

# 2<sup>nd</sup> Roundtable of the People's Health Forum: Sustainable Healthcare Financing in Malaysia.

DK 4, UMMC

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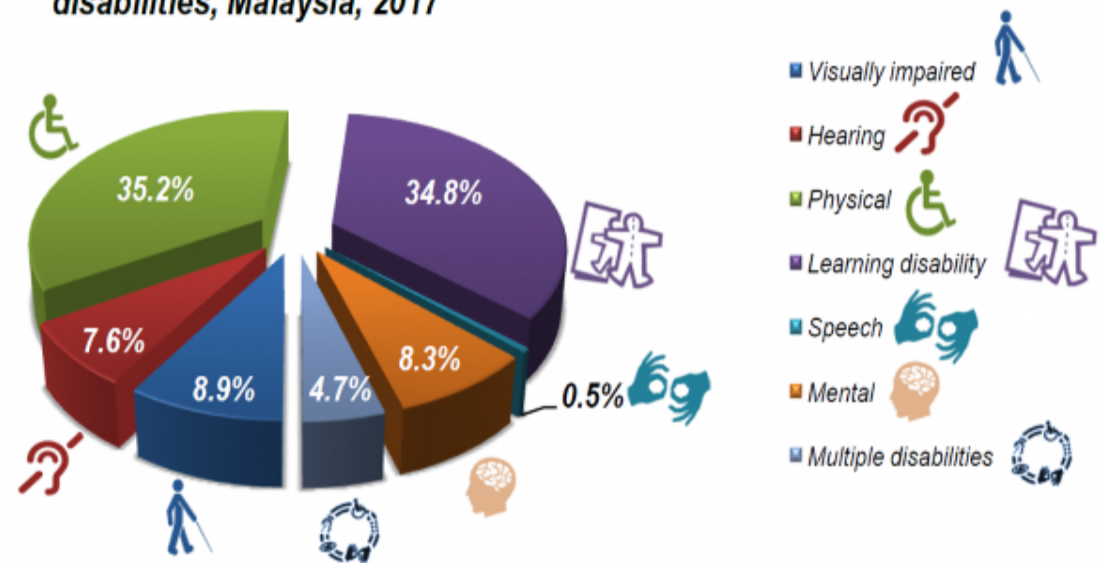
# Healthcare in Malaysia

- A birds eye view....
  - Very impressive performance.
  - Has been able to achieve our targets in a short time after independence 1957.
  - Good work force- both public and private sectors.
  - Indicators are performing well.
  - Quality of care are measureable to OECD standards.
  - Populations are covered through UHC.
  - Governance –dedicated to ensure health and well being of population.
  - Good public private cooperation in health sector.

# Healthcare in Malaysia

- Reality is harsher?
  - Many groups –minority (orang Asal), women, elderly, children still has issues in access.
  - Low income population do not enjoy same quality and intensity of access and services.
  - Budget is extremely lopsided towards tertiary level care. Amount is purported too low?
  - Gate keepers are deficient in numbers and quality.
  - Priority has been focused on private sectors esp Private Hospitals, covered by MCOs etc.
  - Primary care (both govt and private) is relatively left out.
  - Specialist and doctors brain drain, leading to questions in equality of access.
  - Not enough HCP (nurses, speacialist doctors, allied).

Chart 1: Percentage of registration of Persons With Disabilities (PWD) by category of disabilities, Malaysia, 2017

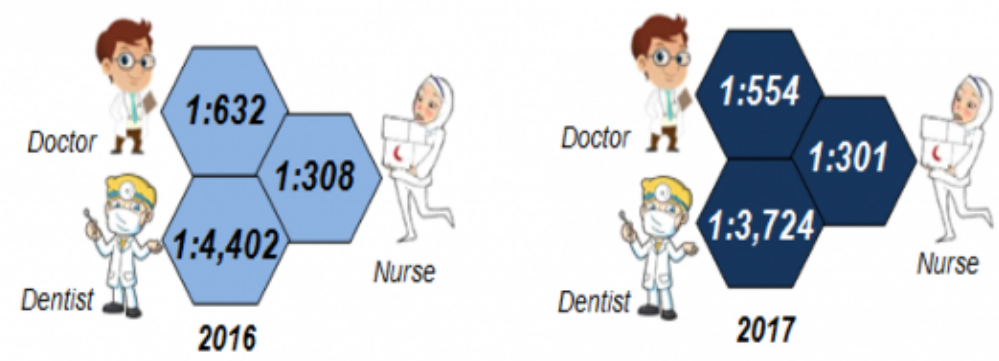


Source: Department of Social Welfare, Malaysia

Johor Kedah Kelantan Melaka Negeri Sembilan Pahang Perak Sabah  
W.P Putrajaya Perlis Selangor W.P Kuala Lumpur Terengganu  
W.P Labuan Pulau Pinang Sarawak



