

MALAYSIA

75TH SESSION OF THE WORLD HEALTH ASSEMBLY GENEVA, SWITZERLAND 22 – 28 MAY 2022

- Agenda Item No.** : 18.1 & 18.2
- Title** : Maternal, infant and young child nutrition -
(Sustaining the elimination of iodine deficiency disorders)
WHO Implementation Framework for Billion 3
(Behavioural sciences for better health initiative)
- Ref. Document** : A75/10, A75/10 Add.7, A75/25

Intervention Note:

Thank you Mr. Chair,

1. Firstly, regarding item 18.1, Malaysia notes the draft decision recommended by the EB in decision EB150(7) on Maternal, Infant and Young Child Nutrition. Malaysia would like to congratulate the Commission for their hard work in coming up with a comprehensive implementation plan on maternal, infant and young child nutrition. We are pleased to announce that Malaysia has become a new member of countries that have implemented nationwide mandatory legislation on salt iodisation since September 2020 to combat iodine deficiency disorder (IDD). Malaysia will conduct monitoring of the median urinary iodine concentration (UIC) among schoolchildren and pregnant women within five years after implementing this initiative. Strong partnerships with all relevant

government agencies and salt industries are crucial to ensuring the success of universal salt iodisation (USI).

2. With regards to agenda item 18.2 on behavioural sciences for better health initiative, Malaysia acknowledges the report by the Director-General and strongly supports the main-streaming of behavioural sciences in the work of the WHO.
3. Malaysia has been a key player in utilising the behavioural science approach in the healthcare system. For example, establishing the Institute for Health Behavioural Research facilitates generating evidence-based health behaviour niche areas for the stakeholders to transform into health policy. Furthermore, works are in progress to form a dedicated Behavioural Insight Unit to scale up further and broaden behavioural science initiatives' approach in the country.
4. The WHO must strengthen its capacity at all three organisational levels to incorporate behavioural sciences into its current work. Therefore, to achieve the proposed next steps, as shown in document A75/25, we suggest that Member States possessing the expertise within their Governments contribute their resources to supporting WHO in strengthening internal capacity as part of their capacity-building efforts.
5. Member states must address theoretical and empirical challenges related to human behaviour by developing innovative, impactful, and responsible approaches. Utilising digital solutions as a tool, combining artificial intelligence, data science, and behavioural science methodologies would greatly assist in better

understanding behaviour rapidly and achieve better health, economic and social outcomes.

6. Echoing the five work-streams as outlined in the document, Malaysia hopes to get full support from other Member States to join the effort and align our vision in promoting a behavioural science approach to health, especially the alarming trend of NCDs and emerging diseases.
7. In addition, we urge the Secretariat to advocate for voluntary contributions to be additionally earmarked for behavioural sciences within their original disease-specific scope.

Thank you.