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## MESSAGE FROM THE DEPUTY DIRECTOR GENERAL OF HEALTH (RESEARCH AND TECHNICAL SUPPORT)



*Datuk Ir Dr Mukundan Sugunan Pillay*

The National Institutes of Health (NIH), Malaysia, have evolved and are now recognized as centers where health research is conducted. A Secretariat has recently been approved for the NIH. The Secretariat is headed by a senior officer, Ms Asmaliza Ismail, and is located at the Institute of Health Management (IHM) complex.

A major milestone occurred when staff of the Health Education Division, Institute for Public Health, was transferred to the Institute for Health Promotion that had lain dormant till late last year. The Institute of Natural Products, Vaccines and Biologicals is poised to move at an accelerated pace and becomes a centre of excellence in vaccine production and development of natural products. All other Institutes have also come a long way and have contributed greatly towards evidence based research and training for the major programmes of the Ministry of Health (MOH).

One major challenge is to ensure the NIH embark on priority research badly needed by the public health and medical programmes as well as for evidence based policy making. With the launching of the Ninth Malaysia Plan (9MP), now is the time to act, as substantial allocations have been set aside for research activities that will benefit the health sector. This is in addition to research grants already available from the Ministry of Science, Technology & Innovation, and other sources. I have informed the NIH Directors that very soon, they will be allocated research funds to be managed by them. They will be required to identify, prioritize and ensure implementation of research critical for MOH. They have to motivate and coax their research staff as well as facilitate when necessary. Results must be available fast.

*(Continued on page 2)*

## FROM THE EDITORIAL DESK

On behalf of members of the new Editorial Board, I bid all readers a warm welcome to the first issue of the NIH Bulletin for year 2006. In keeping with objectives of the Bulletin, we promise to highlight latest news on the NIH, especially pertaining to up-to-date report on research outcomes; recent activities; special facilities; special services; and schedule of courses, meetings and conferences.

The year 2006 ushers in several changes in top management of NIH. Y Bhg Datuk Ir Dr MS Pillay was appointed Deputy Director-General of Health (Research & Technical Support) who is also the Director of NIH. There were new appointments as Directors of Institute for Medical Research, Institute for Public Health, and Institute for Health Promotion. We wish all these new appointments success in leading their respective institutions to greater heights of achievements.

The Bulletin is a conduit for the NIH institutes to communicate with their stakeholders and thus the success of the Bulletin rests not on the Editorial Board, but the NIH institutes themselves to provide information that is of relevance and benefit. Lets work together to make the NIH a premier organization for health research.

*The Editor*

## MESSAGE FROM THE DEPUTY DIRECTOR GENERAL OF HEALTH (RESEARCH AND TECHNICAL SUPPORT)

*(Continued from page 1)*

All the NIH have recently submitted their business plans, which will form the basis of their operations for the next five years. Human resource development will be a major thrust in 9MP. To this end, all Institutes are required to plan proper training programmes for their staff and ensure the highest level of research competency. We expect to see more Masters and PhD holders in the NIH within the next five years. Substantial allocations, never seen before have also been set aside for human resource development. This coming five years will be a boom time for the NIH where dreams can be realized.

The NIH will also benefit from substantial allocations earmarked for infrastructure development. This includes the construction of new laboratories, acquisition of equipment,

establishment of facilities, as well as upgrading of existing facilities, which are in the pipeline and will be implemented soon. All this is possible only if there is full commitment from leaders in the NIH, and the cooperation and hard work of all staff. Top management is fully supportive of the efforts of the NIH. We are particularly grateful to Director General of Health, Yang Berbahagia Tan Sri Datuk Dr Hj Mohd Ismail Merican, who has tirelessly set the foundation for the NIH and established a research culture in the MOH. He continues to provide guidance and direction to me to further enhance the quality of health research in Malaysia.

It has also been decided that a state-of-art Knowledge Centre be established at the Institute of Health Management, as a resource centre for the NIH as well as the MOH. The much needed information databases and latest reference materials in all formats

will be made available for use by all researchers of the NIH.

Many good things are happening. All these cannot be fruitful if the people in the NIH do not have the right attitude, work culture, teamwork and cooperation. The most important challenge is to recruit and retain top notch researchers. The NIH must attract top professionals and provide the right incentives for young professionals to pursue research. The NIH cannot work in isolation. The extent of success will depend on the linkages established with other reputable local and international research organizations.

I would like to see the NIH play a major role in Malaysia and be internationally recognized. Having developed what is needed in Malaysia, a lot needs to be done for developing countries. Lets all put our hearts and mind to see the NIH as a global player.

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## NEW MEN AT THE HELM

### DATUK IR DR MUKUNDAN SUGUNAN PILLAY Deputy Director General of Health (Research and Technical Support)

Datuk Ir Dr Mukundan Sugunan Pillay fondly called Datuk Pillay in the Ministry of Health was born in Port Dickson, Negeri Sembilan into a family of seven children. He received his primary and lower secondary education in Kuala Klawang, Jelebu and completed his higher secondary education at the Technical Institute in Cheras, Kuala Lumpur. Following this he went on to study civil engineering at the famous Indian Institute of Technology, Madras, India. On his return he joined Malaysia International Consultants for one year working on bridge engineering.

Datuk Pillay joined the Ministry of Health in August 1975 as a public health engineer and began his career at the State Health Department in Kedah. He was a pioneer in the rural water supply and sanitation programme and was instrumental in providing low cost water supply and sanitary latrines to numerous villages in Kedah, Perlis and Perak. He was credited with having installed the first bio-gas generator in a village in Kedah, and for providing emergency water supplies and sanitation facilities in cholera stricken areas.

