

# Bangladesh

## UNDERSTANDING PROGRESS ON MATERNAL MORTALITY

Countdown to 2015 tracks coverage levels for health interventions proven to reduce maternal, newborn and child mortality, together with data on equity of coverage, health financing, policy and health systems, and other determinants of coverage. It calls on governments and development partners to be accountable, identifies knowledge gaps, and proposes new actions to improve health and reduce mortality. Countdown's data and analysis cover 75 countries that account for over 95% of all maternal and child deaths. The annual Countdown to 2015 country profile enables countries to track their progress and identify key areas where more progress is needed.

Countdown supports in-depth **Country Case Studies** that seek to understand and explain **how** progress on women's and children's health was achieved. By strengthening country-level capacity to conduct this research, Countdown aims to build a portfolio of studies that assess multiple

outcomes across the continuum of care, and that include attention to success stories as well as areas where progress was not made, and analyse the reasons why. Countdown case studies are led by in-country institutions that are independent of RMNCH program implementation.

A team of researchers in Bangladesh, led by the International Centre for Diarrhoeal Disease Research in Dhaka, conducted an in-depth Countdown Country Case Study to explain Bangladesh's success in reducing maternal mortality. Bangladesh, though it is one of the world's poorest countries and has had relatively low national health spending, was at the time of the study one of only 9 Countdown countries **on track to achieve the MDG 5 target** of reducing its maternal mortality ratio by ¼ between 1990 and 2015. The study's findings, published in *The Lancet* in June 2014, are summarised in this brief.

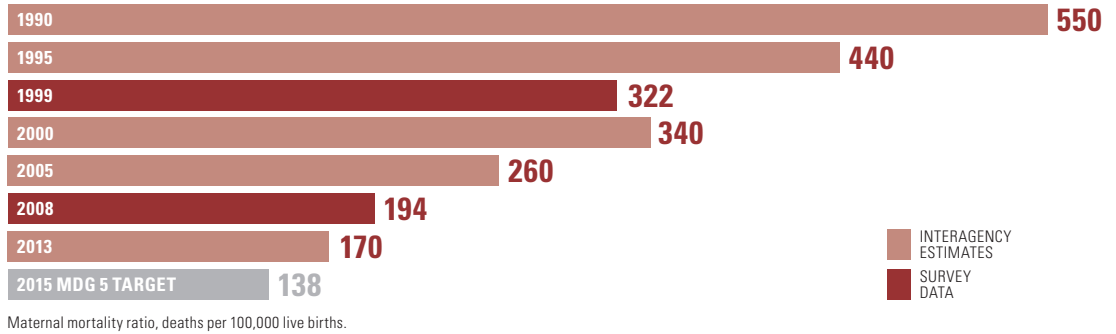
Read the full Countdown Country Case Study on Bangladesh, including all data sources, at: [http://dx.doi.org/10.1016/S0140-6736\(14\)60955-7](http://dx.doi.org/10.1016/S0140-6736(14)60955-7)

All Countdown research papers are available at: [www.countdown2015mnch.org/reports-and-articles/articles](http://www.countdown2015mnch.org/reports-and-articles/articles)

### MATERNAL MORTALITY HAS BEEN DRAMATICALLY REDUCED

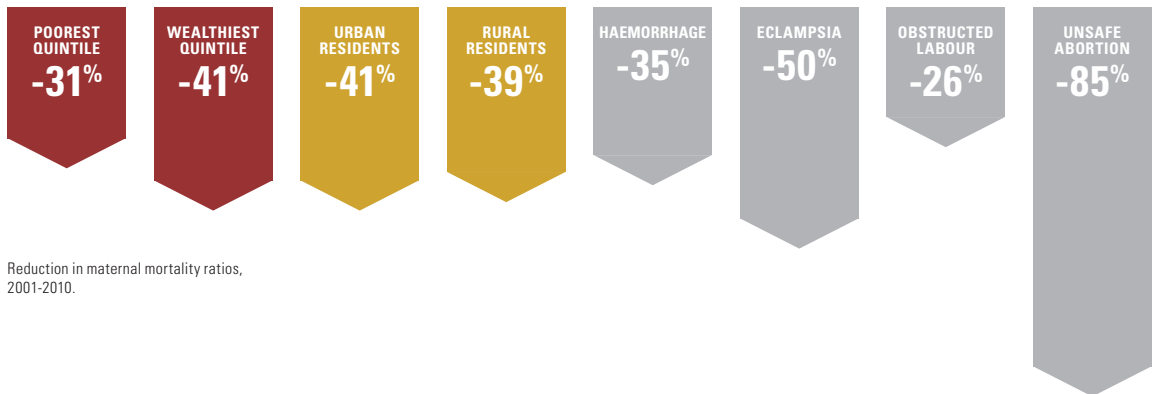
Maternal mortality in Bangladesh has been dramatically reduced over the past quarter-century, and is on track to achieve the MDG 5 target.

