Malaysia

1. CONTEXT

1.1 Demographics

In 2010, the population of Malaysia was estimated to be 28 250 500. Covering an area of 329 959 square kilometres, the population density is 86 persons per square kilometre. Malaysia is a multiracial country consisting of Malays, Chinese, Indians and other ethnic groups. In 2010, an estimated 2 473 700 non-Malaysians were living in the country. It has a young population, with 7 690 500 (27.2%) below the age of 15 years, while those aged 15-64 years account for 19 230 100 (68.1%) and those 65 years or older for about 1 329 800 (4.7%).

Life expectancy at birth for both sexes has increased over the years, rising from 56 years for males and 58 for females in 1957 to 71.7 years for males and 76.6 years for females in 2010. Over the same period, the crude death rate fell from 12.4 per 1000 population to 4.9. The crude birth rate in 2010 was 18.8 per 1000 population and the crude rate of natural increase was 13.9 per 1000 population.

1.2 Political situation

Malaysia practises parliamentary democracy based on the federal system of government. The country is a constitutional monarchy with three branches of government: the legislative, judiciary and executive. Under the Federal Constitution, the states of Perlis, Kedah, Pulau Pinang, Perak, Selangor, Negeri Sembilan, Melaka, Johor, Pahang, Terengganu, Kelantan, Sarawak and Sabah agreed to the concept of the formation of Malaysia, whereby the powers of state governments are defined by the Federal Constitution.

The constitutional monarch is the Yang Di-Pertuan Agung (Paramount Ruler), who is elected from among and by the sultans (hereditary rulers) of the nine states for a five-year term. The Yang Di-Pertuan Agung is empowered to safeguard the customs and traditions of the Malays. Islam, the official religion of the country, is safeguarded by the Yang Di-Pertuan Agung and the sultans of the respective states. The monarch is also the Commander-in-Chief of the Federation’s Armed Forces. Since early 2007, the Yang Di-Pertuan Agung has been Sultan Mizan Zainal Abidin, the Sultan of Terengganu.

The head of government is the Prime Minister, who appoints the Cabinet from among the members of Parliament with the consent of the Yang Di-Pertuan Agung. The current Prime Minister is Y.A.B Dato’ Seri Mohd Najib Tun Razak.

1.3 Socioeconomic situation

Malaysia’s aspiration to become a developed and high-income economy was laid out in the 2010 budget with the introduction of the New Economic Model (NEM) and the Tenth Malaysia Plan (10MP). The National Transformation Programme is further strengthened in the 2011 budget through revitalized private investment, strengthened human capital development and improved productivity, including the well-being of the people. The four pillars of the National Transformation Programme are the ‘1Malaysia: People First, Performance Now’ concept, the Government Transformation Programme (GTP), the Economic Transformation Programme (ETP) and 10MP.

These initiatives will contribute to a higher per capita gross national income (GNI) of between US$15 000.0 and US$20 000.0 by 2020. Furthermore, stimulus packages amounting to RM67 billion (US$22 billion) or 9.9% of gross domestic product (GDP) in 2009 have stimulated the economy, leading to 9.5% growth in 2010. Fiscal consolidation can contain the Government’s deficit at 5.6% of GDP from domestic sources.

In 2010, Federal Government’s total revenue collection was expected to increase 2.2% to RM162.1 billion (US$20.8 billion) or 20.9% of GDP. The highest contribution is from tax revenue, amounting to RM107.1 billion (US$35.8 billion) or 66.1% of total revenue. Meanwhile total expenditure in 2010 remained high at RM206.2 billion (US$69.0 billion).

The ‘1Malaysia’ concept of improving income and quality of life, especially expanding public health facilities, has
seen a large sum of money being allocated. In 2010, a total of RM3.6 billion (US$ 1.2 billion) was spent in upgrading hospitals and clinics. In addition, RM1.7 billion (US$ 0.56 billion) was allocated for the expansion of the National Heart Institute (IJN) and construction and upgrading of hospitals. Furthermore, 51 premises were converted into 1Malaysia clinics, where a total of 808,831 patients were treated.

