

GOVERNANCE FRAMEWORK IN NON-COMMUNICABLE DISEASE (NCD) CONTROL AND PREVENTION PROGRAMME AT PRIMARY CARE LEVEL IN MALAYSIA

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ABSTRACT

Background: Governance of health is imperative in ensuring a country's proper delivery of health care services. Health governance is describing who, what and how decisions are made in a healthcare organization. Management of noncommunicable disease (NCD) programme plays a vital role in primary healthcare in Malaysia. The objective of this review is to describe the governance practices of NCD Control Programme at Primary Care Level in Malaysia.

Materials and Methods: Multiple online electronic databases (Google, Google Scholar, Medline-Ebscohost, Ovid and PubMed) were searched to identify relevant literatures, documents, policy and reports using respective keywords; (governance OR framework OR stewardship) AND (primary care OR primary healthcare) AND (noncommunicable disease OR diabetes OR hypertension OR obesity OR smoking Or alcohol) AND Malaysia. All search was limited to English or Malay language, dated from the year 2010 to 2019. Available regulations, policy, guidelines, documents, and literature within the scope of NCD for Malaysia based on World Health Organization (WHO) Voluntary Global NCD target were reviewed.

Result: Fourteen documents pertaining to services of NCD management in primary care in Malaysia were reviewed and classified based on elements of good governance; namely strategic vision, participation and consensus orientation, rule of law, transparency, responsiveness, equity and inclusiveness, effectiveness and efficiency, accountability, intelligence and information and ethics.

Conclusion: The management of NCD in primary care in Malaysia had followed good governance practice.

Keywords: non-communicable disease, governance framework, primary care, Malaysia

1.0 Introduction

1.1 Good governance framework in healthcare

Governance is an outline of how decisions were made, what components are needed to make a decision, and who is responsible for the decisions. The United Nations Development Programme (UNDP), the World Bank, the OECD Development Assistance Committee (DAC) define governance as the exercise of authority or power in order to manage a country's economic, political and administrative affairs (IBE – UNESCO, 2011). Rahman et al in 2016 reviewed multiple literature on governance and good governance while trying to identify multiple elements of framework that encompasses good governance and came with the conclusion that good governance is linked with participatory development, human rights, democratization, and economic development (Rahman et al, 2016). In a broad sense, governance is about the culture and institutional environment in which citizens and stakeholders interact among themselves and participate in public affairs.

Arifah and Juni (2019) described health governance as a process whereby important decisions are made and determining who is accountable. Good governance has been a growing concern for both government and international organizations. Siddiqi et al in 2009 reviewed multiple aspects of health governance, namely WHO stewardship concept, Pan American Health Organization's (PAHO) essential public health function, World Bank Six aspects of Governance framework and UNDP Good Governance Framework. In-depth analysis of these health governance concepts was argued to be useful but were incomplete to assess Health Service Governance. Based on these concepts, Siddiqi propose 10 practical elements for assessing governance of the health system; namely strategic vision, participation and consensus orientation, rule of law, transparency, responsiveness, equity and inclusiveness, effectiveness and efficiency, accountability, intelligence and information and ethics (Siddiqi et al., 2009). The World Health Organisation (WHO) recommended Siddiqi's approach for application to health system; either as a component or as whole (WHO, 2013). Siddiqi's approach will be used for analytical discussion in this paper.

1.2 Noncommunicable disease management in primary care

The World Health Organization (WHO) has identified NCD as the major contributor of death worldwide, estimated to cause 63% of death. Thereupon, WHO committed to tackling NCD diseases in all countries, utilizing WHO Global Action Plan for the Prevention and Control of NCDs 2013-2020(WHO, 2013)

Primary care is outlined by several principles, namely person centred, comprehensive services and provision of continuity in care. A review of PREVENIMSS programme in Mexico in 2016, a primary care package of preventive services inclusive of control and early detection of NCD, showed significant increase of screening of NCD diseases and reduction of mortality after implementation of the programme (Borja-Aburto et al, 2016), highlighting emphasis on primary care services to improve NCD prevention and control. Hence, successful governance of NCD

management in primary care system warrant successful provision of services to community, good disease management, excellent patient empowerment and consequently better health status among the NCD patients as well as the community in general.

