

Third RoundTable Discussion: Human Capital for Health in M'sia

ENHANCING PRIMARY HEALTH CARE
PUBLIC SECTOR

Rural Health Services - RHSS

TABLE 5. Adoption of a plan in 1953 to coordinate building of rural health development facilities – non-cumulative (adapted from (Member of Health of the Federal Executive Council 1953))

Type of health centre	Year					
	1954	1955	1956	1957	1958	1959
District Health Centres/ Main Health Centres	4	4	4	4	4	5
Sub-District Health Centres/ Rural Health Centres	16	16	16	16	16	20
Midwife Clinic cum Quarters/ Midwives' Houses	80	80	80	80	80	100

TABLE 3. Distribution of types of health centres and their staffing within the Rural Health Scheme (adapted from (Member of Health of the Federal Executive Council 1953))

Type of Health Centre	Staff	Number of personnel
District Health Centre (DHC)/ Main Health Centre (MHC) serving 50,000 population	Dental Officer	1
	Medical and Health Officer	1
	Health (Nursing) Sister	1
	Dental Nurse	1
	Health Nurse	1
	Hospital Assistant	1
	Health Inspector	1
	Pupil Midwife	2
	Clerk	1
	Male Dental Attendant	1
	Female Chairside Attendant	1
	Dispensary Attendant	1
	Female Attendant	1
	Driver	2
	Sanitary Labourer	2
	Messenger	1
	Gardener	1
Sub-district Health Centre (SHC)/ Rural Health Centre (RHC) serving 10,000 population	Assistant Nurse (AN)	1
	Dispenser	1
	Sanitary Overseer	1
	(Assistant Health Inspector)	1
	Midwife	1
	Dispensary Attendant	1
	Female Attendant	1
	Driver	1
	Sanitary Labourer	2
Midwife Clinic cum Quarters (MCQ)/ Midwives' Houses serving 2,000 population	Midwife	1 or 2

Three-tier and two-tier system in rural health service

Source: (Suleiman & Jegathesan, *Health in Malaysia: Achievements and Challenges*)

Note: MCQ = Midwife Clinic cum Quarters

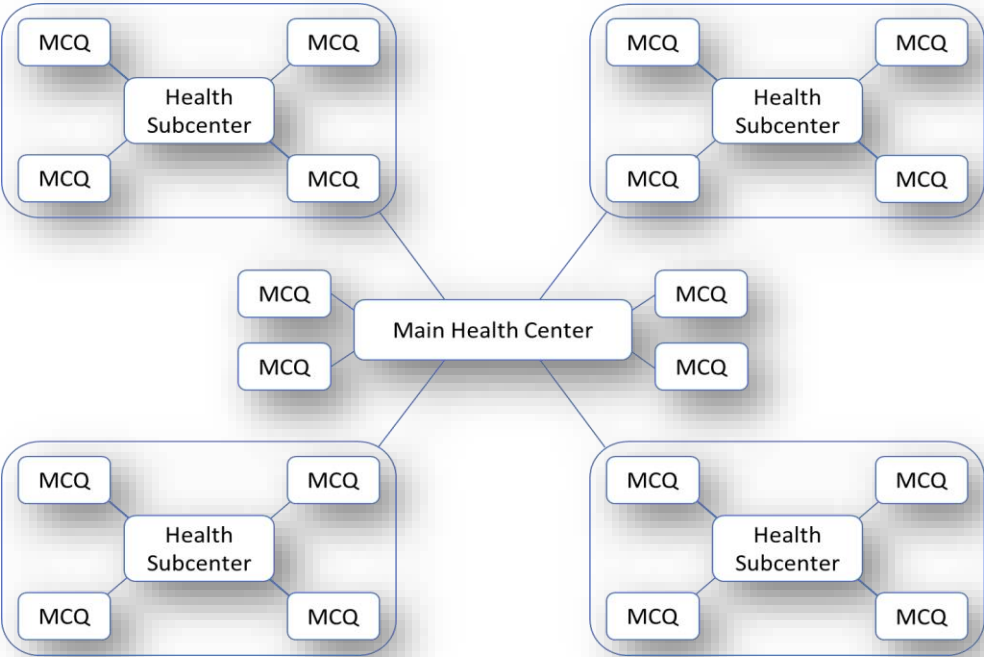
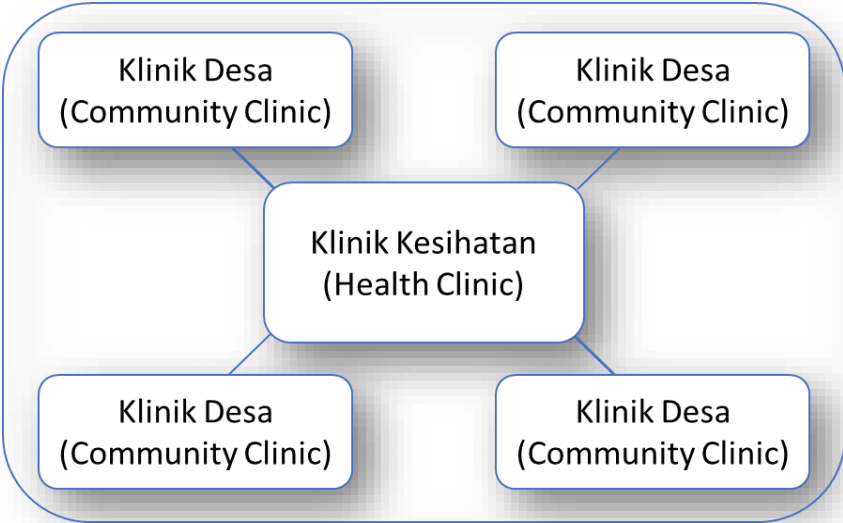


