**SUHAKAM’s INPUT FOR THE OFFICE OF THE HIGH COMMISSIONER FOR HUMAN RIGHTS (OHCHR)’S STUDY ON CHILDREN’S RIGHT TO HEALTH – HUMAN RIGHTS COUNCIL RESOLUTION 19/37**

1. **Introduction**

1.1 Article 25 of the Universal Declaration of Human Rights (UDHR) 1948 states that everyone has the right to a standard of living adequate for the health and wellbeing of himself and his family, including food, clothing, housing and medical care and necessary social services and the right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control. Article 25 of the UDHR also states that motherhood and childhood are entitled to special care and assistance, hence emphasizing the right to protection for women and children who are vulnerable to illness and death.

1.2 According to the Convention on the Rights of the Child (CRC), a child is defined as a person under the age of eighteen. Malaysia is a party to CRC under which Article 24 of the Convention recognises the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health.

1. **Malaysia’s Health System**

2.1 Malaysia’s healthcare system has reached a high standard of health that is comparable to several developed countries.[[1]](#footnote-1) This is reflected by Malaysia’s Human Development Index in 2011 in which Malaysia is ranked 61 under the category of high human development.

2.2 Healthcare provision in Malaysia is based on a dual system involving stakeholders from the public and private sector in which the Government is the main policymaking and regulatory body.[[2]](#footnote-2) Healthcare services provided by Malaysia consist of health promotion, illness prevention, curative and rehabilitative care which includes allopathic, Traditional and Complementary Medicine (TCM) practices at primary, secondary and tertiary levels of care.[[3]](#footnote-3) For public healthcare, the Government subsidizes nearly 95% of the patient’s cost of treatment.[[4]](#footnote-4) It is worth noting that at public healthcare facilities, those who are not Malaysian citizens need to pay a higher price tag compared to citizens.

1. **Main Health Challenges Related to Children in Malaysia**

3.1 One of the main challenges faced by children in obtaining healthcare in Malaysia is the availability of healthcare services especially in the rural and isolated areas. In order to cater to the healthcare needs in the rural and isolated areas, the Government has implemented outreach programmes which include mobile health teams, flying doctor service and community health representatives. However, some of the programmes have not been implemented effectively due to various reasons such as unfavourable weather, lack of resources and facilities. As an instance, visits by the Mobile Health Teams to rural and isolated villages in the states are irregular as much depends on the availability of their vehicles, designated staff, the conditions of the roads and weather.[[5]](#footnote-5)

3.2 Physical access to healthcare facilities is considerably low especially amongst the rural and isolated communities due to the distance between the villages and available healthcare facilities. As an example, the Penan villagers in Ulu Belaga, Sarawak do not own personal vehicles and have to travel approximately three hours by hitchhiking just to get to a clinic. In addition, some of the rural clinics are not equipped with sufficient amenities such as clean water supply and electricity.[[6]](#footnote-6)

3.3 Other than the physical accessibility, the quality of the services provided by the public healthcare also posed as a challenge as there are long queues for outpatient services, diagnostic procedures like CT-scan examinations, treatment modalities like endoscopic surgery and drug rationing for chronic diseases.[[7]](#footnote-7) This causes much delay for children in receiving their treatments.

3.4 Children’s access to healthcare is also affected by financial factors, especially in cases of chronic diseases, which require long-term or expensive treatment. In Malaysia, it is estimated that more than 4,000 children are born with congenital heart disorders each year.[[8]](#footnote-8) With the high costs of the needed surgeries that could range between RM18, 000 to RM50, 000[[9]](#footnote-9), parents with medium income who could not afford the costs have to seek financial assistance from the public through various channels such as newspaper appeals. These are often seen in newspapers in Malaysia. The Government does provide some funds for medical assistance for those who cannot afford medical treatment. However, in spite of the available funds, many still seek financial assistance from the public through the media. In 2008, a newspaper survey was carried out by the New Straits Times which showed that many seek donations from the public due to ignorance on the application process of the available medical assistance funds provided by the Government.[[10]](#footnote-10)

3.5 At the same time, access to healthcare is also a problem for those without identification documents. This problem is common in the states of Sabah and Sarawak, where many indigenous communities reside. In order to obtain subsidized heathcare at public healthcare facilities, identification documents are required. Based on SUHAKAM’s previous study on the Penans in Ulu Belaga, Sarawak, most of the villagers encountered are without identification documents. Although they are able to gain access to public healthcare facilities, they are charged with the same cost charged to foreigners.[[11]](#footnote-11) Children of migrant workers and undocumented migrants also face similar financial concerns as they have to pay higher fees for treatment compared to patients who are Malaysian citizens.[[12]](#footnote-12)

