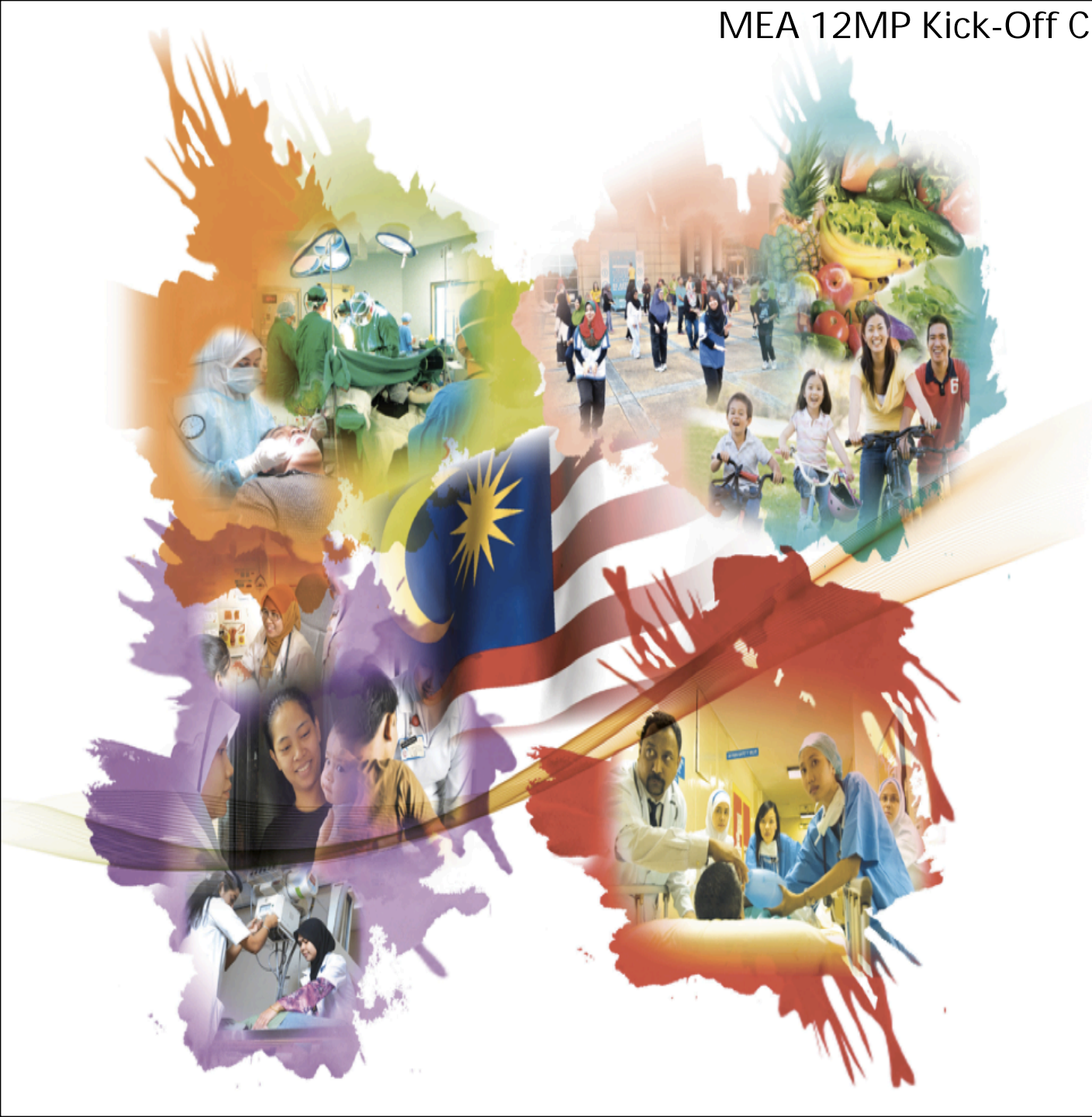


ACCESS TO HEALTHCARE IN MALAYSIA

Datuk Dr Noor Hisham Abdullah
Director General of Health Malaysia

12th MALAYSIA PLAN KICK-OFF CONFERENCE
1 JULY 2019



Alma Ata, 1978

The International Conference on Primary Health Care calls for urgent action by all governments, all health and development workers, and the world community to protect and promote the health of all the people of the world by the year 2000.

1978....."HEALTH FOR ALL"

Declaration of Alma-Ata was the first to underline the importance of primary health care and put health equity on the international agenda

2018.....40 YEARS LATER

Primary health care plays a vital role in bringing health services closer to people's homes and communities.



Declaration of Astana, 2018

1200 delegates from 120 countries vowed to strengthen their primary health care systems as an essential step towards UHC at Global Conference of Primary Care in October 2018

11th MP MID-TERM REVIEW ALIGNMENT TO GLOBAL COMMITMENT



POLICIES AND PLANS



CHAPTER 11 PART II: PILLAR 2 ENHANCING INCLUSIVE DEVELOPMENT AND WELLBEING

Priority Area B: Improving Wellbeing for All **B3 : Enhancing the healthcare delivery system**

- Creating a sustainable health system
- Optimising financial resources for healthcare
- Strengthening population health
- Pursuing greater collaboration among stakeholders



Source: EPU, 2018

SUSTAINABLE DEVELOPMENT GOALS



1 NO POVERTY
End poverty in all its forms everywhere

End hunger, achieve food security and improve nutrition and promote sustainable agriculture



3 GOOD HEALTH AND WELL-BEING
Ensure healthy lives and promote wellbeing for all at all ages

Achieve gender equality and empower all women and girls



6 CLEAN WATER AND SANITATION
Ensure availability and sustainable management of water and sanitation for all

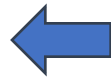
Promote just, peaceful and inclusive societies





Leaving No One Behind

"Ensuring that everyone, everywhere can access essential quality health services without facing financial hardship."



