

## Chapter 8

### CLOSING CEREMONY SPEECHES

#### **Dr. Khandaker Mosharraf Hossain**

Hon'able Minister for Health and Family Welfare  
People's Republic of Bangladesh

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*Hon'ble Chief Guest, Prime Minister Begum Khaleda Zia, Government of the peoples Republic of Bangladesh;  
Respected Chairman of the closing ceremony of SACOSAN;  
Hon'ble Ministers, Heads of the Delegates of the Participating Countries, Special Guests, Keynote Speakers;  
Excellences, Diplomats, Head of Missions, Dignitaries;  
Distinguished Participants from home and abroad,  
Dear friends from press and media;  
Ladies and Gentlemen, Development Partners, Dignified Guests;  
Distinguished Members of Civil Society, GO-NGO representatives:*



Assalamu Alaikum and very good morning.

It is a great pleasure for me to have this proud privilege and opportunity to welcome you all participants and excellences attending the “South Asian Conference on Sanitation” congratulate the ministry of LGRD for organizing this important conference on Sanitation and I like to extend my thanks to all the delegates from home and abroad for attending this conference.

It is my honour and pleasure to thank our special guests, head of the delegation and members of delegations from abroad for taking all the trouble to travel to Bangladesh to attend this conference. I hope your stay in Dhaka for last three days have been enjoyable and suitable.

I like to acknowledge with great appreciation that the valued participation of hon'ble Ministers and distinguished delegates from SARC countries and particularly distinguished delegation from Uganda, Myanmar and Afghanistan beyond SARC have tremendously increased the importance of this conference. Your valued presence has provided your highest commitment in improving sanitation situation for better and healthy life of our people.

*Honourable Prime Minister,*

Despite of your very busy schedule your presence in the closing ceremony if this conference as chief guest has not only grace the occasion but also demonstrate your concern about the sanitation

problem and commitment towards the improvements. I on behalf of the organizers, like to express own gratitude and thanks to hon'ble Prime Minister for sparing time to be with us this morning and for giving guideline for the solution of sanitation problem of the region.

*Ladies and Gentlemen,*

Although most has been served during last few decades in public health development the sanitation situation in Bangladesh did not get appropriate attention and *notice*, only 43% of our population has the access to sanitation and rest of less fortunate people are still exposed to the unhealthy environment and *related* disease burden. Like any other developing countries people of underdeveloped areas, sanitation situation demands an urgent attention with a view to improve environment for reducing disease burden.

*Distinguished Delegates,*

The problem and challenges in almost all the countries of South Asia are more or less similar. We have common experiences to share and we have to evolve a common strategy to address sanitation problem in the region. It is now globally recognized that physical provisions alone is not enough for improvement of sanitation, the focus on behavioral change, hygiene practices is immensely essential. I believe that the distinguished delegates deliberated these important issues and exchanged their views in this regard. I am confident that the conference has developed consensus and evolved a common strategy address this important public health problem and prepared recommendations to be incorporated in the Dhaka Declaration.

*Distinguished Delegates, Ladies and Gentlemen,*

Realizing the importance of better environment as pre-condition for creating healthy nation, Bangladesh Government under the able leadership of Prime Minister Madam Khaleda Zia has taken important decisions like restriction of Polythene use and banning the smoke engines which brought excellent results in improving environment in our country.

To achieve a healthier future of our nation, the present Govt. under the leadership of Madam Khaleda Zia has also declared the pledge to achieve 100% sanitation by 2010 through intensive social movement. We very much hope that we will be able to achieved this goal and to reach our target and also hope to get full support and cooperation from our neighbours and development partners.

*Hon'ble Ministers, head of delegates, high officials and participants from abroad,*

Despite of our continuous effort there may be some lapses and short coming in the management and could not extend our hospitality as our expectation for many reasons. I hope you will forget all the unintentional lapses and carry home your good and sweet memories. I wish all the hon'ble Ministers and delegates from abroad a safe journey home and wishing you all a great success.