In Malaysia, primary health facilities serve as the first level of healthcare, a platform for patients to be screened, diagnosed and provided early and ongoing treatment to protect from further morbidity, disability and premature death. Patients with more severe spectrum of disease will be referred to secondary and tertiary care provided by district and tertiary hospitals. Nonetheless, the ultimate goal will be recovery back to the community, even for people with disabilities, to achieve optimal realistic health and psychosocial function with combination of care between primary, secondary and tertiary health services.

Non-communicable disease is an integral part of primary care management in Malaysia. The National Health and Morbidity Malaysia (NHMS) 2015 revealed that overall prevalence of diabetes mellitus, hypertension and dyslipidaemia among population more than 18 years old was 17.5%, 30.3% and 47.7% respectively (Institute for Public Health, 2015). Compared to data from National Health Morbidity Survey (NHMS) 2011, diabetes and dyslipidaemia trend is increasing, 15.2% and 35.1% respectively (Kamarudin et al., 2011). Management of NCD in Malaysia is outline by WHO's Global Action Plan for Noncommunicable disease 2015-2030, outlining nine voluntary targets of NCD by 2030 (WHO, 2013).

Good governance system in primary care NCD management can ensure quality public health service while ensuring optimal resource management and avoiding resource misuse. A systematic review by Kane et al in 2017 demonstrated three important working themes of NCD management in primary care intervention; screening, prevention and control (Kane et al, 2017). A review of NCD programmes in various countries suggested three elements of importance in NCD management in primary care, namely prevention activities, screening and case detection and management of health services, health support and decision support and quality improvement (Varghese et al., 2019).

This paper aim to describe the components of governance of noncommunicable disease management and control in primary care in Malaysia; based on Siddiqi's 10 elements of good health governance as well as how the components translate into the good practice of primary healthcare services in Malaysia.

2.0 Materials and Methods

Multiple online electronic databases (Google, Google Scholar, Medline-Ebscohost, Ovid and PubMed) were searched to identify relevant literatures, documents, policy and reports using respective keywords; (governance OR framework OR stewardship) AND (primary care OR primary healthcare) AND (noncommunicable disease OR diabetes OR hypertension OR obesity OR smoking Or alcohol) AND Malaysia. The search was limited to English and Malay

language between the year 2010 to 2019. Available regulations, policy, guidelines, documents and literature within the scope of NCD for Malaysia based on World Health Organization (WHO) Voluntary Global NCD target (WHO, 2013) were reviewed to look for relevance with the 10 elements of governance framework by Siddiqi et al. The scope for NCD in this paper were NCD diabetes, hypertension, nutrition, alcohol, obesity, and smoking. To obtain more documents relevant to the topic, relevant websites for Malaysian documents, namely website for Ministry of Health (MOH) Malaysia, Family Health Division of MOH, MySihat were explored.

The results were presented using a table of the Siddiqi's elements of good governance and discussed using examples from NCD management in primary care in Malaysia.

3.0 Result

Table 1: Elements of good governance in non-communicable disease management in primary care in Malaysia

Good Governance Principle (Siddiqi et al., 2009)	Document, Year	Relevance
1. Strategic vision	National Strategic Plan for Non-Communicable Disease NSP-NCD 2016-2025	<ul style="list-style-type: none"> • National Strategic Plan for Tobacco Control 2015-2020 • Policy Options to Combat Obesity in Malaysia 2016-2025 • National Plan of Action for Nutrition of Malaysia (NPANM) III 2016-2025 • Salt Reduction Strategy to Prevent and Control NCD For Malaysia 2015-2020 • National Strategic Plan for Active Living 2016-2025 • Malaysia Alcohol Control Action Plan 2013-2020 • National Strategic Plan for Cancer Control Program 2016-2020 • Strengthening Chronic Disease Management at Primary Care Level through the Enhanced Primary Health Care (EnPHC) initiative • Komuniti Sihat Perkasa Negara (KOSPEN) initiative
2. Participation and consensus orientation	National Strategic Plan for Non-Communicable Disease NSP-NCD 2010-2014	Formation of the Cabinet Committee for A Health Promoting Environment chaired by the Deputy Prime Minister of Malaysia and involved of 11 Ministers
	NCD Prevention and Control Annual Report 2011	Community engagement for NCD management through Non-Communicable Diseases Prevention 1 Malaysia (NCDP-1M)