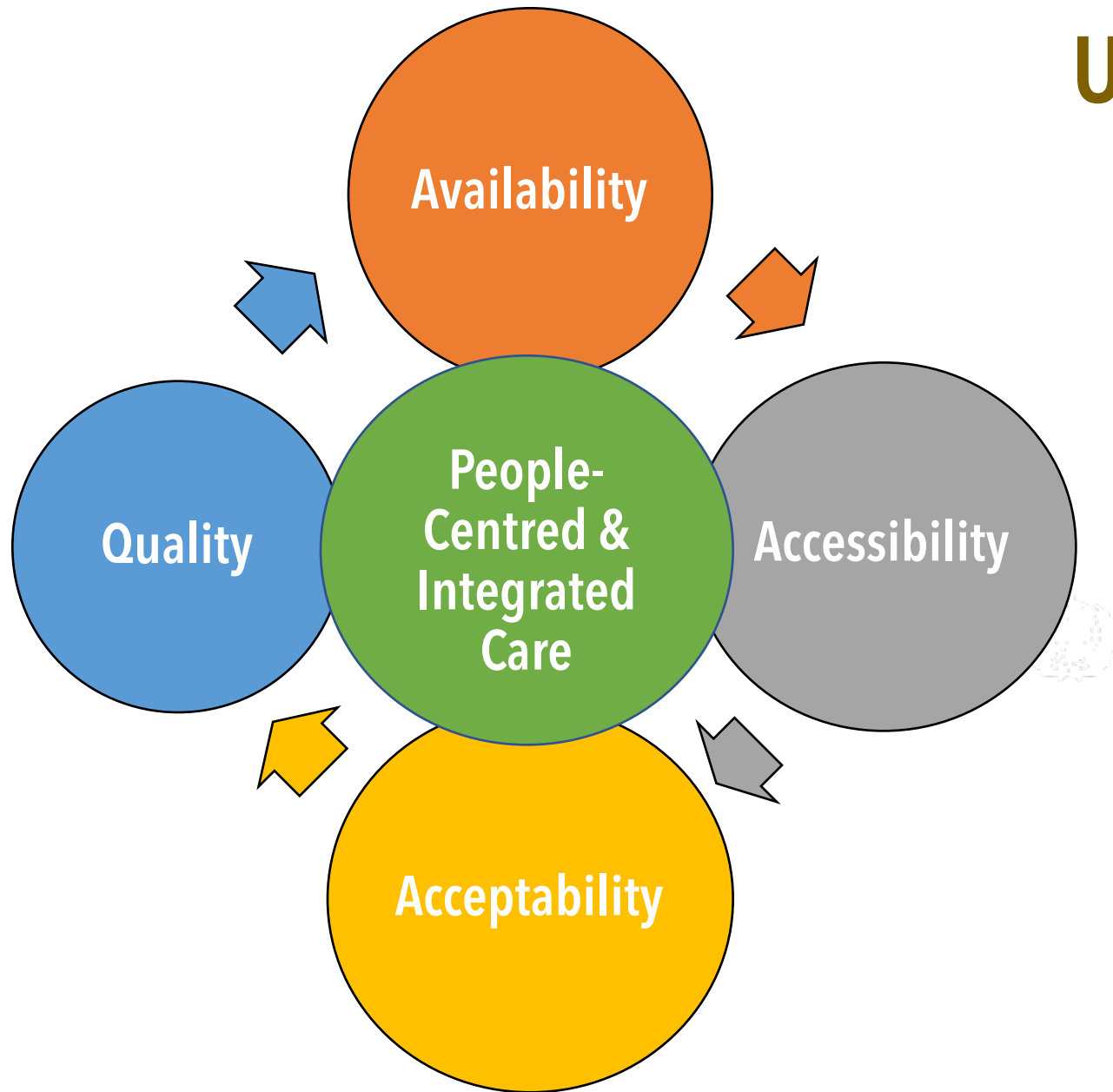
SDG 3.8
Achieve Universal Health Coverage (UHC)



Universal Health Coverage (UHC) highlights the power of **Primary Health Care** to advance the protection & promotion of health



UHC IS A HUMAN RIGHTS APPROACH TO HEALTH



**UNIVERSAL
HEALTH
COVERAGE:
EVERYONE,
EVERYWHERE**

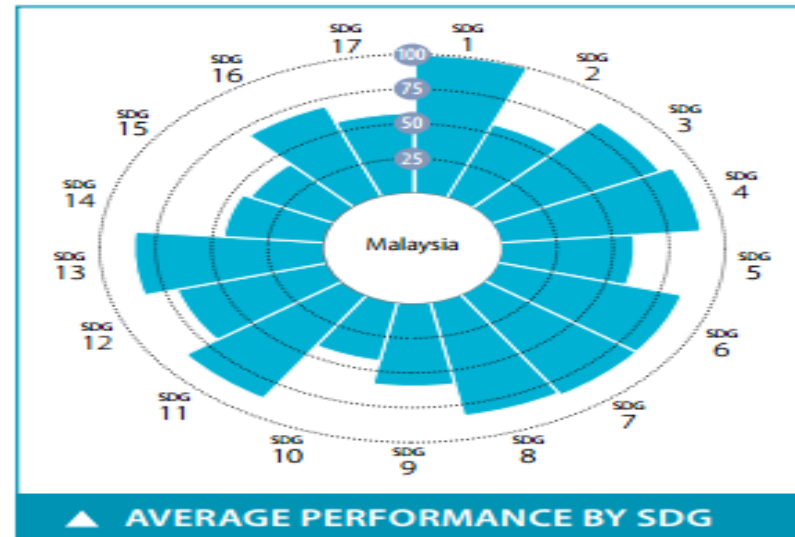


MEA 12MP Kick-Off Conference SDG & UHC: MALAYSIA'S ACHIEVEMENT



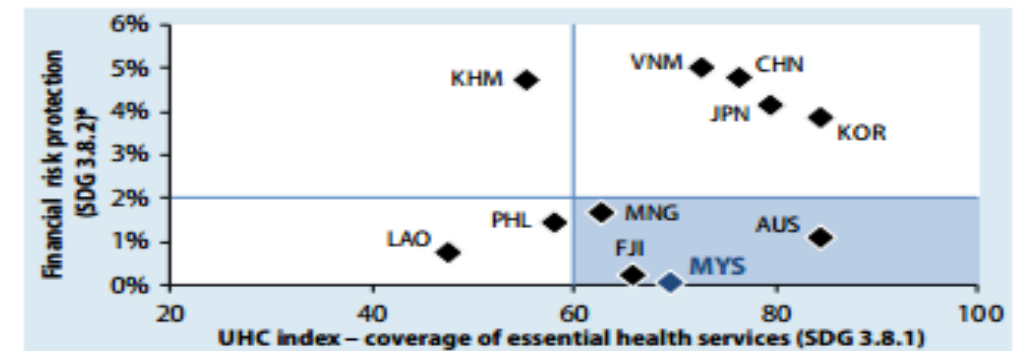
Rank	Country	Score
15	Japan	78.5
19	Korea, Rep.	77.4
43	Singapore	71.3
50	Cyprus	70.4
51	Kyrgyz Republic	70.3
52	Uzbekistan	70.3
53	Argentina	70.3
54	China	70.1
55	Malaysia	70.0
56	Brazil	69.7
57	Vietnam	69.7
58	Armenia	69.3
59	Thailand	69.2
60	United Arab Emirates	69.2

Source: SDG index and Dashboards Report 2018 by Bertelsmann Stiftung, July 2018



How does Malaysia compare to other countries in the Region?

