



MINISTRY OF HEALTH MALAYSIA

ANNUAL REPORT 2025





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TABLE OF CONTENTS

EDITORIAL BOARD	iv
ORGANISATION CHART OF THE MINISTRY OF HEALTH MALAYSIA	v
VISION & MISSION	vi
CHAPTER 1 HEALTH STATUS	1
CHAPTER 2 MANAGEMENT	11
CHAPTER 3 FINANCE	51
CHAPTER 4 PUBLIC HEALTH	83
CHAPTER 5 MEDICAL	151
CHAPTER 6 RESEARCH AND TECHNICAL SUPPORT	207
CHAPTER 7 ORAL HEALTH	265
CHAPTER 8 PHARMACEUTICAL SERVICES	283
CHAPTER 9 FOOD SAFETY AND QUALITY	297
CHAPTER 10 DIGITAL HEALTH	311
CHAPTER 11 HEALTH TRANSFORMATION	317
CHAPTER 12 CORPORATE COMMUNICATIONS	323
CHAPTER 13 INTERNAL AUDIT	329
CHAPTER 14 LEGAL ADVISORS	333
CHAPTER 15 INTEGRITY	339
CHAPTER 16 MEDICAL DEVICE AUTHORITY (MDA)	343
CHAPTER 17 MALAYSIA MEDICAL COUNCIL (MMC)	351
CHAPTER 18 PROTECTHEALTH	357
CHAPTER 19 MALAYSIA HEALTHCARE TRAVEL COUNCIL (MHTC)	365
CHAPTER 20 CLINICAL RESEARCH MALAYSIA (CRM)	373
GLOSSARY	381
EDITORIAL COMMITTEE	387
ANNUAL REPORT COORDINATORS 2025	388



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Date updated: 22 April 2026
Please refer to the official MOH website for the latest organisation chart



VISION

A nation working together for better health



MISSION

The mission of the Ministry of Health Malaysia is to lead and work in partnership:

- To facilitate and support the people to:
 - fully attain their potential in health
 - appreciate health as a valuable asset
 - take individual responsibility and positive action for their health
- To ensure a high quality health system that is:
 - customer centred
 - equitable
 - affordable
 - efficient
 - technologically appropriate
 - environmentally adaptable
 - innovative
- With emphasis on:
 - professionalism, caring and teamwork value
 - respect for human dignity
 - community participation

CHAPTER 1



HEALTH STATUS



INTRODUCTION

Good health enables Malaysians to lead prosperous and meaningful lives. Access to quality healthcare services, balanced nutrition, the practice of an active lifestyle and a high level of health awareness play a vital role in maintaining optimal health.

POPULATION STRUCTURE

The population of Malaysia in 2025 was estimated at 34.2 million, with an annual population growth rate of 0.49%. The total population in 2025 showed an increase of 168,400 compared to the 34.1 million recorded in 2024. The population distribution by state shows that Selangor recorded the highest population at 7.4 million, while the Federal Territory (FT) of Labuan recorded the lowest population at 0.1 million, as shown in **Table 1.1**. Terengganu recorded the highest annual population growth rate at 1.15%, while Perlis recorded the lowest at 0.07% as shown in **Figure 1.1**.

Table 1.1 Total Population by State in Malaysia 2024-2025

State	Population ('000)	
	2024	2025
Johor	4,184.4	4,204.1
Kedah	2,217.1	2,227.1
Kelantan	1,887.9	1,906.9
Melaka	1,046.7	1,052.0
Negeri Sembilan	1,239.5	1,243.9
Pahang	1,667.7	1,676.8
Pulau Pinang	1,800.5	1,804.3
Perak	2,569.4	2,573.8
Perlis	296.8	297.0
Selangor	7,362.7	7,408.7
Terengganu	1,231.5	1,245.8
Sabah	3,742.0	3,754.5
Sarawak	2,517.5	2,528.9
FT Kuala Lumpur	2,067.5	2,075.2
FT Labuan	100.8	100.9
FT Putrajaya	120.3	120.7
MALAYSIA	34,052.1	34,220.5

Notes:

1. The mid-year population estimates for 2024 and 2025 are based on the Population and Housing Census of Malaysia 2020 (Census 2020).
2. Total may differ due to rounding.

Source: Current Population Estimates, Malaysia 2025, Department of Statistics Malaysia

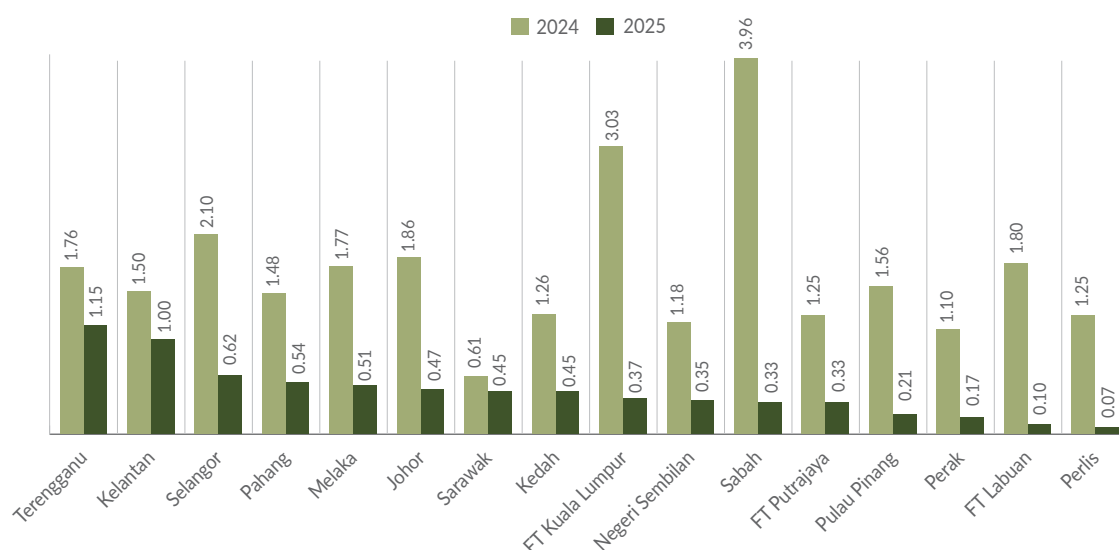


Figure 1.1 Annual Population Growth Rate (%) by State in Malaysia 2024-2025

Notes:

1. The mid-year population estimates for 2024 and 2025 are based on the Population and Housing Census of Malaysia 2020 (Census 2020).
2. Total may differ due to rounding.

Source: Current Population Estimates, Malaysia 2025, Department of Statistics Malaysia

In 2025, the male population in Malaysia outnumbered the female population, standing at 17.95 million and 16.27 million respectively, with a sex ratio of 110 males for every 100 females. The working-age population, comprising population aged 15-64 years, accounted for 24.09 million or 70.4% of the total population. Meanwhile, the young-age (0-14 years) and old-age (65 years and over) populations recorded 7.39 million (21.6%) and 2.73 million (8.0%) respectively.

The dependency ratio refers to the number of people in the young and old-age groups who need to be supported by every 100 people in the working-age group. This ratio can be disaggregated into the total dependency ratio, young-age dependency ratio and the old-age dependency ratio. In 2025, the total dependency ratio stood at 42.0, with the young-age dependency ratio at 30.7 and the old-age dependency ratio at 11.4.

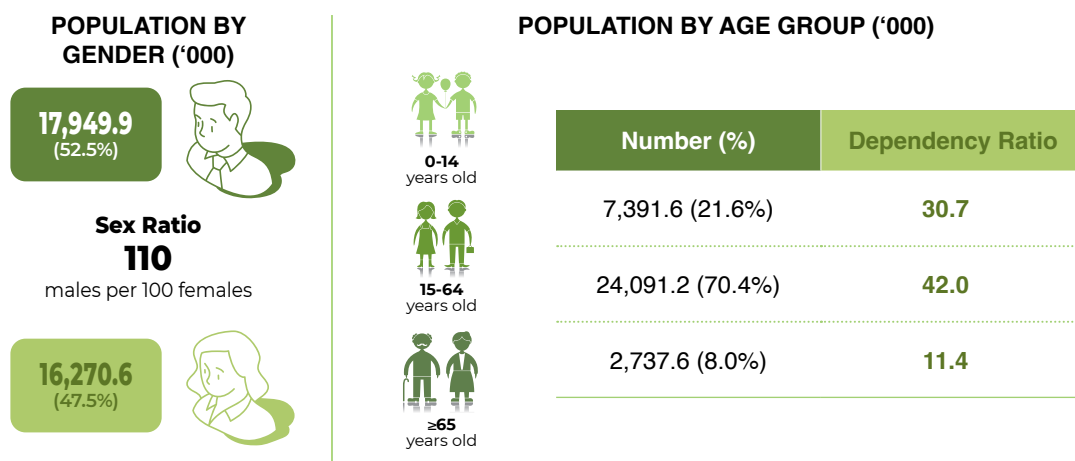


Figure 1.2 Principal Statistics of Malaysia Population in 2025

Notes:

1. Current mid-year population estimates are based on the Population and Housing Census of Malaysia 2020 (Census 2020).
2. Totals may differ due to rounding.

Source: Current Population Estimates, Malaysia 2025, Department of Statistics Malaysia

HEALTH STATUS

Health status is measured by the health conditions of individuals and the population as a whole. It can be assessed through several health status indicators, such as life expectancy at birth, morbidity and mortality.

LIFE EXPECTANCY AT BIRTH

Life expectancy is the average number of years a person is expected to live from the beginning of a specific age. Life expectancy at birth indicates the number of years a newborn infant would live if the prevailing patterns of mortality at the time of birth were to remain the same throughout its life.

In 2025, the life expectancy at birth was 75.3 years, an increase from 74.9 years in the previous year. The same trend is observed for the life expectancies of males and females at birth, which are 73.1 years and 77.9 years respectively, as shown in **Figure 1.3**.

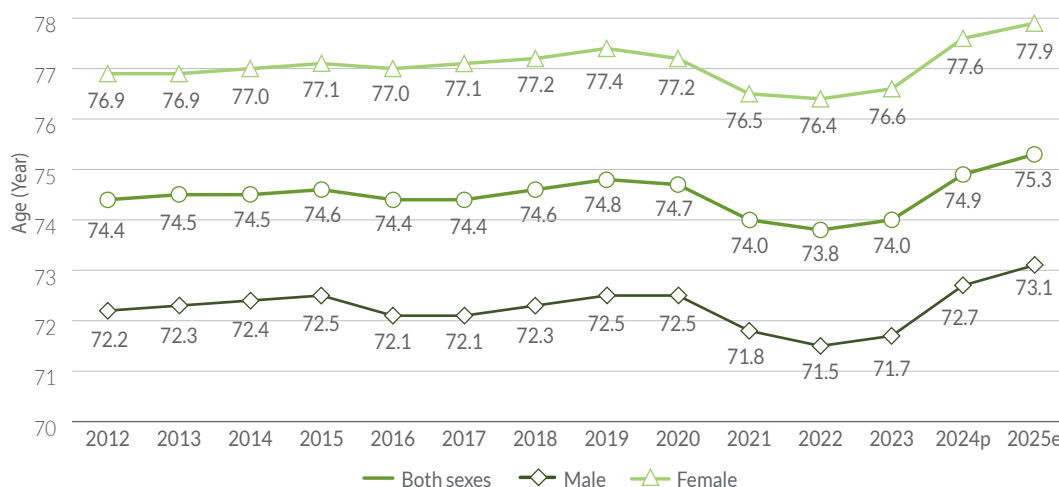


Figure 1.3 Life Expectancy at Birth Malaysia 2012-2025

Notes:

1. ^p Preliminary figure
2. ^e Estimate figure

Source: Abridged Life Tables 2023-2025, Department of Statistics Malaysia

MORTALITY

Mortality data provide a useful resource for measuring health levels. These data offer a comprehensive view of community health, as they involve each individual.

The trends for the crude death rate (CDR), neonatal mortality rate (NMR), infant mortality rate (IMR) and maternal mortality ratio (MMR) in Malaysia for the period of 1990-2024 are shown in **Figure 1.4**. The CDR recorded a decrease from 5.9 in 2023 to 5.8 per 1,000 population in 2024. A similar downward trend was observed for MMR, with a decline to 24.3 in 2024 compared with 25.7 per 100,000 live births in 2023.

However, NMR and IMR showed contrasting trends compared with the previous year, NMR recorded an increase from 4.3 to 4.5 per 1,000 live births, while IMR rose from 6.7 to 7.2 per 1,000 live births in 2024. The trends for other mortality rates are shown in **Table 1.2**.

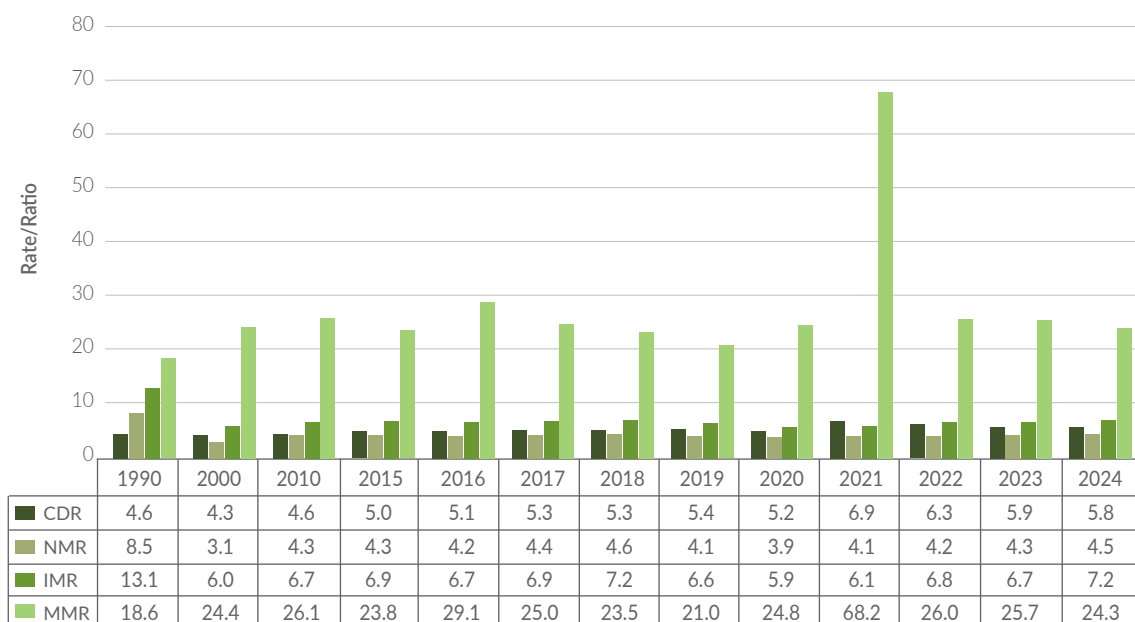


Figure 1.4 Mortality Rates in Malaysia 1990-2024

Source: Vital Statistics Malaysia 2025, Department of Statistics Malaysia

Table 1.2 Mortality Rates in Malaysia 2016-2024

Indicators	2016	2017	2018	2019	2020	2021	2022	2023	2024
Crude death rate (per 1,000 population)	5.1	5.3	5.3	5.4	5.2	6.9	6.3	5.9	5.8
Stillbirth rate (per 1,000 births)	5.2	5.4	5.5	5.3	5.1	5.0	5.0	4.8	4.5
Perinatal mortality rate (per 1,000 births)	8.3	8.7	8.9	8.4	8.0	8.2	8.2	7.9	7.9
Neonatal mortality rate (per 1,000 live births)	4.2	4.4	4.6	4.1	3.9	4.1	4.2	4.3	4.5
Infant mortality rate (per 1,000 live births)	6.7	6.9	7.2	6.6	5.9	6.1	6.8	6.7	7.2
Toddler mortality rate (per 1,000 population aged 1-4 years)	0.4	0.4	0.4	0.4	0.3	0.3	0.4	0.4	0.3
Under-5 mortality rate (per 1,000 live births)	8.1	8.4	8.8	8.1	7.3	7.4	8.6	8.3	8.7
Maternal mortality ratio (per 100,000 live births)	29.1	25.0	23.5	21.1	24.8	68.2	26.0	25.7	24.3

Source: Vital Statistics, Malaysia 2025, Department of Statistics Malaysia

MORBIDITY

The health status of a community is typically measured based on morbidity, which focuses on the incidence or prevalence of diseases.

Hospitalisation indicates the severity of diseases requiring further treatment, patient stabilisation or patient isolation to prevent disease transmission. The total number of admissions to the Ministry of Health (MOH) hospitals recorded 2,602,443 in 2025. Of this total, the category pregnancy, childbirth or the puerperium was the leading cause of hospitalisation in MOH hospitals, accounting for 16.77%, followed by diseases of the respiratory system (14.07%) and certain conditions originating in the perinatal period (8.88%) as shown in **Figure 1.5**.

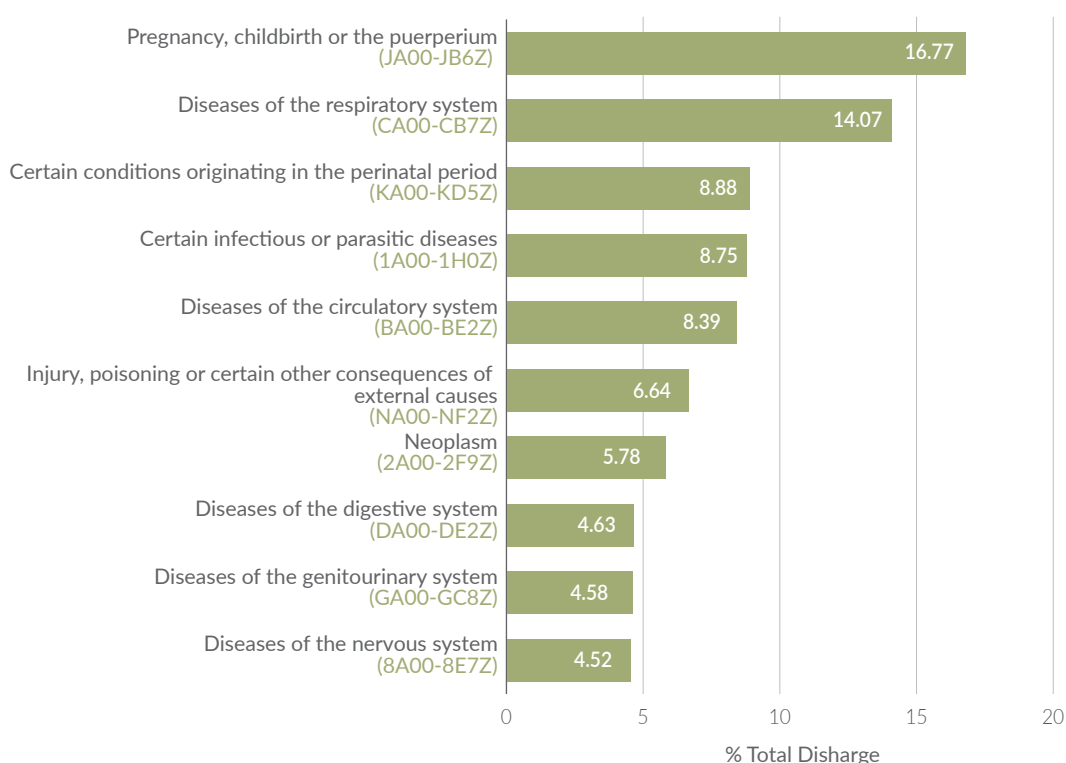


Figure 1.5 10 Principal Causes of Hospitalisation in MOH Hospitals 2025

Note:

The list of diseases is based on the chapter grouping, International Classification of Diseases 11th Revision (ICD - 11), Version 2022

The total number of deaths recorded in MOH hospitals in 2025 was 69,759, with diseases of the respiratory system being the leading cause of death, accounting for 19.91%. This was followed by diseases of the circulatory system (16.35%) as well as neoplasms (13.36%) as shown in **Figure 1.6**.

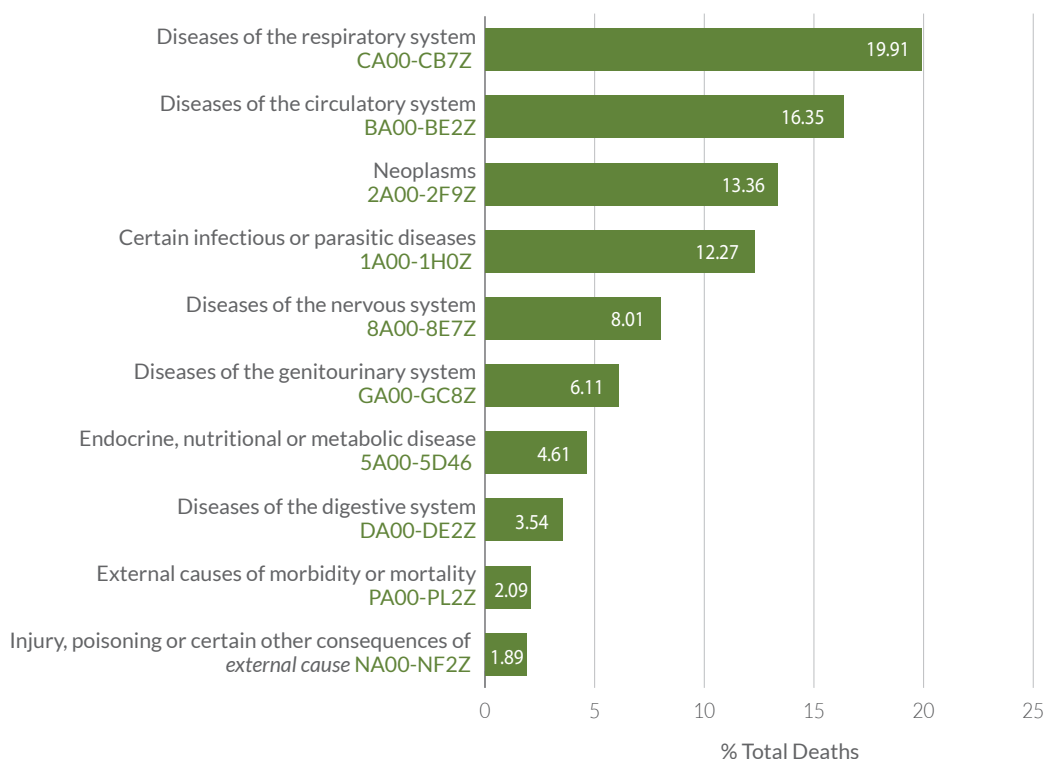


Figure 1.6 10 Principal Causes of Death* in MOH Hospitals 2025

Notes:

1. The list of diseases is based on the chapter grouping, International Classification of Diseases 11th Revision (ICD - 11), Version 2022.
2. * Starting in 2014, the determination of the causes of death in MOH hospitals is based on the underlying cause of death, as recommended by the World Health Organization (WHO).

HEALTH FACILITIES AND FACILITY UTILISATION

The total number of MOH hospitals providing inpatient services in 2025 was 151, with a total of 47,789 beds. This total consisted of 140 hospitals of various types and 11 special medical institutions, with 42,143 and 5,646 beds respectively. The Bed Occupancy Rate (BOR) for both MOH hospitals and special medical institutions in 2025 was 72.73% as shown in **Table 1.3**.

As of 31 December 2025, there were 1,140 health clinics (KK), 1,579 rural clinics (KD), 76 maternal and child health clinics (KKIA) and 186 community clinics (KKom) operating nationwide, which provide basic medical services for illnesses and mild injuries to the community.

Table 1.3 MOH Health Facilities by Type, Number of Official Beds and BOR 2020-2025

Indicators	2020	2021	2022	2023	2024	2025
Number of Hospital	146	146	148	149	150	151
i. Hospital	135	135	137	138	139	140
ii. Special Medical Institution	11	11	11	11	11	11
Number of Official Beds	44,117	44,849	45,167	45,964	46,885	47,789
i. Hospital	38,543	39,263	39,581	40,348	41,209	42,143
ii. Special Medical Institution	5,574	5,586	5,586	5,616	5,646	5,646
BOR ¹ (%)	64.72	77.52	69.01	73.25	72.61	72.73
Number of KK	1,051	1,057	1,077	1,095	1,131	1,140
Number of KD	1,752	1,749	1,722	1,716	1,656	1,579
Number of KKIA	87	86	83	80	77	76
Number of KKom	257	255	239	228	205	186

Note:

¹ Refers to the BOR in MOH hospitals and special medical institutions.

CHAPTER 2

MANAGEMENT



MANAGEMENT PROGRAMME

MOH Management Programme is responsible for planning and developing competent human resources as well as ensuring efficient, orderly and effective organisational governance. The sector consists of six (6) main divisions under the supervision of the Deputy Secretary General (Management) as follows:

- i. Human Resources Division (BSM)
- ii. Training Management Division (BPL)
- iii. Management Services Division (BKP)
- iv. Procurement and Privatisation Division (BPPs)
- v. Competency Development Division (BPK)
- vi. Policy and International Relations Division (BDHA)

HUMAN RESOURCE DIVISION (BSM)

BSM implements the scope of appointments, service management, organisational development, staffing matters, allowances and facilities at MOH. These roles are carried out by the BSM through the following three (3) branches as follows:

- i. Policy, Remuneration and Staffing Branch
- ii. Service and Support Management Branch
- iii. Promotion, Evaluation and Performance Branch

SCHEME OF SERVICE IN MOH

Following the implementation of the Public Service Remuneration System (SSPA), the total number of service schemes within the MOH has been streamlined to 86, compared to 100 under the previous Malaysian Remuneration System (SSM). This improvement was achieved by merging existing schemes and updating the appointment statuses. The distribution of these service schemes by category is illustrated in **Figure 2.1**.

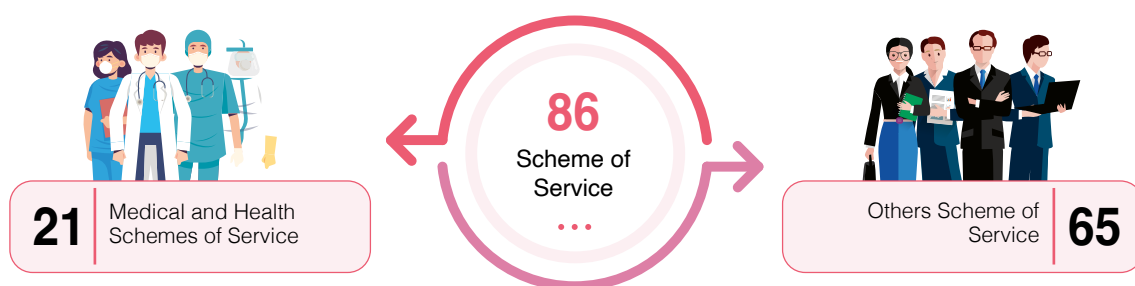


Figure 2.1 Service Scheme by Service Category

HUMAN RESOURCE CAPACITY

MOH is the ministry with the second-highest human resources after the Ministry of Education (MOE). As of 31 December 2025, the total number of human resources serving in the MOH is 301,338 officers. This number consists of 273,857 (90.9%) permanent appointed officers and 27,481 (9.1%) contract appointees. **Figure 2.2** indicates details of the overall human resource capacity at MOH according to the service group.

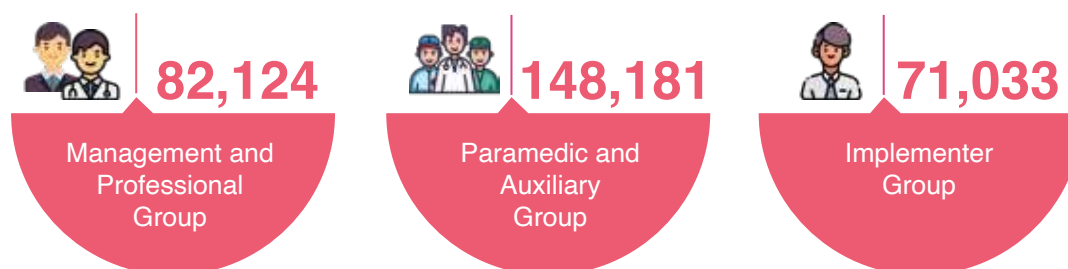


Figure 2.2 MOH Human Resources Capacity by Service Group 2025

Notes:

- The Management and Professional Group are officers from grade 9 and above, including officers in the Top Management Group and officers in integrated service schemes.
- Paramedic and Auxiliary Groups are officers from grade 1 to 8 covering service schemes in the semi-medical field.
- The Implementer Group are officers in other service schemes from grade 1 to 8.

FILLING OF PERMANENT POST

In 2025, MOH have a total of 325,003 permanent posts with 273,857 filled in posts. The filling of vacancies according to grade is collaborated with Public Service Commission (SPA). Meanwhile, for promotion grade, positions are filled through acting endorsement and approved by the Promotion Board. **Table 2.1** explains the details of filling permanent positions at MOH in 2025.

Table 2.1 Filling of MOH Permanent Posts in 2025

Service Scheme	Filling of Position
Medical Specialist	8,674
Dental Specialist	499
Medical Officer	27,209
Dental Officer	4,679
Pharmacist	10,108
Nurse	71,255
Medical Assistant	17,576
Service Scheme under Allied Health Professions	27,017
Other Service Schemes	106,840
Total	273,857

APPOINTMENT OF CONTRACT STAFF FOR CONTINUITY OF SERVICES

In 2025, a total of 27,481 officers from various service schemes were appointed on a contractual basis. These contractual appointments were made due to the MOH's obligations under the Medical Act 1971 [Act 50] for graduate training or compulsory service for specialist services and continuity of services at MOH facilities. **Table 2.2** indicates details of contract appointments according to the scheme of service at MOH in 2025.

Table 2.2 MOH Contract Appointments 2025

Service Scheme	Number of Appointments
Appointment Due to the Needs of Specialist Services	
Medical Specialist	15
Dental Specialist	1
Appointment Due to the Act's Requirements for Housemanship Training and Compulsory Service	
Medical Officer	11,541
Dental Officer	2,586
Pharmacist	3,202
Appointment to Assist the Continuity of Health Services Delivery	
Psychology Officer (Counsellor)	196
Science Officer	105
Environmental Health Officer	59
Optometry Officer	14
Research Officer	1
Assistant Medical Officer	2,949
Environmental Health Officer Assistant	953
Medical Laboratory Technologist	749
Dental Surgery Assistant	376
Medical Radiographer (Diagnostic)	199
Medical Occupational Therapist	117
Medical Physiotherapist	99
Dental Technologist	75
Engineer Assistant	48
Public Assistant	11
IPKKM Contract of Service Officer	1
MySTEP Personnel	4,184
Total	27,481

ADDITIONAL PERMANENT POSTS

In 2025, MOH has received 12,280 new additional posts. During the 12MP (2021-2025), 52,698 new additional posts covering various schemes of service were created in MOH. This increase was received due to the need for additional staffing in existing, upgraded and newly built health facilities. **Figure 2.3** indicates details of additional permanent posts received by the MOH posts over a five (5) years period.

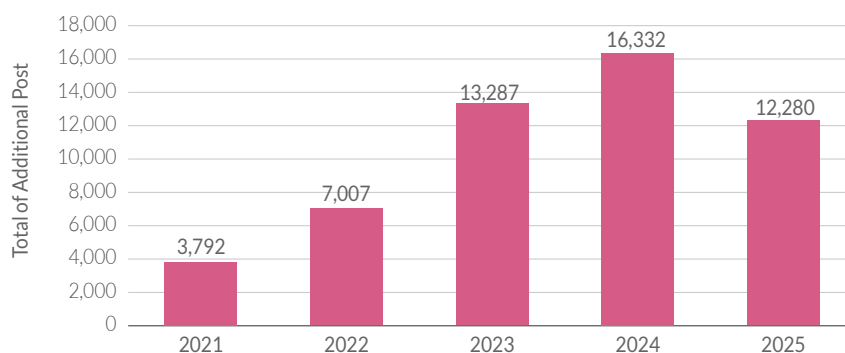


Figure 2.3 MOH Additional Permanent Post 2021-2025

PLACEMENT OF MOH STAFF IN OTHER MINISTRIES

MOH is also committed to assisting other ministries through health support services implemented by the agencies or institutions under the ministry. As of 31 December 2025, MOH has placed 2,734 officers in cadre posts in other ministries, comprising 93 officers in the management and professional groups, 20 in the paramedic and auxiliary groups and 2,564 in the supporting group.

Table 2.3 Placement of MOH Cadre Officers in Other Ministries 2025

Ministry	Medical Specialist	Medical Officer	Dental Officer	Medical Assistant	Nurse	Community Nurse	Health Care Assistant	Other Scheme	Total
Kementerian Pertahanan (MINDEF)	-	-	-	116	451	134	188	81	970
Kementerian Pembangunan Wanita, Keluarga dan Masyarakat (KPWKM)	-	-	-	8	25	64	744	56	897
Kementerian Dalam Negeri (KDN)	3	56	11	224	43	1	52	274	664

Ministry	Medical Specialist	Medical Officer	Dental Officer	Medical Assistant	Nurse	Community Nurse	Health Care Assistant	Other Scheme	Total
Kementerian Sumber Manusia (KESUMA)	-	22	-	-	28	-	-	2	52
Jabatan Perdana Menteri (JPM)	-	1		2	-	-	-	46	49
Kementerian Pendidikan Malaysia (KPM)	-	-	-	5	5	-	7	24	41
Kementerian Perumahan Dan Kerajaan Tempatan (KPKT)	-	-	-	-	-	-	-	29	29
Kementerian Pendidikan Tinggi (KPT)	-	-	-	17	-	-	-	-	17
Kementerian Belia dan Sukan (KBS)	-	-	-	4	-	0	3	1	8
Kementerian Sumber Asli dan Kelestarian Alam Malaysia	-	-	-	-	-	-	-	5	5
Kementerian Kemajuan Desa Dan Wilayah (KKDW)	-	-	-	-	-	-	-	2	2
Total	3	79	11	376	552	199	994	520	2,734

ENGAGEMENT SESSION WITH TRADE UNION AND EMPLOYEE ASSOCIATION

Employer-employee relationship platforms such as the Departmental Joint Council (MBJ) and also engagement sessions with union or association representatives are two-way mediums, where employees are given a channel to communicate with management in voicing opinions, views and contributing thoughtful ideas for the benefit and good of the MOH organisation.

To ensure efficient and effective service delivery, MOH must ensure a two-way communication implemented periodically to address emerging issues faced by its officers. Among the main engagement sessions involving associations and trade unions in 2025 are as follows:

- National Joint Council for Management & Professional Services on 29 July 2025 in Kuantan, Pahang
- National Joint Council of General Services, Science & Technology on 28 to 30 October 2025 in Johor Bahru, Johor

- iii. Luncheon Session of the Secretary-General of the Ministry of Health with the Union on 6 August 2025 at FT Putrajaya
- iv. Trade Union Convention under the MOH on 10-11 November 2025 at Kota Kinabalu, Sabah
- v. Shift Working Hours Management Engagement Session with Chief Nursing Supervisors of States/Hospitals/Institutions in Six (6) Zones Nationwide from 20 January to 21 February 2025
- vi. Town Hall Session of the Minister of Health Together with MOH Health Personnel on 27 January 2025 (Sabah), 4 February 2025 (Johor) and 15 February 2025 (Terengganu)
- vii. MBJ at IPKKM, JKNs, PKDs and Hospitals Every Quarter of 2025



Image 2.1 Town Hall Session of the Minister of Health with MOH Personnel in 2025

PROMOTION AND PERFORMANCE MANAGEMENT

MOH appreciates the commitment and contribution of its officers in delivering healthcare services at every level. All MOH officers will be assessed through an Annual Performance Appraisal Report (LNPT) and screened for the Excellent Service Award (APC). APC is the government's appreciation to recognise the MOH officers who have delivered excellent service based on the officer's annual performance. For 2025, 8% of all MOH officers were awarded APC. All APC recipients received an Excellence Service Certificate and incentives worth RM1,000.

In addition to the APC, MOH officers are also given career advancement opportunities through acting and promotion to a higher grade. In 2025, a total of 25,774 officers were involved in acting and promotion matters. **Table 2.4** indicates the details of acting and promotion matters for MOH officers according to the service group in 2025.

Table 2.4 Acting Affairs and Promotions of the MOH 2025

Service Group	No. of Transactions	No. of Officers		Total
		Substantive Promotion	Time-Based Promotion	
Top Management	193	193	-	193
Physicians, Medical Officers, Dental Officers & Pharmacists	139	-	7,742	7,742
Management & Professional	63	1,372	-	1,372
Supporting Group	347	7,168	9,299	16,467
Total	742	8,733	17,041	25,774

HUMAN RESOURCE MANAGEMENT INFORMATION SYSTEM (HRMIS)

For 2025, MOH has received a five (5) star rating from the JPA for HRMIS KPIs with an achievement of 99.25%. HRMIS provides an up-to-date, open data and flexible human resource information system to meet management needs at MOH. Therefore, MOH is committed to ensure that HRMIS is used at all levels of KKM, from IPKKM to the smallest facilities in rural and remote areas.

MONITORING COMPLIANCE WITH KKM'S HUMAN RESOURCES POLICY

In 2025, the Human Resources Division (BSM) executed a Human Resources Policy Compliance Inspection from 24 June – 8 October 2025. The primary objective of this initiative was to identify requirements for optimal human resource utilization to enhance the efficiency of healthcare facilities in delivering high-quality public services. The inspection encompassed four zones in Peninsular Malaysia and two zones in Sabah and Sarawak. The scope focused on compliance across nine (9) a critical policy areas:

- i. Organisational Development
- ii. Maldistribution of Staff
- iii. Service Management
- iv. Allowances, Incentives and Facilities
- v. Description of Officer Duties
- vi. Promotion and Career Path Matters
- vii. Performance Management
- viii. Working Hours
- ix. Post-Public Service Remuneration System (SSPA) Affairs

BSM completed human resource policy compliance audits at a total of 25 MOH facilities. The audited entities included six (6) JKNs, six (6) PKDs, seven (7) KKs and six (6) hospitals.

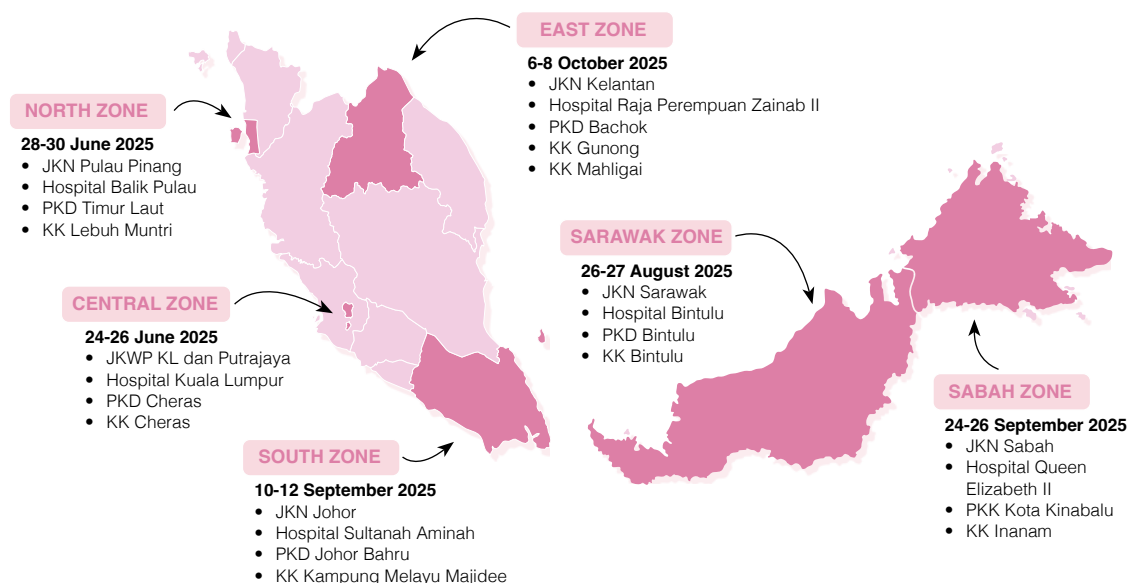


Figure 2.4 Inspection of Compliance with the MOH Human Resources Policy 2025 by Zone



Image 2.2 Inspection of Compliance with the MOH Human Resources Policy 2025

TRAINING MANAGEMENT DIVISION (BPL)

BPL plays a role strategic in strengthening human capital for the MOH through structured training framework. The division manages various in-service and pre-service training programmes to improve competency and capability of professional healthcare. In addition, the division also controls allocation for in-service training under the development budget.

IN-SERVICE TRAINING (LDP)

BPL manages LDP for generic and functional courses locally and overseas for IPKKM as well as ILKKM staff. A total of RM47,828,726.42 (99.29%) was spent from the allocated amount of RM48,171,000.00 in 2025. BPL also manages *Program Transformasi Minda* (PTM) for Medical Officers (UD9), Dental Officers (UG9) and Pharmacy Officers (UF9), specifically for newly appointed officers at the MOH.

i. **Program Transformasi Minda (PTM) 2025:**

PTM in 2025 involve a total of 8,622 participants and the details are as follows:

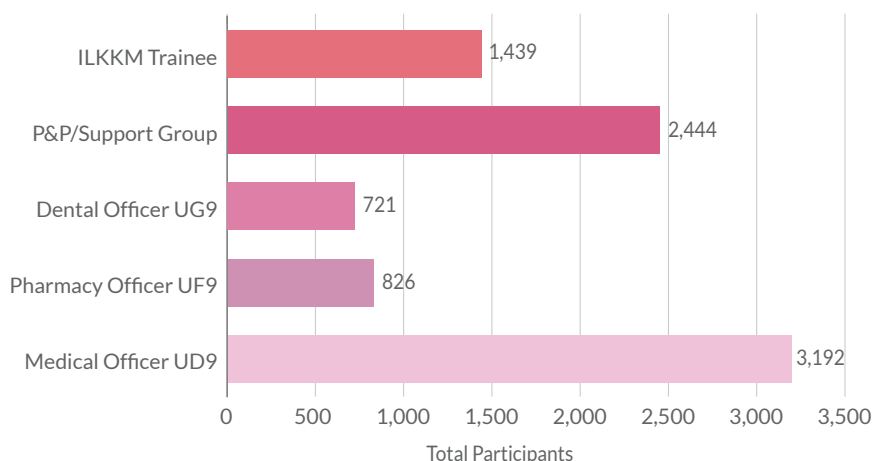


Figure 2.5 Implementation of *Program Transformasi Minda* (PTM) 2025

ii. Overseas LDP, Advanced Competency Programme (ACP) and Overseas Training Sponsorship in 2025:

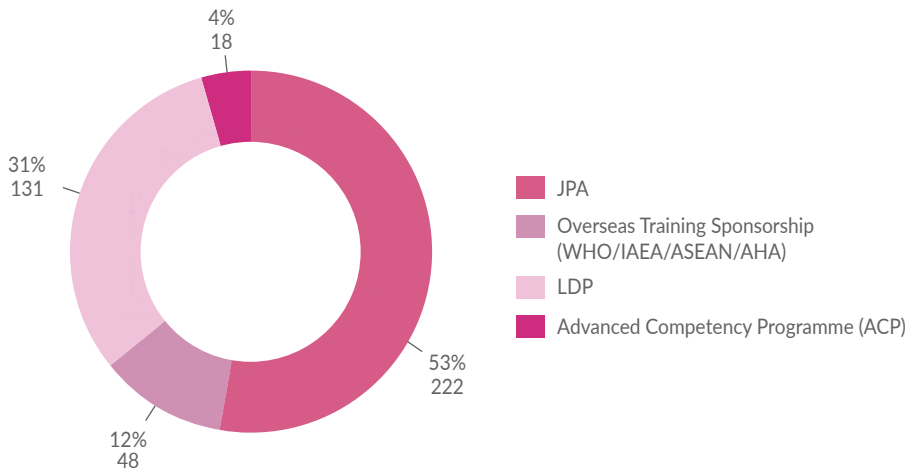


Figure 2.6 Implementation of LDP and ACP for Overseas Training Sponsorship in 2025

STUDY SPONSORSHIP PROGRAMME AND STUDY LEAVE FACILITIES

BPL is responsible to manage offers and admissions to speciality programmes such as Medical Master programme, subspecialty training, Parallel Pathway, Masters and Ph.D (non-speciality) and Bachelor’s Degree. The programme is intended to ensure extended educational programme are managed in a way effective way, in line with the strategic objective to strengthen expertise and develop human capital in the health sector. Provision for study leave for all officers under Non-Shared Scheme appointed by MOH are shown in **Figure 2.7**.

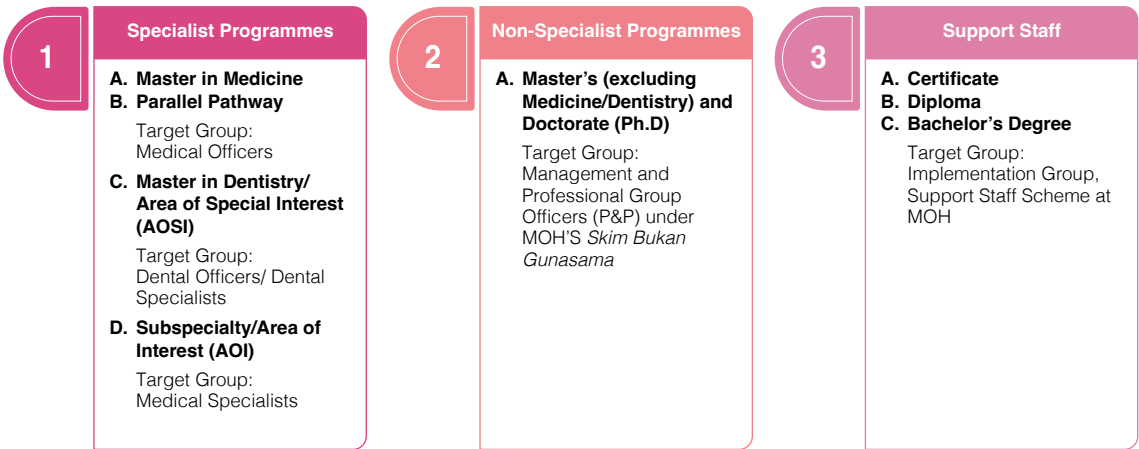


Figure 2.7 Sponsorship Programme, Level Studies and Target Groups

For 2025/2026 session, a total of 1,479 medical officers were offered Master of Medicine Programme, while 240 officers were offered the Parallel Pathway Programme. Another 99 dental officers were offered the Master of Dentistry programme, while 118 MOH officers from various schemes were offered non-speciality programmes at the Master's or Ph.D level. For MOH Non-Shared Scheme for Supporting Group, 54 support staff were approved for a study leave to pursue Diploma or First-Degree level.

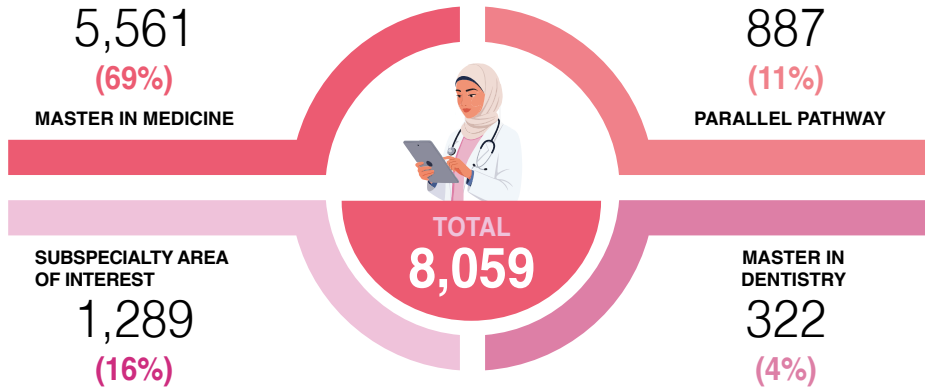


Figure 2.8 CBBP Facilities with HLP for Medical and Dental Officers

The study leaves for KKM officers consist of CBBP and HLP and Unpaid Study Leave (CBTG). For KKM specialization programs, officers who succeed in the screening and interview will be offered the CBBP and HLP. Meanwhile, for non-specialist programs, officers may be offered the CBBP and HLP, CBBP without HLP or Unpaid Study Leave; subject to the officer's application. The advertisement for study leave will be opened in October every year.

Advertisements for study leave with scholarships for the Master of Medicine, Parallel Pathway and Subspecialty programmes for the 2024/2025 session were published via the MOH eHLP System from 6 October 2025 to 5 November 2025. During this period, a total of 3,926 applications were received for the Master of Medicine programme, 566 for the Parallel Pathway and 672 for Subspecialty training.



Image 2.3 Briefing Session for Study Leave Benefits with Study Sponsorship 2025/2026

PRE-SERVICE TRAINING PROGRAMME

The Pre-Service Training Programme intake was conducted twice a year in January and July at ILKKM. A total of 5,516 trainees reported for the programme compared to 4,942 trainees in 2025, with an increase of 12%. This programme aims to equip future health professional with the necessary knowledge and skills for healthcare sector. The details of the trainee intake for Pre-Service Programme in 2025 are shown in **Table 2.5**.

Table 2.5 Recruitment Pre-Service Training Programme Trainee 2025

Status	January (11 Programmes)	July (14 Programmes)	Total
Number of offers	2,798	3,422	6,220
Number of officers reported	2,507	3,009	5,516
Percentage of officers reported (%)	89.6	87.9	88.7

ADVANCED TRAINING PROGRAMME

Advanced Programmes is in-service training offered to members paramedics and health auxiliaries from government agencies, statutory bodies and private healthcare institutions at the Basic Post Certificate and Advanced Diploma levels to enhance officers' competencies within their respective areas of specialisation or expertise. Application and recruitment Advanced Programme trainees in 2025 as shown in **Table 2.6**.

Table 2.6 Recruitment for Advanced Programme Trainee 2025

Items	March	September	Total
Number of courses	15	26	41
Number of offers	1,421	2,192	3,613
Number of registered trainee	1,306	2,061	3,367
Registered trainee (%)	91.9	94.0	93.2

ILKKM CONVOCATION CEREMONY 2025

BPL organised ILKKM Convocation Ceremony in 2025 with the theme of “*Graduan ILKKM Berilmu, Pemangkin Kesihatan MADANI*”. This theme reflecting MOH’s strategic aspiration to empower ILKKM graduates as drivers of a sustainable, inclusive, and progressive health system. The ceremony was conducted over six (6) days, started in the Peninsular Zone from 22-25 September 2025 with a total of 4,647 graduates. The subsequent ceremony was held in Sabah on 11 October 2025 involving 959 graduates and the event concluded in Sarawak on 18 October 2025 with 710 graduates.



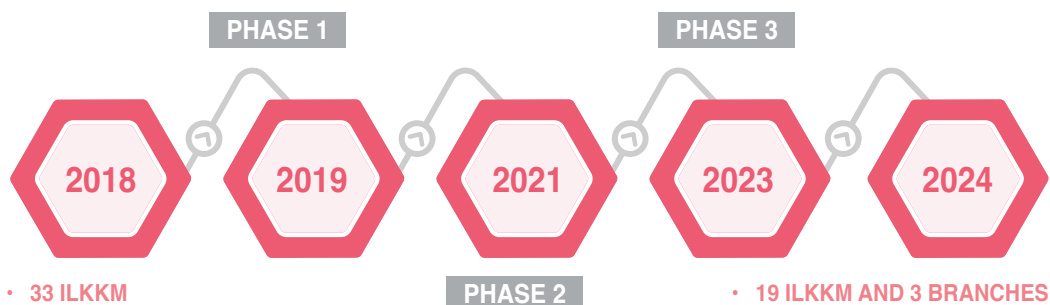
Image 2.4 Award Ceremony for Excellent Graduates in Sabah by TKPK (KA)



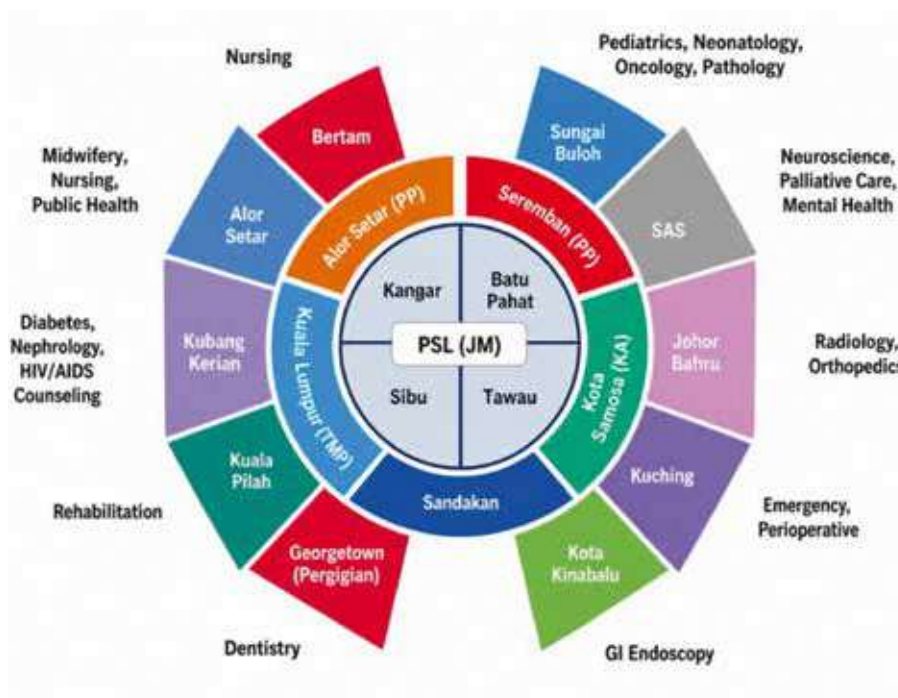
Image 2.5 Recipient of the Premier Award, Wann Nur Khalishah Amirah binti Wan Nazre ILKKM Bertam (Nursing)

TRANSFORMATION OF ILKKM AS A CENTRE OF EXCELLENCE (COE)

The transformation of ILKKM as a CoE is a long-term strategic initiative to strengthen competency-based training through the development of niche areas. This transformation is a continuation of ILKKM’s integration and governance strengthening plan which aims to reinforce management, training delivery and the strategic role of health training institutions under MOH. This effort was developed based on existing achievements and the need to elevate training quality, enhance the competency of health workforce and ensure a more focused, sustainable and high-impact delivery of training service aligned with the ministry’s direction.



ILKKM INTEGRATION AND GOVERNANCE STRENGTHENING PLAN



CENTRE OF EXCELLENCE

Figure 2.9 Transformation of ILKKM as a CoE

Starting in 2025, five (5) ILKKM was involved in the pilot project to transform it into a CoE and in the implementation of 1-Star Rating across seven (7) niche areas as shown in **Table 2.7**.

Table 2.7 List of Niche Areas with 1-Star Rating Recognition

ILKKM	Niche Areas
ILKKM Johor Bahru	Musculoskeletal in Physiotherapy Paediatric Neurology
ILKKM Sultan Azlan Shah	Pharmacy
ILKKM Sungai Buloh	Midwifery
ILKKM Kota Kinabalu	Computed Tomography Gastrointestinal Endoscopy
ILKKM Kuching	Anaesthesia Care Primary Health Care

The five (5) pilot ILKKM CoEs will further enhance the implementation of activities within their respective niche areas to achieve 2-Star Rating CoE recognition. Consequently, the expansion of the CoE transformation to other standalone ILKKM institutions will be executed progressively, adopting CoE models tailored to the specific capacities and strengths of each institution.

MANAGEMENT SERVICES DIVISION (BKP)

FINANCIAL MANAGEMENT

BKP is responsible for IPKKM Management Programme with a total allocation of RM2.085 billion. For the previous financial year which ended on the 31 of December 2025, the expenditure performance achieved 100%. The total allocations and expenditures by activity are as follows:

Table 2.8 Allocations and Expenditures by Activity under the Management Programme for the Financial Year 2025

Activity	Allocation (RM)	Expenditure (RM)
IPKKM Management	913,095,950.43	913,095,950.43
Human Resource	32,348,545.41	32,348,545.41
Finance	510,286,728.85	510,286,728.85
Training	573,930,146.78	573,930,146.78
Information Technology	50,913,797.12	50,913,792.12
Competency Development	5,087,386.59	5,087,386.59
Total	2,085,662,555.18	2,085,662,550.18

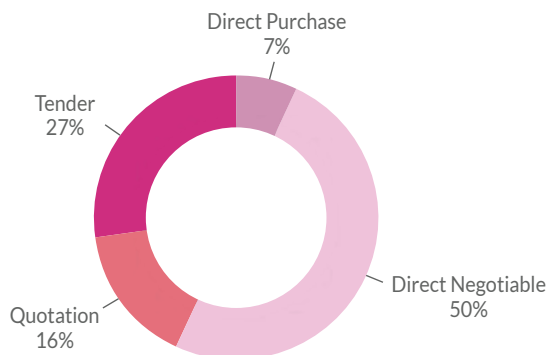
PROCUREMENT AND ASSET MANAGEMENT

BKP is responsible for managing government assets and procurements for the Office of the Administrative Members, Top Management, Management Services Division, Legal Advisor's Office, Integrity Unit, Corporate Communication Unit, Digital Health Division, Health Performance Unit (HPU) and Health Transformation Office (HTO). An amount of 3,085 assets was registered and 100% reviewed. Achievements based on the activities in 2025 are as follows:

Table 2.9 Type of Procurement and Expenditure

Procurement	No. of Procurement	Amount (RM)	Cost Percentage (%)
Direct Purchase	1,009	5,500,507.65	7.2
Direct Negotiable	34	38,252,892.56	49.8
Quotation	14	12,209,841.59	15.9
Tender	4	20,831,037.38	27.1
Total	1,061	76,794,279.18	100

Procurement



Asset Management



Asset Registration

3,085 Units

Asset Inspection

100%

Building Maintenance



Premise Maintenance of IPKKM Kompleks E, Putrajaya

- Facility Management
- Upgrading Interior Design for Main Lobby, Block E7



Premise Maintenance of IPKKM Jalan Cenderasari, Kuala Lumpur

- Air Conditioning and Fire Alarm Management Services
- Periodical Electrical Component Management Services
- Landscape Services
- Housekeeping and Pest Control Services



Housekeeping and Pest Control Services

- IPKKM, Presint Diplomatik, Putrajaya
- IPKKM, Menara Prisma, Putrajaya
- IPKKM, PERKIM, Kuala Lumpur



Total of fixed issues in Kompleks E and Jalan Cenderasari

1,949 issues

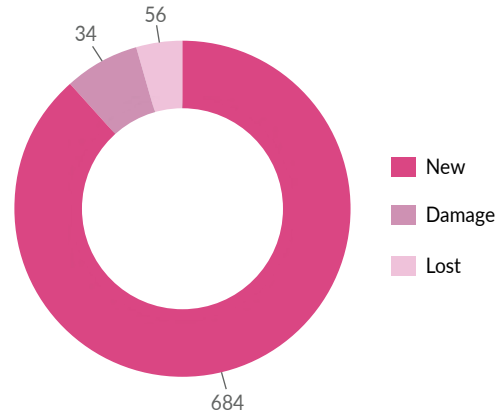
Figure 2.10 Procurement, Asset Management and Building Maintenance under the Supervision of BKP 2025

PROTECTIVE SECURITY

Responsible for planning, formulating, managing, coordinating and implementing protective security in the MOH, in addition to providing advisory services, monitoring and enforcing laws, regulations and instructions to departments and MOH facilities. Achievements based on each activity in 2025 are as follows:

Security Control System

- Closed Circuit Camera System (CCTV)
- Access Card Management System (CAMS)
- Visitor Management System (VMS)
- Officials Secret Act (Revision and Amendment 2017) Certificate every year
- The Use of Digital Official Duty System Reports

Vehicle Sticker Production 2024-2026**WORK PERMITS AND ENTRIES TO IPKKM
KOMPLEKS E AND JALAN CENDERASARI:****284 Applications****Issues of Security Passes 2025****Figure 2.11 Protective Security 2025****HUMAN RESOURCE MANAGEMENT**

BKP manages the services of Management and Professional Officers as well as Support Staff at IPKKM, including the following activities:

56 retirements (mandatory/ optional/derivative)	227 confirmations of appointment, confirmation in service, and the conferment of pensionable status (compulsory/ optional/derivative)	443 acting appointment and promotion matters
14,579 preparation and documentation of Kew.8	523 awardees of the <i>Anugerah Khidmat Cemerlang</i> (APC) KKM 2024 1 awardee of <i>Pingat Perkhidmatan Cemerlang</i> (PPC)	4,146 options of <i>Sistem Saraan Perkhidmatan Awam</i> (SSPA)

Figure 2.12 Human Resource Management 2025

ADMINISTRATIVE MANAGEMENT

BKP responsible for the management of general administration and division coordination, vehicle management and protocol matters. Throughout 2025, the following activities were implemented:

2025 New Year Mandate by the Minister of Health	MOH Monthly Assembly	MOH National Independence Month Programme	Chinese New Year Celebration
Ihya' Ramadan	Hari Raya Aidilfitri Celebration	Deepavali Celebration	Majlis Malam Mesra Kenangan
Full Implementation of eTAMS Computerised Attendance System at IPKKM Complex E	Appointment of <i>Ahli Lembaga Pelawat</i> Hospital: 2,408 members	100% issues resolved in SISPAA BKP	Provision of transportation in conjunction with 19 th Asean Senior Officials' Meeting on Health Development (SOMHD) & Related Meetings 2025 and Malaysia International Healthcare (MIH Megatrends 2025)

Figure 2.13 Administrative Management Activities 2025

PSYCHOLOGY COUNSELLING

Managed psychological services for IPKKM personnel. Throughout 2025, the following activities were carried out:

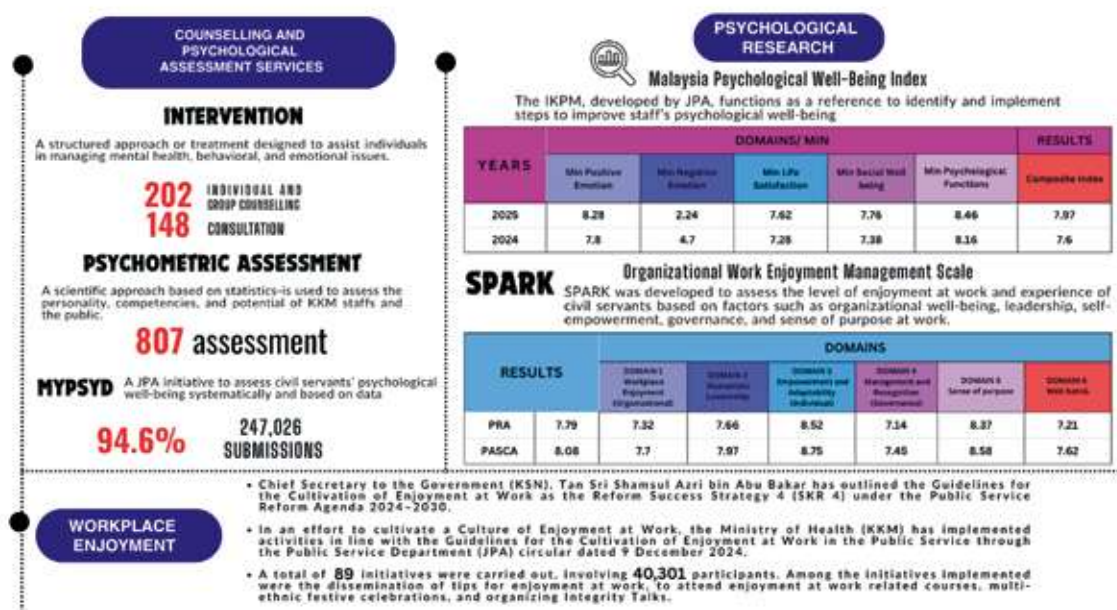


Figure 2.14 Psychology Counselling Programme and Activities 2025

ISLAMIC AFFAIRS MANAGEMENT

BKP also responsible in managing religious activities, the inculcation of noble values, and the spiritual management of IPKKM staff as follows:

Islamic Values Appreciation Programmes	Management	Courses	Synergy
- Internalizing Islamic Values Programmes and Celebrations of Major Islamic Festivals 34th MOH Quranic Recitation Ceremony	- Meeting of MOH's Top Management with Hajj Medical Team - Prayer recitation in Official MOH Events	- Competency Course for Islamic Affairs Officers - Tarannum Courses for Participants of Quranic Recitation Ceremony in IPKKM and MOH	- Ibadah Friendly Hospital Certification Programme - Meeting of Islamic Medical Practitioners Council

Figure 2.15 Islamic Affairs Programmes and Activities 2025

QUALITY AND KEY PERFORMANCE INDICATOR (KPI)

Responsible for coordinating various ministry quality and KPI programmes as follows:

- Surveillance Audit I SPK MS ISO 900:2015 PP IPKKM - KKM Innovation Video Competition (PVD Vol.2) - Evaluation Panel Committee Meeting Vol.1/2025 - Auditor workshop for Quality Management System MS ISO 9001:2015	- Innovation Audition for INNOVATHON Season 3 - GovMedia Conference & Innovation Award 2025 - Internal Auditing MS ISO 9001:2015 PPIPKKM - Innovation Steering Committee Meeting Vol.1/2025
- Management Review Meeting (MKSP) Vol.1/2025 - Innovation Industrial Trip to TM Innovation Centre - Workshop on the Refinement of the Quality Management System MS ISO 9001:2015 PPIPKKM	- Surveillance Audit II SPK MS ISO 9001: 2015 PPIPKKM - KKM Innovation Day Ceremony 2025

Figure 2.16 Innovation and Quality Programme 2025

BKP, HTO, Policy and International Relations Division (BDHA) and the Planning Division were tasked as the secretariat for the *Bengkel Perancangan Strategik dan Hala Tuju KKM 2025*, with the Minister of Health. The workshop served as a platform for MOH senior management to further discuss on the strategic direction of health financing formulated by the HTO, the implementation of digital health by the Digital Health Division, the strengthening of human resource management for health and the delivery of healthcare services at hospital emergency & trauma department.



Image 2.6 *Bengkel Perancangan Strategik dan Hala Tuju KKM 2025*

Permukiman Pengurusan Tertinggi KKM bagi Kajian Separuh Tahun was held 17-19 January 2025 as a platform for the Healthcare Service Delivery Task Force and the Human Resources for Health Task Force to present the outcomes of their meetings and the initiatives identified.



Image 2.7 *Permukiman Pengurusan Tertinggi KKM bagi Kajian Separuh Tahun*

SPECIAL TASK AND EKOSISTEM KONDUSIF SEKTOR AWAM (EKSA) ACTIVITIES

BKP is responsible as the main secretariat of MOH for *Program MADANI Rakyat* in eight (8) zones throughout Malaysia in 2025, as well as the *Program Rancakkan MADANI Bersama Malaysiaku* and *Konvensyen Nasional Reformasi Perkhidmatan Awam*, which was held at Dataran Putrajaya from 5-7 December 2025.



Image 2.8 *Program Rancakkan MADANI Bersama Malaysiaku and Konvensyen Nasional Reformasi Perkhidmatan Awam*

The Accreditation and MOH EKSA Auditor Ceremony Award 2025 was held on 14 August 2025 and officiated Deputy Secretary-General (Management), at the Dewan Serbaguna, MOH. The ceremony aimed to accredit a total of 55 auditors who successfully completed the MOH EKSA Auditor Accreditation Course 2025.



Image 2.9 *The Accreditation and MOH EKSA Auditor Ceremony Award 2025*

INFORMATION RESOURCE MANAGEMENT

The IPKKM Library has provided library and information services for the convenience of MOH personnel. The information resource management programmes and activities carried out throughout 2025 are as follows:

MOH Virtual Library Portal
(<https://vlib.ovidds.com/>)

Subscribed Databases AccessMedicine, ClinicalKey for Nursing, Emerald Insight, OVID, LawNet and eLaw

Advisory Service Visits and Inspections to MOH Medical Libraries

Reading Promotion Programmes and Library Usage Promotion

Advisory Support for 78 Medical Library

Figure 2.17 *Information Resource Programmes and Activities 2025*

RECORD MANAGEMENT

BKP play a role in records management at MOH, including monitoring the implementation of the Digital Document Management System (DDMS) and the personal files of MOH personnels. A summary of records management programmes and activities are as follows:

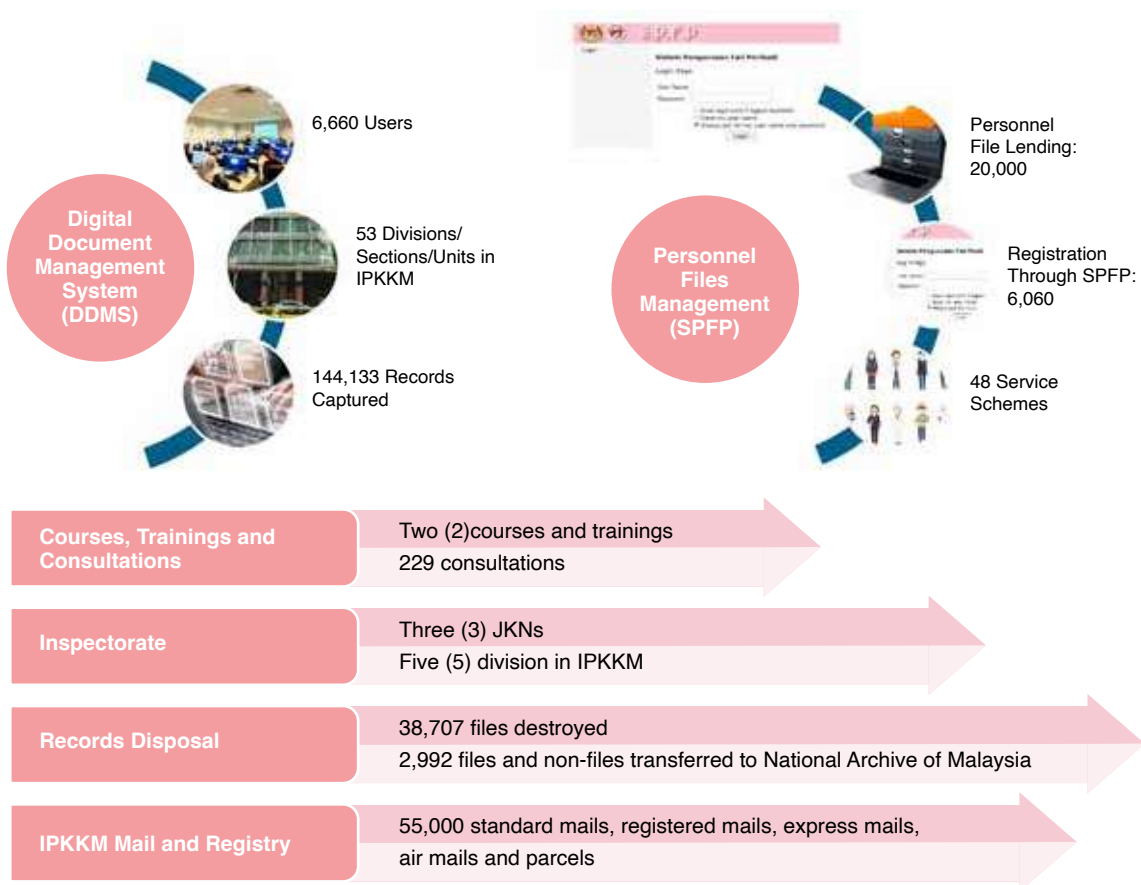


Figure 2.18 Implementation of Record Management Programme 2025

PROCUREMENT AND PRIVATISATION DIVISION (BPPs)

BPPs is responsible for managing and executing procurement as well as privatisation programmes for MOH. This division also serves as the secretariat for the Procurement Board of the MOH (LPKKM). Members of LPKKM are appointed from senior government officers as well as representatives from central and technical agencies.

In addition, the division is responsible for managing privatisation programmes involving medical supply logistics services, procurement and maintenance of medical equipment in MOH clinics, Hospital Support Services and the Supervision and Inspection Services for Foreign Worker Health. These privatisation programmes are in line with the National Privatization Policy.

MOH PROCUREMENT PERFORMANCE

In 2025, MOH executed tender procurements amounting to RM4,358,547,563.39 and achieved savings of RM971,549,224.81, covering procurement of pharmaceuticals, pharmaceuticals (off-take/reagents), medical equipment & vehicles, information & communication technology (ICT), services, chicken supplies, stationery, toner and medical gases. **Table 2.10** presents MOH's procurement achievements in 2025 by type of procurement.

In line with the government's resource optimisation policy, MOH has achieved savings in procurement expenditures to ensure that the allocated funds are sufficient to support core services and patient care needs. This also ensures that healthcare services remain uninterrupted. The savings value is based on a comparison between the department's estimated prices and the contract values offered, as well as negotiated prices with the companies.

Table 2.10 MOH Procurement Performance 2025

Type of Procurement	Procurement Value (RM)	Savings (RM)
Pharmaceuticals	2,140,937,578.90	840,255,477.49
Pharmaceuticals (Off-Take/Reagents)	859,594,055.79	60,803,495.79
Medical Equipment and Vehicles	395,778,858.53	18,370,511.47
Services	348,574,547.60	17,079,169.44
ICT	344,566,853.39	13,521,569.62
Chicken	97,933,769.31	10,947,381.75
Stationery	2,598,666.50	298,286.50
Toner	16,170,711.48	1,920,738.47
Medical Gases	149,958,061.99	8,352,594.28
Total	4,356,113,103.49	971,549,224.81

Note:

The acquisition value is based on procurements carried out through the open tender/direct negotiation method, for which a Letter of Acceptance has been issued.

PRIVATISATION AND OUTSOURCING

BPPs continues to strengthen the implementation of projects and programmes under the public-private partnerships and outsourcing initiatives. Throughout 2025, BPPs has managed three (3) existing projects as follows:

a. Concession for Medical Supply Logistics Services (Logistics Concession)

Logistics Concession is a concession contract between the MOH and an appointed private company to manage the logistics of medical supplies for government healthcare facilities from 2023 to 2030, ensuring the continuity of the supply chain. For the 2023-2026 session, a total of 1,301 products has been finalised with an estimated contract value of RM6,139,762,865.63, comprising 427 pharmaceutical products and 874 medical device products.

The supply of medical products through the Logistics Concession has been stipulated at seven (7) working days for MOH facilities in Peninsular Malaysia and 10 working days for MOH facilities in Sabah, Sarawak and the FT Labuan.

The implementation of the Logistics Concession offers several advantages, including more efficient management of inventory and product orders by the concession company. In addition, the concession company has the capability to maintain bulk buffer stock at warehouse facilities to ensure continuity and prevent disruption of medical supplies to MOH facilities.

Under this concession, an ordering and inventory management system known as the Pharmacy Information System (PhIS) has been developed to facilitate a centralised, systematic and more efficient process for ordering medical products that are listed under the concession.

b. Hospital Support Services Concession (PSH)

PSH is a concession agreement between the Government of Malaysia (through the MOH) and five (5) appointed concession companies to provide non-clinical support services at 153 MOH hospitals and institutions nationwide for the period from 2015-2025. On 27 March 2025, the ministry agreed that the PSH Concession to be extended on an interim basis with the existing concession companies for a period of three (3) years commencing on 1 April 2025, with an option for a further extension of one (1) year and an additional one (1) year, subject to the terms of the existing concession agreement, as detailed in **Table 2.11**.

Table 2.11 List of PSH Concession

Concession Company	No. Hospital & Institution	Zone
Edgenta Mediserve Sdn. Bhd. (Edgenta)	33	Kedah, Perak, Perlis and Pulau Pinang
Radicare (M) Sdn. Bhd. (Radicare)	46	FT Kuala Lumpur and Putrajaya, Selangor, Pahang, Kelantan and Terengganu
Medivest Sdn. Bhd. (Medivest)	24	Melaka, Negeri Sembilan and Johor
One Medicare Sdn. Bhd. (One Medicare)	24	Sarawak
Sedafiat Sdn. Bhd. (Sedafiat)	26	Sabah and FT Labuan
Total	153	

The scope of PSH services is as follows:

- i. Facility Engineering Maintenance Services (FEMS)
- ii. Biomedical Engineering Maintenance Services (BEMS)
- iii. Linen and Laundry Services (LLS)
- iv. Healthcare Waste Management Services (HWMS)
- v. Cleansing Service (CLS)
- vi. Facilities Management Services (FMS)

In addition, the concession companies are also required to implement activities under the following scope:

- i. Sustainability Programme (SP), which includes Energy Management, Indoor Air Quality (IAQ) and Reduce, Reuse and Recycle (3R) initiatives
- ii. Reimbursable Works (RW), involves repair and replacement works outside the scope of the maintenance contract
- iii. Development of the Asset and Services Information System (ASIS)

In 2025, PSH expenditure performance amounted to RM2,490,847,000.63 (97.5%) compared to the approved expenditure ceiling of RM2,554,804,626.00. In addition, a total of five (5) interim agreements, supplementary agreements for the Replacement Through Maintenance (RTM) Concession, supplementary agreements for the Sustainability Programme, and supplementary agreements related to new hospitals were finalised.

c. Medical Equipment Enhancement Tenure (MEET)

MEET is a medical equipment procurement and maintenance programme aimed at ensuring that medical equipment in KK remains sufficient, safe to use and fully functional through long-term contract management. A total of 2,954 clinics are involved, comprising 1,941 Ks and 1,013 dental clinics across the states of Selangor, Negeri Sembilan, Melaka, Johor, Pulau Pinang, Perak, FT Kuala Lumpur, FT Putrajaya, FT Labuan, as well as Sarawak and Sabah. In 2025, the expenditure performance for the MEET Programme amounted to RM137,925,965.28.

In addition to these existing projects, MOH is currently refining two (2) new privatisation projects that are still under implementation, namely MEET 2 (involving five (5) states that are not covered under the existing MEET Programme) and the Local Blood Plasma Fractionation project.

MOH is also implementing the Foreign Workers Medical Examination Coordination and Surveillance (FWMES) Programme under an outsourcing project. FWMES is a service established to monitor, supervise and ensure compliance with the implementation of medical examinations for foreign workers in Peninsular Malaysia and the FT Labuan, in accordance with the policies, guidelines and requirements set by the Government of Malaysia. This programme is a collaboration between MOH and the Ministry of Home Affairs (KDN), aimed at curbing the spread of communicable diseases while ensuring enhanced productivity through the availability of a healthy and fit foreign workforce.

In 2025, the appointed service provider has delivered FWMES services to approximately 2.2 million foreign workers as part of efforts to prevent the spread of communicable diseases and to ensure timely interventions for the detection of non-communicable diseases (NCDs).

ePROCUREMENT (eP) SYSTEM

The utilisation of the eP System in 2025 recorded the highest transaction value over a five (5)-year period, amounting to RM9,179,886,559.00. This achievement demonstrates a commendable level of performance at the MOH Responsibility Centre (RC) level, where procurement activities are fully implemented through the eP System, from the advertising stage through to the payment process. **Table 2.12** illustrates the performance of eP System utilisation from 2021 to 2025.

Table 2.12 e-Procurement System Utilisation Performance 2021-2025

Year	Total Transaction	Transaction Value (RM)	Budget Allocation (RM)	Achievement (%)
2021	695,556	6,601,673,230.00	7,000,000,000.00	94.31
2022	776,779	7,465,679,863.00	6,000,000,000.00	124.43
2023	818,881	7,534,635,105.00	6,000,000,000.00	125.58
2024	841,773	8,302,665,831.00	7,000,000,000.00	118.61
2025	862,401	9,179,886,559.00	7,000,000,000.00	131.14

Note:

The Estimated Allocation Value is as declared to the Ministry of Finance Malaysia (MoF) for the respective year.

Source: eP System, MoF

To ensure a clearer understanding, the MOH has implemented ongoing notifications regarding the use of the eP System through online briefing sessions and circular letters to all MOH RC. Updates on the latest amendments to the eP System have also been disseminated through WhatsApp application.

PROCUREMENT REFORM

Procurement reform is being implemented based on the recommendation of the Prime Minister to ensure that procurement governance across all Ministries is reviewed and strengthened, particularly involving the procurement of pharmaceutical products within the MOH. Issues concerning the dominance of certain supplier companies in drug tenders, which give rise to perceptions of monopoly or cartel practices, will be given serious attention through corrective measures grounded in the public interest, market competitiveness, and the sustainability of the national healthcare system.

In this regard, the Ministry has implemented procurement reforms through a direct negotiation method with manufacturers/principal companies that are Single Product Registration Holders (SPRH) for 30 types of pharmaceutical products on a pilot basis for a period of three (3) years.

In addition, to ensure that the government remains committed to comprehensive procurement reform, the sourcing mission initiative has also been implemented to explore and identify products with potential to be either manufactured in Malaysia or registered in Malaysia, based on the medical national security needs of the country.

OFF-TAKE AGREEMENT PROGRAMME (PPO) PLUS – NATIONAL HEALTH BIOSECURITY ASSURANCE INITIATIVE THROUGH CONCESSION FOR MEDICAL SUPPLY LOGISTICS SERVICES

The government will implement an off-take policy or targeted procurement from companies that invest in the production of pharmaceutical products and critical medical devices as a strategic measure to strengthen the national supply chain.

In addition, the government will also lead the implementation of public–private partnership (PPP) pilot projects for the production of essential medicines, with the aim of enhancing national supply security, reducing dependence on external sources and sustainably strengthening the competitiveness and capacity of the domestic pharmaceutical industry.

To support these initiatives, the MOH has established the PPO Plus as an effort to safeguard the national supply chain of medicines and medical devices under national security. The focus of the implementation of PPO Plus is as follows:

- i. Open participation to companies that make investments in greenfield products, with a commitment to supply the government based on product suitability and the needs of the MOH.
- ii. Priority given to pharmaceutical products listed under the National Essential Medicines List (NEML) and to pharmaceutical products or medical devices with Single Product Registration Holder (SPRH) status.
- iii. Encouraging companies awarded contracts under PPO Plus to market their products at the international level.
- iv. A Graduation Policy (Exit Policy) will be implemented to create more open competition for other interested and committed companies. After the commitment period provided by the government, products will be procured in accordance with the prevailing procurement procedures.

COMPETENCY DEVELOPMENT DIVISION (BPK)

COMPETENCY-BASED TRAINING

The implementation of courses organised by BPK is aimed at ensuring MOH personnel are equipped with the competencies required to perform their duties and responsibilities well. For 2025, BPK has implemented a total of 111 courses with the participation of 18,501 participants. The breakdown of course organisation based on units in BPK as shown in **Table 2.13**.

Table 2.13 Courses Organised by BPK in 2025

Unit	Online/Hybrid	Physical
Policy and Development	2	10
Executive Development	10	4
Professional and Ethics	17	9
Leadership and Management	2	13
Governance and Integrity	3	12
Innovation and Quality	4	5
Digital and Technology	4	10
Departmental Subject Examination	-	1
Administration and Finance	-	5
Total	42	69

TALENT DEVELOPMENT PROGRAMME (TDP)

The TDP Cohort 7 in 2025 with the theme “Where Leadership Meets Artificial Intelligence (AI): Transform, Adapt and Lead”, which was chosen to support the Environmental, Social and Governance (ESG) framework in the public service. The programme was implemented in modular structure from 17 February – 10 October 2025, involved 30 participants in grades 9 and 10 from 22 different service schemes. Overall, this annual programme has successfully produced 196 alumni spanning seven (7) cohorts, consisting of 90 participants in grades 9 and 10 (Cohort 1, 3, 5) and 93 participants in grades 12 and 13 (Cohort 2, 4, 6) with the involvement of more than 20 service schemes under the MOH.



Image 2.10 Implementation of TDP Cohort 7

COLOURED BRAIN COMMUNICATION (CBC) COURSE

BPK has organised four (4) series of CBC Courses with the participation of 119 officers from grades 5-15, including 12 service schemes in MOH. This course is a communication development model aimed at improving the understanding of individual thinking and behaviour styles through the classification of four (4) main colours, namely red (action

and results-oriented), blue (focus on relationships and social interaction), purple (analytical and detailed) and green (creative and holistic thinking). This approach helps participants identify differences in communication patterns, thereby promoting more effective interactions, reducing conflict and increasing the effectiveness of communication in the daily work environment.

GOVERNMENT PROCUREMENT MANAGEMENT COURSE AND FINANCIAL MANAGEMENT & ACCOUNTING COURSE

BPK has implemented MOH Government Procurement Management Course 2025 which was conducted online on 12 and 13 February 2025 with the participation of 2,819 staff from various grades to strengthen knowledge on current policies, regulations and the eP System. This programme aims to ensure that the procurement process of goods, services and works is carried out with full transparency, accountability and in compliance with the Ministry of Finance (MOF) guidelines to achieve the best value for the government.

Two (2) series of MOH Financial Management and Accounting Courses were also implemented to strengthen participants' understanding of government financial policies, regulations and procedures systematically with the aim of reducing audit reprimands and maintaining a five-star rating in the Financial Management Audit Based on Accountability Index by the National Audit Department of Malaysia. The first series, which took place on 15-17 April 2025, was attended by 40 participants of various grades, while the second series on 11-13 November 2025 involved 30 participants of grades 12-14, to ensure that account management in their respective departments runs efficiently and with integrity.

TAKLIMAT KONSEP MALAYSIA MADANI

In 2025, a total of 9,916 MOH staff participated in the *Taklimat Konsep Malaysia MADANI* as shown below:

Table 2.14 Total Participants *Taklimat Konsep Malaysia MADANI*

Facility	No. Participant
IPKKM	688
JKN (including hospitals/PKDs /KKs)	8,618
Health Institutes	610
Total	9,916

SPECIAL COURSES FOR THE PURPOSE OF CONFIRMATION OF PROMOTION OF SPECIAL GRADE C OFFICERS

A total of three (3) series of Special Courses for the Purpose of Confirmation of Promotion of MOH Special Grade C Officers has been successfully held with a total attendance of 109 participants and was conducted for four (4) days. Among the modules included are Good Governance and Nationhood.

HEALTHCARE EXCELLENCE AND LEADERSHIP (HEAL) PROGRAMME

BPK has successfully implemented the HEAL Programme for two (2) days with A total of 24 participants, consisting of officers from Grade 14 to Special Grade C from various post schemes working in the JKNs, PKDs and several MOH facilities around the Klang Valley.

LEAD LIKE A CEO COURSE

A newly introduced course held in 2025 is the Lead Like A CEO course. This course was conducted for two (2) days with a total of 23 participants, consisting of officers from Grade 14 to Special Grade C from various post schemes working in the JKNs, PKDs and several MOH facilities around the Klang Valley.

EXECUTIVE DEVELOPMENT

In 2025, BPK has implemented 14 courses covering Personal Development and Leadership Management modules, including Strategic Management, Future Thinking and the International Leadership Conference (ILCCKL) involving 370 MOH officers from various grades implemented physically, online and hybrid. One of the main contents was a specific Project Management Course for 20 hospital directors to address the issues of ministry project implementation. This structured training series is critical in ensuring that the competencies of MOH personnel are always relevant and in line with the Public Service Talent Development Policy.



Image 2.11 Implementation of Executive Development Course

POWER OF GEN AI AND IoT IN HEALTHCARE COURSE

The Power of Gen AI & IoT in Healthcare course was held on 16-19 June 2025 with the participation of 40 officers. This programme aims to empower MOH officers in the use of AI and IoT technology to improve the efficiency of daily tasks. The practical and interactive training provides exposure to AI applications to speed up work and improve reporting accuracy, in addition to the use of IoT in patient monitoring, clinical asset management and temperature and humidity detection in medical stores.

CYBERSECURITY AND PERSONAL DATA PROTECTION ACT (PDPA) AWARENESS FOR HEALTHCARE PROFESSIONALS COURSE

Cybersecurity and PDPA Awareness for Healthcare Professionals course was held from 24-26 November 2025. This course was attended by 30 MOH officers to provide exposure to cybersecurity and compliance with the PDPA in the context of digital health services.

This course aims to empower participants in identifying cybersecurity risks, understanding PDPA compliance requirements and taking appropriate action to manage incidents that have the potential to affect the integrity and confidentiality of patient data.

DEPARTMENTAL SUBJECT EXAMINATIONS 2025

BPK has implemented two (2) series of Departmental Subject Examinations for 2025. Departmental Subject Examination Series 1/2025 was held on 13 March 2025 at the examination centre of the Institut Pendidikan Guru, Bahasa Melayu Campus, Kuala Lumpur. The examination for series 2/2025 was held on 25 September 2025 also at the Institut Pendidikan Guru, Bahasa Melayu Campus, Kuala Lumpur. In total, 74 candidates from 10 service schemes sat for the Departmental Subject Examination in 2025 with a passing rate of 94.6%.



Image 2.12 Departmental Subject Examinations 2025

INTRODUCTION TO BUSINESS PROCESS REENGINEERING AND WORK PROCEDURES WORKSHOP

Introduction to Business Process Reengineering and Work Procedures Workshop on 20-22 May 2025 was attended by 57 participants. This initiative aims to provide exposure to MOH officers who are directly involved in healthcare organisational management on the concept and importance of improving work processes with private sector synergy.

BUSINESS PROCESS REENGINEERING WORKSHOP (BPR) - (AS-IS) AND (TO-BE)

For 2025, BPK has conducted the reengineering of five (5) work processes through two (2) series of workshops. The BPR Work Process (As-Is) Workshop was held on 26-28 August 2025 while the BPR Work Process (To-Be) Workshop was held on 23-25 October 2025.



Image 2.13 BPR Work Process (As-Is) and (To-Be) Workshop 2025

ASEAN CHAIRMANSHIP 2025

In conjunction with ASEAN Chairmanship 2025, the BPK led the Event Management Sub-Committee for the 19th Senior Officials' Meeting on Health Development (SOMHD) which took place from 30 June – 4 July 2025. BPK was responsible for coordinating the Opening Ceremony on 30 June 2025 which was officiated by Deputy Director-General of Health (Research & Technical Support) (TKPK P&ST) as the Chairman of the Meeting, as well as the Gala Dinner on 3 July 2025. The ceremony was attended by Minister of Health, the Deputy Secretary-General of ASEAN (ASEAN Socio Cultural Community – ASCC) and senior officials' delegations from ASEAN member states.



Image 2.14 19th ASEAN SOMHD Meeting

KAMPUNG ANGKAT MADANI

A major government initiative has been implemented in Kampung Santan Selatan, Kangar, Perlis through *Satu Pemimpin Satu Kampung* Programme known as *Santuni MADANI*. This programme functions as a platform to identify local issues faced by village community. BPK acts as the coordinator of the KKM *Kampung Angkat MADANI* Programme in Kampung Santan Selatan. A total of RM1 million has been allocated from the MOF for this programme until December 2025. This fund has been fully utilised to enhance the well-being of the community through the implementation of 12 projects to address the identified local issues.



Image 2.15 Kampung Angkat MADANI Physical Projects

SEKOLAH ANGKAT MADANI

BPK also coordinates the *Sekolah Angkat MADANI* Programme where Sekolah Kebangsaan Santan has been selected for the implementation of this programme with an allocation of RM100 thousand. This programme focuses on five (5) main areas, namely improving school infrastructure & facilities, strengthening academic & student guidance programmes, strengthening teacher training & development, providing financial assistance & scholarships and developing students' skills & attitudes.



Image 2.16 *Sekolah Angkat MADANI* Programme

POLICY AND INTERNATIONAL RELATIONS DIVISION (BDHA)

BDHA consists of three (3) sections which are the Policy & Strategic Planning Section, Cabinet & Secretarial Section and International Section. This division is responsible for managing the following tasks:

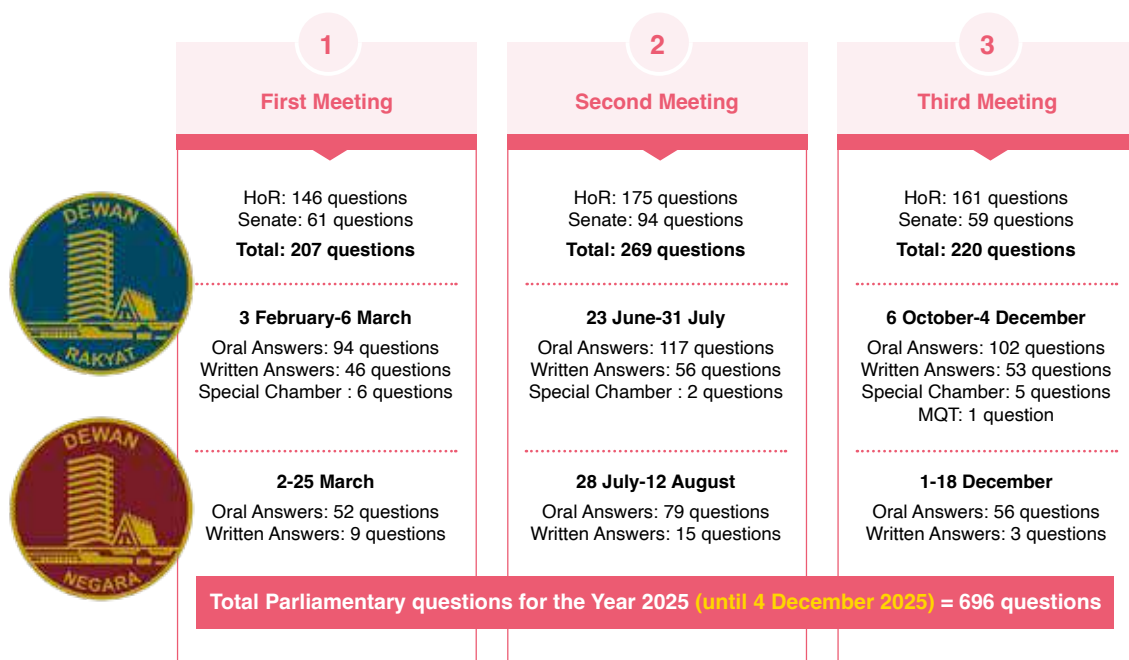
- i. Formulates and implement public health policies.
- ii. As the focal point in international relations and the development of healthcare industries.
- iii. Coordinates international trade issues.
- iv. Ensures Malaysia's health-related interests are voiced and protected diplomatically through international legal instruments.
- v. Coordinates the preparation of Cabinet Papers.
- vi. Coordinates MOH Parliamentary Questions and related Parliamentary matters.
- vii. Secretariat for MOH High Level Meetings, including the MOH Post-Cabinet Meetings.

CABINET RELATED MATTERS

BDHA has coordinated 58 Cabinet Papers, 90 memorandums and 55 feedback on the Cabinet Meeting minutes.

