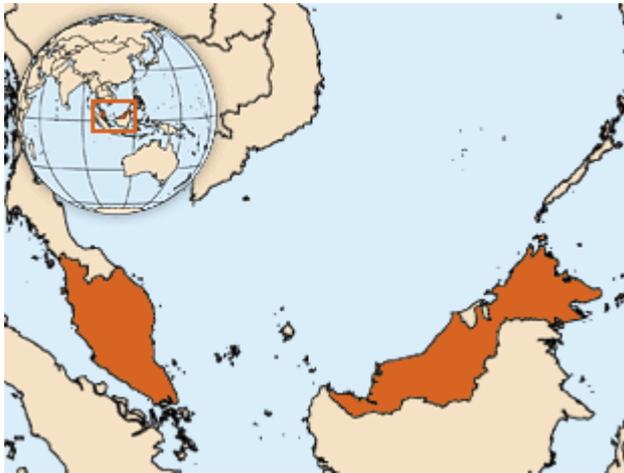


Malaysia



<http://www.who.int/countries/en/>

WHO region	Western Pacific
World Bank income group	Upper-middle-income
Child health	
Infants exclusively breastfed for the first six months of life (%) ()	
Diphtheria tetanus toxoid and pertussis (DTP3) immunization coverage among 1-year-olds (%) (2015)	99
Demographic and socioeconomic statistics	
Life expectancy at birth (years) (2015)	77.3 (Female) 72.7 (Male) 75.0 (Both sexes)
Population (in thousands) total (2015)	30331
% Population under 15 (2015)	24.5
% Population over 60 (2015)	9.2
Poverty headcount ratio at \$1.25 a day (PPP) (% of population) (2009)	0
Literacy rate among adults aged >= 15 years (%) (2007-2012)	93
Gender Inequality Index rank (2014)	42
Human Development Index rank (2014)	62
Health systems	
Total expenditure on health as a percentage of gross domestic product (2014)	4.17
Private expenditure on health as a percentage of total expenditure on health (2014)	44.82
General government expenditure on health as a percentage of total government expenditure (2014)	6.45
Physicians density (per 1000 population) (2010)	1.198
Nursing and midwifery personnel density (per 1000 population) (2010)	3.276
Mortality and global health estimates	
Neonatal mortality rate (per 1000 live births) (2015)	3.9 [3.0-5.0]
Under-five mortality rate (probability of dying by age 5 per 1000 live births) (2015)	7.0 [6.3-7.9]
Maternal mortality ratio (per 100 000 live births) (2015)	40 [32 - 53]
Births attended by skilled health personnel (%) (2014)	99.0
Public health and environment	
Population using improved drinking water sources (%) (2015)	100.0 (Urban) 98.2 (Total) 93.0 (Rural)
Population using improved sanitation facilities (%) (2015)	96.1 (Urban) 96.0 (Total) 95.9 (Rural)

Sources of data:
Global Health Observatory May 2016
<http://apps.who.int/gho/data/node.cco>

HEALTH SITUATION

Malaysia is a federal constitutional monarchy, located in South-East Asia. As a multicultural country, Malaysia is home to Malays, Chinese, Indians, Ibans, Kadazans and other ethnic groups. In 2014, 0.6% of the population was below the national poverty line, having reduced significantly from 8.6% in 1999, although there remain persistent inequalities for indigenous people and the bottom 40%.

The Malaysian health system delivers a comprehensive range of services through public and private providers. Malaysia has one of the lowest incidences of catastrophic health expenditure in middle-income countries.

The country has had success in reducing the prevalence of communicable diseases such as HIV, and is in the pre-elimination phase for malaria. Even though immunization rates are good, there have been periodic measles outbreaks, most recently in 2011–2012. Dengue remains a difficult challenge and TB is stubbornly persistent. NCDs account for 73% of deaths in Malaysia, including 35% of deaths among people under 60 years. The prevalence of key NCD risk factors is significant in the population, and many are undiagnosed. Mental health problems are increasingly prevalent in adults and children. An increasingly wide range of complex environmental health issues is an ongoing challenge including air and water pollution and activities related to extractive industries.