Relationship between UHC coverage of essential health services and financial risk protection in Western Pacific Region countries



Legend: AUS = Australia, KHM = Cambodia, CHN = China, FJI = Fiji, JPN = Japan, KOR = Republic of Korea, LAO = Lao People's Democratic Republic, MYS = Malaysia, MNG = Mongolia, PHL = Philippines, VNM = Viet Nam

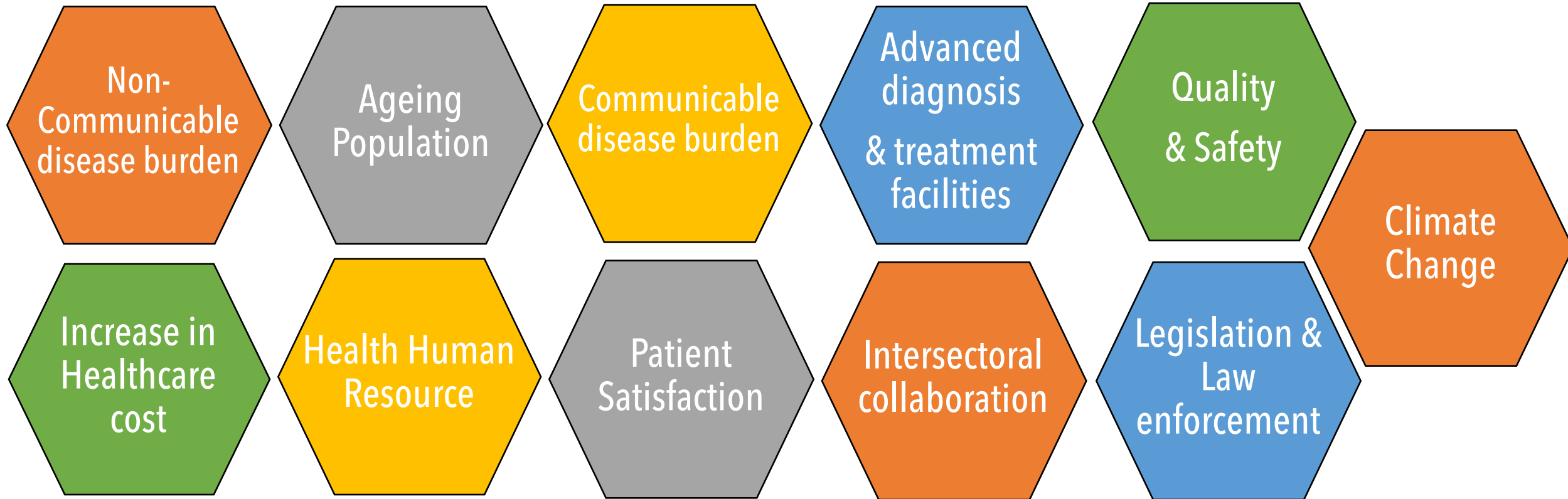
MALAYSIA HEALTH SYSTEMS RESEARCH FINDINGS: Exemplary performance, but not well-suited to new challenges

