

‘Child survival around the world and in Malaysia’ – Keynote address at the 74th Rotary International District 3300 Conference

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Ladies and Gentlemen.

Good morning and Selamat Pagi to all esteemed members of the audience. Please allow me to thank the organisers of the Conference for inviting me to be a part of this special gathering of friendship and fellowship today.

At UNICEF, our work is guided by the Convention on the Rights of the Child, which protects the rights of all children to survival, development, equality and participation.

Child survival around the world

All over the world, UNICEF works to protect children's lives. Despite our greatest efforts, and that of our sister UN agencies and health authorities worldwide, children still die.

Every day, more than 24,000 children under the age of five die around the world. That comes up to approximately 9 million children dying every year. Nearly all of them live in developing countries. These deaths are caused by preventable diseases, including severe infections like pneumonia and sepsis, diarrhoeal diseases, malaria, measles and AIDS. These

diseases are caused by underlying factors like under-nutrition, unsafe water, poor hygiene practices and inadequate sanitation.

In 2007, however, the world saw an improvement in child survival. For the first time in modern history, the number of children dying before the age of five fell below 10 million per year, down from almost 13 million in 1990.

Every region has made progress in reducing the under-five mortality rate. The most rapid declines between 1990 and 2006 were found in Latin America and the Caribbean, Central and Eastern Europe and the Commonwealth of Independent States, and East Asia and the Pacific.

Much of the progress reflected in the new child mortality figures is the result of widespread adoption of basic health interventions such as early and exclusive breastfeeding; measles immunization; vitamin A supplementation to boost children's immune systems; insecticide-treated bednets to prevent malaria; proper treatment of pneumonia, diarrhoeal diseases and severe malnutrition; treatment of paediatric HIV/AIDS; hygiene promotion and access to safe drinking water and sanitation.

Rotary International is an exemplary demonstration of the kind of civil society involvement that can change children's lives, through its **PolioPlus** program, the volunteer arm of the global partnership dedicated to eradicating polio. Launched in 1985, contributions to the PolioPlus Fund continue to support the most essential components of polio eradication activities in partnership with UNICEF, WHO, and Centers for Disease Control (CDC). Mass immunisation campaigns do not only protect children from debilitating diseases, but also reinforce primary healthcare systems, and open up opportunities for other interventions such as vitamin A supplementation.

Nonetheless, 9.7 million **preventable** child deaths each year is still unacceptable.

Asia has over 50% of the world's under-five population – and over 40% each of under-five and maternal deaths. Two-thirds of natural disasters over the past 25 years have occurred

in Asia and the Pacific, affecting directly and indirectly the population, temporarily decimating health systems and intensifying economic vulnerabilities. Hence, there is a need for a multi-pronged approach to capitalise on synergies across sectors.

Change, however, is within affordable reach. With an additional \$4 per person per year, MDGs 4 and 5 (reduce child mortality and improve maternal health) could be met by 2015. This is because the main causes of maternal and child deaths are behaviour-related. To address newborn deaths necessitates a refocus on WASH (more specifically on hand washing) and nutrition, on behaviour change, communication and community empowerment, and efforts to improve national policies. Improvements in the antenatal phase necessitate reaching the unreached, offering better and more inclusive/universal integrated mother and child services; as well as M&E. Even the perinatal phase calls for relatively low-cost interventions – access to skilled delivery with better trained human resources, the availability of essential commodities, more effective links with communities, and either subsidies or user fee abolition to cushion the cost to the household. Such behaviour change interventions are not expensive – they are estimated to cost \$2 per person per year; and improvements in human resources and planning \$3.

Everywhere around the world, countries are putting a great deal of effort and resources into improving child survival and health in order to achieve MDG 4 – a two-thirds reduction in the under-five mortality rate by 2015. If the world achieves this, we will be able to prevent an additional 5.4 million child deaths annually.

Other threats to child survival

There are other, indirect threats to child survival. One set of threats emanates from high food prices. Food prices at triple the 2002 price level have an impact in particular on the affordability of food and nutrition, and the level and quality of consumption for urban poor and landless rural households. Food price inflation also indirectly impacts on MDGs 4 and 5 by decreasing the real wages of health workers and school teachers, which may induce them to seek alternative sources of income.

With respect to policy implications of the economic crisis and the emerging global recession, there is need for a differentiated impact analysis. There are high levels of foreign exchange reserves in many countries in Asia, and a higher role of domestic demand, compared to other regions. Asia and the Pacific are coming down from higher rates of GDP growth – to rates around 6 % - which are still considerable by historical standards. However, at the household level, in most countries, half to three-quarters of expenditures in poor households are on food – confirming that income poverty remains a major underlying cause of stunting. The crisis is also yielding a greater voice for emerging economies, and a Keynesian approach to policy making is resurfacing.

Another set of threats are nature-related. Two-thirds of natural disasters occur in Asia; they impact the poorest the most. Climate change is displacing people, and reintroducing climate driven diseases. The implications for HIV/AIDS, distress migration, and reinforced gender disparities need to be better examined. Moreover, man-made insecurity and conflicts have structural causes, often experienced at the sub-national level – social, caste, and ethnic exclusion. Terrorism is increasingly used as a tactic.