Once again, I like to thank you all and specially our foreign guest and Hon'ble Prime Minister for your gracious presence. I also like to thank all those GO-NGO officials, members of Media and the civil society for their hard work and sincere effort to make this conference a success.

I thank you all and wish you a healthy and prosperous life.

Allah Hafez.  
Bangladesh Zindabad

**Dr. Uton Mochtar Rafei**

Regional Director,  
World Health Organization (WHO)

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*Your Excellency, the Prime Minister of Bangladesh;  
Honourable Minister of Local Government, Rural Development and Cooperatives;  
Honourable Minister of Health and Family Welfare;  
Excellencies, distinguished guests;  
Ladies and Gentlemen:*

Over the past three days we have had very useful discussions. Numerous stakeholders from nine South Asian countries and external support agencies have arrived at consensus on strategies for increasing sanitation and improving hygiene, which are basic elements of primary health care. Plans for implementation at regional and national levels have been advanced, and the *Dhaka Declaration* has been endorsed as an expression of political commitment to these objectives.

I congratulate the Government of Bangladesh and its collaborators on its initiative in convening the SACOSAN conference and setting into motion regional and national processes that will translate vision into reality. The attainment of higher levels of sanitation coverage and the improvement of personal and community hygiene, together with ongoing efforts to improve access to safe drinking water, will significantly lower the risk of infectious diseases among our people.

Today, in the countries of South Asia, one child dies every minute due to diarrhea and other infectious diseases caused by unsafe water, inadequate sanitation and poor hygiene. Although great improvements in treating diseases have been achieved in recent years, further significant reductions in child mortality in developing countries will require similar improvements in preventive medicine. The Millennium Development Goals for reducing child mortality and increasing access to safe water and sanitation are inextricably linked.

Furthermore, investments in education, economic development and poverty reduction will all be jeopardized as long as preventable illnesses such as diarrhea result in lost work days, lost school days and the consequent social costs.

The SACOSAN initiative holds forth the promise of a brighter future but SACOSAN will ultimately be judged on the fulfillment of its vision and the implementation of the plans that have been conceived in the conference. This will require:

- Commitment
- Coordination
- Capacity building, and
- Community participation.

We may think of these as the four C's.

*Commitment*

Long-term commitment is needed from governments, donors and civil society alike. The Commission on Sustainable Development has estimated that, if the Millennium Development

Goals for safe drinking water and sanitation are to be met, investment in the sector must double. Investment is needed not in hardware alone but also in information, education and communications. International and regional organizations can play an important supportive role in this regard and donor agencies should increase their support for regional and inter-country programmes like SACOSAN and others. Presently, donor support for water supply, sanitation and hygiene programmes is almost exclusively restricted to country-level activities.

#### *Coordination*

Progress will depend on a clear understanding of the roles and responsibilities among various stakeholders, coordination of actions, and exchange of information. Local governments should coordinate with local health authorities, community based organizations and NGOs to implement integrated solutions and optimize the use of limited resources. At the national level, inter-sectoral coordination mechanisms will be needed with government exerting leadership in the effort. The multi-sectoral ministerial committee formed by the Government of Bangladesh to oversee the Bangladesh Sanitation Month is an excellent example of such a coordinating mechanism. For the purpose of inter-country coordination, regional and international organizations can play an important role. Speaking on behalf of WHO, this Organization in particular is eager to serve the needs of the Region in this regard and in alliance with other development partners.

#### *Capacity-building*

In some cases, capacity building may be required so that important players can fulfill their functions in the implementation of national plans. The 56<sup>th</sup> Session of the WHO Regional Committee for South-East Asia, for example, recently called on Member States to strengthen the capacity of health ministries to participate in inter-sectoral initiatives aimed at reducing infectious diseases through improvements in water, sanitation and hygiene. The health sector will be one of the main beneficiaries of such improvements, yet some health ministries in South Asia focus mainly on treatment of infectious diseases. They need to do much more for the promotion of sanitation, hygiene and safe drinking water.

