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# Parliamentarians' Call for Action

**Report of the Regional Conference of Parliamentarians  
on Impact of Tuberculosis and Malaria on Poverty  
Dhaka, Bangladesh, 27-29 November 2000**



Government of the  
People's Republic of Bangladesh  
Dhaka



World Health Organization  
Regional Office for South-East Asia  
New Delhi

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## CALL FOR ACTION

**CONVINCED** that poverty is one of the most important factors that cause ill-health and diseases, such as tuberculosis and malaria, and that ill-health essentially leads to poverty, and that global advocacy for social development rightly accords poverty alleviation and health development a central place in the overall socioeconomic development agendas at national and international levels,

**REALIZING** that poverty has many facets and dimensions other than low income, it should be successfully tackled by protecting and promoting the health of the poor, especially as health is one of the most important asset of the poor,

**REALIZING** the close nexus among poverty, environment and health and aware of the urgent need to break this vicious circle through macro and micro level interventions,

**ACKNOWLEDGING** the imperative need for comprehensive multisectoral action to improve the health of the poor, as the determinants of health extend far beyond the conventional health sector and, *inter alia*, include access to food and nutrition, safe water supply and basic sanitation, higher levels of literacy, education and skills, environmental protection and improvement and better social status of women; and that meeting the basic minimum needs of life is the necessary condition for good health,

**RECOGNIZING** the paradoxical situation that while government investments in health and the subsidies inherent therein are meant for the poor, who disproportionately suffer from ill-health, disease and premature mortality, the benefits in reality are mostly reaped by the higher and middle income groups,

**RECOGNIZING** the fact that there is a lack of involvement of the poor in planning and implementation of the health programmes for their benefits,

**REALIZING** that the poor, who are voiceless at present and need to be empowered to organize themselves, as it will lead to their active involvement in health programmes and enable them to become pro-active to protect and promote their own health and alleviate their poverty,

**ACUTELY CONCERNED** that the present level of the proportion of GDP and the percentage of annual budgets allocated to the health sector are grossly inadequate for effectively addressing the diseases of the poor as also other health programmes and that health sector allocation does not have a pro-poor bias,

**CONCERNED** further that even with rising rates of economic growth, the absolute number of the poor is increasing and the gap between the rich and the poor is widening and that higher economic growth by itself may not necessarily translate into better health, particularly of the poor, other variables at macro and micro levels need to be addressed,

**ACKNOWLEDGING** that many diseases and common health problems can be effectively addressed only through intercountry cooperation and collaboration,

**APPRECIATING** Nobel laureate Amartya Sen's statement that health is too serious a matter to be left to the medical profession alone, and convinced that the parliamentarians, local governments, NGOs and civil society should play a greater role in health development and poverty alleviation,

**AWARE** that strategies which rely only on health care delivery system will be inadequate, as the poor do not yet have access to organized services, the need to develop and implement health strategies which lead to reduction of poverty cannot be overemphasized,

**CONSCIOUS** that tuberculosis, malaria, HIV/AIDS, diarrhoeal diseases, acute respiratory infections and unsafe pregnancies are high morbidity and mortality diseases linked to poverty, the need to intensify efforts to address

the same cannot be overstated: at the same time, these diseases cannot be tackled without addressing their main cause, namely, poverty,

**AWARE** that the high level of tobacco, alcohol and narcotics consumption among the poor, which is on the increase, deprives the family even of adequate food, there is urgent need for massive social mobilization and a campaign against health risks caused by tobacco, alcohol and narcotics consumption,

**CONCERNED** at the relatively low priority presently given to social sectors such as health, education and social welfare within the governments, it is imperative that they are accorded higher priority and profile.

**RECOGNIZING** the high financial and economic cost of malaria and tuberculosis on individuals, families and countries, and appreciating that proven and cost-effective strategies (e.g., DOTS, bednets) are available for effectively controlling the same, the urgency to bring them under control cannot be over-emphasized,

**CONVINCED** of the primary responsibility of governments for providing accessible and affordable health care to the poor by allocation of adequate budgetary resources,

***We, the Parliamentarians attending the Regional Conference on Impact of Tuberculosis and Malaria on Poverty call upon ourselves and all our colleagues to act on the following:***

**(1) Advocacy**

- 1.1 Advocate the urgency to break the vicious circle of poverty and diseases, in view of the detrimental effects of diseases such as malaria and tuberculosis on poverty and the fact that poverty aggravates both malaria and tuberculosis,
- 1.2 Debate on poverty, inside and outside the parliament, should include the health dimensions in order to focus on the centrality of health in development and poverty reduction,

- 1.3 Facilitate the government to negotiate with World Bank, other global financial agencies, bilateral donors and megafoundations for substantially stepping up their assistance for health development of the poor, while avoiding verticality and thus ensuring sustainability,
- 1.4 Advocate adequate budgetary provision for health and other allied sectors which deal with safe water supply and basic sanitation, nutrition, and healthy environment as they impact public health especially of the poor.

**(2) Policy Issues**

- 2.1 Ensure that macroeconomic policy places equal emphasis on accelerating the rate of economic growth as well as equitable distribution of the fruits of that growth by proportionately increasing investment in health, education and the basic minimum needs of the poor,
- 2.2 Progressively increase the proportion of GDP for the health sector to at least 4-5 per cent; similarly, the allocation of government's budget to health and allied sectors, particularly to the poor, should be proportionately enhanced,
- 2.3 Review and amend, as appropriate, laws and policies of health and allied sectors to minimize any adverse effect on the health of the poor, and enhance their contribution to health development.
- 2.4 Institutionalize, with adequate financial support, the mechanisms for intercountry cooperation and collaboration in priority disease control programmes and addressing common health problems.

**(3) Financial Resources**

- 3.1 Orient the health policies, health sector budgets, programmes and health care delivery system so as to ensure that the needs of the poor and women and children are met.
- 3.2 Provide larger resources for preventive and promotive health, vis-à-vis curative services.

**(4) Partnerships**

- 4.1 Forge partnerships for better coordination among the departments of health, education, social welfare, environment, rural and urban development, etc. along with the NGOs, donors and others concerned with these sectors at national, provincial and local levels.
- 4.2 The government should launch a campaign for health education and promotion to curb tobacco, alcohol and narcotics consumption in collaboration with NGOs, community-based organizations, media and others concerned.
- 4.3 Integrate health concerns into the policies for labour, trade, fisheries and agriculture, commerce and finance, environment and other areas of development, with focus on benefiting the poor.
- 4.4 Promote partnership between parliamentarians, state legislatures, local self-governments, professionals, civil society and community to ensure that health, family welfare, and other government services actually reach the poor.
- 4.5 Forge alliances and partnerships to mobilize greater donor funding for health and family welfare development and sustain such partnerships.

**(5) Management and Organization**

- 5.1 Develop, in consultation with WHO, time-bound national plans of action for coverage of the entire population by DOTS strategy and extension of malaria control measures to all malaria-endemic areas.
- 5.2 Monitor and evaluate health programmes through the mechanisms of parliamentary and local bodies to ensure that the same are pro-poor in operation and are implemented effectively. To achieve these objectives, establish transparent monitoring mechanisms which should interact with all concerned to ensure multisectoral action for health.
- 5.3 Establish mechanisms to ensure that the recommendations of the standing committees of the parliament on health, family planning, social welfare, education etc., particularly concerning budgetary

allocations, and other similar mechanisms at various levels, are properly implemented by the governments and others concerned.

- 5.4 Empower the poor to ensure that health systems are pro-poor and provide quality services, which treat clients with dignity and respect and protect them from unsafe practices and financial exploitation in both public and private facilities.
- 5.5 Intensify governmental efforts, in partnership with all concerned, to control diseases such as malaria, TB, HIV which affect the poor and inform the people of such actions.
- 5.6 Help build social capital through increased social networks at grass-root levels and strengthen community solidarity and informed decision-making.
- 5.7 Reduce health risks by improving access of the poor to basic public health services including safe and adequate food, safe water and sanitation and protection from violence, natural disasters and displacement.
- 5.8 In addition to influencing pro-poor policy decisions at national level, act as the determining factors at the grass-root level in respective constituencies and motivate and inspire people to deal with issues of diseases and poverty.
- 5.9 Implement disease control programmes through diversified health services of government, NGOs, private practitioners, employers and communities.

