

MDC

MALAYSIAN DENTAL COUNCIL



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BULLETIN

BANGKOK DECLARATION ON GLOBAL ORAL HEALTH

NOHP & UHC Integration

Public-Private
Partnerships

Workforce
Capacity Building

Research & Data-Driven
Decision-Making

International Collaboration
& Policy Advocacy

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THE PRESIDENT'S MESSAGE

Warm greetings to all dental practitioners across Malaysia!

I was honoured to be offered the role of Director-General of Health Malaysia, effective 1st June 2025. With this appointment, I am also privileged to serve as the President of the Malaysian Dental Council.

Since stepping into these responsibilities, I've gained a deeper appreciation of the strength of our dental community; which, at the end of 2024, included 17,318 registered Dental Practitioners, of which 14,720 are active, and 1195 Dental Specialists on the Specialist Division of the Dental Register. This reflects the depth of talent and dedication within our profession.

Oral Health holds a far greater significance in our lives than many may realise. It is deeply connected to our overall health and significantly impacts our quality of life.

The **Bangkok Declaration**, adopted at the Global Oral Health Meeting in 2024, with the theme – “**No Health Without Oral Health: Towards Universal Health Coverage for Oral Health by 2030**” – delivers a powerful message: oral health must be a priority on every nation's healthcare agenda as we strive for comprehensive health coverage.

Malaysia is already moving in this direction. Our **National Oral Health Policy and Strategic Plan 2022–2030** sets a clear and challenging course. Oral health has also been integrated into broader health initiatives, such as the **Agenda Nasional Malaysia Sihat (ANMS)**.

With this vision in mind, the Ministry of Health is working to expand access to oral healthcare services at primary healthcare facilities nationwide. Our goal: to increase oral health coverage from 55% in 2023 to at least 80% by 2030. This is not merely about treating oral diseases; it is about proactively addressing risk factors and chronic conditions closely tied to oral health, including diabetes, hypertension, and coronary artery disease.

Equally important is the strengthening of our dental specialist framework. The launch of the Specialist Division of the Dental Register in 2022 marked a key step toward building a transparent and accountable specialist workforce. I would like to remind all registered dental surgeons that the title “**Dental Specialist**” is reserved only for those who are registered in the Specialist Division of the Dental Register after having completed a recognised postgraduate training programme and met the registration requirements specific to their individual specialty.

Together, let us continue advancing the future of oral health in Malaysia—with purpose, passion, and professionalism.

Thank you, and I look forward to the journey ahead, with you.

DATUK DR. MAHATHAR BIN ABD WAHAB

FROM THE EDITOR'S DESK

This year marks a significant transition in the leadership of the Malaysian Dental Council (MDC). In December 2024, following the retirement of Dr. Noormi binti Othman, Dr. Fauziah binti Ahmad assumed the role of Deputy Director-General of Health (Oral Health), Malaysia, thereby becoming the Dental Registrar of the Council by designation. In May 2025, YBhg. Datuk Dr. Muhammad Radzi bin Abu Hassan, then President of the MDC, also retired. His position was subsequently filled by Datuk Dr. Mahathar bin Abd Wahab.



The Editorial Board extends its sincere appreciation to YBhg. Datuk Dr. Muhammad Radzi bin Abu Hassan and Dr. Noormi binti Othman for their exemplary leadership during their respective tenures as President and Dental Registrar of the Malaysian Dental Council. We wish them continued success in their future endeavours and look forward to continued progress under the current President and Dental Registrar, as they contribute to bring the Council to new heights.

With the implementation of the Dental Act 2018 in January 2022, the tenure of the then-serving Council members was extended for six months, until June 2022, to ensure continuity. Subsequently, new members were appointed or elected to serve a three-year term ending in June 2025. A newly constituted Council assumed office in July 2025. Prior to this, elections were conducted to select representatives from both public and private sectors. The high level of participation underscored the strong commitment of dental practitioners to contribute to the profession. Details of the election process and the profiles of the new MDC members are featured in this Bulletin. We extend our deepest gratitude to the outgoing Council members for their steadfast service and warmly welcome the new members, wishing them a successful and impactful term.

The Bangkok Declaration – No Health Without Oral Health: Towards Universal Health Coverage for Oral Health by 2030 – is a global resolution endorsed by WHO Member States in November 2024. It underscores the integral role of oral health in overall health and calls for its integration into national healthcare systems as part of efforts to control non-communicable diseases. An article in this issue explores the implications of this declaration for Malaysia and outlines strategies for its implementation.

Dato' Prof. Emeritus Dr. Ishak bin Abdul Razak
Editor

THE PRESIDENT OF THE MALAYSIAN DENTAL COUNCIL



Datuk Dr. Mahathar bin Abd Wahab was born on 13 March 1969. He began his academic journey in June 1992, by earning a Bachelor of Medical Science (BMedSc) from the University of St Andrews, Scotland. He subsequently pursued and completed his Bachelor of Medicine and Bachelor of Surgery (MBChB) in June 1995, at the University of Manchester, United Kingdom. Demonstrating a deep commitment to advancing his expertise, he obtained a Master of Medicine in Emergency Medicine from Universiti Sains Malaysia in May 2003.

He has been fully registered with the Malaysian Medical Council (MMC No. 32500) since October 1996 and is also listed under the National Specialist Register (NSR No. 126007) in Emergency Medicine. Recognising the vital role of legal literacy in clinical practice, in 2006, Datuk Dr. Mahathar pursued and obtained a Certificate in Medical Law from the International Islamic University Malaysia (IIUM). He further enhanced his clinical capabilities in 2015, by earning a Fellowship in Emergency Critical Care and Critical Ultrasound from the World Interactive Network Focused on Critical Ultrasound (WINFOCUS), and in 2019, he successfully completed the Harvard Medical School Southeast Asia Healthcare Leadership (SEAL) Programme.

His expertise in emergency medicine has made him a frequent expert witness in both the Ministry of Health (MOH) and the private sector, particularly in medico-legal cases. He has been actively engaged with medico-legal issues in the Ministry of Health for more than 10 years, reflecting his deep understanding of the intersection between medicine and law. In addition to his clinical and legal roles, he has held leadership positions within the professional community, notably, as President of the College of Emergency Physicians, Academy of Medicine Malaysia. This role underscores his commitment to advancing the field of emergency medicine and supporting the professional development of his peers. Throughout his career, Datuk Dr. Mahathar bin Abd Wahab has demonstrated unwavering dedication to the advancement of emergency care, medical education, and the integration of legal and ethical principles into medical practice.

THE DENTAL REGISTRAR OF THE MALAYSIAN DENTAL COUNCIL



Dr. Fauziah binti Ahmad, a native of Kedah is a Dental Public Health Specialist, with over 16 years of experience in the field. She obtained her Bachelor of Dental Surgery in 1992 and completed a Master's in Dental Public Health in 2008, both from University of Malaya.

Her career began in 1992 at various dental facilities in Kedah, including Hospital Alor Setar. She amassed significant experience in primary oral healthcare and has steadfastly committed to improving the oral health status of the nation.

At the national level, she held several key positions: Deputy Director of Specialist Oral Health, Director of the Oral Healthcare Division, Director of Healthcare Section and Development Division, and Director of Oral Health Policy and Strategic Planning Division, before being appointed Deputy Director-General (Oral Health) on January 2, 2025. Her involvement in ensuring safe and quality oral health services in Malaysia includes being a Member of the Malaysian Dental Council since 2020 and chairman of the Dental Evaluation Committee, Joint Technical Committee for Evaluation of Dental Specialty Programmes and Joint Technical Accreditation Committee (JTAC).

