



1ST BORNEO HEALTH SUMMIT & 41ST SARAWAK HEALTH CONFERENCE

*"Health Towards 2030:
A Better Health
for All"*

9th - 11th September 2025 | Kingwood Hotel, Sibul

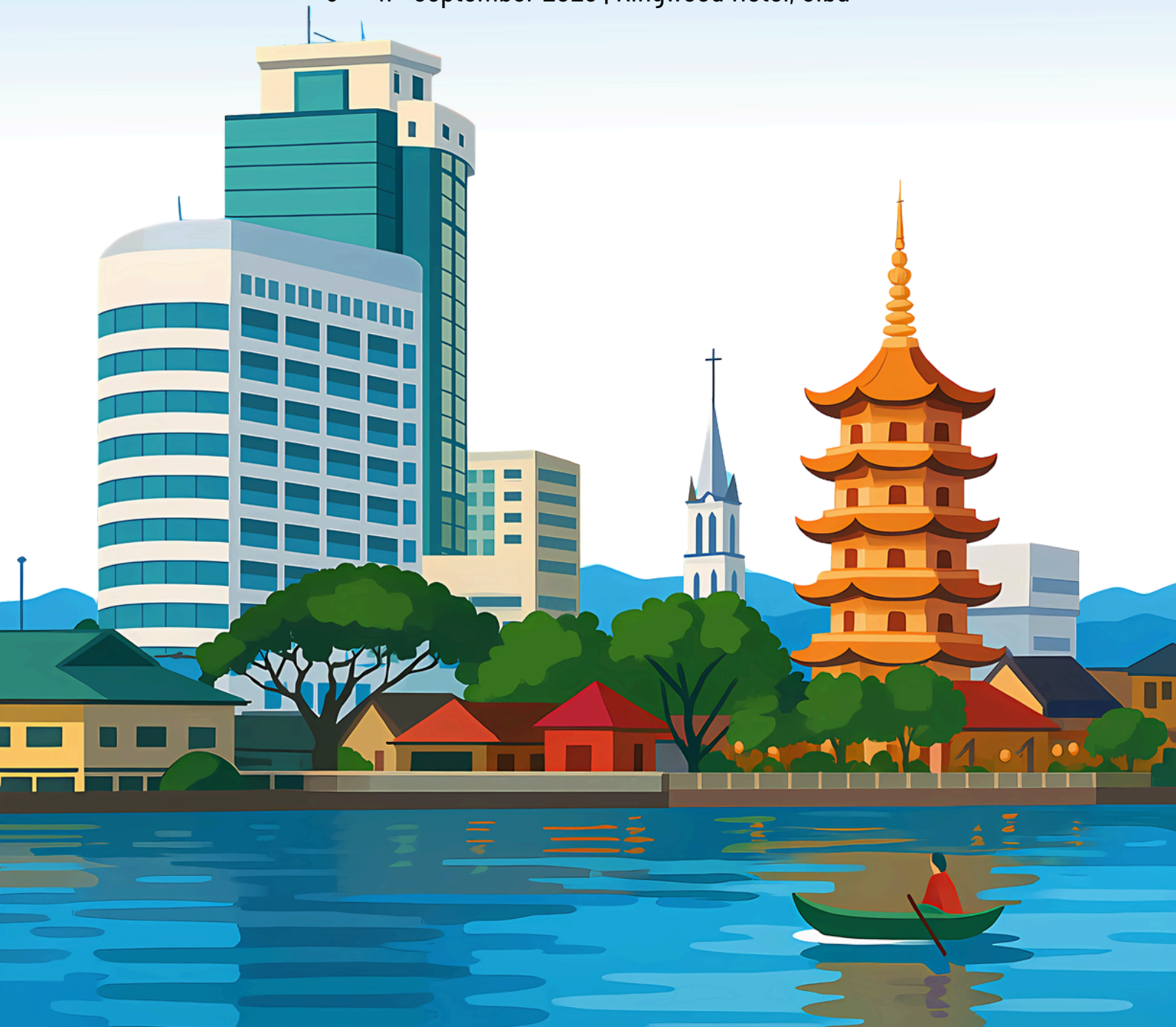


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Acknowledgement

On behalf of the Sarawak Public Health Practitioners Association (SaPHePA), it is our great honour to welcome you to the 1st Borneo Health Summit, held in conjunction with the 41st Sarawak Health Conference here in Sibu, Sarawak.

Founded in 2024, SaPHePA unites public health specialists, doctors, and allied health professionals dedicated to addressing Sarawak's unique health challenges through collaboration, knowledge sharing, and locally driven solutions.

This inaugural summit, themed 'Health Towards 2030: A Better Health for All,' marks an important milestone for SaPHePA. The programme features inspiring keynote sessions, engaging panel discussions, interactive workshops, and networking opportunities to exchange ideas and build partnerships.

