

PROGRESS AND CHALLENGES IN HUMAN DEVELOPMENT IN MALAYSIA: IDEAS FOR THE NINTH MALAYSIA PLAN.

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“INVESTING IN CHILDREN”

No country has ever sustained rapid growth with high levels of illiteracy, malnutrition and morbidity. Countries that have achieved growth are those that have simultaneously promoted economic and social development and not those that have postponed social development until the arrival of prosperous times.

UNICEF’S PERSPECTIVE:

Development today has become synonymous with poverty reduction. And since children are the ones who bear the brunt of society’s poverty, development efforts must focus first and foremost on freeing children from poverty.

Since the foundation of an individual’s health and well being is laid during the first years of life, early childhood is the most opportune time to break the poverty cycle. Financing for development must aim to give children a healthy start in life. As a minimum, children need a package of basic social services of good quality health care, education, safe water and adequate sanitation.

Poverty has many dimensions. It manifests itself not only in terms of low income, poor health and missed education, but also in social and political marginalization and gender and other discrimination. It is therefore also necessary to create an environment free from insecurity, violence and discrimination, to enable children to live with dignity and make use of available opportunities.

These are their rights enshrined in Convention on the Rights of the Child (CRC). It is not just another treaty. If the CRC were truly implemented to the maximum extent possible in every country, the world would reach the MDG targets and the CRC would be what it was intended to be - the building blocks of a free, peaceful and prosperous world.

Globally many promises have been made and many promise broken.

Today nearly 11 million young children still die each year from preventable causes; 150 million children are malnourished; 120 million children between 6 and 11 do not attend school; and more than half the world’s children still do not have access to safe water and sanitation.

In developing countries the reasons for not prioritizing social spending vary from debt repayment to bad governance to conflict. And we are still waiting for the international donor community to give development assistance - aid - at the target rate of 0.7 % of GNP.

The G8 session has again reminded us of what we already knew. Developing countries need increased aid as well as debt forgiveness and favorable trade systems. In a US 30 trillion dollar world economy, raising additional resources of this magnitude should be eminently feasible.

But beyond cost let's also look at benefits of investment in child specific development:

Eradication of polio, for example, will require less than half a billion dollars to eradicate. Once it is eradicated, the world will save \$1.5 billion every year thereafter.

And it's not just the polio endemic countries that will save and benefit. At present industrialised countries have to spend hundreds of millions of dollars every year to vaccinate children because, until polio is eradicated everywhere, no child anywhere is safe. Once polio is eradicated from the world, the USA could save \$350 million every year. Europe and other industrialised countries could save \$500 million and the rest of the world could save \$650 million.

So investment in polio eradication and other health education and environmental measures is truly beneficial to all of humanity in monetary way well as in real terms. These measures should be considered **global public goods**.

Let's look at an even more basic indicator of development than polio eradication.

"Sanitation is more important than independence", said Mahatma Gandhi.

In 1990 World Summit for Children set the target of universal access to safe drinking water and sanitation by year 2000, but the job is still not done. The 2015 target is to halve the proportion of people without sustainable access to safe drinking water and basic sanitation. Yet a staggering 2.4 billion people still lack access – 4 out of 5 are found in Asia.

The cost to reach the underserved with low cost basic levels of service for drinking water and complementary sanitation by year 2015 is estimated at an additional US\$9 billion a year. Over 80% of the total resources will be needed in East Asia and Pacific region, sub Saharan Africa and South Asia.

But the economic dividend of providing water and sanitation is obvious in terms of increased health and productivity, lower mortality and morbidity, and lower health costs in terms of remedial programs.

Where has Malaysia invested in children and in so doing done well for its children? And what are the priorities for good investment in the Ninth Malaysian Plan?

Three key areas: Education, HIV/AIDS and Violence

1. EDUCATION

Enrolment rates and attendance, even to level of university, are very good. And unlike the majority of the world, girls go to school alongside boys.

But viewing education solely in terms of the numbers still left out of school only paints part of the picture.

Quality is also essential. What do I mean by quality? And in giving some examples I leave you to decide how far Malaysia has come and in what ways there is still room for improvement.

All learners, girls and boys alike, must reach school healthy, well nourished and ready to participate and learn.

All teachers must be trained and professional development must be continuous and teachers should be paid professional wages, to encourage quality entrants into the teaching ranks.

Classrooms, schools and education systems must be well managed and efficient.

The school environment must be inclusive, gender sensitive, safe, healthy and protective. And child friendly.

All children should leave school not only literate and numerate but have the skills necessary to make key decisions in their lives.

Malaysia has proven that investing in access to basic education is a sound investment. Malaysia can take the next step and lead the world in investing in quality education.

And just as quality is important, so is equity. In Malaysia have we asked the hard questions about disparity?

Who is missing out? Who is being left behind? Is there discrimination? Overt or implied? Is there a group of children who are more disadvantaged than others?

Can we do better for our young people and find creative and more innovative ways to keep more of them in school longer, especially boys? And what of the hard to reach demographic groups - Indigenous children? Refugee children? Children of migrant workers? Children disadvantaged by a rural/urban disparity?

