

# Malaysia–WHO Country Cooperation Strategy 2024–2028







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MINISTRY OF HEALTH MALAYSIA



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Ministry of Health Malaysia  
Health promotion booth at the Ministry of Health Malaysia.

The Malaysian Healthy Plate was introduced to the public with the tagline of 'QuarterQuarterHalf' which directly translates the daily requirement of Malaysian Food Pyramid to correct portion sizes for each food group in the form of a plate. The Malaysian Healthy Plate indicates that only a quarter of the plate should be filled with rice, noodles, bread or grains, another quarter for fish, poultry, meat or legumes and half of it should be filled with fruits and vegetables.

## Foreword

Malaysia is at a cross-roads, yet one that could deliver a golden opportunity to further strengthen the advanced health system it has built over the past several decades and to ensure that health outcomes continue to improve.

People need – and are demanding – more and better preventive and primary health-care services throughout the life-course and closer to where they live and work; more accessible and affordable diagnostics and treatments for noncommunicable diseases; better integrated ageing services; and a more resilient health system that is prepared to detect and respond to outbreaks, emergencies and climate disasters.

In short, the public health system and services that contributed to Malaysia's rapid growth and development in the past are insufficient to handle current and future health challenges. This shortfall was addressed in the *Health White Paper for Malaysia* presented to Parliament in June 2023, which provided general information on plans for developing the national health-care system.

The time to act is now. The health system requires significant reforms, expanded investment and accelerated digital innovation, among other changes. And the range of challenges facing the health sector continues to grow and compound daily, amid ongoing economic uncertainty and fiscal limitations in the wake of the COVID-19 pandemic.

Timely implementation of the health reform agenda will require systematic, transparent and collaborative reforms in human resources for health with an eye towards rebuilding provider confidence and commitment to the health system; future-proofing the financial building blocks of the health system; maintaining and improving

public trust and buy-in for a new social contract; and building and expanding strong alliances within the health sector and across government sectors.

For more than 60 years, the World Health Organization (WHO) has been a steadfast partner of the Ministry of Health. In the coming five years, WHO is committed to support the Ministry through this critical reform phase. Priorities include the achievement of universal health coverage through transformational primary care, a revitalized health workforce, and the building of a sustainable and resilient health system.

WHO and the Government of Malaysia are committed to working collaboratively across three areas: addressing reforms within the health sector; addressing the determinants of health, including factors beyond the health sector; and strengthening and expanding partnerships in the Western Pacific Region and globally. Three principles will guide our work: a reliance on data-based strategic insights, including the improvement of data usage and expansion of digital infrastructure; expanded cross-sectoral partnerships; and a focus on equity in all our work.

Doing more of what we already have been doing will not be sufficient to ensure Malaysia can sustainably transform its health system to meet the current and future health needs of its people. Instead, the Ministry of Health and WHO will be guided by a shared responsibility in their commitment to implement the joint *Malaysia-WHO Country Cooperation Strategy 2024–2028*.

**Together we can build a healthier tomorrow.**



**YB Datuk Seri  
Dr Dzulkefly Ahmad**  
Minister of Health  
Malaysia




**Dr Saia Ma'u Piukala**  
Regional Director  
for the Western Pacific  
World Health Organization

## Abbreviations

<b>AMR</b>	antimicrobial resistance
<b>CCS</b>	country cooperation strategy
<b>FAO</b>	Food and Agriculture Organization of the United Nations
<b>GPW 13</b>	Thirteenth General Programme of Work
<b>GPW 14</b>	Fourteenth General Programme of Work
<b>HWP</b>	Health White Paper for Malaysia
<b>M&amp;E</b>	monitoring and evaluation
<b>MMR</b>	maternal mortality ratio
<b>NCD</b>	noncommunicable disease
<b>NGO</b>	nongovernmental organization
<b>RM</b>	Malaysian ringgit
<b>SDG</b>	Sustainable Development Goal
<b>TB</b>	tuberculosis
<b>UHC</b>	universal health coverage
<b>UNDP</b>	United Nations Development Programme
<b>UNEP</b>	United Nations Environment Programme
<b>UN-Habitat</b>	United Nations Human Settlements Programme
<b>UNICEF</b>	United Nations Children's Fund
<b>UNSDCF</b>	United Nations Sustainable Development Cooperation Framework
<b>VPD</b>	vaccine-preventable disease
<b>VDPD</b>	vaccine-derived poliovirus
<b>WOAH</b>	World Organisation for Animal Health
<b>WHO</b>	World Health Organization



## Executive summary

The World Health Organization (WHO) country cooperation strategy (CCS) is a medium-term strategic framework to guide the Organization's work with a Member State. The CCS sets out an agreed set of joint priorities that are intended to measurably contribute to a country's national health and development. It is based on an analysis of the country's health situation, a review of current collaboration between the country and WHO, and in-depth discussions with stakeholders and partners.

In November 2023, WHO and the Ministry of Health of Malaysia worked together to develop the *Malaysia–WHO Country Cooperation Strategy 2024–2028*. The new five-year CCS was informed by the collective commitments made under Sustainable Development Goal (SDG) 3: Ensure healthy lives and promote well-being for all at all ages, as well as WHO's *Thirteenth General Programme of Work* and the planned *Fourteenth General Programme of Work*, which are the Organization's blueprint for achieving SDG 3. The CCS also reflects Malaysian policy direction and guidance articulated in the *Twelfth Malaysia Plan 2021–2025*, and Government's vision for sustainable, equitable and balanced growth as expressed in the *Malaysia MADANI* concept.

The next five years are a critical period for Malaysia's health system. The Government recognizes that although it has built an advanced health system, more recent health outcomes have not kept pace with the country's development, and COVID-19 exposed worrisome cracks in its public health foundation. Some health indicators have plateaued after decades of progress, some have experienced unexpected increases, and others, such as rates of noncommunicable diseases, have continued their unabated rise. An imbalance between the delivery of public and private health-care services and a long-standing underinvestment in health have combined to put enormous pressures on public health service delivery and efforts to improve health outcomes. Looking ahead, the Government is faced with:

- an ageing, urbanized population beset with multiple chronic diseases;
- an overstretched health system and public health workforce, under-resourced to maintain previously achieved gains in communicable diseases and maternal and child health; and
- pockets of the population with limited access to essential health services.

The Government has signalled its commitment to tackling necessary health reforms through the adoption in 2023 of the *Health White Paper for Malaysia* (HWP). It outlines four pillars of reform work: 1) transforming health service delivery; 2) advancing health promotion and disease prevention; 3) ensuring sustainable and equitable health financing; and 4) strengthening the health systems foundations and governance.

The HWP is a broad, high-level statement of government commitment and intent; the sequencing and relative priorities of the various proposed measures are still to be determined by the Government and will naturally be influenced throughout the 15-year reform period by a dynamic political and economic context.

## Malaysia-WHO CCS 2024-2028 Strategic Priorities and Strategic Deliverables

### **Strategic Priority 1. Supporting implementation of the health reform agenda to improve health and well-being for all**

**Strategic Deliverable 1.1.** A sustainably financed expansion of primary health-care services provided by both public and private sectors

**Strategic Deliverable 1.2.** A fortified public sector health-care system

### **Strategic Priority 2. Mobilizing a whole-of-government and multi-stakeholder approach to address health beyond the health sector**

**Strategic Deliverable 2.1.** Expanded multisectoral and whole-of-society cooperation on health and well-being

**Strategic Deliverable 2.2.** Accelerated implementation of healthy ageing strategies

### **Strategic Priority 3. Working together to promote regional and global health**

**Strategic Deliverable 3.1.** Continued and expanded leadership in regional and global health initiatives

As such, through the new CCS, the Ministry of Health and WHO agreed that collaboration must be able to flexibly support the reform process as it unfolds. Support under the new CCS will be provided in three focus areas: 1) activities that bring about a shift within the health sector and towards an emphasis on preventive, primary care services, ensuring affordably accessed and high-quality essential services throughout the country; 2) reforms necessary to reduce risk factors and address challenges that lie beyond the health sector and that depend on strong leadership and advocacy by the Ministry of Health with other ministries and stakeholders in country; and 3) collaboration to leverage Malaysia's strong and expanding contribution to regional and global health.

In designing joint activities, WHO in Malaysia will be guided by three principles to ensure efficient use of resources and appropriate targeting of support to Malaysia's health reform interventions: 1) a reliance on data-based strategic insights; 2) expanded cross-sectoral partnerships; and 3) attention to equity.

The *Malaysia-WHO Country Cooperation Strategy 2024-2028* was developed around a clear vision for measurable outcomes, including a proposed results framework and proposed indicators. Collaboration undertaken throughout the CCS period is intended to contribute to improved health and well-being for all in Malaysia, and the Ministry of Health and WHO agreed to a monitoring and evaluation process that will be used to measure progress and adjust implementation, as required.

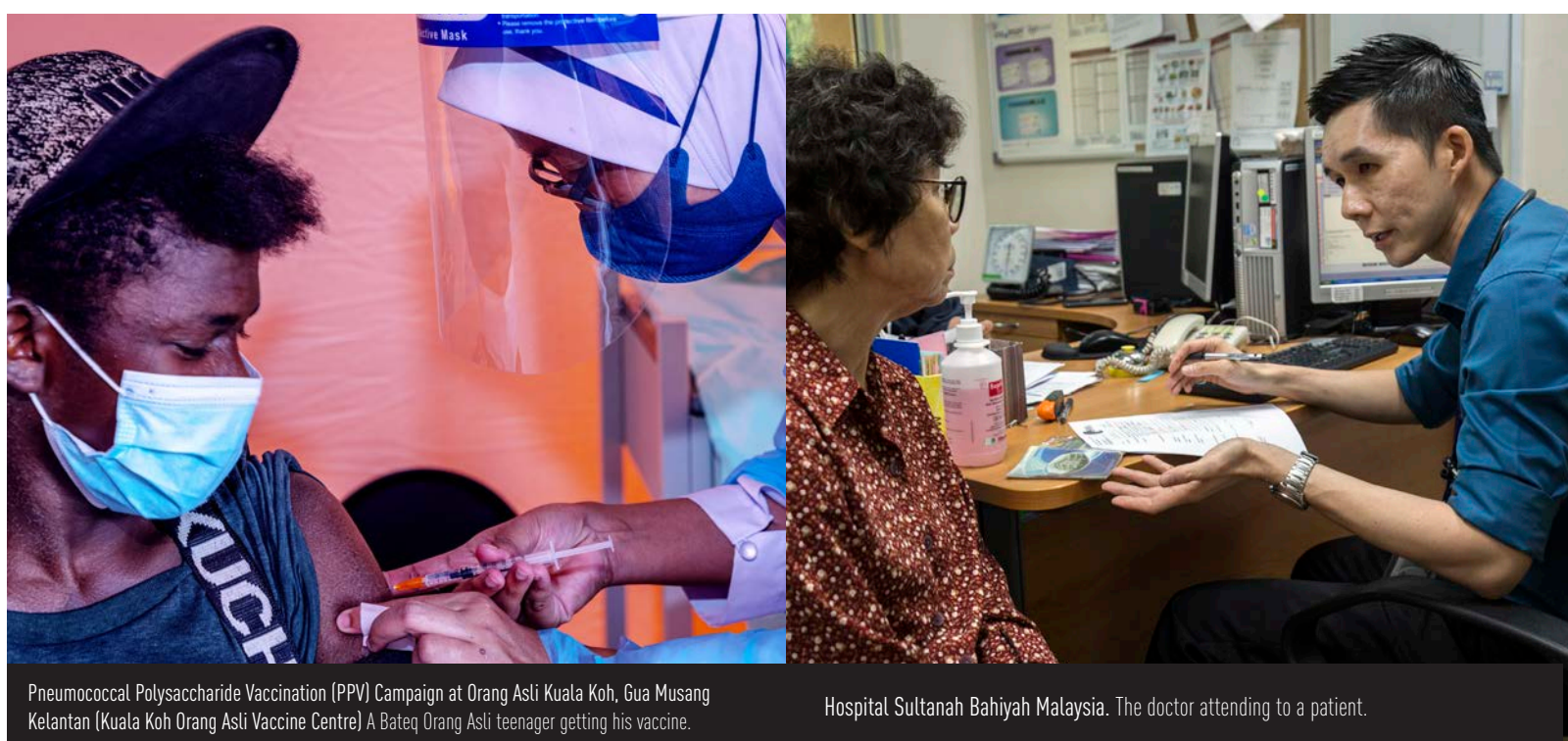
# I. Introduction

The country cooperation strategy (CCS) is a strategic document that guides the work of the World Health Organization (WHO) with a Member State, aligned with the country's level of development and in response to its high-priority health challenges. The country-led strategy defines a high-level, medium-term vision for cooperation, in line with a country's national and health policies, as well as WHO and United Nations guiding documents. The new *Malaysia–WHO Country Cooperation Strategy 2024–2028* identifies those areas where WHO offers comparative value, and on which the Organization and the Government of Malaysia agree to focus collaborative efforts for improved health for all.