	Komuniti Sihat Perkasa Negara (KOSPEN) Implementation Guideline	Community based intervention program Komuniti Sihat Perkasa Negara (KOSPEN)
	National Strategic Plan for Tobacco Control 2015-2020	mQuit Services
		Blue Ribbon Campaign
3. Equity and inclusiveness	Declaration of Alma Ata, 1978	Health for all
	United Nations Sustainable Development Goal 2015-2030	Universal health coverage <ul style="list-style-type: none"> • Equity in access to health services • Good quality of health services • Protection against financial risk
	Tenth Malaysian Plan 2011-2015	<ul style="list-style-type: none"> • Upgrading healthcare infrastructure • Enhancing the capacity of healthcare personnel • Promoting healthy lifestyles by extending nationwide preventive care programmes
	National Health Protection Scheme (PeKa) website	PeKa B40 is offered to Malaysians who fall within the lower 40% of the household income
4. Effectiveness and efficiency	National Strategic Plan for Non-Communicable Disease NSP-NCD 2016-2025	Use of CPG for all health care personnel involved with NCD management
	National Diabetes Registry Report Volume 1(2009-2012)	Monitor the target achievement and clinical outcomes of diabetes patients managed in primary healthcare clinic through Diabetes Clinical Audit
5. Rule of Law	National Strategic Plan for Tobacco Control 2015-2020	Strengthen the Law and Enforcement of National Tobacco Control

6. Accountability	National Strategic Plan for Non-Communicable Disease NSP-NCD 2010-2014	Formation of the Cabinet Committee for A Health Promoting Environment chaired by the Deputy Prime Minister of Malaysia and involved of 11 Ministers
	National Strategic Plan for Active Living 2016-2025	To intensify the continuity and structure of the prevention control programmes by a holistic approach on the physical activity promotion programmes and activities involving multi agencies collaboration of government, non-government and non-health sectors more comprehensively
	National Plan of Action for Nutrition of Malaysia (NPANM) III 2016-2025	To incorporate nutrition strategies for all stakeholders into their respective programmes for improving the nutritional status of the population
7. Responsiveness	Eleventh Malaysia Plan 2016-2020	Collaboration with private sector and NGOs to increase health awareness
	United Nations Sustainable Development Goal 2015-2030	Reduce one third premature mortality through prevention and treatment and promote mental health and well-being
	National Strategic Plan for Active Living 2016-2025	To empower the community through increasing structured community programs. With an aim to increase the community's participation in structured physical activity program intensively
8. Intelligence and information	Eleventh Malaysia Plan 2016-2020	Implementation of eHealth strategy
	National Strategic Plan for Non-Communicable Disease NSP-NCD 2016-2025	<ul style="list-style-type: none"> National level <ul style="list-style-type: none"> Inter-Agency Steering Committee for a Health Promoting Environment and Healthy Lifestyle chaired the Secretary General of the Ministry of Health AND Inter-Agency Technical Committee for a Health Promoting Environment and Healthy Lifestyle chaired by the Deputy Director General of Health (Public Health), Ministry of Health

