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MILLENNIUM DEVELOPMENT GOALS (MDGs): AN EVALUATION

Abstract

Since its initiation in 2000, Millennium Development Goals (MDGs) are considered as important initiatives for the overall social, political and economic development of the poor countries. Though governments of the poor countries are committed to accomplish these prominent targets within particular time frames, the projections, however, are challenged due to some institutional, political and fundamental problems of MDGs. To highlight the gaps, this paper attempts to analyse the issues and concerns of MDGs and their implications on the developing countries. The paper also tries to reveal that despite some of the good proposals and targets given by the international agencies, MDGs tend to be difficult to attain by the developing countries, due to weaknesses of the precise goals themselves. To look at these issues critically, the paper identifies the goals and their existing achievements in a particular developing country like Bangladesh.

1. INTRODUCTION

In the twenty-first century, attainment of Millennium Development Goals (MDGs) is crucial for the development of the poor countries. In September 2000, this unparallel initiative was taken by 191 Heads of Government with the support of the United Nations (UN) to stress on human development agenda apart from economic growth. Thus, it has become crucial for many developing countries as the governments are overtly committed to achieve progress within particular time frame, i.e., by 2015 or 2020. To accomplish the eight MDGs, many countries are modifying their organisational formations with the expectation that these changes would increase their capabilities to meet the targets. Therefore, the goals are not merely ambitious for the developing countries but also lead to ensure some

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¹ Samir Amin, "The Millennium Development Goals: A Critique from the South", *Monthly Review*, Vol. 57, No.10, 2006, pp.1-15.

responsibilities to fulfill the objectives. Against this backdrop, the pertinent questions are - What are the key assumptions that underpin the MDGs as tools for growth and development of poor countries? Have the poor countries achieved the MDGs that the international agencies premised? If not, what are the issues and concerns behind these? To answer these questions, the paper critically examines the assumptions of MDGs from their conceptual contexts and as executed in the developing countries. In addition to these, the paper particularly throws light on the current status of MDGs in Bangladesh, as a case study to understand its achievements after eight years of its formation.

2. THE MILLENNIUM DEVELOPMENT GOALS (MDGs)

Since 1990s, there has been a shift in the development discourse that economic growth is not the only way to improve the wellbeing of poor nations, rather, human development indices are other means of development frameworks to reduce poverty and enhance wellbeing of poor people.² Based on this notion, a set of eight goals has been outlined for attainment by 2015 or 2020 which are shown in Table 1.

No. Goals Eliminating insufficient income, food insecurity and reducing poverty by Goal 1. half between 1990 and 2015 Accomplishing extensive primary education by 2015 Goal 2. Goal 3. Endorsing gender parity and advancing empowerment of women by 2015 Lessening infant and child mortality by two-thirds between 1990 and Goal 4. Goal 5. Decreasing maternal mortality by three-quarters between 1990 and 2015 Goal 6. Impeding the spread of HIV/AIDS, malaria and other communicable diseases Goal 7. Increasing environmental sustainability and improving the lives of around 100 million slum people through better sanitation and shelter by 2020 Intensifying global partnership for overall development. Goal 8.

Table 1: The Goals of MDGs

Source: David Satterthwaite, "Meeting the MDGs in Urban Areas: The Forgotten Role of Local Organizations", *Journal of International Affairs*, Vol. 58, No.2, 2005, pp.87-112.

3. KEY ASSUMPTIONS OF MDGs

According to UN Chronicle 2007, if MDGs are to be attained in all the developing countries, some 500 and 300 million people correspondingly have to be uplifted from living on less than \$1 a day. Moreover, around 350 and 650 million people respectively will have to have access to safe drinking water and

² Sakiko Fukuda-Parr, "Millennium Development Goals: Why they Matter?", *Global Governance*, Vol.10, No.4, 2004, pp. 395-402.

basic sanitation facilities.³ Based on the explicit targets, the key assumptions are perceived that MDGs will:

- be well suited for poor countries as the targets are prepared by the Western development activists;
- give legitimacy to improve human development goals within definite time frames;
- address the concrete agendas which can be quantified;
- stimulate economic growth through global partnership between the rich and poor countries in terms of aid, trade, debt and technology transfer;
- reduce rural and urban poverty by means of economic and social development;
- provide the poor countries a proper guideline to be developed socially and economically;
- assist the donors and international agencies to monitor the successes of poor countries;
- include an universal image based on the principles of autonomy, selfesteem, cohesion and equality among the rich and poor countries.

4. ISSUES AND CONCERNS OF MDGs

Indeed, the assumptions of MDGs are crucial attempts to reduce poverty and improve the living standard of developing countries. However, the implementation procedures linked with the MDGs are not exempted from politics which exerts severe limitations. These are as follows:

Legitimacy of Neo-liberal Initiatives⁴

In fact, the new concept of development through MDGs for poor countries is the creation of aid development by the Western countries. In this regard, Samir Amin has commented that MDGs are nothing but the new guise of neo-liberalist agenda.⁵ At present, USA, Europe and Japan – the three major powers control over 85 percent of resources in poor countries through different agendas of

³ Asha-Rose Migiro, "The MDGS: Are We on Track?" UN Chronicle, Vol. 44, No. 4, 2007, pp. 1-95.

⁴ Neo-liberalism denotes a set of economic strategies like privatisation, deregulation and free market economy which has been imposed by the Western world on the Third World countries. As said by Elizabeth Martinez and Arnoldo García, the effects of neo-liberalist strategies are widespread by which the rich become richer and the poor become poorer. For details, see, Elizabeth Martinez and Arnoldo García, "What is Neo-liberalism?: A Brief Definition", Global Exchange 2007, available at: http://www.globalexchange.org/campaigns/econ101/neoliberalDefined.html, accessed 17 April, 2009.

⁵ Samir Amin, *op.cit.*, p. 5.

World Bank (e.g. controversial paper termed as Poverty Reduction Strategy Paper), International Monetary Fund (IMF) (such as, imposing the primacy of debt repair through Structural Adjustment Program) and World Trade Organization (WTO) (such as commercial expansion of business strategies for the benefits of the rich countries). Likewise, in the eight MDGs, some policies and actions are included to fulfill the interests of international agencies and the alliances. For instance, in terms of environmental sustainability, only a common principle (to integrate the rules of sustainable development into national and international strategies) is incorporated as it is well suited for "capitalist economic strategy." Though some specific procedures (e.g. rejection of Kyoto Protocol by the USA) and other legal processes are cautiously omitted in MDGs.

It is alleged that, in many developing countries, the donors and international organisations plan and implement some projects according to their desires which are not in the interests of the recipient countries. For example, Food and Agricultural Organisation (FAO) has initiated Special Program for Food Security (SPFS) for halving the proportion of people in starvation by 2015. However, taking a case study from Guatemala, it has been found that, though this strategy entailed the opportunities to earn some extra cash for Guatemalans, it was not sustainable for the country because of increased environmental degradation through bean farming.⁷ This shows that the MDGs often act as the ideological cover up for neo-liberal ideas which compromise the willingness and benefits of recipient countries.

