Embracing The Golden Years: HEALTHY AND HAPPILY
“Age is an issue of mind over matter. If you don’t mind, it doesn’t matter.” ~ Mark Twain

Embracing the Golden Years, Healthily and Happily

In today’s society, we are constantly programmed to fear aging. The concept of growing old is more often than not associated with wrinkles, poor health and being a burden to society. The World Population Prospects (2019 Revision) predicts that by 2050, 1 in 6 people in the world will be more than 65 years old and the number of people aged 80 years and above will triple. As the world embraces its aging population, Malaysia is no exception. By 2020, seven percent of our nation’s population will be 65 years old and above. However, as the greying population is increasingly proving to be contributors to the development of a nation, their overall well-being, should not only be isolated to an individual effort but rather involve the community as a whole and constructed into national programmes and policies.

This bulletin highlights the elderly population who are embracing their golden years, through evidence of numerous studies and initiatives by the National Institutes of Health (NIH). The annual National Health and Morbidity Survey (NHMS) by the Institute for Public Health (IKU) focused on the elderly demographic and shed light on various aspects of health and living. Institute for Health Systems Research (IHSR) conducted a study on fall among elderly patients in hospitals, which enabled the stakeholders to identify risk factors and implement necessary measures to reduce such occurrences. The Lean Initiative by Institute for Health Management (IHM) has benefitted elderly patient care in numerous public hospitals. Institute for Health Behavioural Research (IHBR) studied the health information-seeking behaviour of the elderly via the internet to determine their information technology (IT) literacy while the Institute of Clinical Research (ICR) network in Perak based hospitals are preparing to collaborate with World Health Organisation (WHO) for a study to determine ideal factors for a liveable city for the elderly.

This edition features reports on various events that are putting NIH on the map from the annual Ministry of Health-Annual Medical Meeting (MOH-AMM) to the release of the Wolbachia mosquitoes in selected residential areas to curb the local dengue epidemic. NIH also organised a World Café session among its staff to discuss various issues and challenges related to the improvement of NIH services.

I want to express my heartfelt thanks to all the editors and authors for their contribution to the success of this bulletin. I hope readers will enjoy reading about the studies and initiatives by the NIH involving our older generation and make Malaysia a conducive environment for her “warga emas” Afterall, age is but a number.
Message from

Datuk Dr. Christopher K.C. Lee
The Deputy Director-General of Health (Research and Technical Support) Malaysia

Assalamualaikum Warahmatullahi Wabarakatuh dan Salam Syakti!

Warm Greetings to the entire team at the National Institutes of Health (NIH).

It is indeed a privilege to have the opportunity to pen a short message in this edition of the Bulletin NIH. The last eight months have gone by very quickly with so many developments; some with encouraging progress but some bringing new challenges to our institution. Despite these ups and downs, I have been encouraged to see the dedication, commitment and desire to improve among the staff across the entire organization. One primary attribute that stands out is the increasing belief that we are a FAMILY of researchers and that our destiny is very much intertwined. I believe that this will bode us well as our 6 institutes chart our collective journey forward.

Our country is now in the midst of embracing change. Researchers, who are agents of change, must embody this spirit and be the leaders of change in our health community. We must be the pace-setters of health transformation within our country. It is thus imperative that we review our historical research contribution, looking at what we have done well and, even more importantly, in areas where we need to do better. We must not just settle for completion of research projects but to get our research translated into meaningful improvements for our communities ie, impactful translational research. To do this we have to re-engineer our research processes and ensure that we are closer to our stakeholders, working with them both in the pre and post research periods. To achieve this level of collaboration and synergy, I would encourage all of us to go beyond the confines of our institute and extend our personal and institutional networks into the world of our stakeholders. We need to see what they see and feel what they feel if we hope to provide them with insightful and meaningful evidence for which they can build their policies and services on.

On a personal note, I am grateful for the opportunity to work with you and the privilege to join you all, even for just a short moment, in your journey to make the NIH, a formidable and respected research institute. I hope you will stay the course and be faithful to the responsibility placed on us. The future of the health of this country and the ability of the healthcare system to respond to future needs is very much in our hands.

My best wishes to all in the NIH family and may 2020 be a great year for the NIH!
Falls are not uncommon in the elderly and neither are they innocuous. An estimated 10% of falls lead to injuries, ranging from soft tissue injuries to fractures. Falls also result in psychological trauma and functional impairment in older patients. Elderly with reduced mobility or ability to perform daily living activities are at increased risk for nursing home placement.

