

SDG and NCD policy – Malaysia experience

Feisul Idzwan Mustapha

Disease Control Division, Ministry of Health Malaysia

ABSTRACT

The 2030 Agenda for Sustainable Development adopted at the United Nations Summit on Sustainable Development in September 2015, recognises Non-Communicable Diseases (NCDs) as a major challenge for sustainable development. NCDs were not addressed in the Millennium Development Goals (MDGs). As part of the Agenda, Heads of State and Government committed to develop national responses to the overall implementation of this Agenda, including to: (1) Reduce by one third premature mortality from NCDs; (2) Strengthen responses to reduce the harmful use of alcohol; (3) Achieve universal health coverage (UHC); (4) Strengthen the implementation of the WHO Framework Convention on Tobacco Control (FCTC); (5) Support the research and development of vaccines and medicines for NCDs that primarily affect developing countries; (6) Provide access to affordable essential medicines and vaccines for NCDs. Progress on reducing deaths and suffering from NCDs can be accelerated by implementing tested, cost-effective measures, like tobacco control, bans on marketing unhealthy foods and drinks to children, and reducing the harmful use of alcohol. Stronger, more effective multi-sectoral action to ensure the NCD challenge is addressed with a whole-of-society approach is critical as well. There are many lessons that we can learn from the various hard policies currently implemented in many countries and the scientific base of effectiveness of these interventions are rapidly expanding. The creation of health-promoting environments requires strong political will and so the healthcare sector must continue to be strong advocates in championing hard policies for the country. This will be the major challenge in operationalising the current National Strategic Plan for Non-Communicable Diseases (NSP-NCD) 2016-2025.

Med J Malaysia Vol 72 Supplement 1 August 2017:A5

SDG and cancer

Juhee Cho

Samsung Comprehensive Cancer Center, Sungkyunkwan University School of Medicine

ABSTRACT

Cancer is one of the major causes of death worldwide. It is not only complex, but also is constantly growing: many of which are ill-equipped to cope with escalating burden of disease. While the numbers of cancer cases are much less in lower- and middle-income countries (LMICs) than wealthier countries, more than 65% of cancer deaths occur in LMICs. The burden of cancer continues to shift from high-income countries to LMICs due to cancer risk factors as well as health system with inadequate resources to diagnose and treat cancers. Disparities exist throughout the cancer control continuum not only limited to access to care or treatment, from prevention, early detection, treatment, palliative cancer, survivorship, and research. Due to a lack of resources, LMICs would not be able to provide ideal care to patients. Therefore, we need to find integrated, evidence-based, and cost-effective ways for sustainable development goals and plan for achieve them. It is important to prioritize best practices that would mostly effective to fill unmet needs with limited resources in each LIMCs. It might be more efficient to focus prevention and early diagnosis rather than treatment or palliative which would require more resources. Resource stratification strategy of professional development, improvement of access to quality care, and acceleration of global oncology research can be a good way to prioritize SDG and plans in LIMCs.