

EMPOWERING THE NEXT GENERATION:

Investment in Preventable Infant Deaths by a Healthy
Start

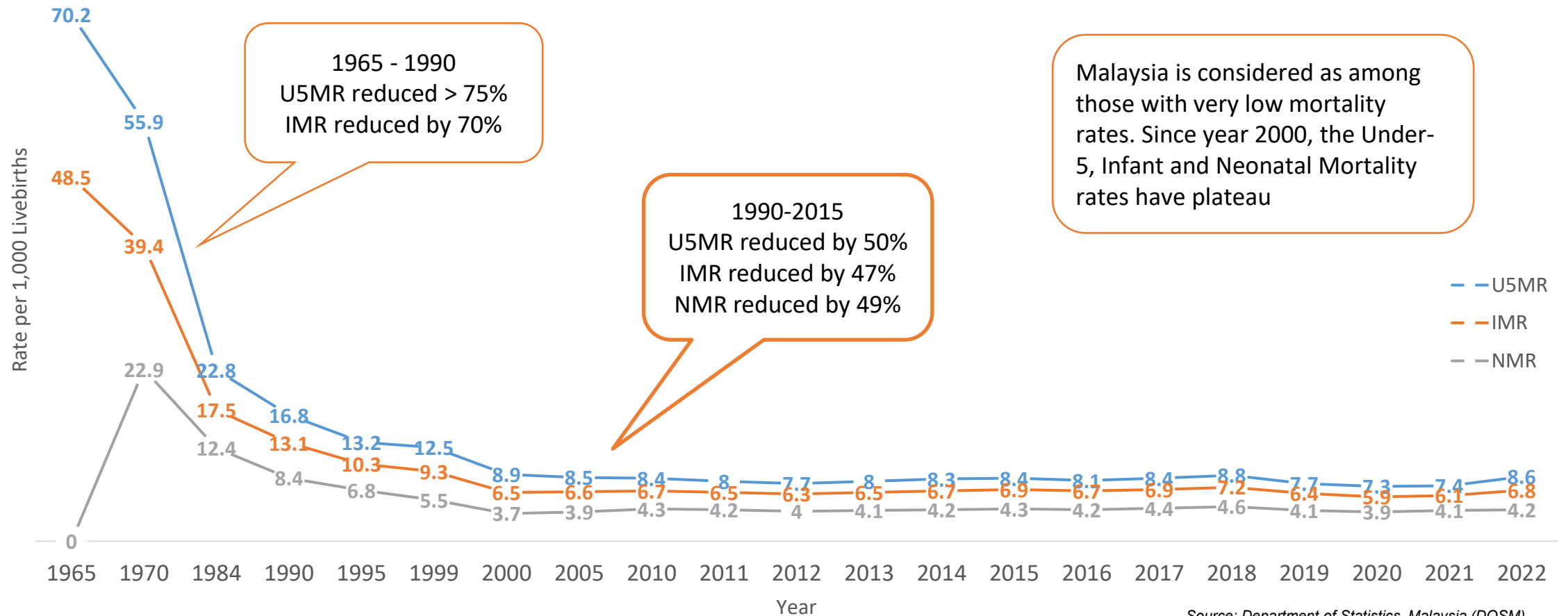
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Under-5 Mortality Rate, IMR and NMR Malaysia 1970-2022



Source: Department of Statistics, Malaysia (DOSM)

Introduction

- In Malaysia, the under-5 mortality rate has halved from 16.8 per 1,000 livebirths in 1990 to 7.7 per 1,000 livebirths in 2019 with an annual reduction of 3.5%
- The mortality rate of children under 5 has declined in 2019. Neonatal deaths (0–28 days) accounted for 1,980 cases (52.6 per cent), while deaths of infants aged 28 days to 1 year were 1,137 cases (30.2 per cent) and deaths of children 1 to 4 years were 648 cases (17.2 per cent).
- This gives rise to 72.8% of deaths occurring in infancy, with the infant mortality rate of 6.4 per 1000 livebirths for 2019.