A cross-sectional study was conducted in mid-2007 by IHSR, using a two-stage stratified sampling of hospitals and subsequently, wards within each hospital. A total of 40 wards in 20 MOH hospitals were sampled. This project was initiated as part of the 9th Malaysia Plan for Improving Patient Safety.

The study found the risk factors for falls may be classified into intrinsic and extrinsic factors. Intrinsic factors included patients who were not from nursing homes or taken care by a maid prior to admission, had fallen indoors either in homes or hospitals, poorer Barthel's index and exiting from the bed on the weak side of the patients. The presence of more drugs seems to be protective. Extrinsic factors that were significant included the absence of transfer bar in bathroom/toilet and call bells/light switches that were not within reach, and patients whose walking aids were placed out of reach.

The risk factors could be used to identify patients at risk of falls in hospitals. Some of the suggestions for improvements included early diagnosis of elderly with functional impairment, acute illness and previous falls as higher risk. Modifying the environment to prevent fall was also suggested. The study had led to a better understanding of risks related to falls and provided suggestions for preventive measures.

The full reports and other related documents can be found as follows:
The WHO Global Network for Age-Friendly Cities and Communities was established in 2010 to connect cities, communities and organizations worldwide in making their community an ideal place to grow old in. Global Network focuses on developing population that fosters participation of older people in community activities while promoting healthy and active ageing. As of 2019, this Global Network includes 937 cities and communities from 46 countries, covering over 240 million people worldwide.

8 main domains are highlighted in the Global Network for the cities to adapt their structures and services to the needs of older people:

In line with the Global Network, a study was suggested by the Perak State Health Director and will be conducted by Clinical Research Centers Hospital Raja Permaisuri Bainun, Ipoh and Hospital Taiping, to help the town planners obtain a baseline information from people living in the community. Malaysia is the first Southeast Asian country to be part of the Global Network.

The study consists of a survey and focus group discussions

- **SURVEY**

  Tentatively, the sampling methods aims to obtain 500 respondents recruited from market areas, shopping malls, recreational and religious areas. Using a questionnaire developed by the American Association of Retired Persons, it will be adapted and modelled according to the local population. The questionnaire will assess all 8 domains to plan for better adaptation to the needs of older people.

- **FOCUS GROUP DISCUSSIONS**

  Four focus group discussions will be conducted in accordance with the procedures by the WHO Global Network for Age-Friendly Cities and Communities Project Methodology - Vancouver Protocol. Each group will consist of seven to ten residents in Taiping or Ipoh and each session is estimated to last for approximately two hours. All focus group discussions will be audio-recorded and transcribed. Respondents above 18 years of age will be recruited for the study.

  Approvals have been obtained from the Director General of Health, Ministry of Health, Malaysia and the State Minister of Perak. Approvals will also be requested from Yang Dipertua Majlis Perbandaran Taiping and the Mayor of Ipoh respectively. The study is currently at proposal development stage and will commence in year 2020.
The objective of this survey was to provide health related community-based data and information to the Ministry of Health in order to review health priorities, program strategies and activities, as well as planning for the allocation of resources for elderly health care services. This is in line with healthy ageing advocated by the World Health Organization (WHO).

This survey was conducted as a nation-wide community-based survey, targeting pre-elderly aged 50 to 59 years and elderly aged 60 years or above for the first time. Data was collected via face-to-face interview at respondents’ homes using mobile devices with various assessments done based on topics. A total of 5,636 living quarters were approached with 7,117 respondents successfully interviewed, of whom 3,977 were elderly and 3,140 pre-elderly.
The salient findings showed that among our elderly population resides within the community, 6.3% of elderly are living alone, compared to 1.9% pre-elderly. Less than 5% of the elderly use public transport to access health care facilities.

8.5% or almost one in ten screened positive for dementia and 5.3% screened positive for depressive symptoms. We asked about functional limitation in terms of activities of daily living, covering 10 basic activities that a person might do on a daily basis, such as climbing stairs, dressing, grooming and bathing, which was reported by one in six, or 17.0% of the elderly, compared to 3.8% in the pre-elderly. 42.9% of the elderly, compared to 21.3% among the pre-elderly reported limitations in instrumental activities of daily living. For disability, 4.5% self-reported vision disabilities and 6.4% self-reported hearing disabilities. Almost 15% of the elderly had sustained a fall in the past 12 months, while 3% suffered from urinary incontinence.