We hope this summit will grow into a platform for addressing shared health challenges across Borneo. Your participation will make a meaningful contribution as we work together towards healthier, more equitable communities for all.

welcoming message

**DR NORLIZA
BINTI JUSOH**

PROTEM President



It is with great pleasure that we welcome you to the 1st Borneo Health Summit 2025, held in the vibrant town of Sibul, Sarawak. This landmark event brings together a diverse community of healthcare stakeholders, leaders, and dedicated professionals from across Borneo and beyond.

At a time when the call for greater health autonomy in the region is gaining momentum, this Summit provides an invaluable platform for meaningful dialogue, collaboration, and knowledge-sharing. Together, we will explore the challenges and opportunities that define our healthcare landscape—from policy and infrastructure to community engagement and service delivery.

The theme for this conference is 'Towards 2030 : A better health for all'. Why 2030? It is not too far away, and yet time enough for building foundations for better health for all. Although this theme sounds simple, it carries a meaningful vision for all of us to strive to achieve improvements in health outcomes.

During the conference, we invite you to engage deeply in the discussions, share your insights and experiences, and forge partnerships that will strengthen our collective mission to build a more resilient, equitable, and locally-empowered health system in Borneo.

We look forward to your presence, your commitment, and your voice in this important conversation. May this inaugural Summit inspire lasting progress and a renewed sense of purpose in our shared journey toward better health for all in the years to come.

Welcome to Sibul. Welcome to the future of healthcare in Borneo.

welcoming message
DR TEH JO HUN
Chairman, Organising Committee



Ladies and Gentlemen,

Distinguished Guests, Esteemed Colleagues, and Friends,

Greeting everyone and welcome to Borneo Health Summit 2025 — a gathering that brings together some of the brightest minds and most dedicated hearts in the field of public health. It is my great honor and privilege, as Chairman of the Scientific Committee, to warmly welcome each and every one of you to this important event.

This conference is more than a meeting of professionals — it is a call to action. Today, we unite across disciplines, sectors, and borders with a shared mission: Sarawak Health Toward 2030.

During this summit, you will hear from renowned experts, witness the presentation of by experienced and established speakers, and engage in thought-provoking discussions. We hope the sessions not only inform but inspire — encouraging new partnerships, bold ideas, and practical solutions.

I would like to extend sincere thanks to the organising committee, our sponsors, and each presenter and participant. Your commitment to public health makes this conference possible and impactful.

Let us use this time together not only to learn but also to listen — to one another, to the data, and to the voices of the communities we serve. Once again, welcome, and I wish you all a fruitful and enriching conference.

Thank you.

welcoming message

**DR JOHNNY
PANGKAS**

Scientific Committee Chair



Guest of Honour

**HONOURABLE DATUK
AMAR PROFESSOR
DR. SIM KUI HIAN**

Deputy Premier of Sarawak and Minister for Public Health,
Housing & Local Government, Sarawak



Meet our
**ORGANISING
COMMITTEE**



Dr Teh Jo Hun
Chairman



Dr Johnny Pangkas
Scientific Committee Chair



**Dr Emmanuel
Joseph Fong Tsung**
Treasurer

SECRETARIAT



**Dr Alfred
Tan Win Sen**



Dr Yeo Zi Sheng



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**Dr Puteri Nuuraine
Ayu Bt M. Nasir**

SUB-COMMITTEE



Jessica ak Demain
Logistics



Gloria Richard
Protocol



Chong Kuek Sen
Booth & Sales



Sharon Yeo
Event Manager

Your guide
**PROGRAMME
SCHEDULE**

Pre-Summit

09.09.2025

08:00 - 17:00 H	41st Sarawak Health Conference Empress Hall (Participation by invitation only)
	Pre-Summit Workshop 1 Level 2-Perdana Room 6 Time Series Forecasting with AR, MA, and Using R Workshop Prof Dr. Jeffery Stephen , Universiti Malaysia Sarawak (UNIMAS)
	Pre-Summit Workshop 2 Level 2-Perdana Room 8 Introduction to Clinical Research (ICR) & Basic Research Skills Workshop Dr. Toh Teck Hock , Head of CRC Hospital Sibü