Causes of Death

Top Three Causes of Death According to Age Group, 2016

| EARLY NEONATAL | LATE NEONATAL | 28 DAYS to <1 YEAR | TODDLER |
|---------------------------------|---------------------------------|--|--|
| Condition from perinatal period | Condition from perinatal period | Respiratory | Injuries & external causes |
| Congenital Malformation | Congenital Malformation | Certain infections & parasitic disease | Respiratory |
| Unknown | Respiratory | Injuries & external causes | Certain infections & parasitic disease |

Strategies to reduce Infant Mortality

The strategies were Incorporated into the National Child Health Framework 2021-2030 which will focus on two main areas in line with:

- Convention on the Rights of the Child (CRC), namely child survival and child development.
- Implementation of the framework for action for both child survival and child development is the responsibility of the health sector and also the responsibility of other relevant agencies and the community.

VISION

Healthy children achieving their full potential in a supportive environment.

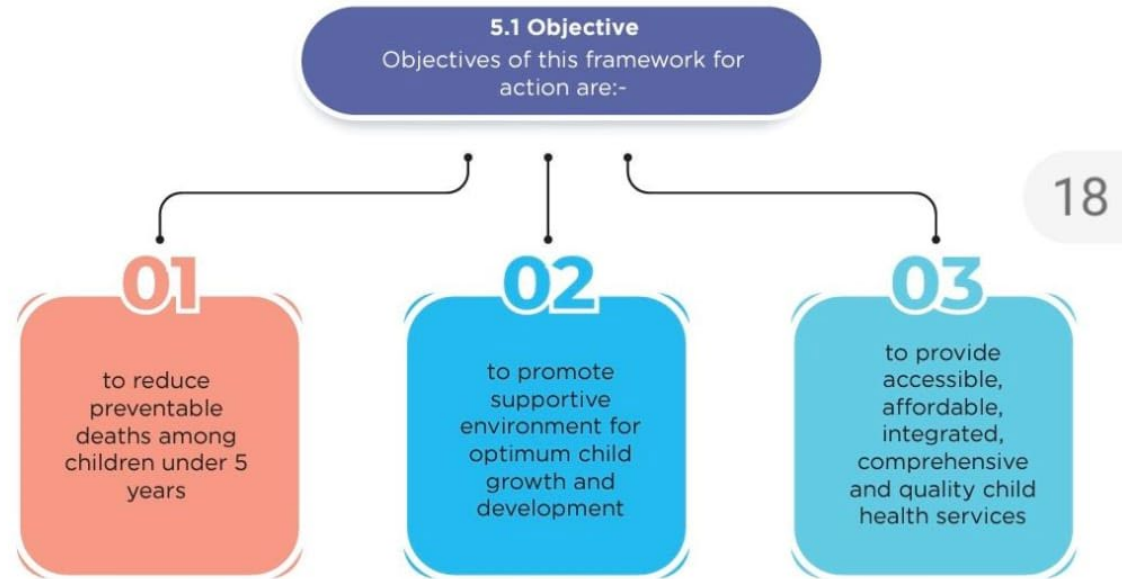
MISSION

To ensure implementation of health in all policies, to empower families and communities to provide supportive environment for child development and to ensure access to comprehensive and quality health care services.

STRATEGIC PILLARS



5. CHILD HEALTH PROGRAMME FRAMEWORK



5.2 Strategies

The 7 strategies include:-

- 1 Advocacy for health in all policies
- 2 Intersectoral Collaboration
- 3 Health promotion and education
- 4 Provision of quality services
- 5 Capacity building
- 6 Health Information Systems (monitoring, quality)
- 7 Research and Development

SPECIFIC STRATEGIES TO REDUCE INFANT MORTALITY

Strengthen monitoring and evaluation of all mortality.

- This is an active reporting system by Ministry of Health Malaysia where all under-5 mortality has to be reported and investigated

Provision of quality of service

a. Strengthen management of premature birth

- Antenatal steroids and Magnesium Sulphate to mothers who are at risk for premature delivery
- Improve quality of hospital services for neonates
- Improving NICU services
- Developing milk sharing centres in NICU- pilot project

b. Prevention and Screening for congenital malformations during antenatal and postnatal period

- Folate fortification to prevent neural tube defects.
- Improving services to cater for congenital malformations that can be treated such as congenital heart disease, biliary atresia.

c. Improving detection and management of Infection.

d. Improving paediatric intensive care services.

Prevention of injuries and external causes of death

- This is mainly by collaboration with other agencies such as Ministry of Transport and Ministry of Women, Family and Community Development.

Capacity building

- This is achieved by having specific modules for training on management of important conditions such as sepsis, malnutrition, approach to unwell children under-5.

Research and development

- A regular audit on the under-5 mortality is underway to monitor the effectiveness of these strategies.

THANK YOU