

Address by Her Excellency Sheikh Hasina, Prime Minister of the Government of Bangladesh, to the Sixty-fourth World Health Assembly

Geneva, Tuesday, 17 May 2011

Bismillahir-Rahmanir-Rahim. Mr President, Director-General of the World Health Organization, Mr Bill Gates, excellencies, ladies and gentlemen. *Assalamu Alaikum* and good morning to you all.

I am honoured to speak before you today on critical health issues. Let me at first warmly congratulate you, Mr President, on your election to this prestigious position of this important forum. I also congratulate Dr Margaret Chan for her outstanding leadership of the World Health Organization. I congratulate most warmly, Mr Bill Gates, a renowned philanthropist, and the Bill & Melinda Gates Foundation for the magnanimous contribution to global common good, especially in public health.

Mr President, my father, Bangabandhu Sheikh Mujibur Rahman, also the Father of the Nation, firmly believed in freedom, human rights and overall welfare of people. Under his leadership we liberated the country. Sadly, when he was busy in realizing his dream of “Sonar Bangla” – a country of people having dignified lives – he and 18 immediate members of our family were brutally murdered by a few miscreants on 15 August 1975. As the elder of his two daughters who survived due to being abroad at the time, I took up my father’s dream as a challenge to fulfil. I am now on that personal mission.

I have a vision for Bangladesh. We dream of a middle-income country in the next decade where the rule of law and social justice will prevail over poverty, hunger, inequality, impunity and exclusion. We want to build a “Digital Bangladesh” by 2021. My Government has been given a huge mandate to pursue these objectives. The people of Bangladesh, especially the younger generation, is with us in our endeavours.

What is happening in the health sector of Bangladesh now is only a part of the story that makes up Bangladesh of today. There is much more that is happening on a broader canvas. Our socioeconomic indicators are improving. Our democratic institutions are getting stronger. Our economy remains vibrant despite various external shocks. We have proved time and again our resilience against natural and man-made disasters. All these fuel our optimism about the future.

Among the prominent aspects of people’s overall well-being, one of the most important is health. As a woman, I am obviously partial to good health of women. I believe healthy women bear and raise healthy children, thereby contributing to a healthy nation. Therefore, special attention has been given to women and children. Since health is linked to other factors, our policies encompass

poverty reduction, gender equality, women's empowerment, education, family planning among others. Food safety has become a great concern to public health. Given the presence of chemicals, persistent organic pollutants, enzymes, hormones, etc. we are seeking to address these food safety issues.

Taking inspiration from our Constitution that requires us to ensure provision of health services for all citizens, we have successfully contained diarrhoeal diseases and deaths. We have provided for quality medicines and quality diagnostic facilities by withdrawing taxes on medical equipment; and specialized and tertiary care in the private sector. We have also undertaken initiatives to ensure rights and care and creating access for the disabled; e-health; upgrading training of nurses and their services and giving them graduation degrees instead of diplomas; encouraging the private sector with incentives to invest in health; and recruiting nearly 5000 doctors to strengthen our health systems. We have established the first medical university to ensure quality higher education in medicine.

Fortunately, most of our policy targets are also in tandem with the Millennium Development Goals adopted by the United Nations Millennium Summit in its Declaration in 2000. Our achievement in reducing child mortality has been recognized with the United Nations Award on MDG4 presented to me last year during the sixty-fifth session of the United Nations General Assembly. Reducing child mortality was possible with sustained immunization, vitamin A supplementation, and control of diarrhoeal diseases. We would, however, need to do more in acute respiratory infections, childhood injuries, malnutrition, and postnatal care.

As regard Goal 5 on maternal health, our success is on track and the Goal will be reached by 2015. The latest *Maternal Mortality Survey Report 2010* indicates that our maternal mortality ratio dropped from 574 per 100 000 live births in 1990 to 194 per 100 000 live births in 2010 – a 66% reduction. To improve the situation further, we have introduced a maternal health voucher scheme which covers 274 000 poor pregnant women every year. It costs US\$ 25 per pregnancy and covers antenatal checkups and medical tests. An additional cash incentive of US\$ 27 is given for childbirth attended by a skilled provider. Its success calls for its expansion all over the country, for which greater financial support is required.