## **REPORT OF THE CONFERENCE**

### **1. INTRODUCTION**

The Regional Conference of Parliamentarians on Impact of Tuberculosis and Malaria on Poverty was held in Dhaka, Bangladesh, from 27-29 November 2000. It was inaugurated by Her Excellency Sheikh Hasina, the Hon'ble Prime Minister of the People's Republic of Bangladesh.

The Conference was hosted by the Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh, with the support of the South-East Asia Regional Office of the World Health Organization (WHO-SEARO). It was the sixth in the series of regional conference of parliamentarians, organized since 1996, on important health issues in the perspective of sustainable development.

Parliamentarians and other eminent persons from Bangladesh, Bhutan, India, Indonesia, Maldives, Myanmar, Nepal, Sri Lanka and Thailand participated in the Conference. See Annex 3 for list of participants.

### **2. INAUGURAL AND INTRODUCTORY SESSIONS**

In her inaugural address, H.E. Sheikh Hasina emphasized the important role that could be played by people's representatives in the development of public health. She said, "Health is central to all socioeconomic development. Disease prevention and health promotion cannot be the sole responsibility of any individual ministry or agency. It requires a multisectoral approach and effective coordination and collaboration among all ministries."

Prime Minister Sheikh Hasina informed about her government's commitment to health for all, especially the rural poor, through the package

of essential health services. These basic services will be delivered through community clinics at the village level. This is one of the very important steps taken by her government to increase the access of health services to poor people. Through these clinics, the rural poor would get health services at their doorsteps.

The Prime Minister also said that while Bangladesh is tackling tuberculosis through the DOTS strategy and actively participates in the Roll Back Malaria programme, there was a need to evolve a sustainable technique for their control and prevention. See Annex 4 for the text of her speech.

Dr Uton Muchtar Rafei, Regional Director, WHO South-East Asia Region, noted that globally there is a much better appreciation now of the links between health and development and between poverty and ill-health. Wide-ranging partnerships are imperative to successfully attack poverty and ill-health. Hence the partnerships between WHO, health ministries and the parliamentarians who can positively influence national policies to ensure health, particularly for the poor, are essential.

Dr Uton noted that TB and malaria cause widespread ill-health and death in SEAR countries. These diseases also aggravate poverty among the poor. He mentioned that 40 percent of the population in the ten countries of WHO's South-East Asia Region is infected with TB and 25 million people suffer from malaria, while 1.25 billion people are at risk from these. The Region has also become the epicentre of drug resistant malaria. Dr Uton added that WHO is committed to controlling these diseases. He also mentioned that the "massive effort" recently launched by WHO against them will ensure that known successful strategies reach the poor and the disadvantaged. Dr Uton noted the important role that can be played by Members of Parliament in securing higher priority for the health of the poor in national, political and developmental agendas of their countries. See Annex 5 for the text of his speech.

Mr Humayun Rasheed Choudhury, Speaker of the Bangladesh Jatiya Sangsad, the Bangladesh parliament, said that parliamentarians as lawmakers can influence the budgetary debate to ensure that these health problems are given priority. As issues of health and human development are directly linked, securing the health of the vulnerable populations would be in keeping with

the parliamentarians' commitment to alleviate poverty. See Annex 6 for the text of his speech.

Mr Sheikh Fazlul Karim Selim, Minister of Health and Family Welfare, Government of the People's Republic of Bangladesh said that over 95% of the population of Bangladesh had been brought under the DOTS strategy, and cure rates of over 82% of tuberculosis patients achieved. The country was participating in WHO's Roll Back Malaria Project and organized cross-border meetings in malaria-endemic areas.

The Minister of Health and Family Welfare hoped the parliamentarians' conference would help formulate strategies for resource mobilization, forging partnerships with all sectors, and ensure the active involvement of the community in disease prevention and health promotion. See Annex 7 for the text of his speech.

Mr Sayed Alamgir Farrouk Chowdhury, Secretary, Ministry of Health & Family Welfare, Government of the People's Republic of Bangladesh, welcomed the delegates to the Regional Conference of Parliamentarians. He stated that the presence of the Hon'ble Prime Minister, Hon'ble Speaker of the Jatiya Sangsad and the Regional Director of WHO reflected their personal commitment to reduce the burden of diseases, which have a very high impact on the socioeconomic development of the countries of our Region. Noting the nature and incidence of malaria, tuberculosis and HIV/AIDS, he called for greater collaboration amongst the countries of the Region to tackle the same. He affirmed that Bangladesh, under the leadership of Prime Minister Sheikh Hasina, had accorded the highest level of political and social commitment for improving the health status of the population. The national health policy was formulated in the light of the people's right to health. In conclusion, he expressed confidence that the deliberations of the Conference would reaffirm the commitment of Bangladesh to tackle the diseases of poverty. See Annex 8 for the text of his speech.

After the **inaugural session**, the **introductory session** commenced with Dr Uton Muchtar Rafei, Regional Director, WHO-SEARO, in the chair. Dr Uton recalled the objectives and expected results of the Conference. The objectives of the Conference were to enhance evidence-based knowledge and awareness of people's representatives on the impact of tuberculosis and

malaria on the poor and the WHO strategy on Health and Poverty Reduction, as well as launch a massive effort against the diseases of poverty. The Conference also aimed at strengthening partnerships between WHO and ministries of health and parliamentarians for the health of the poor.

Besides realizing the objectives, it was hoped that mobilization of resources, including budgetary allocations, for combating the diseases of poverty would be enhanced, and it was expected that the strategies for prevention and control of diseases of poverty would get wider intersectoral support.

His Excellency Mr Sheikh Fazlul Karim Selim, Minister of Health and Family Welfare, Government of the People's Republic of Bangladesh, was unanimously elected Chairman. Mr Lalith Dissanayake, Hon'ble MP from Sri Lanka was elected the Vice-Chairman.

A drafting group, comprising members of parliament from all participating countries, was set up to draft the Call for Action and report of the Conference. Ms Mabel Rebello was unanimously requested to be the Convenor of the drafting group.

See Annexes 1 and 2 for the agenda and programme adopted by the Conference.

### **3. PRESENTATIONS ON IMPACT OF TUBERCULOSIS AND MALARIA ON POVERTY**

The gist of the presentations on the agenda items is given below.

#### **3.1 Health and Poverty Reduction: Interlinkages and Evidence**

Dr Atiur Rahman, Senior Research Fellow, Bangladesh Institute of Development Studies, and Chairman Janata Bank, analyzed the multi dimensionality of poverty and highlighted the need to foster synergies for poverty alleviation. He explained that health, besides its own intrinsic value, is instrumental in bringing about change in the economic and social arenas at

both the individual and community levels. He established the centrality of health in sustainable development based upon evidence.

In the light of the perceptions of the poor on health and health care providers, the following policy directions were, *inter alia*, underlined:

- the right of the poor to health services;
- the body being an asset of the poor;
- need for cooperation and partnership;
- health being broader than just provision of health care;
- governance and poor being at the core of the policy;
- pro-poor health care being essentially a political process;
- mainstreaming health into development.

On the basis of the above policy directions, a number of policy actions were suggested. These included:

- recognition that poverty is multidimensional;
- advocacy for health care to also focus on the concept of human body as an asset;
- partnership between public authorities and private sector, NGOs, and community groups for providing clean water and basic sanitation as the foundation for good health, and
- building the capacity and skills of the poor.