Exhibit 1: Medical personnel to population ratio, Malaysia, 2016 dan 2017



Source: Ministry of Health, Malaysia

Table 1: Top four communicable diseases and incidence rate, Malaysia, 2016 and 2017

Communicable disease	Number		Rate	
	2016	2017	2016	2017
Dengue Fever	100,722	83,443	318.13	257.60
Hand, Foot and Mouth Disease	47,008	29,359	148.47	90.64
Tuberculosis	25,739	26,168	81.30	80.78
Food poisoning	17,480	13,686	55.21	42.25

Incidence rate per 100,000 populations

Source: Ministry of Health, Malaysia

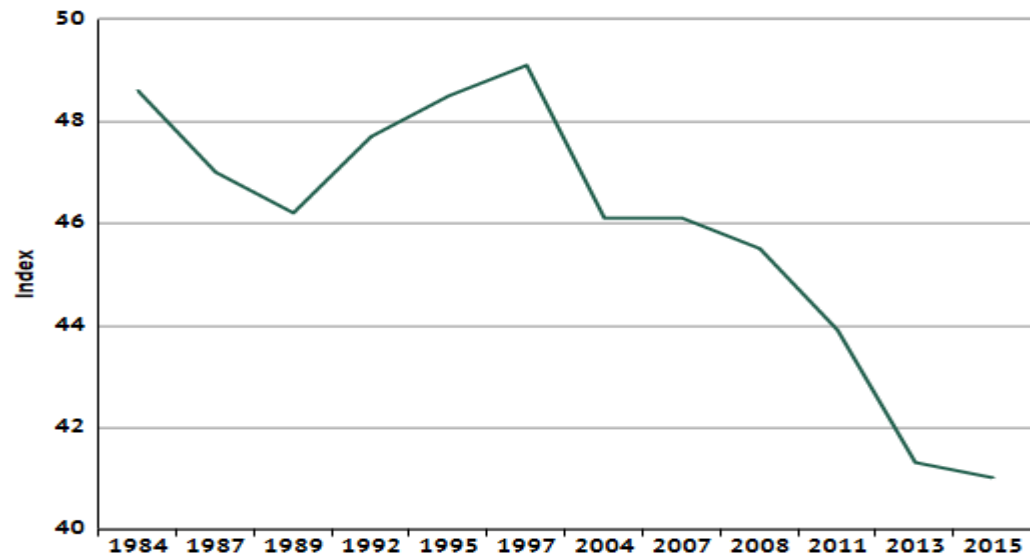
# 1. Case studies

- Inequality of access? Healthcare access?
- Why? Geographical, culture, religion.
- Why OOPP is increasing?

## What is GINI index?

Gini index measures the extent to which the distribution of income or consumption expenditure among individuals or households within an economy deviates from a perfectly equal distribution. A Lorenz curve plots the cumulative percentages of total income received against the cumulative number of recipients, starting with the poorest individual or household. The Gini index measures the area between the Lorenz curve and a hypothetical line of absolute equality, expressed as a percentage of the maximum area under the line. Thus a Gini index of 0 represents perfect equality, while an index of 100 implies perfect inequality.