The World Health Organization (WHO) offered him a scholarship to pursue a Masters degree in Public Health, specializing in environmental health, which he successfully completed in 1980 at the University of Minnesota, USA. On his return he was promoted and seconded to the Ministry of Housing and Local Government as Director of Technical Services where he pioneered National programmes

in urban drainage, urban roads, sewerage systems and solid waste management. He was instrumental in developing national policies in these critical areas. In 1986 Datuk Pillay was promoted and returned to the Ministry of Health, as the Chief Public Health Engineer / Deputy Director in the Engineering Services Division. The programmes he directed and developed included the National Drinking Water Quality Surveillance and Monitoring Programme, the Rural Environmental Sanitation Programme and the National Environmental Health Programme.

In 1991 Datuk Pillay was offered a Public Services Department scholarship to pursue his Doctorate in USA. He successfully completed a Doctorate (PhD) in Preventive Medicine and Environmental Health at the University of Iowa, USA, making him a public health specialist. On his return in 1993, he assumed the post of Chief Hospital Engineer and was next appointed Director of Engineering Services in 1994. In 2005 he was promoted as Deputy Director General of Health Malaysia for Research and Technical Support, a post that he presently holds. He also serves as Director of the National Institutes of Health.

Over the last 30 years, Datuk Pillay has served as consultant to WHO on numerous occasions on preventive health and environmental health. His last assignment with WHO was to develop an Environmental and Occupational Health Action Plan for WHO in China which

he successfully completed over a period of four months in 2004. He was also offered a long term contract to serve WHO in Cambodia and Laos which he turned down so as to continue serving the Malaysian Government.

In 2005, Datuk Dr Pillay was elected as Chairman of the Asian Harmonization Working Party (AHWP) for Medical Device Regulations. He is also the Chairman of the ASEAN Consultative Committee For Standards and Quality (ACCSQ) - Medical Device Product Working Group. This is an honour for Malaysia and provides an opportunity for Malaysia to play a leading role in the medical devices industry in Asia. Currently he is spearheading the implementation of the Medical Device Regulations in Malaysia.

Apart from the above, in 2003 Datuk Dr Pillay was elected Co-Convenor of ISO TC 224 International Standards Committee on water supply and wastewater and serves as an International Advisory Member. He is also the International Advisory Member of the WHO International Committee on Non-Ionizing Radiation.

Datuk Pillay is the chairman of numerous national technical committees on water; wastewater; solid waste management; hospital engineering; environmental health; medical and public health research; traditional and complementary medicine; national health standards; and medical devices. He is a member of the National Standards Committee as well as member of the Environmental

*(Continued on page 4)*

**Dr Ng Kok Han  
Director  
Institute for Medical Research**

On 1 October 2004, Dr Ng Kok Han became the first dental officer to be appointed Director of the Institute for Medical Research (IMR) in its 104-year history.

Dr Ng, who hails from Klang, graduated from University of Malaya in 1976. He was admitted to the Royal College of Physicians and Surgeons, Glasgow as a Fellow in Dental Surgery (FDSRCPS) in 1981. He obtained a M Sc in Oral Pathology from the University of London in 1982 and in 1994 passed the examination, in Oral Pathology, for membership at the Royal College of Pathologists, UK (MRCPPath). Dr Ng was made a Fellow of the Royal College of Pathologists, UK, in 2002.

After graduation, Dr Ng was posted to the Kuala Lumpur Hospital for a year. He was then transferred to the Division of Stomatology at IMR on 1 April 1977. Dr Ng was appointed Head of the Stomatology Division, in 1983 and served in this capacity until 2004. From 1983 to 1998, Dr Ng was the only oral pathologist in the Ministry of Health, Malaysia. Dr Ng served as Head of the Department of Clinical Pathology from 1996-2001 and post-IMR reorganization, as Head of the Cancer Research Centre from 2001-2004.



Dr Ng regards the staff as the most valuable asset of IMR. He feels that human resource development is a priority. One of Dr Ng's major concerns is to secure the funds to realize this goal. He also feels that IMR needs to be properly and adequately equipped to pursue its research agenda. Dr Ng feels that the future is bright for the IMR and management should constantly evaluate research directions so that "at whatever we do, we must be the best".

**DATUK IR DR MUKUNDAN SUGUNAN PILLAY  
Deputy Director General of Health  
(Research and Technical Support)**

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Quality Council. He also heads the National Medical Devices Committee and the National Drinking Water Quality Committee. He is a qualified ISO 9000 lead auditor and was the first to introduce ISO 9000 in a government agency. Datuk Pillay continues to lead the Ministry of Health in ISO 9000

implementation. He is responsible for and oversees the planning and implementation of the Ninth Malaysia Plan for the Ministry of Health.

On a personal side Datuk Pillay is a friendly and approachable person who is ever willing to help. He is a strong believer in values inculcation and has introduced discussion

on values on a regular basis in the work place. He believes in a systematic work culture where employees are trusted to perform and the best in them is brought out. He is a practitioner of Raja Yoga Meditation, Reiki and Numerology and is an avid reader of mind related subjects.

**Dr Nirmal Singh  
Director  
Institute for Public Health**

The Institute for Public Health (IPH) warmly welcomes Dr Nirmal Singh on 3<sup>rd</sup> February 2006 as the thirteenth Director of the Institute.

Dr Nirmal was born in Ipoh and obtained his degree in Medicine from the Kasturba Medical College, Manipal, India, in 1978. In 1992, he graduated with a Masters in Public Health, from the College of Public Health, University of the Philippines, in Manila.

In the first seven years in the Ministry of Health, he served in several hospitals in Malaysia including as Medical Officer in-charge. He was appointed State Epidemiologist in Johore from 1992-1996. From 1996 to 1999, he was the District Health Officer in Bentong, Pahang. In 1999, he was promoted and transferred to Sabah as State Deputy Director of Public Health where he served for three years. He was next appointed Deputy Director in Disease Control Division, Ministry of Health, in 2002 serving in Vector Borne Diseases Control followed by Communicable Diseases Section. With such a vast background of experience, complemented by his dedication and innovativeness, he has now arrived as the Director of IPH.

