



MALAYSIA–WHO

Country Cooperation Strategy 2016–2020



MALAYSIA–WHO

Country Cooperation Strategy 2016–2020



WPRO/2017/DPM/002

© World Health Organization 2017

Some rights reserved. This work is available under the CC BY-NC-SA 3.0 IGO licence.

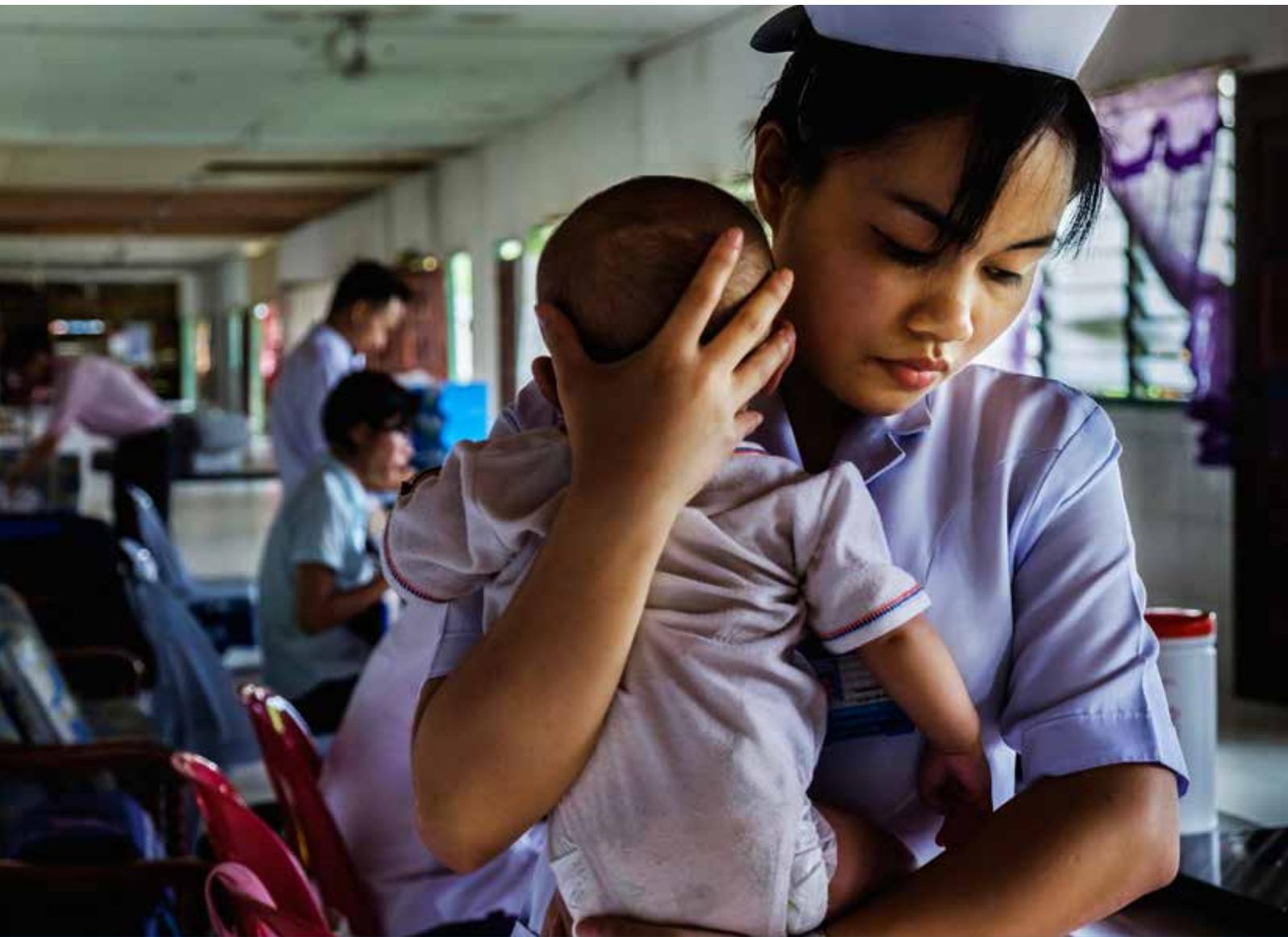
Photo credits

Cover: ©WHO/Yoshi Shimizu

Inside pages: ©WHO/Yoshi Shimizu

CONTENTS

Foreword	vii
Executive summary	viii
1. Introduction	1
2. Health and development situation	3
2.1 Main health achievements and challenges	3
2.2 Development cooperation and partnerships	6
2.3 Review of WHO's cooperation during the past CCS cycle	7
3. The Sustainable Development Goals and implications for Malaysia	9
4. Strategic agenda for WHO's cooperation	11
5. Implementing the Strategic Agenda: implications for the WHO Secretariat	17
Annexes	18
Annex 1. Brief on Malaysia's National Development Framework for Health ...	18
Annex 2. Summary of Malaysia–WHO collaboration 2009–2015	20
References	26



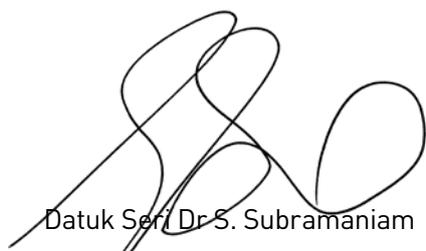
FOREWORD

The Ministry of Health Malaysia and the World Health Organization (WHO) are pleased to present the *Malaysia-WHO Country Cooperation Strategy 2016-2020*. The strategy will guide collaboration on health for the next five years between Malaysia and WHO.