In terms of physical activity, seven in ten elderly are physically active, performing moderate and vigorous activities according to pre-defined criteria, 23.2% displayed sedentary behavior, defined as sitting or lying down for >8 hours a day, excluding sleeping. It is quite possible for someone to be sedentary and physically active, as seen among one in five elderly individuals, or even worse, highly sedentary and physically inactive (32.0% or three in...
Pertaining to nutritional status and dietary practices, 5.2% of the elderly are underweight, and 17.6% are obese. One in ten, or 10.5% of the elderly have muscle wasting, as measured by their calf circumference. 30.8% of the elderly are reported to be malnourished or at risk of malnutrition, using the Mini Nutritional Assessment -Short Form (MNA-SF), which asks about decline in food intake, weight lost, how the elderly describe their mobility and any stress/severe illness experienced in the past 3 months, as well as having their muscle wasting taken into account. Food security was also examined, where one in ten elderly were found to experience food insecurity on a daily basis, when asked whether the food they bought was enough, or having to skip meals because there just wasn’t enough money for food, not being able to afford to eat balanced meals, or being hungry, in the past 12 months. When asked about the portions of fruits and vegetables they consume on a daily basis, only 10% consume the recommended servings which is two or more servings of fruit or three or more servings of vegetables in a day, while seven in ten elderly individuals consume at least six glasses of plain water daily.

Chronic diseases or Non-communicable Diseases (NCDs) self-reported by the elderly are on the rise. 27.7% reported to have diabetes as compared to 18.3% (2006), 22.4% (2011) & 25.7% (2015). 51.1% reported to have hypertension or high blood pressure as compared to 49.7% (2006), 39.7% (2011) & 41.7% (2015) and 41.8% reported having high cholesterol. In terms of places where treatment was sought, the majority utilized the government health clinics, followed by government hospitals, while <10% visited private general practitioners.

When asked about social support offered to them, both in terms of the number of persons they are in contact with in their social network and the number of times they hear or see from them, as well as their perceived satisfaction with this network, one third or 30.8% of the elderly reported poor social support. For quality of life, measured via questions enquiring about control over their lives, autonomy they have in their daily lives, self-realisation and pleasure derived from daily activities, again, one third of the elderly (39.3%) reported experiencing poor quality of life. A third of the elderly rated their oral health-related quality of life as poor (34.0%). While one in five said they needed dental treatment, only one in ten said that they would actually visit a dentist.

One in ten or 9.0% of the elderly reported experiencing elder abuse at the hands of someone known to them in the past 12 months. This include any incidence of neglect, psychological abuse, physical abuse, financial exploitation or abuse, as well as sexual abuse. In our
context, neglect was the most common form of abuse experienced, comprising lack of cooked food, lack of access to clean clothes, shelter or medication. Social ills and health issues which are commonly stigmatised can only be overcome with strong family support, better awareness, and other community and societal measures for both the elderly and their caregivers.

Living with one or more morbidities may happen as one ages. The goal of healthy ageing is to promote happiness and well-being in place without the need for institutionalisation. Ensuring social security, health care facilities that are accessible to older persons, besides ageing in place, are important challenges that researchers, policy makers and program managers need to examine in order to achieve healthy ageing in our population.

Results from NHMS 2018 were recently featured as a cover story in Star Metro, which simultaneously highlighted the on-going data collection phase for NHMS 2019, helping to increase public awareness and response.

Interview on “Kesihatan Warga Emas” on Selamat Pagi Malaysia broadcasted 7 July 2018:
https://youtu.be/oLuIWXwU2c

“HOW HEALTHY ARE OUR ELDERLY?” Podcast on Business Finance Malaysia (BFM) radio station broadcasted 10 October 2019:
https://www.bfm.my/podcast/the-bigger-picture/healthandliving/how-healthy-are-our-elderly
Poor social support is a problem among elderly individuals in Malaysia. As many as 3 in 10 elderly individuals had poor social support.

<table>
<thead>
<tr>
<th>Rural</th>
<th>Urban</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>33%</td>
<td>30%</td>
<td>27%</td>
<td>34%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Married</th>
<th>Single</th>
<th>Employed</th>
<th>Unemployed</th>
</tr>
</thead>
<tbody>
<tr>
<td>26%</td>
<td>40%</td>
<td>25%</td>
<td>33%</td>
</tr>
</tbody>
</table>

Monthly Income

Education Level

Activities of Daily Living

Basic Self-Care
- Adability
- Dressing
- Feeding
- Opening Doors
- Using the Toilet
- Personal Hygiene

Instrumental
- Doing Laundry
- Shopping
- Preparing Meals
- Handling finances

"A person is considered dependent on others if he/she cannot perform any of the activities" 

Food Security status among the Elderly

Food insecurity is defined as limited access towards sufficient quantity, affordable and nutritious food.