Dr Nirmal hopes to see IPH play a more active role in conducting quality public health research with



enhanced research collaboration both locally and internationally. He hopes the institute will improve its credibility in training, locally and internationally. Dr Nirmal plans to upgrade the infrastructure of IPH so as to provide a conducive working environment, and to recruit qualified personnel to implement IPH's research and training agendas. His vision is to see IPH become a center of excellence in Public Health Research and Training; a centre which can provide consultation and expertise at all levels of public health development.

**Mr Thavaraj Subramaniam  
Director  
Institute for Health Promotion**

Mr Thavaraj Subramaniam was born on 9<sup>th</sup> April 1952 in Johor Baru, Johore. In 1977, he graduated with a Bachelor of Science degree from *Universiti Sains Malaysia*, Penang. He completed his Masters in Arts (Mass Communication) in 1992 at the University of South Dakota, USA, and LLB (external programme) from United Kingdom in 1996. In 1998, Mr Thavaraj was awarded a Certificate in Legal Practice.

Mr Thavaraj entered government service in 1978 and underwent postgraduate training as a Health Education Officer in the Institute for Public Health (IPH), Ministry of Health. After completion of training, he was posted to Kedah as state health education officer from 1980-1985. From 1986-1994, Mr Thavaraj was attached to the Health Education and Communication Centre, Kuala Lumpur. In 1994 he was transferred to IPH where he became head of the Health Education Division and



Coordinator of the Post Graduate Program in Health Education. He was appointed Director of Institute for Health Promotion in December 2005. His vision is to see IHP become an international training centre for health promotion and also a WHO Collaborating Centre for Behavioural Research.

## DR S SIVASHUNMUGAM

The Institute for Public Health (IPH) bids farewell to Dr S Sivashunmugam, the twelfth Director of the IPH, who retired on 28 December 2005.

Dr Siva was appointed Director of IPH on 1 August 2004. He found his short tenure as the Director of IPH very challenging. One of the major foot prints left by Dr Siva in IPH is implementation of a 5S programme that serves to achieve organizational excellence. The 5S management technique stands for 'Sort, Set in order, Shine, Standardize and Sustain'. The programme has improved internal efficiencies, operational effectiveness and delivery system of IPH. Dr Siva contributed significantly in the initial planning of the Third National Health and Morbidity Survey. Under his leadership, on 30 November 2004, IPH was accepted as a member of the Asia Pacific Academic Consortium for Public Health.

A proposal for restructuring of the IPH, was submitted by Dr Siva to the Ministry of Health (MOH). The proposal had been approved by the Secretary General and Director General of Health, MOH. The proposal is currently with the Human Resource Division awaiting approval from the Public Service Department.



This proposal focuses on upgrading IPH as a centre of excellence for Public Health Research under the National Institutes of Health.

Dr Siva is grateful for the support and dedicated service of IPH staff. He hopes that they will give the same support to the new Director of IPH. Ever enthusiastic, he is awaiting to be reemployed by the MOH so that he can continue to contribute his expertise to MOH and national health services.

## DR TENG SENG CHONG



All staff of Institute for Health Management (IHM) congratulate Dr Teng Seng Chong on his recent promotion. With the promotion, Dr Teng left his post as Director of IHM and joined the Medical Practices Division, Ministry of Health on 1 April 2006.

Dr Teng was made Director of IHM in early 1999. Later that year, he left IHM as he was appointed Technical Advisor to the former Honourable Minister of Health.

With the appointment of a new Honourable Minister of Health in August 2004, Dr Teng was reappointed Director of IHM; he continued to offer his services as Technical Advisor to the Honourable Minister of Health.

Under his leadership, IHM has established linkages with UNICEF, WHO, Harvard Business School, World Bank, and many local universities. His other notable achievements for IHM include ISO 9000 certification from UKAS and CONFRAC.

As a leader, he believes in empowering his subordinates to carry out given tasks and learning through mistakes. His philosophy is that effective management is getting things done by people. He motivates staff, provides conducive environment and manages people by respect and openness.

His fondest memories of IHM are the pleasant working environment, cohesiveness and congenial atmosphere among staff. As Director of IHM, he feels NIH institutes should cooperate and collaborate as this will strengthen the bond between the institutes. Dr Teng would like to thank top management for their strong leadership and support. He wishes staff of IHM all the best and thank them for their cooperation and support given to him during his tenure as Director of IHM.

## Renal Failure And Diabetes

There is a challenge in Malaysia to stem the rising tide of diabetic end-stage renal disease (ESRD). This was reported in the 2005, Supplement 94, issue 67 of *Kidney International*.

Renal replacement therapy in Malaysia has shown exponential growth since 1990. There are now more than 10,000 patients on dialysis. Improvement in nephrology and urology services with widespread availability of ultrasonography and renal pathology has improved care of renal patients. Proper management of renal stone diseases, lupus nephritis and acute renal failure, has reduced these as causes of end-stage renal disease (ESRD) in younger age groups.

Fifty-one percent of new patients on dialysis were diabetic in 2003. The prevalence of diabetes is rising in Malaysia (presently 7%); glycemic control of such patients is suboptimal. There is a national coordinating committee to oversee the control of diabetes in the country. Primary care clinics have been provided with kits to detect microalbuminuria and ACE inhibitors for the treatment of hypertension and diabetic nephropathy. Prevention of renal failure workshops targeted at primary care doctors have been launched, opportunistic screening at health clinics is being carried out and public education targeting high-risk groups is ongoing.

