MINISTRY OF HEALTH MALAYSIA

THE MALAYSIAN
PUBLIC HEALTH PHYSICIANS' ASSOCIATION

12th National Public Health Conference

In Conjunction with the 26th NIH Scientific Conference

7 July 2025 - Pre Conference | 8-10 July 2025 - Main Conference | The Everly Putrajaya

Embracing the New Era:
Advancing Public Health through AI
and Digitalisation

PROGRAMME BOOK

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ASEAN MALAYSIA 2025
RESILIENCE AND SUSTAINABILITY

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ABOUT THE NATIONAL PUBLIC HEALTH CONFERENCE

The 12th National Public Health Conference (NPHC), held in conjunction with the 26th NIH Scientific Conference, took place from 8 to 10 July 2025 at The Everly, Putrajaya. Centered on the timely theme "**Embracing the New Era: Advancing Public Health Through AI and Digitalisation**," the event brought together a diverse audience of public health professionals, researchers, policymakers, postgraduate students, and international delegates. The conference commenced with a pre-conference workshop on 7 July, followed by three days of engaging plenary sessions, keynote speeches, and scientific presentations. Sessions focused on the integration of artificial intelligence and digital technologies into efforts to strengthen health systems, improving disease surveillance, and transforming public health practices across Malaysia and globally.

Over the years, the NPHC, formerly known as Persidangan Kesihatan Awam Kebangsaan (PKA), has served as a vital platform for addressing evolving public health priorities. The conference series began with early editions such as PKA 2 in 2001 at Hotel Summit USJ, themed "Perkongsian Pintar dalam Kesihatan Awam", followed by PKA 3 in 2003 at Hilton Seremban and PKA 4 in 2005 at Marriott Putrajaya. The event was rebranded as NPHC in its fifth iteration in 2008, held at Berjaya Times Square, with the theme "Innovative Strategies in Achieving Better Health." Subsequent editions reflected key health challenges and aspirations, including equity, efficiency, partnerships, public health preparedness, and policy implementation. These conferences have been hosted across Malaysia, including Shah Alam, Melaka, Langkawi and Seremban.

Each edition of the NPHC has been thoughtfully themed to reflect the pressing public health issues of its time. Notable recent editions include the 10th NPHC in 2021, held virtually in response to the COVID-19 pandemic, which focused on managing pandemics and preventing future epidemics. The 11th NPHC in 2023, held in Langkawi, addressed the need to build a resilient public health system for the future.

The current 12th NPHC builds upon this legacy, marking a significant step forward in embracing digital transformation and innovation as Malaysia and the global public health community navigate an increasingly complex and interconnected world.

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12th National Public Health Conference

In Conjunction with 26th NIH Scientific Conference

Embracing the New Era: Advancing Public Health through AI and Digitalisation

Officiated by

YB DATUK SERI DR DZULKEFLY AHMAD

Minister of Health

8 July 2025 (Tuesday)
Grand Ballroom
The Everly Putrajaya

In partnership with

Pfizer
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ASEAN MALAYSIA 2025
MALAYSIA MADANI
VISIT Malaysia 2026 Truly Asia

WELCOMING MESSAGE

Welcoming Message from the President of PPPKAM

Dear distinguished guests, esteemed colleagues, and fellow public health professionals,

As President of the Persatuan Pakar Perubatan Kesihatan Awam Malaysia (PPPKAM), it is my honour to welcome you to the 12th National Public Health Conference, held alongside the 26th NIH Scientific Conference. This gathering reflects our shared commitment to advancing public health amid complex and evolving challenges.

The theme, Embracing the New Era: Advancing Public Health Through AI and Digitalisation, highlights the need to adapt to rapid change. The COVID-19 pandemic revealed our vulnerabilities, reinforced the importance of preparedness and collaboration, and reminded us of the value of trust and transparency in public health.

We now face threats from future pandemics, the resurgence of infectious diseases, the burden of non-communicable diseases, environmental degradation, and an ageing population. These are shaped further by the dynamics of a Brittle, Anxious, Nonlinear, and Incomprehensible BANI world, brittle systems, rising anxieties, unpredictable crises, and fast-paced technological shifts.

AI and digitalisation offer powerful tools to support evidence-based policymaking, improve resource allocation, and enhance health education and community engagement. However, they must be applied ethically, inclusively, and with a focus on equity. Technology should support, not replace, human judgment, compassion, and trust.

This conference is a valuable opportunity to share ideas, explore innovation, and develop solutions to strengthen our public health systems. Let us use this platform to learn from one another and co-create a healthier, more resilient future.

Thank you, and I wish you a productive and inspiring conference.

Advisor of the Organising Committee,

Professor Dr Jamalludin bin Ab Rahman
President, Persatuan Pakar Perubatan Kesihatan Awam Malaysia (PPPKAM)

WELCOMING MESSAGE

Welcoming Message from the Chair

On behalf of the Organising Committee, I would like to kindly welcome you to the 12th National Public Health Conference, held in conjunction with the 26th NIH Scientific Conference. This conference is co-organised by the Persatuan Pakar Perubatan Kesihatan Awam Malaysia (PPPKAM) and the Institute for Public Health, the National Institutes of Health, Ministry of Health Malaysia.

The joint efforts between these two organisations create an interesting platform that brings together the perspectives of the Public Health Medicine fraternity and the research institutes under the Ministry of Health. The theme of the conference, "Embracing the New Era: Advancing Public Health through AI and Digitalisation" aligns with the current Ministry of Health aspiration. Digitalisation is expected to improve service delivery through responsive health system, while data-driven best practices will enable healthcare providers in the delivery of better precision care through precision public health and precision medicine.

To discuss this important theme, we brought together four plenary sessions, nine symposiums, two panel discussions and five pre-conference workshops. Thus, I would also like to extend my sincere gratitude to the organising committee, comprising members from PPPKAM, the Institute for Public Health, the National Institutes of Health, and the Putrajaya District Health Office, for their dedication and tireless efforts in making this event possible.

We hope this conference provides opportunities to interact, discuss, share insights, and broaden our perspectives with other public health professionals and researchers as well as colleagues from various perspectives in this two-and-a-half-day conference. We do hope you find this event fruitful for your future career, for the sake of knowledge, and also for the benefit of humankind. Thank you.

Chair of the Organising Committee,

Dr Noor Ani binti Ahmad
Vice President of Persatuan Pakar Perubatan Kesihatan Awam Malaysia (PPPKAM)
Director of the Institute for Public Health, National Institutes of Health, Ministry of Health.

WELCOMING MESSAGE

Welcoming Message from the Manager of the National Institutes of Health

I am honoured and privileged to welcome you to this transformative public health scientific conference, fittingly themed "Embracing the New Era: Advancing Public Health Through AI and Digitalisation".

The National Institutes of Health has continuously strived to conduct research for the betterment of medicine in Malaysia. Today, we find ourselves at a transformative juncture in the history of public health, a time when innovation, technology, and data science are seamlessly converging to unlock unparalleled opportunities for enhancing health outcomes, reducing disparities, and fortifying health systems worldwide. The National Institute of Health reaffirms its commitment to leveraging these advancements to build a healthier, more equitable global community.

Artificial intelligence and digital technologies are no longer just tools of the future; they are our present reality. They are revolutionizing how we detect diseases, predict outbreaks, design interventions, and deliver care to the most vulnerable. However, with great power comes great responsibility. As stewards of public health, we must ensure that these advancements are harnessed ethically, inclusively, and equitably.

This conference provides a platform for thought leaders, researchers, policymakers, and practitioners to exchange ideas, share groundbreaking research, and forge collaborations. Over the next few days, we will explore how AI-driven tools and digital innovations can reshape epidemiology, healthcare delivery, health education, and beyond.

I am particularly excited to see the diversity of expertise represented here today, from technologists and data scientists to public health experts and community leaders. This interdisciplinary dialogue is precisely what we need to navigate the complexities of this new era. I encourage all of you to embrace curiosity, challenge assumptions, and engage in meaningful discussions. Together, let us envision a future where technology is not just a means to an end but a catalyst for a healthier, fairer, and more sustainable world. Thank you, and welcome to what I am confident will be an enriching and impactful event.

Advisor of the Organising Committee,

Dr Murizal bin Zainol
Manager of the National Institutes of Health, Ministry of Health

KEYNOTE ADDRESS

Embracing the New Era: Advancing Public Health through Artificial intelligence (AI) and Digitalisation

Datuk Dr. Nor Fariza binti Ngah is the Deputy Director General of Health (Research and Technical Support) at the Ministry of Health Malaysia. A seasoned ophthalmologist with a specialisation in medical retina and uveitis, she has held multiple key leadership positions, including National Head of Ophthalmology Service and President of the College of Ophthalmologists, Academy of Medicine Malaysia.

Dr. Fariza pioneered retinal services and diabetic retinopathy screening programs in Malaysia and has been instrumental in advancing AI technology in ophthalmic diagnostics. She is actively involved in national and international research collaborations, policy development, and health innovation, particularly in digital health and genomics.

Her work has earned her numerous accolades, including the Distinguished Service Award from Asia-Pacific Academy of Ophthalmology (APAO) and the Mohd Noor Marahakim Award.

Datuk Dr Nor Fariza binti Ngah

Deputy Director General of Health (Research and Technical Support), Ministry of Health Malaysia

PLENARY SPEAKER

Plenary 1 - Readiness and Integration of AI in Public Health: Role of WHO for Western Pacific Countries

Dr Rabi Abeyasinghe is the World Health Organization (WHO) Representative to Malaysia, Brunei Darussalam, and Singapore. Prior to this, he served as the WHO Representative to the Philippines and was Acting Director for Health Security and Emergencies at the WHO Regional Office for the Western Pacific (WPRO), where he supported the regional COVID-19 response. Since joining WHO in 2011, he has held several key roles, including Coordinator for Malaria, Other Vector-borne and Parasitic Diseases (2015–2019), Acting Director for Communicable Diseases (2018 and 2019), Regional Entomologist, and Technical Officer for Malaria in Papua New Guinea.

Dr Rabi is a medical specialist with a medical degree in Community Medicine from the University of Colombo, Sri Lanka. He also holds an MSc in Biology and Control of Disease Vectors from the London School of Hygiene & Tropical Medicine and a Diploma in Tropical Medicine & Hygiene from the Royal College of Physicians, London.
Before joining the WHO, he held senior roles in Sri Lanka's Ministry of Health, including Director of the National Malaria Control Programme and Project Director for GFATM initiatives. He is a Fellow and former President of the College of Community Physicians of Sri Lanka.

Dr Rabindra Abeyasinghe

WHO Representative and Head of the WHO Country Office to Malaysia, Brunei Darussalam and Singapore

PLENARY SPEAKER

Plenary 2 - Diagnosis-Related Groups (DRG) and Digitalisation in Public Health: The Building Blocks of Health Transformation

Professor Emeritus Dato' Dr Syed Mohamed Aljunid is a Public Health Medicine Consultant and Professor of Health Economics, Policy and Management at the Faculty of Medicine, Universiti Kebangsaan Malaysia (UKM). He also serves as Professor of Community Medicine at IMU University. He holds a PhD in Health Economics and Financing from the London School of Hygiene and Tropical Medicine, a medical degree from UKM, and an MSc in Public Health from the National University of Singapore.

With over 34 years of experience in health policy, economics, and financing, he was the Founding Head of the International Centre for Casemix and Clinical Coding (UKM), and held senior roles at UNU International Institute for Global Health (UNU-IIGH) and Kuwait University. He has advised the World Health Organization, World Bank, Australian Agency for International Development (AusAID), The Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), and The Asian Development Bank on Diagnosis-Related Groups (DRG)-based provider payment reforms in over 20 countries.

He currently serves on Malaysia's National Committee for DRG Implementation and Ministry of Health Technical Advisory Group. Dr Syed has published over 300 journal articles and reports, delivered more than 350 conference presentations, and has over 120,000 citations with an h-index of 79. He has supervised 46 PhD and over 200 Master's students and is ranked in the top 2% of globally cited scientists by Stanford University in 2024.

