MALAYSIA

1. CONTEXT

1.1 Demographics

In 2008, the population of Malaysia was estimated to be 28 310 000. Covering an area of 329 960 square kilometres, the population density is 84 persons per square kilometre. Malaysia is a multiracial country consisting of Malays, Chinese, Indians, Ibans, Kadazans and other ethnic groups. In 2008, an estimated 1 907 800 non-Malaysians were living in the country. It has a young population, with 9 002 580 (31.8%) below the age of 15 years, while those aged 15-64 years account for 17 621 589 (63.6 %) and those 65 years or older for about 1 302 260 (4.6 %).

Life expectancy at birth for both genders has increased over the years, rising from 56 years for males and 58 for females in 1957 to 71.6 years for males and 76.4 years for females in 2008. Over the same period, the crude death rate fell from 12.4 per 1000 population to 4.7. The crude birth rate in 2008 was 17.8 per 1000 population and the crude rate of natural increase was 13.1 per 1000 population.

1.2 Political situation

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

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

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

1.3 Socioeconomic situation

Malaysia's 50 years of nationhood is marked by significant socioeconomic progress and development. On independence, the nation was highly reliant on tin and rubber, with more than half the population living in poverty. Today, the country has a broad-based and diversified economy, and is the 19th largest trading nation in the world, with trade in excess of RM 1 trillion. The country continues to enjoy political stability, with a multi-ethnic and united population. At the same time, per capita income has increased to RM 22 345 (US$ 6725.98) and the incidence of poverty has been reduced to less than 6.0%.

The 2007 Budget was formulated as a building block towards achieving the targets set in the 9th Malaysia Plan and onwards to realize Vision 2020. The National Mission articulates five key development policy thrusts: to move the economy up the value chain; to raise the capacity for knowledge and innovation and nurture 'first class mentality' to address persistent socioeconomic inequalities constructively and productively; to improve the standard and sustainability of the quality of life; and to strengthen institutional and implementation capacity. Therefore, the 2007 Budget was formulated with the theme 'Implementing the National Mission towards Achieving the National Vision ' to translate the National Mission into programmes and projects to sustain economic growth.

In 2007, total expenditure was expected to increase by 14.8% to RM 164 743 million (US$ 49 574.67 million), the increased spending being based on better revenue performance from both tax and non-tax

sources, which were expected to contribute RM 96 196 million (US$ 28 945.79 million) and RM 45 593 million (US$ 13 718.97 million), respectively, to total revenue. With increased expenditure matched by higher revenue, the Government will further consolidate the fiscal deficit at 3.2% of nominal gross domestic product (GDP), the deficit to be secured by striking a balance between long-term economic growth and fiscal sustainability.

The manufacturing sector is expected to pick up gradually and expand by 3.1%, following the anticipated recovery in global electronics demand. On the demand side, growth is expected to be driven by resilient public and private sector expenditure, following stronger consumer sentiment, business confidence and higher government spending. Nominal gross national product (GNP) was estimated to increase by 9.4% to RM 607 212 million (US$ 182 710.20 million) in 2007, with per capita income increasing by 7.2% to RM 22 345 (US$ 6725.98) (2006: 9.9%, RM 20 841 [US$ 6271.06]). In terms of purchasing power parity (PPP), per capita income was expected to increase by 13.9% to reach US$ 13 289 in 2007 (2006: 13.00%; US$ 11 663).

The total labour force in the fourth quarter of 2007 was 10 999 000 and the unemployment rate (percentage total labour force) was 3%.

The Malaysian economy was expected to register robust growth in 2008, with real GDP expanding by between 6% and 6.5%. This translates to 6.8% growth in nominal per capita income, rising from RM 22 345 in 2007 to RM 23 864 in 2008 or, in PPP terms, from US$ 13 289 to US$ 14 206. With an unemployment rate of 3.3%, the economy is expected to continue to operate under full employment and, in tandem with the Government's efforts to ensure fiscal sustainability, the fiscal deficit is expected to continue to decline to 3.1% of GDP. Malaysia's balance of payments position is expected to remain strong, with the current account recording a surplus for the eleventh consecutive year. A current account surplus, amounting to 13% of GDP, is expected to emanate from the goods and travel account. These developments augur well for all Malaysians and should keep the nation on track towards realizing Vision 2020.

