Honorable speakers, distinguished guests,

Today the 7th of April 2018, we celebrate the 70th anniversary of the World Health Organization, – a date the world now observes every year as World Health Day.

This year we will be also celebrating 40 years of the Alma-Ata Declaration, when international health community expressed the need of Health for All, the essence of Universal Health Coverage, which is the theme to be observed today.

Universal Health Coverage a bold promise that all people will have access by 2030 to quality health services, when and where they need them, without suffering financial hardship.

That promise includes access of population to the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care.

Through Universal Health Coverage, everyone will have access to services that address the most important causes of disease and death, and, more important than that, the quality of those services will be good enough to substantially improve the health of the people who receive them.

Protecting people from the financial consequences of paying for health services out of their own pockets reduces the risk that people will be pushed into poverty. Unexpected illness requires them to use up their life savings, sell assets, or borrow – endangering their futures and often those of their children.

Achieving Universal Health Care is one of the targets the nations of the world set when adopting the Sustainable Development Goals in 2015. Countries that progress towards Universal Health Care advance towards the other health-related targets, and the other goals. Good health allows children to learn and adults to earn, helps people escape from poverty, and provides the basis for long-term economic development.

Currently, half of the world’s populations lack access to essential health services. In South East Asia alone, more than 800 million people do not have full coverage of essential health services. Health expenses push about 65 million people into extreme poverty when they pay for health care. The region is also facing a growing burden of noncommunicable diseases such as diabetes and heart diseases and this can easily be explained by two factors: region-wide shift to increasingly sedentary lifestyles and a demographic shift, meaning that by 2020 more of the region’s population will be over 60 than under 5.

The situation of Universal Health Coverage in Bangladesh is almost similar, as only one in two people has access to essential health service, and 14 percent of Bangladesh people spend more than 10 percent of their household income on health.

In the last years Bangladesh has made consistently improvements on many areas of the health sector, from primary to tertiary care, access to medicines, health education development and overall
strengthening of the system, but the road to Universal Health Coverage is still way ahead of us. The World Health Organization has been working closely with the government and other stakeholders to assist the country to reach Universal Health Coverage by 2030.

In reaching this ambitious goal, several actions have to be taken:

**First**, there should be **greater investment in health**. The public sector in Bangladesh spends less than one percent of its GDP on health. Countries that have achieved universal health coverage are spending around 4 to 5 percent on health from public sources. For example, the essential health services alone which is a set of priority interventions to be delivered at the District level and below is projected to cost at least USD 6.6 per capita but currently only USD 2.90 per capita is being spent to deliver the package. With the increased allocation for the health sector under the current sector plan, we hope to see greater investment in frontline services where we can have a greater impact in improving health and equity.

Second but equally importantly, there should be **substantial improvements on human resources** for health. Bangladesh has only 7.4 health workers - physicians, nurses and midwives for 10,000 people which is far below then the recommended threshold by WHO of 44.5 for 10,000 people. The country needs to do more in basic training health workforce to fill this gap. While there has been an increase of 69% in the total number of medical schools and 113% in the nursing colleges since 2010, the quality of the education offered is a concern. For instance, only 19 professor positions for a basic discipline such as anatomy are filled for a total of 30 government medical colleges. This calls for a joint effort on health professional education in the SDG era in order to reach universal health coverage in Bangladesh.

The **quality of health services is another critical area** for further attention. Bangladesh developed a *national strategic planning on quality of care* in 2015 and various initiatives have started. However, greater coordination and harmonization of these initiatives is needed as well as institutionalization of those that proved to be effective. For instance, this will help addressing problems faced by the majority of district hospital-like infection prevention and control measures adherence or that one third of them do not have a functioning ambulance for emergency referrals.

Regular **availability of essential medicines** in public facilities will be another cornerstone for the achievement of Universal Health Coverage. A basket of essential medicines is currently available in public health facilities but stock-outs are frequent. The effective implementation of the Essential Service Package thus requires a significant increase in public spending on pharmaceuticals in conjunction with awareness raising among prescribers and patients on the appropriate use of medicines. This will help in reducing the very high level of out of pocket spending in the country and also combating microbiological resistance. Currently out-of-pocket expenditure on medicines is about two thirds of total out-of-pocket expenditures for health.

WHO stands alongside the Government of Bangladesh and other development partners for ensuring ‘health for all’ by 2030. Together, we can improve the overall health of society, contributing though to its development and wellbeing.

As Dr Poonam Khetrapal Singh, Regional Director of WHO South-East Asia Region said, we want to honor a promise that is bold yet simple, and that will change the lives of millions of people across the Region and beyond – health coverage that is universal; health coverage that is for everyone, everywhere and leaves no one behind.