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**Statement of H. E. Dr A.K. Abdul Momen,
Ambassador and Permanent Representative of Bangladesh
at the
High-level Meeting on the comprehensive review and
assessment of the progress achieved in the prevention and
control of non-communicable diseases
10-11 July 2014, United Nations, New York**

Excellencies, distinguished participants, ladies and gentlemen,

Good morning /afternoon.

Let me begin by sharing with you all some key features related to the broad scenario of health sector in my country. My country faces double burden of diseases – both communicable disease (CDs) & non-communicable disease (NCDs). High burden of CDs was historical in a developing & tropical country like Bangladesh. Bangladesh is one of the most climatically vulnerable countries and faces frequent natural disasters, huge loss of lives, assets & infrastructures. Population density is one of the highest in the world (980/sq km). Yet, Bangladesh has made remarkable progress in attaining some of the health related MDGs:

- Infant Mortality Rate 41 per 1,000 live births (BBS 2008),
- Maternal Mortality Rate 194/100,000 live births (BMMS 2010).
- A 66% reduction in MMR between 1990 & 2010 (574 vs 194 /100,000 live births) [MDG5 requires 75% reduction by 2015]
- Full immunization coverage rate for children: >75% (EPI, CES 2009)
- Life expectancy at birth: 67 years (BBS 2008)
- Poverty rate: 35.2% (2010); it was 43.8% in 2005 Preliminary finding of Bangladesh Census 2011 estimates about 157 million population.

At present Bangladesh, like many other countries, is transiting through an epidemiological shift. While, prevalence of communicable diseases is decreasing, we see quite a sharp rise in the prevalence of NCDs. NCD burden is rapidly increasing due to social transition, unhealthy dietary habit & rapid urbanization . Rural inhabitants and urban slum dwellers particularly suffer the most .In terms of the number of lives lost due to ill-health and disability , NCDs account for 61% of the total disease burden .The under-privileged communities in the country are bearing the heaviest toll of this burden. Major NCDs of Bangladesh include

- Diabetes ,
- Cardio Vascular Disease (CVD),
- Hypertension,
- Stroke,
- Chronic respiratory diseases , and
- Cancer

Mr Chair,

The UN High-Level Meeting on NCDs in 2011 provided us a strong political support and commitments at the highest political strata. The declaration called for reducing risk factors through multisectoral approach. This High-level Meeting on the comprehensive review and assessment of the progress achieved in the prevention and control of non-communicable diseases is taking place in an appropriate time that coincides with the time of preparatory processes of crafting the post 2015 Development Framework. Non-communicable diseases need to be appropriately addressed in the Sustainable Development Goals (SDGs) as well as in the Post 2015 Agenda with the aim to strengthen surveillance system for mapping risks, burden and our shared but differential responses to achieve the objective goals.

Dear Colleagues,

In Bangladesh the government has already put in place a multisectoral coordination mechanism to bring on-board all stakeholders such as NGOs, civil society and private sector to work closely with the government and with the formal establishments of health care providers. We have ratified Framework Convention on Tobacco Control (FCTC), developed National Strategic Plan for Surveillance and Prevention of NCD 2011-2015. National NCD Risk Factor Survey and Global Adult Tobacco Survey were conducted to generate evidence on risk factors of NCDs. Legislative initiatives taken by the government include amendment of 'Mental Health Act' and of 'Tobacco Control Law'. Diagnostic and curative care for major NCDs is made available down to secondary level health care facilities. Health manpower are oriented and trained about NCD and its prevention.

Piloting of selected NCD prevention and control models are being done at primary care level.

Mr. Chair,

As you know, to set up a comprehensive surveillance system requires technical skill and substantial financial commitments. Many of the developing countries, particularly the least developed countries (LDCs) may not afford to cope with the indicators and targets as desired. However, for a comprehensive technical cooperation from WHO, creation of a global pool fund by various stakeholders, might be a big push for setting targets as well as its achievement by the resource constrained countries like Bangladesh. We would urge for technical assistance from WHO and concrete, project oriented financial supports from our development partners to achieve the global targets for the prevention and control of non-communicable diseases in Bangladesh.

Bangladesh pledges full implementation and developments of a comprehensive monitoring framework and targets that we have already adopted. We also welcome the outcome document of this high level event and particularly the inclusion of mental and neurological disorder in the outcome document. In this regard, I like to thank and congratulate the two distinguished cofacilitators , Permanent Representatives of Jamaica and Belgium for their hard work .

I thank you all.