

Malaysia



This map is an approximation of actual country borders.

Malaysia is composed of Peninsular Malaysia and the states of Sabah and Sarawak on the island of Borneo with a total land area of 330,803 km². It is composed of 13 states and three federal territories. Malaysia is a multiracial country consisting of Malays, Chinese, Indians, Ibans, Kadazans and other ethnic groups. The country continues to enjoy political stability, with a multi-ethnic and united population. At the same time, per capita income has increased to RM 22 345 (US\$ 6725.98) and the incidence of poverty has been reduced to less than 6.0%. Malaysia's next medium term planning cycle (the 10th Malaysia Plan 10MP, 2011-2015) has started with the Economic Planning Unit (EPU) providing guidance to ministries, state governments and statutory bodies on the submission of programmes and projects proposals to be implemented in 2011-2012. This will contribute to achievements of outcomes (Key Result Areas KRAs) of 10MP. The Ministry of Health is responsible to outline the way forward in the health sector under Thrust 4 of the National Mission towards Improving the Standard and Sustainability of Quality of Life. The 3 Ministerial KRAs identified by MOH under this Thrust are: health sector transformation, healthy lifestyles and self- and community-empowerment to increase responsibility to health.

HEALTH & DEVELOPMENT

Burden of communicable and noncommunicable diseases (NCD) in Malaysia. The top five contributors to the burden of disease are categorically, NCDs, similar to the disease burden of a developed nation. A study on the burden of disease using disability-adjusted life years (DALY) in 2004 showed that the five leading diseases in Malaysia are ischaemic heart disease followed by mental illness, cerebrovascular disease/stroke, road traffic injuries and cancers. In 2007, the top five notifiable diseases were dengue fever, tuberculosis, food poisoning, hand, foot and mouth disease (HFMD) and HIV/AIDS.

Health related Millennium Development Goals (MDG). Malaysia has made remarkable progress on all health related MDGs. High population coverage with safe water supply and sanitation, impressive child immunization, nutrition and growth monitoring, harm-reduction strategies to curb the spread of HIV among drug users and extensive coverage by the integrated PHC system have contributed to the good health status. However, pockets remain within some of the MDGs. For example, although maternal mortality reduction has been very impressive, it has plateau in recent years, Contraception Prevalence Rate (CPR) is low indicating an unmet need for reproductive health services. Others like HIV/AIDS face new challenges such as increasing HIV transmission through sexual contact, TB-HIV co-infection, while malaria is still prevalent in certain states particularly Sabah. Nonetheless, progress has been promising with numerous 'good practices' to be shared.

Emerging diseases pose threats in recent years. The Pandemic H1N1 2009 highlighted Malaysia's strong surveillance system and concerted response. While practical lessons were learnt, the need to consistently strengthen disease surveillance and early warning systems, develop effective rapid response mechanisms and pandemic preparedness, and to strengthen interagency collaboration was highlighted. The future direction of Malaysia must be towards full implementation of the International Health Regulations (IHR 2005).

Health sector transformation. Malaysia's public sector health care system, which is tax based, has provided remarkable equity and access. However, new challenges have emerged, disease pattern and population profiles are changing. There is a growing private health sector and a high proportion of health expenditure comes from out-of-pocket expenditure; expectations continue to rise with an increasing need for high-cost medical technology. These factors have acknowledged the need to restructure systems for financing and delivery of health services. In order to ensure that all Malaysians continue to receive comprehensive and quality healthcare, the reform will need to address enhancing efficiency and quality, achieving greater integration between public and private health sectors, achieving equity and greater accessibility based on needs with an emphasis on primary preventive care.

Total population (2008) ¹	26,473,670
% Under 15 (2008) ²	32.0
Population distribution % urban (2008) ³	63.50
Annual Population Growth Rate % (2008) ³	1.30
Under-5 mortality rate per 1000 (2007) ¹	7.90
Maternal mortality ratio per 100 000 live births (2007) ¹	30.00
Total fertility rate % women aged 15 – 49 years old (2008) ¹	2.3
Total expenditure on health as % of GDP (2007) ⁴	4.40
General government expenditure on health as % of general government expenditure (2007) ⁴	6.90
Human Development Index Rank, out of 182 countries (2007) ⁵	66
Adult (15+) literacy rate (2000-2008) ³	92.10
Adult male (15+) literacy rate (2000-2008) ³	94.70
Adult female (15+) literacy rate (2000-2008) ³	89.50
% population with access to improved drinking water source (2009) ⁵	99.00
% population with improved access to sanitation (2008) ⁶	96.00

Sources:

¹ Vital Statistics Malaysia 2008, Department of Statistics, Malaysia

² WHO-WPRO-2009 Revision, Country Health Information Profile – Malaysia

³ Department of Statistics, Malaysia

⁴ National Health Accounts: Country Information. Geneva, World Health Organization

⁵ Human Development Report 2009

⁶ WHO - UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP) Progress on Sanitation and Drinking-water: 2010 Update