Important achievements but facing challenges



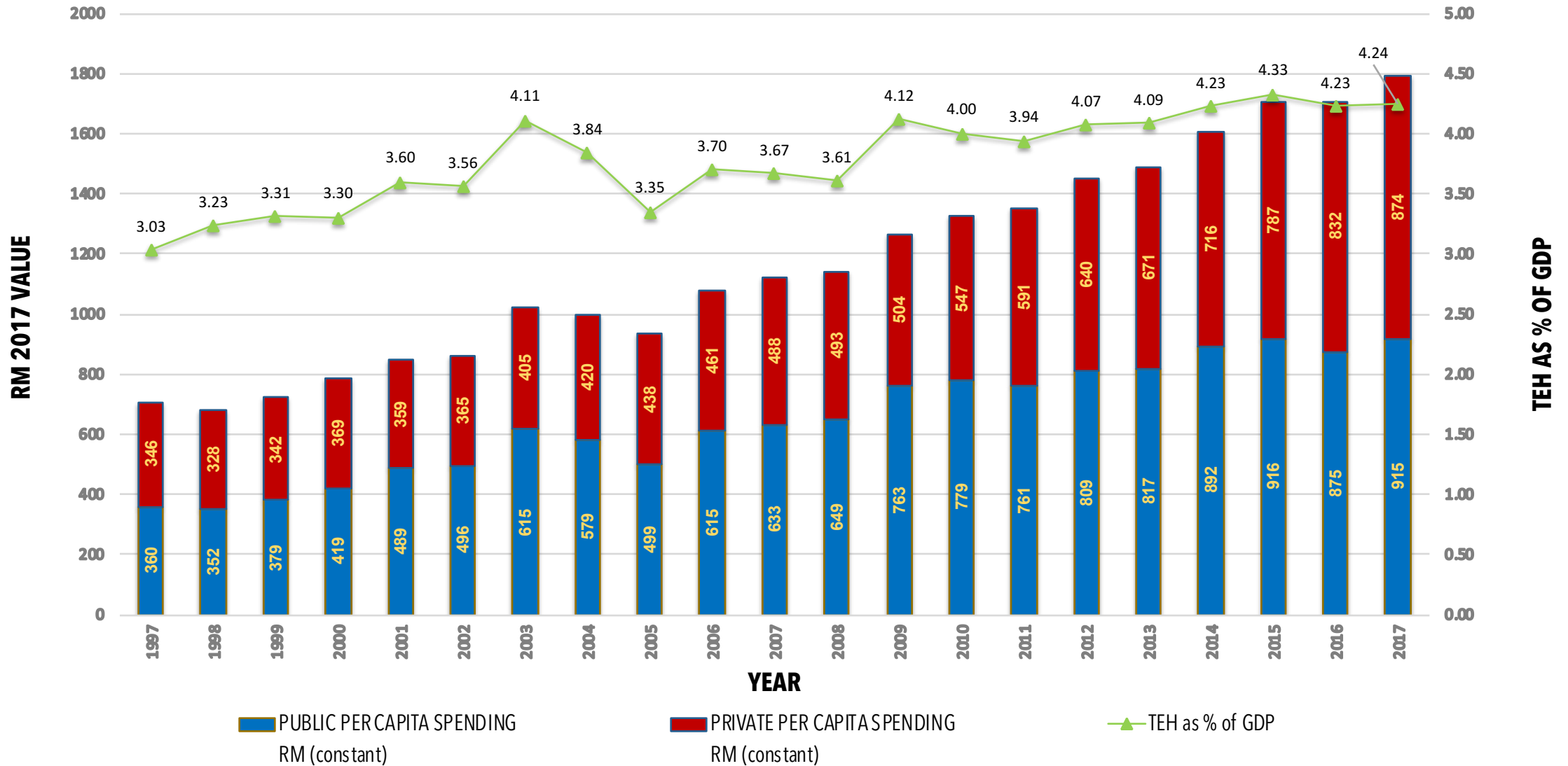


OUR AREAS OF CONCERN



MEA 12MP Kick-Off Conference

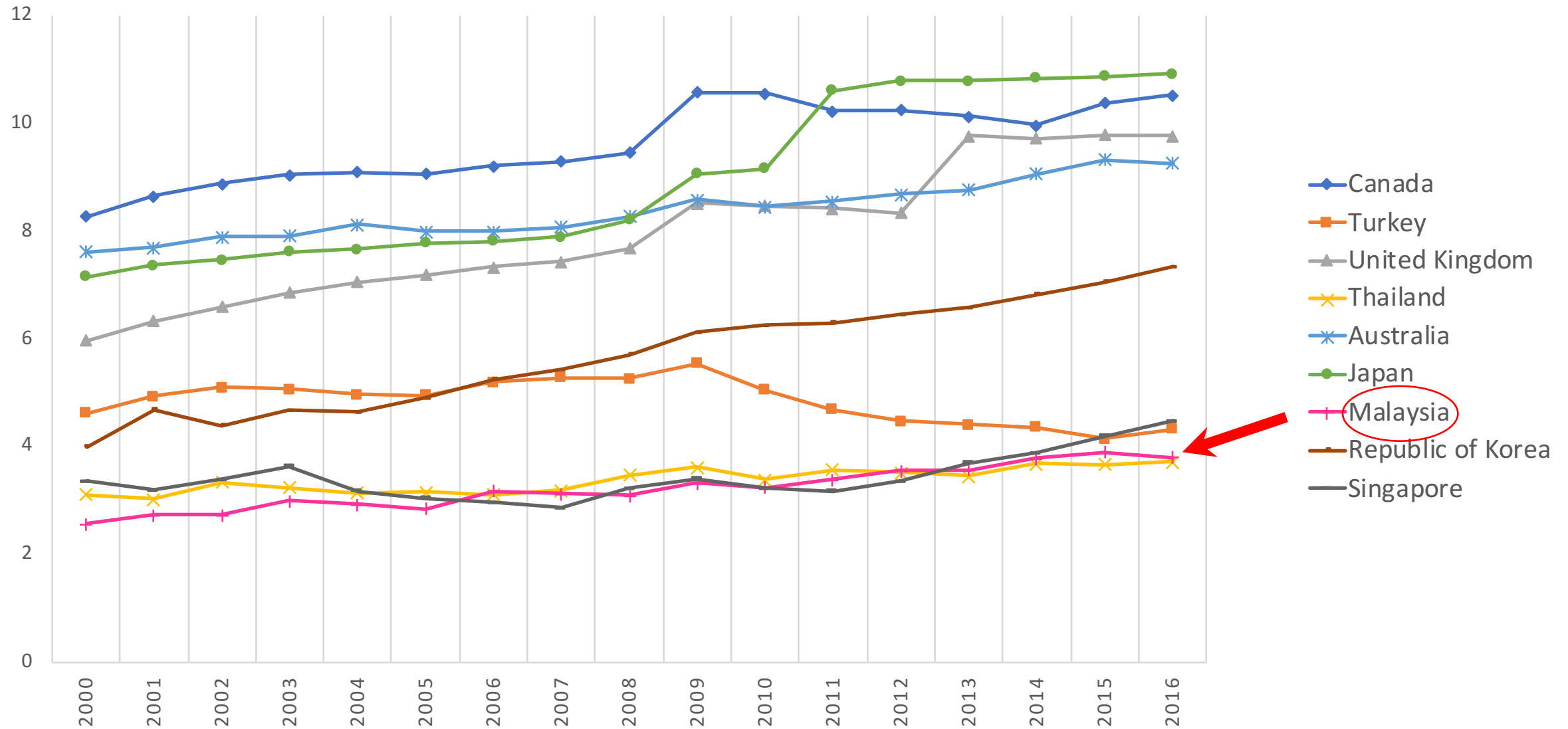
HEALTH EXPENDITURE (1997-2017)



Data Source : MNHA Section, Planning Division, Ministry of Health (1997-2017 MNHA Database)



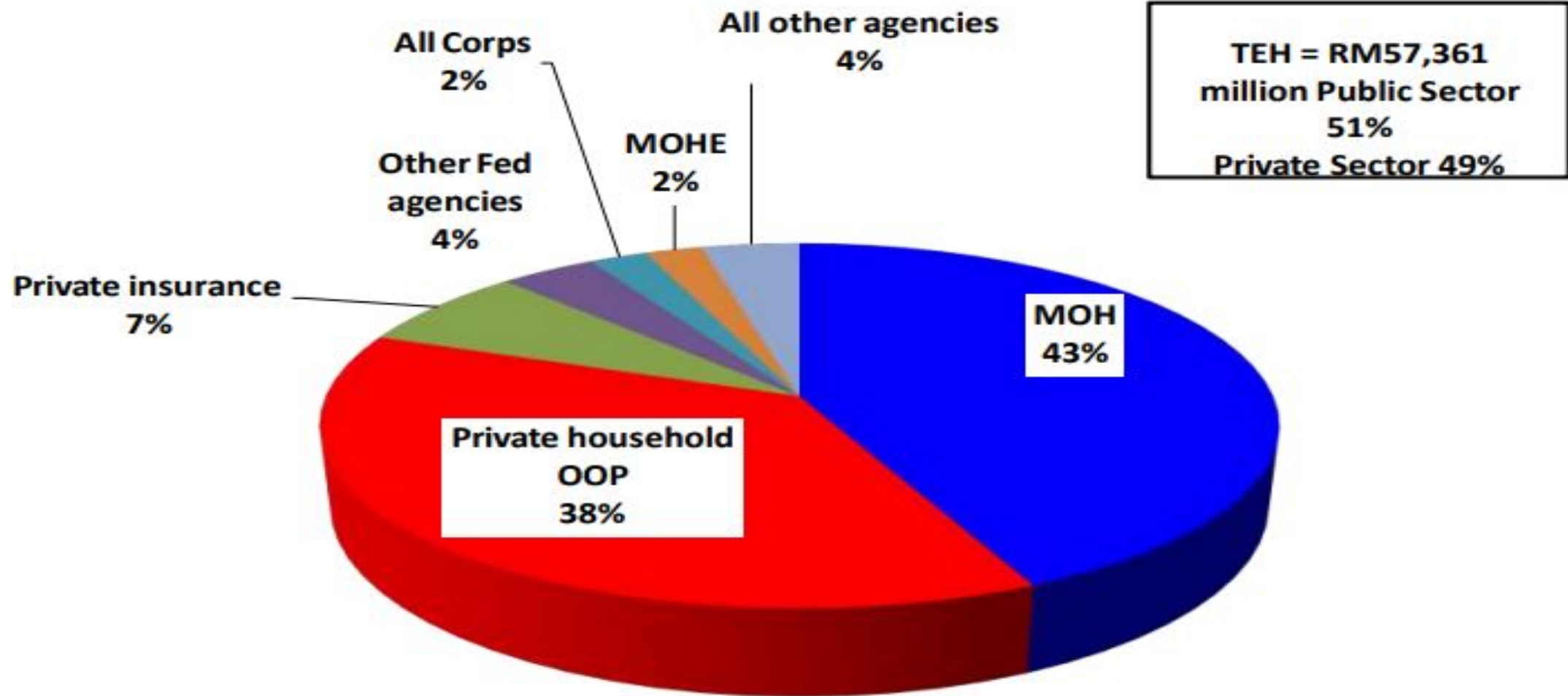
TOTAL HEALTH EXPENDITURE AS % OF GDP (2000-2016)



