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1. Let me begin by expressing how greatly honoured I am to be here this morning and to receive the Distinguished Paediatrics and Child Health Merit Award at such a distinguished gathering. It makes me feel so humble when I think of the more deserving midwives, nurses, doctors and specialists who have been caring for the normal, the abnormal and the sick children against all odds when medicines, equipment and even positive attitudes were lacking and not forthcoming. I saw them through the 50s, 60s, and the 70s and I'm glad that they survived the obstacles. I would very much like to accept this award on their behalf and to say "thank you".

2. The welfare and well-being of children has emerged as a topic of public and political concern over the past decade. In the past, the subject of children was regarded as trivial compared with the waging of wars, the strength of the dollar or the price of oil. Indeed, times have changed. As a result of vast improvements in the survival and development of children, parents have greater hopes for their children and they expect more for them. Today, the public agenda and the media in developing and industrialised countries alike are crowded with issues concerning children. This attention is being accorded to children in their own right.

3. However, the fact is that more than 12 million children, the majority of whom are in Africa, Asia and Latin America, continue to die each year from the 'silent' emergencies of preventable diseases such as malaria, tuberculosis, acute gastroenteritis, measles and malnutrition. Besides, millions of children are affected by wars and conflicts, abuse and neglect, child labour and various forms of exploitations. It is the suffering of children particularly in the tropics that reminds us how much more we need to do and how enormous is the task before us. Therefore, it is timely that the 4th International Congress of Tropical Paediatrics addresses some of these issues with the theme of 'Improving Children's Health in the Tropical Countries -An International Commitment'.

We are proud that the Congress is being held for the first time in Malaysia by The Malaysian Paediatric Association.

4. The government of Malaysia has prioritised the rights of the child since independence. The health care, education and social welfare of the children have been the major goals in each Malaysian Social and Economic Development Plan. With the progress of our nation in all aspects including economy, education social and culture, the health status of the country has shown remarkable improvements. The infant and child mortality rates have decreased tremendously since independence. According to UNICEF's report on the State of The World's Children 1996, Malaysia is ranked 118 out of 150 countries in descending order of the under-five mortality rates (i.e. 33rd best). This is partly attributed to the better care of antenatal mothers and improved paediatric services in the country with the establishment of maternal and child health centres all over the country, particularly in the rural areas.

5. Several strategies had been adopted by the Ministry of Health Malaysia to improve child health in the country. For example, Risk Approach for antenatal care, Safe Motherhood Initiative, Baby Friendly Hospital Initiative, District Team Problem Solving Approach, Immunisation Programme as well as Quality Assurance Programme. Besides, advancement has been made in paediatric intensive care and neonatal intensive care. Sophisticated facilities and treatment like bone marrow transplant, renal transplant and liver transplant have been made available in the country. More health-care personnel including paediatricians, primary health care doctors and public health nurses have been trained. Currently, there are paediatricians and obstetricians in all the general hospitals and many of the district hospitals in the country. More than 75 percent of the babies are now delivered in the hospitals with the tertiary care available and 95 percent of the deliveries are conducted by trained personnel. All the health centres in the rural areas are now staffed with primary care doctors and nurses. Furthermore, progress has been made into developing subspecialties services so as to further improve the children's mortality and morbidity.

6. The importance of general improvement in socio- economic situation in improving child health particularly in the tropical countries could not be overemphasised. The best example is the fact that the top developing countries like Singapore and Hong Kong with the best economic growth have amongst the best Under-Five Mortality rates, 3rd and 4th best after Sweden and Finland; better than many of the developed countries like United Kingdom (UK) and United States of America (USA), both lying in the 10th and 26th position respectively. Therefore, improving socioeconomic status should be the top priority of all the developing countries, in the effort of improving child health. To achieve this, a stable political environment and peace is of utmost importance. In this aspect, the advanced countries have an important role to play. They should stop the wars and civil conflicts in some of the poor third world countries by stopping to provide military assistance and weapons. They should stop interfering with the internal affairs and politics of these poor countries. Instead, they should promote socio-economic growth in these countries by making investments and trade not wars, economic sanctions or exploitation of cheap labour.