The 2016-2020 strategy builds on previous strategies, with WHO assistance now increasingly focused on more specialized areas. The priorities identified reflect Malaysia's level of development and the significant capacity and resources that Malaysia has devoted to many aspects of health, particularly communicable disease control and maternal and child health. This strategy is the result of discussions between the Ministry of Health and WHO and includes input from other key development partners working in health.

The strategic priorities identified are also in line with two recent global WHO reforms, which are reflected in the cooperation strategy. First, WHO Member States have signaled the strategic importance of WHO being more selective and prioritizing its support, and reflecting those priorities in funding for activities. Second, although Malaysia has fulfilled the core capacities under the International Health Regulations (2005), the Government appreciates the importance of all countries maintaining and strengthening these capacities. Core capacities allow countries to detect, analyse and manage a range of health risks, benefiting local communities and strengthening global health security.

On behalf of the Government of Malaysia and WHO, we express our gratitude to the many national counterparts, staff members and other partners that contributed to the development of this strategy. We look forward to working together to implement this strategy over the next five years to benefit the health and well-being of the people of Malaysia.



Datuk Seri Dr S. Subramaniam
Minister of Health
Malaysia



Dr Shin Young-soo
Regional Director for the Western Pacific
World Health Organization

EXECUTIVE SUMMARY

Malaysia is an upper middle-income country with a health system and health status commensurate with its level of development. The *Eleventh Malaysia Plan 2016–2020* articulates the development goals of Malaysia over the five-year period, and health is identified as a key component of the plan’s major thrust – Improving well-being for all.

The Malaysian health system delivers a comprehensive range of services through a combination of public and private providers. Total out-of-pocket expenditure for health is 39%, and yet Malaysia has one of the lowest incidence rates of catastrophic health expenditure in middle-income countries. Nevertheless, there is a need to examine the sustainability of the health system to ensure it performs well in the future and is affordable and accessible for all.

In some areas, such as child mortality, Malaysia’s achievements are at the level of a high-income nation. The country also has demonstrated success in reducing the burden of many communicable diseases, such as malaria and HIV, and many childhood illnesses. Despite these successes, a few diseases, such as tuberculosis, have remained stubbornly persistent. Others have emerged to become an increasing threat, such as dengue. Further efforts are required to reduce diseases in marginalized and disadvantaged groups and to deal with changing epidemiological patterns.

The main disease burden has shifted in recent years to noncommunicable diseases (NCDs), now accounting for 73% of all deaths. For NCD risk factors in 2015, the prevalence for adults of hypertension was 30.3%, hypercholesterolaemia 47.7%, diabetes 17.5%, overweight and obesity 47.7%, tobacco use in men 43% and physical inactivity 33.5%. Mental health problems are also increasingly prevalent (29.2%). An increasingly wide range of complex environmental health issues is an ongoing challenge.

Malaysia now has significant internal technical capacity in many areas and receives minimal development aid. WHO primarily provides technical and policy advice, advocacy, and capacity-building in specialized areas.

The strategic priorities for WHO's collaboration with Malaysia over the next five years are to:

Strategic Priority 1. Facilitate multisectoral collaboration and support coordination for health.

Strategic Priority 2. Strengthen policies and capacities to build a more resilient, sustainable and responsive health system that moves even further towards universal health coverage.

Strategic Priority 3. Strengthen policies and capacities for assessing, preventing, managing, mitigating and monitoring health risks and chronic conditions.

Strategic Priority 4. Facilitate the use of Malaysian expertise and sharing of experiences in regional or global settings and events and to provide expert advice to other countries.





1. Introduction

Country cooperation strategies (CCSs) provide a medium-term strategic vision for World Health Organization (WHO) cooperation with a given Member State in support of the country's national health policies, strategies and plans.

When the previous *Malaysia–WHO Country Cooperation Strategy 2009–2013* was approaching expiration, a review was undertaken to determine whether its strategic priorities remained relevant in light of the new WHO Twelfth General Programme of Work 2014–2019 and the *Tenth Malaysia Plan 2011–2015*. The review determined that the strategic approach of the 2009–2013 CCS remained relevant. This enabled WHO and the Ministry of Health to agree to extend the period covered by that CCS to 2015, thereby aligning the next CCS period with Malaysia's national development planning cycle (2016–2020).

This *Malaysia–WHO Country Cooperation Strategy 2016–2020* is also directly informed by the review of past CCS priorities. Three of the four priority areas of the earlier CCS were identified as being suitable to consider for inclusion in the 2016–2020 CCS.

Those priority areas are:

1. Developing and strengthening health systems and health policy;
2. Prevention and control of NCDs, NCD risk factors and promotion of healthy lifestyles; and
3. WHO support for Malaysia's participation and contribution in regional and international health collaboration.

The fourth area, communicable disease control, while still important, no longer requires WHO to provide for ongoing activities in biennial programmes of collaboration due to the significant capacity and resources available in Malaysia. In this area, WHO's role is primarily supportive in terms of information sharing, including access to normative standards and guidelines.

In addition, global WHO reforms have provided an opportunity to focus more on prioritizing the areas of activities supported under WHO's biennial programmes of collaboration with Malaysia. Through discussions for 2014-2015 and leading into planning for 2016-2017, it was also possible to more directly identify and refine the priorities for the 2016-2020 CCS.



2. Health and development situation

Malaysia is a federal constitutional monarchy, located in South-East Asia. In 2015, Malaysia had a population of 31 million people and life expectancy at birth of 72.5 years for males and 77.4 years for females (1). Malaysia is a multicultural country, home to Malays, Chinese, Indians, Ibans, Kadazans and other ethnic groups. In 2014, 0.6% of the population was below the national poverty line, having reduced significantly from 8.6% in 1999 (2), although there remain persistent inequalities for indigenous people and the bottom 40%.

