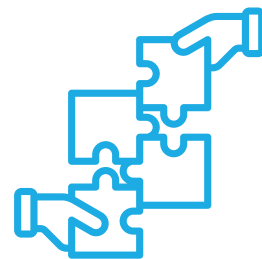


Priority 2: Mobilizing a whole-of-government and multi-stakeholder approach to address health beyond the health sector



Strategic Deliverable 2.1. Expanded multisectoral and whole-of-society cooperation on health and well-being

What is planned to do:

Context: There is the urgent **need for** a paradigm shift towards promoting health and well-being and preventing disease by **addressing its root causes**, which often lie well **beyond the health sector**.

To convene partners both in and out of government, across the United Nations system and in the community, **and build on recent and ongoing cooperation** in areas of NCD-related risk reduction and One Health, and responses to disease outbreaks and health emergencies.

Why it is important: Ignoring these root causes, we **risk perpetuating cycles of illness**, as health interventions alone cannot address the underlying factors that cause disease. This **can lead to escalating healthcare costs**, a sicker population, and greater disparities in health outcomes, ultimately **burdening societies and undermining long-term development and well-being**.

This will include efforts to **address gender-related barriers to health**, to **limit** the availability and marketing of **unhealthy products**, to **accelerate** adoption of behaviourally informed **health education** and strategic communication, **promote a faster transition to clean air** and renewable energy policies to reduce future health risks of climate change and mitigate effects on the most vulnerable.

Strategic Deliverable 2.2. Accelerated implementation of healthy ageing strategies

What is planned to do:

Context: In 2020, over 11.2% of the population in Malaysia was aged 60 years and above. The projections suggest **this figure will reach 15% by 2030**.

To support **people-centred service** delivery, **expanded social protection** systems and a life-course approach to **healthy ageing**.

Why it is important: The transition to an aged society pressures the health system, with **rising numbers of chronic diseases and functional limitations** driving up healthcare costs and **straining resources**.

To involve more cities in the WHO global network of **Age-Friendly Cities and Communities**.

To advocate for health-in-all policies at all levels of government to better link government investments and services in education, health, social services, mental health, oral health, and city planning and transportation.