One good example is the economic sanction imposed by the United Nations on Haiti in 1991 following a military coup, in an effort to restore democracy and human rights. Over the three years of sanction, the rate of malnutrition among the children has doubled from 27 percent to 50 percent and thousands of children have died.

7. Malaysian are fortunate to have a steady socio- economic growth since independence attributable to a stable political environment, peace and cooperation between all the races in the country. The per capita GNP had improved steadily with the annual growth rate of 9.6 percent and achieved US\$4,027 in 1995. Correspondingly, there were decreasing trends for Infant Mortality Rate, Perinatal Mortality Rate, Neonatal Mortality Rate and Toddler Mortality Rates.

The Infant Mortality Rate has decreased 7 fold from 75.5/1000 live births in 1957 to 10.6/1000 live births in 1994; Neonatal Mortality Rate from 30/1000 live births to 7.2/1000 live births and Toddler Mortality Rate from 11/1000 toddlers to 0.8/1000 toddlers. Besides, the pattern of disease in children in the country has changed from those related to infectious diseases and malnutrition to that of accidents, malignancies, congenital malformations and genetically determined disorders.

8. Apart from improvement in socio-economic and living status, health care strategies are also important in improving child health particularly in the developing countries, without which the ambitious goals set by the Declaration of Alma Ata in 1978, i.e. 'Health for All by the Year 2000' would not be achieved. Easily accessible basic health care including safe water supply and environmental sanitation, nutrition, immunisation, health education, maternal and child health, surveillance of growth and disease control, as well as family planning should be provided for everybody not forgetting the minorities and the aboriginal communities.

Ladies and gentlemen,

9. Another issue that needs urgent attention is the problem of children at war. We are lucky to have a peaceful environment for the past 38 years since independence in the free-of-war-zone of ASEAN.

According to UNICEF's report, approximately 2 million children have been killed during the last decade because of wars and civil conflicts. Between 4 million and 5 million children were disabled.

Twelve millions more have been left homeless; more than 1 million orphaned; some 10 million psychologically traumatised and countless others face the heightened risk of disease and malnutrition. In 1993, there were 42 countries with major conflicts and another 37 that were suffering from some kind of political violence. Of these 79 countries, 65 were in the developing world, the majority in the tropics.

10. The children have always been particularly exposed and hardest hit in wars. When food supplies are short or water supplies contaminated, it is the children who have the least resistance to the danger of diseases. In the GOMA refugee camp in Eastern Zaire in 1994, a cholera outbreak killed 50,000 children in just a month.

11. Besides, there has been increasing use of young children as soldiers or fighters. Recently, in 25 countries, thousands of children under the age of 16 have fought in wars. In 1988 alone, they numbered as many as 200,000 children which should be loved and valued, but were used as cannon-fodders instead.

12. UNICEF, founded in 1946 to provide emergency relief for children in the aftermath of world war II, have set out an Anti-war Agenda; a series of vital, practical actions to help stall the momentum of violence in its 50th anniversary year. The agenda calls for an end to the recruitment and conscription into the military of children under the age of 18; for a ban on the manufacture, use, stockpiling and sale of all anti-personnel land mines and for strengthening of procedures to monitor and prosecute war crimes. The Agenda also urges support for long term development, reconciliation, rehabilitation and education for peace. Education about peace should start from young. One good example is the Education for Conflict Resolution (ESR) which was introduced in Sri Lanka with the help of UNICEF to educate children for peace. The world should uphold the fundamental purpose of the United Nations Charter "... to save succeeding generation from the scourge of war".

13. More money should be spent for the health of the population instead of firearms. Military spending globally in 1991 was estimated to be US\$70 billion, of which US\$121 billion was spent in developing countries. Whereas, the year 2000 goals which calls for an assault on poverty and underdevelopment, safe water, sanitation and reduction of illiteracy could be achieved for US\$30 to 40 billion more than what is currently spent. In fact, between 1960 and 1991, total annual military expenditure from developing countries rose from US\$27 billion to 121 billion. Sadly enough some of the steepest increases occurred in the poorest countries like Ethiopia, Mozambique and Myanmar.

Money spent on arms could have been put to a much better use.

14. Another problem that we are committed to improve is child abuse of various forms. Child abuse and neglect occurs in all developing countries. Millions of children in underprivileged societies in the third world are involved in child labour. Many children are also abandoned by their families and practically living in the streets.