The CCS process was undertaken by a team of consultants and WHO staff in the WHO country office in Malaysia, working cooperatively and in consultation with the Ministry of Health of Malaysia. Input and support were provided throughout the process by colleagues at the WHO Regional Office for the Western Pacific. The team undertook the development of the CCS in three phases:

- assessment of past CCS accomplishments
- consultations on challenges, opportunities and priorities for the next five years
- development of the new CCS strategic vision.

A list of individuals who participated in the consultation can be found in Annex 1 and a list of background materials and technical sources consulted can be found in Annex 2.



Pneumococcal Polysaccharide Vaccination (PPV) Campaign at Orang Asli Kuala Koh, Gua Musang Ketantan (Kuala Koh Orang Asli Vaccine Centre) A Bateq Orang Asli teenager getting his vaccine.

Hospital Sultanah Bahiyah Malaysia. The doctor attending to a patient.



Pneumococcal Polysaccharide Vaccination (PPV) Campaign at Orang Asli Kuala Koh, Gua Musang Kelantan  
An Orang Asli mother waiting for vaccination during the Pneumococcal Polysaccharide Vaccination (PPV) Campaign at the Kuala Koh Orang Asli Vaccine Centre.

## II. Frameworks guiding the development of the CCS

The development of the *Malaysia–WHO Country Cooperation Strategy 2024–2028* was informed and guided by global and national strategies and frameworks. The goal was to leverage international and national commitments, translate those into the local context and agreed priorities, and ensure the new joint strategy and subsequent interventions accelerate national improvement and contribute to global outcomes. At the global level, the basis for the joint cooperative relationship between United Nations agencies and the Government of Malaysia are the United Nations Sustainable Development Goals (SDGs). For WHO, particular attention is focused on *SDG 3: Ensure healthy lives and promote well-being for all at all ages*.

The *2030 Agenda for Sustainable Development* sees SDG 3 as both a contributor to – and beneficiary of – sustainable development. As such, WHO works to support health-related interventions that link to all other SDG targets – for example, poverty reduction, education, nutrition, gender equality, clean water and sanitation, affordable and clean energy, and safer cities (Fig. 1).

Also on a global scale, WHO’s *Thirteenth General Programme of Work* (GPW 13) provides WHO Member States and WHO country offices with a vision for contributing to SDG 3. GPW 13, which covers 2019 to 2023, is focused on the Triple Billions targets:

- 1 billion more people benefiting from universal health coverage (UHC)
- 1 billion more people protected from health emergencies
- 1 billion more people enjoying better health and well-being.

The *Fourteenth General Programme of Work* (GPW 14), which covers 2025 to 2028, will further concentrate efforts to speed up progress towards the 2030 SDG targets, recognizing that COVID-19 slowed – and in some cases reversed – progress in achieving agreed targets. GPW 14 was adopted in May 2024 by the Seventy-seventh World Health Assembly. GPW 14 will mobilize attention on efforts to “promote, provide and protect health”.

Those goals will be facilitated through efforts to partner for health across sectors and with the private sector and nongovernmental organizations (NGOs), to power health through better use of data and innovation, and to increase attention to questions of equity in both access to services and attainment of health outcomes. In addition to GPW 13 and GPW 14, the Western Pacific regional vision statement,

Fig. 1. SDG 3 contributions to the 2030 Agenda

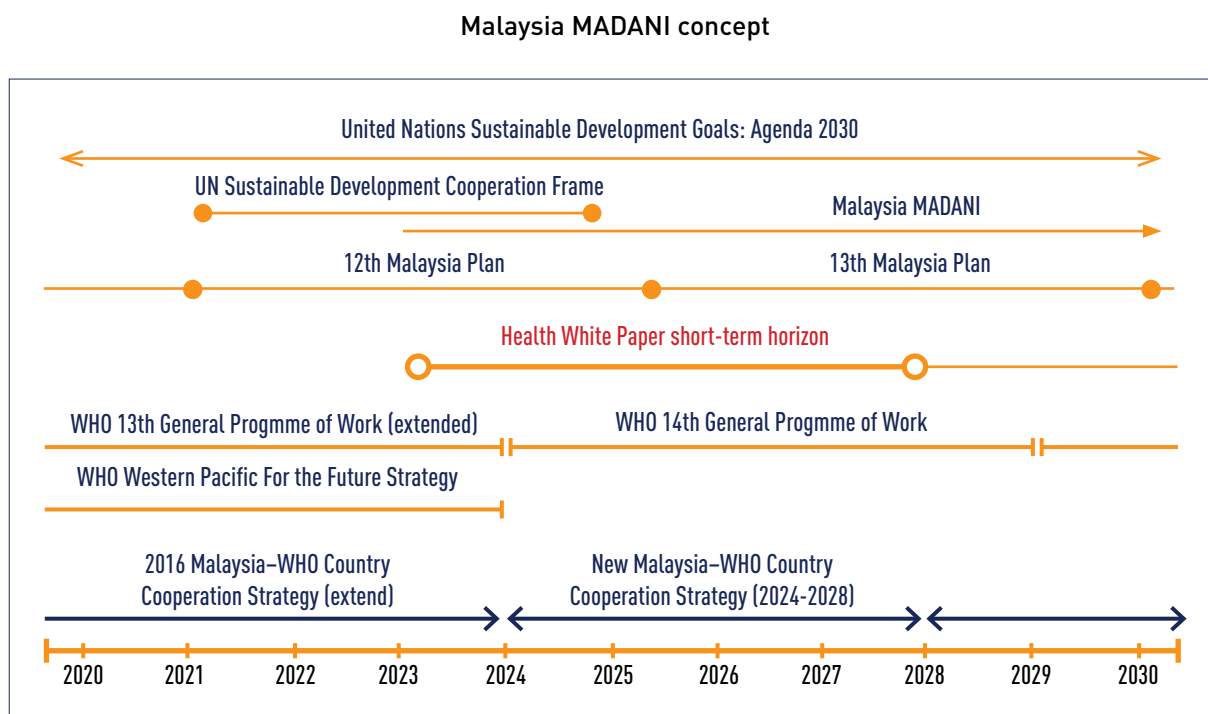


*For the Future: Towards the Healthiest and Safest Region*<sup>1</sup> translates global targets into regional priorities as agreed by Member States in the WHO Western Pacific Region.

At the country level, United Nations agencies are guided by the *United Nations Sustainable Development Cooperation Framework* (UNSDCF), with the latest iteration for Malaysia 2021-2025<sup>2</sup> organizing collective effort around “people, planet, and prosperity”, and draws linkages to the SDGs. In keeping with the United Nations objective of “delivering as one” to support implementation of the UNSDCF, WHO in Malaysia seeks to collaborate with other United Nations agencies on health-related interventions. This includes agencies with a physical presence in Malaysia, such as the United Nations Children’s Fund (UNICEF) and the United Nations Development Programme (UNDP), as well as those operating from regional bases, such as the United Nations Environment Programme (UNEP) and the United Nations Human Settlements Programme (UN-Habitat), to name a few.

WHO’s in-country contributions in Malaysia are further guided by government strategy, most notably set forward in the *Twelfth Malaysia Plan 2021-2025*,<sup>3</sup> which aims to achieve a prosperous, inclusive and sustainable Malaysia. The Government’s vision in implementing the Plan is best expressed in the *Malaysia MADANI* concept,<sup>4</sup> which aims to expand the benefits of economic growth to all in Malaysia. The *MADANI* concept incorporates a commitment towards compassionate equity for the vulnerable and disadvantaged, leveraging innovation, and ensuring sustainable and balanced development. Within the health sector, the *Health White Paper for Malaysia*<sup>5</sup> provides the clearest road map for medium- and longer-term priorities (see section IV).

**Fig. 2. Guiding global and national frameworks**



<sup>1</sup> <https://www.who.int/publications/i/item/WPR-2020-RDO-001>

<sup>2</sup> <https://unsdg.un.org/resources/un-sustainable-development-cooperation-framework-malaysia-2021-2025>

<sup>3</sup> <https://rmke12.ekonomi.gov.my/en>

<sup>4</sup> <https://malysiamadani.gov.my/>

<sup>5</sup> <https://moh.gov.my/>

### III. A strong foundation: WHO–Malaysia partnership (2016–2023)

WHO and the Ministry of Health of Malaysia signed the *Basic Agreement for Collaboration* in 1960. The Agreement was updated in 1963 and a WHO Representative Office was opened in Kuala Lumpur to support the Government as it expanded the health system and improved health outcomes. In the early years, WHO technical assistance was provided in addressing immunization, communicable diseases, maternal and child health, sanitation and primary health-care development. As Malaysia’s health system matured, the partnership has strengthened and expanded, including not only collaboration to benefit the domestic population but increasingly cooperation from Malaysian experts for the benefit of regional and global health.

The previous CCS, the *Malaysia–WHO Country Cooperation Strategy 2016–2020*, was adopted during the period of the *Eleventh Malaysia Plan 2016–2020* and aligned with the goals of the Plan by accelerating UHC in underserved areas, increasing the capacity of public health-care facilities and personnel, and promoting community engagement to ensure shared responsibility for health. Due to the COVID-19 pandemic, the CCS in 2020 was initially extended, with an eventual agreement for it to remain in force through 2023.

In the 2016–2020 Malaysia–WHO CCS, WHO and the Ministry of Health agreed to work across four strategic priorities (Table 1), reflective of budget and staffing constraints and Malaysia’s needs at the time. The overarching focus was on improving well-being for all. Priority was given to building the evidence base for policy action, demonstrating the potential impact of reforms and innovations for wider replication across the health system, and facilitating multisectoral and multi-stakeholder partnerships.

In an all-staff discussion with the WHO country office while developing the 2024–2028 CCS, key activities and highlights from the 2016–2023 period were identified and subsequently shared and discussed with counterparts from Ministry of Health. (See Annex 3 for a more detailed summary.)



Research and development at National Public Health Laboratory.

Laboratory technologists extract mycotoxin from food samples using autoimmunity columns at the Mycotoxin Laboratory.

