, where a primary completion rate of 61.4 percent (dropout rate 38.6 percent) was reported for approximately the same year (1999-2000) (World Bank, 2005). The objective for Bangladesh is to reduce the dropout rate from 34 percent in 2000 to zero in 2015.

There are large variations in both net primary enrollment rate and primary completion rate across regions. For instance, net primary enrollment rates in the rural areas of

some districts such as Faridpur, Tangail and Jamalpur are only 48 percent, whereas the rural areas of Khulna, Jessore and Kushtia have net primary enrolment rates of 74 percent. Variations in primary completion rate are also significant. Urban areas outside the Standard Metropolitan Area of Dhaka City have the highest primary completion rate (84 percent), while the lowest rate (52 percent) is observed in the rural areas of Noakhali and Chittagong.

It is also useful to have an idea about the absolute population of out-of-school children since this group would need to be targeted by schooling intervention. Survey data show that 4.7 million children out of a total population of 18.8 million in that age group do not attend school in the country. Nationally, three regions (out of a total of 14) account for nearly one-half, and six regions account for three quarters of all out-of-school children. Targeting schooling interventions to these regions would reduce the out-of-school child population considerably.

Several income assistance programmes, one of which directly links its benefits to the school attendance of primary school-aged children (viz., Food-for-Education programme), have been in operation in the country for a number of years. Some of the programmes such as FFE, VGD and VGF, have reportedly helped increase net primary enrollment rates, but there is no such evidence with respect to the primary completion rate (World Bank, 2005).

What is, however, more important than increasing school enrolment or decreasing dropouts is to improve the quality of education. It is in this regard that Bangladesh is at a distinct disadvantage. Poor governance is pervasive in the country's education sector. School management committee is rife with politics. Teacher recruitment is often subject to political influence. Teacher absenteeism is rampant, with teachers placing much greater emphasis on private tutoring than teaching at schools. Scandals over textbook production, procurement and distribution are widely reported (World Bank, 2005). Corruption in procurement has also resulted in poor quality of school construction. These types of governance problems contribute to the poor quality of education in Bangladesh.

NGOs in Bangladesh play an important role in promoting basic formal and non-formal primary education in the country. The largest single non-government primary education programme is the BRAC Non-formal Primary Education Programme, which caters to older children who never attended school and takes them from grade 1 to 3. This programme has more than 30,000 schools with about a million pupils.

There is a great deal of scope for raising both the net primary enrollment rate and the primary completion rate in Bangladesh with a package of interventions that include economic growth, expansion of adult male and female schooling, improved roads and transport, and greater coverage by government programmes, such as the Primary Education Stipends Programme. However, achievements in these rates are still likely to fall short of the levels called for by the education MDG.

### **2.3. MDG 3: Achieving Gender Equality and Empowerment of Women**

Gender equality and women empowerment are a core MDG. It is a development objective in its own right, and its achievement is essential for attaining the goal of poverty reduction.

The global target of education-related MDG is to eliminate gender disparity in primary and secondary education by 2005 and in all levels of education by 2015. Bangladesh has made tremendous progress in achieving the first target of removing gender disparity in schooling. The female-male ratio of students in primary schools has steadily increased from about 45:55 in 1990 to 50:50 in 2002. At the secondary level, more girls are now enrolled than boys, thanks to the female secondary stipend programme. Female-male ratio in secondary schools was 53:47 in 2000 (GOB, 2005). The goal of eliminating gender disparity in primary and secondary education can thus be said to have been already achieved.

Considerable gender disparity, however, remains in tertiary education. The current female-male ratio of 20-24 year old literates is 55:71. The MDG target is to raise it to 100:100 by 2015. The recent growth in Universities and institutes of higher learning in the country has brightened the prospect of achieving the targeted gender parity in tertiary education by 2015.