TABLE 6. Transition from a three-tier to a two-tier rural health system

Rural Health Scheme (pre-1966)	Rural Health Service (post-1966)
District Health Centre (DHC)/ Main Health Centre (MHC) serving 50,000 population	Health Clinic/ "Klinik Kesihatan" serving 15,000 to 20,000 population (each staffed by physicians)
Sub-district Health Centre (SHC)/ Rural Health Centre (RHC) serving 10,000 population	
Midwife Clinic cum Quarters (MCQ)/ Midwives' Houses serving 2,000 population	Village Clinic/ "Klinik Desa" serving 3,000 to 4,000 population (each staffed by two community nurses)



Budget Allocation for Rural Health Services, 1st to 3rd Malaysia Plan

Source: 1st-3rd Malaysia Plan

* rural health services (58.59) + rural sanitation and community water supply (8.97)

Malaysia Plan	1 st (1966-70)	2 nd (1971-75)	3 rd (1976-80)
Rural Health (\$ million, % of total health and FP budget)	27 (14.25%)	37.81 (17.7%)	67.56* (17.9%)
Dental Health (\$ million)	2	4.02	4.53
Urban Health (\$ million)	1	3.7	5.38
Family Planning (\$ million)	2	1.4	27
Training programmes (\$ million)	3.3	11.99	21.95
Total Health and FP Budget (\$ million, % of national budget)	189.4 (4.2%)	213.65 (2.9%)	377.15 (2.0%)
Total National Budget (\$ million)	4550.9	7250	18554.987

Number of rural health facilities in Peninsular Malaysia

Source: 2nd, 3rd, 4th Malaysia Plan/The history of early medical and health services in Malaysia/World Bank

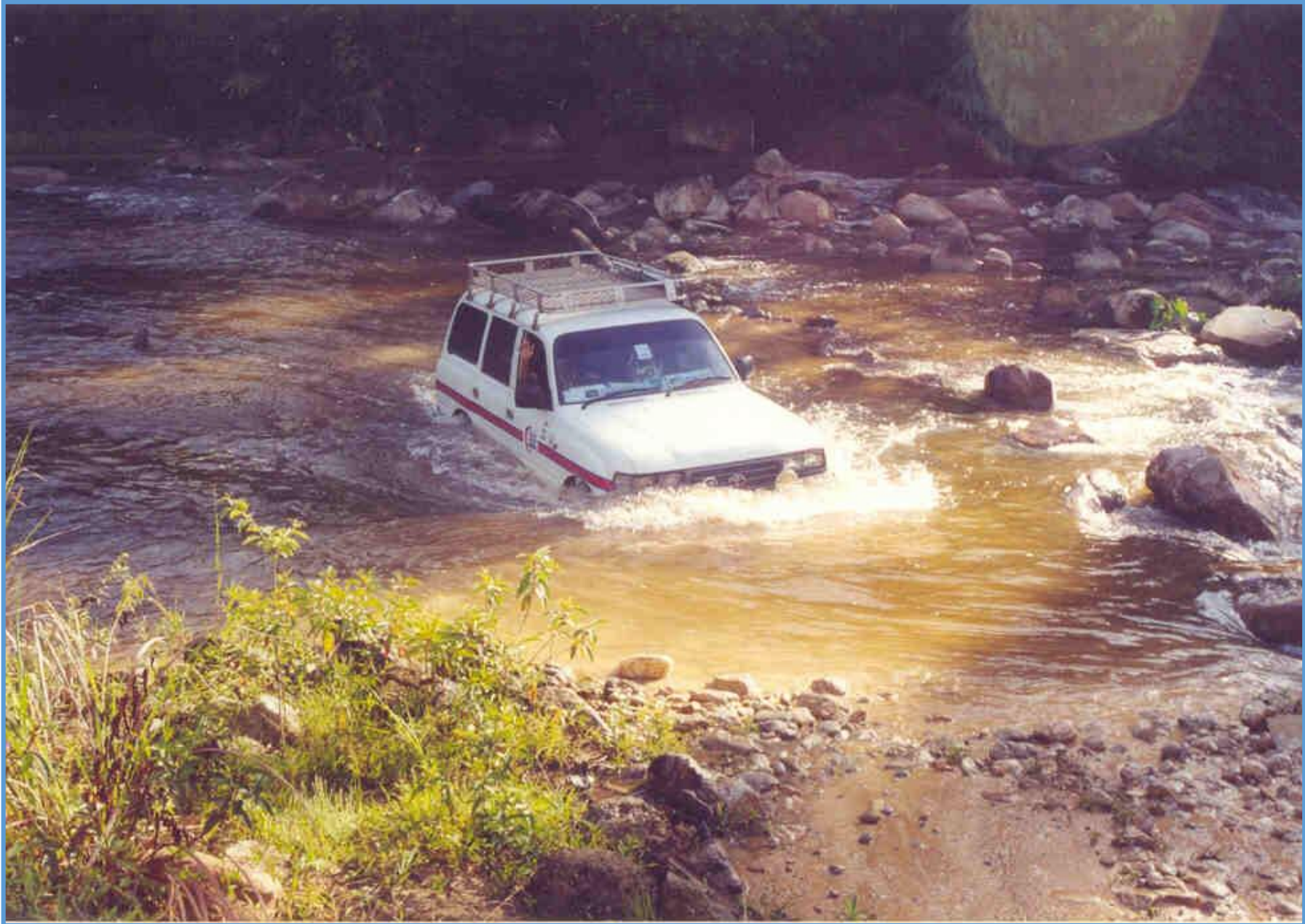
* including clinics already converted to Klinik Desa