**SOURCES**  
Interagency Estimates: *Trends in Maternal Mortality 1990-2013*  
Survey Data: *Bangladesh Maternal Mortality Survey (BMMS)*, 2001 and 2010



### MATERNAL MORTALITY REDUCTION RATES

This dramatic decline in mortality can be observed across all wealth levels and nearly all regions, as well as for each of the direct causes of maternal death.

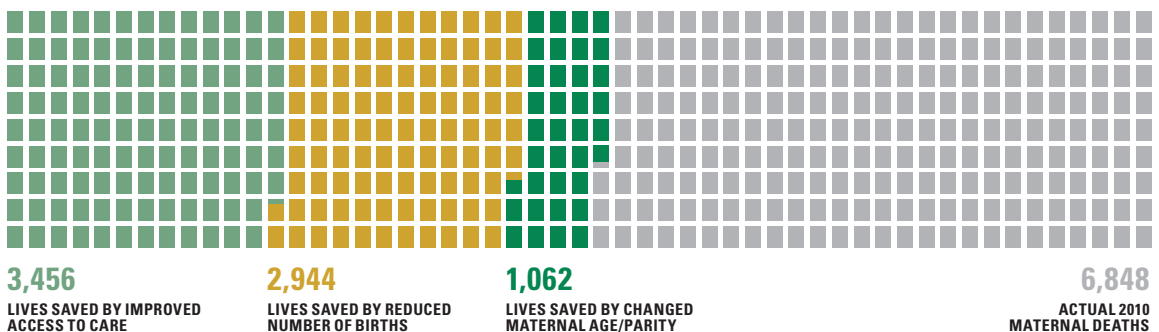


### HOW BANGLADESH PREVENTED THOUSANDS OF DEATHS

In 2001, there were an estimated 12,114 maternal deaths in Bangladesh, and if trends had gone unchanged there would have been 14,310 in 2010. The estimated number of actual deaths in 2010 was only 6,848—**52% of the expected maternal deaths were averted.**

Each bar represents 30 women.

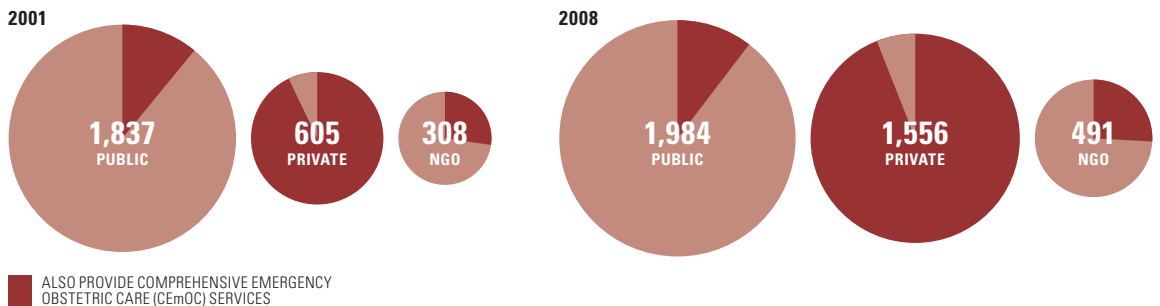
TOTAL EXPECTED 2010 MATERNAL DEATHS (14,310)



## BANGLADESH EXPANDED ACCESS TO DELIVERY CARE...

Bangladesh expanded women's access to maternity services, especially to delivery and comprehensive emergency care in new, private-sector health facilities. Use of skilled childbirth care and facility-based deliveries increased, especially among the poor.