Source: Global Health Expenditure Database (GHED), WHO, data year 2000-2016

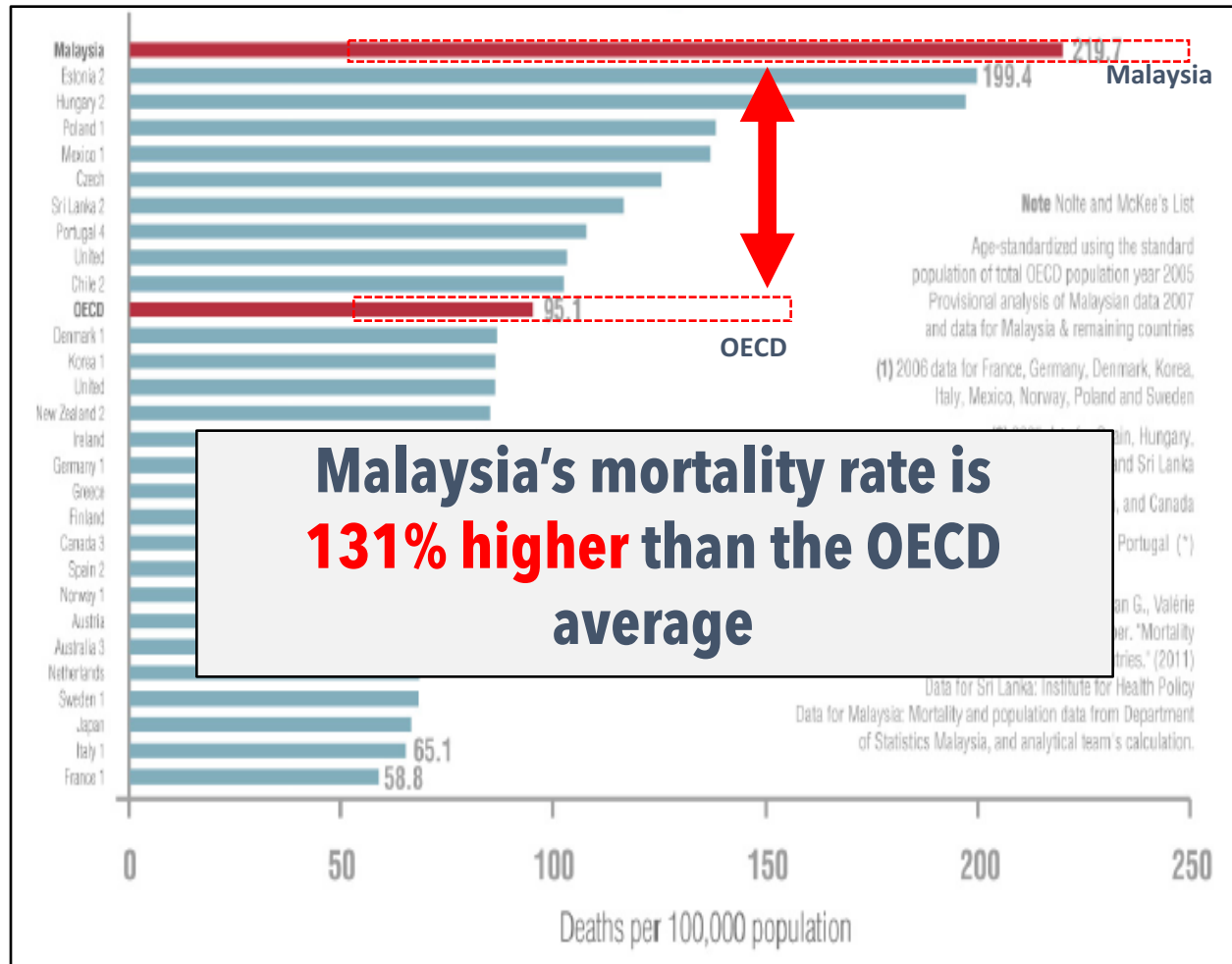


TOTAL EXPENDITURE ON HEALTH BY ALL SOURCES OF FINANCING, 2017

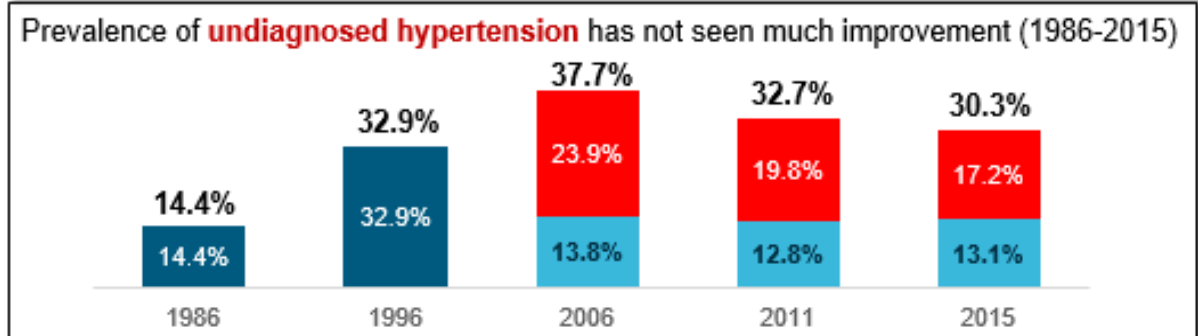
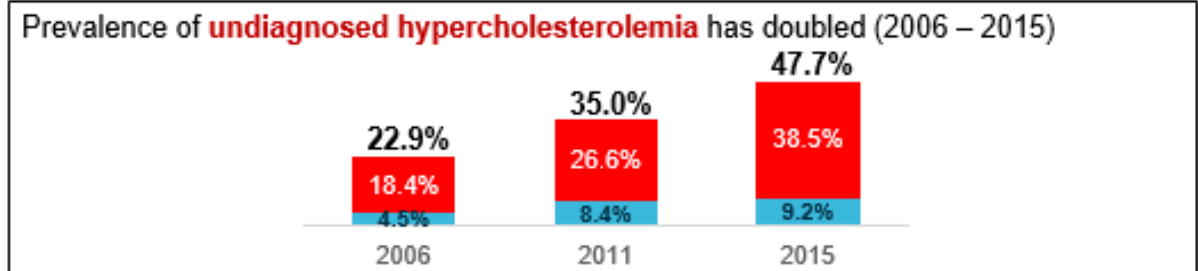
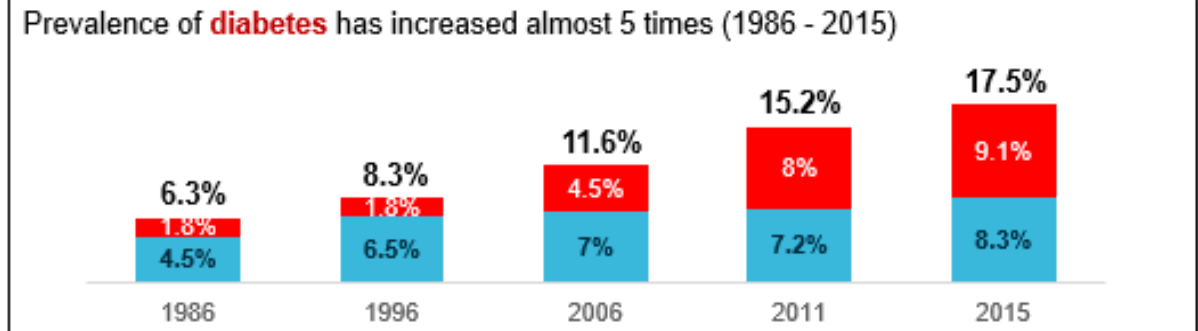


