

Maternal and infant healthcare interventions have been identified by Bangladesh Priorities as some of the **most effective health interventions** for the country in fulfilling its ambitious Vision 21 plan.

The Bangladesh Priorities project worked with economists from Bangladesh, South Asia, and around the world to study 76 concrete solutions to improve the future of the country. Using cost benefit analysis, the researchers identify how much social, economic and environmental good is achieved for each taka spent, providing policy makers with the most relevant information and analysis to support their decision-making. Based on this analysis, an Eminent Panel considered all the research in detail, and prioritized the 76 solutions. This series of policy briefs focuses on the most important priorities for Bangladesh, from tackling tuberculosis to education, health and digital governance.

Strategy	Takas of benefits per taka spent
Newborn homecare by health worker	22 taka / taka
Immunize children in urban slums	15 taka / taka
Skilled birth attendants at facilities	8 taka / taka

OVERVIEW

Bangladesh has made great progress in reducing child and maternal deaths over the past 15 to 20 years:

- **Maternal mortality reduced** from 322 to 194 per 100,000 live births (2001 to 2010)
- **Infant mortality reduced** from 94 to 32 per 1,000 live births (1990 to 2013)
- **Immunization coverage increased** from 69.0% to 84.7% (2005 to 2014)

But progress has been uneven, and there are many unmet needs:

- 58% or **1.87 million child births still unattended** by any type of medically trained attendants
- 57% (<2 years) or **301.4 thousands children in urban slums still not covered by immunization**
- 49.3% (<2 years) or **396.7 thousands children in rural hard-to-reach areas still not covered by immunization.**
- There is a sharp difference between the infant mortality rate for those in the richest and poorest quintiles. This reflects a difference in service access.

- Annually, approximately 58% of births – or around **1.87 million - are not covered by trained or skilled birth attendants.**

Improving maternal and infant health care in Bangladesh contributes to improved equity across the country.

FIVE YEAR PLAN

The Seventh Five Year has identified targets and indicators to achieve universal healthcare. The priority of the government is to **improve coverage of effective newborn health interventions, increase skilled birth attendance and facility deliveries in maternal and child health.**

Moreover, future priorities will ensure **“increased access to quality health services** by strengthening the health workforce and provision of health services”; and “support the equitable delivery of health interventions and services, particularly for underserved populations and marginalized groups”.

THE INTERVENTIONS

Bangladesh Priorities investigated a range of health-related interventions, and found three that would result in the highest benefits for every taka spent.

NEWBORN HOMECARE BY HEALTH WORKERS

- This policy provides a package of care interventions, including training of care providers, provision of essential drugs, supporting health and family welfare centres, community outreach, community health workers, regular home visits and monitoring before and after birth.
- A study in Bangladesh found that neonatal deaths can be reduced by 28% with newborn homecare support, compared with no intervention.
- Approximately 750,000 pregnant women could be targeted with homecare visits potentially saving lives of more than 8,900 infants, reducing neonatal deaths by 11.9 per 1,000 live births. Benefits for each taka of spending in this case would be an impressive 27 takas.

SKILLED BIRTH ATTENDANTS AT MEDICAL FACILITIES

- This intervention would target around 80% of currently unattended deliveries with services at medical facilities, reaching approximately 1.5 million pregnant women.
- There are well-documented benefits for maternal and neonatal mortality, and this could save an estimated total of 3,260 women's lives and 34,500 babies.

IMMUNIZE CHILDREN IN URBAN SLUMS

- The immunization of children in urban slums remains low, with challenges including a lack of information and knowledge on the need for immunization and irregular Expanded Programme on Immunization (EPI) sessions.
- With a target of 85 percent of children ages 12-23 months fully immunized across the country, that figure is just 43 percent for those in urban slums.
- This intervention would reach 277,000 infants up to age two, increasing full immunization coverage to almost 85% nationally.
- Vaccinations cost Tk 1,400-1,900 per child and could save more than 1,700 lives each year.



COPENHAGEN CONSENSUS CENTER

Copenhagen Consensus Center is a think tank that investigates and publishes the best policies and investment opportunities based on social good (measured in dollars, but also incorporating e.g. welfare, health and environmental protection) for every dollar spent. The Copenhagen Consensus was conceived to address a fundamental, but overlooked topic in international development: In a world with limited budgets and attention spans, we need to find effective ways to do the most good for the most people. The Copenhagen Consensus works with 300+ of the world's top economists including 7 Nobel Laureates to prioritize solutions to the world's biggest problems, on the basis of data and cost-benefit analysis.