	Main Health Centers		Sub-Health Centres		Midwife Clinics		Rural Population
	Number	Ratio	Number	Ratio	Number	Ratio	
1960	8	1:748,435	8	1:748,435	26	1:230,288	5,987,479
1965	39	1:171,202	122	1:54,728. 5	643	1:10,384	6,676,882
1970	44	1:163,400	180	1:39,942	943	1:7,624	7,189,615
1975	73	1:103,877	246	1:30,825	1282*	1:5,915	7,582,994
1980	77	1:103,855	252	1:31,733. 5	1465*	1:5,459	7,996,841









SJ - Roundtable Human Capital







Flying Doctor Service



MEDEVAC





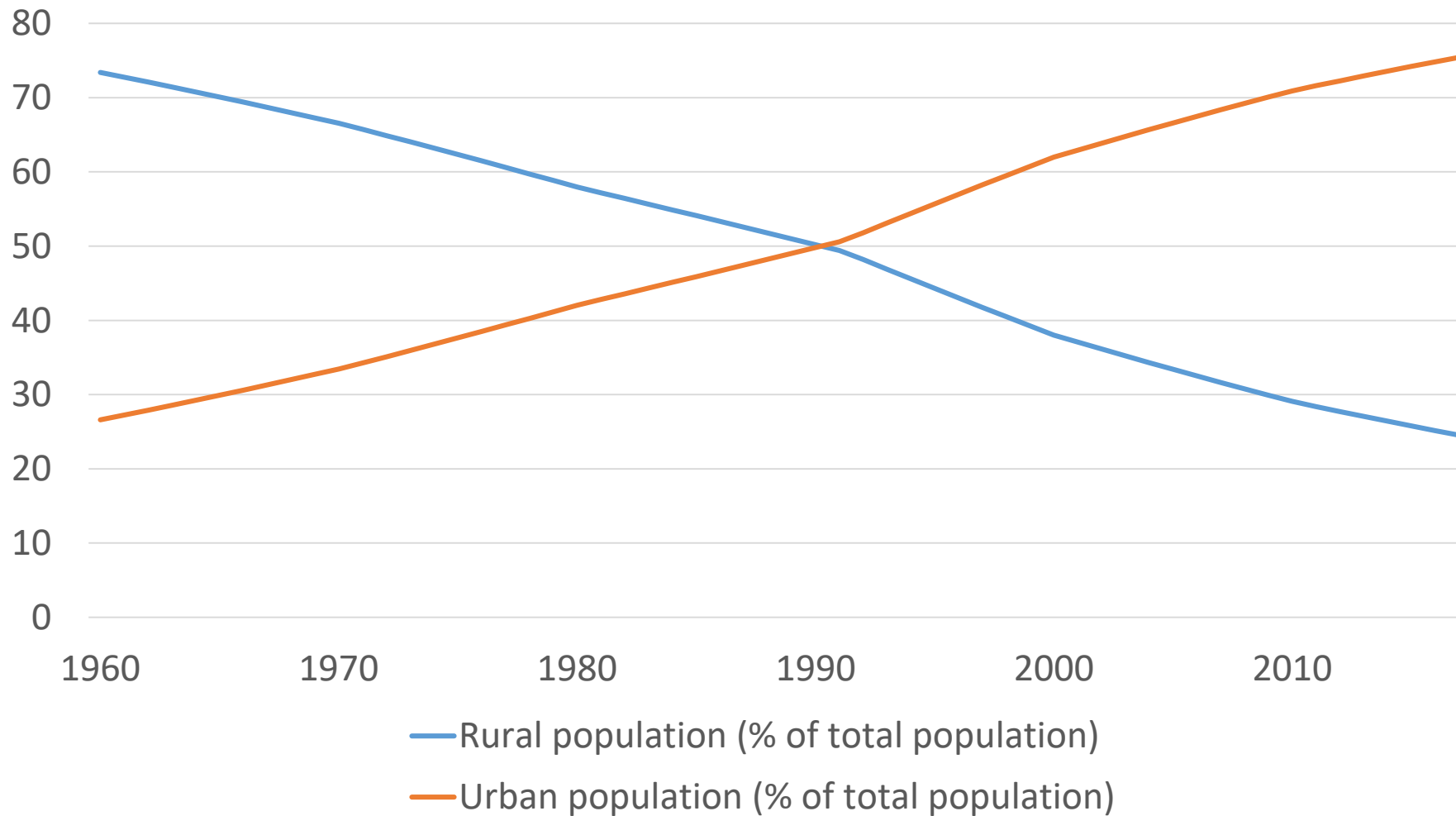






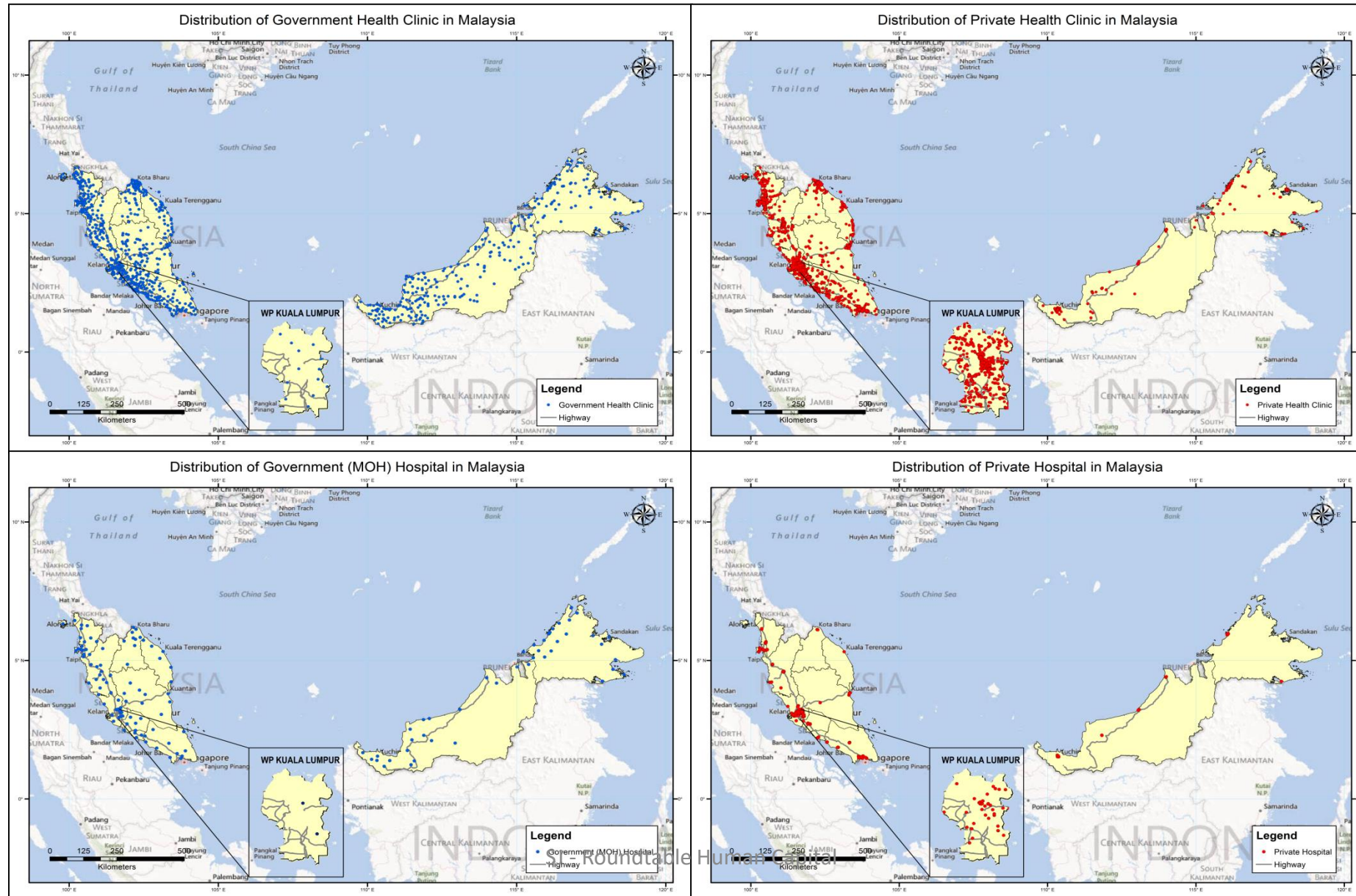
Rural and Urban Population in Malaysia 1960-2017

Source: (World Bank)



Distribution of Health Facilities

-Study on Mapping of Health Facilities and Services (by Institute of Public Health)

