

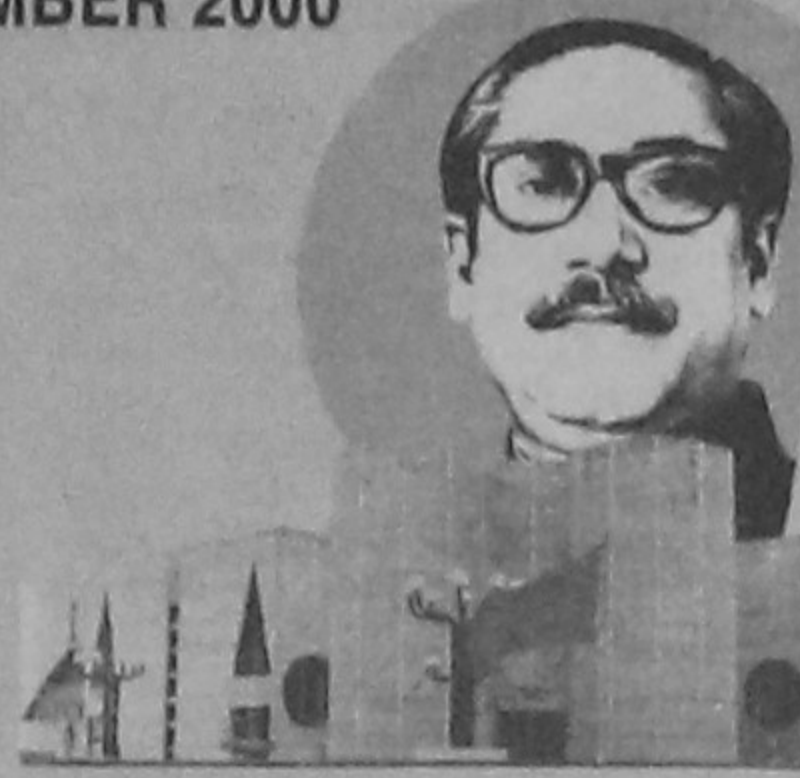


MINISTRY OF HEALTH & FAMILY WELFARE
Government of the People's Republic of Bangladesh

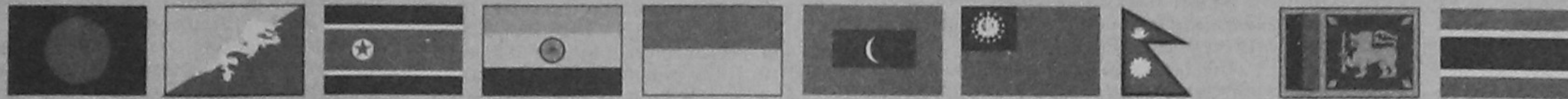
Regional Conference of Parliamentarians on Impact of Tuberculosis and Malaria on Poverty