1.4 Risks, vulnerabilities and hazards

As a whole, Malaysia did not face any major catastrophes in 2008, except for a few incidences of flash flooding and landslides that affected certain parts of the country during heavy downpours.

2. HEALTH SITUATION AND TREND

2.1 Communicable and noncommunicable diseases, health risk factors and transition

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

The 2000 Burden of Disease Study showed that the top 30 out of the 111 disease groups made up 83% of the total country's disease burden. New epidemics are associated with lifestyle and health-risk conditions, such as ischaemic heart disease, mental illness, cerebrovascular disease/ stroke, trauma/road traffic injuries, cancer, asthma/COPD, obesity, diabetes mellitus, and sexually transmitted diseases, including HIV/AIDS. In addition, there is a growing threat from emerging and re-emerging infections. These are due partly to changing lifestyles and socioeconomic development, environmental degradation and pollution. Today's population is at risk from an increasingly polluted environment.

In 2008, the top five notifiable diseases were dengue fever, tuberculosis, food poisoning, hand food and mouth disease (HFMD) and HIV/AIDS. The incidence rates were 167.8 per 100 000 population for dengue fever, 63.1 per 100 000 for tuberculosis, 62.5 per 100 000 for food poisoning, 56.1 per 100 000 for HFMD, and 16.7 per 100 000 for HIV/AIDS.

Malaysia has been classified by WHO as an intermediate-TB-burden country. In the last 20 years, the tuberculosis incidence rate has stagnated, except for a slight increase in 1999. In 2008, 17 144 new cases were registered and the incidence rate (all forms) was 100 per 100 000 population.

From 1986 until the end of 2007, a cumulative total of 80 966 HIV infections and 13 636 AIDS cases were reported, with 10 337 AIDS-related deaths. A total of 4577 new HIV infections, 1132 news AIDS cases and 1182 AIDS-related deaths were reported in 2007. Case analysis shows that 89.8% of the new cases in 2007 were in the 20-49 age group. The Ministry of Health has introduced a harm-reduction strategy as a new initiative to curb the spread of HIV among drug users. This strategy consists of two components: the Needle and Syringe Exchange Programme and drug-substitution therapy.

With the introduction of various national vaccination programmes, a significant decrease was observed in the incidence of specific vaccine-preventable diseases, such as pertussis, which has an incidence rate of 0.04 per 100 000 population. In 2008, the incidence rate for diptheria was 0.01 per 100 000 population.

The underlying causes of the noncommunicable disease (NCD) epidemic are demographic changes and an increase in the level of population risk factors resulting from social and economic development. In 2005, an NCD survey was conducted to establish a surveillance baseline to provide information to determine the extent of NCD risk factors in the country. The survey collected a broad range of information on the sociodemographic status and NCD risk factors of people aged 25-64 years. The following prevalence rates were revealed: 25.7% had raised blood pressure; 11.0% had raised blood glucose; 53.5% had high cholesterol levels; 31.6% were overweight; 16.3% were obese; 48.6% had central or abdominal obesity; 25.5% were current smokers; 60.1% were physically inactive; 72.8% did not meet dietary guidelines for vegetable and fruit intake; 12.2% consumed alcohol; and 18.1%, 29.7%, 28.4%, 13.8% and 7.0%, had one, two, three, four and more than four NCD risk factors, respectively.

In 2007, 1 361 781 foreign workers were screened. Of these, 41 342 (3.03%) were certified as unsuitable to work in Malaysia. The number was slightly lower than in 2006 (45 368). Tuberculosis was the most common disease found, with 16 240 cases (39.2%); followed by hepatitis B, with 10 957 cases (26.5%); sexually transmitted diseases, with 2830 cases (6.8%); and HIV/AIDS, with 686 cases (1.6%).

From the second report of the National Cancer Registry, compiled in 2003, it was found that the crude cancer rate for males was 97.4 per 100 000 population and 127.6 per 100 000 population for females. The age-standardized incidence rate for all cancers in 2003 was 134.3 per 100 000 males and 154.2 per 100 000 females. The male-to-female ratio for cancer incidence was 1:1.3. Cancer was occuring at all ages, with the median age at diagnosis in males being 59 years, and 53 years for females. In 2003, the five most common cancers in children (0-14 years old) were leukaemia, cancers of the brain, lymphoma, and cancers of the connective tissue and kidney. In young adults (15-49 years old), the most common cancers were leukaemia, lymphoma, and cancers of the nasopharynx, lung, colon and rectum in men, and cancers of the breast, cervix, ovary, uterus, thyroid gland and leukaemia in women. In older subjects (50 years old and above), cancers of the lung (13.8%), colon, rectum, nasopharynx, prostate and stomach were predominant among men, while cancers of the breast (31.0%), cervix, colon, uterus, lung and rectum occurred most commonly in women.