Other children living with parents or guardians are also abused physically or sexually. In Malaysia, the Child Protection Act was passed in 1991 to combat the increasingly recognised incidence of child abuse. Malaysia has also signed the World Declaration on the Rights of the Children in 1995.

15. Besides, we can learn a lot from the experience of Western countries. As the result of industrialisation, the problems that they face now are sharply increasing divorce rates, erosion of community, increasing alcohol and drug abuse, teenage pregnancy and violence. We should prevent these problems from occurring as many of the developing countries are now undergoing rapid industrialisation.

16. There is great advance made in the prevention of communicable diseases by immunisation of children throughout the world especially in developing countries in the tropics under the Expanded Programme of Immunisation. WHO reported on the World Health Day in April 1995 that 146 countries have had no cases of polio for at least a year.

Most of the Asian countries have already made significant progress towards the goals of 'Universal Child Immunisation' by the year 2000. However, further efforts should be made by other developing countries particularly the African countries to achieve the target.

17. In Malaysia, the rate of immunisation in 1993 for BCG is 97 percent, DPT and Polio 91.3 percent and measles 81 percent. We are the first few countries to include Hepatitis B in our immunisation programme since 1989. However, there is still room for improvement and the high immunisation rates cannot be a figure of complacency because there are still morbidities and mortalities due to some of these communicable diseases even though the incidence has declined. In 1993, 637 patients die of tuberculosis in Malaysia (1.45 percent of total certified death). Thirteen death were due to tetanus, 11 due to measles

and 1 due to whooping cough. There were no polio reported. The rate for diphtheria was 0.02 per 100,000 and measles 2.17 per 100,000. Throughout the world, there are still millions of children dying of these 6 immunisable diseases. Hence we should increase our effort in the prevention and control of these diseases.

18. In addition, there are other infectious diseases that are still rampant in tropical countries and that have taken a massive toll on our children, particularly malaria, dengue, schistosomiasis, acute gastroenteritis and acute respiratory infection. In this aspect, the importance of preventive medicine and vaccination should be emphasised. Beside focusing on providing basic health care, scientists from all over the world should double their efforts in the search for more effective vaccines for each of these diseases.

The development of DNA vaccine represents a new and potentially powerful approach to the development of these vaccines.

Ladies and gentlemen,

19. Today around 8000 children still die each day because of diarrhoea and dehydration; a toll that the world must reduce with oral rehydration therapy (ORT). Around half of all diarrhoea cases in the world's poorest countries are now treated with ORT.

This is a vast improvement over the 1 percent level of usage in the 1980s.

20. Some, 4 million children in the world today still die each year from acute respiratory infections. We have already used several vaccines to prevent various acute respiratory infections eg., live attenuated measles vaccine, whole cell pertussis vaccine and influenza vaccine. They have saved millions of lives a year. Other vaccines for acute respiratory infections have been developed and used in industrialised countries.

21. In Malaysia, Dengue infection remains as a significant public health problem. The incidence rate of Dengue Haemorrhagic Fever (DHF) was 2.86 per 100,000 population and Dengue Fever (DF) was 26.08 per 100,000 population in 1993. As a result of effective malaria control measures over the past 50 years, the incidence of malaria has been reduced.

22. Besides, over the past decade, there was global resurgence of other infectious diseases. HIV has become the global menace. Ebola virus has made a dramatic appearance and continue to cause problems in the African countries. I hope this four day Congress will address some of these problems and gather some fundamental information on improved diagnostics and new vaccination approaches to benefit the children.

23. Part of the effort to improve child health in tropical countries includes improving nutrition of the children. Provision of cheap nutritional food, safe water supply, breast feeding and basic health education are essential in improving the nutritional status of the children. Worldwide, it is estimated that more than 30 percent (200 million) of preschool children are still malnourished in terms of being underweight and that in developing countries about 40 percent are stunted. It has an overwhelming impact of children's mortality and morbidity. It is recognised that 56 percent of children's death in developing countries are significantly related to malnutrition.