Summit Day 1

10.09.2025

07:30-08:30 H	Registration & Breakfast Ground Floor	
08:30-09:15 H	Plenary 1: Overview of Health Landscape in Sarawak: Past & Present Prof. Dato Dr. Andrew Kiyu (UNIMAS) Main hall, Level 6	
09:15-10:00 H	Plenary 2: Sarawak Health Towards 2030 Dr. Veronica Lugah (Director of Sarawak Health Department) Main Hall, Level 6	
10:00-10:45 H	Opening Ceremony Main Hall, Level 6	
10:45-11:15 H	Morning Tea Break / Networking Main Hall, Level 5	
11:15-12:00 H	Plenary 3: Health in Southeast Asia – Are We Better Together? Dr. Jeremy Lim (CEO of AMILI) Main Hall, Level 6	
12:00-13:30 H	Breakout Session 1-1: Digitalization in Health Main Hall, Level 6 Symposium 1: Digitalization in Healthcare: Reducing Burnout, Restoring Focus to Care Dr. Kev Lim Shiau Chong (Founder of Qmed Asia) Symposium 2: Transforming Public Health Surveillance through Integrated Health System Dr. Nor Zahrin binti Hasran (Deputy Director (Disease Surveillance), Ministry of Health, Malaysia) Symposium 3: Digitalisation of Primary Care: Kuching experience Dr. Johnny Pangkas (Kuching Divisional Health Officer)	Breakout Session 1-2: Nursing Kingwood Hall, Ground Floor Symposium 4: Overview of Nursing Development in Malaysia Mdm Gowry A/P Narayanan (Director of Nursing Board Malaysia) Symposium 5: Nursing Education & Professional Development A/Prof. Dr Elaine Siaw (Singapore Institute of Technology) Symposium 6: Mastering of Clinical Nursing Skill A/Prof. Dr Edward Poon (Singapore Institute of Technology)

Summit Day 1

10.09.2025

13:30-14:30 H	Lunch Break / Networking Main Hall, Level 5	
14:30-15:15 H	Plenary 4: Global Surgery Initiative in Sarawak Tan Sri Dato' Seri Dr Haji Noor Hisham Bin Abdullah (Chairman of UCSI Healthcare Group, Chancellor University of Cyberjaya) Main Hall, Level 6	
15:15-16:45 H	Breakout Session 2-1: Artificial Intelligence in Health Main Hall, Level 6 Symposium 7: AI in Health Datuk Dr. Awang Bulgiba (Digital Health Consultant for the Sarawak Public Health Masterplan 2050)	Breakout Session 2-2: Future Threats Kingwood Hall, Ground Floor Symposium 10: Future Threats of Infectious Disease: One Health Perspective Prof. Dr. Razitasham Safii (International Islamic University Malaysia)
	Symposium 8: Opportunities and Challenges for AI in Healthcare Mr. Leon Jackson (Digital Transformation Lead, APAC)	Symposium 11: Disease X Dr. Nor Zahrin binti Hasran (Deputy Director (Disease Surveillance), Ministry of Health, Malaysia)
	Symposium 9: AI in Medical and Nursing Education Prof. Dr. Mohd Raili Suhaili (SEGi University)	Symposium 12: Future Mental Health Threats Dr. Nurashikin Bt Ibrahim (Director of the National Centre of Excellence of Mental Health, Ministry of Health, Malaysia)
17:00-21:00 H	Evening Networking High Tea Pool Side	

Summit Day 2

11.09.2025

07:30-08:30 H	Registration / Networking Main Hall, Level 6
08:30-09:15 H	Plenary 5: The Evolution of Authority in Health System in Sarawak Dato Dr. Chin Zin Hing (Ministry of Public Health, Housing and Local Government, Sarawak) Main Hall, Level 6
09:15-10:00 H	Plenary 6: The Pulse of Progress: Evolution of Healthcare Services in Sabah Datuk Dr. Maria Suleiman (Former Director of Sabah State Health Department) Main Hall, Level 6
10:00-10:30 H	Morning Tea Break / Networking Main Hall, Level 5
10:30-11:15 H	Plenary 7: Future of AI in Nursing Practice A/P Prof Dr. Edward Poon (Singapore Institute of Technology) Main Hall, Level 6
11:15-12:00 H	Plenary 8: Malaysian Health Transformation Dr Yap Wei Aun (CEO of Health Transformation Office, Malaysia) Main Hall, Level 6
12:00-12:45 H	Plenary 9: Leadership in Public Health: Personal experience Prof Datuk Dr. Lokman Hakim Bin Sulaiman (IMU University) Main Hall, Level 6
12:45-14:00 H	Lunch Break / Networking Main Hall, Level 5
14:00-15:30 H	Forum: Future of Health in Sarawak Panelist 1: Prof Dato Dr Andrew Kiyu Universiti Malaysia Sarawak (UNIMAS) Panelist 2: Dato Dr Chin Zin Hing (Ministry of Public Health, Housing and Local Government, Sarawak) Panelist 3: Dr Ngian Hie Ung (Director of Sarawak General Hospital)
15:30-16:00 H	Closing Ceremony Main Hall, Level 6

Meet Our
SPEAKERS

PROF DATO DR. ANDREW KIYU

Senior Principal Fellow, Faculty of Medicine and Health Sciences



OVERVIEW OF HEALTH LANDSCAPE IN SARAWAK: PAST AND PRESENT

Between 1976 and 2008, Sarawak's health system faced significant structural and operational barriers. Its vast geography, sparse population, and underdeveloped infrastructure posed major obstacles to equitable healthcare delivery. Transport and communication were slow, expensive, and often dangerous; many rural areas lacked road connectivity, limiting access to health clinics, hospitals, and particularly dental services.

