

**SPEECH BY YB DATO' DR. CHUA SOI LEK, MINISTER OF HEALTH MALAYSIA,
AT THE ANNOUNCEMENT OF THE "PROGRESS FOR CHILDREN" GLOBAL
REPORT, AT WISMA UN, DAMANSARA HEIGHTS, KUALA LUMPUR,
ON 18 NOV 2004 AT 10.30 AM**

Ms. Gaye Phillips, Representative, UNICEF Malaysia,

Mr. Kiyoshi Nakamitsu, Programme Officer, UNICEF Malaysia,

Distinguished Guests,

Members of the Media,

Ladies and Gentlemen,

1. It gives me great pleasure to be here this morning to share with all of you Malaysia's success in reducing child and maternal mortality and to reiterate our commitment to the United Nations fourth Millennium Development Goal which aims for a two thirds national reduction of under-five mortality rates between 1990 and 2015. Our success in ensuring that our children have the best start in life is not just the success of our Government, but also the success of our people and our partners, most notably UNICEF.

2. The Malaysian Government, and in particular the Ministry of Health, takes pride that both the UNICEF Headquarters in New York and the UNICEF East Asia and the Pacific Regional Office in Bangkok have acknowledged and highlighted our achievements in reducing child mortality in their recent global report, the "**Progress for Children**".

3. Amidst a region which has witnessed an alarming slowdown of less than 2 per cent per annum in reduction of child mortality over the last decade, due partially to the Asian Economic Crisis of 1997 to 1999 which also affected Malaysia, our impressive reduction by 8% is certainly something for all of us to be proud of and to celebrate. According to the Progress for Children Report, this is the second best rate of progress in the world. The decline from 57 to 17 per 1,000 live births between

1970 and 1990 and to 9 per 1,000 in 2000 represents an 85% reduction of deaths amongst children below the age of 5 in three decades. Our 2002 infant mortality which rates at 6.2 per 1,000 livebirths and Under Five Child Mortality which rates at 8.6 per 1,000 livebirths are comparable to those of highly developed countries.

4. Three key factors have contributed to our success:
 - i. Political leadership at the highest level to ensure that under our national development goals children are given every assistance to guarantee that they have the best possible start in life. This commitment is translated into real gains by way of investing adequately in infrastructural and resource development since independence.
 - ii. The Ministry of Health's steadfast commitment to the improvement of maternal and child health and the reduction of maternal and child mortalities, which has supported a range of programmatic interventions since the 1950s. Children along with women in the reproductive age group are given high priority in our health care system.
 - iii. Multi-sectoral collaboration, including our 50-year partnership with UNICEF Malaysia which has helped us with resources and technical support to meet our own obligations and commitments to our children in Malaysia.

A) CHILD HEALTH & NUTRITION

5. The Ministry of Health recognized two critical factors in formulating our response:
 - i. The first five years of a child's life are crucial not only for healthy physical development but also for psychosocial development.

- ii. Our health programmes must be accessible and affordable to all. Malaysia has done extremely well in ensuring equity and access to healthcare. Today 89% of our people live within 5 km of a static health facility. For the rest, we provide outreach services, including the famed Flying Doctor Service in Sabah and Sarawak. These have contributed to a steady decline in perinatal, infant and toddler mortalities in our country.

6. Early recognition of particular problematic issues such as high maternal and infant mortality rates in certain districts and states, poor access to basic elements of Primary Health Care to certain pockets of the population, and health problems among school children ensured a targeted and strategic Programme of Action to enhance the health status of children and women. Our early cognizance of these issues enabled the Ministry of Health to effectively plan and strengthen its interventions with the support of UNICEF, to include a number of programmes for the survival, protection and development of children.

7. Our interventions, which included family health, disease prevention and control, environmental sanitation and health education programmes, have amongst others resulted in good coverage of immunization for children. Malaysia has introduced immunization for children since the 1950s. The Expanded Programme for Immunization was introduced in 1989 and Malaysia is now providing immunization against 10 major diseases, namely BCG, Hepatitis B, Diptheria, Pertusis (Whooping Cough), Tetanus, Measles, Rubella, Mumps, Poliomyelitis, and Haemophilus influenza B, with good coverage beyond the targets set by WHO (World Health Organization) and UCI (Universal Child Immunization). Since then, the incidence of vaccine-preventable diseases has dropped tremendously. As at 2003, BCG coverage is 99%; hepatitis third dose is 95% and measles coverage is 92%. In October 2000, we were accredited as a polio-free country. We are also actively working towards achieving the global goal of eliminating measles.