Professor Emeritus Dato' Dr Syed Mohamed Aljunid bin Syed Junid

Public Health Medicine Consultant;
Professor of Health Economics, Policy and Management, Universiti Kebangsaan Malaysia; and
Professor of Community Medicine, IMU University

PLENARY SPEAKER

Plenary 3 - Integrating One Health Strategies for Emerging Infectious Diseases in the Post-Pandemic Era

Dr. Noraryana binti Hassan is the Director of the Disease Control Division at the Ministry of Health Malaysia. With a Master of Public Health (MPH) in Health Promotion from Universiti Malaysia Sarawak (UNIMAS), she has extensive experience in public health, particularly in disease prevention and tobacco control. She plays a key role in planning and implementing national policies for the prevention and control of both communicable and non-communicable diseases.

Dr. Noraryana is known for her leadership in introducing Malaysia's smoking ban in public eateries. She was instrumental in providing scientific evidence and legal support to uphold the policy when it was challenged in court. Her work also involves leading national efforts in health promotion, smoking cessation, and improving health system readiness, especially during public health emergencies like the COVID-19 pandemic. She frequently collaborates with international partners, including WHO, and has attended global training programs such as the WHO FCTC sessions at the McCabe Centre for Law & Cancer. A strong advocate for equitable access to healthcare,

Dr. Noraryana continues to guide Malaysia's public health strategies with a focus on digital innovation, data-driven policies, and sustainable health outcomes.

Dr. Noraryana binti Hassan

Director of the Disease Control Division, Ministry of Health Malaysia

PLENARY SPEAKER

Plenary 4 - Public Health in the Digital Era: Prospects and Obstacles

Dr Maheshwara Rao Appannan

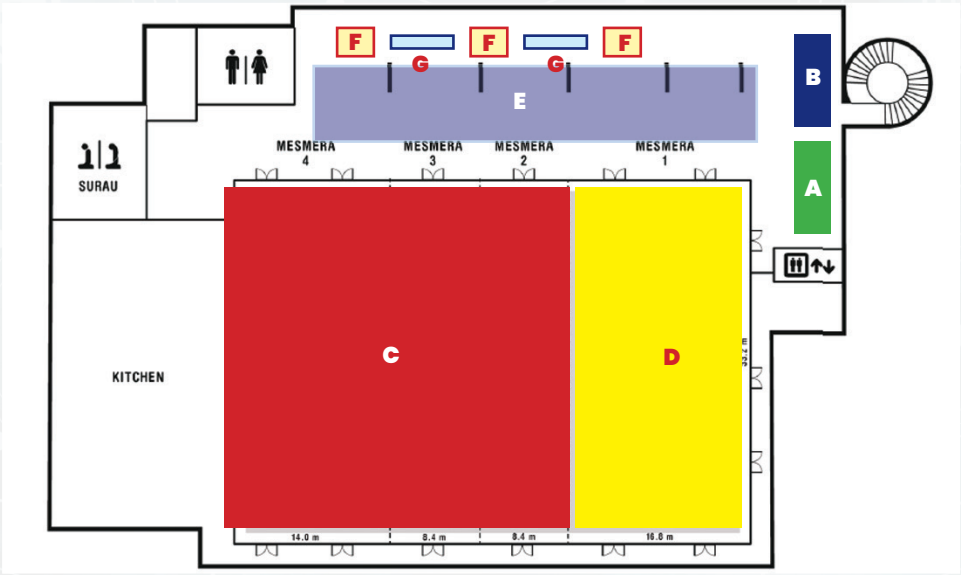
Director of Digital Health Division,
Ministry of Health Malaysia

Dr Maheshwara Rao Appannan is the Director of the Digital Health Division at the Ministry of Health Malaysia. He has over 17 years of experience in public health, infectious disease modelling, and digital innovation. He holds both a Doctorate and a Master's degree in Public Health from Universiti Malaya, and has completed advanced training at the Centers for Disease Control and Prevention (CDC) in Atlanta, as well as Harvard Medical School.

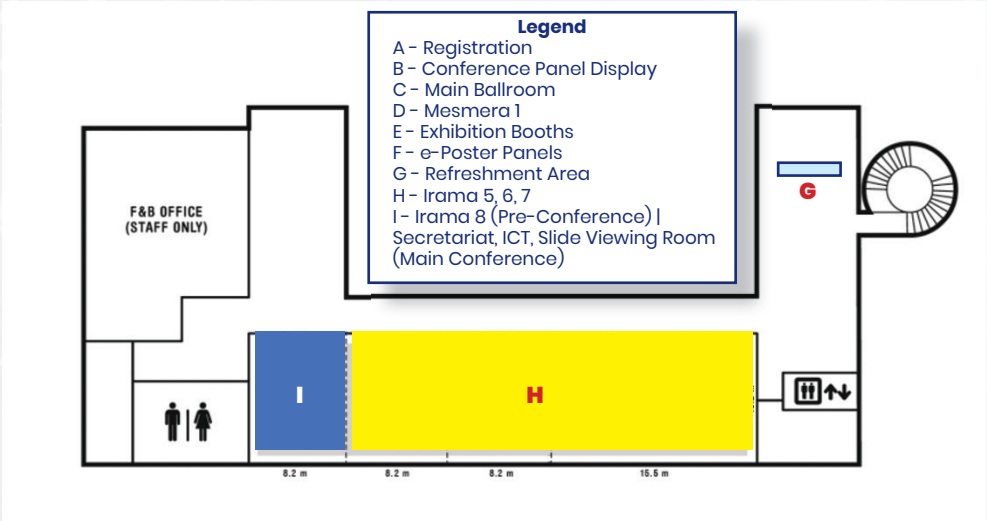
A pioneer in Malaysia's digital health landscape, Dr Maheshwara was the head of data during the COVID-19 pandemic. He led the development of the MySejahtera app and spearheaded efforts to make COVID-19 data publicly accessible via GitHub and the COVIDNow platform. His leadership has driven rapid digital transformation in public healthcare, including implementing a cloud-based clinic management system in 50 clinics within eight weeks. This led to increased funding for nationwide digitalisation.

He continues to drive innovations in digitising manual healthcare services such as organ donation pledges, appointments, and disease care plans. In 2024, he successfully launched Malaysia's implementation of the International Patient Summary (IPS) and actively champions the '1 Citizen 1 Record' initiative, aiming for a unified health record for all Malaysians.

VENUE LAYOUT – LEVEL 1 & M



Level 1



Level M

PRE-CONFERENCE WORKSHOPS
7th July 2025 (Monday)

Time	Programme	Venue
8.30 AM	**Pre-Conference Registration**	At Respective Rooms
9.00 AM	**Workshop 1** **Practical Epidemiological Analysis Using ChatGPT And R** Prof Dr Jamalludin bin Ab Rahman *Professor and Dean, Kulliyyah of Medicine,* *Islamic International University Malaysia* Dr Muhammad Adil Zainal Abidin *Associate Professor, Kulliyyah of Medicine,* *Islamic International University Malaysia*	Irama 5 (Level M)
	Workshop 2 **Regional Biosecurity: Threats, Challenges And Way Forward** Brig Gen (Dr) Mohd Arshil bin Moideen *Dean, Faculty of Medicine and Defence Health,* *Universiti Pertahanan Malaysia* Col (Dr) Ahmad Farhan bin Ahmad Fuad *Director of Medical Operation, MAF Joint Force Headquarters* Maj (Dr) Mohamad Arham bin Hashim	Irama 8 (Level M)
	Workshop 4 **Data + Visual = Impact : A Health Infographic Workshop** Mr Mohd Amierul Fikri Mahmud *Institute for Public Health, National Institutes of Health,* *Ministry of Health Malaysia* Ms Noor Syaqilah Shawaluddin *Institute for Public Health, National Institutes of Health* *Ministry of Health Malaysia*	Irama 6 (Level M)

Note: Tea break will be available at 10.30 AM

PRE-CONFERENCE WORKSHOPS

7th July 2025 (Monday)

Time	Programme	Venue
9.00 AM	**Workshop 5** **Creating Real Time Dashboards using Google Forms and Google Sheets** Dr Shubash Shander Ganapathy *Institute for Public Health, National Institutes of Health* *Ministry of Health Malaysia* Mr Mohd Ruhaizie Riyadzi *Institute for Public Health, National Institutes of Health* *Ministry of Health Malaysia* Mr Muhammad Hanafi Bakri *Institute for Public Health, National Institutes of Health* *Ministry of Health Malaysia*	Irama 7 (Level M)
1.00 PM	**Lunch and end of Pre-conference Workshop**	Fuze Restaurant (Level G)

Note: Tea break will be available at 10.30 AM

MAIN CONFERENCE AT A GLANCE

8th–10th July 2025

Time	Day 1 (8 Jul - Tue)	Day 2 (9 Jul - Wed)	Day 3 (10 Jul - Thu)
7.30 AM	Registration		
8.00 AM			
8.30 AM	Panel Discussion 1	Plenary 2	Plenary 4
9.00 AM			
9.30 AM		Free Paper - Session 2	
10.00 AM	Keynote Address		Panel Discussion 2
10.30 AM		Symposium 4 Symposium 5 Symposium 6	
10.45 AM			
11.00 AM	Opening Ceremony		
11.30 AM			Closing & Award Ceremony
11.45 AM	PPPKAM Fellowship Conferment		
12.00 PM		Plenary 3	
12.15 PM	Plenary 1		
12.45 PM		Lunch Talk	
1.00 PM	Lunch		
1.30 PM			
2.00 PM	Free Paper - Session 1		
2.30 PM		Free Paper - Session 3	
3.00 PM			
3.30 PM	Symposium 1 Symposium 2 Symposium 3	Symposium 7 Symposium 8 Symposium 9	
4.00 PM			
4.30 PM			
5.00 PM			
5.30 PM		PPPKAM Annual General Meeting	
6.00 PM			
6.30 PM			
7.00 PM			

OPENING CEREMONY AGENDA

8th July 2025 - 11.00 AM

Time	Activity
10.45 AM	**Arrival of Invited Guests**
11.00 AM	**National Anthem "Negaraku"**
	Doa Recital
	Welcoming Speech **Prof Dr Jamalludin bin Ab Rahman,** President of the Malaysian Public Health Physicians Association and **Dr Murizal bin Zainol,** Manager of the National Institutes of Health
	Officiating Speech **YB Datuk Seri Dr Dzulkefly Ahmad,** Minister of Health, Ministry of Health Malaysia
	Conferment of Fellowship of Public Health Malaysia
12.00 PM	**Booth Visits (VVIP)**
12.30 PM	**Lunch**

CONFERENCE TIMETABLE
Day 1 - 8th July 2025 (Tuesday)

Time	Sessions and Speakers	Venue
7.30 AM	**Conference Registration**	Foyer (Level 1)
8.30 AM	**Panel Discussion 1:** **Artificial Intelligence (AI) in Public Health: Bridging Promise and Practice - A Critical Dialogue** **Moderator:** Prof Dr Kamarul Imran bin Musa - *Professor of Public Health Medicine, Universiti Sains Malaysia* **Panelist:** 1. Prof Dr Jamalludin bin Ab Rahman - *Professor of Public Health Medicine, International Islamic University Malaysia* 2. Dr Rajendra-Prasad Hubraj Yadav - *Coordinator, World Health Organization, Western Pacific Regional Office, Manila, Philippines* 3. Dr Nuraidah binti Mohd Marzuki - *Deputy Director, Health Informatic Centre, Planning Division, Ministry of Health Malaysia*	Main Ballroom (Level 1)
10.00 AM	**Keynote Address:** **Embracing the New Era: Advancing Public Health through Artificial Intelligence (AI) and Digitalisation** Datuk Dr Nor Fariza binti Ngah *Deputy Director General of Health (Research and Technical Support), Ministry of Health Malaysia*	Main Ballroom (Level 1)
10.45 AM	**Coffee Break and Networking**	
11.00 AM	**Opening Ceremony**	Main Ballroom (Level 1)
11.45 AM	**PPPKAM Fellowship Conferment**	Main Ballroom (Level 1)
12.15 PM	**Plenary 1:** **Readiness and Integration of Artificial Intelligence (AI) in Public Health: Role of WHO for Western Pacific Countries** Dr Rabindra Abeyasinghe *WHO Representative and Head of the WHO Country Office to Malaysia, Brunei Darussalam and Singapore*	Main Ballroom (Level 1)
1.00 PM	**Lunch / Prayer**	Fuze Restaurant & Anyaman Hall, (Level G)