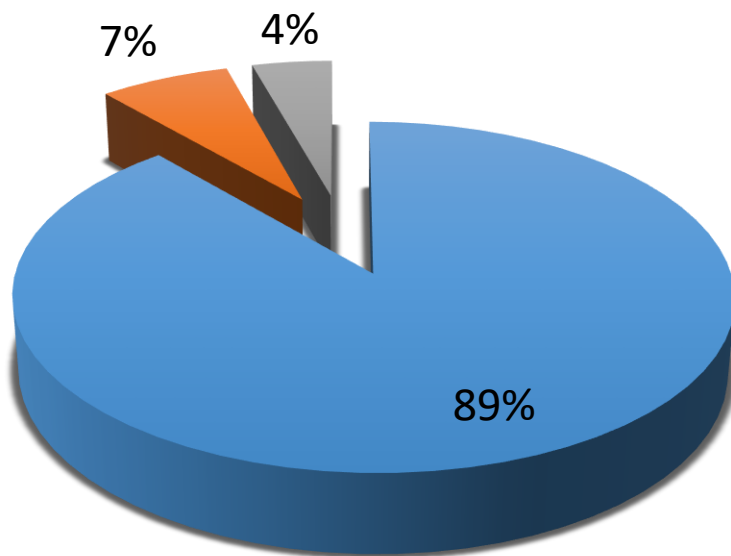




PHYSICAL ACCESS (DISTANCES) TO HEALTH FACILITIES IN URBAN AREAS 2016

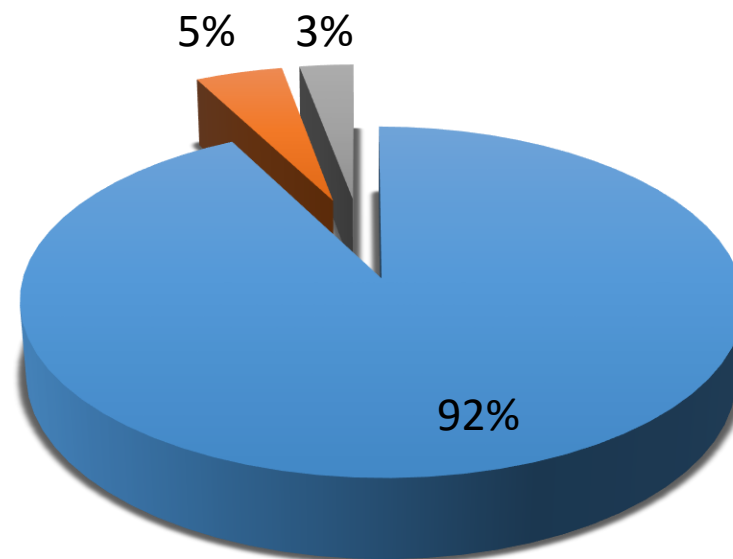
Public Health Centres

■ Less than 5 km ■ 5-9 km ■ More than 9 km



Private Health Centres

■ Less than 5 km ■ 5-9 km ■ More than 9 km





EXPANSION OF PRIMARY HEALTHCARE SERVICES



1960

Mother & Child
Family Planning
Outpatient Services
Environmental Health
School Health



1980

Mother & child
Family planning
Outpatient Services
Environmental Health
School Health
Dental Care
Pharmacy Services
Laboratory Services

2000

Mother & Child
Family Planning
Outpatient Services
Environmental Health
School Health
Dental Care
Pharmacy Services
Laboratory Services
Child with Special Need
Adult Health
Elderly Health
Cardiovascular Disease
Mental Health
Adolescent Programme
Sexually Transmitted Infection
Tuberculosis/ Leprosy
Occupational Health
Emergency Services
Health Informatics

2010 onwards

Mother & child
Family planning
Outpatient
Environmental
School
Dental
Pharmacy
Lab
Child with Special Need
Reproductive Clinic
Elderly Clinic
Diabetic Clinic
Adolescent
Occupational Health
Emergency
Health Informatics
Hypertension
Rehabilitation Services
HPV
Needle Stick Exchange Program
Methadone
STI
Prison
Community Clinic



Primary Health Care Team

- **Existing:**

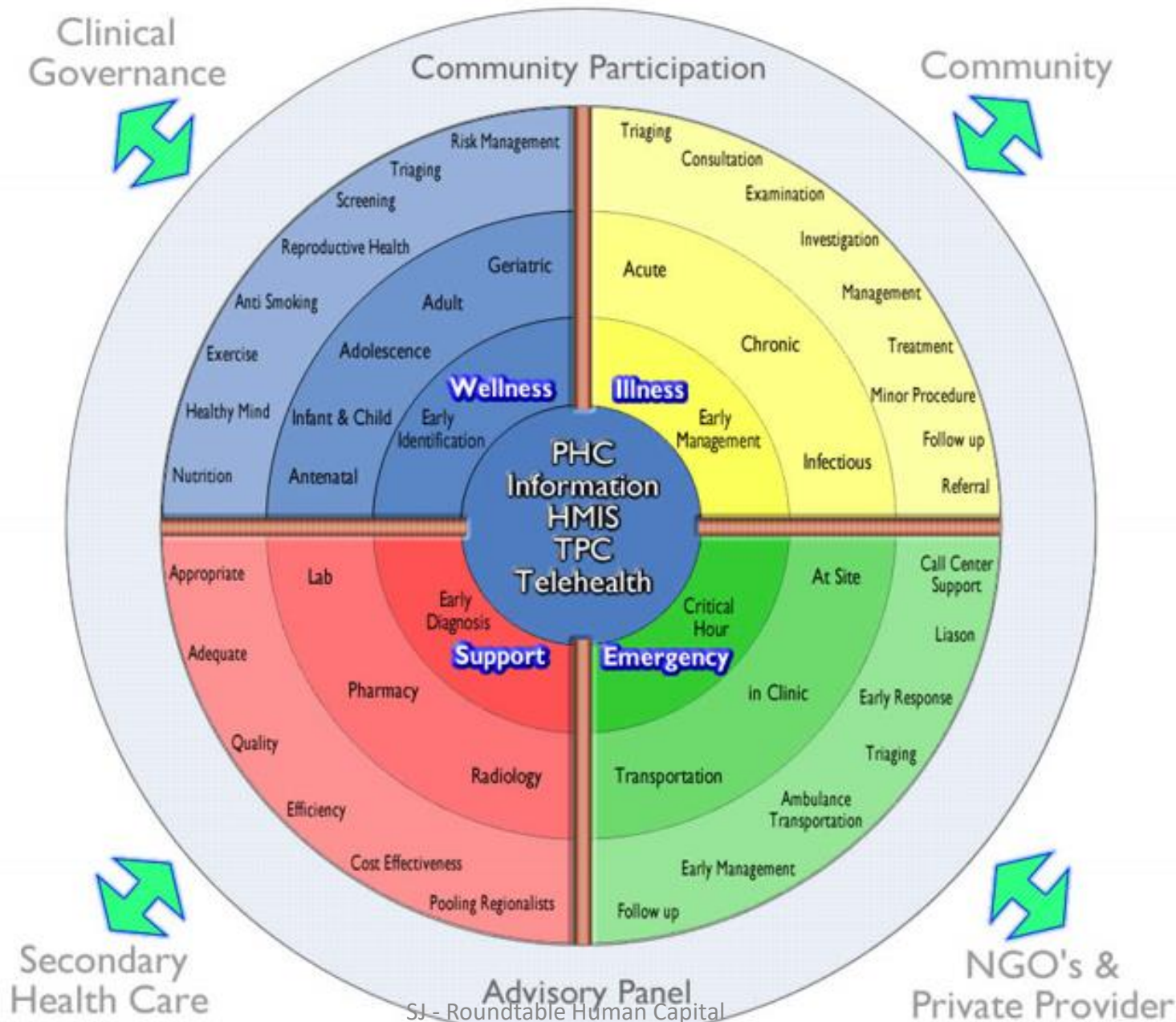
- **Doctor**
- **Dentist**
- **Assistant Doctor**
- **Nurses**
- **Med Lab Tech**
- **Assistant Pharmacist**
- **Community Nurse**
- **Asst Env Health Officer**
- **Public Health Overseer**
- **Health attendants**
- **Clerk**