#### *Community participation*

It is well known and accepted that communities must be fully involved in sanitation programmes in order to ensure sustainability and to achieve improvements in hygiene behaviours needed to optimize the impact on health. The “healthy settings” approach provides a framework through which local authorities and community-based organizations may collaborate to analyze problems and implement solutions. Examples of participatory sanitation planning techniques can be found here in Bangladesh in the Healthy Cities projects underway in Chittagong, Cox’s Bazar, Rajshahi, and Sylhet City.

Mr. Chairman, since its inception in 1948, WHO has always maintained that sanitation is literally the foundation on which a sound public health structure must be built. Again, I congratulate the Government of Bangladesh, all participating governments and supporters of the South Asia Conference on Sanitation for this timely initiative aimed at accelerating sanitation and hygiene in countries of this Region. Your continued commitment to this cause, the increased support of donors and technical agencies together with the involvement of community organizations will help to achieve the vision of the Dhaka Declaration and create a healthy environment for the children of South Asia.

Thank you.

**Ms. Maria Mutagamba**

Minister of State for Water, Uganda

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*Chairperson,  
Your Excellencie,  
Distinguished Guests,  
Representatives of Non-governmental organizations;  
Ladies and Gentlemen:*

**Introduction**

I would like to start by extending my thanks to the Government of Bangladesh and the Water Supply and Sanitation Collaborative Council (WSSCC) for their kind invitation to present this paper and to participate in this landmark conference of SACOSAN. Having participated throughout AFRICASAN – the African equivalent of this forum organized by the WSSCC, Water and Sanitation Programme, Africa Region and the Department for Water Affairs and Forestry of the South African government, in July 2002 – I can vouch for its impact and importance. In my country, and in my continent, it has energized the movement and momentum behind sanitation, hygiene and safe water. I am confident that the same outcome will emerge from SACOSAN.

In Africa - A new awareness through the African Ministers Council on Water (AMCOW) and the New Partnership for Africa Development (NEPAD) has helped a large number of African countries to develop a partnership approach through Water, Sanitation and Hygiene, or WASH, campaigns in Madagascar, Uganda, South Africa, Senegal, and Nigeria. Uganda is making new efforts to develop a special approach in collaboration with all sector players, under the WASH banner. Uganda is a member of regional groupings such as the East African Community, AMCOW, the Nile Basin Organization, COMESA and NEPAD. Through these groups, Uganda has continued to advocate for sanitation for all because it strongly believes sanitation to be one of the very key factors for poverty alleviation.

In particular, the Government of Uganda, through the sector wide approaches (SWAP) has developed strategies, plans and budgets to achieve sanitation for all by 2010. SWAP brings in the planning and development process in the sanitation sector.

Through the Annual Joint Reviews (AJR's), Development Partners / Government of Uganda, sanitation which has been given a special status as a sub-group, is reviewed to ensure the goals and targets that have been set will be achieved.

My presentation will focus on the progress that is being made towards the Millennium Development Goals, and some of the key priorities that need to be in place in order to accelerate progress.

**Global goals – a short retrospective**

There has been some success in positioning the sanitation goal in the international community – from the Bonn International Freshwater Conference (where I had the pleasure to give the keynote

address), to the World Summit on Sustainable Development (WSSD) and now to the Plan of Implementation from the WSSD. Now it is our collective responsibility to make it happen.

The Millennium Development Goals (MDGs) for Water and Sanitation are really quite modest. In the 1980s, the world set the goal of water and sanitation *for all* by 1990. A few years before that, in Mar del Plata in 1977, access to safe water had been recognized as a *universal* human right, by definition a right of all people in all countries. In contrast, our goals today are only to halve the proportions without affordable access to safe water and adequate sanitation by 2015. True, these are minimum targets and some countries like South Africa – already achieved the goal of halving those without access to safe water in only 7 years and have now fixed 2008 as the goal for complete coverage or water and 2010 for sanitation.