27-29 NOVEMBER 2000

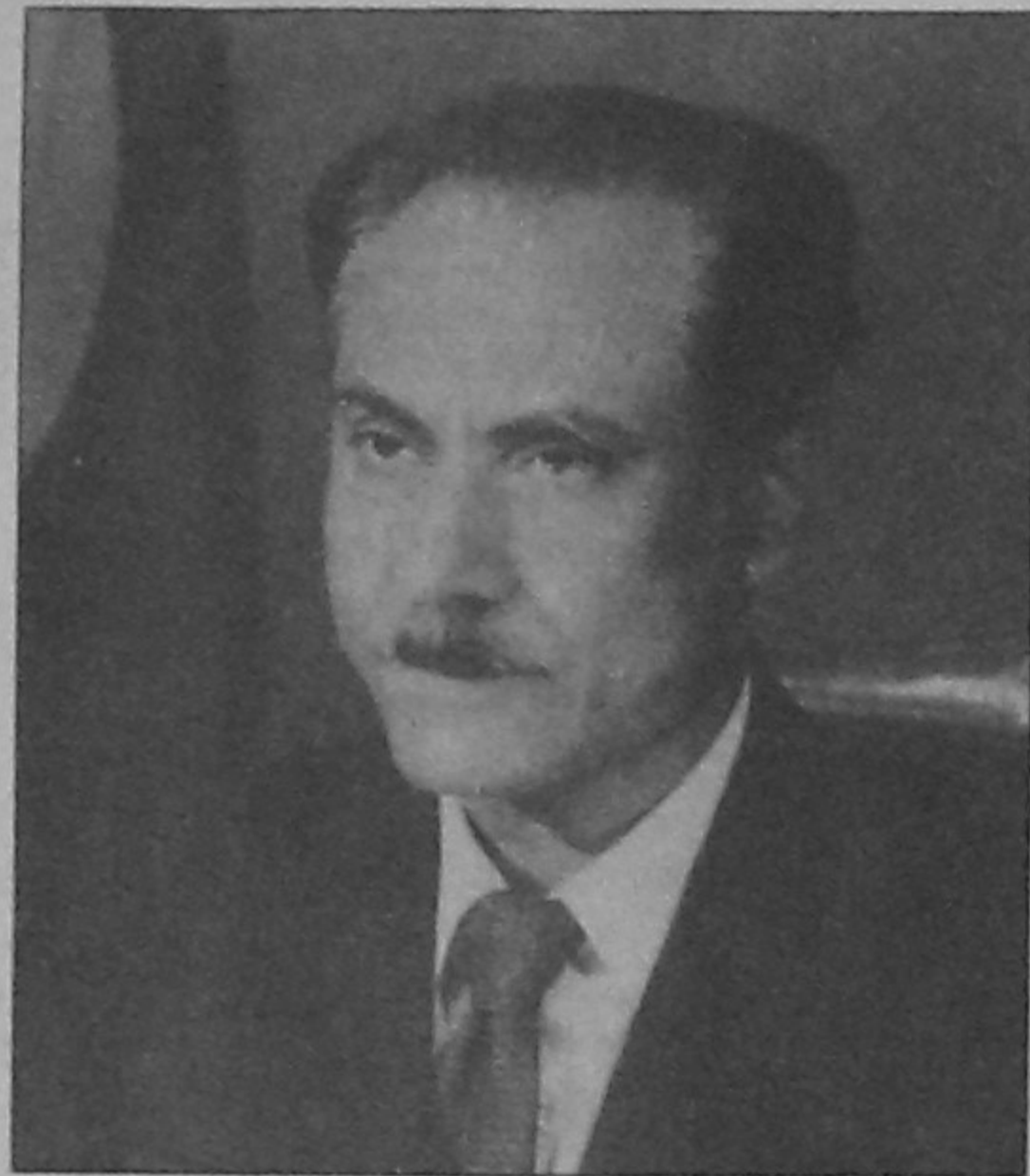
DHAKA-BANGLADESH



WORLD HEALTH ORGANIZATION



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PRESIDENT
PEOPLE'S REPUBLIC OF BANGLADESH
DHAKA

MESSAGE

I am extremely delighted to know that the Regional Conference of Parliamentarians on Impact of Tuberculosis and Malaria on Poverty is being held in Dhaka, Bangladesh. The central theme of this conference carries significant importance in the context of the burden of Tuberculosis and Malaria and their impact on health and poverty in the South East Asian countries. I believe, the parliamentarians as people's elected representatives, can play a pivotal role in controlling these diseases through raising community awareness, mobilizing local resources and enhancing partnerships with various stakeholders.

I wish this very important conference a grand success.

Justice Shahabuddin Ahmed

Justice Shahabuddin Ahmed



PRIME MINISTER
GOVERNMENT OF THE PEOPLE'S REPUBLIC OF BANGLADESH

MESSAGE

It is indeed a pleasure that the Regional Conference of Parliamentarians on Impact of Tuberculosis and Malaria on Poverty is being held in Dhaka from 27-29 November 2000. This noble venture of the World Health Organization's South East Asia Regional Office has significant importance to apprise the Parliamentarians on strategies of Health and Poverty Reduction in the region. I hope, this conference would generate awareness of the parliamentarians about the impact of Malaria and Tuberculosis on health of the poor and initiate massive efforts to fight against these poverty related diseases.

I am glad to convey my thanks to the World Health Organization and to the Ministry of Health and Family Welfare, Government of the People's Republic of Bangladesh for organizing this conference and welcome the parliamentarians from the regional countries in Bangladesh.

I wish the conference a grand success.

Joi Bangla, Joi Bangabandhu
May Bangladesh Live Forever

Sheikh Hasina

Sheikh Hasina



SPEAKER
BANGLADESH PARLIAMENT

MESSAGE

Bangladesh is honoured to host the Regional Conference of Parliamentarians on Impact of Tuberculosis and Malaria on Poverty in Dhaka during the period from 27-29 November 2000.