Top-down Process

Presumably, one of the external-led features of MDGs is its derivation from the UN and other international organisations.⁸ Also, the goals are primarily prepared by the external professionals and development activists of the rich countries while the poor countries are ignored to set their own agendas. In this regard, the queries are – did the external experts address local problems of poor countries while designing the processes of MDGs? Did they maintain any linkage with the local institutions for greater dealings with the local representatives? To explain these, David Satterthwaite remarks that donor agencies and public administration have often failed to achieve effective propoor growth as the policies are of top-down approach and most of the specialists lack experience about grass root people.⁹ Moreover, the UN 2003 Report claims

⁶ Samir Amin, *ibid.*, p. 7.

⁷Patrizio Warren, "MDG Activism and the Campesino Detachment", *Mountain Research and Development*, Vol. 26, No.1, 2006, pp. 9-14.

⁸ Samir Amin, op.cit.

⁹ David Satterthwaite, "The Millennium Development Goals and Urban Poverty Reduction: Great Expectations and Nonsense Statistics", *Environment and Urbanization*, Vol. 15, No.2, 2003, pp. 181-190.

that since the ratification of the goals, international agencies have been initiating different programmes in the absence of proper dialogues with the poor countries on whether these are achievable for them due to their budget constraints and other macro-economic problems. ¹⁰ Even, data from various countries denote that these strategies clearly disregard the role of community-based institutions, local authorities and NGOs. ¹¹ In addition, the goals do not highlight separately those who are disadvantaged, backward and the poorest of the poor in the societies.

Concerns about Organisational Forms and Procedures

Though donors and international agencies play pivotal roles in planning of MDGs, these associations, however, did not demonstrate how the benefits of MDGs will reach at the grass root level. Furthermore, they did not even address those services to which they have the right to use and how they can maintain or accumulate the resources for the poor countries. Another constraint is that most of the donors lack knowledge about local people, their views, beliefs and languages. As a result, the proposals they suggest for the poor are not friendly to local environment and are often influenced by their previous experiences from other countries.¹² Therefore, these suggestions sometimes go wrong to protect the local demands as they do not know what services are required by particular community and what their needs are. For example, in India, in the name of development, international organisations and the government get involved in slum eviction ignoring the local people's perceptions, thereby, often increasing the hostilities among the donors, government and the local people.¹³ Another hurdle is the distribution of aid of different international financial institutions including World Bank and IMF. Though these organisations provide aid to the poor countries as a way to alleviate poverty, it is indecisive as to how much aid reaches grass root level in the absence of local procedures. Unless the aid reaches local people, perhaps, it is difficult to remove their overall hunger and poverty.

Contradictory Timelines

The MDGs demonstrate time bound strategies to improve the wellbeing of poor people by 2015 or 2020. However, to some extent, the total period of time is contentious. For instance, in the case of poverty, the UN uses the data of 1990

¹⁰ Patrick Bond, "Global Governance Campaigning and MDGs: From Top-down to Bottom-up Anti-poverty Work", *Third World Quarterly*, Vol. 27, No.2, 2006, pp. 339-354.

¹¹ David Satterthwaite, 2005, op.cit.

¹² David Satterthwaite, 2003, op.cit.

¹³ International Alliance of Inhabitants (IAI), "Forced Evictions in Chennai (Madras)-Demolition Renders 30,000 Homeless in Tamil Nadu, India", 2007, available at http://en.habitants.org/article/articleview/1785/1/490/, accessed 21 May 2009.

instead of 2000 to measure its successes. 14 Thus, the total period of MDGs is in fact 25 years, not 15 years. For this very reason, much bigger population data is covered from the beginning to the end of the whole period. Even so, this issue is not clearly stated. However, it is crucial to mention that already more than eight years have passed since the ratification of MDGs in 2000. Under the existing conditions, questions may arise if it is possible for the poor countries to attain the overall targets within the next six to eleven years. It is projected that in some regions like Africa, Latin America and the Middle-East, the percentage of poor people would hardly be reduced within the stipulated timeframe of 2015 or 2020 and the total number of the poor would fall into poverty again because of stagnant growth. 15 As pointed out by the Human Development Report 2003, in twenty one countries, Human Development Index (HDI) had remarkably declined so far. Other targets had reverse outcomes. For instance, admission of children in primary school went down in twelve countries while child mortality rate deteriorated in fourteen countries. Moreover, hunger rates and people living on below \$1 a day significantly worsened in twenty one and thirty seven countries respectively. 16 Under these circumstances, in many countries, especially in sub-Saharan Africa, the goal for the elimination of poverty cannot be achieved by 2015, not even by 2147, after 132 years.¹⁷ Therefore, this time bound measure in absence of proper policies and programmes have become a major challenge for the developing countries to meet the MDGs' targets.

Inconsistent Estimation of Poverty with \$1/day

Though income-based poverty line is an important denominator to measure MDGs, this indeed, is based on a much less-ambitious aim than had been approved four years ago at the World Food Summit in Rome (1996) before the ratification of MDGs in 2000. During the Rome Summit, the target of reducing poor people was clearly indicated from 1096.9 million to 548.45 million. But, in the Millennium Declaration, it was barely mentioned that by 2015, MDGs will halve the proportion of people whose earnings are less than \$1/day. Nevertheless, halving the proportion instead of actual number does not give an accurate picture of poverty reduction, as it is unclear from which level to what level MDGs will reduce the number of poor people. Besides, there exists a large variation when it is measured by World Bank's own estimation procedure with a \$1 a day poverty line. This assessment is hardly encouraging for poor countries as it does not

¹⁴ Thomas Pogge, "The First United Nations Millennium Development Goal: A Cause for Celebration?", *Journal of Human Development*, Vol. 5, No. 3, 2004, pp. 377-397.

¹⁵ Sakiko Fukuda-Parr, op.cit.

¹⁶ Sakiko Fukuda-Parr, *ibid*.

¹⁷ Tony Addison, George Mavrotas and Mark McGillivary, "Aid, Debt Relief and New Sources of Finance for Meeting the Millennium Development Goals", *Journal of International Affairs*, Vol. 58, No.2, 2005, pp. 113-127.