		<ul style="list-style-type: none"> • MOH level <ul style="list-style-type: none"> ▪ Public Health Steering Committee for Non-Communicable Diseases chaired by the Deputy Director General of Health (Public Health) MOH • Other Ministries <ul style="list-style-type: none"> ▪ Specific Committees or use existing Committees
	Malaysian Health Data Warehouse (MyHDW) 2011-2013	A trusted source of truth of comprehensive healthcare data structured for query and analysis purposes
9. Transparency	National Strategic Plan for Non-Communicable Disease NSP-NCD 2016-2025	<ul style="list-style-type: none"> • National level <ul style="list-style-type: none"> ▪ Inter-Agency Steering Committee for a Health Promoting Environment and Healthy Lifestyle chaired the Secretary General of the Ministry of Health AND Inter-Agency Technical Committee for a Health Promoting Environment and Healthy Lifestyle chaired by the Deputy Director General of Health (Public Health), Ministry of Health • MOH level <ul style="list-style-type: none"> ▪ Public Health Steering Committee for Non-Communicable Diseases chaired by the Deputy Director General of Health (Public Health) MOH • Other Ministries <ul style="list-style-type: none"> ▪ Specific Committees or use existing Committees
10. Ethics	Kod Etika dan Tatakelakuan by Unit Integriti KKM, 2019	Principles -Beneficence,Non-maleficence , Autonomy, Justice, Dignity , Truthfulness and honesty

4.0 Discussion

There were 10 practical elements for assessing governance of the health system; in particular strategic vision, participation and consensus orientation, rule of law, transparency, responsiveness, equity and inclusiveness, effectiveness and efficiency, accountability, intelligence and information and ethics (Siddiqi et al., 2009).

4.1 Strategic Vision

Strategic vision is a long term vision and comprehensive development strategy (Siddiqi et al., 2009). In Malaysia, in order to reduce the burden of NCD, National Strategic Plan for Non-Communicable Disease (NSP-NCD) 2016-2025 was created in line with Global Action Plan for the Prevention and Control of NCD 2013-2020 focusing towards cardiovascular diseases, diabetes, cancer, as well as 4 major NCD risk factors which are tobacco use, unhealthy diet, physical inactivity and harmful use of alcohol (Ministry of Health, 2016). In this plan, there are 5 main objectives and seven selected indicators with targeted goals. The objectives are; 1) to enhance national capacity, leadership, management, multi-sectoral action and partnerships, 2) to reduce modifiable risk factors for NCD and underlying social determinants by creating environments that promote health, 3) to reinforce and orient health systems through person-centered primary health care and universal health coverage, 4) to encourage and support for high national research and development capacity, and lastly 5) to monitor and evaluate the trend and NCD determinants.

There are seven indicators that have been selected based on global goal, past accomplishment, and selected population survey. All the indicators were in line with the specific initiatives; in particular the National Strategic Plan for Tobacco Control 2015-2020, Policy Options to Combat Obesity in Malaysia 2016-2025, National Plan of Action for Nutrition of Malaysia (NPANM) III 2016-2025, Salt Reduction Strategy to Prevent and Control NCD For Malaysia 2015-2020, National Strategic Plan for Active Living 2016-2025, Malaysia Alcohol Control Action Plan 2013-2020, National Strategic Plan for Cancer Control Program 2016-2020, Strengthening Chronic Disease Management At Primary Care Level through the Enhanced Primary Health Care (EnPHC) initiative and Komuniti Sihat Perkasa Negara (KOSPEN) initiative (Ministry of Health, 2016). Therefore, in order to tackle and reduce NCD morbidity, mortality and disability by the year 2025, the set of strategies in this plan should be executed with political support, interagency collaboration, public engagement and adequate financial resources.

4.2 Participation and consensus orientation

In this country, the NCD policy agenda not only involve the members of the health sector but also multisectoral coordination. A high-level committee called Cabinet Committee for A Health Promoting Environment was established in order to support the implementation of activities under NSP-NCD. This committee is chaired by the Deputy Prime Minister and included eleven Ministers which are; Minister of Health, Minister of Education, Minister of Higher Education,

Minister of Communication and Multimedia, Minister of Rural and Regional Development, Minister of Agriculture and Agro-base Industry, Minister of Youth and Sports, Minister of Human Recourses, Minister of Domestic Trade, Co-operatives and Consumerism, Minister of Urban Wellbeing, Housing and Local Government and Minister of Women, Family and Community Development. The main objective of this committee is to identify policies that create a living environment that encourages positive behavioural changes towards healthy eating and active living of Malaysia's population (Ministry of Health, 2016).