Malaysia is an upper-middle income country, aiming to become a high-income country by 2020 through Vision 2020 and implementation of the *Eleventh Malaysia Plan 2016–2020* (3). A summary of the key thrusts of the national plan and the key objectives of the *Ministry of Health Strategic Plan 2016–2020* (4) is available in Annex 1.

2.1 Main health achievements and challenges

Health services

The Malaysian health system delivers a comprehensive range of services through public and private providers. The public sector provides 76.7% of inpatient services, with an average stay of 6.2 days (median three days) compared to 5.0 days in the private Sector (median four days) (5). The urban population uses significantly more private inpatient services than the rural population (28.8% compared to 6.3%). Community perceptions of health services are high: 77.8% of respondents rated government clinics as “good” or “excellent”, compared to 70.9% for private clinics. The main points of dissatisfaction with government clinics are perceptions of long waiting times and not being able to choose the doctor. For private care, high cost was the main concern. However, there are still some pockets of vulnerable and disadvantaged groups that face challenges accessing health services.

Malaysia has one of the lowest incidences of catastrophic health expenditure in middle-income countries (1.44% of households experience expenditures of more than 10% of total household expenditure in any given month, and only 0.16% more than 25%) (6). The usual payer for health care is an individual person or a family/household member, with 23.7% having some financial protection through private insurance, 17.7% having a government guarantee letter and 15% having employer-sponsored insurance (5). These patterns raise concerns about the adequacy of financial risk protection mechanisms for the population.

Maternal and child health

Malaysia's maternal mortality ratio (MMR) declined to 23.2 per 100 000 live births in 2012 (2). Ethnic groups identified as "others", which includes non-citizens and "other Bumiputera" had median MMRs of 56.7 and 34.4, respectively. The national rate of under-5 mortality was 7.6 per 1000 live births in 2012, which is comparable to high-income nations, although under-5 mortality among Orang Asli was significantly higher (21.7) (2). For maximum improvement of child health and maternal health, attention must also be paid to sociocultural determinants. Addressing such issues will require increased interagency collaboration and commitment.

Noncommunicable diseases and injuries (NCDs)

NCDs account for 73% of deaths in Malaysia, including 35% of deaths among people under 60 years (7). The prevalence of key NCD risk factors is significant in the population, and many are undiagnosed. In adults (18 years and over), the prevalence of known hypertension in 2015 was 13.1% and previously undiagnosed hypertension 17.2% (total 30.3%). Hypercholesterolaemia prevalence in adults (18 years and over) is 47.7%, significantly increased from earlier surveys (2006: 20.7%; 2011: 32.6%) (8, 9). Diabetes prevalence (adults 18 years and over) is 17.5% (including undiagnosed 9.2%), an increase from 11.6% in 2006 (8). Additionally, 30% of adults are overweight, with a body mass index (BMI) of 25–29.99, and 17.7% as obese (BMI \geq 30) (7).

The prevalence of current tobacco use declined slightly among men from 43.9% in 2011 (11) to 43.0% in 2015 (7). However, the use of smokeless tobacco products (e-cigarettes) has significantly increased from 0.7% in 2011 (9) to 10.9% in 2015. Cigarette promotions at point of sale are also a key issue to address. Exposure of smokers and non-smokers to second-hand smoke at home was 37.1% [exposure of non-smokers 25.9%], although rural areas were noted to be much higher (48.8%) (7). The percentage of current alcohol drinkers in Malaysia fell from 11.6% in 2011 (9) to 7.7% in 2015 (7). In relation to physical activity, 66.5% of adults (16 years and above) were considered to be physically active; however, approximately 60% of those meeting the definition for being active were regarded as being minimally active (41.1%) (7). Only 6% of Malaysians adults (18 years

and older) consume the recommended daily intake of five or more servings of fruit and vegetables (7).

Mental health problems among adults (16 years and above) are increasingly prevalent (29.2% in 2015 (7) compared to 10.7% in 1996) (10). Females, young adults, other Bumiputeras and adults from low-income families are at greater risk of mental health problems. Twelve per cent of children (5–15 years) were suspected of having mental health problems (7).

Injuries are a particular cause for concern. Reported road traffic fatalities in 2013 were 6915 (85% male; 62% were motorcycle riders), a fatality rate of 23 per 100 000 population (12), the highest in the Western Pacific Region (13). Approximately 700 drowning deaths are reported in Malaysia each year, most in rivers, beaches, lakes and mines, and between 2009 and 2013 about half of the drowning victims were aged 5–14 years (14).

In terms of oral health, a survey in 2010 identified that 89% of adults have had dental caries and 94% periodontal disease (15). In 2015, dental caries were found in 70% of 5-year-old preschool children (16).

Environmental health

In 2014 approximately 95.3% of the population had access to safe water (97.1% in urban areas, 92.6% in rural areas); 95.2% of households had adequate excreta disposal facilities (17). In recent years, increasingly complex health-related environmental issues including air and water pollution and activities related to extractive industries point to the need to undertake health impact assessments and monitor developments for their impact and for enforcement.

The *National Environmental Health Action Plan* describes strategies to strengthen multisectoral collaboration for effective and sustainable resource use and improving environmental health (18). In support of this, the Malaysia Environmental Health Information System (MyEHIS) is being developed. MyEHIS will enable creation of state environmental profiles to facilitate, mitigate or predict actions before events occur.