Throughout her career, Dr. Fauziah has played a pivotal role in shaping Malaysia's oral health policies, ensuring their alignment with the Global Oral Health Action Plan (GOHAP) and the National Oral Health Strategic Plan. These efforts are aimed at addressing the evolving needs of the oral healthcare system. Her career in public health has endowed her with profound insights into the strengths and weaknesses of the nation's oral health delivery system, which greatly contributed in her leadership role. Dr. Fauziah is unwavering in her dedication to elevating Malaysia's oral health services to international standards, striving for parity with those of developed countries.

A Salute to Leadership

CELEBRATING THE TENURE OF OUR PAST PRESIDENT

With immense appreciation, we bid farewell to YBhg. Datuk Dr. Muhammad Radzi bin Abu Hassan, whose visionary leadership and unwavering commitment have shaped our journey in immeasurable ways. Your contributions have been both profound and inspiring. Your presence will be deeply missed, but your impact will continue to resonate.



Special Session with the WHO Executive Board on The Health Conditions in the Occupied Palestinian Territory Online held on 10 December 2023



3rd NOHRI Conference at Dewan Damar Sari, Putrajaya (5-7 September 2024)

A Salute to Leadership

CELEBRATING THE TENURE OF OUR PAST PRESIDENT



Mr. Prof Dr Mohamed El Tayeb, Deputy ministry of Health & Population for Governance, Institutional Reform and Monitoring and Follow up Affairs

Datuk Dr Muhammad Radzi Abu Hassan, Director General of Health Malaysia

Dr Albert Francis Domingo, OIC Assistant Secretary & Spokesperson Department of Health, Philippines



WHO Global Oral Health Meeting in Thailand (26-29 November 2024)



16th MDC Meeting held on 9 December 2024

Farewell & Gratitude

HONORING THE LEADERSHIP OF OUR FORMER DENTAL REGISTRAR

After 35 years of remarkable service, Dr. Noormi binti Othman bids farewell to the Ministry of Health Malaysia. She dedicated a major portion of her service to the Malaysian Dental Council (MDC), significantly contributing to its growth and development. From her days as Assistant Secretary to the MDC to becoming the 9th Secretary of the MDC and later serving as the Dental Registrar from 2020, Dr. Noormi has left an indelible mark on the profession.



Official Visit to the Federal Territory Health Department, Kuala Lumpur (January 2022)

Mouth Cancer Awareness Week (MCAW) (November 2022)



Farewell & Gratitude

HONORING THE LEADERSHIP OF OUR FORMER DENTAL REGISTRAR

As she steps into retirement, the MDC extends its heartfelt gratitude to her immense contributions and wishes her happiness and good health in this new chapter of her life.



WHO Global Oral Health Meeting in Thailand (26–29 November 2024)



75th WHO Regional Committee Meeting for Western Pacific in Manila, Philippines (21–25 October 2024)



SUMMARY REPORT: ELECTION OF COUNCIL MEMBERS FOR 2025–2028 TERM

In line with the Dental Act 2018 [Act 804], the tenure of Council Members shall not exceed three years. As the first cohort of Council Members under the Act completed their term on 30 June 2025, the Malaysian Dental Council (MDC) initiated the election of eight new members under Section 6(1) of the Act in March 2025:

- 6(1)(e): Four in the public sector (Peninsular) – elected by dental surgeons resident in Peninsular Malaysia
- 6(1)(f): Four in the private sector (Peninsular) – elected by dental surgeons resident in Peninsular Malaysia
- 6(1)(g): One from Sabah – elected by dental surgeons resident in Sabah
- 6(1)(h): One from Sarawak – elected by dental surgeons resident in Sarawak

Nomination and Voting Process

The nomination period ran from 2 to 11 April 2025. No nomination was received under Section 6(1)(h), and only one valid nomination was received under Section 6(1)(g), the practitioner therefore being elected unopposed.

An objection concerning the nominees under Section 6(1)(f) was submitted after the close of the nomination period. The matter was duly reviewed and dismissed, in accordance with the provisions of the Dental Regulations 2021.

For Sections 6(1)(e) and 6(1)(f), a full postal vote was conducted. Ballot papers were dispatched to 12,241 eligible voters beginning 9 May 2025, and the deadline for return was 13 June 2025 at 4:30 PM, inline with the Dental Regulations 2021 as well.

Vote Counting

The counting of votes was held on 16 June 2025 with transparency and integrity, under the supervision of Dr. Habibah binti Yacob @ Ya'akub, a Council Member for the 2022–2025 term appointed by the President of the MDC to represent the Returning Officer, in the presence of a few of the candidates.

VOTING STATISTICS

Envelope B (Outer Envelope)

Total Number of Envelopes Received within the deadline = 2,963

Rejected Envelopes:

- Not sealed = 32
- Without Envelope A = 32
- Containing more than one Envelope A = 10
- Other reasons = 8

Total Rejected Envelopes = 82

Total Valid Envelopes = 2,881

Note: 93 envelopes received after 4.30 p.m., 13 June 2025 (up to 8 July 2025)

Envelope A (Inner Envelope)

Rejected Envelopes:

- Without both signature and name = 50
- Not sealed = 58
- Without ballot papers = 0
- Containing more than one ballot paper for each sections = 85
- Other reasons = 48

Total Rejected Envelopes = 241

Total Valid Envelopes = 2,640

**REJECTED
BALLOTS**

**SECTION 6(1) (e) = 57
SECTION 6(1) (f) = 120**

**VALID
BALLOTS
COUNTED**

**SECTION 6(1) (e) = 2549
SECTION 6(1) (f) = 2522**

RESULT

Following the transparent and duly regulated vote counting process, the notice of names of the successful candidates have been published on the MDC website.

The MDC President extends his congratulations to the newly elected Council Members and conveys his sincere appreciation to all nominees and registered dental practitioners for their valued participation in the election, reflecting the profession's continued commitment to professional accountability and democratic representation.

Prepared by: Dr. Nurul Syakirin binti Abdul Shukur
Secretary of MDC

New Term, New Leadership: MDC Council Members 2025-2028

The Malaysian Dental Council (MDC) welcomes the newly appointed and elected Council Members for the 2025–2028 term. These members were selected in accordance with Section 6(1) of the Dental Act 2018 [Act 804], comprising representatives from both the public and private sectors, including Sabah and Sarawak.

The Council acknowledges with deep appreciation the contributions of the 2022–2025 Council Members, whose dedication and commitment have strengthened the Council's governance and professional integrity. Their legacy continues to guide the incoming Council.

Council Members 2025-2028 (as at 1 July 2025)