Significant gender inequality is visible in other areas, too. Thus, the presence of women is negligible in the Parliament, in the judiciary and in the top administrative jobs of the country. There are also disparities in employment opportunities and wages. Female wage is 70 percent of male wage in the agriculture sector and 42 percent in non-agricultural sectors. The proportion of women in wage employment in the non-agricultural sectors is also very low – only 22 percent of the total.

Government policy is to remove gender gaps from the country's social and economic life and bring about greater women empowerment (GOB, 2005). To that end, different programmes have been adopted at government and non-government levels. The programmes include:

- Improvement of food security among poor women
- Establishment of Women's Training Academy
- Day Care Programmes for children of working women
- Building hostels for working women
- Women's agricultural training institute; women's handicraft and agriculture training centre; safe housing project for women and adolescent female
- Day Care Centre for children of working women in district towns, and safe housing and vocational training centres for destitute female children
- Advocacy to end gender-based violence through the Ministry of Women and Children Affairs.

While the country has made considerable progress in bringing about greater women's empowerment and reducing gender gaps, there are still several areas of concern, which need to be addressed for making further progress towards gender equality.

First, violence against women, which has escalated in recent years, is the most crucial barrier to women's advancement in the country. Its elimination needs to be taken up on a priority basis. The Bangladesh National Strategy for Economic Growth and Poverty Reduction recommended several actions to address this concern (GOB, 2005). These include steps to (i) ensure fast track trial procedures for victims of violence against women, (ii) provide security for witnesses, (iii) allocate sufficient funds, and human and other resources for restoration of security for women, (iv) introduce effective one-stop help centres for victims of violence with sufficient human resources and funds, and (v) provide special transportation system for women workers in garment factories who work at night shifts.

Secondly, while the gender gap is closing in Bangladesh for most social indicators, the overall level of empowerment measured in terms of literacy, work force participation, property rights, and credit access leaves much to be desired. A related institutional issue is to increase the political voice of women, especially poor women, which will contribute to faster progress in the well-being of children and women. Major actions required in this respect are: an increase in the reserved seats for women in the parliament; actions to make women's participation in local government and parliament meaningful; requiring all parliamentary standing committees to hold public meetings on women's issues; appointing women MPs as chairpersons of various parliamentary standing committees; allowing local women leaders to undertake responsible positions in decision making; and ensuring that the local governments consult with local women's organizations and women leaders in making decisions on important issues.

#### **2.4 MDG 4: Reducing Child Mortality**

Child mortality not only represents an enormous waste of human resources, it is also a major cause of suffering in the population. The MDG for Bangladesh is to reduce the under-five mortality rate from about 94 per thousand live births in 1990 to 32 by 2015.

Bangladesh has made significant progress in reducing the child mortality rate although it is far below the related MDG target. The child mortality per thousand live births came down from 94 in 1990 to 56 in 2005. As expected, the decline in child mortality has been faster in urban than in rural areas (GOB, 2005).

One of the factors explaining the rapid decline in infant mortality in Bangladesh has been a very successful family planning programme. The other is the tremendous progress in expanding child immunization coverage over the past two decades. Indeed, Bangladesh experience shows that it is possible to bring about fertility and mortality decline in poor countries even in the absence of strong economic growth and improved socio-economic conditions (UNDP, 2005).

Poor governance in the overall public health sector is, however, a big problem in Bangladesh. There is widespread absenteeism of doctors and paramedics at government health centres; most government health facilities are in a state of disrepair; and the availability of drugs and medical supplies is very limited. In contrast, the NGOs in Bangladesh have played a prominent role in the delivery of quality health services.

Child malnutrition is an important contributing factor to infant and child mortality. In Bangladesh, child malnutrition rates are very high. Recent surveys indicate that nearly one-half of children below the age of 5 or 6 years are moderately underweight or stunted, and 10-18% of children are severely underweight or stunted.

However, Bangladesh has made impressive progress in reducing child underweight rates during the last 15 years. The Government has had several nutritional intervention programmes going back to the 1970s. These include among others, FFW, TR, FFE, GR and VGD.