Poor environmental sanitation and lack of clean water further compounded health risks. Maternal mortality was high due to unsafe deliveries, while childhood morbidity and mortality were driven by measles, undernutrition, and iodine deficiency disorders (IDD). Cholera, Japanese encephalitis, malaria, and tuberculosis remained endemic, especially in rural areas.

A severe shortage of healthcare professionals worsened the situation. In the early 1970s, Sarawak had only one anaesthetist, one obstetrician-gynaecologist, and one paediatrician. In response, Sarawak adopted a pragmatic, needs-based approach. Guided by the Alma-Ata Declaration (1978) and the Ottawa Charter (1986), the then directors of Sarawak Health Department, the late Datuk Dr Tan Yaw Kwang and Datuk Dr Stalin Hardin, pioneered task-shifting, capacity building, and community empowerment. Clinical procedures were allocated based on competency—medical assistants were trained to administer anaesthesia and perform dental extractions.

Innovative, community-based strategies filled critical gaps. Through gotong-royong, rural villagers built health clinics, staffed by locally trained junior hospital assistants and Jururawat Masyarakat. The klinik desas included rest beds for expectant mothers awaiting delivery after 38 weeks of pregnancy, and were equipped with purpose-built wooden delivery beds. They also had wooden, portable dental chairs.

Mobile teams extended health service coverage via land, river, and air (Flying Doctor Service). Village Health Promoters were trained to provide basic and emergency care in remote villages. Two salt iodisation plants were established in Kuching and Sibuan, supplying iodised salt to pregnant women. And, despite limited internet access in the late 1990s, Sarawak also developed a grassroots 'kampong-style' tele-referral system to support remote diagnosis and specialist advice.

These innovations contributed to a marked reduction in maternal and child mortality, made Sarawak the only state to include Japanese encephalitis in its routine immunisation programme, and started the nationwide implementation of universal salt iodisation. However, over-centralisation of health governance in the later years undermined several of these locally successful initiatives.

This historical overview underscores the enduring value of decentralised, community-driven, and context-sensitive health strategies in improving health outcomes in remote and resource-constrained environments.

DR VERONICA LUGAH

Director of Sarawak Health Department



Plenary 2

SARAWAK HEALTH TOWARDS 2030: BUILDING AN INCLUSIVE, EQUITABLE, AND RESILIENT HEALTH SYSTEM

Sarawak Health Towards 2030 sets out a vision for a health system that is inclusive, equitable, and resilient, ensuring access for all communities across the state. The strategy focuses on strengthening primary healthcare and expanding services to rural and remote populations through service redesign, digital health, telemedicine, and mobile outreach. It reflects the reform directions of Malaysia's Health White Paper 2023, which emphasises stronger stewardship, enhanced regulatory frameworks, and the fostering of research and innovation ecosystems.

* A central pillar is workforce development, with continuous training to prepare healthcare professionals for emerging challenges such as population ageing, the rise of non-communicable diseases, and climate-related health risks. Strengthened governance, preventive care, and public-private collaboration will drive digital transformation and sustainable, affordable service delivery.

By 2030, Sarawak aspires to establish a future-ready, people-centred health system that bridges disparities, empowers communities, and secures a healthier future for all.

**ASSOC. PROF.
DR JEREMY LIM**
CEO of AMILI



Plenary 3

“HEALTH IN SOUTHEAST ASIA” ARE WE BETTER TOGETHER?

In this lecture, A/Prof Lim will discuss the evolution of healthcare in the region, the advent of Global Health and particularly South-South partnerships and the explosion in medical tourism ambitions.

He will argue for better coordination and integration across the region to enable all peoples to better thrive despite limited health allocations and resources.



Chairman of UCSI Healthcare Group, Chancellor University of Cyberjaya

TAN SRI DATO' SERI DR HAJI NOOR HISHAM BIN ABDULLAH



Plenary 4

GLOBAL SURGERY INITIATIVE IN SARAWAK

The COVID-19 pandemic taught us hard-earned lessons about fortifying preparedness and strengthening our health systems. Central to this effort is building healthier, more inclusive communities with universal equitable access to care.

Affordable access to safe surgery is a critical prerequisite for saving lives. We must continue the efforts to protect the most vulnerable and neglected, reaching those left behind by ensuring affordable access to safe surgery for all.

Equitable distribution of timely surgical care and safeguarding the most vulnerable are both essential for the sustained management of neglected surgical diseases in the Western Pacific Region.

* Let us carry forward this spirit of shared responsibility and collective conscience, uniting as a nation committed to progress as we strive for a resilient and equitable future.

DATO DR. CHIN ZIN HING

Advisor (Public Health) to Ministry of Public Health,
Housing and Local Government, Sarawak



Plenary 5

THE EVOLUTION OF AUTHORITY IN HEALTH SYSTEM IN SARAWAK

The authority in Sarawak's health system has evolved from centralized colonial control with limited scope, to a federally managed system post-independence. Recognizing Sarawak's unique geographical and demographic challenges, there is a growing call for greater state autonomy in healthcare, aiming to better serve the diverse needs of its population. The political development since formation of Malaysia has its impact on the evolution of the authority in healthcare system in Sarawak.