Section	Name
6 (1) (a) the President	1. Datuk Dr. Mahathar bin Abd Wahab
6 (1) (b) the Dental Registrar	1. Dr. Fauziah binti Ahmad
6 (1) (c) Six appointed dental surgeons from among the academic staff of the dental faculties of the accredited local training institutions, three from the public sector and three from private sector	1. Prof. Dr. Dalia binti Abdullah 2. Prof Dr. Tuti Ningseh binti Mohd. Dom 3. Prof. Dr. V. Rathna Devi A/P A. Vaithilingam 4. Prof. Dr. Abdul Rashid bin Ismail 5. Dato' Prof. Emeritus Dr. Ishak bin Abdul Razak 6. Dr. Wilander Law Cheng Guan
6 (1) (d) Six appointed dental surgeons, three from the public sector and three from private sector	1. Dr. Habibah binti Yacob @ Ya'akub 2. Brig. Jen. (Dr.) Hazudin bin Hassan 3. Dr. Syed Iqbal bin Syed Husman 4. Dr. Lee Wei Zin 5. Dr. Ng Woan Tyng 6. Dr. Teerunavookarasu a/l Rajaratnam
6 (1) (e) Four elected dental surgeons from the public sector resident in Peninsular Malaysia	1. Prof. Dr. Mohd Yusmialdil Putera bin Mohd Yusof 2. Dr. Mohd Zambri bin Mohamed Makhbul 3. Dr. Sofiah binti Mat Ripen 4. Dr. Tan Huann Lan
6 (1) (f) Four elected dental surgeons from the private sector resident in Peninsular Malaysia	1. Dr. Firdaus bin Hanapiah 2. Dato' Prof. Dr. Mohamed Ibrahim bin Abu Hassan 3. Prof. Emeritus Dr. Rosnah binti Mohd Zain 4. Prof. Dr. Seow Liang Lin
6 (1) (g) One elected dental surgeon resident in Sabah	1. Dr. Leong Kei Joe
6 (1) (h) One elected dental surgeon resident in Sarawak	1. Dr. Wong Siong Ting
6 (1) (i) Two (2) appointed dental therapists who are members of the Malaysian Dental Therapists Board	1. Puan Fatimah binti Rahman 2. Puan Zainab bt Mohideen



Seated (from left) : Mdm. W.A. Shashila (Legal Practitioner), Dr. Fauziah binti Ahmad (Dental Registrar), Datuk Dr. Mahathar bin Abd Wahab (President), Dato' Professor Emeritus Dr. Ishak bin Abdul Razak, Professor Dr. Abdul Rashid bin Ismail

Standing first row(from left) : Professor Dr. Dalia binti Abdullah, Dr. Tan Huann Lan, Dr. Sofiah binti Mat Ripen, Professor Emeritus Dr. Rosnah binti Mohd Zain

Standing second row(from left) : Brig. Gen. (Dr.) Hazudin bin Hassan, Dr. Syed Iqbal bin Syed Husman, Dr. Wong Siong Ting, Dr. Mohd Zambri bin Mohamed Makhbul, Professor Dr. Mohd Yusmiadil Putera bin Mohd Yusof, Dr. Teerunavookarasu a/l Rajaratnam, Dr. Lee Wei Zin, Dr. Wilander Law Cheng Guan, Dr. Firdaus bin Hanapiah

Not in the picture; Attending virtually : Dr. Habibah binti Yacob @ Ya'akub, Dr. Ng Woan Tyng, Dato' Professor Dr. Mohamed Ibrahim bin Abu Hassan, Dr. Leong Kei Joe, Puan Zainab binti Mohideen, Puan Fatimah binti Rahman

Not present : Professor Dr. Tuti Ningseh binti Mohd. Dom, Professor Dr. V. Rathna Devi a/p A. Vaithilingam, Professor Dr. Seow Liang Lin

**MALAYSIAN DENTAL COUNCIL
DENTAL REGISTRAR'S REPORT FOR 2024**

1. Registration under the Dental Act 2018

a) Registration as Dental Surgeon

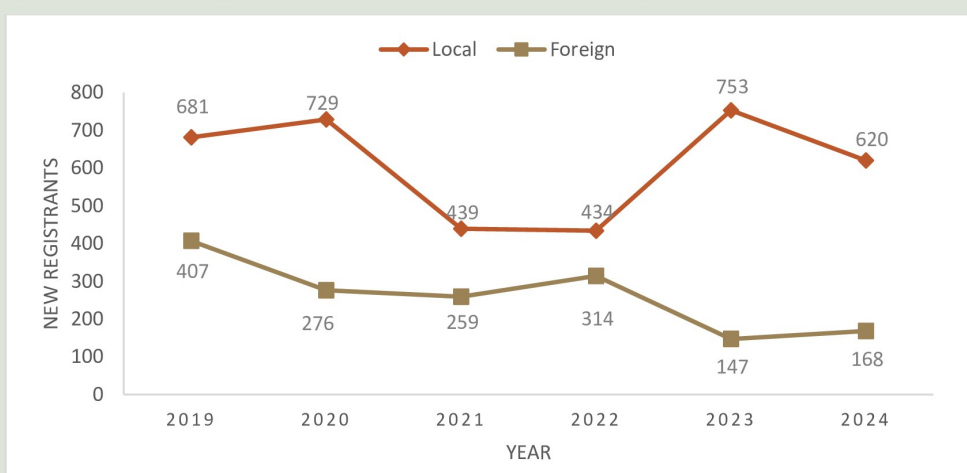
A total of 788 graduates registered with the Malaysian Dental Council (MDC) in 2024 (**Table 1**), representing a 17% decline from the previous year. With the implementation of the new Dental Act 2018 [Act 804] on 1st January 2022, all new graduates were registered under Section 31 of the Act.

Table 1: New Registrants by Section and Act, 2019 – 2024

Section	2019	2020	2021	2022	2023	2024
12(1) Act 51	1,079	1,001	686			
12(3) Act 51	2	1	0			
12(9) Act 51	7	3	12			
31 Act 804				748	900	788
Total	1,088	1,005	698	748	900	788

In 2024, 79% of the new registrants were from local institutions. New registrants from foreign institutions were 14% more compared to the previous year (**Figure 1**).

Figure 1: New Registrants from Local and Foreign Institutions, 2019 – 2024



In 2024, the local institutions with the largest number of graduates who registered with the MDC were AIMST University and Universiti Teknologi MARA (**Table 2**).

Table 2: New Registrants from Local Institutions, 2019 – 2024

Institution	Year					
	2019	2020	2021	2022	2023	2024
University of Malaya	55	54	49	0	49	48
Universiti Kebangsaan Malaysia	50	50	5	56	61	23
Universiti Sains Malaysia	46	52	50	0	46	46
AIMST University	73	75	3	75	68	79
Penang International Dental College	78	40	78	45	59	44
Universiti Teknologi MARA	47	99	9	86	75	79
International Islamic University Malaysia	53	57	63	2	54	54
Islamic Science University Malaysia	42	31	38	0	35	36
MAHSA University	74	70	2	69	73	70
IMU University	38	42	46	41	55	47
Melaka Manipal Medical College/ Manipal University College Malaysia	70	67	5	0	122	7
SEGi University	47	50	49	41	8	69
Lincoln University College	8	42	42	19	48	18
TOTAL	681	729	439	434	753	620

The highest number of foreign graduates registered with the MDC were from Egypt, followed by Indonesia (Table 3).

Table 3: New Registrants by Country of Qualification, 2019 – 2024

COUNTRY	YEAR					
	2019	2020	2021	2022	2023	2024
Malaysia	681	729	439	434	753	620
Australia	5	6	7	5	3	2
Bangladesh	8	4	4	17	7	6
Canada	-	1	-	1	-	-
China	1	1	1	0	2	2
Egypt	109	37	29	91	67	90
India	79	72	52	94	9	8
Indonesia	75	51	47	74	36	49
Japan	-	-	-	1	-	-

Jordan	52	2	-	-	-	-
New Zealand	5	2	7	2	4	2
Pakistan	1	-	-	-	-	-
Philippines	-	1	-	-	-	-
Republic of Ireland	2	6	1	-	1	-
Taiwan	3	1	11	4	3	2
Turkey	1	-	1	-	1	-
United Arab Republic	55	70	95	17	7	1
United Kingdom	11	22	4	8	7	6
TOTAL	1,088	1,005	698	748	900	788

At the end of 2024, the total number of registrants in the Dental Register was **17,318**.

b) Registration as Dental Specialist

The registration of dental specialists is one of the key new provisions introduced under the Dental Act 2018. The year 2024 marked the conclusion of the three-year transitional period for the criteria pertaining to the recognition of specialist qualifications by the Malaysian Dental Council (MDC). A total of 236 new dental specialists were registered in 2024, bringing the cumulative number of practitioners in the Specialist Division to 1,195 over the three-year period. The highest proportion of registered dental specialists was in the field of Orthodontics (21%), followed by Oral and Maxillofacial Surgery (17%) and Periodontics (12%) (**Table 4**).