Communicable diseases

Malaysia has had success in reducing many communicable diseases (2). Reported incidence of HIV infections has decreased from 28.4 per 100 000 population in 2002 to 11.7 in 2014. In relation to malaria, Malaysia is classified as being in the pre-elimination phase, moving towards elimination by 2020. In 2013, Malaysia's case detection rate for tuberculosis (TB) was 95% and the cure rate was 78%.

Even though Malaysia currently ensures a high level of childhood immunization (for example, measles, mumps and rubella coverage was at 95% in 2013), there have been challenging measles outbreaks in recent years – the latest in 2011–2012 – demonstrating the need to continue to evaluate and identify ways of strengthening immunization services.

Significant dengue epidemics continue to occur, with the most recent beginning in 2011. Despite extensive efforts by the Ministry of Health and state authorities, dengue has proven difficult to control and engagement of local communities and the private sector is an ongoing challenge.

The first imported cases of avian Influenza type A(H7N9) and Middle East respiratory syndrome coronavirus in Malaysia were reported in early 2014. Preventing and controlling such communicable diseases is an integral part of Malaysia's active surveillance system as part of its obligations under the International Health Regulations (2005), or IHR (2005).

To support the prevention and control of zoonosis, the Ministry of Health with the cooperation of the veterinary, wildlife and environment sectors has developed "One Health" strategies and programmes. Diseases such as leptospirosis and brucellosis have re-emerged (reported leptospirosis cases increased from 2268 in 2011 to 8291 in 2015). Multidisciplinary and multisectoral tripartite (human, animal and environment) workforce collaboration, teamwork, data sharing and funding need to be strengthened in order to control these emerging and re-emerging diseases.

2.2 Development cooperation and partnerships

Malaysia generally does not receive significant bilateral aid for health. However there is one HIV/AIDS grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria. The principal recipient is the Malaysian AIDS Council. WHO and the Joint United Nations Programme on HIV/AIDS (UNAIDS) represent multilateral partners in the Country Coordinating Mechanism.

There is no United Nations Development Assistance Framework for Malaysia, but it is proposed that a United Nations strategic partnership framework for 2017-2020 be developed to support implementation of the Sustainable Development Goals (SDGs) and the *Eleventh Malaysia Plan 2016-2020*.

Though WHO is the primary partner in health, other United Nations agencies also provide health-related support. These include UNAIDS, the United Nations Development Programme, the United Nations Population Fund, the United Nations Children's Fund, the United Nations High Commissioner for Refugees, and the United Nations University International Institute for Global Health.

The United Nations Country Team in Malaysia also has formed two United Nations theme groups on gender and on human rights and development, and a working group on communications. In addition, a Humanitarian Country Team has been formed, involving a wide range of partners to facilitate planning, information sharing and coordination of efforts to support Malaysia to strengthen its emergency risk management and response.

2.3 Review of WHO's cooperation during the past CCS cycle

The strategic approach of the *Malaysia–WHO Country Cooperation Strategy 2009–2015* consisted of two principal components:

1. WHO support to Malaysia for selected national health priority areas; and
2. WHO support for Malaysia's participation and contribution in regional and international health collaboration.

WHO support to Malaysia for selected national health priority areas

During the period of the *Malaysia–WHO Country Cooperation Strategy 2009–2015*, three principal components of cooperation identified were:

- 1) developing and strengthening of the health system and health policy;
- 2) communicable disease control; and
- 3) prevention and control of NCDs, NCD risk factors and promotion of healthy lifestyles (including mental health, injuries and environmental health).

A summary of Malaysia–WHO cooperation in these areas is available in Annex 2.

WHO support for Malaysia's participation and contribution in regional and international health collaboration

During the period of the previous CCS, Malaysia made substantial technical contributions at both the regional and global levels. This included 34 WHO technical meetings held in Malaysia, often with additional support from the Government of Malaysia, covering fields including biological risk management, surveillance and risk assessment of public health events, risk communications, hand-foot-and-mouth disease, *Plasmodium knowlesi*, chikungunya surveillance, integrated vector management, dengue, International Air Transport Association licensing for transporting infectious substances, human organ transplantation, health promotion foundations and tobacco taxation, food safety, good governance for medicines, pesticides management, planning for NCD prevention and control, health-care quality improvement, restricting marketing of foods and non-alcoholic beverages to children, and a meeting of the Regional Commission of Certification of Poliomyelitis Eradication for the Western Pacific.

Malaysian experts were engaged as temporary advisers and consultants to support capacity-building in other countries, in fields such as quality improvement, dengue control and laboratory strengthening, IHR points of entry, HIV drug-resistance surveillance, field epidemiology training, disaster risk management and mental health.

Malaysian experts also assisted WHO to respond to Typhoon Haiyan in 2013 in the Philippines and to the WHO global response to Ebola virus disease.

In addition, Malaysia made substantial financial and administrative contributions when it hosted the sixty-first session of the WHO Regional Committee for the Western Pacific in 2010 and the Third Ministerial Regional Forum on Environment and Health in Southeast and East Asian Countries in 2013. Malaysia also hosts the WHO Global Service Centre, located in Cyberjaya, Selangor.

As a member of the Association of Southeast Asian Nations (ASEAN), Malaysia has been playing and will continue to play a leading role in the ASEAN Post-2015 Health Development Agenda in the four priority cluster areas: 1) promoting healthy lifestyles; 2) responding to hazards and emerging threats; 3) strengthening health systems and access to care; and 4) ensuring food safety. Malaysia is also engaged in the Asia-Pacific Economic Cooperation forum and the Organization of Islamic Cooperation (OIC), among other organizations.

Malaysia is engaged with the *Global Health Security Agenda*, and in particular is taking the lead with Turkey to strengthen emergency operations centres.