The country was rated 0.7 on the Human Development Index in 2010. In 2007, the poverty rate declined to 0.7%, compared with 6.9% in 1985, while the percentage of the population below the poverty line in 2007 fell to 3.6%, compared with 32.1% in 1980. The inflation rate, as measured by the Consumer Price Index (CPI) only increased by 2.03% between January and December 2010. In an effort to increase income and raise living standards, the 2010 Budget, among other measures, continued to provide resources to eradicate extreme and urban poverty; assist the poor and vulnerable groups; increase home ownership; expand public health facilities; and enhance the social safety net. It is hoped that human capital expenditure directed towards the community will stimulate economic growth and eventually reduce the poverty rate.

Total employment was estimated at 11.8 million for 2010 and the unemployment rate at 3.6%; the total labour force numbered 12.2 million. The unemployment rate averaged 3.4% from 1998 to 2010, the highest rate being in March 1999 at 4.5% and the lowest at 2.9% in March 1998. The percentage of the total labour force in the informal sector was 86.1% or 10.5 million in 2010.

Life expectancy, based on nutritional and socioeconomic status, has increased to 71.7 years for men and 76.6 years for women. The Gender Related Development Index (GDI) has been replaced by the Gender Inequality Index (GII). In calculating the GII, Malaysia’s Gender Gap Index (MGGI) is measured, which takes into consideration health, education and economic activity, as well as political and economic empowerment. Under the Health section, there are two main indicators: life expectancy at birth; and under-five mortality rate. In 2008 female life expectancy was 76.4 years and male 71.6 years. The under-five mortality rate (deaths/1000 live births) was 7.2 for females and 8.7 for males. The Education section traces past trends in female and male achievements in education, divided into two categories: adult literacy; and combined gross enrolment ratios. In 2004, the literacy rate was 88.1% for females, while it was 94.7% for males. The combined gross enrolment ratio for males was 65.7% and for females 67.2%. Indicators of economic activity can be divided into two categories: the labour force participation rate (LFPR); and the proportion of the population in non-agricultural employment. The labour force participation rate was 47.3% for females in 2004, and 80.9% for males, with 0.89% of females and 0.83% of males in non-agricultural employment.

Environmental health is defined by WHO as addressing all the physical, chemical and biological factors external to a person, and all related factors impacting behaviour. It is targeted towards preventing disease and creating health-supportive environments. In Malaysia, many environment- and health-related problems have been solved, but some things remain to be done, especially as regards the health implications of chronic exposure.

1.4 Risks, vulnerabilities and hazards

As a whole, Malaysia did not face any major catastrophes in 2010, except for a few incidences of flash flooding and landslides that affected certain parts of the country during heavy downpours.

2. HEALTH SITUATION AND TREND

2.1 Communicable and noncommunicable diseases, health risk factors and transition

Malaysia is at an epidemiological transition stage, with communicable and noncommunicable diseases both presenting as disease burdens. The top five diseases are dominated by noncommunicable diseases, as in most developed nations. However, some communicable diseases persist along with the rising incidence of noncommunicable disease. Mental illness has also become an increasing problem.

The underlying causes of the noncommunicable disease (NCD) epidemic are demographic changes and an increase in the level of population risk factors resulting from social and economic development. Based on data and information gathered by the National Health Morbidity Survey (NHMS) for the Malaysian population aged ≥30 years, which is conducted every 10 years (1986, 1996 and 2006), the prevalence of diabetes increased drastically in the last 10-year period, almost doubling in 2006 compared with 1996 (from 8.3% to 14.9%).
prevalence of undiagnosed diabetes (or newly diagnosed) also increased, from 1.8% in 1996 to 5.4% in 2006. The majority of diabetes patients still opt for conventional or modern treatment, but there is a huge difference between the sexes as regards seeking traditional or alternative treatment for diabetes (males > females). The percentage of patients receiving insulin is also relatively low if compared with more developed countries; insulin is underutilized in Malaysia. As it is clinically advocated to ‘treat-to-target’, there is a need to be more aggressive in treating diabetes patients and to seek an increase in insulin use as time progresses.

The prevalence of hypertension also increased from 33% in 1996 to 43% in 2006. In terms of awareness, an individual knowing that he or she has hypertension, there was only a slight increase in the 10-year period. The most startling difference was in the prevalence of Malaysians receiving treatment once diagnosed with hypertension (88% in 2006 vs. only 23% in 1996). Despite this, there was no difference in the prevalence of hypertensive patients who were being well controlled on treatment and overall.