Non-Communicable Diseases Prevention 1 Malaysia (NCDP-1M) was launched in 2010 with the involvement of the community as a partner in the prevention and promotion of NCD. The main goal is to identify the risk factors of NCD by screening and intervention at the earliest stage in three different settings i.e., community, workplace and school. This program emphasized obesity as the key target for NCD risk factor intervention (Ministry of Health, 2011). By the end of 2012, 55,000 NCD risk factor screening procedures were conducted and more than 32,000 clients has been supported at 496 NCDP-1M project sites (Mustapha et al., 2014). Later, Komuniti Sihat Perkasa Negara (KOSPEN) was created in 2013 as a collaborative initiative between MOH and Department of Community Development (KEMAS) to encourage community empowerment in order to reduce burden of NCD. The main objective of KOSPEN is to empower the community in adopting and practicing healthy lifestyles through the development of trained health volunteers, who will function as "agents of change" within their respective communities (Ministry of Health, 2013).

With regard to the National Strategic Plan for Tobacco Control 2015-2020, Malaysia has set up a robust and organized system for mQuit services to increase the accessibility of cessation services across the public and private sectors. This initiative is in line with Article 14 WHO Framework Convention on Tobacco Control and it is a public private partnership between MOH, private agencies, non-governmental organisations and has been expanded to universities and higher learning institutions ("JomQuit - Home," n.d.). Other than that, Malaysian Health Promotion Board (MySihat) a statutory body under MOH was introduced Blue Ribbon Campaign in 2013 as to acknowledge and appreciate the role of individuals, groups, institutions, communities and government agencies that contributed to the smoke-free environment initiative and it as to support the Article 8 (WHO FCTC) i.e., protection from exposure to tobacco smoke. Therefore, the collaboration involving interagency and communities will ease the burden and complement the efforts of the MOH towards preventive and promotive measures of NCD especially at a primary care setting.

4.3 Equity and inclusiveness

Health for all (Declaration of Alma-Ata, 1978) is the overall thrust of health sector development in Malaysia and moving forward is the implementation of the third goal of UN SDG through the Eleventh Malaysia Plan Strategic Thrust 2. Equity is an assessment of fairness (Yu, Whynes, & Sach, 2008) and health equity means to provide health services to people fairly (Thant et al., 2013). Target 3.8 of the SDG addresses on universal health coverage which ensures all people have the equal access to more affordable and good quality healthcare services without financial

difficulties (SDG, 2017). Looking back to the Tenth Malaysia Plan (2011-2015), in order to increase the accessibility towards healthcare for low income group, Malaysia is making good progress in terms of health coverage in both rural and urban areas. As of 2014, 16 mobile clinics have provided services using boats and buses in rural areas and 307 community clinics were established in urban areas. In addition, the government has also increased the proportion of health workforce with sufficient distribution of doctors, dentists, pharmacists and nurses (Economic Planning Unit, 2015).

Other than that, government has introduced the National Health Protection Scheme (PeKa) as a health protection fund for the B40 population aged 50 years and above in view that the low-income population faces various health challenges particularly related to NCD, mental health, nutrition and also physical function (Shahar, Lau, Puteh, Amara, & Razak, 2019). Thus, the development of an accessible and affordable health care system will contribute towards the good quality of life of the entire population.

4.4 Effectiveness and efficiency

Effectiveness and efficiency are important elements of a package of patient care. In Malaysia, evidence based clinical practice guidelines (CPG) is used as a decision tool by health care professionals in managing patients. The purpose of using CPG is to reduce inappropriate variations in clinical practice and to improve the effectiveness, efficiency and safety of clinical decisions (MaHTAS, 2012). There are a large number of CPG related to NCD easily accessible including cancers, cardiovascular diseases, respiratory diseases, endocrine diseases, mental health problems and kidney diseases (Academy of Medicine, 2016). Previous literature had reviewed on the NCD management in relation to the use of CPG. A qualitative study done by Lee et.al in 2015 revealed the main user of CPG on management of hypertension were the primary care doctor and it was viewed to be relevant. In non-user, the obstacles to use CPG were lack of awareness, lack of confidence on the reliability of local guidelines, lack of policies to encourage the use of CPG, time constrain in its implementation and the CPG format was not considered user friendly (Lee et al., 2015). Therefore, finding solutions for these issues need to be addressed further. Lau et al recommended internal clinical audits and training as the best evidence based strategies to improve implementation intervention in a primary care (Lau et al., 2015). In Malaysia, the National Diabetes Registry (NDR) was started in 2009 as one of the initiatives to improve the surveillance of diabetes. It has two main components; namely the diabetes registry and diabetes clinical audit (Feisul MI & Azmi S., 2013). This clinical audit can be used as a guidance to the manager and health care provider in revising and improving the approaches in diabetes management particularly at the primary care level.