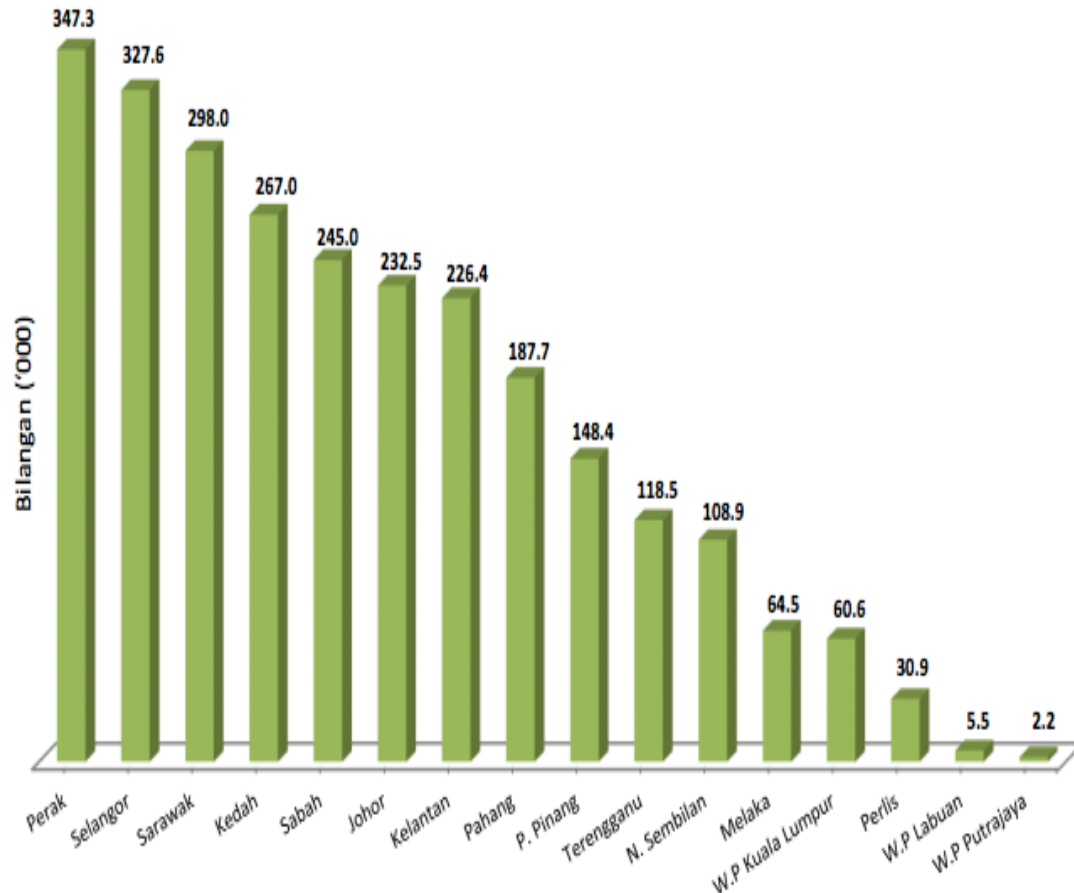
## What is Malaysia GINI index?



<https://knoema.com/atlas/Malaysia/topics/Poverty/Income-Inequality/GINI-index>

# B40 Population

Carta 9 : Bilangan isi rumah berpendapatan 40% terendah (B40) mengikut negeri, 2014



Sumber: Unit Perancang Ekonomi (EPU), Jabatan Perdana Menteri

- Ancaman kesihatan lebih tinggi.
- Kebanyakan mempunyai lbh dari 1 masalah kesihatan.
- Beban menjaga keluarga, mencari nafkah.
- Akibat dari--- kurang akses, kurang masa, kurang perhatian keluarga.

Had pendapatan isi rumah B40, M40 dan T20 mengikut negeri, Malaysia, 2016

Negeri	Had Pendapatan (RM)		
	B40	M40	T20
Malaysia	< 4,360	4,360 - 9,619	≥ 9,620
Johor	< 4,830	4,830 - 9,409	≥ 9,410
Kedah	< 3,180	3,180 - 6,889	≥ 6,890
Kelantan	Paling rendah < 2,570	2,570 - 5,869	≥ 5,870
Melaka	< 4,770	4,770 - 9,519	≥ 9,520
Negeri Sembilan	< 3,930	3,930 - 8,009	≥ 8,010
Pahang	< 3,540	3,540 - 6,809	≥ 6,810
Pulau Pinang	< 4,640	4,640 - 9,199	≥ 9,200
Perak	< 3,460	3,460 - 6,979	≥ 6,980
Perlis	< 3,660	3,660 - 6,769	≥ 6,770
Selangor	< 6,180	6,180 - 12,469	≥ 12,470
Terengganu	< 4,070	4,070 - 8,109	≥ 8,110
Sabah	< 3,270	3,270 - 7,599	≥ 7,600
Sarawak	< 3,460	3,460 - 7,609	≥ 7,610
W.P. Kuala Lumpur	Paling tinggi < 7,640	7,640 - 15,159	≥ 15,160
W.P. Labuan	< 5,090	5,090 - 10,629	≥ 10,630
W.P. Putrajaya	< 7,380	7,380 - 14,789	≥ 14,790