Yet, Bangladesh is still quite far from achieving the child mortality-related MDG and will need to strive very hard to achieve that goal. However, with the right type of interventions for achieving strong economic growth, expansion of female schooling, family planning programs that motivate women to delay child bearing, expanded child immunization coverage, and prevention of child malnutrition, the child mortality-related MDG should not be very difficult to achieve.

## **2.5 MDG 5: Improving Maternal Health**

Improving maternal health is an important MDG. In 1990, maternal mortality rate (MMR) in Bangladesh was 570 per 100,000 live births (Chowdhury, 2006). The MDG objective for Bangladesh is to reduce it by 75 percent, i.e., to 143 by 2015. However, the progress made in reducing MMR, even though significant, is not sufficient to bring it down to the target level in 2015. MMR came down from 570 in 1990 to 450 in 1995 and then to 320 in 2005 (Chowdhury, 2006). A lot more will therefore be needed to achieve the MDG target. The government, however, appears very optimistic as the PRSP prepared recently by the Government aims to bring the MMR down to 147 by 2015.

Reproductive health care continues to remain a major weakness of the health care system in Bangladesh. Moreover, significant socio-economic differentials persist in maternal health care. According to the Bangladesh Maternal Mortality Survey 2001, 69 percent of the households belonging to the lowest wealth quintile do not avail any antenatal care compared with 22 percent in the richest quintile.

Maternal malnutrition, as proxied by body mass index (BMI) less than the critical value of 18.5, turns out to be very high in Bangladesh. On the basis of this criterion, HDS estimates the proportion of malnourished mothers at 45 percent in 1999/00, showing some improvement over 52 percent estimated for 1996/97. During this period, the rural-urban gap in maternal malnutrition, as measured by BMI, has increased from 50 to 63 percent.

The high rate of malnourished mothers in the poor households has adverse implications for poverty reduction. A high priority, therefore, needs to be given to reducing maternal malnutrition in the country, with special emphasis given to mothers from the poor households due to existing high degree of inequality in maternal nutrition.

In short, Bangladesh needs to make radical efforts to bring down the maternal mortality rate to the target level in 2015. This will call for the implementation of a sector-wide approach to health care with special focus on the improvement of



reproductive health, especially for the poor and the most vulnerable. A significant reduction in maternal mortality would require a comprehensive intervention package involving improvement in maternal nutrition and antenatal care, expansion of institutional delivery, increased supply of skilled birth attendants, dissemination of health education, development of local level capability for providing emergency obstetric care, and sustaining further reduction in the fertility rate.

## **2.6. MDG 6: Combating HIV/AIDS, Malaria and other Diseases**

Health is a fundamental right of the people, recognized in the constitution. The Government of Bangladesh therefore considers health as a high priority sector. It is also committed to achieving the MDG of combating HIV/AIDS and other killer diseases.

The morbidity rate is relatively high in Bangladesh. According to the Health and Demographic Survey (HDS) of 2000 conducted by the BBS, 188 persons per thousand are diseased in Bangladesh. The morbidity rate is higher among females than the males and among the poor than the non-poor. Besides, the poor may be affected by many other diseases that are not covered by the current essential service package (ESP). However, in the last few decades, the incidence of diseases like diarrhoea, malaria, tuberculosis, anaemia, elephantiasis, goitre, black fever, whooping cough, polio and diphtheria has come down. On the other hand, some non-communicable diseases such as, cardiovascular disease, diabetes, mental illness, and cancer have increased. Also, dengue fever and arsenic contamination have created a serious public health problem.

HIV/AIDS is classified as the deadliest epidemic of our time. However, up to now, Bangladesh is fortunate to be a low-prevalent country. In the total population of 137 million, the reported cases of HIV/AIDS is very low (363 reported cases as of December 2003). However, according to WHO/UNAIDS report, an estimated 2500-15000 HIV-infected people were there in Bangladesh at the end of 2003. The prevention of the spread of HIV/AIDS has thus become a great challenge for Bangladesh.