4.5 Rule of Law

WHO considers the law as a strong policy instrument for NCD prevention and control. However, other policy interventions include education, support programmes, health care together with law are a complementary combination of interventions that are necessary to address the complex cause of NCD successfully. Effective use of the law as contained in the

WHO FCTC plays a central role in tobacco control and it requires genuine collaboration and cooperation across multiple sectors of government and society. The Control of Tobacco Product Regulation (CTPR) 2004 has become the basis for Malaysia's to accept the WHO FCTC.

The National Health Morbidity Survey in 2015 revealed that more than one-fifth of Malaysian adult are a current smoker which is equivalent to the global smoking prevalence of 22.5% in 2014 (Institute of Public Health Ministry of Health, 2015). In order to tackle this problem, the National Strategic Plan for Tobacco Control 2015-2020 was initiated with the objective to reduce the smoking prevalence to less than 15% by 2025. One of the strategies to be implement is to strengthen the Law and Enforcement of National Tobacco Control based on The Control of Tobacco Product Regulation (CTPR) 2004. The enforcement action taken includes prohibiting ads relating to the marketing of tobacco products and the use of the brand name, legal requirements for putting pictorial health warnings on cigarette packs and the extension of approved smoke-free areas (Mohd Yusoff et al., 2011). The implementation and enforcement of tobacco control are important to protect the public especially non-smokers from exposure to cigarette smoke and this regulation is applicable to all citizen.

4.6 Accountability

Accountability is a key tenet of good governance. Person or organization that are accountable in NCD management should be documented in the policy statement. In general, an organization is accountable to those who will be affected by its decisions or actions as well as the applicable rules of law.

An effective NCD prevention and control involving multi-sectoral cooperation from government, public, private and communities are required in respond to rapidly increasing number of people suffering from NCDs. These involvements require leadership and coordinated multi-stakeholder engagement for health. The Global Action Plan for the Prevention and Control of NCDs 2013-2020 emphasized on national capacity, leadership, governance, multi-sectoral action and partnerships strengths. It recognised that many of the determinants of NCDs, as well as policies that are needed to respond effectively, lie outside the health sector and within the operational control of other ministries (WHO, 2013). The health-in all policies and whole-of-government approaches across sectors includes health, agriculture, communication, education, employment, energy, environment, finance, food, foreign affairs, housing, justice and security, legislature, social welfare, social and economic development, sports, tax and revenue, trade and industry, transport, urban planning and youth affairs ministries, with an established partnership with relevant civil society and private sector entities.

In Malaysia, the NSP-NCD 2010-2014 (Department of Public Health Ministry of Health Malaysia 2010) has documented that a "Cabinet Committee for a Health Promoting Environment" headed by honourable Deputy Prime Minister and comprises of eleven ministries was formed. This committee is accountable to create a living environment policy that supports positive behavioural changes of populations in Malaysia towards healthy eating and active living. The roles of other key ministries in Malaysia are outlined and they all have to be actively

involved. It includes programs strategies implementations; as well as creating policies and legislations to build a health promoting environment.