# Insurance B40...perfect solution?



Sumber: Kementerian Kewangan Malaysia

Infografik Bernama



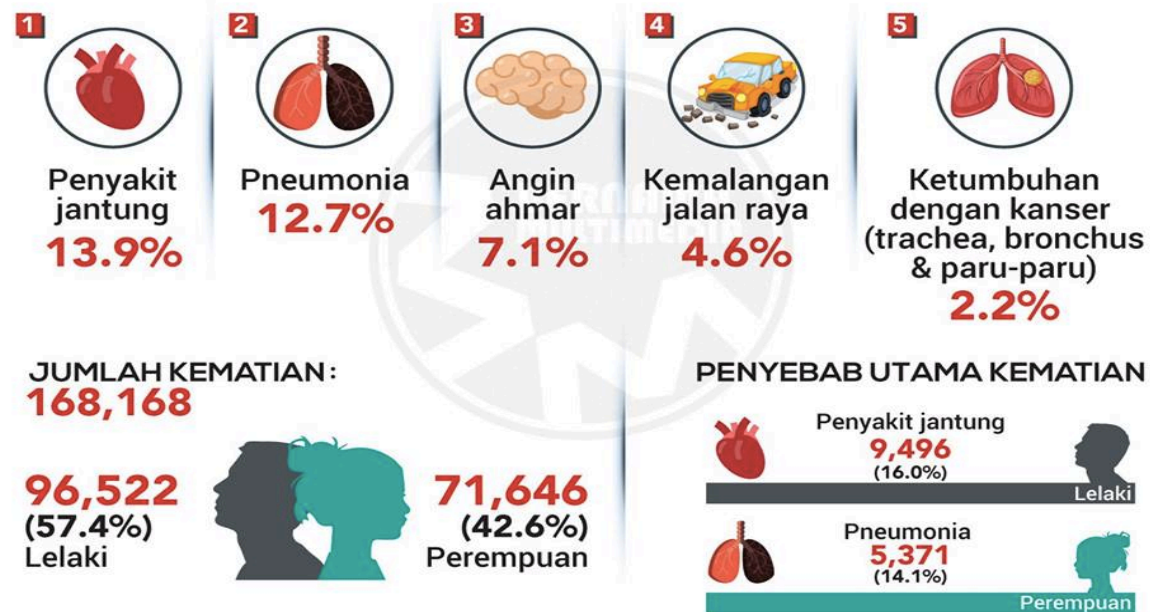
## 2. Case studies

- Womens Health
- Weaker gender? Least priority in family to receive attention.
- Weaker spending power, less number covered by private insurance.
- Still plagued by huge number of chronic diseases eg, cancers (cervical, breast, colon).
- More into risky behaviours. Eg. Unsafe sex, abortions, smoking, vape, elderly, mental health issues.
- Difficulty in access or inequality in demand?
- Mostly low income groups.
- Concentrated in urban poor and rural sectors.
- Malnutrition, obesity, nutrition access.
- Priority in MoH is ANC, postnatal care.



# Mortality (death) in Malaysia

## PUNCA KEMATIAN UTAMA RAKYAT MALAYSIA 2017



Sumber : Jabatan Perangkaan Malaysia

Infografik Bernama

- 5 Kematian utama di Malaysia
  - Penyakit jantung, pneumonia, stroke, Kemalangan, kanser.
- Lelaki 57.4%, wanita 42.6%.
- Cause of death
  - Lelaki-- penyakit jantung.
  - Wanita--jangkitan kuman paru-paru.