3.6 Other groups of concern are the stateless children and refugee children. According to the United Nations High Commissioner for Refugees (UNHCR) in Malaysia, there are approximately 20, 900 refugee children who have registered with the UNHCR as of end June 2012.[[13]](#footnote-13) The UNHCR has made an arrangement with the Malaysian Government that allows refugees who have registered with the UNHCR to gain access to public healthcare facilities at half the price charged to non-citizens.[[14]](#footnote-14) In spite of this, a large number of refugee children still cannot afford the healthcare facilities and treatments. They also face other impediments such language barriers and reluctance to go to the healthcare facilities for fear of being arrested and detained by authorities.[[15]](#footnote-15) Stateless children who can be found mostly in the state of Sabah also face similar problems in relation to access to healthcare. Lack of awareness on the need to register newly born children is one of the factors contributing to the large number of stateless children in Sabah.[[16]](#footnote-16)

3.7 Other than the abovementioned health challenges, HIV epidemics amongst children and adolescents is also an issue of concern in the country. In 2010, children aged from 0- 19 years old made up 2.24 % of the 3,652 new HIV cases.[[17]](#footnote-17) Amongst the factors that exposed them to the HIV infection are sexual and physical violence, incest, sex work, human trafficking, underage and unprotected sex.[[18]](#footnote-18)

1. **Malaysia’s National Policies, Strategies and Plans of Action on Children’s Right to Health**

The Malaysian Government has formulated policies and plans of action to further improve the healthcare system in the country. However, most of these policies and plans of action address the issue of healthcare in general and do not refer specifically to children’s healthcare. Below are some of the national policies, strategies and plans of action that seek to improve healthcare in Malaysia.

**4.1 Tenth Malaysia Plan 2011-2015**

 The Tenth Malaysia Plan outlines the development plan of the country for 2011-2015 in efforts to achieve the goal of becoming a high income nation. With regards to healthcare the Government listed several strategies in the Plan to improve the quality and accessibility of healthcare in the country. This includes reviewing financing options for healthcare, expanding primary care services, strengthening secondary and tertiary care services.[[19]](#footnote-19) During the first half of the Plan period, 193 new clinics will be completed and this will consist of 156 clinics in the rural areas and 41 community health clinics. At the same time, 50 additional 1Malaysia clinics with expanded range of services will be set up in the urban poor and other underserved areas.[[20]](#footnote-20) 1Malaysia Clinics are community clinics that are strategically placed throughout the country which provide primary treatments for a mere RM1 for citizens and RM15 for non-citizens.

Furthermore, the Department of Social Welfare will provide income support as assistance for the poor in the rural and semi-urban area in which a central database, e-Kasih will identify and coordinate the delivery of the income support.[[21]](#footnote-21) Recently, the e-Kasih database has been given international recognition as it was awarded with the United Nations Public Service Awards (UNPSA) by the United Nations in June 2012.

**4.2 National Strategic Plan on HIV and AIDS 2011-2015**

 One of the strategies in the National Strategic Plan on HIV and AIDS 2011-2015 is to continue the Prevention of Mother to Child Transmission (PMTCT) programme in the public healthcare facilities which includes antenatal screening, treatment and support for pregnant women infected with HIV and their partners.[[22]](#footnote-22) In this regard, the Government has set a goal to eliminate mother-to-child transmission by 2015.[[23]](#footnote-23) Amongst the relevant key activities are to strengthen the awareness on HIV to increase the enrolment in the PMTCT programme and other related services and ensure all HIV-infected pregnant women and their HIV-exposed infants under the PMTCT programme receive antiretroviral treatment and breastfeeding education to reduce mother-to-child transmission of HIV.[[24]](#footnote-24)

**4.3 National Policy on Reproductive Health and Social Education**

 This policy was approved in November 2009 to address the reproductive health and sexual health needs with emphasis to adolescents and youths in the country.[[25]](#footnote-25) In this regard, the Ministry of Education has introduced reproductive health and social education (PEERS) in schools in 2011, starting with Year 1 students in primary schools.[[26]](#footnote-26) This module includes subjects on sexual reproductive health, skills, knowledge and behaviours.[[27]](#footnote-27)