National Strategic Plan for Active Living 2016-2025 for example highlighted that active living is supported by the places in which we live - through pedestrian and cycle paths, sport and recreation facilities, public open spaces, parks and town squares. In addition, various programs - such as healthy lifestyle campaigns, information, education, and a broad range of initiatives encourage community participation in active lifestyles. The formation of Cabinet Committee for a Health Promoting Environment is responsible for achieving these visions. The NASPAL is also expected to intensify the continuity and structure of the prevention and control programs and activities. This plan suggested a holistic approach in the physical activity promotion programs, and activities given that the plan lines strategies not only for government and health sectors but also in collaboration of non-government and non-health sectors more comprehensively.

Meanwhile, the National Plan of Action for Nutrition of Malaysia (NPANM) III 2016-2025 emphasize on accountability of all stakeholders in the country to incorporate nutrition strategies into their respective programmes for improving the nutritional status of the population.

4.7 Responsiveness of Information

The main aim of the health system is to produce an equitably distributed health in the population. However, the health system is expected to fulfil the population's health needs with dignity. Within this framework, the formal definition of health system responsiveness is "the ability of the health system to meet the population's legitimate expectations; in terms of international human rights norms and professional ethics regarding their interaction with the health system, apart from expectations for improvements in health or wealth (WHO , 2019).

Good health and well being is the third SDG goal that need to be achieved by 2030. In terms of NCD (under Target 3.4 in SDG) , it is targeted that one third premature mortality will be reduced through prevention and treatment and promote mental health and well-being (SDG, 2017). For this target to be achieved, Malaysia has developed the eleventh Malaysian Plan, 2016-2020 document where 'Improving Well Being for All' is among the sixth strategic thrust. Strategy A4 focus on measures that will be undertaken to reduce non-communicable diseases (NCD) risk factors, which includes the provision of preventive healthcare services and the promotion of a healthy lifestyle, where the role of the private sectors and non-governmental organizations (NGOs) are emphasized. Intensifying private sector and NGOs collaborations will help in achieving target to increase health awareness. The private sector will be encouraged to undertake corporate social responsibility (CSR) programs and to collaborate with the Government in research and development. NGOs will be encouraged to provide health advocacy activities, health screening, and early health interventions, as well as to work with the private sector in carrying out health-related CSR programs. Community participation in health promotion programs, such as the use of public parks and recreational areas to promote healthy

lifestyles will be supported. Intervention programs where the community will be trained to promote health, such as KOSPEN, will continue to address lifestyle related diseases.

For individual needs, it is mentioned that in National Strategic Plan for Active Living 2016-2025 that the successful implementation of all key strategies and policy options in the National Strategic Plan for Active Living, Malaysia will have a well-informed population who is able to take responsibility for their own health by being physically active. Therefore, public needs information on how to be actively involved in physical activities.

4.8 Intelligence and information

One of the objectives in National Strategic Plan in NCD (2016-2020) is to monitor the trends and determinants of NCDs and also to evaluate progress in their prevention and control. In Malaysia, two inter-agency committees have been created at national level to provide technical input on strategic planning of policies and initiatives, coordinate implementation and monitor the progress of planning and implementation of policies and initiatives to reduce the burden of NCDs in Malaysia. They are Inter-Agency Steering Committee for a Health Promoting Environment and Healthy Lifestyle and Inter-Agency Technical Committee for a Health Promoting Environment and Healthy Lifestyle. At the Ministry of Health level, coordination and implementation monitoring of the agreed policies and initiatives is done by the Public Health Steering Committee for Non-Communicable Diseases chaired by the Deputy Director General of Health (Public Health) MOH.

In terms of data collection and monitoring, The Ministry of Health (MOH) has started working on the Malaysian Health Data Warehouse (MyHDW) project since 2010 (Ministry. of Health, 2013). This project is envisioned to meet the diverse needs of timely health information provision and management, and acts as a platform for the standardization and integration of health data from a variety of sources. This allows for a trusted source of truth within a jurisdiction to be established which can be leveraged to better manage the health system, provide surveillance information and in addition provides a valuable source of data for research. This information are collected, analysed and disseminate to public via media. In addition, the data are also used in health policy formulation and policy implementation. The information on health system and health in Malaysia are also available and accessible in Ministry of Health website in the form of reports or publications.