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> ▪ The Thrust of the Ninth Malaysian Plan 2006–2010 is 'towards achieving better health through consolidation of services'. This is inline with the Thrust identified for 10MP (2011–2015) ensuring a solid health delivery systems of high quality and an equitable financing tool is developed. ▪ Emphasis has been placed on sustainability upgrading and maintenance of existing facilities and equipment, and quality of health care including institutional infection control and patient safety. ▪ The national health financing scheme should facilitate the integration of health services at primary, secondary and tertiary levels, within the public sector, and between the public and private sectors to achieve equitable access to healthcare. ▪ Research is given a priority in MOH under the auspices of the National Institutes of Health. ▪ Efforts to develop Malaysia's human capital have strengthened education and research capacity in the health sector through continuous professional development programs. ▪ Strong political will in ensuring provision of quality healthcare services, health information/promotion and prevention-focused strategies for the nation. 	<ul style="list-style-type: none"> ▪ Scaling-up of HIV/AIDS prevention and care services by the Government and civil society including strategies to address sexual transmission of HIV i.e. condom promotion, provision of reproductive health services and targeting bridging populations. ▪ Inadequate integration of public and private health service in surveillance and response to communicable diseases. ▪ Increased risk of health challenges brought about by globalization and rapid urbanization including increasing prevalence of NCDs. ▪ Ensuring universal coverage and equitable access to health services especially in rural areas including for mobile populations, migrants and the poor. ▪ Inadequate human resources for health because of changing demographics and the emigration of skilled workers, i.e. brain drain. ▪ Some challenges remain in health-MDG indicators that will require detailed understanding of local dynamics and augmentable policies towards 2015.

PARTNERS

Due to its policy of national self-reliance, Malaysia does not actively seek outside financial assistance from donors or international financial institutions. Malaysia's development partners, United Nations (UN) agencies and bilateral agencies focus on selective interests and areas in development because of the country's comparatively strong economy and capacity to provide health care services. The top five donors of official development assistance (ODA) (2006–2007 average) were Japan, United Kingdom, Germany, Denmark and France. The six UN agencies present in Malaysia are the United Nations Development Programme (UNDP), United Nations Population Fund (UNFPA), United Nations Children's Fund (UNICEF), Office of the United Nations High Commissioner for Refugees (UNHCR), regional humanitarian relief hub of the World Food Programme (WFP) and WHO. The other agencies residing in Malaysia are United Nations University (UNU) –Administration, UNU – International Institute for Global Health (IIGH), UN Conference on Trade and Development (UNCTAD) – ASYCUDA and WHO – Global Service Center (GSC). The UN Country Team works closely with the Government in preparing Millennium Development Goals (MDG) reports for Malaysia, specifically MDG 6. A UN Theme Group provides support in the area of HIV/AIDS.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> The Government is placing more emphasis on regional health development cooperation, and playing a leadership role, particularly as a member of the Association of South-East Asian Nations (ASEAN) in the areas of Food Safety, Public Health Laboratories, Risk Communication and Multi- Non-health Sector Pandemic Preparedness and Response. Malaysia, as a member of the Organization of the Islamic Conference (OIC), has been sharing its successful development experiences with other Islamic countries and actively providing support and leadership. Malaysia chaired the 10th Summit of the OIC (June 2007) and urged combating Malaria among OIC Member States. 	<ul style="list-style-type: none"> Limited health sector activities retained by UN agencies in joint collaboration. After the Common Country Assessment/UN Development Assistance Framework (CCA/UNDAF) was developed, the preparation of Malaysia's MDG report and the control of HIV/AIDS are the only activities that have united all the UN agencies.

WHO STRATEGIC AGENDA

The strategic approach for WHO and Malaysia collaboration during 2009–2013 is composed of **two arms**, namely: a **“First Arm”** consisting of WHO support to Malaysia in selective national health priority areas, and a **“Second Arm”** consisting of WHO support for Malaysia's participation and contribution in regional and international health collaborations and activities through sharing and transfer-of knowledge. The strategic agenda proposes three principal components of cooperation in this period:

- Development and strengthening of health system and health policy
- Strengthening of prevention and control of non-communicable diseases (NCD), NCD risk factors and promotion of healthy lifestyles
- Communicable diseases prevention and control

First arm: WHO support for Malaysian priority areas	Second Arm: Malaysia's participation in-and contribution to-regional and international collaboration with WHO support towards mutual learning
Development and strengthening of the health system and health policy related to: <ul style="list-style-type: none"> Health reform and health care financing Inter-sectoral action in addressing health inequities Strategic planning and coordination for human resources Capacity building for evidence based policy and practice Health information and knowledge management 	<ul style="list-style-type: none"> Health system governance Improved quality of care Integrated Primary Health Care (PHC) Maternal, newborn, child, adolescent and reproductive health Nutrition Food safety and Quality Pharmaceuticals Environmental health Harm Reduction Programmes for Injecting Drugs Users
Prevention and control of NCD, their risk factors and promotion of healthy lifestyles	
Communicable disease control focusing on: <ul style="list-style-type: none"> HIV/AIDS and STIs Surveillance and response to outbreaks, IHR including APSED and 'Beyond' Prevention and Control of Dengue, Malaria Elimination and Lymphatic Filariasis Elimination 	



ADDITIONAL INFORMATION

WHO Country Page: <http://www.who.int/countries/mys/eng>

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