

Roundtable 1:

How the Private Sector Can Be Leveraged to Provide Healthcare to the B40 and M40?

Postgraduate Conference Room, Level 3

Postgraduate Building, Faculty of Economics & Administration

University of Malaya,

Kuala Lumpur.

12th, June 2019

About **MTAAG+**

A group of **local People Living with HIV (PLHIV)** was empowered during a workshop held in Pattaya in September, 2004, that realized the need to form a strong **POZ-representative** in Malaysia to speak out and be heard in international events.

After several months of planning and execution, **MTAAG+** was formed on the **21st December, 2005**.



VISION

To mobilize the Positive Community to take ownership of their lives and circumstances.



MISSION

To develop a national network for better access to ARV treatment and common agenda for all PLHIV & Hep C groups in Malaysia.


MTAAG+ is collaborating closely with Third World Network (TWN), a Malaysian-based international organization that has long experience and expertise in IP and public health.

TWN's office in Beijing is actively involved with Médecins Sans Frontières (MSF) to strengthen links among PLHIV groups and NGOs in developing countries for advocating the use of TRIPS flexibilities in China to obtain large scale generic production.

Successful implementation of the national program will strengthen MTAAG+ in this important effort.

MTAAG+ priorities are the national implementation of TRIPS flexibilities in law and practice, and the prevention of IP provisions in bilateral and plurilateral trade agreements that are against public health, in particular **access to affordable medicines**.

MTAAG+ **strongly represented the PLHIV community** and was one of the leading protest voices in the intense national campaign.



MTAAG+ did not receive any kind of fundings from the Malaysia government throughout the many years of working for the patients group issues on the ground in Malaysia, as most of our activities are funded by funders outside of Malaysia.

Quotes from an article in the BMJ

Titled as Primary healthcare is cornerstone of universal health coverage

https://www.bmj.com/content/365/bmj.12391?utm_source=twitter&utm_medium=hootsuite&utm_term=&utm_content=&utm_campaign=editors

In October 2018, heads of state met in Kazakhstan at the global conference on primary healthcare and renewed their commitment to “health for all” through the Declaration of Astana.^{[1](#)}

1. World Health Organization, United Nations Children’s Fund. Declaration of Astana. 2018. <https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf>.

We are here to remind the Malaysia government to constantly reinvent primary healthcare to reflect important changes since Alma Ata in 1978.

1. Patterns of disease have shifted. Across all countries, the proportion of disability adjusted life years (DALYs) lost to non-communicable diseases grew from 47% to 60% between 2000 and 2016.³

Primary healthcare has largely failed to keep pace with these changes and requires substantial reform.

3. World Health Organization. Seventy-second World Health Assembly. Report by the Director-General. Universal health coverage. Primary health care towards universal health coverage. Provisional agenda item 11.5 (A72/12), 1 April 2019. https://apps.who.int/gb/ebwha/pdf_files/WHA72/A72_12-en.pdf



We are here to remind the Malaysia government to constantly reinvent primary healthcare to reflect important changes since Alma Ata in 1978.

2. Although Alma-Ata recognised the importance of a multisectoral approach to health, copious research since then has transformed our understanding of the many determinants that interact to shape health outcomes, including housing, education, income, and lifestyle. Traditional configurations of primary healthcare systems lack the flexibility and resources to encompass the social determinants of health.

We are here to remind the Malaysia government to constantly reinvent primary healthcare to reflect important changes since Alma Ata in 1978.


3. We urge the government to see more clearly that progress in national health is threatened if we fail to tackle issues such as climate change, migration, and conflict in Malaysia.4

4. Stott R, Smith R, Williams R, Godlee F School children's activism is a lesson for health professionals. BMJ2019;365:l1938. doi:10.1136/bmj.l1938 pmid:31043365 [FREE Full Text](#)



Sustainable development goals

MTAAG+ reminds the Government that in 2016, the sustainable development goals (SDGs) committed countries to fundamental change by 2030, including **SDG 3 to “ensure healthy lives and promote wellbeing for all at all ages.”**



“Astana declaration repositions primary healthcare as the most cost effective, inclusive means of delivering health services to achieve these goals.”

By placing communities at the centre of healthcare and encouraging participation in design and delivery, primary healthcare can be shaped to match the specific health needs of our country and various populations, including the most vulnerable.



Integration, collaboration

MTAAG+ urges the Government of Malaysia to be committed to integrate their health policies with broader plans for poverty reduction and sustainable development.

This requires broad collaboration, including with patients, public and private sectors, and enablers of health service delivery such as innovators in local manufacturing, supply chains, and technology.

Sponsor by:
Aids Fonds

Organise by:
MTAAG+
Positive Malayan Treatment Access
& Advocacy Group

"POWERFUL. EXTREMELY MOVING."
A shocking account of international trade terrorism."