He also recalled the WHO Report on Health and Poverty 1997, which had noted that successful health interventions, in the context of poverty alleviation, can be implemented only if pro-poor policies are in place. Therefore, restructuring and budgetary allocations for the health sector, in both quantitative and qualitative terms, should be carried out. Increased allocations should be directed to the needs of the poor, taking into consideration the gender dimension and economic inequality. Effective participation of all the sections of the population, especially the poor, in designing, implementing and monitoring the policies and programmes should

be ensured; and a judicious mix of health providers with increased involvement of NGOs and local community is warranted.

### **3.2 WHO Strategy on Health and Poverty Reduction**

Mr B.S. Lamba, Sustainable Health Policy Officer, WHO-SEARO, highlighted the magnitude of the problem of poverty by stating that about 30% of the world's population (1.3 billion people) live in absolute poverty with an income of less than US\$ 1 per day. Almost half the world's population survives on less than US\$ 2 per day. South-East Asia Region disproportionately bears this burden and accounts for about 40 percent of the world's poor. The differences in health indicators between the rich and the poor in terms of life expectancy, differences in child and maternal mortality, were also brought out.

After explaining how ill-health is both the cause and consequence of poverty, the following four strategies for health and poverty reduction were analyzed.

- (1) Acting on determinants of health by influencing development policy;
- (2) Reducing risks through a broader approach to public health;
- (3) Focusing on health problems of the poor, and
- (4) Ensuring health systems serve the poor more effectively.

It was underlined that for a policy to be regarded as pro-poor, is necessary that the poor benefit proportionately from it. It was also underlined that while efficiency gains are intrinsically desirable, efficiency is a necessary, but not a sufficient, condition for the poor to benefit.

In the light of the conditions obtaining in developing countries, including the countries of WHO South-East Asia Region, it was felt that pro-poor health policy should place emphasis on communicable diseases, reproductive health, childhood illness and environmental health. At the same time, the service delivery infrastructure at the periphery should be expanded and increased resources should be allocated to the primary level.

A pro-poor health policy includes improvement in the supply of relevant personal health services and making them more accessible to the poor; improvement in supply and effectiveness of non-personal public health services; reduction in the financial burden of health care utilization on the poor; and promotion of policies in other sectors having a bearing on the wider determinants of health, particularly of the poor.

### **3.3 Impact of Tuberculosis and Malaria on Poverty: Bangladesh Perspective**

His Excellency Prof Dr M. Amanullah, Hon'ble State Minister of Health and Family Welfare, Government of the People's Republic of Bangladesh, analyzed the impact of tuberculosis and malaria on poverty in the context of Bangladesh.

He said that the poor, who suffer from malnutrition, and live in overcrowded, suffocating and unsanitary conditions, are more likely to contract TB which further impoverishes them.

As TB affects the people in their most productive age groups (15-54 years), the economic consequence of the disease for the society and the country are very severe. The economic cost of TB to the families are also huge, when one takes into account the direct and indirect cost of treatment and loss of wages.

Against the background of the global picture, it was stated that more than 300,000 new TB cases come up in Bangladesh every year and that TB takes an annual toll of 70,000. The revised national TB control programme (RNTCP) in Bangladesh has adopted the DOTS strategy and its coverage is being progressively expanded. The aim of the programme is to reduce the incidence of tuberculosis until it is no longer a public health problem. The objectives are to detect at least 70% of the contagious TB cases by the year 2005 and to cure at least 85% of them by the same year. So far, about 95% of the urban population (460 zillas and cities of Chittagong, Khulna and Rajshahi) have been covered. More than 370,000 TB cases have been detected so far, of which 82% have been successfully treated. Collaboration

with NGOs has been ensured and TB control has been duly integrated in health reform under Health and Population Sector Programme (HPSP).

Highlighting the magnitude of the complex problem of malaria, it was indicated that the revised malaria control strategy, had been adopted in Bangladesh to reduce the mortality rate by 50% by 2005 as compared to 1995.

It was highlighted that the surveillance and information management system for malaria and other communicable diseases are as yet insufficient leading to underestimating the burden of the diseases and delay in responding to its local incidence.

### **3.4 Role of Parliamentarians: minimizing the impact of diseases on the poor contributing to poverty reduction.**

His Excellency Mr Suranjit Sengupta, Parliamentary Adviser to the Prime Minister of Bangladesh, emphasized that the parliamentarians and the local governments have a major role to play in health development and poverty reduction. He recalled Nobel Laureate Dr Amartya Sen to the effect that health is too serious a matter to be left to the medical profession only.

It was stressed that reduction of poverty had to be brought about at the grass-roots level as also through an equitable macroeconomic policy which ensures that while accelerating the rate of growth of the economy, the returns of such economic growth are equitably distributed through investment in health, nutrition and education. The role that the Inter-Parliamentary Union could play in health and poverty reduction was also underlined.

In the field of diseases and health, it is essential that neighbouring countries cooperate and collaborate with one another in order to tackle diseases like malaria and kala-azar on international borders. Parliamentarians should, therefore, advocate for intercountry cooperation.

In view of the fact that health is influenced by the policies and programmes of many other sectors, it is essential that all the sectors collaborate in order to bring about any improvement in the health of the poor

and alleviate their poverty. Parliamentarians are the natural allies in this task, as their work is invariably intersectoral.

The need for debate, both inside and outside the parliament, to create awareness among the decision-makers and people that good health is the basic right of the poor and that an enabling environment should be created for the fulfillment of this right. Appropriate monitoring mechanisms, including MPs, local government and other bodies, should be set in place towards this end.

The role of parliamentarians in reviewing laws in the health and related sectors as also promoting healthy public policies in all sectors was emphasized. Above all, the MPs' role in lobbying for larger budgetary allocations in health and allied sectors was highlighted.

### **3.5 Massive Effort for Action Against Infectious Diseases that Contribute to Extreme Poverty: Stop TB Initiative; and Roll Back Malaria**

Dr Lorenzo Savioli, Coordinator, Communicable Disease Control, Prevention and Eradication Department, WHO-HQ, referred to the political commitment made for prevention and control of TB and malaria at the recent Amsterdam Ministerial Conference and Abuja Heads of State Meeting respectively. It was noted that there is increasing understanding that good health must be at the centre of economic development; high political will and commitment was called for among G-77 and other countries where the problem is the greatest; commitment for increased and sustained funding by the G-8 wealthiest nations, European Union, other donor countries and new megafoundations; was necessary and that partnerships amongst all stake holders must be strengthened.

At the same time, it was stressed that the governments of the developing countries need simplified administration of a synergy among prevention and control programmes. In sum, political will and proven health interventions to tackle TB, malaria and HIV form the basis of the massive effort.

Highlighting the prominent place of TB and malaria as the leading infectious killers and the problem of anti-malarial drug resistance and

prevalence of multi-drug resistant TB, it was emphasized that the goal of the massive effort against diseases of poverty was to reach health care services to the people.

The principal features of the 'massive effort' include an environment of sustained high-level resources to scale up existing health system; addressing the needs of the poor as per the national priorities with the commitment of all stakeholders; diversification of health systems through NGOs and others; measuring success on the basis of the impact; and ensuring that the vaccines, drugs and other goods reach the people.

The possible outcome of the massive effort include empowerment of all partners to take responsibility for their action that reduces risks and improves health; more cost-effective and synergic donor funding; scaling up already proven interventions; creating and facilitating research environment and fulfilling the commitment of G-8 regarding reduction in the incidence of diseases of poverty.

#### **4. ADOPTION OF THE CALL FOR ACTION AND REPORT**

After due deliberations, the **Call for Action**, and the report of the Conference, as contained in this document, were unanimously adopted.

#### **5. CLOSING SESSION**

The closing session was presided by His Excellency Shah A M S Kibria, Hon'ble Finance Minister, Government of the People's Republic of Bangladesh.

The Regional Director thanked the Hon'ble parliamentarians for their participation in the Conference and congratulated them on its success. He made note that the presence of the Hon'ble Finance Minister was indicative of the valuable support that the health sector of Bangladesh had from other sectors. He appealed for similar partnerships between health and finance ministries in all other countries.

