

LAUNCH OF SOUTH ASIA HUMAN DEVELOPMENT REPORT

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Excellencies, distinguished guests, ladies and gentlemen. On behalf of UNICEF, let me express my deep appreciation to Ms. Khadija ul Haq and the Mahbub ul Haq Human Development Centre for inviting UNICEF to the launch of this publication “Human Development in South Asia 2004, The Health Challenge”, and for undertaking the publication itself. This is a landmark publication and as with all other preceding publications, it has made vital contributions to our understanding of the multiple facets of human development.

I am also honoured to be here today – as a personal friend of Ms. Khadija ul Haq and the late Mr. Mahboub ul Haq. My work in Pakistan was greatly enriched by the insights and experiences of friends such as Mr. Haq – who was not only my friend, but also the friend of UNICEF. I feel proud to be part of this rich legacy of Mr. Haq whose work has been fundamental in generating wider understanding of the multi-dimensional nature of poverty, and how income by itself is a very poor measure of the human dimensions of poverty. And we greatly thank him for this.

Madame President, we welcome this publication which reinforces the centrality of people in all development policies and programmes, focusing on the health challenges. The statistics are shocking. One out of every three child deaths occurs in South Asia; two thirds of the malnourished children live in the region and infant mortality is still high. Maternal mortality

ratio in South Asia is second highest in the world. In a region where high mortality and morbidity rates battle to rob children and women of their full potential - every day - the focus on health could not be more appropriate or timely.

As the report graphically captures, and as we know from our experiences, there is a strong link between poverty, gender inequity and poor survival and wellbeing of children and women. More often than not, a poor child will not be immunized, and that child is most likely to be malnourished, not have access to clean water, not go to school and will be prey to a range of exploitative practices that jeopardize their wellbeing. Most of them are girls. In addition, both poverty and gender inequity translate into higher mortality rates for women and girls and a higher disease burden.

It is tragic that while the region has witnessed such spectacular technological advances, it continues to struggle with the daily deaths of children – mostly from easily preventable causes. We know what it takes to ensure child survival. It's practical, simple and do-able – and yet, we are failing. This report sounds the alarm – loud and clear – of the importance of investing in health for reducing poverty and accelerating economic growth. As we work to achieve the Millennium Goals, especially on health, ensuring that children are at the core in all investments in social development is important. I'm sure you'll agree that the fulfillment of basic human rights starts with the child.

Madam President, I would also like to take the opportunity to applaud the richness of the analyses in highlighting the larger inequities that work together to undermine survival, development and wellbeing of children and their families. We live in a world where a

narrow focus on sectoral issues is no longer the solution and indeed, could be part of the problem. In laying out the multi-sectoral approaches needed to ensure progress, the publication makes a valuable contribution in our way forward.

These areas are strategically embedded in the UNICEF medium-term strategic plan, together with partnerships for shared successes as UNICEF's contribution to poverty reduction and the Millennium Summit Agenda.

As the agency for children, we continue to focus on children as we did six decades ago, but with a realization of the rapidly changing world with new opportunities and challenges. The Millennium Summit, the Monterrey International Conference on Financing for Development that followed in 2002, the Paris Forum on Aid Effectiveness all call for a new approach to what we do – in partnership with others. In a world where multiple challenges threaten the survival, development and wellbeing of children, no one agency can single-handedly address these challenges. The ongoing conflicts in South Asia as well as the recent experience from the Indian Ocean tsunami also highlight the factors that set back our achievements and the need for partnerships. You can count on us as partners in advancing this process ahead – as we count on others in the UN, in civil society and government.

UNICEF role in meeting the social challenges

Anchored in our partnerships with governments, civil society and UN partners like WHO, WFP and UNFPA, UNICEF's investment in **health and nutrition** in South Asia spans the last five decades and covers all countries in the region. After nearly a decade of monumental immunisation campaigns, reaching over 150 million children under age five, we have seen a

dramatic increase in the rates of fully immunized children rising from 5% in 1980 to about 65% in 2004. This increase in coverage has laid the foundation for polio eradication, neonatal tetanus elimination and measles reduction for which South Asia can be justifiably proud today. New initiatives to tackle maternal health and the reduction of maternal mortality rates in partnership with WHO, UNFPA, the Melinda and Bill Gates Foundation and Columbia University help broaden the focus on woman's rights to life and her dignity.

In areas of **nutrition**, UNICEF in partnership with South Asian governments, together with WHO, has been successful in institutionalizing Vitamin A supplementation in most countries of the region. Major challenges in micronutrient supplementation still remain: Iodine deficiency disorders affect nearly 170,000 people in the region and nearly half a billion are at risk, from brain damage in the foetal period and of retarded psychomotor development in young children. While considerable progress has been made over the last twenty years in making iodized salt accessible to all, much more effort is still needed.

As for **girls' education**, the benefits of high quality education are well documented – both for girls, their families and ultimately their communities. South Asia has been the home to a number of models whose elements have been replicated globally. One success story lies in Bangladesh where UNICEF, the Government and other development partners supported the Intensive District Approach to Education for All project. This has contributed in increasing enrolment rates for both boys and girls. Bangladesh has one of the best net enrolment rates in South Asia with 81% for boys and 84% for girls. Here, I would proudly like to mention the Balochistan Girls Education project in Pakistan which I was involved in. The UNGEI is now a critical partnership mechanism to further advance gains in girls' education.

As to the challenge of **HIV/AIDS Prevention**, at national levels, the adult HIV prevalence in all countries of South Asia is below one percent. However, this still implies that 5.2 million people are estimated to be living with HIV/AIDS in South Asia with an estimated 5.1 million people living in India - which is considered the epicentre of the South Asian epidemic and the second worldwide after South Africa (5.6 million) in terms of the number of HIV cases. UNICEF supports programmes to prevent HIV/AIDS among young people, prevention of mother to child transmission of HIV/AIDS, orphans and vulnerable children and In India, there are now around 300 centres that offer these services and many more throughout South Asia.

The **protection of children's rights** cannot be separated from poverty. Harmful traditional practices, child labour, and child trafficking are concrete manifestations of the violations of a range of rights that critically impact the health and wellbeing of children.

Through all these experiences, we join our voice with yours to advocate for growth with human development or growth with a human face – calling for adequate resources, appropriate allocation, better regulation of the private sector and the need to invest simultaneously in education, especially girls' education, water and sanitation services and poverty alleviation. We particularly urge for a strengthened focus on child and maternal health to expand access, improve quality and ensure quality health for all.

In conclusion, I thank the Mahbub ul Haq Human Development Centre for bringing us all here together today. Despite the progress being made in South Asia, it is evident that much

more needs to be done by all of us. Having lived and worked in South Asia myself, I know that South Asia represents a region of commonalities and differences that both unite and divide people. But on one issue, the interests of the people and the government clearly converge: poverty and a better future for children. Children bear the brunt of poverty. Yet, they are the ones who offer the greatest hope for defeating it.

Our hope in UNICEF is that this publication will strengthen the process of ‘dialogue for action’ with all stakeholders in human development and that these discussions are translated into more concrete policies, strategies and funding for the improvement of the lives of the women and children in Asia. Ensuring this is our individual and collective responsibility. Let’s do it – together.

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