**4.4 School Health Programme**

The School Health Programme is a joint programme between the Ministry of Health and Ministry of Education. Under this programme, the Ministry of Health provides primary prevention through vaccination, health promotion, health screening, physical examination, curative and referral services, dental health and environmental health.[[28]](#footnote-28) On the other hand, the Ministry of Education provides nutritional rehabilitation (school milk programme, food supplementary programme) and health education through its curricula (physical and health education, family life education, health across the curriculum).[[29]](#footnote-29) These services cover all primary and secondary schools under the Ministry of Education.[[30]](#footnote-30)

**4.5 Young Doctors Programme**

This is a school-based health promotion programme meant for the empowerment of knowledge and skills of primary school children in order to improve their health status. The programme is aimed at producing a group of students who will act as agents of change to promote good health among peers, the school community and family members.[[31]](#footnote-31) As of June 2009, 1058 schools have set up their own Young Doctors Programme with 28,796 young doctors.[[32]](#footnote-32) Also, this programme has been taken up by the Ministry of Education as part of the co-curriculum in primary schools since 2007.[[33]](#footnote-33)

1. **Main Barriers in Implementation of Children’s Right to Health**

5.1Technological advancements, new medical treatments and products have increased the cost of the healthcare in the country.[[34]](#footnote-34) This creates a challenge for Malaysia in financing the rising demand for health services in which the country may not be able to continue subsidizing the cost of public healthcare in the long term.[[35]](#footnote-35)

5.2 On the other hand, there have always been concerns on the shortage of doctors in the public healthcare sector and imbalanced distribution of doctors in remote areas, certain states, some critical areas, and difficulty in placement and retention of doctors and nurses in these areas.[[36]](#footnote-36) The current doctor-patient ratio in Malaysia is 1: 800, which is still under the 1:600 ratio recommended by the World Health Organisation (WHO).[[37]](#footnote-37) The shortage of doctors in the public healthcare sector is mainly due to lucrative benefits offered by the private and international health sectors. In addition to that, the tendency of doctors to move into secondary and tertiary care specialties has subsequently led to acute shortage in the primary care..[[38]](#footnote-38)

1. **Conclusion**

In view of the health challenges faced by children in Malaysia and barriers in the implementation of children’s right to health, it is imperative for the Government of Malaysia to address these issues in accordance with its obligations as stipulated in the CRC and other international human rights standards such as UDHR.

1. Human Rights Commission of Malaysia (SUHAKAM), *Report on Human Rights and Access to Equitable Healthcare*(2011).p. 5. [↑](#footnote-ref-1)
2. Ministry of Health Malaysia, *Country Health Plan: 10th Malaysia Plan 2011-2015* (2010). p. 1. [↑](#footnote-ref-2)
3. Quoted from Ministry of Health, Country Health Plan: 10th Malaysia’s Plan 2011-2015 (2010). p. 1. [↑](#footnote-ref-3)
4. Quoted from Ministry of Health, Country Health Plan: 10th Malaysia’s Plan 2011-2015 (2010). p. 17. [↑](#footnote-ref-4)
5. Human Rights Commission of Malaysia (SUHAKAM),*Report on Human Rights and Access to Equitable Healthcare*(2011)p. 23. [↑](#footnote-ref-5)
6. Human Rights Commission of Malaysia (SUHAKAM),*Report on Human Rights and Access to Equitable Healthcare*(2011)p. 23. [↑](#footnote-ref-6)
7. Quoted from Ministry of Health Malaysia,*Country Health Plan: 10th Malaysia Plan 2011-2015* (2010). p. 17. [↑](#footnote-ref-7)
8. Ministry of Health Malaysia. Malaysia’s Health( 2007)p. 33. <http://www.moh.gov.my/images/gallery/publications/mh/Malaysia%20Health%202007-2.pdf> [↑](#footnote-ref-8)
9. These figures are based on news articles from end of 2011 till first half of 2012. [↑](#footnote-ref-9)
10. National Heart Association of Malaysia, 2008. Help available for those who seek it. <http://www.malaysianheart.org/article.php?aid=81> [↑](#footnote-ref-10)
11. Human Rights Commission of Malaysia (SUHAKAM),*Report on Human Rights and Access to Equitable Healthcare* (2011) p. 28. [↑](#footnote-ref-11)
12. Ibid, p. 27 & 36. [↑](#footnote-ref-12)
13. The UN Refugee Agency (UNHCR) Malaysia.