The National Public Health Laboratory (MKAK) is an organization under the Disease Control Division, Department of Public Health, Ministry of Health Malaysia that has been built to provide support services to outbreak investigations and surveillance activities.

**Table 1. Strategic Priorities in the 2016-2023 Malaysia-WHO CCS**

<b>Strategic Priority 1</b>	Facilitate multisectoral collaboration and support coordination for health.
<b>Strategic Priority 2</b>	Strengthen policies and capacities to build a more resilient sustainable and responsive health system that moves even further towards universal health coverage.
<b>Strategic Priority 3</b>	Strengthen policies and capacities for assessing, preventing, managing, mitigating and monitoring health risks and chronic conditions.
<b>Strategic Priority 4</b>	Facilitate the use of Malaysian expertise and sharing of experiences in regional or global settings and events and to provide expert advice to other countries.

Under the previous CCS, WHO supported a range of activities in support of Strategic Priority 1 that better positioned health officials to engage other ministries and sectors in health-related interventions and facilitated coordination of global health initiatives. Examples of coordination include supporting the Ministry of Health on: facilitating multisectoral collaboration with UNEP, the Food and Agricultural Organization of the United Nations (FAO) and the World Organisation for Animal Health (WOAH), and supporting the Ministry of Health in providing health leadership to national discussions on antimicrobial resistance (AMR); integrated global surveillance on extended-spectrum  $\beta$ -lactamase-producing *Escherichia coli* using a One Health approach; consultations with academia and stakeholders on national salt-reduction strategies; working closely with the Global Polio Eradication Initiative partners including UNICEF in-country to respond to a vaccine-derived poliovirus (VDPV) outbreak; supporting the Ministry of Health's inter-ministerial collaboration with the Ministry of Women, Family and Community Development and the Economic Policy Unit under the Office of the Prime Minister to promote healthy ageing policies; and supporting the COVID-19 pandemic response.

WHO supported activities under Strategic Priority 2 that enabled the Ministry to reposition the health system to more effectively address the increasing challenges of noncommunicable diseases (NCDs) and ageing, including building capacity for integrating innovation and prioritizing key interventions in the *Twelfth Malaysia Plan 2021-2025*. Examples include leveraging WHO's convening function to bring together multisectoral stakeholders to review an equity analysis of progress towards UHC and progress in migration to national health accounts, providing support in horizon scanning for health technology forecasting, and conducting a situation analysis on the scaling up of multisectoral action to address NCDs as an input to the development of the *Twelfth Malaysia Plan 2021-2025*.

Under Strategic Priority 3, WHO supported the Ministry in strengthening its internal capacities for policy formulation and planning by assisting in behavioural insight interventions as a means to integrate the behavioural sciences in public health planning and policies; undertaking research on the direct and indirect health-care costs of NCDs to inform policy recommendations; supporting the development of the *Traditional and Complementary Medicine Blueprint 2018-2027* to facilitate the regulation, integration and economic development of the traditional and complementary medicine industry; conducting a mid-term evaluation of the national salt-reduction strategy; and providing further support on and evidence in using behaviour change for implementing health policies, including COVID-19 vaccine uptake.

In support of Strategic Priority 4, WHO facilitated increased engagement by Malaysian health experts and officials in sharing lessons learned and contributing to health for all at a regional and global level. WHO continued to support the work and active engagement of the five WHO collaborating centres based in Malaysia, and it supported knowledge sharing by Malaysian experts in regional and global forums — including notable contributions in the areas of mobile cataract surgery, mental health (*Mentari Malaysia*)



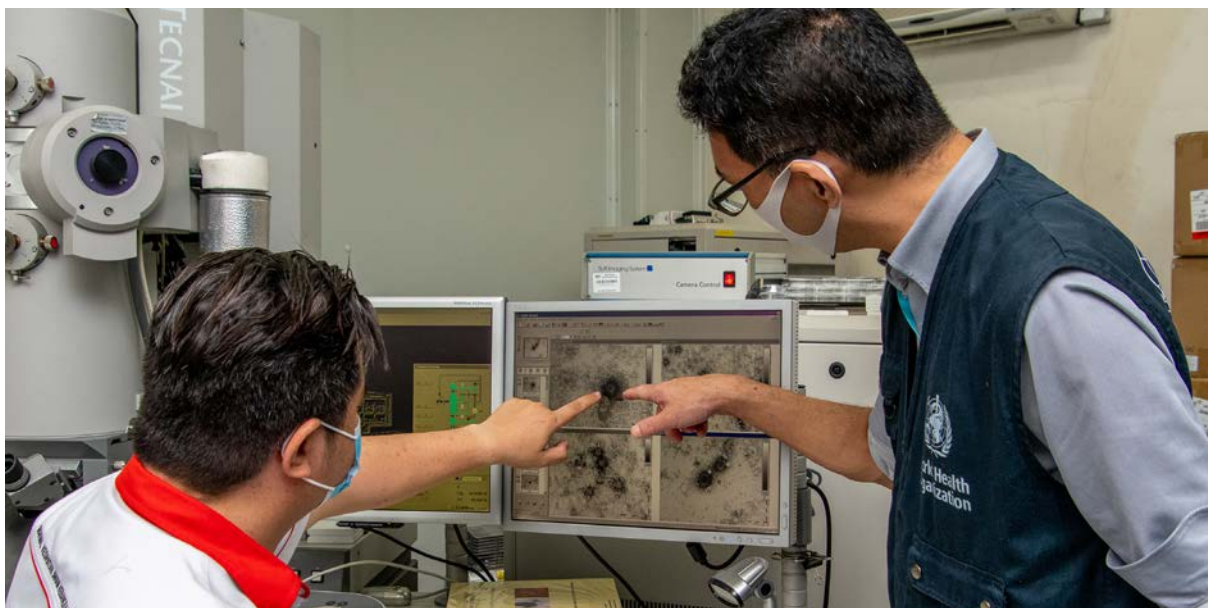
and other areas. More recently, the Ministry of Health made a significant contribution by exerting global health leadership in the development and eventual endorsement by WHO Member States of a World Health Assembly resolution on behavioural sciences for better health.

In 2020, Malaysia, along with the rest of the world, was engulfed by the COVID-19 pandemic. Joint efforts on COVID-19 benefitted from Malaysia's participation in late 2019 in a Joint External Evaluation of its International Health Regulations (2005) core capacities, which had identified the most critical gaps in human and animal health systems in preventing and responding to outbreaks. This collective exercise and the identification of priority steps for enhancing preparedness and response proved timely, given the events of early 2020, and played a crucial role in Malaysia's initial response to the pandemic.

Close cooperation between WHO and the Ministry of Health continued throughout the pandemic. For example, WHO supplied COVID-19 test kits before they became commercially available and provided testing protocols for diagnosis during March 2020. In addition, Malaysia was invited to join WHO's solidarity treatment study, becoming the first country in Asia to enrol patients and contribute to an international effort to test treatments for COVID-19. WHO also supported the use of mathematical models to project future scenarios of virus transmission, and the Organization supported government efforts to promote trusted sources of information through frequent development of informational, educational and communication materials.

COVID-19 response efforts also coincided with a VDPV outbreak that was confirmed in December 2019. It was the country's first outbreak since being declared polio-free in 1992. WHO supported the outbreak response with a donation of 2.5 million doses of polio vaccine and support through the Global Outbreak Response Task Team for conducting supplementary immunization campaigns. WHO worked collaboratively with the Ministry of Health, UNICEF and other partners to control the outbreak through enhanced surveillance, case detection, contact tracing, risk communication and immunization.

Although the previous CCS was extended far past its original time frame, effective implementation of priority initiatives and collaborative working relationships throughout the pandemic have reinforced a strong partnership, positioning WHO as trusted adviser to the Government in its next phase of development.



National Public Health Laboratory (NPHL)

Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) in an electro microscopic image at National Public Health Laboratory (NPHL).



Pneumococcal Polysaccharide Vaccination (PPV) Campaign at Orang Asli Kg Guntur Kuala Pilah. WHO worker interacts with the vaccine recipients.



Klinik Kesihatan Seremban Malaysia. Doctor examining a patient for sore throat.

## IV. The current context for health & well-being in Malaysia

Emerging from the pandemic years, Malaysia finds itself at a crossroads. Following independence, decades of investment in social and infrastructure development transformed the Malaysian economy and its society. The country expanded federal and state public health institutions and built a public health workforce that targeted vaccine-preventable diseases (VPDs) and vector-borne outbreaks, significantly improved maternal and child health, and provided the population with a broad range of basic health services. Malaysia's health outcomes improved markedly as it grew into an upper-middle income country. Life expectancy steadily increased<sup>6</sup> as mortality rates declined,<sup>7</sup> and the population, freed from the cycle of disease and poverty, turned its considerable productivity to building the country into an Asian tiger with a growing economy.

Malaysia has now set its sights on transitioning to a high-income country by 2028, a feat only 33 countries have achieved over the past 30 years.<sup>8</sup> The Government recognizes that although it has built an advanced health system, more recent health outcomes have not kept pace with the country's development, and COVID-19 exposed worrisome cracks in its public health foundation. Some health indicators have plateaued after decades of progress, some have experienced unexpected increases, and others, like NCDs, have continued their unabated rise. An imbalance between the delivery of public and private health-care services and a long-standing underinvestment in health have combined to put enormous pressures on public health service delivery and efforts to improve health outcomes. Individuals' out-of-pocket expenditures have steadily increased, borne predominantly by the middle 40% and top 20% income groups<sup>9</sup> pushing even more of the population towards subsidized public health services and further exacerbating the strain on service delivery.

Fundamentally, the health system and public health services that contributed to Malaysia's national development in the past are insufficient to address current and future health challenges without significant reforms, expanded investment and innovation.

Looking ahead, the Government is faced with the following challenges:

### *An ageing, urbanized population beset with multiple chronic diseases*

Like many others in the Western Pacific Region, the country faces the triple burden of malnutrition: undernourishment, micronutrient deficiency, and overweight and obesity.<sup>10</sup> Even as childhood rates of stunting and wasting are on the increase, rates of obesity have been also steadily increasing.<sup>11</sup> The Malaysian population is increasingly burdened with NCDs – it is now the leading cause of death and represents the greatest disease burden.<sup>12</sup> The population is both rapidly ageing<sup>13</sup> and predominantly urbanized,<sup>14</sup> features common among many upper-middle-income and high-income countries.

<sup>6</sup> Statistics of life expectancy Malaysia (2022). Ministry of Economy, Department of Statistics Malaysia (DOSM). (<https://open.dosm.gov.my/dashboard/life-expectancy>)

<sup>7</sup> Child and infant mortality rates, Malaysia, 1970–2020. Ministry of Economy, Department of Statistics Malaysia (DOSM).

<sup>8</sup> Aiming high: navigating the next stage of Malaysia's development (March 2021). The World Bank.

<sup>9</sup> In Malaysia the population is categorized into three different income groups: Top 20% (T20), Middle 40% (M40), and Bottom 40% (B40), based on the Department of Statistics of Malaysia's (DOSM) Household Income and Basic Amenities (HIS/BA) survey.

<sup>10</sup> On the road to inclusion? Child wellbeing trends in Malaysia. Khazanah Research Institute, 2022.

<sup>11</sup> UN Sustainable Development Report Dashboard, Malaysia (<https://dashboards.sdgindex.org/profiles/malaysia/indicators>)

<sup>12</sup> NCDs are the leading cause of death and disease burden in Malaysia. Statistics on Causes of Death, Malaysia (2021). Ministry of Economy, Department of Statistics Malaysia (DOSM).

