

## Malaysia



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Total population (2005) <sup>1</sup>	25 347 000
% under 15 (2005) <sup>1</sup>	32
Population distribution % rural (2005) <sup>1</sup>	35
Life expectancy at birth (2004) <sup>2</sup>	72
Under-5 mortality rate per 1000 (2004) <sup>2</sup>	12
Maternal mortality ratio per 100 000 live births (2000) <sup>3</sup>	41
Total expenditure on health as % of GDP (2004) <sup>4</sup>	3.7
General government expenditure on health as % of general government expenditure (2004) <sup>4</sup>	7.3
Human Development Index Rank, out of 177 countries (2004) <sup>5</sup>	61
Gross National Income (GNI) per capita US\$ (2004) <sup>6</sup>	4520
Adult (15+) literacy rate (2000-2004) <sup>7</sup>	88.7
Adult male (15+) literacy rate (2000-2004) <sup>7</sup>	92.0
Adult female (15+) literacy rate (2000-2004) <sup>7</sup>	85.4
% population with access to improved drinking water source (2002) <sup>5</sup>	99
% population with improved access to sanitation (1990) <sup>5</sup>	94

### Sources:

- <sup>1</sup> United Nations Population Division
- <sup>2</sup> World Health Report 2006
- <sup>3</sup> World Health Report 2005
- <sup>4</sup> WHO data on National Health Accounts
- <sup>5</sup> Human Development Report 2006
- <sup>6</sup> World Development Indicators 2005 (World Bank)
- <sup>7</sup> UNESCO Institute for Statistics

Malaysia is composed of Peninsular Malaysia and the states of Sabah and Sarawak on the island of Borneo. The total land area is 330 252 square kilometres (km<sup>2</sup>). Malaysia is a constitutional monarchy with a non-elected upper house and an elected lower house. It is composed of 13 states and three federal territories. Its ethnically diverse population includes 65% Bumiputera (Malays and ethnic minorities), 26.1% Chinese and 7.6% Indian. The Malaysian economy has grown rapidly in recent years; in 2005, gross domestic product (GDP) grew by 7.1%. All sectors of the broad-based economy have registered positive growth. The favourable position that Malaysia now occupies in economic and social development is due, in part, to the innovative policies and strategies of the national five-year plans. Two other plans that have played a role are: (1) Outline Perspective Plan 2000-2010; and (2) Vision 2020, a long-term development strategy with a 30-year planning horizon, designed to help the country achieve developed nation status.

### HEALTH & DEVELOPMENT

**Relatively high overall standard of health.** For men, the five leading causes of burden of disease, based on disability-adjusted life years (DALYs), are ischaemic heart disease, road traffic accidents, cerebrovascular diseases, septicaemia and lower respiratory infections. For women, the leading causes are ischaemic heart disease, cerebrovascular disease, unipolar depressive disorders, septicaemia and diabetes. With the growing numbers of adolescents and young adults, the rise in high-risk behaviour among young people is of great concern.

**Persistent incidence of key communicable diseases.** Almost three-quarters of the estimated 75 075 people living with HIV/AIDS (March 2005) were infected through injecting drug use. While the current epidemic is concentrated among injecting drug users (IDUs), there are indications that infections are spreading to the general population. Comprehensive, integrated national responses are needed. Emphasis should be placed on political commitment, multisectoral approach, harm reduction programmes and intensification of HIV prevention and treatment programmes.

**Emerging diseases pose threats in recent years.** The Nipah virus outbreak, which killed 104 Malaysians in 1998-1999 and devastated the country's pig industry, combined with regional outbreaks of severe acute respiratory syndrome (SARS) and avian influenza, have highlighted the need to strengthen disease surveillance and early warning systems, to develop effective rapid response mechanisms and pandemic preparedness, and to strengthen international and regional collaboration. There continues to be challenges with tuberculosis (TB), including TB-HIV co-infection, and vectorborne diseases such as dengue. Malaria remains a challenge in more remote parts of the country.

**Health care in Malaysia is provided by the public and private sectors, nongovernmental organizations and traditional and complementary medicine practitioners.** The major provider and financier of health services is the Ministry of Health. Overall, primary health care is well developed. The national priority now is to establish primary health care facilities in underserved areas in both urban and rural areas. Basic health care, provided by static health facilities, is currently available to and accessible (within 5 km) for more than 93% of the population in Peninsular Malaysia, 76% in Sabah and 61% in Sarawak.<sup>1</sup> Health and medical care are decentralized to the regions, states and districts to increase efficiency. In 2004, there were 2877 primary health care clinics and 125 public hospitals (including institutions) under the Ministry of Health. Whereas 9410 doctors were working in public hospitals, 8836 doctors were working in the private sector (private hospitals accounted for only 21% of the total hospital beds in the country). During the past few decades, the role of the private sector in the provision of health care has been increasing. There is also an increasing trend of private health care expenditure, including out-of-pocket payments.

**National health financing mechanism based on equity, efficiency, acceptability, accessibility, affordability and comprehensive coverage.** The decision to establish a new national health financing mechanism was brought about by changing disease patterns, new technologies and medicines, growing expectations of consumers for high-quality care, and the expansion of the private sector. It is proposed that the main source of revenue collection should be the National Health Insurance system. Those who can afford to pay for insurance will have to contribute, while disadvantaged groups such as the poor, the elderly and the disabled will be assisted by the Government.

