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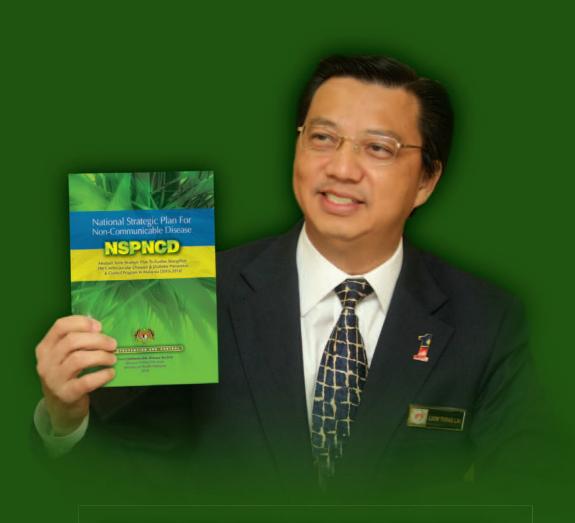
Kesihatan Tanggungjawab Kita Bersama

Seruan YB Menteri Kesihatan Malaysia Dato' Sri Liow Tiong Lai









NSPNGD

NATIONAL STRATEGIC PLAN FOR NON-COMMUNICABLE DISEASE

Kesihatan Tanggungjawab Kita Bersama Seruan YB Menteri Kesihatan Malaysia • Dato' Sri Liow Tiong Lai

• SYNOPSIS •

ighting non-communicable diseases (NCD) is one of the country's biggest challenges. "To this end, we need to seriously empower Malaysians to be responsible for their health," said Health Minister Dato' Sri Liow Tiong Lai. He said the prevalence of NCDs is at a worrying level and action needed to be taken to counter the problem with the media playing a key role. "There is a need to promote greater awareness among the people on practicing a healthy lifestyle."

"Health is wealth. Care for your own health and care for the health of your family members."

"We need a healthy nation and it is sad that despite efforts by the ministry, the prevalence of NCD and its risk factors in Malaysia continue to rise," rued Liow.

With all infrastructural development and health facilities in place nationwide, Liow said the ministry's focus now was to embark on primary prevention based on comprehensive population-based programmes. This has been found to be the most effective approach to contain the emerging epidemic.

Stressing that prevention is better than cure, the minister said the best way to tackle the problem was to educate people on living a healthy lifestyle and to go for regular health screenings so that diseases could be detected early and treated.

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World Health Organization (WHO) reported that:

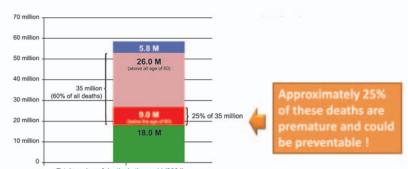
"In all developing countries, Non Communicable Diseases (NCD) such as cardiovascular disease, cancers, diabetes and chronic lung diseases now account for a large enough share of premature deaths and poverty to merit a concerted and coordinated policy response. They are already dominating health care needs in most developing countries. Tackling NCD constitutes one of the major challenges for development in the 21st century..."

Kementerian Kesihatan Malaysia, Seruan YBMK Tentang NCD, 14 Disember 2010.

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NCD - World's Largest Killer

60% of world annual death (or about 35 millions) are due to Non-communicable Diseases . Approximately 25% of these death are premature and could be prevented



Total number of deaths in the world (2004)



Source: WHO: Preventing chronic disease: a vital investment: WHO global report 2005.

Kementerian Kesihatan Malaysia, Seruan YBMK Tentang NCD, 14 Disember 2010.

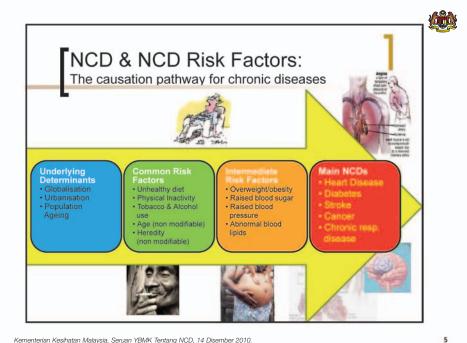
NCD - World's Largest Killer



Do you know? Globally...

- 17 million people died from cardiovascular diseases in 2005, (around 30% of all global death),
- 7.4 million people died from Cancer in 2004 (around 13% of all global death),
- 220 million people worldwide have diabetes, in 2005, 1.1 million people died from diabetes,
- 4 million people died from chronic lung diseases each year

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Malaysia Situation...

