REVIEW OF THE WHO–MALAYSIA COUNTRY COOPERATION STRATEGY 2009–2013

With a view to extending it to 2015

World Health Organization
Western Pacific Region

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WPRO/2015/DPM/001

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1 INTRODUCTION

In 2010, WHO launched an extensive reform initiative, comprised of three main components: programmes and priorities; governance; and management. While WHO's overall priorities are governed by the Organization's General Programme of Work, it was reiterated during the reform process that the WHO country cooperation strategy (CCS) would remain the key instrument to guide work in and with a country, and in support of a country's national health policy, strategy or plan.

The CCS allows WHO to align its collaboration with a Member State's health needs and capacities. It sets out a strategic agenda based on – and closely aligned with – the national health priorities for which WHO's collaboration is required, keeping in mind WHO's core functions and comparative advantages. In keeping with one of the aims of the reform initiative, the CCS will define a small number of priority areas of action where WHO support will be concentrated. Those priority areas will be based on country needs and capacities, taking into account the capacity of the United Nations and other health and development partners.

In Malaysia, the key national planning process leads to the development of five-year national development plans, with the current 10th Malaysia Plan (10th MP) covering 2011–2015 and the 11th MP set to span 2016–2020.

As a result, the recent *WHO–Malaysia Country Cooperation Strategy 2009–2013* was not aligned with the time frame of Malaysia's primary development planning cycle. This is problematic as the country's five-year planning cycle includes extensive consultations and processes that identify key national and sectoral priorities for the coming period. If the next CCS had been developed to cover 2014–2018, it would have continued to be out of step with this important national planning process.

This review, therefore, was undertaken with a view to considering the suitability of extending the framework described in the 2009–2013 CCS to also cover 2014–2015. This would then enable the next full CCS to cover 2016–2020, which would synchronize with the 11th MP.

2 MALAYSIA'S HEALTH AND DEVELOPMENT CHALLENGES

2.1 Key updates on the national development and health situation

Since the *WHO–Malaysia Country Cooperation Strategy 2009–2013* was developed, Malaysia has continued to grow significantly, with a total population of more than 29 million people and an estimated gross domestic product (GDP) per capita of US$ 10 687 for 2013. Other key statistics are illustrated in Table 1.

Health situation summary

Malaysia has had success in reducing many communicable diseases. From a peak annual incidence of new HIV infections of 24.8 per 100 000 population reported in 2000, incidence was reduced to 11.4 in 2013. Malaria cases have continued a significant decline over the last few decades, and new cases now primarily occur in rural and remote areas, in particular in East Malaysia. However tuberculosis (TB) remains a cause for concern with 22 710 cases reported, with an incidence rate of 77.4 per 100 000 population, in 2012. Very significant dengue epidemics continue to occur periodically, with the most recent beginning in 2013. More than 60 000 dengue cases and 110 deaths have been reported as of August 2014. Malaysia, of course, is not immune from infectious diseases being carried through the increased global movement of people, with its first imported cases of avian Influenza type A(H7N9) and Middle East respiratory syndrome coronavirus (MERS-CoV) reported in early 2014.

Noncommunicable diseases (NCDs) continue to increase, now causing the majority of mortality and morbidity: 15% of the adult population has diabetes mellitus type 2, 33% are hypertensive, 35% have high cholesterol, 29% are overweight and 15% are obese. A large proportion of the population with risk factors remains undiagnosed. Some 4.7 million (23.1%) of adult population use tobacco (43.9% of men, 1.0% of women). The number of road traffic deaths is of concern, with an estimated rate of 25.0 per 100 000 population in 2010. There were 6872 road traffic deaths in 2010. Mental illness has become an increasingly recognized issue among children and teenagers. A multisectoral task force has been formed under the leadership of the deputy prime minister, but it is an ongoing challenge to get the level of commitment and action needed from some other sectors.

Although there have been declines in child and maternal mortality, these reductions have largely plateaued over the last few years. Currently, the main causes of child mortality are conditions originating in the perinatal period, while 12% of child deaths result from injuries. Children from indigenous minority groups and non-citizens had a higher risk of dying from pneumonia and acute gastroenteritis, aggravated by malnutrition.