Autonomy means freedom, independence and self-determination. Specifically, it is a state of having control over one's action or being independent from external control. Autonomy is not an either-or condition and there are varying degrees of autonomy. Decentralisation is one of the operational manifestations of autonomy.

* The current movement under Malaysian Agreement 1963 to request for health autonomy for Sarawak faces many challenges. It is not easy to make changes to a system that has existed for years. More efforts are needed by Sarawak Government, including comprehensive planning and capacity building in health to achieve health autonomy.

DATUK DR MARIA SULEIMAN

Consultant Public Health Physician



THE PULSE OF PROGRESS: EVOLUTION OF HEALTHCARE SERVICES IN SABAH

Sabah's healthcare system has undergone remarkable transformation, evolving from limited services in the 1950s to a modern, data-driven system today. Early milestones included the establishment of Hospital Sandakan in 1952, the expansion of rural clinics and travelling health services in the 1980s, malaria control campaigns, and the training of indigenous midwives to serve local communities.

Over the decades, Sabah has recorded major achievements. Indigenous malaria, once widespread with over 100,000 cases in the 1960s, has reported no indigenous case since 2018. The state demonstrated resilience during outbreaks such as H1N1, polio, COVID-19, and measles. Systems such as MyFOCI, TBIS, and the Cancer Registry have strengthened surveillance and planning, while vaccination programs and maternal-child health initiatives have significantly reduced mortality. At the same time, growing attention has been directed toward the burden of non-communicable diseases (NCDs) like diabetes, hypertension, and obesity.

Recent years have seen substantial federal allocations to upgrade clinics and public health facilities, visibly improving healthcare access across Sabah. Yet, pressing challenges remain. These include a shortage of local healthcare professionals, infrastructure and financial limitations, geographical barriers, and the dual burden of rising NCDs alongside the risk of re-emerging infectious diseases.

Looking forward, Sabah's priorities are clear: restructure and expand health facilities, strengthen and localize the workforce, secure larger and sustained budget allocations, and grant greater state autonomy in decision-making. With these reforms, Sabah is poised to build a more equitable, resilient, and modern healthcare system that continues its legacy of progress while preparing for future demands.

ASSOC. PROF. DR EDWARD POON

Singapore Institute of Technology



Plenary 7

THE FUTURE OF AI IN NURSING PRACTICE

In this plenary, I will focus on the use of AI in nursing practice, administration, education and research to help in enhancing assessing, diagnosing, treatment planning, and care coordination and evaluating the care, while also reducing the workload on nurses.

While the using AI will enable more accurate, personalized care, improve monitoring, and streamline workflows, ethical considerations, including accountability and potential biases, will also be address in this presentation.

Finally the pros and cons of using AI in healthcare will be discuss.

Symposium 6

MASTERY OF CLINICAL SKILLS

In this talk, we will be explore the application of the principles of nursing and how it can develop clinical nursing skills with deep understanding and proficient application of practical nursing techniques, combined with critical thinking and the ability to adapt to various person care situations.

Using the six dimension and the person centred care and the humble leader to inspire the nurses, so as to transform the working nurses to a thinker nurses.

CEO of Health Transformation Office, Malaysia

DR YAP WEI AUN



Plenary 8

MALAYSIAN HEALTH TRANSFORMATION

Despite Malaysia's initial success in attaining high and equitable health outcomes by providing equitable and comprehensive healthcare after independence, Malaysia has been faced with the additional challenges of rapid demographic and epidemiological changes and the perennial challenges of sustainably funding our healthcare system. Addressing these challenges requires structural changes to our health system, responsive to global, national, and state-level contexts. This presentation will provide an overview of Malaysia's health system journey, the direction of health transformation and RMK-13, and a discussion on Sarawak-specific considerations.



IMU University

PROF DATUK DR LOKMAN HAKIM BIN SULAIMAN



Plenary 9

LEADERSHIP IN PUBLIC HEALTH: PERSONAL EXPERIENCE

Based on my extensive experience with the Ministry of Health, it's clear that public health leadership is vital for improving community well-being and ensuring the sustainability of health systems. As a public health leader, you influenced, motivated, and guided others to achieve shared goals. My journey from a rural health center to the Deputy Director General of Public Health highlights the diverse roles and responsibilities involved.

A great public health leader is driven by a passion for the public good. They are comfortable operating in complex, boundary-less environments and excel at networking and team building. The nature of public health challenges demands a collaborative approach, and effective leaders can unite people from different backgrounds to work toward a common objective. They also master the art of persuasion to secure support, buy-in, and the necessary political will.