3. The Sustainable Development Goals and implications for Malaysia

The SDGs are a set of 17 goals with 169 associated targets to be achieved by 2030. The SDGs succeeded the Millennium Development Goals and set out an ambitious vision to end poverty and improve health, education, food safety, nutrition and food availability. The goals include a range of economic, social and environmental objectives, promising more peaceful and inclusive societies. The means of implementation are defined in the SDGs, reflecting an integrated approach and recognizing connections across the goals.

For Malaysia, many of the challenges identified in the SDGs and their targets are reflected in the *Eleventh Malaysia Plan 2016–2020 (3)* and other specific sectoral plans and policies.

Malaysia has identified as health priorities the address need to communicable disease and NCD issues and to ensure the health system efficiently and equitably delivers affordable quality health services. These are necessary to continue towards universal health coverage (UHC). Each programme must examine carefully who is receiving services and who is missing out. Programmes must also become more cohesive and interlinked, within the health sector and beyond.

In striving to achieve many of the SDGs and the goals in the *Eleventh Malaysia Plan 2016–2020*, three significant health challenges must be met:

- (1) **Increasing the focus on equity:** This will require greater in-depth analysis of available data (and possibly changes in the level of disaggregated data that is collected) to determine which groups are not benefiting from the extensive services already available, and why. Specific research may be needed to help identify root causes and new approaches designed to improve access and outcomes for disadvantaged groups. Building an increased capacity for regular analysis and monitoring from an equity perspective will be important.

- (2) **Engaging beyond the health sector** on issues such as preventing injuries, reducing air and water pollution, changing patterns of consumption of food and beverages, physical inactivity, drug abuse, smoking and e-cigarettes, emerging and re-emerging zoonosis, and combatting mosquito vectors. These issues require commitment and efforts from central and local government sectors, the private sector, civil society organization and the public. Strengthening the health sector's engagement, through social media and communications targeted to key stakeholders will be important.
- (3) **Increasing health system sustainability and its effectiveness for managing chronic diseases:** Responding to an increasing burden of chronic diseases requires careful consideration of sustainable health system funding, organization and management in order to deliver an increasing range of clinical services and ensure the effectiveness of health promotion and protection interventions. Further coordination and integration are needed, across services and institutions and between institution- and community-based services, to ensure effective prevention and efficient, people-centred management of chronic diseases.



4. Strategic agenda for WHO's cooperation

The CCS strategic priorities constitute the medium-term priorities for WHO's cooperation with Malaysia, on which WHO will concentrate the majority of its resources over the CCS period. The achievement of each strategic priority is the joint responsibility of the Government and WHO.

Key considerations in identifying the CCS strategic priorities included:

- Priorities of the *Eleventh Malaysia Plan 2016–2020 (3)* and associated strategy papers, and the *Ministry of Health Strategic Plan 2016–2020 (4)* (Annex 1). This includes the current health situation, emerging priority health and health-related issues of importance to Malaysia, and significant organizational/administrative changes of relevance within the Government of Malaysia, such as the establishment of a new unit responsible for national crisis and disaster risk management.
- The *WHO Twelfth General Programme of Work 2014–2019*. This includes five categories and 23 programme areas, as well as relevant WHO leadership priorities: UHC; IHR (2005); increasing access to medical products; social, economic and environmental determinants of health; NCDs; and the SDGs.
- Commitments that Malaysia has made as a WHO Member State, described in resolutions of the World Health Assembly and the WHO Regional Committee for the Western Pacific, or as a member of other key intergovernmental and international bodies. This includes the United Nations General Assembly declarations and resolutions concerning the prevention and control of NCDs and the attainment of the SDGs, and forums such as the Regional Forum on Environment and Health in Southeast and East Asian Countries.

- WHO's comparative advantage and the added value that WHO technical assistance is likely to contribute. This includes considering the resources provided or prioritized by the Government of Malaysia and the resources likely to be available from WHO.
- The ongoing interest and willingness of the Government of Malaysia to share its experiences, lessons learnt and expertise to help other countries.

As a result, four CCS strategic priorities have been identified. For technical programmes that are not identified as priorities, WHO will continue to facilitate the exchange of information, policies, guidelines and standards. This includes connecting Malaysian experts with other regional/global experts to exchange views and advice. Also, Malaysia will continue to be invited to participate in relevant global and regional activities across all programmes.

STRATEGIC PRIORITY 1.

Facilitate multisectoral collaboration and support coordination for health.

Focus areas

1. Enhancing disaster risk reduction, preparedness, response and recovery including through coordination of and information sharing on humanitarian action with partners as part of the United Nations Humanitarian Country Team.
2. Strengthening the engagement and collaboration of communities, state and non-state actors beyond the health sector, to achieve national priorities, such as NCDs, and work towards achievement of the SDGs.
3. "One Health" approaches to emerging disease surveillance and response, antimicrobial resistance (AMR), urban health, injuries, water safety, disabilities, environmental health and health promotion.

WHO collaboration will include technical support to:

- facilitate and follow through with ongoing dialogue and actions with partners at the country level;
- work with priority sectors to enhance their interest in working on health issues in a more comprehensive way and encouraging their engagement with the Ministry of Health on issues of mutual responsibility and interest; and
- discuss issues of mutual interest with the Ministry of Health as they emerge, and if suitable opportunities and resources permit, occasional direct engagement with communities and other partners may be considered.

STRATEGIC PRIORITY 2.

Strengthen policies and capacities to build a more resilient, sustainable and responsive health system that moves even further towards universal health coverage.