Dr Uton said that the inspiring inaugural address of the Hon'ble Prime Minister had set the tone of the Conference and the address of the Hon'ble Speaker provided the broad guidelines for deliberations. He also thanked and complimented H.E. Mr Suranjit Sengupta for his eloquent address on the role of parliamentarians. He observed that the success of the Conference owed much to the wisdom with which the Hon'ble Health Minister of Bangladesh chaired it and Hon'ble Mr Lalith Dissanayake contributed in this behalf. He also acknowledged the contribution of the Hon'ble State Minister of Health as also the active participation of the parliamentarians to the success of the Conference.

He congratulated the drafting group for preparing an excellent document which was unanimously adopted. The role of the national authorities in preparing for the Conference was duly acknowledged and the response of the media was appreciated. Dr Uton also thanked the government for the hospitality extended by it.

He requested the MPs to widely disseminate the message emanating from the Conference in order to create an environment for the implementation of their recommendations.

Hon'ble Dr Ranjit Kumar Panja and Hon'ble Prof Dr Pandapotan Simanjuntak spoke eloquently on behalf of the participating MPs and Mr Surinder Singla spoke on behalf of the experts and resource persons. They all felt that the Conference was well organized, its theme carefully chosen, and well presented and that the objectives have been accomplished.

Mr Sayed Alamgir Farrouk Chowdhury said that the discussion by the Hon'ble Parliamentarians on the subjects of the Conference led to very feasible recommendations that would guide the policy and action of his government. H.E. Prof (Dr) M. Amanullah thanked the participants for contributing to the success of the Conference through exchange of views and observations. He reiterated the importance of extending the coverage of proven strategies for preventing and controlling TB and malaria as also other diseases affecting the poor and thus alleviate their poverty.

H.E. Mr Sheikh Fazlul Karim Selim observed that health is undoubtedly an important determinant of development and prosperity, and hence the

need for preventing and controlling diseases, particularly malaria and TB, can scarcely be overemphasized for protecting and promoting the health of the poor. He also referred to the various special programmes for the poor in Bangladesh, which were showing positive results, and highlighted the important role of parliamentarians in promoting the welfare of the people, particularly the poor, *inter alia*, through health promotion.

H.E. Shah A M S Kibria recalled Nobel Laureate Dr Amartya Sen to the effect that there can be no famine in a country which is democratic, as the government has to be necessarily responsive to the genuine needs of the people. He elaborated this statement by referring to the worst floods experienced in Bangladesh in 1998 when his government took care of the health of the people by providing them cooked food and other essential items, including medicines. Observing that while there was no social security system in Bangladesh as was available in the advanced countries, he said that there were programmes for giving special allowances for about half a million of the poorest and the oldest, at least 50 percent of whom are women. He also mentioned the special allowance that is admissible to widows and deserted women. The impact of such programmes is not only on poverty but also on health.

The Chairman (Hon'ble Health Minister of Bangladesh) thanked the Chief Guest for his valuable observations, and the MPs for stimulating discussions during the Conference, which led to a very important Call for Action. He affirmed that the responsibility to translate the Call for Action into reality lay with the parliamentarians.

The vote of thanks was proposed by Mr Mir Shahabuddin Mohammad, Joint Secretary (Public Health and WHO), Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh.

Thereafter the Chairman declared the Conference as closed.

## **Annex 1**

### **AGENDA**

1. Inauguration
2. Introductory Session
3. Health and Poverty Reduction: Interlinkages and Evidence
4. WHO Strategy on Health and Poverty Reduction
5. Impact of Tuberculosis and Malaria on Poverty – Bangladesh Perspective
6. Role of Parliamentarians: minimizing the impact of diseases on the poor contributing to poverty reduction
7. Massive Effort for Action Against Infectious Diseases that Contribute to Extreme Poverty:
  - 7.1 Stop TB Initiative
  - 7.2 Roll Back Malaria
8. Field Visit
9. Adoption of Call for Action
10. Closing Session
11. Optional

**Annex 2**  
**PROGRAMME**

<b>Day-Date</b>	<b>1100-1230 hours</b>	<b>1400-1800 hours</b>
Monday 27 November	1. Inaugural Session	2. Introductory Session 3. Health and Poverty Reduction: Interlinkages and Evidence 4. WHO Strategy on Health and Poverty Reduction 5. Impact of Tuberculosis and Malaria on Poverty – Bangladesh Perspective 6. Role of Parliamentarians: minimizing the impact of diseases on the poor contributing to poverty reduction
<b>Day-Date</b>	<b>0900-1030 hours</b>	<b>1100-1730 hours</b>
Tuesday 28 November	7. Massive Effort for Action Against Infectious Diseases that Contribute to Extreme Poverty: 7.1 Stop TB Initiative 7.2 Roll Back Malaria	8. Field Visit
<b>Day-Date</b>	<b>1000-1230 hours</b>	<b>1400-1800 hours</b>
Wednesday 29 November	9. Adoption of Call for Action 10. Closing Session	11. Optional

### **Annex 3**

#### **LIST OF PARTICIPANTS**

##### **Bangladesh**

H.E. Mr Sheikh Fazlul Karim Selim  
Minister of Health and Family Welfare

H.E. Prof (Dr) M. Amanullah  
State Minister for Health and Family Welfare

Mr Alhaj Md. Tajul Islam Chowdhury, MP

Advocate Razle Rabbi, MP

Dr M.S. Akbar, MP

Dr S.M. Mokhlesur Rahman, MP

Mr Imran Ahmed, MP

Mr Sultan Md. Mansur Ahmed, MP

Prof Jannatul Ferdous, MP

Mrs Shahin Manwara Huq, MP

Mrs Meher Afroz, MP

Mrs Sagufta Yasmeen, MP

##### **Bhutan**

Ms Dorji Bida  
Member of the National Assembly

Dr Karma Lhazeen  
Department of Health

##### **India**

Ms Mabel Rebello, MP

Shri T.N. Chaturvedi, MP

Dr Madan Prasad Jaiswal, MP

Dr Ranjit Kumar Panja, MP

Dr Rajeswaramma Vukkala, MP

##### **Indonesia**

Mr Tribani Basri, MP

Dr Mariani Akib Baramuli, MP

Prof Dr Pandapotan Simanjuntak, Sp. OG,  
MPH, MP

Mr Suwitno Adi, S.IP, MP

Drs Tjarda Muchtar, MBA, MP

##### **Maldives**

Ms Aneesa Ahmed, MP

Mr Mohamed Shihab, MP

##### **Myanmar**

Professor Kyaw Myint Tun  
Director General  
Department of Traditional Medicine

Dr Win Maung  
Department of Health

##### **Nepal**

Mr Durga Linkha, MP

Mr Rajendra Mahato, MP

**Sri Lanka**

Mr Lalith Dissanayake, MP  
Deputy Chairman of Committees  
Mr Dalas Alabapperuma, MP  
Mr Kumara Welgama, MP  
Mr W.J.M. Lokubandara, MP  
Mr Lakshman Yapa Abeywardena, MP  
Mr Dhammika Kitulgoda,  
Secretary General of Parliament

Mr B.S. Lamba  
Sustainable Health Policy Officer  
Ms Harsaran Bir Kaur Pandey  
Information Officer  
Brig (Dr) Q.M.S. Hafiz  
National Programme Officer  
Mr K.L. Gera  
Administrative and Programme Officer  
Office of WR Bangladesh  
Mr V.J. Mathew  
Senior Administrative Secretary

**Thailand**

Mr Prasit Pitulkija, MP  
Chairman  
Committee on Public Health  
Dr Malinee Sukavejworakit, MP  
Vice-Chairman  
Committee on Public Health  
Mr Kamnuan Morprasit, MP  
Vice Chairman  
Committee on Sciences, Technology  
and Energy  
Mrs Jitra Yooprasert, MP  
Committee on Public Health  
Mr Nirun Phitakwatchara, MP  
Committee on Public Health  
Lt. Gen. Panya Yooprasert, MP  
Committee on Public Health