Although 90% are considered food secure, as high as 10% of our elderly individuals are FOOD INSECURE. Of these...

Self-reported Oral Health

Vision Disability
5%

Hearing Disability
6%

Dental Treatment
3 out of 10 elderly individuals need dental treatment.

Quality of life
2 in 5 elderly individuals have good oral health and high quality of life.

To what extent are our elderly able to enjoy these simple pleasures in their golden years?

Food insecurity by income level:

Those with no formal education had a higher prevalence of being food insecure.

Those who were single or divorced had a higher prevalence of being food insecure.
The Lean Initiative was introduced as part of the government’s effort to improve efficiency and tackle issues of overcrowding in public hospitals.

Through eliminating unnecessary work processes, Lean has reduced waiting time for the elderly in many public hospitals all over Malaysia.
In current era, Internet is seen as a vital resource for health information and important channel for patient empowerment. Findings from past studies shows increasing trend of internet use among senior citizens. This study aimed to investigate the patterns of internet usage among elderly in the aspect of seeking health information using the internet.

A cross-sectional study was conducted in 23 Pusat Aktiviti Warga Emas (PAWE) localities throughout Malaysia in 2017. A total of 799 elderly participated in the study. Data were collected using a self-administered questionnaire with minimal guidance from the research assistants. This study found that 258 (32.3%) elderly use the internet.
FINDINGS OF THE STUDY

Tools For Surfing

<table>
<thead>
<tr>
<th>Device</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smartphone</td>
<td>88.4</td>
</tr>
<tr>
<td>Computer</td>
<td>28.6</td>
</tr>
<tr>
<td>Laptop</td>
<td>11.2</td>
</tr>
<tr>
<td>Desktop</td>
<td>3.3</td>
</tr>
<tr>
<td>Tablet</td>
<td>1.0</td>
</tr>
<tr>
<td>Others</td>
<td>1.0</td>
</tr>
</tbody>
</table>

Purpose Of Surfing

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current News</td>
<td>90.3</td>
</tr>
<tr>
<td>Health Info</td>
<td>89.4</td>
</tr>
<tr>
<td>Mailing</td>
<td>46.3</td>
</tr>
<tr>
<td>Film/Music/TV Show</td>
<td>44.8</td>
</tr>
<tr>
<td>Sale &amp; Purchase</td>
<td>29.0</td>
</tr>
<tr>
<td>Sport News</td>
<td>28.4</td>
</tr>
</tbody>
</table>

Type Of Health Information Sought

<table>
<thead>
<tr>
<th>Information Type</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disease Information</td>
<td>47.9</td>
</tr>
<tr>
<td>Eating Problems</td>
<td>34.7</td>
</tr>
<tr>
<td>Weight Problems</td>
<td>24.8</td>
</tr>
<tr>
<td>Eyesight Problems</td>
<td>16.5</td>
</tr>
<tr>
<td>Skin Care</td>
<td>13.9</td>
</tr>
<tr>
<td>Health Clinic</td>
<td>13.5</td>
</tr>
<tr>
<td>Hearing Problems</td>
<td>11.4</td>
</tr>
<tr>
<td>HIV/AIDS (STD)</td>
<td>7.7</td>
</tr>
<tr>
<td>Smoking</td>
<td>6.9</td>
</tr>
<tr>
<td>Dementia</td>
<td>6.2</td>
</tr>
<tr>
<td>Sexual Harassment</td>
<td>5.5</td>
</tr>
<tr>
<td>Drug/Alcohol</td>
<td>5.2</td>
</tr>
</tbody>
</table>

Reason To Use Internet To Access Health Information

<table>
<thead>
<tr>
<th>Information</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personal Health</td>
<td>72.3</td>
</tr>
<tr>
<td>Free Information</td>
<td>68.3</td>
</tr>
<tr>
<td>First Concerned</td>
<td>61.8</td>
</tr>
<tr>
<td>Weight Loss</td>
<td>4.5</td>
</tr>
<tr>
<td>Power</td>
<td>4.3</td>
</tr>
<tr>
<td>Depression</td>
<td>3.5</td>
</tr>
<tr>
<td>Complications</td>
<td>2.5</td>
</tr>
</tbody>
</table>

Findings of the study showed smartphones were the main device used to access internet among elderly. The main purpose to surf the internet is to get updated with current news followed by accessing health information. The main type of health information seeking was about disease information followed by eating problems. The reasons internet was used to access health information were to find out personal health problems, information can be obtained for free and its fast and convenient.

