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State of MDGs in Bangladesh: Successes, Surprises and Challenges

WAHIDUDDIN MAHMUD

On October 24, 2010, the United Nations turned 65. While speaking at a function to observe the day, it occurred to me that I was only a couple of years younger. Happily, Foreign Minister Dr. Dipu Moni was there as the chief guest to present the vision of a much younger generation. She spoke persuasively about a reformed UN of the future that will better reflect the aspirations of all nations -- big or small.

The theme of the discussion was an appropriate one, namely, the state of Millennium Development Goals in Bangladesh. Our achievements regarding the MDGs are a testimony to a very fruitful relationship between Bangladesh and the UN system over the years. The Planning Commission has in recent years undertaken a praiseworthy exercise -- a regular stocktaking of the state of MDGs in Bangladesh. While figures quoted in these reports speak for themselves, the underlying story is a far more complex one -- a story of successes, surprises and impending challenges, but above all a story of a people striving heroically to improve their lot against formidable adversities.

Bangladesh is on target in several of the MDGs, most importantly in poverty alleviation, despite the persistence of extreme poverty and food deprivation, particularly concentrated in some economically depressed and ecologically vulnerable regions. However, our most remarkable achievement is in respect of a number of social development indicators, including under-five mortality, child immunization, contraceptive adoption, and female school enrollment. Bangladesh has clearly outperformed most low-income countries in terms of progress achieved in these indicators. And this has been made possible in spite of still widespread poverty, low per capita public social spending, and an extremely poor service delivery system. The phenomenon has come to be known as Bangladesh's development surprise. What is happening?

Much of the progress has been due to the adoption of low-cost solutions like the use of oral saline for diarrhoea treatment, and due to increased awareness created by effective social mobilisation campaigns such as for immunization or contraceptive use or school enrolment. The scaling up of programmes through spread of new ideas is helped in Bangladesh by a strong presence of development NGOs and also by the density of settlements and their lack of remoteness. Compared to many other parts of the developing world, the poor people in Bangladesh are found to be more receptive to affordable new development ideas. Many innovative government programmes supported by international donors have also helped.

But as the gains from low-cost solutions are reaped, further progress may increasingly depend on more public social spending and an improvement in service delivery systems. For example, further reductions in child mortality will require more expensive child survival interventions, such as hospital-based care to avert neonatal mortality resulting from birth-related complications including underweight births. Similarly, lowering the currently high maternal mortality rate will also require the provision of relatively costly health services. Again, while remarkable progress has been made in school enrolment, especially for girls, there are serious concerns about the quality of education and the resulting school drop-out rates. Clearly, Bangladesh needs to improve the quality of service delivery in order to consolidate the gains made thus far and make further improvements.

The improvement in the social development indicators reflect an underlying process of social transformation that usually takes place at much higher standards of living than currently prevail in Bangladesh. However, we do not know whether the positive changes in social attitudes achieved through successful social mobilisation campaigns -- such as for immunisation or contraceptive adoption -- are habit-forming and can be sustained on their own, or may falter in the absence of continued campaigns. There is already a slackening in the trends in child immunisation and fertility rates. The progress achieved thus far has also been uneven in many respects. In spite of the many achievements in social development, Bangladesh continues to perform poorly in ensuring civic rights, including prevention of violence against women.

The problem of governance resulting in poor service delivery is widespread in the social sectors in Bangladesh. Service delivery systems are highly centralized with very little mechanisms for accountability through community participation. The rural healthcare system is plagued by poor utilization of services and widespread absenteeism of doctors -- estimated to be as high as 75 percent in rural clinics according to a nationwide survey conducted in the early 2000s. Similarly, the quality of schooling suffers from widespread teacher absenteeism and moonlighting, lack of accountability. And low student attendance.

While efforts need to be made to mobilise more funds for public social spending and improve governance, we need to explore any remaining scope for benefiting from creating awareness about low-cost solutions. The tendency of the international agencies to go by the globally accepted templates often entails the risk of ignoring more cost-effective and locally relevant technologies - say, for improving sanitation or reducing maternal mortality or reducing child malnutrition. Incidentally, in each of these three MDG indicators, Bangladesh is trailing behind, despite significant progress in recent years.

There are various institutional pathways to improving the governance of service delivery. The NGO-led path followed in Bangladesh has been more effective in motivating people to adopt new ideas for improving individual welfare than in promoting civic activism, such as for demanding better service delivery by government agencies. In contrast, the Indian state of Kerala provides an example of a different pathway to social development, namely, through decentralisation and effective local governance. West Bengal provides yet another example where grassroots political development have had success in addressing issues of local democracy and land reform with relatively good effect, but public policies dealing with health, education and other related matters of social development seem to have been so far largely neglected. It is also noteworthy that non-democratic China's performance in the provision of primary education and health services at the local level may have been better than in democratic India; local communist officials in China have been responsive to local needs as long as there was no conflict with party directives. In Sri Lanka -- a country often cited as the success story of social development -- the experience of decentralizing service delivery has been largely disappointing. Clearly, while there are many pathways to social development, there is no unique blueprint for success.

While we do our stocktaking of the MDGs, we need to look beyond. The global initiatives for education, for example, may have led to a too narrow focus for education policies by emphasising only quantitative targets. The new emphasis should be not only on education for all, but also on quality education. Globally accepted standard tests on learning outcomes have produced widely varying results even among countries with similarly low income levels -- there are shining examples and the dismal ones. We need to put our educational outcomes to

standard tests. For example, how many of the children finishing primary school can read a simple sentence? Be prepared for a surprise, if not a shock.

Lastly, regarding the MDGs related to ensuring environmental sustainability, Bangladesh faces challenges quite different from the global ones. There is no historical precedence of economic development taking place under such extreme conditions of population density, resource scarcity and climate risks as facing Bangladesh. Many of our achievements may even be reversed if we cannot adapt to environmental vulnerability and the impact of climate change. I can do no better than quote from a recent report on Bangladesh in the British newspaper, the Guardian, asking: can the people of one of the most resilient and innovative countries transform it from being the world's most famously 'vulnerable' country to being recognised as one of its most 'adaptive' country'? We hope we can.

Wahiduddin Mahmud is Professor of Economics at University of Dhaka and is a member of the UN Committee for Development Policy. A detailed version of this paper can be found in http://ponpo.som.yale.edu/seminar_docs/09-10/wahid.pdf