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PREVALENCE OF SELECTED NCD AND NCD RISK FACTORS IN MALAYSIA

Table 1 Prevalence of Selected NCD Risk Factors in Malaysia (1996-2006)

	NHMS II (1996)	MANS (2003)	NHMS III (2006)
Age group	≥18 years	≥18 years	≥18 years
Smoking	24.8%	N.A.	21.5%
Physically Inactive	88.4%*	85.6%*	43.7%
Overweight (BMI ≥25 kg/m² & <30 kg/m²)	16.6%	27.4%	29.1%
Obesity (BMI ≥30 kg/m²)	4.4%	12.7%	14.0%
Hypercholesterolaemia	N.A.	P	20.6%

NHMS = National Health and Morbidity Survey

Prevalence of "physically inactive": 43.7%; or an estimated 5.5 million Malaysians.

the methodology differed between surveys.

Kementerian Kesihatan Malaysia, Seruan YBMK Tentang NCD, 14 Disember 2010.



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BODY MASS INDEX (BMI)



What is BMI?

Body Mass Index (BMI) is a number calculated from a person's weight and height. BMI provides a reliable indicator of body fatness for most people and is used to screen for weight categories that may lead to health problems.

Weight (kg) BMI [Height (m) x Height (m)]

The healthy range for BMI is 18.5 to less than 25.

If your BMI is	You are		
Less than 18.5	Underweight		
18.5 - less than 25	Healthy weight		
25 - less than 30	Overweight		
30 or more	Obese		

Example:

If your weight is 65KG and your height is 155cm $BMI = 65kg / [1.55m \times 1.55m]$

BMI = 27.1 >> YOUR ARE Overweight

Source: CDC



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N.A.	N.A	20.6%
	≥18 years 24.8% 88.4%* 16.6% 4.4%	≥18 years ≥18 years 24.8% N.A. 88.4%* 85.6%* 16.6% 27.4% 4.4% 12.7%

There is an increasing trend of over-weight among Malaysians from 1996 to 2006.

Among the ethnic groups, Indians had the highest prevalence of overweight followed by Malay and Chinese.

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NHMS = National Health and Morbidity Survey

2006, Prevalence of obesity among adults 18 years and above: 14.0%, or an estimated 1.7 million Malaysians. A relative increase of over 200% compared to 10 years earlier (NHMS II (1996), 4.4%).

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Results of NHMS III also revealed that:



- Women had higher obesity prevalence (17.4%) than men (10.0%).
- Indians and Malays had higher obesity prevalence than other groups.
- Housewives showed the highest prevalence of obesity at 20.3%.
- The prevalence of abdominal obesity (waist circumference -WC for women > 88cm, and men > 102cm) was 17.4%, with women showing higher prevalence 26.0% than men 7.3%.

Source: NHMS III, 2006

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Prevalence of Diabetes in Malaysia (1986-2006)

Table 2	Prevalence of	Diabetes in	Malaysia	(1986-2006)
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	NHMS I (1986)	NHMS II (1996)	NHMS III (2006)	NHMS III (2006)
Age group	≥35 years	≥30 years	≥18 years	≥30 years
Prevalence	6.3%	8.3%	11.6%	14.9%
Known diabetes	4.5%	6.5%	7.0%	9.5%
Newly diagnosed	1.8%	1.8%	4.5%	5.4%
Impaired Glucose Tolerance * / Impaired Fasting Glucose **	4.8% *	4.3% *	4-	4.7% **

NHMS = National Health and Morbidity Survey

Prevalence of diabetes among adults 30 years and above is 14.9%, or an estimated 1.4 million Malaysians (≥30 years). A relative increase of 80% from that of 10 years earlier (NHMS II, 8.3%).

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Table 3 Prevalence of Hypertension in Malaysia (1986-2006)

	NHMS I (1986)	NHMS II (1996)	NHMS II (1996)	NHM5 III (2006)	NHMS III (2006)
Age group	≥25 years	≥18 years	≥30 years	≥18 years	230 years
Definition of Hypertension (mmHg)	≥160/95	≥140/90	≥140/90	≥140/90	≥140/90
Prevalence	14.4%	29.9%	32.9%	32.2%	42.6%

NHMS = National Health and Morbidity Survey

Prevalence of hypertension among adults 30 years and above is 42.6%, a relative increase of 30% from that of 10 years earlier (NHMS II, 32.9%); or an estimated 4.8 million Malaysians (≥30 years)

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NCD in Malaysia



- Despite efforts taken by MOH, the prevalence of NCD and NCD risk factors in Malaysia continues to rise.
- Currently about 70% of total MOH's Health Clinics attendances are related to NCD.
- Excluding normal deliveries, NCD accounts for over 20% of total hospitalization in MOH hospitals.
- Source: Pusat Informatik Kesihatan, 2009

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NCD in Malaysia (Cont.)

