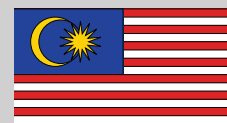


# Malaysia



## KEY FACTS:

- ◆ Joined commonwealth: 1957
- ◆ Capital: Kuala Lumpur
- ◆ Population: 26,572,000 (2007)
- ◆ GDP p c growth: 3.3% p.a. 1990–2005
- ◆ Official language: Malay
- ◆ Time: GMT plus 8hr
- ◆ Currency: ringgit or Malaysian dollar (M\$)

## Current vulnerabilities and threats

### 1. What are the health risks from current or future climate change impacts that are of most concern to your country?

The health risks from climate change impacts are climate sensitive vector-borne and food-and-water-borne diarrhoeal diseases. Several of these diseases are still endemic especially in the rural areas. However, with effective control programmes, the incidence of many of the vector-borne diseases such as malaria, lymphatic filariasis and Japanese encephalitis and food- and water-borne diarrhoeal diseases such as dysentery, typhoid, and cholera are showing a declining trend. Incidence of dysentery, typhoid, and cholera is less than 1 per 100,000 population and usually occur as sporadic outbreaks that are usually associated with environmental sanitation and water supply. The vector-borne disease dengue is of particular concern and continues to show increasing incidence since 2003. Although we are now in the pre-elimination phase of the malaria control programme, it may re-surge in the future because large areas are still receptive to transmission due to the presence of the mosquito vectors, which may be affected by climatic changes.

We are also concerned about the health risks of air pollution in urban areas which could be aggravated by increasing temperatures. Another concern is the impact on health from extreme events, particularly flooding.

### 2. What population groups in your country are most vulnerable to the health impacts of climate change and what are the impacts likely to be?

The rural population of all ages is vulnerable to malaria because of declining immunity and the presence of mosquito vectors for malaria. For dengue, the population in rapidly expanding urban areas is particularly vulnerable. The current disease burden of food- and water-borne diarrhoeal diseases is at its highest in states with a lower coverage of safe water supply, especially in rural areas. The elderly are also vulnerable to the impact of temperature rises and pollution in urban areas.

## Strategy and Policy

### 3. How much of a priority is addressing the impacts of climate change on health for your country?

High priority.

### 4. Please describe the strategies your country has developed (for example, health and climate change adaptation strategies) that address the health impacts of climate change.

There are already existing programmes within the Ministry of Health that addresses climate sensitive diseases and health conditions. Under the Disease Control Division, Public Health Department, existing vector-borne and food- and water-borne control programmes will continue to be improved and enhanced. While the coverage of sanitary waste disposal and the provision of clean water is complete in urban areas, the Rural Environmental Sanitation and Clean Water Supply Programme will continue to focus its activities in the rural areas. The current coverage of the clean water supply in rural areas is about 90 per cent and the Ministry is now targeting to achieve 100 per cent coverage by the Tenth Malaysia Plan (2011–2015). Efficient communicable disease outbreak investigation and management is also important. A Crisis Preparedness and Response Centre (CPRC) has been established in the Ministry of Health to monitor outbreak occurrence and to initiate and coordinate response. The establishment of the Centre for Communicable Disease (CDC) in the Ninth Malaysia Plan (2006–2010) will further enhance the disease surveillance and epidemiological investigation capacities and the much needed advanced laboratory support for efficient and effective communicable disease outbreak investigation and management.

The Ministry is also giving priority to research and development (R&D) which includes the development of predictive models of selected infectious diseases, better tools for control and adaptation strategies and new approaches in mapping out vulnerable populations using newer technologies such as GIS and remote sensing.

### 5. The health been integrated into national climate change mitigation and adaptation strategies?

Yes.

### 6. What steps have been made towards implementation of these strategies?

At the highest level, the Government has established the Cabinet Committee on Climate Change chaired by the Prime Minister of which Ministry of Health is a member. To assist the committee, four Technical Working Groups (TWG) were established namely TWG for Policy and Action, TWG for Science and Technology, TWG for Development and TWG for Investment. The Ministry of Health is represented in the first

two TWGs.

Currently Malaysian Government is in the process of preparing the Second National Communication (NC2) which will detail among others, the vulnerability assessment and adaptation strategies to address the impacts of climate change by various sectors including health. The NC2 is scheduled to be published by the end of 2009.

### **7. What are the current policy gaps in addressing climate change and health?**

The Government is still in the process of assessing the policy gaps. The NC2 exercise is one of the key tools that are being used to identify these gaps, both at sectoral and national levels.