Public health issues are often complex, long-term, and can become highly politicized. This requires leaders to demonstrate perseverance, patience, and composure. They must recognize the diverse opinions and vested interests of many stakeholders, actively listening and working toward a consensus. Great leaders value interdependence and collaboration.

A transformational leadership style is particularly effective in public health. Transformational leaders are visionaries who can clearly articulate their goals to their team, inspiring and motivating them to achieve those goals. They are passionate and enthusiastic, offering support and encouragement to individuals while keeping communication lines open and transparent. In large, hierarchical organizations, like the Ministry of Health, high-ranking leaders must be mindful of structural barriers that can cause anxiety for their subordinates. As you learned, an open-door policy and a conscious effort to break down these barriers are crucial for fostering a collaborative and supportive environment where everyone feels comfortable sharing ideas and receiving recognition.

DR. KEY LIM SHIAU CHONG

Founder of Qmed Asia



Symposium 1

DIGITALIZATION IN HEALTHCARE: REDUCING BURNOUT, RESTORING FOCUS TO CARE

Burnout is not caused by patients—it's caused by the system. Long hours spent on paperwork, clunky systems, and unnecessary admin steal time from what matters most: caring for patients. Digitalization, when done right, can change that.

In this talk, I will share how practical digital tools—AI-assisted documentation, smart kiosks, device integration, and automated triage—are already freeing up hours in hospitals and clinics. These are not futuristic ideas; they are real solutions cutting registration time by 90%, reducing ward monitoring workload by hours per day, and helping doctors spend less time typing and more time talking to patients.

The lesson is simple: technology should remove tasks, not add more screens. By focusing on measurable outcomes—minutes saved, errors reduced, satisfaction improved—we can redesign workflows that actually make life easier for both clinicians and patients.

Digital healthcare should not just be about 'going paperless' or 'adding AI.' It should be about restoring joy in medicine by giving back time to care.

DR NOR ZAHNIN BINTI HASRAN

Deputy Director (Disease Surveillance), Ministry of Health, Malaysia



Symposium 2

TRANSFORMING PUBLIC HEALTH SURVEILLANCE THROUGH INTEGRATED HEALTH SYSTEM

The global health landscape, as illustrated by the COVID-19 pandemic, demands a shift from fragmented, indicator-based surveillance to a fully integrated and responsive system. This shift is vital to move beyond siloed, manual-reporting systems toward a proactive, multi-sectoral surveillance model within health sectors and beyond. The key to this transformation is adopting a "One Health" approach, which combines data from human, animal, and environmental sources to provide a comprehensive view of public health threats. By leveraging cutting-edge digital health technologies, the integration of Internet of Things (IoT) devices facilitates interoperable platforms using standardized data interfaces that allow for comprehensive surveillance by combining clinical, laboratory, animal, environmental, and social data sources. Key challenges include ensuring data privacy and security, upgrading infrastructure and workforce capabilities, and addressing equity and accessibility in health outcomes. Overall, integrated health systems are shifting public health surveillance from reactive to proactive, improving responsiveness to emergencies, supporting chronic disease prevention, and advancing health equity and resilience across populations.

Symposium 11

DISEASE X

"Disease X" represents a potential future pandemic from an unknown pathogen, a threat starkly highlighted by COVID-19. While Malaysia's healthcare system is resilient, it faces ongoing challenges, including securing long-term funding, promoting "One Health" collaboration across human, animal, and environmental sectors, and expanding local manufacturing capacity for medical countermeasures. Globally, frameworks are advancing preparedness efforts, but significant obstacles persist. These include chronic underfunding, inequitable access to diagnostics and therapeutics, and geopolitical fragmentation that hinders international coordination and data sharing. Furthermore, widespread public mistrust, fueled by misinformation, complicates response efforts. A comprehensive, multidisciplinary understanding of these barriers is essential to developing holistic preparedness strategies. Moving forward requires a unified, "whole-of-society" and "whole-of-government" commitment that fosters collaboration, resilience, and public trust. These are critical elements to effectively mitigate the impact of Disease X and future emerging threats.

DR. JOHNNY PANGKAS

Kuching Divisional Health Officer



Symposium 3

DIGITALISATION OF PRIMARY CARE: KUCHING EXPERIENCE

The digitalisation of primary care in Kuching Division marks a pivotal step in transforming healthcare delivery, strengthening efficiency, and improving patient outcomes. This initiative supports Malaysia's national agenda to harness digital health innovations and build a more resilient healthcare system in response to rising demands.

In Kuching, the programme began in 2023 with the introduction of digital health systems in primary care health clinics, before expanding in 2025 to another 31 health clinics across the division. This phased implementation ensures scalability while allowing for continuous refinement. Core components include the adoption of electronic medical records, digital queue management, and secure data-sharing systems designed to streamline patient flow, shorten waiting times, and safeguard continuity of care across facilities.