Quality education does not ignore early childhood care:

Malaysia can proudly boast the dramatic reduction in infant and child mortality. Malaysian children are registered at birth. Children are routinely immunized against the main childhood preventable disease.

The focus on achievement in school has been on attainment of “A” level passes and university degrees. We somehow thought the early years would just take care of themselves. We imagine that babies, toddlers don’t need much – just shelter and food and the occasional cuddle.

But science tells us a different story. The first 3 years are when the brain develops rapidly. All of the brain power is laid down in these first 2-3 years of development. No amount of effort later in life will replace the lost opportunity of the first 3 years. This is the critical age group to get it right - to ensure healthy, smart, brain powered kids. Given the time limit of just 3 years for each child and the urgency to ensure we start them right, what is the measure of resources given to this age group? How much of the budget? How much public resource? Time? Infrastructure? Is given to this age group? Are we missing the point and indeed, ‘missing the boat’, if we don’t invest in children in these first early years?

The answer is a resounding “yes”. We will have missed the point and the boat if we don’t invest in these first critical three years of a child’s life.

It is encouraging to see renewed efforts and strategies now being considered under the auspice of Family, Women and Community Development Ministry. Programs that include increased financial support and tighter controls for registered child care centres and improved standards of care by child care providers.

The Ninth Malaysian Plan should invest heavily, now, in these babies and toddlers if the economists and planners want half a chance of moving Malaysia into its rightful place on the world stage 20 to 30 years from now.

Your citizens of 2025 and beyond will need the brain power necessary to take on the new challenges we can’t even dream of. It can’t be you and I solving the problems of 2040 but we will have failed our part if we do not equip the future leaders with the best start to life that today’s vision, political will and money can ensure.

And it’s in our own interest to make sure that the children, yet unborn, or toddling around our knees have a fighting chance to look after us well into our old age and beyond and to ensure the world is worth living in.

The early childhood years deserve more resources, better targeted with clear strategies and programs to:

- Strengthen the capacity of families, rural and urban, to care for children
- Increase the access of families and communities to good quality basic services and adequate livelihoods
- Promote gender equality and ensure the rights and status of women
- Strengthen and integrate national policies for the young child
- Provide quality early childhood care and quality institutional care for young children who, for whatever circumstances, cannot be with a loving mum and dad.

2. HIV/AIDS:

Invest in MDG 6. Reverse and halt the spread of HIV/AIDS. Malaysia should not choose to be frugal in its investment right now in combating HIV/AIDS. Prioritise, earmark, and set aside flexible funds to use for innovative strategies to combat this threat. You can't wait for the 10th Malaysian plan. Another five years may be too late. Malaysia has the region's fifth highest rate of increase in the estimated number of HIV infections (about 500 new cases per month); the potential for the eruption of a generalized epidemic clearly exists.

HIV is a significant threat to good development, and especially for women and young people.

Nowhere is safe from its spread. We've got actual global experience of more than 20 years to show us that HIV exacerbates poverty, malnutrition, conflict, gender inequities, discrimination, and sexual exploitation. AIDS exhausts the resources of families, communities and government services. AIDS can undo all the development gains.

But HIV infection can be prevented.

The ways and means exist to prevent HIV infection as well as to protect and support those already affected or infected.

In Malaysia today, HIV infection is highest amongst high risk groups – Intravenous drug users (75%) and sex workers.

Why is UNICEF, a children's agency, so interested in HIV in Malaysia? Because currently 80% of HIV infections and 65% AIDS cases are between ages of 20 to 39.

And of this group, 35% of reported HIV infections are below age 29 years.

We need to be talking to our young people and before they are 19 years of age.

Ministry of Health projects by 2010, at present rate, if HIV stays within the confines of a concentrated epidemic, Malaysia will have about 120,000 HIV infections in the country (up from about 60,000 in 2004) with an average of 6000 annual deaths from AIDS.

That's if it stays as a concentrated epidemic. But the trends and the percentage shifts are worrying.

States to watch:

Johor, Selangor, Tregganu, Pahang, Kelantan, Kedah

Demographics to watch:

The age group below 19 years.

Worrying trend is the rise in cases of women from 9 (1.2%) in 1990 to 673 (9.0%) in 2003. 73% of these by heterosexual transmission. Majority were monogamous housewives.

In 2002, the majority of cases of mother to child transmission were due to husbands who are intravenous drug users. But in a worrying trend, more than 35% of mother to child transmission, husband is not an intravenous drug user and the mother is monogamous. In 2003, more monogamous housewives were infected with HIV than female sex workers. The indicators are there if we only have eyes to see - the epidemic has the potential to quickly move from a concentrated epidemic into a generalised one.

UNICEF welcomes "the drastic measures" the Government is so courageously supporting to minimize the risk of a full scale epidemic in Malaysia. Harm reduction does not sanction drug taking. But it will minimize the deadly harm that HIV infected drug users can inflict on a non drug using population.