Goals make a difference. Although the goals of the Development Decade for Safe Water and Sanitation (1981-1990) were demonstrably over-ambitious, the Decade was by no means a flop as often painted by some. In fact, it stimulated more progress for both water and sanitation than the world has ever seen, before or since. Over the 1980s, an estimated 1.3 billion additional people got access to safe water and 960 million to basic sanitation, raising the percentage in this position from 43% in 1980 to 79% in 1990 for water and from 25% to 55% for sanitation.

In short, global goals can help, more than is often recognized. A broader review of performance and outcomes in relation to some 50 global goals set by the UN over the last four decades, shows that most goals have been ‘largely’ or ‘considerably achieved’ – meaning that some 30 to 50 developing countries covering a third or more of the population of developing countries have realized the target by the target date or soon after.

Moreover, global goals have made a difference in building capacity in developing countries, encouraging a focused approach in development planning and instilling cost consciousness in operations.

### **New WSSD goals in WATSAN and myths**

The water and sanitation goals were endorsed in Johannesburg in September 2002 with an unprecedented enthusiasm. However in spite of this new found energy and drive, various myths about water and sanitation still persist – and need to be banished if commitments to these goals are to deliver the promise and achievements which they could if strong momentum is built up and sustained.

*The first myth* is that water is a more important goal. In reality, sanitation and hygiene are supporting. From the view point of health, the facts are otherwise. Knowledge and practice of simple hygiene accounts for a greater reduction of mortality than either water or sanitation alone. Of course, all three are needed – but with balance.

*A second myth* is that goals never work. In spite of much talk to the contrary, most of the 50 or so economic and social goals set by the UN over the last forty years have had a measurable impact, rather than lying neglected on the shelf. During the International Decade for Water Supply and Sanitation the number of people gaining access to water and sanitation in developing countries more than doubled.

*A third myth* is that ‘only hardware matters’ – and that there is little that can be done to promote sanitation and hygiene. Here again the experiences of VERC and others demonstrate otherwise.

A *fourth myth* is that it can't be done because finance is not available and those without water and sanitation are too poor to be able to contribute. Again, many examples show the enormous energy effort and resources that poor people are willing to contribute if opportunities are open to them. Moreover, the figure of US\$180 billion per year to reach the goals is highly contentious, including as it does assumptions about very high levels of service provision, which in many cases are not appropriate to local norms.

A *fifth myth* is that poor people and poor communities are not interested and are not willing to pay, since they haven't the time or resources to act. In fact, poor people are highly motivated, as a matter of their dignity, their safety and time-saving. You can see a number of such examples in this region, where the poorest have gained access to sanitation, often in conjunction with innovative financing mechanisms.

### **What now is needed?**

What now will it take to achieve the sanitation goal agreed at the Johannesburg summit last September? Six steps are vital:

1. All countries need to prepare National Plans of Action (NPAs), with their own targets adopted and adapted in relation to the specifics of the country – and in most cases also their major regions and districts.
2. All countries need to put sufficient resources in government budgets to ensure enough catalytic support to get action underway in line with the targets and enough to ensure sustained action for the next decade along with provision for effective systems of maintenance. This does not mean government has to pay for everything – far from it. Government must give a lead – and ensure that systems work effectively, especially for the poorest and in the slums and squatter areas. We the government must take the lead first.
3. This is where aid donors can help – to provide their own catalytic support and encouragement within a frame of long-run commitment. Ideally, there also needs to be understanding of some extra support to maintain the momentum of a good programme, if a country on the way to the goals is knocked off course by unforeseen difficulties – by drought or by floods, for example.
4. A fourth new direction is links with the other Millennium Development Goals, such as those for health and education. Much more can be achieved if building momentum in water and sanitation is linked to action and support for all the goals, as part of a broad thrust to poverty reduction on a national and global scale.
5. Children and youth as agents of change is another new direction. If schools or churches or mosques get across the lessons of basic hygiene to children, the children will spread the messages when they get back home. But for this to be effective, the school must enable children to practice what the school preaches. Separate latrines for girls and boys in schools are a must – and a goal of the WASH campaign for 2010. Fortunately the plan of action of WSSD clearly identifies this approach and UNICEF with WASH is trying to achieve the same through 'WASH in Schools' campaign.
6. Last but not the least is partnership and coalition. WSSCC is one UN initiative which leads in partnership and enjoys acknowledgement from the UN Secretary General. The WASH campaign is a close partnership which aims to create a coalition between the local bodies and governments on the one hand and civil society on the other. Moreover, unless people are really put in the centre of all planning, action and implementation, the real goal will never be achieved and it will not be sustainable. Goals are for people and NOT for the professionals and agencies to increase their grant aids!

