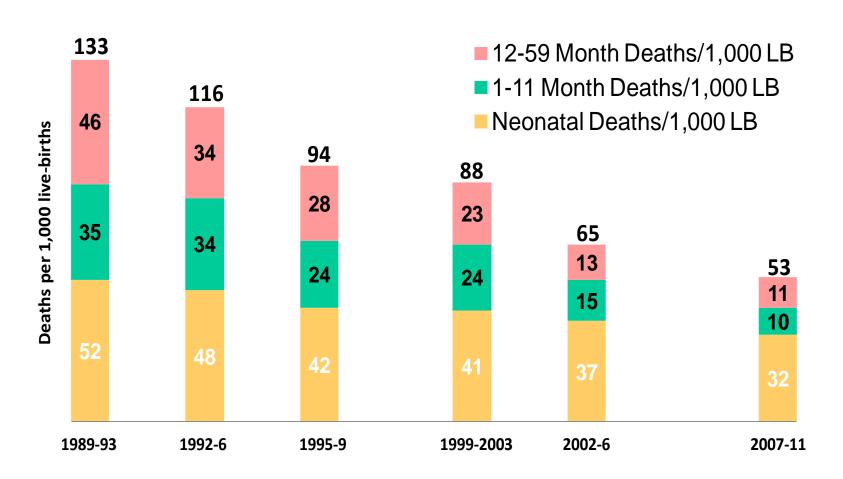


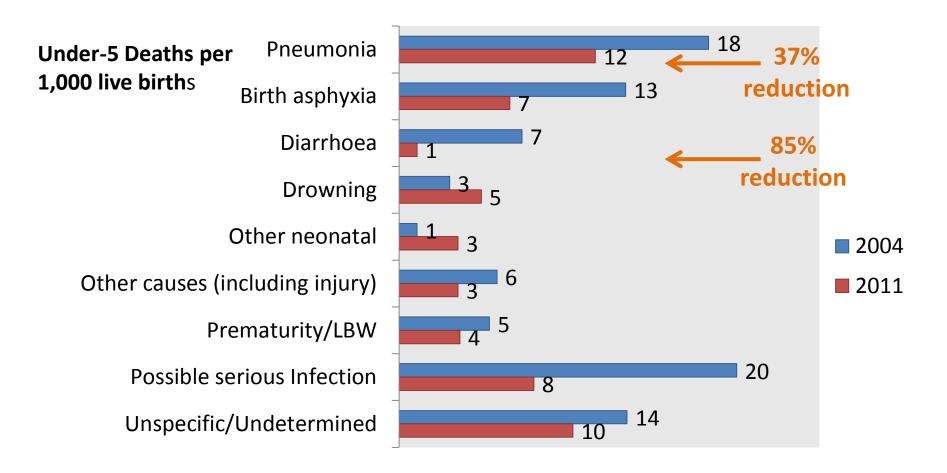
Bangladesh's MDG 4 success



Source: Bangladesh Demographic and Health Surveys



Most causes of under-5 deaths are declining in Bangladesh



Source: Bangladesh Demographic and Health Surveys



Context: Low GDP, Weak Health System

	Population	GDP	Health Expenditure	Public Expenditure on Health	Per capita health expenditure	Doctors/nurses
	Millions	Per capita US\$	% of GDP	% of total health expenditure	US\$	Per 1000 population
Bangladesh	148.7	673.0	3.4	31.7	18	0.3/0.3
Pakistan	173.6	1007.0	2.6	32.8	23	0.8/0.5
Nepal	30.0	524.0	5.8	35.3	25	0.2/0.5
India	1224.6	1476.0	4.2	32.8	45	0.6/1.3

Sources: Measure DHSS, UN, World Data Bank



Contributing Factors: Reliance on Evidence

Effect of zinc supplementation started during diarrhoea on morbidity and mortality in Bangladeshi children: community randomised trial

Abdullah H Baqui, Robert E Black, Shams El Arifeen, Mohammad Yunus, Joysnamoy Chakraborty, Saifuddin Ahmed, J Patrick Vaughan

Reduction of neonatal tetanus by mass immunization of non-pregnant women: duration of protection provided by one or two doses of aluminium-adsorbed tetanus toxoid*

R. E. BLACK, 1 D. H. HUBER, 2 & G. T. CURLIN 3

Transferring Health and Family Planning Service Innovations to the Public Sector: An Experiment in Organization Development in Bangladesh