In the context of the regional health situation and the consequences of these two major communicable diseases, this conference is certainly an important event in which the Parliamentarians can play an active role to reduce the burden of disease and poverty.

I am confident that this conference would give an opportunity to the Parliamentarians to exchange ideas, share experiences and provide guidance to the on-going control programs of these diseases and help mobilizing the community support with a view to strengthen government efforts to eradicate Tuberculosis and Malaria from the South-East Asia Region.

I wish the conference all success.

Humayun Rasheed Choudhury

Humayun Rasheed Choudhury

CHANGING POLICY DIRECTION OF WHO COLLABORATIVE PROGRAMME IN BANGLADESH

Mir Shahabuddin Mohammad

Joint Secretary (Public Health and WHO)

Ministry of Health & Family Welfare

Government of the People's Republic of Bangladesh

WHO Country Collaborative Programmes in Bangladesh

Bangladesh joined the World Health Organization (WHO) in 1972 within its South-East Asia Region. Since Bangladesh became a member of WHO, the organization has been providing technical assistance to the government. Presently, the approximate biennial budget of the organization for Bangladesh is US\$ 10-11 million.

The main objectives of WHO Country Collaborative Programme in Bangladesh is to develop (i) the health sector's capacity for health policies and management, (ii) develop appropriate human resource for health, (iii) promotion and protection of health and (iv) provide technical assistance for integrated control of diseases.

2. National health situations, including major health problems and key issues and challenges for health development

2.1. Current health situation in Bangladesh

Bangladesh is undergoing through a process of transition. Issues like economic reforms, increased industrialization, rapid urbanization, rising income levels, improved health care as well as political, social and cultural changes in the country have significantly changed the health scenario in the country.

Despite very low per capita GNP (of approximately US\$ 370 at current factor cost) the traditional macro-indicators of health status in Bangladesh demonstrate an indisputable evidence of public health progress and achievements which has taken place in the health sector of the country over the last 25 years. Some of these achievements are:

- Child immunization coverage has increased from 10% in 1984 to 68% in 1998 and the mortality of children under 5 has dropped considerably from 150/1000 live births in 1970 to about 77 per 1,000 in 1999.
- Life expectancy at birth has also increased from 45 (in 1970) to 60.8 years (in 1999), mainly due to lower child mortality.
- Population growth rate declined from over 3% in 1971 to 1.5% in 1999.
- Infant mortality per thousand live births dropped from around 150 in 1971 to around 57 per 1000 live births in 1999.
- The maternal mortality ratio has also declined to about 3.00 per 1000 live births.

2.2 Current challenges in the health sector

Bangladesh is likely to face the following challenges which will determine the health trends in Bangladesh:

- the challenge of reducing the high burden of maternal and infant mortality rates from the countries of our Region;
- high population growth;
- the unfolding of the HIV epidemics in the South-East Asia Region;
- the looming threats from emerging and re-emerging infectious diseases like Dengue, Kal-azar, Filariasis, Drug Resistant Tuberculosis, etc.
- Arsenic contamination of ground water which has already become a major public health problem in Bangladesh and parts of India.
- Alleviation of poverty through reduction of burden of diseases and malnutrition.
- Growing inequality and inequity (between poor and rich and gender inequity) in health and the social contexts that influence health disparities.

Bangladesh would require to face these health challenges in future, with assistance from WHO and many of its other development partners.

3. National Health Policy, Strategy and Programmes of Bangladesh

There are few internationally agreed goals which have been set for attainment by the government of Bangladesh under the recently formulated National Health Policy:

- Eradication of polio by the year 2000
- Elimination of leprosy by the year 2000 and eradication by the year 2005;
- Elimination of neonatal tetanus by the year 2010
- Elimination of measles by the year 2010
- Reduction of maternal deaths from 3/1000 live births to 2.0 per 1000 live births with the year 2012 and to 1.0 per 1000 live births within 2020
- Increase of Directly Observed Treatment, Short Course (DOTS) coverage for TB patients to almost 100% within 2005 from the current level of 82%

4. Future of WHO Collaborative Programmes in Bangladesh

In view of the changing health needs of Bangladesh, it is important to re-organize WHO's resources to better suit the re-structuring of the health system in the country in order to respond to the spreading of new health threats in Bangladesh.