CONFERENCE TIMETABLE

Day 1 - 8th July 2025 (Tuesday)

Time	Sessions and Speakers	Venue
2.00 PM	**Free Paper - Session 1** **Track 1:** Epidemiology - CD / NCD **Track 2:** Family Health / Health Service Management **Track 3:** Occupational Health / Environmental Health / Social and Behavioural Health / Others	Main Ballroom (Level 1) Masmera 1 (Level 1) Irama 5,6,7 (Level M)
3.15 PM	**Coffee Break and Networking**	Foyer
3.30 PM	**Concurrent Sessions: Symposium 1-3**	
	Symposium 1: Communicable Disease **Artificial Intelligence (AI) in Action: Tracking and Managing Infectious Diseases with Digital Tools** **S1.1:** **Strengthening Disease Detection Using Epidemiological Intelligent Tools: Key Messages from the WHO Western Pacific Regional Office** Dr Sunita binti Abdul Rahman *Deputy Director (Public Health), Perlis State Health Department* **S1.2:** **Leveraging Artificial Intelligence (AI) and Dashboards for Public Health Surveillance and Reporting** Prof Dr Kamarul Imran bin Musa *Professor of Public Health Medicine, Universiti Sains Malaysia* **S1.3:** **Deployment of Artificial Intelligence (AI) Models for Smart Infectious Disease Tools** Dr Rajendra-Prasad Hubraj Yadav *Coordinator, World Health Organization, Western Pacific Regional Office, Manila, Philippines*	Main Ballroom (Level 1)
	Symposium 2: Environmental Health **Reimagining Environmental Health in the Digital Age** **S2.1:** **The Interconnectedness of Human and Planetary Health** Dr Rohaida binti Ismail *Head of Environmental Health Research Centre, Institute for Medical Research, NIH, Ministry of Health Malaysia*	Masmera 1 (Level 1)

CONFERENCE TIMETABLE
Day 1 - 8th July 2025 (Tuesday)

Time	Sessions and Speakers	Venue
	S2.2: **Deploying Nuclear Power for Climate Change Adaptation** Dr Ahmad Riadz bin Mazeli *Public Health Medicine Specialist, Environmental Health Unit, Disease Control Division, Ministry of Health Malaysia* **S2.3:** **Updates in Air Pollution Epidemiology in Malaysia: Current Research and Future Challenges** Prof Dr Mazrura binti Sahani *Honorary Professor & Public Health Medicine Consultant, Faculty of Health Sciences, Universiti Kebangsaan Malaysia*	Masmera 1 (Level 1)
	Symposium 3: Health Promotion **Artificial Intelligence (AI) for Precision Health Promotion for Better Health Behaviour Change** **S3.1:** **Using Decision Modelling to Enhance Health Behaviour Change among NCD Patients** Assoc Prof Ts Dr Maslin binti Masrom *Associate Professor, Faculty of Artificial Intelligence, Universiti Teknologi Malaysia, Kuala Lumpur* **S3.2:** **Artificial Intelligence (AI) for Behavioural Insights: from Theory to Practice** Dr Saiful Adli bin Suhaimi *Health Education Officer, Institute for Health Behavioural Research, NIH, Ministry of Health Malaysia* **S3.3:** **Healthy Bytes: Big Data Shaping Population Health and Promoting Wellbeing** Ts Dr Nurhidayah binti Bahar *Senior Lecturer, Faculty of Information Science & Technology, Universiti Kebangsaan Malaysia*	Irama 5,6,7 (Level M)
5.00 PM	**End of Day 1**	

CONFERENCE TIMETABLE
Day 2 - 9th July 2025 (Wednesday)

Time	Sessions and Speakers	Venue
8.30 AM	**Plenary 2:** **Diagnosis-Related Groups (DRG) and Digitalisation in Public Health : The Building Blocks of Health Transformation** Prof Emeritus Dato' Dr Syed Mohamed Aljunid bin Syed Junid *Public Health Medicine Consultant; Professor of Health Economics, Policy and Management, UKM; and Professor of Community Medicine, IMU University*	Main Ballroom (Level 1)
9.15 AM	**Coffee Break and Networking**	Foyer, (Level 1)
9.30 AM	**Free Paper Session 2:** **Track 1:** Epidemiology - CD / NCD **Track 2:** Family Health / Health Service Management **Track 3:** Occupational Health / Environmental Health / Social and Behavioural Health / Others	 Main Ballroom (Level 1) Masmera 1 (Level 1) Irama 5,6,7 (Level M)
10.30 AM	**Concurrent Sessions: Symposium 4-6**	
	Symposium 4: Non-communicable Disease **Harnessing Artificial Intelligence (AI) and Digitalisation to Combat Non-communicable Diseases** **S4.1:** **Artificial Intelligence (AI)-Driven Approaches to Addressing Non-communicable Diseases: Opportunities and Challenges** Dr Wan Kim Sui *Public Health Medicine Specialist & Head of Centre for Burden of Disease Research, Institute for Public Health, Ministry of Health Malaysia* **S4.2:** **From Data to Action: Artificial Intelligence (AI) and Digitalisation in the Fight Against Diabetes** Prof Dr Lim Lee Ling *Consultant Endocrinologist & Head of the Diabetes Care Unit, Universiti Malaya Medical Centre*	Main Ballroom (Level 1)

CONFERENCE TIMETABLE
Day 2 - 9th July 2025 (Wednesday)

Time	Sessions and Speakers	Venue
	S4.3: **Integrating Artificial Intelligence (AI) and Digital Tools in Cancer Screening in Malaysia** Assoc Prof Dr Elaine Chan Wan Ling *Head, Centre for Environmental and Population Health / HealthAI Lab, Institute of Research, Development and Innovation (IRDI), IMU University*	
	Symposium 5: Occupational Health **Shaping the Future of Occupational Health: Utilising Artificial Intelligence (AI) Technologies** **S5.1:** **Artificial Intelligence (AI) and Occupational Health** Dr Suhainizam Muhamad bin Saliluddin *Public Health Medicine Specialist & Medical Lecturer, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia* **S5.2:** **Virtual Reality (VR) Application in Occupational Health** Dr Shawaludin bin Husin *Occupational Health Doctor & President of Malaysian Occupational Health Practitioners Association (MOHPA)* **S5.3:** **Revolutionizing Occupational Health: Digital Solutions for Early Disease Detection and Risk Stratification** Prof Dr Siti Munira binti Yasin *Professor of Public Health Medicine, Faculty of Medicine, Universiti Teknologi MARA*	Masmera 1 (Level 1)
	Symposium 6: Biomedical **Harnessing Artificial Intelligence (AI) and Technology in Biomedicine: Transforming Disease Prevention and Personalised Medicine** **S6.1:** **Advancing Precision Medicine in Malaysia: Insights from the MyGENOM Project** Dr Adiratna binti Mat Ripen *Head of Cancer Research Centre, Institute for Medical Research, NIH, Ministry of Health Malaysia* **S6.2:** **Genomics in the Age of Artificial Intelligence (AI): Exploring the Future of Data Integration, Innovation, and Impact** Associate Prof Dr Saharuddin bin Mohamad *Lecturer, Institute of Biological Sciences, Faculty of Science, Universiti Malaya*	Irama 5,6,7 (Level M)

CONFERENCE TIMETABLE
Day 2 - 9th July 2025 (Wednesday)

Time	Sessions and Speakers	Venue
	S6.3: **Enhancing Health Sector Preparedness and Response Through Biomedical Technology for Disease Prevention and Management** Dr Norita binti Shamsudin *Director of Ipoh Public Health Laboratory, Ministry of Health Malaysia*	
12.00 PM	**Plenary 3:** **Integrating One Health Strategies for Emerging Infectious Diseases in the Post-Pandemic Era** *Dr. Noraryana binti Hassan* *Director of the Disease Control Division,* *Ministry of Health Malaysia*	Main Ballroom (Level 1)
12.45 PM	**Lunch Talk by Organon Malaysia Sdn Bhd:** **Smart Spacing, Stronger Families : Implanon and the Future of Maternal Health** - Dr. Wan Hilya Munira bt Mustapha, *Head of Reproductive Health Unit, Human Reproduction Division,* *National Population and Family Development Board (NPFDB)*	Main Ballroom, (Level 1)
2.30 PM	**Free Paper - Session 3** **Track 1:** Epidemiology - CD / NCD **Track 2:** Family Health / Health Service Management **Track 3:** Occupational Health / Environmental Health / Social and Behavioural Health / Others	 Main Ballroom (Level 1) Masmera 1 (Level 1) Irama 5,6,7 (Level M)
3.30 PM	**Concurrent Sessions: Symposium 7-9**	
	Symposium 7: Family Health **Leveraging Digital Innovations for Comprehensive Family Health Support Across the Lifespan** **S7.1:** **ScreenMen: Empowering Men to Screen** Dr Teo Chin Hai *Senior Lecturer, Department of Primary Care Medicine, UM eHealth Unit, Universiti Malaya* **S7.2:** **Harnessing Artificial Intelligence (AI) and Digital Technologies to Address the Challenges of Ageing in Public Health** Prof Ir Dr Siti Anom binti Ahmad *Professor in Electrical and Electronic Engineering, Universiti Putra Malaysia*	Main Ballroom (Level 1)

CONFERENCE TIMETABLE
Day 2 - 9th July 2025 (Wednesday)

Time	Sessions and Speakers	Venue
	S7.3: **Digitalisation in Family Health Services in Sarawak: Experience and Challenges** Dr Noor Baizura binti Hj Jamali *Public Health Medicine Specialist and Samarahan Divisional Health Officer, Sarawak State Health Department*	
	Symposium 8: Health Service Management **Transforming Healthcare Delivery through Digitalisation: Pathways to Equity and Efficiency** **S8.1:** **Enhancing Medical Readiness - Transforming Health Screening Effectiveness Utilising Lifetime Health Record System in the Military** Brig Jen (Dr) Faridzal Harrymen bin Mohd Din *Head of Military Medicine Department, Hospital Angkatan Tentera Tuanku Mizan* **S8.2:** **Safeguarding Ethics and Ensuring Safety in the Era of Digital Health** Mr Mohd Firdaus bin Mohd Khairi *AI Engineer & Data Scientist, Ministry of Digital Malaysia* **S8.3:** **Addressing the Digital Divide: Equity in the Age of Digital Health** Dr Awatef binti Amer Nordin *Public Health Medicine Specialist, Institute for Health Systems Research, Ministry of Health Malaysia*	Masmera 1 (Level 1)
	Symposium 9: Clinical Epidemiology **Enhancing Clinical Epidemiology Through Digitalisation and Artificial Intelligence** **S9.1:** **Research on Digitalisation of Developmental Screening Tools in Malaysia** Prof Dr Toh Teck Hock *Paediatrician & Head of Clinical Research Centre, Hospital Sibu, Sarawak* **S9.2:** **Artificial Intelligence (AI) in Cardiovascular Disease** Prof Dr Sazzli Shahlan bin Kasim *Consultant Cardiologist & Director of Cardiac Vascular and Lung Research Institute (CaVaLRI), UiTM Hospital Al-Sultan Abdullah*	Irama 5,6,7 (Level M)

CONFERENCE TIMETABLE
Day 2 - 9th July 2025 (Wednesday)

Time	Sessions and Speakers	Venue
	S9.3: **Artificial Intelligence (AI)-Driven Patient Self-Management as a Tool for Advancing Clinical Epidemiology** Dr Nik Nailah binti Abdullah *Founder and CEO GreenSHeart Sdn Bhd, Lecturer & Computer Scientist, Monash University Malaysia*	
5.00 PM	**End of Day 2**	
5.30 PM	**PPPKAM Annual General Meeting**	Masmera 1 (Level 1)

CONFERENCE TIMETABLE
Day 3 - 10th July 2025 (Thursday)