### **8. How well equipped is your health system to cope with the impacts of climate change?**

Malaysia is confident that its healthcare system is equipped and capable to cope with the impacts of climate change. Access to healthcare is key modulating factor to the impact of climate change to the population. Access to healthcare in this country is comprehensive and universal. In Malaysia, the goals of Health for All had been achieved in 2000 and we are well on the way in achieving the Millennium Development Goals, in part because Malaysia had adopted the primary healthcare (PHC) approach as the thrust of the health delivery system, subscribing to the principles of affordability, accessibility and coverage. Primary healthcare services are delivered through an extensive network of government health facilities (806 health clinics, 1,927 community clinics, 97 MCH clinics, 211 mobile health clinics, 2,109 dental clinics) as well as 2,992 private medical clinics and 937 private dental clinics. This PHC network is supported by secondary and tertiary services provided by government (130 MOH hospitals, 6 MOH medical institutions, 6 non-MOH hospitals) and private facilities (195 hospitals, 21 maternity homes, 10 nursing homes, 3 hospices). The average distance of the poorest 20 percent of the population to government health clinic is only 5.7km.

### **9. Have you made any changes to your health system in response to increased risks resulting from climate change and if so, what changes have you made?**

No specific changes have been carried at the moment but the strengthening and enhancement of existing programmes are actively being carried out. For example, the Vector-borne Disease Control Programme is currently reviewing its strategy towards the complete elimination of malaria transmission which we hope to achieve by 2015. Malaysia has also completed the five-year cycle of the mass drug administration to eliminate the transmission of lymphatic filariasis and is currently conducting the re-assessment exercise.

The NC2 report would provide further inputs on the need for such change.

### **10. What are the main constraints to addressing the health impacts of climate change in your country and how will these be addressed?**

Capacity in vulnerability assessment particularly at the local level where actions take place, need to be further improved and enhanced through capacity building activities. Interaction between health outcomes and climate variability and change is also very complex and requires complex analytical methods. Capacity building in this area including complex modelling also needs to be enhanced.

Lack of efficient and effective tools for certain diseases or conditions, such as dengue, have also hindered effective control and adaptation strategies. This requires investment in R&D.

The health impacts of climate change are also modulated by other factors outside the health sectors such as food availability and safety, safe drinking water, environmental protection, changes in landscapes and land use, and waste and pollution management. There is a need to view the climate change issue through an eco-system approach where all relevant sectors need to work together, in terms of policy direction, strategy and programme development and implementation.

Effective coordination is the key factor and establishment of the Cabinet Committee on Climate Change is an effort in this direction. The NC2 report will also address this issue of coordination at national and sectoral levels.

### **11. Have national resources been allocated to address climate change and health in your country? If so, approximately how much has been allocated and for what issues?**

Specifically no, since climate change is not a specific programme in the Ministry of Health. However, many of the existing health programmes address directly or indirectly, the issues of adapting to climate change. This include:

- ◆ Disease control programme.
- ◆ Primary healthcare programme.
- ◆ Rural environmental sanitation and water supply programme.

Specific R&D funding has been made available to the National Institutes of Health for climate change related research. For the period of the Ninth Malaysia Plan (2006–2010) a total of about US\$ 1.03 million has been allocated for various climate-related research projects on disease transmission, modelling and projection models, disease burden and mapping, and adaptation measures of various diseases and health conditions.

### **12. Is the Ministry of Health working together with other ministries (such as Ministries of Agriculture, Environment, Fisheries or Finance) to address health and climate change issues?**

Yes.

### **13. Has your country been involved in work to manage climate change and health at the international level?**

Yes, through the Regional Forum on Environment and Health where climate change is on the agenda and Malaysia is a member of the TWG on Climate Change, Ozone Depletion and Eco-system Change. Malaysia also participated with the Regional WHO Office (WPRO) on capacity development initiatives on climate change and health.

### **14. How would you describe the capacity of your country to participate at the global level on climate change and health?**

Although our technical capacity may be limited, we are ready to participate actively at regional and global level to the climate change and health forum. Malaysia had taken the initiative to organise the Asia-Pacific Health Ministers' Conference on Climate Change and Health in Kuala Lumpur from 18–19 September 2008. Health Ministers and representatives from 17 countries attended the Conference. The Kuala Lumpur 2008 Communiqué on Climate Change and Health released at the end of the Conference called for:

- ◆ Mainstreaming health into climate change discourse:

- a. Strengthening of WHO role in international climate change discourse.
  - b. Enhancing communication between Health Ministers and National Focal Point to UNFCCC.
  - c. integration of emergency responses associated with climate change into national health initiatives and decision-making processes.
  - d. Comprehensive strategies and innovative financing mechanisms should be identified to support public health responses.
- ◆ Capacity building to address the health impacts of climate change:
- a. Promoting and supporting a network of centres of excellence in the region for effective human resource development, curriculum development, research capacity building and facilitate better mechanisms for information sharing among Member Countries.
  - b. Urging regional and national human resource development agencies and health development programmes towards intensifying the focus on climate change and health and mobilising climate change programmes in a more comprehensive manner
  - c. Enhancing stakeholders' participation, including civil society, to support and to strengthen capacity building.