8. To overcome nutritional diseases and deficiencies, especially prevalent in rural areas, the Government initiated the multi-agency “Applied Food and Nutrition” programme in the 1970s and the “School Supplementary Feeding Programme” to provide children from low income families with food supplements including milk. As a result, acute malnutrition is no longer a problem in our country. Trends between 1990 and 2001 in under-five weight for age show that not more than 1% are severely underweight. On the other hand, Malaysia has begun to see the emergence of overweight and obesity in both children and adults.

B) MATERNAL HEALTH

9. The issue of maternal health and prevention of maternal mortality has received due attention from the Ministry of Health with the development of comprehensive maternal health programmes which include family planning and nutrition services.

10. The Safe Motherhood Programme which we implemented with the support of UNICEF has enabled us to regularly monitor pregnant women for early detection and treatment for complications to ensure a satisfactory outcome for both the mother and the newborn. Maternal mortality rate in Peninsular Malaysia as a result was reduced to 41 per 100,000 live births in 2002. With ongoing programmes and improvements, we hope to achieve the goal of reducing maternal mortality to half of this.

11. While efforts are on-going to improve the quality of care in the health system, emphasis will also be given on efforts to prevent maternal mortality and improve maternal care through education and awareness efforts that will focus on birth spacing, nutrition, family fertility counseling, cancer screening as well as to ensure that our pregnant women have access to trained traditional birth attendants. UNICEF has been a valuable partner in these efforts. With UNICEF, Malaysia has also promoted the Baby Friendly Hospital Initiative (BFHI) since the late 1980s and today 113 Ministry of Health hospitals, 2 Ministry of Defence hospitals, 1 Ministry of Education hospital and 2 private hospitals have been designated as baby friendly hospitals.

Ladies and Gentlemen,

12. It must be recognized that the declines in our infant mortality and maternal mortality levels are due not only to health sector interventions, but equally to socio-economic development, including improved education and the empowerment of women through the provision of reproductive health services.

13. Since the 1990s, Malaysia has progressed extensively through our commitment in ensuring maximal development. Through holistic programmes for children and women, and concerted efforts by all concerned, including our UNICEF partner, Malaysia has been able to strengthen the family institution and the support mechanisms to facilitate child survival, development and protection.

14. In moving forward to ensure the best for our children, we must however remain vigilant to the new threats and challenges that face their survival and development in becoming productive citizens. And we must be brave and courageous to respond in their best interest.

- i. As a result of the rapid pace in socio-economic development and increased affluence in Malaysia, there has been a definite change in nutritional problems in the country which has resulted in other facets of malnutrition such as obesity and chronic diseases associated with dietary excess and imbalance, namely hypertension and coronary heart disease.
- ii. Child injury is now the leading cause of child deaths and disability, placing a huge burden on families and society in Malaysia. According to the Malaysian Vital Statistics Bulletin, road traffic accidents alone killed 1,232 children in 2001, a rate of 3 children dying each day. The Ministry of Health aims to work in partnership with other Ministries, UNICEF and NGOs to develop a comprehensive strategy that will help save the lives of our children from such unnecessary deaths.

- iii. An emerging issue which has the potential of becoming a major public health problem is HIV/AIDS. Learning from other countries, the Ministry of Health has responded with several programmes which include prevention of mother to child transmission and free antiretroviral treatment for HIV-positive children and pregnant women who have undergone antenatal screening in our clinics. The Ministry of Health is committed to efforts in addressing the issue of HIV/AIDS through a collaborative strategy involving other Ministries and UN partners, including UNICEF.

Ladies and Gentlemen,

15. As a member of ASEAN and the Organisation of Islamic Countries, Malaysia is also committed to helping other nations in need by sharing our own successes, especially in the area of Child Survival and Safe Motherhood. In this regard, Malaysia has recently donated US \$ 1 million (RM 3.8 million) to WHO / UNICEF's Global Polio Eradication Programme. Malaysia's million dollar contribution has benefited children in 22 countries across west and central Africa, 16 of which are OIC member states. Currently, our Government is also exploring the possibility of hosting various international conferences to share our experience and knowledge on the reduction of child and maternal mortality with other countries.

16. At the same time, we will continue to forge forward towards qualitative health care, while continuing our efforts to maintain and improve on our present achievements.

17. In view of the fact that Universal Children's Day is on 20 November, we would like to reiterate our commitment towards honouring and meeting the needs of our children and women, and we look forward to our ongoing partnership with UNICEF to create a "World Fit for Children". Thank you.