A package of essential health service interventions catered to the needs of the poor would have a strong poverty-reducing effect, as the improvements in health would translate into higher quality of children, lower income erosion due to health shocks, higher productivity, and higher economic growth. For this reason, implementation and access of current ESP need to be ensured with special focus on the health needs of the poorest and the most vulnerable, both in rural and urban areas. Even though the priority focus is currently on communicable diseases, non-communicable diseases (NCDs) are also of great significance. Many of these NCDs mentioned above can be effectively addressed by relatively low-cost interventions, especially using preventive actions relating to diet, smoking, and lifestyle. The coverage of current ESP, therefore, needs to be broadened to include some of the key NCDs as well.

It should be noted, however, that the attainment of the health-MDG has considerable resource implications. According to the estimate by the WHO Commission on Macroeconomics and Health (CMH) 2001, the set of essential interventions costs, on average, \$34 per person per year, which is much higher than the current level of

public spending of around \$5 recorded for Bangladesh (CMH, 2001). The huge resource gap in financing the health needs of the poor cannot be met without mobilizing additional resources from external sources. The plea for higher resource allocation for the health sector should, therefore, accompany strong commitments by the richer nations to extend generous aid to the poor countries. NGOs may also emerge as an important actor in this regard by delivering high-quality health care services, especially at primary and secondary levels.

## **2.7. MDG 7: Environmental Sustainability**

Environment-related problems in Bangladesh are getting more acute day by day, mainly because of various natural disasters, including droughts and floods. The more visible environmental problems are mostly associated with regenerative resources, which are in danger of exhaustion from excessive use. These include not only animal, bird, plant and fish populations, but also land, water and air. As little as 6 percent of the country's land area is covered by forests. Reckless application of chemical inputs in agriculture, unplanned use of land, reduction in forest areas because of extensive agriculture and housing construction, and disposal of industrial wastes are destroying the effective quality of land resources. Unplanned land use and intrusion of saline water are leading to the erosion of soil in the coastal areas. Surface water is being continuously polluted by disposal of untreated industrial effluents and wastewater of municipal areas, use of chemical fertilizers and insecticides, leakage of oil from sea and river transports, as well as seeping oil from ship-breaking activities in river ports and coastal areas.

Bangladesh has 57 rivers, which flow from across the country's international borders. Fifty-four of these rivers originate in India and three in Myanmar. Lifting of water for irrigation or other uses upstream in the other side of the border has reduced the flow of water in Bangladesh. India's Farakka barrage is a case in point, which has created drought conditions in wide areas of Bangladesh. Besides, the proposed river-linking project by India, if implemented, will seriously reduce the annual water flow, causing immense harm to the country's economy, society, and the environment.

Among the many man-made environmental problems around the world, air pollution is perhaps the most serious. The source of air pollution in Bangladesh is mainly the emission of smoke from motorized vehicles and industrial plants. Air pollution is also caused by the burning of coal and wood by brick kilns, which emits sulphur dioxide.

Development activities in various sectors are destroying land, forestry, marine habitat, and bio-diversity. Shrimp cultivation in the past decade has created new problems in the fisheries sector. Global warming may lead to a rise in temperature and humidity in Bangladesh. Climate change may lead to swelling of water in the Bay of Bengal, as a result of which 10 to 20 percent of the country's landscape, including the Sunderbans, may be permanently submerged under water, and salinity may penetrate into the rivers.

Bangladesh has limited capabilities, technology or resources to face any large environmental disaster. However, even though the UN Millennium Declaration does not explicitly specify any goal, the Government of Bangladesh has adopted several measures to improve and protect the environment. These relate to the formulation of a

land use policy, a national water management plan, policies for controlling air, water and noise pollution, and an integrated coastal zone management plan. Bangladesh is also a signatory to the Rio Convention on Bio-diversity (1992), and the Kyoto Protocol that came into effect from 17 February 2005. It has also enacted legislations, such as Environmental Protection Act, 1995, Wild Life Protection (Amendment) Act 1974, and Environmental Court Act 2000.