## Important New Findings on CAPD

Recent findings indicate that Continuous Ambulatory Peritoneal Dialysis (CAPD) should play a larger role in the overall provision of renal replacement therapy (RRT). CAPD has been available in this country for more than 20 years. It is currently available only in public sector institutions. The perception that CAPD is more expensive than hemodialysis (HD) has led many doctors not to actively advocate CAPD despite its advantage as a home-care based treatment. A cost effectiveness study reported in the *Twelfth Report of the Malaysian Dialysis and Transplant Registry, 2004* (available from [www.crc.gov.my/publications/](http://www.crc.gov.my/publications/)) that there is no difference in the cost per life year saved between hemodialysis (HD) and CAPD. Quality of Life scores were also higher in CAPD compared to HD patients. It is also reported that the death rate for CAPD has leveled off reflecting the use of better systems, greater experience and expertise in the care of such patients. These findings support the call for greater advocacy of CAPD in renal replacement therapy.

## Change In Malaria Vectors in Sabah

Findings of a recent survey by researchers from the IMR and Sabah Health Department published in *Acta Tropica* (volume 96, 2005), indicated that number of malaria cases has dropped drastically but *P. falciparum* continues to be predominant. *Anopheles donaldi* was found to be the dominant infective vector replacing *Anopheles balabacensis* that were still found but were not infective. *An. donaldi* bites outdoors more than indoors, with a biting period from 6-7 pm, i.e. a time when people are still outdoors. Malaria control strategies in this area of Sabah need to take note of this finding to enable better malaria control.

## Lead Exposure Leads To Poor Neurobehavioural Performances

Male Malaysian workers in battery manufacturing factories are at risk of lead exposure. It is reported in *Journal of Occupational Safety and Health*, 2(1):1-7, 2005, that workers who had high blood lead levels performed less well in 4 out of 10 responses to test neurobehavioural performance. They also reported higher subjective symptoms of weakness in lower limbs and anorexia. Regression analysis showed reduction in cognitive, memory and concentration functions. The findings are consistent with the larger body of knowledge on association of lead exposure and neurobehavioural performances.

### Malaysian Marrow Donor Registry (MMDR)

Bone marrow transplantation (BMT) is a treatment option, sometimes the only treatment option, for patients with conditions such as leukemia, thalassaemia, immunodeficiencies and aplastic anaemia. The decline in family size, however, has made it more difficult to find a compatible donor within a patient's family. In such cases, clinicians can opt to search for an unrelated compatible donor. Globally, more than 8 million people are listed as marrow donors in national registries. While the probability of finding a compatible donor is quite small, it increases within an ethnic group and with the size of the registry. A registry of Malaysian donors will, therefore, increase the chance of finding an unrelated donor for Malaysian patients. The Ministry of Health, the National Cancer Council (MAKNA) and the Institute for Medical Research jointly established the Malaysian Marrow Donor Registry (MMDR) in December 1999. It is housed in the Allergy and Immunology Research Centre, Institute for Medical Research, and is, essentially, a registry/database of Malaysians who have agreed, should the need arise, to donate their bone marrow.



Doctor about to bleed student volunteer



Separation of white cells from blood for HLA typing

The main tasks of the MMDR are to (1) organize donor drives, (2) type the donors and maintain the database, and (3) handle search requests from hospitals in Malaysia and abroad. As donors have to be healthy persons between the age of 18 and 50, donor drives are carried out at tertiary institutions all over the country. Typing donors is done by identifying cell surface proteins referred to as Human Leukocyte Antigens (HLA) present on an individual's cells. DNA is extracted from a blood sample drawn from the individual, and the HLA typing for the A, B and DR loci is done using HLA Polymerase Chain Reaction (PCR) based kits. A match is found when the 6 HLA antigens on a patient's white blood cells match the 6 on the potential donor's white cells. The MMDR is currently moving towards a bead based Sequence Specific Oligonucleotide (SSO) method that will increase its testing capacity. The target is to register 40,000 Malaysian donors. To date the MMDR has more than 9,000 donors on its database, and the searches done so far have yielded full matches for three patients.

### VACANCIES

- 2 posts Medical Officer / Science Officer / Research Officer, Grade: U 53/54 – C53/54 – Q53/54.
- 1 post Medical Officer / Science Officer / Research Officer, Grade: U 47/48 – C48 – Q47/48
- 1 post Assistant Veterinary Officer, Grade G27

Interested candidates are invited to contact:  
 Director,  
 National Institute for Natural Products, Vaccines and Biologicals (9BIO),  
 c/o Virology Unit,  
 Institute for Medical Research,  
 Jalan Pahang,  
 50588 Kuala Lumpur  
 Tel: 03-26988792  
 Fax: 03-26938094

### CLINICAL TRIAL UNIT (CTU), CLINICAL RESEARCH CENTRE (CRC)

CTU of CRC Hospital Kuala Lumpur, is a provider of integrated clinical trial services. We serve clients from academic and research institutions, as well as the pharmaceutical industry.

We have a highly experienced and multidisciplinary team, to provide research expertise and deliver customized service to meet clients' needs. CTU has established a network of regional field staff and partners to help clients conduct regional clinical trials. Extensive information technology capabilities have been developed to meet outsourcing needs of clients.



CTU conducts clinical studies to the highest ethical and regulatory standards. We take care of the nitty-gritty of running trials for our clients so that they can focus on the subject under investigation. With a proven track record of research publications, partnering CTU is the best assurance of getting research results into prestigious high-impact journals.

CRC offers comprehensive clinical trial services in support of Phase II to III studies to meet GCP requirements. Phase IV studies are also supported to enable early clinical experience, to evaluate effectiveness in routine clinical settings and to conduct post-marketing pharmacovigilance. Services provided by CTU are as follows.

