

## 55<sup>th</sup> Edition of Munich Security Conference

Speech by

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Hon'ble Prime Minister

Government of the People's Republic of Bangladesh

*Roundtable Session:*

*Health in Crises – WHO Cares*

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**Bismillahir Rahmanir Rahim**

**Distinguished Colleagues  
Excellencies, Ladies and Gentlemen,**

**Assalamu Alaikum and a very Good Morning.**

I am happy to join you all at this very important round table on health issue. Health service is one of the basic needs of human being, thus, requires our highest priority. Despite technological advancement in health sector, people still suffer from diseases. It is unfortunate that we are failing to ensure appropriate health care for our people while right to health is the fundamental premise as described in SDG-3.

**Dear Friends,**

We are pursuing consistent policies and providing financial support for the development of health security in Bangladesh. We saw remarkable improvements in health sector side by side with our socio-economic development. Our efforts have made us a role model of "good health at low cost". We have reduced maternal mortality to 172 per 100,000 births, infant mortality to 24 per 1000 births and under-5 mortality to 31 per 1000 births.

Full vaccination coverage is now 82.3%, life expectancy is more than 72.8 years while fertility rate per women has dropped to 2.1. The success in the use of information and communication technology for health services in Bangladesh is also recognized widely.

Bangladesh has also made commendable success in elimination of tuberculosis and leprosy. The MDR-TB shorter treatment regimen research conducted in Bangladesh, famously known as "Bangladesh Regimen", has significantly reduces the MDR-TB treatment duration from 20 months to 9 months with a better treatment success. The whole world is now moving towards shorter MDR-TB regimen.

Bangladesh in its development planning had prioritized a focus on making public health services available and accessible to all its citizens for the last three decades through Health for All (HFA), Primary Health Care (PHC), Essential Service Package (ESP), etc.

We have established more than 18,500 Community Clinics and Union Health and Family Welfare Centres at rural and community level. We provide 30 types of medicine free through these clinics. We are also expanding the medicine and health coverage through establishing new medical colleges across the country, at least one medical college in every district.

Our government has already integrated the health related SDG targets into our development plans. Our 'Vision 2021' and 'Vision 2041' have given top priority to ensure health security in Bangladesh.

As per our election manifesto 2018, we are planning to expand the universal health coverage manifold and make health service free for child under one year and for elders over 65 years.

**Excellencies,**

Global health is multidimensional spreading over boundaries and requires sustained high-level commitment and closer international cooperation.

We need to work collectively. Advanced technology and innovation have provided us with opportunities to work on health security particularly for the vulnerable sections of our society.

There are formidable challenges in ensuring health for all. Ensuring global public health security is also a global responsibility. As a global organization, WHO needs to maintain the lead to engage the nations on board.

I deeply appreciate and recognize WHO for being with us in our difficult journey especially in achieving the MDGs, reducing child and maternal mortality as well as for the support in various vaccination programmes and combating HIV, Malaria, Tuberculosis and other water borne diseases over the periods.

**Ladies and gentlemen,**

The emergence of contagious diseases like Ebola, Cholera and Tuberculosis globally reveal that the existing health system needs to be upgraded and transformed. Often WHO had been caught wrong footed due to the enormity of the crisis, dearth of resources and its capacity. So, predictable financing for the health security initiatives in the developing countries and LDCs is an urgent need.

I would like to commend the WHO activities in emergency areas like for displaced Myanmar nationals in Bangladesh and for managing emergency situations in Democratic Republic of the Congo, Myanmar, Nigeria, Somalia, South Sudan, Syria, Yemen and Libya.

At the end, I would once again underline effective, results-oriented international coordination and cooperation for the achievement of Sustainable Development Goal-3 and other health-related Goals. And WHO, as our principal humanitarian organization rightfully deserves high-level political support from, and engagement with, Member States and non-State actors to guarantee health and happiness for all.

I thank you all again.