**Resource Persons**

Mr Suranjit Sengupta, MP  
Parliamentary Advisor to the Prime Minister  
of the People's Republic of  
Bangladesh  
Mr Sayed Alamgir Farrouk Chowdhury  
Secretary, Ministry of Health and Family  
Welfare  
People's Republic of Bangladesh  
Dhaka  
Mr Mir Shahabuddin Mohammad  
Joint Secretary (Public Health and WHO)  
Ministry of Health and Family Welfare  
People's Republic of Bangladesh  
Dhaka  
Mr Atiur Rahman, Ph.D.  
Senior Research Fellow  
Bangladesh Institute of Development Studies  
Dhaka  
Bangladesh  
Dr Lorenzo Savioli,  
Coordinator,  
Communicable Disease Control,  
Prevention and Eradication Department  
WHO/HQ  
Geneva  
Mr Surinder Singla  
New Delhi  
India

**WHO Secretariat**

Dr Uton Muchtar Rafei  
Regional Director  
Dr W. Hardjotanojo  
WHO Representative to Bangladesh  
Dr (Ms) Suniti Acharya  
Regional Adviser  
Reproductive Health and Research

## **Annex 4**

### **INAUGURAL ADDRESS BY PRIME MINISTER SHEIKH HASINA GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH**

Bismillahir Rahmanir Rahim

Hon'ble Chair,  
Hon'ble Speaker of Bangladesh Jatiya Sangsad,  
Hon'ble Colleagues in the Cabinet,  
Hon'ble Members of the Parliament,  
The Regional Director of the WHO South-East Asia Region,  
Excellencies,  
Ladies and Gentlemen,

Assalamu Alaikum.

It gives me a great pleasure to address you at the inaugural ceremony of the Regional Conference of Parliamentarians on Impact of Tuberculosis and Malaria on Poverty jointly organized by our government and WHO. The Parliamentarians of the countries of the South-East Asia would exchange views on poverty alleviation for prevention and control of tuberculosis and malaria - two of the major public health challenges of our time in the region. I express my personal appreciation for the presence of the distinguished parliamentarians who are participating in this important conference.

Hon'ble Parliamentarians,

Health is central to all socio-economic development. There has been remarkable gains in health development in the countries of our region over the last few decades. These achievements have changed the condition of our health system. However, population pressure, unemployment, illiteracy, environmental degradation and poverty stand as major impediments and socio-economic development. We have been going ahead facing all these problems.

Disease prevention and health promotion cannot be the sole responsibility of any individual ministry or agency. It requires a multisectoral approach and effective coordination and collaboration among all ministries and departments having similar interest on development. The elected people's representatives can play a very important role in this regard. I hope the Parliamentarians would effectively contribute to the development of public health and renewal of their socio-political commitment to the voters.

Ladies and Gentlemen,

The Constitution of Bangladesh prepared under the leadership of our great leader Father of the nation Bangabandhu Sheikh Mujibur Rahman ensures the basic human rights including medicare for the planned and balanced economic flourishing. In the light of our Constitution Bangabandhu took effective programmes including construction of health centres in the upazila for development and expansion of health services and control of population. But after his martyrdom the programmes could not attain the desired goal. We have taken specific programmes for overall national development including public health services in the light of the ideals of Father of the Nation. We have already announced the health policy and started implementing it. This policy envisages nutrition and health development of the people, health services to the rural poor people, reduction of child and mother mortality etc.

Our government is committed to ensure health for all. We have been working for reaching the health services to the people, especially the rural poor, through the package of minimum essential health services. We have already been successful in development of health system. We started the implementation of health and population sector programme on 1 July, 1998. Under this programme we are ensuring standard basic health and family planning services for the general people, especially women, children and the poor. We have a plan to establish 18,000 community clinics at village and ward levels where each clinics would extend services to 6,000 people. Within the current year 6000 clinics would be established. The rest would be completed by 2003. As a result the rural people would get the health services at their doorsteps. We have taken necessary measures for training to enhance skill of the medical professionals. The Bangabandhu Sheikh Mujib Medical University has been established to increase the number of specialised physicians. We have increased the number of beds in different medical colleges in the country including establishment of 100 bed Kidney Hospital

and 50 bed Mental Hospital. We have increased the bed of National Cardiovascular Hospital to 400. We have been giving necessary support to establishment of medical college, specialised hospital and clinic in the private sector. We minimised the taxes on import of machinery, equipment and essential drugs required for treatment of cancer and other complicated diseases including bypass surgery of heart. We have introduced modern medicare system in the hospitals for prevention and treatment of tuberculosis and leprosy. We have been implementing a project for massive development of nutrition of the poor people. We have taken up a coordinated nutrition project for removing the problems of nutrition of mothers and children. We have taken initiative for increasing facilities and raising the standard of services in the hospitals located at different places in our country. We introduced Essential Services Package - ESP for reducing child and mother mortality through putting emphasis on reproductive health. Thirty thousand satellite clinics and 92 mother and child welfare centres have been working for this.

Ladies and Gentlemen,

We are aware of the vicious cycle of poverty. We know unemployment, hunger, malnutrition, health hazard, illiteracy and unhealthy environment go together with poverty. So, we put utmost emphasis on poverty alleviation. We believe that if poverty is alleviated, health problems, illiteracy, malnutrition and unemployment would be removed and the country would proceed to socio-economic development. We have taken poverty alleviation measures like Old-age Allowance, Widow Allowance, Destitute Freedom Fighter Allowance, Employment Generation Bank, Asrayon, Housing, Return Home, Peace Abode, One House One Farm, Ideal Village, Youth Training, Micro credit, VGF, VGD, Food for Work, Food for Education, Free Education for Girl Students, Stipend, removal of illiteracy and other socio-economic programmes. These programmes are yielding very positive results. When we formed government we had a deficit of 4 million tons of food grains. But following our pragmatic measures like subsidy and credit in the agriculture sector we had bumper production of crops in four consecutive years despite devastating floods of 1998. We are self sufficient in food now. The per capita calorie intake has increased and poverty decreased. We put emphasis on science, technology, computer and IT for building our people compatible for the 21<sup>st</sup> century. We are proceeding towards socio-economic prosperity through pragmatic policy and programme in all sectors.

We achieved commendable successes in health and family welfare. We achieved the literacy rate of 62 percent compared to 47 percent in 1996-97. The per capita income has risen up to US\$ 386 compared to US\$ 280 in 1996-97. We attained growth rate of over 5 percent in consecutive four years. The population growth rate has come down to 1.5 percent. Now 54 percent people adopt family planning methods. The average life expectancy has risen to 61 years. The child mortality rate has come down to 67 per thousand. The mother mortality rate has come down to 4.2. Our drive for eradication of polio has been acclaimed worldwide. Our success in polio vaccination is being considered as a model in the world. We achieved success in eradication of tuberculosis and leprosy. Bangladesh's technique for control of tuberculosis through DOTS strategy has been recognized by the WHO as a model in South East Asia. We have been implementing various programmes for control of malaria. Bangladesh has been actively participating in the "Roll Back Malaria" programme of the WHO. Moreover, we have made huge investment for removing malnutrition. We could achieve this success through coordinated efforts of doctors, NGOs, WHO, UNICEF, donors and concerned persons.

We have to evolve a sustainable technique for control and prevention of deadly diseases like tuberculosis and malaria. Otherwise, our achievements in the health sector would be severely threatened. We hope that we would be able to control these diseases within a short time.

Ladies and Gentlemen,

I hope, this conference would be able to formulate a guideline for removing the effects of tuberculosis and malaria on poverty. The well thought out suggestions of the Parliamentarians would help the policy makers in this regard. I thank the Ministry of Health and Family Welfare and the WHO for organizing this conference. I hope the Parliamentarians would enjoy a happy and comfortable stay in Dhaka.