2.2 Outbreaks of communicable diseases

In 2009, 41 486 cases of dengue were reported. The dengue incidence rate was 146.6 per 100 000 population, compared with 179.2 per 100 000 population in 2007. Selangor had the highest incidence rate, followed by Kuala Lumpur, Sarawak and Penang.

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

2.3 Leading causes of mortality and morbidity

The 10 top causes of admission to Ministry of Health hospitals in 2007 were normal deliveries, which constituted 14% of total admissions; complications of pregnancy, childbirth and the puerperium (12.8%); accidents (8.4%); diseases of the respiratory system (8.0%); diseases of the circulatory system (7%); certain conditions originating in the perinatal period (6.8%); diseases of the digestive system(5.4%); ill-defined conditions (symptoms and signs) (3.6%); diseases of the urinary system (3.5%); and malignant neoplasms (3.2%).

The 10 most common causes of death in Ministry of Health hospitals in 2008 were heart disease and disease of the pulmonary system (16.5%); septicaemia (13.2%); malignant neoplasms (11.2%); pneumonia (9.3%); cerebrovascular diseases (8.6%); diseases of the digestive system (5.2%); accidents (5.0%); certain conditions originating in the perinatal period (4%); nephritis, nephrotic syndrome and nephrosis (3.8%); and ill-defined conditions (2.6%).

2.4 Maternal, child and infant diseases

Socioeconomic development, together with efforts to promote health, have resulted in a decline in maternal mortality. The total fertility rate among Malaysian women is also declining and was estimated to be 2.3 per woman aged 15 to 49 years in 2008. Urbanization, late marriage and increased access to education and health care services, as well as more employment opportunities and family planning programmes, have contributed significantly to the decline in fertility.

The national maternal mortality ratio showed a reduction from 280 per 100 000 live birth in 1957 to 30 per 100 000 live birth in 2007. There has also been gradual improvement in the infant mortality rate (from 13.1 per 1000 live births in 1990 to 6.4 in 2008), the perinatal mortality rate (from 13.0 per 1000 births in 1990 to 7.4 per 1000 births in 2008) and the toddler mortality rate (from 0.9 per 1000 population aged 1-4 years in 1990 to 0.4 per 1000 population aged 1-4 years in 2008).

2.5 Burden of disease

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

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

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

3. HEALTH SYSTEM

3.1 Ministry of Health's mission, vision and objectives

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

3.2 Organization of health services and delivery systems

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

3.3 Health policy, planning and regulatory framework

Health planning in the Ministry of Health began in 1956 with the inception of the first Five-Year Malaya Plan (1956-1960). Since then, health planning has been carried out on five-yearly cycles. Each five-year Plan provides the direction for health and health-related agencies to address the health needs of the population.

The need for a national health policy was identified at the mid-term review of the 6th Malaysia Plan. The idea was proposed to enhance integration among health and health-related agencies towards achieving desired national objectives, the Vision for Health and ultimately help to realize Vision 2020. Since then, several draft 'national health policy' documents have been developed. In 2005, a national health policy framework was formulated and a draft entitled, the Malaysian National Health Policy Edition 1, 2007 (MNHP) was prepared. That draft delineated three main policy goals or objectives to be met over the years up to 2020 in the areas of: population health; national capacity building for health; and national capacity building towards competitiveness in the health market.

As health is a shared responsibility, it is imperative that views from all relevant stakeholders in health be considered. A meeting on the Malaysian National Health Policy, held in 2007 to discuss the proposed MNHP draft, saw active participation of members of 93 organizations from both the public and private sectors, including nongovernmental organizations. The proposed MNHP draft was amended, taking into consideration the input and recommendations of the participating organizations. The final draft was approved by the Planning and Policy Committee of the Ministry of Health, subsequently endorsed by the Minister of Health and submitted to the Cabinet for approval.