¹⁸ Thomas Pogge, op.cit.

consider some other crucial aspects such as the precise policies that generate further poverty, redistribution of wealth, amounts of national currency variations from country to country and the revision of two base years' (1985 and 1993) Purchasing Power Parity (PPP) rate.¹⁹ Therefore, distrust arises about the standardisation of MDGs as these indicators are not appropriate for all the poor countries, irrespective of urban and rural provinces. In many countries, governments use income based poverty line and PPP exchange rates but they do not take into account the expenditure and price ratio of non-food items (e.g. travelling expenses, clothes and medicine cost). These aspects are essential, otherwise there would be a huge difference of expenditure between poor and the middle income countries. Even, the costs of food differ with location in many developing countries. In rural areas, people often do not need to spend money for food (as they can produce their own crops) and water (since they can collect water from rivers, ponds and other natural sources) and accommodation (possibly owning land and housing materials). In the absence of these facilities, the monetary costs of low income urban people are comparatively higher as they have to spend a lot more for food, water and accommodation.²⁰ It is apparent that the same \$1 a day poverty line cannot be applicable for both two areas as it might often exaggerate rural expenditures and devalue urban costs.

This inadequate prediction of World Bank does not play an important role for poverty measurement, as there are different living expenses within the same rural or urban location. For example, in rural areas, the living costs of seasonal labours are comparatively higher (as they have to pay for accommodation and travel costs) than that of farmers who are permanently living in those areas. Also, there are large variations of costs in terms of low and middle income countries. Thus, it is significant to enquire whether this indicator will be applicable in the same way for the poorest African countries and other middle-income countries like Brazil and Mexico. If it is so, then, why is this same indicator not applied to rich countries? Thus, \$1 a day poverty line has become doubtful in absence of examining the actual income required for people to alleviate poverty regardless of particular area or country.

Improper Statistical Data

It is seen that MDGs often ignore how people experience "development". The reason is, apart from income poverty line, international agencies measure the achievements of MDGs based on some instrumental facts and figures which show the dubious picture of growth and development of the poor people. For example, in Nairobi, data of 1998 revealed that 1.2 percent of urban population

¹⁹ Raghav Gaiha, "Are Millenium Goals of Poverty Reduction Useful?", Oxford Development Studies, Vol. 31, No.1, 2003, pp. 59-84.

²⁰ Allen Wratten, "Conceptualizing Urban Poverty", *Environment and Urbanization*, Vol.7, No.1, 1995, pp. 11-36.

was considered as poor and of them, only 4 percent did not have access to sanitation.²¹ In reality, poverty level is significantly high in Nairobi compared to the other cities in Kenya. Yet, there is no proof in this regard.²² Likewise, in 2000, one hundred percent of the population of Mumbai had piped water facilities. This was actually measured excluding the issue of providing basic services to the poor people of that city.²³ Thus, the question is – should Mumbai be defined a poverty-free area although it ignores the significant portion of the urban poor people? However, these evidences of tricky policies raise the question of validity of successes over MDGs.

Absence of Qualitative Measurement

MDGs can be perceived as excessively narrow in the sense that focus was mainly given on quantity not quality of achievements. Put precisely, the strategies stress more on outcomes through quantitative dimension rather than qualitative inputs. But, effective outcomes can only be achieved when there remain sound inputs. It is appalling that, MDGs have that kind of inherent problems to get the effective results. This can be interpreted in a way that MDGs have fixed some clear-cut targets of poverty reduction based on the ratio of people, without analysing the quality of services (e.g. education, water and sanitation). In terms of educational attainment, years of schooling and number of children attending the primary schools do not necessarily represent the number of education sessions. How is education quantified without any improvement of curriculum and teachers' training programmes in remote rural areas? In sub-Saharan Africa, it is strongly evident that there are large variations in terms of learning accomplishment at the same grade level.²⁴ Similarly, it is apparent in case of access to nutrition for mothers in South Asian region. Though progress has so far been achieved in case of hunger, the nutritional status of mothers has deteriorated as a result of mal-distribution of food during pregnancy, pre-natal and post-natal care periods.²⁵ Consequently, women are likely to give birth to ill health and low birth-weight babies. Besides these, there are some complex phenomena in MDGs which are interlinked with each other and not easy to quantify. For instance, enhancement of education level of women might reduce

²¹ Graham Alder, "Tackling Poverty in Nairobi's Informal Settlements: Developing an Institutional Strategy", *Environment and Urbanization*, Vol.7, No.2, 1995, pp. 85-107.

²² Carole Rakodi, Rose Kamau-Gatabaki, and Devas, "Poverty and Political Conflict in Mombasa", *Environment and Urbanization*, Vol. 12, No.1, 2000, pp. 153-170.

²³ C. Arthur McIntosh, and Cesar E Yniguez, *Second Water Utilities Data Book*, Asian Development Book, Manila, Philippine, 1997.

²⁴ Jeffrey James, "Misguided Investments in Meeting Millennium Development Goals: A Reconsideration Using Ends-based Targets", *Third World Quarterly*, Vol. 27, No. 3, 2006, pp. 443 –458.

²⁵Atiur Rahman and Mahfuz Kabir, "Attaining the Millennium Development Goals in South Asia", *BIISS Journal*, Vol. 26, No. 4, 2005, pp. 509-536.

the rate of child mortality. But lack of clarity of this sort of linkage blurs the achievements of MDGs.

Perpetuate Re-colonisation Process through Unequal Partnerships

More explicitly, the global partnership is based on two basic assumptions. On the one hand, it is presumed that aid will increase economic development. On the other, it will enhance pro-poor growth through the removal of budgetary obstacles.²⁶ It is reasonable to elucidate that, international agencies and the developed countries increase their support in the developing countries through different projects and programmes. Though in reality, this mutual partnership process is persistently questioned since it includes Western agendas co-opted with inequality, discrepancies and lack of cooperation.²⁷ Put precisely, in the name of providing aid, trade and support, US imposed 16 eligibility conditions on the poor countries through the programme of Millennium Challenge Account (MCA).²⁸ For these types of neo-liberal conditions, many African countries already fell into the aid trap as they needed to pay back more than what they had received.²⁹ This joint venture has become identical with domination, exploitation and continuation of imperialist rules which have locked the mutual financial systems and completely failed to achieve pro-poor growth. In addition, the goals executed some Western vision of development which had adverse social and economic impacts on the developing countries. Based on the preliminary needs assessment (termed as Dominican Model) of MDGs in Dominican Republic (DR), Martin Bosman and Mark Amen found that the implementation procedures and planning processes were simply dominated and supervised by the international agencies where women, local capacity builders and other marginalised groups were excluded from setting their own priorities.³⁰ The politics of Dominican Model was that the external experts imposed their suggestions to naturalise their positions which perpetuated the re-colonisation process in the country.

²⁶ Tony Addison et al, *op.cit*.

²⁷ Samir Amin, *op.cit*.

²⁸ Susanne Soederberg, "American Empire and 'Excluded States': The Millennium Challenge Account and the Shift to Pre-emptive Development", *Third World Quarterly*, Vol. 25, No. 2, 2004, pp. 279–302.

²⁹ Patrick Bond, op.cit.

³⁰ M. Martin Bosman and M. Mark Amen, "Recasting Neo-liberalism in the Americas: A Critique of the Preliminary Needs Assessment of the Millennium Development Goals in the Dominican Republic", *Globalizations*, Vol. 3, No. 2, 2006, pp. 227-236.