Table 4: New Dental Specialist Registrants by Specialty, 2022-2024

Specialty	2022	2023	2024	Total
Dental Public Health	78	21	27	126
Endodontics	30	8	6	44
Forensic Odontology	7	2	2	11
Oral Maxillofacial Radiology	3	1	2	6
Oral and Maxillofacial Surgery	129	46	34	209
Oral Pathology and Oral Medicine/ Oral Medicine	27	10	14	51

Specialty	2022	2023	2024	Total
Orthodontics	163	44	47	254
Paediatric Dentistry	70	34	15	119
Periodontics	81	36	30	147
Prosthodontics	59	26	26	111
Restorative Dentistry	48	23	32	103
Special Care Dentistry	12	1	1	14
GRAND TOTAL	707	252	236	1195

2. Annual Practising Certificate

In 2024, a total of 14,720 dental practitioners were issued with Annual Practising Certificates (APC). A summary of the distribution of dental practitioners from 2019 to 2024 is shown on **Table 5**. The trend translates to a 36.1% increase in ‘active’ dental practitioners over the past five years. The number of dentists (dental practitioners registered in Division II of the Dental Register) made up less than 0.1% of the active dental practitioners since the year 2020.

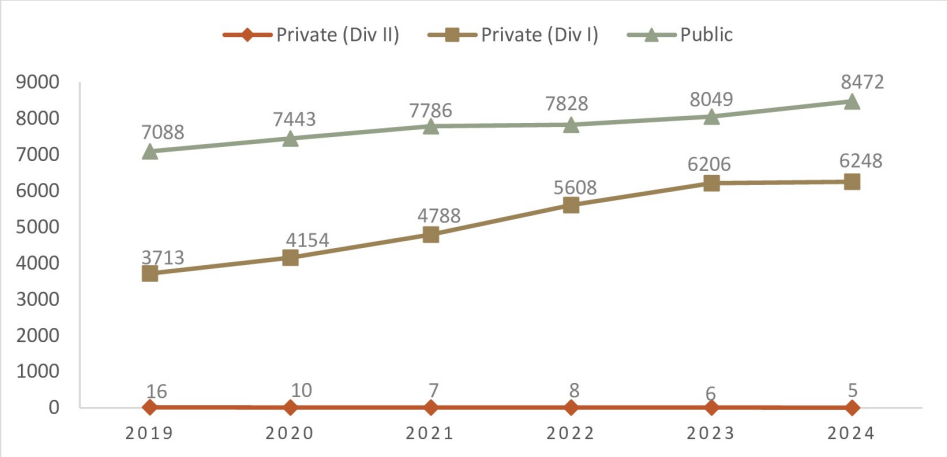
Table 5: Annual Practising Certificate Issued by Sector (2019-2024)

Division/ Sector	2019	2020	2021	2022	2023	2024
Div I - Public	7,087 (65.5%)	7,443 (64.1%)	7,786 (61.9%)	7,828 (58.2%)	8,049 (56.4%)	8,472 (57.6%)
Div I - Private	3,714 (34.3%)	4,154 (35.8%)	4,788 (38.1%)	5,608 (41.7%)	6,206 (43.5%)	6,248 (42.4%)
Total Div. I	10,801	11,597	12,574	13,436	14,255	14,720
Div II - Private	16 (0.2%)	10 (0.1%)	7 (0.1%)	8 (0.1%)	6 (0.1%)	5 (0.1%)
Grand Total	10,817	11,607	12,581	13,444	14,261	14,725
% Increase	11.3	7.3	8.4	6.9	6.1	3.2

2.1 Distribution of Active Dental Practitioners by Sector

In 2024, the number of active dental practitioners in the public sector remained higher compared to the private sector (**Figure 2**), with the public sector recording a higher growth rate of 5.3%, compared to only 0.7% in the private sector.

Figure 2: Distribution of Active Dental Practitioners by Sector (2019 – 2024)



The distribution of active dental practitioners in Malaysia by state is presented in **Table 6**. Selangor continues to record the highest number of dental practitioners in both the public and private sectors, followed by FT Kuala Lumpur. Together, these two regions account for 36.5% of all dental practitioners in the country. Notably, Selangor and FT Kuala Lumpur are the only states where the number of dental practitioners in the private sector exceeds that in the public sector. While the distribution of private sector practitioners is primarily influenced by population demand and accessibility, the distribution in the public sector is determined by the number of sanctioned posts available in each state.

Table 6: Annual Practising Certificates Issued by States in Malaysia (2024)

State	Division I Dental Surgeons			Division II Dentists
	Public Sector	Private Sector	Total	
Perlis	151	22	173	-
Kedah	547	209	756	-
Penang	469	361	830	-

State	Division I Dental Surgeons			Division II Dentists
	Public Sector	Private Sector	Total	
Perak	628	289	917	-
Selangor	1,033	2,118	3,151	-
FT Kuala Lumpur	890	1,332	2,222	-
FT Putrajaya	136	26	162	-
Negeri Sembilan	489	161	650	-
Malacca	425	154	579	-
Johore	781	684	1,465	-
Pahang	696	147	843	-
Terengganu	538	111	649	-
Kelantan	678	124	802	-
Pen. Malaysia	7,461	5,738	13,199	-
Sabah	500	282	782	3
Sarawak	463	223	686	2
FT Labuan	48	5	53	-
Malaysia	8,472	6,248	14,720	5

FT = Federal Territory

2.2 Distribution of Active Dental Practitioners by Gender and Sector

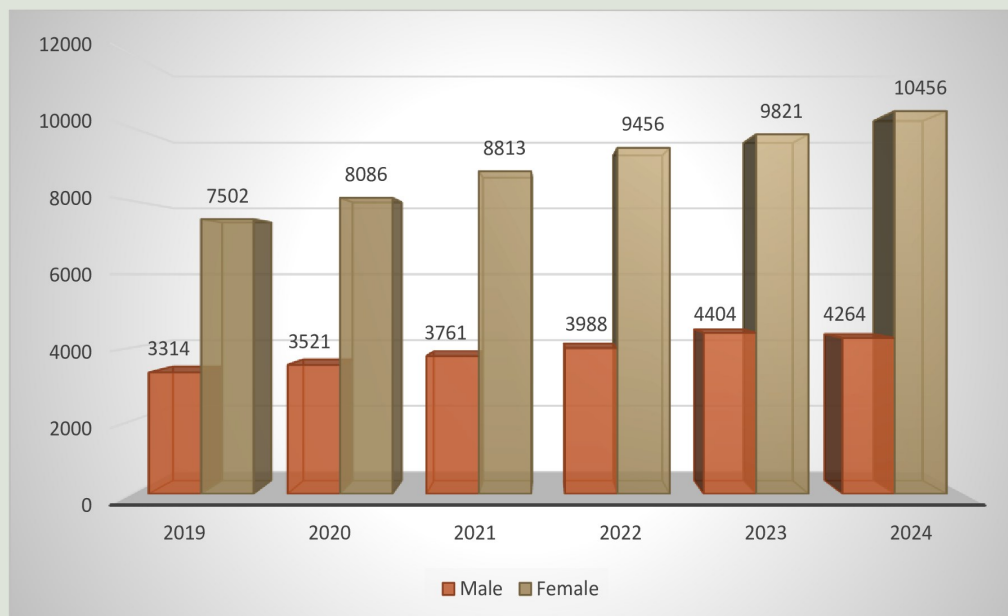
In 2024, slightly more than two-thirds (71%) of the active dental practitioners were female (**Table 7**). However, the gender distribution varies by sector where females make up 79% of the public sector and only 61% of the private sector.