[1] Ministry of Health (2011). National Health and Morbidity Survey 2011: Volume II: Non Communicable Diseases. Putrajaya, Malaysia.

In general, the Malaysian health system delivers a comprehensive range of services, provided by both public and private providers. The public system has a wide network of providers, although people often express dissatisfaction related to long waiting times, insufficient staff, crowded waiting areas, problems with additional costs faced by those who need to travel to access services, and the high cost of private providers. Approximately 55% of total health expenditures came from public sources in 2012, which raises concerns about the adequacy of mechanisms that provide financial risk protection for the population. There are also some pockets of vulnerable and disadvantaged groups that still face challenges accessing health services.

TABLE 1. SELECTED KEY STATISTICS

Population (in thousands) total (2012)	29240
Population proportion under 15 (%) (2012)	26.65
Population proportion over 60 (%) (2012)	8.21
Neonatal mortality rate (per 1000 live births) (2012)	5 [3–7] (Both sexes)
Under-5 mortality rate (probability of dying by age 5 per 1000 live births) (2012)	9 [8–10] (Both sexes)
Life expectancy at birth (years) (2012) 76 (Female); 72 (Male)	74 (Both sexes)
Maternal mortality ratio (per 100 000 live births) Interagency estimates (2013)	29
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2012)	99
Births attended by skilled health personnel (%) (2010)	98.6
Physicians density (per 1000 population) (2010)	1.198
Nursing and midwifery personnel density (per 1000 population) (2010)	3.276
Total expenditure on health as a percentage of gross domestic product (2012)	4.0
General government expenditure on health as a percentage of total government expenditure (2012)	6.2
Private expenditure on health as a percentage of total expenditure on health (2012)	45.1
Literacy rate among adults aged ≥ 15 years (%) (2010)	93.1
Population using improved drinking-water sources (%) (2012)	100 (Total)
Population using improved sanitation facilities (%) (2012)	96 (Total)
Poverty headcount ratio at US$ 1.25 a day (purchasing power parity) (% of population) (2009)	0
Gender inequality index rank (2012)	42
Human development index rank (2012)	64

Data source: Country summaries available at: http://apps.who.int/gho/data/node.cco.keyind?lang=en Accessed 13 May 2014

2.2 Updates on national health and development priorities

10th Malaysia Plan 2011–2015 and the Country Health Plan 2011–2015

The *WHO–Malaysia Country Cooperation Strategy 2009–2013* was developed under the framework of the 9th MP (2006–2010). Although issues and challenges identified during the 10th MP are similar to those in the 9th MP, globalization and the increasing trend of private health-care spending continue to pose increasing challenges to maintaining the strength of the current health-care system. The Government of Malaysia set a target of achieving high-income nation status by 2020 through its Vision 2020 initiative and five National Mission Thrusts (2006–2020). Six National Strategic Directions necessary to support these thrusts were identified in the 10th MP. They are:

- Competitive private sector as an engine of growth
- Productivity and innovation through the knowledge economy
- Creative and innovative human capital with 21st century skills
- Inclusiveness in bridging the development gap
- Quality of life of an advanced nation
- Government as an effective facilitator.

Although the main focus of the health sector is to contribute to quality of life of an advanced nation, the health sector also has a role to play in the other strategic directions. Quality health care and active healthy lifestyles has been set as the main key result area (KRA) for the health sector for the 10th MP. The outcome is to ensure provision of and to increase accessibility to quality health care and public recreational and sports facilities to support active healthy lifestyles. Subsequently, four 10th MP strategies were identified:

Strategy 1. Establish a comprehensive health-care system and recreational infrastructure.
Strategy 2. Encourage health awareness and healthy lifestyle activities.
Strategy 3. Empower the community to plan or implement individual wellness programme.
Strategy 4. Transform the health sector to increase the efficiency and effectiveness of the delivery system to ensure universal access.

