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(PRIME MINISTER)

EVENT: THE OPENING OF THE 45TH SESSION OF THE WORLD HEALTH ORGANISATION (WHO) REGIONAL COMMITTEE MEETING

VENUE: THE CROWN PRINCESS HOTEL, KUALA LUMPUR

DATE: 19 SEP 1994

TIME:

I wish to thank the organisers and the World Health Organisation (WHO) for giving me the opportunity to open this 45th Session of the World Health Organisation Regional Committee for the Western Pacific. Malaysia is indeed honoured that it has been chosen to host this event. I would like to welcome all delegates and other participants from abroad to Malaysia.

2. We have worked closely together with WHO since the mid-fifties when we gained our independence and became a member country of the Organisation a year later in 1958. One of the first campaigns at the time was against yaws which was prevalent among the rural people. Over the years, Malaysia's support and cooperation with WHO were continuously enhanced.

3. We are proud of the recognition accorded to our Institute for Medical Research in Kuala Lumpur by WHO which has led to it being made the WHO Regional Centre for Research and Training in Tropical Diseases and Nutrition since 1978.

4. The setting-up of four WHO Collaborating Centres, three of which are under the Ministry of Health and one in the University of Malaya, further attests to the closeness of this relation ship.

5. Of crucial importance to us is WHO support in the field of training. Government health services in Malaysia have faced manpower shortages for many years. Appropriately trained and skilled manpower is vital in such circumstances to compensate for staff shortages which have now become chronic.

6. Some people have said that Malaysia is one of the most planned countries. We make no apology for believing in planning as it has paid off handsomely. A multiracial country almost totally dependent on rubber and tin for its wealth, we have had to devise and execute a number of 5-year Plans, and plans within plans, in order to rehabilitate ourselves after the collapse of commodity prices in the sixties.

7. When we gained our independence in 1957, the social

sector including Health was made an integral part of the national development process. Since most of the health facilities were in the towns during the colonial period, we gave priority to health infrastructure development in the rural areas.

8. We are especially proud of our rural health services which deliver a basic package of promotive, preventive, curative and rehabilitative care through some six hundred health centres with nearly two thousand rural clinics, all built after independence. Services of this type were later formally advocated by WHO in the Primary Health Care strategy of Health-for-All at Alma-Ata in 1978. Our coverage by these services exceeds 95 percent in Peninsular Malaysia and about 70 percent in Sabah and Sarawak. For existing under-served areas, we have outreach mobile services including "flying doctor" and riverine services, and also jungle health posts for the Aborigine Health Service.

9. The continued improvement in the economy has helped us to achieve a more equitable health service as between urban and rural areas. At the same time, following our policy of making the private sector the engine of economic growth, we have weaned the more well-to-do citizens from their dependence on Government health care. As a result no citizen is deprived of reasonable health care even when they are poor or are not insured. A non- contributory scheme for workers ensure that injuries at workplaces are catered to.

10. The private sector has shown an unprecedented growth. To-day, there are more than 3,000 general practitioners or GP clinics countrywide, and some 190 private hospitals and nursing homes with more than 5,800 beds. The quality and standard of care offered are comprehensive and obviate the need to go abroad for medical treatment.

11. Government hospitals which are among the best equipped in the country, number 114 with nearly 32,500 beds provide highly subsidised quality care in an hierarchical system of ascending medical complexity to look after patients based on need. It is free for those who cannot afford to pay.

12. The provision of dental care in this country also follows a public-private mix with the dental services of the Ministry of Health as the main public provider.

13. The Government is determind that the health of the people will remain a major concern and will provide the most up-to-date amenities through adequate allocation in the yearly budget.

14. I would like to congratulate WHO on its continued effort to cooperate with the developing countries in the Western Pacific region for the development of health services especially in the prevention and control of

communicable diseases. The latest example is the excellent coordination by WHO of the Global Programme on AIDS as a measure for worldwide surveillance of AIDS and HIV infection.

15. Malaysians have benefited from the use of appropriate technology, training and skills development and in collaboration for research. Our health development efforts to benefit Malaysian women have also had useful support from WHO. Life expectancy has shown an upward trend from 72.9 years at birth in 1981 to 73.7 years in 1992. For the same period, maternal mortality rate has fallen from 0.59 to 0.2 per 1,000 live births. Children too have benefited: infant mortality fell from 19.71 in 1981 to 11.6 per 1,000 live births in 1992. One of the important contributions to this success is Malaysia's well-implemented Extended Programme of Immunisation or EPI advocated by WHO in which for example, we have attained immunisation coverages in 1992, of 91.9 percent against diphtheria, whooping cough and tetanus, and 91.1 percent against poliomyelitis with its eradication targeted for 1995.

16. In Malaysia, although in general, there has been a great deal of improvement in population health status, changes have taken place in the pattern of disease and population affected. Heart and pulmonary diseases have become the principal cause of death from 1980 onwards replacing diseases of early infancy. Cerebrovascular diseases were the third commonest cause of death in 1992 with accidents ranking fifth. Heart attacks are the major cause of premature deaths among males between the ages of 45 to 64 years with a dramatic rise in the cohort 30 to 44 years. Thus the pattern seems to show that the younger Malaysians of the critical group in our workforce are falling prey to the so-called lifestyle diseases.

17. In our attempts to resolve the effects of this change in epidemiological pattern, Malaysia has embarked on intensive campaigns to alter the lifestyle of its people.

18. At the same time, we have also strengthened the health education process with legal enforcement in relevant areas such as our anti-smoking campaign. We are indeed heartened to see the tremendous public support and consumer response that we have received in our enforcement of non-smoking areas in designated public premises and public transport starting on May 15 this year.

19. Many countries in this region have been blessed with strong economic growth and can look forward to greater improvements in socio-economic development as well as in the quality of life of their populations. We need to consider our concept of "health". It can be viewed as a resource and ill health in the community is a depletion of this resource. Those in the health sector need to consider the issues which can be the focus for advocacy in health strategies.

20. Although priorities for health action may differ in different regions and in different countries, we need to address the important issues of safe water, sanitation, waste management, education, housing, recreational facilities and other issues which can contribute towards better health. This will result in a healthier community and a healthier work force which are of economic importance to the country. Addressing these issues will also result in greater equity not only in national development but also in health. It is important therefore, that we play a strong role in creating greater awareness for the need to invest in "health".

21. We are advocating for Malaysians the way to a better lifestyle, fully aware of the changes taking place in the world around us, not only from the sociological but more importantly, from the economic and political perspectives as well. The rapid advancement of technology today, particularly in the communication field with its information superhighways, has made the world smaller; reduced, and perhaps made insignificant geographical and political borders, and bridged the knowledge gap of people globally. In relation to health promotion for example, its effectiveness may well be enhanced through better coordination and concerted effort, taking full advantage of these advancements particularly in relation to strategies of social marketing and advocacy for health.

22. It is against this background that we urge WHO to advocate to countries in the Western Pacific region the need to focus their efforts for health upon healthy lifestyle strategies to prevent the wastage of a country's prime work force to cardio- vascular disease, AIDS and other diseases. We wish also to highlight the possible negative influences to health which may result from the information explosion that is taking place in many developing countries. Thus, governments have the social responsibility not only to improve the quality of life of their people but also to ensure that the people get the right message and receive the right information which can contribute towards better response by the people to the amenities provided.

23. On that note I wish you a successful meeting and I am optimistic of the many positive outcomes which will emerge from your thoughts and deliberations.

24. It is with pleasure that I declare open this 45th. Session of the World Health Organisation Regional Committee for the Western Pacific.