Table 7: Distribution of Active Dental Practitioners by Gender & Sector, 2024

Sector	Male	Female	Total
Public	1804 (21.3%)	6668 (78.7%)	8,472
Private	2,460 (39.4%)	3,788 (60.6%)	6,248
Total	4,264 (29%)	10,456 (71%)	14,720

A 5-year trend analysis shows a consistent increase in the feminization of the profession (**Figure 3**). Based on 2019 figures, the growth in the number of female practitioners was 39.4%, compared to 28.7% for male practitioners.

Figure 3: Distribution of Active Dental Practitioners by Gender, 2019 – 2024



3. Temporary Practising Certificate

In 2024, a total of 185 Temporary Practising Certificates (TPC) were issued to dental surgeons, who are registered outside Malaysia, to practise in Malaysia. Almost all TPC were issued to academic staff and out of these 84% were issued to academic staff in private universities (**Figure 4**). A downward trend is observed in the number of TPC issued since 2019 (**Figure 5**) and the number of TPC issued in 2024 was 5% lower than the previous year. The reason for the reduction could be due to the new requirements under the Guidelines for Application of Temporary Practising Certificates, Dental Act 2018.

Figure 4: Percentage of TPC Issued by Categories in 2024

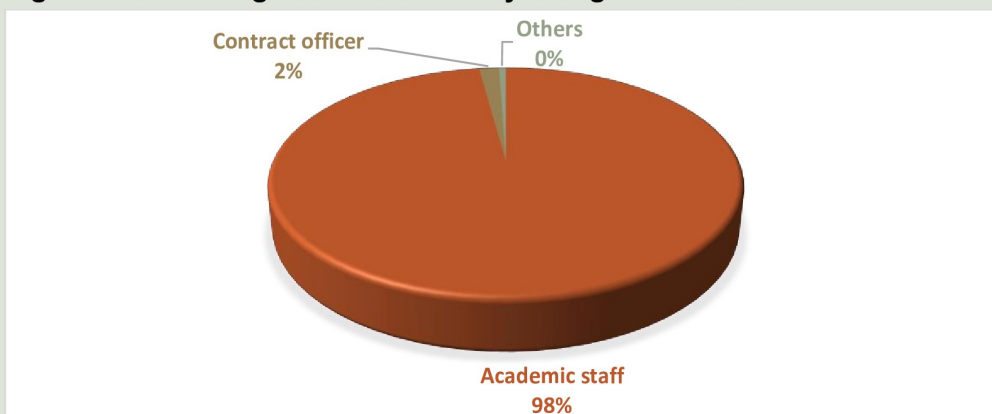
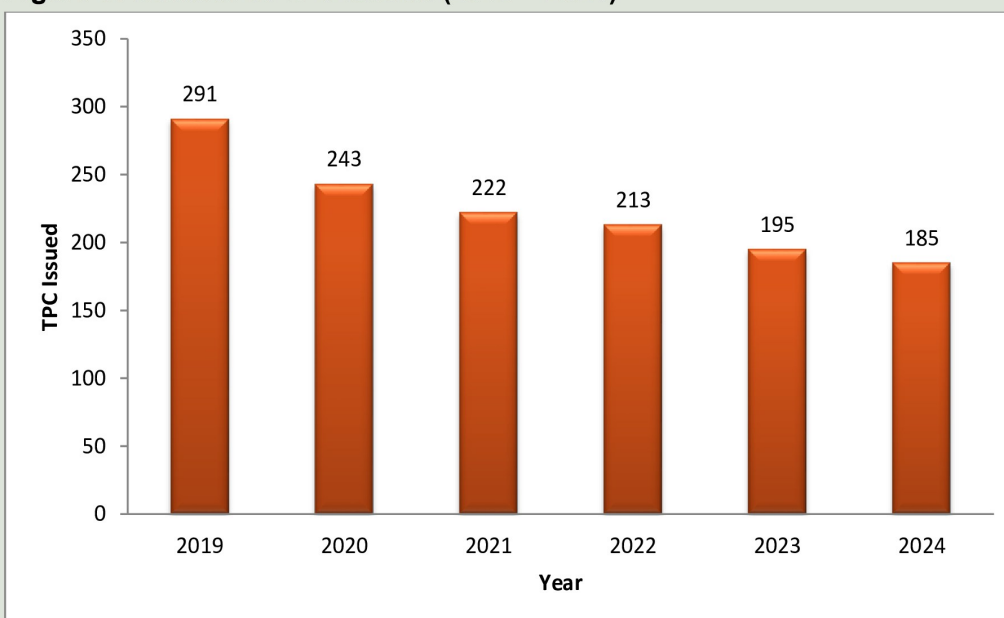


Figure 5: Number of TPC Issued (2019 – 2024)



4. Issues the Dental Registrar wishes to highlight

4.1 Implementation of the Dental Act 2018

With the Dental Act 2018 and Dental Regulations 2021 in force since 1 January 2022, dental practitioners are advised to refer to the new MDC website at <https://hq.moh.gov.my/ohp/mdc/> and subscribe to the MDC's Official Telegram Channel at <https://bit.ly/MDCTelegram>, for any announcement and information updates on the implementation of the Dental Act 2018 on the following matters:

- Professional Qualifying Examination

- registration as a dental surgeon
- registration as a dental specialist
- application for practising certificates (APC & TPC)
- application for translation of certificates and letter of good standing
- Code of Professional Conduct and guidelines under the Dental Act 2018

4.2 Malaysian Healthcare Practitioners' System (MHPS)

The Malaysian Healthcare Practitioners' System (MHPS) has been progressively replacing the Dental Practitioners' Information Management System (DPIMS) in phases. In January 2024, the module for Current APC Application was introduced. By April 2024, the system was integrated with the MDC website, allowing the public to search for active dental practitioners via MHPS. Updates on this module and the development of other system components have been actively shared through the MDC's official Telegram channel.

4.3 Application for year 2026 APC

The APC application for Division I dental surgeons and dental specialist must be submitted fully online via the MHPS. Dental practitioners are reminded that complete applications for the 2026 APC must be submitted no later than 1 November 2025. Applications received after this deadline must include an additional RM100 late application fee. Please note that for private dental facilities, the MDC will only issue APC for facilities registered under the Private Healthcare Facilities and Services Act 1998 [Act 586].

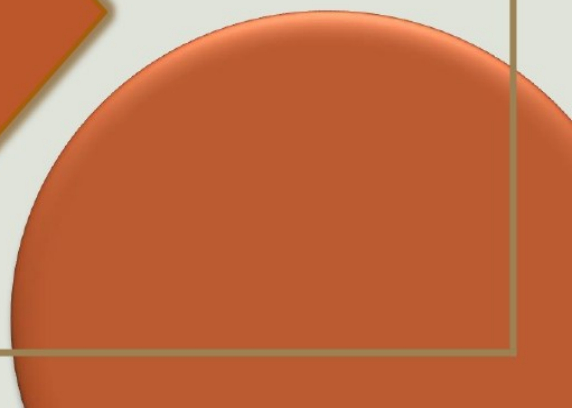
All APC applications for 2026 must be accompanied with a minimum of 20 Continuing Professional Development (CPD) points accumulated in 2024 and Professional Indemnity Cover.