3.4 Health care financing

Since the 8th Malaysia Plan, the Ministry of Health and the Economic Planning Unit (EPU) have renewed their efforts to develop a national health care financing mechanism (NHFM). The need for such a mechanism was further emphasized in the 9th Malaysia Plan 2006-2010. The mid-term review noted that the ever-increasing demand for better health services and changing disease pattern were contributing to escalating health care costs. Accordingly, the Government plans to examine options to meet the rising cost of health care to ensure that services remain accessible, affordable and relevant to the people's needs. These efforts will contribute towards achieving better health for all. The NHFM project team will continue to work on development of the NHFM design.

The Malaysia National Health Accounts (MNHA) Unit, established in 2005, continues to gather and analyse health expenditure data using an internationally accepted framework. The second report on national health expenditure for the years 1997–2006 was published in 2008 and has been distributed to the main stakeholders of the health system, particularly the main data sources for MNHA. In 2008, data showed that private health expenditure, at RM17.8 billion (US$ 5.3 billion), had overtaken public health expenditure, at RM14.0 billion (US$ 4.2 billion). The main source of financing for private health expenditure was out-of-pocket payments (73.2%) followed by private health insurance (14.4%).

3.5 Human resources for health

The optimal utilization of available resources for delivery of health services requires, among others, enhancement of human capital, consolidation of physical facilities and services, strengthening of primary

health care, greater integration in health, improvement of quality, and enhancement of the stewardship and governance role of the Ministry of Health. There is a need to formulate and implement strategic human resource planning and management mechanisms in terms of capacity and capability building. Research shows that investment in health-promotion and disease-prevention services is more efficient and effective in improving health status than investment solely in curative treatment. Therefore, in the 9th Malaysia Plan, priority in human resource allocation was given to health promotion and prevention activities, with an increased number and category of personnel allocated to various fields. However, the quality and expertise of specialists in curative treatment cannot be ignored and must be improved in accordance with the needs of the population. Issues regarding the shortage and maldistribution of human resources, the 'brain drain' and career development have been given special emphasis.

Presently, the Ministry of Health has more than 140 000 posts, with 149 service schemes, making it the third largest government agency. However, a large number of those posts remain empty, with an avereage of 3.2% being filled annually. Relatively rapid facility expansion that is out of step with the human resource planning process may have contributed to the vacancies. The introduction of compulsory service for the three main professionals, namely doctors, dentists and pharmacists, has had a significant impact in reducing the number of vacant posts. Better remuneration and promotion prospects have also made public service more attractive.

3.6 Partnerships

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

Considering the marked improvement in the health status of the nation and the existing issues and challenges, it is inevitable that great commitment and effort will be required to achieve better health. Therefore, in view of the limited resources and the current urgency, the thrust of the 9th Malaysia Plan is more focused towards achieving better health through consolidation of services than the 8th Plan, which was geared towards greater integration in health and the promotion of partnerships.

3.7 Challenges to health system strengthening

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

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

Realizing these issues and challenges, and to ensure that national health care provision meets required international standards, the Ministry of Health strongly advocates the implementation of various quality assurance initiatives. Guided by the Vision for Health, the Mission of the Ministry of Health and Vision 2020, Malaysia is striving towards achieving a healthy and developed nation. At the onset of the 8th Malaysia Plan, the Government presented its national vision, outlining the country's priorities for the next 10 years. It is essential that new knowledge, new technology and innovations are implemented appropriately and effectively. Currently, the 9th Plan has as its theme the achievement of better health through consolidation of services. To achieve this, six major goals have been set to ensure more efficient and equitable health. These are: to prevent and reduce the disease burden; to enhance the health care

delivery system; to optimize resources; to enhance research and development; to manage crises and disasters effectively; and to strengthen the health information management system.

4. PROGRESS TOWARDS THE HEALTH MDGs

Goals 4 and 5: Reduce child mortality, and Improve maternal health

Malaysia is fulfilling its promise to address the targets outlined in the Millennium Development Goals. Achievements thus far include a marked decline in under-five mortality rate, from 16.8 per 1000 live births in 1990 to 8.1 in 2007; a reduction in the infant mortality rate reduced from 13.0 to 6.3 per 1000 live births over the same period; and a decline in the maternal mortality ratio from 40 maternal deaths per 100 000 live births in 2001 to 30 in 2007. The coverage for primary immunization is above 90% of the target population, and measles coverage, given in combination with mumps and rubella at one year, reached 94.3% in 2008. Malaysia has thus made important progress towards the MDG 4 and MDG 5 targets, but a lot more needs to be done, including: improving service provision especially referral, feedback and retrieval systems; and increasing the coverage of maternal and child health services to marginalized groups such as aborigines, the urban poor, immigrants and unmarried women.

