

Comprehensive Primary Health Care inclusive of Mental Health and Disabilities

Speech

by

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United Nations, New York, USA

27 September 2019

12 Ashwin 1426

**Hon'ble Chair,
Excellences, Distinguished Delegates,
Ladies and Gentlemen,
Assalamu Alaikum and Good Morning.**

I am very happy to speak to you today on the important issue of 'Sustainable Universal Health Coverage (UHC): Comprehensive Primary Health Care inclusive of Mental Health and Disabilities'.

I thank Hon'ble Prime Minister of Bhutan, Deputy Prime Minister of Nepal, Health Ministers and other dignitaries for joining me.

Health is an integral part of our development journey. It is essential for continued economic and social progress. The 'Universal Health Coverage' helps ensuring access to quality health services without adding financial hardship on the disadvantaged people. In the same vein, 'Primary Health Care' provides basic or essential health care which is universally accessible to the people. Now achieving 'Universal Health Coverage' has become synonymous with offering comprehensive primary health care.

Excellencies,

'Target 3.4' of SDGs emphasizes to recognize and promote mental health and well-being as part total health package. About disability, WHO recognizes it as a global public health issue, a human rights issue and a development priority. The WHO Global action plan on disability also envisioned an inclusive society in

which all persons with disabilities and their families can live in dignity, with equal rights and opportunities, and are able to achieve their full potential. We are pursuing both the issues seriously when we formulate policies and plan actions to implement them.

Excellencies,

In spite of having a large number of affected persons in our countries, we often leave out mental health and disability when we strategize our policies and actions regarding Universal Health Coverage. Everyone has the right to the enjoyment of the highest attainable standard of physical and mental health. To ensure this, we need access to medicines, affordable quality services, financial and technical support, training of personnel, capacity-building measures and delivery of the services close to the home of people. We also need strategies to prevent mental disorders and ensure that primary health care workers are able to apply key psychosocial and behavioural skills. Acknowledging the critical role of health services at the grass root level, we introduced '**Community Health Clinics**' (CHC) in 1998. Widely and equitably located in all rural areas of Bangladesh, about 14,000 clinics, one for every 6,000 people, are model of public-private partnership. For the clinics the community people donate the land and government constructs building, provides skilled personnel, medicine and equipment free of costs. The community clinics are now recognized as an effective model of universal health

coverage through ensuring provision of essential service package inclusive of preventive mental health service and basic care for disabilities at the doorsteps of the community people.

Dear friends,

Making mental health an integral part of primary health care has many advantages.

First, early diagnosis and intervention enable early remission and reduce the need for going to secondary and tertiary health centres in most cases.

Secondly, in the case of co-morbidity or presence of two or more diseases in one individual, treatment of mental health helps the remission of the other disease.

Thirdly primary care centres like community clinics can also provide continuous follow-up care in case of any treatment prescribed by the tertiary centres or mental hospitals.

Excellencies,

We adopted the “Persons with Disabilities’ Rights & Protection Act 2013” and “Mental Health Act 2018”. We are developing a ‘National Strategic Plan on Mental Health’ giving priority to a multi-stakeholder, comprehensive and holistic community-based focus and integration of mental health in primary health care.

I hope, through the discussion today, our partners and international communities will come forward by sharing valuable experience and will identify technical and financial resources.

As the burden of mental disorders is felt and the benefits of integrating mental health in primary care become apparent everyday, treatment gap and cost burden for individuals and families will be greatly reduced if mental health care is functionally integrated at the primary health care level.

At the end, I call everyone, all Member States and development partners, to particularly focus on the investment of resources in dealing with mental health and disabilities as part of primary health care.

I believe that our distinguished panel will share their thoughts and experiences to the benefit of everyone present here today.

Thanking all of you.