PARLIAMENT UNIT

MOH received a total of 696 Parliamentary Questions or issues from the Senate and the House of Representatives throughout the year 2025 as shown in **Figure 2.19**.



Note:
House of Representative (HoR), Ministerial Question Time (MQT)

Figure 2.19 The MOH Parliamentary Record 2025

MOH HIGH-LEVEL MEETINGS

Post Cabinet Meeting and MOH Management Meeting are among the high-level meetings coordinated by BDHA.



Figure 2.20 MOH High-Level Meetings 2025

WORKSHOP ON STRENGTHENING PARLIAMENTARY ANSWERS PREPARATION SKILLS FOR MOH PARLIAMENTARY COORDINATORS 2025

The Coordinating Officer and the Provider of Parliamentary Answers at MOH were introduced to the latest procedures for preparing parliamentary answers during the Workshop on Strengthening Parliamentary Answers Preparation Skills 2025 on 22-24 January 2025 at Klang, Selangor.



Image 2.17 Parliamentary Answer Preparation Skills Strengthening Workshop for MOH Parliamentary Coordinating Officers 2025

MOH LEGISLATION REVIEW WORKSHOP

BDHA organised the Preparation of Bill Workshop of from 21-23 January 2025 in Selangor, as well as the MOH Special Legislative Review Workshop from 29-30 April 2025 in Kuala Lumpur.



Image 2.18 MOH Legislation Review Workshop

MESYUARAT JAWATANKUASA TINDAKAN BERSAMA PEMBANGUNAN KESIHATAN (JTBP) SABAH DAN SARAWAK

The MOH conducted engagement sessions with the Governments of Sabah and Sarawak through the *Mesyuarat Penyelaras Perjanjian Malaysia 1963 (MA63) Mengenai Isu Pembangunan Pendidikan dan Kesihatan Negeri Sabah dan Sarawak* held on 28 August 2025. The *Mesyuarat JTBP Sabah Bil. 1/2025* was held on 5 March 2025, followed by *Mesyuarat JTBP Sabah Bil. 2/2025* on 12 June 2025 in Kota Kinabalu, Sabah. Meanwhile, the *Mesyuarat JTBP Sarawak Bil. 1/2025* was held on 11 August 2025 in Kuala Lumpur.



Image 2.19 *Mesyuarat JBPTK Sabah and Sarawak*

MALAYSIA INTERNATIONAL HEALTHCARE (MIH) MEGATRENDS 2025

MOH in collaboration with KPJ Healthcare Berhad, successfully organised the MIH Megatrends 2025 from 25-27 November 2025 at the Kuala Lumpur Convention Centre (KLCC), with the theme “Innovating for a Healthier Sustainable Future”. The event was officiated by Deputy Prime Minister.



Image 2.20 *MIH Megatrends 2025*

EXPORT COORDINATION COMMITTEE MEETING (JK-X) 2025

BDHA is the MOH’s coordinator for the Export Coordination Committee (JK-X) Meeting, which comprises the Secretaries-General of the relevant ministries. The meeting is chaired by the Chief Secretary to the Government and convened a total of four (4) meetings throughout 2025.



Image 2.21 *JK-X Meeting 2025*

MEMORANDUM OF UNDERSTANDING (MoU)

MOH established good strategic bilateral cooperation with various countries through MoUs in 2025 as follows:

- i. MoU between the Government of Malaysia and the Government of the Republic of Uzbekistan on Cooperation in the Field of Health on 5 February 2025.
- ii. MoU between the Government of Malaysia and the Government of the Republic of Maldives on Cooperation in the Field of Health on 28 April 2025.
- iii. MoU between the Government of Malaysia and the Kyrgyz Republic on Cooperation in the Field of Health on 24 June 2025.
- iv. MoU between the Government of Malaysia and The Government of The Republic of Indonesia on Cooperation in the Field of Health on 29 July 2025.
- v. MoU between the Government of Malaysia and The Government of His Majesty the Sultan and Yang Di-Pertuan of Brunei Darussalam on Cooperation Health on 28 August 2025.
- vi. MoU between the Government of Malaysia and The Hashemite Kingdom of Jordan on Cooperation in the Field of Health on 7 October 2025.
- vii. MoU between the Government of Malaysia and the Government of the Federal Democratic Republic of Ethiopia on Cooperation in the Field of Health on 19 November 2025.
- viii. MoU between the Government of Malaysia and the Government of the Republic of Singapore on Cooperation in the Field of Health on 4 December 2025.
- ix. Host Country Agreement between the Government of Malaysia and Drugs for Neglected Diseases initiative on 4 December 2025.

CONTRIBUTION FROM FOREIGN COUNTRIES

For the year 2025, contributions received from other countries are as follows:

- i. Donation of medical equipment and supplies to the Sabah Flying Doctor Service by the U.S. Embassy Kuala Lumpur on 29 May 2025.
- ii. Donation of medical equipment to the Sarawak Flying Doctor Service by the U.S. Embassy Kuala Lumpur on 25 August 2025.

OFFICIAL WORKING VISITS

BDHA has coordinated official international working visits in 2025, as follows:

Table 2.15 Official Working Visit Year 2025

Official Visits of the Foreign Governments to MOH	
H.E. Ong Ye Kung, Minister for Health of the Republic of Singapore	26 May 2025
Official Working Visit by the First Lady of Poland to Hospital Putrajaya in conjunction with the Official Visit of the President of the Republic of Poland to Malaysia	11 June 2025
Official International Visits of MOH Delegation	
Official Working Visit by the MOH Delegation to Geneva, Switzerland to Attend the 37 th Commonwealth Health Ministers Meeting (CHMM37)	17 May 2025
Official Working Visit by the Minister of Health and Delegation to Geneva, Switzerland to Attend the 78 th World Health Assembly (WHA78)	19-27 May 2025
8 th Islamic Conference of Health Ministers (ICHM), in Amman, Jordan	7-9 October 2025
Official Working Visit by the MOH Delegation to Nadi, Fiji to Attend the 76 th Session of the WHO Regional Committee for the Western Pacific (RCM76)	20-24 October 2025
First Developing-8 Organization for Economic Cooperation (D-8) Ministerial Meeting on Health, in Cairo, Egypt	17-19 November 2025



Image 2.22 Official Working Visit of 2025

COURTESY CALLS

BDHA was assigned the responsibility of coordinating courtesy calls by foreign delegates in 2025 are as follows:

Table 2.16 Courtesy Calls 2025

Courtesy Calls on the Minister of Health	
Courtesy Call by H.E. Niklas Wiberg, Ambassador of Sweden	23 January 2025
Courtesy Call by H.E. Ajay Sharma, British High Commissioner	23 June 2025
Courtesy Call by the Drugs for Neglected Disease initiative (DNDi) Delegation	14 July 2025 and 4 December 2025
Meeting Between H.H. Sheikha Salama Bint Tahnoon Bin Mohamed Al Nahyan, President of Al Liwan Foundation for Culture and Heritage, United Arab Emirates and H.E. Minister of Health Malaysia	15 July 2025
Bilateral Meeting between Prof. Dr. Mohamed Hassany, Assistant Minister of Health for Projects and Public Health Initiatives, Ministry of Health and Population, Egypt and H.E. Minister of Health Malaysia	7 November 2025
Courtesy Call by H.E. B. N. Reddy, High Commissioner of The Republic of India	12 December 2025
Courtesy Calls on the Top Management	
Courtesy Call by Dr. Rabindra Abeyasinghe, WHO Representative to Malaysia, Brunei Darussalam and Singapore on the Director-General of Health	10 July 2025
Courtesy Call by Ms. Vanessa Daniel, Regional Director of DNDi South East Asia on the KPK	21 July 2025
Courtesy Call by Dr. Revati Phalkey, Director of the United Nations University International Institute for Global Health (UNU-IIGH) on the KPK	13 August 2025
Courtesy Call by Mr. Aymen Abdullah, Head of Mission, Médecins Sans Frontières (MSF) on the KPK	26 September 2025
Courtesy Call by H.E. Nineta Bărbulescu, Ambassador of the Republic of Romania on the KPK	13 October 2025
Courtesy Call by Ms. Patricia Ongpin, Country Director of the Joint United Nations Programme on HIV/AIDS (UNAIDS) on the KPK	12 November 2025



Image 2.23 MOH Courtesy Calls in 2025

CHAPTER 3

FINANCE



ACCOUNT DIVISION (BA)

BA is responsible for providing efficient and high-quality accounting services to ensure that all transactions from Responsibility Centres (RCs) are accurately and completely recorded within the stipulated timeframe.

FINANCIAL MANAGEMENT

BA is responsible for preparing the Ministry's Financial Statements (PKK) for the Pre-Transition Period (Accrual Ledger) on a monthly basis, as well as the annual PKK to be submitted to the Accountant General's Department of Malaysia (JANM). These PKK are prepared to report the Statement of Financial Position, Statement of Financial Performance, Statement of Changes in Net Assets and Notes to the Financial Statements. The PKK also contains information on the ministry's expenditure performance and revenue collection. The Summary of MOH Financial Position and Performance for 2025 (Interim) is shown in **Figure 3.1**.

Statement of Financial Position 2025	Asset RM60.79 billion	Liability RM1.65 billion	Equity RM59.14 billion
	Asset - Liability = Equity		
Statement of Financial Performance 2025	Revenue RM1.08 billion		Expenditure RM41.15 billion

Figure 3.1 Summary of MOH Financial Position and Performance 2025 (Interim)

Based on the Ministry's Statement of Financial Position, assets recorded the highest amount of RM60.79 billion, with the Property, Plant and Equipment component accounting for the highest transaction value at RM59.31 billion (97.56%). Meanwhile, expenditure recorded the highest amount in the Ministry's Statement of Financial Performance, which stands at RM41.15 billion. The highest expenditure component is Salaries, Wages & Benefits, amounting to RM24.18 billion (58.77%). MOH's Assets Position and Expenditures Performance for 2025 are shown in **Figure 3.2**.

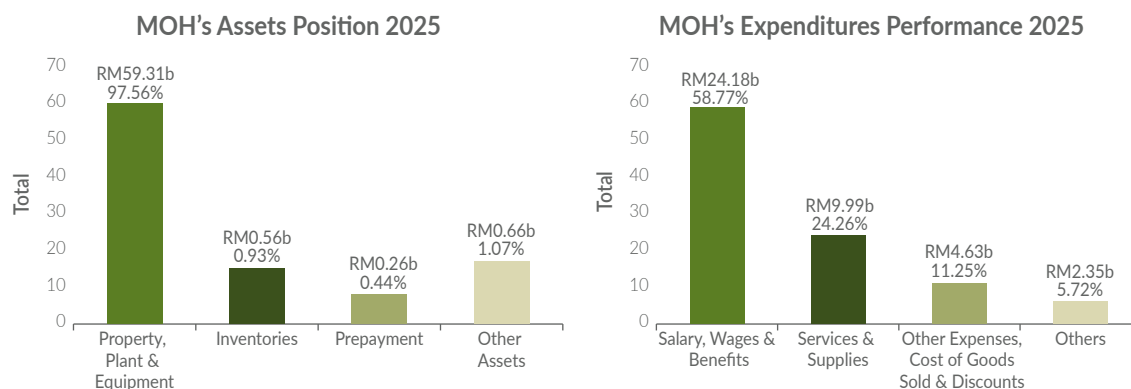


Figure 3.2 MOH's Assets Position and Expenditures Performance 2025

As of 31 December 2025, the ministry's financial position recorded total accumulated assets of RM60.79 billion, consisting of liabilities amounting to RM1.65 billion and equity valued at RM59.14 billion. The ministry's financial performance reflects expenditures exceeding revenues by RM40.07 billion. Total expenditures as of 31 December 2025, stood at RM41.15 billion, while total accumulated revenues amounted to RM1.08 billion.

BILL PERFORMANCE MANAGEMENT

The overall bill payment performance within 14 days for the year 2025 recorded a rate of 99.99%, involving 2,379,758 bills with a total payment amounting to RM16.998 billion. A total of 95.84% of bills were paid within 0-7 days, an increase compared to 95.30% in 2024 and 94.75% in 2023. Late payments exceeding 14 days continued to decline with only 97 bills recorded for 2025, amounting to RM901 thousand. Overall, bill payment performance within 14 days has remained consistent at a rate of 99.99% from 2023-2025, as shown in **Figure 3.3** and **Table 3.1**.

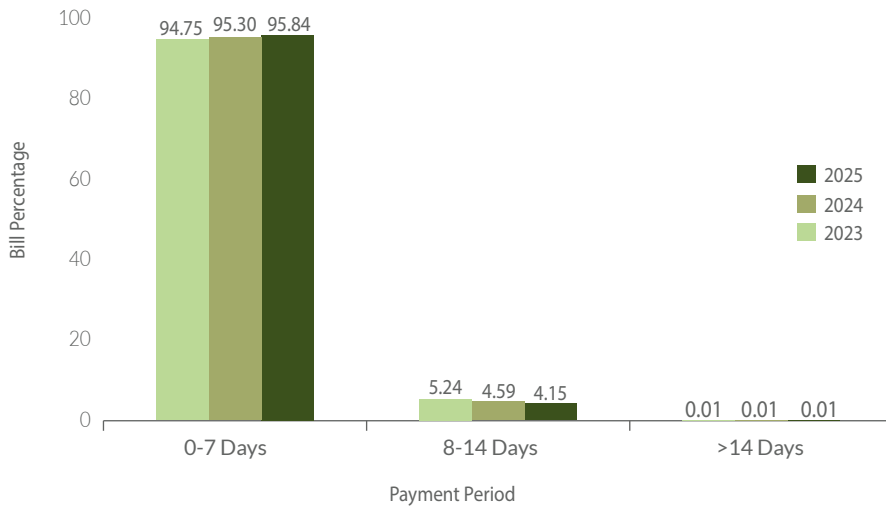


Figure 3.3 Bill Payment Performance within 14 Days 2023-2025

Table 3.1 Bill Payment Performance within 14 Days 2023-2025

Year	0-7 Days	RM	8-14 Days	RM	>14 Days	RM	Total Bill	RM
2023	1,981,387	13,233,933,276.61	109,635	914,478,079.96	136	2,890,742.37	2,091,158	4,151,302,098.94
2024	2,125,403	14,753,411,088.57	104,654	934,416,019.36	131	2,172,968.30	2,230,188	15,690,000,076.23
2025	2,280,927	16,109,815,617.32	98,831	888,267,605.67	97	901,369.79	2,379,855	16,998,984,592.78

GOVERNANCE AND COMPLIANCE

In 2025, BA conducted oversight inspections across 44 RCs under MOH as part of a continuous monitoring initiative. The scope of these exercises comprised Accrual Accounting Compliance Audits on 36 RCs and Revenue Management Audits on eight (8) RCs. Verification of Revenue Account Documents is carried out monthly through the Integrated Audit Report and Feedback Management System (iAREF) and also implemented for 442 Main Collection Office of the MOH throughout Malaysia. This monitoring is carried out to ensure that the accrual accounting compliance procedures and internal controls over revenue management at the RCs and Main Collection Office of the MOH comply with the accrual accounting standards and policies.



Image 3.1 Accrual Accounting Compliance Inspectorate at Hospital Putrajaya



Image 3.2 Revenue Management Compliance Inspectorate at Hospital Tawau

MOH ACCOUNTING OFFICERS CONFERENCE

The MOH Accounting Officers Conference 2025, themed “Accounting Synergy: Exploring Innovation, Driving Transformation,” was held from 7-9 September 2025 in Genting Highlands, Pahang. The conference was officiated by Deputy Secretary-General (Finance) and attended by 90 accounting officers from RCs across Malaysia.

The objectives of the conference were to build professional networking among accounting officers, enhance technical competency and skills, strengthen professionalism and knowledge and serve as a strategic platform for discussions to add value to MOH’s financial and accounting management.



Image 3.3 MOH Accounting Officers Conference 2025

ENGAGEMENT SESSIONS ON ACCOUNTING AND FINANCIAL MANAGEMENT

BA organised seven (7) Accounting and Financial Management Engagement Sessions with RCs under MOH in selected states throughout 2025. These sessions involved the participation of RC Heads, Accounting and Financial officers from the respective RCs. The sessions served as a platform to discuss accounting performance and resolve faced in carrying out accounting and financial tasks. Key topics covered included the management of trust accounts and deposits; audit document management; asset accounting; bill payment performance and cost implementation as well as the management of payments, receipts and audit findings by JANM for the respective states involved. These sessions successfully achieved their objectives by enhancing understanding and improving the effectiveness of accounting and financial management at the RC level.



Image 3.4 Engagement Session on Accounting and Financial Management IPKKM

FINANCIAL AND ACCOUNTING TRAINING

Throughout 2025, a total of 36 accounting and financial training sessions were conducted, involving 3,318 officers. These sessions covered various topics on trust and deposit account management, as well as management accounting, asset accounting, emolument management, bulk payments and the iPayment system.



Image 3.5 iPayment Training Workshop

DEVELOPMENT DIVISION

The Development Division is responsible for managing activities related to the administration, planning, implementation, control, monitoring and evaluation of programmes and projects for the development of MOH health facilities under the 12MP. With the vision of Health Facility Development Towards Improving Public Health Standards and the mission of Planning Efficient and Effective Strategies for Health Facility Development at the pre-implementation, implementation and post-implementation stages, this division carries the responsibility of fulfilling three (3) core objectives:

- i. Planning and coordinating the implementation strategy for healthcare facility development.
- ii. Supervising, monitoring and evaluating the outcomes and impacts of healthcare facilities efficiently and effectively to achieve national development goals and vision.
- iii. Managing the implementation of development projects, finances, land, human resources and healthcare facility information according to established procedures and regulations.

ACTIVITIES AND ACHIEVEMENTS

PROJECT APPLICATIONS

The Development Division is responsible for managing MOH's development project applications under the Rolling Plan of the 12MP. The project application process as shown in **Figure 3.4**.

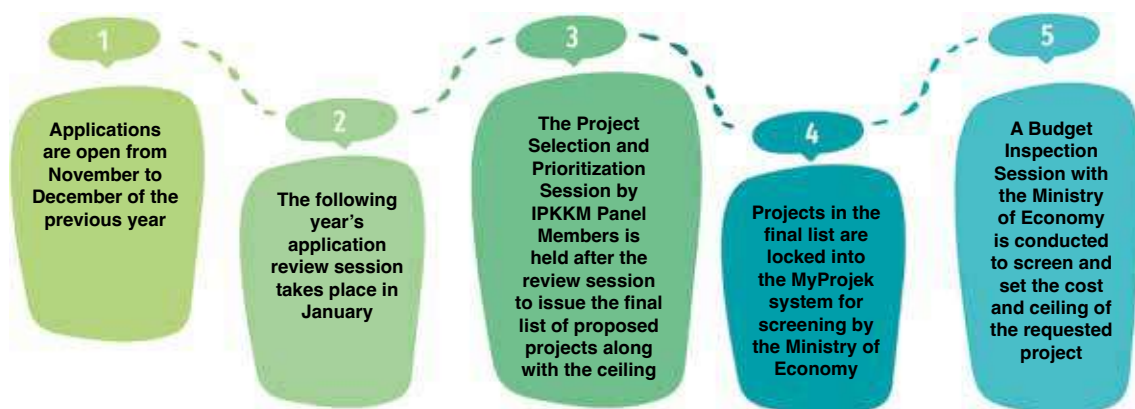


Figure 3.4 Rolling Plan Project Application Process

DEVELOPMENT ALLOCATION FOR 2025

Under the Rolling Plan 5 12MP for 2025, MOH's development allocation was approved at RM6.738 billion to implement 688 development projects, comprising 294 new projects and 394 continuation projects. As of 31 December 2025, the performance of development project expenditure stood at RM5.96 billion, representing 96.19% of the current year's allocation. Details of MOH's development expenditure achievement as shown in **Table 3.2**.

Table 3.2 The MOH's Development Expenditure Achievement 2025

Project No.	Project Name	Allocation 2025 (RM)	Amendment Allocation 2025 (RM)	Expenditure 2025	
				(RM)	(%)
00102	Upgrading Training Projects	11,764,000.00	11,504,346.00	11,167,881.79	97.08
00105	In-Service Training	59,971,000.00	58,171,000.00	57,819,584.61	99.40
00201	Public Health Service (Rural)	545,407,100.00	255,313,479.00	227,764,006.40	89.21
00202	Water Supply and Environmental Sanitation (BAKAS)	8,649,000.00	8,399,400.00	7,941,577.74	94.55
00203	Public Health Service (Urban)	243,745,000.00	205,240,006.00	194,199,549.73	94.62
00204	Mobile Clinic	10,259,000.00	4,709,500.00	449,999.70	9.56
00300	Health Facilities	845,061,400.00	641,303,000.00	636,332,009.69	99.22
00400	New Hospital	744,313,900.00	598,981,293.00	586,455,521.07	97.91
00500	Research & Development (R&D)	46,863,900.00	39,481,901.00	34,426,016.34	87.19
00600	Upgrading & Maintenance	407,000,000.00	391,296,024.00	373,015,912.39	95.33
00700	Land Acquisition & Maintenance	76,060,000.00	67,785,140.00	64,979,763.06	95.86
00800	Information & Technology (ICT)	194,553,600.00	105,120,961.00	93,265,503.55	88.72
00900	Maintenance of KKM Quarters	33,723,200.00	35,000,000.00	30,754,372.21	87.87
00901	Quarters (Rural)	7,468,900.00	8,310,496.00	4,822,154.29	58.02
00902	Quarters (Urban)	62,820,500.00	32,260,798.00	28,813,990.65	89.32
00904	State Health Office	550,000.00	1,752,624.00	1,632,849.60	93.17
01100	Equipment & Vehicles	1,046,497,500.00	619,094,149.00	576,047,568.14	93.05
01200	Public Private Partnership Project (PPP)	2,392,377,600.00	3,111,841,383.00	3,029,598,745.52	97.36
09000	Health Tourism	1,000,000.00	1,000,000.00	1,000,000.00	100.00
	Total	6,738,085,600.00	6,196,565,500.00	5,960,487,006.48	96.19

Sources: Federal Expenditure Estimates Budget Book 2025 issued by Ministry of Finance and ZRFM022 Report (Development Expenditure P42) as of 31 December 2025 extracted from iGFMAS.

MONITORING OF DEVELOPMENT PROJECTS

In line with Directive No. 1 of 2023: The National Development Implementation Coordination Mechanism, the Development Division is responsible for coordinating the implementation of the Ministry Development Action Council (MTPK) Meetings and the Ministry Development Action Committee (JTPK) Meetings at MOH level.

The MTPK Meetings were held two (2) times in 2025 and chaired by the Minister of Health. These meetings ensure that all decisions made by the National Development Action Council (MTPN) and the National Development Action Committee (JTPN) are fully implemented at the ministry level. Meanwhile, JTPK Meetings chaired by the KSU, were held 12 times in 2025 to address policy issues and project implementation strategies.

Figure 3.5 outlines the MTPK and JTPK meetings held in 2025.

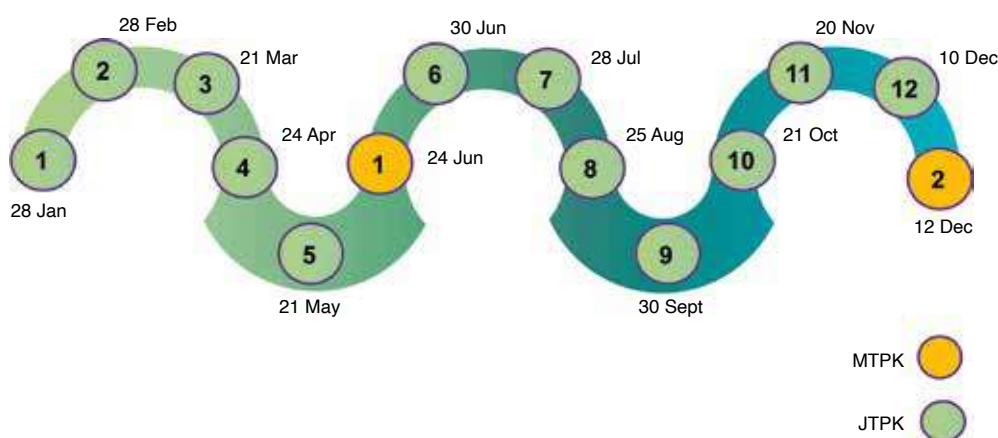


Figure 3.5 MTPK and JTPK Meeting in 2025

HANDOVER OF COMPLETED HEALTHCARE FACILITY PROJECTS

The handover of completed healthcare facility projects is conducted through joint inspections involving the end user, the Public Works Department (JKR) and the contractor. Once the building or health facility is fully constructed and all related processes are satisfactorily completed, the project is handed over to the end user, which may be the JKN or Health Institute. In 2025, 16 projects were handed over to end user as shown in **Table 3.3**.

Table 3.3 Completed Health Facility Projects 2025

Project	Handover Date
Upgrading Department of Transfusion Medicine at Hospital Raja Permaisuri Bainun, Ipoh, Perak	24 February
Upgrading Blood and Medical Transfusion Services Unit at Hospital Melaka	20 March
Construction of Health Clinic (Type 3) Air Tawar, Manjung (Substitute)	30 April
Construction of Multi Storey Block, Hospital Seberang Jaya	2 May
Construction of Hospital Pasir Gudang	29 June
Construction of Health Clinic (Type 2) Segamat (Substitute)	21 July
Construction of Additional Block of Hospital Jerantut, Pahang	23 July
Construction of Pusat Pakar Pergigian Seremban	7 August
Construction of Hospital Parit Buntar	26 August
Upgrading the Emergency and Trauma Department and the Pediatric Dental Department at Hospital Melaka	26 September
Construction of Health Clinic (Type 3) with Quarters Langgar (Substitute)	27 October
Construction of Health Clinic (Type 4) with Quarters Simpang Bekoh, Jasin (Substitute)	28 November
Construction of Health Clinic (Type 4) Pulau Pangkor, Perak	3 December
Construction of Pusat Pakar Pergigian Sabah	5 December
Construction of Health Clinic Aring, Gua Musang	17 December
Construction of Health Clinic (Type 3) Semenyih (Substitute)	7 January

**Image 3.6 Project Handover Ceremony 2025**

LAND MANAGEMENT AND MONITORING

The Development Division is also responsible for managing the acquisition of land and buildings in accordance with the National Land Code 1965, the Land Acquisition Act 1960 [Act 486] and relevant treasury circulars for the development of healthcare facilities. All land acquisitions across the country for MOH healthcare facility development require approval from the Land Management and Monitoring Committee (JKPPT), chaired by the KSU as shown in **Table 3.4**. A total of 56 land acquisition applications were submitted by various agencies under MOH and presented at the JKPPT meetings.

Table 3.4 JKPPT Meetings in 2025

Meeting	Date	Total Land Acquisition Application
No. 1/2025	21 April 2025	25
No. 2/2025	9 July 2025	12
No. 3/2025	2 September 2025	14
No. 4/2025	13 November 2025	5

TECHNICAL MANAGEMENT AND PROCUREMENT

Technical management and procurement in the Development Division involve requests for project cost increases under the Ministry of Health (MOH) within the approved budget by the Ministry of Economy, coordinating and implementing Value at Entry Level (VAE) evaluations for new physical projects under Rolling Plan applications, verifying building plan drawings and related documents as the representative of MOH facility ownership for Local Authority (PBT) approval applications and updating the Industrialised Building System (IBS) score status.

TRAINING DEVELOPMENT FOR OFFICER COMPETENCY ENHANCEMENT

The Development Division also develops, plans and implements the Operational Training Plan to enhance officers' competencies in project management and execution, as well as updating information in the MyProjek Monitoring System. The training and development activities conducted or attended throughout 2025 are listed in **Table 3.5**.

Table 3.5 Training Activities for Officers' Competency 2025

Activity	Date
Workshop on Review & Strengthening of Key Work Target (SKU)	21-23 January
Workshop on Development Allocation Management MOH 2025	23-25 June
Course on Professionalism in Career	3 September
Workshop on Refinement of Draft Guidelines for Federal Land Management MOH	23-25 September
Workshop on Human Capital Development and Strengthening of Work Culture, Development Division 2025	31 October – 2 November
Workshop on Setting the Direction for Development Allocation Management 2026	10-11 November
Outcome Evaluation Study Workshop MOH 2025	13-15 November
Workshop on Transfer of Knowledge, MyProjek System: Monitoring Module MOH 2025	26 November



Image 3.7 Workshop on Setting the Direction of Development Allocation Management 2025

AWARDS AND ACHIEVEMENTS FOR 2025

The Development Division has been awarded the MOH Integrity, Governance and Anti-Corruption Awards (AIGA) 2025. This award is a recognition given to ministries or agencies to assess and promote the level of integrity, good governance and corruption prevention practices in the management and delivery of services. In short, the objectives of implementing AIGA are to enhance the culture of integrity in public sector organisations; strengthen transparent, accountable and effective governance; promote the implementation of systematic and continuous corruption prevention measures and serve as a benchmark for integrity performance between ministries or agencies.

ENGINEERING SERVICES DIVISION (BPKj)

BPKj oversees health engineering policy, implementation, monitoring and coordination, as well as the health engineering and management of healthcare facilities. Its functions include Public Health Engineering, Healthcare Facilities Engineering and the implementation of development, upgrading and sustainability initiatives to support the delivery of quality and sustainable healthcare services. BPKj comprises three (3) branches:

- i. Health Engineering Policy and Planning Branch
- ii. Health Engineering Consultancy and Project Implementation Branch
- iii. Healthcare Facilities Engineering Branch

ENGINEERING DEVELOPMENTS

As of 2025, 778 officers under the MOH engineering scheme have been deployed nationwide as the primary drivers of MOH technical services. Their roles encompass public health interventions, project consultancy as well as facility and medical equipment management. To bolster competence and professionalism, 178 training programmes including functional, competency and generic courses were successfully conducted throughout the year.



Figure 3.6 MOH's Engineering Scheme Officers 2025

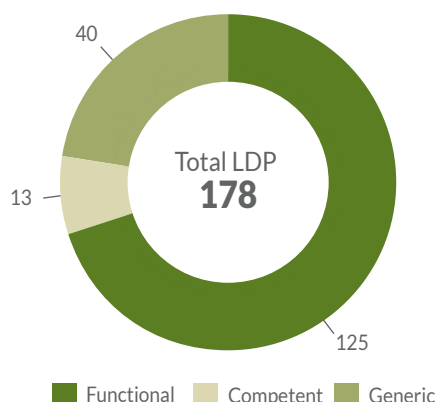


Figure 3.7 Local and Overseas *Latihan Dalam Perkhidmatan* (LDP) 2025

SUSTAINABILITY PROGRAMME (SP)

MOH continues to strengthen its commitment to environmental sustainability and to support the national net-zero aspiration through the awarding of two (2) prestigious recognitions, namely the Malaysia Carbon Reduction and Sustainability Tool (MyCREST) Special Award from CIDB and the Penarafan Hijau JKR (pHJKR) Special Award from JKR, reflecting the effectiveness of sustainability initiatives implemented across KKM healthcare facilities.

In addition, the inaugural Green Healthcare Facilities Conference 2025 (GHFCon2025), held on 28-29 April 2025 and officiated by the Deputy Minister of Health, served as a strategic platform to highlight a decade of sustainability programme achievements. The conference also featured the launch of the book *A Decade of Greener Healthcare Facilities: Sustainability Programme (2015-2025)*.

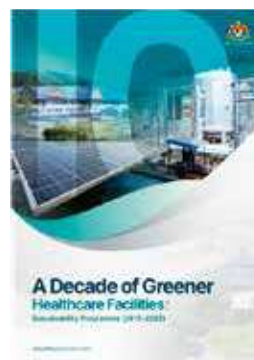


Image 3.8 Launching Ceremony for *A Decade of Greener Healthcare Facilities: Sustainability Programme (2015-2025)* Book

The year 2025 also marked the first meeting of the Carbon Neutral Initiative Steering Committee on 25 August 2025, chaired by the KSU, aimed at coordinating carbon management and ensuring consistent greenhouse gas (GHG) reporting towards achieving carbon neutrality in healthcare facilities as early as 2045.

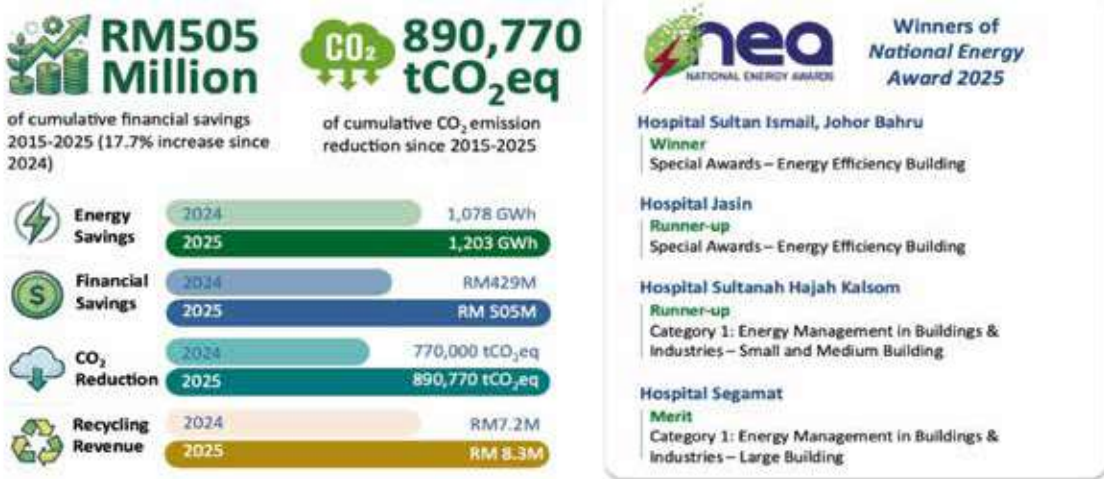


Figure 3.8 SP Achievements under HSS Concession Agreement 2025

PUBLIC HEALTH ENGINEERING INTERVENTIONS

WATER QUALITY

In 2025, a total of 97.21% (187,896) treated water quality samples were collected nationwide under the Drinking Water Quality Surveillance Programme (KMAM), categorised according to parameter groups as shown in **Figure 3.9**.

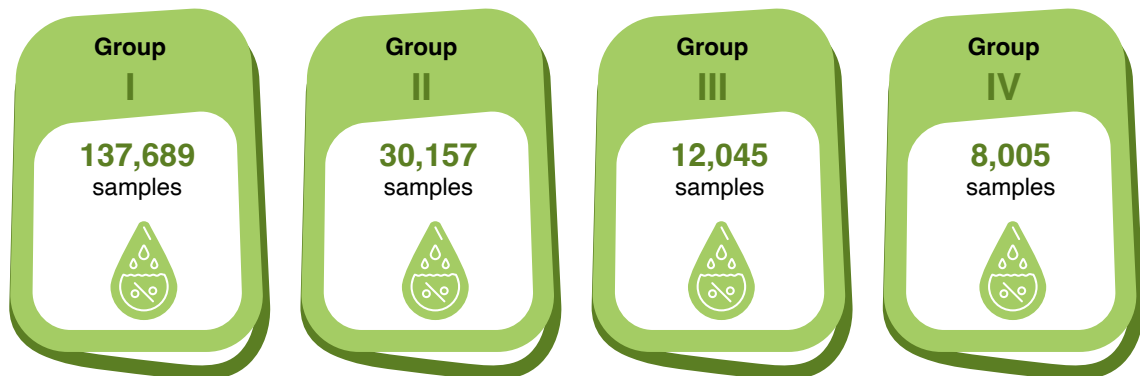


Figure 3.9 Number of Treated Water Quality Samples by Parameter Group

In rural areas, various rural water supply and sanitation projects were successfully implemented to reduce the risk of waterborne diseases, as shown in **Figure 3.10**.

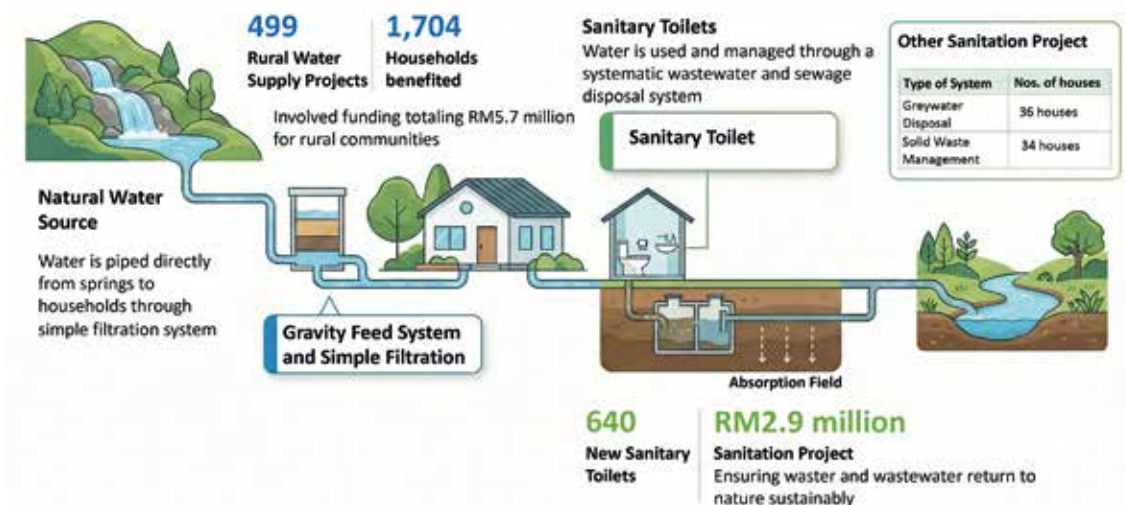


Figure 3.10 Rural Water Supply and Sanitation Projects 2025

MOH is committed to strengthening the regulation of drinking water quality through standards compliance governance as a legal responsibility in the future. This is a transformative step by MOH to ensure the people's right to drinking water quality that meets international health standards on an ongoing basis. The National Standard for Drinking Water Quality (NSDWQ) has been updated and implemented since July 2025 as the main standard for the assessment, monitoring and implementation of drinking water quality control, replacing the previous version that includes the latest guidelines as shown in **Figure 3.11**.



Figure 3.11 National Standard for Drinking Water Quality Latest Version

ENVIRONMENTAL HEALTH RISK ASSESSMENT

Throughout the year 2025, environmental health risk assessment activities were primarily focused on strengthening the implementation of the Environmental Health Risk Inventory (EHRI) and providing 97 technical reviews on Environmental Impact Assessment (EIA) reports received. The achievements for the year of 2025 as below:

- Steering Committee Meeting and the Signing Ceremony of the Collaborative Project Documents between the MOH and the Malaysian Space Agency (MYSA) for the period 2025-2030.
- Finalization of *Dokumen Penilaian Hazard Rating Mengikut Inventori Risiko Kesihatan Alam Sekitar* and *Dokumen Pengurusan Risiko Bagi Mukim Sangat Tinggi dan Tinggi*.
- Implementation of audit activities for verification of EHRI data in Pahang, Perak, Johor, WPKL & Putrajaya.

NATIONAL ENVIRONMENTAL HEALTH ACTION PLAN (NEHAP)

The 2025 Malaysia NEHAP Steering Committee Meeting, chaired by the DG, focused on strengthening governance and setting strategic directions for the 2026-2030 period to further reinforce the national environmental health agenda.

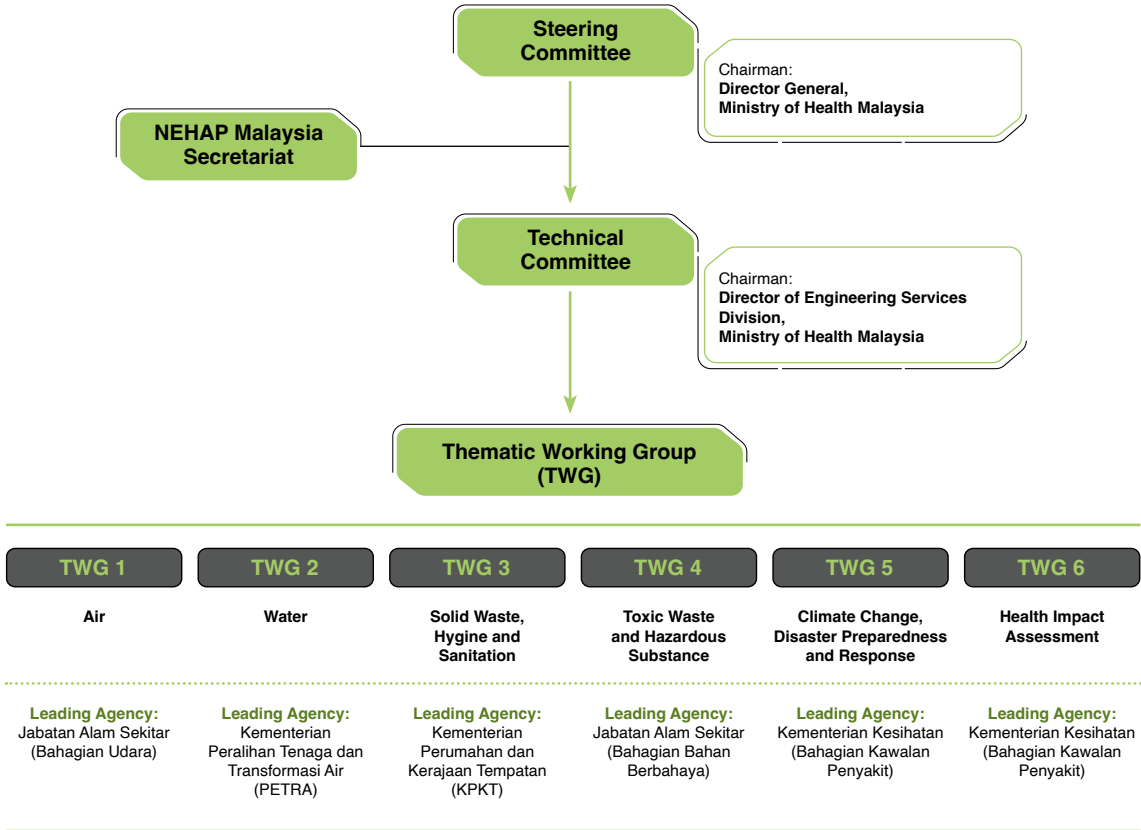


Figure 3.12 Governance Structure of NEHAP Malaysia

MANAGEMENT OF HEALTH FACILITIES AND MEDICAL EQUIPMENT

HOSPITAL SUPPORT SERVICES (PSH)

The PSH programme is a privatisation initiative executed through contractual agreements with five (5) concession companies and seven (7) non-concession companies. The implementation encompasses six (6) main scopes of service, namely:

- i. Facility Management Services (FMS)
- ii. Facility Engineering Maintenance Services (FEMS)
- iii. Biomedical Engineering Maintenance Services (BEMS)
- iv. Healthcare Waste Management Services (HWMS)
- v. Cleansing Services (CLS)
- vi. Linen and Laundry Services (LLS)

In terms of coverage, the PSH concession contracts involve 153 hospitals and institutional facilities with a contract value reaching RM2.54 billion annually. Meanwhile, the non-concession contracts cover 11 facilities with a total contract value amounting to RM743 million.

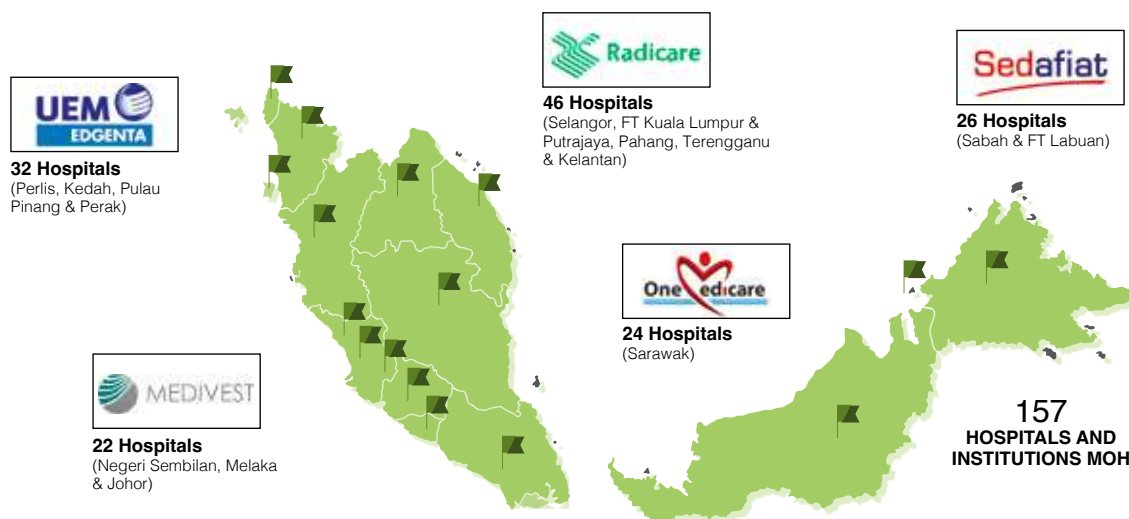


Figure 3.13 Number of Hospitals and Institutions by Concession Companies

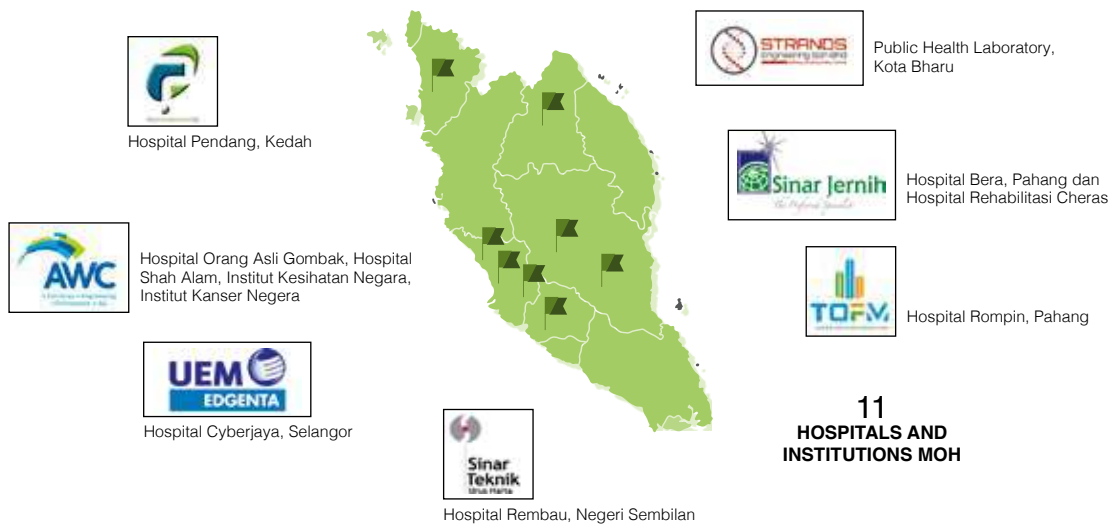


Figure 3.14 Number of Hospitals and Institutions by Non-Concession Companies

CLINICAL SUPPORT SERVICES (PSK)

The Clinical Support Services (PSK) program is a contractual agreement involving 14 companies across 201 health clinic facilities, with an annual ceiling cost allocation of RM150 million. The programme encompasses three (3) main scopes of service, namely:

- i. Facility Engineering Maintenance Services (FEMS)
- ii. Biomedical Engineering Maintenance Services (BEMS)
- iii. Cleansing Services (CLS)



Figure 3.15 Number of Clinics by PSK Contractor

MEDICAL EQUIPMENT ENHANCEMENT TENURE (MEET)

The MEET Program is an initiative established to supply and maintain medical equipment at MOH KK and dental clinics. The implementation of this programme is executed by the concessionaire, Quantum Medical Solutions Sdn. Bhd., through a 13 years agreement effective from 17 April 2014. Under this agreement, a total of 41,022 units of new equipment have been successfully supplied to selected facilities. The programme coverage encompasses the states of Pulau Pinang, Perak, Selangor, Negeri Sembilan, Melaka, Johor, Sabah, Sarawak as well as the FT of Kuala Lumpur, Putrajaya and Labuan.

Comprehensive equipment maintenance is essential to ensure the quality of health care service delivery. As of 31 December 2025, a total of 138,325 units of medical equipment across 2,945 KK and dental clinics are being maintained under this programme.

FACILITY RISK MANAGEMENT

The BPKj plays a key role in coordinating and implementing risk assessments on engineering systems in health facilities to strengthen system safety and integrity comprehensively. The implementation of the strategy commenced with risk assessments in Intensive Care Units (ICU) and engineering support systems in 16 state hospitals.

In addition, the division also plays a strategic role in preparedness for the Northeast Monsoon (MTL) 2025/2026 at the MOH level through information coordination and post-flood technical assessments to ensure that the recovery of critical systems is carried out promptly, efficiently and systematically.



Image 3.9 Engagement Results Meeting for Healthcare Facility Engineering Systems Risk Assessment

GOVERNMENT ASSET MANAGEMENT

IMMOVABLE ASSET

BPKj is responsible for coordinating the implementation of the Government Asset Management Policy regarding MOH immovable assets, in accordance with *Pekeliling Am Bil. 2 Tahun 2024: Tatacara Pengurusan Aset Tak Alih Kerajaan*. The following are the activities conducted throughout 2025 as shown in **Table 3.6**.

Table 3.6 Immovable Asset Management Activities for 2025

Activity	Total
Asset Premises Registry (DPA) Registration	11
Condition Assessment Reporting	319
Disposal Reporting	305
Loss/Write-off Reporting	11

MOVABLE ASSET AND STORE

As of 31 December 2025, MOH reported a total of 3,191,128 units of movable assets, valued at RM16,886,431,413.12 in acquisition costs. The remaining stock as at 31 December 2025 was valued at RM896,588,805.94, achieving a notable *Kadar Pusingan Stok* (KPS) of 7.75, reflecting strong store management performance throughout 2025. Reports on movable assets and store management are required to be prepared quarterly and validated during the JKPAK meetings to ensure compliance with the procedures and circulars issued by the Ministry of Finance (MOF).

PROJECTS IMPLEMENTATION IN MOH FACILITIES

BPKj has played a pivotal role in planning, coordinating, implementing, monitoring and providing technical advisory services for MOH projects entrusted to the BPKj. In 2025, the branch executed a total of 131 projects utilising both development and operating allocations, as shown in **Figure 3.16**.

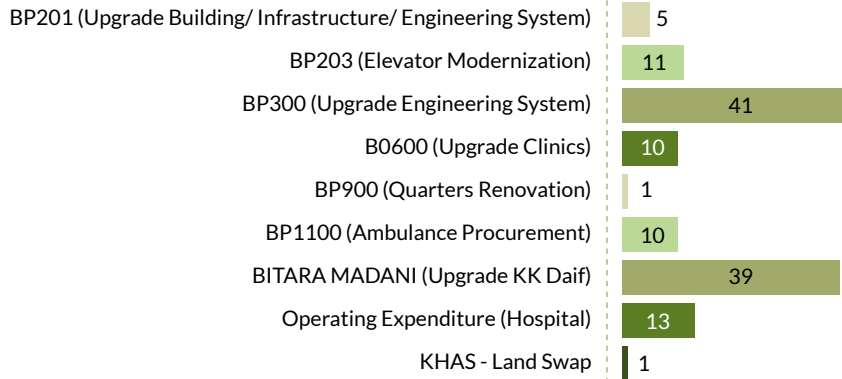


Figure 3.16 Number of Projects Implemented by Project Allocation Code

Projects implemented in 2025 included the upgrading and repair of buildings and engineering systems, office space renovations, quarters' refurbishment, and the demolition and reconstruction of *klinik daif* project. Additionally, the scope encompassed ambulance procurement and the construction of new facilities, such as hemodialysis centres, multi-storey car parks and other healthcare amenities. As of 31 December 2025, a total of RM50,358,958.24 in development expenditure allocations and RM8,932,891.51 in operating expenditure allocations were expended.

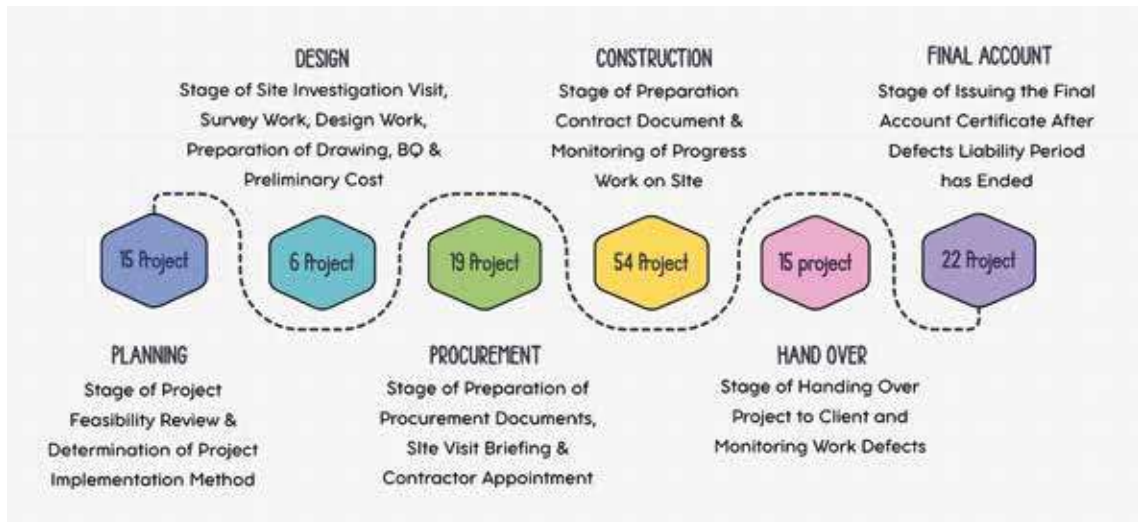


Figure 3.17 Implementation Status of Projects Managed in 2025

PROJECT EXECUTION ACTIVITIES

Throughout 2025, among the project implementation activities carried out by this branch are site visits during the pre-construction stage by the design team, tender briefings for the procurement of new projects, and work monitoring visits by project superintendent officer or project coordinators to monitor the progress of contractor work during the construction stage.



Image 3.10 Monitoring Visit by the Director of BPKj at the KK Chemomoi Hemodialysis Building Project Site, Bentong and Multi-storey Car Park Construction Project Site in Hospital Sultanah Bahiyah, Alor Setar

Ambulance Procurement at Healthcare Facilities

In 2025, the division was mandated as the implementing agency for the Phase 2 Ambulance Procurement. To ensure optimum operational readiness, each ambulance unit procured under this project is equipped with two (2) primary components:

- i. Ambulance Vehicle: Chassis and body specifications that comply with established safety standards.
- ii. Medical & Communication Equipment: Integration of critical medical devices and advanced communication systems to support the delivery of effective healthcare services.

BPKj as the implementing agency, reflects the agency's commitment to managing large-scale procurements in a transparent and systematic manner. This project is carried out to enhance the capacity of pre-hospital and ambulance services nationwide, in line with the aspirations for public health infrastructure development.



Image 3.11 Handover and Basic User Training for New Ambulances in Johor

ENGINEERING TECHNICAL ADVISORY SERVICE

PRIVATE HEALTHCARE SERVICE FACILITIES

BPKj plays a role in providing technical input to the Private Medical Practice Control Section (CKAPS) of the Medical Practice Division, as well as to private healthcare facilities. This is conducted through the review of engineering drawings and the inspection of healthcare facilities in accordance with the implementation of the Private Healthcare Facilities and Services Act 1998 [*Act 586*] and its regulations.

In 2025, 393 engineering drawings were reviewed for new license applications, expansions or renovations of private healthcare facilities, while 124 technical inspection visits were conducted for licensing purpose.

SUPPLY OF MEDICAL EQUIPMENT

BPKj is responsible for providing technical consultancy services for the implementation of high-technology medical equipment procurement at MOH facilities. The scope of responsibilities includes preparing technical specifications and monitoring the implementation of various medical equipment procurement such as Digital Fluoroscopy, Computed Tomography (CT- Scan), Magnetic Resonance Imaging (MRI), Blood Irradiator and other categories of medical equipment.

In 2025, a total of 52 medical equipment procurement projects initiated under Rolling Plan 5 (RP5) of the Twelfth Malaysia Plan (12MP) remain in progress, with full completion anticipated by 2026. These initiatives are instrumental in advancing the Sustainable Development Goals (SDGs), specifically SDG 3 by enhancing the quality of healthcare services and SDG 9 through the strengthening of technology-driven and innovative health infrastructure, in line with the healthcare sector's digitalisation agenda to enhance service efficiency and patient safety.



Image 3.12 Site Briefing Sessions for CT-Scan Medical Equipment Procurement Project at Hospital Sultan Ismail, Johor and Hospital Women & Child Sabah

INFORMATION MANAGEMENT DIVISION (BPM)

MOH DIGITALISATION STRATEGIC PLAN (PSP) 2026-2030

The MOH DSP 2026-2030 is a blueprint outlining the direction of MOH's digitalisation for a five (5) year period from 2026-2030. This plan serves as the primary digitalisation master plan for MOH. Its content is aligned with the ministry's strategic direction as stated in the 13MP, the Health White Paper and the MOH Strategic Plan 2026-2030.

The MOH PSP 2026-2030 was developed through a five (5) month coaching service from June - November 2025. A total of 10 workshops were conducted with a project team consisting of representatives from various divisions, departments and institutions to gather input regarding digitalisation projects. The plan was approved by the MOH PSP 2026-2030 Steering Committee, chaired by the KSU on 19 November 2025. Subsequently, the MOH PSP 2026-2030 was officially launched by the Minister of Health on 10 December 2025 as shown in **Image 3.13**.



Image 3.13 Launching of the MOH PSP 2026-2030

DIGITAL TRANSFORMATION IN ENHANCING INFORMATION ACCESS ON THE MOH OFFICIAL PORTAL

The official portal of the MOH serves as a medium for delivering accurate, transparent and easily accessible information on MOH services to the public. The portal provides information on programmes and initiatives implemented by the MOH in the public interest. In addition, the portal also functions as a platform for obtaining public feedback on initiatives carried out by the MOH.

In line with current technological advancements, a chatbot application equipped with AI elements has been developed to offer a more engaging two-way communication experience and more efficient information delivery. This application was implemented on the MOH official portal on 10 November 2025 with the introduction of the MOH *Asisten Responsif Interaktif* (ARIF) icon. The scope of information searches for this application is shown in **Figure 3.18**.

The objective of the chatbot development is to facilitate faster, more accurate and user-friendly access to information related to health, policies and MOH services. In addition, it aims to reduce repetitive enquiries to officers and enhance the efficiency of real-time information delivery.

The implementation of this chatbot is one of the initiatives under the MOH Bureaucratic Behaviour Reform (RKB) Project 2025, namely Enhancing the Efficiency of Information Delivery on MOH Services through a Chatbot Application on the MOH official portal. This initiative is also aligned with the Public Sector Digitalisation Strategic Plan (PSPSA) and the Malaysia MADANI aspirations, which emphasise efficiency, transparency and ease of access to services for the public.



Figure 3.18 Information Retrieval via the Official MOH Portal

IMPLEMENTATION OF THE MOH CYBERSECURITY POLICY (PKS)

The implementation of the PKS of MOH was communicated through *Surat Pekeliling Ketua Setiausaha KKM Bilangan 4 Tahun 2025* dated 3 December 2025, as part of efforts to strengthen the ministry's governance and cybersecurity. This policy represents a rebranding of the MOH ICT Security Policy in line with the national cybersecurity policy, National Security Council (MKN) Directive No. 26 of 2017, the establishment of the National Cyber Security Agency (NACSA) and the requirements of the Cyber Security Act 2024 [Act 854].

The MOH PKS 1.0 was developed based on the ISO/IEC 27001:2022 framework and approved at the *Mesyuarat Jawatankuasa Pemandu ICT (JPICT)* Bil. 10/2025 on 22 October 2025. The policy was officially launched during MOH ICT Day on 11 November 2025. This policy applies to all ministry's personnel, contractors, suppliers and relevant parties involved in the management, processing and protection of digital assets and MOH information systems.



Image 3.14 Launching of MOH PKS

INFORMATION SECURITY MANAGEMENT AUDIT

The Information Security Management Audit conducted by the MOH in 2025 is aimed to assess and monitor compliance with prevailing regulations in accordance with the ISO/IEC 27001:2013 Information Security Management System (ISMS). It also sought to enhance awareness and promote best practices in ICT security. The audit involved five (5) selected facilities, namely the JKN Negeri Sembilan, JKWP Labuan, JKN Kelantan, JKN Pulau Pinang and Hospital Tuanku Fauziah, Perlis.



Image 3.15 Audit at JKN Negeri Sembilan



Image 3.16 Audit at JKWP Labuan

MOH ICT DAY 2025

MOH ICT Day 2025 was held on 11 November 2025 at the Putrajaya International Convention Centre (PICC). The event was officiated by the Minister of Health and attended by 628 participants, comprising MOH staff as well as stakeholders in the fields of information technology and digital health.

“AI.PINTAR - AI as a Driver of Innovation and Technology Security for Public Health” was the theme for MOH ICT Day. The Minister of Health launched the Chatbot Application on the MOH official portal and the PKS. In addition, recognition was given to individuals, teams and healthcare facilities that demonstrated initiative and outstanding achievements in ICT implementation and innovation.

The main highlights of the programme included Tech Talk sessions, forums and experience sharing sessions. BPM invited representatives from universities and industry to share knowledge and experiences related to AI technology and its adaptation in the implementation of health programmes in Malaysia.



Figure 3.19 MOH ICT Day 2025

WORKSHOP AND TRAINING

STRENGTHENING MOH ICT MAINTENANCE GUIDELINES

BPM is strengthening the ICT Maintenance Management Procedures in line with the KSU Circular No. 5 of 2019. To support this initiative, a Working Committee comprising officers with expertise in ICT maintenance from various programmes, divisions and health facilities under the MOH has been established.

Two (2) *Bengkel Pemantapan Garis Panduan Perkhidmatan Penyelenggaraan ICT bagi Fasilitas KKM* sessions were conducted to review and develop the draft guidelines, to ensure they remain relevant and aligned with current policies, circulars and directives and are expected to be published in early 2026.



Image 3.17 *Bengkel Pemantapan Garis Panduan Perkhidmatan Penyelenggaraan ICT bagi Fasilitas KKM 2025*

MOH CYBERSECURITY POLICY (PKS) REFINEMENT WORKSHOP

A workshop on the refinement of the MOH PKS was conducted at Port Dickson from 29-31 July 2025. The workshop aimed to review, enhance and align the policy with national cybersecurity directives, ISO/IEC 27001:2022 standards and the requirements of the Act 854, ensuring effective implementation and adoption across all ministry personnel and relevant stakeholders.

WORKSHOP ON DATA CENTRE AND CLOUD COMPUTING REQUIREMENTS STUDY FOR MOH

The Workshop on Data Centre and Cloud Computing Requirements Study was conducted from 19-21 May 2025, at the Melaka with 42 participants, comprising senior BPM management, ICT project officers and system owners. The workshop aimed to identify MOH's data centre and cloud computing capacity requirements, formulate strategies for the modernisation of legacy systems and establish the strategic direction and governance framework for MOH's cloud computing infrastructure. Participants were also introduced to MyGovCloud@PDSA, MyGovCloud@CFA and Cloud@KKM services, as well as industry knowledge-sharing sessions with Cloud Service Providers (CSP), namely Amazon Web Services (AWS), Google and Microsoft.

PROFESSIONAL COACHING SESSION ON TECHNICAL MANAGEMENT OF DATA CENTRE AND CLOUD COMPUTING (CT-CLOUD+: COMPTIA CLOUD+)

The Professional Coaching Session on Technical Management of Data Centre and Cloud Computing was conducted from 29 September – 3 October 2025 at Trainocate (M) Sdn. Bhd., Kuala Lumpur. The programme involved three (3) technical officers directly responsible for data centre and cloud infrastructure management. It aimed to enhance technical competencies in modern data centre operations, cloud security and hybrid infrastructure as well as to prepare participants for the CompTIA Cloud+ professional certification. The training covered 14 learning modules, including cloud solution deployment, secure infrastructure design and disaster recovery.

NETWORK TECHNICAL MANAGEMENT COACHING SESSION

In line with the rapid development of ICT, there is an increasing need for efficient and high-performance network management to support the daily operations of organisations. To address this need, this coaching session was designed to provide participants with theoretical exposure and practical training through three (3) sessions as follows:

- i. The Cisco Certified Network Associate (CCNA) session was held from 13-17 October 2025 at the IT Training Centre of Ofisgate Sdn. Bhd. for enhancing participants' skills in the configuration and management of ICT network equipment.
- ii. The Network Performance Assessment (NPA) session was held from 21-24 October 2025 at the IT Training Centre of Ofisgate Sdn. Bhd. for enhancing expertise in managing network infrastructure and ICT forensics.
- iii. The Fiber Optic Splicing & Testing session was held from 27-30 October 2025 at Sinaran's Training Centre, Sinaran Optik Sdn. Bhd. for enhancing expertise in managing fibre optic cabling.

FINANCE DIVISION

The management of finance within the MOH is entrusted to the Finance Division, which holds the responsibility of overseeing the ministry's budget and revenue, as well as ensuring compliance with financial policies and regulations. This division comprises three (3) branches, namely *Cawangan Dasar Kewangan*, *Cawangan Pengurusan Hasil* and *Cawangan Pengurusan Belanjawan*.

BUDGET MANAGEMENT

MOH was allocated RM45.27 billion in 2025 whereby RM38.53 billion was for Operational Budget (B42) and RM6.73 billion for Development Budget (P42).

OPERATING BUDGET PERFORMANCE IN 2025

In 2025, MOH utilized RM36.14 billion (97.30%) of its total budget. The highest operating budget allocation was for the Medical Programme with RM15.21 billion (40.96%). The allocation and expenditure of each programme in 2025 as shown in **Table 3.7**.

Table 3.7 Allocation and Expenditure of Operating Budget by Programmes 2025

Programme	Allocation (RM)	Expenditure (RM)
Management	2,831,970,050	2,453,981,812
Medical	15,208,670,971	15,094,783,088
Public Health	6,960,236,600	6,917,435,858
Oral Health	1,373,006,482	1,371,895,938
Pharmaceutical Services	263,113,700	260,991,176
Research & Technical Support	433,320,118	408,421,353
Food Safety & Quality	125,476,629	123,491,550
Special Programme	7,677,932,650	7,380,796,685
New Policies	200,560,000	61,304,679
One-off	9,800,000	9,315,187
Financial Commitment	2,050,000,000	2,048,841,450
Total	37,134,087,200*	36,131,258,777

Note:

* The amount of the amended allocation as of 31 December 2025 is RM37,134,087,200 compared to RM38,534,287,200 as at 1 January 2025 after taking into account the warrant adjustment of RM1,400,200,000..

MEDICAL BENEFITS FOR FEDERAL PUBLIC SERVICE RETIREES AND PENSIONED VETERANS

Effective 1 June 2017, the MOH assumed the management functions and responsibilities pertaining to the medical benefits of federal public service retirees, pensioned veterans and their eligible family members from the JPA. This transfer of functions also involves the Ministry of Higher Education (MOHE) and the Ministry of Defence (MINDEF), encompassing the following roles and responsibilities:

- i. Coordination of health budget for federal public service retirees.
- ii. Processing of claims for reimbursement of medicines, medical devices and emergency treatments.
- iii. Appointment of dialysis panels for retirees.
- iv. Other matters relating to medical treatment benefits for federal public service retirees and pensioned veterans.
- v. Travelling claims for retirees.

In 2025, RM645.55 million was disbursed to cater for the medical treatment of pensioners at MOH healthcare facilities, university hospitals, Armed Forces Hospital and Retirement Fund (Incorporated) (KWAP). A total number of 435 dialysis panels (private) have been appointed by MOH for dialysis treatment of 805 pensioners in the year 2025.

REVENUE MANAGEMENT

In 2025, MOH generated a total revenue of RM1.16 billion. Medical fees revenue collection formed a major part of the total revenue which contributed RM565.75 million or 48.95% to the total revenue. The breakdown of revenue categories as shown in **Table 3.8**.

Table 3.8 Revenues Collected by Classification 2025

Code	Code Classification	Amount (RM)	(%)
71000	License, Registration Fees & Permits	42,291,137.98	3.66
72000	(i) Medical Fees	565,754,629.28	48.95
	(ii) Others (non-medical fees)	66,178,468.46	5.73
73000	Sales of Goods	6,499,152.38	0.56
74000	Rentals	53,744,063.18	4.65
75000	Interests & Return on Investment	395,365.28	0.03
76000	Fines & Penalties	156,869,453.52	13.57
77000	Contributions & Compensations from Overseas and Local Contributions	9,645,515.80	0.83
80000	Non-revenue Receipts	254,419,018.86	22.01
Total		1,155,796,804.74	100.00

In 2025, the total outstanding medical fee charges were RM37.50 million which accounted for 6.63% of the RM565.75 million revenue collected from medical fees. 81.52% of the total outstanding medical fees were attributed to non-Malaysian patients. The detailed breakdown of collection records and outstanding amounts categorised by citizenship as shown in **Table 3.9**.

Table 3.9 Outstanding and Revenues Collected under the Fees (Medical) Order by Citizenship 2025

Citizenship	Outstanding Fees		Fees Collected	
	(RM)	(%)	(RM)	(%)
Malaysian	6,930,714.14	18.48	289,876,318.39	50.10
Non-Malaysian	30,571,906.03	81.52	275,878,310.89	49.90
Total	37,502,620.17	100.00	565,754,629.28	100.00

GO CASHLESS KKM CAMPAIGN

The MOH cashless payment campaign initiative which began in October 2022 was further expanded in 2025. The Go Cashless KKM campaign, launched in June 2023, which involved various promotional activities and engagement sessions with the public in MOH facilities nationwide, continued in 2025 with the implementation of the Go Cashless 3.0 campaign. As a result, MOH recorded a significant increase in cashless payment transactions at all MOH facilities in 2025.

The total number of ePayment transactions has increased from 1.75 million in January 2025 to 2.12 million in December 2025. This represents a notable increase, rising from 74.76% to 80.99%. The increase in the number of recorded ePayment compared to conventional transactions (cash and cheque) in 2025 as shown in **Figure 3.20**.

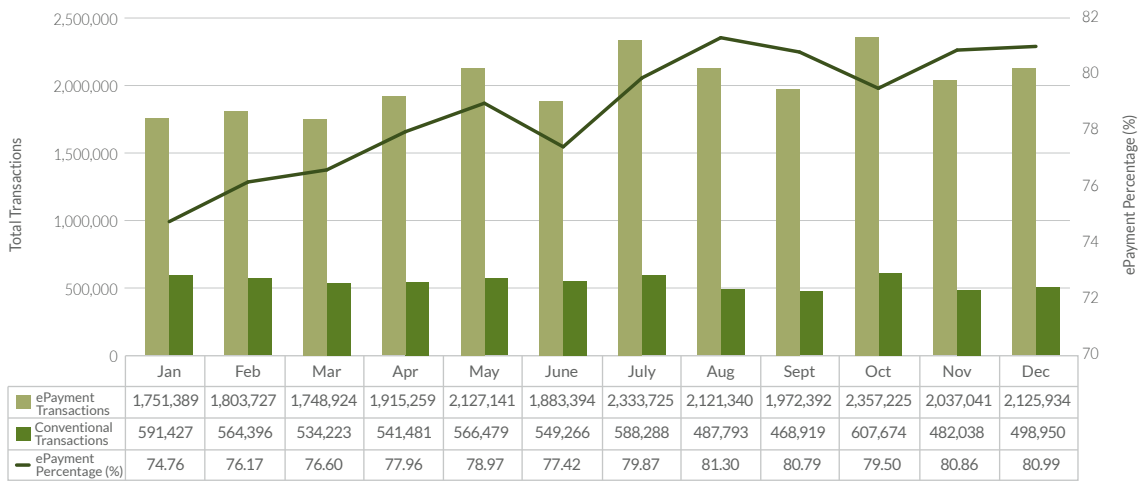


Figure 3.20 ePayment Compared to Conventional Transactions 2025

FINANCIAL AID AND GRANT

MEDICAL ASSISTANCE FUND (TBP)

TBP was established in 2005 under Section 10 of the Financial Procedure Act 1957 [Act 61]. It is governed by the Trust Deed and TBP Guidelines. TBP aims to assist underprivileged patients in financing their treatment costs and purchase of medical supplies including medicines at MOH hospitals and public university hospitals. **Figure 3.21** below shows the allocation of TBP, the number of patients and the total amount of TBP approvals from 2005-2025. In 2025, the total TBP benefit recipients were 4,665 covering 16 different disciplines as shown in **Figure 3.22**.

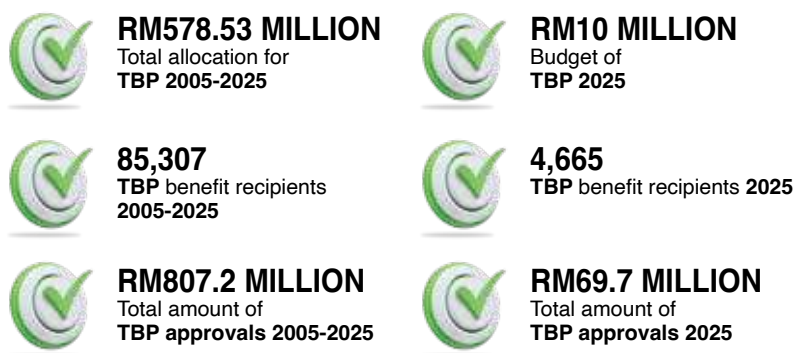


Figure 3.21 TBP Allocation 2005-2025

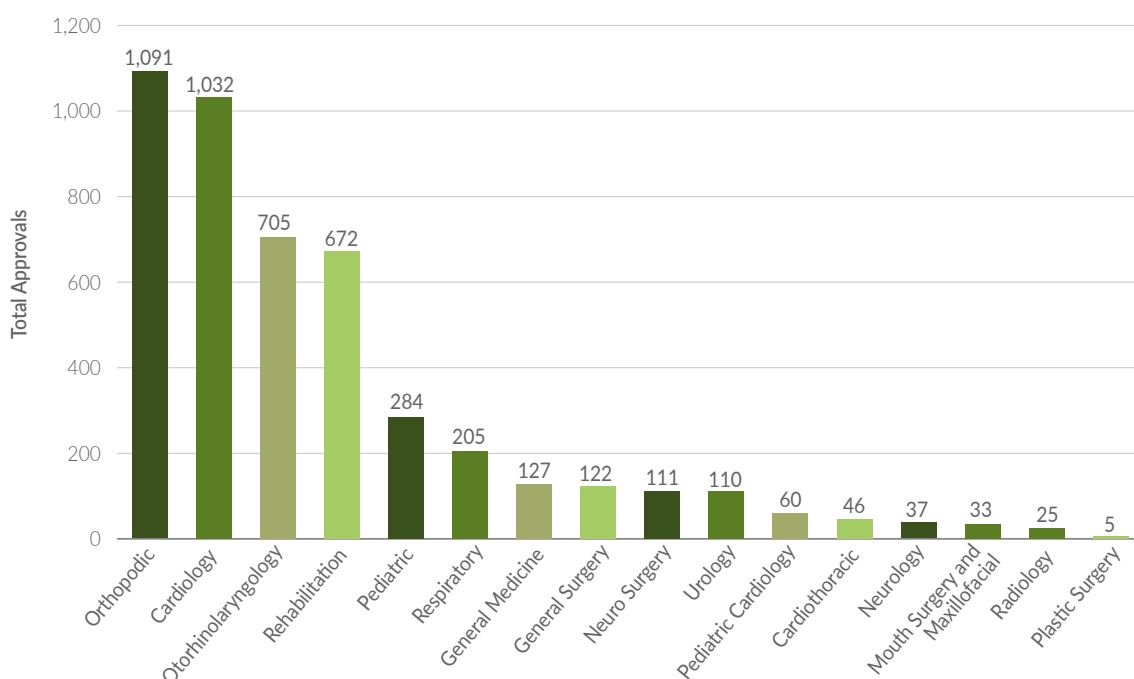


Figure 3.22 TBP Approval by Disciplines 2025

SUBSIDY PROGRAMME FOR HAEMODIALYSIS TREATMENT AND ERYTHROPOIETIN (EPO) INJECTION

Since 1 April 2001, towards helping the poor and underprivileged patients, subsidies for haemodialysis treatment and EPO injection are given to patients who seek treatment at NGO haemodialysis centres. This financial assistance is in the form of subsidised treatment cost of RM100.00 for each treatment of haemodialysis while the subsidy for each EPO injection is RM18.50.

The total overall subsidy for each patient, which includes haemodialysis treatment and EPO injection, is RM1,640.50 per month. The cumulative number of patients that received subsidised treatment in 2025 is 1,673. The total allocation in 2025 was RM24 million with expenditure of RM21.36 million. The total number of NGOs that have been registered under this programme is 63 NGOs involving 134 dialysis centres as shown in **Figure 3.23**.

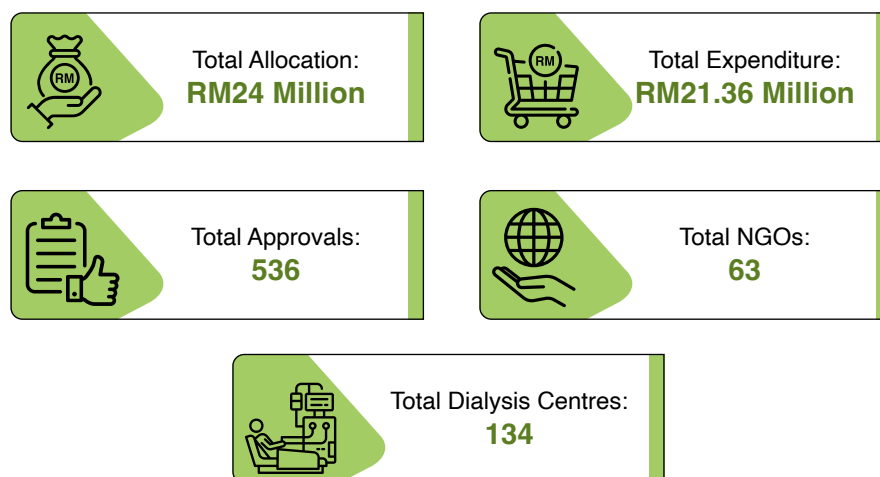


Figure 3.23 Allocation and Expenditure of Subsidy Programme for Haemodialysis Treatment and EPO Injection 2025

FINANCIAL ASSISTANCE TO NGO

The financial assistance allocation for NGOs amounted to RM2.98 million, with a total expenditure of RM0.39 million in 2025, involving the provision of grants to 22 NGOs for health promotion programmes. Meanwhile, funding for palliative care involving 19 NGOs (RM2.24 million) and tuberculosis treatment involving 14 NGOs (RM0.35 million) was approved in 2025 but will be disbursed in 2026. The total allocation and expenditure for financial assistance provided to NGOs for the year 2025 as shown in **Figure 3.24**.

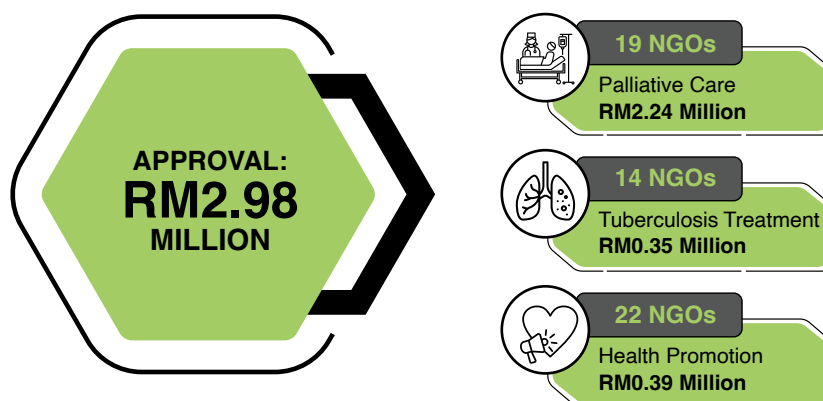


Figure 3.24 Allocation and Expenditure for Financial Assistance to NGOs 2025

Overall, the total expenditure for TBP, Haemodialysis Treatment Cost Subsidies and financial aid to NGOs from 2021-2025 as shown in **Table 3.10**.

Table 3.10 Expenditure and Number of Benefit Recipients of MOH Medical Assistance Programme 2021-2025

Type of Assistance	Expenditure and Number of Patients/NGOs				
	2021	2022	2023	2024	2025
Medical Assistance Fund (TBP)	RM44.2 million (3,459 patients)	RM48.9 million (3,812 patients)	RM63.5 million (4,588 patients)	RM68.9 million (4,667 patients)	RM69.7 million (4,665 patients)
Haemodialysis Treatment Cost Subsidies	RM36.44 million (2,615 patients)	RM26.97 million (2,881 patients)	RM24.63 million (1,894 patients)	RM23.56 million (1,661 patients)	RM21.36 million (1,673 patients)
Financial Assistance to NGOs	RM3.13 million (44 NGOs)	RM4.83 million (81 NGOs)	RM2.31 million (58 NGOs)	RM2.4 million (54 NGOs)	RM0.39 million (22 NGOs)

CHAPTER 4

PUBLIC HEALTH



PUBLIC HEALTH PROGRAMME

The Public Health Programme serves as the main pillar of the national health system, playing a vital role in ensuring the comprehensive, continuous, and sustainable well-being of the population. Guided by the vision “Healthy Malaysia, Catalyst for a Developed Nation”, the Programme underscores that the health of the people is a fundamental foundation for national development and progress. Health is not merely viewed as an individual necessity, but as a strategic national investment in nurturing a productive, competitive and prosperous society.

In line with this vision, the mission of the Public Health Programme is to develop a healthy Malaysian nation as a strong foundation for building a developed country. This mission is translated into efforts to cultivate a healthy and productive population, strengthen an integrated health system based on the One Nation Health System concept and ensure a sustainable and inclusive healthcare system. Emphasis is also placed on enhancing surveillance systems and health emergency preparedness, strengthening environmental sustainability through the *Healthy Setting* approach, implementing health reform initiatives in line with the Health White Paper, optimizing resources to maximize service potential, and enhancing the global image of Malaysia's health services.

The Public Health Programme is grounded in a comprehensive public health approach, encompassing primordial, primary, secondary, and tertiary prevention to safeguard the well-being of the population throughout the life course (womb to tomb). This approach is implemented holistically through various divisions and functions, including the control of communicable and non-communicable diseases, environmental and occupational health, health literacy promotion and behavioural change initiatives, food safety and quality, laboratory and surveillance services, as well as mental health services.

The divisions and facilities under the Public Health Programme include:

- i. Public Health Development Division (BPKA)
- ii. Disease Control Division (BKP)
- iii. National Public Health Laboratory (NPHL)
- iv. Family Health Development Division (FHDD)
- v. Nutrition Division
- vi. Health Education Division (HED)
- vii. National Centre of Excellence for Mental Health (NCEMH)
- viii. District/Area Health Offices
- ix. Health Clinics
- x. International Points of Entry

Overall, the Public Health Programme plays a strategic role in ensuring that the national health system remains relevant, responsive, and resilient in addressing current and future challenges. Through an integrated approach, continuous reform, and the engagement of all segments of society, the aspiration to achieve a Healthy and Prosperous Malaysia is firmly within reach. The spirit of *Bersatu untuk Kesihatan, Bersama Membentuk Malaysia Sihat Sejahtera* continues to drive collective efforts toward achieving this goal.

PUBLIC HEALTH DEVELOPMENT DIVISION (BPKA)

PUBLIC HEALTH SERVICE AND POLICY

Towards A Healthy and Prosperous Orang Asli Community, Underpinned by Culture and Environmental Sustainability

The MOH continues to strive towards improving the health status of Orang Asli (OA) communities in line with the principles of health equity and universal health coverage. While various health service initiatives have been implemented, findings from the Orang Asli Health Survey (OAHS) 2022 indicate that health disparities persist among the OA. These disparities are influenced not only by access to healthcare services, but are also closely associated with social determinants of health, including education, economic conditions, the physical environment, culture and social networks.

The survey identified significant gaps in nutrition, communicable and non-communicable diseases, health literacy, and health-seeking behaviour, particularly among OA communities residing in remote and interior areas. However, the majority of factors influencing health status lie outside the direct jurisdiction of the health sector, thereby necessitating a more comprehensive and integrated cross-ministerial and multi-agency approach.

The Cabinet Meeting held on 25 September 2024 agreed to the establishment of a ministerial-level governance mechanism to systematically and effectively coordinate the OA social determinants of health agenda. The Government also approved the establishment of two (2) committees, namely the OA Social Determinants of Health Steering Committee and the OA Social Determinants of Health Technical Committee, led by the MOH and coordinated by the BPKA.

The Technical Committee convened on 18 April 2025, followed by the Steering Committee Meeting, chaired by the Minister of Health, on 23 September 2025. Both committees comprise representatives from 17 relevant ministries and agencies, OA community representatives, as well as invited experts from academic institutions and non-governmental organisations (NGOs).

Overall, the establishment of the Orang Asli Social Determinants of Health Technical and Steering Committees reflects MOH's continued commitment to strengthening the national health equity agenda and contributing to improvements in the health status and well-being of the OA community towards the aspiration of "A Healthy and Prosperous Orang Asli Community, Underpinned by Culture and Environmental Sustainability".

Social Determinants of Health among Orang Asli

Refer to the economic and social conditions that influence an individual's health status throughout the life course, including where people are born, grow, live, work and age.

Approximately 80% of social determinants of health lie outside the jurisdiction of the health sector, thus necessitating multi-sectoral approach involving various ministries and agencies.

The main components of social determinants of health among the OA include:

- **Socioeconomic conditions:** Income, employment status and level of education.
- **Physical environment:** Housing, access to clean water, sanitation and environmental safety.
- **Cultural and social factors:** Social support networks, beliefs and cultural practices.
- **Access:** Access to healthcare facilities, nutritious food and opportunities for physical activity.
- **Health-seeking behaviour.**

Figure 4.1 Social Determinants of Health among OA



Image 4.1 Meeting of the Steering Committee on Social Determinants of Health for the OA



Image 4.2 Meeting of the Technical Committee on Social Determinants of Health for the OA

PUBLIC HEALTH PROFESSION DEVELOPMENT SECTION

The Public Health Profession Development Section is responsible for the development and the advancement of the profession in the Public Health Programme. The section ensures that staffs in the Public Health Programme meet the competency standard in delivering services to citizens.

As a proactive measure to strengthen public health medicine specialist services, the Public Health Profession Development Section successfully organised the *Bengkel Kepakaran Perubatan Kesihatan Awam in 2025*. Under the theme “Empowering Public Health Medicine Specialists in Malaysia Towards a Healthy Malaysia: Training, Services, and Career Paths,” the workshop aimed to detail core competencies and review training requirements for public health medicine specialists to ensure they remain relevant to future challenges. Furthermore, the organization of this workshop served as a vital platform for formulating a strategic human resource development plan and strengthening collaboration among key stakeholders to ensure the continuous development of public health medicine specialist services is more coordinated and sustainable.

The section monitors the training planning and the implementation to the staffs in the Public Health Programme. In 2025, a total of 6,506 courses were conducted or participated throughout the country with value of RM9.1 million as compared to 6,712 courses with value of RM10.1 million in 2024. There were 14 staffs sent abroad to attend Short-term Training Courses in 2025 with value of RM221,604.95. The overall achievement for In-service Training Programme carried out in year 2024 and 2025 are as shown in **Table 4.1**.

Table 4.1 In-service Training Achievement for Public Health Programme 2025

Training	No. of Course Attended	Expenditure (% from Annual Allocation)
Local	6,506	RM9,136,742.80 (99.85%)
Overseas	14	RM221,604.95 (96.35%)

This section is also responsible for monitoring application and the usage of public health facilities for training purposes. In 2025, a total of 26 applications were approved either for renewal of Memorandum of Agreement (MoA) or additional of facilities application involving seven (7) for Nursing Programmes, 10 for Allied Health Sciences Programmes, two (2) for Medical Assistant Programmes and seven (7) for Medical Programmes.

GLOBAL HEALTH SECTION

78th World Health Assembly (WHA78)

The Minister of Health accompanied by the TKPK (P&ST), the TKPK (Oral Health), Director of Disease Control Division, and Deputy Director Global Health of BPKA, led the Malaysia delegation to the WHA78. Themed “One World for Health,” WHA78 addressed broad areas of critical global health issues. Malaysia delivered 19 intervention notes covering key topics such as Antimicrobial Resistance, Universal Health Coverage, Meningitis, the Health and Care Workforce, the Sustainable Development Goals, Poliomyelitis and Climate Change and Health. Malaysia also received the World No Tobacco Day 2025 Award, highlighting the country’s strong contributions to advancing global tobacco control efforts. Complementing this accomplishment, the assembly also adopted the Malaysia-led resolution on Promoting and Prioritizing an Integrated Lung Health Approach, further underscoring the growing international momentum toward strengthening respiratory health worldwide.

ASEAN 2025 Workshop on Shaping Dialogue: Drafting and Delivery of Effective Diplomatic Interventions

The Global Health Section of the BPKA in collaboration with the Institute of Diplomacy and Foreign Relations (IDFR), convened the ASEAN 2025 Workshop on Drafting and Delivery of Effective Diplomatic Interventions Workshop. The workshop aimed to equip ASEAN Health Focal Points in MOH with necessary competencies for Malaysia’s ASEAN Chairmanship role, particularly for hosting the Senior Officials Meeting on Health Development (SOMHD) and the ASEAN Health Ministers’ Meeting (AHMM). A total of 44 participants from various MOH Programmes and divisions engaged in expert-led sessions featuring negotiation techniques, practical guidance and structured role-play exercises.

19th ASEAN Senior Officials Meeting on Health Development (SOMHD) and Related Meetings

MOH successfully hosted the 19th ASEAN SOMHD and Related Meetings with the theme of “Healthy ASEAN, Prosperous ASEAN”. The meeting was chaired by TKPK (P&ST) while the Malaysian delegation, led by TKPK (KA), included participation from ASEAN Health Clusters 1-4 Malaysia Country Coordinators and Focal Points both in-person and online. Highlights included the presentation on health deliverables under SOMHD Malaysia, Promote Good Nutrition and Healthy Diet, Enhance Regional Preparedness and Response to Public Health Emergencies, Implement the regional collaborative strategy towards ASEAN Drug Security and Self-Reliance (ADSSR), Ensure food safety based on scientific evidence and Enhance industry-sponsored clinical trial ecosystem in ASEAN. MOH also hosted a side event on the Introduction to the Lung Health Initiative aimed for it to be considered as part of the ASEAN Health Priorities Post-2025. Malaysia as Chair of the ASEAN Health Sector, will facilitate the development of 2026-2030 Work Programmes for the ASEAN Health Sector.

7th Lead Country Coordinators Group Meeting and 15th Steering Committee on Health Meeting, Organisation of Islamic Cooperation (OIC)

Malaysia participated in the 7th OIC Lead Country Coordinator Group Meeting and the 15th Session of the OIC Steering Committee on Health, represented by officers from FHDD and BPKA. The meetings reviewed progress and challenges under the OIC Strategic Health Programme of Action (SHPA) 2019-2021 and discussed recommendations for the way forward. Key outcomes included the election of Jordan as Chair, SESRIC's presentation of the Technical Report on the SHPA Extension (2025-2027), updates on the OIC Health Portal, progress on the OIC Centre of Excellence on Vaccines and Biotechnology led by Indonesia, and outcomes from the 3rd Meeting of the Heads of National Medicines Regulatory Authorities of OIC held in Riyadh in December 2024. Malaysia also presented a proposal on the Lung Health Initiative under Thematic Area 2 and completed its tenure as Lead Country Coordinator for Thematic Area 3 (Maternal, Neonatal and Child Health and Nutrition) for the 2019-2022 term. Overall, the 15th SCH reaffirmed the importance of strengthened collective action among OIC Member States and endorsed a more focused SHPA extension that prioritises universal health coverage, digital health, emergency preparedness, and self-reliance in vaccines and medicines.

8th Islamic Conference of Health Ministers (ICHM), OIC

The Malaysian delegation to the ICHM, convened under the theme “Health Is Our Shared Responsibility,” was led by the Minister of Health with DG and MOH officers. Key highlights include the election of Malaysia as Vice Chair for the Conference Bureau and the Statements by Heads of Delegations, delivered by the Minister of Health during the First Working Session. Malaysia was also appointed as co-Lead Country Coordinator for Thematic Area 2: Disease Prevention and Control, alongside the Republic of Egypt. In addition, the Minister of Health was elected as the first speaker in the Panel Session of the Conference, sharing Malaysia's achievements in Universal Health Coverage and Primary Health Care. The Conference concluded with the adoption of the Amman Declaration and four (4) key resolutions, reflecting the commitment of Member States to advance joint Islamic efforts in the health sector.

76th WHO Regional Committee Meeting for the Western Pacific (RCM76)

At the RCM76, Malaysia was represented by DG with the TKPK (KA) and officers from BPKA and BDHA. During the meeting, Malaysia presented 10 intervention notes covering key regional health priorities. These included Climate Change and Health System Safety and Resilience, Oral Health, Alcohol Control, Artificial Intelligence in Healthcare Systems, Safer Surgery, Hypertension, and Tobacco Control. In addition, Malaysia participated as a panellist in the side event on Transforming Health Systems in a Changing Climate, where the delegation underscored Malaysia's efforts under the National Action Plan for Environmental Health (NEHAP) and reaffirmed the nation's commitment to strengthening climate-adaptive and resilient health systems.

INSPECTORATE DAN LEGISLATIVE SECTION

Enforcement of the Control of Smoking Products for Public Health Act 2024 and Regulations and Orders [Act 852]

This Act came into force on 1 October 2024, replacing the Control of Tobacco Product Regulations 2004. With a broader scope, it regulates the registration, advertising and trade of tobacco products, smoking substances and tobacco substitutes. To strengthen its enforcement, “*Operasi Selamat Paru-Paru 2025*” (Ops Selamat PaPa) was launched by the Minister of Health on 1 August 2025.

Throughout the implementation of Ops Selamat PaPa, a total of 482 premises were seized, involving 47,241 tobacco product items with a total seizure value of RM550,210.10. Regarding the implementation of prosecutions for the year 2025, a total of 114 non-compoundable cases under the Act 852 were registered and processed in the magistrate courts. Consequently, 86 cases resulted in convictions with court-ordered fines totalling RM506,600. A summary of the number of operations and notices for compoundable offenses is detailed in **Table 4.2**.