## **Conclusion**

All the MDGs are important. The achievement of each will help the achievement of others. Ensuring the achievement of the hygiene, sanitation and water goals will not only improve health, it will reduce child mortality and ease the time burden on women and girls, thereby helping free time and energy for other efforts towards poverty reduction and for girls to attend school.

Because of this, the Government of Uganda, like all other supporters of the hygiene, sanitation and water goals need to be an advocate for all the MDGs and to put the WATSAN issues in the centre of all goals.

Such a partnership of international actions should be created by leaders like WSSCC in order to create a more enabling environment without which it will not be possible for most of the poorer countries to achieve the goals. The new partnership between Government of Uganda and WSSCC (WASH) will go a long way to demonstrate how people can be in the centre of all activities towards the goals and the human energy which can be released when they are.

Thank you.



**Mr. Kashi Ram Rana**

Hon'able Minister for Rural Development  
Government of India

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*Hon'ble Prime Minister of Bangladesh, Madam Khaleda Zia;*

*Janab Abdul Mannan Bhuiyan, Hon'ble Minister of Local Govt., Rural Development and Cooperatives, Bangladesh;*

*Dr.Khandakar Musharraf Hussain, Hon'ble Minister of Health & Family Welfare, Bangladesh;*

*Ms. Maria Mutagamba, Minister of State, Water, Uganda;*

*Hon'ble Minister of Health, Pakistan;*

*Distinguished Participants, Ladies and Gentlemen:*

Today, curtains are drawn on the South Asian Conference on Sanitation (SACOSAN), which, I am sure, will be a landmark event in accelerating achievement of Millennium Development Goals (MDGs) in South Asian countries. Three out of the eight Millennium Development Goals, namely – Reducing Child mortality, Combating diseases and ensuring environmental sustainability, are directly related to sanitation. Despite impressive achievements in isolated pockets, the general sanitation situation in most South Asian countries is still far from satisfactory. Most of the South Asian countries share a similar socio-cultural legacy, which presents an opportunity for learning from each other, and evolving suitable strategies for achieving the desired goals in the sanitation sector for sustainable development of the Region.

The Conference has seen a remarkable coming together of nine South Asian countries, represented by their Ministers, senior civil servants, experts, academia, external support agencies and members of NGOs, to discuss status and implementation strategies in sanitation sector.

Over the past two days, delegates from these countries presented country papers outlining current sanitation scenario and its linkages to socio-economic development in their countries. Various experts made thematic presentations, analysing merits and demerits of various models piloted by them. These thematic presentations and Group discussions facilitated the delegates to draw a road map and Plan of Action for achievement of MDG goals in a time bound manner.

The conference took note of the need of targeting the sanitation services to socio-economically vulnerable groups, namely poorest of the poor, women and children. The policy process, therefore, should recognise these groups, and ensure that targeting involves not only statements of priority but also meaningful action programmes and financial framework and provisions. I appeal to all external support organizations to take note of it.

Women have a particularly important role to play in sanitation, as they are motivators and users of sanitation facilities. It is a national shame that this half of the population still has to wait till nightfall to ease them. Sanitation policies, therefore, should mainstream gender perspective in real and prominent terms. Equal emphasis is placed on School Sanitation and Hygiene Education programmes.