I wish a grand success of this Conference and declare it open.

Thank you all.

Joi Bangla, Joi bangabandhu

May Bangladesh Live For ever

Khoda Hafez

## **Annex 5**

### **ADDRESS BY DR UTON MUCHTAR RAFEI REGIONAL DIRECTOR, WHO SOUTH-EAST ASIA REGION**

Your Excellency Sheikh Hasina, Honourable Prime Minister,  
Your Excellency Mr Humayun Rasheed Choudhury, Speaker, Jatiya Sangsad,  
Your Excellency Mr Sheikh Fazlul Karim Selim, Honourable Health Minister,  
Honourable Parliamentarians,  
Excellencies,  
Distinguished Representatives of the media,  
Ladies and Gentlemen,

It is a matter of immense pride and great pleasure for all of us that this Regional Conference of Parliamentarians is being inaugurated by Her Excellency Sheikh Hasina, the Honourable Prime Minister of Bangladesh.

Madam, your august presence on this occasion reflects the high priority that you and your government accord to the health of your people. I also extend my greetings and a very warm welcome to the honourable parliamentarians attending this conference. Your presence at this meeting demonstrates your commitment to regional solidarity for health development.

On behalf of the participating parliamentarians as also on my own behalf, may I place on record our grateful thanks to the Government of Bangladesh, especially to His Excellency Mr Sheikh Fazlul Karim Selim, Hon'ble Health Minister, for so graciously hosting this conference.

Honourable Prime Minister,

At the threshold of the 21st century, it would be opportune for us to take stock of our achievements and the unfinished agenda. What are the challenges that we now face in our Region? What are the opportunities that await to be utilized?

The unprecedented health advances over the past 50 years have afforded people a healthier life and a longer lifespan. Life expectancy in 2000 has risen to 64, an increase of 17 years in five decades.

The recent certification of eradication of guinea-worm disease marks the second disease, after smallpox, to have been eradicated by the Region. We are now on the verge of eradicating polio and eliminating leprosy. Neonatal tetanus and micronutrient deficiencies can also soon be eliminated as public health problems.

However, while the age-old communicable diseases, such as tuberculosis and malaria have reemerged, noncommunicable diseases, such as cancer and cardiovascular diseases, are also becoming serious public health concerns. New diseases, particularly HIV/AIDS, are posing a growing threat. Infant and maternal mortality rates continue to be unacceptably high.

Other problems affecting the health of our populations include widespread poverty and illiteracy, malnutrition and anaemia and the low socioeconomic status of women. The ever-increasing population, rapid and unplanned urbanization and industrialization are putting an immense pressure on the environment, and provision of safe drinking water and basic sanitation for millions will continue to be serious challenges in the coming century.

Honourable Parliamentarians,

If we were to pick one single, current, positive trend in health development, it would be the growing recognition of the centrality of health to all development. Today, globally, there is a much wider appreciation of the links between health and development, and between poverty and ill-health.

Poverty is multidimensional. It not only deprives the poor from access to the basic necessities of life, it disempowers them. It robs them of their rights, and marginalizes them. In order to launch a determined attack on both poverty and ill-health, the need for wide ranging partnerships is imperative. Top funding agencies and the developed nations are strongly supporting health initiatives as key to development.

Recently, at the G-8 Summit, leaders of the world's wealthiest nations debated on urgent global issues at Okinawa in Japan. They gave prominence

to health issues in their global agenda. While committing themselves to work with WHO, leaders of G-8 have promised to go much further in the fight against infectious and parasitic diseases, which, they said, "threaten to reverse decades of development and to rob an entire generation of hope for a better future."

The G-8 Summit specifically agreed to work with WHO on ambitious targets to reduce the three "diseases of poverty": AIDS, malaria and tuberculosis. These three diseases serve to impoverish people, and further marginalize the poor. The "massive effort" being now launched against these diseases will ensure that known successful strategies reach the disadvantaged and needy sections of the population. Clear targets are being set for 2010, and a consensus is emerging between WHO and its partners to work together to achieve success.

Today, health is also high on the agenda of the finance ministers at the annual meetings of the World Bank and IMF, as they discuss poverty and debt relief. Health was the key theme in the Millennium Report of the Secretary-General of the United Nations. Health has a central role in the follow-up to the UN Conferences, in Beijing on Women, and, on Social Development in Copenhagen. It is now well recognized that health achievements are critical to the fulfilment of international development goals.

Poverty reduction is the overarching goal of the Asian Development Bank and central to the operations of the World Bank. This is because they are convinced, more than ever before, that health development, particularly of the poor, is one of the keys to alleviating poverty. No wonder, the World Bank, and the ADB, have substantially stepped up their assistance for health sector programmes and projects in developing countries.

The Director-General of WHO, Dr Gro Harlem Brundtland, has established a Commission on Macroeconomics and Health to clarify the economic links between health and poverty reduction. Through its work, the Commission will be able to provide guidance to introduce measures for improving health and human wellbeing. The Director-General has also constituted a Task Force on Health and Poverty Reduction. We must take full advantage of this changed scenario for the health of the people of our countries.

Honourable Prime Minister,

WHO and its Member Countries have launched several new initiatives for protecting and promoting the health of the poor and indigent. Priority has been given to the Roll Back Malaria, Stop Tuberculosis, Tobacco Free Initiative, Fight Against HIV/AIDS and Polio Eradication initiatives.

Take the example of Tuberculosis. Despite having been present for decades, it is probably one of the most serious infections today. In our Region alone, an estimated 40% of the population is infected with TB. More than 700,000 people have died of TB in 1999, despite the availability of a cure. Studies in India, Indonesia and Thailand have demonstrated the cost-effectiveness of the DOTS strategy for TB treatment. It has saved people's lives and billions of dollars through cured people and by their continued productivity. With the widespread increase of HIV/AIDS in the Region, TB control programmes also serve as an entry point for HIV prevention interventions. Recently, ministers of the 20 high-burden countries which carry 80 percent of the disease burden, met in Amsterdam and made a commitment for providing full coverage with DOTS in the next 5 years.

Malaria is said to be the single greatest cause of poverty in several developing countries of the world. In the countries of WHO's SEAR region, an estimated 25 million people suffer from malaria, and over 1.25 billion people are at risk. This Region has now become the epicentre of drug-resistant malaria and resistant mutants are spreading to new areas.

Nearly 400 million population lives in areas with the problem of drug resistance. WHO is spearheading several cross-border initiatives for malaria control, including the Mekong Delta initiative.

Distinguished Parliamentarians,

It is often said that poor countries lack resources to provide proper health services to their teeming millions. The Nobel Laureate Prof Amartya Sen, however, has said, "... even when an economy is poor, major health improvements can be achieved through using the available resources in socially productive ways". Prof Sen has further emphasized that good health is an integral part of good development. He has affirmed that "Good health and economic prosperity tend to support each other".

The fact is that steady health development requires strong political will and social mobilization, rather than financial resources. This has been clearly shown by the remarkable progress that our countries are making towards polio eradication.

Women in our Region bear a disproportionate burden of poverty, ill-health, malnutrition and disease. A focus on women with a gender perspective is, therefore, a must in any strategy for poverty reduction.

The health consequences of poverty are severe, trapping the poor into the vicious cycle of sickness and penury. Conversely, it has been seen that once the poor are lifted out of destitution through improved productivity and better health, they do not tend to slide back into poverty.

Parliamentarians play an important role in giving shape to national policies. They are best placed to advocate for health with their presidents, prime ministers and finance ministers. With their vast experience in public life and civic affairs, Members of Parliament can recommend viable and practical strategies to meet the health needs of the poor. They can also play a major role in developing partnerships with the industry, development agencies, NGOs and decision-makers in improving accessibility and affordability of drugs, particularly to the poor. Since 1996, this Region has organized five conferences of parliamentarians on topical health issues in the perspective of sustainable development.