Rationalization of WHO Country Budget: In compliance with various WHO's Resolutions taken in the past by the WHO member states, it may be important to determine the size and composition of the WHO Country office in Bangladesh. This will help the government to reallocate necessary resources from WHO Country Budget for 2002-2003 should the government decide to do so. Bangladesh would also like to stress that WHO Director General's new corporate budget policy for 2002-2003 should have appropriate flexibility to accommodate the changes what have been suggested by Bangladesh for better rationalization of WHO's technical resources in the country.

In May 1998, WHO has presented a new policy as a first step in the renewal of the Health for All movement. The new policy has identified 10 new global health targets for promotion of the Health for all policy in all member states. Out of these 10 new global health targets, four are health outcome targets, two targets are on determinants of health and four targets are on health policies and sustainable health systems. All WHO Member states are supposed to set their own targets within this framework, based on their specific needs and priorities.

Bangladesh, therefore, would like to maximize the WHO's technical resources at the country level in order to achieve its own public health agenda. The following issues would be of importance to Bangladesh:

Support to Health Research: The central problem of health research is the 10/90 disequilibrium (Only 10% of the US\$ 56 billion spent annually in health research are dedicated to 90% of health problems of the world's population). In future, WHO's central focus should be on research as well as on developing national research capability of its member states in order to help them provide better information for better decisions.

Using more National Expertise in Planning and Implementation of WHO Collaborative Programme: WHO's main strength is its technical resource. Under the umbrella of Basic Health Care Services between WHO and Bangladesh. Due to planned investment of WHO's resources by the government, national expertise has developed in many areas of public health in Bangladesh. In order to sustain this technical skill and knowledge, more national expertise should be involved for implementation of future WHO Collaborative Programmes in the country which will ensure long-term sustainability of the programme.

Measuring the Performance of Health System: One of the major challenges in the policy direction of WHO for future would be how best the organization can bring the issue of designing and performance of national health systems to its health agenda. The organization, must now, help the national governments for developing indicators and tools for evaluating the performance of their own health systems.

Inequality in Health Status and Access to Health Care Services: Bangladesh would look forward to WHO's technical assistance, in future, to increase access to essential health care services which benefit the poor. The organization should help Bangladesh in providing information and developing skill to measure inequity and inequality. Unless the organization puts the issue of health inequality and inequity on its agenda, there will be little scope for the member countries to be benefited by the WHO's technical assistance at the country level.

WHO's Support to Poverty Alleviation: Bangladesh has initiated a number of pragmatic steps for poverty alleviation. Ensuring houses for the landless poor, elderly allowance for the older citizens, allowance for the distressed women and promoting self employment through micro credit programmes are some of the challenging initiatives which have been taken by the present government for sustainable human development through poverty alleviation. For sustenance of these poverty alleviation programmes and with a view to reversing the adverse impact of poverty on health and nutrition, the government would require special assistance from WHO.

Countering the Environmental Threats: Bangladesh, like many other countries in the Region is experiencing threats from the environment which entail direct cost to the health sector. This increased climate variability, threats from the environment and other manifestations of global climate change are placing additional strains on public health programmes in most countries in this Region, including Bangladesh. In view of this, Bangladesh expects that WHO addresses the need for coordinated scientific and technical programmes to support countries in coping better with climate-related matters affecting environment and development.

Institutional and Infrastructural Support: WHO should also, provide institutional as well as infrastructural support for health care delivery which contribute to better health. Bangladesh, would require assistance from the organization, in future, on the use of appropriate technology, advanced diagnostic techniques and procurement support.

Monitoring and Evaluation of WHO Collaborative Programmes: Currently, there is no set criteria for monitoring and evaluation of WHO's Collaborative Programmes in Bangladesh, and to see how far the WHO's Collaborative Programmes are assisting the member countries in achieving its overall targets and development goals in the field of health and nutrition. Bangladesh would, therefore, propose to initiate a programme for evaluation and monitoring of WHO Collaborative Programme in Bangladesh.

Inter-Country Co-operation for Health Development (ICHD): Bangladesh puts special emphasis on the areas of inter country cooperation. As a part of this, Bangladesh is working as Country Coordinator for Early Childhood Development to start the ICHD process. WHO needs to collaborate with the government to help Bangladesh take lead role in providing technical co-operation and strengthen national capacity for early child hood development in the countries of the Region.