- **Study design**  
Prepare study protocol that defines the clinical issues, study population and end-point measures that includes consideration of ethical and regulatory requirements, trial designs, sample size planning, study drug administration, as well as study and quality assurance procedures.
- **Investigator recruitment**  
Through our vast network in the region, we can help the sponsor recruit a team of able and experienced

clinical investigators with access to the relevant patient populations to participate in trials.

- **Regulatory submissions**  
Develop informed consent form (ICF) and patient information sheet (PIS) to meet ethics and regulatory requirements, assist a sponsor with submission to IRB/IEC for ethics approval, and to regulatory authority for investigational product import license or clinical trial exemption certificate.
- **Site management**  
Assist a sponsor to negotiate site contract and budget, prepare investigator study package, provide site resource, and GCP or protocol specific training for site personnel, and develop site Standard Operating Procedures.
- **Study monitoring**  
Study monitoring is a critical requirement in all trials to assure GCP compliance. CTU helps ensure a trial is conducted efficiently in accordance with the protocol, and in compliance with GCP, regulatory and sponsor's requirements.
- **Clinical supplies management**  
Manage the investigational product/comparator product (IP/CP) supply and distribution chain in a clinical trial; from IP/CP procurement and import, storage and handling, to inventory control, distribution and IP/CP accountability, and final IP reconciliation and disposal at end of the trial.
- **Clinical laboratory management**  
Help trial sponsor specify requirements for laboratory testing, select appropriate central laboratory vendor and courier services, train study personnel on proper sample handling procedures, and track specimens as well as laboratory results to ensure timely reporting.
- **Safety surveillance**  
Assist investigators in monitoring, management and reporting of adverse events. Assist sponsor with AE/SAE review, narrative preparation, MedDRA coding, follow-up for incomplete information, safety data management, timely submission of AE/SAE report to IEC/IRB and regulatory authority; and all the required QC for this critical function to assure compliance with GCP, regulatory and sponsor's requirements.
- **Clinical data management**  
Design CRF and develop specifications for data validation and data management. Thereafter, manage the entire data flow process of a trial including CRF

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### CLINICAL TRIAL UNIT (CTU)

(Continued from page 10)

completion, CRF review and retrieval, CRF/DCF tracking, scan and indexing, review/annotate CRF images, CRF data entry and verification, import/upload external data, medical review and coding of clinical data, generate and resolve queries, data QC, QA review and endpoint adjudication, reconcile safety and clinical databases, and final database lock, transfer and archive.

#### • **Biostatistics**

Our qualified biostatistician can provide the inputs for clinical trial design and conduct, sample size planning and thereafter data monitoring during trial and the final statistical analysis of the trial database to pre-specified SAP.

#### • **Medical writing**

Our physicians with accomplished medical writing skills can assist with the drafting of Clinical Trial Progress reports, Interim Study reports and the Final Clinical Study report to meet ICH E3 requirements. We can also assist with drafting manuscript for journal submission or study abstract for scientific meeting.

#### • **Central randomization service**

For central randomization in a clinical trial, let our secured computerized system with user-friendly Interactive Voice Response Technology (IVRS) interface do the job. This service is accessible via a touch-tone telephone and is available 24-hours, 7-

days a week. Study sites receive both a faxed and emailed copy of randomization report following each successful randomization.

#### • **Clinical IT**

Our IT professionals set up and maintain IT systems to support the highly computerized work processes of modern clinical trials, while meeting validation requirements. Systems provided include:

- ▶ Clinical Data Management System.
- ▶ Data tracking system.
- ▶ Central randomization system.
- ▶ Clinical supplies system.
- ▶ Safety surveillance system.
- ▶ Statistical system.

#### • **Project management**

We assign an experienced Clinical Research Manager (CRM) as a single point of responsibility, supported by a multi-disciplinary team, to work on a clinical trial project. This enables a panoramic view of the entire project scope, and the same CRM and his/her team works on the same project from initiation to completion. This way, we guarantee on time and on budget project delivery.

#### **CTU is located at:**

3<sup>rd</sup> Floor MMA House  
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Fax: 03-40439500

## SECRETARIAT OF THE NATIONAL INSTITUTES OF HEALTH (NIH)

The NIH Secretariat was established in October 2005 with the approval of four posts. The main function of the NIH Secretariat is to assist the Deputy Director-General of Health (Research and Technical Support) in management of research of the NIH and Ministry of Health (MOH). The initial proposal was to set up a Directorate with at least 22 job functions in supporting research management and administration; thus more posts will be requested in the near future.

As the Secretariat now functions with a minimal number of staff, we are only concentrating on the following functions:

- Process applications to conduct research (funded by MOH research grants and by other funding agencies), and monitoring of research projects (finance, progress and outcome).
- Manage all MOH research related committees.

- Manage and keep track of the NIH Trust Account and MOH allocation for research development.
- Maintain a database of MOH approved research projects.
- Produce annual reports of the NIH, the NIH Bulletin and other publications of the NIH.
- Maintain and update the NIH webpage.

The NIH Secretariat is presently situated and operating at the Institute for Medical Research. Plans are underway for the NIH Secretariat to be located at the Institute for Health Management. For further inquiries, kindly contact :

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Jalan Pahang, 50588 Kuala Lumpur.  
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### THE THIRD NATIONAL HEALTH AND MORBIDITY SURVEY

The Third National Health and Morbidity Survey, NHMS III, is being conducted by Institute for Public Health in 2006. The general objective of this survey is to provide health related community-based data and information for the Ministry of Health to review health priorities, programme strategies and activities, and to plan allocation of resources. Data collection from about 17,200 living quarters all over the country, started in early April 2006.