The Propensity to Pay Less Attention on Urban Poverty

There is a concern that international institutions pay no heed to urban issues and priorities.³¹ Apparently, the goals include some of the urban issues together with the improvement of lives of around 100 million slum dwellers by 2020. This target seems to be overly ambitious as the process to reach the goal is not clearly acknowledged. In 2000, enhancement of living standard of 100 million people implied only 15 percent of total slum population which cover a less proportion of total urban population of 2020. Another worry is that, most of the donors and international institutions pay more attention on rural poverty rather than urban scarcity, though the latter is gradually increasing and shaping a precarious form in many developing countries, due to rapid rural-urban migration and increase of slums. 32 This underestimation of urban poverty does not expose a true image of poverty assessment in many African and South Asian countries. Often, it is seen that a large segment of urban dwellers in the slum areas have less access to education and health care facilities, compared with the rural villagers. Though many slum dwellers are staying near to these amenities, it does not necessarily indicate that they are having access to these services. As argued by Satterthwaite "proximity does not mean access." Quite obviously, it depends on other factors such as affordability, income, assets and power structure.

Universalism of Goals and Essential Needs

Each country is different from the other and has precise challenges. Therefore, the states might have different choices and national strategies to achieve growth and development. For example, African countries might give priorities on the prevention of HIV/AIDS, while the South Asian countries might put emphasis on decreasing corruption. Even, the AIDS prevention policies of South Africa will be quite diverse from that of South Asia, because of distinct culture, population growth, literacy rate and other related factors. But, MDGs include "one-size-fits-all" framework for each government with measurable targets of achievements ignoring state centric priorities.³⁴ This poses an actual threat since the policies used to attain MDGs will increase more inequalities among the minority groups (women, rural communities and ethnic people) and the main stream communities as the former generally advance very slowly than the country average.³⁵ But, MDGs do not view separately those who are the

³¹ David Satterthwaite, 2003, op.cit.

³² E. David Sahn and David C. Stifel, "Progress towards the Millennium Development Goals in Africa", *World Development*, Vol. 31, No. 1, 2002, pp. 23-52.

³³ David Satterthwaite, 2003, op.cit., p. 186.

³⁴ Alston, Philip, "Ships Passing in the Night: The Current State of the Human Rights and Development Debate Seen through the Lens of the Millennium Development Goals", *Human Rights Quarterly*, Vol. 27, No. 3, 2005, pp. 755-830.

³⁵ Patrick Bond, op.cit.

poorest of the poor in the society. In Guatemala, for instance, among 6.3 million people, 93 percent are struggling with severe poverty where most of them are indigenous *campesinos*. ³⁶ The question is then, will the disadvantaged indigenous group adjust at the same pace with the mainstream Guatemalans? As their basic needs are explained by outsiders in the MDGs, it is difficult for them to have a voice in these matters. Like this country, many of the poor countries have destitute groups and without their active participation in MDGs, overall wellbeing of poor people is not possible. For that reason, Patrick Bond has critically acknowledged MDGs as "Minimalist Development Goals". ³⁷

Absence of Other Key Objectives

Although MDGs take some of the complex issues of human development into account, they do not address other significant aspects including "participation, democracy and human rights." In relation to a participatory approach (participation of people from below), people's active involvement is crucial in a sense that it is a means through which they can set their own rights and priorities over resources. However, throughout the whole process (planning, implementation, monitoring and evaluation) of MDGs, participatory forms of democracy are highly ignored.

On the other hand, the concepts of MDGs and human rights are complementary, as the former cover many aspects of human rights obligations (e.g. rights to food, health, education and shelter) and procedures (such as, the commitment of equal partnership includes civil and political rights). ⁴⁰ But the absence of any human rights structure in MDGs context and lack of involvement of any human rights commission in the development agendas, increase debates about the efficacy of these types of technocratic characters of the actions. Other important issues such as violence against women, sexual abuse and reproductive health rights are principally excluded from MDGs programme. ⁴¹

To address other issues, World Bank Report 2003 states that "all societies are composed of diverse social groups that may be identified on the basis of gender, ethnicity, religion, age and culture, as well as "spatial" and economic characteristics". 42 While analysing a balanced growth of a nation, Suzuki and McConnel point out that planners need to consider all types of individual,

³⁶ Patrizio Warren, op.cit.

³⁷ Patrick Bond, *op.cit.*, p. 342.

³⁸ Sakiko Fukuda-Parr, p. 396, op.cit.

³⁹Jim Ife, Community Development: Community Based Alternatives in the Age of Globalisation (2nd edn.), Pearson Education Australia, NSW, 2000.

⁴⁰ Philip Alston, op.cit.

⁴¹ Patrick Bond, op.cit.

⁴²World Bank 2003, "Social Analysis Sourcebook", p.13, available at http: www.worldbank.org.socialanalysis, accessed 11 July 2009.

collective, political and environmental aspects of the communities.⁴³ In the MDGs, it is notable that though gender and empowerment issues are discussed on a limited scale, other issues such as religion, ethnicity and different environmental settings are entirely sidelined. Conversely, "cultural change was seen as a key element in strategies for economic development."⁴⁴ Typically, cultural beliefs analyse gender roles within communities based on the divisions of economic activities, decision making proficiencies and other social responsibilities.⁴⁵ However, in MDGs, gender equity, women empowerment and women's participation in terms of culture are not comprehensible. It is also not clear whether the MDGs address issues unique to vulnerable women considering their social barriers, social customs and education levels.

5. STATUS OF MDGs IN BANGLADESH

To what extent are the above mentioned controversial issues evident in the case of Bangladesh compared to other least developing countries? If the divisive issues are evident in the country, then, how far will Bangladesh be able to achieve the goals by the assigned time frame? In fact, Bangladesh is a signatory state of MDGs and firmly committed to attain the goals within the particular time frame by 2015. While addressing the current status of Bangladesh, it is mentioned in the official report that the country is on the way to gain a number of targets which are very striking owing to the socio-economic development over the last few years. 46 As demonstrated by Mid-Term Bangladesh Progress Report 2007, the country has already accomplished MDG 3, (gender parity in primary and secondary schooling) in 2005. Also, it is on the right path to accomplish MDG 1 (halving the percentage of people below national poverty line and who are suffering from hunger), MDG 2 (accomplishing universal primary school enrolment), MDG 4 (decreasing under-five child mortality and infant mortality rate). MDG 6 (halting the extent of communicable diseases such as HIV/AIDS. malaria and tuberculosis) and MDG 7 (reducing the percentage of people without pure drinking water). Though, the country lags behind in certain areas such as MDG 1 (raising the share of the poorest quintile in national income), MDG 2 (gender parity in tertiary education), MDG 5 (reducing maternal mortality) and other targets of MDG 6 and 7.47 In this regard, the current trends and tracks of

⁴³ D. Suzuki and A. McConnel, op.cit.