We must also focus our efforts and resources into areas with the biggest needs and challenges. This is where the most meaningful changes can be made. Some of these changes will be slow and incremental. We must, however, preserve and stay focused on our mission. In a world of conflicting demands and limited resources, we cannot afford to lose sight of our priorities.

In different parts of the world there exists inequities and uneven well-being. Moreover, there is urgent need for safe and effective family planning for about 215 million women of the world who lack it. In Bangladesh, although we have reduced our total fertility rate from 2.7 in 2007 to 2.47 now and satisfactorily improved contraceptive acceptance rate, the rate of unmet family planning needs is still 18%. I hope that the global community would continue their support to our effort to make population an asset instead of being a burden.

Globally more than eight million children die before their fifth birthday, and 350 000 women die each year from complications during pregnancy or childbirth. Almost all of them, about 99%, are from the developing world. We appreciate that WHO is helping to improve the situation of maternal and child health. We also appreciate the positive impact of the recent UN MDG Summit and the UN Secretary General's Women and Children Initiative of September 2010.

In Bangladesh, we have planned universal health coverage for all citizens. Essential health care will be made available at their doorstep through community health centres. We have already started about 11 000 such clinics out of the planned 18 000, with each one serving about 6000 people. These clinics are expected to be focal points for health awareness campaigns. Their biggest advantage lies in their easy access and community ownership.

These clinics would provide childbirth services for reducing maternal and child mortalities. For best possible service, computer literate community health-care providers, mostly female, are being recruited for these clinics. They will make available better health care through consulting upper referral points using tele-connectivity, and also update local health data to the centralized online database. The Director-General of WHO and the Secretary-General of ITU visited some of these clinics during their visits to Bangladesh last year. Experience from these community clinics may be utilized in the work of the recently established Commission on Information and Accountability for Women's and Children's Health, a joint initiative of WHO and ITU.

In respect to MDG6 (Combating HIV/AIDS, malaria and other diseases), although the world has seen good progress in its decline, the current prevalence is over 33 million. Sadly, women account for almost 52 % of global prevalence with 60% in sub-Saharan Africa. HIV is also increasing in some countries in eastern Europe and Asia. Thus, HIV/AIDS should continue to get due attention and continued support from international community. In Bangladesh, we could keep HIV/AIDS prevalence rate to less than 0.01% due to our effective national programme aided by our strong inherent social values. The decline has been due to rapid expansion of HIV services and dedicated AIDS financing.

We have achieved the MDG target on tuberculosis. Malaria is under control. For waterborne diseases like cholera, hepatitis A and E, typhoid, paratyphoid, there is an imperative for greater regional collaboration. We have eliminated poliomyelitis from our country and require regional cooperation to sustain the progress. We appreciate the assistance from the Global Fund to Fight AIDS, Tuberculosis and Malaria and WHO in our endeavours, including controlling diseases like kala-azar and filariasis. We urge our development partners to join hands in designing subregional and regional programmes to contain and combat communicable diseases such as avian and swine flu'. I especially thank the Bill & Melinda Gates Foundation for funding a number of programmes in Bangladesh and request further support.

I believe noncommunicable diseases (NCDs) like diabetes, cancer, cardiovascular diseases, stroke, mental disorders, thalassaemia and autism should get due importance. NCDs account for 60% of global mortality with 80% in developing countries. NCDs are responsible for 61% of diseases in Bangladesh. The incidences of mental problems, thalassaemia and autism are also increasing worldwide. In most developing countries, these are neglected, particularly autistic and handicapped children.

I strongly believe it is imperative that individuals with autism and other developmental disabilities must find easy access to improved diagnosis and services. The challenges associated with autism and other such disabilities are exacerbated when they are combined with poverty. It is in attending to these souls that we exhibit the compassion of the human spirit and embody global respect for human dignity. Therefore, my daughter, Saima Wazed Hossain, who is a psychologist by profession, is taking the lead in organizing a regional conference on autism in particular and mental health in general from 25 to 27 July 2011 in Dhaka. This conference may also provide important input for the United Nations High-level Meeting on Non-communicable Diseases to be held in September 2011. I extend a warm welcome to you all who are interested or involved with autism to come and join the conference in July.