Based on these four 10th MP strategies, the Country Health Plan 2011–2015 identified three major strategies (key result areas) for the health sector:

- Health sector transformation towards a more efficient and effective health system that will ensure universal access to health care;
- Health awareness and healthy lifestyle; and
- Empowerment of individuals and communities to be responsible for their health.

3 UPDATE ON DEVELOPMENT COOPERATION AND PARTNERSHIPS

Malaysia's increasing level of development, and classification as an upper-middle income country, mean that Malaysia does not generally recieve a significant amount of bilateral (grant) aid.

One of the few exceptions to this is the Global Fund to Fight AIDS, Tuberculosis and Malaria. There is one current Global Fund grant for HIV/AIDS for Malaysia. It is a second-phase grant covering January 2014 to June 2016 for US$ 6.3 million, and the principal recipient is the Malaysian AIDS Council. Although also eligible for a Global Fund grant related to TB, Malaysia has opted not to request funding for the TB programme.

Currently there is no United Nations Development Assistance Framework (UNDAF) for Malaysia, but it is expected that over the course of 2014–2015 a United Nations Strategic Partnership Agreement for 2016–2020 will be developed. However, in terms of support from other health-related United Nations agencies in 2014–2015, there are the following programmes:

- Joint United Nations Programme on HIV/AIDS (UNAIDS) is working with the Government of Malaysia and civil society organizations to achieve a shared vision of zero new HIV infections, zero AIDS-related deaths, and zero stigma and discrimination by accelerating the national response on AIDS. Specifically, UNAIDS empowers key stakeholders by supporting the collection and dissemination of strategic information and evidence to influence and ensure that resources are targeted where they deliver greatest impact.

- United Nations Development Programme (UNDP) is providing support for a study on health- care services and accessibility challenges (physical and financial) of a remote and rural community in Sarawak, aiming to identify policy recommendations to improve the delivery of health care in rural East Malaysia.

- United Nations Population Fund (UNFPA) support towards the health agenda in 2014–2015 focuses on three main aspects: (i) addressing gaps in unmet need for contraception, primarily for the most marginalized women, and scaling up successful intervention strategies through changes to standard operating procedures in Ministry of Health clinics; (ii) improving the linkages between women facing gender-based violence and their ability to access one-stop crisis centres located in tertiary hospitals throughout the country; and (iii) investing in ensuring the roll-out of reproductive health education among 12 to 15-year-old school students at pilot sites, including religious schools, and plans to achieve a national level scale up by 2017.

- United Nations Children's Fund (UNICEF) in Malaysia is working on building evidence on maternal and child health and nutrition through the implementation of the Multiple Indicator Cluster Survey (MICS) with equity. The monitoring and assessment of child health, development and protection will be carried out to better inform targeted policies as well as efficient and effective utilization of resources.

- United Nations High Commissioner for Refugees (UNHCR) supports the access of refugees to health care by providing a UNHCR refugee card to registered refugees (enabling access to Government health services at discounted rates) as well as providing a wide range of services, including health education and preventive health, free clinics that provide first-line treatment, language support to improve access to health care in public hospitals and financial support for second-line treatment, multidrug-resistant TB (MDR-TB) drugs, and first- and second-line highly active antiretroviral therapy (HAART) treatment. UNHCR has just entered into an innovative major medical and disability insurance plan for refugees in Malaysia. This is expected to make a significant difference in access to health care for refugees.

The United Nations Country Team in Malaysia also has formed three United Nations theme groups on gender, human rights and development, and HIV/AIDS, as well as working groups on United Nations communications, and on Millennium Development Goals (MDGs) Review 2015 and the post-2015 development agenda.

WHO chairs the United Nations Theme Group on HIV/AIDS, with a key result for 2014 involving the completion of the Review and Consultation on Legal and Policy Environments Related to HIV Services in Malaysia. Many of the HIV/AIDS Theme Group activities are focused in the areas of reducing new HIV transmission and improving treatment coverage among key populations such as men who have sex with men, the transgender community, sex workers and people who inject drugs. The theme group is also working with the Government and civil society organizations on strengthening strategic information, capacity-building for civil society organizations, analysis of treatment coverage bottlenecks, and development of strategies to improve equitable access to HIV prevention services.