Focus areas

1. Governance, organizational arrangements and financing to sustainably and equitably meet future health needs, including for an ageing population.
2. Integrated, responsive and equitable delivery of quality health services, including human resource planning and management, and the effective regulation and oversight of health technologies and service delivery.
3. The availability, quality, management, analysis and use of disaggregated data to support performance monitoring and improved service delivery, monitoring of equity, health risk management, and reporting on national priorities and the SDGs or other regional/global commitments.

WHO collaboration will include technical support to:

- improve the sustainability, efficiency and responsiveness of the health system and key health institutions through the Government's health transformation programme;
- strengthen the strategic planning, analysis and management of human resources;
- strengthen key information available to manage and monitor the health system, including migration to the 2011 system of National Health Accounts, costing and case mix of services, capacity for health policy analysis and for equity analysis, increased capacity for and use of health technology assessments and forecasting, and reporting on the SDGs;
- identify new models/approaches and capacity-building to improve delivery of care that will more effectively manage chronic conditions, and to review Malaysia's progress towards integrated people-centred health services; and
- strengthen pharmaceutical regulation, enforcement and containment of pharmaceutical costs, develop distribution verification systems (track and trace) for medicines, and develop a strategic plan for traditional and complementary medicine.

STRATEGIC PRIORITY 3.

Strengthen policies and capacities for assessing, preventing, managing, mitigating and monitoring health risks and chronic conditions.

Focus areas

1. The prevention and management of NCDs and conditions and their risk factors, including mental health, injuries and disabilities, and enable individual and community empowerment and mobilization for health.
2. Environmental health, including strengthening the use of health impact assessments and similar tools to be able to assess, advise, manage and respond to an increasingly diverse range of environmental health issues and concerns.
3. Risk management, including strengthening the role and engagement of the health sector with national and state systems and organizations responsible for disaster risk management, ensuring sufficient ongoing IHR (2005) capacities and effective systems, monitoring and managing risks related to food safety and AMR, and increasing the effectiveness of risk communication.

WHO collaboration will include technical support to:

- strengthen capacity for health promotion and prevention for NCDs and mental health, and for the development of new health promotion strategies;
- improve primary health-care tools for mental health screening and intervention, and the capacity of primary health-care workers to provide effective ongoing management of NCDs;
- strengthen the capacity for burden of disease projections;
- strengthen nutrition policies to prevent and reduce obesity and other diet-related NCDs and to undertake nutritional risk analyses;
- improve surveillance of environmental health risks and issues, strengthen the use of health impact assessments, and implement the Minamata Convention on Mercury; and
- evaluate the national public health surveillance system, assess and further strengthen capacities and systems in key areas of IHR (2005), and collaborate to establish an ASEAN surveillance network.

STRATEGIC PRIORITY 4.

Facilitate the use of Malaysian expertise and sharing of experiences in regional or global settings and events and to provide expert advice to other countries.

Focus areas

1. Supporting Malaysia's increasing role in sharing expertise and experience for the benefit of other countries as well as to support the development of global and regional public health policies, strategies and action plans, the sharing of experiences, and capacity-building.
2. Complementing Malaysia's role in mechanisms such as ASEAN and the OIC.
3. Facilitating participation of Malaysia's WHO collaborating centres in continuing to provide significant contributions to the regional and global work of WHO.



5. Implementing the Strategic Agenda: implications for the WHO Secretariat

Malaysia has significant and increasing capacities and expertise in many fields related to health. Support from WHO will adapt to complement expertise available within Malaysia. WHO will assist Malaysia through identifying specialized expertise to advise on and build capacity in specific technical areas, to share information and lessons from elsewhere that may be of value to Malaysia, and to facilitate Malaysian experts directly learning from other countries. In addition, WHO will continue to facilitate Malaysian contributions to and participation in global and regional activities and in sharing Malaysian experience and expertise for the benefit of the global community.

Over the next few years, donor funding available to support international development work in middle-income countries is expected to decline globally. This, combined with the global WHO reforms on prioritizing available resources for direct country support, may lead to changes in the way that WHO provides support to Malaysia in the future, including the level of in-country presence.

ANNEXES

Annex 1. Brief on Malaysia's National Development Framework for Health

The *Eleventh Malaysia Plan 2016–2020 (3)* provides the overarching framework for Malaysia's development over the next five years. Health is identified as a key component of the plan's thrust, which is *Improving well-being for all*, with four national strategies identified for the health sector:

- Enhancing targeted support, particularly for underserved communities.
- Improving system delivery for better health outcomes.
- Expanding capacity to increase accessibility.
- Intensifying collaboration with private sector and nongovernmental organizations to increase health awareness.

In support of this, the *Ministry of Health Strategic Plan 2016–2020 (4)* identifies a vision of a "nation working together for better health", with five strategic objectives (outcomes):

1. Reduced health risks and improved health, including not only the overall level of health status but also reducing inequity among people with different socioeconomic status and across different geographical locations.
2. Improved access and equity in delivering health-care services, including access to services based on need rather than ability to pay.
3. Improved responsiveness of the health-care system, including aspects of meeting technical standards and well as responding appropriately to people's expectations.
4. Optimized use of resources, through rational sector-wide planning and, where feasible, sharing resources and avoiding duplication of services and facilities.
5. Enhanced adoption of healthy lifestyles to reduce the burden of both communicable diseases and NCDs.