Table 4.2 Enforcement of Act 852

Year	No. of Operations	Premises Inspected	No. of Notices/ Compounds Issued	Amount Offered (RM)
October-December 2024	4,774	115,980	8,227	1.9 million
2025	22,278	413,353	166,098	40.5 million

Enforcement and Prosecution of Public Health Legislation

Throughout 2025, a total of 111,600 food premises were inspected, resulting in 3,340 premises being ordered to close under subsections 10 and 11 of the Food Act 1983 [Act 281]. Enforcement actions also included the issuance of notices and compounds against operators or owners who failed to comply with the Act 281 and its subsidiary regulations. A detailed breakdown of the enforcement activity achievements is presented in **Table 4.3**.

Table 4.3 Enforcement of the Act 281 and Its Regulations 2025

Year	No. of Section 32B Notices Issued	No. of Compounds Offered	Total Amount of Compounds Paid (RM)	Court Fines (RM)
2025	53,236	61,685	16.3 million	1.6 million

To mitigate the transmission of dengue fever, seven (7) series of the national-level “*Ops Gempur Aedes*” (OGA) were conducted. Commencing in August, enforcement strategies were strengthened through a new modus operandi known as the Public Health Integrated Operation (OSKA), alongside the execution of 11,456 daily operations throughout the year. A summary of the enforcement activity achievements under Act 154 is detailed in **Table 4.4**.

Table 4.4 Performance of Enforcement Activities under the Destruction of Disease-Bearing Insects Act 1975 [Act 154] in 2025

Year	No. of Premises Inspected	No. of Premises Positive for Breeding	No. of Compounds Issued	No. of Premises Closed	Total Amount of Compounds Paid (RM)	Court Fines (RM)
2025	4,656,094	173,890	32,627	78	5.7 million	1.1 million

The integration of Act 342 enforcement within the 2025 Public Health Integrated Operations (OSKA) has strengthened the detection of failure to provide immediate notification, violations of treatment orders, and premises closures under Section 18(1) due to outbreaks such as Hand, Foot and Mouth Disease (HFMD). Throughout 2025, a total of 254 compounds were issued for failure to report, eight (8) cases were prosecuted for non-compliance with treatment orders and 2,976 premises were ordered to close.

In 2025, a total of 16 Standard Operating Procedures (SOPs) were reviewed and six (6) new SOPs were proposed to strengthen enforcement workflows under Act 852, Act 154 and Act 342. To ensure field compliance, 15 technical audits on public health enforcement and legislation were conducted nationwide.

For the year 2025, a total of 25,698 public health prosecution cases were registered and processed in the magistrate courts, involving Act 281, Act 154, Act 342, PPKHT 2004 and Act 852. Of this total, 2,600 cases resulted in convictions with fines amounting to RM3.5 million while the remaining cases are currently pending court proceedings. The breakdown of case management performance by legislation is detailed in **Figure 4.2**.

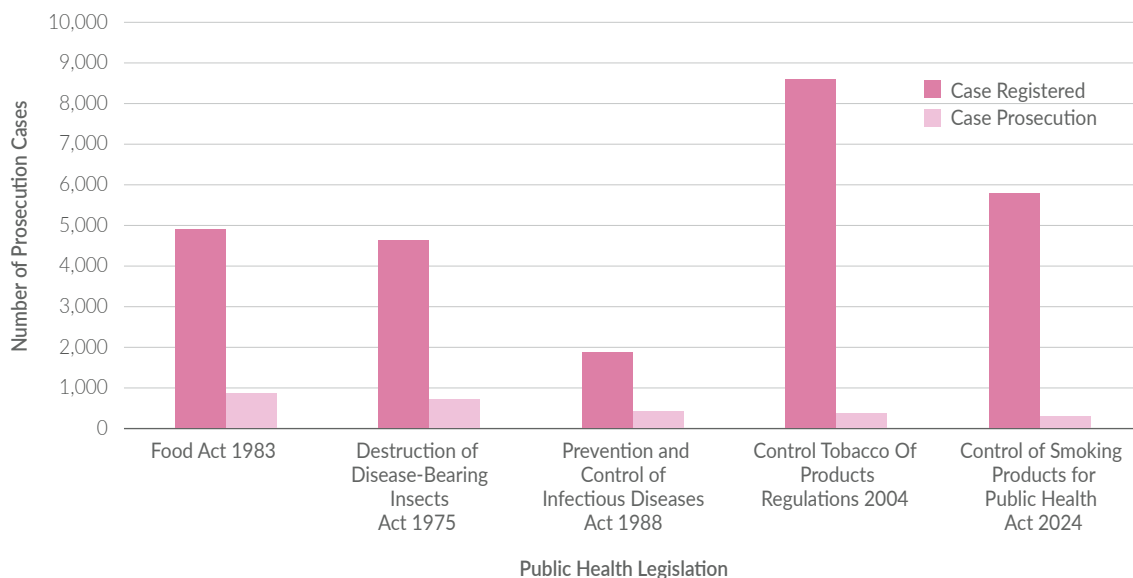


Figure 4.2 Number of Prosecution Cases under Public Health Legislation 2025

2025 Public Health Law Enforcement and Prosecution Conference

From 5-6 August 2025, SIP of BPKA organised the inaugural Public Health Law Enforcement and Prosecution Conference. The event was officiated by TKPK (KA) and attended by 307 participants from MOH and ILKKM. The conference served as a strategic platform for experts and policymakers to strengthen the legal framework and share best practices aimed at enhancing the health standards of the Malaysian population.



Image 4.3 Officiating Address by TKPK (KA)



Image 4.4 Research Poster Presentation

PUBLIC HEALTH PHARMACY SECTOR

Development of Implementation and Monitoring Guidelines for Telecommunications and Cloud Computing Subscription Services for Digital Data Loggers at MOH Primary Healthcare Facilities

The Public Health Programme has signed a Direct Negotiation Procurement Agreement for the Telecommunication and Cloud Computing Services for Digital Data Loggers across Primary Health Responsibility Centres (PTJ). The agreement is effective from 1 August 2024 to 31 July 2028, with a total contract value of RM1.2 million. The implementation of this system enables automatic and continuous temperature monitoring of pharmacy refrigerators, ensuring that the quality and efficacy of medications are strictly preserved. Furthermore, the integration of Internet of Things (IoT) and cloud computing technology enhances the overall operational efficiency of pharmacy services within primary health facilities.

A comprehensive guideline outlining implementation procedures, monitoring mechanisms, as well as the roles and responsibilities of all personnel involved is required as a primary reference to ensure consistent nationwide implementation. Accordingly, a meeting was co-organized with the FHDD from 3-5 June 2025 at Kuala Lumpur. The meeting was attended by pharmacist from BPKA, Pharmaceutical Services Programme and 10 JKN's, BPM, Internal Audit Division and the appointed vendors. The guideline was finalized and officially circulated to the relevant states on 27 August 2025.



Image 4.5 Implementation and Monitoring Guide for Digital Data Logger Telecommunications and Cloud Services in Primary Healthcare Meeting

Procurement and Logistics Management for Measles Rubella Supplementary Immunisation Activity (MR SIA)

MR SIA was implemented nationwide in Malaysia from 4 August 2025 - 1 December 2025. The objective of the MR SIA was to strengthen the existing immunisation Programme. The administration of the Measles Rubella (MR) vaccine to the target group, regardless of previous immunisation status, was intended to restore herd immunity, particularly in high-risk localities, thereby reducing the incidence of cases and outbreaks within the community. Health facilities under Malaysian Armed Forces (ATM) were also involved in administering the measles vaccine. Throughout the implementation period of the MR SIA, a total of 1,187,091 children received vaccination.

During the MR SIA, pharmacy personnel at health facilities were involved in the procurement and logistics management. Accordingly, the Public Health Pharmacy Sector prepared guidelines on the procurement and logistics management of Measles Rubella vaccines and consumables. Specific guidelines were also developed regarding the supply of Measles Rubella vaccines and consumables to health facilities under ATM, to serve as a reference for both parties.

During the period of MR SIA Activity, the Public Health Pharmacy Sector was involved in monitoring the procurement of MR vaccines. Supplier overall has demonstrated good cooperation and performance. Any supply issues that arose during the implementation period of MR SIA have been resolved. Data on MR vaccine procurement by state as shown in **Table 4.5**.

Table 4.5 MR Vaccine Procurement by State

State	Total Ordered (Vials)	Procurement (%)
Johor	18,300	100.00
Kedah	10,750	95.98
Kelantan	8,100	88.52
Melaka	4,650	100.00
Negeri Sembilan	4,550	79.13
Pahang	8,350	98.82
Perak	10,100	95.28
Perlis	1,250	100.00
Pulau Pinang	5,500	84.73
Selangor	24,550	79.32
Sarawak	11,300	100.00
Sabah	13,850	99.64
Terengganu	6,750	74.18
FT Kuala Lumpur and Putrajaya	7,000	84.34
FT Labuan	550	100.00
Total	135,600	90.40

DISEASE CONTROL DIVISION (BKP)

BKP serves as the core entity of the MOH in managing national public health risks, with a mandate encompassing preparedness, surveillance, early detection and response to public health crises. Its scope of responsibility covers communicable and non-communicable diseases, including endemic, emerging and re-emerging diseases, as well as other public health events that may threaten population health security.

THE MALAYSIA NATIONAL ACTION PLAN FOR HEALTH SECURITY (MYNAPHS) 2025-2030

The year 2025 marked a significant milestone in strengthening Malaysia's national health security with the launch of the MyNAPHS 2025-2030 on 11 November 2025. The plan was developed as a national strategic framework to enhance the country's capacity for prevention, detection, preparedness and response to public health threats, in alignment with the requirements of the International Health Regulations (IHR 2005). MyNAPHS comprises 19 core technical areas supported by clearly defined strategic objectives, performance indicators, lead agencies and designated focal points to ensure coordinated, accountable and effective implementation. Implementation progress is monitored through the Electronic State Parties Self-Assessment Annual Reporting (eSPAR) and the Joint External Evaluation (JEE) mechanisms. The target eSPAR achievement score is set at a minimum of 80%. The JEE is conducted using a scoring system on a scale of 1 to 5 by the WHO to assess a country's level of capacity under the IHR 2005.

THE NATIONAL STEERING COMMITTEE ON INTERNATIONAL HEALTH REGULATIONS (IHR) - NATIONAL IHR AUTHORITY (NIA)

To further strengthen national governance and coordination for IHR implementation, the National IHR Steering Committee (National IHR Authority - NIA) was formally established during the IHR Steering Committee Meeting held on 25 November 2025, chaired by the Minister of Health. The establishment of the NIA provides the highest national governance platform for strategic direction-setting, coordination and oversight of IHR implementation across sectors. The meeting endorsed the committee's terms of reference, implementation structure and meeting arrangements, including the formal recognition of MyNAPHS as Malaysia's national implementation mechanism for the IHR (2005).

ADOPTION OF THE WHO PANDEMIC AGREEMENT AT THE WHA78

At the global level, Malaysia continued to demonstrate its commitment to strengthening international health governance through active participation in the adoption of the WHO Pandemic Agreement at the WHA78 in 2025. The agreement aims to enhance global cooperation in pandemic prevention, preparedness and response by addressing governance gaps, improving transparency, information sharing and strengthening health system readiness. Malaysia consistently emphasised the importance of safeguarding national sovereignty, ensuring equity in benefit-sharing and establishing clear, realistic and implementable mechanisms, particularly for developing countries.

ONGOING NEGOTIATIONS ON THE ANNEX ON PATHOGEN ACCESS AND BENEFIT-SHARING (PABS)

Following the adoption of the WHO Pandemic Agreement, Malaysia remained actively engaged in ongoing negotiations on the Annex on PABS under Article 12. These negotiations focus on arrangements for access to pathogen materials and genetic sequence data, as well as fair and equitable benefit-sharing. Malaysia has consistently underscored the need to preserve national sovereignty, uphold the principles of Prior Informed Consent (PIC) and Mutually Agreed Terms (MAT), and avoid unrealistic or burdensome obligations. Overall, Malaysia's continued engagement reflects its commitment to contributing constructively to a fair and effective global health security framework, while strengthening national pandemic preparedness in a structured and sustainable manner.

MANAGEMENT OF DISASTER, OUTBREAK, CRISIS AND EMERGENCY REPORT NOTIFICATIONS

In 2025, a total of 14,149 notifications of disaster, outbreak crisis, and emergency incidents were reported, comprising 13,631 outbreak notifications and 518 disaster notifications. The top five outbreak incidents were dengue (5,912), HFMD (5,521), influenza (902), food poisoning (462), and chickenpox (205). The top five disaster, crisis and emergency incidents were floods (229), fires (87), road traffic accidents (46), storms (24) and heat-related illnesses (18).

ACTIVATION OF THE NATIONAL CRISIS PREPAREDNESS AND RESPONSE CENTRE (CPRC)

Throughout 2025, the National CPRC was strategically activated to coordinate preparedness and response efforts. The activation of four (4) National Crisis Preparedness and Response Centre (CPRC) Operations Rooms was undertaken in response to the following events, the Putra Heights explosion (1-13 April 2025), the Measles–Rubella Supplementary Immunisation Activities (MR SIA) (4 August – 2 December 2025), the mpox public health event (from 16 August 2024 onwards) and the Northeast Monsoon (from 24 November 2025 onwards).

IMPLEMENTATION AND MONITORING OF IHR (2005) CORE CAPACITIES AT INTERNATIONAL POINTS OF ENTRY (PoE)

IHR 2005, in particular Article 19, Annex 1B and Articles 6 to 10, set out the requirements for core capacities, early detection, notification, and public health response at International PoE. The establishment of the Malaysia Border Control and Protection Agency (AKPS) aims to strengthen national capacity in the detection, assessment, response and referral of cross-border public health incidents, thereby enabling the early management of events with the potential to constitute a Public Health Emergency of International Concern (PHEIC) at the country's frontlines.

The agencies involved under AKPS include the MOH, Malaysian Immigration Department (JIM), Royal Malaysian Customs Department (JKDM), Malaysian Quarantine and Inspection Services (MAQIS), Department of Wildlife and National Parks (PERHILITAN), Road Transport Department (JPJ) and the Royal Malaysia Police (PDRM). The participation of multiple agencies under AKPS reflects a whole-of-government approach in addressing cross-border public health incidents. All public health activities at PoE are carried out by MOH cadre to AKPS. Meanwhile, the monitoring and oversight of public health activities at PoE continue to be undertaken by health personnel at the PKD, JKN and BKP.

THE NATIONAL CENTRE FOR DISEASE CONTROL (eNCDC) ELECTRONIC SYSTEM DEVELOPMENT PROJECT

As of 2025, the development of the eNCDC system has progressed in a phased and structured manner, advancing from its initial inception to the current planning stage. Key milestones achieved include the establishment of project governance mechanisms and the development of an Enterprise Architecture framework, alongside the completion of an information technology gap analysis and market assessment.

The project has entailed comprehensive stakeholder engagement, including consultations with the National Digital Department to ensure that all documentation aligns with prevailing guidelines. This process encompassed the preparation of high-level business and functional requirements, the conduct of a Function Point Analysis (FPA), and the formulation of integration and migration plans. The project also underwent a second Value Assessment Laboratory evaluation with the Ministry of Economy in relation to the Notice of Change (NOC).

THE VECTOR-BORNE DISEASE CONTROL PROGRAMME

The year 2025 marked a significant milestone in dengue control in Malaysia, with a substantial reduction in reported cases compared to 2024. A total of 55,399 dengue cases were recorded, representing a 54.7% decrease from 122,423 cases in the previous year. In terms of mortality, 47 dengue-related deaths were reported, with a case fatality rate (CFR) of 0.08%. The MOH has successfully maintained the CFR below 0.2% since 2018, in line with the targets set under the National Dengue Prevention and Control Strategic Plan 2022-2026.

Malaysia has also successfully maintained zero indigenous human malaria since 2018. During the Twelfth Malaysia Plan (12MP) period (2021-2025), the National Malaria Elimination Programme transitioned to the Malaria Prevention of Re-establishment Phase in 2025 and reduced total malaria cases from 3,688 in 2021 to 2,592 in 2025. In addition, the Vector Borne Disease Sector developed the Management Guidelines for Knowlesi Malaria in 2024 to serve as a national reference for MOH personnel. The Programme will subsequently advance into the Prevention of All Malaria (ALL-Malaria) Phase 2026-2030, supported by strategic initiatives including the publication of updated management guidelines and the strengthening of national malaria molecular surveillance.

In 2025, the National Lymphatic Filariasis Elimination Programme (NLFEPP) demonstrated notable progress in reducing the prevalence of lymphatic filariasis nationwide. In Peninsular Malaysia, all 81 (100%) endemic sub-districts achieved a prevalence of less than 2%. In Sabah and Sarawak, 44 of 46 (98.4%) endemic sub-district met the target, while the remaining two (2) sub-district in Sabah continue active surveillance and mass drug administration using triple-drug therapy.

TOWARDS RABIES ELIMINATION 2030

A total of six (6) human rabies cases were reported in 2025, a decrease of two (2) cases (25.00%) compared to 2024. The case fatality rate for 2025 remained at 100%, with all cases reported in Sarawak involving local transmission. The last human rabies case reported outside Sarawak was in 2022. Cumulatively, a total of 92 cases with 85 deaths (with CFR of 92.39%) have been reported since the rabies outbreak was declared in 2017. As a measure to strengthen progress towards rabies elimination, an integrated rabies simulation exercise was conducted from 6-8 October 2025 in Kedah, involving collaboration with various agencies including MOH, Department of Veterinary Services (DVS), MAQIS and Local Authorities (PBT).

THE ONE HEALTH INITIATIVE

In 2025, the MOH made significant progress in strengthening the nation's preparedness against zoonotic threats, antimicrobial resistance (AMR) and climate related health risks through the One Health approach. A key national achievement was the establishment of the National One Health Committee (NOHC), the highest governance mechanism that inclusively coordinates the human health, animal and environmental sectors.

At the international level, Malaysia demonstrated regional leadership as Chair of ASEAN 2025, serving as Lead Co-Chair of the ASEAN One Health Network (AOHN) Meeting. Through hosting the First AOHN Meeting in Putrajaya, Malaysia successfully operationalised the ASEAN Leaders' Declaration on the One Health Initiative (ALD-OHI) in collaboration with international development partners and various ministries.

TB-SDG 2030 AND THE END TB STRATEGY 2035

The TB-SDG and the End TB Strategy define targets for 2030 and 2035 to reduce TB incidence and deaths. The targets for 2025 are 75% reduction in the number of TB deaths and 50% reduction in the TB incidence rate (new cases per 100 000 population per year) compared with levels in 2015. The strategy also includes no TB patients and their households face catastrophic costs because of TB disease. Malaysia has not yet achieved the targets for TB incidence and death as shown in the table below. To achieve the target set, efforts are being intensified to enhance early TB detection through rapid molecular diagnostics and ultraportable chest X-ray and to strengthen TB treatment through patient-friendly, shorter regimens, alongside the expansion of video-observed treatment (VOT). Whilst assessment of catastrophic cost among TB patients is currently being undertaken.

Table 4.6 Number of TB Cases, TB Incidence and TB Deaths in 2015-2025

Year	Population	Number of TB Incident	TB Incidence	Number of TB Death
2015 (Reference Year)	31,186,100	23,565	75.56	1,696
2016	31,655,500	25,005	80.99	1,945
2017	32,022,600	25,466	80.78	2,098
2018	32,523,000	25,172	76.60	2,156
2019	32,523,000	25,565	78.47	2,205
2020	32,447,400	22,973	70.80	2,320
2021	32,576,300	21,186	65.04	2,363
2022	32,698,100	24,795	75.83	2,654
2023	33,401,800	26,149	78.29	2,597
2024	34,052,100	26,138	76.76	2,580
2025	34,231,700	26,745	78.13	2,115

NEW TARGET FOR LEPROSY ELIMINATION BY 2030

Malaysia achieved the leprosy elimination target as a public health problem in 1994, with a prevalence rate of 0.9 cases per 10,000 population. The number of cases has declined consistently since 1994, and the prevalence rate has remained below 1 per 10,000 population to date. In 2020, the WHO established a new target of zero new local leprosy cases by 2030. In line with this new target, active case detection efforts have been intensified to fully interrupt transmission.

In 2025, a total of 281 new local leprosy cases were reported, representing an increase of 89 cases (46%) compared with 192 cases reported in 2024. Of these, 243 were new local adult cases and 38 were paediatric cases. A total of 15 new leprosy cases with Grade 2 Disability (G2D) were registered, corresponding to a rate of 0.4 per 1 million population.

FOOD AND WATERBORNE DISEASES

In the context of monitoring SDG Indicator 3.9.2 - Mortality Attributable to Unsafe Water, Sanitation and Hygiene (Unsafe WASH Services), the target for the year 2030 is less than 6.0 per 100,000 population. Based on the achievement in 2023, which was 6.67 per 100,000 the target has not yet been achieved.

The review and update of six (6) Food and Waterborne Disease Guidelines have been approved and disseminated, consists of General Guideline for Outbreak Management of Food and Waterborne Diseases in Malaysia, Guideline for Outbreak Management of Typhoid/Paratyphoid in Malaysia, Guideline for Outbreak Management of Cholera in Malaysia, Guideline for Outbreak Management of Food Poisoning in Malaysia, Guideline for Outbreak Management of Dysentery in Malaysia and Guideline for Outbreak Management of Hepatitis A in Malaysia. Meanwhile, one (1) new guideline, the Guideline for Outbreak Management of Mushroom Poisoning in Malaysia, under review for approval.

VACCINE-PREVENTABLE DISEASE PREVENTION AND CONTROL PROGRAMME

The incidence rate of measles in Malaysia saw a significant decline in 2025, dropping to 26.8 cases per 1,000,000 population compared to 109.3 cases the previous year. This achievement is a positive impact of the nationwide MR SIA targeting children aged 6-59 months (born between 1 August 2020 and 31 January 2025).

The incidence of pertussis in Malaysia has shown a significant decline from 1.4 per 100,000 population in 2024 to 0.38 per 100,000 in 2025, reflecting the effectiveness of disease control measures and the National Immunisation Programme. However, most cases continue to occur among infants aged five months and below who have not yet completed their primary immunisation series and are at higher risk of severe complications. In response, on 26 May 2025, the MOH introduced Tdap vaccination for pregnant women to provide passive protection to newborns. This intervention is expected to reduce disease burden, hospitalisations and pertussis-related mortality among infants, in line with the life-course immunisation approach.

The incidence of Hepatitis B this year remains consistent at 24.7 cases per 100,000 population, compared with 24.6 cases per 100,000 population in 2024. To strengthen Hepatitis B control and prevention efforts, the MOH expanded Hepatitis B screening among pregnant women nationwide beginning on 21 July 2025. This screening initiative has been institutionalised as a national policy through the publication of the Guidelines for the Prevention of Mother-to-Child Transmission of Hepatitis B on 30 October 2025.

The incidence of Hepatitis B among children, currently estimated at approximately 0.2 to 0.3 cases per 100,000 population, is projected to be reduced to less than 0.1 case per 100,000 population by 2030. This reduction can only be achieved through early detection of Hepatitis B status among pregnant women, the provision of antiviral treatment to pregnant women confirmed to be Hepatitis B-positive, and the timely administration of the Hepatitis B vaccine and Hepatitis B immunoglobulin to at-risk newborns immediately after birth.

SDG 3.3.1: NUMBER OF NEW HIV INFECTIONS AMONG PEOPLE AGED 15–49 YEARS

SDG 3.3.1 is a key indicator in the effort to end the HIV epidemic by 2030. It measures the rate of new HIV infections among the population aged 15–49 years per 1,000 uninfected population and serves as a benchmark for the effectiveness of the health system, the level of public awareness and the reach of prevention programmes among key populations at risk.

Overall, the number of new HIV infections has remained low, below the target of 0.2 per 1,000 uninfected individuals, and has been stable throughout 2021–2025. This trend reflects the effectiveness of prevention interventions and the capacity of the health system to control transmission.

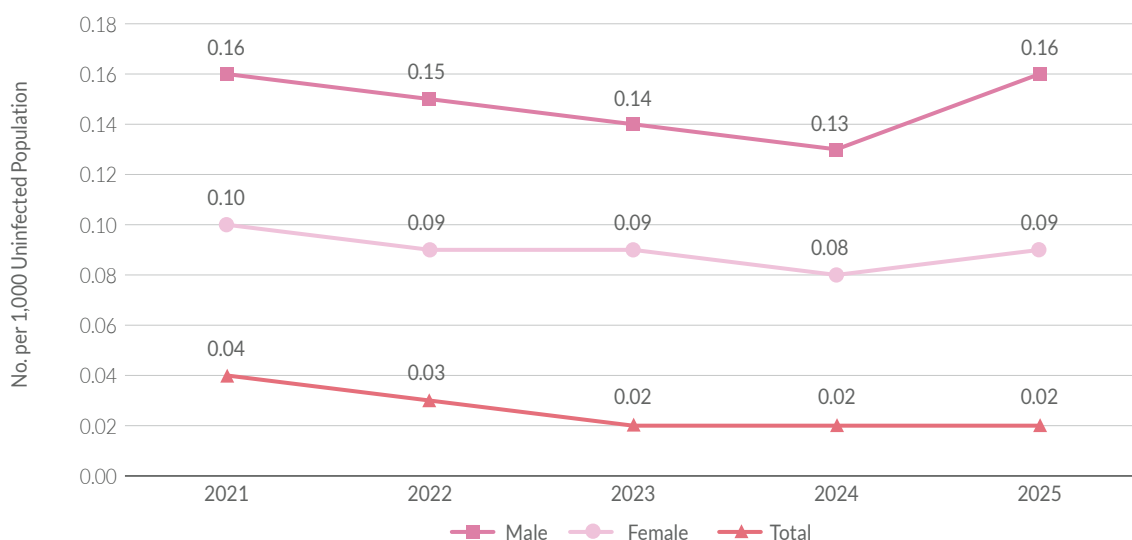


Figure 4.3 Number of New HIV infections per 1,000 Uninfected Population by Gender in Malaysia for 2021–2025.

Several issues and challenges remain in achieving the SDG 3.3.1 target, including:

- i. Stigma and discrimination against key populations within healthcare facilities.
- ii. Dependence on NGOs and community organisations, which may be vulnerable if funding is reduced.
- iii. Uneven access to interventions in rural areas and high-risk locations.
- iv. Privacy concerns that discourage individuals from undergoing testing.
- v. Shortages of trained personnel to deliver community-friendly services.

To ensure that Indicator 3.3.1 continues to show positive performance, several strategic actions will be sustained. Priority will be given to strengthening health literacy and education at the community level to reduce stigma and encourage more individuals to undergo HIV screening. The use of digital platforms will be further enhanced to deliver prevention information more widely and accessibly. At the same time, collaboration with the Malaysian AIDS Council and NGOs will be intensified to ensure that prevention interventions reach target groups more effectively and sustainably.

DEVELOPMENT OF FACILITIES FOR ENTOMOLOGICAL SURVEILLANCE AND PEST CONTROL SERVICES (2020-2025)

From 2020-2025, MOH had implemented strategic strengthening of entomological surveillance and pest control services through the development as well as upgrading of entomology laboratories and insectaries nationwide. Two (2) new facilities were developed, and 18 existing facilities were upgraded at both state and district levels, involving a total allocation of RM3.9 million from various funding sources.

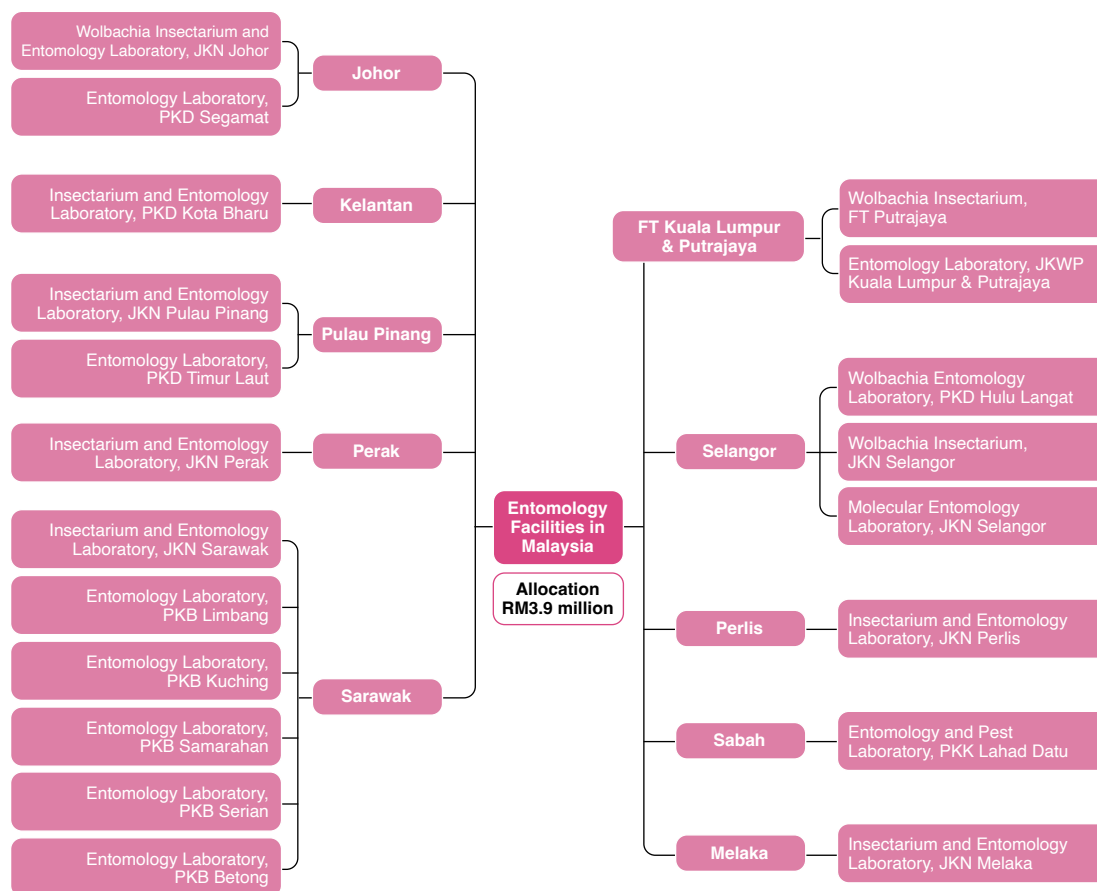


Figure 4.4 Insectariums and Entomology & Pest Laboratories in Malaysia

THE OPERATIONALISATION OF *WOLBACHIA*-INFECTED *Aedes* MOSQUITO RELEASES

In 2025, MOH expanded the *Wolbachia*-infected *Aedes* mosquito releases with the addition of six (6) new localities across four (4) states, bringing the total to 51 localities in eight (8) states with a high dengue disease burden. The BKP has implemented the outsourcing of *Wolbachia*-infected *Aedes* mosquito supply services beginning in May 2025 for a three (3)-year period, encompassing mosquito production, monitoring of *Wolbachia* frequency, quality assurance and logistics, in alignment with operational requirements for field implementation.

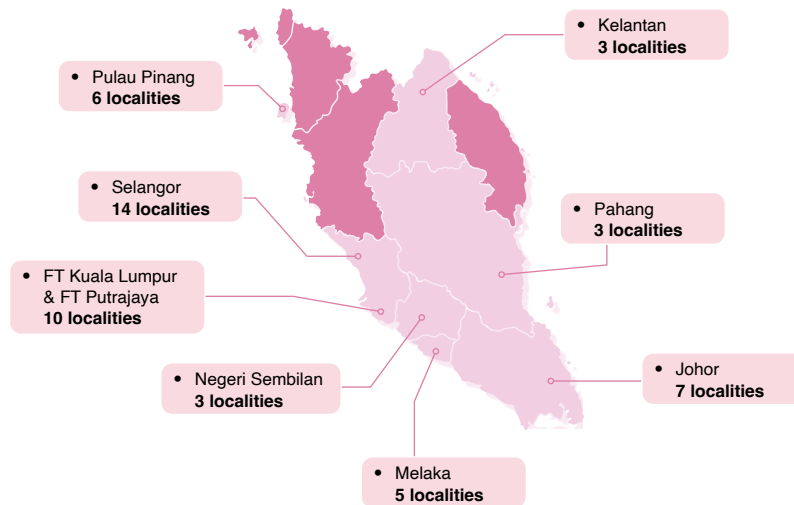


Figure 4.5 Localities of *Aedes Wolbachia*-infected Mosquito Release Operations in Malaysia

NATIONAL HEALTH SCREENING INITIATIVE (NHSI)

In 2025, a total of 1,800,676 individuals were successfully screened. Of these, 1,149,366 individuals (82.1%) who underwent screening at health facilities had no prior history of non-communicable diseases (NCDs). However, screening results identified that 205,538 individuals (17.9%) had high blood pressure, 103,117 (9.0%) had elevated glucose levels, and 150,101 (32.9%) had high cholesterol levels. A total of 353,580 individuals (25.2%) were found to be obese, while 352,362 (25.2%) were overweight. Risk stratification for NCDs indicated that 23,990 individuals (2.1%) were classified as healthy, while 228,256 individuals (19.9%) were categorised as healthy with risk factors. A total of 897,118 individuals (78.9%) were identified as being at risk of NCDs, defined as having at least one (1) risk factor for an NCD.

INTERNATIONAL RECOGNITION OF MALAYSIA AT THE 78TH WORLD HEALTH ASSEMBLY (WHA78)

Malaysia received international recognition at the WHA78 in May 2025 for its leadership in spearheading the resolution Promoting and Prioritizing an Integrated Lung Health Approach alongside 15 other co-sponsor countries. By advancing this resolution at the WHA, WHO support for member states is expected to be more structured and coordinated, thereby strengthening global efforts in the prevention, early diagnosis, treatment and control of lung diseases.

IMPLEMENTATION OF THE NATIONAL LUNG HEALTH INITIATIVE 2025-2030

The MOH introduced the Lung Health Initiative Malaysia 2025-2030, a comprehensive effort taken by the MOH to strengthen activities related to the prevention, screening using X-rays equipped with artificial intelligence (AI) technology, diagnosis and treatment utilising the whole-of-society approach involving primarily the cooperation of the private sector and NGOs. It focuses on strengthening activities related to lung cancer, chronic obstructive pulmonary disease (COPD), asthma and TB. This initiative focuses on three (3) major risk factors attributing to namely smoking, occupational exposure and environmental factors. The implementation of this initiative involves three (3) settings health facilities, private

sectors and outreach activities. The seven (7) health clinics involved in the early phase of this initiative are KK Pendang (Kedah), KK Seberang Jaya (Pulau Pinang), KK Batu 9, Cheras (Selangor), KK Kajang (Selangor), KK Kok Lanas (Kelantan), KK Beserah (Pahang) and KK Luyang (Sabah).

KOSPEN WELLNESS OF WORKERS (WOW) PROGRAMME

In 2025, implementation of the KOSPEN WOW Programme involved 193 public agencies and 130 private agencies nationwide, with a total of 19,101 employees undergoing health screening. The key findings of the screening are summarised in the figure below.

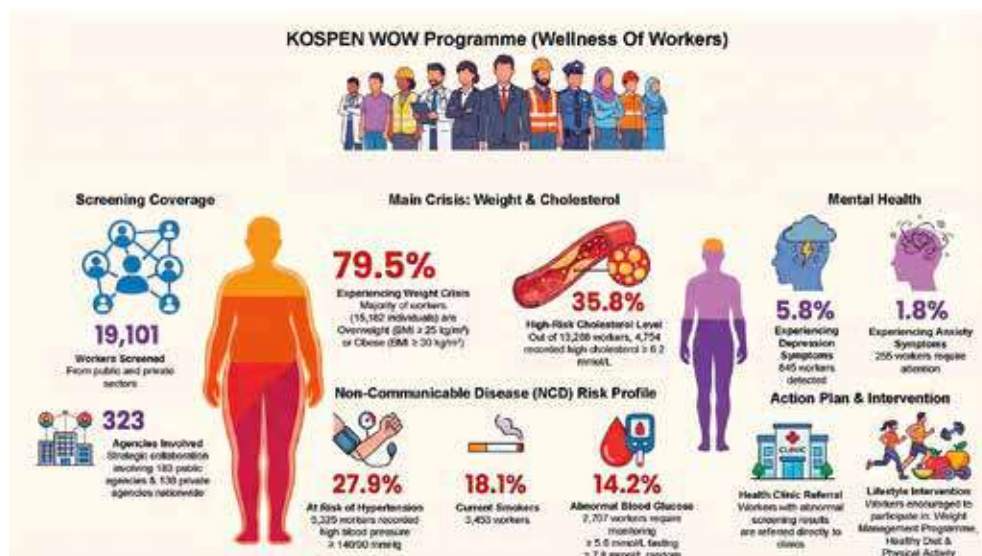


Figure 4.6 Health Screening Findings from the KOSPEN WOW Programme

HEALTH SCREENING UNDER PUTRAJAYA SIHAT SEJAHTERA INITIATIVE 2025

Health screening constituted a core component of the Putrajaya *Sihat Sejahtera* Initiative, aimed at the early detection of risk factors for NCDs. A total of 38,988 individuals (59.45%) underwent health screening out of 65,584 civil servants across 26 ministries in Putrajaya. Screening findings indicated a prevalence of overweight and obesity (BMI ≥ 25 kg/m²) of 74.6%, followed by hypercholesterolaemia (≥ 6.2 mmol/L) at 27.0%, elevated blood pressure (≥ 140/90 mmHg) at 18.0%, raised blood glucose at 9.9%, current smoking at 5.8%, depression at 2.0% and anxiety at 0.6% among those screened.

STRENGTHENING SMOKING PRODUCTS CONTROL

The Act 852 gazetted on 2 February 2024 has been implemented in phases beginning 1 October 2024 and is now under full enforcement since 1 October 2025. Implementation is supported through a whole-of-nation approach involving ministries, government agencies and local authorities, alongside strengthened public reporting mechanisms such as WhatsApp and jomlapor.com. Surveillance of health effects related to electronic cigarettes has also been strengthened, with 48 E-Cigarette or Vaping Product Use-Associated Lung Injury (EVALI) cases recorded, in addition to 63 non-EVALI cases linked to vape use since 2019.

WORLD NO TOBACCO DAY AWARD 2025

Malaysia received international recognition when three national figures were awarded the World No Tobacco Day Award 2025 by the WHO in conjunction with the WHA78 in Geneva. The Minister of Health, Datuk Seri Dr. Haji Dzulkefly Ahmad, Dr. Noraryana binti Hassan (BKP) and Associate Professor Dr. Murallitharan Munisamy of the Malaysian Council for Tobacco Control (MCTC), were recognised for their significant contributions to strengthening the national tobacco control agenda, particularly through the formulation and implementation of the Act 852.

DRUG DECRIMINALISATION WORKING COMMITTEE

The Drug Decriminalisation Working Committee, established on 19 June 2024 and chaired by the Deputy Minister of Health, coordinates legislative reform and the strengthening of addiction treatment services. Two (2) subcommittees focus on drug-related legal reforms and treatment system enhancement. The Committee agreed to escalate an integrated treatment model involving MOH, the National Anti-Drugs Agency (AADK) and private rehabilitation centres to a higher-level coordination platform. Reviews of key legislation, including the Dangerous Drugs Act 1952 [Act 234], the Drug Dependents (Treatment and Rehabilitation) (Amendment) Act 2024 [Act 283] and the Registration of Criminals and Undesirable Persons Act 1969 [Act 7], are ongoing to support a holistic national drug decriminalisation approach.

SHARPS INJURY SURVEILLANCE

A total of 2,214 cases of sharps injuries were notified to the Occupational Safety and Health Sector, MOH in 2025. The number of cases reported showed an increase of 2.4% compared to the 2,161 cases in 2024. In 2025, from the total cases of sharps injuries, 1,688 were cases of needle stick injuries.

ACCIDENTS AND INJURIES, DANGEROUS OCCURRENCE, OCCUPATIONAL POISONING AND OCCUPATIONAL DISEASES SURVEILLANCE

There were 3,061 cases of accidents and injuries (not including sharp injuries) reported among healthcare workers in 2025 which was an increase of 4.7% as compared to 2024, and 122 cases of occupational poisoning reported in 2024 which was 5.7% decrease as compared to the year 2024. Meanwhile, there were 173 cases of occupational lung diseases notified in 2025 compared to 209 cases in year 2024.

SURVEILLANCE OF HEAT-RELATED DISEASES

The Environmental Health and Climate Change Sector (SKPPI) has conducted monitoring of diseases related to hot weather, with 54 cases and one (1) death recorded throughout 2025.

ENVIRONMENTAL IMPACT ASSESSMENT (EIA)

SKPPI as the technical agency for health impact assessment for development projects has reviewed and commented on 23 reports of proposed development projects subject to EIA under the Environmental Quality Act 1974 [Act 127].

ROUTINE ENVIRONMENTAL HEALTH INSPECTIONS IN PRISONS, TEMPORARY DETENTION DEPOTS (DTS) AND DAY CARE CENTRES (PJH)

Routine environmental health inspections were carried out throughout last year at prisons, DTS and PJH. A total of 19 DTS (100%), 1,110 PJH (100%) and 42 prisons (100%) were inspected in the first cycle, and 42 prisons (100%) were inspected in the second cycle last year.

NATIONAL PUBLIC HEALTH LABORATORY (NPHL)

Throughout 2025, NPHL has continuously striven to improve its technical capability as part laboratory preparedness and response for public health emergency and crisis. Among key achievement for 2025 are the following:

CONTINUOUS IMPROVEMENT ON LABORATORY QUALITY PERFORMANCE

MKAK function as a Proficiency Testing (PT) Provider as part of External Quality Assurance (EQA) for several programmes under the BKP and the FHDD. MKAK also involved in EQA activities coordinated by external agencies including WHO.

WHO EQA for Measles and Rubella Laboratory

The NPHL has successfully maintained its full accreditation from the WHO for Measles and Rubella following the annual audit conducted on 8 August 2025. The accreditation covers serological, molecular, and virus isolation testing. This audit was conducted to ensure that the quality of serological, molecular, and virus isolation testing consistently meets the high standards set by WHO, in line with other international reference laboratories. NPHL achieved scores of more than 90% across all assessment components, thereby retaining full accreditation.

EQA Syphilis Serology Programme

The EQA Syphilis Serology Programme under the Elimination of Mother-to-Child Transmission effort has achieve another milestone whereby the coverage of primer clinics has been expanded to 188 clinics being assessed through a proficiency testing programme and 245 more clinics are assessed through a rechecking programme with overall coverage being 57.7%. The performance of these clinics has been satisfactory. Another achievement from this EQA programme was the initiation of the dashboard whereby all information, reporting and recording of results are on the dashboard, enabling immediate access to information and data for both provider and programme participants.

Atlas of Malaria Microscopy and Vectors in Malaysia Publication

The NPHL published a reference book entitled *Atlas of Malaria Microscopy and Vectors in Malaysia*, which serves as a guide for malaria microscopy diagnosis, including zoonotic malaria, as well as for the management of malaria vectors. This publication was produced through close collaboration between NPHL, BKP, University of Malaya (UM) and International Medical University (IMU) to support the National Malaria Elimination Programme.

Accreditation and Certification of Public Health Laboratory Services

NPHL has successfully acquired accreditation and certification with the following standard ISO/IEC 9001:2015, ISO 15189:2022, ISO 17025:2017 and ISO 17043: 2023.

STRENGTHENING TECHNICAL TESTING CAPACITY

Pathogen Genomic Sequencing Test Services

In 2025, the NPHL implemented Whole Genome Sequencing (WGS) for *Mycobacterium tuberculosis* to strengthen TB cluster investigations. WGS workflows were successfully developed and optimised for both culture-positive isolates and direct sequencing from clinical specimens. This capability enabled the resolution of TB cluster cases previously indistinguishable by MIRU-VNTR and clarified phenotypic drug-resistant cases involving uncommon genetic mutations not detected by routine molecular assays. To ensure cost-effectiveness and sustainability, WGS is implemented using a batch-based approach. In parallel, WGS capability for *Mycobacterium leprae* is being developed to support leprosy cluster investigations and enhance national molecular epidemiological surveillance. Furthermore, the Bacteriology Section developed in-house WGS capacity for *Salmonella enteritidis*, *Burkholderia pseudomallei*, *Leptospira* spp. and *Corynebacterium diphtheria* to support outbreak preparedness.

Vape Product Chemical Screening for EVALI Cases

Starting March 2025, NPHL successfully established chemical screening services for vape products associated with suspected EVALI cases. Laboratory analysis identified chemical constituents of public health concern, providing essential scientific evidence to support disease control measures related to e-cigarette use, surveillance activities under the Act 852, and the implementation of health promotion initiatives. Continuous efforts are ongoing to strengthen laboratory capacity and capability to ensure timely delivery of high-quality results to support effective public health response.

Mosquito Susceptibility Testing Against Insecticides and Pathogen Monitoring in Mosquitoes

The services provided by the Entomology Section include the insectarium for the colonisation of both laboratory and wild *Aedes* mosquito strains, WHO mosquito susceptibility testing, Arbovirus (dengue, chikungunya, zika, japanese encephalitis), malaria and microfilaria parasites detection tests in mosquitoes. The achievement of the 2025 annual action plan is 100%, with all samples sent being tested for insecticide susceptibility and presence of pathogen. The Entomology Section also conducts inter-laboratory comparison testing. In 2025, a total of 605 insecticide susceptibility test reports were received and verified by the Entomology Section, compared to 615 reports in 2024.

National Reference Laboratory Mycotoxin Technical Training

NPHL is the National Reference Laboratory for mycotoxin analysis. The Mycotoxin Technical Working Group (KKT) Meeting under the Food Analysis Committee (JKAM) was held at the National Veterinary Public Health Laboratory, Bandar Baru Salak Tinggi on 16 July 2025. This meeting was chaired by Head of the Food Division, NPHL as Chairman of the working group. Various agencies and institution of higher learning were present together on this strategic collaboration platform to discuss mycotoxin analysis issues, research and at the same time share expertise. Among the agenda of this meeting includes training for *Rida@Smart Box Device – Your Innovative Lateral Flow Imaging Unit for Quantitative Mycotoxin, Improving Precision and Accuracy in LCMSMS Multitoxin Analysis: The Cleanup Columns and Internal Standard and Innovations in Mycotoxin Analysis: Immunoaffinity Columns and Rapid Detection Methods*. It is hoped that through this information sharing, it can contribute to improving aspects of food safety, especially in the field of mycotoxin analysis. Strategic collaboration between agencies, Institution of Higher Learning and industry can continue to be strengthened in the future as a continuous effort to improve mycotoxin analysis capabilities and support existing control needs.



Image 4.6 Mycotoxin Technical Training

INTERNATIONAL COLLABORATION

The ASEAN Leaders' Declaration on Strengthening Regional Biosafety and Biosecurity

The 1st Meeting for the Establishment of the Asean Network on Laboratory, Biosafety and Biosecurity and the Development of the Plan of Action was held at Kuala Lumpur from 22-24 July 2025 and was co-chaired by Malaysia and Lao PDR as the co-lead countries. It addressed gaps in the ASEAN regional health security framework arising from varying biosafety and biosecurity capacities among member states, particularly in the context of increasing global health threats and regional interconnectivity. Participants emphasised the importance of strengthening regional collaboration, institutional capacity, and biosafety and biosecurity systems to prevent and respond to biological risks. Key outcomes included the finalisation of the terms of reference for the ASEAN on laboratory network, biosafety and biosecurity and the drafting of a plan of action to operationalise the ASEAN Leaders' Declaration on strengthening regional biosafety and biosecurity.



Image 4.7 Meeting for the Establishment of the Asean Network on Laboratory, Biosafety and Biosecurity and the Development of the Plan of Action

Consultative Meeting on the Establishment of the ASEAN Laboratory Network (ALN)

The consultation meeting on the draft terms of reference (ToR) for the ALN was held in Jakarta, Indonesia, from 8-10 December 2025, under the project Strategic Support for the ACPHEED Preparation Phase and supported by the Government of Australia. The meeting brought together representatives from ASEAN Member States and various agencies to review and discuss the ToR, which was prepared by the MOH of Indonesia as host of ACPHEED's Detection and Risk Assessment (DRA) component. The draft ToR outlines the ALN's governance structure, core functions, technical scope and alignment with ASEAN health priorities and global frameworks, including the WHO IHR. The Jakarta meeting included plenary sessions, focus group discussions, technical presentations and consensus-building exercises, resulting in key recommendations to develop a comprehensive concept note and submit the relevant documents to ASEAN Health Cluster 2 (AHC2) and the Senior Officials' Meeting on Health Development (SOMHD) for further consideration and endorsement.



Image 4.8 Consultative Meeting on the Establishment of ALN

FAMILY HEALTH DEVELOPMENT DIVISION (FHDD)

The year 2025 marked a critical phase in strengthening the nation's primary healthcare system, with emphasis on infrastructure transformation and enhanced service delivery through digitalisation and strategic collaborations under the Twelfth Malaysia Plan (12MP), Rolling Plan 5. This reflects the MOH continued commitment to a sustainable, responsive and people-centred primary healthcare system.

In this context, the primary healthcare sector was strengthened through a comprehensive infrastructure transformation agenda, including approval for 15 new KK construction projects using standardised designs to improve community access to comprehensive healthcare services. This was reinforced by the Dilapidated Clinic Project 2025, involving upgrading works at 455 healthcare facilities with a total allocation of RM300 million. Consequently, the national primary healthcare network reached 2,935 premises as of December 2025, comprising 1,112 KK 70 Maternal and Child Health Clinics (KKIA), 1,592 Rural Clinics (KD) and 161 Community Clinics (KKom).

In parallel with infrastructure strengthening, MOH initiated the Primary Healthcare Transformation through the Cottage Hospital Concept Health Clinic (KKCH) in 2025 to enhance access, continuity of care and emergency management at the primary care level, particularly in rural areas. Officially piloted in 2026, selected clinics will function as transit and stabilisation centres with 24-hour observation beds, enabling safer early interventions. This approach is expected to reduce transfer risks, support NCD management, strengthen preparedness for an ageing population, and serve as a core hub within the primary healthcare network, aligned with the 13MP and Pillar 1 of the Health White Paper.

MOH continues to strengthen its strategic role in supporting SDG 3 through life-course family health services, facilitated by the FHDD. Maternal and child health interventions have contributed to reductions in maternal, neonatal and under-five mortality (SDG 3.1 and SDG 3.2), while sexual and reproductive health services and expanded primary healthcare access support the achievement of SDG 3.7 and SDG 3.8.

PRIMARY HEALTHCARE PATIENT ATTENDANCE

From a clinical performance perspective, primary healthcare facilities nationwide managed a total of 101,567,551 patient attendances, with Selangor recording the highest number, followed by Johor and Kelantan.

Despite the high patient load, service quality remained a priority as 90% of patients were seen by Medical Officers within less than 90 minutes.

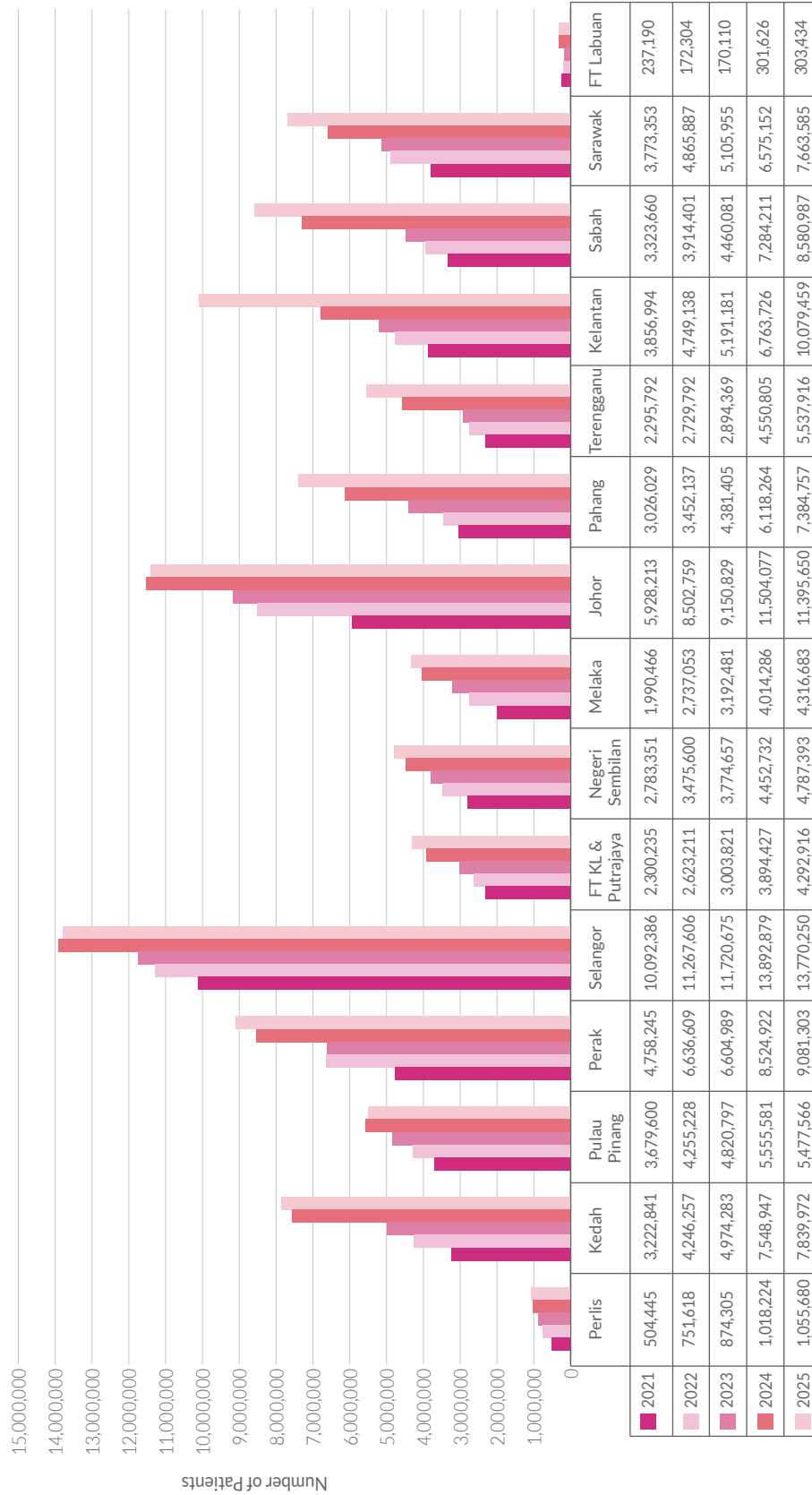


Figure 4.7 Total Attendance to Primary Healthcare Facilities by State Year 2021-2025

Note:

Total attendance refers to all patients/clients whether new cases, repeat cases, referral cases or walk-in cases who come to receive any treatment/procedure/service at primary healthcare facilities in a day, beginning from registration until the client has completed receiving the treatment/procedure/service/referral to hospital on the day, including the scope of maternal, child and health as well as outpatient scope.

DIGITALISATION OF PRIMARY HEALTHCARE SERVICES

Digitalisation of primary healthcare services through the MySejahtera application continued to be strengthened, with a total of 2.88 million appointment slots utilised, representing an 18% utilisation rate of total available slots. MOH remains firmly committed to promoting and strengthening the utilisation of appointment booking services through this application.

Virtual Clinic services were implemented in 573 healthcare facilities, with nearly 299,000 consultation sessions recorded. The majority of users were female (68%) and working adults aged 25–59 years. Maternal Health Services (Antenatal) recorded the highest utilisation, while Johor and Selangor emerged as the states with the highest number of appointments, reflecting positive acceptance of digital health service expansion at the primary care level.

The digitalisation of PPKK membership cards was implemented to enhance management efficiency. This digital approach was also integrated into the management of the Health Clinic Advisory Panel (PPKK) through the MyCHAMPION platform to improve volunteer management efficiency.

EXTENDED OPERATING HOURS AND CLINIC SERVICES AFTER OFFICE HOURS (EXTENDED HOURS) AND PASSIVE CALL

Implementation involved two (2) main approaches where Extended Hours service operates from 5.00 p.m. to 9.00 p.m. to support the diversion of green zone emergency cases and passive on-call services from 5.00 p.m. to 8.00 a.m. to ensure continuous emergency preparedness outside office hours. Extended Hours represent a strategic MOH initiative to enhance accessibility to primary healthcare services and strengthen emergency management at 44 Ks in 12 JKNs while Oncall services in 537 Ks which involves 10 JKNs.

MOBILE HEALTH SERVICES

Mobile Clinic Services continued to play a critical role in improving access to comprehensive healthcare services for rural and remote populations through an integrated outreach approach. In 2025, services were implemented in 10 states, involving 241 multidisciplinary teams operating via land (4WD), water (boat) and air (helicopter) modes, covering 2,186 localities.

Of these, 70.1% of localities were accessed via land, 23.7% via water and 6.3% via air, reflecting service adaptability to geographical challenges. During this period, 366,569 client attendances were recorded, comprising outpatient services (72.5%) and maternal & child health services (27.5%). the majority of attendances were via land mode (80.1%), followed by water (11.3%) and air (8.6%).

These services significantly benefited vulnerable communities, particularly OA populations (32.6%) in Peninsular Malaysia and indigenous populations in Sabah and Sarawak (52.7%), thereby strengthening health equity. Of the 12,080 planned visits, 10,835 were successfully conducted, achieving an implementation rate of 86.7%. To support service sustainability and expansion, the 2025 financial allocation was increased to RM17 million, compared to RM16.18 million in 2024, reflecting the government's continued commitment to inclusive and comprehensive healthcare access.

EMERGENCY AND AMBULANCE SERVICES AT PRIMARY HEALTHCARE FACILITIES

Emergency service support was further strengthened through the distribution of 91 new Type B ambulance units to selected states to replace ageing assets. Of the existing 890 ambulances, 768 units (86%) remained fully operational. A key challenge identified was that 43% of ambulances were over 10 years old.

To ensure emergency preparedness, competency enhancement activities for personnel were conducted continuously. Three (3) sessions of the Basic Life Support Instructor Course (BLSIC) were held, involving the East Zone, Central and Sarawak. A total of 220 new instructors were trained in 2025, bringing the total number under the Public Health Programme to 362 instructors.

BLS certification coverage among Assistant Medical Officers (AMO) increased to 85.7%, compared to 80.4% in 2024. The highest achievements were recorded in FT Labuan, Perlis, Negeri Sembilan, Selangor, Kelantan and Terengganu, exceeding 93%.

CLINICAL SUPPORT SERVICES AT PRIMARY HEALTHCARE FACILITIES

Clinical support at the primary healthcare level in 2025 demonstrated significant growth in strengthening a holistic patient care ecosystem. Radiology and diagnostic laboratory services increased facility coverage to 268 Ks and 793 laboratories, respectively, thereby expediting disease detection at the community level. Laboratory operational efficiency was further strengthened with medical laboratory technologist staffing reaching 96.49%, ensuring more responsive and accurate medical analyses.

Expansion of dietetic services to 639 Ks with the addition of 190 posts, while 366 nutritionists ensured comprehensive nutritional advisory services. Physiotherapy and occupational therapy services also showed positive impact, with 574 physiotherapists placed in 341 Ks and 466 occupational therapists in 278 clinics, directly improving patients' quality of life through closer-to-community rehabilitation access.

Counselling services were strengthened with support from 220 psychologists, while medical social work services expanded their impact through outreach visits to an additional 255 Ks beyond static placements. Although specialised services such as speech therapy and optometry remain in early development phases, the increase in optometry posts to 26 and deployment of speech therapists to four (4) major Ks reflect MOH's ongoing commitment to inclusive and diversified primary care.

Table 4.7 Total Positions for Clinical Support Services in Primer Facilities

Clinical Support Services	Total Positions	Filled Positions (%)
Medical Laboratory Technologist (MLT)	2,308	2,227 (96.49%)
Diagnostic Radiographer	676	587 (86.83%)
Physiotherapist	621	574 (92.43%)
Occupational Therapist	537	446 (83.05%)
Nutritionist	366	366 (100.00%)
Psychology (Counsellor)	220	220 (100.00%)
Dietetic Officer	190	143 (75.26%)
Medical Social Worker	52	30 (57.69%)
Optometrist	26	17 (65.38%)
Speech Language Therapist	10	4 (40.00%)

EARLY DETECTION AND HEALTH RISK MANAGEMENT ACROSS THE LIFE COURSE

Early detection and management of health risks across the life course form the core of family health services provided by MOH. These services encompass continuous care from the preconception period through old age and persons with disabilities (PWD), with emphasis on prevention, early detection and timely intervention.

Maternal Health

The scope of maternal health services includes antenatal, intrapartum, and postnatal care, including family planning services, delivered in a comprehensive and continuous manner. Strengthening of these services was initiated through the expansion of preconception care in 2003 and further enhanced in 2010 with specific focus on women of reproductive age with existing medical conditions, to ensure optimal health status prior to pregnancy.

In 2025, maternal health service performance demonstrated encouraging outcomes, with 72.20% of women receiving at least one maternal health visit. A total of 99.40% of births were recorded as safe deliveries, while postnatal home visit coverage reached 100%. The average number of antenatal visits exceeded 12 visits per pregnancy.

In terms of health screening, Gestational Diabetes Mellitus (GDM) screening activities in 2025 identified 22.10% of antenatal mothers with GDM, while 2.40% of postnatal GDM mothers were confirmed to have diabetes, enabling early intervention and effective follow-up management.

In line with the strengthening of maternal health services, the Maternal Mortality Ratio (MMR) declined from 25.7 per 100,000 live births in 2023 to 24.3 in 2024. The main causes of maternal deaths were identified as associated medical conditions, hypertensive disorders of pregnancy, pulmonary embolism, postpartum haemorrhage and amniotic fluid embolism.

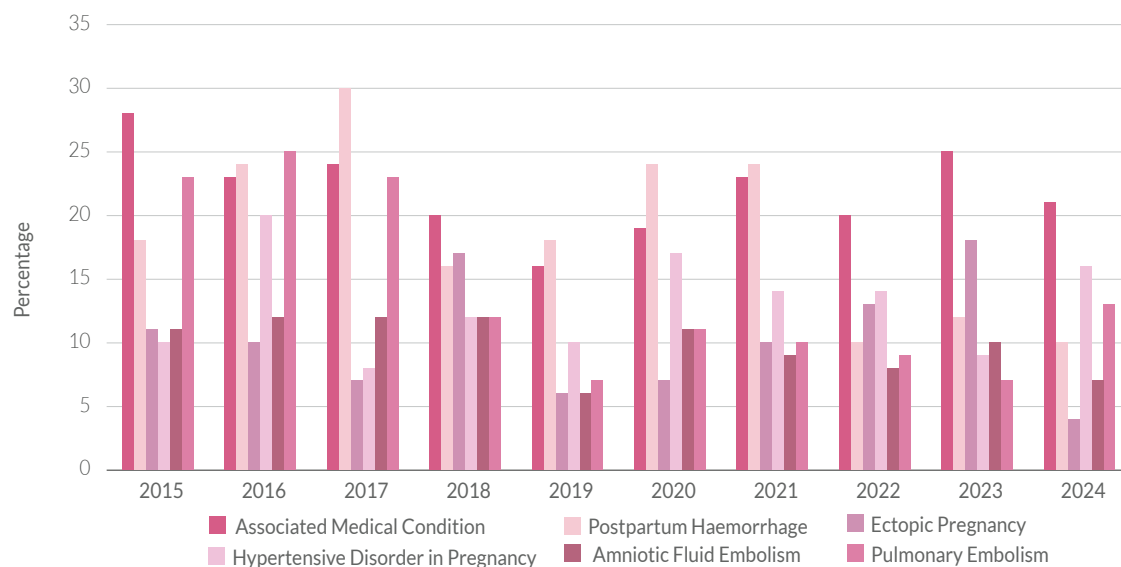


Figure 4.8 Causes of Maternal Death in Malaysia 2015-2024

Source: Department of Statistics Malaysia, October 2025

Neonatal and Child Health

In Malaysia, the under-five mortality rate (U5MR) showed a marked decline between 1990 and 2000. Since 2000, the U5MR has plateaued within the range of 7.3 to 8.8 per 1,000 live births.

Figure 4.9 illustrates the trends in U5MR, infant mortality rate (IMR) and neonatal mortality rate (NMR) from 1990 to 2024 as reported by the Department of Statistics Malaysia. In 2024, the U5MR was recorded at 8.7 per 1,000 live births, while the NMR was 4.5 per 1,000 live births. Based on the International Classification of Diseases, 11th Revision (ICD-11), the five (5) leading causes of death among children under five years of age in 2024 were as follows:

- i. Disorders of newborn related to slow fetal growth or malnutrition and short gestation or low birth weight, not elsewhere classified
- ii. Structural developmental anomaly of the heart or great vessels
- iii. Chromosomal anomalies, excluding gene mutations
- iv. Respiratory disorders specific to the perinatal or neonatal period
- v. Pneumonia

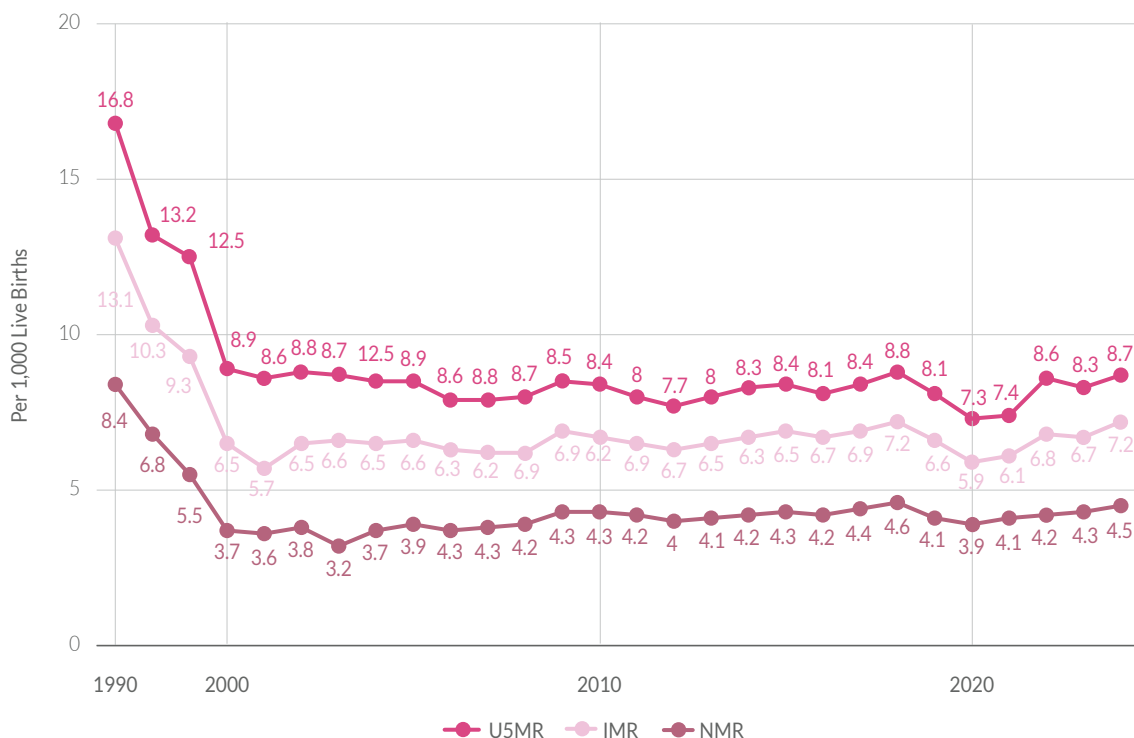


Figure 4.9 Under-Five Mortality Rate (U5MR), Infant Mortality Rate (IMR), and Neonatal Mortality Rate (NMR) in Malaysia, 1990–2024

Notes:

- i. U5MR = Under-Five Mortality Rate
- ii. IMR = Infant Mortality Rate
- iii. NMR = Neonatal Mortality Rate

Source: Department of Statistics Malaysia

Among the MOH's initiatives to reduce the U5MR is the development of Child Health 2021-2030: A National Framework to Reduce the Under-5 Mortality and Support Child Growth & Development. Child Health Technical Committee was chaired by the DG of Health and comprised of MOH divisions, ministries and external agencies that have a role in child health to implement targeted strategies. Continuous training of health personnel and health promotion to increase awareness among parents and guardians about caring for sick children and detecting danger signs so that they can seek treatment immediately is also being implemented.

Adolescent Health

A total of 282,201 adolescents were screened between January and December 2025, representing 5.28% of the total adolescent population in Malaysia 5,345,200 adolescents (aged 10-19 years), with an annual screening target of at least 5.0%. **Table 4.8** shows that nutritional health problem remain the most prevalent health issue identified among adolescents for the period 2023-2025. Physical health problem and risky behaviour were found to have increase throughout the above period.

Table 4.8 Adolescent Health Problems Identified Through Health Screening 2023-2025

Health Issues	2023		2024		2025	
	Total	%	Total	%	Total	%
Nutritional Health Problem	26,253	9.44	27,706	9.62	31,402	11.13
Physical Health Problem	2,911	1.05	8,525	2.96	8,907	3.16
Risky Behaviour Problem	6,297	2.26	6,728	2.34	6,955	2.46
Mental Health Problem	2,406	0.87	4,202	1.46	4,082	1.45
Sexual and Reproductive Health Problem	2,205	0.79	2,768	0.96	2,632	0.93

The number of new antenatal cases among adolescents (aged 10-19 years) registered at MOH primary healthcare facilities was 8,208 cases in 2021 and 7,392 cases in 2025 (**Table 4.9**). For the year 2025, 3,479 cases (47.06%) were unmarried.

Table 4.9 Number of Newly Registered Antenatal Adolescent Pregnancy Cases at MOH Primary Care Facilities 2021-2025

	2021	2022	2023	2024	2025
MALAYSIA	8,208	8,153	8,464	7,934	7,392

To strengthen adolescent health services, the Best Practice for Adolescent-Friendly Health Services (AFHS) initiative continued to be enhanced. As of 2025, 118 out of 124 KKS had received recognition. In addition, Adolescent Health Literacy Briefings were conducted with the participation of nearly 100 students from public and private higher education institutions.

Elderly Health

In 2025, a total of 197,297 elderly underwent health screening at health facilities and in the community, representing approximately 5% of the national older population. Total of 18,462 elderly in institutional care settings (96%) were screened and identified as at risk were referred to medical officers for further management. The highest risk factors were overweight, hypertension and physical inactivity.

Children with Special Needs

The Special Needs Children Programme at KK emphasises early detection and intervention of disabilities. Early detection coverage among children aged 0 to 1 year was 0.14%, exceeding the national target. Autism screening using the M-CHAT instrument involved 266,300 children aged 18 months with 1,214 children failing the screening and 171 children confirmed to have autism.

Domiciliary Care Services (PPD)

Coverage of PPD increased, with the number of KK providing the service rising from 441 KKs in 2024 to 589 KKs in 2025, although the total number of patients decreased to 4,344. The majority of patients were stroke survivors followed by patients with traumatic brain injury. Palliative PPD were successfully expanded nationwide with 454 KKs providing the service as of December 2025.

Advocacy and Seminar on Healthcare for PWD 2025

The National Seminar on Healthcare for PWD was successfully held on 29 November 2025 at the Putrajaya International Convention Centre (PICC) and was officiated by the Minister of Health. The seminar, themed Healthy Persons with Disabilities, Prosperous Society, was organised in conjunction with the MOH's OKU Day celebration. A total of 380 participants attended, representing more than 15 PWD NGOs, Taman Sinar Harapan Institutions, as well as public.

National Cervical Cancer Screening Programme

The National Cervical Cancer Screening Programme underwent transformation towards the use of HPV testing as the primary screening method, including strengthening referral and follow-up pathways and standardisation of data reporting to support the WHO's cervical cancer elimination targets. Implementation of HPV DNA-based screening as the primary screening modality in primary care facilities enhanced early detection of precancerous lesions and strengthened continuity of care. This programme contributes to long-term reduction in cervical cancer risk, lowers the burden of advanced cancer treatment and supports the women's health agenda and national human capital development.

Table 4.10 Cervical Cancer Screening Programme Performance Indicators 2025

Indicator	2024 (%)	2025 (%)
HPV test screening coverage	9.8	7.6
Pap smear screening coverage	12.8	12.9
Cervical cancer screening coverage (HPV test and Pap smear)	22.6	20.5
Percentage of HPV 16/18 positive	0.8	1.1
Percentage of HPV non 16/18 positive	3.4	3.8
Percentage of precancerous lesion (detected via colposcopy)	4.3	4.9
Percentage of cancerous lesion (detected via colposcopy)	0.08	0.1
	0.01	0.01

EARLY DETECTION OF HEALTH RISKS AND DEVELOPMENT AMONG SCHOOL-AGED CHILDREN

The School Health Programme, implemented since 1967, plays a strategic role in ensuring optimal health among students from preschool to Form 4 through health education, screening, health examinations, immunisation, treatment, and early referral. As of December 2025, coverage of School Health Services for Year 1 and Year 6 exceeded 90% while coverage for Form 3 students exceeded 80%.

In 2025, the highest prevalence of visual acuity problems among Year 1 students was recorded in Selangor (9.3%), followed by Johor (7.5%) and Perak (6.6%). In terms of nutritional status, Sarawak recorded the highest proportion of Year 1 students who were overweight and obese, while Perak and Perlis recorded the highest proportions among Year 6 and Form 3 students respectively.

For Thalassaemia screening, a total of 348,492 Form 4 students were offered screening to determine carrier status in 2025 and 307,363 students (96.80%) underwent screening. Approximately, 77,316 students (25.15%) were suspected thalassaemia carriers and required further testing. Additionally, 40,300 students (13.11%) were identified as having iron deficiency anaemia while 4,078 students (1.33%) had anaemia due to other causes and 185,669 students (60.41%) were found not to be thalassaemia carriers.

HEALTHY AGEING AND ELDERLY WELL-BEING

Health services for elderly have been implemented since 1996 and continue to be strengthened through health promotion activities, screening, interventions, disease prevention including influenza vaccination and community engagement.

At the primary care level, all KKs provide healthcare services for elderly. However, the Integrated Care for Older Persons Initiative has been introduced in seven (7) KKs that have family medicine specialists trained in geriatrics. Family Medicine Specialists conduct comprehensive assessments and develop holistic care plans.

Under the 12MP, the Community Nurse Expanded Role Programme at KDs was implemented to strengthen community-based care for elderly, involving 431 KDs. Community nurses conduct screening and early intervention activities within local communities.

In addition, five (5) online Dementia Awareness Webinar series were conducted in 2025, covering various topics to raise awareness and enhance knowledge on dementia, with approximately 6,500 participants comprising healthcare personnel and public.

As of December 2025, a total of 256 active Senior Citizens Clubs had been established to promote community and NGOs involvement in health promotion and screening for elderly.

NATIONAL IMMUNISATION PROGRAMME: LIFELONG HEALTH PROTECTION

Beginning June 2025, all pregnant women received tetanus, diphtheria and pertussis (Tdap) immunisation for every pregnancy as an early protective measure against pertussis infection among infants.

The achievement of immunisation coverage for the national key Indicators in 2025 showed a decline compared with 2024 for all vaccines, particularly the second dose of the Pneumococcal Conjugate Vaccine (PCV) at 92.91%, the second dose of the measles, mumps and rubella (MMR) vaccine at 84.27%, and the third dose of DTaP-IPV-HepB-Hib at 94.84%. **Figure 4.10** presents the immunisation coverage achievements for the key indicators at the national level in 2025.

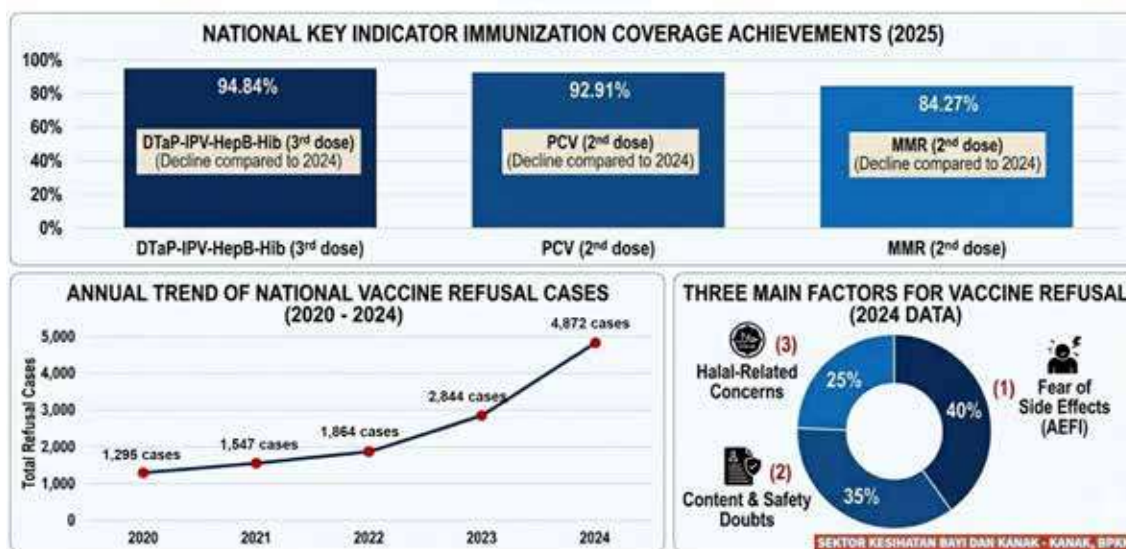


Figure 4.10 Immunisation Coverage Achievement for the National Key Indicators in 2025

School health immunisation services are implemented on a scheduled basis, including DT vaccination for Year 1 students, HPV vaccination for Form 1 students and ATT vaccination for Form 3 students. From 2026 onwards, HPV vaccination will be expanded to Year 6 female students or 12-year-old female adolescents under the National HPV Immunisation Programme.

In addition, the influenza vaccination programme for elderly with at least one (1) comorbidity was initiated on 18 February 2025. Throughout 2025, a total of 170,418 elderly received influenza vaccination under this initiative.

PRIMARY MEDICAL CARE

Cardiovascular Prevention Continuing Medical Education (CME) Programme

Following the MoU signed in November 2024, the MOH and the National Heart Institute (IJN) launched a strategic collaboration in 2025 to enhance the Cardiovascular Prevention CME Programme. 10 comprehensive CME modules were finalised, covering dyslipidaemia management and multidisciplinary approaches to non-communicable diseases such as diabetes and hypertension.

This structured three (3) years training programme is scheduled for launch in 2026 and targets family medicine specialists, medical officers and paramedical staff at the primary care level to enhance comprehensive cardiovascular patient care.

Primary Care Wound Care Leadership Summit 2025

The Primary Care Wound Care Leadership Summit 2025 strengthened clinical wound care capacity at primary care facilities through best practice sharing and innovation. A key achievement was the launch of the Second Edition of the Wound Care Service Guidelines, supporting service standardisation and improved patient outcomes.

Enhanced Primary Health Care (EnPHC) Initiative

The EnPHC initiative, introduced in 2017, continues to strengthen NCD management at the primary care level through prevention, early detection, individualised treatment and continuous care based on integrated care pathways. In 2025, the expansion of EnPHC to Kedah, Negeri Sembilan and Johor increased the total number of participating KKs to 90 across six (6) states from 86 KKs in 2024. As of December 2025, over 748,551 adults had been screened, resulting in the detection of 107,990 new hypertension cases, 83,086 new diabetes cases and 118,534 new dyslipidemia cases. This expansion demonstrates MOH's commitment to broadening access to primary healthcare services and strengthening sustainable NCD control nationwide.

STRENGTHENING FAMILY HEALTH LITERACY THROUGH AN INTEGRATED PROMOTION APPROACH

Implementation of integrated health promotion activities was strengthened through strategic collaboration with the Health Education Division and the Corporate Communication Unit to ensure consistent, accurate and high-impact public health messaging.

Throughout 2025, promotional efforts by the Health Literacy Development Unit (UPLK) focused on core Family Health programmes, including the MR SIA, NIP, Thalassaemia Prevention and Control Programme and the Influenza Immunisation Programme for Elderly. Promotional approaches were implemented holistically through community engagement via interactive TikTok Live MyHealth sessions, conventional media dissemination such as radio, and the implementation of the *Sihat Itu Saya* programme for FHDD through physical activity and recreational sports, in line with efforts to cultivate healthy lifestyle practices and enhance public understanding of the importance of health across the life course.

QUALITY AND INNOVATION

In infection prevention and control, compliance with Standard Precautions reached 97.3%, while hand hygiene compliance increased significantly to 96% during Phase 2, involving 910 Ks nationwide.

For the Antimicrobial Stewardship (AMS) Programme, the rate of appropriate antibiotic prescribing reached 95.8%, reflecting an improvement of 4.8% compared to the previous year, and demonstrating strengthened rational prescribing practices among healthcare providers. Under lean transformation, 107 Ks successfully implemented lean projects by the end of 2025, aimed at reducing process waste and enhancing value and efficiency in healthcare service delivery. In addition, patient waiting time performance achieved 90% of patients seen by a medical officer less than 90 minutes, exceeding the national target of 85%.

NUTRITION DIVISION

The Nutrition Division, under the Public Health Programme of the MOH, serves as the lead authority in the formulation of policies and the implementation of national nutrition services. Since its establishment 16 years ago, the Nutrition Division has undergone significant development, evolving from the provision of nutrition services across all age groups and various settings to assuming a more strategic role as a key driver of the cross-sectoral nutrition agenda. This role is operationalised through the implementation of the National Plan of Action for Nutrition of Malaysia III (2016-2025) under the National Nutrition Policy of Malaysia 2.0, which emphasises an integrated, evidence-based and sustainable approach in addressing current nutrition challenges, while supporting national well-being and human capital development.

GOVERNANCE AND PUBLIC HEALTH REFORM

Throughout the reporting year, various initiatives were implemented to strengthen governance, planning, and the delivery of national nutrition programmes. These initiatives included the provision of technical inputs for policy development, the enhancement of monitoring and coordination mechanisms, as well as the development of data systems and technical support to ensure that the national nutrition agenda is implemented in an integrated and evidence-based manner, in alignment with national development priorities and the direction of the 13MP.

Drafting of the Nutrition Bill

On 8 January 2025, the Cabinet granted in-principal approval for the Cabinet Memorandum on the Nutrition Bill. This Bill aims to establish a structured legal framework to regulate national nutrition activities, transitioning from voluntary implementation to a mandatory regulatory mechanism to enhance compliance and monitoring. Following this approval, strategic collaboration with UNICEF under the Country Programme Document (CPD) 2022-2025 was undertaken throughout 2025 to support the development of the draft legislation.



Image 4.9 Nutrition Bill Drafting Workshop

Development of Nutrition Research Priorities for 13MP

The development of the Nutrition Research Priorities (NRP) for the 13MP (2026-2030) is underway to ensure continuity from the previous term. This document serves as the primary reference for nutrition research, identifying priority areas to support national policies and interventions beginning in 2026. Through a series of cross-agency technical meetings held between July and September 2025, key criteria and focus areas were established. The 13MP NRP will guide research efforts for all agencies and stakeholders to strengthen evidence-based nutrition programs in Malaysia.



Image 4.10 Development of NRP for 13MP (2026-2030) Workshop

STRENGTHENING OF NUTRITION AND PUBLIC HEALTH DATA SYSTEMS

Centralised Integration of Nutrition Status Data

The National Child Nutrition Information Integration Framework (IMPAK) has been successfully developed as an initiative to strengthen nutrition data management. Several engagement sessions with relevant agencies were conducted to align data requirements and indicators, while the finalisation of modules is scheduled for 2026.

Strategic Integration of the Malaysian Food Composition Database (MyFCD)

On 16 June 2025, the Cabinet Committee on National Food Security Policy, chaired by the Prime Minister, approved the strategic integration of the MyFCD into national policy. This initiative has been formally incorporated into 13MP (Rolling Plan 1) with implementation scheduled to commence in 2026. The project focuses on expanding nutrient analysis for alternative staples, supporting industry self-reporting of calorie data via Artificial Intelligence (AI) technology and fostering collaborative data governance between the public and private sectors. This integration is pivotal in providing localised nutrient data to support evidence-based policymaking and improve the national nutritional status.

Development of the Malaysia Nutrition Information System (MyNIS)

The year 2025 marked a significant milestone with the approval of the Malaysia Nutrition Information System (MyNIS) as a primary integrated digital hub for national nutrition services, including the management of the Healthier Choice Logo (HCL), Healthier Dining Programme (HDP) and MyMeal initiatives. To ensure system sustainability, strategic engagement sessions were conducted across various ministries to strengthen data governance and integrate MyNIS with existing platforms, such as MySejahtera and Food Safety Information System of Malaysia (FoSIM), via the Malaysian Government Central Data Exchange (MyGDX) gateway. Emphasis was also placed on the adoption of data analytics and AI to establish a holistic, secure and effective nutrition information management ecosystem at the national level.



Image 4.11 MyNIS Development Meeting

SUSTAINING A SUSTAINABLE NUTRITION ECOSYSTEM AND ARCHITECTURE THROUGH THE WAR ON SUGAR CAMPAIGN

The MOH has mobilised a comprehensive food environment transformation strategy to curb the rising burden of NCDs. This initiative is anchored on product reformulation, consumer literacy and the active engagement of strategic partners across multiple sectors and platforms, including the food and beverage, retail and hospitality industries. The National launch of the War on Sugar Campaign, officiated by the Prime Minister on 8 September 2024 and further strengthened in 2025.

Implementation of the Strategic Plan to Reduce Sugar Intake Among Malaysians 2024-2030

This Plan serves as a key driver in transforming the national food environment through an integrated approach involving multiple stakeholders.

- i. **Parliamentary Support and Internal Programmes:** Members of Parliament in Malaysia have demonstrated strong support and are actively involved in implementing outreach activities related to reducing sugar intake within their respective parliamentary constituencies.
- ii. **Hospitality and Retail Collaboration:** One of the main targets of the War on Sugar implementation for 2025 is to strengthen collaboration with the hospitality industry through awareness and advocacy activities. A public dialogue session involving 100 hotels was held on 4 November 2025 to obtain their commitment in providing healthier food and beverage options, including those lower in sugar, as well as to enhance customer awareness on the caloric value of foods served. An engagement session with the food retail sector in Malaysia was also conducted on 1 December 2025 to encourage their role in promoting healthier food choices through a food environment that supports and promotes healthy eating practices.



Image 4.12 Collaboration with Hospitality and Retail Industries 2025

- iii. **Strategic Integration: HCL, HDP and MyMeal:** The Strategic Plan to Reduce Sugar is implemented in an integrated manner through the HCL, MyMeal and HDP initiatives to strengthen the consistent delivery of healthy eating messages. In 2025, a total of 1,015 packaged food and beverage products were recognised, and this increase reflects the industry's commitment towards product reformulation, as shown in **Figure 4.11**. The MyMeal programme recorded an additional 436 recognised menu items, reflecting positive acceptance and participation from the food premises industry in providing healthier options to consumers, as shown in **Figure 4.12**. In the same year, a total of 174 menu items met the criteria and were awarded the HDP logo.



Figure 4.11 Number of HCL Products by Three Key Categories (2022-2025)



Figure 4.12 MyMeal Recognition Distribution in Malaysia 2025

Evolution of Nutrition Labelling: Implementation of Nutri-Grade

The MOH will implement the Nutri-Grade front-of-pack (FOP) nutrition labelling system for beverage products, as announced by the Minister of Health on 5 August 2025. Nutri-Grade classifies beverage products into specific grades based on their sugar content through a standardised visual display to facilitate consumer understanding. The implementation of this mandatory system aims to strengthen the regulation of the sugar-sweetened beverage market, encourage product reformulation by the industry and support efforts to improve nutritional quality and prevent NCDs at the population level.

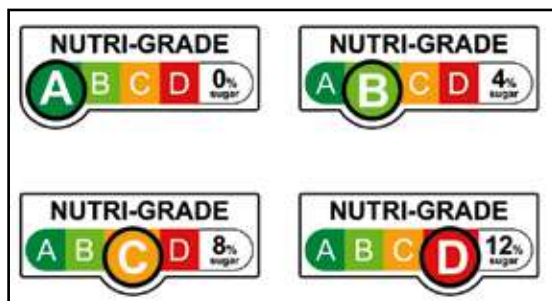


Figure 4.13 Labelling System

Implementation of Taxation on Sugar-Sweetened Beverages

Since its initial implementation in 2019, the tax on sugar-sweetened beverages has been imposed on ready-to-drink beverage categories and was expanded to include pre-mixed beverage categories in 2024. Subsequently, the excise duty rate on sugar-sweetened beverages was increased from 50 cent to 90 cent per litre (an increase of 40 cent) effective 1 January 2025. This tax increase is projected to raise the retail price of sugar-sweetened beverages by 18.75%, which is expected to result in a 20.81% reduction in the consumption of sugar-sweetened beverages.

STRATEGIES TO ADDRESS THE DOUBLE BURDEN OF MALNUTRITION AMONG VULNERABLE GROUPS AND ACROSS THE LIFE COURSE

Strengthening nutrition at the early stages of the life course remains a key priority of the Nutrition Division in addressing malnutrition issues, which encompass overweight and obesity, underweight, stunting, wasting and nutrition-related anaemia among individuals, families, and communities in Malaysia. The implementation of the Strategic Plan to Combat the Double Burden of Malnutrition among Malaysian Children, 2023-2030, which comprises five (5) Strategies, 31 Initiatives and an accompanying Communication Plan, continued to be carried out systematically throughout 2025.



Figure 4.14 The Strategic Plan to Combat the Double Burden of Malnutrition among Malaysian Children, 2023-2030

Strengthening Maternal, Infant and Child Nutrition: Empowering the First 1,000 Days of Life Towards a Healthy Generation

Strengthening maternal, infant and child nutrition remains a key priority of the MOH in shaping a healthier and higher-quality generation through an integrated approach encompassing policy, food environments and nutrition literacy.

- i. **Development of the National Anemia Strategic Plan (PSA):** Efforts to prevent and control anemia among women of reproductive age and children under five (5) years were carried out through the development of the National Anemia Strategic Plan. This plan encompasses cross-program synergies between public health and medical services. A workshop was held from 14 to 15 April 2025, involving various experts in the fields of medicine and public health.

ii. Wheat Flour Fortification Initiative: Mandatory fortification of wheat flour with iron and folic acid is a population-level public health intervention aimed at preventing and controlling anaemia and neural tube defects (NTD) among infants in Malaysia. A stability study on wheat flour fortified with folic acid and iron was conducted from September to November 2025. The technical data generated serves as a key reference for deliberation by the expert working committee to ensure that policy implementation in accordance with Cabinet mandate 2022 is carried out effectively and in an evidence-based manner.

iii. First 1,000 Days of Life Interventions: The First 1,000 Days of Life initiative has been strengthened as a national strategy to combat stunting through pilot projects implemented in Johor, Pahang, Perak and Selangor. Pilot project in Perak, launched on 5 May 2025, involves a six (6) months intervention targeting pregnant women, postpartum mothers, women of reproductive age and Orang Asli children. This initiative supports the National Strategic Plan to Combat the Double Burden of Malnutrition 2023-2030 through strategic federal-state collaboration.



Image 4.13 Launching Ceremony of the Pilot Project in Perak to Strengthen First 1,000 Days of Life Interventions

iv. Sekolahku Sihat, Stail Kita Initiative: This initiative was introduced in 2025 through a strategic partnership between the MOH and the Ministry of Education (MOE). Implemented as a targeted programme in selected schools to foster a culture of healthy living among the school community. It encompasses the enhancement of healthy nutrition, supportive environments and physical activities through 12 intervention components, including healthy canteens and cooperatives.



Image 4.14 Sekolahku Sihat, Stail Kita Initiative

- v. Creative Community Competition:** Initiative to Support the HiTS Programme was organised from 10 August to 30 September 2025 to garner community support for the provision of balanced meals in schools. The competition, which received nearly 600 entries, included categories for children and adults across four (4) creative formats, namely digital posters, short videos (less than 1 minute), short videos (1-2 minutes), and animation (2D/3D). The award ceremony was held on 13 November 2025, celebrating 24 winners, thereby strengthening awareness among the community and parents in advancing the agenda of healthier school nutrition.



Image 4.15 Creative Community Competition: HiTS Programme

Empowering Women's Nutrition Literacy

Efforts to address the burden of malnutrition, encompassing anaemia and obesity among women of reproductive age (15-49 years), continue to be strengthened through the HER initiative (Healthy Eating Responsibility for Women). This initiative focuses on strategies to enhance nutrition literacy under HER Nutrition, empower women to conduct self-health screenings through HERSelfCare and expand women's community outreach with an emphasis on workplaces, higher education institutions and women within local communities. In 2025, a total of 27 HER@Work activities, 67 HER@Campus activities and 138 HERCommunity activities were implemented in the field.



Image 4.16 HER Initiative in Kedah

Institutional Nutrition Transformation: Empowering Food Environments from Preschool to Higher Education

Educational institutions serve as strategic platforms in shaping healthy dietary behaviours throughout the life cycle. The Nutrition Division of the MOH remains committed to transforming the food ecosystem from preschool education to higher education. This effort integrates policy strengthening, systematic growth monitoring and cross-ministerial strategic collaboration to create a conducive environment towards nurturing a future generation free from the burden of malnutrition.

Integrated Obesity Prevention in the School Setting

School-level interventions were implemented through collaboration between the MOH, MOE and school communities, including aligning Supplementary Food Programme (RMT) menus with the Malaysian Dietary Guidelines 2022 and strengthening the C-HAT Programme by appointing Parent-Teacher Association (PTA) members as Master Trainers (JU) to promote healthy lifestyles. School participation has increased consistently. In recognition of these efforts, the National JU C-HAT Convention was held on 5 July 2025 in Kuala Lumpur with strategic support from the MOE and UNICEF Malaysia.