Malaysia is an active member of the Association of Southeast Asian Nations (ASEAN), actively involved in a number of working groups related to health, including pharmaceuticals, risk assessment and risk communications, and noncommunicable diseases. Malaysia is also engaged in the Asia-Pacific Economic Cooperation (APEC) forum and the Organization of Islamic Cooperation (OIC), among others.

4 CHANGING WHO GLOBAL PRIORITIES

The WHO 12th General Programme of Work 2014–2019, prepared as part of the WHO reforms that commenced in 2010, set out leadership priorities (Box 1) and a clearer results chain.

Box 1. Leadership priorities 2014–2019

- advancing universal health coverage;
- addressing unfinished and future challenges of the health-related MDGs, including neglected tropical diseases;
- addressing the challenge of noncommunicable diseases and mental health, violence and injuries, and disabilities;
- implementing the provisions of the International Health Regulations (2005);
- increasing access to essential, high-quality and affordable medical products (medicines, vaccines, diagnostics and other health technologies); and
- addressing the social, economic and environmental determinants of health.

The 12th General Programme of Work 2014–2019 also identified five main programmatic categories, with each category further subdivided into four or five programme areas (23 in total):

Category 1 – Communicable disease

1. HIV/AIDS
2. tuberculosis
3. malaria
4. neglected tropical diseases
5. vaccine-preventable diseases

Category 2 – Noncommunicable disease

1. noncommunicable diseases
2. mental health and substance abuse
3. violence and injuries
4. disabilities and rehabilitation
5. nutrition

Category 3 – Promoting health through the life-course

1. reproductive, maternal, newborn, child and adolescent health
2. ageing and health
3. gender, equity and human rights mainstreaming
4. social determinants of health
5. health and the environment

Category 4 – Health systems

1. national health policies, strategies and plans
2. integrated people-centred health services
3. access to medicines and health technologies and strengthening regulatory capacity
4. health system information and evidence

Category 5 – Preparedness, surveillance and response

1. alert and response capacities
2. epidemic- and pandemic-prone diseases
3. emergency risk and crisis management
4. food safety

In each programme area, a limited number of outputs and deliverables has been identified.

5 ASSESSMENT OF EXISTING WHO–MALAYSIA CCS PRIORITIES

The strategic approach for WHO–Malaysia collaboration between 2009 and 2013 was comprised of two arms:

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.

First Arm: WHO support to Malaysia for selected national health priority areas

Three principal components of cooperation were identified for 2009–2013:

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

- health reform and health-care financing;
- intersectoral action in addressing health inequalities;
- strategic planning and coordination for human resources development;
- strengthening policy research on roles and impact of the private health sector;
- strengthening capacity-building for evidence-based policy and practice; and
- health information and knowledge management.

Relevance for 2014–2015

For the Malaysian Government, strengthening the health system and health policy remains an essential focus. Given the increasing complexity of the policy and technical issues involved in strengthening and effectively managing the Malaysian health system, WHO's continued collaboration in this area is considered necessary during the CCS extension period.

Through intense discussion with counterparts and prioritization of proposals, WHO technical advice or capacity-building has been planned for 2014–2015 in four specific WHO programme areas for this component of cooperation (additional details are provided in Annex 2):

- national health policies, strategies and plans (programme area 4.1);
- integrated people-centred health services (programme area 4.2);
- access to medicines and health technologies and strengthening regulatory capacity (programme area 4.3); and
- health system information and evidence (programme area 4.4).

2. Communicable disease control

- HIV/AIDS (programme area 1.1)
- surveillance and response to outbreaks of emerging diseases and the International Health Regulations (2005) (category 5)
- vector-borne diseases, including malaria elimination, dengue prevention and control, and lymphatic filariasis elimination (programme area 1.3, 1.4, 1.5)

Relevance for 2014–2015

Due to Malaysia's own capacity in and resources available for communicable diseases, less financial support for activities has been necessary from WHO in recent years, and WHO's collaboration has focused on maintaining active communication and monitoring of the epidemiological situation and disease outbreaks of emerging and remerging diseases. This includes providing timely risk communications, coordination and technical guidance, including International Health Regulations reporting, rumour verification, epidemic monitoring, data collection, epidemiological analysis and advice, facilitating access to drug donations to support the elimination of specific neglected tropical diseases, and urgent external technical and logistic assistance.