- **New/ projected:**

- **FMS**
- **Pharmacist**
- **Orthodontist**
- **Periodontist**
- **Nutritionist/Dietitian**
- **Medical Social Worker**
- **Counsellor**
- **Clinical psychologist**
- **Radiographer (Diagnostic)**
- **Physiotherapist**
- **Occupational therapist**
- **Speech therapist**

Reviewed Approach of Primary Health Care (REAP) - WISE



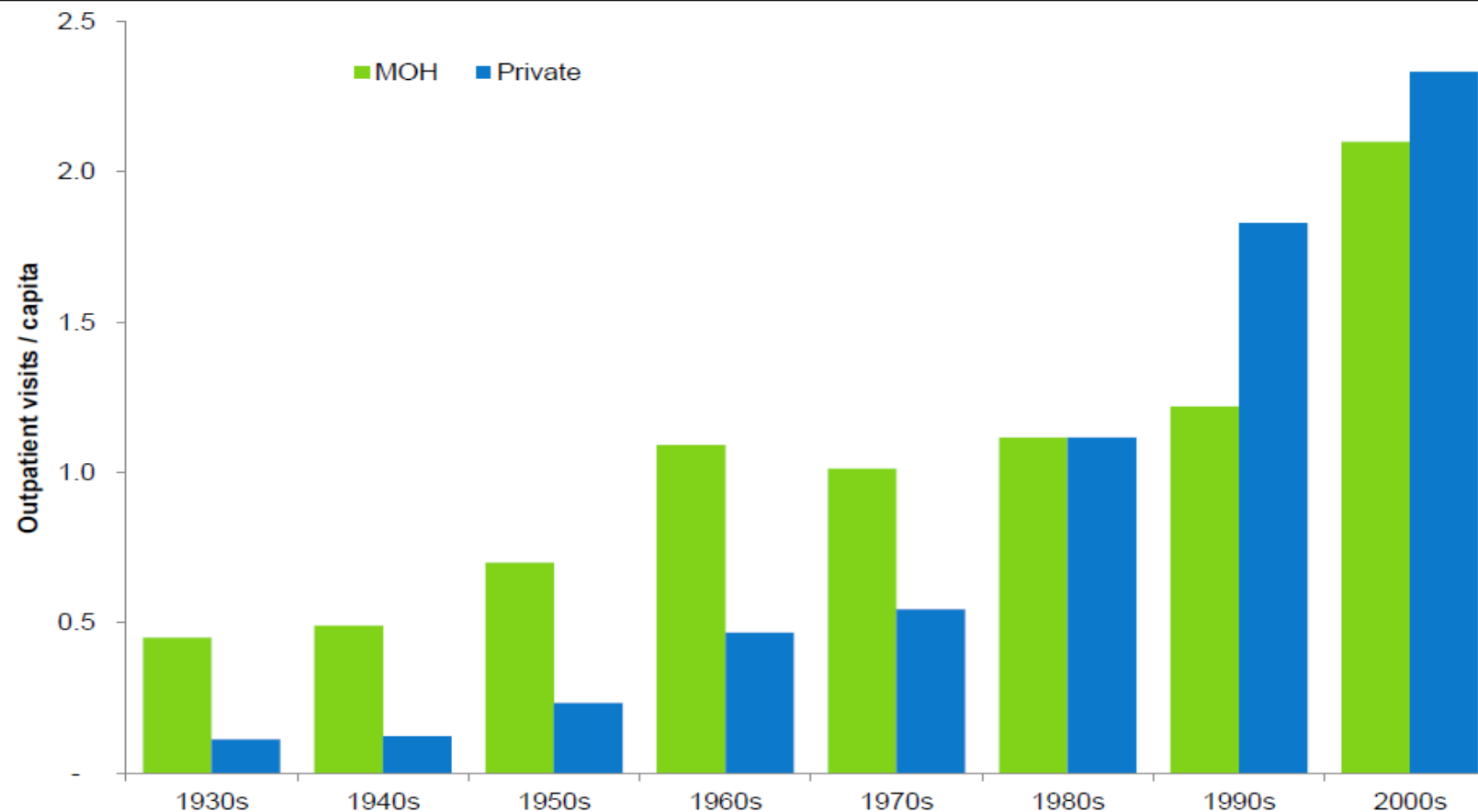
REAP-WISE is framework to facilitate integrated service in the delivery of primary health care. Central to operation of the framework is the Primary Health Care (PHC) Information System which include the Health Management Information System (HMIS) and Teleprimarycare (TPC) electronic system, which provides a monitoring mechanism that tracks achievements and gaps in the service delivery.