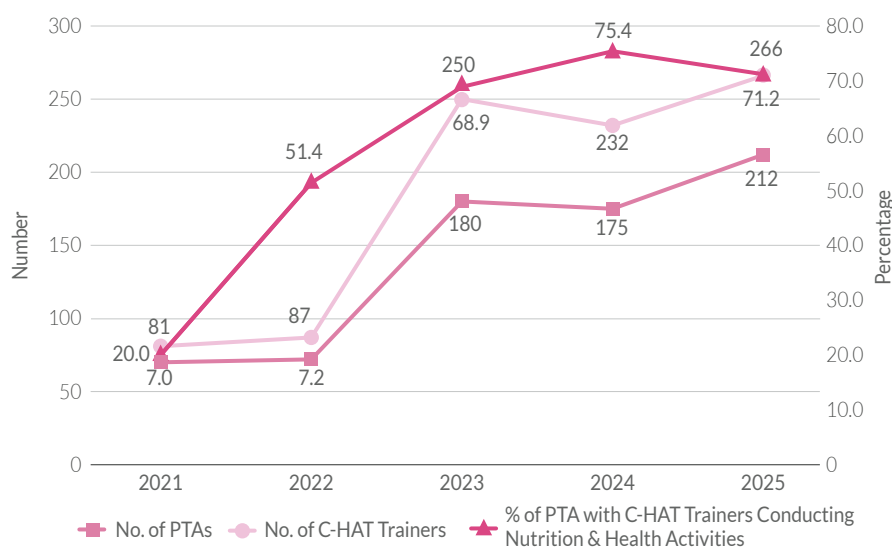


Figure 4.15 Statistics of the National C-HAT Programme 2021-2025



Image 4.17 JU C-HAT Convention 2025

Cultivating Healthy Environments in Higher Education Institutions (IPT)

The Supporting Healthy Food Intake and Nutrition Empowerment (SHINE@IPT) initiative was introduced to foster sustainable healthy lifestyles among young adults in both public and private IPT. This programme aims to create a supportive campus ecosystem for healthy eating and NCD prevention through advocacy and environmental enhancement. To ensure effective implementation, the SHINE@IPT guideline was developed as a primary reference, complemented by educational webinars and the nationwide distribution of advocacy materials across all institutions.

Nutrition Advocacy through Competitions Involving IPT Students

The 2025 Nutrition-Conscious Youth Mobilisation Creative Content Competition was held from 18 August to 7 September 2025 to engage youth in healthy nutrition advocacy and raise awareness of the Double Burden of Malnutrition. The competition received an overwhelming response with over 1,000 IPT students submitting nearly 600 entries across the digital poster and short video categories. To honour their creativity, the Minister of Health presented prizes to 36 winners during the MOH Monthly Assembly on 13 November 2025 in Putrajaya.



Image 4.18 The Winners of the 2025 Nutrition-Conscious Youth Mobilisation Creative Content Competition

STRENGTHENING NUTRITION PROMOTION, ADVOCACY AND LITERACY

Malaysia Nutrition Month Celebration as a National Awareness Platform

The Nutrition Month Malaysia 2025 celebration, themed “Eat Healthy, Be Active, Prioritize Wellness”, was officiated by the Minister of Health on 21 June 2025 in Perak. The event emphasised a strategic shift from curative to preventive care to address the rising NCDs risk factors identified in the latest National Health & Morbidity Survey (NHMS) findings. The MOH remains committed to this cause through key initiatives such as HCL, Nutri-Grade, MyMeal, HDP and the First 1,000 Days of Life intervention, while expanding strategic partnerships for the well-being of the people and the future generations.



Image 4.19 Opening Ceremony of the Malaysia Nutrition Month 2025 Celebration

Nutritionists' Day 2025 Celebration: Strengthening Professionalism and The Role of Nutritionists

The MOH Nutritionists' Day 2025 celebration was held on 25 October 2025 at the Auditorium of Hospital Sultan Abdul Aziz Shah, UPM. Officially observed every 4 September, the event recognises the role of nutritionists in promoting healthy lifestyles and strengthening cross-sectoral collaboration. The participation of nutritionists from both public and private sectors reflects their strong commitment to supporting the national public health agenda.

MALAYSIA'S TECHNICAL CONTRIBUTIONS TO REGIONAL AND GLOBAL NUTRITION AND HEALTH AGENDAS

Collaboration with International Organisations

The Nutrition Division leads the international nutrition agenda by contributing technical expertise in strategic forums such as the World Health Assembly (WHA), the WHO Acceleration Plan to Stop Obesity, and the Universal Periodic Review (UPR). These efforts are further strengthened through collaboration with UNICEF, WHO and the Food and Agriculture Organisation (FAO) to improve the nutritional status of children. Key collaborations include the implementation of the UNICEF Country Programme Document 2021-2025, which focuses on enhancing global child health and nutrition outcomes.

Regional Leadership

The framework of the ASEAN Health Cluster (AHC) 1: Promoting Healthy Lifestyle (2021-2025), under Health Priority 7: Promotion of Good Nutrition and Healthy Diet, the Nutrition Division plays a pivotal role in supporting and strengthening the regional agenda on healthy nutrition and food security. Malaysia, through the Nutrition Division, has assumed a leadership role in the implementation of the following ASEAN project:

i. Establishment of the Framework on Healthy Central Kitchen for Childcare Centres and Kindergartens in ASEAN

In conjunction with the ASEAN-Malaysia Chairmanship 2025, the Nutrition Division organised a consultative meeting on 24 January 2025 to develop the Framework on Healthy Central Kitchen for Childcare Centres and Kindergartens in ASEAN. Led by Malaysia in collaboration with UNICEF Malaysia and JICA, this framework serves as a regional reference for food preparation in early childhood education institutions. It stands as a strategic initiative to combat the double burden of malnutrition among children across the ASEAN region.



Image 4.20 AHC 1 Consultative Meeting on the Development of Framework on Healthy Central Kitchen for Childcare Centres and Kindergartens in ASEAN

ii. Establishment of ASEAN Guidelines on Healthy Plate Concept

The Nutrition Division organised the Consultative Meeting on the Development of ASEAN Guidelines on Healthy Plate Concept on 1-2 October 2025, held virtually. Malaysia served as the lead country, with Singapore as the co-lead partner. The meeting brought together representatives from ASEAN Member States to collaboratively develop the Healthy Plate Guideline for ASEAN, aimed at promoting healthy eating practices across the ASEAN region.

iii. Establishment of a Model for a Multi-Sectoral Approach to Sustain Food Systems in Ensuring Food and Nutrition Security in ASEAN

Malaysia, in collaboration with Indonesia and with technical support from FAO, hosted the Multisectoral Consultation Meeting on Country-Specific Assessment and Analysis of Current Food Systems in ASEAN from 25-27 November 2025 in Putrajaya. The meeting brought together multisectoral delegates (health, agriculture, education, economic and social) from ASEAN countries. Its main objective was to identify key drivers of nutritional status and align nutrition-specific and nutrition-sensitive indicators, which will serve as the foundation for developing the Model for a Multi-Sectoral Approach to Sustain Food Systems in the coming year.



Image 4.21 Multisectoral Consultation Meeting on the Development of a Model for a Multi-Sectoral Approach to Sustain Food Systems in Ensuring Food and Nutrition Security in ASEAN

iv. Technical Knowledge Sharing at the International Level

On 11 November 2025, the Director of the Nutrition Division delivered a keynote address on public health nutrition priorities at the *Biru-Putih-Hati* Malaysia - One Health event. The Division also actively contributed technical expertise to strategic global forums, including the BRICS Health Ministers' Meeting and the East Asia Summit. Furthermore, strategic partnerships are being established through Memoranda of Understanding (MoU) with Bahrain, Germany, Singapore, Timor-Leste, Somalia and Iran, focusing on knowledge transfer and the development of healthy food systems.

HEALTH EDUCATION DIVISION (HED)

HED is one of the divisions under the Public Health Programme, MOH, comprising four (4) main branches, namely Policy and Strategic Planning, Health Literacy, Population Well-being, and Community Mobilisation. HED plays a key role in strengthening public health literacy through community empowerment and engagement, capacity development, and multi-sectoral collaboration to cultivate healthy living through 24 initiatives under the National Agenda for Healthy Malaysia (ANMS). The ANMS focuses on four (4) thrusts namely, Strengthening the Promotion of a Healthy Living Culture, Strengthening Health Wellness Services, Empowering Self-Health Control and Strengthening Environmental Cleanliness. The implementation of ANMS was further strengthened through the development of policies, as well as continuous stakeholder engagement.

STRENGTHENING ANMS GOVERNANCE

Strengthening of the National Health Literacy Policy (DLKK)

DLKK is one of the initiatives that supports ANMS. In 2025, HED, in collaboration with the HealthComm consulting team from Universiti Kebangsaan Malaysia, conducted two (2) stakeholder engagement sessions involving the Education Cluster and the Social and Health Cluster. These sessions involved various agencies and stakeholders to obtain inputs and recommendations to strengthen the implementation of the DLKK action plan. As a result of both sessions, a total of 161 Action Activities were developed.



Image 4.22 Stakeholder Engagement Session for the Education Cluster and the Social & Health Cluster

Implementation of the Healthy and Well Civil Servants Initiative (i-PASS)

The i-PASS under the ANMS aims to strengthen the health status of civil servants through structured workplace interventions. The pilot phase of Putrajaya *Sihat Sejahtera* (PSS) was implemented from June 2024 – 31 December 2025. Four (4) main components were implemented, namely Training of Trainers (ToT), the Weight Management Intervention Package, the PSS Roadshow as well as the Workshop on the Development of Weight Management Intervention Guidelines and orientation programmes including baseline participant screening. The PSS orientation programme and baseline screening were conducted from 8-10 July 2025, involving a total of 846 eligible participants from 26 ministries as the foundation for intervention implementation and monitoring of civil servants' health status.

To support the nationwide expansion of i-PASS beginning in 2026, six (6) series of stakeholder engagement sessions were conducted from September to November 2025 involving all states and the Federal Territories. These sessions involved 283 coordinators from JKN and District/Divisional/Area Health Offices, covering the Southern Zone (38 participants), Eastern Zone (47 participants), Northern Zone (58 participants), Sabah Zone and the Federal Territory of Labuan (41 participants), Sarawak Zone (55 participants) and Central Zone (44 participants).



Image 4.23 i-PASS Engagement Sessions 2025

Implementation of the Healthy and Well Community Initiative – Island Setting

The Healthy and Well Community Initiative – Island Setting is an ANMS initiative based on the Healthy Islands concept to cultivate healthy living practices and environmental sustainability within island communities, with the pilot phase commencing in 2025. Among the activities implemented during this pilot phase was the Workshop on the Development of the Healthy and Well Community – Island Setting Guidelines, which was conducted from 16-18 July 2025 in Tawau, Sabah, involving 50 strategic partners from various ministries, state agencies, non-governmental organisations (NGOs) and community leaders.

In addition, outreach activities were implemented on Mabul Island, Sabah, beginning in June 2025. These outreach programmes encompassed community engagement activities, environmental cleanliness, population health screenings, fitness activities, health talks, social and sports activities, the appointment of MyCHAMPION community volunteers, media promotion, as well as recognition sessions for strategic partners and the community as preparation for the expansion of the initiative to other inhabited islands.

ANMS Strategic Partner Collaboration

The strengthening of ANMS through strategic engagement with the public sector, private sector, and NGOs to support the cultivation of healthy living practices continued throughout 2025. Three (3) stakeholder engagement sessions were conducted in 2025, namely with Pos Malaysia, GDEX and the Putrajaya Recreational Sports Association. This cross-sectoral collaboration was further reinforced through the organisation of the Prime Minister's Public Service Mandate Run XX 2025 on 2 August 2025 at Dataran Putrajaya in collaboration with KESKI INTAN Bukit Kiara, the organisation of the Workshop on the Development of Contribution and Procurement Guidelines for the Implementation of Health and Wellness Services at the Wellness Hub (WH) and Wellness on Wheels (WoW) from 8-9 May 2025, and the implementation of the Putrajaya *Sihat Sejahtera* Weight Management Intervention 2025 Edition with the involvement of various fitness clubs, including *Kelab Sukan Kecergasan* Fit Nation, *Kelab Senamrobik* ZGC, *Kelab Senamrobik* 3 Ceria, *Kelab Sukan Kecergasan* Fit Champion, *Kelab Sukan Kecergasan* Aerodance Saief, *Persatuan Senamrobik Daerah Klang*, *Kelab Sukan Kecergasan* Putrajaya Vavavoom, the Malaysian Association for the Study of Obesity (MASO) and *Kelab Senamrobik Jelita* 1.



Image 4.24 ANMS Strategic Partner Collaboration Activities 2025

Survey on the Cultivation of Healthy Living under the PSS Initiative

This survey aims to obtain baseline data to determine the prevalence of health status and health behaviours among civil servants in Putrajaya. Data collection involved 25 ministries and one (1) department in Putrajaya. The survey findings, expected to be available in 2026, will be used for the monitoring and evaluation of the effectiveness of the PSS.



Image 4.25 Baseline Data Collection Session for the PSS Initiative

THRUST 1: STRENGTHENING THE PROMOTION OF A HEALTHY LIVING CULTURE THROUGH MEDIA AND ACTIVITIES

The cultivation of healthy living practices and supportive environments is a key element in enhancing health and well-being. To promote a culture of healthy living and expand public access to health information, various media platforms were leveraged and health promotion activities were implemented to ensure the delivery of accurate, effective and relevant health messages.

Promotion of a Healthy Living Culture Through Social Media, Conventional Media and Outdoor Media

Throughout 2025, the promotion of healthy living practices was continuously implemented through an integrated approach combining social media, conventional media, and out-of-home media to support the ANMS. These efforts aimed to strengthen the visibility of health messages and to enhance public awareness and engagement. Key initiatives implemented included body wrap advertising involving 300 e-hailing vehicles nationwide, as well as outreach activities with 15 celebrities and influencers (Key Opinion Leaders, KOLs) from diverse backgrounds. Each KOL produced at least 25 social media posts, which recorded encouraging levels of engagement.

To further strengthen the delivery of health messages, 10 high-impact videos were produced and 10 digital billboards (Digital Out-of-Home) were installed across the Klang Valley. Promotional efforts were also expanded through cinema advertising involving 300 cinema halls nationwide via CineAD, including the GSC and TGV networks, reaching a total of 200,000 spots. In addition, radio advertising was implemented through four (4) major radio stations, namely Kool FM, Hot FM, Sinar FM and Suria FM.



Image 4.26 Promotion of Healthy Living Culture Messages

The *Agenda Nasional Malaysia Sihat* (ANMS) Roadshow

In 2025, the MOH organised two (2) major programmes under the ANMS Roadshow as a continuation of the ANMS 2024 National Health Promotion Campaign. These were the *Jelajah ANMS: Moh Kita Sihat* Programme, officiated by Deputy Prime Minister as the Chairman of the ANMS Cabinet Committee, on 23 November 2025 in Bagan Datuk, Perak, with the participation of 6,542 individuals. Meanwhile, the *Festival Sihat Itu Saya* Programme, held in conjunction with the MOH Customer Engagement Day, was officiated by Deputy Minister of Health, on 8 November 2025 in Sibuti, Miri, Sarawak, with the participation of 5,607 individuals.

Both roadshow programmes offered a wide range of health and wellness services based on the six (6) core ANMS messages, namely staying active, healthy and safe eating, undergoing health screening, avoiding smoking and vaping, managing stress wisely and environmental cleanliness, with a specific focus on rural communities. Outreach implementation was further strengthened through the involvement of MyCHAMPION volunteers together with WoW Zoomers, covering 500 localities using 15 vehicles and reaching more than 78,519 participants nationwide.



Image 4.27 ANMS Roadshow Activities 2025

Celebration of *Bulan Malaysia Sihat Sejahtera* (BMSS) and BMSS @HePiLI 2025

The 2025 BMSS celebration was implemented nationwide with the involvement of 2,372 strategic partners, the implementation of 4,048 programmes or activities and the physical participation of 518,449 individuals. The national-level celebration was held at AEON Mall AU2 Setiawangsa, Kuala Lumpur, from 19-21 September 2025, and was officiated by the Minister of Health Malaysia on 20 September 2025. The main focus of the celebration was the implementation of the Healthy Living Mall Initiative, which emphasised the role of shopping malls as healthy community hubs through components including staying active, recycling, food safety and quality, smoke- and vape-free environments, media promotion, as well as the promotion of the HCL and *Bersih, Sihat dan Selamat* (BeSS).

The organisation of the Mall Walking Challenge at all AEON Mall branches from 1-20 September 2025 also received recognition from The Malaysia Book of Records for “Most Steps Accumulated in a Shopping Centre Walking Campaign”. This BMSS 2025 follow-up programme was further expanded to major shopping malls in several states and supported by the implementation of WH Open Days nationwide.

The BMSS celebration was also extended to educational institutions through BMSS@HePiLI 2025, involving 322 institutions ranging from preschool to IPT, with total participation throughout September 2025 amounting to 116,198 individuals. BMSS@HePiLI 2025 focused on six (6) healthy living behaviours, namely physical activity, healthy and safe eating, personal hygiene, environmental hygiene, mental well-being and risk behaviours. To measure the impact of BMSS@HePiLI 2025, an evaluation involving 11,512 respondents found that acceptance of health messages was high, namely staying active (96.9%), healthy and safe eating (94.6%) and avoiding smoking and vaping (96.7%). In terms of practice, the percentage of participants reporting healthy behaviours at the ‘often’ level was physical activity (64.9%), healthy eating (62.9%), personal hygiene (86.7%) and

mental well-being (66.1%). Perceptions of programme impact were also very positive, with 99.4% agreeing that the programme increased awareness, 98.8% agreeing that it encouraged the practice of healthy living culture, and 98.1% agreeing that it encouraged them to recommend healthy living practices to others.



Image 4.28 Activities of the BMSS and BMSS @HePiLi 2025 Celebrations

Sihat Sejahtera HePiLi bersama Didi & Friends Roadshow Programme, Sabah Zone and East Coast Zone

The *Sihat Sejahtera HePiLi bersama Didi & Friends* 2025 Roadshow Programme themed “Cultivating Healthy Living, Strengthening Immunity”, was implemented in two (2) main zones, namely the Sabah Zone and the East Coast Zone. For the Sabah Zone, the programme was held from 21-23 February 2025 at Suria Sabah Shopping Mall, with a total attendance of 28,414 visitors. In conjunction with the programme, Meet & Greet sessions with Didi & Friends were also conducted at Sekolah Kebangsaan (SK) Pekan Putatan and SK Sembulan. For the East Coast Zone, the programme began with Meet & Greet sessions at SK Seri Budiman, Kuala Terengganu, and SK Tengku Mahmud 2, Besut, before the main event was held from 30 May – 1 June 2025 at KB Mall, Kota Bharu, Kelantan, with a total participation of 47,916 visitors. The programme was further enhanced with the launch of the HePiLi Package in educational institutions officiated by the Minister of Health. The implementation of both programmes comprised interactive HePiLi showcases, interactive games, stage performances, as well as live appearances by Didi & Friends to educate and entertain children through health-themed songs.



Image 4.29 Activities in Conjunction with the 2025 *Kembara Sihat Sejahtera HePiLi* Programme with Didi & Friends Sabah and East Coast Zone

Healthy Step Challenge at the MOH Headquarters (IPKKM) and Inter-Ministerial Level

The 2025 Healthy Step Challenge was implemented at both internal and inter-ministerial levels as an initiative to strengthen the cultivation of an active lifestyle within the public service. At the IPKKM, a total of 1,573 personnel participated in the challenge, which took place from 1-28 February 2025, serving as an initial empowerment platform prior to participation at the Putrajaya level.

Meanwhile, the 2025 Putrajaya Inter-Ministerial Healthy Step Challenge recorded the participation of 13,448 civil servants, representing an increase of 2.9% compared with the previous year. This increase reflects the strengthening engagement of civil servants in supporting the healthy living culture agenda on an ongoing basis. In this edition of the challenge, the winners by category were the Ministry of Health Malaysia (XL Category), the Ministry of Agriculture and Food Security (L Category), the Ministry of Domestic Trade and Cost of Living (M Category), and the Ministry of Science, Technology and Innovation (S Category).



Image 4.30 Healthy Step Challenge Putrajaya 2025

THRUST 2: STRENGTHENING HEALTH AND WELLNESS SERVICES

Health and wellness services serve as an enabling factor in creating environments that support the cultivation of healthy living practices. These efforts are implemented through the strengthening of health and wellness services via WoW and WH.

Wellness on Wheels (WoW) Services

WoW is a mobile health and wellness service implemented through outreach activities to expand access to health promotion, empower communities in self-health management and encourage the cultivation of healthy living. In 2025, WoW implemented a total of 4,612 activities at 1,093 localities nationwide, with the participation of 356,011 individuals. As of December 2025, a total of 16 WoW trucks were stationed at the IPKKM and all JKN.

This service was further strengthened with the addition of six (6) 4WD WoW Zoomers vehicles in Terengganu, Kelantan, Melaka, Johor, Kedah and Pulau Pinang. The Take Home Messages evaluation of 67,690 WoW visitors found that 96.8% reported increased exposure to the cultivation of healthy living, 96.9% gained skills healthy living to enhance immunity, while 97.1% demonstrated increased motivation to adopt healthy living.



Image 4.31 WoW Activities in 2025

Wellness Hub (WH) Services

WH is a one-stop community health and wellness service centre that supports the transition of MOH from sick care to health care. In 2025, a total of 33 WHs were in operation nationwide, with a total customer attendance of 486,994 individuals. Of the 35,889 new clients, 94.18% were successfully referred to at least two (2) healthy living intervention packages.

In 2025, the I Fit & Eat Right (IFitER) Programme at WH recorded 5,010 participations, involving 4,375 participants who successfully completed the intervention, 3,275 who successfully lost weight and 2,192 who successfully improved their fitness levels. The appointment system via MySejahtera recorded 64,151 attendances from January to November 2025.

To strengthen service quality at WH, two (2) competency empowerment courses for WH services were implemented and three (3) new WHs were officially launched in 2025, namely WH Seberang Perai Utara (8 February), WH Kulim (9 February), and WH Kuala Langat (17 August). The Signing of a Note of Collaboration between MOH and the Fire and Rescue Department of Malaysia (JBPM) as a strategic partner was also implemented.

In 2025, development allocations for the upgrading of ANMS 2.0 WHs allocated to seven (7) JKN covering nine (9) projects, with a total allocation of RM7 millions. These projects included new construction, upgrading, renovation and reconstruction of WH facilities in Johor, Sabah, Perak, Pulau Pinang, Sarawak, Melaka and Selangor.



Image 4.32 WH Activities in 2025

THRUST 3: EMPOWERING SELF-HEALTH MANAGEMENT

This initiative aims to empower individuals, families, communities and strategic partners in cultivating healthy living to enable them to manage their own health for well-being.

Jom Nak Sihat Kuala Selangor 2.0 Programme

The *Jom Nak Sihat Kuala Selangor 2.0* Programme 2025 was a structured weight management intervention implemented over 10 weeks, from 17 May to 2 August 2025, involving four (4) zones, namely Bukit Melawati, Pasir Tuntong, Puncak Alam and Ijok. A total of 901 applications were received and 381 participants were selected after health screening and fitness tests. Of this total, 325 participants (85%) remained until the end of the programme. Intervention outcomes showed the following achievements, 275 participants (85%) improved their fitness levels, 256 participants (79%) lost more than 1 kg in body weight, 176 participants (69%) successfully reduced 10% of their original body weight, 224 participants (88%) successfully reduced 5% of their original body weight and 68 participants (21%) returned to a normal BMI.



Image 4.33 *Jom Nak Sihat Kuala Selangor 2.0 Activities in 2025*

Empowerment of HePiLI Packages for Primary and Secondary Schools, Resilience Package for the *Program Ekspresi Anak Remaja Lestari* (PEARL) and *Program Siswa Sihat* (PROSIS) Polytechnic

Capacity building activities for the HePiLI Educational Institutions Package (Primary and Secondary Schools) were implemented in phases across all zones from June to July 2025, covering the Northern Zone and Central Zone (11-13 June), East Coast Zone and Southern Zone (18-20 June) and East Malaysia Zone (2-4 July). These sessions involved 162 officers and teachers from 65 selected schools, including officers from State Education Departments, District Education Offices, *Kelab Doktor Muda* teacher advisors, as well as health education officers from State and District Health Departments.

For the HePiLI Resilience Package, namely the PEARL, capacity building sessions were conducted from June to early July 2025 involving the Northern and Central Zones (9-11 June), East Coast and Southern Zones (16-18 June) and East Malaysia Zone (30 June – 2 July). The programme involved 114 officers and guidance & counselling teachers. In addition, an empowerment session for the PROSIS was conducted from 13 to 15 August 2025 in Klang, Selangor, involving 36 polytechnics with a total participation of 108 students and coordinators.



Image 4.34 HePiLi Empowerment Activities 2025

X-BREAK: Light Exercise Initiative in Educational Institutions

MOH in collaboration with the MOE, launched the Light Exercise Initiative (X-BREAK) for educational institutions on 20 February 2025 at Sekolah Menengah Kebangsaan Kiaramas, Kuala Lumpur. The programme also involved an online session with 620 *Kelab Doktor Muda* schools nationwide, with participation of approximately 420,000 students. The initial implementation of this initiative will be driven through *Kelab Doktor Muda* in 3,530 primary schools and 900 secondary schools, supported by the organisation of X-BREAK Clinics and the introduction of X-BREAK Guidelines as the official reference for implementation in schools.



Image 4.35 Launching Ceremony of X-BREAK in Educational Institutions

Community Empowerment through MyCHAMPION Health Promotion Project Grants (GPPKM)

The GPPKM is a government initiative to support community empowerment activities towards cultivating healthy living and environmental sustainability in line with ANMS. This initiative emphasises proactive community involvement in positive health-related behavioural changes. In 2025, a total of 237 grant applications were received and 165 projects were approved by the GPPKM Main Committee, with an allocation amounting to RM1,779,940.00. The implementation of these projects reflects the high commitment of community entities and NGOs under MyCHAMPION in promoting health nationwide. This initiative also strengthens the role of MyCHAMPION as a catalyst for community health transformation and supports the national health system paradigm shift towards a wellness-based approach.



Image 4.36 GPPKM Presentation Ceremony 2025

Community Empowerment through MyCHAMPION COMBI

MyCHAMPION COMBI is an MOH initiative based on behaviour change strategies through social mobilisation and communication, driven by trained volunteers to empower communities and combat vector-borne diseases such as dengue and chikungunya.

To strengthen programme coordination, the MyCHAMPION COMBI Programme Coordination Meeting 2025 was held from 4-6 July 2025 at Hotel Maluri, Kuala Lumpur, involving more than 60 participants from the national and state levels. The meeting focused on the coordination of programme implementation, the strengthening of community leadership and planning of action plans for dengue prevention and control.



Image 4.37 MyCHAMPION COMBI Empowerment Activities in 2025

National-Level Recognition and Capacity Development of MyCHAMPION Volunteers

The MyCHAMPION initiative under ANMS plays a role in empowering communities, encouraging self-health management and connecting communities with health and wellness services through WH and WoW. In 2025, the National-Level MyCHAMPION Awards Ceremony was held from 24-26 October 2025 at The Pearl Hotel, Kuala Lumpur, as a platform to recognise MyCHAMPION volunteers. The ceremony contested eight (8) categories involving 98 entries from all states including Federal Territories, reflecting the impact of volunteer engagement nationwide. As of December 2025, a total of 19,910 MyCHAMPION members were registered, including 7,686 members under MOH volunteer entities and 4,819 members successfully trained throughout 2025.



Image 4.38 MyCHAMPION Recognition Ceremony and Activities in 2025

Community Empowerment through the ANMS–MyCHAMPION Roadshows

The ANMS Roadshows with MyCHAMPION is a continuous MOH initiative that adopts a community outreach approach to strengthen the cultivation of healthy living. The programme delivers health promotion interventions directly, with MyCHAMPION acting as facilitators in information delivery, skills empowerment and encouragement of healthy living culture. Throughout its implementation, the roadshows covered 605 localities in 201 parliamentary constituencies, involving 103,749 individuals, thereby expanding the reach of health promotion and strengthening collaboration between government agencies, NGOs and local communities in supporting national health aspirations.



Image 4.39 Community Empowerment Activities by MyCHAMPION in 2025

THRUST 4: STRENGTHENING ENVIRONMENTAL CLEANLINESS

This thrust emphasises integrated efforts to strengthen environmental cleanliness through sustainable hygiene practices, effective waste management and the active involvement of communities and relevant agencies to reinforce a healthy, safe and supportive environment for well-being.

Environmental Cleanliness Activities through the One Hour Malaysia Clean Up (1HMCU) Programme

The 1HMCU Programme is an advocacy and social mobilisation initiative encompassing community empowerment and health education activities, including clean-up campaigns, recycling as well as search and destroy of Aedes mosquito breeding sites. The programme is implemented regularly on the fourth Saturday of every month, except in Johor where it is conducted on the third Saturday.

In 2025, a total of 1,175 activities were implemented nationwide with the participation of 155,664 community members and the distribution of 140,457 health promotion materials, thereby strengthening awareness as well as community engagement in disease prevention and environmental hygiene.



Image 4.40 Environmental Cleanliness Activities in Conjunction with 1HMCU in 2025

NATIONAL CENTRE OF EXCELLENCE FOR MENTAL HEALTH (NCEMH)

The NCEMH established on 21 October 2022, functions as the national coordinating centre for the development of mental health programmes and the integration of mental health services across the public and private sectors, as well as NGOs. Through the NCEMH, the MOH leads the implementation of the National Mental Health Policy under the National Strategic Plan for Mental Health (NSPMH) 2020-2025 to address the rising burden of mental health problems and to strengthen the national mental health system. Findings from the NHMS 2023 indicate a significant increase in the prevalence of depression among individuals aged 16 years and above, from 2.3% in 2019 to 4.6% in 2023, with higher prevalence observed among adolescents and youth, underscoring the urgency for a comprehensive, integrated and evidence-based response. The eight (8) strategic pillars of the NSPMH 2020-2025 consist of governance, comprehensive mental health services, mental health services during crisis preparedness, suicide prevention, cross-sectoral collaboration, human resource strengthening and mental health surveillance system.

STRENGTHENING GOVERNANCE

Majlis Penasihat Promosi Kesihatan Mental (MPPKM) Meeting

The MPPKM meetings, chaired by the Minister of Health, were held on 15 May 2025 and 1 December 2025 at the IPKKM. The meetings were attended by the MOH's top management, representatives from ministries, agencies, NGOs and activists actively involved in mental health promotion and advocacy programmes. Matters discussed included programme direction, the status of programme implementation and issues related to mental health. The outcomes of the discussions assisted the MOH in developing policies to enhance mental health services for the general public.

Meeting of the 15th Parliamentary Select Committee on Health No. 27 of 2025

The meeting, held on 17 November 2025, provided a platform for the committee to review mental health issues in Malaysia and assess the MOH strategies to strengthen national responses to the increasingly complex challenges in mental health.

STRENGTHENING COMPREHENSIVE MENTAL HEALTH SERVICES

Mental Health Services at Primary and Hospital Levels

In 2025, MOH strengthened the accessibility of mental health services nationwide through 1,103 health clinics, 70 psychiatric hospitals and 40 Community Mental Health Centres (MENTARI).

Minda Sihat Service at Primary Healthcare Facilities

The mental health screening programme at primary healthcare facilities, using the Whooley, GAD-2, PHQ-9 and GAD-7 instruments, has been implemented since 2007. In 2025, the programme was available at 1,103 health clinics nationwide. From January to September 2025, a total of 361,514 individuals underwent mental health screening, with 29,420 referred for further intervention.

Mental Health Follow-Up Care Services at Primary Healthcare Facilities

Integrated mental health services at health clinics enable stable patients to receive follow-up treatment and continuous monitoring to reduce the risk of relapse. From January to December 2025, a total of 26,194 cases were recorded, comprising 24,114 existing cases, 6,187 new cases, 608 transfer-in cases and 4,715 discharged cases. Follow-up actions were undertaken for 950 defaulter cases.

DIGITALISATION OF MENTAL HEALTH SERVICES

Talian HEAL (Help with Empathy and Love) 15555

Talian HEAL 15555 is the National Mental Health Crisis Helpline, which has been operating at the NCEMH since 21 October 2022. The number of calls has increased annually, from 27,738 calls in 2023 to 42,990 calls in 2024, and nearly doubled to 90,981 calls in 2025, indicating the growing need for and reach of tele-counselling support among the community. As of 2025, 77% of callers had received emotional support, while 23% were provided with specialised interventions by certified psychological officers (counselling). A total of 451 cases were suicidal behaviour crises, comprising 294 cases of suicidal ideation and 157 cases of suicide attempts, which were referred to hospitals for further treatment.

MyMinda Screening via the MySejahtera Application

The MyMinda screening service was launched on 22 October 2023 and implemented at primary healthcare facilities nationwide. A total of 385,228 individuals have undergone MyMinda screening since it was launched, including 177,577 individuals in 2025.

MENTAL HEALTH PROMOTION AND PREVENTION PROGRAMMES

“Hentikan Stigma, Kesihatan Mental Milik Semua” Campaign

Campaign activities in 2025 included the following:

- i. Five (5) *Jelajah Minda Sihat* series in Kedah, Melaka, Pahang, Selangor and Kuala Lumpur, with the participation of 11,000 participants.
- ii. The National Mental Health Convention 2025, from 19-21 February 2025 at the Bangi Avenue Convention Centre, Selangor.
- iii. The *Forum Perdana Hal Ehwal Islam* titled *“Hentikan Stigma, Kesihatan Mental Milik Semua”*, held at Masjid Bandar Seri Putra, Kajang and broadcast live on RTM TV1 on 17 April 2025.

Mental Health Month Celebration 2025

The National Mental Health Month Celebration 2025 was held on 12 October 2025 at Taman Tasik Cyberjaya, Selangor and was officiated by the Minister of Health. The event was organised in collaboration with the Selangor State Health Department and carried the theme *“Akses kepada Perkhidmatan: Kesihatan Mental dalam Krisis dan Bencana”*.

Komuniti Minda Sejahtera (K-MindSet) Programme

The K-MindSet Programme was initiated in 2024 as a pilot project in Melaka and expanded nationwide in 2025, involving the training of 1,463 community leaders and volunteers.

MENTAL HEALTH SERVICE PREPAREDNESS DURING CRISES

Mental health preparedness during emergencies, crises and disasters is reinforced through the provision of Mental Health and Psychosocial Support Services (MHPSS) at the district level. The MHPSS teams were first established in 2013 and strengthened in 2020 as part of the public health response to the psychosocial impact of the COVID-19 pandemic. In 2025, there were 247 MHPSS teams with 3,676 health personnel providing screening, psychological first aid (PFA), psychoeducation and counselling services to individuals requiring early psychological assistance, including frontline workers during crises and disasters. The nationwide distribution of MHPSS teams is as shown in **Figure 4.16**, while the MHPSS activities for 2025 are summarised in **Table 4.11**.



Figure 4.16 Distribution of MHPSS Teams Across Malaysia

Table 4.11 MHPSS Activities by Type of Disaster in 2025

Type of Disaster	No. Of Visited Locations	No. of MHPSS Personnel						No. of Individuals/Groups Receiving Interventions				MHPSS Activity		
		Psychiatrist	Family Medicine Specialist	Medical Officer	Psychology Officer	Paramedic	Others	General Public	MOH Personnel	Personnel From Other Agencies	Group Session	Relaxation	Artistic Expression	Psychoeducation
Flood	1,548	13	58	1,061	572	2,064	1,290	44,072	1,091	1,162	2,078	16,206	8,940	27,279
Landslide	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Fire	28	5	2	15	136	29	105	963	39	191	68	153	158	783
Road Traffic Accident	4	1	6	9	6	5	5	93	0	0	22	54	80	40
Total	1,580	19	66	1,085	714	2,098	1,400	45,128	1,130	1,353	2,168	16,413	9,178	28,102

SUICIDE BEHAVIOUR PREVENTION

Decriminalisation of Attempted Suicide

The decriminalisation of attempted suicide in Malaysia came into effect on 10 September 2025 following the repeal of Section 309 of the Penal Code and amendments to the Mental Health Act 2001 [Act 615] through the establishment of crisis intervention officers comprising personnel from the Royal Malaysia Police (PDRM), JBPM, Malaysia Civil Defence Force (APM), Malaysian Maritime Enforcement Agency (APMM) and the Department of Social Welfare (JKM).

MySAVE (Malaysian Suicide Awareness and Voice of Hope) Programme

The MySAVE Programme was launched on 31 July 2023 aimed at strengthening the implementation of suicidal behaviour prevention activities at the national level. Activities in 2025 included the following:

- i. Training on suicide case management and negotiation skills to 80 frontline personnel, including PDRM, JBPM, APM, APMM, JKM and MOH.
- ii. Post-Decriminalisation of Attempted Suicide Standard Operating Procedure (SOP) Training Programme to support the decriminalisation of attempted suicide effective 10 September 2025. A total of 100 crisis intervention officers and agency personnel serving in Operations Control Centres and Command Rooms were trained in two (2) workshop series in November 2025.
- iii. The National Suicide and Fatal Injury Registry Malaysia (NSFIRM) System Development Project is currently in its final phase of system development and is expected to be fully completed in 2026.

Suicide Prevention Day 2025

The National Suicide Prevention Day 2025, themed “*Ubah Tanggapan, Bina Harapan*”, was held on 11 September 2025 in Kuching, Sarawak and officiated by the Deputy Minister of Health.

Ekspresi Emosi Menerusi Seni Competition

Organised by the MOH, MOE and *Anjung Kaunseling Keluarga* NGO, the competition was held in conjunction with the National Suicide Prevention Day 2025. It aimed to raise awareness of mental well-being and reinforce suicide prevention messages through art and creative expression. Open to students aged 10-17 years, the competition ran from 18 August to 22 September 2025 and was joined by 700 participants. The prize-giving ceremony was held during the National Mental Health Month Celebration 2025.

COLLABORATION IN MENTAL HEALTH ADVOCACY

Collaboration with Ministries and Government Agencies

- i. The NCEMH collaborated with WHO-UNICEF, and the MOE for the implementation of the *Helping Adolescents to Thrive (HAT) Module: Mei and Friends Comic* in Teacher Education Institutes (IPG) nationwide. In 2025, a total of 5,000 teachers were trained.
- ii. Mental Health Training for *Kem Belia @ Rakan Prihatin* 2025 facilitators.
- iii. Mental Health Training for National Service Trainees and Trainers in conjunction with the implementation of National Service 3.0 (PLKN 3.0).
- iv. The NCEMH collaborated with the KPWKM for the implementation of the Empathy Enhancement in Communication Training for *Talian Kasih* call agents.

Collaboration with International Organisations

- i. Collaboration with Orygen National Centre of Excellence for Youth Mental Health, Australia, to organise the ASEAN Youth Mental Health Fellowship Pitching Session and the Youth Mental Health Policy Lab.
- ii. Collaboration under the WHO-UNICEF to:
 - a. Adapt the *Helping Adolescents Thrive (HAT) Module: Mei and Friends Comic*.
 - b. Develop the National Strategic Plan for Child and Adolescent Mental Health, including the Monitoring and Evaluation Framework.
- iii. Collaboration with UNICEF-WHO-Rain Barrel, Australia to develop the Social Behavioural Change Framework for Mental Health and Psychosocial Support for Children and Adolescents.
- iv. Collaboration with WHO and Angsana Health NGO on Service Mapping and Strengthening of MHPSS and Referral for Children and Adolescents in Malaysia Research.

Collaboration with Non-Governmental Organisations (NGOs)

In 2025, a total of 84 mental health NGOs received financial support through the Yayasan Hasanah-NCEMH Funding Initiative, aimed at supporting the implementation of mental health advocacy activities.

STRENGTHENING OF MENTAL HEALTH HUMAN RESOURCES

- i. Cross-agency workplace mental health advocacy initiatives.
- ii. Launch of the Workplace Bullying Management Guidelines for MOH Personnel on 12 August 2025.
- iii. Mental Health Programme Strengthening Course for Healthcare Personnel at the Hospital Orang Asli Gombak (HOAG).
- iv. *Bengkel Pengukuhan Kemahiran Petugas* Talian HEAL 15555 conducted from 13-15 May 2025.

STRENGTHENING OF THE MENTAL HEALTH SURVEILLANCE SYSTEM

Strengthening the mental health surveillance system is essential to support the systematic collection of data for the development of policies, programmes and research related to mental health.

Mental Health Research

A total of eight (8) mental health research studies were conducted in 2025 as shown in **Table 4.12**.

Table 4.12 List of Mental Health Research in 2025

Research Title	Implementation Status	Notes
<i>Kajian Penilaian Kempen Media “Hentikan Stigma Kesihatan Mental”</i> by Institute for Health Behavioural Research (IPTK)	Completed	Presented at the MPPKM Meeting No. 1/2025 on 15 May 2025
Prevalence of Self-harm, Its Associated Risk Factors and Profiles Among Young Patients Referred to Psychiatry and Mental	Completed	Presented at the MPPKM Meeting No. 1/2025 on 15 May 2025
Addressing Juvenile Mental Health Disorders and Its Influence on Involvement in Criminal Behavior at Sekolah Henry Gurney	Ongoing	Target completion: March 2026
Mental Health Literacy (MHL) Survey & (STIG-9)	Ongoing	Target completion: March 2026
Behavioural Nudges to Enhance Mental Health Help-Seeking Behaviour Among Secondary School Student – A Pilot Study	Ongoing	Target completion: March 2026
Effect of Naltrexone Treatment Across Varied Patterns of Drug Dependence in Malaysia	Ongoing	Target completion: March 2026
Prevalence and Risk Factors of Depression Among Antenatal and Post Natal Women Attending Government Health Clinic in Selangor, Malaysia	Ongoing	Target completion: March 2026
The Effect of Psychoeducational Intervention (PEI) in Reducing Pain, Depression, Anxiety and Improving Quality of Life Among Patients with Endometriosis	Ongoing	Target completion: March 2026

CHAPTER 5

MEDICAL



MEDICAL PROGRAMME

The Medical Programme is responsible for matters related to hospital medical services. It is headed by the Deputy Director-General of Health (Medical). This programme consists of five (5) divisions which are:

- i. Medical Development Division (MDD)
- ii. Allied Health Sciences Division (AHSD)
- iii. Nursing Division (BKj)
- iv. Traditional and Complementary Medicine Division (T&CMD)
- v. Medical Practice Division (BAP)

MEDICAL DEVELOPMENT DIVISION (MDD)

MDD is responsible for the planning, coordinating and monitoring the development of medical services under the MOH. The division supports policy formulation, the development of evidence-based clinical practice guidelines and standards, as well as the strengthening of service governance to ensure the delivery of high quality, safe and effective healthcare services. The division also plays a role in monitoring the performance and quality of medical services, and coordinating collaboration with various stakeholders in line with the national healthcare transformation. These functions are carried out through four (4) sections and two (2) units, as follows:

- i. Medical Services Development Section (CPPP)
- ii. Medical Profession Development Section
- iii. Risk Management and Clinical Surveillance Section (CaPRiSK)
- iv. Malaysian Health Technology Assessment Section (MaHTAS)
- v. Medical Aid Fund (MAF) Technical Assessment Unit
- vi. Technical Evaluation Unit for Medical Benefits

MEDICAL SERVICES DEVELOPMENT SECTION (CPPP)

CPPP is the largest section under the MDD, with its primary scope involving planning, coordinating and ensuring access to clinical/specialist services delivery, encompassing aspects of hospital management, 123 specialties/subspecialties services and medical resource management. CPPP's achievements throughout 2025 as shown in **Table 5.1**.

Table 5.1 Achievements of CPPP in 2025

Activities of CPPP	Total
International Conferences/Seminars	3
National Conferences/Seminars	12
Development of Policies/Guidelines/Manuals and Protocols	80
Publications	33
Technical Workshops/Courses/Training	115
Public-Private Partnership (PPP) and External Agency Projects	53
Service Monitoring Visits	336
International Collaborations	12
Involvement in Research	43
Technical/Expert Meetings	554
Health Day Celebrations	138
Preparation and Presentation for the Top Management	25
Integration of Modalities, Systems and Digital Applications	59

HOSPITAL SERVICE OUTSOURCING PROGRAMME (HSOP)

HSOP for patients from MOH hospitals to private healthcare facilities and services, including private medical centres under university teaching hospitals, is being implemented to reduce patient waiting times, overcome congestion in hospitals and improve services. In 2024, four (4) types of services are involved, namely nephrology, radiology, cardiothoracic and cardiology with 25,162 patients involved at a cost of RM58.5 million. In 2025, the programme was expanded to include ophthalmology, general surgery, urology, nuclear medicine, paediatrics, radiotherapy and oncology services, making a total of ten services, involving 41,837 patients at a cost of RM102.6 million.

INTERNAL MEDICINE AND PSYCHIATRY SPECIAL INTEREST GROUP (SIG) INITIATIVE

This initiative was launched in 2025 to address the issue of access to specialty and subspecialty services that are limited to MOH hospitals with specialists. The implementation of this initiative can improve the skills of medical specialists, medical officers, nurses and medical assistants by offering training within 3 to 12 months using structured training modules. There are seven (7) SIGs under this initiative, including SIG Heart Failure Clinic, SIG Basic Palliative and End-of-Life Care, SIG Geriatrics Medicine, SIG Stroke Thrombolysis, SIG Peritoneal Dialysis Care, SIG Gastrointestinal Endoscopy and SIG Mental Health Intervention & Network Development-MIND@GP. In 2025, a total of 42 trainees have completed training, been certified and privileged, thus increasing access to services in 11 MOH hospitals. The collaboration between the MOH, the Malaysian Islamic Doctors' Association (PERDIM) and private clinics has produced 25 SIG MIND@GP trainees who underwent training in 2025 and will offer mental health services in 25 private clinics in 2026.

UNIVERSAL NEWBORN HEARING SCREENING (UNHS)

UNHS is a critical and non-invasive test administered to newborns to detect potential hearing loss at an early stage. This early detection allows for immediate intervention to promote better speech and cognitive development. The programme aims to identify hearing impairments before three (3) months of age and initiate treatment before six (6) months of age for optimal outcomes. Initiated in 2011, the programme has expanded and as of 2025, is implemented across 95 MOH hospitals.

MEDICAL COVERAGE OF THE 47TH ASEAN SUMMIT

MOH was mandated to lead the Medical and Health Committee under the Public Wellbeing Committee, ASEAN Logistics Main Secretariat during the 47th ASEAN Summit at the Kuala Lumpur Convention Centre from 26-28 October 2025. To ensure the smooth running of the summit, comprehensive emergency medical coverage for Heads of State and Government, treatment rooms at the conference venue and all official delegation hotels, mini-hospital facilities and mobile medical teams were provided, mobilising a total of 512 healthcare personnel.

MOH COLLABORATION WITH MSU MEDICAL CENTRE AND PRIVATE HOSPITALS UNDER THE IHH HEALTHCARE MALAYSIA

This collaboration network has been implemented through a memorandum of understanding (MoU) to increase access to cancer surgery and treatment services, including free radiotherapy and gamma knife treatment, starting in 2022 for IHH and 2024 for MSU. As of 2025, a total of 358 patients have received free surgery, while a total of 1,115 patients have received radiotherapy and gamma knife treatment.

MIRACLE BABY PROGRAMME IN COLLABORATION WITH UNIVERSITI TUNKU ABDUL RAHMAN (UTAR) AND SRI SATHYA SAI SANJEEVANI HOSPITAL, INDIA

This programme has been implemented through two (2) heart surgery missions at the Hospital Pulau Pinang in the year 2022 and 2025 which successfully saved the lives of 40 paediatric patients. This programme strengthens international cooperation and the development of paediatric cardiac treatment in Malaysia.

NATIONAL POLICY FOR RARE DISEASES IN MALAYSIA

This policy was launched in August 2025 with collaboration between government agencies, healthcare professionals, patient advocacy organisations, academic institutions and long-term care institutions. The policy ensures the delivery of quality services and industry partnerships aimed at helping to address critical gaps in diagnosis, care and treatment that are more inclusive, effective and responsive to the needs of the rare disease patient community.

COLLABORATION TO ADDRESS GENDER REASSIGNMENT ISSUES WITH STAKEHOLDERS

This collaboration has been implemented by various interested agencies, including the National Registration Department and the Islamic Development Department of Malaysia, taking into account medical, legal, religious and social aspects. Guidelines for the Management of Differences of Sex Development (DSD) Patients at MOH Facilities have been published as a large-scale effort to address this complex issue to enable the implementation of uniform, consistent and ethical DSD patient management procedures throughout Malaysia.

MEDICAL PROFESSION DEVELOPMENT SECTION

This section oversees the professional development of medical officers under the MOH, in line with policies related to medical professional development policies, including matters concerning skills, competencies, training, as well as the distribution of medical specialists who provide specialty and subspecialty services.

Table 5.2 Achievements and Activities of the Medical Profession Development Section in 2025

Activities	Total
Technical Consultations	1,715
Surveillance/Monitoring Programme	8
Technical Reports	726
Guidelines/Modules/Policies	6
Workshops/Courses/Training	15
Research	4

ENFORCEMENT OF THE MEDICAL ACT 1971 [ACT 50] (AMENDMENT) 2024

Following the amendment of the Act 50 in July 2024, several critical aspects were identified to be strengthened and implemented in phases, encompassing pre and post enforcement actions commencing on 1 July 2025. A signing session for the enforcement of the Medical Act (Amendment) 2024 and the Medical Regulations (Amendment) 2025 by the Minister of Health and DG was held on 1 July 2025.

Post-enforcement actions included the launch of a new format for Supervised Work Experience (SWE) as a requirement for registration under the National Specialist Register (NSR), the introduction of the Pre-Gazettement Specialist Incentive Allowance (BIPPW) for officers undergoing SWE, as well as the realignment of subspecialty fields based on the Fifth Schedule of the Act.



Image 5.1 Declaration for the Enforcement of the Medical Act 1971 [Act 50] (Amendment) 2024

INTERNATIONAL RELATIONS AND STRATEGIC COOPERATION IN PARALLEL PATHWAY SPECIALIST TRAINING IN OBSTETRICS AND GYNAECOLOGY WITH THE ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS (RCOG)

A MoU between the RCOG UK, the Academy of Medicine of Malaysia (AMM) and the Malaysian National Obstetrics and Gynaecology Society (PROGEN), as well as the awarding of accreditation to four (4) MOH's training centres, was conducted from 9-14 October 2025. This engagement had a significant impact on the development of specialist training and the enhancement of standards in women's healthcare in Malaysia. It also strengthened strategic collaboration between Malaysia and the RCOG UK in the implementation of the Parallel Pathway Specialist Training in Obstetrics and Gynaecology.

CLINICAL GOVERNANCE CONVENTION 2025

The MOH Clinical Governance Convention 2025, themed "Strategic Leadership: Confronting Challenges, Shaping the Future", was held from 21-23 July 2025. The convention aimed to enhance understanding, strengthen leadership capacity and encourage the sharing of best practices in the implementation of clinical governance among Directors of Hospitals and MOH Special Medical Institutions.

Participants were exposed to various aspects of leadership, integrity and effective communication. In addition, dialogue sessions with MOH top management were conducted, providing a platform for participants to discuss current issues and share perspectives directly. DG had delivered his address and officiated the launch of the General Hospital Operational Policy 2025 as well as presented *Hospital Mesra Ibadah* Recognition Certificates to 20 hospitals that successfully met the stipulated standards.



Image 5.2 Clinical Governance Convention 2025

RISK MANAGEMENT AND CLINICAL SURVEILLANCE SECTION (CaPRiSK)

The CaPRiSK plays a key role in strengthening the safety and quality of medical services through continuous clinical planning and monitoring. The achievements of CaPRiSK throughout 2025 are as shown in **Table 5.3**.

Table 5.3 CaPRiSK Achievements and Activities in 2025

Activities	Total
Technical Consultation	58
International Conference	1
Surveillance/Monitoring Programme	28
Technical Report	20
Guideline/Module/Policy	32
Workshop/Course/Training	67
Research	6

WORLD ANTIMICROBIAL RESISTANCE AWARENESS WEEK (WAAW) 2025

The WAAW programme is a global annual campaign observed from 18-24 November to raise awareness of antimicrobial resistance (AMR) and promote responsible antibiotic use. For the 2025 national level celebration themed “Act Now: Protect Our Present, Secure Our Future”, the MOH, in collaboration with the WHO, the European Union (EU), the Malaysian Medical Association (MMA) and the Malaysian Society of Infection Control and Infectious Diseases (MyICID), organised three (3) programmes, namely the Media Workshop on Strengthening Health Reporting including Antimicrobial Resistance (AMR) in Malaysia, Roundtable Discussion on Antimicrobial Stewardship (AMS) Policy Dialogue and the “Smart Prescribing, Safer Patients” webinar.



Image 5.3 WAAW Campaign 2025



WORLD PATIENT SAFETY DAY (WPSD) 2025

The 2025 National WPSD, with the theme “Safe Care for Every Newborn and Every Child,” was successfully held to demonstrate Malaysia’s commitment to making patient safety as the global health priority. The event featured the light in orange of the Kadazandusun Cultural Association (KDCA) building on 17 September 2025, followed by an official ceremony and seminar at Hospital Wanita dan Kanak-kanak Likas (HWKKL), Sabah the following day. This initiative highlights MOH’s focus on preventing medical errors and providing high quality care for children across the country.



Image 5.4 National Celebration of WPSD 2025

OCCUPATIONAL SAFETY AND HEALTH COORDINATOR (OSH-C) TRAINING AND ACCREDITATION WORKSHOPS

The Occupational Risk Management Unit was recognised by the Department of Occupational Safety and Health (DOSH) as a training centre to train registered OSH-C across MOH facilities on 5 March 2025. A total of five (5) training and accreditation workshops were successfully conducted in Negeri Sembilan, Selangor, Perak, FT Kuala Lumpur and Putrajaya as well as Kelantan. This initiative aims to empower OSH-C personnel in MOH facilities to ensure a safe, healthy and productive working environment.



Image 5.5 OSH-C Workshop in 2025

FIVE-STAR RATING AWARD FOR MOH HOSPITALS AND SPECIAL MEDICAL INSTITUTIONS REPORT CARD

The Five-Star Rating Award Presentation for the MOH Hospital and Special Medical Institution Report Card 2024 was held on 13 November 2025. Officiated by the Minister of Health, the ceremony recognized 15 healthcare facilities for achieving the highest standards of excellence. These facilities were comprehensively evaluated based on HPIA indicators, Casemix, Cluster Hospital performance, and patient satisfaction levels. This strategic initiative reflects the Ministry's firm commitment to upholding excellent clinical governance and ensuring the well-being of the people.



Image 5.6 Five-Star Rating Award for the MOH Hospital and Special Medical Institution Report Card 2024

MALAYSIA HEALTH TECHNOLOGY ASSESSMENT SECTION (MaHTAS)

MaHTAS plays a role in providing evidence-based technology assessment on the value of new or existing technologies, covering aspects of safety, effectiveness, cost, as well as organisational, social and ethical impacts to support decision-making processes at various levels in MOH. This input is delivered through the conduct of Health Technology Assessment (HTA) reports, Technology Reviews, Information Briefs, Horizon Scanning Reports, TechScan, TechBriefs, Economic Evaluation and technical commentaries.

MaHTAS also ensures the development and implementation of Clinical Practice Guidelines (CPG). For the year 2025, there were eight (8) CPGs that have been approved by the HTA-CPG Council, namely:

- i. Management of Abdominal Trauma in Adults
- ii. Comprehensive Conservative Care for Advanced Chronic Kidney Disease
- iii. Management of Myeloproliferative Neoplasms (Second Edition)
- iv. Dental Implant Maintenance for the Prevention of Peri-Implant Disease
- v. Management of Foreign Body Ingestion in Children
- vi. Management of Inflammatory Bowel Disease
- vii. Management of Acute Coronary Syndromes
- viii. Management of Spontaneous Intracerebral Haemorrhage

In addition, three (3) HTA reports have been approved which are Unmanned Aerial Systems (UAS) for Dengue Surveillance; Ofatumumab, Rituximab, Ocrelizumab for Relapsing Multiple Sclerosis as well as Use of TB Lipoarabinomannan (TB-LAM) Antigen Test for Diagnosing Tuberculosis. Overall, 99 health technology reports were produced in 2025, as shown in **Table 5.4**.

Table 5.4 Health Technology Assessment Report 2025

Types of Report	Total
Clinical Practice Guidelines	8
Health Technology Assessment	3
Health Economic Evaluation	1
Health Technology Reviews	18
Information Brief	31
Horizon Scanning Report	1
TechBrief	8
TechScan	5
Technical Review	24
Total	99

MaHTAS has organised five (5) CPG Training of Core Trainers and Training Modules and published five (5) Quick References. In addition, MaHTAS conducted three (3) training sessions for the Primary Care Providers to enhance the knowledge of medical professionals in both the public and private sectors. The CPG titles for the Training for Primary Care Providers were Management of Acne Vulgaris (second edition), Management of Obstructive Sleep Apnoea, and Management of Erectile Dysfunction.

MaHTAS hosted a town hall session at the Putrajaya International Convention Centre (PICC) to present research findings on the development of a national framework for the Health Benefit Package. The event, officiated by the DG, brought together various stakeholders, including MOH policymakers, government agencies, NGOs and patient groups to discuss fair and evidence-based priority setting for the Malaysian healthcare system. Stakeholder support reaffirmed a shared commitment to a transparent and high-value benefits package, serving as a crucial foundation for Universal Health Coverage (UHC) and ensuring access to essential healthcare services without financial burden.

In 2025, the Health Industry Development Unit focused on health technology introductory initiatives, scientific advisory services and Proof of Concept (PoC) projects to ensure the seamless adoption and long-term sustainability of advanced health technologies within the medical sector.

NATIONAL HEALTH TECHNOLOGY ASSESSMENT CONFERENCE 2025

The National Health Technology Assessment Conference 2025, themed “Malaysian HTA at 30: A Legacy of Evidence, A Commitment to Progress, A Vision for the Future”, was officiated by the Minister of Health on 30 July 2025 at the PICC in conjunction with the 30th anniversary of the MaHTAS. The Minister of Health also launched three (3) national assessment guidance namely the HTA Framework for Digital Health Technologies in Malaysia, the Public Health Intervention Framework for HTA & the Guideline on the Use of Real-World Evidence (RWE) for HTA in Malaysia as well as the White Paper on Strengthening Medical Device Assessment in Malaysia and the AskCPG Platform, aimed at reinforcing the country’s health technology assessment and utilisation of CPGs.



Image 5.7 National Health Technology Assessment Conference 2025

MEDICAL AID FUND (MAF) TECHNICAL ASSESSMENT UNIT

Technical Assessment Unit MAF was established on 15 January 2005, with the aim of assisting less fortunate patients in MOH hospitals to undergo treatment as recommended. The main goal of MAF is to help these patients improve their quality of life and become self-sufficient within the limits of their abilities.

MAF is always concerned about the problems of Malaysian citizens who are less able to undergo treatment and rehabilitation processes to improve social functioning and subsequently enhance their quality of life in the future. Assistance that can be considered under the TBP includes medical devices, rehabilitation equipment and treatment.

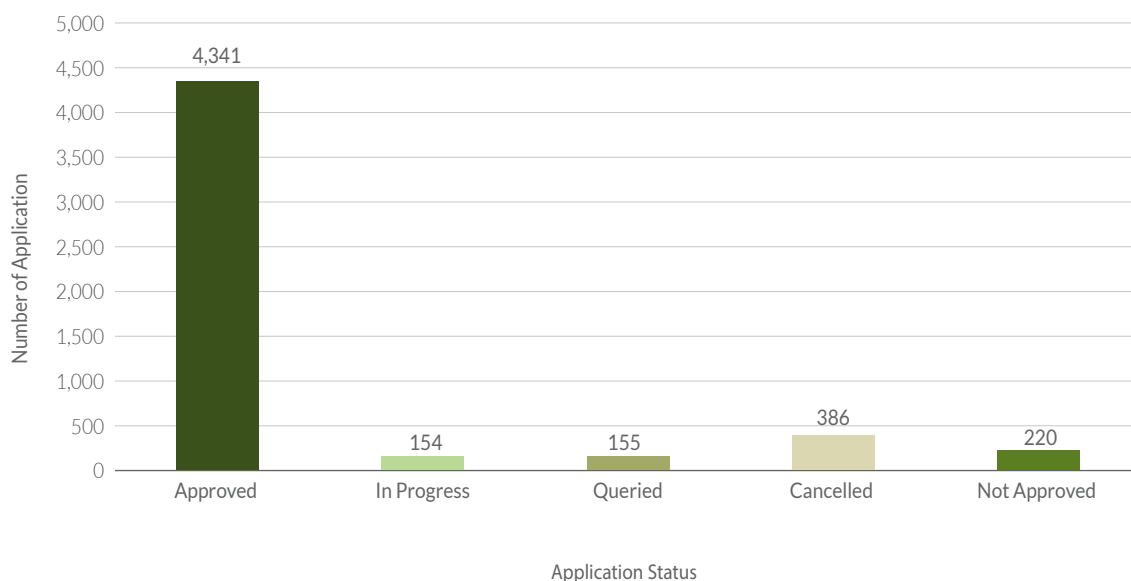


Figure 5.1 MAF Applications in 2025

This unit is responsible for ensuring that applications under the MAF are assessed from the applicant's socioeconomic perspective and the suitability of the requested treatment and medical devices. Next, complete the supporting certificate for approval by the Controlling Officer. Applications were received from across the country, covering 102 MOH hospitals and four (4) selected university medical centres.

Table 5.5 MAF Application by Facility in 2025

Facility	No. of Application	Amount (RM)
MOH Hospital		
Hospital	5,158	80,281,888.31
Institution	NA	NA
District Health Office	NA	NA
Total	5,158	80,281,888.31
Public University Medical Centre		
Hospital Universiti Sains Malaysia	45	1,864,820.00
Hospital Canselor Tuanku Muhriz	26	1,104,319.00
Pusat Perubatan Universiti Malaya	25	1,109,760.00
Hospital Al-Sultan Abdullah	2	32,500.00
Total	98	4,111,399.00
Grand Total	5,256	84,393,287.31

Table 5.6 Medical Equipment/Treatment Costs of MAF by State in 2025

State	Equipment/Treatment Cost (RM)	Number of Application	Percentage (%)
Selangor	14,898,419.56	707	13.45
Sabah	10,634,751.56	710	13.51
Sarawak	10,111,625.81	507	9.65
FT Kuala Lumpur	8,815,533.59	465	8.85
Kedah	8,759,254.60	539	10.25
Perak	7,715,068.14	633	12.04
Johor	6,379,999.75	495	9.42
Kelantan	5,792,703.16	415	7.9
Pulau Pinang	4,901,315.20	181	3.44
Terengganu	2,354,953.86	234	4.45
Pahang	2,323,850.37	219	4.17
Negeri Sembilan	679,298.80	63	1.2
Melaka	504,401.40	55	1.05
Perlis	412,330.50	22	0.42
FT Putrajaya	102,881.00	10	0.19
FT Labuan	6,900.00	1	0.02
Total	84,393,287.30	5,256	100

TECHNICAL EVALUATION UNIT FOR MEDICAL BENEFITS

The Technical Evaluation Unit for Medical Benefits responsible for conducting evaluations and providing support on applications for medical facilities expenditure in accordance with the Human Resource Service Circular on Medical Facilities (PPSM) allocated to federal civil servants and pensioners, as well as their eligible family members.

Eligible medical facilities expenditures that may be considered include:

- i. Expenditure for the supply of medicines
- ii. Expenditure for the supply of medical equipment
- iii. Expenditure for medical services
- iv. Expenditure for kidney disease treatment
- v. Expenditure for infertility treatment
- vi. Expenditure for specialist treatment
- vii. Expenditure for treatment at the National Heart Institute (IJN) Sdn. Bhd.
- viii. Expenditure for emergency treatment
- ix. Expenditure for overseas medical treatment

ACTIVITY AND ACHIEVEMENT

The total number of applications received in 2025 and the total approved medical facilities expenditure support for federal civil servants and pensioners, state governments, local governments and statutory bodies as shown in **Figure 5.2** and **Figure 5.3**.

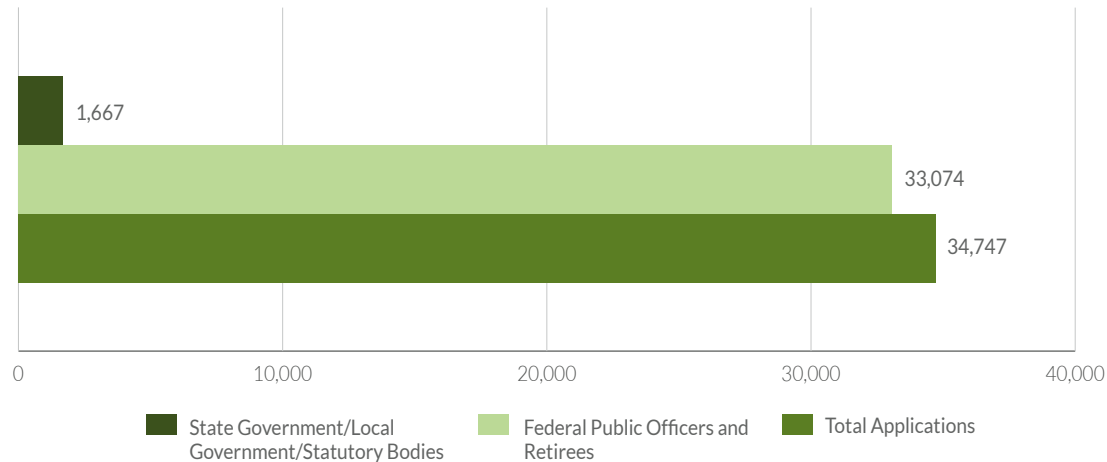


Figure 5.2 Total Applications in 2025

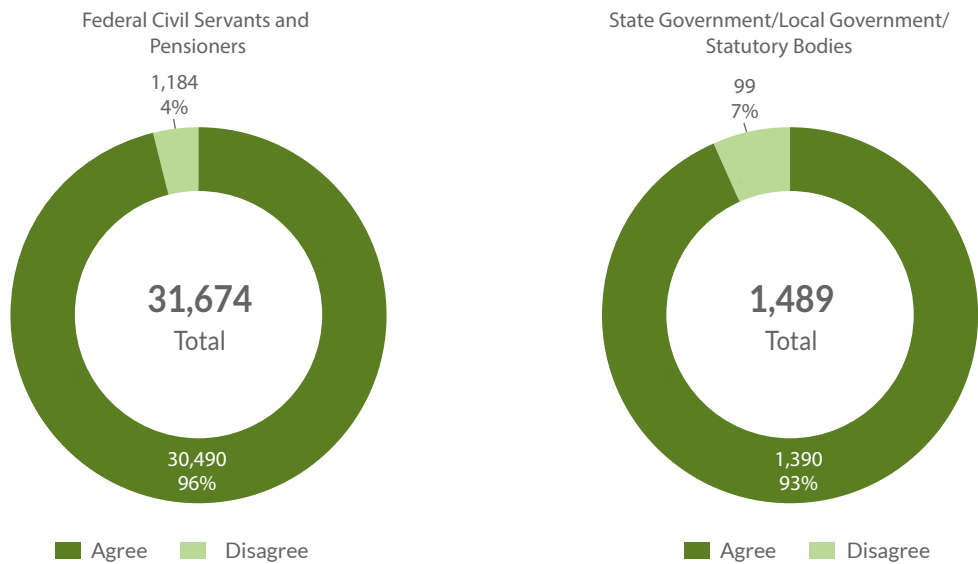


Figure 5.3 Total Number of Supported and Non-Supported Applications in 2025

ALLIED HEALTH SCIENCES DIVISION (AHSD)

AHSD is responsible for 29 Allied Health Professions (AHP) under the MOH, encompassing a workforce of more than 31,000 personnel at present. The main functions of AHSD include managing and coordinating the development of allied health policies, enhancing professional and service development, quality control, research activities, setting competency and training standards, as well as managing health resource requirements. All these functions are fulfilled by two (2) branches, one (1) secretariat and two (2) units as below:

- i. Policy and Development Branch (CDP)
- ii. Practice and Enforcement Branch (CAP)
- iii. Malaysian Allied Health Professions (MAHPC) Secretariat
- iv. Administration and Finance Unit
- v. Information Management Unit

MALAYSIAN ALLIED HEALTH PROFESSIONS (MAHPC) SECRETARIAT

The MAHPC, established under the Allied Health Professions Act 2016 [Act 774], is mandated to regulate 16 Allied Health Professions (AHP) in Malaysia. Throughout 2025, the secretariat carried out the MAHPC's statutory functions, including the registration of practitioners and the issuance of practising certificates, and assumed responsibility for the assessment and accreditation of allied health programmes from the Malaysian Qualifications Agency (MQA).

STATUS OF CERTIFICATE ISSUANCE

The transitional period has been extended to 31 December 2026 to enable the full and orderly implementation of registration and the issuance of practising certificates under the Act 774 and to facilitate the transition to full enforcement without adversely affecting registered practitioners.

Registration Statistics for Allied Health Practitioners

As of 31 December 2025, the cumulative number of registered practitioners totalled 41,786, with total revenue collected amounting to RM7,799,600.00. Detailed statistics by AHP as shown in **Table 5.7**.

Table 5.7 Registration Statistics for Allied Health Practitioners 2022-2025

Profession	2022	2023	2024	2025
Audiologist	186	80	371	86
Dietitian	372	226	805	626
Entomologist (Public Health)	6	127	19	25
Physiotherapist	1,715	652	1,937	1,575
Medical Physicist	59	117	233	71
Nutritionist	115	409	226	702
Clinical Psychologist	73	330	177	204
Diagnostic Radiographer	1,755	1,084	1,518	1,624
Medical Laboratory Scientist	94	1,385	1,722	1,323
Occupational Therapist	1,216	789	526	434
Speech and Language Therapist	160	197	150	77
Radiation Therapist	105	217	150	32
Medical Laboratory Technologist	51	4,728	1,072	2,779
Dental Technologist	899	223	147	261
Environmental Health Officer	17	919	279	4,081
Health Education Officer	18	20	85	125
Total	6,841	11,503	9,417	14,025
Cumulative Total	41,786			

Issuance of Practising Certificates

With effect from 1 June 2025, MAHPC fully implemented the issuance of practising certificates with the number of applications approved as shown in **Table 5.8**.

Table 5.8 Issuance of Practising Certificates

Certificate Category	Approved Applications
Practising Certificate (PC)	12,341
Temporary Practising Certificate (TPC) (non-citizens)	23

QUALITY ASSURANCE AND ACCREDITATION

Accreditation Assessment Visit Achievements

To ensure compliance with the quality standards for allied health programmes offered by Higher Education Providers (HEPs), accreditation assessments were conducted throughout 2025 in accordance with the Medical and Health Sciences Programme Standards. The Joint Technical Committee (JTB) Meeting reviewed all assessment reports and subsequently submitted accreditation recommendations to the MAHPC.

Table 5.9 Assessment and Meeting Activities in 2025

Activities	Total
Full Accreditation Visit	28
Provisional Accreditation Visit	3
JTB Meetings	6

Programme Standards and Quality Assurance

MAHPC also updated and published the Medical and Health Sciences Programme Standards 2025 to further strengthen quality assurance in allied health education. The revised standards emphasise value-based education, the expansion of flexible learning pathways to support lifelong learning and the alignment of curricula with the Sustainable Development Goals (SDGs).

ENFORCEMENT SECTION

The AHSD Enforcement Section is responsible for administering, coordinating, adding value, monitoring and providing advisory services in the development and implementation of enforcement activities and compliance with Act 774. This section is also responsible for ensuring that all allied health practitioners practise ethically, with integrity, safely and in compliance with the requirements of Act 774, in line with the objective of enforcing the act, which aims to enhance the quality of health and the well-being of the people.

EDUCATIONAL ENFORCEMENT VISITS (LPB) UNDER ACT 774

The AHSD Enforcement Section, with support by state enforcement officers, successfully carried out 168 Educational Enforcement Visits (LPB) under Act 774 throughout 2025. Out of this total number of LPBs, 147 premises (87.5%) were private while 21 premises (12.5%) were public, as detailed in **Figure 5.4**. The breakdown of the number of LPBs under Act 774 that had been conducted by state is presented in **Figure 5.5**. The findings from these LPBs are essential for resource allocation for monitoring activities and the expansion of the full enforcement of Act 774. Each visited premise offered one or more AHP Services, as shown in **Figure 5.6**. The three (3) most frequently recorded AHP Service during the LPB sessions under Act 774 were Physiotherapy (68 premises), Medical Laboratory Technologist (37 premises), and Occupational Therapy (34 premises). This reflects the high local demand for AHP Services, particularly for rehabilitation treatment and medical diagnostics.

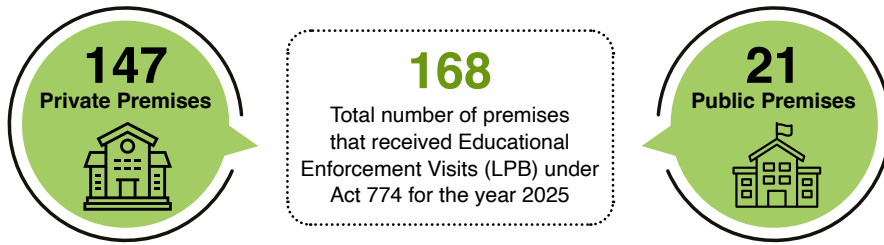


Figure 5.4 LPB by Premises in year 2025



Figure 5.5 Number of Premises Visited by State

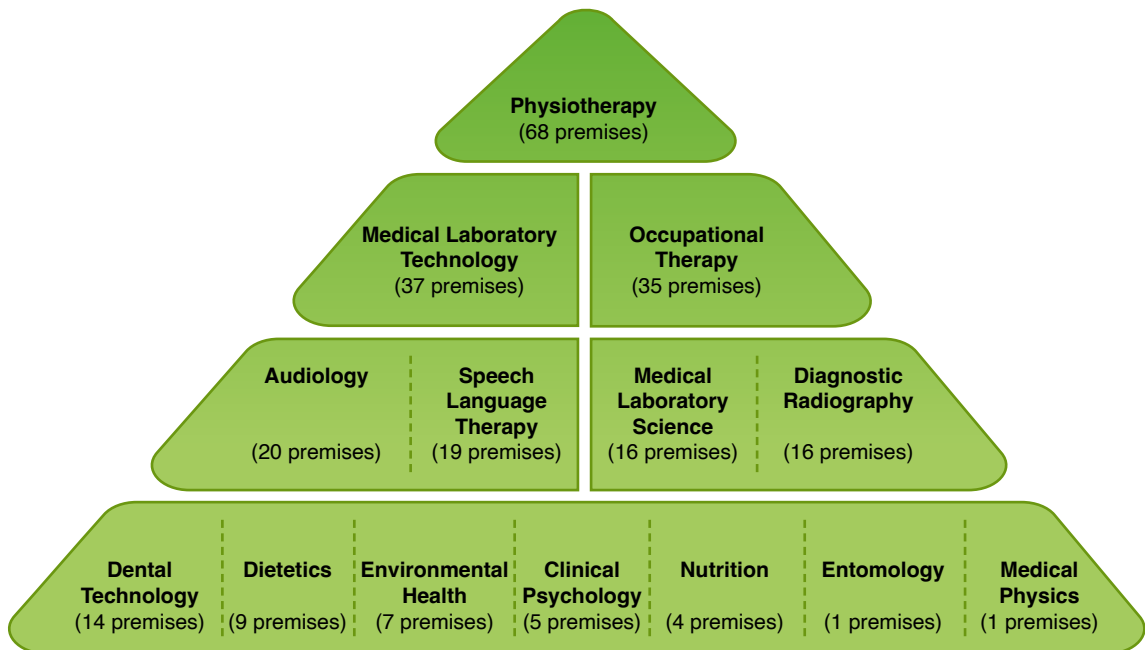


Figure 5.6 Service Offered by AHP at Visited Premises

COMPLAINT MANAGEMENT UNDER ACT 774

The AHSD Enforcement Section is also responsible for managing complaints, including public inquiries related to Act 774. Throughout 2025, a total of 44 complaints were received and managed. The majority of these complaints were channeled through SiSPAA, totaling 38 complaints, followed by the email channel with five (5) complaints, and one (1) complaint was received via letter, as shown in **Figure 5.7**. Based on the analysis, complaints involving Physiotherapists recorded the highest number, at 11 complaints, followed by Speech-Language Therapists with five (5) complaints, and Medical Laboratory Scientists with four (4) complaints. Details of the complaint analysis by profession can be referred to in **Figure 5.8**.



Figure 5.7 Breakdown of Complaint Channels

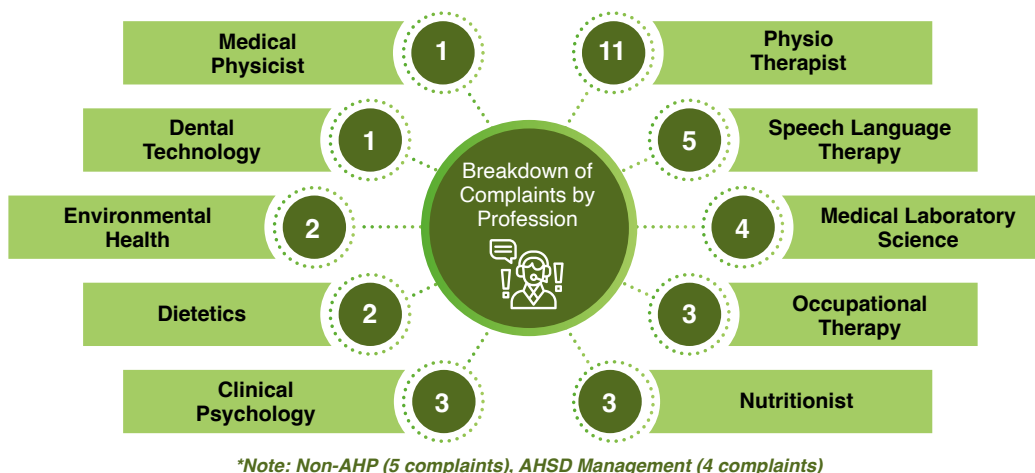


Figure 5.8 Breakdown of Complaints by Profession

STRENGTHENING ENFORCEMENT CAPACITY OF ACT 774

This strengthening activity is carried out to ensure compliance and ethics among practitioners under Act 774.

Coordination of Enforcement Activities under Act 774

Activities carried out in 2025 were:

- i. Coordination Meeting for the Enforcement of the Allied Health Professions Act 2016 [Act 774] with External Agencies on 3 February 2025
- ii. Pre-Preparation Discussion Session Towards Full Enforcement of the Allied Health Professions Act 2016 [Act 774] on 5 February 2025
- iii. Act 774 Complaint Management Committee Meeting on 10 April 2025
- iv. Meeting to Discuss Service Issues of the Forensic Science Unit, Forensic Medicine Department, Hospital Kuala Lumpur on 31 October 2025

Training and Capacity Building

Activities carried out in 2025 were:

- i. Basic Enforcement Course (Group IV) with 33 participants in October 2025
- ii. Preparation of authority cards under Act 774
- iii. Working paper application for allocation for the printing of investigation files
- iv. Launching of the Training Module for Enforcement Officers of the Allied Health Professions Act 2016 [Act 774]

APPLICATIONS FOR RECOMMENDATIONS AND COMMENTS FOR THE OPENING OR RENEWAL OF STANDALONE PRIVATE ALLIED HEALTH PREMISES LICENCES

11 applications for recommendations and comments for the opening or renewal of standalone private allied health premises licences were received for the year 2025. These recommendations and comments are provided based on the Guidelines for Standalone Private Allied Health Care Facilities and Services for use by Local Authorities (PBT) as a guide for approving the premise licences.

THE POLICY AND STRATEGIC PLANNING SECTION

This section is responsible for implementing, reviewing and updating the policies and strategies of the AHSD. This is aimed at ensuring that AHP is able to deliver health care services that are safe, effective, efficient and of high quality in line with current developments in the healthcare sector.

GOVERNANCE FRAMEWORK FOR THE UNREGULATED AHP

The Regulatory Impact Statement (RIS) for the Governance Framework for the Unregulated Allied Health Professions has received approval from the Malaysia Productivity Corporation (MPC). Following this, the Technical Report: Options for Regulation of the Unregulated Allied Health Professions was published at the end of December 2025 as the main reference document. The report proposes a co-regulation approach for the cardiovascular technology, perfusion, and sonography professions, while self-regulation is recommended for music therapy, genetic counselling and prosthetics/orthotics. In the same year, a decision was reached to strengthen sonography practice standards through the integration of improvements into the Guidelines on Ultrasound Usage in Medical Practice. These guidelines will be published by the Medical Radiation Regulatory Division, in line with ultrasound practice requirements that involve multiple disciplines and stakeholders.

STRATEGIC PLAN OF THE ALLIED HEALTH SCIENCES DIVISION (AHSD) AND ALLIED HEALTH PROFESSIONS (AHP) 2026-2030

The development of the Strategic Plan for the AHSD and AHP was carried out through two (2) workshops and several meeting sessions conducted throughout 2025. The presentation of the Initiative Canvas to AHSD top management was completed and finalized for inclusion in the drafting of the strategic plan. The Counselling Psychology and Clinical Psychology have been combined to the Psychology Profession, while the Food Technology Profession and the Assistant Science Officer Profession are two (2) new professions that will also be included in the 2026-2030 Strategic Plan. This document is currently in draft form and is expected to be published in the first quarter of 2026.

BLUEPRINT FOR THE ALLIED HEALTH WORKFORCE IN MALAYSIA 2026-2035

AHSD in collaboration with the WHO is in the development of the Blueprint for the Allied Health Workforce in Malaysia 2026-2035 project. The project aims to develop a comprehensive and inclusive master plan to strengthen human resource development and allied health services in Malaysia, in line with the dynamic needs of the health system at both national and international levels. The project duration is one (1) year, from June 2025 to August 2026. The priority areas that have been set are Workforce Planning, Service Models, Scope of Practice, Career Development and Public Health Security. Meanwhile, Cross-cutting Enablers include Leadership & Governance, Health Financing, Innovation & Digital Technology, Data & Research and Participation & Partnership. Throughout 2025, two (2) workshops were held which were the Inception Workshop for Developing an Inclusive Allied Health Profession (AHP) Blueprint in Malaysia and the Stakeholder Consensus Workshop for the Allied Health Workforce Blueprint in Malaysia 2026-2035. The blueprint is expected to be published in 2026.

PERFORMANCE INDICATORS OF THE AHSD AND AHP

The AHSD coordinated and monitored 42 key performance indicators (KPIs) throughout 2025, encompassing the targets for one (1) TKPK (P), seven (7) Directors, seven (7) Senior Deputy Directors and 27 AHPs.

Additionally, 13 quality objectives at the AHSD level were monitored to ensure the delivery of optimal services to clients. Furthermore, four (4) National Indicator Approach (NIA) metrics concerning the performance indicators for the percentage of allied health rehabilitation services and continued the oversight of AHP Quality Assurance (QA) projects involving four (4) professions.

RESEARCH AND HIGH-IMPACT PROJECTS

The research entitled Burnout among Allied Health Professionals (AHP) in the Ministry of Health (MOH) Malaysia is a high-impact national study aimed at supporting the sustainability of the AHPs workforce and enhancing the quality-of-service delivery to the public. The research proposal successfully secured ethical approval and was awarded a research grant amounting to RM100,372.00 on 29 September 2025.

AHSD oversaw the Reducing Childhood Blindness among Disadvantaged Children project, which is being implemented between 2024 to 2026 in collaboration with the Brien Holden Foundation, Australia, with the Optometry Officer Profession acting as the primary implementer. This project is supported by an international grant from the L'occitane Foundation totalling RM600,000.00. The initiative provides direct benefits to children from underprivileged backgrounds through the implementation of early vision screenings and interventions aimed at reducing the risk of childhood blindness.

Furthermore, AHSD has successfully concluded the Desk Review of Allied Health Services in primary health care. The findings of this review underscore the significant role of AHP in primary health care services in Malaysia. Allied health services are crucial, particularly in health promotion, disease prevention and the management of NCD complications within the community.

DEVELOPMENT SECTION

This section plays a role in coordinating, adding value, monitoring and providing advisory services related to the development of AHPs. This includes resource development, establishment of positions and career progression. Throughout 2025, various strategic initiatives focusing on strengthening professional governance, standardising service practices, human resource management, enhancing support systems and career development for AHPs within the MOH were implemented. These activities were carried out in a structured manner through meetings, workshops, technical discussions and policy presentations involving a wide range of internal and external stakeholders. Among the key achievements were:

STRENGTHENING HUMAN RESOURCE STANDARDS

The Development Section conducted a Bengkel Pengemaskinian Outfit Perjawatan from 28-30 April 2025 involving 104 participants from various professions successfully produced human resource standards following setting methods such as Workload Indicators of Staffing Need (WISN), Data Envelopment Analysis (DEA) and staffing norms. Additionally, a Mesyuarat Pewujudan Gred Tertinggi was held on 4 June 2025 for 14 AHPs that do not yet have a Grade 14.

INSPECTIONS AND STAFFING EVALUATIONS IN THE FIELD

This section was actively involved in evaluating staffing needs at the facility level through:

- **Inspections at JKN Sarawak (23-25 July 2025):** This involved visits to six (6) hospitals including Hospital Kapit and Hospital Umum Sarawak to evaluate critical needs for additional positions.
- **New Facilities and Upgrades (August-October 2025):** Inspection sessions for facilities approved by central agencies including Hospital Cyberjaya, Pusat Jantung Hospital Sultan Idris Shah Serdang and Hospital Bera to evaluate staffing distribution and identify related issues.

DIGITALISATION OF STAFFING DATA

The Development Section is collaborating with the MDD to merge AHP staffing information into the Medical Programme Information System (MPIS). A meeting and briefing with MDD and the AHP Core Team was held on 11 December 2025 to discuss the integration of the eSumber system into MPIS for more efficient staffing data management.

PUBLICATION OF SOP FOR AHP AND TECHNICAL REPORTS

The development, refinement and review of SOPs for various professions, including Psychology (Counselling), Medical Social Work, Radiographers (Therapy), Occupational Therapist, Entomologist and professions under laboratory services successfully undertaken. These processes were implemented through a series of phased meetings and workshops to ensure that the SOPs produced are comprehensive, standardised, and aligned with current service requirements and MOH policies. Four (4) SOPs for Counselling Psychology Services and a Technical Report Scoping Review: Career Pathways for Allied Health Professions (AHPs) were published in January and July 2025.

ADVANCEMENT OF CAREER PATHWAYS FOR AHP

The Development Section is instrumental in formulating the AHPs career pathway framework and defining their respective areas of expertise. Additionally, the Section conducts studies to enhance the career pathways for the integrated schemes of Radiation Therapist, Diagnostic Radiographer and Environmental Health Officer/Assistant Officer. These initiatives aim to establish a definitive, progressive and sustainable career trajectory that aligns with organisational requirements.

In addition, a series of discussions on excellence criteria for promotion without vacancy were conducted, particularly involving the Science Officer scheme. These discussions engaged senior management of AHSD, BSM and the main committee to ensure that the criteria developed are competency- and performance-based and adhere to principles of transparency and fairness.

Other strategic achievements include the presentation of proposals on the restructuring of AHSD and strengthening of human resources to MOH Top Management and the JPA, as well as presentations related to the proposal for the establishment of the highest grade for AHP. These efforts reflect the unit's continued commitment to strengthening service structures and long-term professional development within MOH.

Overall, the achievements throughout 2025 demonstrate the strategic role of the Development Section in supporting the healthcare transformation agenda through the strengthening of professional standards, systematic career development and the enhancement of policies related to AHP. The Section also demonstrated a high level of commitment in ensuring that the staffing structure of AHPs remains relevant to the current needs of healthcare services in Malaysia.

PRACTICE SECTION

STUDENT CLINICAL TRAINING AT MOH FACILITIES

In 2025, a total of 46 HEPs, comprising 11 public and 35 private institutions, entered into a Memorandum of Agreement (MoA) with the Government of Malaysia through the MOH to facilitate student clinical training at MOH facilities. This collaboration encompasses 128 Allied Health Programmes and involves 585 MOH facilities approved by the *Jawatankuasa Penggunaan Fasilitas* (JKPF). The implementation of this initiative enables students to undergo structured, systematic and high-quality clinical training across a wide range of healthcare settings nationwide.

MODULE LAUNCH

In conjunction with the 14th Allied Health Scientific Conference held on 9 September 2025 two (2) new modules were launched as part of an initiative to strengthen the competency and quality of allied health services.

i. *Pengendalian Masalah Menelan di Kalangan Warga Emas (E.M.A.S) Training Module*

This module coordinated by Speech-Language Therapists, serves as a comprehensive and standardised training guide for healthcare personnel in the management of swallowing difficulties among older adults. The module functions as a multidisciplinary reference involving Speech-Language Therapists, Geriatricians, Dental Officers, Occupational Therapists, Physiotherapists, Dietitians, Pharmacists, Nurses and other related professions. It is also utilised to ensure caregivers of older persons are trained in accordance with current professional standards and best practices.

ii. *The Training of Parents with Speech-Language Delay Children (TOPS) Module*

This module is developed by Speech-Language Therapists as a practical guide for parents. The module focuses on empowering parents to support children with speech and language delays through structured daily routines and the application of interactive communication strategies within the home environment.

The introduction of these two (2) modules has contributed to strengthening the competencies of healthcare personnel while enhancing the overall quality of service delivery. Collectively, these efforts reflect the MOH sustained commitment to advancing the national healthcare system towards more comprehensive, high-quality and competitive services.

CAPACITY BUILDING FOR AHP

Human capital development is crucial in cultivating a sustainable, highly skilled and competent MOH workforce for optimal service delivery. In 2025, a total of 36 human capital development training programmes were executed, encompassing 19 AHPs, with an actual expenditure of RM99,601.50 from a total allocation of RM100,000.00. Furthermore, the Training and Competency Unit also managed the Special Human Capital Allocation for AHPs by organising several courses and workshops as shown in **Figure 5.9**.



Figure 5.9 Capacity Building for AHP in 2025

The Training and Competency Unit has managed a total of 67 applications for Study Leave Offer A with and without the Federal Training Award (HLP) for the 2024/2025 session. Of these, 42 applications were successfully approved with HLP, comprising 24 at the master's level and 18 at the doctoral level, while four (4) applications were successfully approved without HLP.

In addition, Competency Attachment Training for newly appointed AHPs was implemented to ensure they achieve the mandated competency standards in clinical and technical practice. This training emphasises the mastery of fundamental skills, comprehension of SOPs and the development of core professional values, encompassing work ethics and effective communication. Throughout 2025, the AHSD received 90 applications to participate in the competency attachment training, and 346 competency certificates were issued to officers who successfully completed their training.

INFORMATION MANAGEMENT UNIT AND ADMINISTRATION & FINANCE UNIT

CAPACITY BUILDING FOR AHSD

Various initiatives were undertaken by the Information Management Unit and the Administration and Finance Unit in empowering AHSD's human capital development in 2025. The strategic role of the Information Management Unit supports AHSD's digital transformation through the optimal use and adaptation of information technology. The Digitalised Office Management (Artificial Intelligence) course to enhance efficiency, operational effectiveness, and service quality was conducted on 18-19 August 2025.

In addition, the Administration and Finance Unit implemented several training programmes including Records Management and Disposal Course, Workshop on Strengthening AHSD Activity Planning for 2026, Workplace Well-Being Programme and AHSD Team Dynamics Programme.

SCIENTIFIC EMPOWERMENT, ADVOCACY AND PROMOTION

14th Allied Health Scientific Conference (AHSC) 2025

The AHSC 2025 was held on 9-10 September with the theme “Innovate, Integrate, Inspire: Sustainable Healthcare Through Allied Health.” The conference was officiated by the Minister of Health and brought together local and international experts to deliberate on innovation, digital transformation, integrated healthcare and sustainability in healthcare services through AHPs. The organisation of AHSC 2025 contributed to the empowerment of allied health professionals through knowledge enhancement, exchange of ideas and the strengthening of strategic collaborative networks. The conference also supported the national health reform agenda and the development of a more innovative, integrated and sustainability-focused healthcare system.

Santai Sihat MADANI with AHP 2025

The *Santai Sihat* MADANI with AHP 2025 programme was conducted on 26-27 April 2025 at AEON Nilai, Negeri Sembilan. The programme, themed “Allied Health Professions: The Backbone of Universal Health,” was officiated by DG. The primary objective of the programme was to raise public awareness of the diversity of careers within allied health and to enhance public knowledge of current health issues through interactive exhibitions and advisory services. Overall, the programme served as a holistic platform for delivering quality health care services directly to the community.



Image 5.8 14th AHSC 2025



Image 5.9 *Santai Sihat* MADANI with AHPs 2025 Programme

Engagement Sessions of the AHSD with JKN and AHPs in 2025

These engagement sessions provided a structured platform to address key issues related to staffing, service delivery, training, equipment, implementation of the Act 774, professional development, service quality and research priorities. The sessions underscore the MOH strong commitment to inclusive, coordinated and solution-focused engagement in strengthening allied health services nationwide.



Figure 5.10 Engagement Session of the AHSD with JKN and AHPs in 2025

NURSING DIVISION (BKj)

BKj is responsible for planning the development of nursing services in line with the aspirations of the MOH and managing the nursing fraternity in a constructive and productive manner to maintain nursing standards.

This division is directly responsible to the Director-General of Health and consists of two (2) branches, namely:

- i. Nursing Policy and Practice Branch
- ii. Regulatory Branch

NURSING POLICY AND PRACTICE BRANCH

PRACTICE SECTOR (MEDICAL AND PUBLIC HEALTH)

This sector regulates nursing care practices and comprises the Nursing Practice Unit (Medical) and the Nursing Practice Unit (Public Health). The assessment conducted during visits is to identify whether the level of service delivery complies with the targets set by BKj, as shown in **Image 5.10**.



Image 5.10 Supervision and Monitoring Visits by Practice Sector 2025

QUALITY AND TRAINING SECTOR

This sector manages matters related to policy, quality, research, competency, training, and complaints, and comprises the Complaints and Feedback Unit, Nursing Quality Standards Development Unit, Nursing Professional Development Unit (CPD), Nursing Research Unit, and the Credentialing & Privileging (C&P) Unit.

NURSING QUALITY STANDARDS DEVELOPMENT UNIT

This unit monitors seven (7) key indicators monitored at the MOH and Nursing Division (BKj) levels, namely the Director of Nursing KPI, quality objectives, client charter, mentoring programme, and nursing audit. At the national level, three (3) indicators are monitored, namely the National Nursing Audit (NNA) for Medical and Public Health programme, the National Operating Room Nursing Audit (NORNA), and the National Nursing Indicator Approach (NNIA). The achievement of the Director of Nursing KPI is presented in **Table 5.10**.