For the CCS extension period, it is considered appropriate for WHO's collaboration on communicable diseases to continue this approach, rather than provide financial support for specific programmes.

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

Relevance for 2014–2015

Noncommunicable diseases and injuries are key areas of focus for Malaysia. NCDs are the leading causes of death and disability in Malaysia, and the prevalence of many NCD risk factors is increasing. In addition, environmental health issues are emerging as an increasingly complex challenge. For the CCS extension period, it is considered appropriate that WHO continues to provide technical and financial assistance to combat NCDs, including environmental health issues.

Through intense discussion with counterparts and prioritization of proposals, WHO technical advice or capacity-building has been planned for 2014–2015 in four specific WHO programme areas for this component of cooperation (additional details are provided in Annex 2):

- NCDs (programme area 2.1);
- mental health and substance abuse (programme area 2.2);
- disabilities and rehabilitation (programme area 2.4); and
- health and the environment (programme area 3.5).

Second Arm: WHO support for Malaysia's participation and contribution in regional and international health collaboration.

The WHO–Malaysia Country Cooperation Strategy 2009–2013 identified the following areas of particular relevance:

- health system governance
- quality improvement
- primary health care
- maternal, newborn and child health, and adolescent health
- nutrition
- food safety and quality
- pharmaceuticals
- environmental health
- harm reduction programmes for people who inject drugs.

Relevance for 2014–2015

For the CCS extension period, it is expected that WHO–Malaysia collaboration in this area will increase, enabling Malaysian expertise and experience to benefit other countries as well as to support the development of regional and global public health policies and strategies, the sharing of experiences and capacity-building. The areas listed above remain relevant and are some of the areas in which Malaysian expertise is available. But, as is evident from the summary of collaboration during 2009–2013 (Annex 1), there are also other areas of Malaysian expertise, including many areas of communicable disease control.

6 CONCLUSION

Despite changes in strategic frameworks – both for Malaysia, in the form of the 10th MP and the preliminary priorities emerging for the 11th MP, and for WHO under the 12th General Programme of Work – the two arms of the strategic approach identified in the *WHO–Malaysia Country Cooperation Strategy 2009–2013* are considered appropriate for 2014–2015.

In addition, the more specific priorities under Programme Budget 2014–2015 align with the CCS 2009–2013 priorities.

It is feasible to extend the *WHO–Malaysia Country Cooperation Strategy 2009–2013* framework to also include 2014–2015. This would enable the next CCS to align directly with the 2016–2020 time frame of the 11th MP, and to draw on the associated national planning consultations and other processes to identify priorities for WHO-Malaysia cooperation. The *WHO–Malaysia Country Cooperation Strategy 2016–2020* will be developed during 2015.

ANNEX 1

SUMMARY OF WHO–MALAYSIA COLLABORATION 2009–2013

Examples of WHO support provided to Malaysia under the first arm of the *WHO–Malaysia Country Cooperation Strategy 2009–2013* for selected national health priority areas included:

1.1 Developing and strengthening of the health system and health policy

Between 2009 and 2013, wide-ranging technical support contributed to developing and strengthening the health system and health policy in Malaysia, 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;
- development of a Malaysian profile on human resources for health;
- 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 practice module for health managers on evaluation of health programmes;
- development of a training module on a search strategy for evidence-based decision- and policy-making;
- design of a framework, set up and evaluation of a horizon scanning/early awareness and alert system for health technologies for Malaysia;

- 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; and
- development of a verbal autopsy system for Malaysia.

1.2 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, Global Fund resources have also been available. Between 2009 and 2013, WHO has provided a range of specific technical assistance, including support for:

- development of Malaysia's Asia Pacific Strategy for Emerging Diseases (APSED) 2010 National Workplan;
- strengthening of public health emergency preparedness;
- 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 (RDS) 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 topical diseases, such as leprosy and lymphatic filariasis.