[http://www.unhcr.org.my/About\_Us-@-Figures\_At\_A\_Glance.aspx](http://www.unhcr.org.my/About_Us-%40-Figures_At_A_Glance.aspx) [↑](#footnote-ref-13)
14. AIDS / STD Section, Disease Control Division, Ministry of Health Malaysia, Government of Malaysia. Malaysia: 2010 UNGASS Country Progress Report (Reporting period: January 2008- December 2009). (2010). p. 55.<http://data.unaids.org/pub/Report/2010/malaysia_2010_country_progress_report_en.pdf> [↑](#footnote-ref-14)
15. The UN Refugee Agency (UNHCR) Malaysia. [http://www.unhcr.org.my/What\_We\_Do-@-Healthcare.aspx](http://www.unhcr.org.my/What_We_Do-%40-Healthcare.aspx) [↑](#footnote-ref-15)
16. Bernama. *9 March 2012. 40, 000 People in Sabah Don’t Have Birth Certificates.* <http://kpdnkk.bernama.com/news.php?id=651185> [↑](#footnote-ref-16)
17. Quoted from the United Nations Children’s Fund (UNICEF), Fact Sheet: HIV and AIDS Overview (2011).

<http://www.unicef.org/malaysia/UNICEF_-_Global_Malaysia_AIDS_Statistics_Overview_2010.pdf> [↑](#footnote-ref-17)
18. Ibid. [↑](#footnote-ref-18)
19. Economic Planning Unit of Prime Minister’s Department,*Tenth Malaysia Plan 2011-2015*(2010)p. 272-273. [↑](#footnote-ref-19)
20. Quoted from Economic Planning Unit of Prime Minister’s Department,*Tenth Malaysia Plan 2011-2015*(2010). p. 273. [↑](#footnote-ref-20)
21. Ibid, p. 161. [↑](#footnote-ref-21)
22. Ministry of Health Malaysia, National Strategic Plan on HIV and AIDS 2011-2015 (2011) p. 21. [↑](#footnote-ref-22)
23. Ibid. [↑](#footnote-ref-23)
24. Quoted from Ministry of Health Malaysia, National Strategic Plan on HIV and AIDS 2011-2015 (2011) p. 21. [↑](#footnote-ref-24)
25. Statement by Mr Harjeet Singh, Deputy Secretary General (Strategic), Ministry of Women, Family and Community Development; Representative of Malaysia at the 45th session of the Commission on Population and Development at the General Debate on National Experience in Population Matters: Adolescents and Youth, New York, 24 April 2012.

<http://www.un.int/malaysia/GA/66/66unga75_CPD_Youth.pdf> [↑](#footnote-ref-25)
26. Quoted from Statement by Mr Harjeet Singh, Deputy Secretary General (Strategic), Ministry of Women, Family and Community Development; Representative of Malaysia at the 45th session of the Commission on Population and Development at the General Debate on National Experience in Population Matters: Adolescents and Youth, New York, 24 April 2012. [↑](#footnote-ref-26)
27. Ibid. [↑](#footnote-ref-27)
28. Quoted from Banerjee, Kaushik & Roesel Sigrun, School Immunization Programme in Malaysia: 24 February to 4 March 2008 (10 July 2012)p. 4.

<http://www.who.int/immunization_delivery/systems_policy/Malaysia-school-immunization.pdf> [↑](#footnote-ref-28)
29. Ibid. [↑](#footnote-ref-29)
30. Ibid. [↑](#footnote-ref-30)
31. Quoted from Ministry of Health Malaysia,*Country Health Plan: 10th Malaysia Plan 2011-2015*, (2010) p. 13. [↑](#footnote-ref-31)
32. Ibid. [↑](#footnote-ref-32)
33. Ibid. [↑](#footnote-ref-33)
34. Ibid, p. 23. [↑](#footnote-ref-34)
35. Ibid. [↑](#footnote-ref-35)
36. Ibid, p. 32. [↑](#footnote-ref-36)
37. The Star 29 April 2012. *Liow:1: 600 doctor / patient ratio by 2015.*<http://thestar.com.my/news/story.asp?file=/2012/4/29/nation/20120429160056&sec=nation> [↑](#footnote-ref-37)
38. Ministry of Health Malaysia, *Country Health Plan: 10th Malaysia Plan 2011-2015* (2010) p. 32. [↑](#footnote-ref-38)