To achieve these strategic outcomes, four strategic thrusts have been identified for health, each with several strategic measures proposed:

1. Strengthen the delivery of health-care services for each level of the disease spectrum, emphasizing primary health care by:
 - expanding health-care services with an emphasis on rural and remote areas;
 - implementing domiciliary health-care in community settings;
 - establishing integrated primary health-care teams;
 - implementing lean management for health care;
 - implementing the hospital cluster concept;
 - improving pre-hospital care; and
 - building new and upgrading existing health-care facilities.
2. Strengthening health system governance and organizational capacity by:
 - reviewing and formulating legislation and policies;
 - strengthening information and communications technology readiness and integration through eHealth;
 - intensifying research and development and commercialization;
 - enhancing safety for patients and health-care personnel;
 - addressing health-care personnel shortages and unequal distribution; and
 - improving human resource capacity-building programmes.
3. Empowering the individual, family and community in health matters by:
 - enhancing the community empowerment and mobilization programme; and
 - strengthening health promotion in schools.
4. Intensifying collaboration with public, private and nongovernmental organizations by:
 - enhancing multisectorial efforts in health-care delivery;
 - engaging the private sector; and
 - strengthening the role of nongovernmental organizations.

Annex 2. Summary of Malaysia-*WHO* collaboration 2009-2015

During the period of the *Malaysia-*WHO* Country Cooperation Strategy 2009-2015*, examples of *WHO* technical support provided to Malaysia for selected national health priority areas included:

1. Developing and strengthening of the health system and health policy

Between 2009 and 2015, wide-ranging technical support was provided in many areas that contributed to developing and strengthening the health system and health policy in Malaysia, including:

(a) National health policies, strategies and plans (Programme Area 4.1), including:

- development of a social health insurance population coverage scheme and enrolment process;
- development of the premium calculation for social health insurance;
- development of a benefits package;
- development of autonomous health facilities;
- strategic communications for the Malaysia health system study;
- hospital cost-accounting methodology for sub-accounts of the Malaysia National Health Accounts;
- functional disaggregation of health expenditures in public hospitals to support policy decisions;
- strengthening of methodologies in costing health-care services and information gathering of expenditures from private sources; and
- facilitating policy dialogue relating to the health system transformation.

(b) Integrated people-centred health services (Programme Area 4.2), including:

- development of a health system framework for patient-centred care and an intervention package for improvement of existing delivery of health-care services;
- development of a practice module for health managers on evaluation of health programmes;
- development of a Malaysian profile on human resources for health;

- development of a *Human Resources for Health Strategic Plan for Malaysia 2015–2025*;
 - development of human resource ratio norms for allied health professionals in Malaysia; and
 - strengthening and evaluating the Patients for Patient Safety Programme in Malaysia.
- (c) Access to medicines and health technologies and strengthening regulatory capacity (Programme Area 4.3), including:
- design of a framework, set-up and evaluation of a horizon scanning/early awareness and alert system for health technologies for Malaysia;
 - strengthening medicine price information sharing and cost containment;
 - measurement of outcomes of traditional and complementary medicine practices;
 - good manufacturing practices inspections for vaccines, biotechnology and biological products, cell tissue and gene therapy, and active pharmaceutical ingredients;
 - analytical method validation for biologics, biopharmaceuticals and other therapeutic products;
 - development of a lot release programme for vaccines and biologics; and
 - implementing controls and the regulation of Internet sale of pharmaceutical products to curb sale of substandard/spurious/falsely-labelled/falsified/counterfeit products.
- (d) Health system information and evidence (Programme Area 4.4), including:
- development of a strategic plan to strengthen knowledge translation by reviewing and evaluating the implementation of Evidence-Informed Policy Network (EVIPNet) in Malaysia;
 - capacity-building in knowledge translation to facilitate evidence-informed policy decisions on priority topics;
 - development of a training module on a search strategy for evidence-based decision- and policy-making;
 - development of indicators that will reflect country health systems performance;

- training on data mapping, data mining and measuring clinical effectiveness using electronic patient records and registry;
- strengthening adaptation of guidelines for national evidence-based clinical practice guidelines development;
- training of trainers on Grading of Recommendations Assessment, Development and Evaluation (GRADE) system;
- development of a blueprint to develop and sustain the Malaysian National Health Data Warehouse;
- development of a verbal autopsy system for Malaysia;
- development of a case-mix system for oral health care; and
- health level-seven training.

2. Communicable disease control

Malaysia has long-standing policies, strategies and population-based activities to address major communicable diseases, and reasonable resources are provided by the Government for many communicable disease activities. For HIV/AIDS, resources from the Global Fund to Fight AIDS, Tuberculosis and Malaria have also been available. Between 2009 and 2015, WHO has provided a range of specific technical assistance, including support for:

- development of Malaysia's national work plan for the *Asia Pacific Strategy for Emerging Diseases (2010)*;
- strengthening of public health emergency preparedness in Malaysia;
- capacity-building in using disease and risk factor control tools during public health events;
- support towards the strengthening of surveillance data development through respondent-driven sampling in communicable diseases, specifically HIV/AIDS;
- capacity-building in integrated vector management;
- strengthened capacity in clinical management of drug-resistant TB;
- training in advance molecular diagnosis of malaria; and
- technical advice for a measles outbreak, to assist with the planning of targeted supplementary immunization activities in affected and high-risk areas, leading to a subsequent significant reduction of measles cases.

WHO also arranged the donation of pharmaceuticals for TB and for the control of neglected tropical diseases, such as leprosy and lymphatic filariasis.