1.3 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, with emphasis on the following strategies:

- development of population-based health research, evidence-based public health interventions, policy and regulatory options in changing unhealthy diets and physical inactivity; review and development of 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 of outcomes of the integrated NCD prevention and case management; development of integrated NCD prevention and management in the private health sector; and

- 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 suicide prevention initiative.

For 2009–2013, WHO has also provided strategic technical support for NCDs in the following areas:

- development of a national framework for behaviour-change communication to address obesity;
- 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;
- 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 modules to prevent and control amphetamine-type stimulant abuse;
- capacity-building for developing and piloting the screening, brief intervention and referral to treatment programmes at primary health care level to prevent and reduce alcohol-related harm;
- development of a module on orientation and mobility for core trainers at the primary health care level;
- 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; and
- expert advice on key environmental health issues.

Under the second arm of the CCS, WHO supported Malaysia's participation in and contributions to regional and international health collaboration, particularly in the following areas:

- health system governance
- quality improvement
- primary health care

- maternal, newborn and child health, adolescent health
- nutrition
- food safety and quality
- pharmaceuticals
- environmental health
- harm reduction programmes for people who inject drugs.

Between 2009 and 2013, Malaysia has made substantial technical contributions at both the regional and global levels. Approximately 645 Malaysian participants and technical advisers participated in 356 regional, biregional and global WHO technical meetings. This included 31 WHO technical meetings held in Malaysia covering many 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 (IATA) licensing for transporting infectious substances, human organ transplantation, health promotion foundations and tobacco taxation, food safety, good governance for medicines, pesticides management, and planning for NCD prevention and control.

Several Malaysian experts were engaged as consultants to support capacity-building activities in other countries, in fields such as quality improvement, dengue control and laboratory strengthening, International Health Regulations points of entry, HIV drug resistance surveillance, field epidemiology training and mental health.

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.

ANNEX 2

PLANNED PRIORITY ACTIVITIES FOR WHO SUPPORT 2014–2015

Through intense discussion with counterparts and prioritization of proposals, WHO technical advice or capacity-building has been planned to support the following priority activities in 2014–2015, relating to eight specific WHO programme areas:

1. National health policies, strategies and plans (programme area 4.1)

- facilitating policy dialogue relating to the health system transformation.

2. Integrated people-centred health services (programme area 4.2)

- 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 Human Resources for Health Strategic Plan for Malaysia 2015–2025;
- development of human resource ratio norms for allied health professionals in Malaysia;
- training on data mapping, mining and measuring clinical effectiveness using electronic patient records and registry;
- development of indicators that will reflect country health systems performance;
- development of a lot release programme for vaccines and biologics;
- strengthening adaptation of guidelines for national evidence-based clinical practice guidelines development; and
- strengthening and evaluating the Patients for Patient Safety Programme in Malaysia.

3. Access to medicines and health technologies and strengthening regulatory capacity (programme area 4.3)

- development of a systematic networking of medicine price information sharing and exchange within ASEAN countries;
- 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 (API);

- analytical method validation for biologics, biopharmaceuticals and other therapeutic products; and
- implementing controls and regulating Internet sale of pharmaceutical products to curb sale of substandard/spurious/falsely-labelled/falsified/counterfeit (SSFFC) products.

4. Health system information and evidence (programme area 4.4)

- development of a case-mix system for oral health care; and
- Health level-seven (HL7) training.

5. Noncommunicable diseases (programme area 2.1)

- 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;
- 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.

6. Mental health and substance abuse (programme area 2.2)

- development of a two-year assessment and performance tracking manual for participants of the resiliency project (mental health); and
- strengthening implementation of strategies to prevent the harmful use of alcohol among youth by developing a segmented message kit.

7. Disabilities and rehabilitation (programme area 2.4)

- development of a survey on prevalence of disabilities in the Malaysian population.

8. Health and the environment (programme area 3.5)

- development of a health impact assessment module/guidance document; and
- development of a conceptual framework for an environmental health database system.

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