Table 5.10 The Achievement for the Director of Nursing KPI 2025

Indicators	Target (%)	Achievement (%)
% incidence of phlebitis among inpatients with intravenous (IV) cannulation	≤5	0.63
% of nurses who have served in the clinical placement for > 6 months, certified as competent and granted privileges	≥80	85.17
% of registered nurses holding a basic post specialization certificate (Advanced Certificate/Diploma) placed according to their area of specialization.	≥95	97.56
% of non-compliance by nurses with the 7R principles during medication administration	≤10	11.46
% coverage of the first dose of MMR (MCV 1) vaccination among children aged 0 to 1 year under the National Immunization program at health facilities	≥80	96.82
% of first antenatal visits before 12 weeks of gestation to health facilities	≥70	90.57
% of postnatal maternal care provided at home visits within 24 hours of birth notification	≥70	82.48

This unit also implements the mentoring programme, which aims to assist newly appointed trained nurses and those who have been transferred to a new workplace by providing guidance, coaching, and support to help them develop abilities that are appropriate to their assigned workplace and scope of duties. The achievement of this programme is evaluated based on competency levels before (pre) and after (post) the mentorship.



Image 5.11 Nursing Quality Standards Development Unit Activities 2025

NURSING PROFESSIONAL DEVELOPMENT UNIT

For the year 2025, a total of seven (7) training programs, the 2026-2036 strategic plan development, and character-building programmes were organized by BKj. This unit functions as a regulatory body in granting CPD credit points to organizers conducting courses. The unit received applications for approval of 3,713 programmes from both the government and private sectors. A total of 3,198 programmes (86.13%) were approved, while the remaining 515 programmes (13.87%) were rejected for failing to meet the application requirements.



Image 5.12 Programmes by Nursing Professional Development Unit 2025

CREDENTIALING AND PRIVILEGING UNIT (C&P)

There are 13 disciplines that have been granted credentialing certificates for three (3) years by the NCC. Approval for applications from the paediatric discipline was the highest for initial credentialing (326), while the intensive care nursing discipline had the highest for re-credentialing (624). Meanwhile, the hospital-level Credentialing & Privileging Committee will manage privileges within their respective hospitals.

COMPLAINTS AND FEEDBACK UNIT

This unit is responsible for coordinating and managing feedback and recognition related to nursing services. In 2025, soft skills were the main cause of complaints, accounting for 308 cases (37.6%), followed by attitude with 239 cases (29.0%). BKj's improvement activities are shown in **Image 5.13**.



Image 5.13 Nursing Complaints Improvement Programmes 2025

NURSING RESEARCH UNIT

This unit is responsible for planning, coordinating and monitoring activities related to nursing research among nurses. In 2025, the organization of the 5th National Nursing Research Colloquium served as a platform for presenting nursing research findings for competition. All participants shared their nursing studies through oral presentations, posters, innovation sharing, and knowledge enhancement sessions via plenary sessions, as shown in **Image 5.14**.



Image 5.14 5th National Nursing Research Colloquium Programme

REGULATORY BRANCH

REGISTRATION AND ENFORCEMENT SECTOR

This sector functions to manage nurse registration, coordinate international professional nursing relations, liaise with external agencies, manage visits of foreign delegations to Malaysia, enforce compliance, and draft the Nurses Act and Midwives Act. It comprises the Registration & APC Unit, TPC Registration & International Relations Unit and the Act Drafting & Enforcement Unit.

REGISTRATION AND ANNUAL PRACTICING CERTIFICATE (APC) UNIT

In 2025, a total of 5,287 nurses were registered with the Malaysian Nursing Board (MNB), comprising 4,034 Registered Nurses, 61 Assistant Nurses, 247 Public Health Nurses, 63 Mental Health Nurses, and four (4) Nurse Trained Overseas (NTO). Meanwhile, 878 Part 1 Midwives were registered with the Malaysian Midwives Board (MMB).

A total of 143,298 nurses were granted APCs, comprising 125,753 Registered Nurses, 1,028 Assistant Nurses, and 16,517 Community Nurses. The total number of applications to serve abroad was 2,815 nurses, with the highest number for service in Saudi Arabia (1,561), followed by Singapore (1,103).

TEMPORARY PRACTICING CERTIFICATE (TPC) REGISTRATION & INTERNATIONAL RELATIONS UNIT

A total of six (6) applications for *Jururawat Terlatih Warganegara Asing* (JTWA) were approved under the quota, comprising four (4) new categories and two (2) renewal categories. In 2025, there were 414 TPC applications for JTWA, consisting of 191 new approvals, 199 renewals, and 24 elective applications. Six (6) NTOs passed and were registered with the Malaysian Nursing Board (MNB). One (1) application for a Letter of Good Standing (LOGS) in 2025 was received from Ireland.

This unit is also responsible for preparing three (3) MoU reviews from the countries of the Kyrgyz Republic, Somalia, and Myanmar and one (1) MRA from India. The preparation of briefing notes covers eight (8) countries, namely Pakistan, Iran, Bahrain, Jordan, Egypt, the Kyrgyz Republic, Singapore, and Romania.

Meeting and presentation of the 40th ASEAN Joint Coordinating Committee on Nursing (AJCCN) in Penang, Malaysia, held physically on 10-11 February 2025, as shown in **Image 5.15**. Meeting and presentation of the 41st ASEAN Joint Coordinating Committee on Nursing (AJCCN) in Nha Trang, Viet Nam, held physically on 5-8 November 2025, as shown in **Image 5.16**.



Image 5.15 40th The Asean Joint Coordinating Committee on Nursing (AJCCN) Malaysia



Image 5.16 41st The Asean Joint Coordinating Committee on Nursing (AJCCN) Viet Nam

The delegation attended the International Council of Nurses Congress 2025 in Helsinki, Finland, as part of the Malaysian delegation on 9-13 June 2025 at Messukeskus Helsinki Expo & Convention Centre, Helsinki, Finland, as shown in **Image 5.17**.

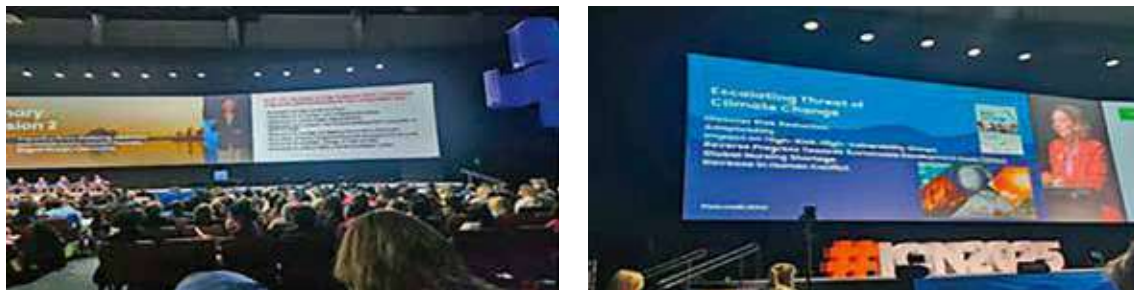


Image 5.17 International Council of Nurses Congress 2025 in Helsinki, Finland

Participation in the Inaugural NHG Nursing Conference 2025, held in conjunction with the 28th Joint Singapore-Malaysia Nursing Conference (JSMNC) on 1-3 October 2025 at the Centre for Healthcare Innovation Singapore. The panel discussion for the opening session of the conference comprised the Director of Nursing, two (2) breakout session speakers, five (5) poster presenters and 22 participants as shown in **Image 5.18**.



Image 5.18 Inaugural NHG Nursing Conference 2025 Held in Conjunction with 28th Joint Singapore-Malaysia Nursing Conference

Other activities and collaborations conducted in 2025:

- i. Nursing Board Malaysia (LJM) – MOH and PERKESO PAPD Discussion (Series 2) held on 11 April 2025 at Menara PERKESO, Precinct 2, Putrajaya
- ii. Consultative Meeting with the Malaysia Productivity Corporation (MPC) conducted on 5 November 2025 at the Nursing Division Resource Room (*Bilik Sumber BKj*).
- iii. Bureaucratic Red Tape Reform (RKB) Workshop held from 3-5 December 2025 in Johor Bahru.



Image 5.19 LJM-MOH Discussion with PERKESO PAPD



Image 5.20 Discussion with the Malaysia Productivity Council (MPC)



Image 5.21 Bureaucratic Procedures Reform (RKB) Workshop

ACT DRAFTING & ENFORCEMENT UNIT

This unit is responsible for drafting or amending acts related to nurses and serves as the secretariat for the MNB and the MMB. In 2025, MNB and MMB meetings were held four (4) times, as shown in **Image 5.22**.



Image 5.22 MNB and MMB Meetings 2025

In 2025, this unit conducted two (2) workshops for the refinement of amendments to the Nurses Act 1950 and the Midwives Act 1966, as shown in **Image 5.23**.



Image 5.23 Refinement Workshop Amendments Nurses and Midwives Act

Conducted the Organizational Anti-Corruption Plan (OACP) Refinement Workshop to strengthen nursing integrity in providing healthcare services to the community on 20-22 August 2025, as shown in **Image 5.24**.



Image 5.24 Organizational Anti-Corruption Plan (OACP) Refinement Workshop

STANDARDS AND ACCREDITATION SECTOR

This sector functions to manage examinations, program curriculum assessments, and the management of facility usage. It comprises the Examinations Unit, Nursing Curriculum Assessment Unit and the MOH Facility Usage Management Unit for Higher Education Provider (HEPs).

EXAMINATION UNIT

The total number of candidates registered for MNB and MMB examinations in 2025 was 5,484, with 5,476 (99.85%) sitting for the exams. For the MNB qualification examination for JTWA, 386 candidates registered and 361 (93.52%) sat for the exam.

NURSING CURRICULUM ASSESSEMENT UNIT

There are 90 nursing training facilities, comprising 16 MOH Training Institutes (ILKKM), 12 Public Universities, 61 Private Higher Education Institutions (IPTS) and one (1) Armed Forces Health Training Institute (INSAN).

The total nursing programmes at nursing training facilities comprise 41 Bachelor of Nursing programmes, 44 Advanced Nursing Diploma programmes, 69 post-Basic programmes, four (4) Teaching Methodology programmes, 63 Nursing Diploma programmes, and three (3) Assistant Nurse Certificate programmes.

This unit is responsible for managing 72 facility and program resource assessment visits for nursing accreditation approval applications, comprising 10 Bachelor of Nursing programmes, 20 Advanced Nursing Diploma programmes, 14 post-Basic programmes, 27 Nursing Diploma programmes and one (1) Assistant Nurse Certificate programme.

In 2025, a total of 221 teaching permit applications were processed. 199 application were approved, in which 64 approvals from the instructor category and 135 from the clinical instructor category. This unit also successfully launched the Standard Criteria for Accreditation of Nursing Programmes (2025) book on 13 May 2025 at the Auditorium of the National Cancer Institute (IKN), Putrajaya, officiated by the Minister of Health Malaysia, as shown in **Image 5.25**.



Image 5.25 Launch Standard Criteria for Accreditation of Nursing Programmes

MOH FACILITY UTILISATION MANAGEMENT FOR INSTITUTES OF HIGHER EDUCATION UNIT

In 2025, 51 HEPs signed a Memorandum of Agreement (MoA) with the MOH to undergo training at MOH facilities. This unit monitors compliance in the use of MOH facilities for the placement of nursing students or trainees. Out of 125 MOH facilities receiving placements for HEP nursing students undergoing practical training programs, 110 facilities complied with the requirements.

CORPORATE MANAGEMENT SECTOR

In 2025, the Information Technology Unit organized two (2) training sessions for BKj staff, the Nurse Information Management System (SPMJ) Coordinator Course for the 2025-2026 session, and the User Requirement Specification (URS) Workshop for the Malaysian Nurse Information Management System (SPMJM).

TRADITIONAL AND COMPLEMENTARY MEDICINE DIVISION (T&CMD)

T&CMD is responsible for developing policies and regulating traditional and complementary medicine (T&CM) services and practitioners in Malaysia. The division comprises five (5) sections as follows:

- i. Policy and Development Section
- ii. T&CM Practice Section
- iii. T&CM Council Section
- iv. Inspectorate and Enforcement Section
- v. Professional Development Section

In 2025, T&CMD prioritised the empowerment of traditional medicine practices among the Peninsular OA, as well as the Natives of Sabah and Sarawak. Key efforts were directed toward strengthening the regulatory framework and broadening international and bilateral cooperation. Notable achievements included the implementation of a national initiative to document and evaluate the readiness for the recognition of indigenous traditional medicine practices under the T&CM Act 2016 [Act 775]. The division actively participated in the Global Summit on Traditional Medicine, co-organised by the WHO and the Government of India. Strategic collaborations with partner nations, specifically India and the People's Republic of China, were further strengthened, alongside enhanced enforcement of Act 775 and the continued expansion of T&CM service accessibility at MOH facilities.

EMPOWERING INDIGENOUS MEDICINE AMONG THE PENINSULAR OA AND NATIVES OF SABAH AND SARAWAK

The traditional medicine of the Peninsular OA and Natives of Sabah and Sarawak hold significant potential for integration into the mainstream healthcare system. In line with this, T&CMD is taking proactive steps to implement a comprehensive initiative to assess and document the traditional medicine practices of the Peninsular OA and Natives of Sabah and Sarawak, to evaluate the readiness of these practices for recognition under the Act 775. A total of five (5) programmes were implemented as strategic initial measures to support the rollout of this initiative, namely:

- i. A bilateral cooperation programme with the National Administration of Traditional Chinese Medicine (NATCM), People's Republic of China on the documentation of indigenous traditional medicine modalities (26-27 May 2025).
- ii. A cooperation programme between the Hospital Orang Asli Gombak and the traditional medicine practitioners of the Peninsular OA (4-7 July 2025).
- iii. The *Jalanan* MADANI Programme with Traditional Medicine Practitioners of the Natives of Sabah, jointly organised by the MOH and the Sabah State Secretary's Office (25-30 July 2025).
- iv. The *Jalanan* MADANI Programme with Traditional Medicine Practitioners of the Natives of Sarawak, in collaboration with the Sarawak Premier's Department (18-23 August 2025).
- v. The *Jalanan* MADANI Programme: Empowerment of Traditional Medicine of the OA and Natives of Sabah and Sarawak (27-28 September 2025).

As an initial national-level initiative, these programmes are expected to establish a critical foundation for identifying appropriate mechanisms to empower indigenous traditional medicine practices, preserve cultural heritage, and supporting the development of a more inclusive and sustainable policies within the national healthcare landscape.



Image 5.26 The *Jalanan MADANI* Programme: Empowerment of Traditional Medicine of the Peninsular OA and Natives of Sabah and Sarawak

ASSESSMENT OF RECOGNITION FOR INDIGENOUS MEDICINE PRACTICES AMONG THE PENINSULAR OA AND NATIVES OF SABAH AND SARAWAK UNDER ACT 775

An initiative to document and map traditional medicine practitioners was carried out through strategic collaboration with local universities, namely Universiti Kebangsaan Malaysia (UKM), Universiti Malaysia Kelantan (UMK), Universiti Malaysia Sabah (UMS) and Universiti Malaysia Sarawak (UNIMAS). This study targeted traditional medicine practitioners among the Peninsular OA and Natives of Sabah and Sarawak, in line with efforts to assess the readiness of recognition for these traditional medicine practices under Act 775.

As a result of the study conducted in 2025, a total of 1,018 samples were successfully documented nationwide across Malaysia. The data collected included basic practitioner information (including gender, age, level of basic education, ethnicity and sub-ethnic group), practice experience and types of practices based on local traditional practices, thereby contributing to the initial mapping of traditional medicine practitioners among the Peninsular OA and Natives of Sabah and Sarawak.

These findings provide a crucial foundation for understanding the provision of traditional medicine services within these communities, while supporting policy planning, enhancing recognition frameworks and developing strategies to preserve the traditional medicine heritage among the Peninsular OA and Natives of Sabah and Sarawak.

This study will also serve as a key reference for stakeholders in formulating subsequent actions towards recognition, capacity development and more structured and integrated regulation of traditional medicine practices.

ASEAN VIRTUAL TRAINING ON INTELLECTUAL PROPERTY (IP) PROTECTION ON TRADITIONAL MEDICINE ACROSS ASEAN MEMBER STATES

The ASEAN Virtual Training on IP Protection on Traditional Medicine Across ASEAN Member States (AMS) was held on 12 August 2025, hosted by the Philippine Institute of Traditional and Alternative Health Care (PITAHC). The programme aimed to provide a comprehensive overview of IP frameworks relevant to traditional medicine and traditional knowledge, highlight key challenges and opportunities in protecting indigenous and traditional medicine knowledge across AMS, facilitate the exchange of best practices and successful initiatives, and promote regional collaboration towards improved recognition and protection of traditional medicine knowledge and practitioners.

Malaysia's delegation included representatives from the T&CMD and the Herbal Medicine Research Centre (HMRC) of the MOH; members of the T&CM Research Advisory Committee (TRAC) in Traditional Malay Medicine (TMM), Traditional Chinese Medicine (TCM), and Traditional Indian Medicine (TIM); representatives from the Forest Research Institute Malaysia (FRIM); and representatives from the Intellectual Property Corporation of Malaysia (MyIPO). MyIPO delivered Malaysia's presentation during the AMS best-practice sharing session, outlining national experiences and approaches in protecting traditional knowledge through IP mechanisms.

Overall, the programme successfully met its objectives by strengthening awareness of IP issues related to traditional medicine, encouraging cross-country knowledge exchange and reinforcing the importance of IP as a tool for safeguarding traditional knowledge. The discussions reaffirmed the AMS's collective responsibility to protect and promote traditional medicine knowledge while ensuring equitable benefit-sharing and sustained recognition for communities and practitioners.

ADVANCING TRADITIONAL MEDICINE THROUGH GLOBAL AND BILATERAL ENGAGEMENT

In December 2025, MOH strengthened its strategic engagement in traditional medicine through participation in international and bilateral platforms held in New Delhi, India.

From 17-19 December 2025, a six-member MOH delegation, led by TKPK (P), attended the 2nd WHO Global Summit on Traditional Medicine, co-organised by the WHO and the Government of India. The Summit brought together approximately 800 on-site delegates and over 20,000 virtual participants from more than 100 countries.

The summit concluded with the adoption of the Delhi Declaration, which outlines the WHO Global Traditional Medicine Strategy 2025-2034. The strategy focuses on four (4) priority areas which are strengthening evidence-based research; enhancing regulatory frameworks to ensure safety and quality; integrating traditional medicine into national health systems, including primary healthcare and Universal Health Coverage (UHC); and promoting global collaboration and innovation. Malaysia contributed actively to the plenaries by sharing national experience in governance, equitable access to services and the use of health information systems to support evidence-informed policy development.

The summit's closing, officiated by the Prime Minister of India and the WHO Director-General, underscored a collective global commitment to advancing traditional medicine as a complementary component of sustainable health systems.

On 18 December 2025, the 10th Bilateral Technical Meeting (BTM) between the Government of Malaysia and the Government of India on Cooperation in the Field of Ayurveda and Other Traditional Systems of Medicine was convened on the sidelines of the summit. The meeting discussed collaboration in Ayush-related research technologies training, professional exchange and capacity building in Traditional Indian Medicine (TIM), exploration of herbal plant cultivation, potential mutual recognition of pharmacopoeias, and deputation of TIM experts to MOH hospitals. The meeting reaffirmed both countries' commitment to structured, long-term, and mutually beneficial cooperation aligned with national regulatory frameworks and health system priorities.

Apart from this, representatives from MOH Malaysia also attended the WHO Technical Project Meeting on Traditional Medicine (TM) Intervention Code Set Development for the International Classification of Health Interventions (ICHI) on 20-21 December 2025. The meeting involved over 30 representatives from more than 10 countries, including representatives from WHO Headquarters and Regional Offices and focused on reviewing country practices and agreeing on principles for the ICHI TM content model. The outcomes will support the development of a globally harmonised TM intervention code set for integration into health information systems, minimum data sets, and reimbursement mechanisms, in alignment with ICD-11 adoption and broader health system reforms.



Image 5.27 The 2nd WHO Global Summit on Traditional Medicine



Image 5.28 The 10th BTM



Image 5.29 WHO Technical Project Meeting on TM Intervention Code Set Development for ICHI

MOU SIGNING CEREMONY BETWEEN THE GOVERNMENT OF MALAYSIA AND UTAR EDUCATION FOUNDATION ON COOPERATION IN THE PROVISION OF T&CM SERVICES

A MoU between the Government of Malaysia and the UTAR Education Foundation on Cooperation in the Provision of T&CM Services was signed on 26 April 2025 in Seremban, Negeri Sembilan.

Through this collaboration, Registered Medical Practitioners at MOH facilities may refer patients who require T&CM services to the UTAR T&CM Centre. The UTAR T&CM Centre will provide discounted charges to MOH-referred patients, with the cost to be borne by the patients themselves.

The MoU was signed by the DG of Health, on behalf of the Government of Malaysia and Chairman of the UTAR Hospital Board of Governors, on behalf of the UTAR Education Foundation. The collaboration between the MOH and the UTAR T&CM Centre (wholly owned by the UTAR Education Foundation) in the provision of T&CM services represents a strategic and pragmatic initiative to expand access and strengthen the delivery of safe and quality T&CM services to the Malaysian population. This initiative is aligned with the National T&CM Policy, which emphasises T&CM as an important component of the national healthcare system and will contribute to efforts to improve the health status and quality of life of Malaysians.



Image 5.30 The MoU Signing Ceremony Between the Government of Malaysia and UTAR Education Foundation on Cooperation in the Provision of T&CM Services

ESTABLISHMENT OF THE T&CM UNIT, PEKAN HOSPITAL, PAHANG

Hospital Pekan is the 16th MOH hospital to offer T&CM services. The selection of Hospital Pekan as the site for the establishment of the T&CM Unit is in line with its role as a stroke rehabilitation centre in the state of Pahang, which is consistent with the function of T&CM services as supportive care in the management of post-stroke patients.

The T&CM Unit provides Traditional Malay Massage services to both male and female patients, particularly for cases of chronic pain and post-stroke conditions. These T&CM services have been available since 3 November 2025, while the official inauguration of the Hospital Pekan T&CM Unit is scheduled for January 2026.



Image 5.31 T&CM Unit and The Treatment Room for Traditional Malay Massage Hospital Pekan

COMPLAINTS ON T&CM SERVICES

T&CMD is responsible for handling complaints regarding T&CM practitioners and services in the recognized practice area in Malaysia based on prevailing legislation. In 2025, a total of 53 complaints from various categories were received. Apart from T&CMD, the T&CM branch offices in the states also manage complaints according to their designated zone. **Figure 5.11** and **Figure 5.12** show the number of complaints received in 2025.

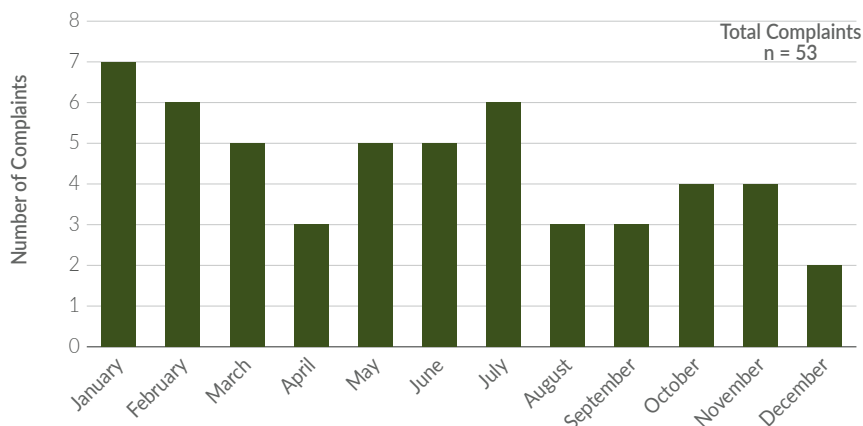


Figure 5.11 Number of Complaints Received in 2025

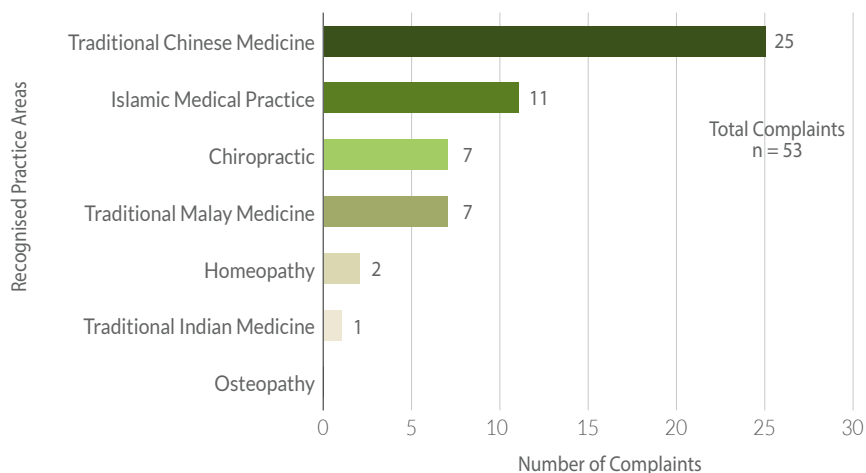


Figure 5.12 Number of Complaints Received According to the Recognised Practice Areas 2025

T&CM PRACTITIONER MONITORING VISITS

T&CMD is responsible for conducting monitoring visits on T&CM practitioners who offer services in the recognised practice areas. The purpose of the visit is to monitor the compliance with the T&CM Act 2016 [Act 775] and the Medicines (Advertisement and Sales) Act 1956 [Act 290] among T&CM practitioners nationwide.

Starting 1 March 2025, the implementation of enforcement of Act 775 is stricter and empowered, whereby legal action can be taken against T&CM practitioners in the recognised practice areas found to be in violation of the provisions of Act 775. Starting from 2025, this monitoring visit has been implemented to ensure that T&CM practitioners in Malaysia comply with Act 775.

A total of 511 practitioners in 224 premises have been monitored in Malaysia by the T&CMD and T&CM branch offices. The statistics of T&CM practitioner monitoring visits during 2025 are as shown in **Figure 5.13**.

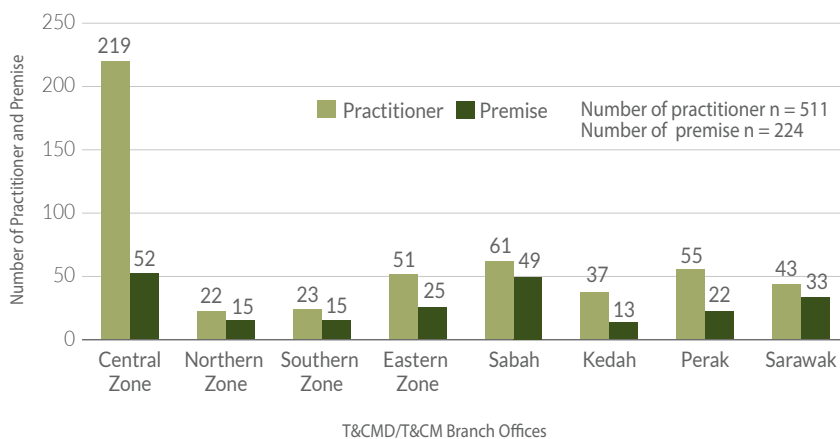


Figure 5.13 Total of Premise and Practitioners Monitored by Zone in 2025

T&CM SKILLS AND SERVICES ADVERTISEMENT SCREENING

To safeguard the public interest and ensure ethical service standards, the screening of T&CM skills and service advertisements have been conducted throughout 2025. These activities are primarily aimed at ensuring full compliance with section 33 of Act 775 and section 4A of Act 290, which controls the advertisement of skills and services related to the treatment, prevention or diagnosis of human ailments. Advertisement and promotional materials are strategically screened across three (3) key platforms, including subscription-based publications, physical T&CM premises and new media platforms (digital and social media).

ACHIEVEMENT IN 2025

- **T&CMD Performance:** A total of 193 screenings were done resulting in 61 enforcement actions ranging from verbal and written warnings, formal investigations and referrals to relevant enforcement agencies.
- **Nationwide Reach:** T&CM branch offices successfully screened 564 advertisements on-site and in new media platforms across all zones, with the North Zone recording the highest activity at 139 screenings.
- **Digital Vigilance:** Consistent monitoring was maintained across new media, reflecting the division's commitment to regulating the rapidly evolving digital landscape.

Upon the identification of violations, the T&CMD initiates decisive enforcement measures which includes the issuance of warning letters or formal notices, as well as the referral of cases to the appropriate regulatory agencies. Such interventions are critical to protect the public from misleading information and therapeutic claims.

TRANSFORMING COMPETENCY FOR HUMAN CAPITAL EMPOWERMENT

Throughout 2025, the T&CMD executed a series of strategic training programmes to strengthen the capacity of T&CM enforcement officers in enforcing Act 775. These initiatives were designed to ensure that enforcement actions are systematic, professional and strictly aligned with legal requirements. Key programmes conducted included:

- **Investigation and Prosecution Training:** Course on Guidelines and Procedures for Conducting Investigations and Preparing Investigation Papers and Course on Pre-Trial and Prosecution Techniques were held at the National Legal Academy (APN). These sessions focused on producing high-quality investigation papers and mastering courtroom management through realistic mock trial simulations.
- **Operational Alignment:** The Enforcement Coordination Workshop and the National T&CM Enforcement Engagement Session in Pulau Pinang aimed to standardise SOP. Participants were also introduced to the latest techniques such as raid photography and cyber profiling.
- **Prosecution Attachment Training:** A total of 22 court attachments were attended by the T&CM enforcement officers nationwide through strategic collaborations with various health enforcement agencies such as Pharmacy and Oral Health Programmes.

STATISTICS OF PRACTITIONERS REGISTERED WITH THE T&CM COUNCIL FOR THE YEAR 2025

T&CMD through the T&CM Council Section is responsible for processing T&CM practitioner registration applications. As reported in **Table 5.11**, 3,766 new local T&CM practitioner registration applications were approved and 14,183 Registered Practitioner's Practising Certificates (RPPC) (New and Renewal) were issued. For foreign T&CM practitioner registration applications, 59 new Temporary Practising Certificates (TPC) were approved and 56 TPC renewals were issued.

Table 5.11 Total Number of Local & Foreign T&CM Practitioners registered with T&CM Council in 2025

Recognised Practice Area	Local T&CM Practitioners		Foreign T&CM Practitioners	
	Number of New Practitioner Applications Approved	Number of RPPC Issued (New and Renewal)	Number of New TPC Applications Approved	Number of TPC Renewals Issued
Traditional Malay Medicine	1,828	4,595	Not applicable	Not applicable
Traditional Chinese Medicine	1,249	7,221	54	31
Traditional Indian Medicine	124	339	4	6
Homeopathy	112	419	1	2
Chiropractic	156	467	0	11
Osteopathy	1	3	0	6
Islamic Medical Practice	296	1,139	Not applicable	Not applicable
Total	3,766	14,183	59	56

MEDICAL PRACTICE DIVISION (BAP)

PRIVATE MEDICAL PRACTICE CONTROL SECTION (CKAPS)

CKAPS is responsible for enforcing the Private Healthcare Facilities and Services Act 1998 [Act 586]. CKAPS plays a key role in the registration, approval and licensing of private healthcare facilities (KPJKS), handling of complaints, quality assessment, enforcement activities and other regulatory matters related to the implementation of Act 586. As of 2025, a total of 17,150 KPJKS had been registered and licensed under Act 586.

REVENUE FOR YEAR 2025

Since 2020, CKAPS has recorded a continuous increase in revenue collection derived from processing fees, issuance fees, administrative fees and compounding. There was a 16% increase in revenue collection amounting to RM6,379,499.00 throughout 2025 as compared to 2024.

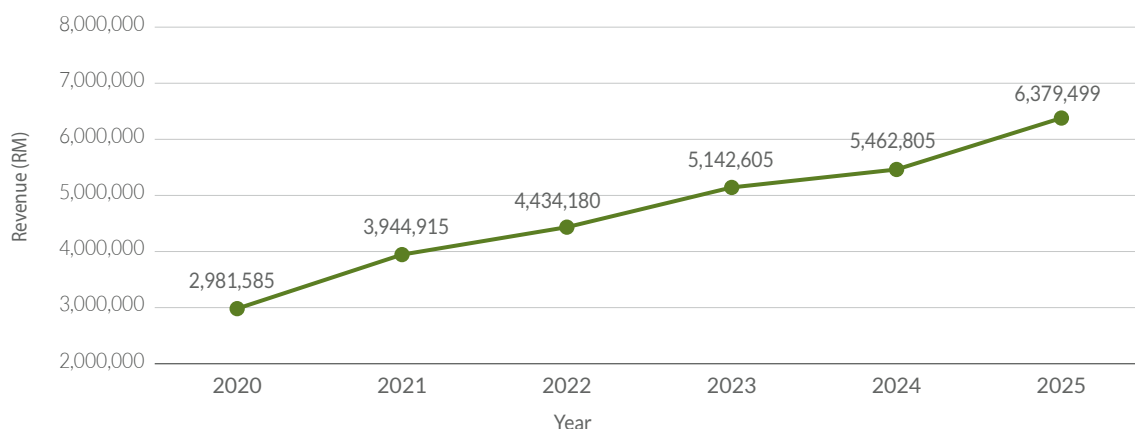


Figure 5.14 CKAPS Revenue 2020-2025

CAPACITY AND COMPETENCY DEVELOPMENT PROGRAMME

This programme was conducted with the participation of officers from the CKAPS, IPKKM, JKN/WP and the Oral Health Division, as detailed below:

Table 5.12 Capacity and Competency Development Programme

Programme	Date
CKAPS MyPortfolio Preparation and Refinement Workshop	24-26 February 2025
Team Strengthening and Crisis Management Workshop	25-27 April 2025
Bureaucratic Reform Projects Enhancement Workshop	5-7 May 2025
Administrative Efficiency and Professionalism Enhancement Workshop	24-26 June 2025
CKAPS Technical and Competency Enhancement Workshop	5-7 August 2025
Photography Course for CKAPS Enforcement Officers	13-15 October 2025

The objectives of these programmes were to:

- Strengthen the competency and professionalism of CKAPS officers
- Strengthen team management and crisis handling capabilities
- Support the implementation of reform agendas and process improvements
- Improve enforcement effectiveness and regulatory compliance

CKAPS DIGITALISATION INITIATIVES

MyGeoCKAPS

The MyGeoCKAPS application, an interactive map displaying the distribution of private healthcare facilities under Act 586 is continuously utilized as an interactive platform for monitoring and managing private healthcare facility data to support analysis and strategic planning. This initiative received recognition from the National Geospatial Centre during the 10th National Geospatial Information Symposium (NGIS) held on 8 October 2025 at the Putrajaya International Convention Centre.

MyBRP@CKAPS

The MyBRP@CKAPS System is an online licensing system for KPJKS developed to support the digital application and issuance of licenses. In 2025, emphasis was placed on strengthening the implementation of the MyBRP@CKAPS System through the nationwide rollout of the Licence Renewal Module and the Application Module for Approval to Establish or Maintain KPJKS for Private Hospitals as core modules. Supporting modules were also developed to enable an end-to-end and integrated licence issuance process. This system aims to enhance operational efficiency, streamline workflows and strengthen governance, while serving as a foundation for the development of subsequent modules. In line with the Public Service Reform Agenda (ARPA), CKAPS was also tasked with developing the Application Module for Expansion or Modification of KPJKS (Form 5). The Auto-Renewal Module will also be included in the next phase of development.

MyMedPCS

The Medical Practice Control System (MyMedPCS) is an existing digital platform developed to support the online application process for the registration of private clinics. Enhancements to MyMedPCS, an initiative under the Digitalisation Strategic Plan 2021-2025 (Strategic Pillar 1), had achieved 77% completion as of December 2025. The digital signature and online payment modules are expected to be fully implemented in the first quarter of 2026.

WORK PROCESS IMPROVEMENT

CKAPS continued its efforts to improve work process through the following initiatives:

- i. Implementation of Business Process Reengineering (BPR) for the Form 5 applications to shorten processing time, reduce complexity and enhance transparency and consistency of decision-making, while serving as a foundation for the phased expansion of CKAPS digitalisation initiatives.
- ii. Implementation of the digitalisation for Application to Establish or Maintain KPJKS (Form 1) under the Bureaucratic Reform agenda, which was completed in September 2025.

Overall, the digitalisation initiatives and workflow improvements undertaken in 2025 have strengthened governance, enhanced efficiency and effectiveness in the delivery of private healthcare regulatory services, while supporting regulatory compliance through a more systematic and customer-focused approach.

MEDICAL LEGISLATION SECTION (CPP)

CPP consists of five (5) sectors which are Drafting Sector, Private Health Facility Fee Sector, Aesthetic Medical Practice Sector, Globalisation Sector and Health Tourism Sector. CPP is committed to advancing healthcare standards through strategic collaboration with various stakeholders, including government and private agencies.

DRAFTING SECTOR

FACILITY UNIT

Focus is directed towards regulatory reform initiatives involving the proposed comprehensive amendment of the Private Healthcare Facilities and Services Act 1998 [Act 586]. A total of 15 drafting meetings were held with various committees, including the Transfusion Committee, Pathology Laboratory Committee, Blood Bank Committee and CKAPS to refine technical issues regarding the regulation of private healthcare facilities for the preparation of the Act 586 amendment draft.

Several series of working visits were conducted to the National Blood Centre, private cord blood facilities and the Department of Standards Malaysia (DSM) to enhance understanding of the services provided. On 9-10 December 2025, a benchmarking visit to the Singapore Ministry of Health, Health Sciences Authority Singapore, National University Hospital Singapore, IHH Gleneagles Hospital Singapore and Raffles Medical Group was held in collaboration with the Malaysia Productivity Corporation (MPC). These activities support evidence-based policy development and the adoption of international best practices to strengthen existing regulatory frameworks.



Health Science Authority (HSA) Singapore



Umbilical Cord Blood Centre (Cryocord)

Image 5.32 CPP's Facility Unit Working Visits 2025

PROFESSION UNIT

Acting as the secretariat for the drafting of the Paramedical Practitioner Bill and the proposed amendments of Regulation 17 of Assistant Medical Regulations (Registration) 1979 under the Medical Assistant Act (Registration) 1977 [Act 180]. The Medical Assistants (Registration) (Amendment) Regulations 2025 were successfully gazetted on 25 September 2025.

The proposed drafting of the Optometry Bill was presented to the Fifteenth Parliament's Special Select Committee on Health (JKPK) on 13 October 2025 to establish policy direction for continuing the legislative drafting process.

PRACTICE UNIT

The Mental Health (Amendment) Act 2023 coming into force on 10 September 2025, alongside the Criminal Procedure Code (Amendment) 2023 and the Penal Code (Amendment) 2023 to decriminalise attempted suicide. The announcement was made in conjunction with World Suicide Prevention Day, signified a strategic shift in approach, moving away from punitive measures towards a focus on life-saving interventions.

The participation of officers from this unit in the Community & Rehabilitation Psychiatry Conference 2025: Shifting Paradigm of Community Mental Health Care in Pulau Pangkor on 28-29 April 2025 aimed to strengthen the understanding of community-based mental healthcare. This is a key element proposed for improvement within the Mental Health Act 2001.

PRIVATE HEALTH FACILITY FEE SECTOR

This sector is responsible for regulating the professional fees of private medical practitioners. In 2025, a total of 350 inquiries related to private hospital procedure charges were received, with 94% successfully resolved. Focus was also directed towards identifying solution mechanisms to control the rise in private healthcare costs-a major national issue-through engagement sessions with the MOH's Health Transformation Office (HTO), Bank Negara Malaysia and the insurance/takaful sector. Additionally, the regulation of Third-Party Administrators (TPA) was prioritised and discussed with the Malaysia Competition Commission, Ministry of Domestic Trade and Cost of Living (MOSTI) and TPA companies. Following these discussions, the sector conducted data collection on TPA companies and Managed Care Organisations (MCOs) as an initial step toward enhancing the existing regulatory mechanisms.

The initiative to review the consultation fees for private general practitioners (GPs) which have remained unchanged since 2006, was intensified throughout 2025. The proposed fee revision was presented at the Supreme Meeting of the National Cost of Living Action Council, chaired by the Prime Minister. The government agreed to set new consultation fee rates, as officially announced during the presentation of Budget 2026 on 10 October 2025.



Image 5.33 Discussion with the Minister of Health Regarding the Review of Private General Medical Practitioners Fees

AESTHETIC MEDICAL PRACTICE SECTOR

In 2025, the primary focus was directed toward enhancing service quality and reinforcement of collaborative engagement among government ministries, medical practitioners and community. Throughout the year, Question Drafting Workshop for the Letter of Credentialing & Privileging (LCP) and a Workshop on the Enhancement of Aesthetic Medical Practice Guidelines have been organised. Furthermore, four (4) sessions of the C&P Committee meetings and two (2) reviews of LCP Chapter 1 applications were conducted. The Chapter 1 written exams were held in February and July, with oral assessments in April and October. A total of 189 LCPs were issued to qualified medical practitioners to perform aesthetic procedures.

The sector also took part in field programmes and public awareness campaigns, including the *Program Madani Rakyat* (PMR) at five (5) locations and the MOH Customer Engagement Day, helping the public understand safe aesthetic practices.



Image 5.34 PMR 2025 in Perak and Sabah

GLOBALISATION SECTOR

Main focus was placed on the liberalisation of the private healthcare services industry, addressing both new and existing free trade agreements. Among the achievements in 2025 included participation in advancing Malaysia's ASEAN Chairmanship 2025, with a particular emphasis on preparatory measures and engagements throughout specifically through the meticulous preparation and execution of the 19th Senior Officials Meeting on Health Development (SOMHD).

Furthermore, CPP officers represented the country in the ASEAN Joint Coordinating Committee on Medical Practitioners (AJCCM), held in Pulau Pinang on 11 February 2025 and in Nha Trang, Viet Nam on 6 November 2025. As a result of these meetings, the AJCCM successfully finalized the Draft Work Plan for 2026-2030. This engagement aimed to advance the objectives of the ASEAN Economic Community, particularly those relating to the MRA for medical practitioners.



Image 5.35 Malaysian Delegation in Health Services Sector Working Group (HSSWG) Meeting, Nha Trang, Viet Nam

MEDICO-LEGAL SECTION

The Medico-Legal Section (CML) is responsible for handling medico-legal cases involving patient care at MOH healthcare facilities. Additionally, CML plays a role in strengthening medico-legal competency and knowledge among health personnel and managing medico-legal cases through collaboration with the stakeholders. Throughout 2025, the main focus of CML was raising awareness among health personnel to address the increase in medico-legal cases at MOH healthcare facilities.

MANAGEMENT OF MEDICO-LEGAL CASES

Medico-legal cases handled by CML also involve collaboration from the State Health Departments and medico-legal coordinators at MOH healthcare facilities. CML also cooperates with the Attorney General's Chambers (AGC) in the management of medico-legal lawsuits. In 2025, a total of 356 complaints and 104 lawsuits involving medico-legal cases were recorded across MOH healthcare facilities.

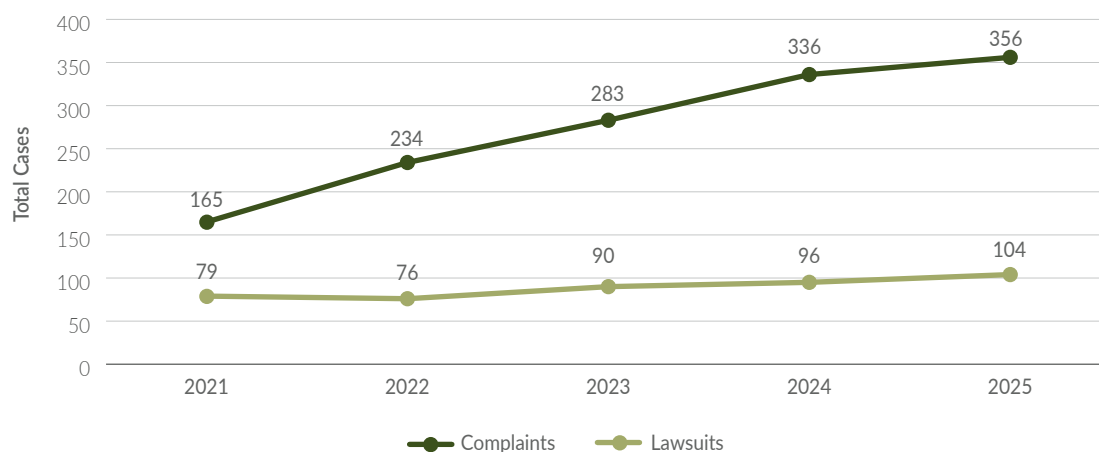


Figure 5.15 Medico-Legal Statistics for 2021-2025

MONITORING AND CONTINUOUS IMPROVEMENT

CML also plays a role in monitoring improvement measures arising from medico-legal cases across all levels to ensure that similar cases do not recur. Throughout 2025, a total of 10 engagement sessions were conducted for the purpose of case sharing and the dissemination of improvement recommendations following the review of medico-legal cases by committees convened at the MOH level. These engagement sessions involved the Paediatrics, Psychiatry, Obstetrics & Gynaecology, Emergency Medicine and Family Health services. In addition, two (2) targeted audits were conducted at MOH healthcare facilities to monitor the delivery of healthcare services and to ensure compliance with established standards.

COMPETENCY DEVELOPMENT INITIATIVES

CML continued to strengthen competency among MOH healthcare personnel through the organisation of various training programmes. In 2025, four (4) expert witness courses were conducted, of which two (2) were jointly organised by JKN Pahang and Obstetrics & Gynaecology Service in collaboration with CML. These courses were attended by a total of 168 clinical specialists from various disciplines. In addition, 10 basic medico-legal courses were conducted nationwide in 2025 by JKNs in collaboration with CML. The programme involved MOH healthcare personnels at various levels and were aimed at enhancing awareness and understanding of medico-legal issues within healthcare facilities.



MOH Expert Witness Course



Basic Medico-Legal Course

Image 5.36 Competency Development Programmes 2025

ASSISTANT MEDICAL OFFICER SERVICES SECTION (CPPPP)

DEVELOPMENT OF STANDARD PRACTICE GUIDELINES (SPG) FOR ASSISTANT MEDICAL OFFICERS

Throughout 2025, the CPPPP has focused on the strengthening of the clinical practice standards. 12 SPGs have been identified. This initiative involved strategic collaborations between Assistant Medical Officers (AMOs) and Clinical Specialists across various disciplines, including Cardiology, Cardiothoracic Perfusion & Anaesthesiology, Cardiothoracic Surgery, Urology, Neurophysiology, Obstetrics & Gynaecology, Ambulance Services, Forensic, Haemodialysis, Outpatient Parenteral Antibiotic Therapy (OPAT), AMO Supervision Unit and Psychiatry.

Three (3) publications were successfully released in 2025 which were the Orthopaedics SPG, the Cardiothoracic Perfusion SPG and the Duties and Responsibilities of Assistant Medical Officers book which covers 33 disciplines. The launch of the Orthopaedic SPG and the Duties and Responsibilities book was officiated by the Minister of Health in conjunction with Medical Assistant Day 2025. Meanwhile, the Cardio Perfusion SPG was officially launched by the DG.



Image 5.37 Launching Ceremony of the Orthopaedic SPG and the Duties & Responsibilities of AMOs



Image 5.38 Launching Ceremony of Cardiothoracic Perfusion SPG

NEW INITIATIVE: IMPLEMENTATION OF THE PORTER SYSTEM AND NEW TRAINING MODULE FOR HEALTH CARE ASSISTANTS (PPK)

The Porter Unit Development Initiative was implemented in 2025 to empower the role of PPK and address manpower shortages in MOH hospitals through a systematic workforce management system. The role of this unit is to take over routine tasks, thereby optimizing existing human resources. Its implementation is streamlined via a directive from the DG and operational guidelines to enhance the efficiency of service delivery within MOH hospitals.

Aligned with the service scheme transformation under the Public Service Remuneration System (SSPA), a new training module has been developed to empower PPK in performing basic clinical procedures. This includes vital signs monitoring, simple dressing and counter operations management. This initiative allows AMOs and nurses to focus exclusively on their core clinical responsibilities.

CLINICAL AUDIT FOR ASSISTANT MEDICAL OFFICERS (AMO) 2.0

The digitalisation of Clinical Audit for Assistant Medical Officers was implemented in 2025 marking a strategic transition toward a digital reporting platform. This transformation was executed in phases throughout the year, supported by coordination workshops and audit trials led by the National Chief Auditor to ensure seamless execution and effectiveness during the actual audit process. The Clinical Audit for AMOs was successfully conducted from 1-31 July 2025, involving 138 hospitals and 14 KKs nationwide.

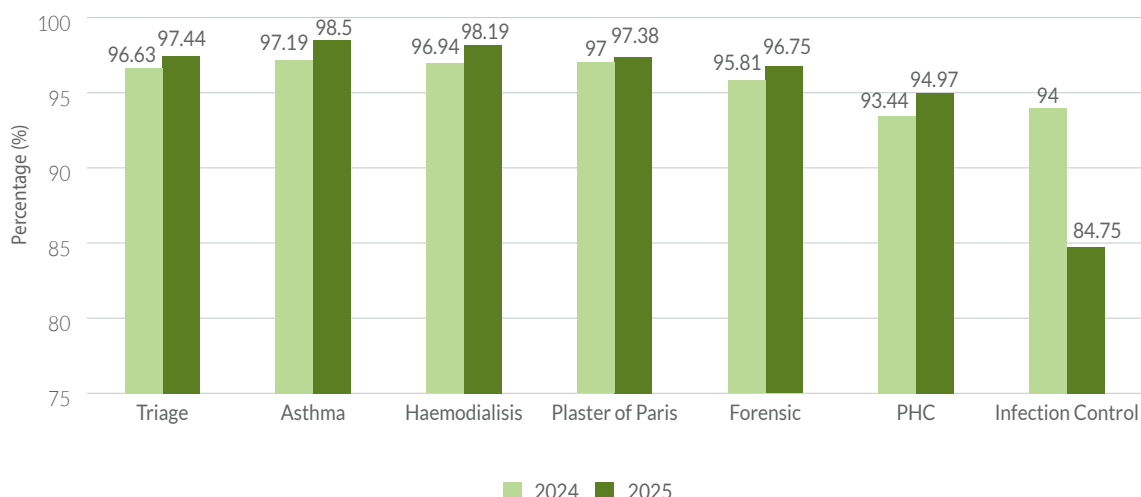


Figure 5.16 National Clinical Audit Performance for AMO by Activity 2025

MQA ACCREDITATION VISIT FOR DIPLOMA AND DEGREE PROGRAMMES IN MEDICAL & HEALTH SCIENCES

Accreditation visits are conducted periodically to ensure that training institutions offering Diploma and Degree programmes in Medical and Health Sciences consistently adhere to the standards set by the Malaysian Qualifications Agency (MQA). These visits are the core component in evaluating the educational delivery system, ensuring that graduates are competent. Nine (9) accreditation visits were conducted in 2025 comprising six (6) ILKKM and three (3) private colleges.



Image 5.39 Field Visit and Closing Meeting for MQA Full Accreditation in Kota Kinabalu, Sabah

REGISTRATION OF AMO

In 2025, a total of 24,733 registration applications were received, all of which were approved within 45 working days. This 100% achievement rate reflects the effectiveness of the application process digitalisation initiative, in alignment with the KPI targets of the Director of BAP and the Client Charter 2025.

Table 5.13 Number of AMOs Registration 2024-2025

Year	New Registration	Total Renewal of Annual Renewal Certificate	
		Public Sector	Private Sector
2024	697	20,297	4,046
2025	845	20,107	4,626

MALAYSIAN OPTICAL COUNCIL (MOC)

MOC is the regulatory body responsible for administering and regulating the practice of optometry in Malaysia in accordance with the Optical Act 1991 [Act 469] and the Optical Regulations 1994. The MOC also plays a role in ensuring professional standards, ethics, scope of practice, practitioner competency and the evaluation and accreditation of optometry and opticianry programmes conducted in Malaysia, as well as other related matters, in the interest of the public and the profession.

REGISTRATION OF OPTOMETRY PRACTITIONERS

A total of 11 briefing sessions were conducted throughout 2025 and 193 new practitioners were registered.

Table 5.14 Number of Registered Optometrists and Opticians in 2025

Category	New Practitioners	Registered Practitioners	Deceased and Retired
Optician	57	3,552	237
Optometrist	136	3,322	22
Total	193	6,874	259

ANNUAL PRACTISING CERTIFICATE (APC)

Applications for the APC are submitted through the Malaysian Healthcare Practitioners' System (MHPS). Effective 1 July 2025, practitioners are allowed to self-print their APC certificates as part of the licensing digitalisation initiative. The Self-Print APC Module Launch Ceremony was held on 15 July 2025. A total of 2,767 registered optometrists and 2,433 registered opticians have renewed their APC in 2025.

PROFESSIONAL QUALIFYING ASSESSMENT (PQA)

In 2025, the PQA for opticians and optometrists was conducted by the Malaysian Academy of Optometry Organisation (PAOM) at the UKM Optometry Clinic.

- i. 21 June 2025 – Optician PQA: 2 candidates involved
- ii. 5-6 May 2025 – Optometrist PQA (Theory Component): 1 candidate involved
- iii. 1 July 2025 – Optometrist PQA (Practical Component): 2 candidates involved

OPTICAL SURVEILLANCE AUDIT (ASO)

In 2025, a total of 31 registered optometrists and 44 registered opticians were successfully audited, involving 78 selected optical premises in Negeri Sembilan.

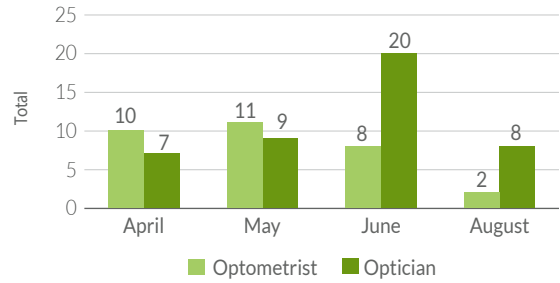


Figure 5.17 Optic Surveillance Audit 2025

COMPLAINTS

MOC received complaints through various channels including email (eaduan.moc@moh.gov.my), letters and telephone calls. The total number of complaints received and managed by MOC according to categories as shown below:

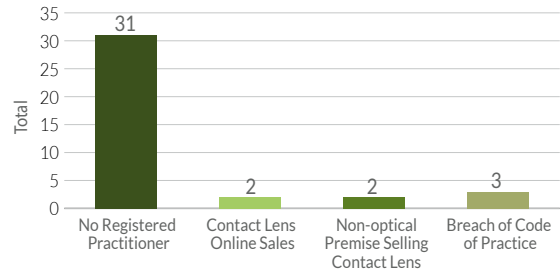


Figure 5.18 Complaints According to Category 2025

CONTACT LENS EXAMINATION FOR REGISTERED OPTICIANS

The 2025 Contact Lens Theory Examination for Registered Opticians was conducted at Universiti Teknologi MARA (UiTM), the appointed examination body.

Table 5.15 Contact Lens Examination Activities in 2025

Type of Examination	Date	Candidates Involved
Theory Examination	3 September 2025	21
Practical Examination	24 October 2025	25

GUIDELINES ON PRIMARY EYE CARE SERVICES FOR THE OPTOMETRY PROFESSION

MOC, in collaboration with the Association of Malaysian Optometrists and the College of Optometrists, has published the Guidelines on Primary Eye Care Service Guidelines for the Optometry Profession. The guidelines were launched on 22 June 2025 at the Malaysian Academy of Medicine and officiated by the Minister of Health. These guidelines serve as a reference for private optometrists in conducting primary eye examinations for patients at all related facilities and comprise five (5) main components:

- Guidelines on Primary Eye Care Services for the Optometry Profession
- Guidelines on the Use of Diagnostic Drugs Containing Poisons for Private Optometry Services

- iii. Enhanced Eye Health Care Training Module for Optometrists
- iv. Credentialing & Privileging Guidelines for Private Optometrists
- v. Credentialing Logbook for Private Optometrists



Figure 5.19 Guidelines On Primary Eye Care Services for the Optometry Profession

PROGRAMME ACCREDITATION ASSESSMENT

Throughout 2025, MOC has conducted accreditation evaluations on four (4) programmes at local IPT, namely the Diploma in Opticianry at Vision University College from 29-31 July 2025, the Bachelor of Optometry (Hons.) at UCSI University from 22-24 September 2025, the Bachelor of Science (Hons.) Optometry at SEGi University from 14-16 October 2025 and the Bachelor of Optometry (Hons.) at UKM from 28-30 October 2025.

ACCREDITATION OF PRIOR EXPERIENTIAL LEARNING FOR CREDIT AWARD, APEL (C)

To strengthen the upskilling pathway for optometry practitioners, MOC as a professional body has been recognised by the MQA as an APEL (C) Centre. This provides opportunities for opticians registered under Sections 18(1) and 18(2) of the Optical Act 1991 to pursue further studies in the Bachelor of Science (Hons.) Optometry programme at SEGi University. The programme received full accreditation status from the MQA effective 14 November 2025. A total of 21 candidates successfully passed the assessment and were eligible to continue their studies. APEL (C) activities conducted in 2025 are as follows:

- i. Briefing on self-assessment evaluation forms by MOC APEL (C) Advisor on 14 March 2025
- ii. Briefing on APEL (C) portfolio preparation by MOC APEL (C) Advisor on 18 June 2025
- iii. MOC APEL (C) Portfolio Assessment Meetings on 2-3 September 2025, 9-10 September 2025 and 12 September 2025

CHAPTER 6

RESEARCH AND **TECHNICAL** **SUPPORT**



RESEARCH AND TECHNICAL SUPPORT PROGRAMME

This programme is responsible for formulating strategic health policies, developing comprehensive health plans and enhancing the quality of healthcare services nationwide. It is led by the Deputy Director-General of Health (Research and Technical Support) (TKPK [P&ST]). This programme includes:

- i. Planning Division
- ii. Medical Radiation Surveillance Division (MRSD)
- iii. National Institutes of Health (NIH)

PLANNING DIVISION

The Planning Division focuses on several crucial activities such as the formulation of the Health Sector Transformation Plan, improving the quality of health data, implementation of health informatics standards in Malaysia as well as planning, developing and evaluating the programmes or projects as planned in the Twelfth Malaysia Plan (12MP). The Planning Division consists of six (6) sections:

- i. Health Plan and Policy Planning (PDPK)
- ii. Strategic Planning, Monitoring and Evaluation (SPME)
- iii. Malaysia National Health Accounts (MNHA)
- iv. Health Informatics Centre (HIC)
- v. Health Facility Planning (PFK)
- vi. eHealth Planning

HEALTH PLAN AND POLICY PLANNING (PDPK) SECTION

SUPPLY AND DEMAND STUDY (S&D) FOR HEALTHCARE FACILITY, EQUIPMENT AND HUMAN RESOURCE CAPACITY IN MALAYSIA (DATA FOR 2025)

Following the implementation of the S&D Gap Study on Health Facilities, Equipment and Human Resources for Health in Malaysia for 2023-2024, the Planning Division updated data in 2025 to ensure the study's findings remain relevant to the current needs of the national health system. This update involved secondary data up to December 2024 from MOH divisions, university teaching hospitals and relevant professional bodies, covering information on the supply of health facilities, medical equipment and health human resources in both the public and private sectors. The activities were coordinated through a governance structure involving three (3) Working Committee Meetings, six (6) Coordination Committee Meetings and two (2) Technical Committee Meetings for alignment, progress monitoring and verification of analytical findings.

The findings indicate an increase in the supply of human resources, facilities and medical equipment compared to the previous year. However, imbalances between supply and service demand remain, particularly for critical health professions and at the primary healthcare level. The S&D approach continues to be used as a proxy indicator to support evidence-based planning, strategic planning, continuous monitoring and data-driven decision-making at the ministerial level.

ENGAGEMENT SESSIONS WITH WHO

The Planning Division held engagement sessions with the WHO to explore strategic collaboration for the Health Labour Market Analysis (HLMA) Study. The sessions focused on potential technical support, study scope and implementation approaches aligned with Malaysia's health system needs and context.

Discussions also covered the HLMA framework, including health system strengthening, governance, policy priorities and alignment with global health initiatives. Insights from WHO's international experiences helped shape proposed study activities and identify key policy questions. The outcomes of these discussions will form the basis for subsequent planning to ensure that the study supports high-level policy formulation and actions with a meaningful impact on the development of the national health system.



Image 6.1 Engagement Session with the WHO on the HLMA Study

THE MINISTRY OF HEALTH MALAYSIA STRATEGIC PLAN (PS KKM) 2026-2030

The Thirteenth Malaysia Plan (13MP), tabled in the Dewan Rakyat on 31 July 2025, sets the national development direction through to 2030, including health system reform, digitalisation of public services, and the strengthening of the social system based on MADANI values. All ministries are required to align their Organisational Strategic Plans with 13MP objectives.

Guided by 13MP, the Planning Division developed the PS KKM 2026-2030, considering international-level policies (SDGs & UHC, ASEAN One Health), national level policies (Malaysia MADANI, the Health White Paper), current health policies (ANMS, DPKM, NPQH), the MOH programme Master or Strategic Plans as well as the priorities of the Minister of Health and top management. Workshops and meetings across all MOH programmes and divisions were conducted to prepare the document, which outlines MOH's strategic planning for the five (5) year period.



Image 6.2 Workshop on the Refinement of the PS KKM 2026-2030

SUSTAINABLE DEVELOPMENT GOALS (SDG) AND UNIVERSAL HEALTH COVERAGE (UHC)

MOH as the lead ministry for SDG 3: Ensure Healthy Lives and Promote Well-Being for All at All Ages, remains committed to monitoring the health sector's progress towards the 2030 Agenda. MOH actively promotes SDG activities across all divisions, including Technical Committee Meeting (April and December 2025), Working Committee meetings (February - August 2025) and the East Zone Training of Trainers (ToT) Workshop held on 8 April 2025.



Image 6.3 ToT Workshop for Health Sector SDG

STRATEGIC PLANNING, MONITORING AND EVALUATION (SPME) SECTION

SECTION REBRANDING

The National Health Financing (NHF) Section was rebranded as the Strategic Planning, Monitoring and Evaluation (SPME) Section, following endorsement at *Mesyuarat Jawatankuasa Khas bagi Mengkaji Jawatan-Jawatan Tingkatan Tertinggi (JKTT) Bil. 10/2025* on 29 October 2025. This change supports the establishment of the Health Transformation Office (HTO), which now handle health financing functions. The SPME Section is focused on building organisational capacity for strategic monitoring and evaluation of targeted schemes and projects, ensuring that the implementation of new MOH services remains aligned with organisational objectives.

GOVERNANCE, MONITORING & EVALUATION COMMITTEE (GMEC)

The GMEC ensures that initiatives of ProtectHealth Malaysia (PHM) and ProtectHealth Corporation Sdn. Bhd. (PHCorp) remains aligned with the MOH's social agenda. The committee, chaired by the TKPK (P&ST), comprises representatives from MOH divisions, academia and relevant government agencies. Its findings and recommendations are submitted to the Minister of Health.

In 2025, GMEC held quarterly meetings, submitted its Annual Executive Report, conducted a *Bengkel Pengukuhan* and a site visit to PHCorp, revised monitoring indicators and completed a five (5) years evaluation of the PeKa B40 scheme. Continuous monitoring remains in place for PeKa B40, SPIKPA, Skim Perubatan MADANI (SPM) and the Hospital Services Outsourcing Programme (HSOP).



Image 6.4 GMEC Activities in 2025

INTERNATIONAL INVOLVEMENT

ASEAN

In 2025, the SPME Section contributed to ASEAN Health Cluster 3 (AHC 3) on Strengthening Health Systems and Access to Care. The Division Director serves as Co-Country Coordinator, supported by SPME officers who reviewed concept papers and provided technical input. Key engagements included the 19th Senior Officials' Meeting on Health Development (SOMHD), Malaysia's ASEAN Chairmanship 2025 Substantive Committee Meeting, and the AHC 3 Regional Meeting.

Joint Learning Network (JLN)

The SPME Section coordinates Malaysia's Joint Learning Network (JLN) Country Core Group (CCG), chaired by the Planning Division Director. In addition to its coordination role, SPME officers serve as members of various JLN collaboratives. This role enables Malaysia's representatives to contribute to the development of knowledge products and adopt best practices from participating countries to strengthen national health policies. In 2025, key collaboratives included Health Emergency Preparedness, Climate-Smart Health Systems, PHC Foundational Reforms, Digital Health and Primary Health Care Performance Management.

OTHER ACTIVITIES

In addition to the above activities, the SPME Section also carried out key responsibilities at national and international levels, including participation in several international initiatives in 2025.

Table 6.1 International Collaboration in 2025

International Collaboration	Date/Place	Areas of Collaboration
Health Insurance Conference	24-25 February 2025 Sultanate of Oman	Presentation of "Malaysia's Healthcare Transformation: Challenges and Future Directions" during conference
Knowledge sharing session for Sultanate of Oman Social Protection Fund (SPF) during their working visit to PERKESO	5-8 May 2025 PERKESO Headquarters	Presentation of "Malaysia's Health System: Policy, Financing, Workforce Health, And Reform Strategies" to Oman's SPF delegates
Official Visit by the delegation from Government of the Republic of Uganda	18 June 2025 Bilik Gerakan MOH	Presentation of "Malaysia's Health System"
Knowledge sharing session with MBA HealthCare students from United States International University-Africa (USIU-Africa), Kenya	2 July 2025 PIK Meeting Room, MOH	Presentation of "Health System in Malaysia" and "Health Financing in Malaysia"
Visit by the delegation from the University of Puthisastra, Cambodia, specializing in medical laboratory technology	20 November 2025 PIK Meeting Room, MOH	Presentation of "Health System in Malaysia"



Image 6.5 Sultanate of Oman Social Protection Fund's Working Visit to PERKESO



Image 6.6 Visit by the Delegation from the University of Puthisastra, Cambodia

MALAYSIA NATIONAL HEALTH ACCOUNTS (MNHA) SECTION

Since its establishment in 2005, the MNHA has provided a comprehensive framework for tracking and analysing national health expenditure across public and private sectors. By producing detailed reports, MNHA supports evidence-based policy, strategic planning, and informed decision-making to improve access, quality, and affordability of healthcare.

Aligned with international standards, MNHA ensures data consistency and comparability over time and across countries, enabling policymakers to consider both national and global health expenditure trends in policy development and evaluation.

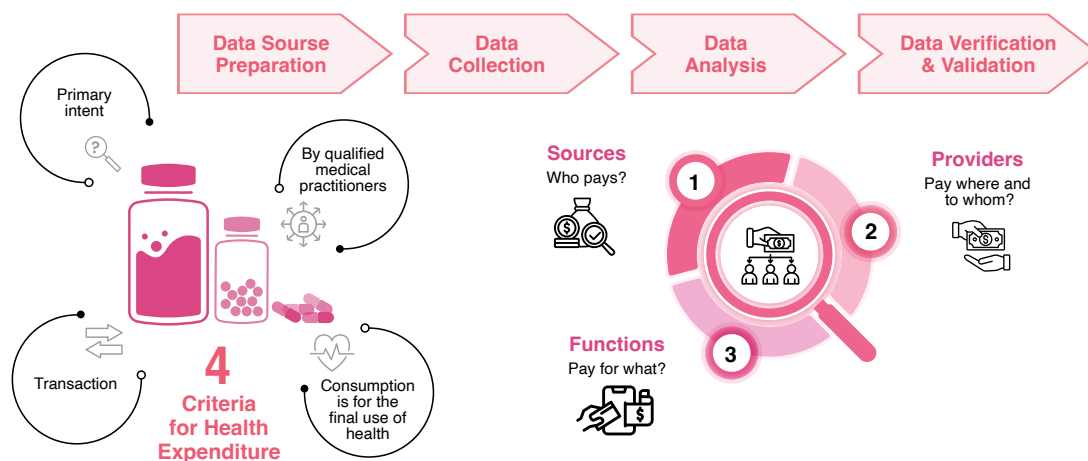


Figure 6.1 MNHA Methodology Illustration

MNHA HEALTH EXPENDITURE TIME SERIES 2011-2024

In 2024, Malaysia's Total Health Expenditure (TEH) is estimated at RM89.8 billion or 4.7% of Gross Domestic Product (GDP), continuing a year-on-year increase. Government financing leads at nearly RM45.6 billion (50.7%), while out-of-pocket (OOP) expenditure remains the second-largest source at 38.8%. Hospitals received the largest share of spending at RM48.7 billion (54.2% of TEH), with curative care accounting for RM56.6 billion, or 63.0% of total expenditure.

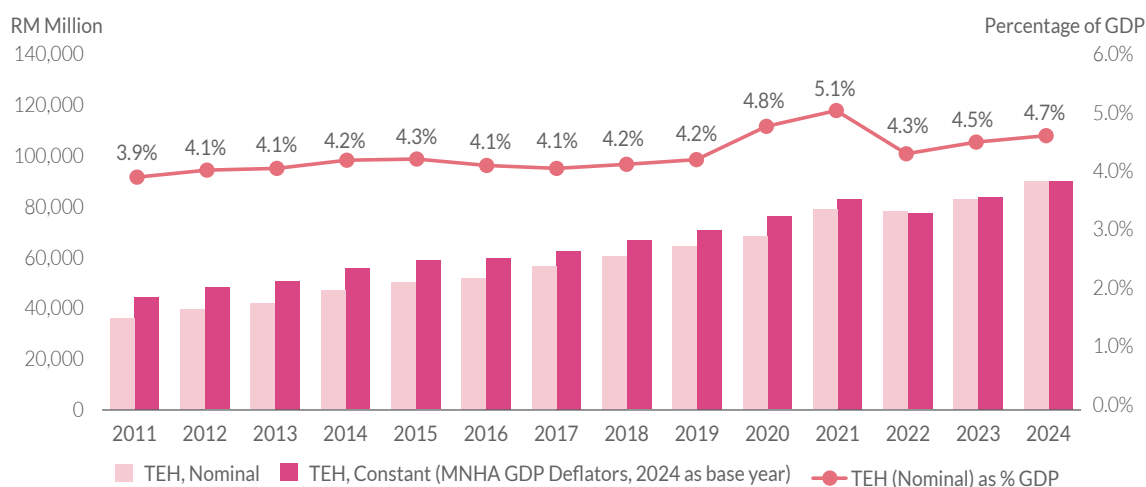


Figure 6.2 TEH 2011-2024

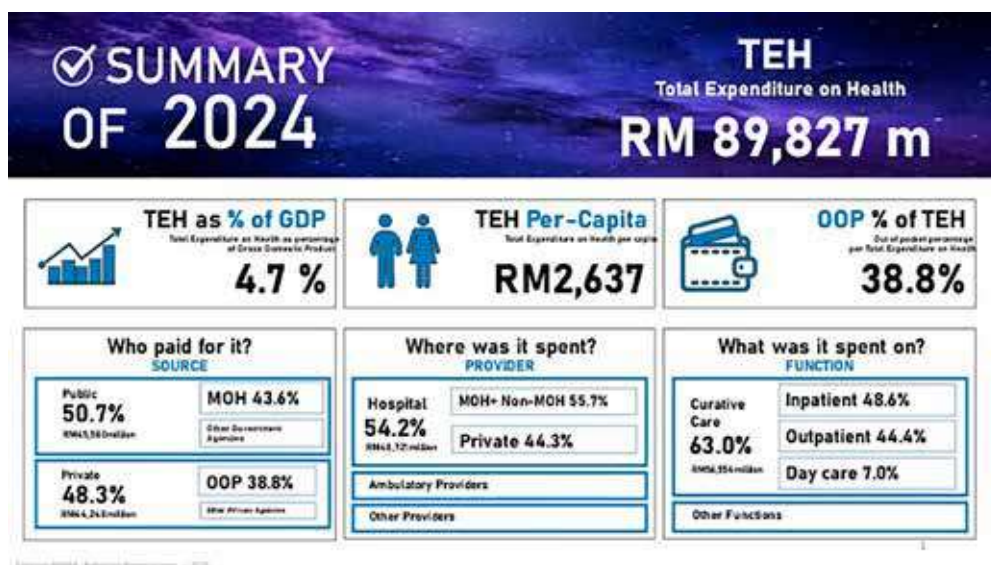


Figure 6.3 Summary of National Health Expenditure 2024

COLLABORATIVE ACTIVITIES

The MNHA Section actively engaged with the DOSM during the MNHA Methodology Refinement Workshop held from 24-28 February 2025. The workshop focused on enhancing statistical techniques, digital data management, and research sharing. The section also completed a full migration to MNHA Framework 2.0, aligned with SHA 2011 and adapted to national policy needs.

Supporting the Secretary-General's aspiration to improve in service delivery through process reengineering, known as Business Process Reengineering, BPK invited the MNHA to contribute workflow proposals at an MOH level programme held on 20-22 May 2025 in Putrajaya. This aligned with Malaysia MADANI and the government's "ease of doing business" initiatives, thereby improving the country's standing in the World Competitiveness Ranking (WCR).



Figure 6.4
MNHA Framework 2.0

From 18-23 August 2025, MNHA representative attended a course titled Measuring health spending and results to improve health sector performance and meet strategic objectives and inform policy reforms at the SSPH+ Lugano Summer School in Public Health Policy, Economics and Management (LSS). This prestigious programme was jointly organised by the Swiss School of Public Health (SSPH+), Università della Svizzera italiana (USI), *University of Applied Sciences and Arts of Southern Switzerland* (SUPSI) and the Swiss Tropical and Public Health Institute. The programme brought together practitioners, researchers and postgraduate students from around the world for learning experience focused on public health impact.

On 15 December 2025, a MNHA Steering Committee Meeting chaired by the KPK approved MNHA health expenditure reporting and provided strategic input on the use of MNHA data for health policy formulation and national policy development.



Image 6.7 MNHA Steering Committee Meeting 2025



Image 6.8 SSPH+ Lugano Summer School in Public Health Policy, Economics and Management (LSS)

HEALTH INFORMATICS CENTRE (HIC) SECTION

MALAYSIAN HEALTH DATA WAREHOUSE (MyHDW)

MyHDW was developed in 2015 and became fully operational in 2017 as a vital centralised health data management platform to support evidence-based decision-making and more effective national health planning. The system demonstrated its value during the COVID-19 pandemic through the utilisation of Geographic Information System (GIS) capabilities, enabling accurate cluster analysis and efficient resource mobilisation. In 2023, MyHDW strengthened its infrastructure through a System Enhancement Project, which included the introduction of save functionality, digitalisation of user registration processes and the implementation of a Security Posture Assessment. In 2024, the full implementation of ICD-11 coding further enhanced system interoperability and improved the quality of clinical reporting. In line with the increasing integration of healthcare facilities and the National Cloud Computing Policy, MyHDW plans to migrate its operations to a cloud computing environment beginning in 2026.

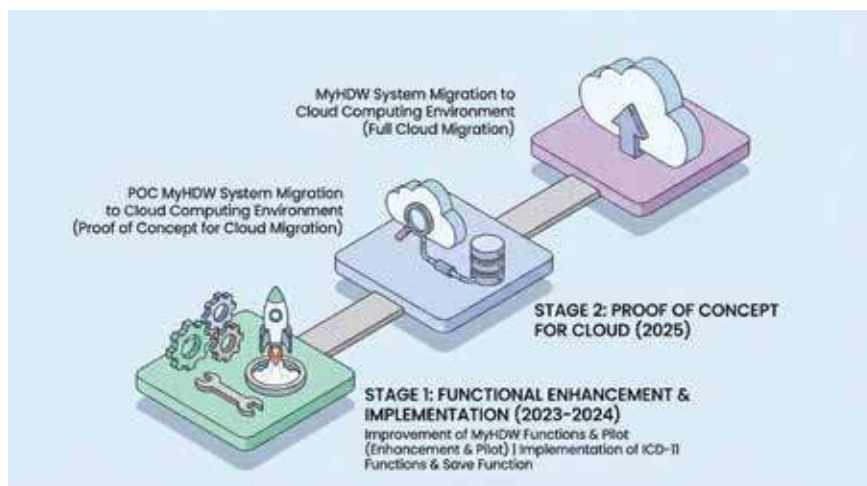


Figure 6.5 MyHDW System Improvement 2023-2026

In terms of performance, 2025 recorded overall growth in system utilisation compared to 2024. Cumulative patient visits recorded increased from 112.2 million to 141.0 million (25.7%), while cumulative patient encounters recorded rose from 27.3 million to 33.4 million (22.3%). The number of unique Virtual Personal Identifiers also expanded from 25.0 million to 27.3 million (9.2%), reflecting broader population coverage within the national health data repository. Although the number of registered users declined slightly from 38,278 to 36,354 (5.0%), overall utilisation indicators demonstrate strengthened system adoption and increased healthcare service activity, reinforcing MyHDW's role as a key enabler of national health information management.

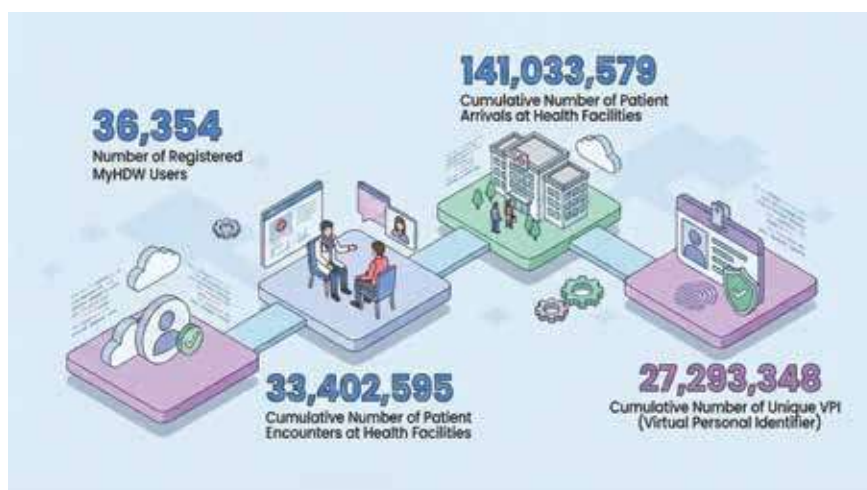


Figure 6.6 MyHDW Utilisation Record 2025

Note: All data is up to 31 December 2025

PERFORMANCE OF HEALTH DATA REQUESTS IN MALAYSIA: DRIVING TRANSPARENCY AND EVIDENCE-BASED POLICY

MOH remains the main contributor of data requests, accounting for more than three-quarters of the total each year. A significant increase was recorded in 2024 (78.0%) and remained high in 2025 (77.2%). This pattern clearly reflects MOH's heavy reliance on health data provided by the HIC for administrative purposes, monitoring and policy formulation.

Table 6.2 Data Request Applications 2021-2025

Year	2021		2022		2023		2024		2025	
Agency	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
MOH	190	73.9	174	75.3	226	73.1	184	78.0	193	77.2
Other Government Agency/NGO	43	16.7	32	13.9	34	11.0	30	12.7	32	12.8
Researcher (IPT)	19	7.4	17	7.4	34	11.0	15	6.4	22	8.8
Researcher (Private/Individual)	5	1.9	6	2.6	14	4.5	5	2.1	1	0.4
International Agency	-	-	2	0.9	1	0.3	2	0.8	2	0.8
Total	257	100	231	100	309	100	236	100	250	100

Other Government Agencies/NGOs remain the second largest contributors of health data requests after the MOH. Their contribution reflects the diversity of health data usage beyond MOH. Data requests were also received from researchers in Institutions of Higher Learning (IHL), ranging between 6.4% and 11.0%. The highest number of requests was recorded in 2023, with 34 applications (11.0%). This indicates a growing academic research interest in national health data.

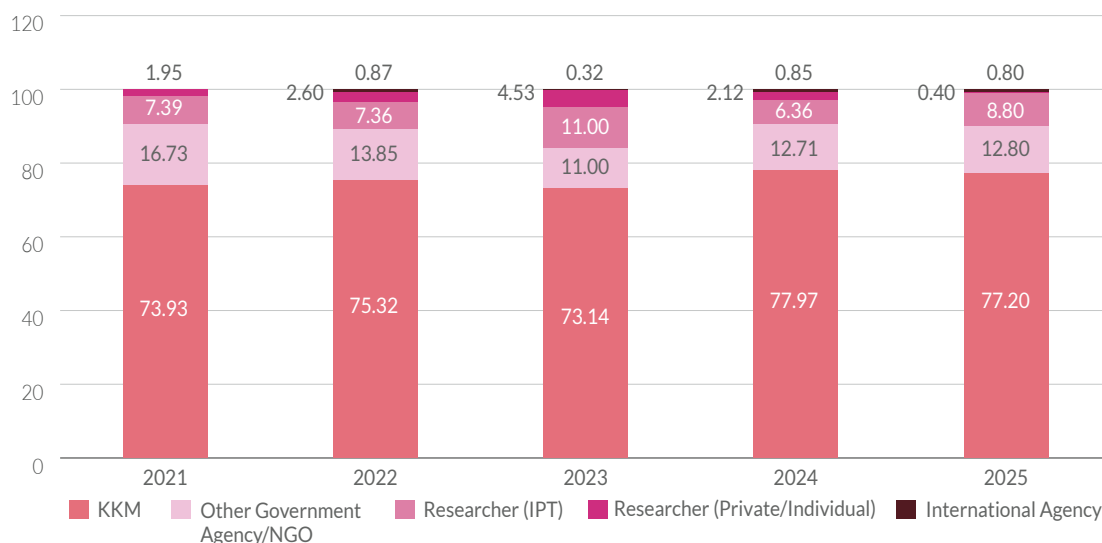


Figure 6.7 Percentage of Data Requests 2021-2025

In terms of data types, Health data related to Immunisation, Family Health and Disease is the category that recorded the highest number of requests throughout the period 2021 to 2025. The number of requests increased from 64 (24.90%) in 2021 to 96 (38.40%) in 2025, with the highest recorded in 2023 (112 requests, 36.25%). This trend indicates a growing need for public health data.

The current pattern of data requests is increasingly concentrated on health-related categories, particularly Immunisation, Family Health and Disease as well as Admissions or Health Services. This reflects the priority placed on public health monitoring and the performance of the healthcare system. Meanwhile, demand for demographic data has remained stable, while the others category has declined due to more systematic data classification.

Table 6.3 Data Requests by Category 2021-2025

Year	2021		2022		2023		2024		2025	
Data Category	No.	(%)	No.	(%)	No.	(%)	No.	(%)	No.	(%)
Facilities and Profession	50	19.46	37	16.02	65	21.04	39	16.53	41	16.40
Immunisation, Family Health and Disease	64	24.90	64	27.71	112	36.25	92	38.98	96	38.40
Population, Births and Deaths	25	9.73	27	11.69	27	8.74	29	12.29	23	9.20
Admissions, Visits, Discharges and Health Services	67	26.07	48	20.78	73	23.62	71	30.08	77	30.80
Others	51	19.84	55	23.81	32	10.36	5	2.12	13	5.20
Total	257	100.0	231	100.0	309	100.0	236	100.0	250	100.0

MALAYSIA'S INTERNATIONAL CLASSIFICATION OF DISEASES 11TH (ICD-11) TRANSITION 2023-2025

Since 2023, Malaysia strengthened its national health data infrastructure by implementing the ICD-11. This initiative marked a decisive shift from the legacy ICD-10 system to a modern framework that is far better suited to the complex medical requirements of the 21st century.

The period from 2023 to 2025 served as a critical transition phase, culminating in years of intense operationalisation. Throughout these years, the MOH organised and participated in over 164 activities nationwide, focusing primarily on bridging the gap between high-level policy and clinical practice. A central component of these efforts was the Certification of Coders (CoC) programme, a specialised training initiative designed to equip clinical coders with the technical skills necessary for ICD-11's advanced coding logic. This investment in human capital has successfully built a robust cohort of certified and expert coders who are now capable of maintaining high standards of data integrity across the country. Since 2023, we have trained more than 900 certified coders and 20 expert coders nationwide.

Beyond technical training, the MOH held extensive engagements with hospital administrators, IT vendors, and policymakers to ensure a cohesive national rollout. A major achievement during this transition was the integration of the ICD-11 Embedded Coding Tool (ECT) within existing Hospital Information Systems (HIS) and *Sistem Maklumat Rawatan Pelanggan*

(SMRP). This integration allows for real-time, precise clinical coding directly within the system, which significantly enhances data granularity for better health outcomes and more efficient resource allocation. Malaysia's transition has been further supported by a rigorous research agenda, ensuring that all implementation strategies are both effective and sustainable. Since 2023, seven (7) primary publications documented this journey. A comprehensive list of publications is as follows:

- i. Digital transformation for sustainable healthcare education: Evaluating the impact of Moodle learning management system on ICD-11 training
- ii. Facilitators and challenges to ICD-11 implementation: a qualitative study using the consolidated framework for implementation science
- iii. The effectiveness of the ICD-11 training programme among clinical coders in Malaysia
- iv. From data collection to downstream data use: Malaysia's experience with ICD-11
- v. Development and validation of the intention to use the ICD-11 questionnaire in the Malaysian medical records context
- vi. ICD-11 certification of coders training programme: experience sharing by the Ministry of Health Malaysia
- vii. Factors influencing the intention to use the ICD-11 among medical record officers (MROs) and assistant medical record officers (AMROs) in Ministry of Health, Malaysia

HEALTH FACILITY PLANNING SECTION (PFK)

The PFK section focuses on two (2) main aspects: macro planning, involving the preparation of master plans, facility norms based on approved service policies, and relevant guidelines; and micro planning, which addresses the technical requirements for implementing health facility development projects. The section also provides technical input and fosters inter-divisional and inter-agency collaboration to strengthen planning outcomes.

MACRO PLANNING

Development of The Health Facility Master Plan Through Dashboards and Data Visualisation

In 2025, SPFK translated the MOH Health Facility Master Plan 2024-2045 into dashboards and data visualisation platforms to support practical, integrated, transparent and data-driven planning, monitoring and prioritisation of facility development. This initiative strengthened strategic decision-making processes at the MOH senior management level.

Technical Inputs for Policy Paper Development

SPFK organised the MOH Simulation and Skills Training Centre (PULSIK) Policy Paper Development Workshop on 2-3 September 2025, in support of the policy paper led by the Medical Development Division and the Training Management Division, with participation from various MOH divisions and programmes. SPFK served as coordinator and provided technical input on facility planning and infrastructure requirements to ensure the policy paper is evidence-based, feasible, and supports sustainable implementation of MOH PULSIK.

KKBD Medical Brief of Requirement (MBOR) Template

SPFK successfully developed the KKBD MBOR Template as a standard reference to the scope, capacity, and spatial requirements for KKBD project applications by all states. The template was developed through early engagement with relevant programmes and divisions and the Public Works Department (JKR) to ensure alignment with operational needs and project implementation requirements. It will serve as a fundamental reference for preparing KKBD project documents under the Rolling Plan.

Post Occupancy Evaluation (POE) Hospital Rembau 2025

On 27 February 2025, SPFK conducted a POE study at Hospital Rembau to assess the facility design suitability and usability following its transition to a minor specialist hospital. The findings provided evidence-based inputs to improve future facility planning and strengthen the MBOR.

MICRO PLANNING

Projects Approved In 2025

In 2025, 23 projects were approved, including 15 new or replacement Ks and five (5) hospital upgrades and other projects, with 15 requiring a MBOR.

Implementation of Room-To-Room (R2R) Inspection Activities for Projects Handed Over In 2025

In 2025, R2R activities were conducted for 20 operational projects, including two (2) new hospitals, five (5) hospital upgrades, 11 new or replacement health clinics, and two (2) dental specialist projects.

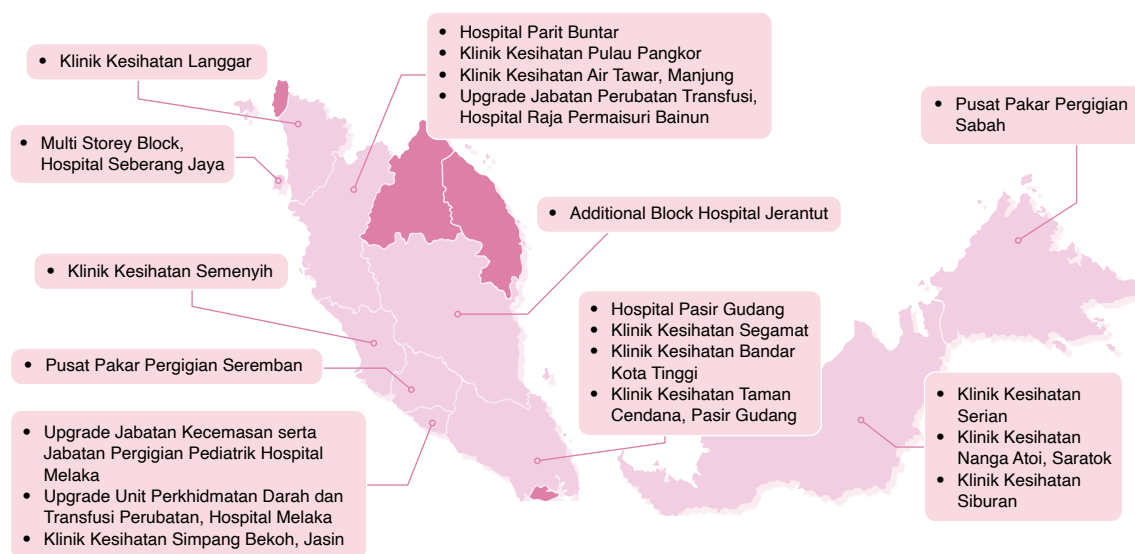


Figure 6.8 Projects Handed Over in 2025

MOH Statement of Need (SON) Preparation Workshop 2025

SPFK organised the SON Preparation Workshop on 17-18 September 2025 in Putrajaya, with 50 participants from JKNs, MOH divisions and programmes. The workshop aimed to enhance understanding and improve the quality of SON preparation as a key component of the MBOR for health development projects under the 13MP Rolling Plan.



Image 6.9 MOH SON Preparation Workshop 2025

eHEALTH PLANNING SECTION

THE DISSEMINATION OF THE 2025 GUIDELINES ON ONLINE HEALTHCARE SERVICES (OHS)

The MOH through the Planning Division, established a strategic collaboration with the Malaysian Communications and Multimedia Commission (MCMC) under the MADANI Digital Grant Programme for Micro, Small and Medium Enterprises (PKMS) (GDPM FEST 2025) to facilitate the dissemination of the OHS Guideline 2025 in Johor (10 August 2025), Pahang (17 August 2025) and Sabah (24 August 2025).

This programme enhanced awareness and facilitated dissemination of the Guideline, which was published on 5 May 2025 through the Director-General of Health Circular No. 16/2025, ensuring clear and accurate information to relevant stakeholders and the general public, particularly companies providing OHS. MOH also participated in knowledge-sharing session and exhibition during GDPM FEST 2025 to further promote the guideline.



Image 6.10 The GDPM FEST 2025 Programme

MEDICAL RADIATION SURVEILLANCE DIVISION (MRSD)

MRSD serves as the secretariat to the DG in regulating the use of ionising radiation for medical purposes through enforcement of the Atomic Energy Licensing Act [Act 304]. To ensure that the medical radiation control programme meets international standards, MRSD collaborates with various agencies at both national and international levels. The MRSD organizational chart is as shown below:

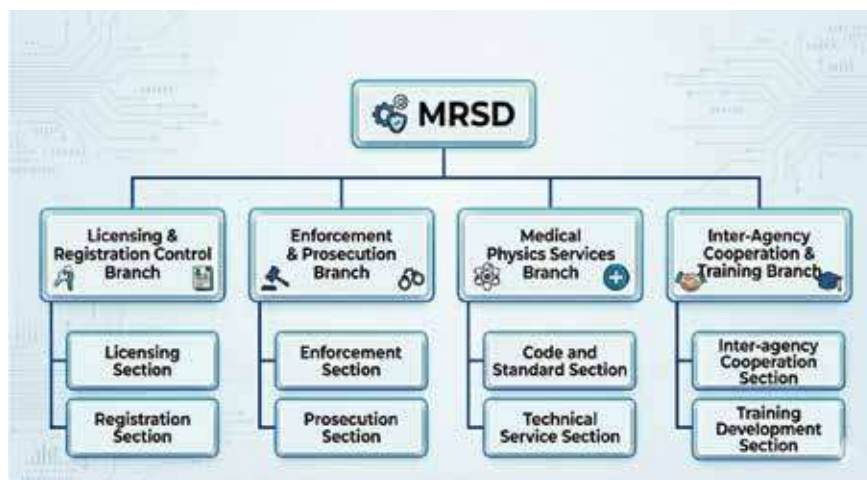


Figure 6.9 Organizational Chart of MRSD

ACTIVITIES AND ACHIEVEMENTS

LICENSING AND REGISTRATION ACTIVITIES

A total of 2,613 licence applications were issued to private medical facilities in 2025. **Figure 6.10** shows a summary of the number of approvals for new and renewal licences to private medical facilities for the year 2025 as approved by the DG.



Figure 6.10 Number of License Approvals in 2025

There are 7,295 government and private medical facilities consisting of 1,136 government medical facilities and 6,159 private medical facilities as detailed in **Table 6.4**.

Table 6.4 Number of Registered (Government) and Licensed (Private) Medical Institutions under Act 304

Type of Premises	Healthcare Facilities		Total
	Government	Private	
Dental Clinic	581	3,431	4,012
General Practitioner Clinic	NA	1,985	1,985
Hospital (Radiology)	159	210	369
Health Clinic	309	NA	309
Veterinary Clinic	6	265	271
Non Radiology Specialist Clinic	-	122	122
Radiology Clinic	-	38	38
Military Healthcare Facilities (Hospital/ Medical Centre/ Dental Clinic)	60	-	60
Nuclear Medicine Centre	7	40	47
Radiotherapy Centre	7	37	44
Blood Irradiator Centre	4	6	10
Mobile X-Ray Services Clinic	3	11	14
Medical Physics Consultancy Company (Class H)	-	14	14
Total	1,136	6,159	7,295

Meanwhile, the total of 13,467 registered or licensed irradiation apparatus are found in government and private medical facilities, as stated in **Table 6.5**.