BRIEFING DURING DATA COLLECTION

![Image of a briefing during data collection]
Elderly in Malaysia are becoming more tech-savvy. This change is an advantage as it can be used to address and manage health issues and geriatric care for elderly through strategic dissemination of health information as well as to motivate positive health behavior through use of technology.

The data collection process was successful due to the hospitality and commitment by Department of Social Welfare Malaysia & PAWE Committees.
ITS HARD TO SAY GOODBYE

"Goodbyes are not forever. Goodbyes are not the end. They simply mean until we meet again."

IHBR would like to express appreciation to all respondent for their time and effort to complete this study. We truly value the information they have provided.

(NMMR-16-2726-32123)
1) Dr. Takeshi Kasai, the WHO Regional Director for the Western Pacific visited the Wolbachia Laboratory at the Medical Entomology Unit, Infectious Disease Research Centre of IMR - 10 July 2019.

Dr. Takeshi Kasai witnessed the extramural collaboration project titled “Wolbachia based control of virus transmission by the mosquito Aedes albopictus”.

2) Launching the Release Wolbachia-infested Aedes mosquitoes 7 July 2019

The work from the Wolbachia project in the prevention of mosquito-borne diseases has eventually culminated in the kick-off by our Health Minister, YB Datuk Seri Dr. Dzulkefly Ahmad to release of Wolbachia-infested mosquitoes.

The release was done as part of engagement of the community in combating the mosquito-borne diseases. A briefing was held on the implementation of Wolbachia-infested mosquitoes by the Health Department of Wilayah Persekutuan Kuala Lumpur. Pamphlets and educational materials were distributed; and community was reminded to regularly conduct cleaning activities in the outdoor premises to eradicate wild and albopictus mosquitoes.
The 13th Ministry of Health-Academy of Medicine of Malaysia (MOH-AMM) Scientific Meeting in conjunction with the 21st National Institutes of Health Scientific Seminar was held at the National Institutes of Health (NIH) complex from 26 to 29 August 2019. This biennial event was organized by NIH and AMM. The theme for this year’s meeting is “People-Centred Integrated Care”. The World Health Organization (WHO) defines people-centred integrated care as putting people and communities at the centre of health services. This empowers the people to actively manage their own health.

The Honourable Minister of Health, Datuk Seri Dr. Dzulkefly Ahmad, officiated the event on the first day. He informed on the various community engagement initiatives by the MOH to improve the health of Malaysians. This includes Enhanced Primary Health Care (EnPHC), Komuniti Sihat Pembina Negara (KOSPEN), Communication for Behavioural Impact (COMBI), and Program Sihat Tanpa AIDS untuk Remaja (PROSTAR).

The Deputy Director-General of Health for Research and Technical Support, Datuk Dr Christopher Lee delivered the keynote lecture. The event consisted of plenary and symposium sessions where several related topics were presented by prestigious speakers from various disciplines, both local and international.

It received an overwhelming response from 832 registered participants. The poster presentation attracted 270 submissions from various departments and healthcare facilities within MOH and universities. These posters were categorised into Biomedical, Clinical and Public Health.

Ten posters were awarded with the Best Poster Award and one special prize each, were given to the allied health and nursing professions, respectively.

The AMM Fellowship Conferment and Induction Ceremony was conducted simultaneously with this event.

A total of 149 individuals were inducted as Ordinary members and 14 were conferred the Fellowship of AMM. The 15th Tunku Abdul Rahman Putra Lecture was delivered by Tan Sri Dato’ Seri Rafidah Aziz.

The organising and scientific committees have ensured the success of this important event in achieving its aim to create a platform to discuss health issues relevant related to people-centred integrated care.