* A strong emphasis has been placed on capacity building. Healthcare providers have received training to ensure smooth adoption of new systems and to minimize service disruptions. Investments from both federal and state governments have supported infrastructure upgrades, enabling the clinics to adapt to this new model of care delivery.

Early results are encouraging. Staff acceptance of the system has been positive, with improved monitoring of patient flow, enhanced record accuracy, and strengthened documentation for clinical and administrative use. These advances have laid the foundation for better chronic disease management and stronger health surveillance capacities. Nonetheless, challenges remain, particularly in ensuring equitable access for rural population and addressing connectivity gaps in certain health facilities.

The digitalisation of primary care in Kuching signals more than just a technological upgrade—it represents a transformative shift toward a patient-centred, integrated, and future-ready healthcare system.

Director of Nursing Board, Ministry of Health, Malaysia

MDM GOWRY A/P NARAYANAN



Symposium 4

OVERVIEW OF NURSING DEVELOPMENT IN MALAYSIA

Nursing within the Ministry of Health Malaysia (MOH) has undergone remarkable transformation, positioning itself as a cornerstone of the nation's healthcare delivery system. Over the years, significant milestones have been achieved in strengthening the nursing workforce, advancing professional standards, and ensuring the wellbeing of nurses while maintaining high-quality patient care. The implementation of the 42-hour working week stands as a landmark achievement, balancing service demands with improved work-life integration for nurses nationwide. Other key advancements include the expansion of nursing education and specialization, strengthened governance structures, and enhanced leadership opportunities that empower nurses at every level of service.

* This overview highlights the progress made in aligning nursing with evolving healthcare needs, from embracing technological innovations to supporting patient safety and quality improvement initiatives. Despite challenges in workforce sustainability and the rising complexity of care, MOH nurses continue to demonstrate resilience, commitment, and professionalism. Looking ahead, further strengthening of nursing leadership, continuous upskilling, and interprofessional collaboration will be vital to sustaining excellence in Malaysian healthcare and positioning the nursing profession as a driving force in health system transformation.

ASSOC. PROF. DR ELAINE SIAM

Singapore Institute of Technology





Symposium 5

NURSING EDUCATION AND PROFESSIONAL DEVELOPMENT

Nursing education needs to evolve with rapid technological advances and the evolving needs in the aging population. It is important that nursing graduates are equipped with the foundational knowledge and advanced nursing competencies to provide quality care across different healthcare settings.

This presentation provides an overview of current nursing education models, the gaps, challenges, and initiatives to address nursing workforce challenges. Drawing on examples from the integrated BSN-MSN nursing program, we can further discuss how a term-in-term-out approach and work-study pathways may potentially enhance the clinical readiness and confidence in newly graduated nurses.

The presentation will also explore how innovative topics can be integrated into nursing curriculum to shape the professional development and role of nurses in clinical practice.



DATUK DR AWANG BULGIBA

Digital Health Consultant for the Sarawak Public Health Masterplan 2050



Symposium 7

AI IN HEALTH

Artificial intelligence (AI) is now ubiquitous in everyday life. Governments and healthcare organisations have had to turn to AI to deal with the massive amounts of health data which are large in volume, high in velocity, of great variety and uncertain veracity. Research into the usage of AI in health has greatly increased in recent years to keep up with the demands for faster diagnosis and interventions for communicable and non-communicable diseases. Health informatics has also rightly emerged as a separate and increasingly essential inter-disciplinary field in response to these developments.

This session will look at what AI does and does not do well, what has been done on AI in health and what remains to be done. Some personal reflections on AI and a note of caution on AI will be shared as well. The session will also touch on the way forward for Malaysia on information and communication technology and AI in health.



Digital Transformation Lead, APAC

MR LEON JACKSON





Symposium 8

OPPORTUNITIES AND CHALLENGES FOR AI IN HEALTHCARE

The integration of Artificial Intelligence (AI) into Malaysia's healthcare system offers transformative potential, but its success depends on building the right technical frameworks and architectures. Robust, human-centric governance must be paired with secure, scalable infrastructures that support zero-trust security, advanced data privacy, and contextual model tuning for clinical accuracy. With these foundations in place, AI can responsibly enhance diagnostics, personalize treatments, optimize resource planning, and streamline operations, all while maintaining safety, accountability, and trust. By aligning technical rigor with ethical principles, Malaysia can unlock AI's full potential to deliver sustainable, equitable, and high-impact healthcare innovation.



SEGi University

PROF DR MOHD RAILI SUHAILI



Symposium 9

AI IN MEDICAL AND NURSING EDUCATION

Artificial Intelligence (AI) has emerged as a transformative force in medical education, reshaping how students learn, practice, and are assessed. From its early experimental applications in the 1970s with systems such as ATTENDING and GUIDON, AI has evolved into sophisticated platforms that support adaptive learning, automated assessment, and immersive clinical simulations. Contemporary AI tools personalize education by tailoring learning pathways to individual needs, providing real-time feedback, and predicting at-risk learners through data-driven insights. Simulation-based technologies, including AI-powered virtual patients and chatbots, offer safe and dynamic environments for practicing clinical reasoning and communication, while adaptive platforms enhance competency-based learning.