Goal 6: Combat HIV/AIDS, malaria and other diseases

There has been a steady decline in the number of reported new HIV cases in Malaysia. From 6756 cases in 2002, the number decreased to 6120 in 2005 and 4549 in 2007. There are clear indications that sexual transmission in becoming a major factor in the future of the country's epidemic. Compared with 10 years ago, when the IDU route accounted for 74.7% of all new reported HIV infections, this proportion had declined to 55.2% of all new infections in 2009. Increasingly, new reported infections are being attributed to sexual transmission, namely unprotected sexual intercourse by both heterosexuals and men having sex with men. Malaysia is continuing to strengthen and consolidate its efforts in working towards achieving MDG6, as can be observed in the launching of the new National Strategic Plan (NSP) on HIV and AIDS for the period 2006 to 2010. This NSP was developed and drafted with the involvement of key partners, including civil society, non-health government agencies, universities and international organizations. The NSP focuses on leadership; capacity building; reducing vulnerability among injecting drug users and their partners; reducing vulnerability among women, youths, children and young people, as well as among marginalized groups; and scaling up treatment, care and support. The Government's commitment to a harm-reduction approach is well observed through its allocation of MYR 300 million (US$ 90 million).

Malaysia is committed to the WHO Strategic Plan to Stop TB in the Western Pacific Region and has achieved the target of detecting 70% of estimated cases. However, the country has yet to achieve the target success rate of 85%. Tuberculosis remains a public health challenge, with around 16 000–17 000 new cases reported annually. Malaysia is working towards developing a five-year national strategic plan (NSP) for TB control 2010-2015, adapted from the WHO Plan.

Malaysia has been successful in controlling malaria in most endemic areas. From 2000 to 2007, malaria incidence showed a decreasing trend and, in 2007, the incidence was 20.1 per 100 000 population. Although the country has achieved the MDG target for malaria, the Ministry of Health is fully committed to further reducing the number of cases and eventually eliminating it. Preparation are underway for implementation of the National Strategic Plan for the Elimination of Malaria (2010-2020,) with the aim of achieving malaria elimination status by 2020.

Goal 8: Develop a global partnership for development

One of the indicators in MDG 8 on global partnership has health relevance—it hopes to provide access to affordable essential drugs in developing countries, through cooperation with pharmaceutical companies. The Ministry of Health Malaysia has succeeded in putting the required mechanisms (parallel importing and compulsory licensing) in place to allow the purchase of affordable generic drugs for non-commercial, government use.

5. LISTING OF MAJOR INFORMATION SOURCES AND DATABASES

Title 1	:	*Social statistics bulletin*
Operator	:	Department of Statistics, Malaysia
Specification	:	Includes Information on population, socioeconomic indicators
Web address	:	www.statistics.gov.my
Title 2	:	*Economic report 2007/2008*
Operator	:	Treasury department Ministry of Finance, Malaysia
Specification	:	Chapter 1, Economic Management and Outlook
Web address	:	www.treasury.gov.my
Title 3	:	*Country Health Plan, 9th Malaysia Plan 2006-2010*
Operator	:	Planning and Development Division, MOH
Specification	:	Framework of 9th Malaysia Plan, National Health Priorities, Programme and activities
Title 4	:	Draft of *Disease Control Division annual report 2007 (Malay version)*
Operator	:	Disease Control Division, Ministry of Health
Specification	:	Report on communicable and non communicable disease report, outbreaks of diseases
Web address	:	www.dph.gov.my
Title 5	:	Drafts on women's health for report on health status of the nation
Operator	:	Family Health Division, Ministry of Health
Title 6	:	*Burden of disease, Malaysia*
Operator	:	Public Health Institute
Specification	:	Findings on Borden of Disease study base on 2000 data
Title 7	:	*Second report of the National Cancer Registry, Cancer incidence in Malaysia, 2003*
Operator	:	Clinical Research Centre (CRC)
Specification	:	Findings on the incidence of Cancer in Malaysia
Web address	:	http://www.crc.gov.my

6. ADDRESSES

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