Halving the proportion of the population without sustainable access to safe drinking water and sanitation is an important environment-related MDG. In Bangladesh, the proportion of the population without sustainable access to improved sanitation in 1990 was 77 percent. The MDG target is to bring it down to 38.5 percent by 2015. Sanitation coverage in the country in recent years has increased at an annual rate of about 2 percent, rising from 23 percent in 1990 to 48 percent in 2002. At the present rate of increase, therefore, the MDG target may be reached sooner than the 2015 deadline, perhaps by 2008.

The proportion of the population without access to safe drinking water in Bangladesh was 29 percent in 1990. The MDG target is to bring it down to 14.5 percent by 2015. In other words, the target is to raise the coverage of safe drinking water from 71 percent in 1990 to 85.5 percent in 2015.

The Government of Bangladesh, however, wants to increase the coverage of safe water to 100 percent in urban areas and to 96.5 percent in rural areas by 2015. As of now (2005), about 75 percent of the people in Bangladesh have access to safe drinking water, but the achievement is less than in other South Asian countries. What is most worrisome is that more than 30 million people, or more than a fifth of the country's total population, are to drink highly arsenic-contaminated water. Also, there is a shortage in the supply of safe water in coastal areas. Given the huge amount of resources needed to overcome this problem, it is difficult to see how Bangladesh will meet the water-related MDG by 2015.

There is now the need for developing the water bodies and reducing wastages of water to meet the goal of safe water and sanitation. The government have, of course, taken significant initiatives to achieve the target for total sanitation and water supply. These include social mobilization campaign, allocation of 20% of the Ministry's budget to sanitation, nationwide baseline sanitation survey, and a sanitation strategy. It has also developed the National Policy for Arsenic Mitigation and Implementation Plan for Arsenic Mitigation in Bangladesh. These initiatives and policies are in the right direction, and hopefully there will be no lack of commitment on the part of the government to implement these policies.

## **2.8. MDG 8: Developing a Global Partnership for Development**

Developing countries are very keen to achieve the self-imposed MDGs, and to that end, they have adopted poverty reduction strategies (PRS), whether on their own initiative or dictated by the donor community. These strategies include policy reforms, institutional strengthening, and measures to raise investments. At the centre of these strategies is economic growth, which has a direct effect on poverty and is thus essential for achieving the millennium development goals.

For most of these countries, however, their efforts, for example, toward a major expansion of education and healthcare services and development of infrastructure are constrained by a paucity of resources. While the non-economic constraints to economic growth, viz., poor governance, corruption, and law and order uncertainties, should be resolved by their own effort and initiative, the resource constraint can be met only by significant inflows of external resources on the one hand, and improved market access for their exports to developed country markets on the other. It is in this respect that the eighth MDG is so important. The UN Millennium Project requires that while the developing countries will keep their own houses in order by appropriate domestic reforms to improve governance at all levels – economic, political, and institutional – the rich nations will be required to extend generous economic aid and open up their markets, which will enable developing countries raise their economic growth and reduce poverty.

As for aid, the Pearson Commission recommended in 1969 that the developed countries contribute 0.7 percent of their GNP as official development assistance (ODA) to developing countries. This was endorsed by a special UN General Assembly resolution in 1974, which was reiterated in every international conference held since then and accepted by the developed countries. The 0.7 percent commitment was reiterated at the Rio Summit on Sustainable Development in 1992, which adopted the Agenda 21. A decade later, at Monterrey, Mexico, the Monterrey Consensus was adopted by the United States and other participating countries, urging “all developed countries that have not done so to make concrete efforts toward the goal of 0.7 percent of gross national product as official development assistance”. Then, a few months after Monterrey, the rich countries made the same pledge at the World Summit on Sustainable Development (WSSD), 2002, in Johannesburg, South Africa.