**PUBLIC HEALTH**

- **Noor Afizah Binti Ahmad**
  Invading The wAlbB Wolbachia Strain for Replacement and Control of Aedes Borne Diseases In AU2, Keramat

- **Chang Chee Tao**
  Impact of Targeted Educational Intervention Toward Public Knowledge and Perception of Antibiotic Use and Resistance In The State Of Perak, Malaysia

- **Dr. Noor Ani Ahmad**
  Socioeconomic Status and Postnatal Depression: Evidence from A Nation-Wide Community-Based Study in Malaysia

- **Dr. Hirman Ismail**
  Dynamic Cohort in Markov Model for The Projection of Economic Burden of End-Stage Renal Disease (ESRD) To the Public Sector In Malaysia

- **Dr. Tan Hui Siu**
  Making Ethical Sense of The Philippines’ Public Health Crisis from Dengvaxia

**BIOMEDICAL**

- **Dr. Alan Khoo Soo Beng**
  Nasopharyngeal Carcinoma Derived Epstein-Barr Virus Variants in Malaysia

- **Dr. Mohd Ridzuan Mohd Abd Razak**
  Pre-Clinical Efficacy Evaluation of Freeze-Dried Carica Papaya Leaf Juice as Dengue Alternative Treatment

**CLINICAL**

- **Dr. Leong Chin Tho**
  Analysis of Recurrent Peritonitis Events in Peritoneal Dialysis (PD) Patients - A Cox Regression with Mixed Effects
The TGP Inspirational Leadership Symposium 2019
“The Building Blocks of Leadership”
3rd and 4th July 2019
National Institutes of Health (NIH) Complex, Setia Alam, Selangor

- The first of its kind premier leadership meeting for healthcare professionals from various divisions in the Ministry of Health Malaysia (MOH)
- Organised by TGP Secretariat and talents of TGP Cohort 8
- 350 healthcare professionals
- Key learning:
  - To empower healthcare professionals with the leadership skills of being responsive rather than reactive to global changes.
  - As a platform for mentorship and networking opportunities for MOH delegates from all over the country.
  - To empower MOH delegates to improve their leadership capacity and competence to achieve the best of their potential for the nation

• Inspirational plenary talks.

The week-long event, which took place at the National Institutes of Health (NIH) ballroom, was held to facilitate discussions about the present and future direction of NIH. It kicked off with three days of interactive sessions to gather inputs from NIH officers, followed by two days of discussion among facilitators and NIH management to review the feedback gathered. Using the World Café model, the discussion focused on five domains as follows:

- NIH researchers conducting research that leaves an impact on society
- Improving research application processes and timeliness in relation to JPP-NIH, JPP-IMR, JPP-CRC, MREC, MRG etc.
- Translation of research findings into practice and policy
- Visibility of NIH
- Capacity building & career pathways in research

* JPP - Jawatankuasa Pengurusan Penyelidikan
* MREC – Medical Research and Ethics Committee
* MRG – Medical Research Grant
* IMR – Institute for Medical Research
* CRC – Clinical Research Center

These sessions attracted around 150 participants from NIH. The sessions began with free-flow conversation in small groups, each seated around a table. Each table focused on one domain of discussion, which was led by two moderators to prompt the participants to engage in the discussion freely. At the end of the discussion, there was a wrap up summary by the moderator and the participants moved to the next table to begin the discussion of another domain.

Feedbacks were anonymized, compiled, and presented to Datuk Dr Christopher Lee, Deputy Director-General of Health (Research & Technical Support) on 5 July 2019. The immediate action plan is to form a separate working group to look into the areas of “Research application processes and timeliness” and “Capacity building and research career pathways”. The ultimate goal is to establish NIH as an outstanding research institute in the near future, engage in more impactful research under the Ministry of Health, and ultimately improve the health status of Malaysians.

“ The challenges in the healthcare sector and the need to ensure that high quality, safe, and compassionate care continues to be provided to our people in these changing times. ”

Director General of Health

Participants conveyed their opinions through sticky notes in each domain

The moderators involved in the interactive session

Presentation of the summary from the World Café sessions to Datuk Dr Christopher Lee
THE NIH Sports, Arts and Culture club recently organized Fun Walk at the NIH Complex on the 18th of October 2019. The event was conducted in conjunction with the Komuniti Sihat Pembina Negara (KOSPEN) initiative to promote a healthy lifestyle among the MOH staff. A total of 300 participants consisting of staff members including the NIH directors were involved in this activity. The proceedings started with a recitation of doa, followed by a warmup exercise led by one of the IHSR staff members. The event was officiated by the Deputy Director General of Health (Research and Technical Support), Datuk Dr Christopher Lee who then flagged off the walk which spanned within the NIH compound up to 1.8 kilometers. The programme concluded with a lucky draw prize giving ceremony where 30 participants won gifts provided by the organizer while the rest of the participants enjoying refreshments.