Support to the National Centres of Expertise: One of the major goals of future WHO country assistance in Bangladesh should be to develop the institutional capacities of key centres of expertise currently functional in the health sector in Bangladesh. Utilizing funds from the Inter Country Programme or from other sources, there should be a comprehensive policy and plan from WHO to extend its technical resources towards strengthening and upgrading the functional capacity of many national institutions in the country which have the potentials to become the WHO Collaborating Centres or Regional Centres of Excellence in the foreseeable future.

5. Conclusion

Globally, WHO's role is to advocate its policies, provide high-level policy advice to the government and help the government coordinate external resources to the health sector. In persuasion to this, WHO's role and action will require to be reorganized and diversified in order to meet new health challenges in Bangladesh. The future of the WHO collaborative Programme in Bangladesh will, therefore, depend on the future policy directions which the organization can follow and adapt while responding to the new transition in health in Bangladesh.

Director-General
World Health Organization



MESSAGE

I congratulate the Government of Bangladesh for joining with the World Health Organization in convening this important meeting. As elected representatives of the people, parliamentarians have a particularly critical role in the massive effort which is now required to protect and improve the health of poor and vulnerable populations. It is key to overcoming poverty and setting your countries firmly on the road to sustainable human development.

When breadwinners die or suffer prolonged ill health or disability, entire households may be tipped into extreme poverty. Income is drastically reduced. Finding the money to pay for treatment and medicines may mean borrowing at crippling interest rates. Children, especially girls may be kept from school. Families eat less.

During the 1990s, the world began to accept that there is a close knit relationship between health and poverty. It runs both ways. Poverty is bad for health, but ill health is also a cause of impoverishment.

Infectious diseases undermine societal structures, health systems and national economies. Calculations remain imprecise, but it is certain that the full economic costs of infectious diseases have been underestimated. Recent studies suggest that those countries where 10% of the population are affected by HIV/AIDS stand to lose up to one percentage point of GDP per year. Malaria too continues to undermine economic performance, diminishing potential growth by up to 1% per year. The economic costs of TB could amount to more than US\$ 12 billion per year. Taken together, the costs in terms of human, security and economic development are staggering. The case for more rapid, sustained and concerted action is overwhelming.

It should not be like this. A number of proven health interventions can dramatically reduce mortality from the main killers. You will be discussing them, during your meeting. But the challenge is to take these interventions to scale throughout the entire South East Asian Region and indeed, globally.

We need a popular movement to achieve this ambitious but essential goal.

• A movement that keeps decision makers fully involved. • A movement that stimulates people in all countries to find their own best ways forward.

• A movement that focuses on clear outcomes but which is inclusive and pluralistic.

I wish you a successful outcome to your meeting. Our common goal of overcoming poverty depends on it.

Gro Harlem Brundtland

Gro Harlem Brundtland

Bangladesh Centre for Health Emergency Preparedness and Response (BCHPEPR): Bangladesh's repeated exposure to natural and man-made disasters, have made it imperative for the Government of Bangladesh to strengthen the operation response capacity of the Ministry of Health & Family Welfare (MOH&FW) for preventing and mitigating the adverse health consequences of emergencies and disasters. WHO should play its due role in providing necessary institutional support to the MOH&FW for establishing a National Centre for Health Emergency Preparedness and Response in the Country which will have a long term perspective goal for designation as a Regional Centre. Excellence in the areas of health emergency preparedness and response.



WHO Regional Director
for South-East Asia



MESSAGE

I am glad that this Regional Conference of Parliamentarians on Impact of Tuberculosis and Malaria and Poverty is being held in Dhaka. These two diseases, among others, create havoc for developing country populations. The resultant high levels of morbidity and mortality place a heavy burden on the already impoverished, particularly women.

Most governments, international funding agencies and multilateral agencies today acknowledge the vital link between health and development, and ill-health and poverty. Parliamentarians play an important role in giving shape to national policies and are best placed to advocate for health to be given priority within their own governments.

This is the sixth meeting of Parliamentarians being held since 1996 on tropical health issues in the perspective of sustainable development. This meeting of minds will help to further strengthen WHO's partnership for health development with parliamentarians and to accord higher priority to the health of the poor in national political and development agendas.

I thank the Government of Bangladesh for hosting this important meeting, and congratulate the Ministry of Health and Family Welfare for the elaborate arrangements made by them towards its success.

Dr. Utton Muchtar Rafei

Dr. Utton Muchtar Rafei

COURTESY:



SONALI BANK



JANATA BANK



AGRANI BANK