### NUMBER OF FACILITIES PROVIDING NORMAL DELIVERY SERVICES



### WOMEN WHO CAN REACH FACILITIES IN 1 HOUR



### DELIVERIES AT HEALTH FACILITIES

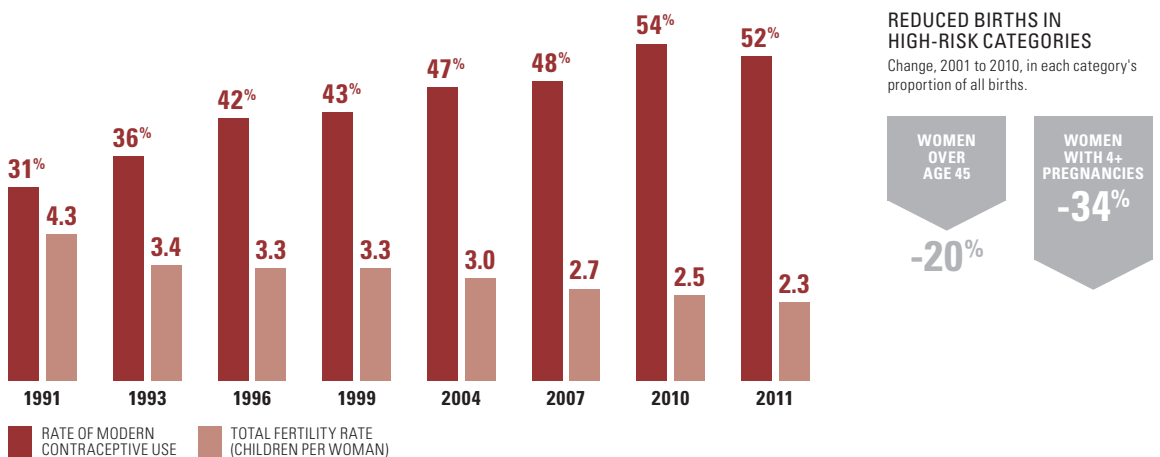


### DELIVERIES ATTENDED BY SKILLED PERSONNEL



## ...INCREASED FAMILY PLANNING, REDUCED FERTILITY...

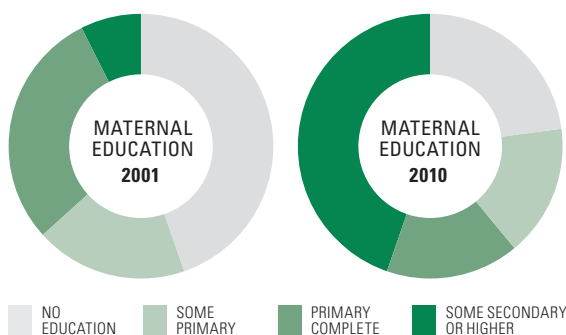
Bangladesh continued to promote contraceptive use, and women had fewer children—especially women with higher risk of dangerous complications.



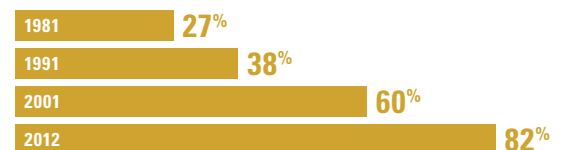
## ...AND EDUCATED MORE WOMEN AND GIRLS.

More Bangladeshi women and girls are attending school, and literacy has increased dramatically.

**SOURCES**  
**Maternal Education:** Births to women by level of education, *BMMS*, 2001 and 2010  
**Female Literacy:** *UNESCO Institute for Statistics* (2012 data estimated)



### FEMALE LITERACY RATE: AGES 15-24



## CONTINUED EFFORT IS NEEDED

Care-seeking for key reproductive and maternal health services remains low, especially among the poorest women. Continued progress is possible—it is **critically important that Bangladesh continue to focus on eliminating preventable maternal deaths.**

### Key contributors to Bangladesh's success:

- Integrated national planning—comprehensive RMNCH services, CEmOC, family planning
- Expanding access to delivery care, especially by increasing private obstetric facilities—almost 2/3 of increase in skilled deliveries was in private facilities
- Increasing access and use of modern family planning—fewer births, and fewer risky births to older women
- Investing in girls' education
- Improving transportation and communication infrastructure
- Economic growth, reduced poverty, and improved nutrition status among women
- Reducing equity gap between richest and poorest for facility-based delivery and skilled birth attendance