<sup>1</sup> *National Health and Morbidity Survey 1996: Volume 3 on Recent Illness/Injury, Health-seeking Behaviour and Out-of-Pocket Health Care Expenditure.* Kuala Lumpur, Institute of Public Health, Ministry of Health, 1997.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>• Research is given a high priority in the Ministry of Health under the auspices of the National Institute of Health.</li> <li>• Efforts to develop Malaysia's human capital have strengthened education and research capacity in the health sector.</li> <li>• The thrust of the Ninth Malaysian Plan (2006-2010) is to work "towards achieving better health through consolidation of services". Emphasis has been placed on sustainability upgrading and maintenance of existing facilities and equipment, and quality of health care.</li> <li>• The proposed 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.</li> <li>• Restructuring of health delivery services.</li> <li>• The Government is committed to providing quality services.</li> <li>• Development of national approach for strengthening of the country's health information management.</li> <li>• Food safety issues are being addressed.</li> </ul>	<ul style="list-style-type: none"> <li>• Delivery of HIV/AIDS prevention and care services by the Government and civil society</li> <li>• Marginalization of the urban poor, displaced people, people living with HIV/AIDS, IDUs and sex workers as a result of rapid industrialization, socioeconomic changes and urban migration</li> <li>• Reduced access to health services and affordable medicines for marginalized populations</li> <li>• Inadequate integration of public and private health services</li> <li>• Inadequate human resources for health because of changing demographics and the emigration of skilled workers, i.e. brain drain</li> <li>• Increased risk of health challenges brought about by globalization and rapid urbanization</li> </ul>

## 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) (2003–2004 average) are Japan, Denmark, Germany, France and Spain. In 1997, the World Bank provided Malaysia with a social sector loan that was used to improve the public health laboratory and upgrade health facilities. Since then, Malaysia has not requested loans from the World Bank, International Monetary Fund (IMF) or Asian Development Bank (ADB), but it continues to seek technical advice. In general, aid levels have been relatively low given the size of the economy.

The five 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) and WHO. The UN Country Team works closely with the Government in preparing Millennium Development Goals (MDG) reports for Malaysia. A UN Theme Group provides support in the area of HIV/AIDS.

OPPORTUNITIES	CHALLENGES
<ul style="list-style-type: none"> <li>The Government is placing more emphasis on regional health development cooperation than ever before, and playing a leadership role, particularly as a member of the Association of South-East Asian Nations (ASEAN).</li> <li>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.</li> </ul>	<ul style="list-style-type: none"> <li>Limited health sector activities retained by UN agencies in joint collaboration. After the Common Country Assessment/UN Development Assistance Framework (CCA/UNDAF) was developed in 2002, the preparation of Malaysia's MDG report and the control of HIV/AIDS have been the only activities uniting the UN agencies.</li> <li>Limited health sector activities retained by UN agencies in joint collaboration. After the Common Country Assessment/UN Development Assistance Framework (CCA/UNDAF) was developed in 2002, the preparation of Malaysia's MDG report and the control of HIV/AIDS are the only activities that have united all the UN agencies.</li> </ul>

## WHO STRATEGIC AGENDA (2006-2008)

Malaysia is looking to WHO for specific advice, international advocacy and more intensive support in dealing with new and emerging health challenges due to changing disease patterns, globalization and urbanization. The strategic agenda of WHO with Malaysia proposes three principal components of cooperation:

### Development and strengthening of the health system

WHO will continue playing its role as technical broker and adviser in the development of the new national health financing mechanism, National Health Insurance, and the proposed National Health Financing Authority under the Ministry of Health. In addition, WHO will further assess needs and possibilities to support the restructuring of the health services delivery system and the changing roles of the Government. WHO will also support strategic health planning and the development of integrated health risk screening tools and procedures. WHO will collaborate with the Ministry of Health to strengthen strategic and operational planning for human resources and to develop norms for different types of health specialties. WHO will support the Government's efforts to strengthen quality control and quality assurance throughout the country, e.g. hospital quality care indicators system; control of hospital infection; and development, revision and updating of evidence-based clinical practice guidelines. On the issue of health information and health research, support will be provided for critical health systems research, epidemiological and clinical research that would impact on policy and decision-making and improve the effectiveness and efficiency of the health system.

### Prevention and control of noncommunicable diseases and major risk factors, and promotion of healthy lifestyles and mental health

WHO will assist in evaluations of the impact and effectiveness of noncommunicable diseases interventions, exchange of information and experiences on best practices for prevention and control of diabetes and hypertension, and training in effective noncommunicable diseases risk factor interventions. In the area of mental health, WHO will collaborate with the Government in areas such as evidence-based policy and strategy, community mental health, epidemiological research, surveillance and suicide prevention. In the field of tobacco control, WHO will assist in implementing the Framework Convention on Tobacco Control, revising a blueprint for a national policy on tobacco control, and drafting the Tobacco Control Act.

### Communicable disease control

WHO will assist in strengthening national surveillance capacity and the early warning system. WHO will also support national planning for pandemic influenza preparedness and more integrated disaster preparedness. Regarding efforts to halt the spread of HIV/AIDS, WHO will help to carry out a broad range of effective approaches for HIV prevention, treatment and care, e.g. finalize the Behaviour Surveillance Survey Report; conduct and disseminate a WHO study on sex workers in Malaysia; strengthen continuous epidemiological surveillance and monitoring of HIV/AIDS and risk factors; provide training; and evaluate the harm reduction programme. Concerning TB, WHO assistance is needed to address quality control for microscopy services, strengthening surveillance and management of TB-HIV co-infection among prisoners and IDUs.



## ADDITIONAL INFORMATION

WHO country page <http://www.who.int/countries/mys/en/>

Western Pacific Country Health Information Profile <http://www.wpro.who.int/countries/05maa/>

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