4.4 CPD Points records

Private dental practitioners are encouraged to register with myCPD 2.0 at <http://www.mycpd2.moh.gov.my/> to record their annual CPD points collection. CPD points collected in the preceding year must be recorded in myCPD 2.0 by the end of January of the current year.

points collected in the preceding year must be recorded in myCPD 2.0 by the end of January of the current year.

Alternatively, dental practitioners may opt to submit their CPD records manually using the form available on the MDC website. All dental practitioners are reminded to retain their CPD documentation and supporting evidence for at least five years for audit or verification purposes.



Disciplinary Proceeding

THE FACTS OF THE COMPLAINT

- a) A complaint was received from C1 and C2, government enforcement officers, against R, a registered dental practitioner under the Dental Act 2018, practising at a government dental clinic.
- b) R is a government officer has been found practising dentistry in a private dental premises (hereinafter referred as “the place of practice”) without having a valid Annual Practising Certificate (APC) from 2019 to 2022.

THE FINDINGS OF THE PRELIMINARY INVESTIGATION COMMITTEE (PIC)

After three (3) hearings PIC 2 made findings based on the oral evidence and documents [twenty-one (21) exhibits; twelve (12) exhibits submitted by the complainants and nine (9) exhibits submitted by the practitioner], available in the record of complaint and found the following:

R was found to be practising dentistry without a valid APC at the place of practice.

CHARGE

Head 1

You have breached Code of Professional Conduct (2008) particularly,

5.3 Registration and Annual Practising Certificate

Clause 5.3 (a) which states “In order to practice, a dental practitioner shall be duly registered under the Dental Act, and be in possession of a valid Annual Practising Certificate.”

And in relation to the facts alleged you may be found guilty of infamous conduct in a professional respect under Section 51(2)(a) of the Dental Act 2018 and punishable under Section 58 of the same act.

Disciplinary Proceeding

THE RESPONDENT'S EXPLANATION

- a) R pleaded guilty to the charge.
- b) R regrets her action.

RECOMMENDATION OF PIC

Considering the exhibits submitted by C and the fact that R had pleaded guilty to the charge, the Committee unanimously agreed that there is a case to answer and recommends Council to hold an inquiry as provided under Regulation 55 of the Dental Regulation 2021.

VERDICT OF THE COUNCIL

The Council, having considered the PIC report, the evidence adduced and the statement by the practitioner, found the practitioner guilty under Section 51(o) of the Dental Act 2018 and imposed the punishment under Section 58(1)(b), in that the practitioner is **suspended from the Dental Register for a period of one (1) month**. The period of one (1) month will take effect from the date the Dental Registrar receives both the practitioner's certificate of registration with the Malaysian Dental Council and all the practitioner's current annual practising certificates (APC).

ADVANCING ORAL HEALTH CARE IN MALAYSIA: INSIGHTS FROM BANGKOK DECLARATION



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Federal Territory of Kuala Lumpur & Putrajaya

Abstract

Oral health is a fundamental aspect of overall well-being and is increasingly recognized as an integral component of global health policies. The Bangkok Declaration – No Health Without Oral Health: Towards Universal Health Coverage for Oral Health by 2030¹, adopted at the WHO Global Oral Health Meeting in 2024, emphasizes the integration of oral health into Universal Health Coverage (UHC) and its role in preventing and managing Non-Communicable Diseases (NCDs). This article explores the significance of the declaration, its implications for Malaysia, and strategies for implementation. Malaysia has aligned its policies with global commitments, incorporating oral health into the National Oral Health Policy and the Strategic Plan 2022–2030, as well as broader public health frameworks. The declaration underscores the high prevalence of oral diseases and their economic and social impact, highlighting disparities in access to care, particularly among vulnerable populations. Key strategies for addressing these challenges include strengthening preventive measures, expanding public-private partnerships, and leveraging technological advancements in oral healthcare. The successful implementation of the Bangkok Declaration requires a multi-sectoral approach, policy integration, sustainable financing, as well as national and international collaboration. Malaysia's commitment to this agenda will be crucial in advancing equitable and cost-effective oral healthcare within the broader scope of public health and UHC.

Keywords:

Oral Health, Bangkok Declaration, Universal Health Coverage (UHC), Non-Communicable Diseases (NCDs), Global Oral Health Action Plan, Public Health Policy, Malaysia, Oral Disease Prevention, Health Equity, Public-Private Partnerships, Sustainable Healthcare, Oral Health Integration, Dental Public Health, Healthcare Accessibility, Preventive Dentistry

ADVANCING ORAL HEALTH CARE IN MALAYSIA: INSIGHTS FROM BANGKOK DECLARATION

Introduction

Oral health is a critical component of overall well-being and has increasingly gained recognition as an integral part of global health policies. The Bangkok Declaration – No Health Without Oral Health: Towards Universal Health Coverage for Oral Health by 2030¹, adopted at the WHO Global Oral Health Meeting in Bangkok from 26 to 29 November 2024, represents a significant commitment towards integrating oral health into Universal Health Coverage (UHC) and addressing its role in Non-Communicable Disease (NCD) prevention and control. This paper examines the declaration's significance focusing on its origins, objectives, implications, and implementation strategies within the Malaysian healthcare context.

The Bangkok Declaration on Oral Health is a global resolution endorsed by WHO Member States to prioritize oral health within national healthcare systems. The key objectives of the declaration include:

- a) Recognizing **oral diseases** as a **public health priority**.
- b) Promoting **international collaboration** to achieve sustainable oral health improvements through the **Global Coalition on Oral Health**.
- c) Strengthening **policy frameworks** to integrate oral health into **universal health coverage (UHC)**.
- d) Preparing for the **4th UN High-Level Meeting (UNHLM) on NCDs** in **2025**.
- e) Emphasizing **seven key commitments** to drive action for **better oral health** globally.

The Bangkok Declaration and Its Significance

The Bangkok Declaration is a global resolution endorsed by WHO Member States to prioritize oral health within national healthcare systems. The declaration acknowledges that oral diseases affect 3.5 billion people worldwide¹, with a disproportionate impact on vulnerable populations. It aligns with existing WHO commitments, including the Global Strategy and Action Plan on Oral Health (GOHAP) 2023–2030², as well as broader UHC and NCD prevention efforts. Malaysia has incorporated these principles into its National Oral Health Policy and the Strategic Plan 2022–2030 in line with the Health White Paper (2023), emphasizing equitable access, prevention, and the integration of oral health services into primary healthcare frameworks.

Key Elements Highlighted in the Bangkok Declaration – No Health Without Oral Health: Towards Universal Health Coverage for Oral Health by 2030

1. General

- Unmet oral health needs and social disparities
- Progress and challenges in oral healthcare
- Key political declarations and milestone events

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- Actions on noncommunicable diseases (NCDs)
- Updated menu of policy options and cost-effective interventions for NCD prevention and management
- Coordinated actions by all stakeholders
- Sustainable and resilient health systems based on a primary healthcare approach
- Commercial, social, economic, environmental, and other determinants that negatively and unequally impact health
- National oral health research priorities aligned with public health goals
- Environmentally sustainable oral healthcare practices and initiatives

2. Global Coalition on Oral Health

- Collective efforts toward the implementation of the Global Oral Health Action Plan (GOHAP) 2023–2030
- Support for WHO in developing a comprehensive and cohesive approach among stakeholders

3. Call to Action: Towards Universal Health Coverage (UHC) for Oral Health by 2030

- Development of national oral health roadmaps
- Technical support from the WHO Secretariat, WHO Regional and Country Offices
- Support from UN agencies, WHO, and WHO Collaborating Centres
- Engagement of civil society organizations
- Support from the private sector
- Roles and responsibilities of member states