Time	Sessions and Speakers	Venue
8.30 AM	**Plenary 4:** **Public Health in the Digital Era: Prospects and Obstacles** *Dr Maheshwara Rao a/l Appannan* *Director, Digital Health Division, Ministry of Health Malaysia*	Main Ballroom (Level 1)
9.30 AM	**Coffee Break and Networking**	Foyer, (Level 1)
10.00 AM	**Panel Discussion 2:** **Leadership in Public Health** **Moderator:** Dr Feizul Idzwan bin Mustafa - *Director, Perak State Health Department* **Panelist:** 1. Prof Datuk Dr Lokman Hakim bin Sulaiman - *Director of the Institute for Research, Development, and Innovation (IRDI) and Deputy Vice Chancellor for Research, IMU University* 2. Dato' Dr Narimah Awin - *Former Regional Advisor (Maternal and Reproductive Health), Regional Office of the WHO for the South East Asia Region* 3. Dato' Dr Zainal Ariffin bin Omar - *Public Health Medicine Consultant (Non-Communicable Disease Epidemiology) & Past President of PPPKAM*	Main Ballroom (Level 1)
11.30 AM	**Closing and Awards Ceremony**	Main Ballroom (Level 1)
12.30 PM	**End of Conference**	

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PLENARY 1

Readiness and Integration of Artificial Intelligence (AI) in Public Health: Role of WHO for Western Pacific Countries

Dr Rabindra Abeyasinghe, World Health Organization Representative & Head of the World Health Organization Country Office to Malaysia, Brunei Darussalam and Singapore

Synopsis – TBC

PLENARY 2

Diagnosis-Related Groups (DRG) and Digitalisation in Public Health: The Building Blocks of Health Transformation

Professor Emeritus Dato' Dr Syed Mohamed Aljunid bin Syed Junid, Public Health Medicine Consultant; Professor of Health Economics, Policy and Management, Universiti Kebangsaan Malaysia; and Professor of Community Medicine, IMU University

Synopsis – The implementation of Diagnosis-Related Groups (DRGs) or casemix, represents a transformative shift in healthcare financing and service delivery, facilitating more efficient resource allocation and enhanced patient care. Public health services as the backbone of the health system will be involved in the planning and implementation of DRGs nationwide. This presentation begins with an overview of DRGs, clarifying how these systems group patients based on clinical characteristics and treatment requirements. This grouping not only aids in the precise categorisation of patients but also streamlines standardised reimbursement processes for healthcare providers. By analysing the interconnected roles of DRGs in improving operational efficiency and promoting value-based care, this paper equips public health professionals with the essential knowledge needed to navigate the complexities of DRG systems. Key components examined in depth include the coding process, costing methodology, casemix index, and the pivotal roles of clinicians in implementing DRGs effectively. In addition to outlining best practices for DRG implementation, this session addresses common challenges and barriers faced by healthcare professionals, such as data accuracy and the necessity for interdisciplinary collaboration. It also highlights the impact of these challenges on the successful adoption of DRGs. Ultimately, this presentation aims to empower public health professionals by providing practical insights and tools to leverage DRGs effectively, thereby improving patient outcomes and fostering more sustainable healthcare practices. By deepening their understanding of DRGs, public health specialists and professionals can better align their practices with emerging trends in healthcare financing and delivery, resulting in enhanced quality of care and operational performance.

PLENARY 3

Integrating One Health Strategies for Emerging Infectious Disease in the Post-Pandemic Era

Dr. Noraryana binti Hassan, Director of the Disease Control Division, Ministry of Health Malaysia

Synopsis – Approximately 75% of Emerging Infectious Diseases (EIDs) are zoonotic in origin. Factors such as globalisation, environmental degradation, and closer human-animal interactions contribute significantly to this trend. The One Health approach—endorsed by the World Health Organization (WHO), Food and Agriculture Organization (FAO), World Organisation for Animal Health (WOAH), and United Nations Environment Programme (UNEP)—provides a comprehensive framework to address EIDs by integrating human, animal, and environmental health sectors. It promotes collaboration, coordination, and shared responsibility in disease prevention, detection, and response. Malaysia's experience with several zoonotic and emerging infections highlights the value of One Health in practice. Notable case studies include the Nipah virus outbreak (1999), controlled through multisectoral culling and movement restrictions; SARS (2003) and MERS-CoV (2014), which prompted border health surveillance; avian influenza, which remains a concern for poultry health; the ongoing rabies outbreak in Sarawak (since 2017); and COVID-19, which served as a catalyst for strengthening digital surveillance (e.g., MySejahtera) and risk communication. These examples demonstrate how One Health principles have been applied to real-world crises in Malaysia. Despite growing political commitment and structural progress, several challenges hinder effective One Health implementation. These include collaboration across sectors, integration of surveillance data, funding constraints, policy enforcement, public awareness, and workforce capacity. Key strategies include disease prioritisation workshops, establishment of multisectoral committees, development of national plans, field simulation exercises, and enhanced digital surveillance. Efforts are also focused on embedding One Health into national policy frameworks and financing mechanisms. One Health is not merely a concept but a necessary operational model for managing current and future health threats. By institutionalizing collaboration, investing in capacity and digital tools, and aligning regional and national strategies, Malaysia is strengthening its resilience and setting a leadership example within ASEAN for sustainable health security in the post-pandemic era.

PLENARY 4

Public Health in the Digital Era: Prospects and Obstacles

Dr Maheshwara Rao Appannan, Director of Digital Health Division, Ministry of Health Malaysia

Synopsis – Digital transformation is significantly reshaping public health practice globally, providing powerful tools to enhance surveillance, service delivery, health promotion, and policy planning. In Malaysia, the digital health agenda focuses on building a responsive, data-driven, and equitable public health system, evident through initiatives such as the expansion of telemedicine and interoperable electronic medical records. These digital tools aim to connect communities, strengthen healthcare integration, and improve health outcomes, supported by robust policy mechanisms for sustained innovation. Effective use of integrated, real-time data for early detection, response, and planning—termed public health intelligence—requires advanced data governance frameworks. This encompasses data security, ethical use, and equitable access, ensuring digitalisation benefits all without widening disparities. However, challenges persist, including the fragmentation of data sources, interoperability constraints, and ownership concerns, which underscore the necessity for cohesive governance approaches. Another crucial dimension is workforce transformation, where digital literacy and adaptation to technological changes remain essential. Additionally, the increased reliance on digital systems heightens vulnerability to cybersecurity threats, underscoring the importance of robust cybersecurity frameworks in protecting patient data and maintaining public trust. Despite digitalisation's promise, barriers such as infrastructure gaps, institutional resistance, and mismatched interventions impede progress. Addressing these requires multi-sectoral collaboration, coherent policy-making, and fostering a digital culture within public health. Malaysia's journey demonstrates that digital transformation is fundamentally human-centred and culturally rooted, not merely technological, guiding the path toward a resilient, inclusive digital health ecosystem.

SYMPOSIUM 1

1.1 Strengthening Disease Detection Using Epidemiological Intelligent Tools: Key Messages from the WHO Western Pacific Regional Office | *Dr Sunita Binti Abdul Rahman, Deputy State Health Director (Public Health) Perlis State Health Department*

I recently had the invaluable opportunity to serve as a Field Epidemiology Fellowship Programme (FEFP) Fellow at the World Health Organization (WHO) Western Pacific Regional Office (WPRO) in Manila for 10 weeks. This experience was both professionally enriching and personally transformative. During my placement, I was based with the Health Emergencies Programme Division (WHE), specifically the Health Intelligence and Management (HIM) Team, which oversees event-based surveillance (EBS), risk assessment, and response coordination. The system is operated by a team of epidemic intelligence officers comprising WHO staff, fellows from regional Field Epidemiology Training Programmes (FETPs), and seconded public health professionals. Signal screening is conducted twice daily, seven days a week, using both unofficial sources (e.g., media, ProMED, GPHIN) and official channels (e.g., IHR notifications, Member States, WHO Country Offices, FAO). Risk assessments are carried out through event verification with Member States or official sources, and responses may involve information sharing, resource mobilisation, deployment, or technical guidance. The multicultural and multidisciplinary environment at WPRO fostered deep learning and meaningful cross-cultural collaboration. I engaged with public health experts from across the region, gaining not only technical knowledge but also insight into regional health challenges and innovative response strategies. This fellowship has strengthened my commitment to global health and equipped me with valuable skills and perspectives that I will carry forward in my public health career. I am grateful to WHO WPRO and all my mentors and colleagues for their support and inspiration throughout this journey.

1.2 Leveraging Artificial Intelligence (AI) and Dashboards for Public Health Surveillance and Reporting | *Professor Kamarul Imran Musa, Professor of Epidemiology and Statistics at the School of Medical Sciences, Universiti Sains Malaysia (USM)*

Modern infectious disease surveillance has evolved from passive reporting systems to comprehensive approaches integrating multiple data streams. As demonstrated by the Johns Hopkins COVID-19 Dashboard, which processed over 226 billion data requests and attracted 3.6 billion views, effective surveillance systems now combine clinical, laboratory, and environmental data through automated collection, fusion logic, and anomaly detection services. This transformation has been driven by globalization and increasing cross-species transmission risks, demanding more responsive surveillance capabilities. AI and advanced analytics enhance infectious disease surveillance through predictive modelling and pattern recognition. Machine learning algorithms enable early outbreak detection, while natural language processing facilitates data mining from unstructured sources. The integration of automated online sewage virus enrichment robots with AI models, as seen in recent Monkeypox (Mpox) surveillance efforts, has demonstrated remarkable precision in predicting case numbers, capturing 87% of data variability through stacking ensemble approaches that combine multiple algorithms for improved accuracy.

COMMUNICABLE DISEASE

Interactive dashboards transform complex epidemiological data into accessible intelligence for decision-makers at all levels. Effective dashboard design combines visual elements with interactive features that support both fast (daily) and slow (monthly) usage patterns. Research shows that clinician-centered dashboard design significantly improves engagement, with studies reporting 72-79% favorable responses and 64-98% of users reporting practice improvements. Mobile applications integrated with dashboards enable geographically dispersed real-time data capture, enhancing early detection capabilities. Despite their potential, implementing AI-powered dashboards faces significant challenges. Data quality issues include inconsistent collection methods and interoperability problems across different systems. Technical challenges involve the need for standardized parameter definitions, with studies showing divergent interpretations of indicators like "cases," "deaths," and "recoveries." Adoption barriers exist where implementation lacks user-centered design approaches. Ethical considerations around privacy must be addressed, particularly when analyzing sensitive data from wastewater surveillance and other passive collection methods that might reveal population-level patterns without individual consent.

1.3 Deployment of Artificial Intelligence (AI) Models for Smart Infectious Disease Tools | *Dr Rajendra-Prasad Yadav, Coordinator at the World Health Organization (WHO)'s Western Pacific Regional Office*

The deployment of artificial intelligence (AI) models is creating new opportunities for smart infectious disease tools, enhancing surveillance, predictive analytics, and timely public health responses. Yet, translating AI innovations into sustainable field applications remains challenging, particularly in resource-constrained settings. This presentation shares practical experiences and lessons from the World Health Organization (WHO)-supported initiatives focused on deploying AI for infectious disease control. In the Philippines, an AI prototype was developed to predict tuberculosis treatment outcomes with high accuracy. Another example is the dynamic predictive disease modelling platform, which combines health program data with contextual and environmental information across all 42,000 barangays. This high-resolution model identified TB hotspots, estimated missing cases, and recommended prioritized TB screening locations. AI also supports outbreak intelligence through the Epidemic Intelligence from Open Sources (EIOS) platform, using AI-powered text mining and multilingual analytics to scan global news and social media for early signals of public health threats. At the regional level, a high-resolution contextual mapping initiative covering the entire Western Pacific Region was implemented. This tool focused on mapping and visualizing population vulnerabilities, health access, and risk factors, including for communicable diseases. The platform is built for advanced modelling and predictive analytics as data availability improves. In Singapore, the AI Assistant for Telephone Triage demonstrated how AI models improve emergency health responses. WHO is now collaborating with the same developers to design a new AI-powered public health surveillance and behaviour change solution, leveraging AI for outbreak monitoring and health promotion at scale. These initiatives align with WHO's Global Initiative on AI for Health, emphasizing responsible governance, localization, and sustainable investments. Ultimately, smart infectious disease tools powered by AI must deliver actionable intelligence, equitable access, and strengthened epidemic preparedness.