There was an increasing trend of being overweight among Malaysians from 1996 to 2006, and the prevalence of obesity increased three-fold over the same period. Smoking prevalence showed a slight decrease from 1996 to 2006 (24.8% to 21.5%).

In 2010, the top five notifiable diseases were dengue fever, tuberculosis, hand food and mouth disease (HFMD), food poisoning and HIV. The notification rates per 100 000 population were 149.2 for dengue fever, 68.4 for tuberculosis, 47.4 for HFMD, 44.3 for food poisoning, and 12.9 for HIV infection.

Malaysia has been classified by WHO as an intermediate-TB-burden country. In the last 20 years, the tuberculosis (TB) notification rate has stagnated. In 2010, 19 337 cases were notified; 18 108 (93.2%) were new cases and the case detection rate was 82.1% (11 135 new sputum-positive cases notified). Tuberculosis-related deaths numbered 1557 (5.5/100 000 population). Of the 9981 new smear-positive cases detected in 2009, 7739 were cured (cure rate was 77.6%).

From 1986 until the end of 2010, a cumulative total of 91 362 HIV infections and 16 352 AIDS cases were reported, with 14 298 AIDS-related deaths. A total of 3652 new HIV infections, 1035 news AIDS cases and 904 AIDS-related deaths were reported in 2010. Case analysis shows that 88.8% of the new cases in 2010 were in the 20-49 age group. The Ministry of Health has introduced a harm-reduction strategy as a new initiative to curb the spread of HIV among drug users. This strategy consists of two components: the Needle and Syringe Exchange Programme and drug substitution therapy.

Viral hepatitis is still a public health problem in Malaysia. In 2010, about 1415 cases were reported, giving an incidence rate of 5.0 per 100 000 population. Among those, there were 51 reported deaths. Hepatitis C occurred most frequently, with 724 cases, followed by hepatitis B (640 cases), hepatitis A (39 cases) and others specified types of viral hepatitis (12 cases).

Cholera and typhoid fever are among the five foodborne and waterborne diseases occurring in the country, and require mandatory notification under the Infectious Diseases Prevention and Control Act 1988. The occurrence of such diseases is sporadic in certain areas. In 2010, 443 cases of cholera were reported, with an incidence rate of 1.57 per 100 000 population. For typhoid, 210 cases were reported, with an incidence rate of 0.7 per 100 000 population. Improving environmental conditions and access to safe water, and ensuring adequate sanitation, food safety and an appropriate level of personnel hygiene have helped in controlling the disease.

The Ministry of Health has a long history of providing free immunization to prevent major childhood diseases. The introduction of the National Immunization Programme (NIP) in the early 1950s and the Expanded Programme for Immunization in 1972 has brought about improvements in the quality of life of children in the country. Immunization has also contributed significantly to the reduction of mortality rates among children. From 1979 to 2010, the number of reported diphtheria cases dropped from 98 to 3, neonatal tetanus from 53 to 10 cases, pertussis from 105 to 41 cases, measles from 6352 to 73 cases and poliomyelitis from 4 cases to zero.

Leptospirosis is endemic in Malaysia and has been resurgent in recent years. The upward trend in the number of cases could be due to several factors, such as a true increase in cases, better awareness among clinicians, the availability of more diagnostic facilities or a result of more exposure to ecotourism activities. Currently available data from the morbidity and mortality reports from Ministry of Health hospitals show the incidence of leptospirosis to have risen from 2 per 100 000 population in 2006 to 5 per 100 000 in 2009. Following reports of
several cases and outbreaks in 2010, most notably in Lubuk Yu, Maran, in Pahang, leptospirosis has been made a notifiable disease in Malaysia.

In 2010, 951 943 foreign workers were screened, 29 999 (3.15%) being found to be unsuitable to work in Malaysia. Those numbers were slightly higher than in 2009 when, out of 1 021 542 foreign workers screened, 2.92% or 29 839 were found to be unsuitable. Communicable diseases were the most common diseases found, with 16 904 cases (55.7%), followed by noncommunicable diseases with 10 277 (33.8%). Among the communicable diseases found, tuberculosis (abnormal chest X-ray findings) was the most common, with 9221 cases (54.5%), followed by hepatitis B, with 5375 cases (31.8%); sexually transmitted infections, with 1721 cases (10.2%); HIV infection, with 479 cases (2.8%); and malaria, with 108 cases (0.6%).