James F. Phillips, Ruth Simmons, George B. Simmons, and Md. Yunus

Impact of measles vaccination on childhood mortality in rural Bangladesh

M.A. Koenig, M.A. Khan, B. Wojtyniak, J.D. Clemens, J. Chakraborty, V. Fauveau, J.F. Phillips, J. Akbar, & U.S. Barua

THELANCET, SEPTEMBER 7, 1985

Child Health

MOTHERS CAN PREPARE AND USE RICE-SALT ORAL REHYDRATION SOLUTION IN RURAL BANGLADESH

A. S. M. MIZANUR RAHMAN
A. MAIID MOLLA

ABDUL BARI W. B. GREENOUGH III

International Centre for Diarrhoeal Disease Research, Bangladesh, Dhaka-2, Bangladesh

Effectiveness of Haemophilus influenzae Type B Conjugate Vaccine on Prevention of Pneumonia and Meningitis in Bangladeshi Children

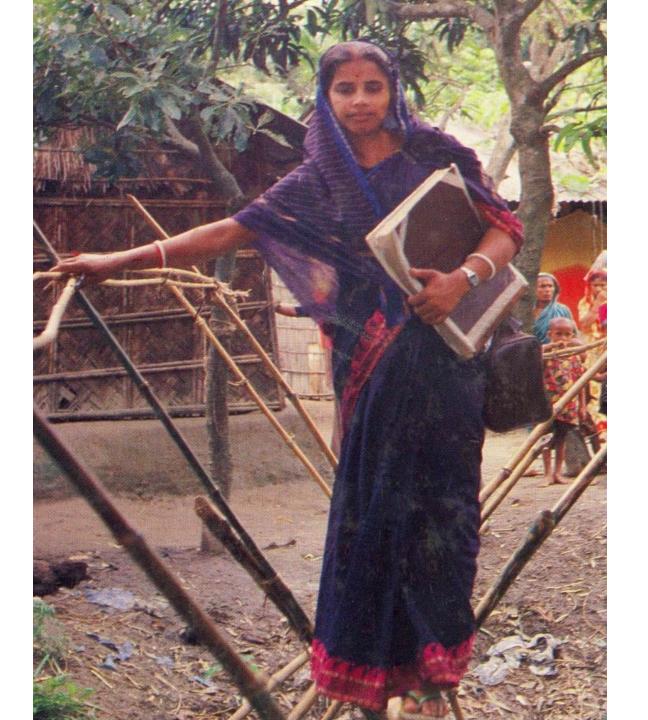
A Case-Control Study

Abdullah H. Baqui, MBBS, MPH, DrPH, * Shams El Arifeen, MBBS, MPH, DrPH, †
Samir K. Saha, PhD, ‡ LarxÅke Persson, MD, § K. Zaman, MBBS, PhD, † Bradford D. Gessner, MD, §
Lawrence H. Moulton, PhD, * Robert E. Black, MD, MPH, * and Mathuram Santosham, MD, MPH*



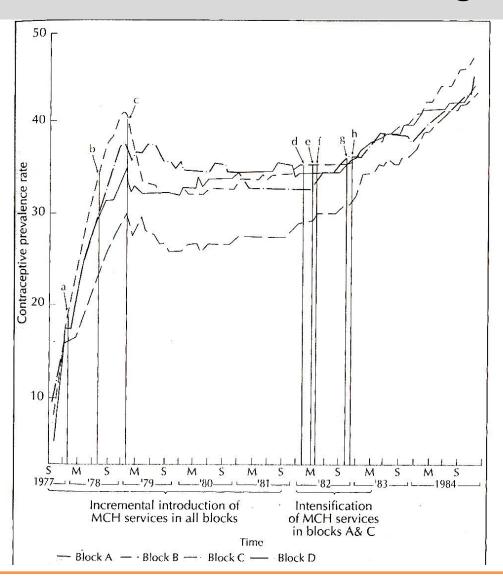
Contributing Factors: Ability to Scale Up Simple Interventions