Furthermore, AI enables objective assessment, reduces faculty workload, and supports evidence-based curriculum refinement. Its global reach holds promise for democratizing access to quality education, particularly in resource-limited settings, while also facilitating interprofessional training and lifelong learning. However, challenges remain regarding ethical considerations, faculty readiness, and integration into traditional teaching models. This symposium will discuss on the historical development, current applications, and future potential of AI in medical education, emphasizing its opportunities and challenges in shaping the next generation of healthcare professionals.

PROF DR RAZITA SHAM SAFI

International Islamic University Malaysia



Symposium 10

FUTURE THREATS OF INFECTIOUS DISEASE: ONE HEALTH PERSPECTIVE

The One Health perspective acknowledges that emerging zoonoses, driven by climate change, ecosystem disruption, wildlife trade, and global food systems, pose significant future pandemic risks. It emphasizes integrating human, animal, and environmental health surveillance for early detection. Addressing antimicrobial resistance and vector-borne diseases which linked to urbanization and habitat loss, also requires this unified approach. The core idea is that capacity building must be collaborative across all sectors to counter threats magnified by global travel and trade, ensuring comprehensive preparedness.

* The COVID-19 pandemic taught crucial lessons about catastrophic epidemics. It demonstrated how local outbreaks quickly escalate globally due to human and animal movement, emphasizing that no nation can rely solely on external help during a major crisis. The "new face of preparedness" demands strengthening national and local capacity, emphasizing self-reliance as external aid may be limited during catastrophic events. Preparedness now demands strengthening national capacity and local initiatives, prioritizing strong political leadership, governance, and accountability. A whole-societal approach is vital to mitigate collateral damage to education and work environments. Effective border controls, while challenging, need careful consideration and clear strategies. Finally, innovative funding mechanisms, like crowd-funding and community mobilization, are paramount for self-reliant preparedness.

DR MURASHIKIN BINTI BRAHIM

Director of National Centre of Excellence for Mental Health,
Ministry of Health, Malaysia



Symposium 12

FUTURE MENTAL HEALTH THREATS

Mental health in Malaysia is expected to face growing threats arising from rapid urbanisation, socioeconomic inequalities, and increasing workplace pressures. Emerging risks among youth include excessive digital engagement, cyberbullying, and online addiction, while population ageing will contribute to higher rates of dementia, late-life depression, and caregiver burden. Climate change and environmental disasters further pose psychosocial challenges through climate anxiety, trauma, and displacement. Persisting stigma, low literacy, and workforce shortages risk widening the treatment gap if unaddressed. Anticipatory strategies that prioritise prevention, strengthen resilience, and integrate community- and technology-based interventions are essential to safeguard the nation's future mental health.



FORUM

Health towards 2030: A Better Health for All



DR TEH JO HUN

Moderator



**PROF DATO DR
ANDREW KIYU**

Penalist



**DATO DR CHIN
ZIN HING**

Penalist



**DR NGIAN
HIE UNG**

Penalist

As Sarawak moves towards 2030, the healthcare landscape is confronted with unique challenges and opportunities shaped by its diverse geography, culture, and aspirations for autonomy. This forum, Health towards 2030: A Better Health for All, brings together distinguished public health leaders to share perspectives on shaping the future of healthcare in the region.

Dato Dr Andrew Kiyu will revisit successful yet underutilised public health programmes, such as the healthy settings initiative, Village Health Survey, and WKK, exploring their relevance and adaptability in addressing future health needs. Dato Dr Chin Zin Hing will examine the opportunities and obstacles of health autonomy for Sarawak, highlighting implications for healthcare staff and the broader system. Dr Ngian Hie Ung will discuss the evolution of hospital care in Sarawak, focusing on innovative models such as hospital clusters, integration with primary care, and digitalisation to overcome geographic and cultural barriers.

Through structured presentations, a panel discussion, and interactive Q&A, the forum aims to generate critical insights into how past lessons, evolving governance, and healthcare innovations can be harnessed to ensure equitable, resilient, and future-ready health systems in Sarawak.

List of Booths

PLATINUM BOOTH

Fusion Medic

PREMIUM BOOTH

Toyo Adtec

Glory Works Sdn Bhd

STANDARD BOOTH

NRP studio

Business Event Sarawak

SaPHePA

ANSCS

SEGi University

MMA

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Sarawak Nursing Professional Association,

Cohort Trece, Universiti Malaysia Sarawak,

Invited Speakers and Facilitators &

Members of the Various Committees

for their dedication, commitment, and tireless efforts in making this Summit a reality.

Together, your support has made the 1st Borneo Health Summit 2025 a platform for advancing knowledge, collaboration, and innovation in public health.

ACKNOWLEDGEMENT

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