⁴⁴Su Braden and Marjorie Mayo, "Culture, Community Development and Representation", *Community Development*, Vol. 34, No. 3, 1999, pp. 191-204.

⁴⁵ J. Flood, *The Original Australians: Story of the Aboriginal People*, Crows Nest, Allen and Unwin, Sydney, Australia, 2006, p. 62.

⁴⁶ Mid-Term Bangladesh Progress Report 2007.

⁴⁷ General Economic Division, Planning Commission, Government of Peoples Republic of Bangladesh, "Millennium Development Goals", *Mid-Term Bangladesh Progress Report 2007*.

Bangladesh to achieve MDGs by 2015 have been described in a tabular form in Annex 1.

Though various reports depict some impressive statistical data of MDGs, it is perceived that there is a wide discrepancy between what has so far been achieved and what is to be targeted in different areas. This is because of the presence of controversial aspects of MDGs and other challenging issues considering the national context of Bangladesh. For example, achieving goal 1 (reducing hunger and poverty by half) depends on a number of factors. Generally, MDG 1 is measured with the 3 indicators ('percentage of poor people living below \$1 a day', 'poverty gap ratio' and 'share of the poorest quintile in national consumption'). In Bangladesh, the poverty line has been measured in different ways (such as Cost of Basic Needs Methods and Household Income and Expenditure Survey) rather than following the PPP method suggested by the World Bank. This denotes that each country has its own flexible measurement rather than fixing certain indicators by the external designers. With these dimensions, it is estimated that country's actual poverty rate was 40 percent which is 1.7 percent less than the targeted rate of 41.7 percent. If the country continues to reduce the annual rate of poverty by 1.34 percent like the year 2005, it may reach its target by 2013.⁴⁸

Based on this premise, it can be assumed that poverty has already been decreasing at a modest rate. Though, non-achievement in increasing growth rate and decreasing rapid population growth are the major stumbling blocks for the country to reach MDG 1. In this regard, World Bank 2005 report states that if the country's growth rate is around 4 percent, poverty might decline at a significant level.⁴⁹ In addition, Maqbul-E-Elahi envisages that the country requires GDP growth rate of more than 7 percent to achieve this goal.⁵⁰ Whereas, the country's current growth rate is only 2.9 percent. Perhaps, the targeted growth rate would be very challenging to achieve, as rapid population growth is fostering the number of ultra poor in the country. In this regard, the research of *Unnayan*

⁴⁸ Mid-Term Bangladesh Progress Report 2007, op.cit.

⁴⁹ The World Bank, "Attaining the Millennium Development Goals in Bangladesh: How Likely and What will it take to Reduce Poverty, Child Mortality and Malnutrition, Gender Disparities and to Increase School Enrollment and Completion?", Human Development Unit, South Asia Region, 2005.

Md. Maqbul-E-Elahi, "Oil and Gas Exploration in the Offshore (Part of Exclusive Economic Zone) Bangladesh: Prospects and Constrains, Paper presented at the Seminar on *Maritime Security of Bangladesh*, organised by BIISS, Dhaka, on 12 February, 2009.

*Onneshan*⁵¹ predicts that the country will take another 81 years to eliminate poverty and 24 years to attain MDG 1.⁵²

In MDG 1, it is also acknowledged that everybody has the fundamental rights to ensure their food security. Nevertheless, the price of food is rising and the poor are becoming unable to ensure their basic food. Therefore, the share of the poorest quintile in consumption is sharply decreasing though there is no standard data to measure this fact. On the contrary, the Gini index of urban inequality increased from 0.33 in 1990 to 0.44 in 2000 while the trend was identical (0.27 and 0.36 in the same periods) in rural areas.⁵³ Thus, targeting to reduce poverty by half within 2015, might not be possible to achieve due to certain realities including the presence of inequality in consumption, absence of pro-poor growth, income disparity, rich-poor gap, and inadequate initiatives to reach the benefits of economic growth to the poorest quintile.

Under Goal 2, achieving universal primary education, the basic right of children, is another important target in which the country has achieved tremendous progress. In 2005, the net enrollment in primary education was 87 percent which exceeded the targeted rate of 79.2 percent. It is anticipated that if the escalation continues, the country could reach its aim of 100 percent enrollment by 2012.⁵⁴ While primary enrollment rate is outstanding, widespread discrepancy is seen in secondary and tertiary education. In 2004, the net enrollment rate in primary education was 94 percent but the completion rate at this level was only 76 percent.⁵⁵ Though enrollment rate, so far, is on the way to attaining the goal, the completion rate of primary education is very unsatisfactory. Furthermore, the combined gross enrollment ratio in primary, secondary and tertiary education is only 56 percent.⁵⁶ Considering these gaps, it can be argued that there is a sharp decrease of overall education completion rate in the country.

Also, it is widespread in Bangladesh that the quality of education significantly varies in rural and urban areas. At the same time, the teacher-student ratio (1:59), teacher recruitment procedures (such as nepotism and favouritism), drop out trends of students and government allocation in primary

⁵¹ A Dhaka based think tank.

⁵²Rashed Al Mahmud Titumir , "UNGA Informal Interactive Hearings on the Implementation of the Programme of Action for the Least Developing Countries for the Decade 2001-2010", United Nations Head Quarters, New York, 22 June 2006.

⁵³Rashed Al Mahmud Titumir and Jakir Hossain, "Bangladesh Case Study: Progress of MDG Implementation and Canada's Contribution", *Canadian Development Report*, 2005.

⁵⁴Mid-Term Bangladesh Progress Report 2007, op.cit.

⁵⁵ The World Bank (WB) Report, "Development and the Next Generation", 2007.

⁵⁶ World Development Report and United Nations Development Programme (UNDP), "Fighting Climate Change: Human Solidarity in a Divided World", Human Development Report, 2007/2008.

sector are very inadequate especially in the rural areas. In urban areas, the quality of education significantly differs between the upper class neighbourhood and the poor people, as the latter cannot afford the rising costs of schools. Considering the overall situation, World Bank Report (2005) asserts that perhaps the country might not exceed in increasing primary completion rates to 83-86 percent by 2015.

To achieve significant development, participation of mainstream women is an agreed goal of government. Thus, MDG 3 is crucial for the country as more than half of the population consist of women. Generally, progress is viewed in terms of girls enrolling in schools and involvement of women in employment and political sectors. The official report says that the country attained gender parity (50:50) in secondary education in 2005 due to encouraging numerous legal statuses of women. Moreover, the net enrollment ratio of boys and girls in primary school of the same year was 45:55 which showed more enrollment of girls than that of boys. However, the concern is that the ratio of gender parity in tertiary education is not satisfactory.