Child survival in Malaysia

In Malaysia, great achievements have been accomplished with regard to child mortality rates over the past decades:

- Infant mortality rate = decreased from 41 per 1,000 live births (1970) to 6.3 per 1,000 live births (2005) ¹
- Under-5 mortality rate = decreased from 57 per 1,000 live births (1970) to 8.1 per 1,000 live births (2005) ²

Malaysia's impressive results are due to a proactive stance towards health promotion – one that includes prevention as well as treatment – combined with national anti-poverty

¹ & ² Dept of Statistics Malaysia

and pro-poor strategies that have led to dramatic and sustainable reductions in child and maternal mortality.

Among the initiatives include increasing the capacity of professional health workers, developing an accessible network of community-based primary care, improving the quality of care overall, and prioritising social safety nets that ensure equal access to health, nutrition and education.

Beginning in the 1980s, the Malaysian Government focused on the poorest and most vulnerable, with nutrition education in both health clinics and the community; provision of nutrient and food supplements; treatment of anaemia in women; and subsidised rural health services, especially those connected to maternal and child health.

With such progress made, Malaysia is well on track to achieve most of the targets set by the Millennium Development Goals.

The critical goal that Malaysia has to focus on now is MDG 6: to reverse and halt the spread of AIDS.

Children and HIV

HIV and AIDS have an impact on MDGs 4 and 5: to reduce child mortality and improve maternal health, respectively.

There are 1 million orphans in the Asia-Pacific region, some of whom have been orphaned by AIDS. Children and young people increasingly represent the face of the HIV epidemic:

- Worldwide, young people aged 15–24 account for an estimated 45% of new HIV infections (UNAIDS, August 2008).
- In Malaysia, close to 2,000 children below the age of 19 have tested HIV-positive (MOH, 2008).

HIV is also gaining a feminine face, with more women becoming infected through heterosexual transmission. In 1997, there were 197 new cases of HIV infection. In 2007, there were 745 new cases. This equals almost a four-fold increase in 10 years.

The number of new HIV infections is increasing among married monogamous women, who are mostly housewives infected by their spouses.

Children are the ones who will bear the consequences of this epidemic because they may lose one or both parents to AIDS.

How women and children are affected by HIV

Women and children are most vulnerable to the stigma and discrimination associated with HIV. Stigma and discrimination are the biggest barriers to preventing further infections as well as providing adequate care, support and treatment. Stigma can cause a woman to feel so shamed by her condition that she will not go for testing or treatment.

Stigma can cause a child to be shunned in school for being HIV-positive, or for having HIV-positive family members.

Stigma can force children orphaned by AIDS to live on the streets because no one will care for them.

Stigma can cause children to lose their childhood and rob them of their dreams.

Combating HIV/AIDS

The National Strategic Plan for HIV and AIDS 2006-2010 recognises the importance of addressing HIV vulnerability among women and children, through Strategy 4 of reducing HIV vulnerability among women, children and young people.

This commitment is in line with the goals of the 9MP, and also reflected in the Mid-Term Review of the 9MP, which is to strengthen prevention and control programmes for HIV/AIDS.

The UNICEF and UNAIDS global campaign, Unite for Children, Unite Against AIDS, provides a **child-focused** framework that complements the Government's National Strategic Plan. The four objectives of the campaign can make a real difference in the lives of children affected by HIV and AIDS:

- Prevent mother-to-child HIV transmission;
- Provide paediatric treatment;
- Prevent infection among adolescents and young people;
- Protect and support children affected by HIV and AIDS.

One proven effective intervention for HIV/AIDS impact mitigation has been found to be women-friendly income support for affected households; another is the introduction of inheritance rights for women, so that they have access to assets if the spouse is deceased. There is a need to provide support for families caring for children orphaned by AIDS. A shift in perception surrounds the role of "expectant fathers", both in terms of their role vis-à-vis the pregnant mother, as well as in terms of sexual behaviours and myths.

Civil society plays an important role in supporting the government to achieve these goals, by producing initiatives and interventions which reduce the vulnerability of children. The role of civil society organisations is very important because through grassroots initiatives, they can reach out directly to those engaging in risk behaviours and provide support and intervention.

Make dreams real

If Malaysia does not control the spread of HIV, the epidemic will undo the progress the country has achieved in children's survival, protection and development.

Young people are very important in the struggle to control the HIV epidemic in Malaysia. Children and youth are the ones who have the power to change attitudes and behaviours, and alter the course of HIV for generations to come.

Reducing children's vulnerability to HIV requires us to increase their overall protective environment, by reducing economic inequities and social disparities, and by improving the protection of their rights.

The complex range of threats to child survival that I mentioned earlier necessitates a number of strategic shifts:

- leveraging resources for results to achieve MDGs with equity;
- programmatic flexibility and focus on areas of large potential impact;
- advocacy for social safety nets;
- integration of disaster preparedness and monitoring and risk mitigation into programming; and
- Communication for development – “c4d”.

Let me conclude in saying that reduced child deaths would be the ultimate measure of success in mortality-related MDGs (1, 4 and 5). This will hinge on four key strategic shifts:

- On influencing and leveraging changes in national policy with a focus on the continuum of care and an integrated approach to health and nutrition – nutrition supplementation, diarrhoea control, immunisation;
- On support to broader horizontal policies around social inclusion and social protection;
- On support to changes in behaviors, including health seeking behavior, improved child feeding practices notably in the area of exclusive breastfeeding, and better hygiene and sanitation practices, and

- On a deliberate focus on disparity reduction and a better focus on women, their health and their rights.

Thank you.