Seksyen MNHA, Bahagian Perancangan - 2018

High avoidable mortality rates



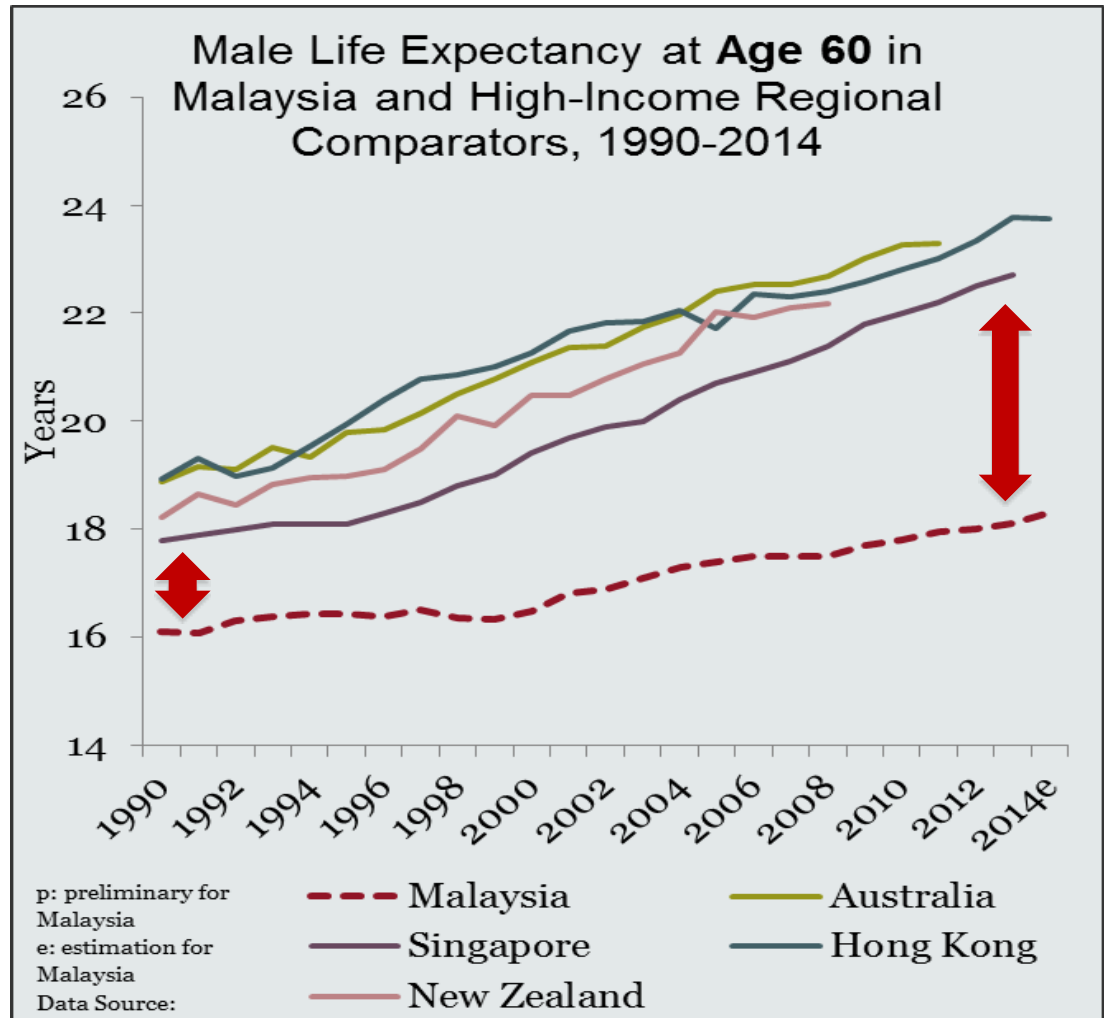
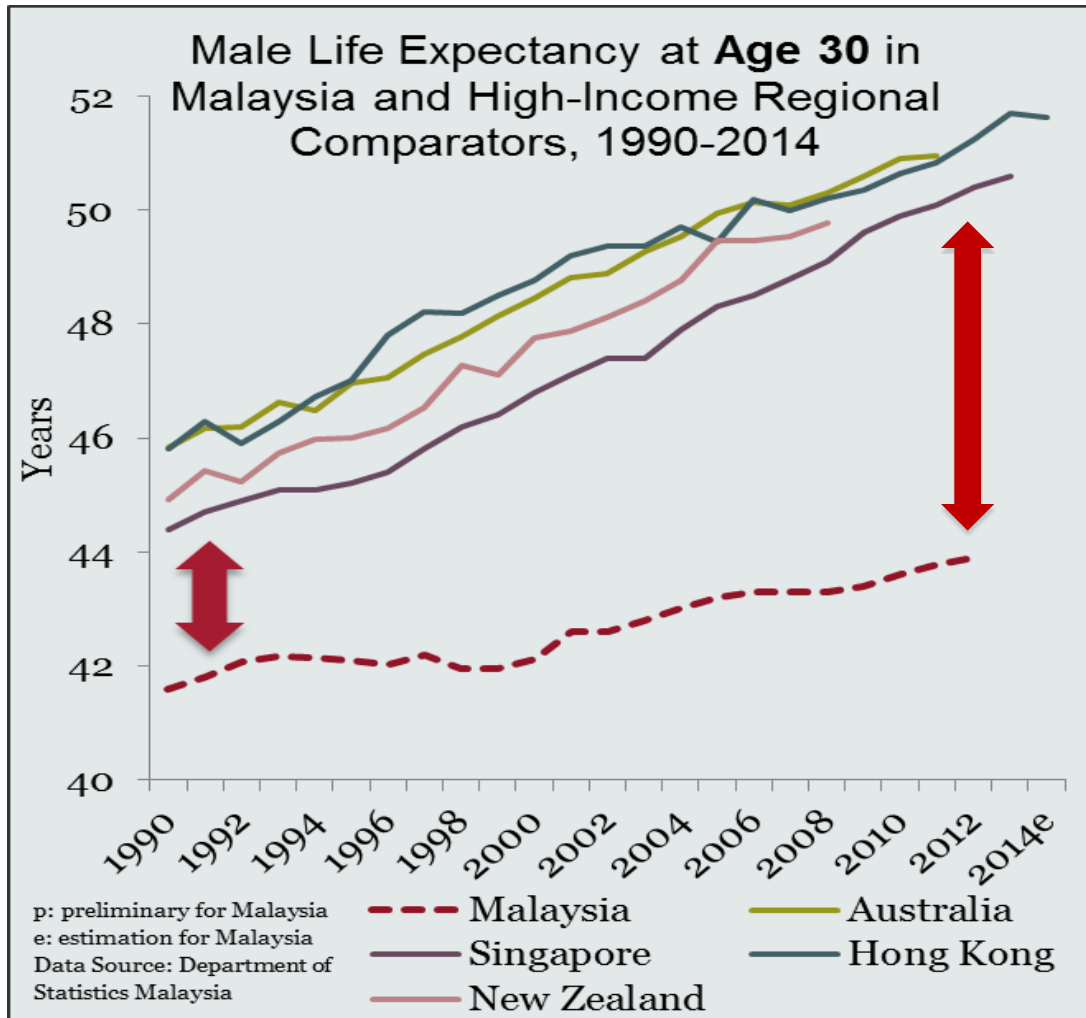
Increasing undiagnosed NCDs



