

CATEGORIES OF RECOGNITION

No	Categories of Recognition	Description of the categories
1	INNOVATION RECOGNITION AWARD	Creation of an innovative technology, product or service which has led to improvements in services or products.
2	TRANSFORMATION RECOGNITION AWARD	A practice that has resulted in improvement in the overall effectiveness, efficiency, and success of the organization.
3	CUSTOMER SERVICE RECOGNITION AWARD	Organizations that have implemented successful customer service strategies which are able to meet customers' expectations in terms of delivery and quality of service.
4	CONTINUOUS IMPROVEMENT RECOGNITION AWARD	Organizations that are in a never-ending effort to expose and eliminate root causes of problems. It usually involves many incremental steps towards improvements rather than one overwhelming innovation
5	STRATEGIC COMMUNICATION RECOGNITION AWARD	Organizations that have pushed the boundaries when it comes to their communications strategy in order to ensure they truly engage with their members using various communication channels.
6	INFORMATION TECHNOLOGY RECOGNITION AWARD	Organizations that run their business using effective and reliable technologies that are essential to drive efficiency and productivity, and improve organizational outcomes and performance.
7	INSURANCE COVERAGE RECOGNITION AWARD	Insurance and social security schemes that have developed their proposition with a clear focus on retirement, health and meeting members' needs.
8	FINANCIAL LITERACY RECOGNITION AWARD	Organizations that have introduced and provide advisory services on financial literacy and retirement planning to address issues on adequacy of members' savings for retirement.

CATEGORY	:	INNOVATION RECOGNITION AWARD
ORGANISATION	:	SOCIAL SECURITY ORGANISATION OF MALAYSIA (SOCSO)
CONTACT PERSON	:	Name : Azlan Bin Darus Contact Number : 017-6952273 Name : Nor Izzawani Mohd Sidek Contact Number : 017-3495058
NAME OF PROJECT	:	SOC SO HEALTH SCREENING PROGRAM (HSP)
OBJECTIVE AND NATURE OF PROJECT	:	Nature of Program In developing countries like Malaysia, non-communicable diseases (NCDs) are emerging as significant causes of morbidity and mortality. Malaysia was reported to have among the highest prevalence of obesity, hypercholesterolaemia, hypertension and diabetes in Asia and among the developing countries. The Social Security Organisation (SOC SO) itself had noted the impact of these conditions to the employees insured with the organisation. Claimants for the invalidity pension scheme, and survivors' pension due to NCDs had continued to increase. In the period between the years 2005 to the year 2015, cases reported for invalidity pension and survivor's pension due to NCDs has increased more than 100%, a marked increase from previous ten years. NCDs accounted for more than 50% of the claims for invalidity pension and survivors' pension. With these alarming statistic, SOC SO has taken the initiative and a proactive step in the prevention of NCDs among workers in the country by providing a free health screening program to eligible workers. This facility is made available through the SOC SO Health Screening Program (HSP) which allows eligible employees to undergo a comprehensive health screening for early detection of NCDs such as hypertension, heart disease, diabetes, and cancer. Objective The general objective of the SOC SO Health Screening Program are to reduce the impact of NCDs to Malaysian employees covered by the social security insurance scheme.

	More specifically, the program aims to: (a) increase the awareness of Malaysian employees to NCDs (b) conduct a health screening program as a primary prevention method for NCDs among Malaysian employees. (c) empower Malaysian employees to participate in a healthier lifestyle by first knowing their own health status by participating in the health screening program In order to achieve the objectives, SOCSO had implemented the following activities: (a) Distribution to all eligible SOCSO insured persons above the age of 40 years old a health screening voucher with a set value that can be used to conduct a comprehensive health screening at their own choice of general practitioner. (b) Enrolment of adequate panel of doctors to the program to ensure adequate health facilities to support the program. (c) Using the health screening program as an anchor; to promote healthy lifestyle via various media, including mass media, exhibitions, advertisements, forum and seminars with the employers and the employees. (d) SOCSO also offers this health screening to be conducted at the workplace premises. With the cooperation of clinical service providers, the health screening program will be held at the workplaces, instead of having the workers go to the clinic. This would encourage workers to take this opportunity to utilise the health screening.
WHY IT SHOULD BE RECOGNISED	: SOCSO Health Screening Program plays an important role in early detection of NCD among employees in the country. The introduction of this program is timely with the increment of minimum retirement age in private sectors from 55 to 60 years old. Economic growth and social inclusion both rely on the ability of individuals of working age to remain connected to the labor market, to develop and contribute their skills and to sustain high levels of work productivity. With this program, workers will be given opportunity to identify their health risk, seek early treatment and prevent disability that renders them unable to work. This program is also an effort for the organisation to maintain the social security of workers in various factors. This is in line with the approach of the social security agencies around the world which is the approach through prevention programs that covers three aspect; injury prevention, health promotion and return to work.

	Until July 2016, over 500,000 Malaysian employees had taken up the offer and went through the health screening; and 70% of the women had undergone the mammogram screening. In this early stage, the program had already shown its impact when it was found that 63% of these workers have not had a comprehensive health screening prior to the program. In the year 2015, this program had been presented a Certificate Of Merit With Special Mention for the ISSA Good Practice Award for Asia and the Pacific, which recognises good practices in the administration of social security among ISSA members. SOCSCO believes that the health screening program is a step in the right direction for social security organisations to take. NCDs can be debilitating for workers, jeopardising employment, affecting income and financial security. It is high time that social security organisations, with the support of healthcare providers within the country to look into ways to tackle the problem of NCDs among the working population. As an adjunct to existing primary healthcare intervention measures, the SOCSCO Health Screening Program has evolved into workplace Health Promotion Program.
SUMMARY OF THE PROJECT	: The meaning of workplace health promotion has changed over time. Today, a broad range of different strategies, policies and practical approaches are subsumed under this heading. While focusing on accident and injury prevention at workplace, employees' health is also the important aspect that contribute to the sustainability of human resource development. It is now accepted that health at work goes beyond the prevention of occupational diseases and accidents. On 1st January 2013, SOCSCO launched the SOCSCO Health Screening Program; designed as one of the programs to support workplace health promotion. It is also a proactive step of this organisation in the prevention of NCDs among workers by providing them free health screening. This program helps in identifying high risk group of employees having NCDs and seeks proper treatment to avoid sickness and complications. Such intervention would stimulate a positive impact which promotes retention of experienced workers and increase of productivity which will directly create a vibrant business environment and stimulate the nation's economy. As of July 2016, over 500,000 insured persons had utilised the health screening. The epidemiological analysis of the health screening had shown the benefit of the program to the individuals and to the nation in assessing the extent of NCDs. Findings from the program showed alarming prevalence of cardiovascular disease risk factor where 39% of employees were found to be overweight and 34% were obese. 27% of employees found to have hypertension, 9% had diabetes and 62% with

	hypercholesterolemia. The screening had also identified several employees with highly suspicious findings of breast and cervical cancers. The experience gained from this program had also been used in dynamic implementation of the program, including development of workplace health promotion program to further support the workers' health agenda. SOCSO's experience in implementing the program would be useful to be shared with other social security insurance should they embark in a similar program, regardless of the different nature of the schemes and context of the respective country.
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