On the other hand, in the employment sector, women are now being involved in labour markets, non-agricultural sectors and various challenging occupations. According to Labour Force Survey 2003, the share of women in off farm activities is 59 percent which was only 41 percent in 1992.⁵⁷ Even in recent National Parliament Election 2008, participation of women is highly encouraging and a large number of them acquired high positions in national decision-making. Although contributions of women in different sectors are gradually increasing, discrimination against women is still prevalent in the country which is totally overlooked in MDGs. In a survey, it was found that 60 percent of women were tortured by their husbands especially for their dowry and 37 percent of women were physically abused during their pregnancy period.⁵⁸ Each year, about 200 women are murdered when parents fail to provide a dowry and physical assaults (such as beating, burning, kicking and dragging) by their husbands are very common scenarios in society.⁵⁹ These types of violence actually cause small to fatal physical and mental health problems of women including suicide, sexually transmitted diseases, mental depression and stress. Another dreadful part of Bangladeshi society is the sexual abuse of females who work outside home especially in the garment sectors. In a study, it is reported that 32 percent of working women are sexually abused and 50 percent have to suffer ill health

⁵⁷ Mid-Term Bangladesh Progress Report 2007, op.cit

⁵⁸ ICCDDR,B, "Domestic Violence against Women in Bangladesh", *Health and Science Bulletin*, Vol. 4, No. 2, 2006.

⁵⁹ Oxfam Australia, "The Winds of Change", *Oxfam News Quarterly*, George Street, Fitzroy Victoria, Australia, 2006, available at: http://www.oxfam.org.au/oxfamnews/pdf/march/2006.pdf, accessed on 20 July, 2009.

because of sexual violence which disrupted their working capacity. ⁶⁰ Undoubtedly, violence against women, in a real sense, is a clear indication of human rights infringement. But, this major issue is not taken into consideration in MDGs programme.

Regarding Goal 4 and Goal 5, the country is gradually trying to achieve its targets of reducing infant and maternal mortality rate. At this stage, reduction of child mortality, maternal mortality and increase of immunisation coverage are becoming very rapid due to improvement of socio-economic conditions and effective family planning programmes. In case of infant mortality rate, the trend is decreasing. In 2006, the rate was 45 per thousand live births which was 9 percent ahead of the assigned target of that year. If the trend continues, the country might be able to meet its target of 31 per thousand live births by 2015.61 On the contrary, due to rapid increase of annual immunisation coverage (e.g. 0.65 percent against the annual targeted rate of 2.6 percent), it is expected that the country is likely to achieve its target of 100 percent immunisation by 2012. Despite the declining trend of child mortality rate and rapid increase of child immunisation exposure, it is very challenging to attain the targets as child malnutrition of this country is highest throughout the world and more intense than any other developing country. 62 According to the World Bank Report (2005), around 10 to 18 percent of children aged between 5 to 6 years are extremely below weight and underdeveloped. Consequently, many children are dying of diarrheoa, cholera, malaria and other preventable diseases.

In case of maternal mortality rate, Bangladesh became successful to reduce 574 per 100,000 live births in 1991 to 290 in 2006. To meet the target by 2015, the country requires 147 per 100,000 live births. Though, at this stage, it is very difficult for the country to reach that goal because of ineffective health delivery system. As far as women are concerned, a significant number of deaths are taking place due to anemia, abortion, pregnancy related complexities and improper management during delivery. In 1990, 95 percent births occurred at home with the non professionals (e.g. friends and relatives) and rest of them took place in health centres with the trained birth attendants. Till now, births attended by skilled personnel are very low (20 percent in 2006) due to lack of awareness, traditional health beliefs, social discrimination and equity gap between the rich and the poor (22:1.5). Moreover, high absentee rates (75 percent) of doctors in sub-health centers and unavailability of drugs have made the quality of public

⁶⁰ Naved, R., "A Situational Analysis of Violence against Women in South Asia". Paper commissioned by UNFPA CST Kathmandu for the Regional Workshop on *Parliamentary Advocacy for the Prevention of Violence against Women in South Asia*, United Nations Fund for Population Activities (UNFPA), Dhaka, 2003.

⁶¹ Mid-Term Bangladesh Progress Report 2007, op.cit.

⁶² The World Bank Report, 2005, op.cit.

health service very poor.⁶³ Although government took initiatives to improve the health situation, especially under Health and Population Sector Program (HPSP) and health financing, the initiatives are, however, challenged due to the frameworking of neo-liberal agenda (such as privatisation and cost recovery system) of the World Bank.⁶⁴ Thus, without effective institutional management, pro-poor service delivery and equity based health strategies, it would be difficult for the country to attain the goal of increasing the percentage of births by traditional health personnel to 50 percent by 2015.

Under MDG 6, combating Human Immunodeficiency Virus (HIV) or Acquired Immunodeficiency Syndrome (AIDS) is one of the crucial targets of Bangladesh government, as it is gradually becoming a major public-health concern and important development threat to the country. Although the infection rates of South Asia and South-East Asian countries especially India, Thailand, Cambodia, and Myanmar are as elevated as 2-4 percent, Bangladesh, distinct from its neighbours, still has low infection rates of HIV. According to the UN AIDS Report, around 12,000 people were infected by HIV at the end of 2007.⁶⁵ Nevertheless, the country may face a vulnerable situation in the coming decades due to migration of high risk people in different neighbouring countries for occupational purposes. Besides, the region is becoming a growing hub of trafficking and smuggling.66 Another worry for spreading HIV/AIDS in the country is the low contraceptive prevalence rate (58% in 2004) among the high risk groups especially among the injecting drug users, female sex workers and truck drivers. According to the National HIV Surveillance, the rate of HIV infection among street-based sex workers in the central part of the country is elevated in comparison with sex workers in other parts of South Asia.⁶⁷ Several risk issues such as huge commercial industries, lack of awareness, sexually transmitted diseases, absence of data and insufficient counselling services regarding the high risk groups have made the situation more extreme in achieving Goal 6.

In case of malaria, the country has achieved significant progress. In 2005, the malaria endemic rate dropped in 34 cases which was 42 per 100,000 in 2001. Though, the disease is highly prevalent in 13 districts among 64 districts. Regarding tuberculosis, Bangladesh has gained crucial advancement in combating the disease and its treatment. In 2005, 91 percent received the treatment compared to 84 percent in 2002. Even then, the country has a long way to go for achieving 100 percent successes in detecting and monitoring the spread of disease.

⁶³ The World Bank Report 2007, op.cit.

⁶⁴ Rashed Al Mahmud Titumir and Jakir Hossain, op.cit

⁶⁵ The World Bank Report 2007, op.cit.

⁶⁶ Atiur Rahman and Mahfuz Kabir, op.cit.

⁶⁷ World Health Organization (WHO) Report, 2003.