SYMPOSIUM 2

2.1 The Interconnectedness of Human and Planetary Health |

Dr Rohaida binti Ismail, Environmental Health Research Centre, Institute for Medical Research, National Institutes of Health, Malaysia

In recent decades, the distinction between human health and planetary health has blurred, revealing an intricate network of interdependence. Human and planetary health are intrinsically intertwined, with each influencing the well-being of the other. The concept of planetary boundaries represents key environmental thresholds, and exceeding any of these limits could trigger catastrophic and irreversible changes in Earth's systems. Pollution, ecosystems degradation, biodiversity loss, and climate change not only threaten planetary sustainability but directly impact public health. These environmental crises contribute to rising incidences of infectious diseases, as well as non-communicable respiratory illnesses, and mental health challenges. Environmental changes and ecosystem disruptions can facilitate the emergence and spread of zoonotic diseases, while unsustainable agricultural practices and overuse of antibiotics in humans and livestock contribute to the growing threat of antimicrobial resistance. Conversely, human anthropogenic activity through deforestation, industrial activity, agriculture, energy consumption, and waste generation continue to accelerate environmental degradation and climate change.

Emerging solutions advocate for a healthier, more sustainable relationship between humans and the planet by focusing on reducing emissions, conserving biodiversity, and promoting sustainability. Protecting and restoring the planet can enhance human health by improving air quality, reducing environmental illnesses, and promoting sustainable systems that support environmental resilience. Integrating vulnerability and adaptation assessments into community and healthcare systems is also crucial for building resilience. These assessments help identify populations at risk, particularly the elderly, children, low-income groups, and those with chronic illnesses. These assessments help identify vulnerable populations and enhance the healthcare system's capacity to deliver high-quality care amidst climate impacts and related health outcomes.

Understanding the interconnectedness of human and planetary health is essential in tackling global health challenges and ensuring the resilience of both human and ecosystems for future generations. Addressing this interconnectedness requires a holistic approach that integrates environmental sustainability within public health strategies, and fosters cross-sectoral collaboration.

2.2 Deploying Nuclear Power for Climate Change Adaptation |

Dr Ahmad Riadz Mazeli, Public Health Physician, Ministry of Health Malaysia (MOH)

Nuclear power can support climate change adaptation by providing low-carbon, reliable energy to address water scarcity and climate change. Nuclear power plants (NPPs) are used for desalination to supply water in required regions and to power infrastructure such as cooling systems or emergency services. Small modular reactors (SMRs) and...

ENVIRONMENTAL HEALTH

floating plants enhance flexibility for remote areas. NPPs should be designed to withstand earthquakes and tsunamis, with robust flood defences and drought-resistant cooling systems, including upgrades to existing ones based on Intergovernmental Panel on Climate Change (IPCC) climate risk assessments. New NPP development requires updated climate risk regulations, streamlined approvals, and efforts to build public trust through transparent communication. Building NPPs would incur large initial investments, require financing and trained skilled workers, and must address safety concerns through advanced technologies. Various challenges can be addressed through international collaboration, including sharing best practices, supporting developing nations, and fostering innovation via global R&D (e.g., thorium reactors). Though nuclear energy contributes to reducing only 2–3% of global emissions, increasing capacity remains a challenge, alongside ongoing public concerns.

2.3 Updates in Air Pollution Epidemiology in Malaysia: Current Research and Future Challenges | *Professor Dr Mazrura Sahani, Centre for Toxicology & Health Risk Studies (CORE), Universiti Kebangsaan Malaysia (UKM),*

Air pollution is the second highest risk factor for non-communicable diseases (NCDs). Major contributors to air pollution in Malaysia are industrial and vehicular emissions, construction activities, open burning, agricultural practices and transboundary haze. Air pollution epidemiology studies the relationship between air pollution and health outcomes in populations. It is divided by the two different mechanisms by which air pollution exposures affect human health: short- and long-term studies. The State of Global Air Report highlights that air pollution was responsible for 8.1 million deaths globally in 2021, making it the second leading risk factor for death, including for children under five years. In Malaysia, respiratory illnesses were the second leading cause of death (14.8%) in 2019, while cardiovascular diseases were the underlying cause of 7.9% of deaths in hospitals. Current challenges include meeting health-based standards for common air pollutants, mitigating climate change, reducing exposure to toxic pollutants, and protecting the ozone layer. Some key issues in the era of AI and digitalisation among others are data accessibility and integration, policy and governance, integrating AI models into public health systems which requires careful planning and infrastructure readiness, enhancing Public Health Surveillance through AI-powered dashboards and digital tools and successful digitalisation efforts require partnerships between researchers, app developers, and patient groups to ensure practical implementation and usability. The efforts to reduce air pollution in Malaysia align closely with several SDGs, including SDG 7 (Affordable and Clean Energy), SDG 13 (Climate Action), and SDG 3 (Good Health and Well-being). While the government has deployed several policies to control air pollution, more aggressive action is needed.

SYMPOSIUM 3

3.1 Using Decision Modelling to Enhance Health Behaviour Change Among NCD Patients | *Dr Maslin Masrom, Associate Professor at the Faculty of Artificial Intelligence, Universiti Teknologi Malaysia (UTM), Kuala Lumpur*

Non-communicable diseases (NCDs) such as diabetes, cancer, and heart disease continue to present significant public health challenges around the world. A critical component of managing these conditions lies in encouraging sustained behaviour change, yet traditional interventions often fall short due to complex individual and environmental factors. In the era of digitalisation and artificial intelligence (AI), by integrating behavioural science theories with data-driven decision support systems, decision modelling enables the simulation of patient choices, predicts behavioural outcomes, and optimises intervention strategies. This presentation will examine how decision modelling techniques, including decision trees, Markov models, and agent-based modelling (ABM), can be utilised to enhance health behaviour change among patients with diabetes, cancer, and heart disease. In diabetes care, Markov models are frequently employed to project long-term complications based on lifestyle choices and medication adherence, aiding clinicians and patients in making informed decisions. In heart disease, decision tree analysis and cost-effectiveness models direct interventions such as rehabilitation programs, dietary modifications, and wearable health monitoring. For cancer patients, particularly in survivorship care, agent-based modelling can simulate how individual behaviour and psychosocial factors affect long-term health outcomes and recurrence prevention. These models become more impactful when integrated with AI and digital tools, enabling real-time data collection, personalised risk predictions, and adaptive interventions. Mobile health apps, wearable sensors, and predictive algorithms can contribute to decision models to tailor behaviour change strategies. By highlighting case studies, this presentation will illustrate how decision modelling, combined with digitalisation and AI, can transform public health strategies. It allows both healthcare providers and patients to make evidence-based choices that foster sustainable behaviour change, ultimately enhancing quality of life and clinical outcomes for those affected by these chronic conditions.

3.2 Artificial Intelligence (AI) for Behavioural Insights: From Theory to Practice | *Dr Saiful Adli bin Suhaimi, Health Education Officer, Head Behavioural Insights Unit, Institute for Health Behavioural Research (IPTK), National Institutes of Health (NIH), Malaysia*

Understanding human behaviour is key to designing effective health interventions, but it remains a complex challenge due to its subjective nature and susceptibility to biases. While artificial intelligence (AI) cannot fully predict or replace human behaviour, it is a valuable tool for supporting behavioural insights. This presentation explores how AI can assist, and not replace behavioural science in practice. By combining AI with behavioural science frameworks such as the EAST model (Easy, Attractive, Social, Timely) and the COM-B model (Capability, Opportunity, Motivation – Behaviour), we can create strategies that align more closely with how people actually think and behave. For instance, AI...

HEALTH PROMOTION

analyses data such as health records, fitness trackers, and app usage to identify patterns, enabling personalised messages or reminders tailored to individual needs. However, it is essential to use AI responsibly. Ethical considerations, including transparency, consent, and fairness, are crucial to ensuring that AI-driven interventions remain people-centred and trustworthy. In summary, AI can transform behavioural insights into actionable, scalable strategies. When used responsibly, AI strengthens health interventions and supports the development of fair, evidence-based health policies.

3.3 Healthy Bytes: Big Data Shaping Population Health and Promoting Well-being | *Ts Dr Nurhidayah Bahar, Faculty of Information Science & Technology, Universiti Kebangsaan Malaysia*

The digital era has ushered in unprecedented volumes of health-related data from diverse sources, including electronic health records, wearable devices, social media, and public health surveillance systems. Big data has emerged as a transformative force in public health, offering new opportunities to understand population-level health trends, predict disease outbreaks, inform policy, and design targeted health promotion strategies. This study explores how big data contributes to shaping population health and promoting well-being through a systematic literature review of peer-reviewed studies published in the last decade. The review focuses on identifying key domains where big data has made significant impact, such as predictive analytics, personalized health interventions, real-time monitoring, and community health engagement. Findings from the study reveal that big data analytics has enhanced the efficiency of health systems by enabling early detection of health risks, improving decision-making, and supporting evidence-based public health campaigns. In health promotion, big data supports tailored messaging, behavioural tracking, and evaluation of programme effectiveness, contributing to more inclusive and equitable health outcomes. This study aims to provide public health professionals, researchers, and policy makers with an overview of current trends, applications, and considerations for leveraging big data in population health management and health promotion.

SYMPOSIUM 4

4.1 Artificial Intelligence (AI)-Driven Approaches to Addressing Non-Communicable Diseases: Opportunities and Challenges |

Dr Wan Kim Sui, Institute for Public Health, National Institutes of Health, Ministry of Health Malaysia

Non-communicable diseases (NCDs), including cardiovascular diseases, diabetes, and cancer, are responsible for a large portion of global morbidity and mortality. Artificial intelligence (AI) has emerged as a powerful tool in transforming the prevention, diagnosis, and management of NCDs, offering innovative solutions while also presenting notable challenges. AI algorithms, particularly those using machine learning, can analyse large amounts of clinical, genetic, and lifestyle data to identify individuals at high risk for developing NCDs. This allows targeted interventions, potentially delaying or preventing disease onset. Advanced machine learning models can also analyse medical imaging, genetic data, and electronic health records with high accuracy, enabling earlier diagnosis of diseases such as cancer and diabetic retinopathy. AI also facilitates personalised treatment by predicting individual therapy responses, optimising drug regimens, and minimising adverse effects. Wearable devices integrated with AI algorithms enhance real-time monitoring, alerting users and healthcare providers to potential health risks. Despite these opportunities, several challenges remain. Data privacy and security are significant concerns, as AI systems require large amounts of sensitive patient information, raising ethical and regulatory issues. Another vital issue is algorithmic bias, where AI models trained on non-diverse or non-representative datasets may produce inequitable outcomes for underrepresented populations. Resistance from healthcare professionals and patients due to the 'black box' nature of some AI systems also poses a barrier to trust and adoption in NCD care. In conclusion, while AI holds immense potential in transforming NCD care, addressing ethical, technical, and regulatory challenges is essential for its equitable and effective implementation. Collaborative efforts among public health policymakers, clinicians, and technologists are crucial in harnessing AI's full capabilities to combat NCDs.

4.2 From Data to Action: Artificial Intelligence (AI) and Digitalisation in the Fight Against Diabetes | *Professor Dr Lim Lee Ling, Professor of Medicine and Head of the Diabetes Care Unit, Universiti Malaya Medical Centre*

The global diabetes epidemic demands urgent, data-driven solutions. This presentation explores how artificial intelligence (AI) and digitalisation are revolutionising diabetes care, from early detection to personalised management and population-level interventions. Drawing on real-world examples and emerging research, the lecture highlights the transformative potential of AI-powered tools, including predictive algorithms, remote monitoring systems, and digital health platforms in improving health outcomes. By bridging the gap between innovation and implementation, this presentation aims to empower clinicians, policymakers, and researchers to adopt a proactive approach in leveraging technology for better diabetes care. This multifaceted approach can serve as a catalyst for meaningful reform across the diabetes care continuum.

