

World Health Summit 2011

Keynote Speech by

Her Excellency

Sheikh Hasina

Hon'ble Prime Minister

Government of the People's Republic of Bangladesh

Berlin, Germany, Sunday, 23 October 2011

Bismillahir Rahmanir Rahim

Excellencies,
Distinguished participants,
Ladies and gentlemen,

Assalamu Alaikum and Good Evening.

I am pleased to be here today to address this prestigious conference as a keynote speaker. I consider this opportunity a great honor. I also thank the people and the government of Germany for the warm hospitality that I and my delegation have received since our arrival in the historic city of Berlin.

The conference's theme this year - "Today's Science - Tomorrow's Agenda," is timely and befitting as we explore policy approaches to respond to emerging health challenges. Before I proceed further, I would like to applaud Dr. Angela Merkel for her untiring efforts to entrench health issues in the global discourse.

Today, I shall explore Bangladesh's progress, as a developing country, in the area of health. Health services for all citizens are assured by our constitution. Providing healthcare to all is a policy, my father and the Father of the Nation, Bangabandhu Sheikh Mujibur Rahman, believed was necessary to create a stable and prosperous country. Unfortunately, his initiatives were cut short by his cruel assassination and of 18 members of my family on 15 August 1975. I would like to mention here that at the time of the assassination, I was in Europe with my younger sister, and it was in Germany where we found our first refuge.

However, as the elder surviving sibling, I soon took on the duty of fulfilling my father's dream of "Sonar Bangla" or "Golden Bangladesh" inhabited by prosperous people enjoying the basic necessities of life, including health services. After assuming office following the national elections of 29 December 2008, I have continued enacting policies which will one day bring about my father's dream.

Ladies and gentlemen,

Our immediate aim is to become a middle income "Digital Bangladesh" where the rule of law and social justice will prevail, while poverty, hunger and inequality will be eradicated. This is also in line with my "Vision 2021" policy on the 50th anniversary of our independence. Already our socio-economic indicators are improving despite the recent worldwide economic recession. Our democratic institutions are becoming stronger and we are also building our resilience against natural disasters. I believe that the future for Bangladesh is bright.

Health has always been one of our prime concerns, particularly the health of women and children, who are often subject to neglect and sufferings. I firmly believe that a healthy mother raises healthy children, thus providing the building blocks for a healthy nation. Good health is also intrinsically linked to policy areas such as poverty alleviation, gender equality, women's empowerment, education, and family planning.

Food and nutritional security for people is our topmost priority. Food safety is no less important given its immediate effects on health. Hence, we have fast tracked policies against excessive or negligent use of chemicals, organic pollutants, enzymes, hormones etc in food. We

are promoting usage of sanitary latrines and launching campaigns on personal hygiene. These small steps can reduce incidence of water-borne diseases like diarrhea.

We have also withdrawn taxes on medical equipment, which has helped develop quality diagnostic facilities. This has also enhanced access to specialized and tertiary care. We are recruiting nearly 5,000 doctors to strengthen our health system, and introducing e-health consultations allowing for further reach of the healthcare professionals.

Most of our policies follow the direction provided by the United Nation's Millennium Development Goals. Our successful implementation of strong health policies led to Bangladesh winning the award for Millennium Development Goal - 4 during last year's UN General Assembly. This was on reducing child mortality through sustained immunization, Vitamin -A supplements, and control of diarrheal diseases. But there is still much important work that remains to be done. Particularly we need to do more to improve our response to acute respiratory infections, childhood injuries, malnutrition, and post- natal care.

We have been able to secure good progress in reducing maternal mortality rate. It fell by two-thirds to 194 per 100,000 live births in 2010. It will improve even further when the services of over 7,000 health and family planning workers currently undergoing training will be available. We are offering both incentives to enhance access to health care. For example, we have introduced a maternal voucher scheme covering 274, 000 poor pregnant women every year, contributing US \$ 25 per pregnancy, ante-natal checkups and medical tests. A cash incentive of US \$ 27 is also being given for choosing to give birth in the presence of a skilled healthcare provider. We are taking specific initiatives like "Well Women Clinic", screening services for hypertension, diabetes, breast and cervical cancer at the sub-district level hospitals. These are important in the context of their socio-economic conditions and promise good result.

We have also reduced total fertility rate from 2.7 in 2007 to 2.47 in 2010. A significant percentage of the population is beyond the reach of family planning services. Given the very large population base, we need a stronger campaign to create greater awareness of family planning and contraceptive measures. Effective family planning is also a key to ensuring the health of the mother and children.

In Bangladesh, essential health coverage for all is being gradually implemented through community health clinics. Since my party's return to government, 11,000 out of planned 18,000 of these clinics, each caring for 6,000 people, are back in operation after a long dormant period. Amongst other things these clinics provide crucial childbirth services thus reducing maternal and child mortalities. We are also recruiting computer literate community health care providers, mostly women, to allow local healthcare staff to make better decisions on complicated cases. They use tele-connectivity to keep in touch with the regions, and update local health data to the centralized online database.

I am happy to say that our efforts and successes in the use of information and communications technology for health has been recognized by the South-South ICT Award on health of women and children, which I received last month during the 66th UNGA in New York.