Under Goal 7, increasing environmental sustainability through effective programmes and policies is another target of Bangladesh government. For environmental sustainability, a country must have 25 percent of forest of its total land area. But, Bangladesh has only 13 percent of forest considering its total land areas. Except the *Sundarbans*, most of the country's lands are going to decimate because of deforestation. On the contrary, due to increase of population, energy consumption per head has declined. Also, gap between supply of and demand for energy resources is increasing sharply. It is projected that if Bangladesh wants to achieve the growth rate of more than 7 percent, it needs to attain the energy growth rate of more than 10.5 percent. As the country is highly dependent on imported energy, conceivably, it would be difficult to attain this goal.⁶⁸

Enhancing the proportion of people with sustainable water and sanitation in rural and urban areas are other important targets under the same goal. According to the official report, 99.9 percent of urban people have access to safe drinking water.⁶⁹ However, this data raises the issue of statistical measurement of MDG while many people in urban slum areas are living with extreme deficiency of this basic facility. In rural areas, access to safe drinking water is generally ensured by increasing the number of tube wells. Yet, it is a great concern that a significant number of tube wells have arsenic contamination problems which increases the propensity of skin cancer. 70 The same is valid in case of sanitation as only 29 percent and 56 percent of rural and urban people respectively have improved sanitation facilities. Nevertheless, official data shows that the figures sharply leapt to 88 percent and 85 percent correspondingly in 2007 and the country is likely to achieve this target by 2010.71 In spite of increasing the number of latrines, absence of proper investigation and monitoring raises the question of the quality of sanitation and other amenities. This is because, annually, a significant portion of people and children are suffering from water-borne diseases especially in the remote rural and urban slum areas.

Apart from these, improving the lives of urban slum people is another crucial target of MDG 7. Every year, due to rapid rural-urban migration, more than one million people become urban dwellers resulting in tiny slum city centres. From 1974 to 2005, the number of slums grew from 500 to 4,300, which is almost nine times greater than the previous times. Especially, Dhaka is now perceived as the biggest slum location numbering 4,966 which is comprised of 55 percent of total

⁶⁸ Maqbul-E-Elahi, *op.cit*.

⁶⁹ Mid-Term Bangladesh Progress Report 2007, op.cit.

⁷⁰ One World South Asia (OWSA), "Bangladesh Local Filter to Combat Arsenic Tainted Water", 2008, available at: http://southasia.oneworld.net/Article/bangladesh-local-filter-to-combat-arsenic-tainted-water, accessed 17 July 2009.

⁷¹ Mid-Term Bangladesh Progress Report 2007, op.cit.

urban dwellers.⁷² Currently, only 36 percent of urban dwellers have safe accommodation. The rest of the urban poor live in slums and other temporary settlements where they are the victims of eviction and intense deprivation of basic facilities.

Goal 8, which addressed global partnership for growth, is a distinctive attribute of MDGs. The goal admits that the developed countries have shared responsibilities and obligations to the poor countries so that they can achieve the targets by 2015. To meet the challenge, Bangladesh is trying to collaborate with the partner organisations and developed countries through various projects and action oriented policies. The country is now facing major hurdles as donor supports have been reduced from the last couple of years. Since 1990, net flow of Overseas Development Aid (ODA) has been on a down ward trend and the country received only US\$110 million in 2006 which remained US\$1240 in 1990. Although developed countries are committed to support Bangladesh with equal partnership, fairer trading and proper plans, often these do not exist due to adverse economic conditions. For example, PRSP interlinked with MDGs is externally led policies structured by neo-liberal framework which portrays a significant convergence of interests of international organisations, curtailing a country's specific goals.⁷³ This donor led formula has not become an effective strategy for the country's poverty reduction. Another case in point is the Structural Adjustment Programme (SAP) implemented by IMF and World Bank which was detrimental and a template for the country's industrial sectors as it solely had benefited the donor countries.⁷⁴ In spite of these barriers, noteworthy development is attained in reducing debt service. But unemployment rates among the young educated male (aged 25 to 29) and female (15 to 24 years) are still considered as a challenge for the country as the rate is gradually increasing (3 percent in 1990 to 13 percent in 2003). In terms of information technology, telephone dissemination increased considerably in the country but per head computer and internet usage is still very low especially in the rural areas. Therefore, the target for making digital Bangladesh by 2021 is a challenge for the government as it depends on lots of issues such as manpower, proper plans and sustainable management systems.

⁷²Centre for Urban Studies (CUS), MEASURE Evaluation, National Institute of Population Research and Training (NIPORT), "Slums of Urban Bangladesh: Mapping and Census 2005" Dhaka, Bangladesh and Chapel Hill, USA, 2006. Also see, Khan Haider, "Challenges for Sustainable Development: Rapid Urbanization, Poverty and Capabilities in Bangladesh", *Munich Personal RePEc Archive (MPRA)*, Paper No. 9290, Denver, USA, 2008.

⁷³ Rashed Al Mahmud Titumir and Jakir Hossain, op.cit

⁷⁴ Toufique Ali Kazi, "Impact of Structural Adjustment Policies on the Environment in Bangladesh", Research Paper, 2000, available at: www.saprin.org/bangladesh/research/ban_environment.pdf, accessed on 20 July 2009.

Needless to say, MDGs show a road map to ensure basic rights of poor people in the country. Of the eight MDGs, the country has already attained the goal relating to gender equality in primary and secondary education and nearly achieved the target of enrollment of children in the same. For the rest of the MDGs, the government is very optimistic to accomplish its targets within the stipulated timeframes. But, despite the impressive results and likelihood of attaining the targets in these areas, there are still some areas where the statistical measurement has become flawed due to lack of significant structural changes. Thus, to make the MDGs an achievement, the country needs to address many internal and external challenges including unequal partnership with the donors, absence of good governance, slow pace of economic development, uneven growth in urban and rural areas, food insecurity, and absence of participation of poor people. Also, it is now apparent that without addressing the controversial issues and sector wise interventions (for example, increasing the immunisation coverage, raising awareness in HIV/AIDS, decreasing student-teacher ratios and improving the quality of services to reduce maternal mortality), it is unlikely that the country will achieve MDGs within a definite timeframe.

6. CONCLUSION

To sum up, it can be argued that MDGs outline a number of strategies particularly in socio-economic sectors for the developing countries based on equity, liberty, unity and partnership. But the assumptions that the international organisations presume have become unrealistic rather than pragmatic as there are sharp differences in what MDGs were supposed to achieve and what they would achieve within precise time frames. Also, the goals have various limitations which lead to the process of capitalist modernity and perpetuate a new form of exploitation, deprivation and intervention. Therefore, their attendant effects are evident in the implementation procedures in many of the developing countries including Bangladesh. Analysing the country's specific concerns in this paper, it can be argued that each country has its distinct fundamental needs which vary from culture to culture and society to society. Thus, success largely depends on how donors and international agencies address people's problems and make appropriate design for local actions using local knowledge and expertise. At the same time, it is significant to consider that MDGs at times put forth some dubious information regarding the development of poor countries because of structural problems of the programme, absence of appropriate methods to monitor and inaccurate prediction through erroneous statistical indices. Also, the achievements of MDGs are measured without addressing other issues such as the participation of poor people, the gap between the rich and the poor, quality of services and other political, social and cultural circumstances which are also evident in Bangladesh. Thus, MDGs may prove an important tool for Bangladesh or any other Least Developing Country if the targets are set up considering the gaps from local context. Otherwise, the goals will not help to take a proper shape for sustainable development of the poor countries.