MEA 12MP Kick-Off Conference
MALAYSIA HEALTH SYSTEMS RESEARCH FINDINGS:
HIGH PREMATURE DEATHS



Male Life Expectancy at age 30 and 60 **diverging** from high-income regional comparators



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"QUALITY HEALTHCARE IS AN INVESTMENT"



- UHC for conditions targeted in the SDG could avert **8.6 million deaths / year** but only if expansion of service coverage is accompanied by **investments into high-quality health systems**.
- Of the 8.6 million deaths / year: **5.0 million** estimated to be due to **receipt of poor-quality care** and **3.6 million** were due to **non-utilisation of health care**.
- **Poor quality of health care** was a major driver of excess mortality across conditions.

(Kruk et al., 2018) The Lancet

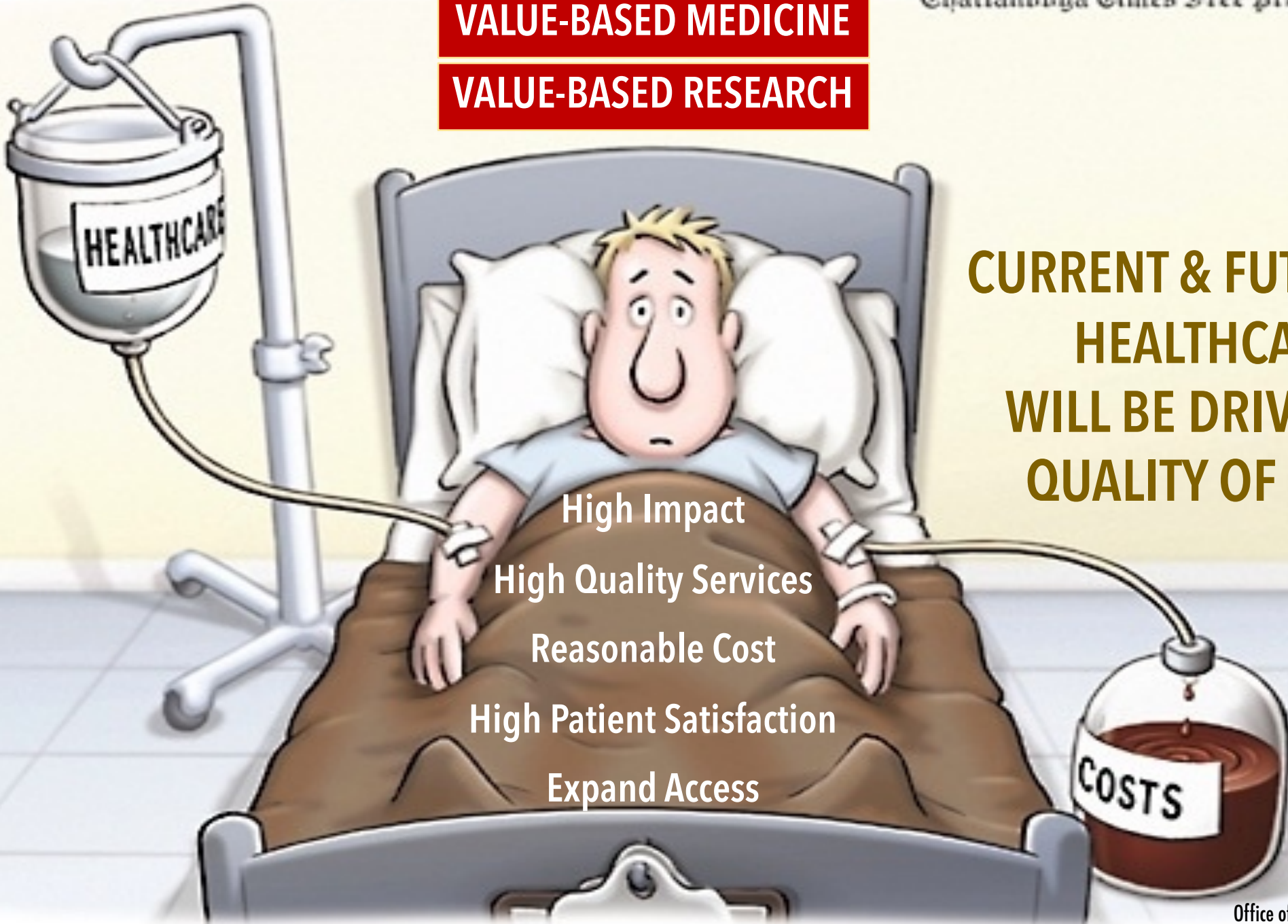
- In 2010, an estimated **16.9 million lives** (32.9% of all deaths worldwide) were lost from conditions needing surgical care.

(Meara et al., 2015) The Lancet



VALUE-BASED MEDICINE

VALUE-BASED RESEARCH



**CURRENT & FUTURE OF
HEALTHCARE
WILL BE DRIVEN BY
QUALITY OF CARE**

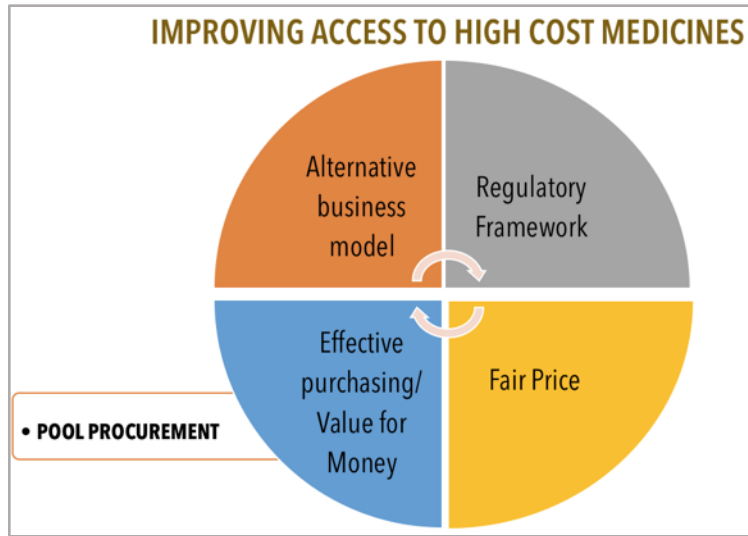
High Impact
High Quality Services
Reasonable Cost
High Patient Satisfaction
Expand Access