From the most recent National Cancer Registry (NCR) for new cases diagnosed in 2007 and reported to the NCR, the age-standardized incidence rates for all cancers in 2007 were 85.1/100 000 for males and 94.4/100 000 for females, while the cumulative rate to age 75 was 10.1 for males and 10.5 for females. The cumulative risk of developing cancer before the age of 75, in the absence of other causes of death, was 9.6 for males and 9.9 for females. Cancer occurs at all ages and increases with age. The incidence rate in males exceeded the incidence rate in females after the age of 60 years.

In 2007, the five most common cancers among the population, regardless of sex, were those of the breast (18.1%), colorectum (12.3%), lung (10.2%), nasopharynx (5.2%) and cervix (5.2%). The five most frequent cancers among Malaysian males were of the lung (16.3%), colorectum (14.6%), nasopharynx (8.4%), prostate (6.2%) and lymphoma (5.5%), while the five most common cancers in females were of the breast (32.1%), colorectum (10.0%), cervix (8.4%), ovary (6.5%) and lung (5.4%). The five most common cancers in children (0-14 years old) were leukaemia (48.0%), cancers of the brain (15.0%), lymphoma (9.1%), bone cancer (6.0%) and cancer of the eye (3.8%). Staging was reported for 48.7% of the new cases reported and registered at NCR. Of those, 17.0% were reported as stage I, 25.3% as stage II, 25.0% as stage III and 32.7% as stage IV. Therefore, at diagnosis, of those staged, 57.6% were already at an advanced stage.

### 2.2 Outbreaks of communicable diseases

Since the year 2000, Malaysia has been experiencing an increased number of dengue cases being reported annually. In 2009, there were 41 486 cases reported, equivalent to an incidence rate (IR) of 146 cases per 100 000 population, slightly lower than the 49 335 cases (IR 178 cases per 100 000 pop) in 2008. However, in 2010, the number of dengue cases reported increased to 46 171 cases or an IR of 163.44 cases per 100 000 population. In 2010, Selangor had the highest IR, at 309 cases per 100 000 population, followed by Wilayah Persekutuan Kuala Lumpur-Putrajaya, with 250; Kelantan, with 213; Melaka, with 189; and Sarawak, with 166. The number of dengue deaths also increased, from 88 (case fatality rate = 0.21%) in 2009 to 134 (0.29%) in 2010.

There has been a trend towards increasing numbers of food poisoning cases reported from various states, with the majority of outbreaks occurring in schools. The major factor contributing to the outbreaks is unsafe food-handling practices, which accounts for more than 50%. A committee within the Ministry of Education has been set up to overcome the problem.

### 2.3 Leading causes of mortality and morbidity

The 10 principal causes of admission to Ministry of Health hospitals in 2010 were complications of pregnancy, childbirth and the puerperium, which constituted 13.27% of total admissions; normal deliveries (12.52%); diseases of the respiratory system (9.55%); accidents (7.95%); certain conditions originating in the perinatal period (7.34%); diseases of the circulatory system (6.87%); diseases of the digestive system (5.07%); diseases of the urinary system (3.52%); ill-defined conditions (symptoms and signs)(2.97%) and malignant neoplasms (2.92%).

The 10 most common causes of death in Ministry of Health hospitals in 2010 were heart disease and disease of the pulmonary system (16.05%); septicaemia (13.82%); pneumonia (11.52%); malignant neoplasms (11.35%); cerebrovascular diseases (8.63%); diseases of the digestive system (4.76%); accidents (4.72%); certain conditions originating in the perinatal period (3.85%); nephritis, nephrotic syndrome and nephrosis (3.59%); and chronic lower respiratory diseases (2.05%).
2.4 Maternal, child and infant diseases

Socioeconomic development, together with efforts to promote health, have resulted in a decline in maternal mortality. The total fertility rate among Malaysian women is also declining and was estimated to be 2.4 per woman aged 15 to 49 years in 2010. Urbanization, late marriage and increased access to education and health care services, as well as more employment opportunities and family planning programmes, have contributed significantly to the decline in fertility.