The sanitation programmes should address the identified sanitation related health and environment concerns to ensure that the community becomes aware of the problems that arise from poor sanitation, as also the economic benefits that accrue out of reduced disability adjusted Life Years (DALYs). Successful IEC strategies for sanitation and hygiene such as Participatory Rural

Appraisal, Planning and Action requires adequate and trained human resources at various levels. Capacity Building at various levels, therefore, must be made an integral part of the sanitation programme. Only a vigorous IEC strategy can change the age-old mindset against the evils of open defecation.

Since the task before us is enormous, and available time short, we all agree that a strong political will is a pre-requisite to support decentralization of capabilities with institutional support systems to provide professional and technical inputs to community decision making process. We would like to develop strategic alliances between Panchayati Raj Institutions and Community Based Organizations (CBOs)/ NGOs/ Self Help Groups etc. for promoting sanitation. I noted a desire among the participants for a space for the grass root organizations in the process towards the goals of MDG. India offers to host a Global meeting in May or July 2004 as a run up to the Dakar, Senegal Global Sanitation Meeting in December 2004. This meeting will focus on “Strategic Alliances between local institutions and Grass root organizations”

Your Excellency, Madam Prime Minister, you will be glad to know that this Conference has agreed to adopt the above principles in the new “people-centered, community-led, gender-sensitive and demand driven” paradigm, which will be govern sanitation and hygiene promotion programs in the Region. The Dhaka Declaration on this paradigm shift in your presence is indicative of the political will of the host country for others to emulate.

You will be further glad to know that under the dynamic leadership of my Prime Minister, Shri Atal Bihari Vajpayee, India has already introduced reforms initiative in the rural sanitation sector, by and large, on the principles of Dhaka declaration. The Total Sanitation Campaign (TSC), which is being implemented in 350 of the 594 districts of the country, provides a decentralised vehicle for community led, people centered, demand driven and gender-sensitive rural sanitation programme for improvement of quality of life in rural India.

Mahatma Gandhi used to say, 'Cleanliness is next to Godliness'. He was an ardent believer in Gram Swaraj. Accordingly, my Prime Minister instituted ‘Nirmal Gram Puraskars’ on Gandhiji’s birth anniversary this year on 2<sup>nd</sup> October. It is essentially an incentive scheme for the Panchayati Raj Institutions, which attain full sanitation coverage in their respective geographical areas. It is hoped that this incentive scheme will go a long way in promoting sanitation coverage in rural India.

It is proposed to extend TSC projects to all the districts by the end of the year 2006, which are likely to be implemented by the year 2010. With the combined action of implementation of TSC and the community incentive through the Nirmal Gram Puraskar supported by a strong Panchayati Raj Institution network, it is expected that we will be able to rapidly extend sanitation coverage in India, much before the time frame set in MDGs.

Your Excellency, participation in SACOSAN 2003 has been a very rewarding experience. I would like to place on record my heat-felt appreciation to you and your Govt. for taking initiative of hosting this first SACOSAN, and the warm hospitality accorded to us. I take this opportunity to once again convey, on behalf of people of India and on my own behalf, good wishes to people of Bangladesh.

J A I H I N D

## **Begum Khaleda Zia**

Hon'able Prime Minister  
People's Republic of Bangladesh

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*Mr. Chairperson,  
Dear Colleagues,  
Foreign Guests,  
Ladies and Gentlemen,*

Assalamu A'laikum.

I am happy to be present at the closing session of the South Asian Conference on Sanitation (SACOSAN). I hope this conference has been a meaningful and successful one. My expectation is that the outcome of SACOSAN will make a long-term and significant contribution towards the welfare of the vast populations of South Asian countries including Bangladesh. I am glad to know that SACOSAN has been organized through successful cooperation, coordination and partnership of the governments, development partners, NGOs, the local government and members of the civil society. I thank all concerned persons who organized this conference, took part in it, and contributed towards making it a success.