NON-COMMUNICABLE DISEASE

4.3 Integrating Artificial Intelligence (AI) and Digital Tools in Cancer Screening in Malaysia | *Associate Professor Dr Elaine Chan Wan Ling, Institute of Research, Development and Innovation (IRDI), IMU University*

This presentation explores Malaysia's strategic efforts to integrate artificial intelligence (AI) and digital tools into its healthcare system, particularly in the field of pathology, as supported by national policies. These initiatives are transforming diagnostic capabilities and improving early cancer detection, ultimately leading to better patient outcomes. AI's application in cancer diagnosis is exemplified through its use in cervical cancer screening via image analysis of Papanicolaou (Pap) smears. AI algorithms enable more accurate detection of abnormal cells, reducing human error and enhancing diagnostic efficiency. Similarly, AI-driven tools support the diagnosis of pancreatic cancer by analysing fine needle aspirates (FNA), allowing pathologists to identify malignant cells with greater precision. In addition, AI is contributing to the detection of infectious diseases through whole slide imaging, facilitating rapid, large-scale screenings that bolster public health responses—particularly in remote areas. A key milestone in Malaysia's digital pathology transformation is the development of a national telepathology network. This enables remote consultations and access to expert opinions, allowing healthcare facilities in underserved regions to benefit from specialised diagnostic services and ensuring more equitable access to high-quality care. The successful adoption of AI and digital tools in Malaysian healthcare relies on the establishment of robust regulatory and ethical frameworks. These frameworks are essential to ensure patient safety, data privacy, and equitable access to AI-powered diagnostics. By prioritising these elements, Malaysia is fostering the responsible and effective integration of AI in clinical practice. In conclusion, Malaysia's adoption of AI and digital tools in cancer screening, supported by effective policies and regulatory frameworks, is advancing the country's healthcare system. These innovations are enhancing diagnostic precision, improving patient outcomes, and ensuring broader access to cutting-edge healthcare services across the nation.

SYMPOSIUM 5

5.1 Artificial Intelligence (AI) and Occupational Health |

Dr Suhainizam bin Muhamad Saliluddin, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia

At the turn of the 21st century, early digital assistants, like the animated office helper many will remember were introduced with the promise of human-like support. Despite their polite interjections and speech-enabled suggestions, these systems operated on rigid decision trees and pre-programmed templates. For many users, they quickly became more intrusive than useful. Fast forward to the present day, and generative artificial intelligence (AI) systems have transformed how humans interact with technology. These systems can learn from vast datasets, track context, and generate highly personalised outputs. From composing emails to summarising documents or recommending health actions, AI is now seamlessly embedded in daily life. This presentation explores how such technologies can be leveraged within the field of occupational medicine. The discipline routinely generates large volumes of sequential and contextual data—ranging from health surveillance records and exposure logs to ergonomic assessments and psychological screening. Generative AI's ability to detect patterns, predict outcomes, and support evidence-informed decisions presents an opportunity to reshape how occupational health professionals monitor risks, identify emerging hazards, and design targeted interventions. While AI cannot replace human clinical judgment, it can serve as a powerful ally in supporting safer workplaces, timely interventions, and adaptive control measures. The talk will explore use cases, limitations, and the ethical considerations of AI integration in occupational health practice.

5.2 Virtual Reality (VR) Application in Occupational Health |

Dr Shawaludin bin Husin, Malaysian Occupational Health Practitioners Association (MOHPA)

Innovative VR technology has the potential to significantly bolster public health interventions within occupational settings. By facilitating early detection and prevention, it aligns with the World Health Organization's (WHO) global initiatives to mitigate the increasing prevalence of diseases, particularly in middle and low-income nations, including Malaysia. Additionally, it contributes to a reduction in the overall incidence of occupational related diseases, enhances the rate of occupational safety and health (OSH) notification rates and ultimately facilitates alleviation of the global disease burden. As such, MySmartOH's VR Audiometry represents a significant advancement in audiometry technician training, fostering enhanced learning efficiency and skill mastery. This enhanced educational foundation enables more accurate and efficient hearing assessments, which are essential for the early detection of hearing impairments in industrial settings. It also supports a more proactive and effective approach to hearing conservation in the workplace and beyond.

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5.3 Revolutionizing Occupational Health: Digital Solutions for Early Disease Detection and Risk Stratification | *Prof Dr Siti Munira binti Yasin, Professor of Public Health Medicine, Faculty of Medicine, Universiti Teknologi MARA*

Occupational diseases often develop quietly in industries where workers are routinely exposed to physical, chemical, and ergonomic hazards and are only identified when symptoms have progressed. This is especially true in high-risk sectors such as manufacturing, construction, utilities, agriculture, hospitality, and quarrying. My talk will share DOSH's recent research efforts in collaboration with UiTM to shift the focus from late-stage diagnosis to early identification and intervention for major occupational health problems. These include hearing loss from noise exposure, lung diseases linked to dust and chemicals, neurotoxicity, occupational skin diseases, musculoskeletal disorders, and mental health conditions. Over the past three years, we have developed digital screening tools and implemented them across selected industries in Malaysia, successfully screening more than 115,000 workers via a digital system. The tools capture work-related health indicators through structured assessments, incorporating job type, exposure history, self-reported symptoms, lifestyle factors, and risk assessment. We developed a digital risk stratification system using this data to identify which workers most need further follow-up or targeted health interventions. Although artificial intelligence is not yet part of the current platform, it has been initiated for the next phase. We are developing and embedding AI-driven analytics to enhance the screening system's predictive accuracy, enabling even earlier detection and more personalised recommendations. This presentation will walk through the design of our approach, share what we have learnt from the large-scale implementation so far, and explore how this digital framework could be scaled up nationally. We aim to create a more proactive occupational health model that uses technology for efficiency and to protect and promote workers' health before illness takes hold. We hope to help shape a healthier, more resilient workforce in Malaysia's industrial sector through smarter screening and data-driven strategies.

SYMPOSIUM 6

6.1 Advancing Precision Medicine in Malaysia: Insights from the MyGENOM Project | *Dr Adiratna binti Mat Ripen, Institute for Medical Research, National Institute of Health, Ministry of Health Malaysia*

The MyGENOM Project represents a landmark national initiative to harness the power of genomics in transforming public health across Malaysia. As the country faces a rising burden of non-communicable diseases (NCDs), such as cardiovascular disease, diabetes, and cancer, this project aims to provide the scientific foundation for more personalized, predictive, and preventive approaches to healthcare. By capturing the rich genetic diversity of Malaysia's multiethnic population, MyGENOM is generating a unique genomic dataset that reflects local health risks and variations in disease susceptibility. In this session, Dr Adiratna Mat Ripen will provide an overview of the MyGENOM Project's objectives, structure, and early findings, with a focus on its implications for public health policy and practice. She will explore how integrating genomic data with traditional health surveillance systems can enhance risk stratification, guide more targeted screening and intervention programs, and ultimately improve population-level outcomes. The talk will include examples of how genetic insights are already informing decisions around disease prevention and treatment personalization in pilot programs. Dr Adiratna will also discuss the broader ecosystem required to support precision medicine in Malaysia—including infrastructure development, workforce training, data governance, and ethical oversight. Particular attention will be given to the importance of public trust, community engagement, and equitable access to genomic services. Additionally, she will highlight the importance of multi-stakeholder collaboration among government agencies, academic institutions, healthcare providers, and the public. This session will offer a forward-looking perspective on how precision medicine, powered by initiatives like MyGENOM, can be leveraged to build a more inclusive, effective, and sustainable healthcare system in Malaysia and the wider region.

6.2 Genomics in the Age of Artificial Intelligence (AI): Exploring the Future of Data Integration, Innovation, and Impact | *Associate Professor Dr Saharuddin bin Mohamad, Institute of Biological Sciences, Faculty of Science, Universiti Malaya*

The integration of artificial intelligence (AI) into genomics is transforming clinical care by enabling faster diagnoses, more precise treatments, and deeper insights into the molecular basis of disease. As genomic datasets grow in size and complexity—spanning whole-genome sequencing, transcriptomics, epigenomics, and more—traditional analytical methods increasingly struggle to keep pace. AI brings powerful capabilities in pattern recognition, predictive modelling, and data integration, offering a transformative approach to decoding the genome with unprecedented precision and speed. This session explores how AI is reshaping genomics, particularly in clinical settings, with focus areas including genome sequencing, functional analysis, and variant interpretation. Special emphasis will be placed on how AI integrates multi-omics data—genomic, epigenomic, transcriptomic, and proteomic, into unified biological insights. Real-world applications will be highlighted, such as AI's impact on cancer genomics, rare disease diagnosis, and precision therapeutics. For example, tools like AlphaFold have revolutionised protein...

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structure prediction, while DeepVariant is improving variant interpretation in clinical genomics. Despite its transformative potential, AI in genomics faces challenges including data privacy, model interpretability, and the need for robust ethical frameworks. Addressing these challenges is essential for the responsible deployment of AI in healthcare. Looking ahead, the synergy between genomics and AI promises to reshape how we approach health, disease, and innovation.

6.3 Enhancing Health Sector Preparedness and Response Through Biomedical Technology for Disease Prevention and Management | *Dr Norita binti Shamsudin, Director of the Ipoh Public Health Laboratory, Ministry of Health Malaysia*

Laboratories play a pivotal role in the detection, prevention, and management of diseases. Strengthening their capacity through biomedical technology is crucial for improving health sector preparedness and response, especially in the face of emerging and re-emerging infectious diseases, pandemics, and public health emergencies. This focuses on leveraging advanced biomedical technologies - such as automated diagnostic platforms, molecular testing tools (e.g., Polymerase chain reaction, CRISPR-based diagnostics), biosensors, and integrated laboratory information systems - to transform laboratory operations into more responsive, accurate, and efficient components of the healthcare system. These technologies enhance early detection of pathogens, streamline sample processing, support surveillance efforts, and enable rapid data sharing with public health authorities. The initiative also highlights the importance of laboratory biosafety, quality assurance systems, and workforce capacity-building as integral to successful technology adoption. By upgrading laboratory infrastructure and integrating digital technologies, health systems can achieve faster turnaround times, improved disease tracking, and more effective outbreak containment. Ultimately, this laboratory-centered approach aims to create a resilient diagnostic backbone that supports evidence-based decision-making, enhances real-time preparedness, and ensures timely interventions to protect population health.

SYMPOSIUM 7

7.1 ScreenMen: Empowering Men to Screen | *Dr Teo Chin Hai, Senior Lecturer, Department of Primary Care Medicine, Faculty of Medicine, Universiti Malaya*

Health screening uptake among men in Malaysia remains suboptimal. To address this, ScreenMen, a mobile-friendly web application, was developed to raise awareness about health risks, encourage healthy behaviours, and empower men to pursue evidence-based screening. The development process of ScreenMen was guided by behavioural theories, existing literature, and insights from men themselves. Through interviews with 31 community-based men, researchers identified key barriers and enablers to screening, and gathered feedback on desirable features for a screening app. ScreenMen promotes comprehensive and evidence-based screenings across several health domains, including lifestyle risks, cardiovascular diseases, cancers, infectious diseases, and mental health, incorporating local and global clinical guidelines. To improve relevance and usability for men, the app incorporated male-friendly features and followed a user-centred, iterative design approach. Prototypes were continuously refined through testing with experts and community members. The final version of ScreenMen includes a 2-minute video to address misconceptions on screening; an algorithm-driven health assessment with education function (full and quick modes); and a list of frequently asked questions. A pragmatic online randomised controlled trial, conducted via Facebook, evaluated ScreenMen's effectiveness. At the 3-month follow-up, men using ScreenMen had significantly higher actual screening rates than the control group (23.2% vs 12.9%, p=0.047). These users also intended to undergo screening sooner (median 6 vs 12 months), and demonstrated better knowledge at immediate, 1-month, and 3-month intervals. A pilot implementation study has also been conducted to implement ScreenMen in public health clinics. Early results suggest men were more likely to engage with ScreenMen through QR codes on waiting area buntings (n=30) than via clinician-delivered postcards (n=9) or posters (n=0). ScreenMen demonstrated a full spectrum of research, from design to real-world application, in using a digital solution enhancing men's health. Future studies should continue to explore how digital tools can improve the health of the public.

