



Kami akan terus hidup

World Health Organization

Malaysia

Wyoming High School

Having a Non-communicable disease (NCD) can be life threatening. In many places the death mortality is high. In Malaysia the death mortality rate due to NCDs is at 73%, which is exceeding the normal rate for developing countries. There are ways that Malaysia has been working to reduce these NCDs and also the mortality rate. The top Non-communicable diseases with mortality rates is Cardiovascular diseases with a 36% mortality rate, Cancer with a 15% mortality rate, Chronic Respiratory diseases with a 7% mortality rate and Diabetes with a 3% mortality of all death rate in Malaysia. Malaysia has an NCD surveillance and monitoring system in place to enable reporting against the nine global NCD targets. The Malaysian government has (set a task force, and) been working to reach the nine targets. One of the things that the Malaysian Ministry of Health has been doing to reach this goal they had the Academy of Sciences Malaysia set up an Obesity task force. The objectives of the task force are 1. To create and maintain an effective knowledge exchange system between individuals and organizations working in obesity prevention; 2. To articulate the policy directions needed for obesity prevention and inspire their translation into policy, research and practice; 3. To organize workshops to identify and assess obesity prevention policy options; 4. To model potential policy interventions to reduce obesity in Malaysia in terms of cost- effectiveness and health benefits; and 5. To advocate for effective, evidence-informed policy actions for obesity prevention at national level. Thus helping to working for Target seven (which is to halt the rise in diabetes and obesity).

The Malaysian Government also has been working with the World Health Organization to work on a strategic agenda. Strategic priority 1: Developing and strengthening the Health System and Health Policy. -Support for review and policy dialog on national health system transformation plan, and strengthening regulatory capacity for medicines and health technologies, including Goods Manufacturing Process inspection. Strategic priority 2: Prevention and Control of NCDs, NCD risk factors and promotion of healthy lifestyles- support for review and policy dialog on national health system transformation plan and Strengthening regulatory capacity for medicines and health technologies, including GMP inspection, issues related to internet sales, and methods for analytical validation of biologics and other Strategic priority 3: Communicable Diseases prevention and Control- Due to Malaysia's own capacity in communicable diseases, it is no longer necessary to provide planned programmatic support in this area, but WHO will provide technical advice, information and standards as needed according to specific emerging and urgent issues Strategic Priority 4: Malaysia's participation and contribution in regional and international health collaboration -WHO will continue to ensure Malaysia's engagement at the Regional and Global levels, making the most of opportunities for Malaysia to host technical meetings and share its experience, expertise and information with other countries in the Western Pacific Region and beyond, and to utilize both the expertise available from Malaysia as well as the capacity building opportunities offered by Malaysia to benefit other countries.

Malaysia is slowly starting lose access to easily accessible medications that people need just to survive. The Malaysian government has been working with the Malaysian Health Ministry making some improvements. They have a newly updated (as of 2012) Medicine policy. In section 2.21.1 it talks about the surveillance and how the National Pharmaceutical Control Bureau (NPCB) controls the distribution of the medicine Malaysia shouldn't run into any problems that are not minor. " 2.2.1.1 National Pharmaceutical Control Bureau (NPCB) The National Pharmaceutical Control Bureau (NPCB) shall be responsible for the pharmaceutical regulatory control in Malaysia for: Licensing of manufacturers, importers and wholesalers, Registration of medicines, Quality control of medicines, Good Laboratory Practice (GLP) compliance, Post-marketing surveillance activities, Control of medicines used in clinical trials" (Malaysian National Medicines Policy).

In the country of Malaysia gender inequities are fully alive one of the things that can be prevented are males who think that getting help from a doctor or skilled health worker because some men find that typical health services are for women and are not "manly". And Suicide rates in Malaysia are also very high. In research found in the United States National Library of Medicine Research has found suicides in males (65%) and females (35%) victims. The gender inequities (as well as) ,but also the stereotypes influence the behaviors of people who needs medical help ,but do not receive it is large and the Malaysian Government wants to fix that.

There are different things that the Malaysian Government and the Malaysian Ministry of Health can do to help fix some of these problems. Different Resolutions depending on the issue that is at hand. It is possible to release videos and advertise different ways to be healthy, but also to let people know that gender stereotypes are real, and isn't something to be followed. If a person needs help, they should get help no matter the circumstances. The Ministry of Health will need to raise funds so they can provide therapists, health care workers, physicians etc.. and subsidizes it is in need of population that do not have access to resources afford these skilled healthcare workers too. There are many different ways in which the United Nations can fix their country's problems. They nations will find it necessary that they need to work together to find out what is best for their own nation.