4. Expectations for the 4th UNHLM on NCDs in 2025 & Beyond

- The 4th UNHLM on NCDs
- Oral diseases and public health measures for prevention and management
- Addressing sugar as a major component of unhealthy diets
- Rising comorbidities between oral diseases and other NCDs
- Inclusion of oral health targets in the renewed Global Monitoring Framework for NCDs
- Full integration of oral health priorities in the 3rd UNHLM in 2027 and beyond

5. Commitments to Accelerated Action on Oral Health

- Alignment with the Global Oral Health Action Plan 2023–2030, focusing on seven strategic areas:
 - i. Oral health governance
 - ii. Oral health promotion and disease prevention
 - iii. Health workforce development
 - iv. Oral healthcare services
 - v. Oral health information systems
 - vi. Oral health research agenda
 - vii. Oral health and environmental sustainability

The declaration recognizes oral diseases as a public health priority, a concern supported by the National Oral Health Surveys³, which revealed that 85.1% of Malaysian adults, 71.3% of five-year-old children, and 33.3% of twelve-year-old children experience dental caries. Additionally, 94.5% of adults suffer from periodontal disease, with 14.5% experiencing severe cases. One in ten adults is diagnosed with oral lesions, and among those requiring referrals, 10% present with premalignant lesions. Furthermore, approximately 65.7% of individuals aged 60 years and above have fewer than 20 teeth.

Strengthening policy frameworks for oral health integration into UHC remains a core objective, with Malaysia's strategic plan providing a roadmap for preventive oral healthcare programmes within its primary healthcare system. Promoting cost-effective interventions has been a key aspect, exemplified by Malaysia's implementation of water

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fluoridation, school dental services, and the excise duty on sugar-sweetened beverages as part of its “War on Sugar” campaign.

Moreover, Malaysia reaffirms its commitment to advancing oral health within the framework of Universal Health Coverage (UHC) through the implementation of a comprehensive National Oral Health Policy, Strategic Plan, and Action Plan by 10 December 2030. As part of this commitment, Malaysia aims to expand the integration of oral healthcare services within primary healthcare facilities, increasing coverage from 55% in 2023 to at least 80% by the target date. Additionally, efforts will be made to enhance access to primary dental care by ensuring that at least 80% of visiting dental facilities operate daily by 10 December 2030. These commitments align with Malaysia’s broader vision of strengthening primary healthcare services and achieving equitable access to oral health for all, in line with the objectives outlined in the Bangkok Declaration.

Malaysia collaborates with various stakeholders at national, state, district, and local levels to enhance oral health service delivery and policy implementation. These stakeholders include the public, private sector partners, civil societies or non-governmental organizations, industry players. Apart from that, strong engagement with community organizations, local authorities, and civil society groups ensures widespread public awareness, improved access to care, and the successful execution of preventive oral health initiatives. This multi-sectoral approach reinforces Malaysia’s commitment to integrating oral health within Universal Health Coverage (UHC) and achieving the goals outlined in the Bangkok Declaration.

Additionally, international collaboration has been encouraged, with Malaysia actively participating in WHO oral health initiatives such as the 1st Global Oral Health Meeting in Bangkok, World Health Assembly, Oral Health Panel Session at the 75th Regional Committee Meeting for Western Pacific in Manila, WHO Collaborating Centres, Asian Chief Dental Officers Meeting (ACDOM), ASEAN health forums including the China-ASEAN Forum on Dentistry (CAFD), Asian Academy of Preventive Dentistry (AAPD), the Global Coalition for Oral Health, World Dental Federation (FDI), Ministry of Economy, Trade and Industry (METI) Japan, among others.

Endorsement and Scope of Application

The declaration was adopted by WHO Member States, including Malaysia, and supported by national oral health and UHC leads, United Nations agencies, and international organizations. Various non-state actors, such as the FDI World Dental Federation, the International Association for Dental Research (IADR), and the NCD Alliance, have also contributed to its formulation. WHO leadership and regional offices played a crucial role in facilitating the process.

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Why is the Bangkok Declaration Important?

The **Bangkok Declaration** is crucial for multiple reasons:

a) Addressing a Global Oral Health Crisis

- Oral diseases impact **half of the world's population**, with **low-income communities suffering the most**.
- Poor oral health contributes to **systemic health conditions**, including **diabetes, cardiovascular diseases, and respiratory infections**.

b) Strengthening Health Systems for UHC

- The declaration pushes for **cost-effective interventions** such as **fluoride programmes, sugar reduction policies, and preventive care**.
- Encourages **government investment in primary oral healthcare**.

c) Bridging the Oral Health Disparity Gap

- The declaration highlights **inequities in oral healthcare access**, particularly for **rural, indigenous, and marginalized populations**.
- Calls for **integrating oral health into primary healthcare services**.

d) Economic and Social Benefits

- **Poor oral health leads to economic losses** due to **reduced workforce productivity** and **increased healthcare costs**.
- Encourages **partnerships between governments, private sectors, and civil society** to mobilize resources.

The declaration provides a policy framework for oral health globally, with a particular focus on low- and middle-income countries where access to oral healthcare remains limited. High-income nations are also expected to integrate oral health into existing UHC models, ensuring that all populations benefit from essential oral healthcare services. The framework is especially relevant to regions with a high burden of oral diseases, particularly those affected by socioeconomic disparities, urbanization, and environmental challenges. Additionally, the declaration highlights the importance of oral health services in humanitarian and refugee settings, where such care is often neglected.

Where Does the Bangkok Declaration Apply?

The declaration is intended to **guide oral health policy and implementation globally**, with a particular focus on:

- a) **Low- and middle-income countries (LMICs)**, where oral healthcare access remains limited.
- b) **High-income nations**, aiming to **integrate oral health into existing UHC frameworks**.
- c) **Regions with high burdens of oral disease**, particularly those affected by **socioeconomic disparities, urbanization, and environmental challenges**.
- d) **Humanitarian and refugee settings**, where oral health services are often neglected.

The implementation strategies are expected to vary based on **national health system capacities**, with an emphasis on **local adaptation** of policies and funding mechanisms.

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Malaysia has adapted these principles to its national context. Rural and B40 (bottom 40% household income) communities face limited access to dental care, necessitating the deployment of mobile dental services and school-based interventions. Furthermore Malaysia's refugee population benefits from NGO-led oral health screenings and emergency services.

The rising consumption of sugar has led to an increase in non-communicable diseases such as diabetes mellitus, obesity, hypertension, and dental caries, prompting Malaysia to take declare a "war on sugar" and introduced several key initiatives to curb excessive sugar intake⁴. The Malaysian government is increasing the sugar-sweetened beverages (SSB) tax in phases, starting January 1, 2025, at 40 cents per liter as part of efforts to reduce sugar consumption. However, Mohd Khalib, CEO of the Galen Centre argued that there are concerns that the revenue generated from this tax may be ineffective if sugar remains a price-controlled item under the Price Control and Anti-Profiteering Act 2011⁵. While sugar subsidies were meant to be abolished in 2013, the government has continued to financially support sugar manufacturers since November 2023 due to regulated pricing. These subsidies cost RM1.00 per kilogram of raw and refined sugar, totaling approximately RM42 million per month and between RM500 million to RM600 million per year. These subsidies effectively cancel out any financial gains from the SSB tax increase, limiting its potential impact on reducing sugar consumption.

Additionally, Malaysia is reformulating three major high-sugar beverages—cordial, sweet creamer, and condensed milk—by reducing their sugar content by up to 25%. Healthier Choice Logo (HCL) has been implemented since 2017. Over 700 nationwide "Less Sugar Consumption" campaigns in 2024 was launched to raise public awareness about the health risks of excessive sugar intake with the tagline "*1 Sudu Teh Dah Cukup, Kurang Lebih Baik, Tiada TERBAIK!*".