<sup>13</sup> Nik Norliati F, Suriati G (2021). Malaysia towards an aging society. Malaysia Journal of Society and Space.

<sup>14</sup> Key findings of population and housing census of Malaysia 2020: urban and rural. Ministry of Economy, Department of Statistics Malaysia (DOSM).

Effectively preventing and treating the high burden of chronic diseases requires more attention to addressing the root causes and determinants of health, while also facilitating the provision of integrated health services at the community level throughout the life-course – from birth through adolescence to ageing populations, including ambulatory, rehabilitative and palliative care. More attention to population-level prevention, earlier diagnosis, better adherence rates and expanded social services requires a shift in focus from what is now largely a hospital-centric, acute care system, toward a preventive and promotive health system with strong primary health care.

The population, accustomed to affordable and low- or no-cost public health services, has high expectations for quality of care, putting even more pressure on an already fiscally under-resourced system. Overcrowded public health facilities have pushed more people towards private health-care service providers, with corresponding out-of-pocket payments. While out-of-pocket payments are largely borne by upper-income groups, more and more of these expenses are borne by lower-income and vulnerable groups that must choose between access to acceptable health care and undue financial burden. Along with attention to health financing equity that preserves the affordability of health-care services for lower-income and vulnerable households, there is also need for a new social contract that is built on population awareness and responsibility for individual health. Increased use of strategic communications, health education and behavioural sciences will strengthen the buy-in from all stakeholders and support health-promoting environments that shape health outcomes.

In parallel and as the health system struggles to serve an ageing population with multiple chronic diseases, Malaysia also faces increased health burdens due to climate change. Continued reliance on fossil fuels, high rates of deforestation and urbanization, and the resulting air pollution have health-related impacts on food security, increasing zoonotic disease, and the resurgence of vector-borne diseases, among other threats. Emboldened public health leadership across the Government is needed as it grapples with the health effects of climate change.

Transforming the health system to meet these rapidly escalating challenges will require a whole-of-government and whole-of-society approach to ensure the population lives not only long lives, but healthy and productive lives. Health officials will benefit from examples from other high- and upper-middle-income countries as Malaysia works to adapt its health system to the needs of the population at its current stage of development. As it does so, Malaysia will continue to play a strong role sharing the lessons it has learned with other countries in the Region facing similar challenges.

***An overstretched health system and public health workforce, under-resourced to maintain previously achieved gains in communicable diseases and maternal and child health***

The persistent plateau in health outcomes, such as the maternal mortality ratio (MMR) and the incidence of VPDs, after decades of steady decline is a concern and indicates more systemic challenges. A closer look at the data behind the pertussis outbreak in the first half of 2023, for example, suggests a geographic and possibly a population-segmented gap in what is otherwise a high level of national childhood immunization coverage. A stubborn rate of national tuberculosis (TB) incidence, even as national TB mortality declined, is in part due to lower levels of disease detection and treatment in several states. Paired with an uptick in HIV infection rates among key populations, the public health system is struggling to maintain previously hard-won gains. Attention is needed to address disparities in both rates of access to essential health services and the achievement of health outcomes between men and women and among identified vulnerable groups, including people with disabilities.

It will take quick and targeted action, using timely and disaggregated data and coordinated disease surveillance systems, to target health resources that serve vulnerable populations and prevent the cracks from becoming permanent. Long-awaited action on human resources for health, including a national planning process and mechanisms to ensure capacity, reduce overwork and improve compensation, are necessary to stop the drain of health-care workers out of the system. Malaysia is at a critical juncture at which it must increase investment in primary health care and public health

personnel and systems, redirect resources and the workforce to the community level, and increase digitalization and improve data-driven surveillance systems in order to ensure its population is better protected in the future.

### **Pockets of the population with limited access to essential health services**

Finally, the Government is faced with the challenge of ensuring all parts of the country are brought to the same standard of health and well-being. As with many countries at a similar stage of development, there are pockets of the population with consistently lower health outcomes. Even as Malaysia strives to attain high-income status, it will be critical for the Government to avoid calcification into a two-tiered system in which some populations are permanently underserved. In recognition of this challenge, the Government's vision of *Malaysia MADANI* articulates a policy of care and compassion to guide equitable development and to reach the disadvantaged. In line with this vision, public health officials will need to mobilize the considerable expertise already available within the Malaysian health system to work across all states and localities, ensuring quality health services are extended and increased in areas of need.

Officials will need to address each of these challenges if they are to effectively build a resilient and sustainable health system capable of providing for the health and well-being of all people in Malaysia during its next stage of development. It is in this context, and with an awareness of the urgency of the tasks before it, that the Government developed the *Health White Paper for Malaysia* (HWP)<sup>15</sup> approved by Parliament in June 2023. The HWP lays out a vision for transforming the public health system through the work of four pillars of reform (Table 2). The HWP lays out expected markers for achievement in five-year increments, with a goal of ensuring that Malaysia's health system can sustainably provide quality services and achieve improved health outcomes for all people in Malaysia.

**Table 2. Health White Paper pillars of reform**

<b>Pillar 1. Transforming health service delivery</b>	<b>Pillar 2. Advancing health promotion and disease prevention</b>	<b>Pillar 3. Ensuring sustainable and equitable health financing</b>	<b>Pillar 4. Strengthening the health system's foundations &amp; governance</b>
Prioritizing primary health care	Strengthening public health functions	Increasing investments for health	Restructuring the role of Ministry of Health
Optimizing hospital care services	Improving intersectoral coordination and collaboration for health	Ensuring populations receive comprehensive services that are affordable	Strengthening policies, legislation, and regulations
Increasing effective public-private partnerships	Incentivizing pro-health practices and behaviours	Ensuring effective and efficient health-care spending	Fortifying the health workforce
Harnessing digital technologies			Stimulating research, innovation, and evidence-based approaches
Ensuring equity in health-care delivery			

The HWP is a broad, high-level statement of the Government's commitment and intent; the sequencing and relative priorities of the various proposed measures are still to be determined by the Government and will naturally be influenced throughout the 15-year period by a dynamic political and economic context. As such, through the new CCS, WHO must be able to flexibly support the reform process as it unfolds.

<sup>15</sup> Health white paper for Malaysia: strengthening people's health, future proofing the nation's health system (June 2023). Ministry of Health, Malaysia.



Pneumococcal Polysaccharide Vaccination (PPV) Campaign at Orang Asli Kuala Koh, Gua Musang Kelantan (Kuala Koh Orang Asli Vaccine Centre)

## V. CCS 2024–2028: strategic priorities and strategic deliverables

The Ministry of Health and WHO have agreed on three strategic priorities for the *Malaysia-WHO Country Cooperation Strategy 2024–2028* (Table 3). The strategic priorities respond to the current challenges outlined earlier, recognize the considerable capacity in the country and reflect the Government’s broad vision for health reforms. The focus areas also leverage WHO’s role as the global authority on health and as a trusted adviser to the Government.

**Strategic Priority 1 Supporting implementation of the health reform agenda to improve health and well-being for all.** This strategic priority addresses changes needed within the health sector, and the need for an emphasis on preventive primary care services to achieve UHC. It targets reforms within and between the various layers of the health system and an increase in the allocation of funds and distribution of health resources to the primary care and community level, which will enable the population – especially the disadvantaged and vulnerable – to affordably access high-quality, essential health services throughout the country.

**Strategic Priority 2 Mobilizing a whole-of-government and multi-stakeholder approach to address health beyond the health sector.** This strategic priority addresses health challenges and risk factors that lie beyond the health sector, and which depend on strong leadership and advocacy by the Ministry of Health with other ministries, the private sector, academia, and community groups to address the social and commercial determinants of health, collectively respond to health emergencies, and promote the overall well-being of the population at all stages of life.

**Strategic Priority 3 Working together to promote regional and global health.** This strategic priority leverages Malaysia’s strong and expanding leadership in regional and global health, and ensures the lessons learned by and capabilities in Malaysia are shared for the benefit of other countries facing similar challenges.

Within each strategic priority, Malaysia and WHO have identified strategic deliverables to guide the identification of joint activities and interventions.

**Table 3. Malaysia-WHO CCS (2024–2028) strategic priorities and strategic deliverables**

**Strategic Priority 1. Supporting implementation of the health reform agenda to improve health and well-being for all**

**Strategic Deliverable 1.1.** A sustainably financed expansion of primary health-care services provided by both public and private sectors

**Strategic Deliverable 1.2.** A fortified public sector health-care system

**Strategic Priority 2. Mobilizing a whole-of-government and multi-stakeholder approach to address health beyond the health sector**

**Strategic Deliverable 2.1.** Expanded multisectoral and whole-of-society cooperation on health and well-being

**Strategic Deliverable 2.2.** Accelerated implementation of healthy ageing strategies

**Strategic Priority 3. Working together to promote regional and global health**

**Strategic Deliverable 3.1.** Continued and expanded leadership in regional and global health initiatives

## **Strategic Priority 1** Supporting implementation of the health reform agenda to improve health and well-being for all

The goal of Strategic Priority 1 is to support the Government in achieving UHC. It reflects the enormity of the health reform vision of the Government of Malaysia as presented in the HWP. As the sequence and pace of reform initiatives will be adjusted over time, it is important for WHO to support reform opportunities in line with its commitment to affordable, equitable health for all, and as articulated in GPW 14. Critical reforms to be undertaken in Malaysia are those within and between the various layers of the health system to optimize service delivery, and those that will increase total funds and reallocate existing health funds and resources to the primary care and community level. Careful attention will be needed to ensure health system reforms address disparities in accessing essential health services by various demographics, including between men and women, people with disabilities, and other vulnerable groups identified in the HWP.

Within Strategic Priority 1, the Ministry of Health and WHO have identified two strategic deliverables:

- *Strategic Deliverable 1.1. A sustainably financed expansion of primary health-care services provided by both public and private sectors.*

This corresponds to HWP Pillars 1 and 3 and GPW 14: provide health.

The objective is to ensure current and future allocations of funding for health reflect a necessary shift in focus – from hospital-centric services to providing more cost-effective, affordable and accessible health promotion, prevention, and disease detection and treatment at the community and primary care levels. Timely and actionable budgetary analysis will be necessary to ensure funds and resources flow to priority services and to optimize hospital services in ways that decongest currently overburdened facilities. Increased use of timely, actionable and disaggregated data will enable officials to identify and address disparities in access to health services, which can limit health-seeking behaviours.

Doing so will require health officials to effectively advocate for increased budget and allocations that support the vision put forward in the HWP. As the impact of health reforms proposed in the HWP will be measured over the medium and long term, sustaining attention and support for reform measures over that time frame will require the creation of a compelling investment case and continued evidenced-based advocacy for various stakeholders in the health system. It will also require buy-in by all stakeholders to a new social contract that features clear benefit packages, progressive contributory models to alleviate financial barriers faced by lower-income groups (particularly the lowest-income quintile), and a reliance on community health services as first point of entry into the health system.

Health officials will need to cultivate and sustain public support through continued use of behaviourally informed, strategic health communications.

### ***The fiscal environment for health***

Despite the constrained fiscal environment resulting from the COVID-19 epidemic and significant demands of debt servicing, the proposed fiscal year 2024 health budget reflects the Government's commitment to the HWP. The proposal includes allocations to rehabilitate and expand public health facilities; outsourcing from overcrowded public hospitals to private, university and military hospitals; and modest increases to both medical and public health expenditures, including family health, disease control and health education. The proposed increase in the sugary-beverages tax builds on efforts to address disease risk factors and sets an important precedent by earmarking the additional revenue towards support for treatments such as renal dialysis. Going forward, more will need to be done to reduce inefficiencies and leakage in health budgets and address the ongoing crisis in human resource for health. Additionally, increases in the share of budget allocated to primary and preventive care in future budgets can create long-term cost-savings, creating more space for public funds to be used to ensure the vulnerable and disadvantaged have access to affordable health services.