Under Strategy A2 , the government will implement the eHealth strategy, to improve system delivery for better health outcomes (The Eleventh Malaysian Plan, 2016-2020) which incorporates existing Information and Communications Technology (ICT) systems into one, system-wide model to enhance health data management, and support research, development and commercialization (R&D&C) initiatives. The Government will also work with the private sector to increase information sharing and strengthen the role of the private sector in service delivery across the quadruple helix of government, industry, universities, and research institutions will be promoted in order to drive innovation through R&D&C activities and partnerships .

4.9 Transparency

Transparency means that information to those affected by governance policies and practices should be provided in easily understandable forms and freely accessible. The outcomes resulting from decisions taken and their enforcement are also must be in compliance with established rules and regulations. Disclosure of information and transparent decision-making processes enable citizens and other stakeholders to scrutinise actions and hold governments.

Malaysia aspires to be a developed nation by 2020 and a great nation by 2050 whereby, a healthy nation need to be achieved. In order to reach those targets, Malaysians must be physically, mentally and spiritually fit to live their lives to the fullest. The Ministry of Health is fully committed in safeguarding the health of Malaysians. Hence, action should be taken to prevent population suffering from disability and premature deaths due to non communicable disease.

Malaysia has placed various policies and recommendations relevant to NCD prevention and control which is accessible to public and not classified for well-specified reasons as provided for by law. It is stated in National Strategic Plan for Non-Communicable Disease NSP-NCD 2016-2025 that monitoring of the progress of planning and implementation of policies will be done at global, national, Ministry of Health and other ministries levels based on action plans executed by various stakeholders. These are done by various committee that established as per required by WHO. All information on decisions, implementation of policies and results is made available to the public in such a way as to enable it to effectively follow and contribute to the work of the local authority.

Other than that, information on policies, implementation plans and evaluations are available in each separated publication materials by Health Education Division, Ministry of Health for examples in National Strategic Plan for Active Living 2016-2025, National Plan of Action for Nutrition of Malaysia (NPANM) III 2016-2025 and others.

4.10 Ethics

Ethics is a branch of philosophy dealing with values pertaining to human conduct which takes into consideration righteousness and wrongness of actions; the goodness and badness of the motives and ends of such action. The commonly accepted principles of health care ethics include respect for autonomy (patient has the right to refuse or choose his treatment), non-maleficence (first do no harm), beneficence (act in the best interest of the patient) and justice (fairness and equality). Health care ethics, which includes ethics in health research, is important to safeguard the interest and the rights of the patients.

Effective action on NCD involves addressing multiple human rights, such as the right to information to make informed choices about diet and activity (e.g. food labels that people can understand), the right to bodily integrity (e.g. freedom from exposure to second-hand smoke); and the right to health (including access to essential medicines). These human rights may

conflict with corporate rights, such as the right of pharmaceutical companies to exploit patents or express freedom of speech (through marketing).

Kod Etika dan Tatakelakuan by Unit Integriti KKM, 2019 (Ethical Professional Practice Guidelines) is one of guideline available in Malaysia which emphasize on the ethics of healthcare workers towards patients. It is a general guidelines which is non-specific but applicable for noncommunicable disease management.

5.0 Conclusion and recommendation

Enabling provision of comprehensive healthcare need adequate resources, thorough planning, successful implementation and above all good governance. The management of noncommunicable disease (NCD) in primary care exhibited good governance. This review showed that the National Strategic Plan in NCD (2016-2025) exhibited six elements in Siddiqi's health governance, in particular strategic vision, participation and consensus orientation, transparency, effectiveness and efficiency, accountability as well as intelligence. However, it is recommended for organization of specific ethical guideline in NCD management, which is imperative to ensure adequate health service provision while maintaining patients' dignity and privacy. Other elements of good governance not included in National Strategic Plan in NCD (2016-2025) were available in other documents, thereby reflecting the attempt to achieve wholeness of governance in NCD management in primary care in Malaysia.

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Declaration

The authors declare that they have no conflicting of interest pertaining to this study

Authors contribution

Author 1, 2, 3: literature finding and draft manuscript

Author 4 : conception of idea, manuscript review and draft editing

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