Distinguished participants, ladies and gentlemen,

The ongoing climate change and the increasing frequency and ferocity of natural disasters are threatening our food and water security leading to outbreaks of diarrhoea, cholera and other waterborne diseases. The Intergovernmental Panel on Climate Change report of 2007 predicts that the sea-level rise due to global warming may submerge about 20% of Bangladesh, displacing 20 million people with one in every eight a “climate migrant”. A migration of this scale in Bangladesh, or elsewhere around the world, would create colossal social and health disorders.

I, therefore, call for global recognition of this challenge, including its public health dimensions, and finding innovative responses to it. We hosted a High Level Preparatory Meeting of the Health Ministers of our region to collectively raise human health issues in all climate change negotiations.

The issue of migrants’ health is related to their overall welfare and dignity. There is a gap in terms of developing migrant-inclusive health policies. Enhanced dialogue, especially among sending and receiving countries, can help to address the situation. The occupational safety and health of migrant workers also merit our serious attention.

It is an established fact that health and development are interconnected and are mutually reinforcing. Therefore, any development discourse must take into account resource allocation for the health and social areas. In Bangladesh, we are making such allocations in health and education despite resource constraints. This is a part of our efforts to achieve our “Vision-2021” to make Bangladesh a middle-income country and our population as human assets. This will, however, require huge funds and technical support. In our endeavour, we need the support of our development partners, the emerging economies, international financing institutions, philanthropists, and technically competent institutions.

The health challenges of an LDC like Bangladesh must remain high in our agenda. The Istanbul Programme of Action for LDCs, adopted last week, outlines a blueprint for renewed and enhanced support for the next decade from the global community. This will have to be mainstreamed by all development partners including WHO and other UN agencies. Additionally, we will have to respond to the imperative of ensuring access to medicine at affordable prices. In Bangladesh, our pharmaceutical industry has acquired a high level of capability and can now meet about 97% of our domestic demand. However, the flexibilities accorded within the existing intellectual property regime, in particular patent waiver for LDCs for pharmaceuticals, must be extended beyond 2015. Parallel to this, we should also pursue enhancement of regulatory capacity to combat medical products of compromised quality, safety and efficacy.

Mr President,

I am pleased to learn that the Health Assembly is set to adopt the Pandemic Influenza Preparedness Framework. This will indeed be a milestone in ensuring transparency, fairness, and equality in global public health management.

Bangladesh has been an active participant in all WHO’s discussions and will continue to be so. We have just completed our term on the Executive Board. I thank all concerned for their support in making our role effective and visible. This is reflective of our attaching high priority to health in our national development strategy. Our commitment to global public health is reinforced by the challenges and opportunities that we face at the national level.

Globally, when we debate on reforms of health systems and institutions as the WHO, we must seek reforms that strengthen the capacity of this important body, and allocate increased financial support to enable it to provide policy advice and technical support to member countries. Reforms should deepen engagement of WHO in our countries, or else our endeavours to attain health-related MDGs may run the risk of being compromised. I hope that WHO would emerge as a stronger organization through implementing the reform agenda.

Health is wealth, which can be attained only through collective actions of governments, health professionals, scientific community, the private sector and the international community. Let us renew our commitment to “Health for All” as an essential precondition to transforming people as human assets. Only then will we be able to promote human dignity and enhance their quality of life. This is surely what we owe to our peoples.

It may be worth reminding ourselves that there is a human face to all our deliberations in WHO and other relevant multilateral forums. Sadly indeed, it is a face of poverty and hunger, diseases and malnutrition. More often than not, this face does not have a voice of its own. But, it gnaws at our conscience. Let us not forget to heed the call to act on its behalf. Our collective spirits can make us do wonders. We have proved it through our ability to reach creative consensus on the most difficult of issues. Let us not fail to use that gift to make this world a better place into the future.

I thank you all.

Khoda Hafez! Joi Bangla! Joi Bangabandhu! May Bangladesh Live for Ever!

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