Table 6.5 The Number of Radiation Generator in Government and Private Medical Facilities

Type of Radiation Generator	Medical Facilities		Total
	Government	Private	
General/Mobile X-Ray/Veterinary	1,441	2,999	4,440
Dental (Intra Oral/OPG/CBCT)	873	6,020	6,893
Fluoroscopy (Static/Mobile)	321	538	859
Angiography	45	173	218
CT Scanner	107	223	330
Mammography	74	212	286
Lithotripter	18	26	44
Bone Densitometer	24	122	146
Linear Accelerator (LINAC)/ Robotic LINAC	18	54	72

Type of Radiation Generator	Medical Facilities		Total
	Government	Private	
LINAC-kV Imaging	17	53	70
Intraoperative Radiotherapy (IORT)	-	9	9
Gamma Knife-CBCT	-	4	4
Simulator	1	1	2
CT Simulator	10	22	32
Tomotherapy	2	7	9
PET-CT/ SPECT-CT	14	36	50
Medical Cyclotron	1	2	3
Total	2,966	10,501	13,467



Image 6.11 Pre-use Inspection - Mobile Service (Mammography)



Image 6.12 Discussion Related to the Ownership of CBCT and OPG Apparatus in Private Dental Clinics

In addition to radiation generator, a total of 1,612 radioactive material sources, consisting of 1,382 sealed sources and 230 unsealed sources, are registered or licensed in government and private medical facilities as shown in **Table 6.6**.

Table 6.6 The Number of Radioactive Sources in Government and Private Medical Facilities

Type of Source	Service	No. of Sources		Total
		Government	Private	
Sealed Sources	Radioteraphy	6	812	1,382
	Nuclear Medicine	259	287	
	Blood irradiator	11	5	
	Class H		2	
Unsealed Sources	Nuclear Medicine	57	171	230
	Class H	TB	2	
Total		333	1,279	1,612

Meanwhile, a total fee collection for the year 2025 is RM1,406,665.00 as shown in **Table 6.7**.

Table 6.7 Total Collection by Fee Types

	Total (RM)
License Fee	1,330,140.00
Process Fee	76,525.00
Total	1,406,665.00

MONITORING AND ENFORCEMENT ACTIVITIES

Inspection visits were conducted to confirm compliance with regulatory requirements under Act 304 based on conditions set in the licenses. The verification of the visits involved compliance with aspects related to equipment, facilities, personnel and procedures. Investigation visits were also carried out to premises based on complaints received and premises suspected of violating the established requirements.

A total of 1,225 medical facilities were inspected covering both government and private medical facilities. The inspection results showed that 95.67% complied while 4.33% did not comply as stated in **Table 6.8**. Follow-up actions were taken to ensure compliance under Act 304.

Table 6.8 Statistics of Monitoring Inspection Visit Activities

Category	No. of Inspection	Status Compliances	
		Comply	Not Comply
Compliance of government and private medical facilities	1,225	1,172	53
Percentage of Compliance (%)		95.67	4.33

Compliance audits on 282 government and private medical facilities were conducted throughout year 2025. **Table 6.9** shows the results of the non-compliance study against image or radiograph audit criteria.

Table 6.9 Radiographic Quality Audit Report Results

Audit Status	Total of Facilities
Satisfactory	231 (81.9%)
Unsatisfactory	51 (18.1%)

Non-compliance in the radiographic quality audit is due to the failure to use a primary marker, improper positioning techniques and poor collimation of images. Premises that fail to comply with radiographic quality audits will be monitored until they meet the required standards.

COMPLAINT MANAGEMENT AND NON-COMPLIANCE REPORTING

In 2025, MOH received a total of 12 radiation dose exposure notification cases. Out of eight (8) full investigations were submitted by the respective premises and MRSD is satisfied with the reports and the improvements implemented. Of the remaining cases, two (2) cases are under follow up while two (2) remain under continuous monitoring as shown in **Table 6.10**.

Table 6.10 Radiation Dose Notification Cases

Items	No. of Cases
Cases involving radiation workers exceeding annual dose limits	3
Cases involving unjustified exposure to patients	2
Cases involving complaints related to medical facility safety	3
Case of accidental exposure involving a member of the public	1
Case involving loss of medical report book	1
Cases of negligence involving OSL	2

During the same period, MOH received 49 complaints relating to violations under Act 304 by private medical facilities. Of these cases, 39 were resolved, nine (9) were referred for prosecution and one (1) case remain under investigation. The majority of the non-compliances involved possession or operation of radiation generators without a valid license, breeches of license conditions and substandard radiographic images quality as shown in **Table 6.11**.

Table 6.11 Complaints of Violations under Act 304

Items	No. of Complaints
Cases of possessing radiation generators without licence	11
Cases of operating radiation generators without licence	4
Cases of breach of licence conditions	23
Cases involving FOMEMA complaints	3
Case involving Class H	1
Other cases including unfounded complaints	7

In 2025, a total of five (5) legal actions were executed under Act 304. All premises involved were fined by the court with total penalties amounting to RM97,000.00.

TECHNICAL ADVISORY SERVICES TO GOVERNMENT MEDICAL FACILITIES

The main activities technical advisory services related to ionising radiation for government medical facilities are shown in **Table 6.12**.

Table 6.12 Technical Advisory Services Related to Ionising Radiation

Activity	No. of Activities
Preparation and evaluation of irradiation apparatus specifications and associated facilities.	28
Site Visits, Advisory Services and Testing & Commissioning.(T&C):	
i. Review of Technical Specification Adherence (TSA) /site visit preparation of pre-bid documents/kick-off/T&C	92
ii. Verification of radiation safety thickness specifications.	6
Review of plans, radiation protection and technical services for new or existing projects for government clinics or hospitals	29
The implementation of the Quality Assurance Programme (QAP) in Radiology, Radiotherapy, Nuclear Medicine and Dental Services covers the following activities:	
i. Meetings of the Main Committee and Working Committee for QAP Implementation	20
ii. QAP Implementation Visits	
iii. QAP Programme Engagement Sessions	



Image 6.13 Monitoring of Radioactivity Levels in Cremated Remains of Seed Implant Patients at Cremation Centres



Image 6.14 Disposal Activities of Cremated Remains of Seed Implant Patients

DEVELOPMENT ACTIVITIES OF GUIDELINES/MANUAL TECHNICAL PAPERS

The preparation of documents supports the development of codes and standards to enhance the regulatory system under Act 304 for medical purposes. The number of documents related to medical radiation currently under development in 2025 is as shown below.

- Guidelines of Internal Dosimetry Procedure in Nuclear Medicine
- Guidelines on Ultrasound Usage in Medical Practice (*Pindaan 202X*)

- iii. Handbook of Internal Dosimetry in Nuclear Medicine
- iv. Guidance Document on Radiological Emergency Preparedness for Medical Physicist (*Pindaan* 2024)
- v. Standard Operating Procedure (SOP) for Unintended and Accidental Radiation Exposures in Medical Practice under Act 304
- vi. Guidelines on Magnetic Resonance Imaging (MRI) Safety for Medical Practice
- vii. **Surat Pekeliling Ketua Pengarah Kesihatan Bil. 25/2025:** Keperluan Penggunaan Kelengkapan Sinar-X Berkuasa Kurang atau Melebihi 11 kiloWatt (kW) untuk Tujuan Radiografi Am di Bawah Akta Perlesenan Tenaga Atom 1984 [Akta 304]
- viii. **Surat Pekeliling Ketua Pengarah Kesihatan Bil. 8/2026:** Penetapan Personel Berkelayakan bagi Pengendalian Penjana Sinaran dalam Perkhidmatan Pergigian di bawah Akta Tenaga Atom 1984 [Akta 304]

TRAINING AND HUMAN CAPITAL DEVELOPMENT

The development of training and human capital is essential for an organisation to produce quality, productive and highly skilled personnel. A summary of training activities, including engagement sessions, conducted in 2025 is shown in **Table 6.13**.

Table 6.13 Training Development Activities

Activities	Total
Number of approvals for the organisation of CME under Act 304 to organising agencies	434
Number of information disseminations through CME sessions under Act 304	241
Total hours of information dissemination by BKRPs officers through CME programmes	264
Number of trained MOH personnel	880
Number of organise training programme/attendance at generic & functional courses for MRSD officers	375
Number of Training Centre accredited under Act 304:	
i. Nuclear Medicine	3
ii. General Medical Practitioners	3
iii. Dental OPG and CBCT	3
iv. Radiation Protection Officers	1
Continuous Professional Education (CPE) Programmes: Technology/products by local and international suppliers	9
Number of certifications as Trained Physics Science Officers in the MOH in the field of quality control testing for general radiography and intra-oral machines at the IPKKM, JKNS and hospitals (radiology)	90

TECHNICAL COLLABORATION WITH DOMESTIC AND INTERNATIONAL AGENCIES

MRSD ensures that its regulatory practices align with current needs and requirements, particularly the recommendations of international agencies. The collaboration activities and programmes implemented in 2025 are as shown in **Table 6.14**.

Table 6.14 Agency Collaboration Activities

Activities	Items
Preparation of feedback on summary notes/speech inputs/collaboration inputs/collaboration notes for bilateral relations between MRSD and domestic and international agencies.	5 Feedback Replies to the Request for Executive Summary and Speaking Notes (BSN) Regarding Bilateral Cooperation and Health-Related Issues Between Malaysia and Foreign Countries have been prepared. The countries involved are: i. South Africa ii. Germany iii. Denmark iv. United States of America v. Islamic Republic of Iran
Implementation of activities under the Nuclear Security Programme based on the planning for the current year.	i. Workshop on Experience and Lesson Learned for the Implementation of Integrated Nuclear Security Sustainability Plan (INSSP) ii. Review for a Memorandum from the Minister of Science, Technology and Innovation: Proposal to Send Spent Sealed Radioactive Source Radium-226 to the Canadian Nuclear Laboratories under the Global Radium-226 Management Initiative Programme organised by the International Atomic Energy Agency iii. Nuclear Security Awareness Day in Kuala Lumpur on 25 July 2025 iv. Threat Assessment Visit (Threat Assessment) with CGSO at Hospital Sultan Abdul Aziz Shah (HSAAS) Universiti Putra Malaysia, Hospital Wanita dan Kanak-Kanak Sabah (HWKKS) and Hospital Tunku Azizah (HTA)
Nuclear Security Culture activities implemented based on the annual plan	i. Engagement Session for the Implementation of the Nuclear Security Culture Establishment Programme ii. Reinforcement and Strengthening of Nuclear Safety Culture Course at the National Blood Centre Level iii. Monitoring of the Implementation of the Plan of Action (POA) and the Security Culture Enhancement Programme Report for the National Blood Centre and Hospital Ampang iv. Monitoring of the POA Establishment Programme for Hospital Canselor Tuanku Muhriz UKM (HCTM), HUSM, Hospital Gleneagles, HWKKS, HTA v. Engagement Programme for the Adoption of Nuclear Security Culture 2025 at the HUSM Level
Nuclear Security Physical Protection activities implemented based on the annual plan	i. Managing the acceptance of contributions for the upgrade and maintenance of the physical security system at MOH medical facilities by the Office of Radiological Security (ORS) together with the Procurement and Privatisation Division ii. managing complaints related to maintenance companies for HTA and the Advanced Medical and Dental Institute (IPPT) USM iii. Enhancing Insider Threat Mitigation Programmes through Advanced Human Measures Workshop in Putrajaya iv. Site Response Training (SRT) Workshop in Kuala Lumpur

Activities	Items
Activities related to Alternative Technology are implemented based on the annual plan	i. Managing the participation of medical facilities in the Alternative Technologies Programme (ATP) by the ORS ii. Alternative Technology Awareness Programme in Kuala Lumpur
Involvement in the planning, monitoring, and implementation of the Country Programme Framework 2022-2027 based on the planned strategy	i. Monitoring of the Proposed Implementation of IAEA TC Project MAL 9019 for the 2022 Cycle ii. Monitoring of the Proposed Implementation of IAEA TC Project MAL 9019 for the 2024 & 2025 Cycles
Implementation of technical cooperation programmes related to Safety and Security with international agencies based on agreements	i. A visit from the Education and Training Appraisal in Radiation Protection and Safety (EduTA) Expert Mission
The nomination of MRSD officers for programmes organised by international agencies	i. Third International Conference on Applications of Radiation Science and Technology (ICARST-2025) in Vienna ii. International Training Course on Regulatory Functions for the Security of Nuclear Material, Nuclear Facilities and Associated Activities iii. Technical Meeting on Disused Sealed Radioactive Sources Disposal Options in Near Surface Disposal Facilities iv. Fourth Training Course on the IAEA Safety Standards v. International Conference on Nuclear and Radiological Emergencies: Building the Future in an Evolving World



Image 6.15 Working Visit by MRSD to the Atomic Energy Department



Image 6.16 Engagement Session with Licensed Radiation Source Suppliers under Act 304

MRSD will maintain effective and efficient oversight of ionising radiation use in the medical field to safeguard the health and safety of patients, workers, and the public employing transformative, technology-driven, innovative, high quality and sustainable approaches while ensuring that all regulatory activities comply with the MOH service requirements as set out in the MOH Strategic Plan.

NATIONAL INSTITUTES OF HEALTH (NIH)

OFFICE OF THE NIH MANAGER

The Office of NIH Manager is responsible for managing the implementation of health research at the MOH covering research planning, conduct grant applications and disbursements as well as the dissemination of scientific research results. It ensures that the MOH health research programme runs smoothly to achieve outputs and outcomes that support national health policy development.

The Research and Management Unit processes research allocation applications from NIH and MOH researchers, coordinates meetings of the NIH Research Review Committee (JPPNIH) and the MOH Research Grant Evaluation Panel, manages the distribution process and monitor Research allocations. In 2025, a total of RM37,232,104 was distributed with, 92% spent on projects as shown in **Figure 6.11**.

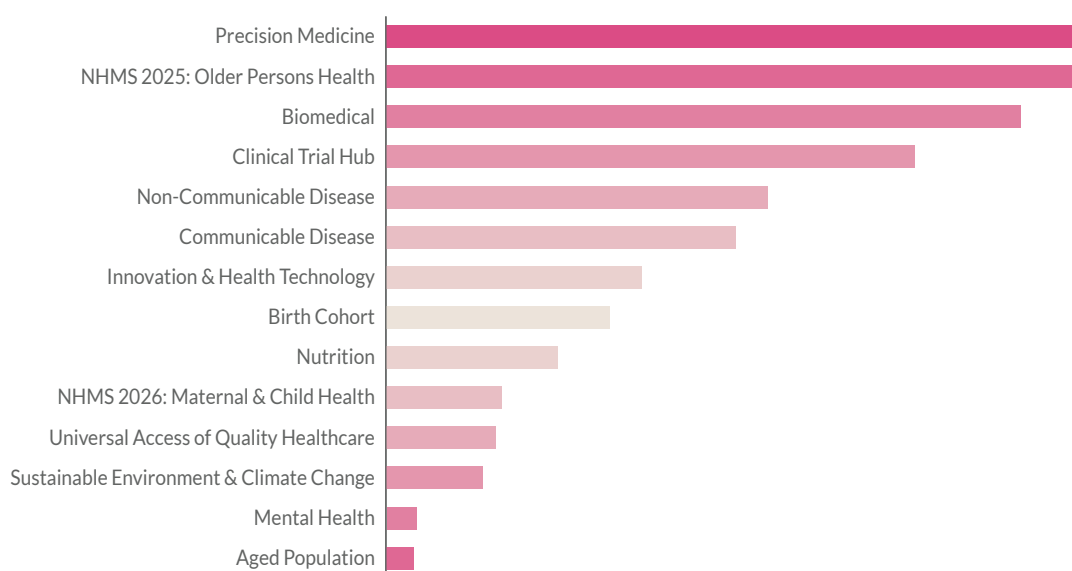


Figure 6.11 Research Allocation under Research and Development Allocation

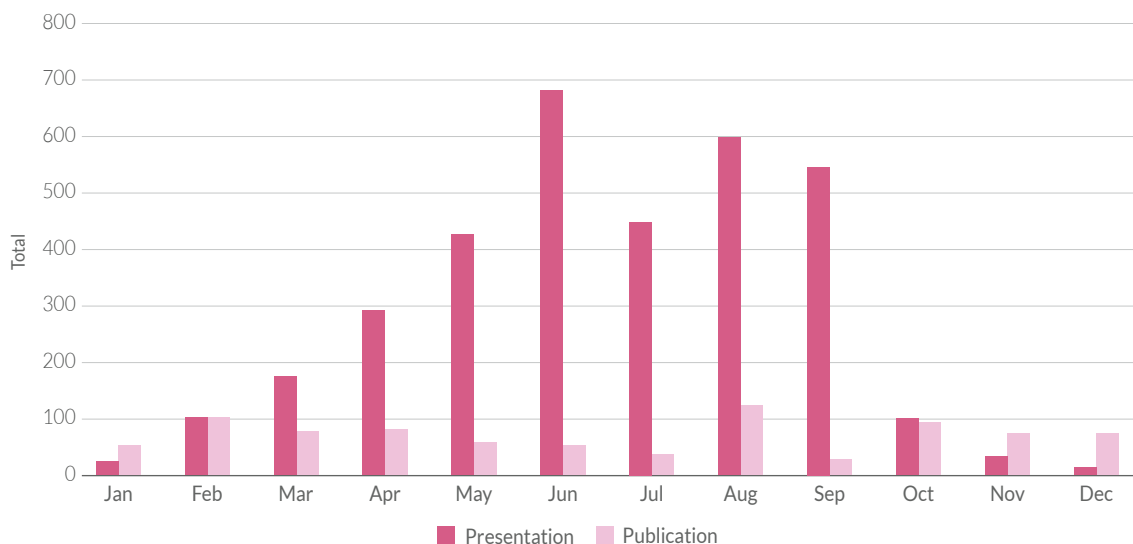


Figure 6.12 Total Applications for Presentation and Publication Approval in 2025

In 2025, the Sector for Ethics and Research Surveillance (SEPP) processed 4,349 National Medical Research Register (NMRR) registrations and granted ethical approval for 2,413 research projects, managing post-approval activities such as protocol amendments, ethical approval renewals, project terminations and the assessment of Serious Adverse Event (SAE) reports and Protocol Deviation (PD) reports. SEPP also conducted Good Clinical Practice (GCP) compliance reviews for nine (9) clinical trials and strengthened research governance by organising NMRR Submission Workshops and providing trainings through the Network of Ethics Committees in Malaysia (NERCIM), enhancing ethical standards and best practices nationwide.

In line with the PSP KKM 2021-2025, Sector for Biostatistic and Data Repository (SBDR) collaborated with the Information Technology Sector to develop the NIH Ecosystem and Platform Development for Big Data Analytics (BDA) to support research activities. Leveraging AI, the platform enables faster, more accurate and more effective data analysis outcomes. As of December 2025, 13 research and data analytics projects had been implemented, covering epidemiology, vaccine evaluation, analysis automation and predictive modelling. Between 2021 and 2025, 15 training sessions and ToT programmes were conducted to enhance officers' technical competencies and ensure sustainability. The platform improved analytical efficiency by over 70% and was recognised at the AWS Public Sector Day Malaysia Innovation Awards 2025, winning the Data Driven Impact Category Award. Moving Forward, the NIH BDA platform will expand to include AI, machine learning (ML), the Internet of Medical Things (IoMT), Large Language Models (LLMs), research operations and genomic-related data repositories, benefiting researchers, data analysts and policymakers while strengthening the national digital health research ecosystem towards more efficient, integrated and sustainable service delivery.

The Sector for Evidence Based Healthcare provide consultation services on systematic and scoping reviews, meta-analyses, evidence mapping and other scientific studies. In collaboration with Cochrane Malaysia, the Evidence Based Healthcare Sector successfully organised the Cochrane Living Guidelines in Health Workshop 2025 on 22-23 May 2025. The workshop was officiated by the Deputy Minister of Health and featured speaker from Cochrane Australia. This initiative reflects NIH's sustained commitment to strengthening national capacity in evidence-based healthcare through the adoption of living guidelines, supporting timely, informed decision in a dynamic health system.

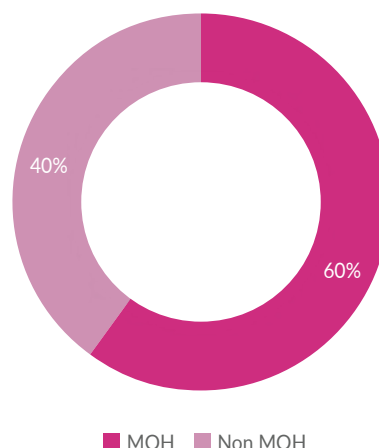


Figure 6.13 Consultation and Training



Figure 6.14 Delegation and Training



Image 6.17 Cochrane Living Guidelines in Health Workshop 2025

In 2025, the Biobank Unit carried out key activities in line with *Surat Pekeliling Ketua Pengarah Kesihatan Malaysia Bil. 12/2025: Penyelarasan Aktiviti Biobanking dan Pengurusan Biospesimen Manusia yang Dikumpul bagi Penyelidikan Masa Hadapan di Kementerian Kesihatan Malaysia* and the National Strategic Plan for Cancer Control Programme (NSPCCP) 2021-2025, with oversight from the MOH Biobank Governance and Steering Committee and guidance from the MOH Biobank Scientific Committee.

The unit conducted prospective collection of biospecimens and data from consenting patients at MOH hospitals nationwide in collaboration with Pathology Services, Surgical Services and the Clinical Research Centres and supported major research projects such as the Langkawi Longitudinal Study (LLS) and MyGENOM Study. The team also served as the major working committee and achieved a landmark milestone with the publication of the Malaysian Guidelines on the Use of Human Biological Samples for Research (2nd Edition).

Internationally, Dr. Hans Prakash Sathasivam, was appointed Regional Ambassador for the International Society for Biological and Environmental Repositories (ISBER), while Biobank officers represented Malaysia as speakers, panel experts and delegates in China, India and Pakistan.

Figure 6.15 Malaysian Guidelines on the Use of Human Biological Samples for Research 2nd Edition



Image 6.18 International Symposium on Cryobiology and Living Biobanking 2025 in Changsha



The Research Information Resources Sector (SSMP) or NIH Library supports NIH research by providing reference resources for researchers. In 2025, SSMP subscribed to five (5) e-Journal databases and conducted reference activities to assist in utilising research support tools and e-Journal databases. **Figure 6.16** shows the percentage of usage based on hits for each database.

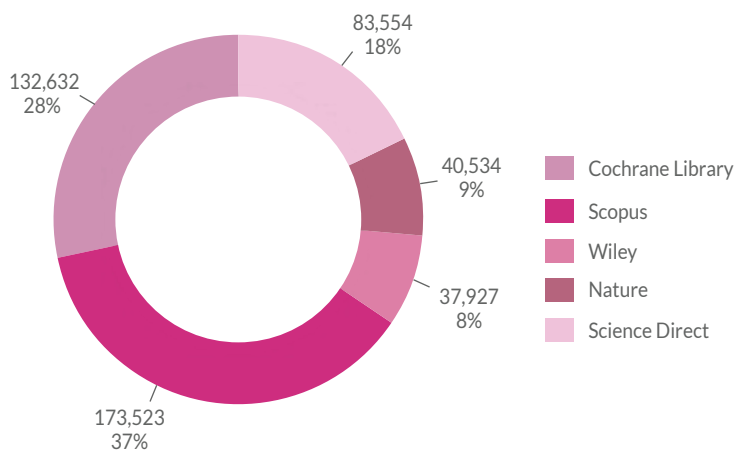


Figure 6.16 NIH Library e-Journal Database Usage Statistics in 2025

INSTITUTE FOR MEDICAL RESEARCH (IMR)

SEAMEO TROPMED Malaysia

In 2025, SEAMEO TROPMED Malaysia organised the Southeast Asia Initiative in Developing Research Excellence and Mentorship (SEA-DREAM) Meeting under MOH Malaysia in collaboration with the SEAMEO Secretariat, Wellcome Trust and the Foreign, Commonwealth & Development Office (FCDO). SEAMEO TROPMED Malaysia also participated in the Pre-Launch Ceremony of the SEA-DREAM Initiative: DREAM 4 Health Call for Proposals 2026 held in conjunction with the MIH Megatrends Conference in Kuala Lumpur, promoting research excellence, mentorship, leadership and research governance in Malaysia and the Southeast Asian region.

SEAMEO TROPMED Malaysia participated in the SEAMEO Centres Policy Research Network (CPRN) Summit 2025 held in Brunei Darussalam, themed “Building Bridges to a Sustainable Future: Inclusive Collaboration and Innovation in Education, Science, and Culture”. The Director of IMR, serving as Director of SEAMEO TROPMED Malaysia, presented a study entitled Strengthening Quality Assurance in Postgraduate Training through Student Feedback: A Case Study from SEAMEO TROPMED Malaysia, providing evidence-based insights to improve postgraduate training quality.

SEAMEO TROPMED Malaysia also attended the International Conference 2025 organised by SEAMEO RETRAC, Viet Nam, themed “Internationalisation in Higher Education Leadership and Management: Perspectives, Innovations and Best Practices”. The SEAMEO TROPMED Malaysia Deputy Director presented a study entitled Advancing Postgraduate Education in Tropical Medicine: Integrating Emerging Health Issues and Technology in Southeast Asia.

SEAMEO TROPMED Malaysia also successfully organised two (2) postgraduate programmes, namely the Postgraduate Diploma in Applied Parasitology and Entomology (DAP&E) and the Postgraduate Diploma in Medical Microbiology (DMM). At the Convocation Ceremony held on 23 October 2025, 11 DMM graduates and four (4) DAP&E graduates received their diplomas from the Director of IMR.



Image 6.19 SEAMEO Centres Policy Research Network (CPRN) Summit 2025 in Brunei Darussalam

MYGENOM INITIATIVE: PROGRESS, STATUS AND DEVELOPMENTS (YEAR TWO)

The MyGENOM Initiative is a strategic national investment in building Malaysia's genomic infrastructure and support the transition to precision medicine. Following the successful completion of Phase 1 recruitment in 2025, with 5,029 participants enrolled across 83 sites nationwide, MyGENOM established a robust and representative foundational dataset for the Malaysian population. The adoption of a Dynamic Regional Recruitment Model improved operational innovation, optimised manpower deployment and strengthened community engagement. Partnerships with Universiti Malaysia Sabah (UMS), Universiti Malaya Medical Centre (UMMC), Jabatan Kemajuan Orang Asli (JAKOA) and the integration with existing healthcare delivery platforms, including blood donation centres, enhanced inclusivity and captured Malaysia's genetic diversity.

Early sequencing for the initial 2,400 participants has been completed, with downstream genomic analyses ongoing. Phenotypic analysis of the Phase 1 has already yielded actionable public health insights such as the high prevalence of dyslipidaemia (73.6%) and undiagnosed pre-diabetes (18.3%), highlighting opportunities to integrate genomic data screening programmes and preventive health strategies.

MyGENOM will support the MOH's objectives of evidence-based policy, early diagnosis and cost-effective health management. The integration of genomic data with AI and digital health systems is expected to enable the development of locally relevant risk prediction models, reduce diagnostic uncertainty and inform more personalised, equitable and sustainable healthcare delivery for Malaysians.



Image 6.20 MyGENOM Recruitment Core Team



Image 6.21 MyGENOM Participants Recruitment Activity in Bintulu, Sarawak

NEXT-GENERATION SEQUENCING (NGS) SYSTEM AND BIOINFORMATICS

IMR provides cutting-edge bioinformatics and genomics facilities including a dedicated bioinformatics laboratory, High-Performance Computing (HPC) infrastructure and advanced NGS platforms. These facilities support a wide range of genomic applications such as Whole Genome Sequencing (WGS), RNA sequencing (RNA-Seq), genetic variation studies and Genome-Wide Association Studies (GWAS). Sequencing activities are conducted using state-of-the-art instrumentation namely NextSeq 550, MiSeq and Nanopore sequencing platforms.

IMR's core bioinformatics and genomics facilities support national priority research initiatives, including SARS-CoV-2 genomic surveillance and studies on various diseases such as nasopharyngeal carcinoma, leukaemia and other NCDs.

These analyses contributed to early disease detection, enhanced understanding of disease pathogenesis and the advancement of precision medicine. The facilities also support the implementation of national initiatives, notably the MyGENOM project and other NGS related projects. In addition, the IMR Bioinformatics Unit serves as a capacity-building hub by the organisation workshops, technical training and knowledge transfer programmes for researchers, MOH officers and academic institutions to strengthen local expertise in bioinformatics and genomics.



Image 6.22 NGS Analysis Workshop



Image 6.23 Computational Structural Biology Workshop

SPECIMEN MANAGEMENT INFORMATION SYSTEM (SMIS)

SMIS is Malaysia's first fully integrated online system for the management of laboratory specimens and diagnostic test results. The system was developed by the IMR to support the delivery of efficient, systematic and standardised diagnostic and research services at the national level. This project development is fully aligned with the MOH *Pelan Strategik Pendigitalan* (PSP) 2021-2025.

The SMIS innovation project has received numerous national and international recognitions, including *Anugerah Khas Inovasi Perdana* KKM 2021. Internationally, SMIS received Gold and Outstanding Innovation Awards at Malaysia Technology Expo 2021, several gold awards at the 10th World Invention Creativity Olympic (WICO) in Seoul and the DAVINCI Gold Medal Award at the All American DaVinci International Innovation and Invention Expo, USA.



Image 6.24 Recognition of SMIS

INTERNATIONAL MEDICAL RESEARCH JOURNAL (IMRJ)

IMRJ is a peer-reviewed, open-access journal published twice a year. Established in 1997, it is one of the earliest regional platforms in for disseminating biomedical and clinical research. The journal has recently revitalised with a renewed focus on national relevance and international impact. IMRJ publishes original research, reviews and case studies in area such as communicable and non-communicable diseases, cancer science, genomics, public health and other related disciplines. All submissions undergo a rigorous peer-review process to ensure scientific quality and ethical integrity.

The journal has published four (4) editions and is registered with MySitasi. Efforts are ongoing to secure indexing in Scopus and Web of Science to enhance its global visibility and credibility. The 2025 special issue features abstract from the International Biomedical Conference (IBC 2025), highlighting recent advances in biomedical research and innovation. The IMRJ official website (imrj.nih.gov.my), launched on 21 February 2025 by the Director of IMR, offers a modern, user-friendly interface supported by the Open Journal System (OJS). This digital shift enhances accessibility, accelerates the dissemination of research outputs and aligns with sustainable publishing practices.



Image 6.25 IMRJ Website Launching Ceremony

BIOMEDICAL RESEARCH AND INNOVATION MANAGEMENT SYSTEM (BRIMS)

The BRIMS is a strategic initiative by the IMR aimed at strengthening governance in biomedical research through the development of an integrated, systematic and sustainable internal management system. It supports IMR's role as the nation's leading biomedical research institution by managing a wide spectrum of research projects and strategic collaborations with government agencies, academic institutions, local industry and international partners.

BRIMS was developed to streamline the management and monitoring of the entire research project lifecycle, from planning and approval to project implementation, grant and financial management, progress monitoring and final reporting and outcome evaluation. The system is equipped with adequate security features and is maintained in-house on an ongoing basis. Through its centralised digital platform, BRIMS enables real-time project monitoring, structured data management and standardisation of workflows across various research disciplines and units within IMR. This enhances operational efficiency, transparency, accountability and compliance with research governance and ethical requirements.

Aligned with the United Nations Sustainable Development Goals (SDGs), IMR integrates biomedical innovation to address challenges in disease management, health inequality, and environmental resilience. This comprehensive approach ensures that advanced medical research is harmonised with responsible practice and global partnerships to foster a more equitable, resilient and sustainable future.

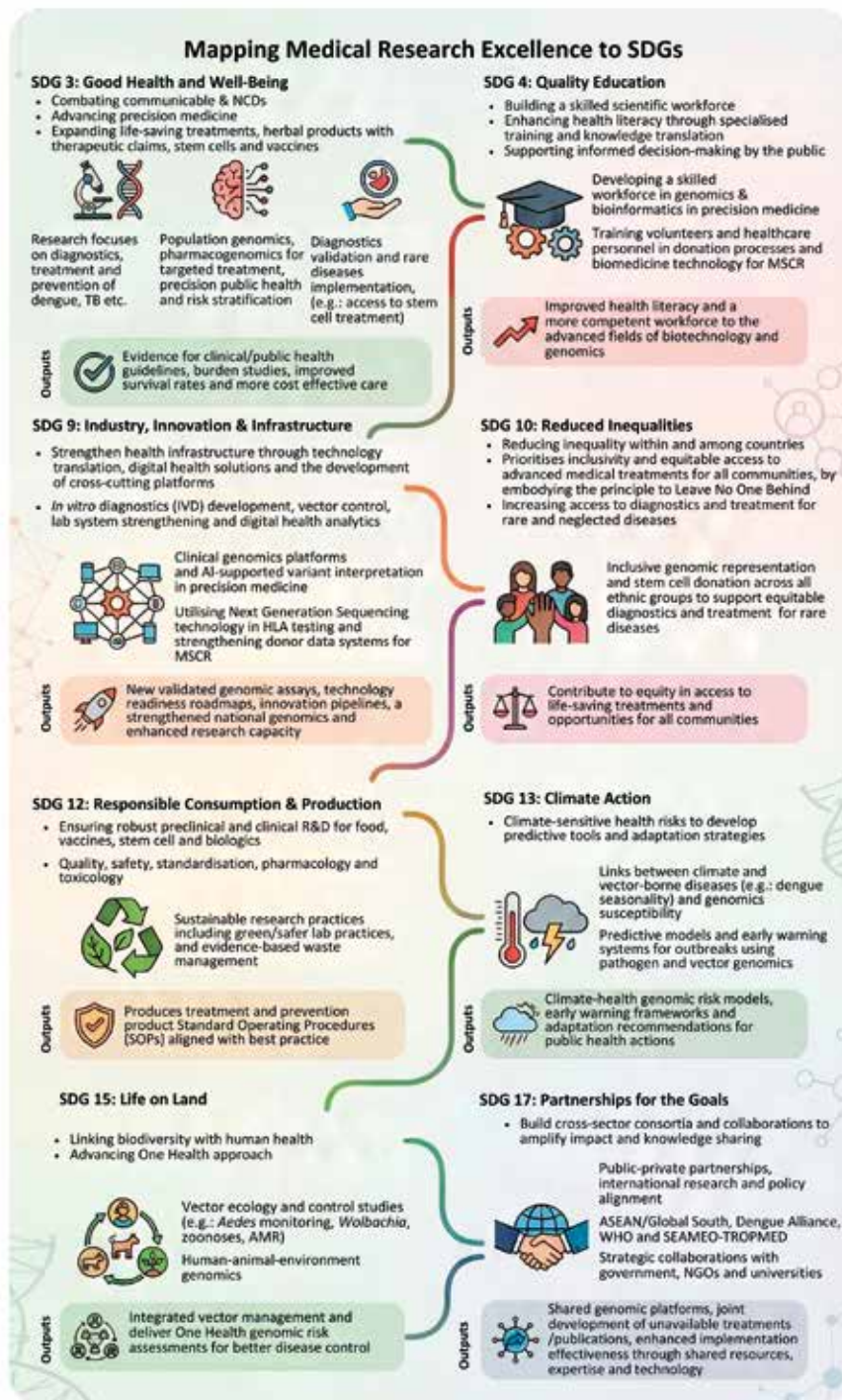


Figure 6.17 IMR & SDGs: Driving Medical Innovation for a Sustainable Future

INSTITUTE FOR PUBLIC HEALTH (IPH)

The achievements of IPH in 2025 reflect strong support for the 12MP, particularly in strengthening the national health system through high-quality data. IPH successfully conducted 35 research studies, independently and in collaboration with local and international agencies. The findings serve as key references for the MOH in identifying population health gaps. IPH also contributes 61 scientific manuscripts including 54 published in international journals and delivered 148 scientific presentations (oral and poster) at local and international platforms to disseminate the latest public health findings. In addition, IPH published 109 research-based materials, including technical reports, infographics, and policy briefs. A total of 329 technical consultation services were provided to various agencies in support of the national health agenda.

STUDY ON MALAYSIAN BURDEN OF DISEASE AND RISK FACTORS IN 2023

The Malaysian Burden of Disease and Risk Factors 2023 study, conducted by the Centre for Burden of Disease Research, quantifies burden on disease including estimates on Years of Life Lost (YLL), Years Lived with Disability (YLD) and Disability-Adjusted Life Years (DALY). The analysis has been completed for 162 diseases and injuries and a series of workshops has been conducted to review and refine the results. The study contributes to SDG 3.4.1, informs evidence-based health planning and provides a comprehensive assessment of population health.



Image 6.26 Workshop on Mortality Data Refinement for Malaysian Burden of Disease and Risk Factors 2023

STUDY ON PREMATURE MORTALITY TREND IN MALAYSIA: A NATIONAL-LEVEL ESTIMATION AND ANALYSIS FROM 2017-2023

The study on Premature Mortality Trend in Malaysia: A National-Level Estimation and Analysis from 2017 to 2023 determines trends in the leading causes of premature death. A workshop on data appraisal and trend analysis was held on 13-15 October 2025 to review causes of premature mortality for communicable, NCD and injuries by sex and age groups. These findings support SDG 3.4.1 by identifying priorities, monitoring progress and guiding policies to reduce premature mortality in Malaysia.



Image 6.27 Workshop on Data Appraisal and Trend Analysis of Premature Mortality Trends in Malaysia 2017-2023

NATIONAL HEALTH AND MORBIDITY SURVEY (NHMS) 2025: OLDER PERSONS' HEALTH

The NHMS is a national health survey carried out yearly by the IPH to collect detailed data on the health status, morbidity and associated risk factors among Malaysians population. In 2025, NHMS was led by the Centre for Family Health Research focusing specifically on the health status of older persons aged 60 years and above in Malaysia. The survey aims to assess the health status of older persons, identify gaps in health services and refine health programmes to be evidence-based and effective. It aids resource allocation, infrastructure development and workforce planning in the healthcare sector to support the ageing population's evolving needs better.

NHMS 2025 was launched by the Deputy Health Minister. Data collection was conducted throughout Malaysia from July to September 2025, involving face-to-face interviews, physical measurements, finger-prick blood collection and clinical assessments. The findings from NHMS 2025 will help support the development of policy frameworks aligned with the National Ageing Blueprint, Agenda Elderly Health Services Action Plan 2023-2030 and the Dementia Action Plan 2023-2030.



Image 6.28 Launching NHMS 2025: Older Persons' Health



Image 6.29 Data Collection NHMS 2025

NATIONAL HEALTH AND MORBIDITY SURVEY (NHMS) 2024: NUTRITION

NHMS is a key national health survey conducted periodically by the IPH, to generate comprehensive information on health status, morbidity and related risk factors among the Malaysian population. In 2024, NHMS placed specific emphasis on nutrition as a critical public health priority and was led by the Centre for Nutrition Epidemiology Research. The survey aims to collect population-based data on the nutritional status of Malaysians aged five (5) years and above.

A Steering Committee Meeting was held on 10 March 2025 to approve the dissemination of NHMS 2024 findings. Dissemination was carried out in a phased manner, beginning with the Official Launch of the NHMS 2024: Nutrition Findings, officiated by the Minister of Health, together with a media release on 24 April 2025, targeting policymakers, key stakeholders and the general public. A Webinar on the NHMS 2024: Nutrition Findings was held on 16 June 2025, followed by a Seminar for MOH personnel at the NIH on 23 June 2025.

Further dissemination took place during the Dissemination Ceremony of the NHMS 2024: Nutrition Findings on 5 August 2025, targeted at Members of Parliament. For public reference, the Technical Report of the NHMS 2024: Nutrition was uploaded to the official website of the IPH on 8 December 2025.

Overall, NHMS 2024 represents a significant national effort to generate robust evidence to support policy formulation, programme implementation and monitoring of Malaysia's progress towards improved population nutrition and health outcomes.



Image 6.30 NHMS 2024: Nutrition

FROM RESEARCH TO POLICY PRACTICE: A VETERINARY COMMUNITY TRIAL TO MITIGATE ZONOTIC LYMPHATIC FILARIASIS (LF)

The Centre for Communicable Disease Epidemiology Research, in collaboration with the Filariasis Unit, BKP, has conducted the A Cluster-Randomised Study on The Effectiveness of Veterinary Intervention (VI) for the National Lymphatic Filariasis Elimination Program (Sabah-VI). This study was a part of the standard Mass Drug Administration (MDA) programme to control LF, particularly in areas where the MDA was suboptimal and LF remained persistently high, which might be attributable to zoonotic LF.

This study was conducted in the Beluran and Pitas, Sabah, involving eight (8) study sites assigned to the VI and non-veterinary intervention (NVI) arms. Data collection was conducted at three (3) time points which were T0 (baseline), T12 (post-one-cycle MDA) and T18 (post-two-cycle MDA).

Blood sampling was performed to test for IgG4 antibodies and a thick blood smear were examined for microfilariae. Blood was collected by venepuncture for positive for IgG4 antibodies and tested for *Brugia* DNA. All participants and non-participants living in the study sites received Ivermectin, Diethylcarbamazine and Albendazole (IDA) during the MDA programme for all study arms as a standard MDA. Companion animals were treated with oral Ivermectin for six (6) weeks at the VI arm, while crossover treatment was done for the NVI arm.

Mosquito sampling was also conducted to monitor filarial larvae (L3) circulating in the study areas at all timepoints. The study findings will provide evidence to support the country's LF programme in controlling zoonotic LF and achieving Malaysia's LF elimination target. The study was fully funded by the Bill and Melinda Gates Foundation, in collaboration with the Coalition for Operational Research on Neglected Tropical Diseases (COR-NTD), the IMR, Public Health Laboratories as well as Universiti Kebangsaan Malaysia (UKM), Universiti Putra Malaysia (UPM) and Universiti Malaysia Sabah (UMS).

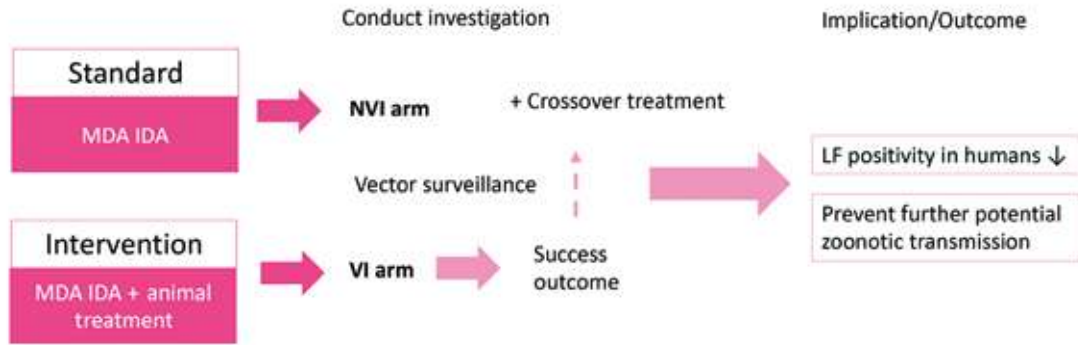


Figure 6.18 A Cluster-Randomised Study on the Effectiveness of VI Flowchart



Image 6.31 Night Blood Sampling



Image 6.32 Mosquito Sampling



Image 6.33 Animal Treatment with MDA



Image 6.34 Animal Blood Sampling

INSTITUTE FOR CLINICAL RESEARCH (ICR)

The ICR, together with its nationwide network of 37 Clinical Research Centres (CRCs), remain committed to conducting and supporting high-quality clinical research that matters patients and informs policy, complemented by capacity-building activities and research consultations.

In 2025, a total of 509 Investigator-Initiated Research (IIR) projects, including 56 clinical trials and 334 Industry-Sponsored Research (ISR) projects were conducted. Publication output remained stable at 193 manuscripts, with international journals predominating (73%) as shown in **Figure 6.19**.

Throughout the year, the ICR and CRC network delivered 338 courses, workshops and seminars nationwide, benefiting 16,480 participants. As the secretariat for Good Clinical Practice (GCP), ICR recorded 71 GCP workshops involving 3,393 attendees and 2,173 (64%) obtained GCP certification. Additionally, ICR and CRC network provided 5,479 research consultations for MOH staff (4,318), non-MOH researchers (787) and international collaborators (374). The network advances early-phase research through accreditation of the Clinical Trial Unit (CTU) at Hospital Ampang and CRC Hospital Umum Sarawak as First-in-Human (FIH) centres. At of 31 December 2025, 21 CRCs have achieved Malaysian Society for Quality in Health (MSQH).

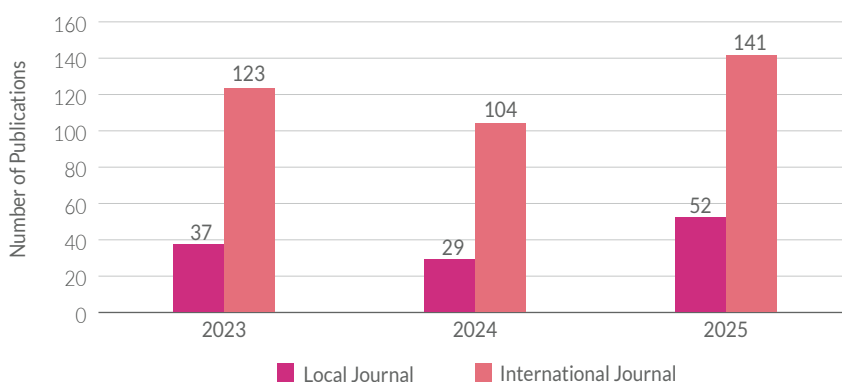


Figure 6.19 ICR and CRC Network Publication Trend 2023-2025

THE ARTIFICIAL INTELLIGENCE COMMUNITY CENTRE (AICC)

The AICC is the latest initiative by the MOH to accelerate the development and adoption of AI in healthcare sector. In line with the establishment of the National AI Office (NAIO) in December 2024, the AICC was proposed by the TKPK (P&ST) and launched by the Secretary-General on 23 September 2025 at the NIH. The AICC aims to coordinate and guide MOH healthcare professionals interested in undertaking AI research projects. It provides comprehensive support for AI initiatives, including research methodology, identification of funding sources, data management, infrastructure support and capacity building.

On 29 October 2025, the Minister of Health visited the AICC and expressed his appreciation for the physical centre and its productivity in generating multiple award-winning AI health innovations. The AICC hosted its first engagement with delegates from the National Pharmaceutical Regulatory Agency (NPRA) on 6 November 2025, focusing on the adoption of agentic AI models for regulatory oversight. Valuable feedback from the session helped to strengthen the proposal for adopting agentic AI.

Subsequently, on 8 January 2026, the AICC hosted another key meeting involving more than 20 delegates led by the Director of the Pharmacy Enforcement Division. During the session, the Digital Health Research and Innovation Unit (DHRI), ICR presented the AI research processes and available funding support, while highlighting the government's aspiration for Malaysia to become an AI Nation by 2030.



Image 6.35 The Artificial Intelligence Community Centre (AICC)

NIH AI DAY 2025

NIH AI Day is an annual conference jointly organised by the DHRI, ICR and STM of the NIH. The conference provides a platform for collaboration in the development and application of AI in healthcare. It brings together healthcare professionals, researchers, innovators, and health technology companies to share experiences and showcase AI solutions, fostering sustained collaboration among stakeholders.

On 23 September 2025, NIH AI Day held under the theme “Igniting the Future and Building with Generative AI” and attracted over 500 participants. The conference highlighted key aspects of generative AI from its potential to real-world implementation, highlighting success stories demonstrating its role in enhancing healthcare services. More than 12 agencies and technology companies participated as conference partners, showcasing their latest AI-driven healthcare solutions.



Image 6.36 NIH AI Day 2025

HEALTHY VOLUNTEERS FORUM 2025

The Healthy Volunteers Forum 2025 was successfully conducted on 15 October 2025 at Hospital Ampang, with the primary objective of enhancing public awareness and understanding of healthy volunteer-based clinical trials. The forum served as a strategic platform to promote informed participation, ethical conduct and participant safety within Malaysia's clinical trial ecosystem. The event brought together 155 participants, including healthcare professionals, research stakeholders, healthy volunteers and members of the public.

The forum was officiated by TKPK (P&ST) highlighting the MOH's strong commitment to ethical, participant-centred clinical trials and recognising the vital role of healthy volunteers in driving medical innovation.

The programme featured a multidisciplinary panel of speakers, including bioethicists, Phase 1 investigators, professors and an international bioethicist from Nepal. These sessions provided comprehensive insights into the clinical trial lifecycle, ethical and regulatory safeguards, risk mitigation strategies and the roles of various stakeholders in ensuring participant welfare and research integrity. International perspectives further enriched discussions on regional and global best practices in clinical trial governance.

The forum represents an important initiative to recognise and appreciate healthy volunteers, while inspiring more Malaysians to participate in clinical trials in support of better health and medical advancement.



Image 6.37 Healthy Volunteers Forum 2025

MEDICAL DESIGN WORKSHOP 2025

The Medical Design Workshop: "From Idea to Innovation: Translating Clinical Insights into Market-Ready Solutions" was co-organised by the Association for Clinical Research Malaysia (ACRM) and Taiwan Medical Design Association as well as coordinated by the Chang Gung University, Chang Gung Memorial Hospital, CRC Hospital Rehabilitasi Cheras and DHRi Unit, ICR. The workshop aimed to equip participants with practical knowledge to translate clinical observations into innovative, market-ready healthcare technologies, with emphasis on structured medical design frameworks in robotics and medical device development. This programme featured knowledge sharing from the

international and local experts from the Taiwan Medical Design Association, Chang Gung University, Chang Gung Memorial Hospital, MRANTI, ECRI Asia Pacific Regional Office and Hospital Rehabilitasi Cheras.

The workshop attracted nearly 100 participants, including healthcare professionals, clinical researchers, engineers, innovators, academics and industry partners from MOH, MOHE, universities, research institutions and the private sectors. Through keynote lectures, expert panel discussions, and technology exhibitions, participants gained insights into medical design frameworks, emerging technologies such as robotics, AI and practical approaches to translating clinical needs into prototypes and scalable solutions, while strengthening cross-sector collaboration.



Image 6.38 Medical Design Workshop 2025

MEMORANDUM OF UNDERSTANDING (MoU) BETWEEN ICR AND SUNWAY MEDICAL CENTRE

The ICR marked a milestone with the signing of an MoU with Sunway Medical Centre. This partnership represents a significant step in strengthening public-private collaboration to advance Malaysia's clinical research capabilities, particularly in early-phase and FIH trials. With a shared commitment to innovation and excellence, the collaboration leverages the strength of both public and private sectors to build a sustainable, high quality research ecosystem. It aims to expand FIH capabilities, nurture future researchers and ultimately bring better treatments and greater hope to patients in Malaysia.



Image 6.39 MoU between ICR and Sunway Medical Centre

INSTITUTE FOR HEALTH SYSTEMS RESEARCH (IHSR)

IHSR supports the MOH by providing evidence to guide policy, planning and programme implementation. It identifies gaps, monitors progress, evaluates interventions and recommends improvements to strengthen health systems. By translating research into actionable insights, promoting innovations and building capacity, IHSR ensures health policies and programmes are effective, efficient and aligned with national priorities, ultimately improving population health outcomes.

CENTRE FOR HEALTH POLICY RESEARCH (CHPR)

The CHPR led an evaluation of integrated care practices, using Pulau Langkawi as a case study setting to examine how patient-centred care is operationalised across the patient journey within the Malaysian health system. The evaluation examined care coordination between primary care, hospital and community services, including continuity of care, referral alignment and multidisciplinary collaboration.

The findings support the aspirations of the Health White Paper and align with the Integrated Healthcare Model, a key service delivery reform under the Health Transformation Office (HTO). HTO provides the platform for consolidating the model across programmes and service levels. The evaluation identified both strengths and implementation gaps in care continuity and system support, providing evidence to inform policy planning and strengthening integrated service delivery.



Image 6.40 Sharing Session on Study Findings and Validation of Integrated Care Practices

CENTRE FOR HEALTH OUTCOME RESEARCH (CHOR)

In support of the MOH's priority on healthy ageing, the Healthy and Active Ageing Seminar 2025 was held on 24 February 2025 to promote collaboration in building caring communities for older persons. The seminar aligns with 12MP, SDGs and *Pelan Strategik Pendigitalan* (PSP) KKM 2021-2025, emphasising integrated, people-centred services. The seminar brought together multi-sector stakeholders, including JKM, Sarawak strategic partners and the Federal Territory of Kuala Lumpur and Putrajaya Health Department (JKWPKL&P).

Participants highlighted the growing demand for coordinated health and social care and the importance of inter-agency collaboration to reduce service fragmentation, streamline care delivery and establish clear referral pathways. The seminar reinforced MOH's commitment to actionable strategies that enable older persons to live healthy, active and dignified lives within supportive, integrated communities.



Image 6.41 Healthy and Active Ageing Seminar 2025

CENTRE FOR HEALTH SERVICES RESEARCH (CHSR)

In 2025, CHSR supported MOH priorities on NCDs and service delivery performance through cross-centre collaboration within IHSR and engagement with relevant stakeholders. The work focused on two (2) related areas namely colorectal cancer screening follow-up from screening to diagnosis and a synthesis of public private partnerships (PPP) as well as related collaborations in cancer care.

The colorectal cancer study examined national and state trends across the screening-to-diagnosis pathway, from iFOBT screening to referral and colonoscopy. It identified variations in service processes and gaps in follow-up after a positive iFOBT. Findings were discussed in engagement sessions involving stakeholders from facility, district and state levels including primary care, public health and hospital endoscopy services. Discussions highlighted key care coordination points affecting follow-up, such as referrals, handover, tracking and feedback between levels of care and identified feasible options for improvement within existing service constraints.

In parallel, a document reviews synthesised PPPs and related collaborative arrangements in cancer care, including colorectal cancer and other cancers. The review described the types of initiatives and service areas across the cancer care continuum, providing insights on how such collaborations can complement public sector services and strengthen cancer care delivery across sectors.



Image 6.42 Presentation Of Key Findings to Stakeholders During the Colorectal Cancer Screening Project Engagement Sessions

CENTRE FOR HEALTH QUALITY RESEARCH (CHQR)

In line with the National Policy for Quality in Healthcare (NPQH), particularly Strategic Priority 6 (SP6), on strengthening quality measurement and the data-driven improvement, the CHQR developed a healthcare quality measurement approach based on the healthcare quality concept across seven (7) domains namely Safe, Timely, Effective, Efficient, Equitable, People-centred and Accessible (STEEPA). This framework provides a consistent structure for assessing quality performance across healthcare programmes and services.

Through strategic collaboration with representatives from various MOH programmes, existing quality indicators were identified, consolidated into a matrix and screened using predefined criteria. Structured expert engagement sessions applying the Modified Delphi Technique prioritised these indicators, resulting in a final set mapped to the STEEPA domains. Performance data for the 2023 and 2024 were collected and analysed. The Analytic Network Process (ANP) was applied to develop composite indices for each domain at national, state and facility levels, enabling holistic assessment and comparison overtime. Findings at both indicator and domain levels were shared with stakeholders, informing the identification of performance gaps and priority improvement areas and supporting strategic, data-driven monitoring of healthcare quality.



Image 6.43 Quality Indicator Prioritisation Discussion

CENTRE FOR HEALTH ECONOMIC RESEARCH (CHeER)

The CHeER conducted a series of policy-relevant studies focusing on strengthening health financing, service delivery and equity. The SPM-FOCUS study examined facilitators, barriers and strategies to improve uptake of Skim Perubatan MADANI, a PPP initiative aimed at expanding access to primary care for the B40 population. Aligned with SDG 3 and the 12MP, the study identified gaps in programme reach, adoption and sustainability, including uneven utilisation, operational challenges and limited stakeholder coordination. The findings provide evidence to inform policy refinement and strengthen integrated public-private primary care delivery.

CHeER also generated evidence on the costs of primary healthcare services, establishing baseline cost estimates to inform budgeting, benefit package design and resource allocation in line with the Malaysia Health White Paper. Additionally, a cost-effectiveness study of automated external defibrillator (AED) deployment in selected public locations in Pulau Pinang showed that publicly accessible AEDs, supported by local coordination, improve survival from out-of-hospital cardiac arrest while remaining cost-effective.



Image 6.44 Key Findings Presentations to ProtectHealth Corporation



Image 6.45 Presentation of Study Findings to Key Stakeholders, Including BPKK, Oral Health Programme and TKPK (KA)



Image 6.46 Presentation of Key Findings to Pulau Pinang State Executive Council (Youth, Sports and Health), Director of JKN Pulau Pinang, Pulau Pinang City Council and NGOs

CENTRE FOR HEALTH EQUITY RESEARCH (CHER)

The CHER contributed to Malaysia's national reporting on SDG 3.8.2 on financial protection, coordinated by the National SDG Centre under the Ministry of Economy. This work involved analysis of longitudinal Household Income and Expenditure Survey (HIES) data from 2014 to 2022, in collaboration with DOSM and MOH Planning Division.

In line with the "leave no one behind" principle, the revised WHO-World Bank methodology was applied to measures financial hardship by identifying individuals whose out-of-pocket (OOP) health expenditures exceed 40% of their discretionary household budget, capturing both catastrophic and impoverishing health spending, particularly among lower-income populations.

A focused study on the B40 population was also conducted with key stakeholders from MOH and ProtectHealth Corporation to better inform policy refinement and support the development of targeted measures to protect low-income households from financial hardship, while contributing to broader health reform efforts under the 13MP.

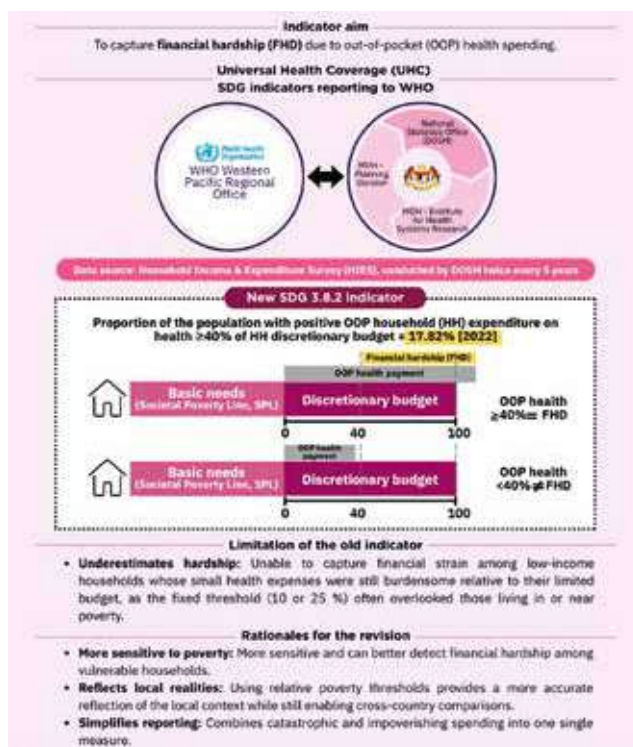


Figure 6.20 Comparison of the SDG 3.8.2 Indicator for the 2025 Financial Protection Revision

INSTITUTE FOR HEALTH MANAGEMENT (IHM)

INTERNATIONAL RECOGNITION OF THE TALENT GROOMING PROGRAMME FOR TECHNICAL HEALTHCARE PROFESSIONALS (TGP)

The TGP attained a significant milestone on the international stage with its recognition as Malaysia Human Resource Development of the Year – Health at the GovMedia Awards 2025, held in Singapore on the 19 June 2025. Developed by the IHM in 2014 as MOH's flagship leadership development initiative, the programme aims to enhance the strategic leadership capabilities of technical healthcare professionals to enable them to lead effectively in complex and evolving health system environments.

TGP is officially recognised as MOH intellectual property, including the MyTGP digital platform, together with previous recognition such as the Administrative Innovation Award (2016) and Prime Minister's Innovation Award Finalist (2017), the GovMedia 2025 award further validates the programme's innovation, impact and sustainability in future-proofing leadership pipelines in Malaysia's health systems.



Image 6.47 TGP Secretariat Receiving GovMedia Awards 2025



ANUGERAH INTEGRITI, GOVERNANS DAN ANTIRASUAH (AIGA) 2025

TGP was recognised as a key MOH achievement under the Governance Initiative category at the AIGA 2025 where MOH received the Gold Award (Public Sector). This reflects sustained efforts by IHM and MOH to promote better governance and integrity through continuous programme enhancement including TGP 2.0 and in-house development of MyTGP digital platform, in line with international public sector governance principles.



Figure 6.21 AIGA 2025

TGP INSPIRATIONAL LEADERSHIP PODIUM

On 7 August 2025, IHM hosted the TGP Inspirational Leadership Podium 2025, themed “Balancing Authority, Hope, Fear and Compassion in Leadership”. The event was co-organised by TGP Talent Cohort 14, TGP Secretariat and Technology & Information Sector (STM) NIH. The distinguished speaker, Dato’ Farshila binti Emran, CEO of Hanan Medicare Sdn. Bhd. and former Managing Director of Pharmaniaga Berhad, shared her remarkable journey from academia to corporate leadership, including founding Idaman Pharma, steering Pharmaniaga Berhad and currently leading Hanan Medicare.

The session emphasised leadership grounded in integrity and courage, particularly in high-stakes situations. Drawing on her experience in the corporate healthcare sector, she highlighted how hope can unite and motivate team, compassion can build trust and loyalty while fear can be transformed into clarity and decisive action. The event garnered over 3,000 online views nationwide via the NIH YouTube platform, reflecting growing engagement among MOH personnel with value-based and impact-oriented leadership development initiatives.



Image 6.48 TGP Inspirational Leadership Podium 2025

STRENGTHENING SERVICE DELIVERY AND CLUSTER HOSPITAL IMPLEMENTATION THROUGH ACTION RESEARCH (AR)

IHM continued to organise the AR Workshop at the NIH to strengthen the MOH personnel's capacity in implementing service improvement projects. AR is a practice-based approach that emphasises systematic problem-solving through cycles of planning, implementation, observation and reflection within the work place. IHM also supported the implementation of the new cluster concept, aimed at integrating services between hospitals and health clinics, by participating in workshops organised by the Federal Territory of Kuala Lumpur and Putrajaya Health Department and providing training to Hospital Kluster Klang Valley 1 (HKKV1). In addition, IHM conducted training at the Refresher Liaison Officer (LO) Workshop, organised by BPP to strengthen the application of AR in supporting the effective implementation of the cluster concept within MOH.



Image 6.49 AR Workshop for Healthcare at NIH

2ND INTERNATIONAL LEAN HEALTHCARE CONFERENCE 2025

The MOH, through IHM, BPP and JKN Pulau Pinang, organised the 2nd International Lean Healthcare Conference 2025 at Pulau Pinang, in collaboration with Universiti Kuala Lumpur (UniKL) and the Medical Development Society. The conference, themed “Driving the Future of Health Transformation”, was officially opened by Director of BPP. It featured plenary sessions and symposia on Lean Healthcare initiatives, discussion forums, as well as poster and oral competitions highlighting successful Lean implementations.

A total of 59 posters were submitted, of which 20 had won gold medals. In the oral category, 20 Lean projects were presented, six (6) of which received gold medals. The conference included additional Lean-related awards with the collaboration between the Asia Lean Centre of Excellence, UniKL and MOH. Lean Six Sigma (LSS) Black Belt

certification recognises expertise in leading complex projects, while LSS Green Belt demonstrates the ability to lead projects and analyse local data. UniKL awarded 10 LSS Black Belt certifications to MOH officers, including two (2) from IHM and three (3) officers received LSS Green Belt certification. Other awards, such as Lean Champion and Lean State Flying Squad, were also presented.



Dr. Sichon Luerithipong
(Hospital Siriraj, Thailand)



Profesor Robert Padbury
(Flinders Medical Centre,
Australia)



Pg Dr. Md Khairul Asmiss
Pg Sabtu
(Ministry of Health Brunei)

Image 6.50 Plenary Sessions and Symposia on Lean Healthcare



Image 6.51 Recipients of the LSS Black Belt and LSS Green Belt Awards

LEAN HEALTHCARE SUSTAINABILITY: A GUIDE FOR IMPLEMENTERS

Lean Healthcare Sustainability: A Guide for Implementers was published as a strategic reference to support quality managers and Lean practitioners in sustaining Lean initiative and strengthening the capacity of healthcare organisations to continuously sustain Lean practices. The guide is the result of a comprehensive three (3) years study based on empirical evidence and real-world implementation experiences within healthcare settings. It has been officially registered with MyIPO, recognising its intellectual value and contribution to improving the healthcare system.



Figure 6.22 Lean Healthcare Sustainability: A Guide for Implementers

PROGRAMME TO STRENGTHEN GOVERNANCE TRAINING

The Governance Training Programme for Future MOH Healthcare Facility Managers finalised the training module and implementation strategy with 33 participants taking part. The technical content and implementation requirements were completed through a collaborative process. The programme was attended by the TKPK (KA), TKPK (Oral Health) and a representative of the TKPK (P), demonstrating strong MOH's top management support.

Preliminary findings from the study Exploring Barriers and Facilitators in Leading Ministry of Health Malaysia Facilities among Healthcare Managers were presented and will be integrated into the module development to ensure the training content is evidence-based and aligned with the operational needs of MOH healthcare facility management.



Image 6.52 Governance Training Programme for Future MOH Healthcare Facility Managers

GOVERNANCE TRAINING MODULE FOR MOH HEALTHCARE FACILITY LEADERS (PILOT COHORT)

The Governance Training for Health Facility Leaders of the MOH, based on the developed module, was conducted by IHM for 31 participants from the pilot cohort between 6 October to 7 November 2025. The training focused on strengthening facility governance, including ICT, records and documentation management, drug documentation, health technology assessment and disaster and emergency management. The module was delivered through lectures, case studies and group work. Participants were also exposed to strategic planning, coaching-based leadership, collaboration, empathy and integrity, as well as problem-solving and effective communication skills.



Image 6.53 Governance Training Module for MOH Healthcare Facility Leaders (Pilot Cohort)

The closing ceremony of the workshop was attended by representatives from various programmes and the NIH management. The event featured reflection presentations by the participants, followed by a personality lecture delivered by a speaker from the JPA regarding psychometric test findings. The ceremony culminated in a keynote address by DG, who emphasised the participants' roles as future leaders of MOH healthcare facilities. This training module is expected to serve as a robust foundation for future cohorts.



Image 6.54 Closing Ceremony of the Governance Training Module

INSTITUTE OF HEALTH BEHAVIOUR RESEARCH (IHBR)

IHBR main role is to conduct research, training and provide consultancy in health behaviour. IHBR has been instrumental in supporting MOH policies by carrying out research that promotes healthy lifestyles, prevents non-communicable diseases and manages health risk behaviours.

RESEARCH

Recognising the importance of understanding health behaviour in addressing public health issues and improving community well-being, IHBR conducted 27 studies on health behaviour. The findings were shared with relevant stakeholders to support the development of evidence-based policies.

Table 6.15 Research Studies Conducted by Research Priority Areas 2025

Cluster	Total
Health Behaviour	12
Healthy Lifestyle Component	6
Digital Technologies in Assessing Risk Behaviours	1
Non-Communicable Disease	2
Preventive Practices	1
Communicable Disease	4
Food Safety and Food Security	1

INTERNATIONAL AWARDS

The study entitled Empowering Women for Zoonotic Malaria Prevention: A Protocol for a Community-Based Participatory Cluster Randomised Controlled Trial received recognition at the GovMedia Conference and Awards 2025 in Singapore as an achievement in health behaviour research in Malaysia. This study aims to empower women to prevent zoonotic malaria through a community-based approach.

PUBLICATION

A total of 15 articles were successfully published in local and international journals in 2025, as shown in **Table 6.16**.

Table 6.16 Articles in High-Impact Journals as First Author in 2025

Article	Journal
Noteworthy Trends in Maladaptive Coping Strategies and Hindrances to Help-Seeking Behaviour among Adolescents Living in Malaysia's People's Housing Project (PPR) during the Covid-19 Pandemic: A Qualitative Study	PLoS ONE 20(3): e0318381. https://doi.org/10.1371/journal.pone.0318381
Cross-Limb Transfer during Isometric Plantar Flexion Familiarisation	Springer Nature https://doi.org/10.1038/s41598-025-93626-w (2025)
Technostress and Its Associated Factors: Burnout and Fatigue among Malaysian Healthcare Workers (HCWs) in State Hospitals	PLoS ONE 20(3): e0319506. https://doi.org/10.1371/journal.pone.0319506
Voices of Healthcare Providers: Overcrowding and Treatment Delays in Emergency Department Green Zones	Journal of Healthcare in Developing Countries, 5(1). 10.26480/jhcdc.01.2025.29.34
Beyond Fear Appeals: Exploring Nostalgia-Evoked Mental Simulation as a Persuasive Strategy for Smoking Cessation	World Journal of Advanced Research and Reviews, 26(2), 825–832. https://doi.org/10.30574/wjarr.2025.26.2.1636
Salt Intake in Malaysia: A Population-Based Study of Knowledge, Attitudes and Practices among Adults	The Journal of Health Care Organisation, Provision, and Financing Volume 62: 1–10, https://doi.org/10.1177/00469580251375866
Association between Health Information Seeking Behaviour and Health Literacy among People with Type 2 Diabetes: A Cross-Sectional Study	International Journal for Multidisciplinary Research. Volume 7, Issue 1, January-February 2025. 10.36948/ijfmr.2025.v07i01.34988
Development and Validation of the Malaysian Healthy Lifestyle Index.	International Journal for Multidisciplinary Research. Volume 7, Issue 6
A Review of Mental Health Stigma among Adolescents in Malaysia: Understanding and Addressing Key Issues	Malaysian Mental Health Journal (MMHJ), 4(2): 61-66

Article	Journal
Evaluating Nudge-Based Strategies to Promote Physical Activity: Insights from a Workplace 10,000 Steps Challenge	Malaysian Journal of Health Promotion (MJHP) Volume 9, 2025
Stratified Cluster Sampling for Workplace Health Surveillance: A Case Study of Putrajaya Civil Servants and Associated Data Collection Challenges	Malaysian Journal of Health Promotion (MJHP), Volume 9, 2025
Empowering Women as Catalysts for Zoonotic Malaria Prevention: Systematic Development of a Community-Based Intervention Module in Rural Sabah, Malaysia. A Pilot Result.	Malaysian Journal of Health Promotion (MJHP), Volume 9, 2025
Zoonotic Diseases Related to Pets at Home in Children: A Pilot Result.	Malaysian Journal of Health Promotion (MJHP), Volume 9, 2025
Behavioural Change Outcomes from the Ifiter Programme: Quantitative Findings from a Community-Based Health Promotion Intervention in Malaysia	Malaysian Journal of Health Promotion. Volume 9 2025. ISSN: 2710 – 6330
Civil Servant's Health: Bibliometric Analysis	Malaysian Journal of Health Promotion (MJHP), Volume 9, 2025

CONSULTATION SESSIONS

Throughout 2025, a total of 96 consultation activities were conducted, as shown in **Table 6.17**.

Table 6.17 Consultations Conducted by IHBR

Consultations	No.
MOH Staff	54
Non- MOH staff	34
International	8

COMPETENCY AND ADVANCED EDUCATION CENTRE FOR HEALTH PROMOTION

Barriers and Facilitators in Accessing Mental Health Services among Malaysian Secondary School Students

This study was conducted in collaboration with the MOE and the NCEMH. A total of 6,264 secondary school students aged 13-18 years from urban and rural areas participated in the study to assess factors influencing mental health help-seeking behaviour and to identify key barriers and facilitators related to stigma, literacy and access to services. The findings showed that 72.1% of respondents had good mental health knowledge, while only 28.1% demonstrated a positive attitude towards seeking mental health services when needed. In addition, 77.9% of respondents reported experiencing moderate to high

levels of barriers in accessing mental health services. The findings provide important guidance for planning school-based mental health interventions and for improving more equitable access to mental health services for adolescents.



Image 6.55 Presentation of Key Findings from Study on Barriers and Facilitators to Mental Health Service Access among Malaysian Secondary School Students

Development of the National Blueprint for Behavioural Insights (BI) in Health

The National Blueprint for BI in Health was developed through collaboration between the BI Unit and the WHO Representative Office for Malaysia, Brunei Darussalam and Singapore. As the first national framework integrating behavioural science into health policies and practices in Malaysia, it aims to better understand and influence health behaviours based on evidence. The blueprint supports the development of more effective, sustainable and people-centred health interventions, while promoting cross-sector collaboration and community engagement. Overall, the National BI Blueprint serves as a foundation to strengthen the application of BI in public health, drive policy innovation and improve national health outcomes toward a more inclusive and resilient system. The blueprint supports the development of more effective, sustainable and people-centred health interventions, while strengthening cross-sector collaboration, policy innovation and improved national health outcomes.



Image 6.56 Launch of the National Blueprint for BI in Health

RISK BEHAVIOUR SURVEILLANCE RESEARCH CENTRE

The Malaria Study in Sabah Focuses on the Prevention of Zoonotic Malaria

A community-based participatory approach was adopted, emphasising the empowerment of women as key agents of malaria prevention at household and community levels. The intervention included health education, risk communication and the promotion of preventive practices tailored to local environmental and occupational risk factors. Preliminary findings indicate increased community engagement, improved awareness of zoonotic malaria and positive changes in preventive behaviors. These findings are expected to inform evidence-based and scalable strategies for zoonotic malaria control in Sabah and other similar endemic areas.



Image 6.57 Briefing Session for Sabah Malaria Study Respondents on Zoonotic Malaria Prevention

Study on Understanding Adolescent Mental Health Disorders and Their Impact on Criminal Behaviour: A Mixed-Methods Study at Henry Gurney School

This study at Henry Gurney School aims to assess the prevalence and types of mental health disorders among adolescents undergoing rehabilitation and to examine the influence of these disorders on their involvement in criminal behaviour. The study was conducted in several selected Henry Gurney institutions in Malaysia and involved trainees aged 13-18 years who were undergoing institutional rehabilitation. The study is expected to generate robust evidence to support the strengthening of mental health services, enhance the effectiveness of rehabilitation programmes and inform policy development related to the juvenile justice system and mental health in Malaysia.



Image 6.58 A Mixed-Methods Study at Henry Gurney School

HEALTH BEHAVIOUR DETERMINANTS RESEARCH CENTRE

The Relationship between Community Participation and Preventive Behaviour in the Wolbachia-Aedes Mosquito Project in Desa Mentari, Petaling Jaya, Selangor

This study was conducted in collaboration with the BKP and HED. The findings showed that health personnel (61.1%) and community activities (58.8%) were the main and most trusted sources of information, with trust levels of 69.1% and 61.7%, while kiosks and digital platforms were less used and trusted. The study indicates that strengthening face-to-face communication can improve understanding of Wolbachia and reducing over-reliance on fogging is a key priority for the success of the Aedes-Wolbachia Mosquito Project.

Development and Validation of a Shortened Version of the Diabetes Behavioural Diagnosis Instrument (DBDI) for Patients with Type 2 Diabetes

The study was presented to the JKN Selangor for approval to use JKNS-managed health facilities. Following approval, data were collected from November – December 2025 across six (6) KJs in the Klang and Petaling districts, involving type 2 diabetes patients attending appointments or follow-ups.



Image 6.59 Data Collection Session for the Validation of the Short Version of the DBDI Questionnaire

HEALTH COMMUNICATION AND INFORMATICS RESEARCH CENTRE

Malaysia Mental Health Literacy Survey (MyMHL) 2025

This study was conducted in collaboration with the NCEMH to determine the level of mental health literacy among Malaysian adults aged 18 and above. Approximately 9,319 adults participated in this three-month survey. The findings will be used to strengthen health programmes and the study is currently in the data analysis stage.

Sociocultural Influences in Shaping Perspectives towards Health Information and Health Seeking Behaviour among the Malaysian Population

This study aims to explore community perceptions of health, health practices and health-seeking behaviours among different ethnic groups in Malaysia, including Malay, Chinese, Indian and Bumiputera from Sabah and Sarawak. It examines how ethnicity, lifestyle and environment influence these perceptions and behaviours. Data were collected through 44 Focus Group Discussion (FGD) sessions involving approximately 274 respondents across Kuala Lumpur, Kota Kinabalu, Kuching, Kuantan, Seberang Jaya, Kuala Terengganu and Johor Bahru.

HEALTH PROMOTION INTERVENTION RESEARCH CENTRE

Survey to Identify Health Status and Healthy Lifestyle Behaviours among Putrajaya Civil Servants

This study assessed the health status and healthy lifestyle behaviours among permanent civil servants from 25 ministries in Putrajaya. A cross-sectional survey involving 1,932 respondents was conducted. Data collected included health literacy, physical activity levels, sedentary lifestyle patterns, dietary habits and oral health examination practices. Descriptive statistical methods were used to analyse the data. The findings are expected to support the planning and implementation of workplace-based health interventions and to strengthen a culture of health among civil servants.

Assessing the Impact of Educational Materials among Non-Urgent Cases in the Emergency Department (ED)

This study aimed to assess the effectiveness of an educational intervention in improving knowledge, attitudes, practices, intentions and the sustainability of health behaviours related to the appropriate use of the ED. Using a quasi-experimental design with intervention and control groups, participants in the intervention group received structured educational sessions, while the control group received standard care. Data were collected before and after the intervention using validated questionnaires to evaluate knowledge, attitudes, practices and behavioural intentions.

The study showed significant improvements across all domains in the intervention group. Key findings included a better understanding of the difference between emergency and non-emergency cases, more positive attitudes toward using primary care for minor illnesses and an increased tendency to seek treatment at clinics before visiting the ED. Intention and sustainability scores suggest these practices can be maintained long-term, whereas the control group showed no change. In conclusion, structured educational interventions are an effective and cost-efficient way to reduce unnecessary ED visits and optimise the use of health services.

CHAPTER 7



ORAL HEALTH



ORAL HEALTH PROGRAMME (OHP)

OHP is constantly committed to strengthen and improving oral health standards to enhance the quality of life for all Malaysians. The OHP is led by the Deputy Director-General of Health (Oral Health) inclusive of Malaysian Dental Council (MDC) and Malaysian Dental Therapists Board (MDTB). The three (3) primary divisions: Oral Health Policy and Strategic Planning Division, Oral Healthcare Division and Oral Health Practice and Development Division supported by thirteen branches, these entities work together in an integrated manner to ensure the achievement of the OHP’s KPIs for the oral well-being of the nation.

SUSTAINABLE DEVELOPMENT GOALS (SDGs)

OHP is directly involved in SDG indicator which is SDG 3.C that emphasises efforts to significantly increase health financing as well as the recruitment, development, training and retention of the health workforce. For the year 2025, the achievements for indicator SDG 3.C as shown in **Table 7.1**.

Table 7.1 Achievement of Health Workforce

Target	Achievement 2025
Total Dental Practitioners (as of 31 December 2025)	15,477
Dentist-to-population ratio (1:1,500)	1:2,211
Dentist-to-10,000 population rate (5:10,000)	4.5:10,000

TWELFTH MALAYSIA PLAN (12MP)

There are several key strategies within the 12MP that involve the OHP. **Table 7.2** shows the strategies for the achievement of indicators attained throughout 2025.

Table 7.2 Achievement of 12MP Indicators in 2025

Strategy	Initiative	Target	Achievement
Streamlining healthcare services	Introduction of oral healthcare policies	To provide National Oral Healthcare Policies	The National Oral Health Policy was launched by the Deputy Prime Minister
Combating NCDs	Percentage coverage of oral cancer screening	97%	98.51%

Strategy	Initiative	Target	Achievement
Ensuring quality and accessibility of healthcare services	Increase in the number of domiciliary dental teams in primary oral healthcare services trained by the Special Care Dentistry specialty	50 teams	118 teams
	Percentage coverage of oral healthcare services for Orang Asli and Orang Penan communities	15.25%	26.57%
	Number of operational Hospital-Based and Non-Hospital-Based Dental Specialist Cluster Services	30 (cumulative)	39 (Cumulative) 30 Hospital Based 9 Non-Hospital Based
	Number of School Dental Clinics (SDC) providing dental services to teachers, support staff and their families through the School Dental Health Services Programme (SDHSP)	250 schools	233 schools

DIGITALISATION STRATEGIC PLAN 2021-2025

EMPOWERING INTEGRATED AND INCLUSIVE DIGITAL HEALTH SERVICES

Dental Information System (DIS) Clinical Module is a digitalised primary dental clinic operations platform through Registration, User and Administrator modules was introduced in 2024. Its User Module includes the eLP8 Submodule for digital dental charting and clinical documentation. By December 2025, eLP8 has been implemented in 120 primary dental clinics and dental reporting has expanded to cover Non-Hospital Based dental specialist services. Overall, the system enhances operational efficiency, integrated patient record management and supports data monitoring and data-driven decision-making.



Image 7.1 DIS: Clinical System Training Session

SUSTAINABLE AND SECURE DIGITAL SERVICES

Strengthening digital infrastructure is a strategic priority to ensure dental services are prepared for digital transformation. ICT hardware upgrades across 711 dental clinics (KPs) are in the pre-implementation phase and expected to be implemented in July 2026. This initiative provides a foundation for wider adoption of digital systems and new technologies, clinical data integration as well as enhancing operational efficiency and the quality of oral healthcare delivery.

NATIONAL ORAL HEALTH OF PRESCHOOL CHILDREN SURVEY 2025 (NOHPS 2025)

The NOHPS 2025 is Malaysia's fourth nationwide survey assessing the oral health of five-year-old children across all states and Federal Territories. A total of 15,660 preschoolers were examined, representing nearly the entire national population of five-year-olds. This survey also marked the first nationwide use of DIS Survey module, which enhanced data accuracy and operational efficiency through structured digital collection and verification. The findings provide essential baseline data to track national oral health trends and guide early preventive strategies, supporting the National Oral Health Strategic Plan (NOHSP) 2022-2030, particularly the goal of achieving 50% caries-free six-year-olds. Additionally, NOHPS 2025 strengthens Malaysia's integrated oral health surveillance system, improving understanding of early-life determinants and promoting better long-term oral and general health outcomes.



Image 7.2 NOHPS 2025 Data Collection



Image 7.3 NOHPS 2025 Survey Team

THE FIRST DENTAL SPECIALIST CENTRES IN MALAYSIA

MOH officially received two (2) Dental Specialist Centre (DSC) Construction Projects from the Ministry of Works (KKR) in 2025:

- i. Pusat Pakar Pergigian Negeri Sembilan on 7 August 2025
- ii. Pusat Pakar Pergigian Sabah on 5 December 2025

Both DSCs are among the earliest established in Malaysia. The Negeri Sembilan DSC was approved in 2019 under the 11MP Rolling Plan 4, while the Sabah DSC was approved in 2010 under the 10MP, Rolling Plan 3. The primary focus of these facilities is a community-based initiative to expand dental specialist services (non-hospital based). Each facility is equipped with 18 dental chairs in the treatment rooms, digital imaging systems, dental laboratory and skilled laboratory.



Image 7.4 Negeri Sembilan Dental Specialist Centre



Image 7.5 Sabah Dental Specialist Centre

DEVELOPMENT PROJECTS WITH ORAL HEALTH COMPONENTS UNDER MALAYSIA PLAN

Additionally, 10 development projects with oral health components have finished construction in 2025 such as:



Image 7.6 KK (Type 3) Ayer Tawar, Perak



Image 7.7 KK (Type 4) Pulau Pangkor, Perak



Image 7.8 KK (Type 2) Segamat, Johor



Image 7.9 New Block in Hospital Seberang Jaya, Pulau Pinang



Image 7.10 New Block Paediatric Dentistry Department, Hospital Melaka

TRAINING OF TRAINERS (ToT) SESSIONS FOR CLINICAL PRACTICE GUIDELINES (CPGs)

The Oral Health Technology Section conducted ToT sessions in 2025 for two (2) CPGs, namely Management of Early Childhood Caries (3rd Edition) and Antibiotic Prophylaxis in Oral and Maxillofacial Surgery for Prevention of Surgical Site Infection (3rd Edition). These sessions were held on 27 May and 1 October 2025 at the OHP, involving dental specialists from all states. The sessions successfully enhanced specialists' knowledge and skills to implement the guidelines and to conduct subsequent training at district and state levels.



Image 7.11 Training of Trainers (ToT) Session

LAUNCH EVENT FOR CLINICAL PRACTICE GUIDELINES (CPG)

The CPG Launch Ceremony was held on 5 November 2025 in Kuala Lumpur with the simultaneous launch of three (3) Oral Health CPGs via a hybrid platform. The guidelines launched were Management of Early Childhood Caries (3rd Edition), Antibiotic Prophylaxis in Oral and Maxillofacial Surgery for Prevention of Surgical Site Infection (3rd Edition) and Dental Implant Maintenance for Prevention of Peri-Implant Disease. Officiated by the Deputy Director-General of Health (Oral Health) and attended by key national stakeholders. The successful launch of these three (3) CPGs marks a significant milestone in elevating the quality, consistency and excellence of oral healthcare services nationwide.



Image 7.12 Launch of New CPGs in 2025

ENGAGEMENT WITH DENTAL CLINICS AT PUSAT KESIHATAN UNIVERSITI (PKU)

The Oral Health Programme (OHP) has initiated a strategic collaboration with the Ministry of Higher Education (MOHE) through engagement sessions with PKU to address the oral health data gap among the university population, a demographic previously not covered by MOH reporting. For year 2025, three (3) engagement sessions had been held to enhance data collection for the NOHSP 2022-2030. About 16 out of 18 PKUs indicated that a total of 68,467 patients received dental services nationwide. This initiative reinforces inter-ministerial collaboration and supports the continued strengthening of the National Oral Health Policy.



Image 7.13 Engagement Session with PKU in 2025

PRE-GAZETTEMENT DENTAL SPECIALIST COURSE 2025

The Pre-gazettement Dental Specialist Course 2025 successfully enhanced the understanding and readiness of pre-gazetted dental specialists who reported for duty at the MOH in 2024 and 2025. Through structured exposure to the latest circulars, specialist service requirements and the specialist gazettement process, the course ensured consistent dissemination of information aligned with the strategic direction of senior management within the OHP.



Image 7.14 Pre-gazettement Dental Specialist Course 2025

DISTRICT DENTAL OFFICERS (DDO) GOVERNANCE STRENGTHENING WORKSHOP 2025

The 2025 DDO Governance Strengthening Workshop successfully enhanced the capacity of DDO as middle managers in dental service at district level. It enhanced understanding of leadership roles, implementation of the Global Oral Health Action Plan (GOHAP) 2023-2030 and the NOHSP 2022-2030, as well as competencies in conflict management, financial and facility administration. Sharing of internal audit findings and medico-legal case discussions further supported continuous service improvement. The workshop was held from 28-30 May 2025 at Kuala Lumpur.



Image 7.15 DDO Governance Strengthening Workshop 2025

DIGITALISATION OF THE REFERRAL PROCESS AND ATTENDANCE MONITORING FOR ORAL POTENTIALLY MALIGNANT DISORDERS (OPMD) SCREENING PROGRAMME

Starting 1 September 2025, the OPMD referral process was digitalised through Oral Cancer Submodule in DIS Clinical Module Integration of QR code in the referral form is the key feature of this submodule. Once the QR code was scanned by the staff at the specialist clinic and patient's attendance is confirmed, status of patient's attendance will be updated in real-time into the submodule. This digital transformation enhances service delivery efficiency while ensuring that MOH oral health services remain relevant, competitive and deliver a positive impact on the interests and well-being of patients.



Image 7.16 Training Session for Implementation of Oral Cancer Submodule in DIS Clinical module

EXPANSION OF THE TYPE 2 DIABETES MELLITUS (T2DM) PATIENT REFERRAL INITIATIVE FOR EARLY DETECTION AND PREVENTION OF PERIODONTAL DISEASE

In line with the CPG- Management of Type 2 Diabetes Mellitus (6th Edition), which promotes referrals from medical to dental services for holistic care, the T2DM Oral Health Screening Programme was expanded in 2025. An additional 24 KPs joined the initiative, bringing the total to 101 participating KPs nationwide. Through this collaboration, 7,124 T2DM patients were referred by healthcare providers and received oral health screening, with a focus on early detection of periodontal disease. The programme strengthens integration between dental and public health services at the state level, facilitating referrals from nearby MOH health facilities.

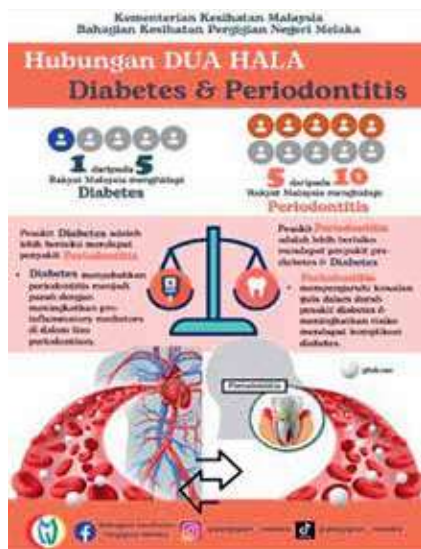


Image 7.17 Periodontal Screening for Patients with Diabetes at MOH

MYBRUSHHOUR 2025 PROGRAMME

The mybrushhour National-level Programme 2025 was officially inaugurated by the Chairman of the Johor State Health and Environment Committee, on 24 June 2025 at SMK Datuk Menteri, Ayer Hitam, Batu Pahat, Johor. Johor Oral Health Division served as the national host, with participation from all states through a range of activities including health exhibitions, tooth-brushing demonstrations, Plaque Free Space activities, pantomime performances, podcast sessions with dental experts and interactive quizzes. The programme recorded 239,736 participants including live broadcasts via TikTok and the official facebook page of the OHP.



Image 7.18 MyBrushHour 2025 Programme

6020 CAMPAIGN: AT LEAST 20 TEETH BY AGE 60

The 6020 Campaign was launched at the national level by the Minister of Health in conjunction with the MADANI Afiat Programme in Kelantan on 26 April 2025. In line with the NOHSP 2022-2030, the Ministry of Health aims for more than 50% of senior citizens aged 60 and above to have at least 20 natural teeth by the year 2030. Throughout the campaign period across all states, a total of 16,246 activities were implemented, including dental talks, exhibitions, interactive games and multimedia presentations involving 117,888 participants.



Image 7.19 Opening Ceremony of the 6020 Campaign

EXPANSION OF THE DIS CLINICAL MODULE FOR NON-HOSPITAL BASED (NHB) SPECIALIST SERVICES

MOH has initiated the digital transformation of the dental specialist reporting through the expansion of the DIS: Clinical Module specifically for NHB specialist services. This advancement aims to modernise patient management and automate clinical reporting across the NHB specialties of Orthodontics, Periodontics, Restorative Dentistry, and Dental Public Health. A pilot project was conducted from 1 September – 30 November 2025 to evaluate the system's clinical modules.

The pilot phase has shown significant positive outcomes, most notably in reducing human error during data entry and calculation. In addition, clinics had also managed to explore the feasibility of integrated registration counters that allows handling of patients' registration, inquiries and payments at a single point, improving the service image and efficiency. Training sessions were successfully held on 15-18 December 2025 aiming to train all potential users working or attached to the specialist which include dental specialists, dental officers, dental therapists and dental surgery assistants in preparation of the Go-Live session on 1 January 2026.

DENTAL LEGISLATION AND ENFORCEMENT MILESTONE

In line with the implementation of the Dental Act 2018 [Act 804], which came into effect on 1 January 2022, the OHP organised an Intelligence Gathering Programme for Authorised Officers from 14-16 July 2025. The programme provided a platform for state-level knowledge exchange on intelligence and enforcement strategies, enhanced by experience sharing with enforcement partners from the Pharmaceutical Services Programme. Integrity and good governance were reinforced through the involvement of the Malaysian Anti-Corruption Commission (MACC). Overall, the programme reflects OHP's ongoing commitment to strengthening enforcement capacity under Act 804 while upholding professionalism, transparency and accountability.



Image 7.20 Intelligence Gathering for Authorized Officers under Act 804



Figure 7.1 Achievement of Dental Enforcement as of 31 December 2025

DUE DILIGENCE WORKSHOP: EMPOWERING INNOVATION IN THE HEALTHCARE SECTOR

The Due Diligence Workshop: Empowering Innovation in the Health Sector was held from 15-17 July 2025 in Selangor. The workshop was a collaborative initiative between the OHP, NIH and Malaysian Research Accelerator for Technology and Innovation (MRANTI). The purpose of the workshop was to empower state innovation coordinators and innovators by enhancing their understanding of technical aspects related to innovation, such as the Technology Readiness Level (TRL), which serves as a primary benchmark for assessing the readiness of an innovation for commercialization.



Image 7.21 Due Diligence Workshop 2025

PRECISION IN PAIN RELIEF: ENHANCING PATIENT COMFORT IN DENTISTRY COURSE

The Precision in Pain Relief: Enhancing Patient Comfort in Dentistry course, was held from 9-11 September 2025 in Selangor. The course focused on strengthening dental officers' knowledge and skills in pain management, featuring expert speakers from multiple dental specialties and clinical psychologist, with the aim of improving patient comfort and the quality of dental care.



Image 7.22 Precision in Pain Relief: Enhancing Patient Comfort in Dentistry Course 2025

ADDITIONAL PERMANENT POSTS FOR DENTAL OFFICER AND DENTAL SPECIALIST

MOF approved 1,500 additional positions for medical, dental and pharmacy officers under Establishment Warrant S50 to support operations in existing MOH healthcare facilities. Of this total, 400 positions were allocated to the dental officer scheme, including 113 positions for new and upgraded dental facilities that began operations in 2025. In addition, under Establishment Warrant S61 of 2025, 70 Dental Specialist positions were approved to facilitate the placement of newly trained specialists, with a further 14 positions allocated to support new dental facilities commencing operations in 2025.

Table 7.3 Additional Permanent Post for Dental Specialist and Dental Officer 2025

Post	Dental Facilities					Total
	Hospital	Dental Specialist Centre	Dental Clinic	UTC	Oral Health District Office	
Dental Specialist	35	6	35	0	8	84
Dental Officer	35	10	440	28	0	513
Total (per facility)	70	16	475	28	8	
Grand Total						597

ADDITIONAL POSTS FOR DENTAL AUXILIARIES

In 2025, MOF approved the creation of new and additional positions across various service schemes and grades through four (4) establishment warrants to support the operational needs of new and upgraded MOH facilities scheduled for completion that year. A total of 361 new dental auxiliary positions were approved for deployment in these facilities, with allocations made in accordance with the approved service schemes as follows:

Table 7.4 Additional Positions by Service Scheme 2025

Post	Dental Facilities			Total
	Dental Specialist Centre	Dental Clinic	UTC	
Dental Therapist	4	53	0	57
Dental Technologist	4	22	0	26
Dental Surgery Assistant	44	121	12	177
Healthcare Assistant	6	49	3	58
Administrative Assistant	5	13	1	19
General Services Assistant	1	23	0	24
Total (per facility)	64	281	16	
Grand Total				361

14th TECHNICAL WORKING GROUP ON ASEAN DENTAL EDUCATION (TWG-ADE) MEETING

OHP hosted 14th TWG-ADE Meeting on 10 February 2025 in Pulau Pinang, marking the second time Malaysia has organised the event since 2017. Held under the ASEAN Joint Coordinating Committee on Dental Practitioners (AJCCD) within the Healthcare Services Sectoral Working Group (HSSWG), the meeting served as a key platform for collaboration among ASEAN Member States. It facilitated the exchange of expertise, information on dental service policies and progress on initiatives related to the Mutual Recognition Agreement (MRA) on Dental Practitioners, thereby strengthening regional cooperation in ASEAN dental education.