The national maternal mortality ratio showed a reduction from 280 per 100,000 live birth in 1957 to 27.3 in 2008. There has also been gradual improvement in the infant mortality rate (from 13.1 per 1000 live births in 1990 to 6.2 in 2008), the perinatal mortality rate (from 13.0 per 1000 births in 1990 to 7.3 in 2008) and the toddler mortality rate (from 0.9 per 1000 population aged 1-4 years in 1990 to 0.4 in 2008).

2.5 Burden of disease

The 2000 Burden of Disease Study showed that the total burden of disease and injury in Malaysia was 2.8 million years, with more than two-thirds due to noncommunicable diseases. Men contributed most of the burden (57%). More than half of the total burden was contributed by premature death, at 64% in men and 57% in women.

The absolute number of years of life lost (YLL) in males peaks in those less than five years of age, then drops to a minimum in the 5-14 age group, before rising sharply in the 15-29 age group, reaching a maximum in the 45-59 age group and then declining gradually. A similar pattern can be seen in women: from 0-14 years, gradually increasing from 15 years onwards, reaching a maximum in the 45-59 age group and declining gradually thereafter.

The top 20 leading causes of disability-adjusted life years (DALYs) account for 63% in men and 64% in women. Ischemic heart disease (IHD) is the leading cause (9.8%), followed by other cardiovascular diseases (CVD) (6.4%), road traffic accidents (5.7%) and sepsicaemia (4.5%). IHD and other CVD account for 10% and 7% of the total burden of disease in the 30-59 age group and 21% and 12% of total burden of disease in the 60+ age group, respectively.

3. HEALTH SYSTEM

3.1 Ministry of Health’s mission, vision and objectives

The Ministry of Health’s Vision for Health is of a nation working together for better health. The Mission of the Ministry is to build partnerships for health to facilitate and support the people to attain their full potential in health and to motivate them to appreciate health as a valuable asset and take positive action to improve further and sustain their health status to enjoy a better quality of life.

3.2 Organization of health services and delivery systems

The Malaysian population is served by both public and private health sectors, which complement each other. While the Ministry of Health continues to play a pivotal role as the main provider of health services, there is a need to harness the collective involvement of all stakeholders in health to improve the health of the nation. With growth, development and maturity, it is expected that greater demands will be made on the health system. In response, health care delivery by the public and private sectors must be sustainable and affordable to their clientele, as well as responsive to public expectations. Quality, efficiency and integration in all health matters must be the byword of all health care providers. To enable the nation to deliver and meet heightened expectations, greater commitment and cooperation between the public and private sectors is required. The health care delivery system is monitored through a number of approaches, including periodic discussions with service providers, feedback from clients and inspection of services.

3.3 Health policy, planning and regulatory framework

Currently, Malaysia is implementing the 10th Malaysia Plan (2011-2015) (10MP), which will be reviewed on a two-yearly basis. The health planning process has evolved from a purely top-down, pragmatic approach towards a mixed top-down, bottom-up process that is rational and evidence-based. The planning and implementation of 10MP is pivotal to the philosophy of 1Malaysia. This concept is the guiding thrust of the National Mission and the
basis of the National Development Direction, with the focus on building a united and progressive nation in the 21st Century.

In 10MP, the Government has set the target of achieving the status of a high-income nation by 2020. To achieve that target, Malaysia would have to have an annual growth rate of at least 5.5%. The major outcome set for the health sector is to ensure the provision of and increased accessibility to quality health care and public recreational and sports facilities to support active, healthy lifestyles. The 10MP strategies identified to assist in achieving that outcome include establishing a comprehensive health care system and recreational infrastructure, encouraging health awareness and healthy lifestyle activities, empowering the community to plan or implement individual wellness programmes (responsible for own health) and transforming the health sector to increase the efficiency and effectiveness of the delivery system to ensure universal access.

In the next few years, the Ministry of Health will facilitate the transformation of the health care system via the concept of ‘1Care for 1Malaysia’, where 1Care is a restructured national health system that is responsive and provides a choice of quality health care, ensuring universal coverage to meet the health care needs of the population based on solidarity and equity.