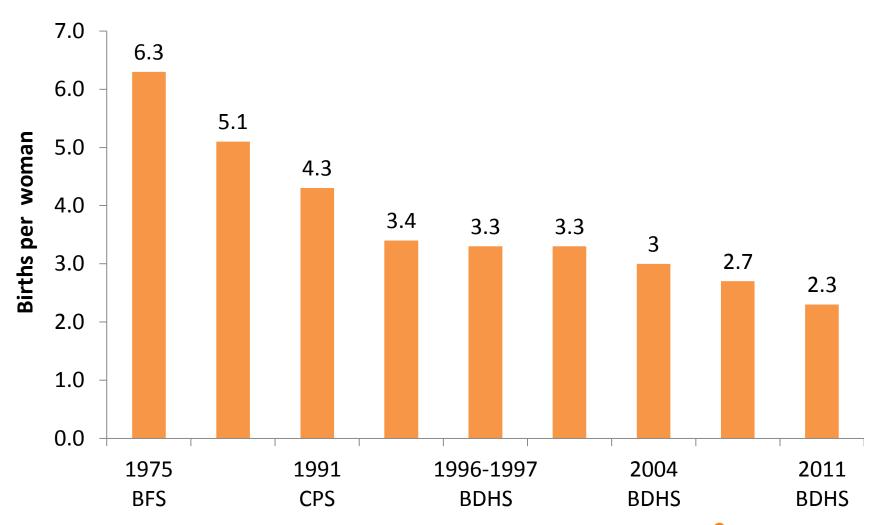
Contributing Factors: Concomitant Emphasis on Family Planning



Time trend in contraceptive use prevalence in four service areas of the Family Planning Health Services Project, 1977-84

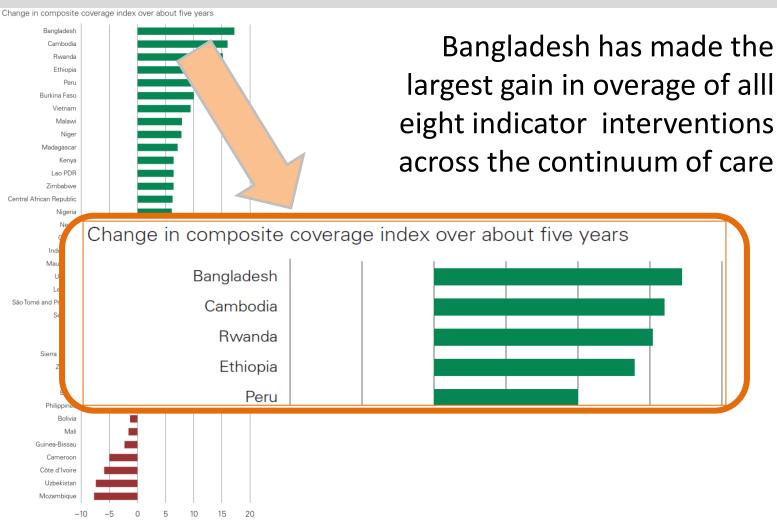


Total Fertility Rates, Bangladesh





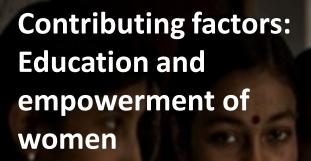
Contributing Factors: Integrated Interventions



Source: 2012 Report of Countdown to 2015



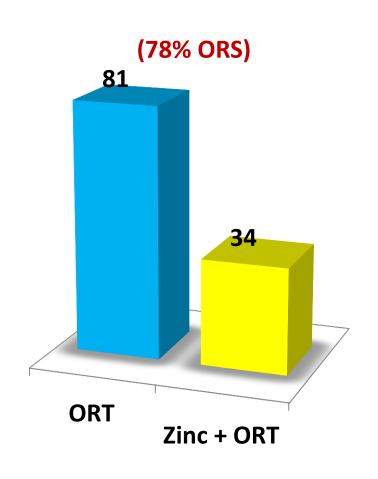




- Education: proportion of girls attending primary school is higher than boys
- Women's participation in economic activity has increased from 8% in 1983 to 57% in 2011



Example: ORS and Zinc Therapy



- Reliance on evidence: multiple icddr,b trials
- Rapid scale up and nationwide delivery by CHWs both in the government and nongovernment sectors
- Integration with other interventions
- Public-private partnership in supply of ORS and Zn

Source: Bangladesh Demographic and Health Survey 2011



Lessons Learned: Success in achieving MDG4 is possible despite low GDP and weak health system Focus on simple, scalable, evidence-based interventions Integration of health and family planning Creating space for multiple players Ensuring equity by deploying women as frontline workers, and increasing education and empowerment of women