*Ladies and gentlemen,*

You have the expertise about sanitation. From a general point of view, I understand that safe water and sanitation are basic needs of life and a part of human rights. It is unfortunate that even in this 21<sup>st</sup> century millions of people do not have access to this minimum right.

I would like to highlight the gravity of the situation through facts and figures of UNICEF.

Every year 3 million 40 thousands people die of diseases related to water, sanitation and hygiene. Most of them are children.

Forty percent of the world population does not have access to sanitation facilities.

Throughout the world, 1.1 billion people do not have access to safe water.

Six thousand children die of diarrhoea alone every day.

As in the other South Asian countries, the situation is same in our country. Everyday, 342 of our children, on an average, die of diseases caused by lack of safe water and sanitation. They are all under-5 children.

What else could be more painful and what else could violate human rights more?

The number of people enjoying sanitation facilities in all the South Asian countries is low. As a result, child mortality rates in this region are very high and it is causing serious negative impact on the efforts to build happy and healthy nations as well as on the efforts to reduce poverty. This is also causing environmental pollution.

*Ladies and gentlemen,*

In this regard I want to emphasize a particular point. The way rich nations and other development partners spend huge amounts of money in the name of protecting human rights in different parts of

the world, I believe, much more benefits could be gained, if that money was spent to promote safe water and sanitation facilities in the poor countries. Human rights could have been better protected by such an act.

Now only 33 percent of the population of our country is getting proper sanitation facilities. In order to improve the situation rapidly, our government is giving very high priority to sanitation. Twenty percent of the annual development fund of the Local Government Division has been set aside for sanitation. Our government is considering undertaking a project to promote sanitation facilities throughout the whole country. Meanwhile a team for co-ordination has been formed with representatives of development partners, NGOs and local government institutions. The month of October has been declared as 'Sanitation Month'. With support from NGOs and development partners, we have already achieved good success in replacing unhygienic latrines with sanitary ones across the country, including Dhaka metropolis. In the mean time, a baseline survey was completed on the sanitation situation, in cooperation with the elected representatives of the local government. Now our government has accurate information as to which families have, or do not have, sanitary latrines, and which families should be given assistance in replacing unhygienic latrines with sanitary ones, or which families need motivation only. This is helping us in our future programme to perform our work. It is with the statistics in hand possible to reduce the wastage of resources and time. Our observation is that motivation yields more benefits than the provision of subsidy for replacing unhygienic latrines with sanitary ones. So, we are giving more emphasis on motivation. Watching the enthusiasm and sincerity in all those concerned, we hope that by the year 2010, all our citizens of the country will have access to sanitation facilities.

*Dear Participants,*

Through discussions and reviews throughout this conference, you have prepared the Dhaka Declaration. I hope, this declaration will help in the development of future approaches, policies and strategies regarding sanitation hygiene in South Asia. It is my firm belief, following this conference we all will be able to take more concrete steps in improving the sanitation facilities in this part of the world.

*Distinguished guests,*

It is more important to sustain the goal after it is achieved. I therefore call upon all to continue our collective effort and to be careful so that it is not interrupted. I welcome the decision you have made to hold this conference in the different countries of South Asia in turn to make SACOSAN a regular event. I thank all concerned for selecting Bangladesh for the first SACOSAN. I have my best wishes to those who have come all the way from far-flung areas to attend this conference.

*Ladies and gentlemen,*

Let us now make a commitment to extend sanitation facilities to millions of un-served people, to save millions of children from premature death, to build up South Asia as a habitat of happy and healthy people. We should like to devote our combined efforts more in actions than in words.

Thank you all once again.