Wellness covers the life-course from antenatal to child and geriatric age for early identification of and management of medical conditions. All new activities for wellness are mapped against age group needs. Teams oversee policy development for the collective activities for each age group in order to integrate workflow processes, accounting for monitoring indicators, quantity and quality of human resources required, the diagnostic equipment, pharmaceutical requirements, and physical space for these activities. These workflow processes are then phased in at clinics nationwide.

Illness covers early management of the acute and chronic, infectious condition in patients present in clinics as well as those in the community. Infectious diseases are given a separate patient workflow. Different processes for acute cases and chronic conditions were established to improve better utilisation of resources, waiting time, and patient outcomes.

Support covers the three main diagnostic support (Lab, Pharmacy, Radiology) in PHC. Level of support services have been reviewed to be commensurate with the expansion and integration of primary healthcare.

Emergency covers cases on site, in the clinic, or during transportation to or from the clinic and hospitals and addressing the critical hour of management. Services have been expanded from stabilisation and referral to hospitals only to more expansive treatment services.



Note: Private outpatient refers to outpatient visits to all qualified private providers, including both hospitals and clinics.

Source: IHP estimates using administrative data of MOH and state health departments, NHMS surveys and Meerman (1979).

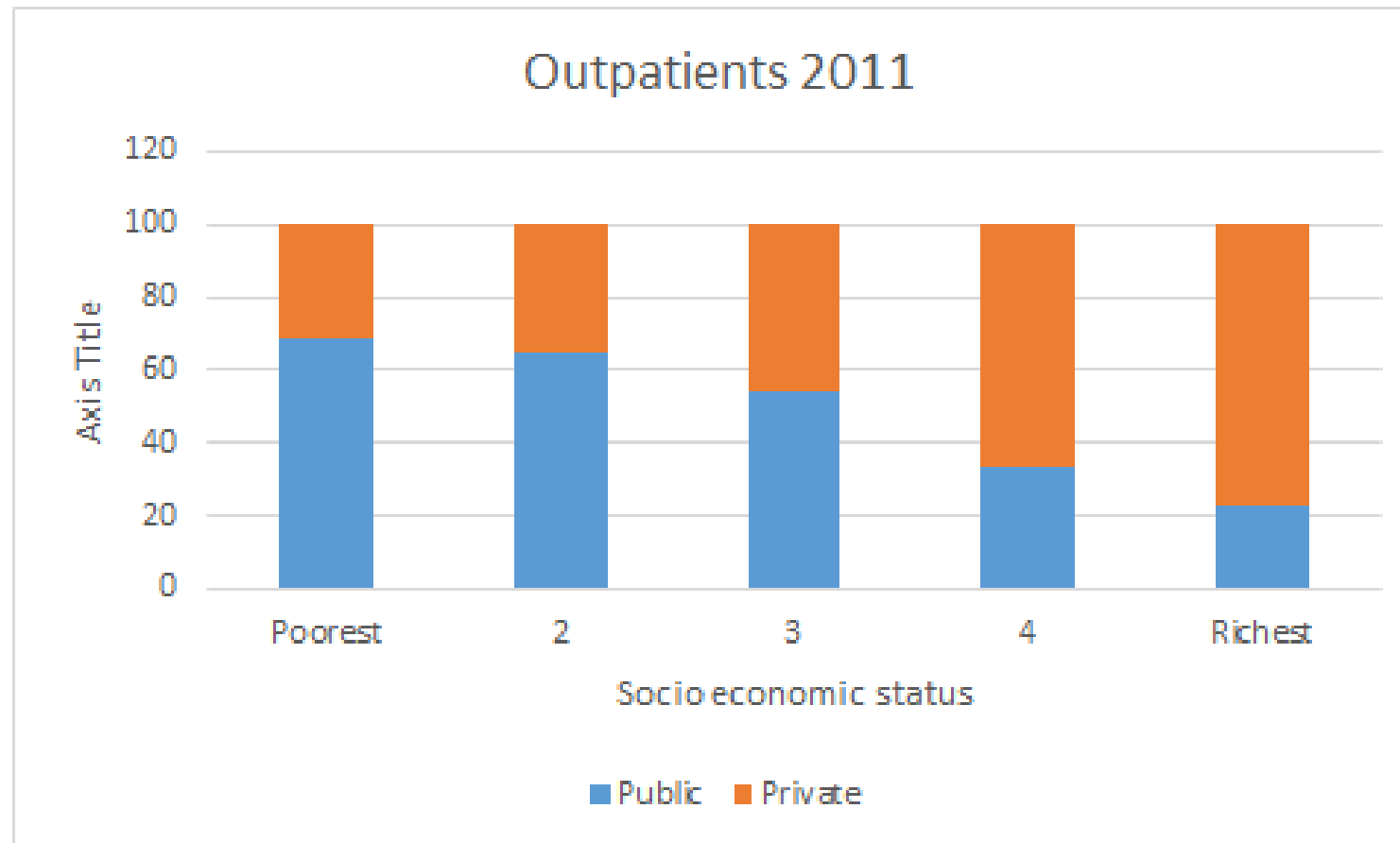
Figure 3: Estimated outpatient visits to physicians per capita per annum, Malaysia 1930s–2000s