Activities in the year of 2006 up to end of April were as follows:

- **January-February:** Briefing on NHMS III to states by Central Field Supervisor with assistance from the State Liaison Officers.
- **January-March:** Tagging of Living Quarters (LQ) selected as samples for the survey at district level by *Pembantu Kesihatan Awam (PKA)*.
- **January-March:** Procurement of research materials and equipment by Central Coordinating Team.
- **January-March:** Weekly Main Research Group meetings to discuss and review the progress of NHMS III preparation.
- **12-13 January:** Training for pilot study.

- **16-25 January:** Pilot study was conducted at three places, i.e. Bagan Lalang, Sepang, Klang, and Pantai Dalam, Bangsar, to test questionnaire, field logistic preparation and central monitoring and logistic support.
- **6-10 February:** NHMS III Main Research Group reviewed questionnaire based on feedback from pilot study to improve the questionnaire that will be used during data collection.
- **20 February:** Post mortem of pilot study was carried out to discuss all feedback received.
- **21 February:** Meeting with NHMS III State Liaison Officers to discuss preparations for data collections at state level.
- **February-March:** Recruitment of temporary staff that will be part of data collection teams, was conducted at state level by the State Liaison Officers.
- **1-3 March:** Training of facilitators for NHMS III training programme was conducted at First World Hotel, Genting Highlands. Facilitators were trained on their tasks during the training programme.
- **20-31 March:** Training for data collection teams from Peninsular Malaysia was conducted at the Glory Beach Resort, Port Dickson. The teams were trained on data collection methods (i.e. questionnaire, clinical examination as well as the dry method for the blood investigations).
- **3-10 April:** Training for data collection teams from Sabah and Sarawak was conducted simultaneously in Kuching and Kota Kinabalu.

(Refer to the next issue of the NIH Bulletin for updated progress of the NHMS III)

Article is contributed by Dr Mohd Azahadi Omar.

## VACANCIES

The NIH Secretariat has 2 administrative posts [*Pembantu Tadbir N17 (Perkeranian/Operasi)*] that are still vacant.

Those interested, kindly contact:

S Asmaliza Ismail  
NIH Secretariat  
c/o Institute for Medical Research  
Jalan Pahang, 50588 Kuala Lumpur.  
Tel. 03-26162739

## ACTIVITIES HIGHLIGHTS

### National Ear and Hearing Disorders Survey

The national survey on ear and hearing disorders is now in its data-cleaning phase. This collaborative study is spearheaded by Institute for Public Health, with cooperation from Family Health Development Division, Ministry of Health; Hospital Kuala Lumpur; Hospital Universiti Kebangsaan Malaysia; and Universiti Sains Malaysia. The study sought to determine the prevalence and causes of deafness and ear disorders in Malaysia. The study questionnaire was adapted from the WHO Ear and Hearing Disorders Survey Protocol, with modifications to suit local requirements.

Ten teams with ten sets of equipment, collected data simultaneously. Each team comprised an Otorhinolaryngologist, Audiologist, Public Health Nurse and Public Health Assistant. The teams conducted face-to-face interviews, ear examinations by the Otorhinolaryngologist, and hearing assessment by the Audiologist using Otoacoustic Emission, pure

tone audiometry, and tympanometry, when necessary. The procedures performed at the ground level were earwax and discharge removal. Respondents with ear problems detected during the study were referred for further management to the nearest Otorhinolaryngology Department in public hospitals.

Data collection was completed in September 2005. A total of 7042 respondents had been interviewed, with 89.0% response rate. Data cleaning is expected to be completed by June 2006, followed by data analysis and report writing by the end of the year. This survey will provide accurate information on the magnitude of the problem in Malaysia. The findings from this survey are expected to benefit policy makers in planning intervention strategies against deafness and rehabilitation, and also in prioritizing resource allocation especially for preventable deafness.

### Training Module on *Penerapan Nilai-nilai Murni* At Service Counters In Public Hospitals

The training module was launched by The Honourable Health Minister on 14 February 2006 in Institute for Health Management (IHM). This training module was developed in response to numerous complaints from public pertaining to rude and unfriendly staff in MOH health facilities. It is hoped that such a refresher course on *nilai-nilai murni* would make MOH staff realized how important it is to be nice, friendly and sensitive towards patient care.

At the launching, the programme module was presented to all State Directors and Kuala Lumpur Hospital Director. The objective of distributing the module was to facilitate training and standardization with modifications

on the methodology and content of the course.

The first course was carried out from 13-17 February 2006 in IHM. Participants comprised State Deputy Directors, and Medical Division or Hospital Directors. Fifty four participants were trained on *nilai-nilai murni*, how to impart the knowledge and later train their staff. The module consisted of lectures, role play, group discussions to produce checklists and how to evaluate the programme so that the objective of this course is achieved. They also manage to hear success stories from those hospitals that had won the MOH Director-General's Award for Counter Services.

### Institute for Health Systems Research has moved

Please note that as of 1 April 2006, the Institute for Health Systems Research, and WHO Collaborating Centre for Health Systems Research & Quality Improvement, has moved to its new premise at Jalan Rumah Sakit, Bangsar, 59000 Kuala Lumpur. This building was formerly occupied by the Health Education and Communication Centre of the Ministry of Health. Currently, the Institute is made

up of 7 Departments, namely the Department of Policy Studies and Analysis, the Department of Health Quality Research, the Department of Health Services Research, the Department of Health Behaviour Research, the Department of Health Outcomes Research, the Department of Health Economics Research and the Department of Data Management and Medical Statistics.