- *Strategic Deliverable 1.2. A fortified public sector health-care system.*

This corresponds to HWP Pillars 2 and 4 and GPW 14: Protect health.

The objective is to support the Ministry of Health as it adapts to new roles and functions required to respond to current and future health challenges. The Ministry recognizes the need to transition away from service delivery and payment towards governance and oversight. Doing so requires adoption of new cooperative models for partnership that clarify the relationship and roles between public and private service providers to ensure continuity of care and to balance resource utilization, while ensuring continued broad access to care for all population groups, including the disadvantaged. It also requires updating the legislative and regulatory framework for health governance, such as better regulation around digitalization and electronic health records, including data security and ownership. At the same time, the Ministry of Health needs to reinforce existing capacity for health-care delivery, including investing in the workforce at the primary and community levels. This requires long-term health workforce planning that optimizes the use of both allied health professionals and non-medical specialists to expand the reach and range of services provided across the country. Finally, and in the wake of COVID-19 and the 2019 polio outbreak, the Ministry needs to shore up critical public health functions in surveillance, laboratory capacity and response to ensure future resilience against disease, threats and vulnerabilities.

## **Strategic Priority 2 Mobilizing a whole-of-government and multi-stakeholder approach to address health beyond the health sector**

The goal of this strategic priority is to contribute towards the vision of the *2030 Agenda for Sustainable Development* in which the 17 SDGs, and progress towards them, are interrelated and interdependent. Critical to achieving this vision in Malaysia is an emboldened and effective Ministry of Health as the leading advocate for health across policy agendas, across ministries, and with multiple stakeholders in the private sector, academia and the community.

Within this focus area, there are two strategic deliverables, both of which correspond to HWP Pillar 2 and GPW 14: promote health.

- *Strategic Deliverable 2.1. Expanded multisectoral and whole-of-society cooperation on health and well-being*

This strategic deliverable reflects the urgent need for a paradigm shift towards promoting health and well-being and preventing disease by addressing its root causes, which often lie well beyond the health sector. The strategic deliverable draws upon WHO's ability to convene partners both in and out of government, across the United Nations system and in the community, and builds on recent and ongoing cooperation in areas of NCD-related risk reduction and One Health, and responses to disease outbreaks and health emergencies. Further efforts will be needed to limit the availability and marketing of unhealthy products and accelerate adoption of behaviourally informed health education and strategic communication. The interconnectedness of human and planetary health requires addressing not only immediate extreme weather events and health emergencies, but also the promotion of a faster transition to clean air and renewable energy policies to reduce future health risks of climate change and mitigate effects on the most vulnerable.

- *Strategic Deliverable 2.2. Accelerated implementation of healthy ageing strategies*

Malaysia is expected to rapidly transition from an ageing to an aged society in the next decade, and the number of people needing to manage multiple chronic diseases and facing functional limitations is expected to outpace the ability of both public and private health service providers to respond. Mending the gaps in the social protection framework requires people-centred service delivery, expanded

social protection systems and a life-course approach to healthy ageing – from birth to adolescence to rehabilitation and palliative care. This includes involving more cities in the WHO global network of Age-Friendly Cities and Communities and advocating for health-in-all policies at all levels of government to better link government investments and services in education, health, social services, mental health, oral health, and city planning and transportation.

### **Strategic Priority 3** Working together to promote regional and global health

Strategic Priority 3 includes one strategic deliverable.

- *Strategic Deliverable 3.1. Continued and expanded leadership in regional and global health initiatives*

In a globalized world, viruses, pathogens and pollution easily move across borders. Natural disasters and conflict have transnational impact. Regulations on medicines, unhealthy products and the movement of illicit drugs benefit from cross-border harmonization. International cooperation is the backbone of a globalized response to shared health challenges.

The ability of WHO to convene partners and facilitate collaboration among its Member States is one of its strengths. As the leading global health agency and the secretariat of many international health treaties, WHO has played a critical role in enhancing global health security and responding to transnational health threats, and linking Malaysia to the global health community in times of crisis.

Malaysia recently demonstrated its increasingly active role in global health leadership by leading and developing a global resolution on behavioural sciences for better health, which led to the successful endorsement by WHO Member States at the Seventy-sixth World Health Assembly in May 2023. Strategic Priority 3 targets the need for Malaysia to continue and further expand this role as a health leader in the Western Pacific Region and globally, within various WHO platforms as well as in the Association of Southeast Asian Nations and other multinational forums. Malaysia's leadership in health is supported by the ongoing work of the five WHO collaborating centres located in Malaysia, the increasing participation of Malaysian experts in WHO advisory bodies in Geneva and Manila, and partnerships with Malaysian health officials during the pandemic response.

Prime Minister Anwar Ibrahim at the United Nations General Assembly in September 2023 emphasized Malaysia's commitment to active leadership in multilateral forums when he stated:

**“Malaysia’s commitment to the UN and the multilateral system is borne out of the strong conviction that all countries, no matter how big or small, rich or poor, strong or weak, have a common responsibility towards creating a better world for tomorrow.”**

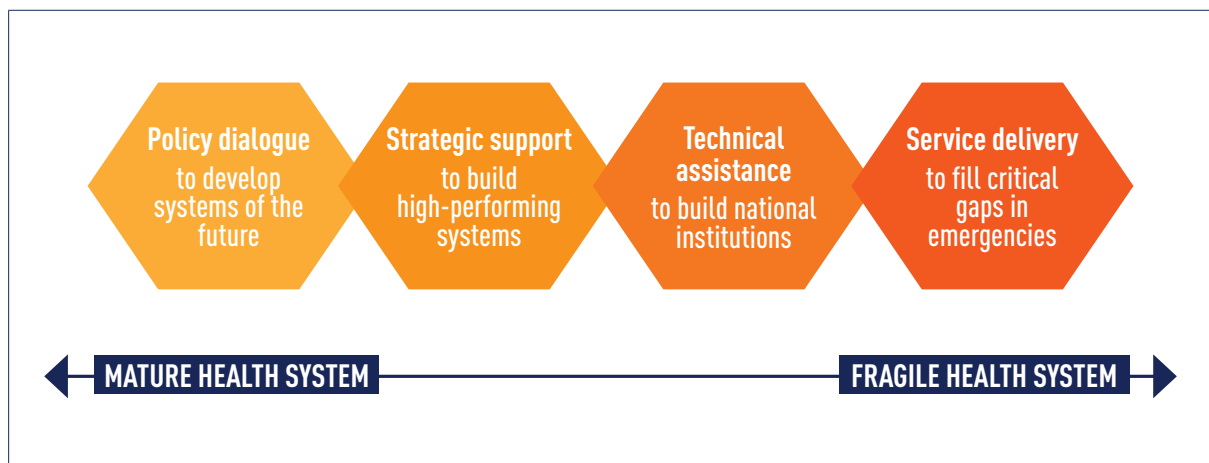
## VI. How WHO will deliver key support

According to the HWP, the Government plans to focus the first five years of the reform effort on the “foundational building blocks”, including efforts to advance specific legislative actions and carry forward existing initiatives that build momentum for broader health reforms. The Ministry of Health expects to work through technical working groups for each reform pillar, led by the Ministry and with oversight by government steering committees. The specific, near-term priority actions of each technical working group will inform WHO’s country support for Malaysia, including biennial financial and human resource plans and one-year activity workplans and budgets.

### *Types of support and prioritization*

Malaysia has a developed health system and well-established national public health institutions. On the continuum of health system development (Fig. 3), WHO support in recent years has focused and will continue to focus on fostering policy dialogue, as well as facilitating strategic technical support.

**Fig. 3. Types of WHO assistance to Member States**



The role of WHO during the 2024–2028 CCS time frame will continue to be catalytic, that is, for example, rolling out pilots on a national basis, and supporting efforts that have a demonstration effect and can be replicated or expanded by the Government, efforts that help build support and consensus for reform objectives, and efforts that involve the strategic use of lessons learned from similar national contexts to drive progress.

WHO will provide a range of support for the joint implementation of the 2024–2028 CCS. The Organization will support efforts to pilot new initiatives and replicate mature innovations more widely. WHO will support the Government in developing a compelling narrative for investment in primary health care and a transformative health promotion agenda. By facilitating access to experts from similar national contexts within the Western Pacific Region and elsewhere facing similar challenges, including leaders at the subnational level, WHO will support the Government to consistently champion whole-of-government and whole-of-society responses. Taking lessons from COVID-19 and the recent polio and dengue outbreaks, WHO will support efforts to strengthen multisectoral disease threat and vulnerability surveillance; increase laboratory capacity for pathogen and genomic surveillance; and promote collaborative approaches for risk forecasting, event detection and response monitoring. WHO also will facilitate and support Malaysia’s participation in the Organization’s global platforms — including pandemic hubs in Germany (collaborative surveillance), Switzerland (pathogen sharing), South Africa and the Republic of Korea (training hub in biomanufacturing) and Kenya (health emergencies workforce), as well as at the regional level.

In designing joint activities, WHO Malaysia will be guided by three principles to ensure efficient use of resources and appropriate targeting of support to Malaysia's health reform interventions:



Pneumococcal Polysaccharide Vaccination (PPV) Campaign at the Metro Mall Fraser Business Park, Kuala Lumpur  
Vaccination process

People of the Western Pacific featuring Ismaziah for midwife Ismaziah, a community nurse and midwife, marks down vital information from her observation into the medical packets as is per standard practice. Ismaziah supports mothers and their newborns by conducting home visits throughout the first six weeks of the baby's life.

### **Reliance on data-based strategic insights (relates to GPW 14: WHO functional objective)**

WHO will prioritize those activities (data, digital technology, science and innovation) that contribute to better availability and visibility of health data and promote the timely use of actionable and disaggregated data. Enhancing the use of science, innovation, digital technology, and data analysis (epidemiological and clinical as well as open-source data and behavioural data, etc.) and translating data into actionable evidence will improve Malaysia's health policy responses. Identifying pockets of unvaccinated or under-vaccinated populations at the subdistrict level, for example, will help draw attention to gaps in the system and improve response efforts. WHO will also contribute to efforts that address impediments to better data usage and digital infrastructure, including strengthening grassroots access to data platforms and the interoperability and transportability of digital systems, as well as governance issues around data ownership and data privacy.

### **Expanded cross-sectoral partnerships**

WHO will prioritize efforts that build and expand partnerships. Transformation of the health system goes beyond the scope of the Ministry of Health and requires clarifying the respective roles of the public and private sectors in health services and health facilities investment, service delivery, data ownership and sharing, and health promotion. Partnerships with NGOs, academia and patient groups can help build the case for collaborative reforms, engaging key decision-makers and expanding dialogue with stakeholders and communities. Leveraging partnerships should not be limited to expanding universal access to health services but should also aim at addressing known risk factors jointly with other government agencies and United Nations agencies. The expanded collaborative effort will help unlock additional support and make it possible to reduce the risk factors through a whole-of-society approach to health and health-related national SDG targets.

