Thursday, 20 November 2014 Morning Session - 9.00 – 12.00

Good morning to Heads of State and Government, distinguished guests, speakers and country delegates.

With great pleasure, I would like to take this opportunity to thank the Joint Secretariat of FAO and WHO for having convened this global gathering to ensure the commitments of member states in controlling multiple challenges of malnutrition in the next decade. Despite global declining under-nutrition prevalence worldwide, many countries, including Malaysia, are still encountered with the double burden of malnutrition. Whilst we recognise the continued existence of under nutrition in some countries, many developing and middle income countries are now facing an escalating prevalence of obesity.

The epidemic of obesity that has developed over the past 30 years is one of the largest epidemic in the history of mankind posing a great challenge for healthcare systems around the globe. As recognised in the current Draft Rome Declaration, socioeconomic and environmental changes can have impact on dietary and physical activity patterns, leading to a higher susceptibility to obesity and non-communicable diseases through increasing sedentary lifestyles and consumption
of foods that are high in fats, sugars and sodium. Malaysia, for example, in becoming more industrialised, has moved from having a physically-active economy to a sedentarily-active economy. Physical activity is seen more as a recreation, thus making this not as accessible to lower-income groups. It is also seen that some communities indulge in eating, and perhaps, sees this as a recreation. On the other hand, development of food industrialisation increases the availability of processed foods in the market, as well as fast foods. Apart from its genetic origin, we can see that the predominant driver to obesity is environmental. Whilst personal responsibility to prevent obesity is important, the role of governments to frame policies to encourage and support the adoption of healthier lifestyle choices must be realised. Otherwise, the chances of possibly halting or reversing the obesity epidemic look bleak.

At the recent 66th World Health Assembly (WHA), the Global Action Plan for the Prevention and Control of Non-Communicable Diseases (NCDs) 2013-2020 was adopted with a global target of 25% reduction in premature deaths due to NCDs by the year 2020. Therefore, comprehensive and strong policy options are greatly warranted to effectively address NCDs, especially obesity. As regards to this, Malaysia has found that the comprehensive policy recommendations in the WHO Global Action Plan for the Prevention and Control of NCDs are useful in monitoring the national or country NCD policy agenda. The political leadership and commitments in achieving the whole of government action is critical and pivotal in progressing the NCD agenda. Thus, for the policy and regulatory interventions to be successful and effectively executed at the country level, national prioritisation of the policy recommendations by each member state must
also take into consideration input from the respective stakeholders and feasibility acceptance from the civil society, apart from the existence of scientific evidence.

There has been a great significant development of nutrition throughout the world since ICN1 in 1992. I believe many member states had developed their respective National Plan of Actions for Nutrition. The Ministry of Health Malaysia, in collaboration with other agencies, had formulated the National Plan of Action for Nutrition of Malaysia (NPANM). In the NPANM, strategies and activities had been co-designed and co-implemented to address the issues of unhealthy eating and inactive living.

Incorporating nutrition objectives and considerations into national development policies and programmes as a foundation strategy had seen success in nutrition development in Malaysia. Policies and activities of the Ministry of Health, in collaboration with other government and non-government agencies, have lent considerable social support for nutrition of infants and young children, as seen in the provision of breastfeeding facilities at workplace and paid maternity and paternity leave. The adoption of the Baby-friendly Hospital Initiative (BFHI) since 1993 and the provision of the Code of Ethics for the Marketing of Infant Foods and Related Products to protect, promote and support breastfeeding had contributed to the increased ever breastfed rates. Appropriate complementary feeding is very much integrated into the maternal and child health services. The collaboration with the Ministry of Education had seen the formulation of activities such as the School Canteen Guidelines, School Milk Programme, Supplementary Feeding Programme and Obesity Control Program amongst school children through My Body Fit and Fabulous (MyBFF) initiative. The more recent initiatives
to educate the community on healthy eating include the establishment of Nutrition Information Centres, Healthy Community Kitchens, Healthy Cafeterias, Healthy Catering and Healthy Eating during Festive Seasons. Nutrition for the elderly and people with special needs are advocated through relevant institutions through proper menu planning and teaching of care takers.

Currently, Malaysia is in the midst of framing the Eleventh Malaysia Plan (2016 – 2020). Control of non-communicable diseases will be enhanced through the strengthening of the primary healthcare services with emphasis on community empowerment. Malaysia will be working towards creating a more healthy ecosystem through co-strategic actions across sectors for a co-benefit health outcome. Sharing responsibilities through public-private partnerships in creating a more healthy ecosystem should be part of countries’ development plans.

Having said all these, it must be realised that agreement on shared principles of sustainability in promoting healthy eating is needed, and this requires policy coherence between the environment, agriculture and food sectors. Malaysia is committed towards enhancing this further.

Thank you.