These initiatives are part of the Strategic Plan to Reduce Sugar Consumption Among Malaysians⁶, which serves as a preventive health measure aimed at improving public well-being. The plan comprises six main strategies, 38 initiatives, and 65 activities, focusing on policy development, advocacy, and collaboration between public and private sectors. Through a whole-of-nation, approach, Malaysia is committed to addressing the challenges of high sugar consumption along other risk factors - tobacco, alcohol consumption and its impact on public health.

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The Evolution of the Bangkok Declaration

The Bangkok Declaration builds on significant milestones in global oral health policy. In 2021, the WHA74.5 resolution formally recognized oral diseases as a global public health concern. In 2022, WHO launched the Global Strategy on Oral Health (WHA75(11)), which laid the foundation for long-term oral health improvements. The following year saw the adoption of the Global Oral Health Action Plan 2023–2030 (WHA76(9)), providing a structured approach to integrating oral health into national healthcare frameworks. The Bangkok Declaration, formalized in 2024, is set to contribute to the 4th UN High-Level Meeting on NCDs in 2025, where further commitments to oral health policy will be made.

When Was the Bangkok Declaration Introduced?

The **Bangkok Declaration was adopted on 29 November 2024** during the **WHO Global Oral Health Meeting**. It builds on previous milestones, including:

- **2021: WHA74.5 Resolution on Oral Health**, recognizing oral diseases as a global public health concern, requesting that oral health be embedded within the NCD and UHC agendas.
- **2022: WHO's Global Strategy on Oral Health (WHA75(11))**, providing six guiding principles, six strategic objectives on oral health governance, oral health promotion and oral diseases prevention, health workforce, oral health care, oral health information system and oral health research agenda.
- **2023: The launch of the Global Oral Health Action Plan 2023–2030 (WHA76(9))**, emphasizing a monitoring framework with two overarching global targets and nine global targets, 11 core indicators, 100 actions for stronger and more coordinated action on oral health.
- **2025: The declaration is set to contribute to the 4th UN High-Level Meeting on NCDs**, by advocating for a common risk factor approach and ensuring that oral diseases are recognized alongside other public health concerns. It calls for their inclusion in the Political Declaration of the 4th UNHLM and emphasizes the importance of integrating three oral health-related reference targets into the updated Global Monitoring Framework for NCDs.

Implications and Future Directions

The Bangkok Declaration plays a crucial role in addressing the global oral health crisis. Oral diseases impact over half of the global population, particularly affecting low-income communities. Poor oral health exacerbates systemic diseases, including diabetes, cardiovascular diseases, and respiratory infections. The declaration supports cost-effective strategies such as fluoride programmes, sugar reduction policies, and school-based preventive care. It aligns with Malaysia's PeKa B40, National Health Screening Initiatives (NHSI), Agenda Nasional Malaysia Sihat (ANMS) Healthcare Framework, which prioritizes investment in primary healthcare, particularly NCDs.

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How will the Bangkok Declaration be Implemented?

The declaration outlines a **multi-sectoral approach**, integrating **national policies, funding mechanisms, and international cooperation**:

a) National Oral Health Policies & UHC Integration

- Countries are urged to **develop national oral health roadmaps** by 2030.
- Strengthening **preventive care** (e.g., fluoridation, sugar reduction strategies).
- Expanding **oral healthcare coverage under national insurance schemes**.

b) Public-Private Partnerships

- **Collaboration with private dental providers** to expand service coverage.
- Encouraging **corporate social responsibility (CSR) initiatives** to fund oral health programmes.

c) Research and Data-Driven Decision Making

- WHO encourages **surveillance systems** to monitor **oral disease prevalence and treatment outcomes**.
- Promoting **AI-driven diagnostics** and **mobile health solutions** for remote communities.

d) Workforce Capacity Building

- Investments in **dental education and training programs** for healthcare workers.
- Expanding **community-based oral health services**, particularly in underserved areas.

e) International Collaboration and Policy Advocacy

- The declaration aligns with **global health commitments**, such as the **Sustainable Development Goals (SDGs)**.
- Calls for **WHO regional offices to support national governments in implementation**.

Bridging the oral health disparity gap is another fundamental objective of the declaration. The National Health and Morbidity Survey (NHMS) 2019 revealed significant disparities in access to oral healthcare, particularly among rural, indigenous, and marginalized communities. Malaysia's Mobile Dental Services Programme has expanded community outreach, ensuring improved accessibility to oral healthcare services. In addition, the economic and social impact of poor oral health has been recognized. The Public-Private Partnership (PPP) Model has played a significant role in addressing these challenges, facilitating corporate social responsibility-driven free dental programs.

The implementation of the Bangkok Declaration requires a multi-sectoral approach, integrating national policies, sustainable financing mechanisms, and international cooperation. Strengthening preventive care through fluoride programmes and sugar reduction efforts is a national priority. Expanding oral healthcare coverage under Medical schemes is an essential step towards achieving universal oral healthcare. Public-private partnerships will continue to play a vital role, with collaboration between government and private dental providers ensuring the expansion of service delivery. Corporate social responsibility-driven initiatives will further support underserved populations.

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The role of research and data-driven decision-making is paramount. The expansion of teledentistry and AI-driven diagnostics is expected to enhance accessibility to oral healthcare services. Strengthening oral health surveillance systems through partnerships with academic institutions will provide valuable insights into disease trends and intervention outcomes. Workforce capacity building is also a key component, with efforts focused on upskilling general practitioners in basic dental care and expanding the Dental Public Health Specialist Training Program. Malaysia's participation in global health initiatives, including those led by the WHO, reinforces its commitment to ensuring sustainable and equitable oral healthcare for all.

Conclusion

The Bangkok Declaration on Oral Health serves as a pivotal milestone in advancing oral health equity within Universal Health Coverage. By incorporating its principles into national policies and frameworks, Malaysia is positioned to enhance oral healthcare accessibility, cost-effectiveness, and sustainability. The success of this initiative will depend on strong political will, financial investment, and multi-sectoral collaboration. As the global health community moves towards the 4th UN High-Level Meeting on NCDs in 2025, the Bangkok Declaration provides a strategic foundation for ensuring that oral health remains a fundamental component of public health policy.

**Disclaimer. This write-up is based on author's personal interpretation and analysis of the subject matter. While every effort has been made to ensure accuracy, any opinions expressed are solely author's own.*

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Mesyuarat Jawatankuasa Penilaian Pakar Pergigian (DSEC) bersama Jawatankuasa Kecil Kepakaran(DSSC)

The meeting was held on 6th-8th February 2025 between the committee members of DSEC and DSSC. The aims of the meeting are to discuss various aspects related to dental specialist evaluation, including existing procedures and guidelines, as well as any possible improvements, refine the challenges faced in implementing this evaluation process and find the best solutions for the benefit of all parties.

**MESYUARAT
DSEC BERSAMA DSSC
BIL. 1/2025
MAJLIS PERGIGIAN MALAYSIA**

6 - 8 FEB. 2025



Presentations from DSSC



Discussions between DSEC and DSSC



DSSC group discussion



QUESTION SETTING PANEL (QSP) WORKSHOP

23-25 OCTOBER 2025

The main purpose of this workshop is to generate and refine quality questions for the Professional Qualifying Examination (PQE) and to further strengthen the existing question bank. This serves as an early preparation towards the implementation of the PQE in the first quarter of 2026.



Briefing by Prof. Dr. Toh Chooi Gait, Chairman of Examination Committee



Group discussion among the panel members



Group presentation



Examination Committee vetting the questions



QSP members

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