3.4 Health care financing

Although various plans to reform health financing had been discussed previously, the Government had not undertaken any commitment to major change. Two years ago, however, drawing from lessons of the last two decades and supported by the overall ethos of change and development towards Malaysia becoming a high-income country, the Ministry of Health proposed a comprehensive health system transformation concept called ‘1Care for 1Malaysia’, which involves restructuring of service delivery as well as changes to the financing mechanism. Currently, the Ministry and the Government, together with various stakeholders in the public, private and NGO sectors, are working on a blueprint for the proposed implementation of these major reforms. This work is backed up by evidence of best practice and data, such as health expenditure information.

The Malaysia National Health Accounts (MNHA) Unit, established in 2005, continues to gather and analyse health expenditure data using an internationally accepted framework. The second and third reports on national health expenditure for the years 1997–2006, and 2007-2008 were published and distributed to the main stakeholders of the health system, especially the data sources for MNHA.

In 2009, data showed that private health expenditure, at RM18.0 billion (US$ 5.1 billion), was greater than public health expenditure, at RM14.6 billion (US$ 4.2 billion). The Ministry of Health, federal agencies and the Ministry of Higher Education together contribute to more than 90% of public sector expenditure, all of which are funded mainly through general taxation. The main source of health financing in the private sector is out-of-pocket expenditure, which accounts for 40%. The recent growth in private sector expenditure compared with that in the public sector has been of concern to national policy-makers.

3.5 Human resources for health

There is a need to formulate and implement strategic human resource planning and management mechanisms in terms of capacity and capability-building. Research shows that investment in health-promotion, education and disease-prevention services is more efficient and effective in improving health status than investment solely in curative treatment. Therefore, in 10MP, priority in human resource establishment and distribution is given to health-promotion and prevention activities, involving strengthening of divisions and including an increased number of personnel being allocated to various programmes (Public Health, Medical, Pharmacy, Dental Health, Research and Technical Support, Food Safety and Quality, as well as Management).

In line with 10MP, the optimal utilization of available resources for delivery of health services requires, among others, enhancement of human capital, strengthening of primary health care, improvement of quality services, and enhancement of the stewardship and governance role of the Ministry of Health. Emphasis is being given to various development programmes designed to produce a competent health workforce that can deliver quality services and is able to compete locally and globally. Efforts to consolidate and increase the supply of human resources for health, especially those implemented during 9MP, are continuing and are enhanced in 10MP, based on the optimization of resources to ensure the well-being and quality of life of the Malaysian population through equitable access to community health services.
As of 31 December 2010, the Ministry of Health had 185,997 personnel, with 114 scheme of services. Among the factors affecting health care service delivery, particularly in the field of human resources, is the supply of medical specialists or personnel with specialized qualifications. Efforts to enhance the supply of quality health workforce personnel have been initiated through the following activities: increasing the number of health care specialists at all levels through a structured scholarship programme; consistently reviewing health workforce needs at the operational level; and strengthening the quality and standard of training by reviewing and upgrading training curricula. Better remuneration, incentives and career development are provided by the Ministry of Health to attract and retain health personnel. The Workforce Competency Development programme focuses on improving the quality of health care services by developing competency through short courses, continuous medical education and continuous professional development.

In addition, sufficient and competent human resources are required for research and development. Financial allocation is therefore required for development of research personnel, encompassing competency development as well as specialty and subspecialty training.

3.6 Partnerships

The health system consists of various stakeholders: the Ministry of Health, local government, the academic community, professional organizations, the private sector and others. The Ministry works very closely with all stakeholders to strengthen its health priority areas. Effective collaboration and coordination minimizes the gaps between agencies.

Considering the marked improvement in the health status of the nation and the existing issues and challenges, it is inevitable that great commitment and effort will be required to achieve better health.

3.7 Challenges to health system strengthening

The numerous issues and challenges faced by the nation have created a need for change and reform. The main challenges are increasing demand and changing disease patterns, leading to increasing health care costs. A more educated and affluent public with easy access to information, coupled with demographic changes and rapid advances in medical technology, has led to rising consumer demand for better health care and expensive new technology. Prioritization is vital if significant changes are to be achieved.

Changes in the disease burden and disease pattern due to lifestyle are among the challenges facing the nation. Others include the need to enhance human capital; research and development, including research into vaccines and biotechnology; and crisis and disaster management. The threats versus the opportunities of globalization, the liberalization of health, the harnessing of health technology and ICT, the strengthening of the health management information system, intersectoral coordination and collaboration and maximization of the role of the private sector and nongovernmental organizations are also important challenges that need to be addressed.