Image 7.23 14th TWG-ADE Meeting

CODE OF PRACTICE FOR PROGRAMME ACCREDITATION POSTGRADUATE DENTAL DEGREE PROGRAMMES (COPPA PG-DENTAL)

COPPA PG-Dental Version 2.2 was endorsed by the Malaysian Dental Council (MDC) at its 21st meeting on 24 November 2025. These standards define the requirements for training, supervision, assessment of dental specialists in Malaysia and guide the Panel of Assessors (PoA) in accrediting dental specialty programmes. Key revisions include new provisions for postgraduate student articulation and credit transfer, guidelines for evaluating increased student quotas (Section VII), and updates to programme evaluation procedures (Section IV), curriculum review (Section VI), Student Learning Time (SLT) calculation, flexi-time academic staff criteria, PoA report templates and assessment rubrics.



Image 7.24 COPPA PG-DENTAL Document Refinement Meeting

MALAYSIAN DENTAL COUNCIL (MDC)

MDC established under Dental Act 2018 [Act 804], serves as the primary regulatory body driving excellence in dental practice in Malaysia. Since the enforcement of Act 804 on 1 January 2022, the MDC has been mandated with expanded responsibilities, including the registration of dental practitioners, recognition of qualifications as well as the stringent regulation of ethical and professional standards.

REGISTRATION AND PRACTISING CERTIFICATES

Act 804 outlines the registration standards to ensure that only qualified and professional practitioners are authorized to practice, thereby safeguarding patient safety and service quality in Malaysia. A summary of applications approved by MDC for the year 2025 as shown in **Table 7.5**.

Table 7.5 Applications Approved by MDC in 2025

Type of Application	Total Approved
Registration of Dental Surgeon	869
Registration of Dental Specialists (12 specialties)	193
Annual Practising Certificate	15,477
Temporary Practising Certificate	166
Letter of Good Standing	105
Grand Total	16,810

MDC HIGHLIGHTS 2025

In 2025 marks a new phase of MDC's leadership following the transparent election and appointment of council members for the 2025-2028 term. This new leadership mandate serves as the backbone for ensuring robust governance continuity, further empowering the integrity and stature of the dental profession in Malaysia.



Image 7.25 Council Members for the 2025-2028 Term with the President, Dental Registrar and MDC Legal Counsel

MDC continued to strengthen its international ties in 2025 through strategic engagements with global partners. Official visits from the Interim Dental Committee, MOH Brunei Darussalam, the Faculty of Dentistry University of Adelaide and the Faculty of Dental Surgery (FDS) Royal College of Surgeons (RCS) Edinburgh have fostered invaluable knowledge sharing regarding global regulatory frameworks and professional standards.



Image 7.26 Working Visit from MOH Brunei Darussalam, University of Adelaide and FDS RCS Edinburgh

The conclusion of the three-year transitional period for Act 804 has sparked a major evolution in the national dental regulatory framework. The MDC has now fully implemented the revised criteria for specialist registration and updated the list of recognized postgraduate qualifications to align with current global training standards and full enforcement of all provisions under Act 804, introducing significant updates to practising certificate requirements. In addition, MDC has intensified preparations for the Professional Qualifying Examination (PQE) to ensure a high-quality and integrity-driven assessment process for practitioners.



Image 7.27 PQE Question Setting Panel Meeting

MALAYSIAN DENTAL THERAPISTS BOARD (MDTB)

In 2025, a total of 2,921 active dental therapists were practicing dentistry, of whom 278 were post-basic dental therapists.

Table 7.6 Total APC for Dental Therapists and Post-Basic Dental Therapists 2025

Category	Government Sector			Private Sector	Total
	MOH	Non-MOH	Total		
Dental Therapists	2,566	73	2,639	4	2,643
Post-Basic Dental Therapists	266	10	276	2	278
Grand Total	2,832	83	2,915	6	2,921

In accordance with Paragraph 1(2) of the First Schedule of the Dental Act 2018 [Act 804], a total of 14 board members from the first term were reappointed by the Minister of Health for a second term, effective from 1 June 2025 to 31 May 2028. In addition, Minister of Health appointed two (2) new board members pursuant to Section 18(1)(e) and (i) of the Act 804.



Image 7.28 Appointment of New Board Members

CHAPTER 8



PHARMACEUTICAL **SERVICES**



PHARMACEUTICAL SERVICES PROGRAMME

The Pharmaceutical Services Programme is a programme in the MOH responsible for ensuring that the public gets access to safe, efficacious and quality pharmaceutical products, protecting their interest via the enforcement of relevant legislation and ensuring rational use of medicines by both healthcare providers and patients. Five (5) divisions of the programme are under the purview of the TKPK (PF) as follows:

- i. Pharmacy Policy and Strategic Planning Division (BDPSF)
- ii. Pharmacy Practice and Development Division (BAPF)
- iii. Pharmacy Enforcement Division (BPF)
- iv. National Pharmaceutical Regulatory Agency (NPRA)
- v. Pharmacy Board Malaysia Division (BLFM)

REGISTERED PHARMACISTS IN MALAYSIA

There is a total of 22,722 pharmacists renewing their annual certificate for year 2025, according to their sector of practice as follows:

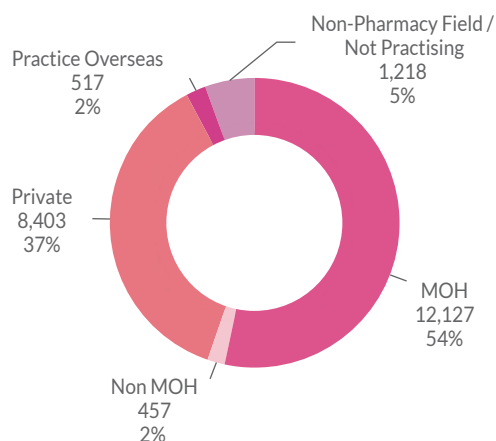


Figure 8.1 Registered Pharmacists According to Sector of Practice 2025

MINISTRY OF HEALTH MEDICINES FORMULARY (MOHMF)

MOHMF is a list of medicines that have been approved for use in all MOH facilities and serves as a guide for MOH healthcare professionals in determining medicines for the treatment of patients. Applications to list or amend the MOHMF will be tabled in the MOHMF Panel Meeting which convenes three (3) times a year. BAPF is responsible for processing and evaluating the applications for listing or amendment to MOHMF.

As of December 2025, there are 1,675 preparations comprising 875 chemical entities listed in the MOHMF. The number of medicines listed in the MOHMF from the year 2021-2025 is summarised as shown in **Figure 8.2**.



Figure 8.2 Medicines Listed in the MOHMF 2021-2025

SPECIAL APPROVAL MEDICINES (SAM)

Special approval is required for the procurement and use of medicines within MOH facilities involving registered medicines or indications not listed in the MOHMF and medicines that are not registered with the Drug Control Authority (DCA). SAM applications are considered alternative treatment options, with priority given to the use of registered medicines listed in the MOHMF.

In 2025, a total of 13,951 SAM applications were received for use in MOH facilities including Approved Products Purchase List (APPL) and MOH contract medicines, of which 12,318 applications (88.29%) were approved. The estimated cost associated with these approvals amounted to RM342.93 million. Additionally, Pharmacy Practice and Development Division has also processed applications from non-MOH healthcare facilities, including those under the Ministry of Higher Education (MOHE), Ministry of Defence (MINDEF), the National Heart Institute (IJN) and private healthcare institutions. From these facilities, 7,474 applications were received, with 6,693 (89.55%) approved at an estimated cost of RM267.43 million.

The total number of SAM approvals for both MOH and non-MOH facilities, along with the associated costs for the year 2021-2025, is summarised as shown in **Figure 8.3**.

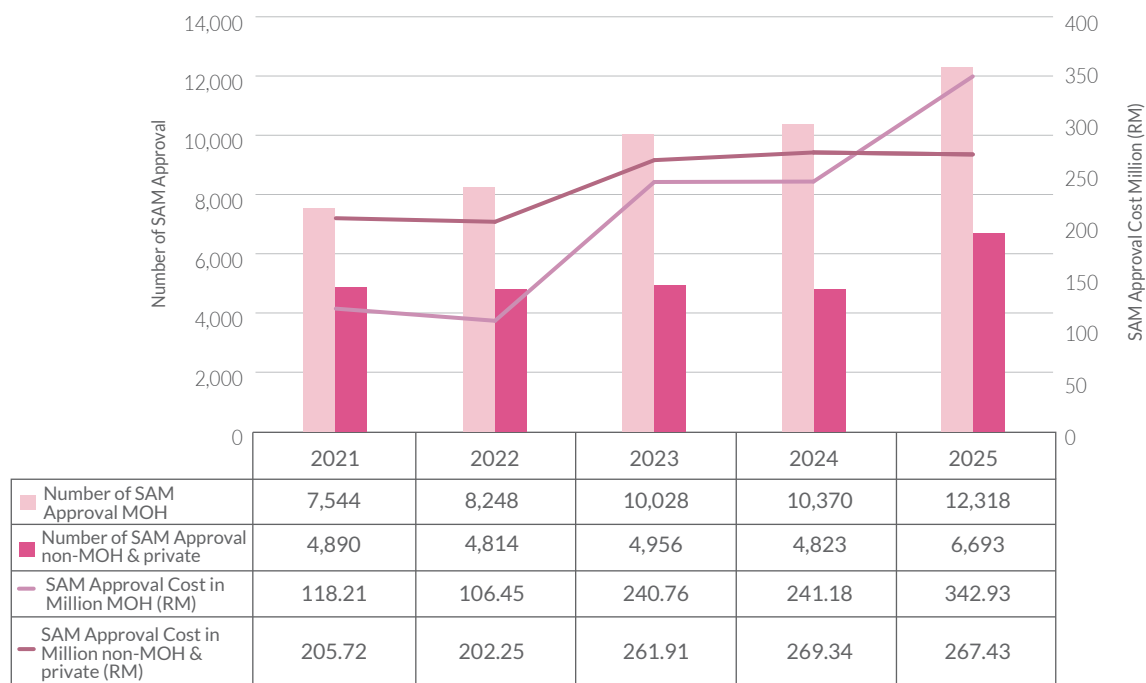


Figure 8.3 SAM Approvals for MOH and Non-MOH Facilities with the Associated Cost 2021-2025

MEDICINES PROCUREMENT AND EXPENDITURE

The total cost of medicines procured in 2025 for all MOH facilities was RM3,860.23 million. This expenditure is 11.7% higher compared to the expenditure in 2024. APPL medicine expenditure comprised RM1,717.17 million (44.5%) through the concessionaire company, RM1,037.24 million (26.9%) under MOH contracts, and RM1,105.82 million (28.6%) through direct purchases and quotation-based procurement.

MALAYSIA ADVANCED CLINICAL PHARMACY PROGRAMME (MyACPP)

The pharmacist attachment training programme was established to ensure the delivery of high-quality pharmaceutical care services in accordance with the standards set by the BAPF. As of December 2025, there are a total of 207 training centres involving 56 facilities, including the addition of five (5) new centres in 2025.

MyACPP that was introduced in 2024 is an advanced competency-based training programme at Levels 2 and 3 aimed at enhancing the expertise and professionalism of clinical pharmacists. As of December 2025, 23 trainees have participated in the programme across nine (9) areas of specialisation namely Antimicrobial Stewardship, Cardiology Pharmacy, Diabetes Pharmacy, Nuclear Pharmacy, Clinical Pharmacokinetics, Paediatric Pharmacy, Respiratory Pharmacy, Haemophilia Pharmacy and Oncology Pharmacy. Expansion to other specialisation areas is scheduled to commence in 2026.

KNOW YOUR MEDICINE FOR PERSONS WITH DISABILITIES (PWDs) PROGRAMME

In line with efforts to ensure public access to quality healthcare services, various strategies have been planned at the ministry level that prioritise the welfare and health of the people, including PWDs. The Know Your Medicine for Persons with Disabilities Programme was officially launched by the Minister of Health, in Putrajaya on 25 September 2025. This programme underscores the MOH's commitment to ensuring that PWDs receive inclusive healthcare access and authentic, easily understandable information regarding medications.

The programme outlines six (6) key initiatives:

- i. Visually Impaired-Friendly Medicine Labels
- ii. Research on the Quality Use of Medicines Among the Visually Impaired Population
- iii. Enhancement of Medication Dispensing Services for PWDs
- iv. Appointment of Know Your Medicines Ambassadors among the PWDs
- v. Improvements to the Guide to Good Dispensing Practice
- vi. Improvements of Access to Medication Information for PWDs

The MOH's efforts in engaging and supporting the PWD community have also garnered international recognition, including:

- i. OKMedi Innovation Project (Visually Impaired-Friendly Medicine Labels with Braille), developed by the Pharmaceutical Services Division of the JKN Pahang, which won a Gold Medal at the 48th International Convention on Quality Control Circles (ICQCC) in Beijing, China.
- ii. Bridge-D'Gap Project by the Pharmaceutical Services Division of the JKN Negeri Sembilan, which empowers the PWD community with better access to medication information, was recognised at the World Summit on the Information Society (WSIS) Prizes 2025 in Geneva, Switzerland, as one of the world's top 360 digital projects.



Image 8.1 Launching of Know Your Medicine for PWDs Programme

OPERATION PANGEA XVII: COMBATING ONLINE PHARMACEUTICAL CRIME

Operation Pangea is INTERPOL's global initiative to combat online pharmaceutical crime. By coordinating annual operations with authorities worldwide, it has seized millions of illicit medicines, dismantled criminal networks and shut down thousands of illegal websites, while raising public awareness about the dangers of buying medicines online.

Operation Pangea XVII was conducted over a six (6) months period (16 December 2024 – 31 May 2025) involving 90 countries. During the operation, 50.4 million units of illicit pharmaceutical products valued at approximately USD65 million were seized globally. A total of 13,000 links related to pharmaceutical crime were blocked or removed with Malaysia contributing 56% of these actions, which marks the highest proportion among all participating countries.

In Malaysia, the operation is led by the BPF, in collaboration with PDRM, Royal Malaysian Customs Department (JKDM), Malaysian Communications and Multimedia Commission (MCMC) and CyberSecurity Malaysia. The operation was further strengthened through the involvement of strategic private-sector partners, including TikTok Malaysia, Shopee, Lazada and Ninja Logistics Sdn. Bhd. These partnerships enhanced enforcement efforts by disrupting illegal online pharmaceutical sales through both regulatory action and digital platform cooperation. The Pangea activities in Malaysia are as follows:

i. ONLINE PHARMACEUTICAL PRODUCT SALES SCREENING

During the operation period, 8,410 internet links were monitored, investigated and recommended for blocking access or content removal. Of these, approximately 45% involved prescription medicines or products adulterated with prohibited substances such as painkillers, sexual stimulants and psychotropic substances sold by unqualified individuals. Meanwhile, 38% of the links involved unregistered health supplements and traditional products.

ii. INSPECTIONS AT INTERNATIONAL POINTS OF ENTRY

A total of 7,425 postal parcels were inspected, of which 739 were seized for containing unregistered pharmaceutical products. Inspections at the international points of entry led to the seizure of more than 500,000 units valued at nearly RM1.7 million. Seizures at postal hubs mainly involved health supplements, traditional products, sexual stimulants and controlled medicines.

iii. RAID ON PREMISES

The BPF also conducted integrated enforcement raids targeting sellers and business premises involved in the online sale of illicit pharmaceutical products. More than 500 premises, including residential homes, pharmacies and business outlets, were raided for offences related to the sale of unregistered pharmaceutical products, resulting in the seizure of nearly 800,000 units valued at over RM12 million. As a result of these operations, 529 investigation papers were opened for prosecution.

iv. AWARENESS ACTIVITIES

Public awareness initiatives were also comprehensively implemented as a key component of Operation Pangea XVII. These activities included talks, dialogues and exhibitions, as well as digital outreach through the use of social media, the MOH's official portals and the dissemination of messages in the form of infographics, awareness videos and interactive digital content such as reels. The TOBaTS – *Tolak Ubat Tidak Sah* campaign kits were also distributed to the public as key advocacy materials throughout the operation period.



Image 8.2 Inspection at International Point of Entry

CLOSING GAPS IN THE DISTRIBUTION OF ILLEGAL MEDICINES

In between 2021-2025, the pharmaceutical enforcement landscape in Malaysia has undergone notable changes in tandem with the evolution of the market for unauthorised pharmaceutical products and their distribution, particularly in the post COVID-19 period and amid the rapid growth of e-commerce. Although the annual number of enforcement raids has remained relatively stable since 2022, the total value of seizures has increased significantly, peaking at RM70.2 million in 2025. This trend reflects the effectiveness of increasingly intelligence-led enforcement approaches that focus on high-value targets within unauthorised medicine supply chains.

Based on seizure statistics, the total value of seizures has shown a significant increase throughout this period. Unregistered products continued to represent the main threat to public health, accounting for nearly the entirety of the total seizure value each year. Among the seized unregistered products, health supplements demonstrated a substantial increase, reaching nearly RM34 million in 2025, thereby reflecting the emergence of a large-scale illicit market operating through digital platforms and modern logistics infrastructure.

The seizure profile also demonstrates a significant shift. While in the earlier years seizures were largely focused on small-scale products at the retail level, more recent periods have seen an increase in seizures of unauthorised medicines involving bulk stockpiles stored in warehouses, storage facilities and concealed premises. This shift reflects the MOH's ongoing efforts to disrupt distribution chains comprehensively, rather than merely curbing violations at the point of sale.

Enforcement effectiveness has been further strengthened through strategic inter-agency collaboration, including intelligence sharing, joint operations and coordinated legal follow-up actions. This integrated approach has enabled raids to be conducted in a more structured manner, enhanced target accuracy and maximised the impact of seizures on unauthorised product distribution activities.

Overall, the period from 2021 to 2025 demonstrates that enforcement effectiveness is no longer measured solely by the number of raids conducted, but by the tangible impact of each operation. The increase in both the value and quantity of seizures, supported by inter-agency collaboration, reflects the MOH's continued commitment to safeguarding public health and preserving the integrity of the market.

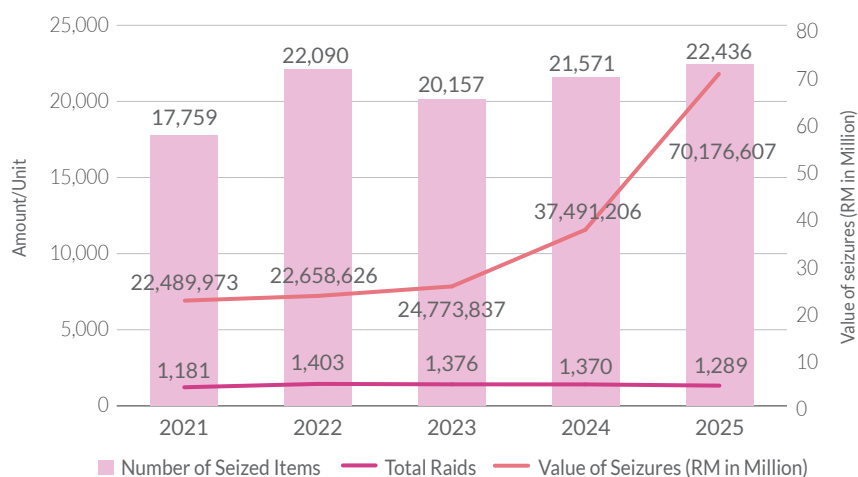


Figure 8.4 Number of Raids and Seized Items as well as Value of Seizures in 2021-2025



Image 8.3 Inspection and Verification of Products during an Enforcement Operation at a Premises Used for Storing Unauthorised Medicinal Product

DISPLAY OF MEDICINE PRICES INITIATIVE AT PRIVATE HEALTHCARE FACILITIES AND COMMUNITY PHARMACIES

The Initiative on the Display of Medicine Prices at Private Healthcare Facilities and Community Pharmacies was gazetted on 1 May 2025 through the Price Control and Anti-Profiteering (Price Marking for Medicines) Order 2025 under the Price Control and Anti-Profiteering Act 2011 [Act 723]. This initiative reflects the Government's commitment to strengthening transparency in medicine pricing in the market and ensuring that consumers are provided with clear and easily accessible price information. This enables the public to know the prices to be paid, compare prices and make informed choices in obtaining medicines at reasonable and affordable prices.

STAKEHOLDER ENGAGEMENT SESSIONS

Following the gazettment of the Order, MOH conducted a series of stakeholder engagement sessions involving consumer associations, insurance providers, pharmaceutical industry, community pharmacies and healthcare service providers (including private medical clinics, dental clinics and hospitals) as well as relevant parties. These engagement sessions aimed to provide clarification on compliance requirements under the gazetted Order, to obtain feedback on implementation at the operational level and to identify potential issues and challenges, thereby enabling more effective implementation support and improvement measures.



Image 8.4 Stakeholder Engagement Sessions

ASEAN CONSULTATIVE MEETING ON ASEAN DRUG SECURITY AND SELF-RELIANCE (ADSSR)

Malaysia hosted the ASEAN Consultative Meeting on ADSSR: Development of the Strategic Plan of Action and Implementation, from 23-25 September 2025 in Putrajaya. This consultative meeting was convened following the adoption of the ASEAN Leaders Declaration of Commitment on ASEAN Drug Security and Self-Reliance (ADC ADSSR) at the 46th ASEAN Summit on 26 May 2025 in Kuala Lumpur. The meeting was officiated by the DG, while welcoming remarks were delivered by the TKPK (PF), showing their utmost support and commitment towards the ADSSR initiatives.

The first day of the meeting featured eight (8) sessions of presentations by invited speakers and country presentations by representatives from ASEAN Member States (AMS) and Timor-Leste. This meeting was attended by representatives from Brunei Darussalam, Cambodia, Indonesia, Malaysia, the Philippines, Singapore, Thailand and Timor-Leste as well as the ASEAN Secretariat. Invited speakers shared their perspectives, experiences and current situational updates regarding drug security based on the pharmaceutical life cycle, starting from drug discovery to patient delivery. AMS and Timor-Leste highlighted issues and challenges related to drug security within their respective countries, as well as the measures taken to overcome them.

The second and third days consisted of closed-door sessions chaired by Malaysia. The primary focus was on developing the Strategic Action and Implementation Plan as well as the Implementation Framework for the ADSSR initiative. A draft action plan was produced and will be submitted to the ASEAN Health Cluster 3 (AHC3) and the ASEAN Senior Officials' Meeting on Health Development (SOMHD) for endorsement and adoption.



Image 8.5 ASEAN Consultative Meeting on ADSSR: Development of the Strategic Plan of Action and Implementation

3RD MALAYSIA-JAPAN SYMPOSIUM (MJS) ON PHARMACEUTICAL REGULATORY SYSTEM

The NPRA in collaboration with the Pharmaceuticals and Medical Devices Agency (PMDA) Japan and the Malaysian Pharmacists Society (MPS), organised the 3rd MJS on Pharmaceutical Regulatory System on 31 July 2025 at the Kuala Lumpur Convention Centre (KLCC).

The symposium was attended by 232 participants comprising representatives from regulatory authorities, policymakers, academic institutions and the pharmaceutical industry from Malaysia and Japan. The symposium aimed to strengthen bilateral dialogue, enhance mutual understanding and reinforce strategic cooperation in the pharmaceutical regulatory field.

Discussions focused on four (4) key segments, namely the use of Real-World Data to support evidence-based regulatory decision-making, implementation of Risk Management Plans to ensure product safety, the application of Facilitated Registration Pathways to expedite product registration without compromising safety and efficacy as well as enhancement of the Clinical Trials framework in line with ethical and international standards.

This symposium reflects NPRA's continued commitment to strengthening Good Regulatory Practice through sharing best practice and experience with international strategic partner, in line with MOH's aspiration to ensure access to quality, safe and effective pharmaceutical products for the protection and well-being of public health at the national and regional level.



Image 8.6 3rd MJS on Pharmaceutical Regulatory System

BILATERAL MEETING WITH PMDA JAPAN

The bilateral meeting between the NPRA and the PMDA Japan was held on 1 August 2025 as a strategic platform to strengthen regulatory cooperation between Malaysia and Japan. The meeting is convened on a regular basis to support continuous efforts in ensuring the quality, safety and efficacy of pharmaceutical products through efficient and internationally aligned regulatory processes.

Discussions focused on potential collaboration with the National Cancer Centre (NCC), Japan, and the PMDA Asia Office, as well as the implementation of the NPRA-PMDA Workplan for FY2026. Key agenda items included proposed regulatory reliance initiatives for clinical trial applications and the enhancement of cooperation in pharmacovigilance at the regional level. These initiatives aim to facilitate timely access to safe, effective and quality pharmaceutical products in support of public health needs.

The meeting reflects the continued commitment of NPRA and PMDA to strengthening strategic partnerships and enhancing regulatory efficiency through the exchange of expertise, experience and best practices between the two agencies.



Image 8.7 Bilateral Meeting between NPRA and PMDA Japan

MEMORANDUM OF UNDERSTANDING (MoU) WITH NATIONAL INSTITUTES OF BIOTECHNOLOGY MALAYSIA (NIBM)

The NPRA signed a MoU with the NIBM on 15 October 2025 at the Malaysian Institute of Pharmaceuticals and Nutraceuticals (iPHARM), Pulau Pinang. This MoU represents a strategic initiative to strengthen national regulatory capacity in ensuring the safety, quality and efficacy of vaccines manufactured in Malaysia.

This collaboration follows a series of technical and policy-level discussions held between NPRA and NIBM since April 2024, focusing on the implementation of vaccine Lot Release testing. Lot Release is a critical function of a National Regulatory Authority (NRA) and constitutes a key requirement under the WHO Global Benchmarking Tool (GBT) in supporting the attainment of Maturity Level 3 (ML3).

In line with this role, NPRA retains full responsibility for evaluating test results, making regulatory decisions, and issuing lot release certificates. Under this MoU, NIBM, through iPHARM, provides selected technical support for lot release testing involving animal use. Such technical support is implemented in a controlled manner and is subject to regulatory compliance, conflict of interest management as well as assurance of data integrity and confidentiality, with NPRA remaining the sole authority for final lot release decisions.

This collaboration also supports priorities under the 13MP and the National Vaccine Development Roadmap, particularly in strengthening regulatory capacity, laboratory infrastructure and national preparedness. Overall, the MoU supports the strengthening of core NRA functions and continued progression towards higher regulatory system maturity in line with WHO benchmarks.



Image 8.8 Signing Ceremony of the MoU between NPRA and NIBM

EMPOWERING PATIENTS LIVING WITH DIABETES (ERAT) PROGRAMME

The ERAT Programme Launch was officiated by the Minister of Health on 4 November 2025 in Putrajaya. The ERAT Programme is a collaborative initiative between the Pharmaceutical Services Programme, the MPS and Novo Nordisk Malaysia. The programme, which runs from 2025 to 2027, focuses on empowering patients and their families through Self-Monitoring of Blood Glucose (SMBG) with the distribution of 3,000 glucometer sets to Diabetes Medication Therapy Adherence Clinic (DMTAC) patients and enhancing the competency of DMTAC pharmacists through structured training and workshops.



Image 8.9 Launching Ceremony of the ERAT Programme

NATIONAL-LEVEL WORLD PHARMACISTS DAY 2025

The National-Level World Pharmacists Day Celebration 2025 was held on 25 September 2025 at the IPKKM and was officiated by the Minister of Health. The theme “Think Health, Think Pharmacist” emphasised the importance of pharmacy as a core pillar of the healthcare system. This celebration is to appreciate the dedication and professionalism of pharmacists in delivering pharmaceutical services that are inclusive, innovative and driven by integrity, in support of the nation’s healthcare system development. Also launched in conjunction with this celebration was the Know Your Medicine for PWDs Programme.

The event was enlivened by a choir performance consisting of nine (9) PWDs (hearing) children dressed in traditional Malaysian attire, who then performed the national anthem *Negaraku* translated into sign language.

The World Pharmacists Day celebration was attended by representatives from MOH, State Health Departments, the Pharmaceutical Association of Malaysia (PhAMA), Malaysian Organisation of Pharmaceutical Industries (MOPI), MPS, Malaysian Community Pharmacy Guild (MCPG), Malaysian Academy of Pharmacy (MAP) and OKU Strategic Partners from MOH, associations and pharmaceutical companies.



Image 8.10 Celebration for the National-Level World Pharmacists Day 2025

MyUBAT: SPECIAL INNOVATION AWARD (AKI)

The MyUBAT application was conferred the Special Innovation Award (AKI) for the Year 2023 during the Ministry of Health Malaysia Innovation Awards Ceremony (AIKKM), which was held on 4 November 2025 at the NIH Grand Auditorium, Shah Alam.

Developed entirely in-house by leveraging existing internal expertise, the MyUBAT application was officially launched by the Pharmaceutical Services Programme in April 2020. The development of MyUBAT represents a strategic initiative by this programme to digitalise the delivery of pharmacy services, in line with the aspirations and agenda of the digital government.

The implementation of MyUBAT began with the digitalisation of value-added services aimed at facilitating patients' access to follow-up medication supplies from healthcare facilities without the need to queue or experience prolonged waiting times. Through this application, patients are offered multiple options to receive pharmacy services according to their individual needs, including appointment-based counter services, medication delivery via courier services, drive-through medication collection, as well as collection of medication supplies from designated storage lockers.

Overall, the MyUBAT innovation has successfully contributed to a 2% reduction in patient attendance at healthcare facilities, alongside a 10% annual increase in new user registrations. In addition, through a PPP with Pos Malaysia Sdn. Bhd., a total of RM1.03 million in donated funds has been successfully raised and channelled to support cancer patient treatment, with the support of the MyUBAT initiative.



Image 8.11 Conferment of AKI to MyUbat Application during the AIKKM Ceremony

WAY FORWARD

The Pharmaceutical Services Programme demonstrates a continuous and firm commitment to ensuring the delivery of excellent, safe and people-centric pharmaceutical services. The programme's objective is fully aligned with the aspirations of the ministry and the nation in strengthening public health standards and enhancing community health literacy. In tandem with this, the Pharmaceutical Services Programme remains proactive in strengthening collaboration among strategic partners within the health sector to ensure the sustainability and resilience of the national healthcare system.

CHAPTER 9

FOOD SAFETY AND **QUALITY**



INTRODUCTION

The Food Safety and Quality Programme (FSQP) is mandated as the competent authority for controlling national food safety and quality along the food supply chain. FSQP is responsible for protecting the public against health hazards and fraud in the storage, preparation, processing, packaging, transportation, sale and consumption of food and facilitating trade. The Food Act 1983 [Act 281] and its regulations form the backbone of the Food Safety Programme. The programme is headed by the TKPK (K&KM), which consists of:

- i. Policy, Strategic Planning and Codex Standard Division
- ii. Compliance and Industrial Development Division
- iii. National Centre for Food Safety
- iv. Malaysian Food Analyst Council

The main activities of FSQP include monitoring and enforcement of imported food, domestic and food premises, food export control, pre-market approval, food safety certification, food poisoning prevention, risk assessment and food surveillance, development of regulations and standards, laboratory services, labelling advisory and food safety assurance system.

LAUNCH OF THE NATIONAL FOOD SAFETY POLICY (NFSP) 2.0

On 26 September 2025, the Minister of Health launched the NFSP 2.0 which represents the Government's commitment to transforming food safety controls in line with global developments. NFSP 2.0 will elevate food safety controls throughout the national food supply chain across various sectors that will be driven by a more robust and solidified collaboration among all stakeholders, whilst simultaneously facilitating food trade.



Image 9.1 Launch of the NFSP 2.0

The implementation of NFSP 2.0 is driven by five (5) strategic pillars under the National Food Safety Action Plan (PTKMK) 2024-2030, with 17 main strategies and three (3) supporting strategies, along with indicators to be achieved by 2030. Through the commitment to the implementation of NFSP 2.0 and PTKMK 2024-2030, the national food safety control will continue to be strengthened in addressing various issues holistically, thereby enhancing the well-being and health of Malaysians.

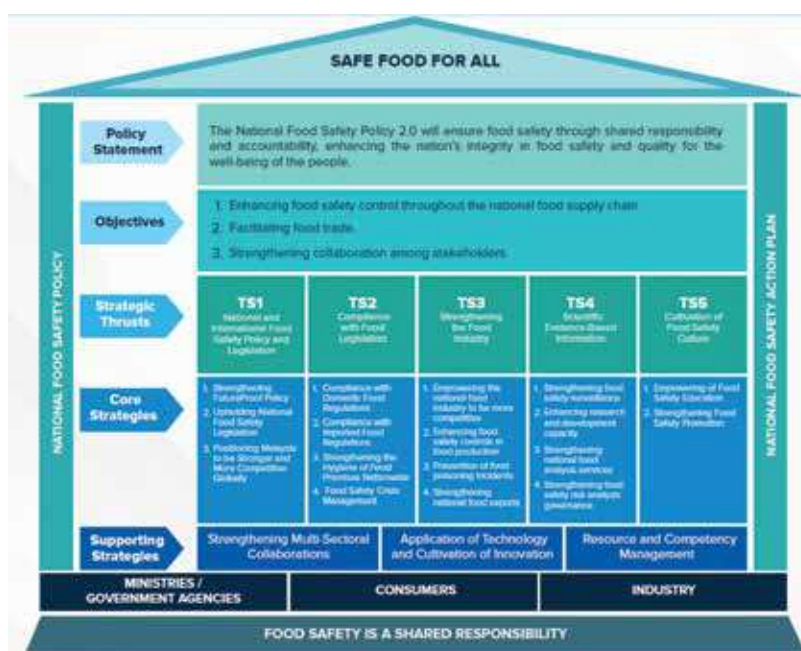


Figure 9.1 NFSP 2.0 Framework

OPERATION OF THE NATIONAL CENTRE FOR FOOD SAFETY (NCFS)

NCFS is the scientific arm under the FSQP and the development of NCFS was approved under the 10MP of a phased development of NCFS infrastructure and facilities.



Image 9.2 NCFS at Bandar Baru Salak Tinggi, Sepang

The construction project of NCFS began in April 2018, and a certificate handover ceremony for the completion of the NCFS building by JKR Selangor to the Ministry of Health was held on 19 December 2024, witnessed by the Minister of Health and the Minister of Public Works.



Image 9.3 Handover Ceremony of the NCFS Project

In ensuring operational readiness and the activation of core functions, NCFS has implemented phased testing and commissioning (T&C) of equipment. This execution was followed by operationalisation and technical training for food processing equipment, encompassing commercial and pilot retort systems, Ultra High Temperature (UHT) systems, Thermal Decontamination Systems (TDS), and High-Pressure Processing (HPP). Additionally, usage training for high-tech analytical equipment was conducted, including Nuclear Magnetic Resonance (NMR), Matrix-Assisted Laser Desorption/Ionisation Time-of-Flight (MALDI-TOF), Gas Chromatography-Mass Spectrometry (GC-MS/MS) and Liquid Chromatography-Mass Spectrometry (LC-MS/MS).

In 2025, a key initiative implemented was the inter-laboratory comparison (ILC) for benzoic acid and sorbic acid parameters in pineapple jam, as well as *Vibrio parahaemolyticus* in seafood. Overall, the initiatives carried out throughout 2025 have established a vital foundation toward a more structured and comprehensive operation of NCFS in the coming years.

ON-SITE EVALUATION FOR MALAYSIA'S PARTICIPATION IN THE ASEAN SECTORAL MUTUAL RECOGNITION ARRANGEMENT FOR INSPECTION AND CERTIFICATION SYSTEM ON FOOD HYGIENE FOR PREPARED FOODSTUFF PRODUCTS (MRA ON PF) IN MALAYSIA

Malaysia is the first ASEAN country selected for the MRA on PF assessment from 17-20 November 2025, involving several facilities, namely FSQP, BKMM JKN Selangor, PKD Klang, PKD Port Klang, MKKM Selangor, Westport Malaysia Sdn. Bhd. and Ramli Food Industries Sdn. Bhd. This assessment aims to enable mutual recognition of inspection and certification systems regarding food hygiene related to the production, import and export of prepared foodstuff products to facilitate trade in ASEAN and also protect consumer health.



Image 9.4 MRA on PF Opening Meeting

THE 18TH MEETING OF THE NATIONAL FOOD SAFETY AND NUTRITION COUNCIL (NFSNC)

NFSNC is the country's principal advisory body dealing with all matters related to food safety and nutrition. This meeting was held on 26 September 2025, chaired by the Minister of Health and involved members from various ministries, agencies, food industry associations, consumer associations, professional bodies and academia. NFSNC always works closely with various stakeholders in the country's effort to ensure that the people receive safe, wholesome and nutritious food.



Image 9.5 The 18th NFSNC Meeting

THE FOOD SAFETY AND NUTRITION CLUSTER MEETING

The Food Safety and Nutrition Cluster, led by the MOH and coordinated by the Secretariat of NFSNC is one of the five (5) clusters established to support the implementation of the National Food Security Policy, coordinated by the Ministry of Agriculture and Food Security. Food Safety and Nutrition Cluster Meetings were held in 2025 on 11 April 2025 and 14 October 2025.



Image 9.6 Food Safety and Nutrition Cluster Meeting

CLEAN, SMOKE-FREE PREMISES PROGRAMME (WALKABOUT BeBAS)

The main objective of the Walkabout BeBAs programme is to raise public awareness, encourage strong support and ensure full compliance with the cleanliness and food safety aspects in premises as well as emphasise adherence to the smoking ban in food premises throughout Malaysia.



Image 9.7 Walkabout BeBAs Programme

This programme has been implemented in 15 states in Malaysia and the Clean and Safe (BeSS) recognition has been established as a symbol of commitment to compliance with food premises hygiene standards and food safety components. In 2025, a total of 16,003 food premises have received BeSS recognition.

SAFE FOOD EXPO (eMAS) AND CELEBRATION OF WORLD FOOD SAFETY DAY (WFSD) 2025

eMAS and WFSD celebrations that were officiated by the Minister of Health on 5 July 2025 are among the advocacy initiatives implemented to raise public awareness about the importance of fostering food safety practices in everyday life. The theme for this year is "Food Safety: Science in Action," which emphasises the importance of science as a reform in setting food standards and the necessity of risk assessment for food safety control to protect consumer health and facilitate international food trade.



Image 9.8 eMAS and WFSD Celebration 2025

LAUNCH OF FOOD HANDLER TRAINING TEACHING MODULE SPECIAL FOR FOOD HANDLERS WITH DISABILITIES

In conjunction with the launching of eMAS and WFSD 2025 celebration, Minister of Health also launched the *Modul Pengajaran Latihan Pengendali Makanan Khas bagi Pengendali Makanan Kategori OKU Berkeperluan Khas Khususnya Masalah Pembelajaran Termasuk Autisme dan Disleksia*. This module helps food handlers in the special needs group to master food safety knowledge in accordance with the Food Hygiene Regulations 2009.



Image 9.9 Launch of the Food Handler Training Teaching Module Special for Food Handlers with Disabilities

STRATEGIC PARTNER COOPERATION

BeSS programme continues to be strengthened as a key initiative of FSQP in enhancing the national food premises standards, covering the restaurant, café, chain premises, and Small and Medium Enterprises (SMEs) sectors. Through improvements in guidelines, audits, and progressive technical guidance, industry compliance levels and consumer confidence are elevated. A Symbolic Partner Cooperation Presentation Ceremony involving stakeholders such as Zuspresso, Secret Recipe, Petronas Dagangan and PLUS Malaysia was held in conjunction with eMAS 2025 to recognize the commitment of industry players in ensuring that their entire network of outlets achieves BeSS recognition status.



Image 9.10 Strategic Partner Cooperation Symbolic Presentation Ceremony

Food Safety for Young Generation (FooYoo) is an initiative introduced with the aim of empowering the new or young generation in cultivating food safety culture. Collaboration has been implemented with Universiti Sultan Azlan Shah (USAS) through the 'FooYoo' food safety module in the university's co-curriculum programme.



Image 9.11 Strategic Partner Collaboration with USAS

APRON WALK IN CONJUNCTION WITH WFSD 2025 CELEBRATION

The organisation of the 2025 Apron Walk at National Level on 13 September 2025 at Pulau Pinang was held outside Putrajaya for the first time. This programme was a collaboration with the Northern Zone JKNs and over 2,000 participants. This event is the highlight of the WFSD celebration held on 7 June each year and was officiated by the Minister of Health.



Image 9.12 Apron Walk in Conjunction WFSD Celebration 2025

DOMESTIC CONTROL AND COMPLIANCE

FOOD PREMISE REGISTRATION

All food premises are required to register with the MOH as stipulated under the Food Hygiene Regulations 2009. In 2025, a total of 35,268 new food premises were registered, comprising food factories (category P1), food catering services (category P2), food outlet premises (category P3) and vehicles selling food (category P4).

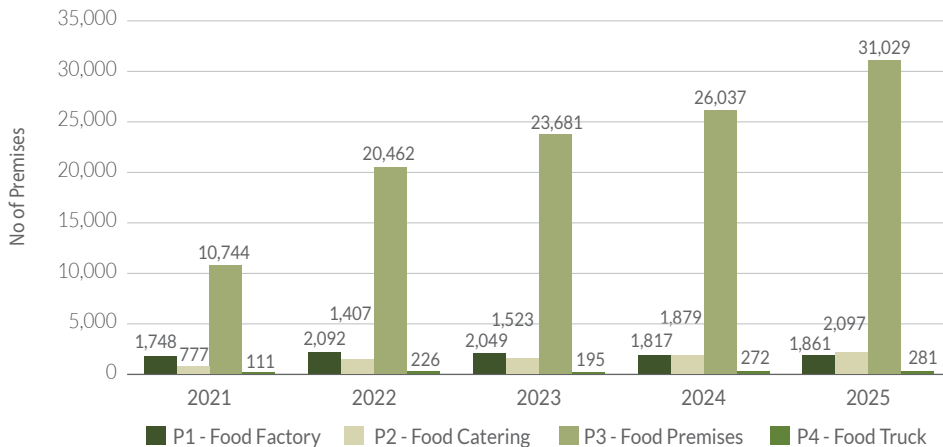


Figure 9.2 Food Premises Registration by Category 2021-2025

COMPLIANCE WITH CLEANLINESS STANDARDS IN FOOD PREMISES

The inspection of food premises is to ensure that owners and operators of food premises comply with the requirements of the Act 281 and the Food Hygiene Regulations 2009, including cleanliness standards of food premises, food handler practices and safe food handling. Inspection activities and closure actions on food premises that do not comply with related food laws for the period 2021-2025 are as shown in **Figure 9.3**.

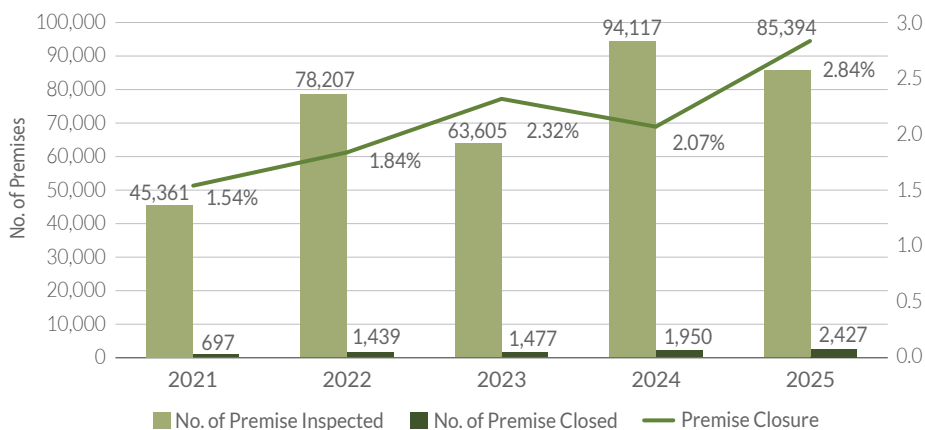


Figure 9.3 Inspection and Closure of Food Premises 2021-2025

DOMESTIC FOOD SAMPLING

Food sampling based on risk assessment is conducted to ensure that food prepared or sold in the domestic market complies with the requirements of the Act 281 and the Food Regulations 1985. The trend of domestic food sampling activities and the violations detected from sample analyses between 2021-2025 are shown in **Figure 9.4**.

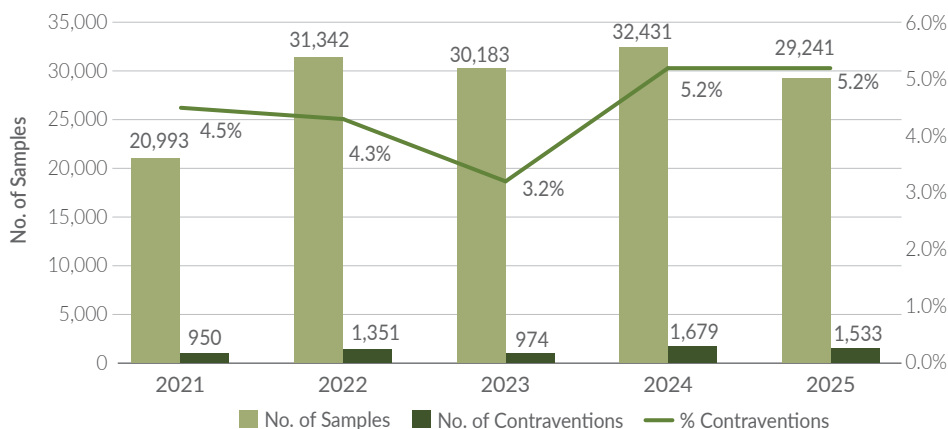


Figure 9.4 Number of Samples and Percentage of Contravention Samples 2021-2025

FOOD IMPORT CONTROL

Import food control activities were implemented through 143 PMA across Malaysia through six (6) levels of inspection. The five (5) year trend for the total number of food consignments imported, document inspections and food sampling based on risk assessment and violations detected from sample is shown in **Figure 9.5** and **Figure 9.6**.

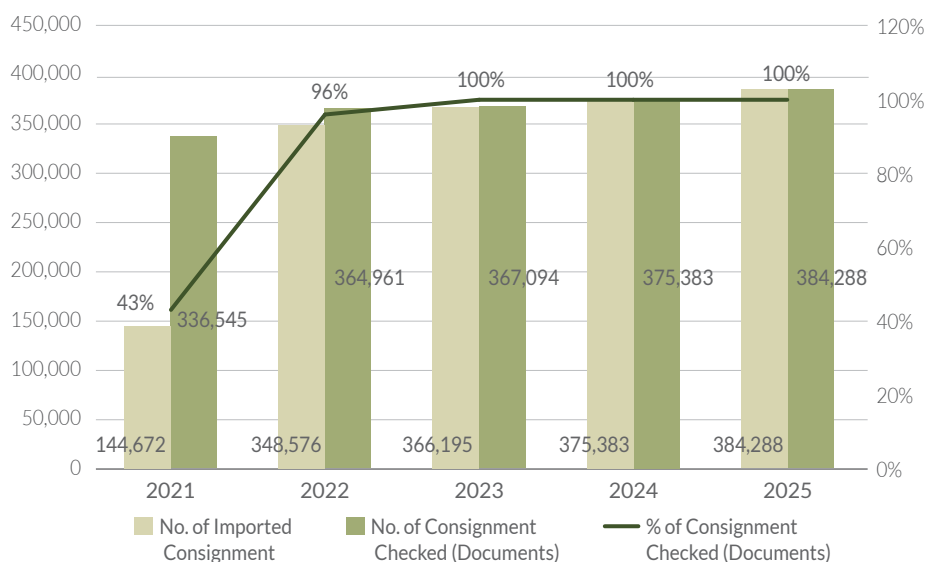


Figure 9.5 Total Import of Food Consignments and Document Inspection 2021-2025

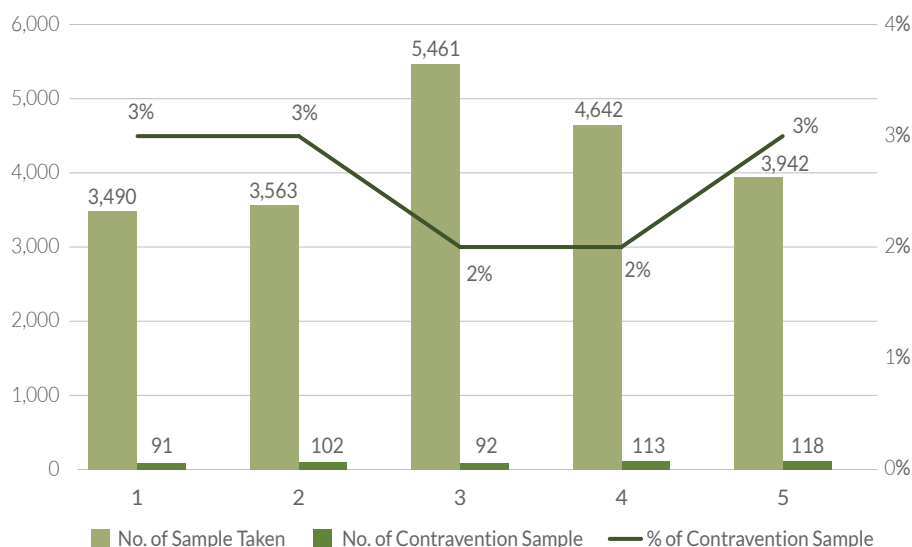


Figure 9.6 Total Food Sampling and Contravention Sample 2021-2025

FOOD EXPORT CONTROL

EXPORT LISTING

The export monitoring programme is an official control developed according to the commodities and the requirements of the importing country. FSQP has also listed export food facilities approved by the importing countries.

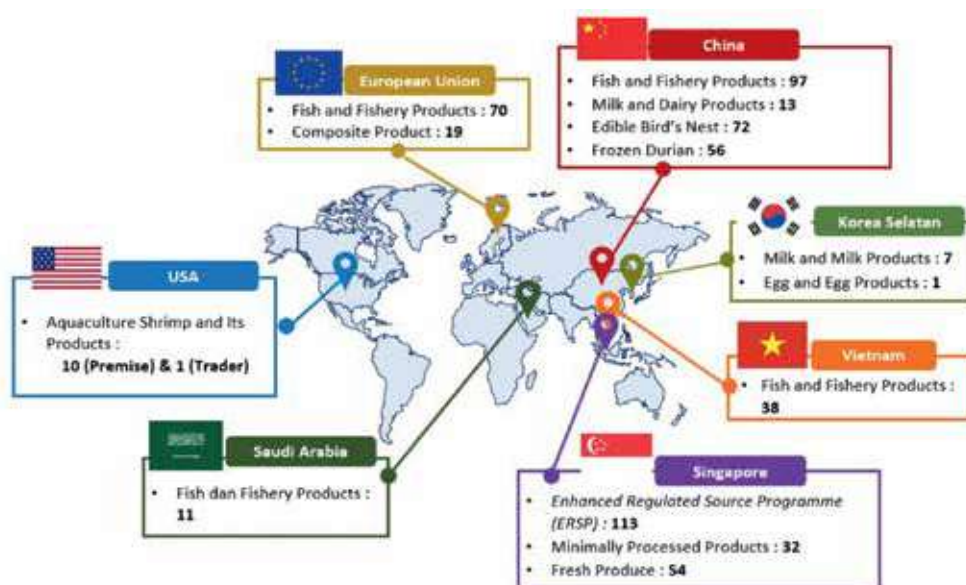


Figure 9.7 Export Food Facilities Listed under MOH

ISSUANCE OF EXPORT CERTIFICATE

The issuance of export certificates by FSQP for exporters based on requirements imposed by the importing countries. The total issuance of export certificates for 2021-2025 as shown in **Figure 9.8**.

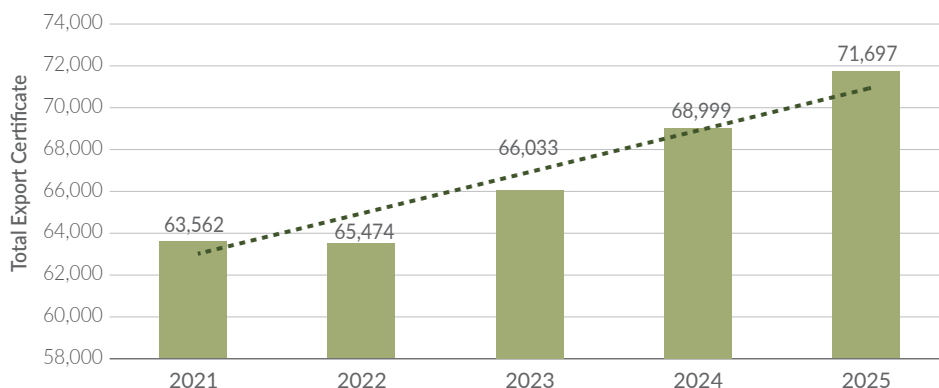


Figure 9.8 Issuance of Export Certificates 2021-2025

FOOD SAFETY ASSURANCE CERTIFICATION (PJKM)

FSQP strengthens food safety controls through PJKM, which includes Good Manufacturing Practice (GMP) standards, Hazard Analysis and Critical Control Points (HACCP) and the Food Safety Industry Responsibility (MeSTI) programme. Its holistic implementation, supported by compliance audits, technical guidance and the capacity-building of food producers, aims to minimise contamination risks, improve food product quality, enhance the reliability of local products and strengthen the competitiveness of the Malaysian food industry in both domestic and international markets.

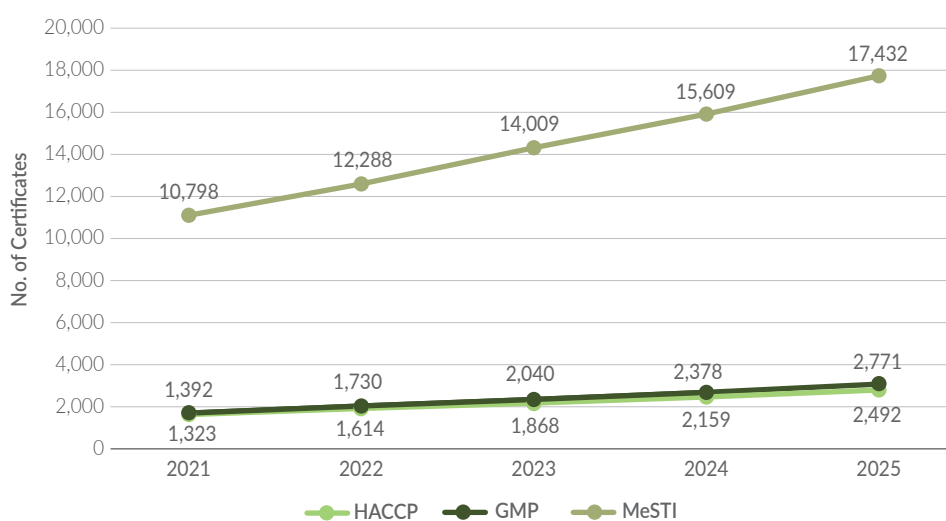


Figure 9.9 PJKM 2021-2025

In addition, there are also certifications have been introduced and until 2025, the total of other food safety-related certifications related to food safety is as follows:

			
10 certifications	4 certifications	8 certifications	3 certifications

Figure 9.10 Other Certifications Related to Food Safety

PILOT PROGRAMME FOR THE IMPLEMENTATION OF FSQP CERTIFICATION, MOH AS A PREREQUISITE FOR FOOD SUPPLY IN GOVERNMENT PROCUREMENT (BEKAL)

FSQP in collaboration with the MOF has implemented a pilot project on mandatory food safety certification as a prerequisite for supplying food in government procurement. This BEKAL project requires recognition through BeSS, Trust MyCatering or Home-based Food Listing for food suppliers in the FT Kuala Lumpur and Putrajaya in 2025. This initiative aims to empower suppliers' self-regulation and establish benchmarks to ensure the supply of safe and quality food across all ministry facilities. The implementation of BEKAL Phase 2.0 in 2026 is gradually extended to PTJs in FT Labuan, Selangor, Negeri Sembilan, Melaka as well as selected ministry institutions throughout Malaysia to ensure agency and industry readiness. As of December 2025, the total number of FSQP certifications across the three schemes is 8,731.

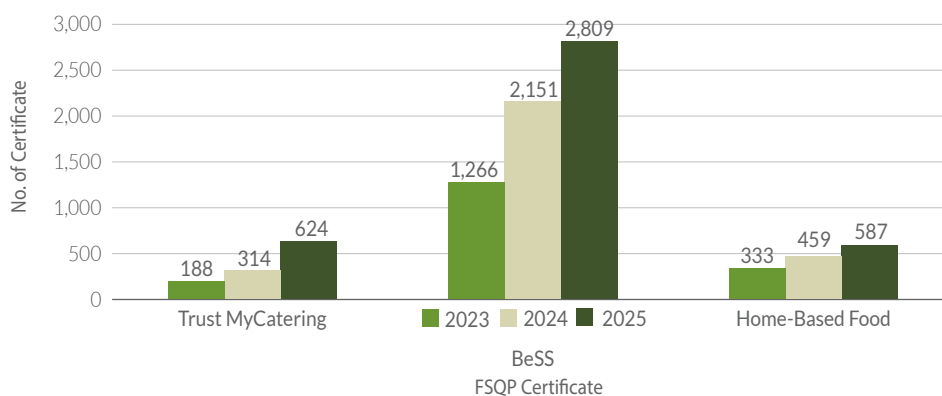


Figure 9.11 FSQP Certifications 2023-2025

THE MALAYSIAN FOOD ANALYSTS COUNCIL (MJMM)

MJMM was established in 2014 under Section 4 of the Food Analysts Act 2011 [Act 727] and consists of 11 members and a Secretary of the Council. The council is responsible for the implementation of the Act 727 and the Food Analysts Regulations 2013, which involves the registration of food analysts, regulating the practices of registered food analysts and managing the meetings of the MJMM as well as its subordinate committees.



REGISTRATION OF FOOD ANALYSTS AND ANNUAL PRACTISING CERTIFICATE (APC)

Food analysts must be registered under the Act 727 and possess a valid APC in order to practice in Malaysia. As of 31 December 2025, the total number of registered food analysts is 1,846. The number of APC holders from 2021-2025 as shown in **Figure 9.12**.

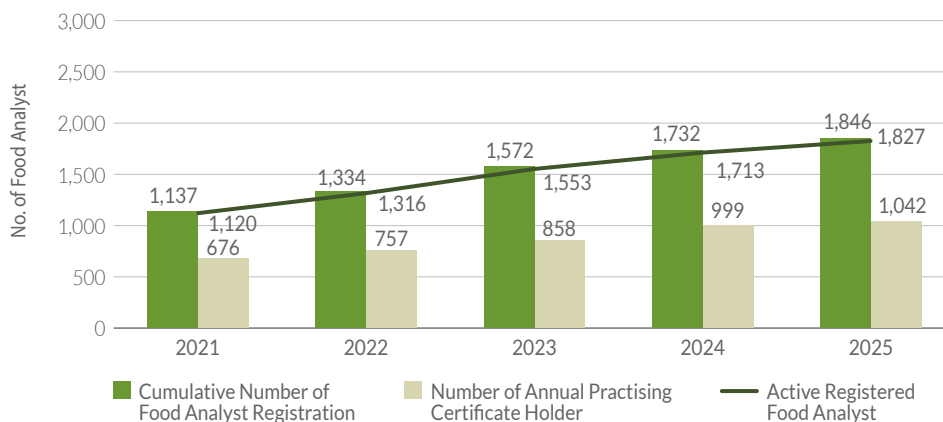


Figure 9.12 Registered Food Analysts and APC Holders 2021-2025

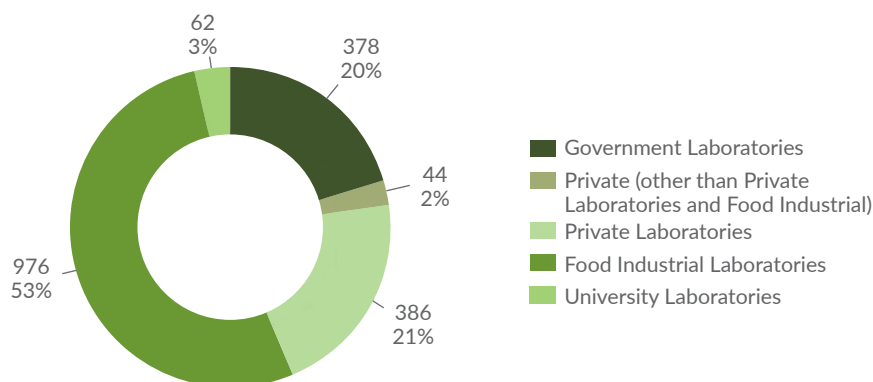


Figure 9.13 Registration of Food Analysts by Sectors

INTERNATIONAL FOOD SAFETY TRAINING CENTRE (IFSTC)

IFSTC plays a role in organising specialised training for stakeholders from the food industry, legal practitioners, university lecturers and students, regulators, government officers as well as individuals or association members interested in deepening their knowledge in the field of food safety and quality. From 2016 to 2024, a total of 126 training sessions have been organised with 4,529 participants including from ASEAN countries.

WAY FORWARD

FSQP will always be committed to strengthening food safety and quality control throughout the food supply chain through accountability with stakeholders to ensure that the people receive safe and quality food.

CHAPTER 10



DIGITAL HEALTH



DIGITAL HEALTH

IMPLEMENTATION OF ELECTRONIC MEDICAL RECORD (EMR) THROUGH CLOUD-BASED CLINIC MANAGEMENT SYSTEM (CCMS)

The implementation of EMR through the CCMS is a strategic initiative of the MOH in strengthening the digitalisation of primary healthcare facilities. To date, CCMS has been successfully implemented at 412 primary healthcare facilities nationwide, serving as a step towards improving operational efficiency, strengthening data governance and reducing reliance on manual records. This initiative is aligned with the digital transformation direction of the healthcare sector and supports the national vision of 1 Person, 1 Record.

From the aspect of service delivery, the implementation of CCMS has made a significant impact on the reduction of patient waiting times. Monitoring data shows that 70% of patients are able to consult a medical officer within 30 minutes. This increase in efficiency is achieved through the digitalisation of registration, triage and a more systematic patient flow management, thereby reducing congestion at health facilities and improving the patient experience.

Furthermore, the implementation of EMR through the CCMS framework has fortified clinical management by increasing the accuracy of clinical data and facilitating the seamless sharing of patient information between facilities to ensure continuity of care. From a security perspective, patient data are fully protected via cloud-based storage that adheres to the highest government cybersecurity standards. Additionally, real-time integration with the MySejahtera platform and the establishment of a centralised database allow for a more strategic analysis of disease patterns, ultimately rendering the national healthcare system more efficient, secure and sustainable.

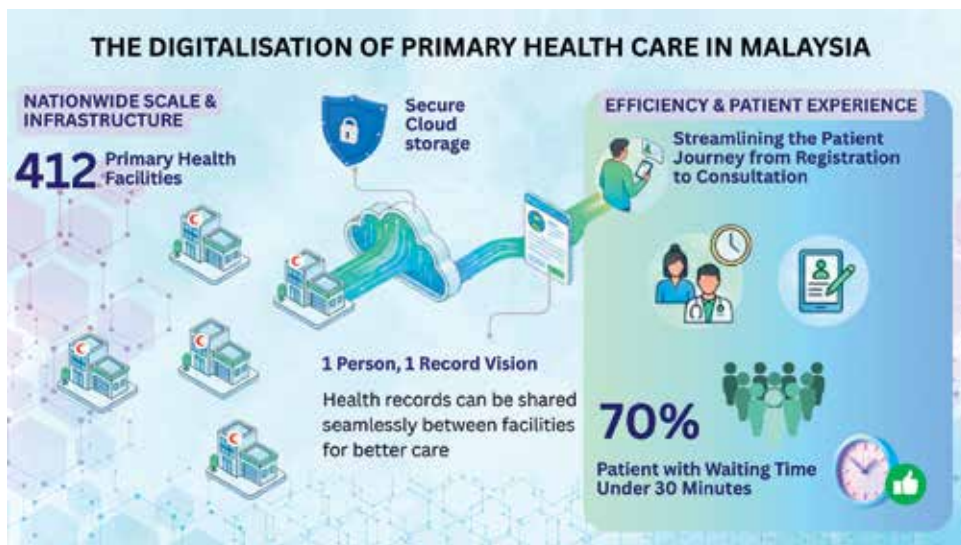


Figure 10.1 The Digitalisation of Primary Health Care in Malaysia

VIRTUAL CONSULTATION SERVICES AT HEALTH CLINICS

In line with efforts to transform the national healthcare services, 573 health clinics successfully implemented the Virtual Consultation Services in 2025 to minimise the necessity for physical attendance. This initiative not only accelerates citizens' access to medical expertise and saves travel costs but also strengthens the digital management of chronic diseases. By using the MySejahtera and Google Meet platforms as the main mediums, the Ministry recorded 311,366 consultation sessions by December 2025, thereby reflecting the highly encouraging level of public acceptance towards healthcare digitalisation.

Overall, a total of 15 service categories were offered, ranging from outpatient and maternal health, integrated health sciences, pharmacy and multi-disciplinary team. Data shows that services for infectious diseases recorded the highest usage with 141,877 sessions, followed by NCDs with 59,798 sessions, and antenatal care with 33,486 sessions. From a demographic aspect, the service was widely utilised by adults aged 25 to 59 years with 119,502 patients, while senior citizens aged 60 and above accounted for 28,646 patients. The effectiveness of this virtual appointment system is also proven by a very low attrition rate, which is only 4.4% (14,590 cases) of the 330,816 scheduled appointments.

To ensure the sustainability and quality of this service delivery, the FHDD organised the Virtual Consultation Service Guidelines Update Workshop on 15-16 October 2025. The organisation of this workshop aimed to coordinate the operational standards of virtual consultation services using the MySejahtera platform, in line with the digitalisation direction of the MOH.

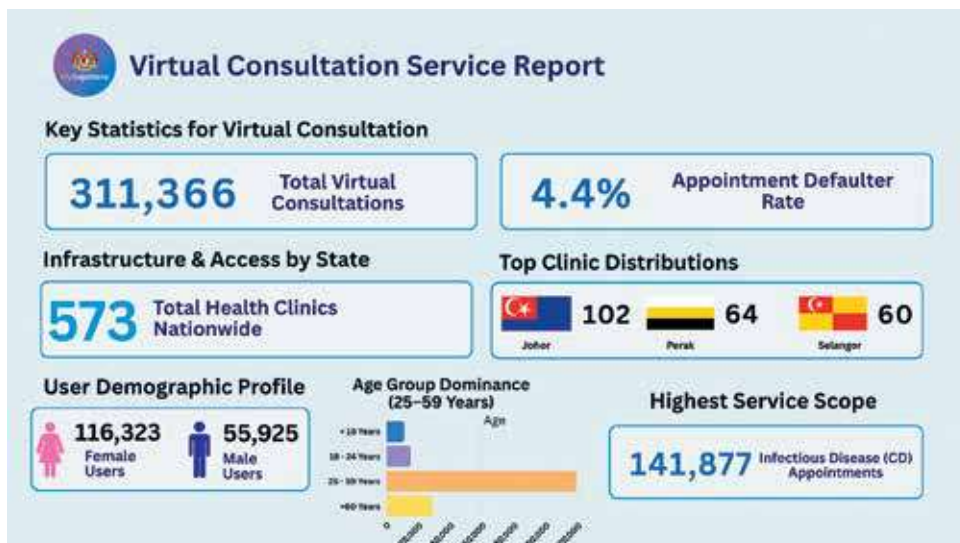


Figure 10.2 Report on Virtual Consultation Services at Health Clinics 2025

FIRST PHASE OF LIFETIME HEALTH RECORDS (LHR) VIA MYSEJAHTERA APPLICATION

The implementation of the first phase of LHR via the MySejahtera application is a strategic step towards realising the vision of 1 Person, 1 Record. This initiative has successfully integrated the public health data extensively, with 30 million individuals now possessing digital immunisation records, followed by 7 million medication records, 3 million dental records and 2.8 million KK medical records.

This initiative ensures that every individual possesses a secure and easily accessible digital health record, driving a more efficient and integrated service delivery nationwide. This initiative also empowers the interoperability of the system to ensure equitable access to quality health for all the citizens, regardless of location and socioeconomic status.

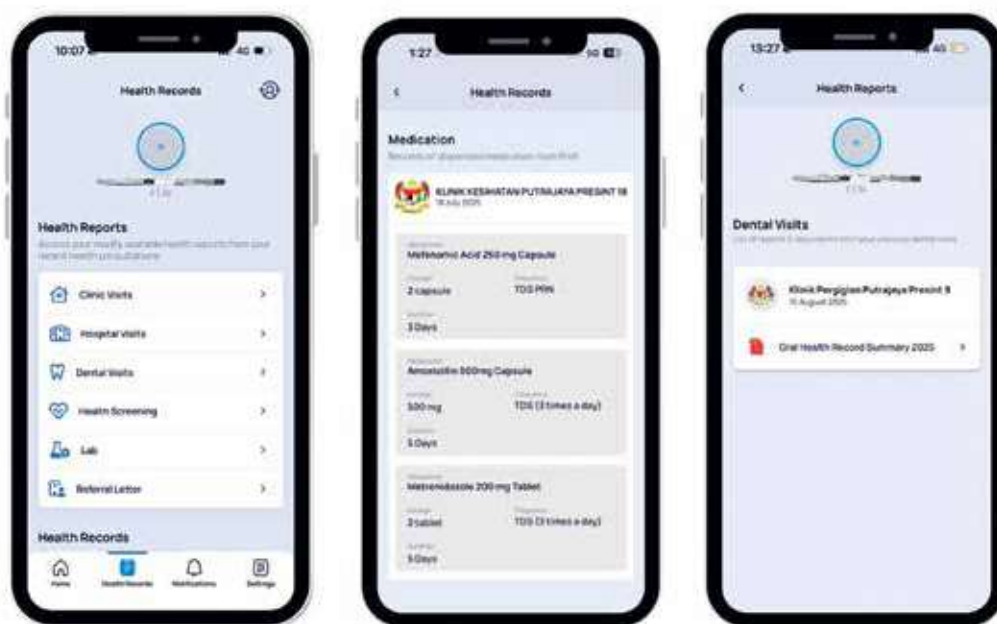


Figure 10.3 Digital Health Records via MySejahtera Application

HAJJ HEALTH RECORDS VIA MYSEJAHTERA APPLICATION

Malaysia is a global pioneer in cross-border health data interoperability (Government of Malaysia – Kingdom of Saudi Arabia) through the integration of Hajj Health Records in the MySejahtera application. This collaborative initiative enables prospective hajj pilgrims to share their essential health information seamlessly via QR codes. The system uses the International Patient Summary (IPS) standards from the Global Digital Health Certification Network (GDHCN), WHO, ensuring that health data exchange remains secure and efficient.

The success of this digital integration is proven by the increase in the number of health examination records for prospective hajj pilgrims, from a total of 32,384 screenings in 2024 to 34,279 screenings in 2025. By using these international standards, Malaysia continues to enhance the pilgrimage experience while maintaining the highest levels of clinical safety and administrative precision.

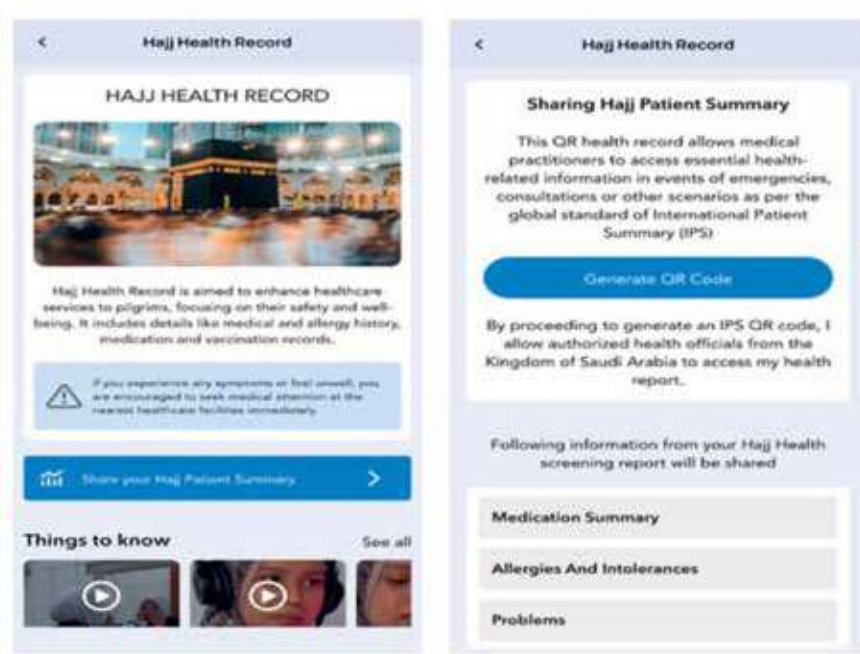


Figure 10.4 Digital Hajj Health Records via MySejahtera Application

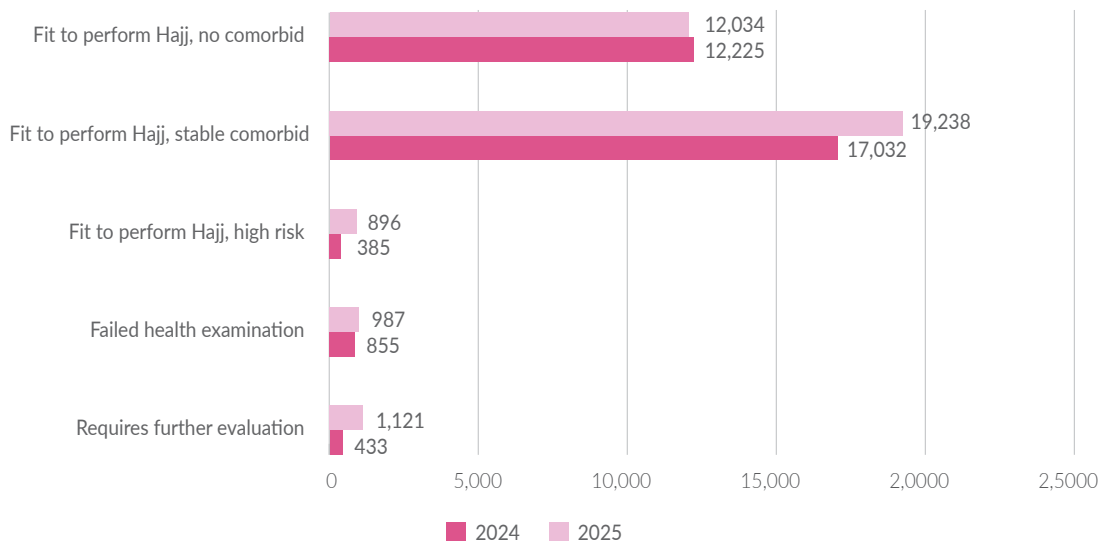


Figure 10.5 Hajj Health Examination Results

DIGITAL HEALTH TRANSFORMATION AWARDS

The Digital Health Transformation Awards were presented to JKNs, PKDs, healthcare facilities, technical teams as well as individuals who have demonstrated dedication, creativity and leadership in advancing the national digital health agenda for the well-being of the people and the progress of the nation.

These awards were presented in conjunction with the MOH ICT Day 2025 on 11 November 2025 at the PICC. This award also serves as an official recognition for all involved parties to remain committed to strengthening a digital health ecosystem that is sustainable, resilient and secure for the well-being of all Malaysians.



Image 10.1 MOH ICT Day 2025



Image 10.2 Digital Health Transformation Awards 2025

CHAPTER 11

HEALTH TRANSFORMATION



HEALTH TRANSFORMATION OFFICE (HTO)

The HTO began operating on an interim basis in February 2024 and was formally established on 1 November 2025 as the main driver to advance the national health system reform agenda, guided by the Health White Paper. This reform encompasses the transformation of health financing, healthcare service delivery, health promotion and disease prevention as well as health system governance.

The approach adopted is evidence-based, people-centred and takes into account the country's long-term fiscal sustainability. The year 2025 marked a significant milestone for HTO, as several key strategic initiatives entered the early stages of detailed operationalisation, feasibility assessment, and the strengthening of collaboration among ministries, agencies and international partners.

DEVELOPMENT OF THE THIRTEENTH MALAYSIA PLAN (13MP)

MOH played an active role in the development of the 13MP for the 2026-2030 period, in line with the directives and requirements set by the 13MP Secretariat under the Ministry of Economy (KE). HTO served as the technical coordinator for the Health Reform Technical Working Group (TWG), including five (5) focus groups and undertook coordination between HTO and KE to ensure that strategic health sector inputs were developed in an integrated, systematic manner and aligned with the nation's overall development direction.

MOH's participation in the Inter-Agency Planning Group (IAPG) on Growth Enablers also emphasised the proposal of bold and radical strategies and initiatives, particularly in health financing and governance reform, strengthening health promotion and health security, enhancing the healthcare service delivery ecosystem, digitalising health information management, and ensuring the security of medicines and medical devices.

The preparation of 13MP inputs was carried out in a phased and inclusive manner through a series of IAPG meetings, Health Reform TWG meetings, presentations to MOH top management and the Minister of Health, as well as engagement sessions with programmes, divisions and stakeholders throughout 2024-2025. The inputs submitted include proposed outcomes and strategic targets up to 2030, covering the reduction of out-of-pocket health expenditure, strengthening the role of primary health care, expanding the digitalisation of health records and the challenges of NCDs. This integrated approach reflects MOH's commitment to enabling equitable access to quality healthcare services for Malaysians, while enhancing the resilience and sustainability of the national health system.

RESET INITIATIVES UNDER THE JOINT MINISTERIAL COMMITTEE ON PRIVATE HEALTHCARE COSTS (JMCPHC)

RESET is a whole-of-nation approach to advancing reforms aimed at addressing the root causes of medical claims inflation. RESET prioritises value-based healthcare with a focus on overall patient outcomes, optimising cost-efficient healthcare services and improving access to quality health care.

This effort mobilises key stakeholders, including the MOH, Ministry of Finance (MOF), Bank Negara Malaysia (BNM), Insurers and Takaful Operators (ITO), private hospitals and clinics, medical practitioners, consumer groups and other relevant stakeholders to implement a range of initiatives guided by five (5) strategic thrusts.



Image 11.1 JMCPHC Meeting

The HTO also collaborates with various divisions within MOH, including the Medical Development Division (MaHTAS, UPPH), Pharmaceutical Services Programme, Digital Health Division, Family Health Development Division, Information Management Division, Planning Division (Section of NHF & PIK), Medical Practice Division, National Centre Excellence for Mental Health, Public Health Development Division and ProtectHealth Corporation.

In 2025, HTO was directly responsible for the design and feasibility assessment of two (2) core initiatives under RESET, namely the *Rakan KKM* initiative and the development of the Base Medical and Health Insurance/Takaful (Base MHIT) product.

BASE MEDICAL AND HEALTH INSURANCE/TAKAFUL (BASE MHIT) AND DIAGNOSIS-RELATED GROUP (DRG)

To address the issue of medical inflation, HTO coordinated the development of the Base MHIT Plan, which is anchored on the principles of value-based health care. This effort includes the definition of benefit packages, the design of strategic purchasing mechanisms and the use of evidence-based instruments such as Health Technology Assessment (HTA), the development of a cancer drug list and the advancement of electronic medical record interoperability.

In 2025, HTO also coordinated a key technical component, namely the development of a DRG based payment mechanism for the private sector. This approach aims to enhance transparency in payment mechanisms, reduce reliance on fee-for-services and establish a more consistent and predictable financing foundation.

In 2025, HTO conducted more than 60 engagement sessions and technical discussions with private hospitals and clinics, NGOs, insurance and takaful operators (ITO) as well as international strategic partners including the World Bank and the WHO.

In addition, HTO supported the role of ProtectHealth Corporation as the strategic purchaser and project implementer for the DRG initiative on behalf of MOH, including training related to ICD-11 and ICD-9-CM coding involving private hospitals as preparation for the implementation of DRG data collection through the Price, Admission and Clinical Electronic Datahub (PACED) system.



Image 11.2 Training on the PACED system

RAKAN KKM

Rakan KKM is a strategic initiative by the MOH with the main objectives are to retain experienced healthcare personnel within the public service, subsequently provide the public with additional options to access health care services, serve as a benchmark for private sector medical costs and support the sustainability of national health financing.

HTO functions as a policy incubator that supports and facilitates the development of the *Rakan KKM* initiative through the provision of initial policy direction, frameworks and guidance. This approach is intended to catalyse, enable and empower other divisions as well as Rakan KKM Sdn. Bhd. (RKSB) to progressively advance and implement the initiative in phases. HTO was involved in early discussions with GEAR-up, MOF, Employees Provident Fund (KWSP) and other stakeholders, including the organisation of engagement sessions and townhalls, as well as the preparation of a Cabinet Memorandum which was approved on 18 June 2025.

STRATEGIC ENGAGEMENT GROUP ON HUMAN RESOURCE IN HEALTHCARE (SEG HRH) REPORT

Human resources for healthcare are the backbone of a well-functioning health system. Recognising the structural and long-term challenges in health workforce management, HTO coordinated the establishment of and continues to support the SEG HRH.

SEG HRH comprises a group of external experts with expertise in human resource management, health policy, health economics and public administration. This independent group conducted a comprehensive analysis of issues related to healthcare workforce planning, recruitment, retention, career development and workforce welfare.

The report handover ceremony of SEG HRH to Minister of Health was held on 24 June 2025 and was attended by the MOH's top management. The report serves as an important evidence-based reference document for the phased planning of workforce reforms for healthcare sector and its recommendations were taken into consideration in the RMK13.



Image 11.3 Report Handover Ceremony of The Future of Health Workforce in Malaysia: A Strategic Roadmap

FACING THE MEDIA COURSE

On 27 February 2025, HTO, in collaboration with the MOH Corporate Communications Unit, organised a Facing the Media course for the ministry's senior leadership, including State Health Directors. This course delivered by external experts, aimed to equip MOH leadership with the skills to effectively manage press conferences and media interviews, while aligning communication objectives with the ministry's broader goal of strengthening MOH credibility and supporting the implementation of national health system transformation.



Image 11.4 Facing the Media Course

BILATERAL COOPERATION BETWEEN MALAYSIA AND SINGAPORE IN THE HEALTHCARE SECTOR

This cooperation between Malaysia and Singapore in the healthcare sector was further strengthened in 2025 through the MoU signed on 4 December 2025 between the Government of Malaysia and the Government of Singapore. This effort was led by the HTO with coordination from the Policy and International Relations Division.

The Memorandum aims to enhance bilateral cooperation in the healthcare sector by leveraging the existing close relationship, as well as the respective capabilities and unique strengths of both countries. It provides a more structured platform for the exchange of expertise, knowledge and best practices to address shared health challenges in the global environment. HTO also led a series of knowledge-sharing engagements and technical working visits in health promotion and disease prevention, health financing, digital health and coordination with the food industry in relation to sugar and salt content.

WAY FORWARD

The year 2025 marks a significant phase in Malaysia's health system transformation journey. Through the leadership and coordination of the HTO, a series of strategic initiatives have been developed and strengthened to ensure that the national health system remains sustainable, equitable and people centred. HTO remains firmly committed to working closely with all stakeholders including ministries, agencies, private sector, international partners and the public, to advance the health reform agenda in pursuit of improved health and well-being for all Malaysians.

CHAPTER 12

CORPORATE COMMUNICATIONS



CORPORATE COMMUNICATIONS UNIT (UKK)

UKK responsible for coordinating publicity, media coverage and technical documentation for all major MOH events nationwide. This ensures that the Ministry's success stories are effectively disseminated across various media platforms. In 2025, UKK intensified the production of creative content and the promotion of official programmes to drive excellence in service delivery for the well-being of the community.

LAUNCHING OF THE NEW BUILDING BLOCK HOSPITAL TAWAU SABAH

The new building block development project at Hospital Tawau with an additional 154 beds and modern facilities was officiated by the Prime Minister and attended by the Minister of Health and KSU.



Image 12.1 Launching of the New Building Block Hospital Tawau

JELAJAH WIRA MADANI PROGRAMME

In 2025, UKK has coordinated media coverage for two (2) *Jelajah Wira MADANI* programmes officiated by the Minister of Health, as follows:

- i. *Majlis Sambutan Hari Jantung Jelajah Wira MADANI 2025* was held on 4 October 2025 at Hospital Sultan Idris Shah (HSIS) Serdang. This event focused on raising awareness of cardiovascular health, while also honouring healthcare frontline heroes.
- ii. *Jelajah Wira Madani @ 25 Tahun Hospital Putrajaya* which was held on 15 November 2025. This event aimed to honour frontline heroes in conjunction with the 25th anniversary of Hospital Putrajaya's establishment. Furthermore, Hospital Putrajaya was recognised as one of the World's Best Hospitals 2025 by Newsweek and Statista.



Image 12.2 *Jelajah Wira MADANI @ 25 Tahun Hospital Putrajaya Programme*



Image 12.3 *Majlis Sambutan Hari Jantung Jelajah Wira MADANI 2025 HSIS*

MADANI RAKYAT PROGRAMME

MADANI Health Reform Agenda continued to move forward through the *MADANI Rakyat* Programme tour across several states. This initiative focused on providing healthcare services to the public through the Mobile Dental Clinic, WOW unit and MOH interactive exhibitions. During the tour, MOH was recognised for having the third-best booth in Terengganu and won the best booth in Dataran Nilai, Negeri Sembilan. The programmes concluded with the *Rancakkan MADANI* Programme, held in Putrajaya from 5-7 December 2025.



Image 12.4 *MADANI Rakyat Programme Terengganu*



SANTUNI MADANI PROGRAMME AND HEALTHY MIND & LUNGS CARNIVAL

The *Santuni MADANI* Programme, held alongside the Healthy Mind and Lungs Carnival at Kampung Jeram, Kuala Selangor on 2 November 2025 was launched by the Minister of Health. The programme aimed to enhance the well-being of the rural population through early TB detection by screening using TB-LAMP bus technology, which provides results in under two (2) hours. Additionally, the initiative launched the Mental Health agenda through the HEAL 15555 helpline.



Image 12.5 *Santuni MADANI Programme and Healthy Mind & Lungs Carnival*

MOH KAMPUNG ANGKAT MADANI PROGRAMME

On 18 August 2025, KSU officiated the Launching Ceremony of the MOH *Kampung Angkat MADANI* Programme in Kampung Santan with an allocation of RM1 million dedicated to community and local infrastructure development. This programme serves as a facilitator to identify and resolve local issues.



Image 12.6 *Launching Ceremony of the MOH Kampung Angkat MADANI Programme at Kampung Santan, Perlis*

MALAYSIA INTERNATIONAL HEALTHCARE (MIH) MEGATRENDS 2025

The opening ceremony of the MIH Megatrends 2025 was officiated by the Deputy Prime Minister on 25 November 2025 at the Kuala Lumpur Convention Centre which was held for three (3) days. The event was attended by 1,500 participants from the global healthcare sector and 92 exhibitors showcasing the latest medical technology innovations. The program also offered interactive engagement through the MIH Megatrends Live+ platform.



Image 12.7 *MIH Megatrends 2025*

NUMBER OF FOLLOWERS ON OFFICIAL MOH'S SOCIAL MEDIA



Figure 12.1 Number of Followers on MOH's Social Media

Table 12.1 Highest Post Engagement in 2025

Content	Reach
Press Statement	
Press Statement of the MOH on the Current Influenza Situation in Malaysia	115,331
Press Statement of the MOH on the Clarification Regarding the Death of a Child Testing Positive for Influenza in Klang	64,615
Infographic	
MySejahtera: Appointments Encouraged, Walk-ins Accepted	275,905
MOH Makes History: Success of the First Left Ventricle Assist Device (LVAD) Implantation	41,458
2 Years of MADANI Health Reform	33,064

HARI BERTEMU PELANGGAN

MOH organised the first series of *Hari Bertemu Pelanggan* on 27 February 2025 at the IPKKM, Putrajaya, themed "A Happy Mouth is...A Happy Mind." Subsequent series were held in Baling, Kedah and Miri, Sarawak, in collaboration with ANMS programme featured a comprehensive range of activities, including health screening services, blood donation campaign, Mobile Dental Clinic services, pocket talks, forums and an Expressive Art Gallery.



Image 12.8 *Hari Bertemu Pelanggan* Miri, Sarawak



Image 12.9 *Hari Bertemu Pelanggan* Baling, Kedah

CUSTOMER SATISFACTION SURVEY 2025

MOH continues to enhance the quality of public service delivery through the Customer Satisfaction Survey at IPKKM coordinated by UKK. This comprehensive four (4) months study, conducted from June – September 2025 was based on the Tier 3 (Management) KPI Dictionary. The survey involved 484 respondents, consisting of 79.1% female and 20.9% male participants. Overall, 92.8% of respondents expressed satisfaction with the services provided at IPKKM, significantly exceeding the annual target of 85%.

PUBLIC RESPONSE MANAGEMENT PERFORMANCE

In 2025, a total of 54,300 feedback entries were recorded through the *Sistem Pengurusan Aduan Awam* (SISPAA). The Non-Complaint category accounted for the highest portion with 38,359 entries (70.6%). This trend reflects a significant increase in public trust, particularly through the Appreciation category, which contributed 24,515 entries. Meanwhile, 15,941 complaint cases were managed with transparency and responsiveness to ensure every issue was resolved effectively.

Table 12.2 Acceptance of Public Response 2025

Type of Response	Category	Received	Total
Complaint	Common	13,684	15,941
	Complex	2,257	
Non-Complaint	Appreciation	24,515	38,359
	Reporting	10,377	
	Query	1,726	
	Application	884	
	Proposal	857	
			54,300

MOH won the Gold Award (Public Sector) at the 2025 Integrity, Governance and Anti-Corruption Awards (AIGA). This prestigious award was received by KSU, in recognition of the Ministry's success in institutionalising transparent and accountable anti-corruption practices. This strategic achievement not only positions MOH as a role model within the public sector but also directly supports the National Integrity Mandate delivered by the Prime Minister. This mandate aims for Malaysia to be ranked among the top 25 countries globally in the Corruption Perceptions Index (CPI) by 2033.



Image 12.10 Integrity, Governance and Anti-Corruption Awards (AIGA) 2025

CHAPTER 13



INTERNAL **AUDIT**



INTERNAL AUDIT DIVISION (CAD)

CAD was established in 1980 in accordance with Treasury Circular No. 2 of 1979. The roles and responsibilities of CAD were strengthened by Treasury Circular PS 3.1 (Amendment 2024), which outlines the *Pelaksanaan Audit Dalam di Kementerian atau Jabatan Persekutuan dan Kerajaan Negeri*. CAD, led by the Head of Internal Audit, is authorised to conduct independent, fair and equitable audits, as well as reports directly to the KSU.

ACTIVITIES

In accordance with PS 3.1 and the auditing standards of The International Organisation of Supreme Audit Institutions (INTOSAI) and The Chartered Institute of Internal Auditors, CAD has implemented five (5) audit programmes throughout 2025, as follows:

- i. Financial Auditing
- ii. Performance Auditing
- iii. Verification of Initial Balance of Assets and Liabilities (Accrual Accounting)
- iv. Risk Assessment
- v. Internal Control Statement

FINANCIAL AUDITING

Financial Auditing encompasses a wide range of aspects, including the audit of internal controls, compliance with financial or legal regulations, financial records, as well as the financial systems established in the Responsibility Centres (RCs). In 2025, CAD has conducted four (4) types of Financial Auditing activities, including Financial Management Audit, Compliance Audit, Payment Instruction Audit and Spot Audit.

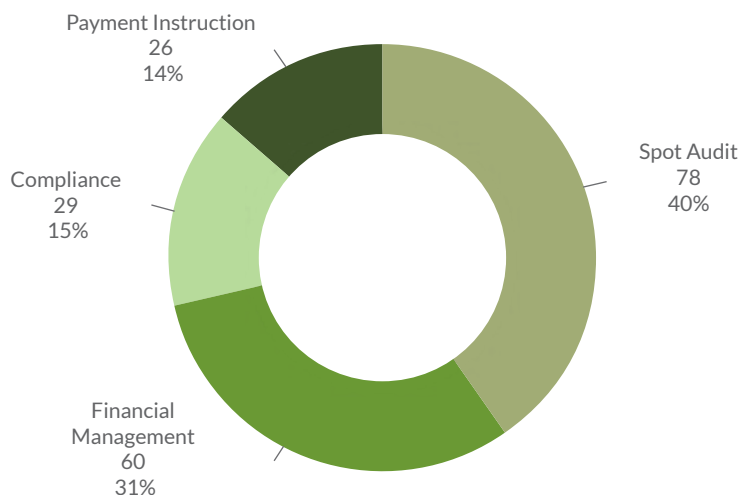


Figure 13.1 Financial Audit 2025

PERFORMANCE AUDITING

CAD conducted performance audits to evaluate whether the ministry's activities were carried out efficiently, economically and effectively to achieve the desired objectives. The measurement of inputs, outputs and outcomes will be examined to determine the management and achievement of the programme or activity. In 2025, a total of 12 performance audits were conducted, involving procurement management, programme or activity management and ICT projects. List of performance audit topics are as below:

- i. Management of Outsourcing Parking at MOH Hospitals
- ii. Management of Demised Premises Rental Activities at MOH Hospitals
- iii. Implementation of Activities for the Agenda Nasional Malaysia Sihat (ANMS) at MOH
- iv. Management of Assistance to NGOs for Subsidising the Cost of Haemodialysis Treatment
- v. Procurement of Replacement Non-Ambulance Vehicles under the Public Health Programme, MOH
- vi. Procurement of Medical Equipment at MOH Hospitals under the Public Health Programme, MOH
- vii. Procurement of Medical Equipment at Primary Health Facilities under the Public Health Programme, MOH
- viii. Procurement of Medical Equipment at the National Heart Centre and MOH Hospitals
- ix. Procurement of Reagents at State Hospitals
- x. Management of the procurement of ICT Equipment (Personal Computers and Laptops) on a Lease-to-Own Basis for the IPKKM and Northern Zone at the BPM, MOH
- xi. Management of the Blood Bank Information System Version 2 (BBISv2)
- xii. Management of Software and Application Maintenance Services for the QUEST 3+ System at the NPRA

VERIFICATION OF INITIAL BALANCE DATA OF ASSETS AND LIABILITIES (ACCRUAL ACCOUNTING)

CAD is required to verify the initial balance of assets and liabilities in the ministry's financial statements, which covers the items in the Statement of Financial Position for the purpose of the government's accrual accounting. In 2025, CAD conducted two (2) activities to verify the balance of assets and liabilities on the items of the financial statements in line with the implementation of the Federal Government Accrual Accounting.