This Conference aims at strengthening our partnership for health development with parliamentarians, and according higher priority to the health of the poor in national, political and developmental agendas. We are confident of achieving these objectives with the active participation of the Members of Parliament.

Your Excellency, Madam Prime Minister,

Ladies and Gentlemen,

I thank all of you for your kind attention.

## **Annex 6**

### **ADDRESS BY HUMAYUN RASHEED CHOUDHURY SPEAKER OF THE BANGLADESH PARLIAMENT**

Hon'ble Prime Minister of the People's Republic of Bangladesh and Chief Guest of the Conference

Hon'ble Chairperson, Minister for Health & Family Welfare and Guest of Honour

Regional Director of World Health Organization and guest of Honor, Dr Uton Muchtar Rafei

Distinguished Delegates, Hon'ble Parliamentarians from South East Asian countries,

Ladies and gentlemen,

Assalamu-Alaikum.

I deem it a great honour to be here today in this important Regional Conference of Parliamentarians on the Impact of Tuberculosis and Malaria on Poverty, jointly organized by the Ministry of Health & Family Welfare, Government of the People's Republic of Bangladesh and the South East Asia Regional Office of the World Health Organization.

Excellencies,

The magnitude of any challenge becomes more visible when we are confronted with cold figures, behind which hides the suffering of millions and is immediately combined with our greatest hopes in science and development. This suffering can be prevented and cured: both tuberculosis and malaria are curable diseases. In spite of drug resistance, malaria is not an inevitable burden. Although there are only a limited number of drugs, if these are used properly and targeted to those at greatest risk, malarial disease and

deaths can be reduced, as has been shown in many countries. Initiatives like *Roll Back Malaria* have proved that it is a curable disease if promptly diagnosed and adequately treated. Tuberculosis prevention and curative programmes have also proved to be effective, producing cure rates of up to 95 percent even in the poorest countries.

The noble initiative of the World Health Organization to invite the Parliamentarians in such a conference for sharing ideas and exchanging their experiences could be instrumental for strengthening existing disease control programmes in the region. I strongly believe that the Parliamentarians will come out of this conference highly sensitized to the magnitude of the problem and deeply convinced that there are clear and cost-effective solutions. As lawmakers, we can influence the budgetary debate and request this problem to be addressed as a priority in the coming years. Nothing can be more consistent with our commitment to alleviate poverty as the issues of health and sustainable human development are immediately and directly linked with one another. We are committed, through our activity as parliamentarians, to ensuring equal access to health services, promoting and protecting health, as well as preventing and controlling specific health problems, especially when we refer to vulnerable groups of our societies.

Distinguished Delegates,

On this auspicious occasion the presence of our Hon'ble Prime Minister signifies her strongest commitment to the mandated goals of our health development endeavours. Our government has been pursuing a policy of sustained health development as part of overall socio-economic development of the country, as has received for this noble objective the clearest support of the parliamentarians. Parliament is being closely associated to this policy, and the National Health Strategy has been discussed in the House.

Mr President,

I wish this conference all success and hope the distinguished delegates will enjoy their stay in Bangladesh.

Thank you very much.

## **Annex 7**

### **ADDRESS BY THE CHAIRMAN, SHEIKH FAZLUL KARIM SELIM MINISTER FOR HEALTH AND FAMILY WELFARE GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH**

The Hon'ble Chief Guest  
Sheikh Hasina, the Prime Minister of the People's Republic of Bangladesh

The Hon'ble Special Guest  
Mr Humayun Rashid Chowdhury, the Speaker of Bangladesh Jatiya Sangsad;

The Guest of Honour  
Dr Uton Muchtar Rafei, the Regional Director of the WHO South-East Asia  
Region,

Hon'ble Ministers,  
Distinguished Parliamentarians from the WHO South-East Asian Regional  
Countries;

Excellencies, Representatives from other Ministries, departments and  
government agencies, representatives from media, Non-Governmental  
Agencies, UN Agencies in Bangladesh, and development partners,

Assalamu-Alaikum.

I am pleased to present here, today, at the inaugural ceremony of the  
Regional Conference of Parliamentarians on Impact of Tuberculosis and  
Malaria on Poverty. The World Health Organization deserves appreciation for  
organizing this Conference in Dhaka in order to discuss the high impact of  
two of the major communicable diseases - tuberculosis and malaria on  
poverty.

Distinguished Delegates,

Health is always considered as an integral part of the overall socio-economic development of a country. I strongly believe that this agenda for our discussion will be enormously useful to strengthen our combined efforts for control of these two diseases and help reducing its heavy burden on poverty. The fact that health promotion goes beyond the purview of the Ministries of Health due to many of cross cutting issues, we need a multi-sectoral approach in order to attain health in the context of our overall socio-economic development. I am confident that this conference would identify the role of the Parliamentarians to mobilize people's participation for prevention and control of two of these major communicable diseases from our environment.

We feel extremely delighted that our Hon'ble Prime Minister is with us today to grace the inaugural session of this conference as Chief Guest. This reflects her commitment to the central theme of this Conference - reducing poverty and health through disease prevention. In this connection, I would like to recall with deepest gratitude the Father of our Nation - Bangabandu Sheikh Mujibur Rahman in today's Regional Conference. It was due to his personal initiative and interest that Bangladesh became a member state of WHO in 1972.

Distinguished Delegates,

I am pleased to inform you that we have already undertaken a major health sector reform in our country to guide major changes in the health sector under the Health and Population Sector Programme. This sector programme, initiated, under the guidance of our Hon'ble Prime Minister puts special emphasis on the availability of cost-effective, pro-poor, client centered, and gender sensitive essential health care provisions for the entire population including the rural population. We are hopeful that through implementation of this programme, we shall be able to reduce the infant mortality rate and maternal mortality ratio, reduce the fertility level as well as the burden of communicable diseases and increase the life expectancy at birth. Moreover the programme will ensure a minimum package of essential health care services for all.

Respected Parliamentarians,

Poverty breeds ill health and ill-health is a major cause of low economic productivity in our country. The present government has undertaken a number of pragmatic steps for poverty alleviation. Ensuring houses for the landless poor, elderly allowance for the older citizens, allowances for the distressed women and promoting self employment through micro-credit programme are some of the visionary programmes of our Hon'ble Prime Minister which aim at sustainable human development through poverty alleviation. Converting each house into a firm is one of the unique self-employment generation programmes of our present government which is also promoting health development through reversing the adverse impact of poverty on health. In this connection I am pleased to inform you that our Ministry has already implemented a project worth 262 crore Taka (Approximately US\$ 750 million) for combating malnutrition in the country. Since July this year, we are also implementing a National Nutrition Programme, against a project cost of about 640 crore Taka (approximately US\$ 1.9 billion). This programme aims at improving the nutritional status of mothers, adolescents and children.

Distinguished Guests,

We have gained remarkable progress towards achieving "Health for All". In this connection, I am extremely delighted to announce here that we have formulated a pro-people "Health Policy" in order to provide a minimum package of health care services to all. The policy has accorded highest priority to improvement of the health and nutrition of mothers and children in our country. In addition, we have also formulated a National Population Policy and a National nutritional Policy which reflect our strong social commitment for addressing the adverse effect of health and nutrition on our society. Since adopted these policies, we have made significant achievement in reducing the infant mortality rate and the maternal mortality ratio in our country. The Life Expectancy at Birth in Bangladesh has also increased to about 60.8 which are true reflections of our significant gains in the health sector in recent time. We have taken appropriate steps for increasing participation of women in all our health development activities, particularly in family planning activities.

I also take this privilege to inform this meeting that tuberculosis control program in Bangladesh has gained significant success and the Directly Observed Treatment Short Course (DOTS) strategy for control of tuberculosis in the country has proved to be very effective. About 95% of our population in the country has been brought under the DOTS strategy and we have achieved a cure rate of over 82% for tuberculosis patients. Some of the Non-Governmental Organizations (NGOs) and private organizations are also working in partnership with the government for control of tuberculosis in the country. We expect that in near future, we would be able to successfully control the spread of tuberculosis in Bangladesh.