OUR CURRENT STRATEGIES IN IMPROVING SERVICES WITH LIMITED FUNDING



- Plug leakages
- Reduce/eliminate wastage
- Pool procurement (drugs)
- Improve processes (e.g. Lean Healthcare)
- Optimise resources
- Improve utilization of equipment
- Review maintenance model (equipment, ICT)
- Cost cutting measures
- Innovative solutions
- Resource utilization model (public-private, private-private) – for high end medical equipment
- Collaborations (public-public, public-private, private-private)

POOL PROCUREMENT FOR EFFECTIVE PURCHASING OF MEDICINES



PHASE 1

85 Products

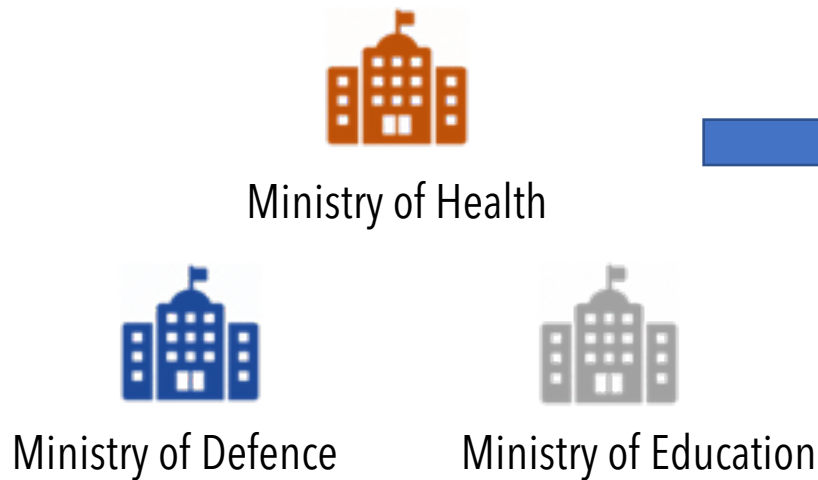
↑ Bargaining power

Economies of scale

Fixed, common price for the tender cycle



Savings to the government = RM 13 Million per year



THE CHALLENGE TOWARDS UNIVERSAL HEALTH COVERAGE



Improving population health

Enhancing quality of health care services that is affordable, responsive & sustainable

Improving access to healthcare

Health Care Reform

1. Transformation of primary care services
2. Strengthening health services
3. Sustainable healthcare financing
4. Public private integration

TRANSFORMATION OF PRIMARY CARE SERVICES

STRENGTHEN PRIMARY HEALTH CARE



- Family Doctor Concept
- Enhanced PHC

PUBLIC-PRIVATE INTEGRATION



- Skim Peduli Kesihatan B40

COMMUNITY EMPOWERMENT



- Health Clinic Advisory Panel

CARE CLOSER TO HOME



- Domiciliary care
- Mobile Health Services
- Uberisation
- Virtual clinic

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ACCESS TO HEALTH FACILITIES



1060 health clinics
1791 community clinics
>580 dental clinics



144 MOH Hospitals (42,428 beds)
5 University Hospitals (3,538 beds)
5 Army Hospitals (649beds)



210 private hospitals (15,957 beds)
18 maternity homes (56 beds)
7718 registered medical clinics
2311 registered dental clinics



10 flying doctor teams

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EXTENSIVE SECONDARY & TERTIARY CARE SERVICE



Respiratory Medical Institute



State Hospital



Rehabilitation Hospital



National Cancer Institute



District Hospital



National Heart Institute



MEA 12MP Kick-Off Conference STRENGTHENING OF HEALTH SERVICES



- a. **Expanded scope, services & operating hours in health clinics**
- b. **Mobile clinic & Flying Doctor services for rural areas**
- c. **Cluster hospital concept**
- d. **Step Down Care:**
 - e. Ambulatory Care /Daycare services
 - f. Community Mental Health Clinic
 - g. Domiciliary Care
 - h. Low Risk Birth Centre

a. **Value-Added Services & Innovation**

- b. My SMS, Telephone & Take; Drive through Pharmacy
- c. Digital & On-line health services
- d. Teleconsultation, Artificial Intelligence (AI)
- e. Malaysian Health Data Warehouse (MyHDW)

f. **Digital Health**



- ICT enabled environment/facilities
- Health Information exchange platform



DAY CARE SURGERY
WHAT IS IT?
SAFE
CONVENIENT
COMFORTABLE
NO HOSPITAL STAY
STRESS FREE
**YOU CAN GO HOME ON
THE SAME DAY AFTER SURGERY**
PLEASE ASK YOUR SURGEON FOR DETAILS



Public Sector

- Public Health Services – general taxation – highly subsidized
- Pension scheme
- Social protection
 - Security Fund
- *MySalam* – **NEW **** 
 - Benefits 3.69 million B40 population (aged 18-55)
 - Takaful Health Protection
- PeKa B40 – **NEW **** 
 - 50 and above (800,000 recipients)
 - Four (4) benefits
 - health screening
 - medical aid equipment
 - complement cancer treatment incentives
 - transportation fare incentives

Private sector

- Employers' Benefits
- SOCSO, EPF
- Private Health Insurance

Better healthcare access with PeKa B40

NATION

Tuesday, 29 Jan 2019

By Loh Foon Fong



For the people: Dr Dzulkefly (centre) launching the PeKa B40 at the Health Ministry in Putrajaya. With him are (from left) Health director-general Datuk Dr Noor Hisham Abdullah, deputy Health Minister Dr Lee Boon Chye, ProtectHealth Corporation Sdn Bhd chief executive officer Datuk Ab Latiff Abu Bakar and Health secretary-general Datuk Seri Dr Chen Chaw Min. — Bernama

Outsourcing of non-technical services

- Support services e.g. catering, laundry, maintenance

Outsourcing of healthcare services

- MOU – long term – Sabah Medical Centre
- Short terms – lab, cardiac operations, x-rays
- T&CM Services

Transportation

- MOH collaboration with Parking Vendors (private) – subsidised rate
- MOH collaboration with Grab – subsidised rates for patients to go to selected MOH Hospitals

Pharmacy

- Collaboration with Pos Malaysia for medicines delivery

Training Capacity

- Private Medical Students trained in public hospitals by public specialists
- Attachment of Public Medical Students at private hospitals/clinics

Research

- Industry Sponsored Research



MEA 12MP Kick-Off Conference



WE ARE COMMITTED

 **HEALTH FOR ALL**

**UNIVERSAL
HEALTH
COVERAGE:
EVERYONE,
EVERYWHERE**



 **World Health
Organization**





"A Nation working together for better Health"



"Every sector is a Health sector"