3. Prevention and control of NCDs, NCD risk factors and promotion of healthy lifestyles

WHO has collaborated with the Ministry of Health in intensifying prevention and control of NCDs and their risk factors, including:

(a) Noncommunicable diseases (Programme Area 2.1), including:

- development of a national framework for behaviour-change communication to address obesity;
- development of population-based health research and evidence-based public health interventions, policy and regulatory options in changing unhealthy diets and physical inactivity;
- review and development of an obesity prevention, control and surveillance programme in school children and students;
- development of strategies and approaches in behaviour-change communications and capacity-building in health promotion, particularly at the institutional level;
- review and development of strategies for strengthening risk factor prevention, management and continuity of care for NCDs;
- development of mechanisms for regular monitoring and periodical evaluation on effective outcomes of the integrated NCD prevention and case management;
- development of integrated NCD prevention and management in the private health sector;
- strengthening of evidence-based policy in diabetes mellitus management at the community level;
- development of a framework and guidelines on diet therapy among adolescents for primary health care;
- development of a manual for adult chronic medical illness in primary care, including training of trainers for primary-care workers in Malaysia;
- training on cognitive behaviour therapy for chronic diseases at the primary health-care level;
- economic evaluation for chronic diseases;
- competency development in social media to enhance NCD prevention;

- strengthening NCD risk factor intervention programmes among youth – *Doktor Muda* (Young Doctors) programme in secondary schools and Programme *Siswa Sihat* (PROSIS) in higher education institutions;
 - determination of cause of death using verbal autopsy procedure;
 - development of a rapid assessment for vision impairment;
 - assessment of fluoride enamel opacities among school children in Malaysia;
 - sharing of best practices on individual and community empowerment in the prevention and control of NCDs; and
 - development of tools for monitoring and evaluation of the NCD national strategic plan.
- (b) Mental health and substance abuse (Programme Area 2.2), including:
- development of a two-year assessment and performance tracking manual for participants of the resiliency project (mental health);
 - improvement of mental health care at the primary health-care level;
 - review and improvement of the current mechanisms and indicators of mental health surveillance, and strengthening epidemiological studies;
 - implementation of a suicide prevention initiative;
 - development of a mental health intervention package for adolescents at the primary health-care level;
 - capacity-building in psychosocial trauma intervention for disaster management;
 - development of guidelines and training module to prevent and control amphetamine-type stimulant abuse;
 - capacity-building for developing and piloting the screening, brief intervention and referral to treatment programmes at the primary health-care level to prevent and reduce alcohol-related harm; and
 - strengthening implementation of strategies to prevent the harmful use of alcohol among youth by developing a segmented message kit.
- (c) Disabilities and rehabilitation (Programme Area 2.4), including:
- development of a tool to survey the prevalence of disabilities in the Malaysian population;

- development of a module on orientation and mobility for core trainers at the primary health-care level; and
 - development of guidelines and training modules on rapid assessment of avoidable blindness and low vision, including training of trainers for primary-care workers in Malaysia.
- (d) Health and the environment (Programme Area 3.5), including:
- development of a health impact assessment module/guidance document; and
 - development of a conceptual framework for environmental health database system.

REFERENCES

- 1 https://www.statistics.gov.my/index.php?r=column/cone&menu_id=dDM2enNvM09oTGtQemZPVzRTWENmZz09 accessed 9 May 2016.
- 2 Government of Malaysia and United Nations Malaysia. Malaysia Millennium Development Goals Report 2015. United Nations Malaysia, Kuala Lumpur, January 2016.
- 3 Economic Planning Unit, Prime Minister's Department. Eleventh Malaysia Plan 2016-2020: Anchoring growth on people. Government of Malaysia 2015.
- 4 Planning Division. Ministry of Health Strategic Plan 2016-2020. Ministry of Health Malaysia, 2015.
- 5 Institute for Public Health. National Health and Morbidity Survey 2015. Vol III: Healthcare Demand. National Institutes of Health, Ministry of Health Malaysia, 2015.
- 6 Health Policy Research Associates, Institute for Health Systems Research and Institute for Health Policy Sri Lanka. Malaysia Health Care Demand Analysis Inequalities in Healthcare Demand and Simulation of Trends and Impact of Potential Charges in Healthcare Spending. Institute for Health Systems Research, Ministry of Health Malaysia, 2013.
- 7 Institute for Public Health. National Health and Morbidity Survey 2015. Vol II: Non-Communicable Diseases, Risk Factors and Other Health Problems. National Institutes of Health, Ministry of Health Malaysia, 2015.
- 8 Institute for Public Health. The Third National Health and Morbidity Survey (NHMS III) 2006. National Institutes for Health, Ministry of Health Malaysia, 2008.
- 9 Institute for Public Health. National Health and Morbidity Survey 2011. (NHMS 2011) National Institutes for Health, Ministry of Health Malaysia, 2011.
- 10 Institute for Public Health. The Second National Health and Morbidity Survey (NHMS II) 1996. Ministry of Health Malaysia, 1997.
- 11 Institute for Public Health. Report of the Global Adult Tobacco Survey Malaysia 2011. National Institutes of Health, Ministry of Health Malaysia, 2012.
- 12 OECD/ITF Road Safety Annual Report 2015, chapter 25 from http://www.oecd-ilibrary.org/transport/road-safety-annual-report-2015_irtad-2015-en
- 13 World Health Organization. Global Status Report on Road Safety 2015.
- 14 The Life Saving Society of Malaysia; also <http://www.thestar.com.my/news/nation/2016/01/10/move-to-reduce-drowning-cases-council-education-and-safety-measures-can-help-prevent-tragedies/> accessed 27 July 2016

- 15 Oral Health Division. National Oral Health Survey of Adults 2010 (NOHSA 2010). Ministry of Health Malaysia, November 2013.
- 16 Oral Health Division. Preliminary Findings of the National Oral Health Survey of Preschool Children 2015 (NOHPS 2015). Ministry of Health Malaysia, June 2016
- 17 Malaysian Water Association. Malaysia Water Industry Guide 2015. Kuala Lumpur 2015.
- 18 Engineering Services Division. National Environmental Health Action Plan (NEHAP) Malaysia: guidance document. Ministry of Health, Malaysia, December 2013.