### **With attention to equity**

A key lesson reinforced by the COVID-19 pandemic was the cardinal importance of balancing science and equity; WHO recognizes these as the twin foundations of GPW 14. In line with *Malaysia MADANI* and the six core values it advances<sup>16</sup> including compassion and given the United Nations' commitment to leave no one behind, there is need to ensure quality health services are accessible and affordable by all in Malaysia. This inclusive vision includes evaluating differences in health service access and health outcomes between men and women and among vulnerable groups defined in the HWP, including people with disabilities. Current imbalances between states and among populations in locations with otherwise high rates of coverage pose risks to Malaysia's health system. WHO will work with the Ministry of Health and state-level departments of health to prioritize activities that seek to identify and address these inequities and ensure the full benefits of health reform are experienced by all.

<sup>16</sup> <https://malaysiamadani.gov.my/pengenalan/>

## VII. CCS implementation: aligning the HWP, GPW 14 and CCS to drive health outcomes

One of the challenges in flexibly supporting interventions that advance health reform objectives – interventions such as pilot projects to test and demonstrate reform potential, fiscal analyses to build the case for tax reforms or innovations adopted to improve data surveillance – is to ensure, as opportunities arise, WHO support to individual reform initiatives is more than an ad-hoc string of activities and instead works as a coordinated whole to drive improved health outcomes for the entire population. The impact on health outcomes can easily get lost unless there is a clear vision of how each of the CCS strategic priorities and strategic deliverables work together to bring about change. It will be important for WHO in Malaysia and the Ministry of Health to monitor and assess impact on measurable health outcomes as individual reform efforts are undertaken (see Section VIII).

The two examples below – on preventing and controlling hypertension, and on reducing VPDs in childhood – demonstrate how the CCS strategic priorities and strategic deliverables correspond to the priorities identified in the HWP and to GPW 14, and how joint implementation of the CCS will help to drive progress against specific health challenges.



### Example 1 Aligning CCS 2024–2028, the HWP and GPW 14 to prevent and control hypertension and cardiovascular disease

Thirty per cent of the Malaysian population is estimated to have uncontrolled hypertension, half of whom are unaware of their condition.<sup>17</sup> Those in lower-income and educational levels are disproportionately affected, having much higher levels with 30.8% prevalence in the bottom-40% income category compared to 22.7% in the top-20% income category.<sup>18</sup> Uncontrolled hypertension results in hospitalization for avoidable complications and deaths from strokes and heart attacks.<sup>19</sup> It is estimated that direct the health-care cost for cardiovascular disease was 3.93 billion Malaysian ringgit (RM) in 2017 while indirect costs, including premature death and disability and loss of productivity from cardiovascular disease, amounted to RM 2.5 billion.<sup>(20,21)</sup>

Management of hypertension and cardiovascular disease requires intervention at two levels. Primary prevention requires action on the risk factors for cardiovascular disease, while secondary prevention requires action to detect and effectively manage hypertension in the community. Interventions at both levels correspond to key priorities identified in the HWP, GPW 14, and within the strategic priorities and strategic deliverables in the 2024–2028 CCS.

Primary prevention is required to counter significant and increasing risk factors for cardiovascular disease. About one half of the over-18 population is overweight or obese, 21% are tobacco smokers and 38.1% have high cholesterol levels.<sup>22</sup> Additionally dietary and lifestyle changes are needed including reduction of salt consumption, increasing physical activity and controlling diabetes mellitus, which aggravates and adds complications to cardiovascular disease. The roots of these risk factors occur in sectors well beyond the health sector, and hence require multisectoral interventions, corresponding to the 2024–2028 CCS Strategic Priority 2, Strategic Deliverable 2.1; HWP Pillar 4; and GPW 14: promote health, partner for health.

<sup>17</sup> Institute for Public Health. National Health and Morbidity Survey 2019.

<sup>18</sup> Ibid.

<sup>19</sup> Malaysian Health Systems Research Volume 1. 2016

<sup>20</sup> Ministry of Health, Malaysia. Direct cost of non-communicable disease in Malaysia 2022. Putrajaya Malaysia

<sup>21</sup> Ministry of Health, Malaysia. The impact of noncommunicable diseases and their risk factors on Malaysia's gross domestic product (2020).

<sup>22</sup> National health and morbidity Survey 2019: non-communicable diseases, healthcare demand and health literacy: Volume I NCDs – Non-Communicable Diseases: risk factors and other health problems, NMRR-18-3085-44207.

Such interventions range from the community level, through legislative measures, financial incentives and disincentives, and policy initiatives. An example of community-level initiatives includes evaluating and expanding existing community worker programmes, corresponding to the 2024–2028 CCS Strategic Priority 2, Strategic Deliverable 2.1; HWP Pillar 2; and GPW 14: promote health, provide health, which can support behaviour change in terms of lifestyle and utilization of health services. Such services currently cover limited proportions of the population, and their impact and equitable distribution have not been adequately evaluated. Furthermore, they do not have adequate linkages with available private sector services.

A few examples of other initiatives that would require action beyond the health sector, corresponding to the 2024–2028 CCS Strategic Priority 2, Strategic Deliverable 2.1; HWP Pillar 2 and 4; and GPW 14: promote health, would include intensifying current measures to tax consumer products that lead to unhealthy lifestyles while providing tax relief for products that support healthier lifestyles, adopting policies and rapidly expanding Healthy City initiatives that support physical activity, and improving working conditions for women to better bear the brunt of supporting healthy lifestyles in their families, corresponding to the 2024–2028 CCS Strategic Priority 2, Strategic Deliverable 2.1; HWP Pillar 4; and GPW 14: partner for health.

Secondary prevention consists of early detection of hypertension and effective management of hypertension in the community, which are key to reducing avoidable hospitalization as well as the social and economic impact of avoidable disability and death from cardiovascular disease. To this end, Malaysia aims to increase access to, and utilization of, existing services in the community for early detection and management, corresponding to the 2024–2028 CCS Strategic Priority 1, Strategic Deliverable 1.1; HWP Pillar 2; and GPW 14: promote health.

The 2024–2028 CCS calls for increasing resource allocation for primary care to enable expansion of the existing enhanced primary health-care initiatives in the public sector, corresponding to the 2024–2028 CCS Strategic Priority 1, Strategic Deliverable 1.1; HWP Pillar 1; and GPW 14: provide health, which supports the formation of effective public-private partnerships for example by strategic purchasing of primary care resources that are available in private sector and communities, corresponding to the 2024–2028 CCS Strategic Priority 1, Strategic Deliverable 1.1; HWP Pillar 3; and GPW 14: partner for health. It also calls for strengthening digital capacity to effectively reduce treatment dropouts, corresponding to the 2024–2028 CCS Strategic Priority 1, Strategic Deliverable 1.1; HWP Pillar 1; and GPW 14: power health. Electronic medical records and lifetime health records would follow patients as they move between geographic areas and different types of health-care settings, thereby enabling health-care providers to improve the continuity and quality of care. Additionally, rehabilitation could be shifted progressively to domiciliary and community settings, thereby improving efficiency of hospitals by enabling them to focus on complex inpatient care, corresponding to the 2024–2028 CCS Strategic Priority 1, Strategic Deliverable 1.2; HWP Pillar 1; and GPW 14: provide health. Shifting services from hospitals to the primary care and community levels would require reassessment and realignment of human resources in terms of skill mix, affordability and geographic distribution, corresponding to the 2024–2028 CCS Strategic Priority 1, Strategic Deliverable 1.2; HWP Pillar 4; and the GPW 14: provide health.



### Example 2 Aligning CCS 2024–2028, the HWP and the draft GPW 14 to address vaccine-preventable diseases in childhood

There are two levels of defence against vaccine-preventable diseases (VPDs) of childhood. The first level is routine childhood immunization.<sup>23</sup> To prevent and even eliminate VPDs, a high percentage of every birth cohort needs to complete their routine immunization within the scheduled period. The second level of defence is prompt detection and control of local outbreaks of VPDs through well-established surveillance and response systems. Historically, Malaysia achieved high levels of routine immunization coverage, reaching most of the targets set in the *Regional Framework for Implementation of the Global Vaccine Action Plan in the Western Pacific*.<sup>24</sup> However, there are gaps in immunity levels, as evidenced for example by measles continuing to remain endemic and by repeated outbreaks of pertussis and diphtheria in two states. It is suspected that reports of high routine immunization coverage at the national level hides immunity gaps at the subnational and local levels, particularly in high-risk subpopulations.<sup>25</sup> Between 2017 and 2021, almost one half the health districts in the country had less than 90% of eligible children completing the routine immunization programme, as indicated by the second dose of measles vaccine.<sup>26</sup> Hard fought previous gains are at risk.

### Vulnerable groups are falling through the cracks of a health system under stress

Routine childhood immunization is delivered largely through the public sector's primary health-care services. Routine immunization is free for citizens; however, young children in some groups are not completing the recommended schedule of vaccinations. Additionally, non-citizens, including undocumented individuals, are charged a fee, which can discourage vaccine uptake. Incomplete routine immunization results in insufficient levels of immunity in a subgroup, and virus transmission persists within those populations. There is no empirical data regarding which populations are not completing their routine immunization schedule, nor the factors that contribute to this. Informed estimates<sup>27</sup> suggest that the populations that are falling through the cracks of an otherwise effective VPD programme include children of undocumented foreigners, urban poor facing difficulties of physical access and vaccine-hesitant families.

The effective delivery of the routine childhood immunization programme is hampered by two critical issues – first is paucity of information at the local level. This includes, for example, timely data on eligible birth cohorts (the denominator for vaccine coverage) who might be mobile between districts, information on the characteristics of vaccine dropouts, and accurate immunization data from the private sector. To address these issues, the basic public health functions need to be strengthened, corresponding to the 2024–2028 CCS Strategic Priority 1, Strategic Deliverable 1.1; HWP Pillar 1; and GWP 14: provide health. This includes for example, monitoring and profiling high-risk communities through enhanced data gathering and the use of new digital technologies and analytics, corresponding to the 2024–2028 CCS Strategic Priority 1, Strategic Deliverable 1.1; HWP Pillar 1; and GWP 14: power health; strengthening public and private communication systems, corresponding to the 2024–2028 CCS Strategic Priority 1, Strategic Deliverable 1.2; HWP Pillar 1; and GWP 14: promote health and partner for health; and encouraging local behavioural research, corresponding to the 2024–2028 CCS Strategic Priority 1, Strategic Deliverable 1.1 and 1.2; HWP Pillar 4; GWP 14: powering health to determine the reasons for dropouts. Such measures would be partnered with increased linkages to effective community programmes to promptly contact and effectively persuade dropouts to complete the schedule, corresponding to the 2024–2028 CCS Strategic Priorities 1 and 2; HWP Pillar 1; and GWP 14: protect health and partner for health.

<sup>23</sup> Routine childhood immunization (RI) in Malaysia spans the first 18 months of life, and includes BCG, Hep B, Diphtheria/Tetanus/Pertussis/Polio/Hib, Pneumococcal and Measles/Mumps/Rubella. In Sarawak it also includes JE.

<sup>24</sup> World Health Organization. Global Vaccine Action Plan. Endorsed by the 194 Member States of the World Health Assembly in May 2012.