It won't be easy. There will always be more vocal critics than vocal supporters; but good leadership does what's right, not what's popular. HIV can't be ignored. It will find its way into the daily lives of every family in Malaysia if it is left unchecked. Malaysia is on the brink of a generalised epidemic, which, if unleashed will plunge Malaysia into the devastating spiral we see in so many parts of Africa. Learn the lesson of Africa. Invest early and invest heavily in prevention programs, in all their known and various forms. There is no one solution, no quick fix, or absolute way. We have to do all of the prevention strategies simultaneously and as well as we can - it's that important.

What is UNICEF’s priority in relation to HIV in Malaysia?

- We want to prevent HIV infections in youth – to educate, equip them with life saving information, and give them the skills to cope with potentially life threatening choices.
- Prevent mother to child transmission of HIV
- Expand care for children and parents living with HIV and AIDS
- Expand protection and care and support for orphans and children affected by HIV/AIDS
- Prevent stigma and discrimination against those infected, or affected by this virus
- To encourage adults – that means parents, family, caregivers, teachers, health care providers, community members, police, politicians, religious leaders and all of us – to face our inhibitions and fears, acknowledge the sensitivity but not be shamed by it and reach into our depths of strength and ingenuity to find the words, the ways and the means to overcome our embarrassment and shame and talk to our children and young people about sex and drugs and listen to them in turn and not turn away from the responsibility to equip our children and young people with what they need to know to protect themselves from HIV. My generation growing up was spared this reality but this generation and all future generations, at least till a cure is found, will not be spared the reality of the impact of this global pandemic.

There is no point in obfuscating about the cost of fighting HIV/AIDS. The cost will be high especially if we get the interventions right and we resource them well and for a long time. But the cost of not investing in HIV/AIDS prevention programs in all its many forms, as well as in care and treatment will be much higher. You have only to turn to sub Saharan Africa to see the effect of the investment policy of too little too late.

3. VIOLENCE – ABUSE AND NEGLECT – INCLUDES INJURY (INTENTIONAL / UNINTENTIONAL)

Now I turn to my third and last investment priority area. And I’m sorry to say I am the bearer of even more gloomy and depressing news. Violence against children and young people is alive and well in Malaysia.

We all read the newspapers and are saddened and horrified by the stories of abuse and neglect. Even more sadly, those stories are just the tip of the iceberg.

Children and young people are more vulnerable than adults to being hurt, neglected, abused and exploited. Survival is at risk; development is certainly compromised.

Violence is within families, in schools and communities and in institutions.

Violence knows no political, cultural, religious or economic boundaries. Rich children can be abused and neglected too.

Children in Malaysia no longer die in large numbers from communicable diseases like measles. Injuries, intentional and unintentional, now constitute a leading cause of death among children and young people less than 19 years of age. Three children die every day from road accidents alone. Data from public hospitals shows that children under 10 years have the highest death rate from home injury.

We need to invest in data collection to determine how best to intervene to stop injury.

As in most countries child abuse and neglect is under reported in Malaysia. But the data we have shows it is on the rise and needs our full attention.

The 2001 Child Act, child protection teams, child activity centres, police and law enforcement agencies and other programs are all part of the solution. But all are under funded, all workers, government and NGOs are stretched and services are not adequate to meet even the immediate needs. Prevention programs are even more in need of resources, demanding as they do, intense and sustained programs run by skilled and professional psychologists, health workers, counselors, and community and social workers.

To halt violence against children and young people will take more investment than we have seen in previous plans. The investment must be focused on reinforcing the building blocks already in place to ensure a protective environment for children – an environment that fortifies them against abuse in the same way that good nutrition and good health care fortify them against disease.

At the very least we need to secure, sustainable and ample investment:

- To ensure that that laws and policies are enforced
- To support families to prevent violence occurring
- To mitigate the impact of violence through recovery and reintegrating programs.

Who are the especially vulnerable in Malaysia?

All children can be vulnerable depending on changing circumstances at home, school or in institutional care but especially vulnerable are those children trafficked for their labour including those exploited for sex.

In every country we see that children in marginalised populations – refugees, migrant workers, indigenous - are also especially vulnerable to violence, and abuse.

There is a clear linkage between violence against women and violence against children. UNICEF is committed to the equal rights of women and girls, viewing the Convention on the Elimination of all Forms of Discrimination against Women as complementary to the Convention on the Rights of the Child.

The right of women to participate in decisions that affect them is central to the realisation of the rights of children and the rights, equality and empowerment of women are especially important to healthy child development and to building healthy families, community's and nations.

UNICEF works to support full participation by women in the community and within their families and works to end violence against women, particularly violence within their families.

CONCLUSION: LEADERSHIP AROUND INVESTMENT IN CHILDREN

What does it mean "to invest" in children.

Simply, it means giving a child the best start in life, ensuring them good health, proper nutrition and early learning and access to safe water and basic sanitation. It means protecting them from violence, abuse, exploitation and discrimination. All these are imperatives and work best together.

Investing in children is not "soft" economics or noble sentiment. Investment in children is sound judgment and brings optimal return. Let's not just "make do" for children. Money spent on securing the best for children is sound investment in human capital which is the catalyst for economic growth.

Numerous studies have shown that every dollar invested in ensuring children the best start yields US\$4-\$7 return in the long run to children, their families and tax payers.

Thank you.