Annex 1: Status of MDGs in Bangladesh

Goals	Targets of Bangladesh	Indicators	Base Year (1991- 1992)	2000- 2002	Present Status (2004- 2005)	Target for 2015
Goal 1 Between 1990 and 2015, making halve the proportion of	1.decrease percentage of people whose income is below US\$1 per day (PPP) from 58.8% in 1991 to 29.4% by 2015	1.percentage of people below US\$1 per day	58.8%	49.6%	40%	29%
people whose		2. poverty	17.2	12.9	9	8
income is less than US \$1 per day and who suffer from hunger		gap ratio 3. share of the poorest quintile in national income	6.5%	9%	5.3%	-
	2. decrease percentage of people with acute poverty from 28% in 1991 to 14% by 2015	4. percentage of people with minimum dietary energy consumption (188 kcl)	28%	20%	-	14%
		5. frequency of underweight children age at below 5	67%	51%	48%	33%
Goal 2 Achieve universal primary schooling of children irrespective of gender by 2015	3.enhance net enrolment rate from 73.7% in 1992 to 100% by 2015 and decrease primary school dropout rates from 38% in1994 to 0% by 2015	6. net enrolment rate in primary schooling	73.7%	82.7%	87%	100%
		7. primary school completion rate	43%	-	53%	100%
		8. adult (15+) Literacy Rate	37%	39%	54% (2006)	100%
Goal 3 Remove gender disparity and empower women by 2015	4. eliminate gender inequality in primary,	9. proportion of girls and boys in primary,	55:45 34:66 25:75	48:52 52:48 36.64	53:47 50:50 36:64	50:50 50:50 50:50

	secondary and all stages in education sectors by 2015	secondary and tertiary education 10. ratio of literate male and female aged 15-14 years old	42:58	46:54		50:50
		11. involvement of women in wage employment in non agricultural sectors	41%		59% (2003)	
		12.percentag e of seats for women in national parliament	10.3%		14.8% (2006)	
Goal 4 Reduce child mortality by two thirds between 1990 and 2015	5. Gradual decrease of child mortality (under 5) rate from 151 deaths per	13. under 5 mortality rate(deaths per 1000 live births)	151	82	77	50
thousand live births in 1990 to 50 by 2015	births in 1990	14. infant mortality rate(deaths per 1000 live births)	94	56	54	31
		15. proportion of immunizatio n of 1 year-old children in case of measles	54%	69%	87% (2006)	100%
Goal 5 reduce maternal mortality ratio by three quarters between 1990 and 2015	6. improve maternal mortality rate (from 574 deaths per 1000 live birth	16. maternal mortality rate (deaths per 1000 live births)	574	320- 400	290 (2006)	147
	in 1990 to 143 by 2015)	17. percentage	5%	12%	20% (2006)	50%

		of birth attendant by skilled				
Goal 6 Halt the spread of HIV/AIDS, malaria and other diseases by 2015	7.Combat HIV/AIDS by 2015	personnel 18.HIV prevalence rate among the pregnant women aged 15-24	n/a	-	-	-
		19. rate of condom use among female sex workers, rickshaw puller, and truck drivers		24%, 2%, 25%		
		20. CPR rate	40%		58% (2004)	
	8. decrease the incidence of deaths by 50% from malaria and other	21. death rate of malaria per 100,000 people			0.35	
	diseases by 2015	22. achievement rate of malaria treatment	n/a			
		23. death rate of tuberculosis per 100,000 people			47	
		24. success rate of tuberculosis treatment under DOTS	84		91	100
Goal 7 Ensure environmental sustainability	9.Incorporate sustainable development principles into country programs and	25.percentag e of land areas surrounded by forest	9%	10.2%	13% (2006)	20%
	policies	26.percentag			2%	

		e of area restored to maintain biological diversity			(2006)	
		27. total energy use(kilogram oil equivalent) per US\$1000 GDP (PPP)	123.18	92.36		
		28. CO2 emissions per capita metric tons	0.1		0.3 (2006)	
		29. percentage of people using solid fuels			88% (2006)	
	10.making halve the percentage of population by 2015 without sustainable	30.percentag e of people with sustainable access to water rural: urban		72%:8 2%	79%:99. 9% (2006)	100%:10 0%
	facilities to pure drinking water and improved sanitation	31.percentag e of people with access to basic sanitation rural: urban	15%:56 %	29%:5 6%	84%:87 % (2007)	
	11. improve the lives of 100 million urban people who live in slum areas by 2020	32.percentag e of urban households with their own accommodat ion and land		26%: 18%		55.5%:8 5.5%
Goal 8 Improve a global	12. Developing a non	33. net ODA received	1240		110 (2006)	

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partnership for	discriminatory	(m/US)/				
overall	economic	Bangladesh				
development	system	24 25	,			
	12.14	34 - 37	n/a			
	13-14	percentage				
	addressing the	of bilateral				
	needs of least	ODA				
	developing,	received by				
	land locked	small island				
	and small	and land				
	island	locked				
	countries	countries				
		38 - 43	n/a			
		percentage				
		of developed				
		countries				
		import from				
		developing				
		countries,				
		average				
		tariffs				
		imposed by				
		them on				
		particular				
		items,				
		percentage				
		of ODA to				
		enhance				
		trade				
		capacity,				
		debt relief				
		and other				
		related				
		targets				
	15 1 2 3	44. debt	21%		8.8%	
	15. dealing the	service as	(1990)			
	debt problems	percentage				
	with national	of				
	and	exporting				
	international	goods				
	measures to					
	make the debt					
	crisis	45. rate of	3%	8%		
	endurable	unemployme	(1990)			
		nt among				
	16. develop	15-25 aged				
	and execute	people				
	policies with					
	the developing					
	countries for	46.	n/a			
	youth	percentage				
<u> </u>	l .	Fortoningo		1	l .	1

17.cooper with the pharmaced companies	available atical drug access			
getting accessibili of drugs 18.proper utilization benefits	ties 47a.personal users in computer per 100 people	0.34		
regarding new information and communication technologies	n users per 100 people ation	0.15	3	
	48. telephone access per 100 people	1.32	8	

Source: Compiled from Government of Bangladesh (GOB) and United Nations (UN); "Millennium Development Goals: Bangladesh Progress Report", 2005; The World Bank (WB) Report, "Development and the Next Generation", 2007; World Development Report and United Nations Development Programme (UNDP), "Fighting Climate Change: Human Solidarity in a Divided World", Human Development Report, 2007/2008; and Mid-Term Bangladesh Progress Report 2007.