HEALTH POLICIES AND SYSTEMS

Malaysia aims to become a high-income country by 2020 through Vision 2020 and implementation of the *Eleventh Malaysia Plan 2016–2020*. This plan provides the overarching framework for Malaysia's development and health is identified as a key component. Four national strategies are identified for the health sector: 1) Enhancing targeted support, particularly for underserved communities. 2) Improving system delivery for better health outcomes, 3) Expanding capacity to increase accessibility, 4) Intensifying collaboration with private sector and NGOs to increase health awareness. In support of this, the Ministry of Health Strategic Plan 2016–2020 identifies a vision of a "nation working together for better health", with five strategic objectives (outcomes).

COOPERATION FOR HEALTH

Malaysia generally does not receive significant bilateral aid for health. However there is one HIV/AIDS grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria. There is no United Nations Development Assistance Framework for Malaysia, but it is proposed that a United Nations strategic partnership framework for 2017–2020 be developed to support implementation of the Sustainable Development Goals (SDGs) and the *Eleventh Malaysia Plan 2016–2020*. Though WHO is the primary UN partner in health, other UN agencies also provide health-related support. These include UNAIDS, the UNDP, UNFPA, UNICEF, UNHCR, and the UN University International Institute for Global Health.

WHO COUNTRY COOPERATION STRATEGIC AGENDA (2016–2020)

Strategic Priorities	Main Focus Areas for WHO Cooperation
<p>STRATEGIC PRIORITY 1: Facilitate multisectoral collaboration and support coordination for health</p>	<ol style="list-style-type: none"> 1. Enhancing disaster risk reduction, preparedness, response and recovery including through coordination of and information sharing on humanitarian action with partners as part of the United Nations Humanitarian Country Team. 2. Strengthening the engagement and collaboration of communities, state and non-state actors beyond the health sector, to achieve national priorities, such as NCDs, and work towards achievement of the SDGs. 3. “One Health” approaches to emerging disease surveillance and response, antimicrobial resistance (AMR), urban health, injuries, water safety, disabilities, environmental health and health promotion.
<p>STRATEGIC PRIORITY 2: Strengthen policies and capacities to build a more resilient, sustainable and responsive health system that moves even further towards universal health coverage</p>	<ol style="list-style-type: none"> 1. Governance, organizational arrangements and financing to sustainably and equitably meet future health needs, including for an ageing population. 2. Integrated, responsive and equitable delivery of quality health services, including human resource planning and management, and the effective regulation and oversight of health technologies and service delivery. 3. The availability, quality, management, analysis and use of disaggregated data to support performance monitoring and improved service delivery, monitoring of equity, health risk management, and reporting on national priorities and the SDGs or other regional/global commitments.
<p>STRATEGIC PRIORITY 3: Strengthen policies and capacities for assessing, preventing, managing, mitigating and monitoring health risks and chronic conditions</p>	<ol style="list-style-type: none"> 1. The prevention and management of NCDs and conditions and their risk factors, including mental health, injuries and disabilities, and enable individual and community empowerment and mobilization for health. 2. Environmental health, including strengthening the use of health impact assessments and similar tools to be able to assess, advise, manage and respond to an increasingly diverse range of environmental health issues and concerns. 3. Risk management, including strengthening the role and engagement of the health sector with national and state systems and organizations responsible for disaster risk management, ensuring sufficient ongoing IHR (2005) capacities and effective systems, monitoring and managing risks related to food safety and AMR, and increasing the effectiveness of risk communication.
<p>STRATEGIC PRIORITY 4: 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</p>	<ol style="list-style-type: none"> 1. Supporting Malaysia’s increasing role in sharing expertise and experience for the benefit of other countries as well as to support the development of global and regional public health policies, strategies and action plans, the sharing of experiences, and capacity-building. 2. Complementing Malaysia’s role in mechanisms such as ASEAN and the OIC. 3. Facilitating participation of Malaysia’s WHO collaborating centres in continuing to provide significant contributions to the regional and global work of WHO.