On the other hand, malaria is endemic in the north-eastern part of the country. There are focal areas bordering Assam, Meghalaya and Tripura of India and Myanmar which are particularly prone to malaria epidemics. Favorable environment is also prevailing in those cross border areas for prevalence of malaria. We are implementing various health interventions for spread of malaria from our country. We are also participating, with other countries of the world, in the WHO initiated Roll Back Malaria Project. We have already undertaken necessary initiatives to implement **"Roll Back Malaria Pilot Project"** in the district of Bandarban, one of the malaria endemic Hill Tract districts of Bangladesh. WHO also deserves thanks for organizing Inter-country cross-border meetings which facilitate sharing of experts, knowledge and experiences for synchronizing and harmonizing the malaria control activities in the cross border region.

Ladies and Gentlemen,

The countries of the South-East Asian Region has unique understanding and opportunities based on our heritage, social, economic and demographic features and ethnic values and culture. With our common vision, we expect that the fellow Parliamentarians would share their own thoughts on reducing the burden and impact of infectious diseases like tuberculosis and malaria on poverty. The Conference will also provide us an opportunity to formulate appropriate strategies for resource mobilization, forge partnership with all sectors and ensure active involvement of the community for disease prevention and health promotion. We do here unite to act for the cause of the benefit of our people. I hope our massive efforts would go a long way in

taking evidence-based decisions for health improvement and poverty reduction in our Region.

Before concluding, I owe my thanks and appreciation to the World Health Organization for bringing this important issue in this forum. I hope that an appropriate **Call for Action** would be adopted in this Conference. We look forward to minimizing the impact of tuberculosis and malaria on the poor that perpetuates poverty.

Let me also record my appreciation and gratitude to the Hon'ble Speaker of Bangladesh Jatiya Sangsad for gracing this occasion as Special Guest.

I must, also, thank the Regional Director of WHO South-East Asia Region - Dr Uton Muchtar Rafei for being present here today as Guest of Honour. WHO deserves acknowledgement for extending its technical assistance and support to our Ministry for overall development of our health system.

Finally, I, once again, convey my sincere thanks and wish that all of you enjoy your stay, here, in Bangladesh.

I wish this conference of the Parliamentarians a grand success.

Thank you very much. Khuda Hafez.

Joy Bangla Joy Bangabandhu

Long Live Bangladesh.

## **Annex 8**

### **WELCOME ADDRESS BY SAYED ALAMGIR FARROUK CHOWDHURY SECRETARY, MINISTRY OF HEALTH & FAMILY WELFARE, GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH**

Mr Chairperson, Sheikh Fazlul Karim Selim,  
The Hon'ble Minister for Health & Family Welfare;

The Hon'ble Chief Guest  
Sheikh Hasina, The Prime Minister of the People's Republic of Bangladesh

The Hon'ble Special Guest  
Mr. Humayun Rashid Chowdhury, The Speaker of Bangladesh Jatiya Sangsad;

Hon'ble State Minister for Health & Family Welfare  
Professor (Dr.) M. Amanullah;

Guest of Honour  
Dr Uton Mughtar Rafei  
The Regional Director of the WHO South-East Asia Region,

Distinguished Parliamentarians from the WHO South-East Asian Regional  
Countries;

Hon'ble Ministers, Excellencies, Representatives from other Ministries,  
departments and government agencies, representatives from media, Non-  
Governmental Agencies, UN agencies in Bangladesh, and development  
partners,

Assalamu-Alaikum.

This is a rare privilege on my part to welcome you all to this inaugural  
ceremony of the Regional Conference of Parliamentarians on Impact of  
Tuberculosis and Malaria on Poverty.

The Ministry of Health and Family Welfare of the Government of the People's Republic of Bangladesh and the ancient mughal city of Dhaka is extremely privileged and deeply honoured to host this Conference in the Capital City of Bangladesh.

We express our deepest gratitude and profound thanks to the Hon'ble Prime Minister of the People's Republic of Bangladesh for gracing this occasion as Chief Guest. We are also delighted to find amongst ourselves, the Special Guest of today's inaugural ceremony - the Hon'ble Speaker of the Jatiya Sangsad in Bangladesh, Mr Humayun Rashid Chowdhury and the Guest of Honour - Dr Uton Muchtar Rafei, the Regional Director of WHO-South East Asia Region. Their presence here, today, is a true reflection of their personal commitment and strong moral support for our endeavours to reduce the burden of diseases, particularly that of tuberculosis and malaria which have very high impact on the socioeconomic development in the countries of the South-East Asia Region. We are also deeply encouraged by the presence of the Hon'ble Members of the Parliament of the countries of the South-East Asia Region without whose presence the Conference would not have been meaningful.

Distinguished delegates,

Malaria and tuberculosis are two of the major public health challenges in the countries of the South-East Asia Region. Of these two diseases, tuberculosis is one of the largest killer diseases in our Region and a serious impediment to human development. The disease affects people mainly in the age group of 20-45 years of age and is estimated to result in an annual loss of about US\$ 4 billion. Five countries in our Region - Bangladesh, India, Nepal, Myanmar and Indonesia account for nearly 38% of the global burden of tuberculosis and nearly one-third of the global deaths each year occur in the countries of our Region. Since, nearly 80% of deaths due to tuberculosis occur among the economically productive age group, poor socio-economic conditions and inadequate tuberculosis control measures form a vicious circle, each influencing the other.

Malaria still continue to rage in our Region. The disease impacts on the economic status of an individual by making one less productive. Increased cross border migration further nurtures the disease. We have seen that

poverty and degradation of the environment work as catalyst in perpetuating infectious diseases. Government or individual organization alone, cannot break this link. We need to forge better and co-ordinated partnership to improve the economic status of our citizens which, along with better health service delivery, will help combat the menace of ill health.

I am sure, the conference will succeed in securing more social and political commitments of the legislatures and the governments of the Region towards adopting more coordinated and effective measures for the control of endemic disease in general and tuberculosis and malaria in particular. The parliamentarians and leaders who can influence the government and social thinking can play a significant role in securing a greater share for the health sector from the national resources, as well as to create an awareness about public health aspects. An educated and enlightened society is a stronger bulwark against communicable but preventable diseases.

The other important areas on which we also need greater collaboration amongst our countries in the Region are two of the growing emerging diseases - HIV/AIDS and Dengue Fever. With globalization, trade and economic liberalization and rapid urbanization, many countries in the Region, are expected to experience a large epidemic of HIV/AIDS cases and Dengue Fever. We need meaningful partnership and wider collaboration amongst our countries in the Region to devise new policies and actions to address these new challenges. We would also seek active support from WHO in addressing this inequity in our Region.

Distinguished delegates,

The present democratic government of Bangladesh under the able leadership of our Hon'ble Prime Minister Sheikh Hasina has accorded the highest level of political and social commitment for improving the health status of our population. Towards this effect and to support our reform process, we have already formulated our **National Health Policy** in the light of our people's constitutional right to health. The formulation of National Health Policy and reforms in our health-care services are one of the major successes of our present government towards improving the health and nutrition status of our population. Needless to mention that this was the long-

cherished dream of our Father of the Nation Bangabandhu Sheikh Mujibur Rahman.

Before concluding my speech, may I take this opportunity through you Mr Chairman to welcome once again our Hon'ble Chief Guest, the Special Guest, the Guest of Honour and the ever resourceful delegates of the Conference. I am sure the deliberations and the declaration of the conference will go a long way in firming up our commitment and support for eradication of tuberculosis and malaria and also to remove poverty, the prime factor behind the spread of diseases.

I hope the delegates of this Conference will enjoy the beautiful city of Dhaka and the hospitality of our people.

With these words, Ladies and Gentlemen, I thank you all once again for being here with us, today.

Khuda Hafeez.