Realizing these issues and challenges, and to ensure that national health care provision meets required international standards, the Ministry of Health strongly advocates the implementation of various quality assurance initiatives. Guided by the Vision for Health, the Mission of the Ministry of Health and the 1Malaysia concept, Malaysia is striving to achieve a healthy and developed nation.

4. Listing of Major Information Sources and Databases

| Title 1 | Social Statistics Bulletin, Malaysia |
| Operator | Department of Statistics, Malaysia |
| Specification | Includes Information on population, socioeconomic indicators |
| Web address | www.statistics.gov.my |

| Title 2 | Economic Report 2010/2011 |
| Operator | Treasury department Ministry of Finance, Malaysia |
| Specification | Chapter 1, Economic Management and Outlook |
| Web address | www.treasury.gov.my |

<p>| Title 3 | Country Health Plan, 10th Malaysia Plan 2011-2015 |
| Operator | Planning and Development Division, MOH |</p>
<table>
<thead>
<tr>
<th>Title 4</th>
<th>The 3rd National Health and Morbidity Survey (NHMS III)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operator</td>
<td>Ministry of Health, Malaysia</td>
</tr>
<tr>
<td>Title 5</td>
<td>-</td>
</tr>
<tr>
<td>Operator</td>
<td>Disease Control Division, Ministry of Health</td>
</tr>
<tr>
<td>Specification</td>
<td>Information on communicable and non communicable disease report, outbreaks of diseases</td>
</tr>
<tr>
<td>Web address</td>
<td><a href="http://www.dph.gov.my">www.dph.gov.my</a></td>
</tr>
<tr>
<td>Title 6</td>
<td>Borden of disease, Malaysia</td>
</tr>
<tr>
<td>Operator</td>
<td>Public Health Institute</td>
</tr>
<tr>
<td>Specification</td>
<td>Findings on Borden of Disease study base on 2000 data</td>
</tr>
<tr>
<td>Title 7</td>
<td>Second report of the National Cancer Registry, Cancer incidence in Malaysia, 2003</td>
</tr>
<tr>
<td>Operator</td>
<td>Clinical Research Centre (CRC)</td>
</tr>
<tr>
<td>Specification</td>
<td>Findings on the incidence of Cancer in Malaysia</td>
</tr>
<tr>
<td>Web address</td>
<td><a href="https://www.crc.gov.my">https://www.crc.gov.my</a></td>
</tr>
<tr>
<td>Title 8</td>
<td>Pelan Strategik Pengurusan Sumber Manusia (Tahun 2006 - 2010)</td>
</tr>
<tr>
<td>Operator</td>
<td>Human Resource Division, MOH</td>
</tr>
<tr>
<td>Title 9</td>
<td>Laporan Pelaksanaan Pelan Strategik Pengurusan Sumber Manusia (Tahun 2006 - Tahun 2010)</td>
</tr>
<tr>
<td>Operator</td>
<td>Human Resource Division, MOH</td>
</tr>
</tbody>
</table>

5. ADDRESSES

MINISTRY OF HEALTH
Office Address: Block E1, E6, E7 & E10, Parcel E Federal Government Complex Administrative Centre 62590 PUTRAJAYA, MALAYSIA
Postal Address: As above
Official Email Address: webmaster@moh.gov.my
Telephone: Tel: 603-8883 3888
Office Hours: 7.30 am – 5.30 pm
Website: http://www.moh.gov.my/

WHO REPRESENTATIVE IN MALAYSIA, BRUNEI DARUSSALAM AND SINGAPORE
Office Address: 1st Floor, Wisma UN, Block C Komplek Pejabat Damansara Jalan Dungun, Damansara Heights 50490 Kuala Lumpur, Malaysia
Postal Address: P. O. Box 12550 50782 Kuala Lumpur, Malaysia
Official Email Address: who@maa.wpro.who.int
Telephone: (603) 209 39908 / 2092 1184
Fax: (603) 209 37446
6. ORGANIZATIONAL CHART: Ministry of Health

[Image of the organizational chart for the Ministry of Health, Malaysia]