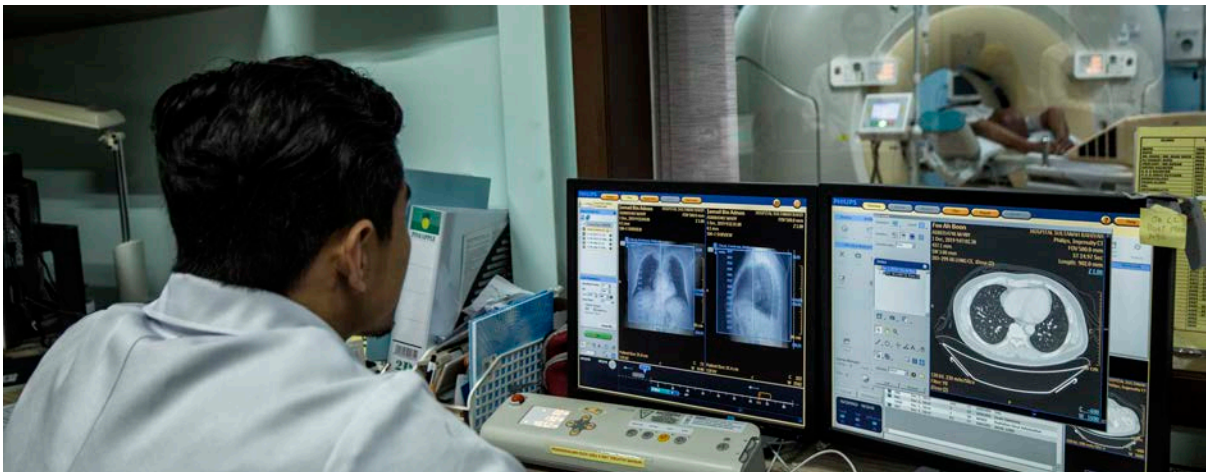
<sup>25</sup> WHO Regional Office for the Western Pacific, WHO 2019. Mission report: MOH Malaysia and WHO joint assessment and planning of immunization and VPD control and elimination in Malaysia.

<sup>26</sup> WHO Regional Office for the Western Pacific, WHO. 2022. Planning of vaccination strategies, MR (Measles and Rubella) SIA 2023

<sup>27</sup> From in-depth reviews desk reviews, field visits and stakeholder discussions conducted by joint WHO-Ministry of Health teams in 2018 and 2022.

The second issue affecting the routine childhood immunization programme is the progressive erosion of the capacity of primary care services due to long-standing underinvestment. This has been aggravated by the simultaneous expansion of the scope of primary care services, for example, to meet new demands resulting from the increase in NCDs, mental health issues and an ageing society. Thus, the front-line primary care providers are unable to meet all demands. This has adversely affected their capacity to monitor and follow up vaccine dropouts. It is necessary to redirect financial and human resources to the primary care level, corresponding to the 2024-2028 CCS Strategic Priority 1, Strategic Deliverable 1.1 and 1.2; HWP Pillars 2 and 3; and GWP 14: provide health, and mobilize technology and community resources to strengthen outreach work, corresponding to the 2024-2028 CCS Strategic Priority 1, Strategic Deliverable 1.1 and 1.2; HWP Pillars 2 and 3; and GWP 14: partner for health and power health.

Reduced primary care capacity is further compounded by specific factors involving families with eligible children. These include fees for foreigners, including those who are undocumented, and difficulties faced by the urban poor in accessing facilities during working hours. Policy and operational reviews based on local evidence, corresponding to HWP Pillars 1 and 4, are needed at national, state and district levels to address equity in health-care delivery and ensure that the vulnerable are not excluded from the country's health development. It would also contribute to achieving SDG targets, corresponding to the 2024-2028 CCS Strategic Priority 1; Strategic Deliverable 1.1 and 1.2; HWP Pillars 1 and 4; and GWP 14: power health.



Hospital Sultanah Bahiyah Malaysia  
Magnetic resonance imaging (MRI) and X-rays unit at the Hospital Sultanah Bahiyah in Alor Setar.



National Public Health Laboratory (NPHL)  
Virus inoculation and observing Cytopathic Effect (CPE) in Biosafety Safety Laboratory at National Public Health Laboratory (NPHL).



## VIII. Monitoring & evaluation

The *Malaysia–WHO Country Cooperation Strategy 2024–2028* is informed by a results framework that ensures cooperative efforts contribute to the overarching goal of improved health and well-being for all in Malaysia. An agreed set of CCS indicators will be used to measure progress and inform biennial and annual budget planning. As a high-level, five-year strategy, the CCS will be monitored by population-level health outcome indicators, and the corresponding annual workplans and biennial budget agreements will be monitored according to lower-level output indicators. (Annex 4 contains the results framework and proposed CCS indicators.)

A Monitoring and Evaluation (M&E) Working Group, composed of members from the Ministry of Health and the WHO country office, will meet at regular intervals to ensure timely collection of monitoring data and actionable observations that can improve joint interventions. The process will start after the CCS and GPW 14 is endorsed, in order to update and finalize the CCS indicators against the final GPW 14 indicators, as well as to take into consideration any changes to the *SDG Roadmap for Malaysia, Phase II*, currently under review. The Working Group will utilize a principles-based approach and results-based management framework to internally monitor progress against the CSS indicators. Multisectoral collaboration with NGOs and academia will be used to confirm progress and add insights. Regular monitoring will be important for the biennial WHO workplan and annual budget allocation to ensure accountability throughout implementation.

Formal evaluation of the CCS will be undertaken in a mid-term assessment and final review. The mid-term and final evaluation reports will measure results in terms of inputs and outputs of the CCS and progress towards achieving identified indicator targets. Cross-sectoral analysis of progress towards indicators outside of the health sector will also be examined. The final report will be created at the end of the CCS cycle and will be used to assess effectiveness, relevance and impact, as well as to inform the next CCS.



Health centre in Marudi  
A team of health worker provides health care at a remote clinic in Marudi.



Klinik Kesihatan Seremban Malaysia  
A woman getting her eyes checked at the ophthalmology department

## IX. Implications for the WHO Secretariat

The CCS strategic priorities and strategic deliverables presented above have clear implications for the type of support required from the WHO country office to implement programmes effectively. Malaysia already has significant capacities and expertise in many fields related to health; WHO's role will be to provide access to international expertise as needed and from across the three levels of the Organization. WHO will also help facilitate dialogue and internal learning among Malaysian experts and at the subnational levels, as well as facilitate partnerships within the United Nations system and with the private sector and academia.

Simply doing more of what we already have been doing will not be sufficient to ensure Malaysia can sustainably transform its health system to meet current and future health needs. In line with WHO's commitment to a "country-first" resource strategy, the WHO country office in Malaysia is expanding its number of technical advisers, with the appropriate skill mix, ensuring the office can ably and flexibly support the Government to take advantage of windows of opportunity in developing policy.



People of the Western Pacific featuring Ismaziah for midwife  
Ismaziah, a community nurse and midwife, assesses the child's health and runs through the standard medical protocol checklist.

Ismaziah supports mothers and their newborns by conducting home visits throughout the first six weeks of the baby's life. Through her work, she helps to make sure that babies are given a healthy start. Universal health coverage (UHC) is a vision where all people and communities have access to quality health services where and when they need them, without suffering financial hardship. Based on a strong primary health care system, it includes the full spectrum of health services required throughout life, but also prioritizes keeping healthy patients healthy.



Pneumococcal Polysaccharide Vaccination (PPV) Campaign at Orang Asli Kuala Koh, Gua Musang Kelantan (Kuala Koh Orang Asli Vaccine Centre)  
Health workers on the field at the Bateq Orang Asli community.

# Annexes

## Annex 1 Consultations undertaken in the development of the CCS

With thanks to numerous colleagues in the Ministry of Health and among the United Nations country team for sharing their inputs and insights, and with acknowledgment of the following individuals:

Dr Rozita Halina binti Tun Hussein, Ministry of Health, Planning Division  
 Dr Enna binti Mohd Hanafiah, Ministry of Health, Planning Division  
 Dr Davis Johnraj Jebamoney a/l Ratnaraj, Ministry of Health, Planning Division  
 Dr Husni Za'eem Bin Abd Hadi, Ministry of Health, Planning Division  
 Mr Dinash Aravind Radhakrishnan, Ministry of Health, Planning Division  
 Dr Peter Gan Kim Soon, Ministry of Health, Planning Division  
 Dr Najwa Misdan, Ministry of Health, Planning Division  
 Dr Juliana Paul, Ministry of Health, Public Health Development Division  
 Dr Azizah Wahab, Ministry of Health, Public Health Development Division  
 Dr Synthia Xavier, Ministry of Health, Public Health Development Division  
 Dr Ainul Nadziha Mohd Hanafiah, Ministry of Health, Policy & International Relations Division  
 Mr Azizul Morshidi, Ministry of Health, Policy & International Relations Division  
 Ms Tulasii Sivaraja, Ministry of Health, Policy & International Relations Division  
 Dr Wan Abdul Hannan Bin Wan Ibadullah, Ministry of Health, Disease Control Division  
 Mr Ng Kheng Ban, Ministry of Health, Health Education Division  
 Ms Karima El Korri, UN Resident Coordinator, Malaysia, Singapore and Brunei Darussalam  
 Ms Juanita Joseph, UN Resident Coordinator's Office, Malaysia, Singapore and Brunei Darussalam  
 Ms Christine Cheah, UN Resident Coordinator's Office, Malaysia, Singapore and Brunei Darussalam  
 Mr Rizatuddin Ramli, UN Resident Coordinator's Office, Malaysia, Singapore and Brunei Darussalam  
 Mr Robert Gass, United Nations Children's Fund, Malaysia  
 Tengku Aira Tengku Razif, United Nations Population Fund, Malaysia  
 Dr Sai Aung Lynn, International Organization for Migration, Malaysia  
 Dr Shamini Lachumenan, International Organization for Migration, Malaysia  
 Mr Josh Hong, International Labour Organization, Malaysia  
 Dr David Tan, United Nations Development Programme, Malaysia  
 Ms Kamala Ernest, United Nations Environment Programme, Bangkok  
 Ms Marie-yon Struecker, United Nations Environment Programme, Bangkok  
 Mr Rajat Khosla, United Nations University–International Institute for Global Health

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## Annex 3 Selected accomplishments from CCS 2016–2023

In the course of developing the 2024–2028 CCS, an all-staff discussion with the WHO country office team was held in August 2023. Key activities and highlights from 2016–2023, the period covered by the previous CCS, were identified. These highlights were shared and discussed with counterparts from Ministry of Health in August and again in November 2023. Selected accomplishments are included below.

### Strategic Priority 1 *Facilitate multisectoral collaboration and support coordination for health*

WHO supported a range of activities that better positioned health officials to engage other ministries and sectors in health-related interventions and facilitated coordination of global health initiatives. Selected highlights include:

- WHO supported Malaysia in an integrated global surveillance activity on Extended-Spectrum  $\beta$ -Lactamase producing *Escherichia coli* using a One Health approach. Evidence from the survey provided the country with evidence to build a multisectoral national antimicrobial resistance (AMR) programme. WHO, together with United Nations Environment Programme (UNEP), the Food and Agriculture Organization of the United Nations (FAO) and the World Organisation for Animal Health (WOAH) continued to support the Ministry of Health as it participates in the One Health Inter-ministerial Committee and the development of a National Strategic Plan for Zoonosis (2022–2026); One Health Manual on Handling Zoonotic Disease Outbreaks in Malaysia; and Malaysian Plan on Antimicrobial Resistance (MyAP-AMR 2022–2026).
- WHO supported four local councils in Malaysia (Taiping, Ipoh, Sibul and Penang Island) in joining the WHO Global Network of Age-Friendly Cities and Communities (AFCC), which supports multisectoral collaboration at the council level to promote healthy ageing.
- WHO collaborated with the Ministry of Health in Malaysia and University Malaya Medical Centre (UMMC) in 2020–2021 to gather evidence on the burden of Electronic Cigarette or Vaping as an associated Lung Injury (EVALI).
- WHO supported the Ministry of Health in 2022 to work with non-health stakeholders, for example by engaging with industries to promote salt reduction strategies, and with Ministry of Women, Family and Community Development, and the Economic Policy Unit (EPU) to promote healthy ageing through revisions to the National Plan for Senior Citizens.
- WHO provided technical support in 2020–2021 for economic modelling of the impact of COVID-19 using real-time and real-life applicable scenarios based on transmission dynamics and the corresponding impact on health-care services.
- WHO worked closely with UNICEF and the other partners in the Global Polio Eradication Initiative to support Malaysia in responding to a vaccine-derived poliovirus (VDPV) outbreak in 2020 and 2021 by providing technical advice in the areas of surveillance and case detection, risk communication, immunization response and updating the Polio Surveillance Guidelines in line with global strategies.