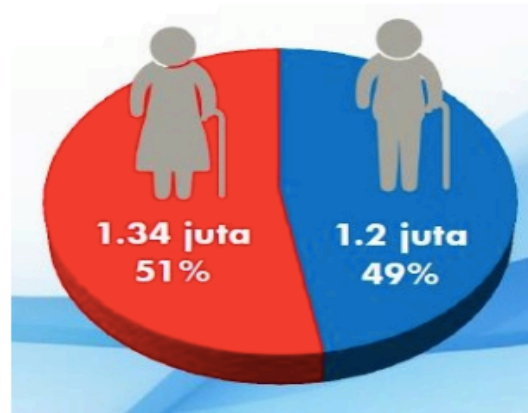
Perangkaan Penting Malaysia 2017,  
Jab Perangkaan Malaysia

# 3. Case Studies

- Gerontology Care- Elderly nation 2025.
- Access to care.
- Difficulty in daily activities, mobility...esp if low income.
- Our system is partly to be blamed. Low priority in home care services in public sectors.
- Chronic diseases, access, nutrition and continuation of care is poor.
- Elderly, no fringe benefits if seen in public OPD.
- Poor numbers of gerontologist, home care nurses, elderly centres (public sectors)
- Drugs in clinics are generic and not focused to elderly care.
- How to improve?

# Aging, women outlive men

Jabatan Perangkaan Malaysia menyatakan bahawa populasi penduduk Malaysia adalah seramai 30,097,900 orang. Daripada jumlah tersebut, warga emas di Malaysia dianggarkan seramai 2.54 juta. Warga emas wanita ialah seramai 1.34 juta orang manakala warga emas lelaki ialah seramai 1.2 juta orang.



Statistik Warga Emas Di Malaysia. Graph ilustrasi Fakta Umum Warga Emas, November 11, 2015

- Jangka hayat wanita lebih panjang dr lelaki.
- Kesan penuaan- hak penjagaan yang baik.
- Masalah kesihatan--tidak boleh mengunyah, vitamin, kerap sakit, kesunyian, beban penyakit, penderaan fizikal/mental, kurang zat ...

## Polis selamatkan warga tua lumpuh dikurung



**MASJID** Polis menyelamatkan seorang warga tua yang lumpuh kerana dikurung di dalam bilik. Dikurung di dalam bilik selama tiga hari, warga tua itu diselamatkan oleh polis setelah menerima panggilan dari anaknya. Warga tua itu, berusia 70 tahun, tinggal di dalam bilik yang kecil di dalam rumah. Beliau mengalami masalah kesihatan dan tidak dapat bergerak. Polis telah membawanya ke Hospital Tengku Anwar (THA) untuk rawatan lanjut.

### Derhaka anak-anak

Dua orang anak-anak lelaki, berusia 15 dan 16 tahun, telah ditangkap oleh polis kerana mereka telah mengurung bapa mereka di dalam bilik yang kecil selama tiga hari.

Walaupun polis telah menyelamatkan warga tua itu, masalah kesihatan beliau masih belum selesai. Beliau memerlukan rawatan lanjut di Hospital Tengku Anwar (THA). Polis juga telah membawa bapa mereka ke Hospital Tengku Anwar (THA) untuk rawatan lanjut. Polis juga telah membawa bapa mereka ke Hospital Tengku Anwar (THA) untuk rawatan lanjut.

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Dihantar ke rumah jagaan orang tua bukan Islam

## Hajah derita

> Dua anak derhaka tergamak menghantar ibu mereka, seorang hajah berusia 71 tahun, ke pusat penjagaan orang tua bukan Islam, menyebabkan warga emas itu tidak dapat menunaikan ibadah kerana tiada kemudahan berbuat demikian di pusat itu, lapor Nazari Saeril



**EKSKLUKSI!**

# Solution near Horizon?

## SHI?

- Priority is low income group.
- E.g Peka B40, Mysalam
- Most countries, combination of many types of financing.
- Gradient, gradual coverage of population.
- Community risk rated.
- Cross subsidisation.
- Benefit packages must cover essential medicines, common diseases.
- Reimbursement to both private and public providers.

## Public based taxed financing (Status Quo )

- Tightening of leakages
- Performance based indicators
- Tightening of private health ventures (that look at profit based income, eg private hosp.)  
...More cross subsidising of poor population
- Certain percentages goes back to the poor.

# Conclusion

- Malaysia is rapidly improving its economic growth, income and health.
- Many success stories.
- Areas of failures are still apparent.
- Sustainable financing in Malaysia,
  - need to focus on SHI for lower quintile income,
  - PHI and private financing for high income pop.
  - Tax based to be lessen, gradual.
- Combination of a few methods.
- No perfect solution, one size fits all cure.