24. In Malaysia, the Applied Food and Nutrition Programme was started in 1973 for the rehabilitation of malnourished children. A study in 1991 showed that about 0.5 percent of children under 5 years of age were less than 60 percent of standard weight-for-age. On the other hand, 13 percent of the children were obese by international standards. We should also look into this other end of malnutrition as it would result in increase of coronary heart disease. As it is, coronary heart disease is the 1st killer in Malaysia and many other developing countries as well. We should promote healthy life style right from the young.

25. Another aspect that need our attention is the care of handicapped children. With the improvement made in intensive care of neonates and children, there is an increase in the survival of handicapped

children in tropical countries. The cost of their care is tremendous. Therefore, it is not enough to consider the survival of these children only but to take into account the health status of the surviving children and the impact of their survival on their family and society. Participation from non- government organisations and community is important in providing resources as well as to assist self- help groups among parents and rehabilitation of handicapped children.

26. Advancement in medicine through introduction of new technologies and new modes of treatment have saved many lives but are responsible for the spiralling health care expenditure. Thousands of dollars are spent to provide growth hormone therapy, cytokines, organ transplant, sophisticated radio- imaging and molecular recombinant technology. As a consequence, at the national level, policy makers in the developing countries have to make tough decisions to use limited resources to meet the increasing use and demand for health care.

Clinicians at ground level have increasingly been forced to consider economic factors when making decisions in managing their patients. If priorities are distorted and the basic principle of public health is disregarded, up to 90 percent of a developing country's health budget could be absorbed by a handful of city hospitals serving the elite, while out in the country-side villagers were obliged to walk miles to the most rudimentary dispensary.

At a time when heart transplant and in-vitro fertilisation involve huge commitments in terms of money and human resources, millions of people-up to 3 quarters of the population in many tropical countries are beyond the reach of health care.

Therefore, setting priorities and judicious use of the human and financial resources is mandatory.

27. Malaysia has made remarkable progress in the delivery of cheap and yet effective health care to its community over the past 40 years. Nevertheless, to further improve the child health in the tropical countries after providing satisfactory primary health care, sophisticated supporting services such as paediatric pathology, radiology, biochemistry, biotechnology and genetics should be developed.

Rapid advances in these supporting services have brought to us a new era of paediatric care in the developed countries.

28. In addition, with the advance of science and technology the health of the entire living organisms in this world particularly the human beings are affected. Proliferation of industries and technologies have led to the pollution of environment in many developing countries in the tropics. Improper disposal of volatile toxic substances has decreased the ozone layer in the tropical environment. Hazardous nuclear testings by the developed countries in the tropical environment has risked the health of entire tropical population.

Diseases related to environmental pollution have been on the rising trend in the tropical countries, e.g. bronchial asthma. Therefore, to ensure the health of our next generation, environmental pollution needs to be checked and controlled.

29. We should therefore abide by the principle of 'always first call for children' with their survival, protection and development given high priority as enshrined in the 1989 Convention of The Rights of Children.

30. We should work towards the goals for the year 2000 as affirmed by the World Summit for Children as follows:- a) A one-third reduction in 1990 under-five death rates (or to 70 per 1000 live births, whichever is less).

b) A having of 1990 maternal mortality rate.

c) A halving of 1990 rates of malnutrition among the world's under-fives (to include the elimination of micronutrient deficiencies, support for breastfeeding by all maternity units, and a reduction in incidence of low birth weight to less than 10 percent) d) Achievement of 90 per cent immunisation among under-ones;

the eradication of polio, neonatal tetanus; 90 per cent reduction in measles cases and 95 per cent reduction in measles deaths compared with pre-immunisation level.

e) A halving of child deaths caused by diarrhoeal diseases.

f) A one-third reduction in child deaths from acute respiratory infections.

g) Basic education for children and completion of primary education by at least 80 percent - girls as well as boys.

h) Safe water and sanitation for all communities.

i) Acceptance by all countries of the Convention on The Rights of the Child, including improved protection for children in especially difficult circumstances.

j) Universal access to high-quality family planning information and services in order to prevent pregnancies that are too early, too closely spaced, too late or too many.

Ladies and gentlemen,

31. Let us work together to transform the goals of the world summit into expression of reality for the lives and hopes of the world's children particularly children in the tropical countries.

32. With this fervent hope, I declare this 4th International Congress of Tropical Paediatrics officially opened.