7.2 Harnessing Artificial Intelligence (AI) and Digital Technologies to Address the Challenges of Ageing in Public Health | *Professor Ir Dr Siti Anom binti Ahmad, Department of Electrical and Electronic Engineering, Faculty of Engineering, Universiti Putra Malaysia*

As Malaysia transitions into an ageing nation, public health systems face mounting challenges in providing equitable, efficient, and person-centred care for older adults. This talk explores how artificial intelligence (AI) and digital technologies are revolutionizing the way we approach ageing-related health issues—ranging from early disease detection and fall prevention to chronic disease management and social connectedness. Drawing from real-world research, innovations, and pilot projects, the presentation will showcase how AI-integrated systems, such as wearable health monitors, predictive analytics, and personalised interventions, are being deployed to enhance health outcomes and support ageing-in-place initiatives. The talk also highlights the crucial role of digital literacy among older persons, which is often overlooked. Without the confidence and skills to use...

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technology, many seniors may miss out on digital health innovations. We must design inclusive, user-friendly solutions and provide education and support to empower older adults to benefit fully from these tools. With the right approach, AI and digital health technologies can strengthen our public health system while enabling older Malaysians to age with dignity, safety, and better quality of life.

7.3 Digitalisation in Family Health Services in Sarawak: Experience and Challenges Synopsis | *Dr Noor Baizura binti Jamali, Kuching District Health Officer, Sarawak State Health Department*

Sarawak, Malaysia's largest state, is embracing digitalisation to improve family health services and bridge healthcare disparities between urban and rural populations. With over 2.5 million residents—approximately 45% of whom live in remote areas—access to healthcare has long been a challenge. To address this, the Sarawak government has allocated RM10 million to digitise 150 of its 271 public health clinics, impacting 73% of primary care patients. Central to this initiative is the implementation of a cloud-based Clinic Management System (CCMS), enhanced with Artificial Intelligence (AI) to streamline workflows and ensure robust disaster recovery capabilities, securing patient data even in emergencies. In parallel, the Ministry of Health aims to expand teleconsultation services to 900 clinics nationwide by the end of 2024. As of July 2024, 287 clinics have already implemented virtual consultations, covering areas such as antenatal care and chronic disease management. To improve rural access, plans are underway to deploy 2,000 telehealth kiosks across Malaysia over the next two years. These kiosks will allow residents to conduct self-checks and consult healthcare providers remotely, helping reduce overcrowding in rural facilities. Despite these advancements, challenges remain. Many rural areas face poor internet connectivity and outdated ICT infrastructure. Additionally, healthcare professionals require ongoing training to effectively use digital tools, and concerns around data security and patient privacy demand stringent safeguards. To conclude, Sarawak's journey towards digitalising family health services illustrates a commitment to overcoming geographical and infrastructural challenges to provide equitable healthcare. While significant strides have been made, addressing the existing challenges is crucial to achieving a fully integrated and accessible digital health ecosystem for all communities in Sarawak.

SYMPOSIUM 8

8.1 Enhancing Medical Readiness - Transforming Health Screening Effectiveness Utilising Lifetime Health Record System in the Military |

Brigadier General (Dr) Faridzal Harrymen bin Mohd Din, Head of Military Medicine Department, Hospital Angkatan Tentera Tuanku Mizan

The Malaysian Armed Forces (MAF) has been at the forefront of healthcare digitalisation since the early 2000s, recognising the strategic importance of maintaining force readiness through early and effective health interventions. As part of this transformation, the MAF introduced the CENTROMERES initiative—a Centralised Medical Repository System anchored by the Military Lifetime Health Record (MLHR) platform. This digital health ecosystem is designed to revolutionise how health data is captured, accessed, and analysed across the military healthcare continuum. The objective is clear: to shift from reactive treatment to proactive health risk management. By leveraging digital health tools, particularly through comprehensive and routine health screening, MAF aims to identify potential health threats early and intervene before they compromise operational effectiveness. The MLHR system serves as a centralised and lifelong repository of each soldier's medical data, offering a dynamic and longitudinal view of their health status. With the integration of machine learning (ML) and artificial intelligence (AI), the system aspires to evolve further into a predictive health analytics platform. This capability will empower healthcare professionals with actionable insights, supporting timely clinical decisions while also promoting healthy behaviours among personnel. The ultimate vision is to create a military healthcare environment that is not only responsive but also anticipatory, ensuring that every soldier is physically and mentally fit for duty. This presentation explores the journey, challenges, and future direction of the MAF's digital healthcare transformation. It highlights how data-driven technologies and the MLHR platform are being strategically employed to enhance medical readiness and operational sustainability—setting a new standard for modern military medicine in the region.

8.2 Safeguarding Ethics and Ensuring Safety in the Era of Digital Health

| Mr Mohd Firdaus bin Mohd Khairi, Artificial Intelligence Engineer & Data Scientist, Ministry of Digital Malaysia

The rapid integration of digital health technologies—driven significantly by advancements in artificial intelligence (AI)—is fundamentally reshaping healthcare delivery, including in public health. AI offers unprecedented potential, from predictive analytics for disease outbreaks to personalised health interventions, enhancing efficiency, accessibility, and population health outcomes. However, this transformation introduces complex ethical challenges and safety concerns that require rigorous scrutiny, particularly when viewed through the lens of public health principles and Malaysia's unique context. From a public health perspective, ethical considerations around AI are critical. Algorithmic bias, for example, can reinforce or exacerbate existing health inequities among diverse population groups if not addressed, undermining the core public health objective of health equity. Issues of data privacy, security, and informed consent are magnified when dealing with large-scale population health data, potentially eroding public trust—an essential component of effective health programmes. Ensuring equitable access to the benefits ...

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of AI is another key challenge. In Malaysia, the healthcare system is undergoing digital transformation through initiatives such as telehealth and electronic health records, as outlined in national strategic plans. As such, the ethical governance of AI becomes increasingly important. Development and deployment must consider the country's multicultural society and healthcare infrastructure to ensure fair benefit distribution and cultural appropriateness. Establishing ethical safeguards proactively is vital to harness AI's potential responsibly. This presentation will explore core ethical principles—fairness, transparency, accountability, privacy, and safety—in the context of AI in digital health. It will address specific challenges and propose potential frameworks and collaborative strategies involving policymakers, healthcare professionals, technologists, and the public, tailored to Malaysia's national needs.

8.3 Addressing the Digital Divide: Ensuring Equity in the Age of Digital Health | *Dr Awatef binti Amer Nordin, Institute for Health Systems Research, National Institute of Health, Ministry of Health Malaysia*

Digital health has progressed by leaps and bounds, with increasing recognition of its potential to enhance access to care. Nevertheless, disparities in its reach and accessibility have also been acknowledged, whereby the digital divide poses various challenges in the delivery of healthcare services. With the conceptualisation of the social determinants of health, the interconnections between health status and living conditions or surroundings are important considerations in the pursuit of health equity. The emergence of digital determinants of health introduces an additional layer of complexity in addressing health equity. This presentation will cover an overview of the digital divide in health, touch on determinants of inequalities and share some ideas on how digital health can be more accessible and inclusive.

SYMPOSIUM 9

9.1 From Clinic to Home: Advancing Early Childhood Developmental Screening through Malaysian Digital Health Research | *Professor Dr Toh Teck Hock, Clinical Research Centre, Hospital Sibu, Sarawak*

Early identification of children's developmental delays enables timely interventions and improves long-term outcomes for children and their families. However, these efforts often face low parental awareness, overburdened clinics, and a lack of culturally relevant screening tools. In response, a diverse team of researchers from the Institute for Clinical Research, experts from Sunway University, Universiti Malaya, University of Technology Sarawak, National Early Childhood Intervention Council, private sector collaborators such as SPARK Child Development Centre, TOY EIGHT and Angsana Health have come together. Their goal is to develop scalable, innovative solutions, starting in Malaysia and expanding across ASEAN and beyond to support early childhood development. Spark@Grow is designed to empower parents in the early screening of children aged 0 to 42 months. The app offers a bilingual, user-friendly interface covering motor, language, and social development, enhanced with interactive activities and AI-powered features. The initiative includes a novel eye-tracking system developed with Sunway Baby & Child Lab to aid early autism screening. TOY8 digital app, designed for children aged 3 to 5 years, combines game-based assessment with parental input to detect early signs of developmental delay. The latter is accompanied by a personalised intervention package currently in pilot testing. Lastly, the Autism Virtual Early Screening Tool (AVEST) uses the M-CHAT-R Questionnaire and video uploads to determine autism risk. Malaysia is uniquely positioned for digital health innovation with high smartphone penetration, strong academic-clinical networks, and an increasing focus on early childhood development. The country's multiethnic and multilingual context also enables the creation of culturally adaptable models for wider regional use. This work illustrates how AI and digital tools can improve screenings, reduce the strain on healthcare systems, and improve equity. These innovations align with Malaysia's public health goals and establish the nation as a leader in digital solutions for child development, with the potential to revolutionise health care.

9.2 Artificial Intelligence (AI) in Cardiovascular Disease | *Professor Sazzli Shahlan bin Kasim, Cardiac Vascular and Lung Research Institute (CaVaLRI), UiTM Hospital Al-Sultan Abdullah*

Artificial intelligence (AI) is transforming the way cardiovascular care is delivered. This presentation will highlight three key areas where AI is making a significant impact: identifying population-level risk, enhancing diagnostic accuracy, and supporting home-based care. The session begins by examining how AI can more effectively identify individuals at risk of cardiovascular disease. By analysing large volumes of health data—including lifestyle, clinical, and demographic factors—AI tools enable earlier identification of at-risk individuals and support timely preventive action. The next focus is on AI applications in medical imaging, particularly ultrasound. AI is helping to improve the accuracy and consistency of heart disease diagnosis, especially in primary care settings. This is especially valuable for detecting early signs of cardiac issues in high-risk populations, such as individuals with diabetes. The final section explores the role of AI in enabling home-based care.

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Through wearable devices and remote monitoring technologies, patients can remain engaged with their health and easily adhere to personalised treatment plans from the comfort of their homes. This approach is especially beneficial for managing chronic cardiovascular conditions. Together, these advances demonstrate the growing role of AI in reshaping cardiovascular care across prevention, diagnosis, and long-term management.

9.3 Artificial Intelligence (AI)-Driven Patient Self-Management as a Tool for Advancing Clinical Epidemiology | *Dr Nik Nailah binti Abdullah, School of Information Technology, Monash University Malaysia*

What happens during the 99% of a patient's life spent outside hospital walls? The "data in the wild" holds untapped insights that can close the loop between clinical visits and everyday life. This presentation reveals our collaboration with Malaysia's Ministry of Health cardiologists, where the TrackCare AI App is being piloted for heart failure patient self-management. As heart failure shows alarming growth among younger populations, we tackle a crucial question: How can real-world data transform both individual care and epidemiological understanding? Traditional healthcare captures only fragmented moments during clinical visits, leaving critical gaps in our understanding of disease trajectories. TrackCare AI addresses this by empowering patients as active participants in both their personal health management and broader medical research. This dual approach not only improves individual outcomes but reshapes how we understand disease patterns across populations. The session will present findings from a digital clinical trial evaluating a novel small-data, individualised machine learning model for predicting acute decompensated heart failure. By integrating device sensor data with patient-reported symptoms, the system sheds light on the "dark periods" between clinic visits. Early retrospective study results suggest new potential for predicting cardiac changes while generating epidemiological insights that traditional models miss. The team's pilot study shows promising results in detecting subtle changes in cardiac status using vital signs and symptomatic data, with ongoing work to incorporate contextual and environmental factors, opening exciting opportunities for advancing clinical epidemiology.