- Heart disease and stroke are in the top five most common cause of death in MOH hospitals.
- Heart disease and stroke also most common cause of premature death (below 60 years) in Malaysia.
- Malaysia now ranked sixth among Asian countries with high adult obesity rate.

Source: WHO Report 2010. http://www.liowtionglai.com/blog (08th Dec 2010)

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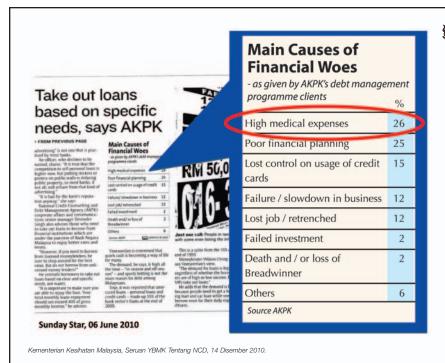


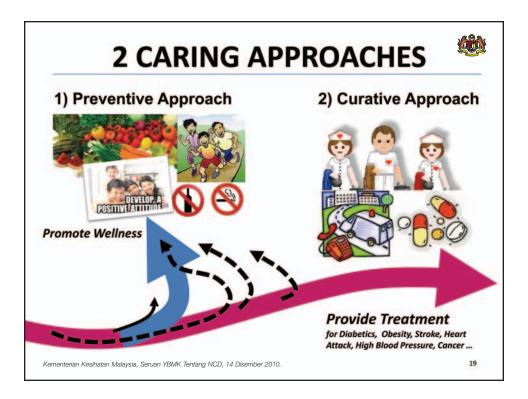


NCD Causes...

- 1. Family and financial crisis
- 2. Deterioration in quality of Life
- 3. Loses in productivity
- 4. Increase burden to the Nation

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NCD are Preventable

Up to 80% of heart disease, stroke, and type 2 diabetes and over a third of cancers could be prevented by eliminating shared risk factors, mainly tobacco use, unhealthy diet, physical inactivity and the harmful use of alcohol.

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NCD are Preventable (cont.)

NCD are largely **preventable by means of effective interventions** that tackle shared modifiable risk factors.

		Causative risk factors					
		Tobacco use	Unhealthy diets	Physical inactivity	Harmful use of alcohol		
None	Heart disease and stroke	1	~	\	✓		
	Diabetes	1	1	✓	✓		
cable dise	Cancer	1	~	~	1		
Ses	Chronic lung disease	1					

Source: WHO: Raising the priority of non-communicable diseases in development work at global and national levels,

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Reducing Prevalence of NCD is a Key Concern of MOH ...

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National Strategic Plan for Non-Communicable Diseases (NSP-NCD)



Objectives of NSP-NCD

- Prevent or delay the onset of cardiovascular diseases (CVD) and diabetes and their related complications;
- Improve their management of patients with CVD and diabetes, thus enhancing quality of life of our population, leading to longer and more productive lives;
- iii. To raise the priority accorded to diabetes and obesity in development work at global and national levels, and to integrate prevention and control of such diseases into policies across all government departments;
- To establish and strengthen national policies and plans for the prevention and control of diabetes and obesity;
- To promote interventions to reduce the main shared modifiable risk factors for NCDs: tobacco use, unhealthy diets and physical inactivity;
- To promote partnerships for the prevention and control of diabetes and obesity.

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NSP-NCD contains 7 main Strategies

- Prevention and Promotion
- ii. Clinical Management
- iii. Increasing Patient Compliance
- iv. Action with NGOs, Professional Bodies & Other Stakeholders
- v. Monitoring, Research and Surveillance
- vi. Capacity Building
- vii. Policy and Regulatory Interventions



Same Examples - Policy and Regulatory Interventions



A 20-stick pack of cigarettes costs RM10 from today

By LEE YUK PENG, AU

Increase of Cigarettes Price

KUALA LUMPUR: 0 40

Banning 14-stick cigarette packs

ods Merchants' Association president Lean ociation received a letter from a tobacco forming the association of the price increase

Banning of Smoking at 21 areas

ncluding hospitals/clinics, airports, public lifts and toilets, air-conditioned restaurants, public transport, government premises, educational institutions, petrol stations, Internet cafes, shopping complexes and private office spaces with central air-conditioning.