However, after the first five years of the Millennium Project, it transpires that the level of aid given by the OECD countries per year reached only 0.22 percent of their combined GNP. The figures available up to December 2004 show that the percentage of U.S. income going to poor countries remained near rock bottom: just 0.14 percent. Britain was about halfway to the goal, at 0.34 percent, and France was at 0.41 percent. Only Norway and Sweden had already exceeded the goal, at 0.92 percent and 0.75 percent, respectively (International Herald Tribune, 2004).

As of 2002, aid equaled \$53 billion, just 0.2 percent of the rich-world GNP. If the rich countries met the 0.7 percent target, aid would reach \$175 billion per year. For the United States, foreign aid would rise from around \$15 billion per year in 2004 (0.14 percent of US GNP) to around \$75 billion (0.7 percent of US GNP) (Sachs, 2005).

The United States is the world’s richest nation. Washington says that it contributes more money to foreign aid than any other country. But no one is impressed when a billionaire writes a \$50 cheque for a needy family (IHT, 2004). The test is the percentage of national income that a country gives to the poor, and on that basis the United States is the stingiest in the G-7 industrialized nations. It is ironic that the United States, which gave 2 percent of its national income under the Marshall Aid Programme to rebuild Europe after World War II, and currently spends \$450 billion annually on the military, does not find more than \$15 billion – the overall U.S. spending on development assistance in 2002 – on development aid for poor countries (Sachs, 2005).

In 2002, President Bush announced the Millennium Challenge Account, which was supposed to increase U.S assistance to poor countries that are committed to policies promoting development. President Bush said his government would donate \$1.7 billion in the first year, \$3.3 billion in the second, and \$5.0 billion in the third. That \$5 billion would have been just 0.04 percent of U.S. national income, but the Administration still failed to match its promise with action (International Herald Tribune, 2004)..

The truth is that the U.S. Administration did not even ask Congress for the full \$1.7 billion in the first year; it asked for \$1.3 billion, which Congress cut to \$1 billion. The next year, the Administration asked for \$2.5 billion and got \$1.5 billion. Worst of all, the Account has yet to disburse a single dollar, while every year in Africa, one in 16 pregnant women still die in childbirth, 2.2 million die of AIDS, and 2 million children die from malaria (IHT, 2004).

The UN Millennium Project, directed by economist Jeffrey Sachs, estimated that developing countries would need some \$135 billion in ODA in 2006 - \$94 billion to finance MDGs, \$4 billion as emergency and distress relief, and the balance \$36 billion to meet operating expenses of donor agencies and other ODA that does not contribute directly to the MDGs (i.e., non-MDG investments). It has been estimated that the required total ODA would rise to \$152 billion in 2010 and to \$195 billion in 2015. The total projected ODA for 2006, 2010 and 2015 would be, respectively, equivalent to 0.44 percent, 0.46 percent and 0.54 percent of the OECD countries' estimated gross national incomes. These sums are substantially below the UN target of 0.7 percent, which would be close to an average of \$235 billion per year (in constant 2003 dollars). It is therefore pretty evident that the MDGs can be financed within the bounds of the ODA that the donors have already promised, if they really have the will to do so.

In 2004, the estimated ODA was just \$60 billion so that another \$75 billion would be needed per year to make up the projected \$135 billion in 2006. However, indications are that in reality ODA in 2006 may be only slightly higher than in 2004.

As regards trade, too, developing countries' exports are continuously being denied market access to the developed country markets through high tariff and non-tariff barriers as well as heavy agricultural subsidies in their own countries. The just concluded WTO Sixth Ministerial Conference in Hong Kong (13-18 December 2005) has been more a compromise among and between the developed countries and a handful of relatively advanced developing countries than to bring any worthwhile benefits to low-income ones that need the global trade support the most.

The low-income developing countries are thus greatly disadvantaged, relating to their export prospects on the one hand and limited ODA on the other. What these countries need to achieve the MDG targets are: a big increase in aid from rich countries, a massive write-off of the debts of the poorest of countries, and significant trade liberalization for their exports, which are now treated harshly by the developed countries like the U.S., E.U., and Japan.