— David Rooney, *THE HOLLYWOOD REPORTER*

**"★★★★ UTTERLY ABSORBING
and impossible to forget."**

— Jeremy Aspinall, *BBC RADIO TIMES*

**"★★★★★
CRITIC'S CHOICE."**

— Kate Muir, *THE TIMES*

**"The one film that I'd put to
the top of your must-see list.
You will be moved and enraged.
A BEAUTIFUL FILM."**

— Tom Roston, *PBS DOC SOUP*

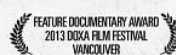
Date/Day: 2 June 2018 (Saturday)

Time: 2:00pm - 4:30pm

Venue: The Chinese Assembly Hall

- *FREE admission with ticket only.*

RSVP : mtaagplus@gmail.com



fire in the blood

A film by **DYLAN MOHAN GRAY**

Narrated by **WILLIAM HURT**

MEDICINE MONOPOLY MALICE

INTERNATIONAL FILM CIRCUIT PRESENTS A SPARKWATER INDIA PRODUCTION "FIRE IN THE BLOOD" MUSIC ASHUTOSH PHATAK SUPERVISING EDITOR CHRISTOPHER SEWARD
SOUND DESIGN KUNAL SHARMA SOUND TARUN BHANDARI JEFF HODD GUILLERMO PALACIOS DIRECTOR OF PHOTOGRAPHY UNDAI KESHAV PRAKASH SOUND MIX DEAN PICARDO ALOK DE
ASSOCIATE PRODUCERS ANUP PODDAR SARAH NUTTALL CO-EDITORS HUGH WILLIAMS PASCAL AKESSON SONGS FREDY MASSAMBA NANA BARRY DONNELLEY
DIRECTOR OF PHOTOGRAPHY JAY J. OEDRA EXECUTIVE PRODUCER CHRISTOPHER HIRD NARRATED BY WILLIAM HURT WRITTEN, DIRECTED AND PRODUCED BY DYLAN MOHAN GRAY



WWW.FIREINTHEBLOOD.COM



Questions posted by different guests @ Fire in the Blood as listed below:

1. Dara an individual who has family member suffering from cancer asked on the issue of cancer drugs available for cancer patients?
 2. Prof Rosmawati complimented on the affords and emphasised the needs for coordinated affords on HCV and other diseases. She shared that there is a congress to open up a discussion group and to get it going for further dialogue and improvement.
 3. Ames Tan from St John Ambulans Malaysia asked for the reality of whether the cancer medicines development or other methodology is it for real or it is a myth for cancer treatment such as H2O treatment for cancer as alternative treatment?
 4. Dr Kong from MMA shared about cost of rare diseases is very high to treat it, and complimented on the new government's manifesto to take up the challenge to address such issue.
-

Questions posted by different guests @ Fire in the Blood as listed below (Continue):

5. Dr Namaji expressed his surprise from watching the movie screening on the topic of R&D and Marketing, where he shared that he encountered an occasion where he is asked to increase certain percentage to cover this aspect. He highlighted on the procurement policy needs to be looked into and change accordingly. He added there is much expectation from the new government to make the changes as promise. He illustrated that primary care needs to look into and the secondary care will look after itself as closing for his question.
 6. Dr Martin Marrow brought about the point on cancer drugs are very innovative drugs and very difficult to be replicated to generic medicines for live saving purpose, and how much one need to pay for them as there are always newer and better drugs for cancer treatment.
 7. Mr Peter Wong concluded from watching the movie that greed is the major fall short for patients to access to affordable medicines and to make it available for those who are suffering from cancer, which cannot be fully treated.
 8. Mr Edmund Lim emphasised on the aspect of financing part of the drugs industry instead and how to force the insurance industry to cover this aspect.
-

Example of Current Issue: HCV in Malaysia

Models of hepatitis testing and in all settings:

1. Consent,
2. Confidentiality,
3. Counselling,
4. Correct test results and
5. **Connection (linkage to prevention, treatment and care services)**

The WHO “5 Cs”



Pilot project in Seremban Prison

11/1/2019

Currently they are sending all the inmates to Seremban Hospital for the test but they have to wait for about a month to get the result. We were told that the hospital is using Elisa test. This is totally a long waiting time for them and they would prefer to have a shorter time to get the result in order to ensure the kitchen staff is not having HCV infected diseases.

The health unit have intention to procure 500 pcs of HCV RTK for 3 months usage. The management pending on consideration of budget assessment.

RTK stands for Rapid Test Kit

Pilot project in Seremban Prison



**It's a long que for Hepatitis C volunteer testing.
Good response being it has a cure now.**



6 June 2017 at Home of Victory in Pedas

MTAAG+ in collaboration with the Rembau district clinic to provide their health staff with HIV rapid test kits.

This event included HCV treatment awareness talks at Home of Victory in Pedas, a small town near Port Dickson.

7 of 57 residents tested HCV positive but zero HIV positive.

The helpful doctor who led the team provided laboratory forms to be filled in for HCV confirmation test and follow up appointments in the following week.



Amazing Team in Pedas

11/1/2019



Awareness Campaign

Thank You

- Jeremy Kwan, Research Officer of MTAAG+
- Email: mtaagplus@gmail.com
- 03-7931 2066 (Office) / 018-380 5998 (Mobile)

mtaagplusmalaysia.wordpress.com