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

WHO supported activities which enabled the Ministry of Health to reposition the health system to address the increasing challenges of noncommunicable diseases (NCDs) and ageing more effectively, including building capacity for integrating innovation and prioritizing key interventions in the *Twelfth Malaysian Plan 2021–2025*. Selected highlights include areas where WHO in Malaysia:

- Provided support for health systems strengthening by convening multisectoral stakeholders to review equity analysis of progress towards universal health coverage and creation of national health accounts.
- Supported efforts towards capacity-building for health technology forecasting.
- Conducted a situation analysis on the scaling up of multisectoral actions to address NCDs in support of the development of the *Twelfth Malaysian Plan 2021–2025*.
- Supported the aged-care sector in preventing and mitigating the negative impact of COVID-19 on older persons in Malaysia in 2020 and 2021 by providing guidance for the early recognition, prevention, response and control of the disease among older persons living in institutions and the community at large.

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

WHO supported the Ministry of Health in strengthening its internal capacities for policy formulation and planning. Selected highlights include:

- Conducting the Joint External Evaluation (JEE) of International Health Regulations (2005) core capacities in 2019.
- Supporting the Ministry of Health in 2021 to undertake behavioural insight interventions to optimize communication and promote adherence to protective behaviours for the sustained management of COVID-19.
- Developing evidence on the direct and indirect health-care costs of NCDs in Malaysia through two reports published in 2020 and 2022 to inform policy formulation.
- Conducting a mid-term evaluation of the national salt-reduction strategy in 2020 and providing support for further evidence generation and a strategic social and behaviour change communication campaign in 2022.
- Supporting the implementation of the *Global Plan for the Decade of Action for Road Safety 2021–2030* at the local level in Malaysia.
- Supporting capacity-building through the measles risk assessment process in 2022–2023.

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

Malaysia demonstrated increased global health leadership during the 2016–2023 CCS period, including, for example, its leadership in developing a global resolution on behavioural sciences for better health, which led to the successful endorsement by WHO Member States at the Seventy-sixth World Health Assembly in May 2023. WHO facilitated increased engagement by Malaysian health experts and officials in regional and global forums, sharing lessons learned and contributing to health for all. Selected highlights include:

- Continuing WHO support for the work and active engagement with the five WHO collaborating centres (WHOCC) based in Malaysia:
  - a) WHOCC for Regulatory Control of Pharmaceuticals (NPRA);
  - b) WHOCC for Traditional, Complementary and Integrative Medicine (TCM);
  - c) WHOCC for Ecology, Taxonomy and Control of Vectors of Malaria, Filariasis and Dengue (IMR);
  - d) WHOCC for Health Systems Research and Quality Improvement (IHSR); and
  - e) WHOCC for Arbovirus Reference and Research (UM).
- WHO support for organization of the annual Integrated Vector Management (IVM) workshops for regional countries in South-East Asia in 2022.
- The development of several case studies based on Malaysia's experiences (for example, mobile cataract surgery clinic study in 2023, the *Mentari Malaysia* initiative on mental health, Program Rose on cervical cancer screening, and others) which were shared in regional and global WHO forums.
- The establishment of a WHO Country Working Group (CWG) in Malaysia in 2021 as a European Union and WHO Project on South-East Asia Health Pandemic Response and Preparedness.
- The invitation of Ministry of Health experts as WHO expert participants for countless global consultations, for example, mental health

## Annex 4 Monitoring & evaluation for CCS 2024–2028

Suggested monitoring and evaluation (M&E) indicators for strategic priorities and deliverables to be discussed jointly with the Ministry of Health:

Change strategies	Enablers	Medium-term changes		Long-term results	Overarching objective
WHO strategic support for in-country pilots, analyses, Malaysia-WHO policy dialogues WHO facilitation and support of UN and multi-stakeholder partnerships WHO access to international experts from comparator WHO-led international health treaties and global platforms	Data availability, visibility and its timely use in decision-making Multi-stakeholder partnerships Compassionate equity	<b>Strategic Priority 1</b> Effective implementation of the health reform agenda	<b>Strategic Deliverable 1.1</b> Improved availability and accessibility of quality health services for all	Malaysia's public health system is more resilient and better able to provide preventive health services with continuity of care at the community level	Improved health and well-being for all in Malaysia
			<b>Strategic Deliverable 1.2</b> Resilient public health system and improved health security to prevent, detect, respond to health threats		
		<b>Strategic Priority 2</b> Effective implementation of cross-sectoral strategies to address health beyond the health sector	<b>Strategic Deliverable 2.1</b> Ministry of Health is an effective advocate within Government and with private sector and community for policies that address health issues with roots in other sectors	All people have access to integrated, people-centred ageing services; risk factors for NCDs and chronic diseases are reduced	
			<b>Strategic Deliverable 2.2</b> Government adopts comprehensive healthy ageing strategies that include integrated service delivery, social protection systems and a life-course approach		
		<b>Strategic Priority 3</b> Expanded regional and global health leadership by Malaysian health experts and institutions	<b>Strategic Deliverable 3.1</b> Malaysia's contribution to and leadership in regional and global health initiatives increases	Malaysia health leadership benefits its own population and contributes to better health in the Western Pacific Region and globally	

## Results Framework, Malaysia–WHO CCS 2024–2028

### CCS Indicators

The proposed CCS indicators, as indicated in the following tables, are selected from among those already reported by Malaysia as part of its Sustainable Development Goals (SDGs) commitments, as well as those reported by Malaysia in its contribution to the WHO's *Thirteenth General Programme of Work*. The proposed population-level health outcome indicators are intended to measure the longer-term impact of joint implementation of the new CCS between 2024 and 2028. Separately, health output indicators, including process indicators, will be agreed upon between the Ministry of Health and WHO for biennial budgets and annual workplans, undertaken in support of the CCS. There are indicators proposed that correspond to CCS Strategic Priorities 1 and 2. Strategic Priority 3 is cross-cutting – the expected results from increased health leadership from Malaysia and the exchange of experiences between countries is expected to contribute to the achievement of all health indicators, both at home and abroad.

### Baseline values

The baseline values are taken from data reported by Malaysia in the publicly available SDG Index<sup>28</sup> or which have been reported by the Government to WHO.<sup>29</sup>

The proposed CCS indicators and baselines will be further updated and finalized in consultations between the Ministry of Health and WHO following the adoption of the *SDG Roadmap for Malaysia, Phase II*, indicators, which is under development, and in alignment with the *Fourteenth General Programme of Work* (GPW 14), endorsed in May 2024 by the World Health Assembly.

<sup>28</sup> SDG data is taken from the SDG Index (<https://dashboards.sdgindex.org/profiles/malaysia/indicators>).

<sup>29</sup> GPW 13 indicator framework can be found here ([https://www.who.int/docs/default-source/documents/gpw/gpw13-wif-targets-and-indicators-en.pdf?sfvrsn=81cf3546\\_20](https://www.who.int/docs/default-source/documents/gpw/gpw13-wif-targets-and-indicators-en.pdf?sfvrsn=81cf3546_20)). WHO collected data is taken from the WHO Global Health Data Observatory (<https://www.who.int/data/gho/data/indicators/indicators-index>) and the World Health Statistics 2023 report (<https://www.who.int/publications/i/item/9789240074323>).

## Proposed indicators for Strategic Priorities 1 and 2, Malaysia-WHO CCS 2024-2028

### Strategic Priority 1 *Supporting the implementation of the health reform agenda to improve health and well-being for all*

Indicator	Annually reported to SDG dashboard	Annually reported to WHO	Most recent baseline – Value (year, source)
Universal health coverage (UHC) index of service coverage	✓	✓	76 (2019, SDG Index)
Subjective well-being (average ladder score, worst 0 – 10 best)	✓		6 (2022, SDG Index)
Domestic general government health expenditure (GGHE-D) as % of gross domestic product		✓	2.18 (2020, WHO)
Out-of-pocket spending as a % of current health expenditure		✓	35.8 (2020, WHO)
Proportion of population with household expenditure on health greater than 25% of total household expenditure or income		✓	0.13 (2019, WHO)
Health worker density and distribution (doctors) per 10 000 population		✓	22.8 (2020, WHO)
Health worker density and distribution (nurses/midwifery personnel) per 10 000 population		✓	33.94 (2019, WHO)
Average of 15 International Health Regulations (2005) core capacity and health emergency preparedness scores		✓	89 (2022, WHO)
Maternal mortality ratio per 100 000 live births	✓	✓	21.13 (2020, SDG Index)*
Number of new HIV infections per 1000 uninfected population	✓	✓	0.17 (2021, SDG Index)
Tuberculosis incidence per 100 000 population	✓	✓	97 (2021, SDG Index)
Hepatitis B surface antigen (HBsAg) prevalence among children under 5 years (%)		✓	0.06 (2020, WHO)
Prevalence of stunting in children under 5 (%)	✓	✓	21.9 (2022, SDG Index)
Prevalence of wasting in children under 5 (%)	✓	✓	9.7 (2019, SDG Index)

\* Maternal mortality ratio values have been collected and reported during 2021 and 2022 by the Department of Statistics Malaysia; most recently available data via WHO sources shown here is from 2020.

**Strategic Priority 2** *Mobilizing a whole-of-government and multi-stakeholder approach to address health beyond the health sector*

There are three indicators related to antimicrobial resistance (AMR) against which data are reported for GPW 13. The three indicators are: 1) antibacterial consumption: total consumption of antibacterial medicines expressed as DDD per 1000 inhabitants per day; 2) antibacterial consumption: pattern of antibiotic consumption at national level (relative consumption by AWaRe classification); and 3) antibacterial consumption: target  $\geq$  60% of total antibiotic consumption being Access group antibiotics (GPW 13 target 4b). At present there are no data from Malaysia available on WHO sources. Alternative indicators for AMR may be discussed by the M&E Working Group.

Indicator	Annually reported to SDG dashboard	Annually reported to WHO	Most recent baseline – Value (year, source)
Universal health coverage (UHC) index of service coverage	✓	✓	76 (2019, SDG Index)
Subjective well-being (average ladder score, worst 0 – 10 best)	✓		6 (2022, SDG Index)
Domestic general government health expenditure (GGHE-D) as % of gross domestic product		✓	2.18 (2020, WHO)
Out-of-pocket spending as a % of current health expenditure		✓	35.8 (2020, WHO)
Proportion of population with household expenditure on health greater than 25% of total household expenditure or income		✓	0.13 (2019, WHO)
Health worker density and distribution (doctors) per 10 000 population		✓	22.8 (2020, WHO)
Health worker density and distribution (nurses/midwifery personnel) per 10 000 population		✓	33.94 (2019, WHO)
Prevalence of stunting in children under 5 (%)	✓	✓	21.9 (2022, SDG Index)
Prevalence of wasting in children under 5 (%)	✓	✓	9.7 (2019, SDG Index)





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