**Mr. Abdul Mannan Bhuiyan**

Minister for Local Government, Rural Development and Cooperatives,  
People's Republic of Bangladesh

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*Honorable Chief Guest, Her Excellency Begum Khaleda Zia, Prime Minister of the Government of the People's Republic of Bangladesh;  
Hon'ble Ministers and Heads of delegations from participating countries;  
Hon'ble cabinet colleagues and Members of parliament,  
Excellencies,  
Members of the Representatives of the media,  
Participants, Ladies and Gentlemen:*

Assalamu-Alaikum.

First of all I would like to extend my heartfelt thanks and gratitude to H.E. Begum Khaleda Zia, Hon'ble Prime Minister of Bangladesh to grace the occasion as Chief Guest. I would also like to take this opportunity to express my sincere thanks to the visiting Hon'blr Ministers and Heads of delegation for their kind presence and active participation in the conference.

I would like to express my thanks to the participants, moderators, experts, observers, and journalists for their role to make the conference a success. I also welcome the special guests for joining us in the concluding session.

*Distinguished Guests, Ladies and Gentlemen,*

The conference has been organized to review the state of sanitation and hygiene in South Asia through sharing experience and ideas. The goal is, however, to accelerate the progress of sanitation and hygiene in the South Asian countries by strengthening sanitation programmes.

During the conference the participants got ample opportunity to share ideas and experiences in the field of sanitation. Threadbare discussions on country papers featuring practical problems and suitable solutions, thematic papers presented by the experts containing valuable guidelines also helped to formulate a common strategy hereby referred to as Dhaka Declaration to meet the challenges of sanitation in this part of the world. The participants further renewed their firm commitment to achieve the target of 100% sanitation in their respective countries.

*Ladies and Gentlemen,*

It is no denying the fact that poverty is directly linked to sanitation as I mentioned in my inaugural speech. I would like to add that poor sanitation is responsible for degraded environment and it is a major threat to the health of the poor and the children as they are the easy victims of the situation. Sanitation is not an easy task and therefore we must be together to achieve the target of 100% sanitation with the cooperation of UN agencies, donors and NGOs.

*Distinguished Guests and Participants,*

You are aware that Bangladesh set a target of 100% sanitation by the year 2010. I am happy to note that to meet this target all government offices including local government institutions up to the village level and UN agencies, International organizations and NGO's are working together. Our Hon'ble Prime Minister has instructed government officials including members of police and

armed forces and also requested public representatives to devote themselves to ensure proper sanitation for all. A series of programmes including campaign and personal motivation are going on around the year to make the people aware about serious consequences arising out of poor situation. As a result sanitation scenario in Bangladesh is changing rapidly and we are optimistic that we would be able to ensure proper sanitation for all of our citizens by 2010. We are looking forward to receiving your assistance and cooperation in this regard.

*Ladies and Gentlemen,*

I am happy to notice that strategies and policies adopted in the Dhaka Declaration considering the practical aspects of sanitation problems in the South Asian countries would act as future guidelines. But proper implementation of the recommendations as laid down in the declaration is to be ensured by all participating countries. The Ministerial level meeting will be held every two year while there will be an annual meeting at Secretary level. I am happy that Pakistan and India are going to host the next Ministerial conference on 2005 and 2007 respectively.

I am grateful to the Hon'ble PM once again for her kind presence that will encourage all of us in achieving the goal to ensure proper sanitation in Bangladesh as well as in the participating countries.

My sincere thanks to UNICEF, WSSCC, WSP-SA/World Bank, WHO, DANIDA, UNDP, DFID, ADB, Water Aid, Plan-Bangladesh, organizers, experts, the participants and all concerned for their support and cooperation without which the conference would not be effectively successful.

We tried to make the stay of the Hon'ble Ministers and the foreign participants comfortable in Dhaka but despite our sincere efforts any inconvenience if caused to you is regretted. I wish you good health and request you to keep the spirit high to achieve the target in the field of sanitation.



*Mr. Mohammed Nasir Khan, Federal Minister for Health, Islamic Republic of Pakistan, delivered a speech in the closing ceremony paying tribute to the Prime Minister and People of Bangladesh.*