Health Warnings

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Cigarette Pack Pictorial

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Examples of Initiatives - Planed & On-going (Policy and Regulatory Interventions)



- Incorporate nutrition and physical activity policy statements and programmes in the development plans of all relevant ministries and agencies;
- To continue to regulate and decrease the content of salt and sugar in all processed food and drink;
- To increase the availability of facilities in the community to promote physical activity and exercise in a safe environment, e.g. public parks, public sports complexes, jogging and cycling paths, and public gymnasiums;
- Expansion of an efficient public transport system throughout Malaysia to promote the use of public transport which will encourage physical activity;
- Expansion of the compulsory regular health screening for all employees age 40 years and above.

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Same Examples – Prevention and Promotion via Communities Activities

NCD Intervention in Communities, Work Places and Schools

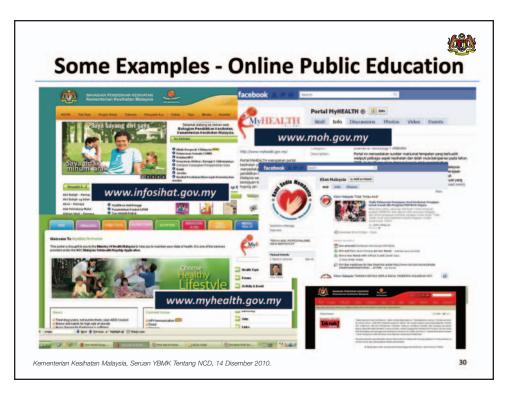
In 2010, MOH has carried out **55 NCD intervention projects** (as *demonstration projects*) throughout Malaysia:

- · 35 projects in communities
- · 11 projects at schools
- · 9 projects at work places

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NCD is a Major Health Problem ...



- ...but an under-appreciated cause of:
 - Poverty and
 - Negative impact to economic development.
- NCD can be prevented; through nation-wide, multi-sectoral approach, and changing living environment through legislations, regulations (inc. taxation & subsidies) and specific policies.

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We Need Greater Participations from All Sectors to Counter NCD

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Act Before It's Too Late!

For the well being of yourself, your family, our people and our nation, MOH would like to call upon everyone to work together to act against NCD.

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"All-of-Society" Approach



It requires an "All-of-Society" approach, and not just by MOH.

Government (MOH and Other Ministries) +
Local Authorities + Media +
Professional Bodies + Private Sectors
+ Communities + NGOs + Everyone

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MAKING HEALTHY LIFESTYLE A WAY OF LIFE

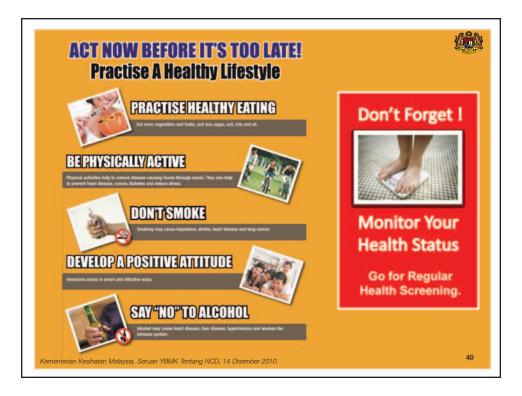
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Year 2011 Health Awareness Year

"Towards a Happier and Healthier Malaysia!" Kesihatan Tanggungjawab Kita Bersama Seruan YB Menteri Kesihatan Malaysia • Dato' Sri Liow Tiono Lai

Some Action Items: (Media has a key role)



- Promote greater awareness among our people to practise healthy lifestyle.
- Promote and publicize public/communities involvement and participation in healthy lifestyle activities.
- Health is wealth! Care for your own health and care for the health of your family members.
- Creation of Health Resource Centre to provide knowledge and to empower people to care for their own health.
- Encourage employer to promote healthy living among their work force.
- To make "Healthy Living" as a lifestyle trend, to generate wide spread social interest and sustainable demand.

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Let's Act Together NOV!