FREE PAPER - SESSION 1 (8 JULY - 2 PM)

Code	Title	Venue
EPIDEMIOLOGY (COMMUNICABLE / NON-COMMUNICABLE DISEASE)		
EPIDOP01 / 251	Development, Validation and Usability Testing of "Wabak X" Card Game: A Serious Game on Disease X and Outbreak Preparedness for the Orang Asli in Selangor	Main Ballroom (Level 1)
EPIDOP02 / 270	A Comparative Study of XGBoost, SVM, and Random Forest for Hypertension Risk Prediction Among Malaysian Adults	
EPIDOP03 / 292	Factors Associated with Tuberculosis Recurrence in Besut, Terengganu - A Case Control Study	
EPIDOP04 / 299	Depression among Tuberculosis Patients in Sarawak	
EPIDOP05 / 318	A Competing Risk Analysis of Cardiovascular Events among People Living with HIV - Early Findings from CardHIV Study	
EPIDOP06 / 324	Epidemiology of Measles and Factors Associated with Laboratory-Confirmed Measles in Johor Bahru from 2020 until 2024	
EPIDOP07 / 325	Prevalence and Risk Factors of Cataract Formation in Diabetic Patients in Johor Bahru: A Population-Based Analysis	
FAMILY HEALTH / HEALTH SERVICE MANAGEMENT		
FHHMOP01 / 174	Exploring Digitalisation Challenges in Implementing Integrated Care in Langkawi's Healthcare System	Mesmera 1 (Level 1)
FHHMOP02 / 178	Geographic Information Systems (GIS) Mapping of Primary Care Services: Do Older Adults in Malaysia Have Equitable Access?	
FHHMOP03 / 189	Optimising Colorectal Cancer Screening in Malaysia: Are Screening Efforts Aligned with Disease Burden? (2014–2021)	
FHHMOP04 / 229	Gender Disparities in Adolescent Health Risks: A Cross-Sectional Study in Tumpat, Kelantan	
FHHMOP05 / 231	Development of an Image-based Health Promotion Material to Cultivate Healthy Child Media Habits among Malaysian Toddlers	
FHHMOP06 / 247	Rheumatic Heart Disease Screening Among School Children at Primary Care Level in Tuaran: Task-Shifting Strategy using Hand-held Echocardiography and Risk Factor Analysis	
FHHMOP07 / 268	Kiambang Merah: Innovating Menstrual Care through AI and Digitalisation in Social Entrepreneurship for Public Health	

FREE PAPER - SESSION 1 (8 JULY - 2 PM)

Code	Title	Venue
OCCUPATIONAL HEALTH / ENVIRONMENTAL HEALTH / SOCIAL & BEHAVIOURAL HEALTH		
OESHOP01 / 180	QHub 1.0: The Development of a Centralised Learning Hub for Quality Improvement in Malaysia	Irama 5,6,7 (Level M)
OESHOP02 / 181	The Manifestation of Work-related Fatigue among Scaffolders as Indicated by Physical and Cognitive Dimension: Objective Fatigue Assessment from a One Group Pre-Post Experimental Study	
OESHOP03 / 204	Body Weight Perception and Weight Control Behaviours among School-going Adolescents in Malaysia	
OESHOP04 / 215	Spatial distribution of dietary patterns and its association with obesity among adults in Malaysia	
OESHOP05 / 216	Reimagining Environmental Health in the Digital Age: A Data-Driven Heat Health Warning System (HHWS) for Urban and Rural Region in Northern part of Peninsular Malaysia	
OESHOP06 / 252	Discovering the Health Risks among Healthcare Workers: Prevalence and Its Associated Factors for Obesity in a Major Government Research Institute in Klang Valley, Malaysia	
OESHOP07 / 255	Sequential Food Poisoning Outbreaks in a Boarding School: Risk Factors and the Cloud Kitchen Risks	

FREE PAPER – SESSION 2 (9 JULY – 9.30 AM)

Code	Title	Venue
EPIDEMIOLOGY (COMMUNICABLE / NON-COMMUNICABLE DISEASE)		
EPIDOP08 / 334	Leading Causes of Death among Children Aged 0–14 Years in Malaysia: A Comparison between 2019 and 2023	Main Ballroom (Level 1)
EPIDOP09 / 342	Modelling Dengue Incidence and its Association with Temperature in Johor Bahru, Malaysia	
EPIDOP10 / 347	Assessing the of Accuracy of Artificial Intelligence Diagnostic in Tuberculosis Screening: Sensitivity and Specificity in Rural Sarawak	
EPIDOP11 / 363	Towards a Mentally Healthier Nation: Expert Consensus on a Depression Intervention for Patients in Primary Care	
EPIDOP12 / 389	Understanding the Home Tobacco Environment among Non-Tobacco Users in Malaysia: Insights from the National Health and Morbidity Survey 2023	
EPIDOP13 / 390	When a Permanent Solution is Taken for a Temporary Problem: Exploring the Demographics of Suicide Mortality	
FAMILY HEALTH / HEALTH SERVICE MANAGEMENT		
FHHMOP08 / 277	Establishing a Cardiac Arrest Registry to Improve Out-of-Hospital Cardiac Arrest (OHCA) Outcomes in Malaysia: A Step Towards Data-Driven Emergency Care	Mesmera 1 (Level 1)
FHHMOP09 / 289	Living in an Obesogenic Environment: Voices of Women of Reproductive Age – A Qualitative Exploration	
FHHMOP10 / 295	From Policy to Delivery Rooms: Cascade of High-Risk Pregnancy Dynamics and Maternal Outcomes in Ningxia, Northwestern China	
FHHMOP11 / 310	Intimate Partner Violence and Child Maltreatment in Sarawak: Predictive Factors Among Men	
FHHMOP12 / 313	Patients' Perspectives on Good Quality of Care for Managing Diabetes, Hypertension and Dyslipidaemia: A Nominal Group Technique Approach	
FHHMOP13 / 319	Development of Public Health Law in Malaysia	

FREE PAPER - SESSION 2 (9 JULY - 9.30 AM)

Code	Title	Venue
OCCUPATIONAL HEALTH / ENVIRONMENTAL HEALTH / SOCIAL & BEHAVIOURAL HEALTH		
OESHOP08 / 256	Machine Learning Identifies Autoantibody-Defined Systemic Lupus Erythematosus Subgroups and Their Association with Clinical Manifestations	Irama 5,6,7 (Level M)
OESHOP09 / 278	Development and Validation of an Educational Model for Adult with Allergic Rhinitis	
OESHOP10 / 290	Spatio-Temporal Analysis of Leptospirosis Hotspot Areas and its Association with Hydroclimatic Factors in Selangor (2011-2019) and Developing a Predictive Model	
OESHOP11 / 296	Enhancing Ergonomic Risk Prediction Modifying the National Institute for Occupational Safety And Health (NIOSH) Lifting Equation with Individualised Data Inputs	
OESHOP12 / 303	Validation of the Integrated Palliative Care Outcome Scale (IPOS) – Malay Version	
OESHOP13 / 306	Low Back Pain Among Medical Laboratory Technologists: Associating Factors and Ergonomic Risk Assessment	

FREE PAPER – SESSION 3 (9 JULY – 2.30 PM)

Code	Title	Venue
EPIDEMIOLOGY (COMMUNICABLE / NON-COMMUNICABLE DISEASE)		
EPIDOP14 / 391	Antimicrobial Resistance Trends of Gram-Negative Infections in Malaysia: 2018 – 2022.	Main Ballroom (Level 1)
EPIDOP15 / 396	Prevalence of Albuminuria in Malaysia: Early Signs of Kidney Damage in Diabetic and Non-Diabetic Populations	
EPIDOP16 / 403	Delay in Diagnosis among Dengue Cases in Perak: A Seven Year Retrospective Analysis	
EPIDOP17 / 408	Prevalence of Chronic Kidney Disease in Malaysia: Findings from the MyCKD 2024 Study	
EPIDOP18 / 411	Invisible Exposure: Epidemiologic Clues from a Mucormycosis Outbreak in a Maternal and Child Centre in East Coast of Peninsular Malaysia	
EPIDOP19 / 439	Advancing Community-Based Diabetes Self-Screening: A Hypothetical AI-Driven Risk Prediction Model Using National Health Surveillance Data	
FAMILY HEALTH / HEALTH SERVICE MANAGEMENT		
FHHMOP14 / 329	Use of Generative Artificial Intelligence among Medical Doctors in Sarawak: An Application of the Theory of Planned Behaviour	Mesmera 1 (Level 1)
FHHMOP15 / 362	From Buku Rekod to Mobile: Hajj Health Reimagined	
FHHMOP16 / 354	The Historical Launch of Virtual Clinic Services at Health Clinics in Ministry of Health Malaysia	
FHHMOP17 / 412	Unpacking EMR Experiences in Primary Care: A Qualitative Study	
FHHMOP18 / 326	An Integrated Internal Audit on the Key Benefits of Digital X-Ray Services in Primary Healthcare Clinics in Penang	
FHHMOP19 / 425	Advancing Public Health Disaster Management through AI and Digitalisation: Lessons from the Putra Heights Disaster	

FREE PAPER – SESSION 3 (9 JULY – 2.30 PM)

Code	Title	Venue
OCCUPATIONAL HEALTH / ENVIRONMENTAL HEALTH / SOCIAL & BEHAVIOURAL HEALTH		
OESHOP14 / 322	Modifying Effects of Temperature on PM2.5 - Related Hospital Admissions in Klang Valley, Malaysia	Irama 5,6,7 (Level M)
OESHOP15 / 330	Translation and Validation of the Motivation Thought Frequency Scales for Alcohol (MTF-A) into an Indigenous Language (Jakun Version)	
OESHOP16 / 338	Exploring Barriers in Anticipatory Guidance Practices on Oral Health for Toddlers Among Dental Therapists	
OESHOP17 / 359	Understanding Service Uptake and Eye Health Inequities in Machang's B40 Community	
OESHOP18 / 419	Vision Impairment among Urban School Children: Socioeconomic Barriers to Eye Health in Kuala Lumpur	
OESHOP19 / 429	Awareness and Knowledge of Childhood Eye Problems among Special School Teachers in Selangor	

e-POSTER

EPIDEMIOLOGY (COMMUNICABLE / NON-COMMUNICABLE DISEASE)

e-POSTER

FAMILY HEALTH / HEALTH SERVICE MANAGEMENT

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OCCUPATIONAL HEALTH / ENVIRONMENTAL HEALTH / SOCIAL & HEALTH BEHAVIOUR / OTHERS

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CONTINUING PROFESSIONAL DEVELOPMENT

The Malaysian Public Health Physicians' Association (PPPKAM) is registered as training provider with Medical Specialist CPD, MyCPD and Malaysian Medical Association (MMA).

1. Participant of the **Main Conference** is entitled to **20 CPD points**, please use specific Event ID as detailed below:

a. **Medical Specialist CPD (NSR)**
Event Name : 12th National Public Health Conference in conjunction with 26th NIH Scientific Conference
Event ID : 32751

b. **Malaysian Medical Association (MMA)**
Event Name : 12th National Public Health Conference in conjunction with 26th NIH Scientific Conference
Event ID : CPDE68085

c. **MyCPD by Ministry of Health (MOH)**
Event Name : 12th National Public Health Conference in conjunction with 26th NIH Scientific Conference
Program Name : 12th National Public Health Conference in conjunction with 26th NIH Scientific Conference

2. Participant of the **Pre-Conference** is entitled to **4 CPD points**. Please refer to the specific Event ID below for details:

a. **Workshop 1** - 32764 (**NSR**) | CPDE68072 (**MMA**)

b. **Worskhop 2** - 32765 (**NSR**) | CPDE68073 (**MMA**)

c. **Worskhop 4** - 32766 (**NSR**) | CPDE68074 (**MMA**)

d. **Workshop 5** - 32767 (**NSR**) | CPDE68075 (**MMA**)

For **MyCPD**, please search your specific workshop's title

The organiser will upload your CPD points (for doctors only) **within 14 days after the event**. **Kindly check your CPD points and contact our Secretariat for further assistance**. Thank you.

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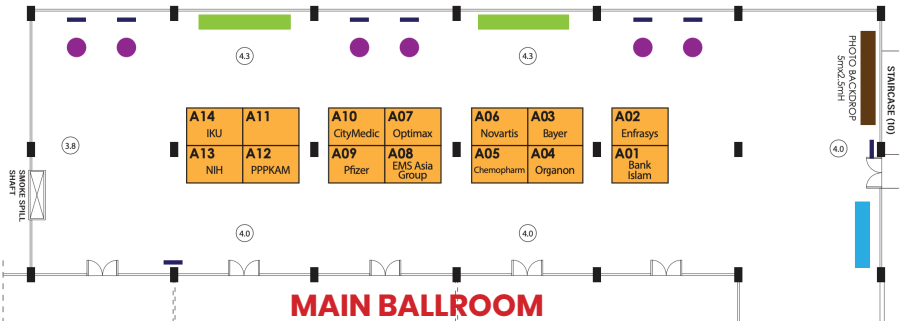

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