## LIST OF ONGOING RESEARCH PROJECTS

PROJECT TITLE	PRINCIPAL INVESTIGATOR/ INSTITUTE	START-END
Phenotypic and molecular characterization of pathogenic leptospires and the epidemiology of leptospirosis in Malaysia.	Dr Fairuz Amran, IMR	Oct 2003-Oct 2006
Epidemiology of vectors of simian malaria with special reference to <i>P. knowlesi</i> in Malaysian Borneo.	Dr Indra Vythilingam, IMR	Jan 2005-Dec 2006
Mercury exposure among dental health personnel.	Dr Mazrura Sahani, IMR	Aug 2004-May 2006
Molecular characterization of antibiotic-resistant <i>Helicobacter pylori</i> strains.	Dr Norazah Ahmad, IMR	Jan 2004-Dec 2006
Estrogenic and androgenic activities of <i>Kacip Fatimah</i> ( <i>L. pumila. var. alata</i> and <i>var. pumila</i> ).	Dr Wan Nazaimoon Wan Mohamud, IMR	Aug 2005-Dec 2006
Towards elimination of Iodine Deficiency Disorders (IDD) and other malnutrition deficiencies amongst aborigines in selected areas in Ulu Selangor, Malaysia.	Mr Lim Kuang Kuay and Ms Husniza Hussein, IMR	2006-2008
Gene expression profiling in breast cancer.	Dr Zubaidah Zakaria, IMR	2004-2007
Cellular cloning and genetic characterization of malaria parasites present in a naturally occurring mixed population.	Mr Mohd Ridzuan A Razak, IMR	Mar 2005-Jul 2006
Suppression of multidrug resistant gene in acute myeloid leukaemia cells by small interfering RNA (siRNA).	Ms Lim Moon Nian, IMR	2005-2007
Mechanism of antivirals against nasopharyngeal carcinoma at the molecular level.	Ms Pauline Balraj, IMR	Jun 2005-Dec 2007
Environmental risk factors of rheumatoid arthritis: a hospital-based case-control study (Taiping Hospital).	Dr Mohd Rodi Isa, IMR	Jun 2005-Jun 2006
Environmental risk factors of rheumatoid arthritis: a hospital-based case-control study (Selayang Hospital).	Ms 'Abqariyah Yahya @ Ahmad Noor, IMR	Jun 2005-Jun 2006
Risk factors of rheumatoid arthritis: a hospital-based case-control study (Putrajaya Hospital).	Dr S Kasthoori, IMR	Jun 2005-Jun 2006
Dietary assessment of rheumatoid arthritis patients – a case-control study.	Mr Kee Chee Cheong, IMR	Jun 2005-Jun 2006
Characterization of virological markers associated with hepatocellular carcinoma (HCC) in patients chronically infected with HBV and/or HCV.	Dr Norshahidah Khairullah, NINPVB	2002-2006
Research, development and production of viral infectious clones with special emphasis on SARS coronavirus, Dengue virus and Hepatitis C virus.	Dr Norshahidah Khairullah, NINPVB	2003-2006
Innovative approaches for diagnosis and management of dengue virus infection.	Dr Norshahidah Khairullah, NINPVB	2005-2008
Molecular characterization of a Malaysian Nipah virus isolate.	Dr Norshahidah Khairullah, NINPVB	2005-2008
Epidemiology of Anemia in the Malaysian Obstetric population.	Dr Jamaiah Haniff, CRC	Not available

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## LIST OF ONGOING RESEARCH PROJECTS

(Continued from page 13)

PROJECT TITLE	PRINCIPAL INVESTIGATOR/ INSTITUTE	START-END
Under-Five Deaths In Malaysia.	Dr Wong Swee Lan, CRC	Not available
Berlin Questionnaire as a screening tool to identify patients with Obstructive Sleep Apnoea (OSA) – the Malay language version.	Dr Ashari Yunus, CRC	Not available
Cost effectiveness analysis of erythropoietin therapy in the Ministry of Health dialysis programme.	Dato' Dr Zaki Morad Mohd Zaher, CRC	Not available
The National Medicines Use Survey (NMUS).	Dato' Dr Zaki Morad Mohd Zaher, CRC	Not available
GerEpo Trial: A randomized, multi-center, open label trial to establish the therapeutic equivalence between GerEpo and Eprex® and to determine the long term safety profile of GerEpo® in patients on hemodialysis.	Dato' Dr Zaki Morad Mohd Zaher, CRC	Not available
Epio Trial: A randomized, multi-center, open label trial to establish the therapeutic equivalence between Epiao® and Eprex® and to determine the long term safety profile of Epio® in patients on hemodialysis.	Dato' Dr Zaki Morad Mohd Zaher, CRC	Not available
Prograf Trial: A multicenter, open label trial to demonstrate the clinical effectiveness and safety of Prograf® in renal transplant patients with EPO therapy.	Dato' Dr Zaki Morad Mohd Zaher, CRC	Not available
Gengraf Trial: A multicenter, open label trial to demonstrate the clinical effectiveness and safety of Gengraf® in renal transplant patients.	Dato' Dr Zaki Morad Mohd Zaher, CRC	Not available
Patient Safety: a pilot study in Kajang Hospital.	Dr Roslinah Ali, IHM	Oct 2005 – March 2006
A study of the implementation of National Mental Health Policy at Ministry of Health hospitals and clinics.	Dr Roslan Johari Dato' Mohd Ghazali, IHM	Jan 2006 – Feb 2007
<i>Kajian Pengurusan Sumber Manusia.</i>	Dr Roslan Johari Dato' Mohd Ghazali, IHM	Dec 2005 – June 2006
Health Research Systems Analysis.	Dr Maimunah A Hamid, IHSR	2003 – 2006
A National Study on the Usage Pattern of Traditional and Complementary Medicine.	Dr Tahir Aris, IHSR	2004 – 2006
Health Policy Research in the Western Pacific Region (EVIPNet Asia).	Dr Maimunah A Hamid, IHSR	2005 - 2009
Patients' Unmet Needs.	Ms Low Lee Lan, IHSR	2006 – 2006
The Application of Data-Mining Technique in Managing Long Waiting Time At the Putrajaya Clinic.	Mr Zulkarnain A Karim, IHSR	2006 - 2007