For aid to be effective, debts of the HIPC should be totally written off. In fact, rich countries should have given the poorest countries grants rather than aid, in which case

the poor countries would never have been indebted in the first place. Secondly, development partners – UN agencies, bilateral donors, and Bretton Woods institutions – should coordinate their aid efforts in support of a single MDG-based poverty reduction strategy. The task of aid coordination can be best done by the United Nations. The UN agencies are specialized institutions and have vitally important expertise in every aspect of development. For example, the FAO is unrivaled in agriculture. IFAD finances agricultural development projects to increase food production and improve malnutrition. The UNDP is unequalled in the fight against poverty, in capacity building, and in the area of governance. UNFPA is unrivaled in family planning and reproductive health care. The WHO has the unique capacity in public health and disease control. And so on. On the other hand, the World Bank and the IMF are generalist institutions – the IMF for macroeconomic (budget, financial, exchange rate) issues, and the World Bank for development issues. Without a much closer partnership of the specialized UN agencies with the IMF and the World Bank, none of these institutions can do their work properly (Sachs, 2005).

### **III. Concluding Observations**

Bangladesh seems to be on track to achieve some of the UN millennium development goals such as universal primary school enrollment and gender parity. A recent UNDP report says that Bangladesh could be a role model for UNDP by showing that sustained improvement in human development is possible even in poor countries at relatively modest levels of income growth (UNDP, 2005).

Independent assessment, however, casts doubt about the prospect of achieving the MDGs in their totality in the country. At least two impediments are obvious. One is the country's institutional inability to effectively implement policies and programmes, given the abysmal record of poor governance in terms of inefficiency and corruption, lack of transparency and accountability, and, above all, poor law and order conditions. The other constraint is that of limited domestic resources that will fall far short of the requirement to implement programmes to achieve the MDGs. Moreover, the country will need a lot more resources to achieve some non-MDG targets such as the development of infrastructure, improved management of power and ports, and achievement of a better investment climate, without which economic growth and consequently poverty alleviation efforts will suffer.

Regarding aid, the rich countries should fulfill their promised targets and improve the quality of aid by eliminating harsh conditionalities that destroy the effectiveness of aid. There are countless examples of aid with strings attached that insure that most of its benefits go to firms from the donor countries, or which has largely ended up in the offshore bank accounts of corrupt local politicians. And even in circumstances where aid has been shown to work – basic health, education and water supply projects – the sudden policy changes of donor countries have often undermined worthy efforts (Economist, 2004). Bangladesh encountered such problems all too often with donors, including multilateral lending agencies. International aid is in fact the most volatile element of developing-country budgets, which is one reason why some of the more hopeful-looking African countries are keener on debt relief than aid as the former is a one-off contribution to their resources that is not vulnerable to abrupt changes in donor-country policies.

Regarding trade, the rich nations should fulfill their commitment to the development agenda of the WTO's Doha Development Round by removing the high trade barriers that are erected against the exports of developing countries. As it is well known, the world's highest trade barriers are erected against some of the poorest countries. For instance, the effective U.S. import duty on exports of countries like Vietnam and Bangladesh is roughly ten times higher than the duty on exports from the European Union countries (UNDP, 2005).

Trade liberalization by rich countries can be a powerful catalyst for Bangladesh's development. In fact, it can be more helpful than ODA for attaining the MDG targets. An Oxfam estimate shows that a 1 percent increase in Africa's share of world exports would be worth five times as much as the continent's share of aid and debt relief (Economist, 2004). Yet trade liberalization requires politicians in rich countries to confront vocal protectionist interests at home. It therefore remains to be seen what deal is struck at the WTO, when the ongoing Doha Round will conclude next year. It will be the truest test of whether the rich countries do have the will to help the poorer ones in their war against poverty. In the absence of adequate amount of aid and opportunities to expand exports to the developed countries, most of the MDGs floated by the United Nations will remain unfulfilled and poverty reduction targets of low-income countries like Bangladesh will remain elusive.

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