Like many other developing countries, our communicable disease burden arising out of Malaria, Filariasis, Kala-azar, Influenza, Nipah Virus infection, Viral Hepatitis, Dengue, Rabies, and HIV/AIDS constitute a formidable challenge. Quite a number of people suffer every year from these diseases. However, it is TB that still causes significant casualties every year. There is, therefore, the imperative for effective strategies and partnership in global research and developmental focus.

Ladies and gentlemen,

Non-communicable diseases (NCD) today cause more mortality and morbidity and require greater attention. In the pursuit of economic progress in recent decades, we accepted many changes in human-environment, agriculture-industry relations and our life-style. Unsustainable

exploitation of natural endowments, unchecked industrial growth and concomitant pollution, and unplanned urbanization all played their roles in the growth of diseases such as heart and lung diseases, hypertension, diabetes, and cancers. Accident is another major cause of disability and death. Together, they inflict great cost on the society and economy.

Sadly, NCD prevention and control have remained a low priority for national and international engagements. We need a greater balance in our focus between communicable and non-communicable diseases. We can no longer ignore increasing genetic disorders like thalassemia. Services and facilities on NCDs both in the public and the private sectors in the developing world are inadequate. Often, they are prohibitive for secondary and tertiary health care.

Distinguished participants,
Ladies and gentlemen,

Making health services accessible and affordable is a global challenge. Health finance is a much debated subject these days. Our needs and challenges require matching mobilization of resources beyond public sources. The World Health Report 2010 has aptly covered issues related to innovative financing and health insurance. However, recent experiences of ever-rising insurance premium in the USA in the aftermath of the multiple crises point to the imperative of a deeper examination of health finance and its sustainability.

Transfer of health technology and greater access to medicines at affordable prices can contribute significantly to control ever rising costs. There is immense scope to develop collaboration among pharmaceutical companies to enhance quality and scale up production, and distribution of drugs. Here I see strong merit in extending the flexibilities accorded to LDCs within the existing Intellectual Property Regime on pharmaceuticals beyond 2015. Along with this, we should also pursue enhancement of regulatory capacity to combat medical products of inferior quality, safety and efficacy.

Importance of preventive medicine requires no emphasis. As we concentrate on cutting-edge technology and high-end health products, we must not forget simple and cost-effective interventions like immunization that can help reduce morbidity and disease burden. We can prevent millions of death by making vaccines affordable. Technological break-throughs thus need to be employed to produce new generation of vaccines. Neglected tropical diseases continue to place half of the world population at risk. Hence, we must maintain strong focus on continued research on neglected tropical diseases.

Distinguished delegates,

Any deliberation on health must keep focus on future health agenda. Urbanisation is a global phenomenon and is creating new health challenges. As infrastructures and facilities barely keep pace with the process of urbanization, we end with poor hygienic conditions and new health hazards. Thus, we must find ways how we can provide for community and health services to urban population.

Mental health issues including conditions such as autism are also looming large. Incidence of mental problems and autism are increasing worldwide, but most developing countries do not have the systems in place to identify and treat mental health patients. Particularly, children with autism and mental disorders are neglected. This is why with my daughter Saima Hossain, a trained psychologist, we held a regional Conference on Autism and Developmental Disorders in Dhaka on 25-29 July this year.

Here, it would be pertinent for me to dwell on health related challenges of climate change. For many countries including Bangladesh, climate change is real and happening. Sea level rise of 1 metre could submerge one quarter of Bangladesh and may create 30 million displaced persons. Sadly, while, climate forums debate adaptation, mitigation, technology transfer, green fund - the subject of climate induced health conditions and displacement are often ignored. Climate change

will certainly magnify the existing public health problems like diarrheal diseases, vector borne diseases and malnutrition.

In many countries, economy and health are coming under increasing pressure from both slow and rapid on-set events. Earlier this year, we have seen how vulnerable a developed country like Japan could be to a natural disaster. We can imagine the magnitude of devastation if similar catastrophes occur in an under-developed country. Thus, health challenges of mega-disasters and emergency preparedness need to feature high in our agenda for engagement.

The issue of migrants' health in general has been neglected over the years. It must be remembered that healthy migrants are assets for better productivity. Serious dialogue between sending and receiving countries can help address the gaps that exist in formulating migrant inclusive health policies.

Ladies and gentlemen,

As we deliberate on effective responses to these new and emerging health challenges, I see scope for developing global and regional partnership in health technology and research, capacity building of health personnel, health education, health infrastructure and health policy planning. I strongly suggest universities and hospitals should develop networks and partnerships to reduce the knowledge and resource gap. Thus, we can amplify the benefits of the costly health facilities and bring health services at the door-steps of the poor and the needy in isolated locations. Such networks can be easily established in this era of tele-connectivity. This is how we can develop effective partnering to uphold the spirit of "one community in a globalized world".

Bangladesh, like many countries in the developing world, is beset with diverse problems including poor health infrastructure, inadequate health resources, and poor technology. External factors as well as natural disasters and climate change compound our challenges. We are however determined to keep health our top priority and continue to allocate increasing funds despite conflicting demands and limited resources.

Bangladesh has been an active participant worldwide on health related issues. Our commitment to global public health is reinforced by the challenges we face at the national level, and our belief that "Health is Wealth," and "Health for All" is essential for transforming people into human assets. For, only then will they enjoy the quality of life and dignity that they deserve. This is what we owe to our nation and our people, and irrespective of all our diversities and differences, to the entire humanity.

Khoda Hafez.

Joi Bangla, Joi Bangabandhu.

May Bangladesh Live Forever.

...