The verification audit performed involved the confirmation of the initial balance data of Immovable Assets (Land and Buildings), Assets Under Construction, Movable Assets, Investment Properties and Accounts Receivable for the Phase 1 and Phase 2 data migration period in 2025.

Table 13.1 Verification of Initial Balance Data of Assets and Liabilities 2025

Item	Phase 1 (RM)	Phase 2 (RM)
Immovable Assets (Land and Buildings)	1,451,904,837.96	2,824,481,055.78
Assets Under Construction	30,663,668.77	7,901,019.32
Movable Assets	200,880,672.82	-
Investment Properties	385,420.00	670,000.00
Accounts Receivable	4,302,705.81	-

RISK ASSESSMENT AND INTERNAL CONTROL STATEMENT

CAD is responsible for providing assurance and consulting services to the organisation as stipulated under PS 3.1. CAD needs to carry out a financial management risk assessment, which includes four (4) main elements, namely Revenue Collection Control, Asset Management, Expenditure Management and Procurement Management.

In 2025, CAD carried out two (2) risk assessment audits, namely the Management of the National Leprosy Control Centre, Sungai Buloh and Emergency Procurement at the Pharmacy Services Programme.

CAD has issued an Internal Control Statement based on the risk assessment audit that was conducted to evaluate the effectiveness of the established internal controls and to provide recommendations for improvement.

AUDIT COMMITTEE MEETING

The audit results and findings raised in the audit reports were presented in the Audit Committee Meeting in accordance with the Treasury Circular PS 3.1 (Amendment 2024). The presentation session resulted in improvement actions for processes and procedures to strengthen internal controls. This meeting also follows up on issues in the Auditor-General's Report on a quarterly basis.

WAY FORWARD

The roles and functions of the internal audit carried out by CAD can be achieved with the support of various levels of management at MOH and the RCs. All efforts taken by MOH personnel to address weaknesses, improve processes and procedures, as well as strengthen governance, have helped MOH to enhance the health service delivery system to the public.

CHAPTER 14

LEGAL ADVISORS



LEGAL ADVISOR'S (LA) OFFICE

BACKGROUND

The LA Office is under the supervision of the Advisory Division, Attorney General's Chambers (AGC) and comprises officers from AGC. The LA Office officers consist of its LA, seven (7) Senior Federal Counsels, six (6) Federal Counsels, two (2) Assistant Legal Officers as well as 13 support members.

The LA Office plays an integral role in strengthening health governance by performing its duties to provide verbal and written legal advice, review and draft laws, review and approve legal documents such as agreements, MoU, domestic and international legal instruments as well as represent MOH in relation to civil actions.

LA OFFICE ACHIEVEMENTS

In general, the amount and scope of work handled by the LA Office is subject to applications submitted by the MOH. For 2025, the LA Office has vetted a total of 1,731 agreements and legal instruments (such as domestic and foreign MoUs and procurement agreements), prepared 499 written legal opinions and attended 835 meetings, including providing oral legal opinions during those meetings. In relation to the review and drafting of laws, a total of 27 laws (including primary and subsidiary legislation) have been reviewed and approved by the AGC.

In addition, the LA Office has also filed 89 civil claim cases in court and assisted the AGC in managing 57 civil claim cases against MOH. Throughout 2025, the total amount of money successfully collected through civil claims was RM2,020,338.82, an increase of 42.65% compared to 2024 collection of RM1,416,404.21. The LA Office has also managed documentation for 56 road accident cases for further action by the AGC.

ACTIVITY

DRAFTING OF LAWS

LA Office plays an important role in drafting of laws, namely ensuring that the draft legislation and subsidiary regulations prepared by the MOH are in order and in accordance with legal provisions before being submitted to the Drafting Division, AGC for review and approval.

Signing Session of the Medical Regulations (Amendment) 2025

The Medical (Amendment) Act 2024 [*Act A1729*] was passed at the House of Representatives level on 22 July 2024 and in the Senate on 29 July 2024 and was approved by the Kebawah Duli Yang Maha Mulia Seri Paduka Baginda Yang di-Pertuan Agong for gazette publication on 17 October 2024. The Act A1729 was intended by the MOH to be enforced simultaneously with the Medical (Amendment) Regulations 2025 prepared by MDD.

In relation to the Medical (Amendment) Regulations 2025, the LA Office has reviewed the first draft in order to ensure the order of the provisions, before it is sent to the Drafting Division, AGC for further review and approval. On 26 June 2025, the LA Office was invited by the MDD to witness the Minister of Health signing the Medical Regulations (Amendment) 2025 document which had been reviewed and approved by the Drafting Division, AGC.



Image 14.1 Signing Session of the Medical Regulations (Amendment) 2025 by Minister of Health

Poisons (Amendment) Bill 2025

The Poisons (Amendment) Bill 2025 [D.R.17/2025] (Bill) was passed in the House of Representatives on 28 July 2025 and in the Senate on 10 September 2025. This Bill aims to amend the Poisons Act 1952 [Act 366] to strengthen the enforcement of Act 366 against illegal activities involving the abuse of poisons and psychotropic substances and to enhance the efficiency and smooth operation of relevant enforcement agencies, particularly the PDRM.

This Bill involves an amendment in section 2 of Act 366 whereby the definition of 'authorised officer' has been amended to include a police officer of any rank and a person appointed by the Minister of Health under section 31A as an authorised officer. The scope of the definition of 'premises' was also widened and includes any land, building or part of any building, any installation on land, offshore installation or other installation whether on the bed of or floating on any water and any structure whether movable or immovable, which applies throughout Act 366. In addition, the new section 31A is introduced to empower the Minister of Health to appoint any person as an authorised officer under Act 366.



Image 14.2 Presentation of D.R. 17/2025 in the House of Representatives and The Senate

LEGAL KNOWLEDGE AND SKILLS ENHANCEMENT ACTIVITIES

The LA Office has taken proactive steps to improve the skills of each officer and support staff by organising workshops to ensure that the LA Office can provide the best and most comprehensive legal solutions in the best interest of the government.

Workshop on the Introduction to Government Contracts and Other Legal Instruments for LA Office 2025

This workshop was held on 12-14 June 2025 at Cameron Highlands and was attended by 13 officers and 10 staffs from the LA Office. This workshop aimed to increase participants' knowledge regarding government contracts and other legal instruments, provide participants with exposure to effective communication and set a direction to strengthen the administrative and management affairs of the LA Office. The talk session entitled 'Introduction to Government Contracts' was delivered by Puan Noor Akmal binti Mustafa Kamal, Senior Federal Counsel from the LA Office.



Image 14.3 Workshop on the Introduction to Government Contracts and Other Legal Instruments for LA Office 2025

Workshop on the Review and Retreat of Outstanding Government Contracts for LA Office 2025

This workshop was held on 30 September – 2 October 2025 at Cyberjaya and was attended by 13 officers and three (3) staffs from the LA Office. The objective of this workshop was to complete the review of outstanding government contracts that had been assigned to officers of the LA Office. Any issues that arose during the review throughout this workshop were discussed and resolved to ensure that the contracts can be signed within the appropriate time frame and that payments can be made to the contractor according to the payment schedule that has been agreed.



Image 14.4 Workshop on the Review and Retreat of Outstanding Government Contracts for LA Office 2025

Workshop on the Review of LA Office's Key Performance Indicators (KPIs) and Sasaran Kerja Utama (SKUs) 2025

This workshop was held on 16-18 October 2025 at Pulau Pangkor and was attended by 13 officers and 11 staffs from the LA Office. This workshop's objectives were to expose participants to in-depth knowledge and skills related to aspects of government contract management in an effective and transparent manner as well as to increase participants' knowledge in complying with legal provisions, government policies and relevant financial or procurement procedures. The main briefing delivered focused on the status of LA Office's KPI for 2025 and identifying problems and resetting targets to achieve the KPIs and SKUs for 2026. In addition, recreational activities were also held to further strengthen the bond among LA Office officers and staffs.



Image 14.5 Workshop on the Review of LA Office's KPI and SKU 2025

CHAPTER 15

INTEGRITY



INTEGRITY UNIT (UI)

UI was established on 10 February 2014, based on *Pekeliling Perkhidmatan Sumber Manusia, Ceraian SP.1.2.1 Penubuhan Unit Integriti di Semua Agensi Awam*. The establishment of this unit aims to integrate all management related to integrity under a specialised unit. Entire initiatives for institutionalising integrity, prevention, compliance, detection of misconduct and punitive actions can be implemented in a more focused, systematic, efficient and effective manner. In general, there are six (6) sections under this unit, namely the Governance Section, Integrity Strengthening Section, Detection & Verification Section, Complaints Management Section, Compliance Section and Disciplinary Section.

ACTIVITIES AND ACHIEVEMENTS

MOH's participation in 2023 Integrity, Governance and Anti-Corruption Award (AIGA) led to the successful attainment of the Gold Award. In 2025, MOH was once again awarded with Gold Award in the Public Sector category. A total of 202 organisations participated, consisting of 131 public agencies and 71 private agencies. The prestigious award was presented by the Chief Secretary to the Government at the National Integrity Prime Ministerial Council (MAPIN) and the AIGA 2025 Awards Ceremony on 22 October 2025.



Image 15.1 AIGA Gold Award 2025

Integrity and Discipline Seminar 2025 was officiated by the Minister of Health on 19 November 2025 with the theme 'Integrity as the Core of National Wellbeing' as an effort to strengthen the governance, integrity and anti-corruption of MOH staff through the best service delivery system and governance.

The programme contents were the Integrity Pledge, the launch of the MOH Corruption Prevention Plan 2026-2028, the presentation of the AIGA 2025 Certificate of Appreciation and a sharing session on Observation of the Public Service Commission (SPA) Disciplinary Appeal Board: Issues of Charges and Disciplinary Board Sentences delivered by the SPA Legal Advisor.

The highlight of the programme was the executive forum session titled Meeting the Challenges of Integrity Leadership in MOH moderated by Director of the Medical Practice Division. The forum featured three (3) distinguished panellists, namely Minister of Health, as a special appearance, KSU and Former Director-General of the National Anti-Financial Crime Prevention Centre.



Image 15.2 MOH Integrity and Discipline Seminar 2025

UI disseminates integrity messages through 14 series of integrity message posters and short videos and also organised three (3) series of Integrity Talk Programmes as follows:

- i. Integrity Talk Series 1/2025: Digital Integrity; Ethics in Cyberspace by Deputy Director of the Malaysian Communications and Multimedia Commission (MCMC) Federal Territory, Ts. Katirawaan Rajadran
- ii. Integrity Talk Series 2/2025: *High Sementara Derita Selamanya* by Principal Assistant Director, Prevention Division, National Anti-Drugs Agency (AADK), Encik Mahadzir bin Elias
- iii. Integrity Talk Series 3/2025: When the Workplace Becomes a Bullying Ground by Lecturer of Universiti Pendidikan Sultan Idris, Prof. Dr. Mohammad Aziz Shah bin Mohamed Arip



Image 15.3 Integrity Talk Programme 2025

UI MANAGEMENT STATISTICS

Over a five-year period (2021-2025), a total of 3,265 disciplinary cases were registered with MOH. Specifically for the year 2025, 628 cases were recorded, reflecting a significant downward trend compared to the 830 cases recorded in 2024.

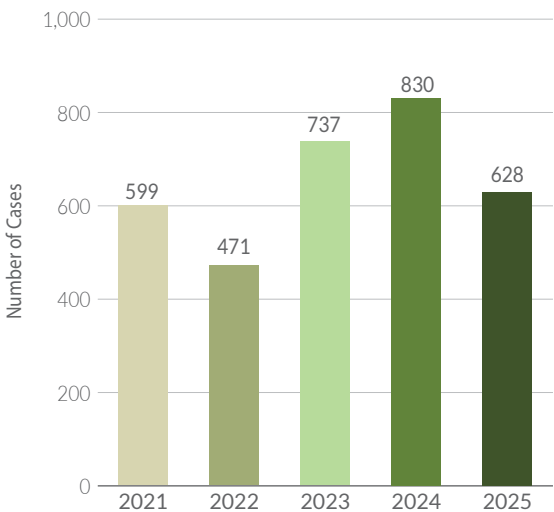


Figure 15.1 MOH Disciplinary Cases 2021-2025

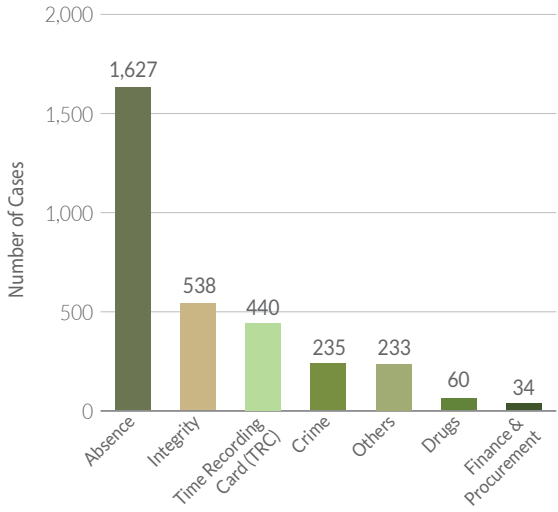


Figure 15.2 Types of Disciplinary Offences in the MOH 2021-2025

Over a five-year period (2021–2025), UI received a total of 1,820 complaints. For the year 2025, a total of 441 complaints were recorded, as detailed in **Figure 15.3** and **Table 15.1**.

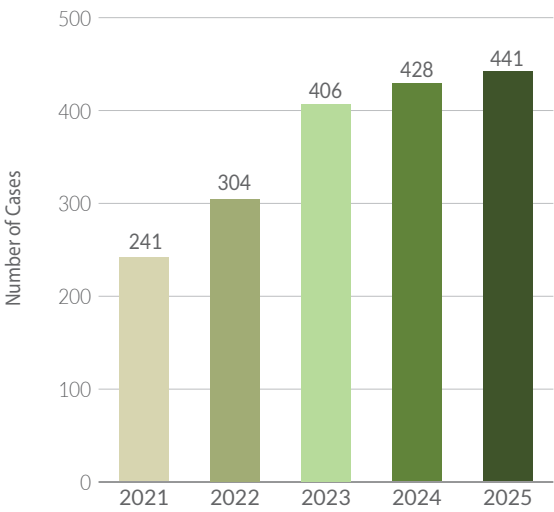


Figure 15.3 Number of MOH Integrity Complaints 2021-2025

Table 15.1 Breakdown of MOH Integrity Complaints by Category 2025

Integrity Complaint Categories	Total Complaints
Crime	19
Ethical / Organisational Misconduct	144
Ethics Violations	278
Total	441

CHAPTER 16



MEDICAL DEVICE **AUTHORITY** (MDA)



MEDICAL DEVICE AUTHORITY (MDA)

MDA is a federal statutory body under the MOH that ensures the safety and effectiveness of medical devices marketed in Malaysia. MDA prevents the entry of medical devices that fail to meet standards by enforcing the Medical Device Act 2012 [Act 737] and its regulations.

MEDICAL DEVICE REGISTRATION

Table 16.1 shows the total number of applications received for medical devices were 17,413. Out of this total, there were 9,407 new applications, which 1,815 were re-registration and 6,191 were change notifications. The total number of approved applications were 14,446.

Table 16.1 Applications for Medical Device Registration Received and Approved 2025

Month	Application Received			Application Approved		
	New Registration	Re-Registration	Change Notification	New Registration	Re-Registration	Change Notification
January	624	105	387	658	135	425
February	590	127	429	460	85	308
March	600	125	502	550	116	435
April	626	111	460	545	113	477
May	745	122	446	382	104	414
June	558	101	426	625	109	382
July	845	187	681	734	159	606
August	831	145	621	658	132	632
September	572	153	490	484	125	482
October	679	161	528	723	160	519
November	1,010	178	433	666	141	468
December	1,727	300	625	691	186	557
Total	9,407	1,815	6,191	7,176	1,565	5,705
Grand Total	17,413			14,446		

ESTABLISHMENT LICENSING

In 2025, MDA received a total of 4,008 establishment licensing applications for various activities where 3,710 applications were approved. Applications related to licensing activities received are as shown in **Table 16.2**.

Table 16.2 Licensing Activities Applications Received 2025

Application Type	Application Received	Application Approved
New License Applications	1,644	1,506
Renewal License Applications	682	658
Major Amendment Applications	395	347
Minor Amendment Applications	385	352
Transfer of Ownership	824	790
Return Applications	7	3
Withdrawal Applications	71	54
Total	4,008	3,710

ENFORCEMENT

In 2025, the Enforcement Division of MDA has received and managed 331 enforcement complaints channelled through various platforms, including emails, SISPAA, official letters, MDA Centralised Complaints System, Feedback Management System (FEMES), market surveillance information results and complaint forms.

This division has implemented 431 appropriate follow-up actions include field inspection activities, intelligence, test purchases, issuance of show cause letters, orders to remove medical device advertisements, imposing license suspension and revocation actions and the implementation of raids or seizures. These actions subsequently lead to further investigations, including cases that ended in prosecution in court. Following investigation of complaints that have been resolved and supported by solid evidence, enforcement actions including suspension and revocation of licenses have been taken.

In 2025, five (5) license suspension notices and three (3) license cancellation notices were issued by MDA. Meanwhile, for serious violations, two (2) raid operations were conducted and 25 show cause notices were also issued on individuals and companies involved as shown in **Figure 16.1**.

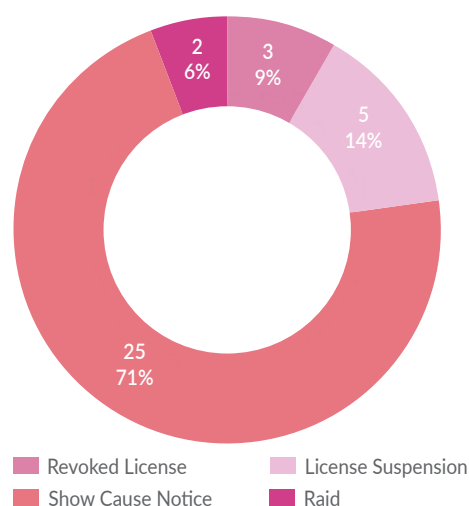


Figure 16.1 Enforcement Activities Year 2025

A raid operation was successfully conducted against two (2) companies that had violated the provisions under the Act 737 as shown in **Table 16.3**. The inspection results found that one (1) establishment had committed a violation under Act 737, Section 5(1) with a seizure value of medical devices amounting to RM10,022.50.

In addition, one (1) establishment was also found to have violated Act 737, Section 5(1) and Section 25(1) involving the seizure of medical devices worth RM10,278.30. Seizure action was taken in accordance with the provisions of the law enforced for the purpose of further investigation and to ensure the level of compliance with Act 737 is adhered to protect the safety and interests of consumers.

Table 16.3 Raid Operation 2025

Violation of the Act	Forfeiture Value (RM)
Section 5(1) Act 737	10,022.50
Section 5(1) and 25(1) Act 737	10,278.30

MDA also successfully registered four (4) investigation papers (IPs) in court in 2025. Of these, four (4) IPs are still undergoing prosecution, comprising one (1) IP registered in 2024 and three (3) IPs registered in 2025. In addition, three (3) IPs were completed in prosecution in 2025, involving two (2) IPs registered in 2024 and one (1) IP registered in 2025. The total fines imposed amounted to RM55,000.00, as shown in **Figure 16.2**.

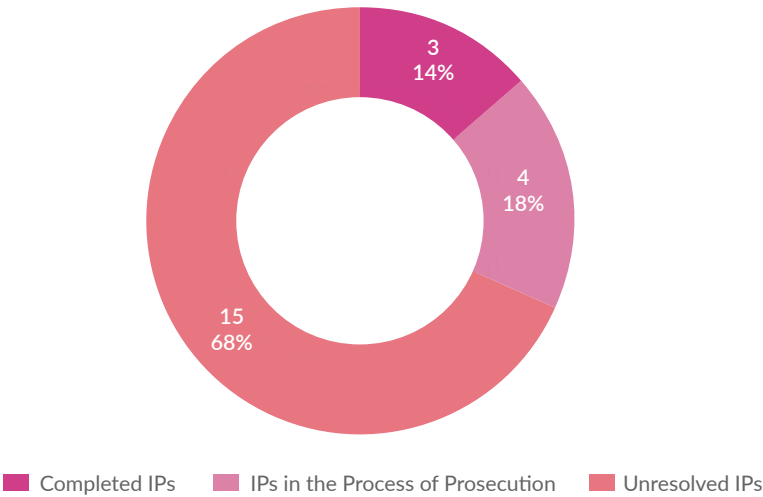


Figure 16.2 Status of Investigation and Prosecution in Court 2021-2025

Table 16.4 IP Completed 2025

Offence	Fine (RM)	Status	No. of Cases
Section 5	10,000.00	Done Plead Guilty (PG)	1
Section 5 and 15	30,000.00	Done Plead Guilty (PG)	1
Section 25	15,000.00	Done Plead Guilty (PG)	1

Note:

In 2025, a total of three (3) investigation papers (IPs) were successfully concluded, as detailed in Table 16.4. This involved one (1) establishment found guilty under Act 737, Section 5, for the offence of placing unregistered medical devices on the market, and was fined RM10,000.00. In addition, one (1) establishment was convicted under Act 737, Sections 5 and 15, for the offences of placing unregistered medical devices on the market and operating without an establishment licence, with a total fine of RM30,000.00. Furthermore, another one (1) establishment was convicted under Act 737, Section 25, for the offence of placing registered medical devices on the market while its licence was suspended, and was fined RM15,000.00. All cases were fully resolved, and prosecution actions were successfully carried out in accordance with the provisions under Act 737.

MEDICAL DEVICE EXHIBITION AND MEDIA OUTREACH

Exhibitions are one of the MDA's strategic initiatives to enhance understanding, collaboration and alignment between the MDA and its stakeholders. Media outreach is the main medium for MDA to convey information about MDA's activities to the public.

Medical device exhibitions featured technical briefings, panel discussions and product demonstrations. A total of 15 exhibitions were successfully conducted as shown below:

- i. International Society for Pharmaceutical Engineering (ISPE) in Selangor
- ii. Customer Day in IPKKM
- iii. SEA Healthcare and Pharma Show 2025 in FT Kuala Lumpur
- iv. MADANI Healthy Relaxation Exhibition in Negeri Sembilan
- v. APHM International Healthcare Conference and Exhibition in FT Kuala Lumpur
- vi. International Healthcare Week (IHW) WHX - WHX LABS Kuala Lumpur in FT Kuala Lumpur
- vii. Nuclear Security Awareness Day and Alternative Awareness Programme in FT Kuala Lumpur
- viii. GS1 Malaysia Summit 2025 in FT Kuala Lumpur
- ix. Public Health Emergency Response Campaign 2025 in Selangor
- x. Exhibition of Public Awareness Program on Medical Devices Act 737 (2012) at the University of Cyberjaya

- xi. 2nd Malaysia Pharma and Healthcare Expo 2025 in Selangor
- xii. Selangor International Care Summit 2025
- xiii. Malaysian Science, Technology and Innovation (MySTI) Interaction Day Exhibition 2025 in FT Kuala Lumpur
- xiv. Malaysia International Healthcare (MIH) Megatrends in FT Kuala Lumpur
- xv. National Technical Professions Day Exhibition 2025 (HPTN25) in Johor

In 2025, MDA has successfully secured 58 media coverages for its activities, including interviews, public awareness programmes and enforcement activities. The distribution of media coverage by platform is shown in **Figure 16.3**.

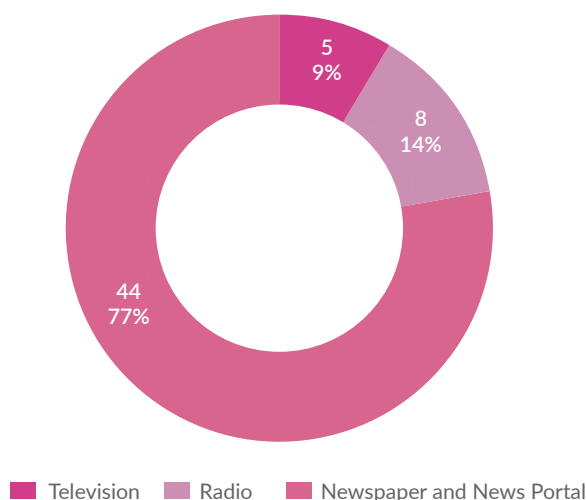


Figure 16.3 Media Outreach 2025

INTERNATIONAL RELATIONS

The International and Industry Relations Division plays a strategic role in strengthening international and industrial cooperation through the formalisation of various collaborative instruments. Throughout the reporting period, the division has established partnerships and MoUs with strategic partners. This achievement reflects the division's ongoing commitment to supporting the empowerment of the medical device ecosystem and elevating Malaysia's standing on the international stage. The Division's key achievements are as follows:

- i. Reliance with China National Medical Products Administration (NMPA)

The strategic collaboration between the MDA and the NMPA marks a significant milestone in international medical device regulation and positions Malaysia as a global leader within the GHWP framework. The Malaysia–China Medical Device Regulatory Reliance Programme (Pilot Phase I), conducted from 30 July – 30 September 2025, enables mutual recognition for In Vitro Diagnostic (IVD) devices through an expedited pathway. This initiative shortens approval timelines, reduces redundant reviews and accelerates patient access to safe and innovative medical technologies.

ii. Reliance with Singapore Health Sciences Authority (HSA)

MDA and HSA signed an MoU on 22 August 2025 to launch a pilot Medical Device Regulatory Reliance Programme from 1 September 2025 – 28 February 2026, aimed at streamlining the registration of Class B, C and D medical devices through regulatory reliance, reducing duplicate reviews and saving time and costs. The programme introduces a simplified review pathway, with review periods shortened to 30 working days in Malaysia and reduced by up to 30% of the number of full compliance assessment days in Singapore.

WAY FORWARD

As a medical device regulatory body, MDA is determined to be a strategic partner to the industry in ensuring that medical devices are safe, of good quality and easily accessible to the people. MDA will continue to support the development of the industry through a fast, efficient and integrated registration and certification process, in line with the latest technological developments including AI. To achieve this goal, MDA will:

- i. Strengthen organisational capacity through continuous training of staff and improvement of information technology infrastructure.
- ii. Improve customer service channels to ensure a friendly, fast and effective process.
- iii. Establish strategic cooperation with international regulatory bodies such as WHO and ASEAN Medical Device Committee to comply with global standards and facilitate local industry access to international markets.

MDA committed to strengthen governance, accelerate access to essential medical devices and support regional regulatory coordination for the well-being of public health.

CHAPTER 17

MALAYSIAN MEDICAL **COUNCIL** (MMC)



MALAYSIAN MEDICAL COUNCIL (MMC)

MMC carries out its regulatory role in ensuring compliance with medical practice standards and professionalism in Malaysia. In line with its motto, “Safeguarding Patients and Guiding Doctors” these ongoing efforts aim to ensure the delivery of safe, high-quality and effective healthcare services for the benefit of patients, public and medical profession.

In 2025, MMC implemented a range of strategic initiatives to strengthen the quality of medical education, training and professional development for medical practitioners. These efforts are intended to ensure that medical graduates and registered practitioners meet national standards and the requirements of the country’s healthcare system, while also being capable of providing safe, high-quality and effective healthcare services. A summary of the registration applications approved by MMC for 2025 is presented in **Table 17.1**.

Table 17.1 Registration Application Approved by MMC 2025

Application	Total
Provisional Registration (sections 12 and 13)	3,172
Full Registration with No Condition (section 14[1])	3,191
Full Registration with Condition (section 14[2A] & [3])	214
Specialist Registration (section 14C)	1,866
Temporary Practising Certificate (section 16[1])	287
Certificate of Good Standing	1,244
Annual Practising Certificate (section 20[1])	77,093

The increase in the number of APC applications in 2025 reflects a growing level of awareness and compliance among medical practitioners with legal requirements and professional practice standards. This trend demonstrates the effectiveness of various advocacy and continuous education initiatives implemented by MMC, including the Medical Professionalism Development Programme conducted twice in 2025 in collaboration with MOH through the JKN and the Malaysian Medical Association (MMA) as well as a briefing titled Importance of the APC delivered by a council member representative during the monthly JKN assembly.



Image 17.1 Medical Professional Development Programme



Image 17.2 Briefing on Importance of APC at JKN Selangor

In addition, MMC's participation in ASEAN regional collaborative platforms has contributed to strengthening policy alignment, mobility and the professionalism of medical practitioners at the regional level. The 111th ASEAN Joint Coordinating Committee on Medical Practice (AJCCM) Meeting and the Health Services Sectoral Working Group (HSSWG) Meeting, along with related meetings, were held from 5-9 November 2025 in Viet Nam to deliberate on various issues concerning medical practice and healthcare services. These discussions emphasised the importance of enhancing regional cooperation, harmonising medical practices, and advancing efforts to improve the mobility and professionalism of medical practitioners across ASEAN Member States.



Image 17.3 Meetings of AJCCM and HSSWG 2025

Graduate training represents a critical phase in the development of clinical competency and professionalism among medical officers. Medical officers are required to undergo graduate training at designated teaching hospitals for a period of two (2) years to be eligible for full registration. The implementation of programmes involving the Housemanship Education Subcommittee (HEC), Medical Qualifying Committee (MQC), MOH and university teaching hospital coordinators has contributed to the holistic improvement of the graduate training system. This includes the refinement of placement and orientation systems, the strengthening of ToT and the enhancement of hospital training guidelines to ensure that graduate training remains well-structured, standardised and sustainable.



Image 17.4 Housemanship Training Programme Workshop 2025

Briefings and handover of Conditional Offer Letters to medical students from local public and private higher education institutions involved MMC in delivering information related to applications for Provisional Registration. This initiative contributed to an increase in the number of Provisional Registration applications by ensuring that medical graduates submit their applications systematically and in a timely manner. In addition, coordination among MOH, MMC and the Public Service Commission (SPA) has expedited the placement process for graduates within the housemanship training system, thereby supporting human resource requirements within the national healthcare ecosystem.



Image 17.5 Briefing Session and Conditional Offer Letter Handover Programme for Final-Year Medical Students of IPTA & IPTS

The Ethics and Legal Division of MMC plays a key role in managing and coordinating complaints against registered medical practitioners in accordance with the Medical Act 1971 [Act 50], to ensure compliance with professional and ethical standards.

In 2025, there was an increase in the number of complaints resolved compared to the previous year, attributable to the process improvements and the increased maturity of the proceeding's framework. The data on complaint management are presented in **Table 17.2**.

Table 17.2 Complaint Handling for 2024-2025

Year	Total Complaints	Complaints Resolved
2024	198	120
2025	585	236

The achievements reflect MMC's steadfast commitment in strengthening professional governance and ensuring that the integrity and accountability of medical practitioners are consistently upheld in the public interest. The initiatives undertaken also support the development of medical officers who are professional, ethical and competent, in line with the SDG-Good Health and Well-Being.

FINANCIAL MANAGEMENT AND GOVERNANCE ACHIEVEMENTS OF MMC

MMC has successfully obtained an Unqualified Audit Report from the National Audit Department for three (3) consecutive years which demonstrates strong internal controls, a high level of financial compliance and consistency in the organisation's governance and financial management practices. In line with the aspirations of the 12MP, this achievement reinforces MMC's commitment to good governance, public sector reform and the management of public resources based on the principle of value for money.



Figure 17.1 Certificate of Unqualified Audit

WAY FORWARD

MMC focuses on strengthening the practitioner registration system and enhancing the quality of medical officers' education, training and professionalism. These efforts ensure that graduates comply with regulations and that the organisation maintains efficient and integrity-driven governance, in support of delivering safe and high-quality healthcare services in line with medical practice standards.

CHAPTER 18

PROTECTHEALTH



INTRODUCTION

ProtectHealth Corporation Sdn. Bhd. (ProtectHealth) was incorporated on 19 December 2016 as a wholly-owned subsidiary of ProtectHealth Malaysia (PHM), established under the MOH plays a key role in coordinating, administering and managing initiatives related to the financing of healthcare services in Malaysia.

ProtectHealth supports the implementation of national health programmes by ensuring effective healthcare financing mechanisms that promote accessibility, sustainability and quality of care for all Malaysians. ProtectHealth was established with two (2) core mandates, as approved by the Cabinet as shown in **Figure 18.1**.

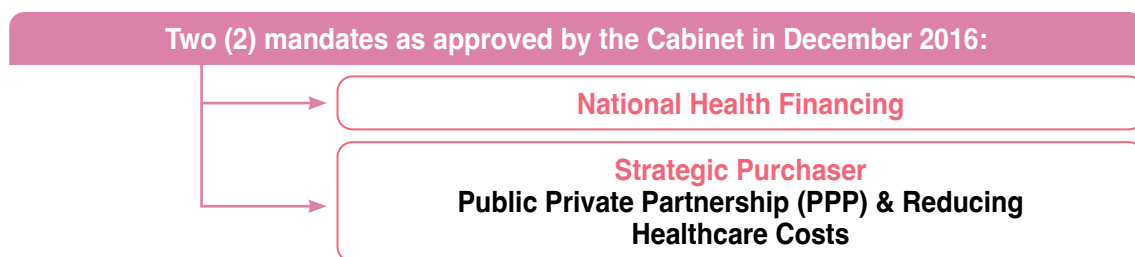


Figure 18.1 ProtectHealth Core Mandates Approved by the Cabinet

PROGRAMME AND ACHIEVEMENT

SKIM PEDULI KESIHATAN UNTUK KUMPULAN B40 (PeKa B40)

The implementation has been six (6) years since this scheme has been established 15 April 2019. PeKa B40 was implemented to strengthen PPPs. This initiative is aimed at addressing the health needs of the lower-income group on NCDs. Until 31 December 2025, ProtectHealth has collaborated with 4,893 healthcare providers as shown in **Figure 18.2**.

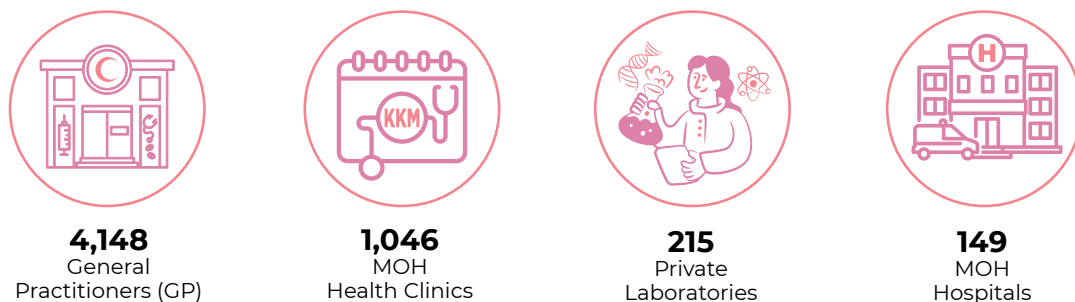


Figure 18.2 Healthcare Providers of PeKa B40 Scheme

Overall, health screenings under the PeKa B40 scheme have successfully screened 1,826,840 beneficiaries, with 323,651 screenings recorded in 2025 for beneficiaries aged 40 and above among the B40 group.

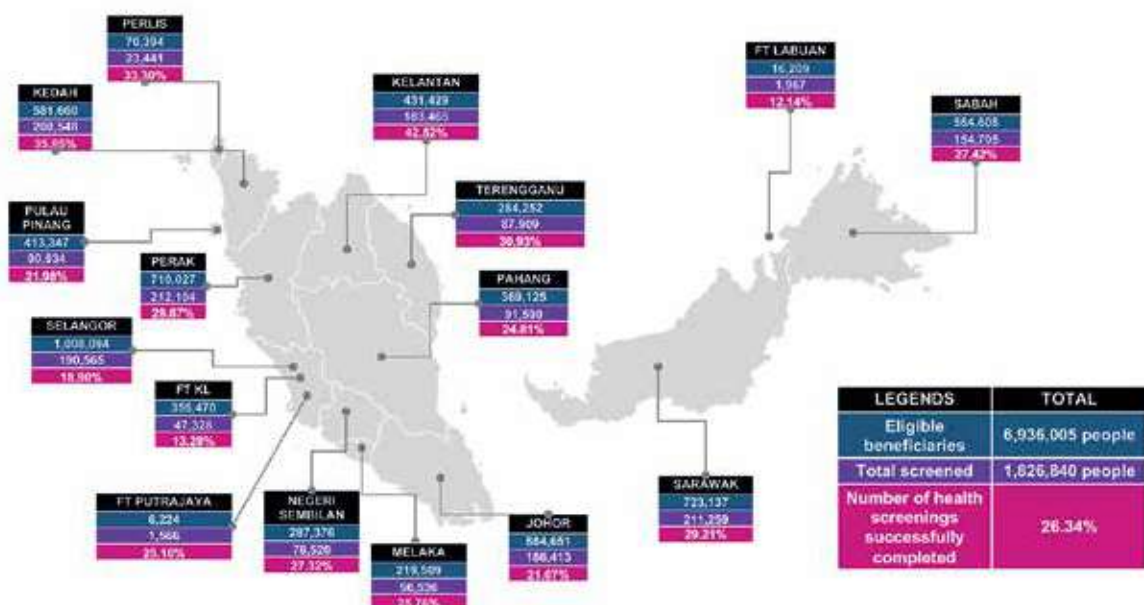


Figure 18.3 PeKa B40 Scheme Beneficiaries 2025

Benefit 1 (Health Screening) 323,651 health screenings recorded in 2025, 3.48% decrease compared to 2024.	Benefit 2 (Health Aid) 34,145 health aids distributed.
Benefit 3 (Completing Cancer Treatment Incentive) 2,920 beneficiaries received the cancer treatment completion incentive.	Benefit 4 (Transport Incentive) 8,800 transport incentive applications received.

Figure 18.4 PeKa B40 Beneficiaries 2025

SKIM PERUBATAN MADANI (SPM)

Established as a pilot project to reduce congestion in public hospitals, the SPM has successfully progressed through four (4) key phases of implementation. On 23 June 2025, all eligible *Sumbangan Tunai Rahmah* (STR) beneficiaries nationwide can access acute care treatment at private clinics registered under the programme in 10 selected districts.

This expansion ensures that eligible beneficiaries across all states can now conveniently enjoy the scheme at their nearest participating clinics. The summary of utilisation of SPM from 2023 until 31 December 2025 as shown in **Table 18.1**.

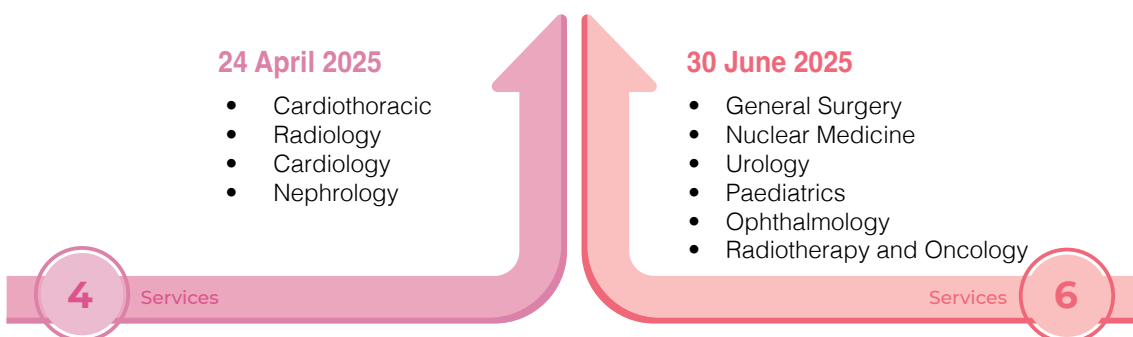
Table 18.1 SPM Utilisation 2023-2025

Detail	Phase	2023	2024	2025	Total
Total treatment	Phase 1	609,880	665,598	848,644	2,124,122
	Phase 2	393,645	161,657	-	555,302
	Phase 3	588,491	319,135	-	907,626
Total patients	Phase 1	440,228	404,291	539,478	1,383,997
	Phase 2	300,751	136,511	-	437,262
	Phase 3	471,000	269,334	-	740,334
Total household that received the treatment	Phase 1	311,304	268,501	379,934	959,758
	Phase 2	212,127	110,880	-	323,007
	Phase 3	335,851	216,318	-	552,169
Active GP		2,455	2,463	1,375	6,293

HOSPITAL SERVICES OUTSOURCING PROGRAMME (HSOP)

HSOP is a strategic initiative by the MOH designed to strengthen the capabilities of public hospitals through the outsourcing of health services, simultaneously reduces waiting times and congestion, while improving access and optimising resource utilisation throughout 2025.

The implementation of HSOP for the year 2025 commenced on 24 April 2025, starting with four (4) main medical services. This was followed by the inclusion of an additional six (6) medical services on 30 June 2025 as shown in **Figure 18.5**.



Rajah 18.5 HSOP Programmes and Services Provided

The expansion of these scopes aims to support the clinical needs of MOH hospitals more comprehensively, with a focus on service priorities.

MOH Facilities (97)	Panel Providers (139)
- Hospital: 72 - Klinik Kesihatan: 25	- Private hospital: 125 - Ambulatory Care Centres: 12 - University Hospital: 2

Figure 18.6 HSOP Service Providers

The implementation performance of HSOP for 2025 was excellent, achieving a service slot utilisation rate of 81.7%. A total of 43,065 service referrals were successfully completed as shown in **Table 18.2**.

Table 18.2 Referral Cases by Services

Service	Referral Cases (Cumulative)
Radiology	26,902
Cardiology	10,586
Ophthalmology	1,957
Nephrology	1,350
Cardiothoracic	869
General Surgery	806
Nuclear Medicine	258
Urology	164
Radiotherapy & Oncology	164
Paediatrics	9
Total	43,065

STAKEHOLDER ENGAGEMENT AND MEDIA HIGHLIGHT

ProtectHealth's success is driven by stakeholder partnerships, proactive community outreach and strategic media engagement to ensure wider access and greater impact across the nation.

HEALTHCARE STRATEGIC PARTNERS ROUNDTABLE SESSION

ProtectHealth hosted an engagement session with our esteemed panel providers at Putrajaya, brought together representatives from the MOH, private hospitals, GPs and private laboratories. This session aimed to strengthen collaboration and advance the implementation of HSOP, SPM and PeKa B40.

It provides a valuable platform to review progress, reflect on key initiatives from 2024 and develop strategic plans to enhance healthcare delivery throughout 2025.



Image 18.1 Healthcare Strategic Partners Roundtable Session

STRATEGIC ENGAGEMENT WITH JKN, PKD & KK

Strategic engagement with JKNs, PKDs and KKs across the nation has played a crucial role in strengthening the implementation of national health initiatives.

Several engagement sessions were successfully conducted across JKN throughout 2025. These sessions significantly enhanced the rollout of the PeKa B40 and SPM, fostering close collaboration between ProtectHealth and implementing authorities at both state and district levels.



Image 18.2 Strategic Engagement with JKNs, PKDs and KKs

LET'S BREAK THE STEPS

The Health Advocacy Department, in collaboration with Universiti Putra Malaysia (UPM) and the Medical Device Authority (MDA), successfully concluded the Let's Break the Steps initiative. Over three (3) months, the programme encouraged participants to reduce sedentary behaviour and embrace a more active and healthier lifestyle among community.



Image 18.3 Let's Break the Steps Closing Ceremony

PROGRAM MADANI RAKYAT (PMR) & AGENDA NASIONAL MALAYSIA SIHAT (ANMS)

ProtectHealth has participated in several PMR in Perak, Kelantan and Negeri Sembilan, as well as the ANMS programmes in Bagan Datuk, Perak and Bekenu, Sarawak. This active involvement reflects ProtectHealth's commitment to supporting MOH initiatives and the nation's health priorities.



Image 18.4 ProtectHealth Participation in MOH Programmes

MEDIA COVERAGE

Throughout 2025, ProtectHealth's promotional efforts to enhance visibility and public engagement across both digital and traditional media platforms. By leveraging multiple channels, the organisation ensured widespread access to information and raised public awareness.

Strategic messaging played a key role in connecting effectively with target audiences. These efforts were instrumental in strengthening programme impact and driving greater participation among all stakeholders as shown in **Figure 18.7**.

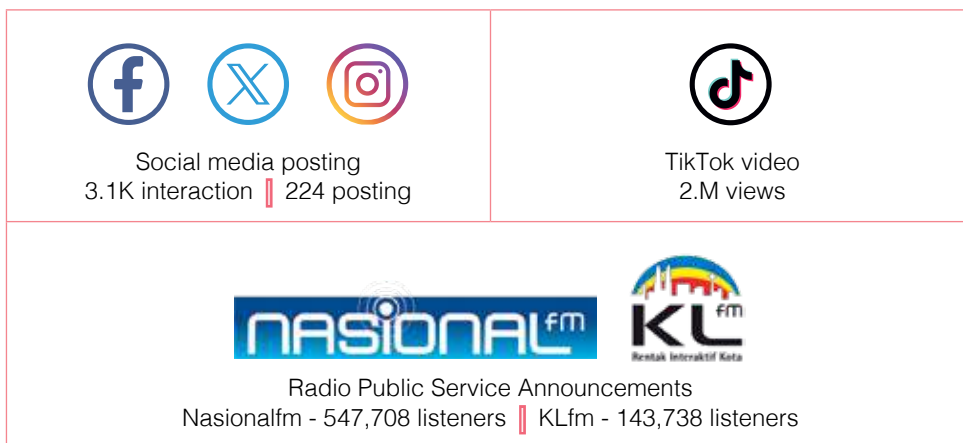


Figure 18.7 Media Engagement and Audience Reach Across Platforms



Image 18.5 Media Coverage of ProtectHealth Initiatives in 2025

WAY FORWARD

ProtectHealth is committed to continuing the health system transformation agenda by focusing on current challenges as well as long-term sustainability. In 2026, ProtectHealth will further strengthen its services through the incorporation of value-based healthcare focusing on outcomes and health impacts from programmes through these initiatives:

- i. PeKa B40 2.0
- ii. *Skim Perubatan MADANI* (SPM) 2.0
- iii. Hospital Services Outsourcing Programme (HSOP) 2.0
- iv. *Skim Perlindungan Insurans Kesihatan Pekerja Asing* (SPIKPA)
- v. Private Diagnosis Related Group (DRG) programme
- vi. Community and Child Health
 - a. Nutrition Programme
 - b. Growth Monitoring
- vii. Pharmacy Outsourcing Programme
- viii. Laboratories Outsourcing of Health Clinic
- ix. Vaccination for Public Servants Programme

CHAPTER 19



MALAYSIA HEALTHCARE **TRAVEL COUNCIL** (MHTC)



MALAYSIA HEALTHCARE TRAVEL COUNCIL (MHTC)

Throughout 2025, Malaysia's medical tourism industry recorded strong progress, supported by close collaboration between the MOH, related ministries and various supporting agencies. MHTC played a central role in driving strategic initiatives to position Malaysia as a leading destination for high-quality medical care.

MHTC strengthens Malaysia Healthcare's offerings through a structured and coordinated approach built on a shared vision to make Malaysia the world's preferred medical tourism destination. This is anchored upon four (4) focus areas across member hospitals namely integrated healthcare covering modern medicine, wellness as well as traditional and complementary medicine, clinical excellence, tourism integration and patient experience. Malaysia Healthcare's value proposition is further defined by the expertise of its doctors, the strength of its hospitals, robust infrastructure, strong medical outcomes and the country's well-known hospitality, where healing truly meets hospitality.

This coordinated approach has delivered steady growth, with Malaysia welcoming approximately 1.59 million healthcare travellers in 2024 and generating RM2.72 billion in revenue, reflecting continued recovery and renewed international confidence.

This upward trajectory continued into 2025, with 1.8 million healthcare travellers contributing RM3.35 billion in revenue, surpassing the RM3.0 billion mark within just two years after first exceeding RM2 billion in 2023. These healthcare travellers sought a wide spectrum of services, ranging from preventive health screenings and wellness care to curative and complex medical procedures, underscoring Malaysia's growing appeal as a comprehensive healthcare destination.

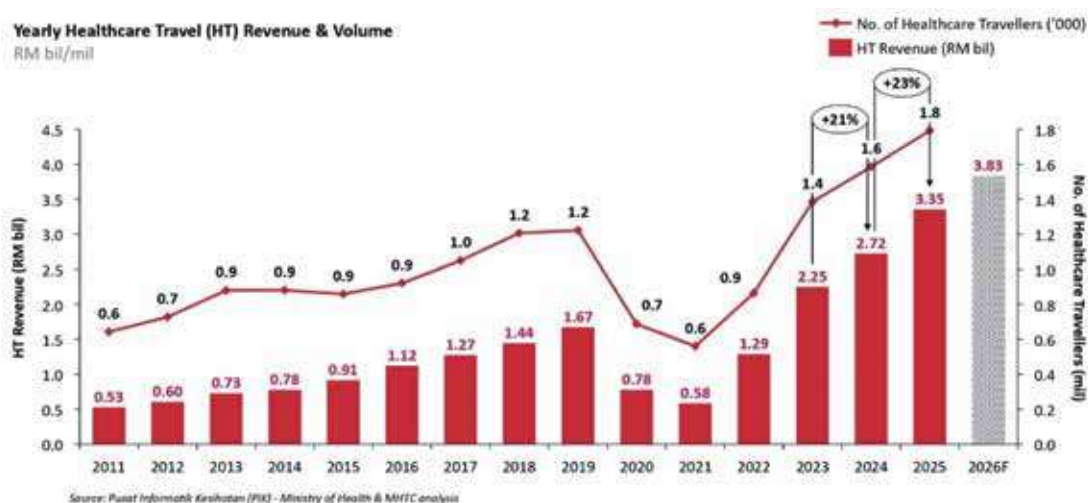


Figure 19.1 No. of Healthcare Travellers & Revenue of the Healthcare Travel Industry 2011-2025

MARKETING AND PROMOTIONAL ACTIVITIES

In 2025, MHTC expanded Malaysia's healthcare travel outreach through a structured market approach encompassing key source markets, developmental markets, and the local and expatriate segments. For the Indonesian market, which remains Malaysia's primary healthcare travel source, engagements were strategically focused in first-, second- and third-tier cities, including Yogyakarta and Makassar, through the Malaysia Healthcare Expo (MHX) series. This expo enabled Malaysian hospitals to engage directly with patients, healthcare facilitators and travel trade partners, while reinforcing Malaysia's position as a trusted destination for high-quality and accessible medical care.



Figure 19.2 MH Expo Yogyakarta 2025 Poster Organised by MHTC

MHTC continued to build awareness and demand by participating in targeted promotional initiatives in selected emerging source countries, aimed at establishing early market presence and strengthening long-term referral pathways. At the local and expatriate level, engagements focused on raising awareness of Malaysia's healthcare capabilities among residents and the expatriate community, positioning domestic healthcare offerings as a preferred option for both routine and specialised medical needs.

MHTC also expanded its market exploration into the Middle East by organising Malaysia Healthcare Week in Oman and Kuwait. The programme, held across multiple cities, introduced Malaysia's holistic healthcare ecosystem to patients, healthcare stakeholders and partners, highlighting its clinical strengths in cardiology, orthopaedics, rehabilitation, fertility and wellness services. This engagement laid the groundwork for long-term referral pathways and institutional collaboration within the Gulf region.



Image 19.1 Courtesy Visit of MHTC Delegation to the Embassy of Malaysia in Muscat in Conjunction with Malaysia Healthcare Week Oman

In Cambodia, Malaysia Healthcare Week in Phnom Penh provided a platform for Malaysian healthcare providers to connect with local facilitators, insurers, businesses and the expatriate community through public exhibitions and business-matching sessions, responding to the increasing demand for accessible, high-quality healthcare services. These international initiatives were complemented by participation in regional travel and trade exhibitions in collaboration with Tourism Malaysia, integrating healthcare travel messaging into broader destination promotion efforts, including outreach to East Asian markets such as China.

Domestically, MHTC further strengthened public engagement through the MH Wellness Fair, which focused on preventive care, wellness, and healthy lifestyles for local and expatriate communities. The fair featured health talks, fitness and wellness activities and interactive experiences reflecting MHTC's commitment to promoting holistic well-being alongside medical excellence.

FLAGSHIP MEDICAL TOURISM HOSPITAL (FMTH) 2025

The FMTH Awards 2025, initiated by MHTC, recognise healthcare institutions that demonstrate excellence in clinical outcomes, service quality, innovation and international patient management. Beyond recognition, the awards support the MOH's broader agenda to elevate national healthcare standards while strengthening Malaysia's competitiveness in the global healthcare travel landscape. The FMTH Awards are a key pillar of the five (5) years Malaysia Healthcare Travel Industry Blueprint, which seeks to establish the best Malaysia healthcare travel experience by 2025 through a structured, outcomes-driven approach.

The FMTH Programme represents a multi-year national transformation effort, implemented through a disciplined, multi-phase strategy from 2021 to 2025. By the end of 2022, participating hospitals had undergone bi-annual progress assessments, received targeted strategic mentorship, participated in customised capability-building initiatives and engaged in joint marketing efforts with government partners. Their achievements were further benchmarked through independent evaluations conducted by internationally recognised bodies, including Joint Commission International (JCI) and IQVIA Consulting Group APAC (IQVIA). JCI plays a particularly strategic role in reinforcing Malaysia's global healthcare reputation, as its accreditation standards underpin patient safety, clinical governance and operational excellence worldwide.



Figure 19.3 Flagship Medical Tourism Hospital (FMTH) 2025 Logo

Collectively, the FMTH finalists have demonstrated a sustained commitment to continuous improvement, infrastructure development and global best practices in patient-centred care. The FMTH Award winner will serve as a national ambassador hospital, representing Malaysia's status as a healthcare destination where medical excellence, trusted care and authentic hospitality converge.

The prestigious title of Flagship Medical Tourism Hospital 2025 was awarded to Island Hospital, Pulau Pinang, in recognition of its exemplary performance in medical and service excellence, and international branding. The other three (3) finalists were Institut Jantung Negara (IJN), Mahkota Medical Centre, Melaka, and Subang Jaya Medical Centre. In addition, five (5) distinguished accolades were conferred to recognise the finalists for setting new national benchmarks in their respective domains as shown in **Table 19.1**.

Table 19.1 Winners of the Special Recognition Categories in Healthcare Tourism 2025

Category	Winner	Details
Excellence in Healthcare Tourism Revenue Growth	Island Hospital, Pulau Pinang	Awarded for strong growth in international patient volume and healthcare tourism revenue, reflecting effective market outreach and service delivery.
Digital Innovation in Patient Service Delivery	Island Hospital, Pulau Pinang	Recognised for the adoption of digital solutions that enhance patient engagement, operational efficiency and end-to-end international patient experience.
Medical Excellence & Medical Technology Distinction	Institut Jantung Negara (IJN)	Honoured for advanced clinical capabilities, cutting-edge medical technologies and leadership in specialised cardiac care with international recognition.
Strategic Industry Partnership Leader	Mahkota Medical Centre, Melaka	Recognised for strong cross-sector collaboration and strategic partnerships that strengthen integrated healthcare travel services.
Brand Distinction Excellence	Subang Jaya Medical Centre	Awarded for effective brand positioning, communications strategy and trust-building among international healthcare travellers.



Image 19.2 FMTH Awards 2025 with the Minister of Health, MOH's Secretary General, MHTC's Chief Executive Officer and MYMT 2026 Ambassador

MALAYSIA YEAR OF MEDICAL TOURISM (MYMT) 2026

Malaysia confidently steps onto the global scene with the launch of MYMT 2026, a strategic and ambitious initiative spearheaded by MHTC. The campaign seeks to establish Malaysia as a leading hub for medical tourism, blending high-quality healthcare with renowned hospitality and vibrant cultural traditions.

MYMT 2026 officially launched on 24 July 2025 at the Malaysia International Trade and Exhibition Centre (MITEC) in conjunction with Visit Malaysia 2026, creating a powerful synergy among healthcare, wellness, tourism and immersive travel experiences. The campaign's tagline, "Healing Meets Hospitality," encapsulates Malaysia's unique value of trusted medical care seamlessly integrated with warm, culturally rich experiences.



Image 19.3 Minister of Health at the Launching Ceremony of MYMT 2026

MHTC appointed Dato' Sri Siti Nurhaliza as the MYMT 2026 ambassador, as she exemplifies the core values the initiative seeks to project which is trust, excellence, warmth and credibility. She is among Malaysia's most respected and widely recognised public figures across Southeast Asia and key regional markets, particularly Indonesia with a cross-generational appeal that enhances Malaysia Healthcare's visibility and acceptance in priority source markets. This regional resonance is critical, as healthcare travel decisions are fundamentally driven by trust and confidence.

Her public image aligns closely with the dynamics of healthcare decision-making, reflecting professionalism, authenticity, and compassion. These attributes are consistent with the Malaysia Healthcare brand promise of delivering clinical excellence supported by genuine hospitality. In an industry where patients are often risk-averse and influenced by family considerations, the presence of a trusted and dignified national figure helps humanise Malaysia's healthcare offerings and reduce psychological barriers to seeking medical treatment abroad.



Image 19.4 Dato' Sri Siti Nurhaliza as MYMT 2026 Ambassador

BRAND AWARENESS AND PUBLIC ENGAGEMENT

Brand awareness and public engagement efforts in 2025 focused on strengthening trust, credibility and meaningful connections with both international and domestic audiences through consistent, story-driven communication. A key initiative was the continued rollout of the Experience Malaysia Healthcare (EMH) Stories digital series, which highlights healthcare professionals, patient journeys and behind-the-scenes perspectives from Malaysia's healthcare ecosystem. Through authentic storytelling, the series humanises medical excellence and reinforces confidence in Malaysia's healthcare capabilities. These narratives were amplified across MHTC's official social media platforms including Facebook, Instagram, TikTok, YouTube and LinkedIn, through a steady stream of patient testimonials, clinician features, campaign updates and event highlights.

Meanwhile, MHTC expanded its long-form digital engagement by launching a new podcast series called Health Beyond Borders. It features discussions with healthcare leaders, clinicians, and industry experts on cross-border healthcare, medical innovation, patient experience and Malaysia's increasing role in global healthcare travel. The podcast complements existing video and social media content by offering deeper insights and fostering ongoing audience engagement.



Imej 19.5 Recording of Health Beyond Borders, MHTC's New Podcast Series

Together with ongoing media coverage across print, broadcast and digital platforms, these initiatives strengthened the visibility and credibility of the Malaysia Healthcare brand and reinforced Malaysia's positioning as a preferred healthcare travel destination under the MYMT 2026 campaign, guided by the theme "Healing Meets Hospitality".

CHAPTER 20



CLINICAL RESEARCH **MALAYSIA** (CRM)



CLINICAL RESEARCH MALAYSIA (CRM)

CRM is a Global Trusted Research Management Organisation established by MOH in 2012. The organisation is guided by the principles of Humanity, Stability and Sustainability in providing global clinical trial solutions and fosters a thriving clinical research ecosystem in this country.

CRM executes sponsored clinical trials with speed, reliability and quality through operational excellence and collaboration with stakeholders to provide comprehensive clinical research support services. CRM operates based on core values and a code of conduct aligned with international regulations and certifications, such as ISO 9001:2015 Quality Management Systems (QMS) and ISO 37001:2016 Anti-Bribery Management Systems (ABMS).

ACHIEVEMENTS

In 2025, 228 sponsored studies were approved by Independent Ethics Committees (IEC) and Institutional Review Boards (IRBs) continuing the nation's momentum in hosting high-impact global research. In addition, 163 sponsored studies approved by the Medical Research & Ethics Committee (MREC) were conducted in public hospitals and primary healthcare centres. This consistent performance underscores Malaysia's capability in clinical research and MOH facilities accounted for approximately 46% of the total sponsored research.

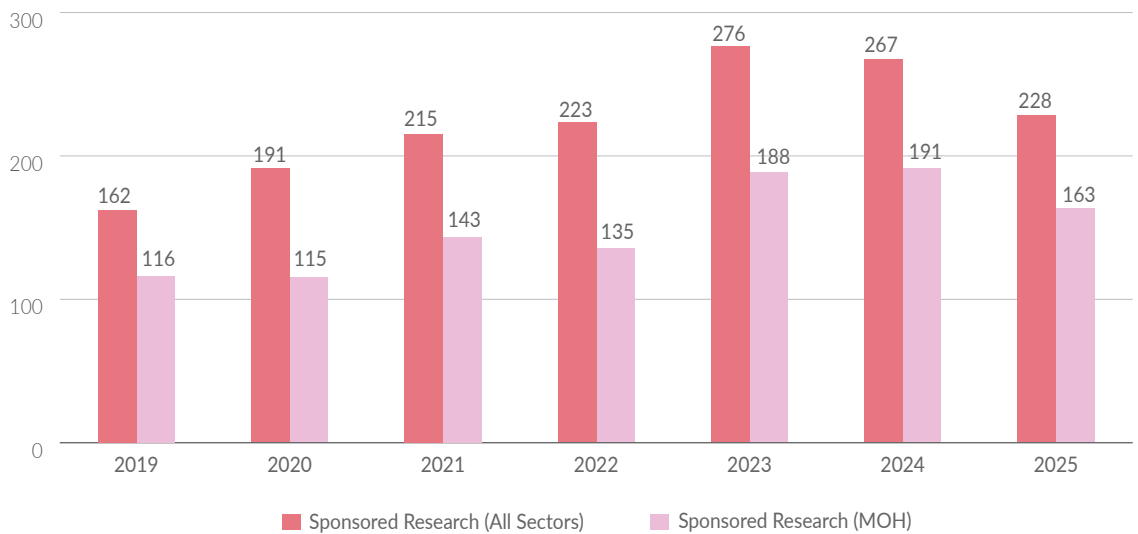


Figure 20.1 Sponsored Research from 2019-2025

CRM has consistently achieved its targeted KPIs with notable surplus percentages in key financial metrics. The investment valued at RM359,232,048 was derived from Clinical Trial Agreements (CTAs) executed in 2025, representing a 29.7% increase over the initial target. CTAs have significantly bolstered the industry's economic impact, contributing to a cumulative Gross National Income (GNI) of RM1.86 billion for Malaysia's clinical research industry since 2012.

Furthermore, CRM demonstrated strong financial performance with an actual income of RM36,867,452, surpassing the target by 9.1%, while maintaining operational expenses 5.5% below the projected budget. The nation's talent pool and research ecosystem have expanded accordingly, as illustrated in the Clinical Research Scorecard. The rise in GNI reaching 29.7% above target and cumulative sponsored research reaching 2,800 in 2025 and reflects a maturing industry.

Table 20.1 CRM KPI Achievement 2025

KPIs	Target	Actual	Rate Difference (%)
Sponsored Research (SR)	270	228	-15.6
SR in MOH Centres	171	163	-4.7
CRM Income	RM33,796,000	RM36,867,452	+9.1
CRM Expenses	RM29,828,380	RM28,176,364	-5.5
Gross National Income (CTA Value)	RM277,000,000	RM359,232,048	+29.7

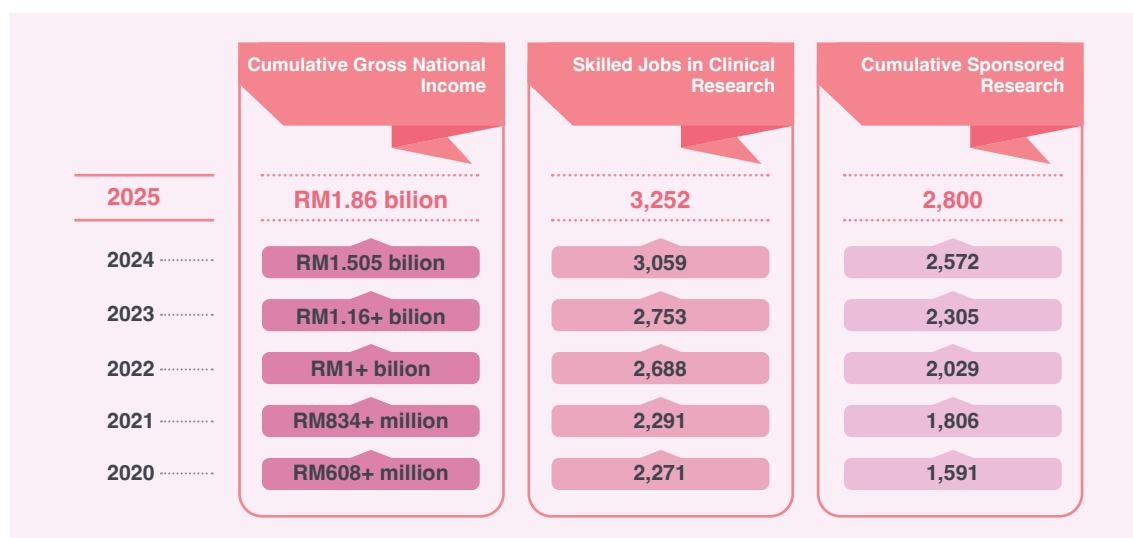


Figure 20.2 Clinical Research Scorecard from 2020-2025

CRM as a Site Management Organisation (SMO), strengthens Malaysia's clinical research capacity by deploying specialised Study Coordinators (SCs) across MOH facilities. These professionals provide essential support to investigators, primarily driving recruitment efforts to ensure study enrolment targets are met efficiently. Reflecting the rising demand for sponsored research, the SC workforce reaches 211 personnel in 2025, representing an increase of 5.0% from the previous year. This steady talent expansion underscores CRM's dedication to building a robust, future-ready talent pool that supports the success of global clinical trials nationwide.

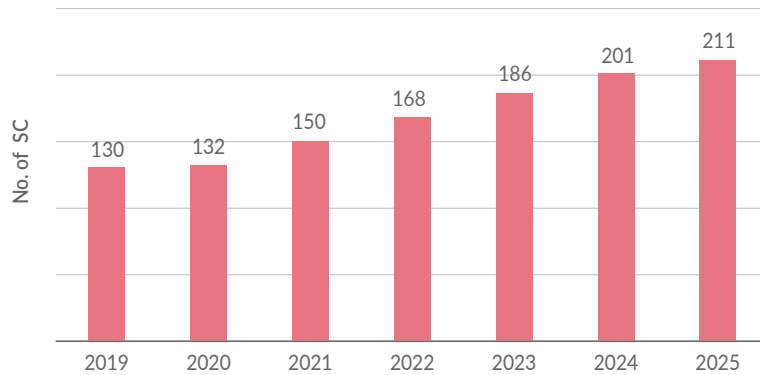


Figure 20.3 Number of CRM SCs 2019-2025

In 2025, Malaysia's clinical research ecosystem continued to flourish through strategic partnerships with 461 Sponsors and 89 Contract Research Organisations (CROs). By working closely with both established and emerging CRO, as well as pharmaceutical, biotechnology and medical device companies, CRM has successfully enhanced the country's footprint in the global clinical research arena. This collaborative approach is further amplified by a strong digital strategy, with CRM's online and social media presence achieving a remarkable 127,495,584 impressions, surpassing the 113,000,000 targets. The collaborative efforts between industry engagement and high-impact communication continue to solidify Malaysia's reputation as a premier destination for innovative global clinical research.

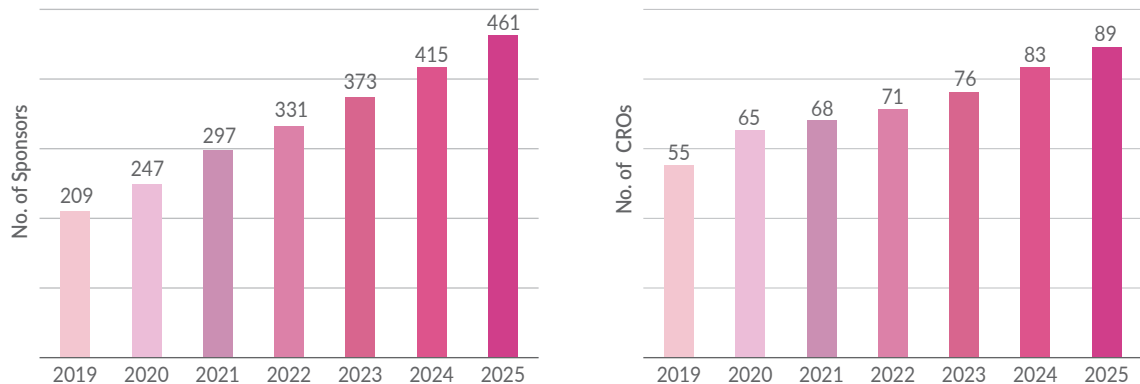


Figure 20.4 Sponsor and CRO 2019 - 2025

GLOBAL VISIBILITY

CRM has conducted several impactful engagements with some top global biopharmaceutical companies during international meetings, which have produced key results in the expansion of studies in Malaysia especially early phase studies.

Table 20.2 CRM Global Engagements in 2025

International Speaking Engagement	
Clinical Trials Summit of Pakistan 2025	17-18 February 2025
DIA China Annual Meeting 2025 at Shanghai	22-23 May 2025
6 th ASEAN Health Cluster 3 (AHC 3) at Brunei Darussalam	3-5 June 2025
Asia's Leading Pharmaceutical Seminar di Shanghai	24-26 June 2025
DIA Singapore Annual Meeting 2025	15-16 July 2025
ARO Alliance for Southeast & East Asia (ARISE) Annual Meeting at Universiti Nagasaki, Jepun	25 September 2025
ICN Annual General Meeting at Shanghai	27 October 2025
List of New MoU	
CRM and CSI Medical Research	21 April 2025
CRM and CSI Clinical Research	21 April 2025
CRM and BP Diagnostic Centre Sdn. Bhd.	8 May 2025
CRM and National University Corporation Kyushu University	8 May 2025
CRM and Gilead Sciences Hong Kong Limited	8 May 2025
CRM and PPD Development (S) Pte. Ltd. Malaysia Branch	15 May 2025
CRM and Universiti Malaya & Centre For Affordable Diagnostics and Therapeutics Limited	23 May 2025
CRM and Clinical Service Center	25 June 2025
CRM and Woodseer Resources Sdn. Bhd.	1 July 2025
CRM and Shionogi & Co.Ltd.	2 July 2025
CRM and NeurAsia Sdn. Bhd.	17 July 2025
CRM and Global Antibiotic Research & Development Partnership (GARDP)	4 December 2025

PHASE 1 REALISATION PROJECT (P1RP) 2.0

CRM accelerated its early-phase capabilities under the P1RP 2.0, with high-level talent development through international attachments and expert workshops, ensuring our workforce meets the world-class standards required for complex First-in-Human (FIH) trials. These efforts solidify Malaysia's value proposition as a cost-efficient, high-quality destination for complex global research.

This was further highlighted through the publication of IQVIA white paper titled "Malaysia: The New Destination for Early Phase Trials". The paper highlights Malaysia's growing role as a hub for early-phase clinical trials, emphasising Malaysia's infrastructure, regulatory framework, genetic diversity and government support as key advantages for conducting First-in-Human trials in Malaysia.

CRM ACTIVITIES

CRM TRIAL CONNECT

In 2025, CRM as a global clinical research leader, headlined by the successful hosting of CRM Trial Connect 2025. The flagship event was officially launched by Prime Minister alongside the Minister of Health, with participants over 1,000 delegates from 190 organisations. Prime Minister emphasised the importance of ASEAN collaboration and the role of clinical research in enabling a sustainable healthcare system and driving national prosperity.



Image 20.1 CRM Trial Connect Conference 2025

STUDY COORDINATOR ACCELERATED PROGRAMME (SCAP)

The SCAP was introduced under the Centre of Excellence (CoE) in 2024. This 12-week initiative is specially designed for life science fresh graduates to enter the clinical research industry through theoretical training and practical site attachments across clinical trial sites in Malaysia. With three intakes per year, the program enables graduates to become certified study coordinators; in 2025, it produced 31 graduates to strengthen the local workforce.

In addition, the other CRM activities as shown in **Table 20.3**.

Table 20.3 CRM Activities 2025

Activities	Frequency
I AM AWARE Roadshow	8
Nurturing New Talents in Sponsored Research	5
Patient Recruitment and Retention Workshop	4
Good Clinical Practice Refresher Workshop	3
Study Coordinator Trainings during CRM Trial Connect	2
Trial Site Inspection Readiness Workshop	2
Protocol Compliance Workshop	2
NPRA Good Submission Practice Workshop	2
MREC Good Submission Practice Workshop	1
Oncology Workshop	1
P1RP Guidelines Workshop	1
SRP-MREC Workshop	1

WAY FORWARD

In line with our vision to become Asia's preferred clinical research hub by 2033, CRM is guided by the values of Humanity, Stability and Sustainability. CRM aim to nurture talent, foster impactful partnerships and contribute to long-term economic growth.

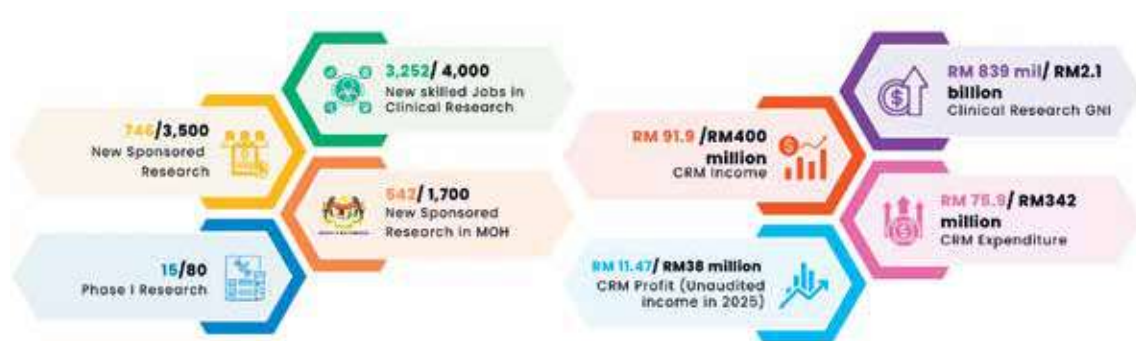


Figure 20.5 CRM KPIs 2023-2033



GLOSSARY



GLOSSARY

12MP	Twelfth Malaysia Plan	BAKAS	Rural Environmental Sanitation Programme
13MP	Thirteenth Malaysia Plan	BAP	Medical Practice Division
ABMS	Anti-Bribery Management System	BDHA	Policy and International Relations Division
ADSSR	ASEAN Drug Security and Self-Reliance	BeBAs	<i>Premis Bersih, Bebas Asap</i>
AFHS	Adolescent Friendly Health Services	BEMS	Biomedical Engineering Management Services
AGC	Attorney General's Chambers	BeSS	<i>Premis Bersih dan Selamat</i>
AHC	ASEAN Health Clusters	BKD	Digital Health Division
AHMM	ASEAN Health Ministers Meeting	BKj	Nursing Division
AHP	Allied Health Professions	BKKM	Food Safety and Quality Division
AHSD	Allied Health Sciences Division	BKP	Disease Control Division
AI	Artificial Intelligence	BKP	Management Service Department
AICC	Artificial Intelligence Community Centre	BLS	Basic Life Support
AIGA	Integrity, Governance and Anti-Corruption Award	BMSS	Bulan Malaysia Sihat Sejahtera
AJCCD	ASEAN Joint Coordinating Committee on Dental Practitioners	BOR	Bed Occupancy Rate
AJCCM	ASEAN Joint Coordinating Committee on Medical Practitioners	BPK	Competency Development Department
AJCCN	ASEAN Joint Coordinating Committee on Nursing	BPKA	Public Health Development Division
AKPS	Malaysia Border Control and Protection Agency	BPL	Training Management Department
ALD-OHI	ASEAN Leaders' Declaration on the One Health Initiative	BPM	Information Management Department
ALN	ASEAN Laboratory Network	BPP	Medical Development Division
AMM	Academy of Medicine Malaysia	BPPs	Procurement and Privatisation Division
AMO	Assistant Medical Officer	BPR	Business Process Reengineering
AMR	Antimicrobial Resistance	BRIMS	Biomedical Research and Innovation Management System
AMROs	Assistant Medical Record Officers	BSM	Human Resource Division
AMS	Antimicrobial Stewardship	BTM	Bilateral Technical Meeting
ANMS	<i>Agenda Nasional Malaysia Sihat</i>	C&P	Credentialing and Privileging
ANP	Analytic Network Process	CAD	Internal Audit Division
AOHN	ASEAN One Health Network	CBC	Coloured Brain Communication
APC	Annual Practising Certificate	CBCT	Cone Beam Computed Tomography
APC	Excellent Service Award	CCG	Country-Core Group
APEL (C)	Accreditation of Prior Experiential Learning for Credit Award	CCTV	Closed Circuit Camera System
APPL	Approved Products Purchase List	CDR	Crude Death Rate
AR	Action Research	CFR	Case Fatality Rate
ARIF	<i>Asisten Responsif Interaktif</i>	CHeER	Centre for Health Economics Research
ARISE	ARO Alliance for Southeast & East Asia	CHER	Centre for Health Equity Research
ARPA	Public Service Reform Agenda	CHOR	Centre for Health Outcomes Research
ASEAN	Association of Southeast Asian Nations	CHPR	Centre for Health Policy Research
ASO	Optical Surveillance Audits	CHQR	Centre for Healthcare Quality Research
ATT	Anti-Tetanus Toxoid	CHSR	Centre for Health Services Research
AWS	Amazon Web Services	CKAPS	Private Medical Practice Control Section
BA	Account Division	CLS	Cleansing Services
		CME	Continuing Medical Education
		CoC	Certification of Coders

CoE	Centre of Excellence	EnPHC	Enhanced Primary Healthcare
COMBI	Communication for Behavioural Impact	eP	eProcurement system
COPPA	Code of Practice for Programme Accreditation	EPO	Erythropoietin
CPD	Continuing Professional Development	EQA	External Quality Assurance
CPE	Continuing Professional Education	ERAT	Empowering Patients Living with Diabetes
CPG	Clinical Practice Guidelines	ESG	Environmental, Social and Governance
CPI	Corruption Perceptions Index	eSPAR	Electronic State Parties Self-Assessment Annual Reporting
CPP	Medical Legislation Section	EVALI	E-Cigarette or Vaping Product Use-Associated Lung Injury
CPPP	Medical Services Development Section	FAO	Food and Agriculture Organisation
CPPPP	Assistant Medical Officer Services Section	FCDO	Foreign, Commonwealth & Development Office
CPRC	Crisis Preparedness and Response Centre	FEMS	Facility Engineering Management Services
CPRN	Centres Policy Research Network	FGD	Focus Group Discussion
CRC	Clinical Research Centres	FHDD	Family Health Development Division
CRM	Clinical Research Malaysia	FIH	First-in-Human
CROs	Contract Research Organisations	FMS	Facility Management Services
CSP	Cloud Service Providers	FMTH	Flagship Medical Tourism Hospital
CTAs	Clinical Trial Agreements	FOMEMA	Foreign Workers Medical Examination Coordination and Surveillance System
DAP&E	Postgraduate Diploma in Applied Parasitology and Entomology	FOP	Front-of-pack
DBDI	Diabetes Behavioural Diagnosis Instrument	FoSIM	Food Safety Information System of Malaysia
DCA	Drug Control Authority	FSQP	Food Safety and Quality Programme
DDO	District Dental Officers	FT	Federal Territory
DDMS	Digital Document Management System	FWMES	Foreign Workers Medical Examination System
DG	Director-General of Health	GC-MS/MS	Gas Chromatography-Mass Spectrometry
DHRI	Digital Health Research and Innovation	GDHCN	Global Digital Health Certification Network
DIA	Drug Information Association	GDP	Gross Domestic Product
DIS	Dental Information System	GHG	Greenhouse Gas
DLKK	National Health Literacy Policy	GIS	Geographic Information Systems
DMM	Diploma in Medical Microbiology	GMEC	Governance, Monitoring & Evaluation Committee
DNDi	Drugs for Neglected Diseases Initiative	GMP	Good Manufacturing Practice
DOSH	Department of Occupational Safety and Health	GNI	Gross National Income
DPA	<i>Daftar Premis Aset</i>	GOHAP	Global Oral Health Action Plan
DRA	Detection and Risk Assessment	GP	General Practitioners
DRG	Diagnosis Related Group	HACCP	Hazard Analysis Critical Control Point
DSC	Dental Specialist Centre	HAT	Helping Adolescent Thrive
DT	Diphtheria and Tetanus	HCL	Healthier Choice Logo
DTS	Temporary Detention Depots	HDP	Healthier Dining Programme
DVS	Department of Veterinary Services	HEAL	Healthcare Excellence and Leadership Programme
EHRI	Environmental Health Risk Inventory	HEC	Housemanship Education Subcommittee
EIA	Environmental Impact Assessment	HED	Health Education Division
EKSA	<i>Ekosistem Kondusif Sektor Awam</i>	HEP	Higher Education Provider
EMH	Experience Malaysia Healthcare	HIC	Health Informatics Centre
EMR	Electronic Medical Records	HIS	Hospital Information System
eNCDC	Electronic System National Centre for Disease Control		

HLMA	Health Labour Market Analysis	IPS	International Patient Summary
HLP	<i>Hadiah Latihan Persekutuan</i>	IPT	Higher Education Institutions
HMRC	Herbal Medicine Research Centre	IRB	Institutional Review Boards
HoR	House of Representative	ISMS	Information Security Management System
HPIA	Hospital Performance Indicator for Accountability	ISR	Industry-Sponsored Research
HPV	Human Papillomavirus	IT	Information Technology
HRH	Human Resource for Health	ITO	Insurers and Takaful Operators
HRMIS	Human Resource Management Information System	JAKOA	Department of <i>Orang Asli</i> Development
HSA	Health Sciences Authority	JANM	Accountant General's Department of Malaysia
HSIS	Hospital Sultan Idris Shah	JBPM	Fire and Rescue Department of Malaysia
HSOP	Hospital Services Outsourcing Programme	JEE	Joint External Evaluation
HSSWG	Health Services Sectoral Working Group	JKAM	Food Analysis Committee
HTA	Health Technology Assessment	JKM	Department of Social Welfare
HWMS	Healthcare Waste Management Services	JKN	State Health Department
IAEA	International Atomic Energy Agency	JKPAK	Government Movable Asset Management Committee
IAPG	Inter-Agency Planning Group	JKPPT	Land Management and Monitoring Committee
IBS	Industrialised Building System	JKR	Public Works Department
ICARST	International Conference on Applications of Radiation Science and Technology	JKWPKL&P	<i>Jabatan Kesihatan Wilayah Persekutuan Kuala Lumpur dan Putrajaya</i>
ICHI	International Classification of Health Interventions	JLN	Joint Learning Network
ICQCC	International Convention on Quality Control Circles	JMCPHC	Joint Ministerial Committee on Private Healthcare Costs
ICR	Institute for Clinical Research	JPA	Public Service Department
ICT	Information and Communication Technology	JPICT	MOH ICT Steering Committee
IDFR	Institute of Diplomacy and Foreign Relations	JPJ	Road Transport Department
IFitEr	I Fit Eat Right	JPP-NIH	Board Review Committee at National Institutes of Health
IFSTC	International Food Safety Training Centre	JTPK	Ministry Development Action Committee
IHBR	Institute for Health Behavioural Research	JTWA	<i>Jururawat Terlatih Warganegara Asing</i>
IHM	Institute for Health Management	KD	Rural Clinic
IHR	International Health Regulations	KDN	Ministry of Home Affairs Malaysia
IHSR	Institute for Health Systems Research	KE	Ministry of Economy Malaysia
IIR	Investigator-Initiated Research	KK	Health Clinic
IJN	National Heart Institute	KKIA	Maternal and Child Health Clinic
IKN	National Cancer Institute	KKom	Community Clinic
ILC	Inter-laboratory comparison	KLCC	Kuala Lumpur Convention Centre
ILKKM	Ministry of Health Training Institutes	KMAM	Water Quality Bill Programme
IMR	Infant Mortality Rate	KOL	Key Opinion Leader
IMR	Institute for Medical Research	KPI	Key Performance Indicator
IMRJ	International Medical Research Journal	KPS	<i>Kadar Pusingan Stok</i>
INSSP	Integrated Nuclear Security Sustainability Plan	LA	Legal Advisor
INTAN	National Institute of Public Administration	LCP	Letter of Credentialing and Privileging
INTOSAI	International Organisation of Supreme Audit Institutions	LDP	In-Service Training
IoMT	Internet of Medical Things	LF	Lymphatic Filariasis
IPKKM	Ministry of Health Malaysia Headquarters	LINAC	Linear Accelerator
		LLS	Linen and Laundry Services

LPKKM	Procurement Board of the Ministry of Health	MREC	Medical Research and Ethics Committee
MACC	Malaysian Anti-Corruption Commission	MRI	Magnetic Resonance Imaging
MAHPC	Malaysian Allied Health Professions Council	MROs	Medical Record Officers
MaHTAS	Malaysia Health Technology Assessment Section	MRSD	Medical Radiation Surveillance Division
MARA	<i>Majlis Amanah Rakyat</i>	MSF	Médecins Sans Frontières
MCOs	Managed Care Organisations	MSU	Management Science University
MCPG	Malaysian Community Pharmacy Guild	MTL	Northeast Monsoon
MCTC	Malaysian Council for Tobacco Control	MTPK	Ministry Development Action Council
MDA	Medical Device Authority	MTPN	National Development Action Council
MDC	Malaysian Dental Council	MyACPP	Malaysia Advanced Clinical Pharmacy Programme
MDD	Medical Development Division	MyFCD	Malaysian Food Composition Database
MDTB	Malaysian Dental Therapists Board	MyHDW	Malaysian Health Data Warehouse
MEET	Medical Equipment Enhancement Tenure	MyMHL	Malaysia Mental Health Literacy Survey
MENTARI	Community Mental Health Centre	MyNAPHS	Malaysia National Action Plan for Health Security
MHIT	Medical and Health Insurance/Takaful	MyNIS	Malaysia Nutrition Information System
MHPS	Malaysian Healthcare Practitioners' System	NACSA	National Cyber Security Agency
MHPSS	Mental Health and Psychosocial Support Services	NATCM	National Administration of Traditional Chinese Medicine
MHTC	Malaysia Healthcare Travel Council	NCC	National Cancer Centre Japan
MHX	Malaysia Healthcare Expos	NCDs	Noncommunicable Diseases
MIH	Malaysia International Healthcare	NCEMH	National Centre of Excellence for Mental Health
MINDEF	Ministry of Defence Malaysia	NCFS	National Centre for Food Safety
MKKM	Food Safety and Quality Laboratories	NEHAP	National Environmental Health Action Plan
MMB	Malaysia Midwives Board	NERCIM	Network of Ethics Committees In Malaysia
MMC	Malaysian Medical Council	NGO	Non-Governmental Organisation
MMR	Maternal Mortality Ratio	NHF	National Health Financing
MNB	Malaysian Nursing Board	NHMS	National Health and Morbidity Survey
MNHA	Malaysia National Health Accounts	NHSI	National Health Screening Initiative
MoA	Memorandum of Agreement	NIA	National Indicator Approaches
MOC	Malaysian Optical Council	NIH	National Institutes of Health
MOE	Ministry of Education Malaysia	NIP	National Immunisation Programme
MOF	Ministry of Finance Malaysia	NMR	Neonatal Mortality Rate
MOH	Ministry of Health Malaysia	NNA	National Nursing Audit
MOHE	Ministry of Higher Education Malaysia	NNIA	National Nursing Indicator Approach
MOHMF	MOH Medicines Formulary	NOHC	National One Health Committee
MOSTI	Ministry of Science, Technology and Innovation Malaysia	NOHPS	National Oral Health of Preschool Children Survey
MoU	Memorandum of Understanding	NOHSP	National Oral Health Strategic Plan
MPC	Malaysia Productivity Corporation	NORNA	National Operating Room Nursing Audit
MPIS	Medical Programme Information System	NPHL	National Public Health Laboratories
MPPKM	Mental Health Promotion Advisory Council	NPQH	National Policy for Quality in Healthcare
MQA	Malaysian Qualifications Agency	NPRA	National Pharmaceutical Regulatory Agency
MQT	Ministerial Question Time	NSFIRM	National Suicide and Fatal Injury Registry Malaysia
MRA	Mutual Recognition Arrangement	NSR	National Specialist Register
MRANTI	Malaysian Research Accelerator for Technology and Innovation		

OACP	Organizational Anti-Corruption Plan	RIS	Regulatory Impact Statement
OHP	Oral Health Programme	SAE	Serious Adverse Events
OHS	Online Health Services	SDGs	Sustainable Development Goals
OIC	Organisation of Islamic Cooperation	SP	Sustainability Programme
OJS	Open Journal System	SPA	Public Service Commission
OOP	Out-of-Pocket	SPIKPA	<i>Skim Perlindungan Insurans Kesihatan Pekerja Asing</i>
OPG	Orthopantomogram	SR	Sponsored Research
OPMDs	Oral Potentially Malignant Disorders	SSM	Malaysian Remuneration System
PACED	Price, Admission and Clinical Electronic Datahub	SSMP	Research Information Resources Sector
PBT	Local Authority	SSPA	Public Service Remuneration System
PD	Protocol Deviation	T&C	Testing And Commissioning
PDRM	Royal Malaysia Police	T&CM	Traditional and Complementary Medicine
PEARL	<i>Program Ekspresi Anak Remaja Lestari</i>	T&CMD	Traditional and Complementary Medicine Division
PeKa B40	<i>Skim Peduli Kesihatan untuk Kumpulan B40</i>	T2DM	Type 2 Diabetes Mellitus
PFA	Psychological First Aid	TB	Tuberculosis
PFK	Health Facility Planning	TBP	Medical Aid Fund
PG Dental	Postgraduate Dental Programme	TCM	Traditional Chinese Medicine
PhAMA	Pharmaceutical Association of Malaysia	Tdap	Tetanus-Diphtheria-Pertussis
PHC	Primary Healthcare	TDP	Talent Development Programme
PHM	ProtectHealth Malaysia	TEH	Total Expenditure on Health
PIC	Preliminary Investigation Committee	TGP	Talent Grooming Programme
PICC	Putrajaya International Convention Centre	TIM	Traditional Indian Medicine
PJH	Day Care Centres	TKPK (KA)	Deputy Director-General of Health (Public Health)
PKD	District Health Offices	TKPK (P)	Deputy Director-General of Health (Medical)
PKK	Ministry's Financial Statements	TKPK (P&ST)	Deputy Director-General of Health (Research & Technical Support)
PMR	<i>Program MADANI Rakyat</i>	U5MR	Under-5 Mortality Rate
PoC	Proof of Concept	UHC	Universal Health Coverage
POE	Post Occupancy Evaluation	UiTM	Universiti Teknologi MARA
PPD	Domiciliary Care Service	UKK	Corporate Communication Unit
PPKK	Health Clinic Advisory Panel	UKM	Universiti Kebangsaan Malaysia
PPP	Public-Private Partnership	UMMC	University Malaya Medical Centre
PQA	Professional Qualifying Assessment	UNICEF	United Nations Children's Fund
PQE	Professional Qualifying Examination	UTAR	Universiti Tunku Abdul Rahman
PROSIS	<i>Siswa Sihat</i> Programme	VAE	Value at Entry
PSA	National Anemia Strategic Plan	VI	Veterinary Intervention
PSP	Digitalisation Strategic Plan	VMS	Visitor Management System
PSPSA	Public Sector Digitalisation Strategic Plan	WAAW	World Antimicrobial Resistance Awareness Week
PSS	<i>Putrajaya Sihat Sejahtera</i>	WASH	Water, Sanitation and Hygiene
PTKMK	National Food Safety Action Plan	WH	Wellness Hub
QA	Quality Assurance	WHA	World Health Assembly
QMS	Quality Management System	WHO	World Health Organisation
R&D	Research and Development	WoW	Wellness on Wheels
RCs	Responsibility Centres		

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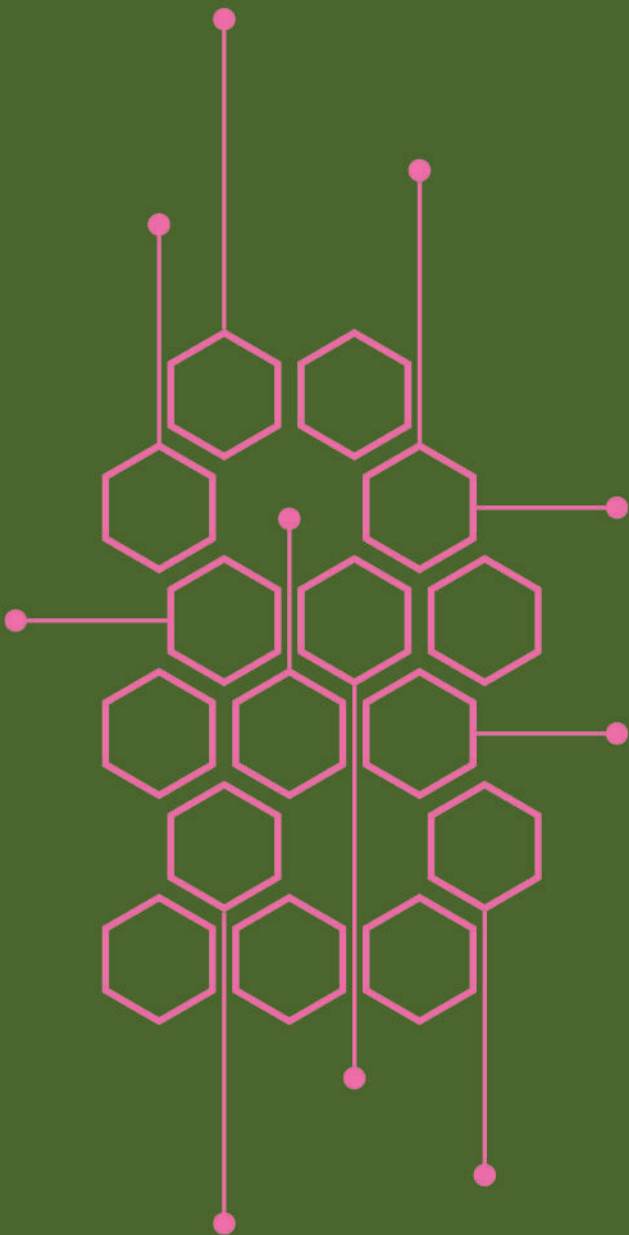
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