## CALENDAR OF EVENTS

ACTIVITY	DATE	VENUE	CONTACT PERSONS
Becoming Excellent Nurse Managers.	26 – 30 June.	Institute for Health Management.	Matron Hjh Ramziah Hj Ahmad (IHM). Tel: 03-22962825.
Good Clinical Practice Workshop.	July.	Kuantan, Pahang.	Ms Siti Mazmi Niza Ahmad Zawawi and SN Goh (CRC). Tel: 03-40439300.
Course on Adolescent Health and Counseling.	4 – 8 July.	<i>To be announced later.</i>	Dr Noor Ani Ahmad (IPH). Tel: 03-22979450. noorani_ahmad@msn.com
Course on Primary Health Care.	10 - 15 July.	<i>To be announced later.</i>	Dr Ambigal Selvi (IPH). Tel: 03-22979442. selsi29313@yahoo.com
National Conference on Health Research Priorities for the 9 <sup>th</sup> Malaysia Plan.	27-28 July.	Sunway Lagoon Resort Hotel.	Dr. Rozita Halina (IHSR) Tel: 03-22971532 rozitahalina.h@ihsr.gov.my
Course on Handling of Malaria Parasite Slides.	9 - 11 August.	<i>To be announced later.</i>	Ms Yusnida Mohd Yusof (IPH). Tel: 03-22979424. nieda@yahoo.com
Course on Diabetes Mellitus Control.	14 – 18 August.	<i>To be announced later.</i>	Dr N Kumar (IPH). Tel: 03-22979420. drkumar@hotmail.com.my
Workshop on Research Methodology & Biostatistics.	15-17 August.	Institute for Health Management.	Ms Rohaiza Mohd Khairi (CRC). Tel: 03-26980310.
Course on Quality Information Accessibility.	17 – 18 August. <i>Deadline for registration: 1 August.</i>	Institute for Public Health.	Ms Zarinah Kulam Hassan (IPH). Tel: 03-22979552. zarinah@iku.gov.my
Course on Diet Therapy Management.	21 – 25 August.	<i>To be announced later.</i>	Ms Noor Safiza Mohd Nor (IPH). Tel: 03-22979446. safiza@iku.gov.my
Course on Safety and Health Training for Medical Officers.	3 – 7 September. <i>Deadline for registration: 14 July.</i>	<i>To be announced later.</i>	Dr Ummi Kalthom Shamsudin (IPH). Tel: 03-22979461. dr_ummi@iku.gov.my
Course on Time Series Analysis and Outbreak Prediction.	4-8 September.	<i>To be announced later.</i>	Dr N Kumar (IPH). Tel: 03-22979420. drkumar@hotmail.com
<b>9<sup>th</sup> NIH Scientific Meeting.</b>	<b>18 – 20 September.</b>	<b>Marriot Hotel, Putrajaya.</b>	<b>Secretariat, 9<sup>th</sup> NIH Scientific Meeting, Institute for Health Management.</b> <b>Tel : 03-22962800.</b>
Course on Weight Management for Adults.	18 – 21 September.	<i>To be announced later.</i>	Ms Jamilah Ahmad (IPH). Tel: 03-22979448. jamilah@iku.gov.my

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# CALENDAR OF EVENTS

(Continued from page 15)

ACTIVITY	DATE	VENUE	CONTACT PERSONS
Course on Effective Communication for Grade 41 officers.	25-28 September.	Institute for Public Health.	Mr Thavaraj Subramaniam (IHP). Tel: 03-22979509. deva@iku.gov.my
Good Clinical Practice Workshop.	October.	Kuala Lumpur.	Ms Siti Mazmi Niza Ahmad Zawawi and SN Goh (CRC). Tel: 03-40439300.
Course on Risk Communication for Medical officers, Environmental & Health Officers, and Nursing staff.	23-26 October.	Institute for Health Promotion.	Mr Thavaraj Subramaniam (IHP). Tel: 03-22979509. deva@iku.gov.my
Course on Public Speaking and Presentation Skills for Management & Professional, and Support staff.	November.	Institute for Health Promotion.	Mr Thavaraj Subramaniam (IHP). Tel: 03-22979509. deva@iku.gov.my
Course on Safety and Health Training for Paramedics.	5-9 November. <i>Deadline for registration: 15 September.</i>	<i>To be announced later.</i>	Mr Abdul Mujid Abdullah (IPH). Tel: 03-22979462. mujid@iku.gov.my
Course on Field Application of Control Agents for Vector Control.	6-10 November.	<i>To be announced later.</i>	Mr Aparow Sannasi (IPH). Tel: 03-22979424. rao@iku.gov.my
Course on Elderly Health Care.	13-17 November.	<i>To be announced later.</i>	Dr Jasvinder Kaur (IPH). Tel: 03-22979440. jasvinder@iku.gov.my
Course on SPSS Usage in Research.	20-24 November. <i>Deadline for registration: 1 November.</i>	Institute for Public Health.	Ms Noor Azlin Jaafar (IPH). Tel: 03-22979550. azlynn83@gmail.com
Course on Diet Therapy Management.	11-15 December.	<i>To be announced later.</i>	Mr Wong Nam Fong (IPH). Tel: 03-22979445.

## VACANCIES

Currently CRC has openings for the following permanent positions:

- Medical Officer U41 (1 post).
- Research Officer Q41 (1 post).
- Assistant Research Officer Q27 (1 post).
- Administrative Assistant N17 (Secretarial services) (1 post).

We still have vacancies for following temporary Research Assistant posts :

- 8 degree holders.
- 3 diploma holders.

Those who are interested can submit their resume to:  
Head, Clinical Research Centre  
Level 3, Dermatology Block  
Kuala Lumpur Hospital  
50586 Kuala Lumpur  
(email: [contact@crc.gov.my](mailto:contact@crc.gov.my))