Access to and satisfaction with primary care

Source: (Sivasampu, 2015)

Patients' perceptions of accessibility to primary care, and satisfaction with care	% of patients interviewed
Clinic not too far away	77.5
Opening hours not restricted	59.2
Able to get home visit	43
Did not wait too long on the phone	40
Never postponed or abstained from a visit when needed	80
Satisfied with duration of consultation	96.7

Utilisation of outpatient services by socio economic groups



Source (Health Policy REsearch Associates (HRPA) and Institute of Health Systems Research (IHSR), 2013)

SJ - Roundtable Human Capital

Top three reasons for encounter in public and private clinics

Source (Clinical Research Centre, 2014)

Public sector primary care clinics	Rate per 100 encounters
Hypertension	31.3
Diabetes	22.5
Lipid Disorder	18.5
Private sector clinics	
Fever	28.3
Cough	26.5
Runny nose/rhinorrhoea	19.4

Number of Ministry of Health primary health care clinics, 1957 – 2018

Health clinics	1957	1970	1980	1990	2000	2010	2018
Community clinics	0	943	1509	1880	1924	1919	1796
Health clinics	7	224	725	708	947	917	1085
Total	7	1167	2234	2588	2871	2833	2881

Data source: (Noh, 2011; Ministry of Health, Malaysia, 2018; Ministry of Health, Malaysia, 2010)

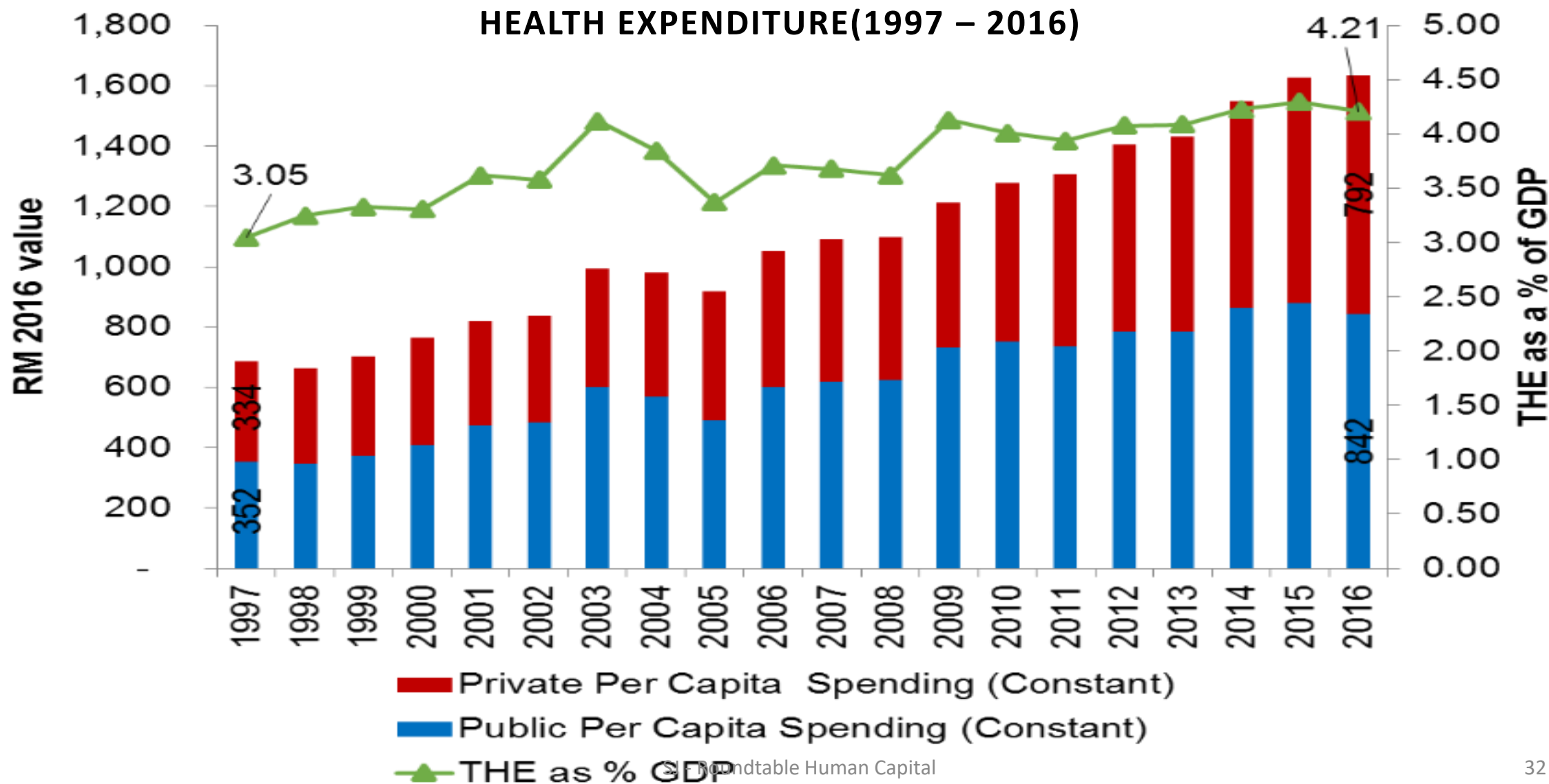
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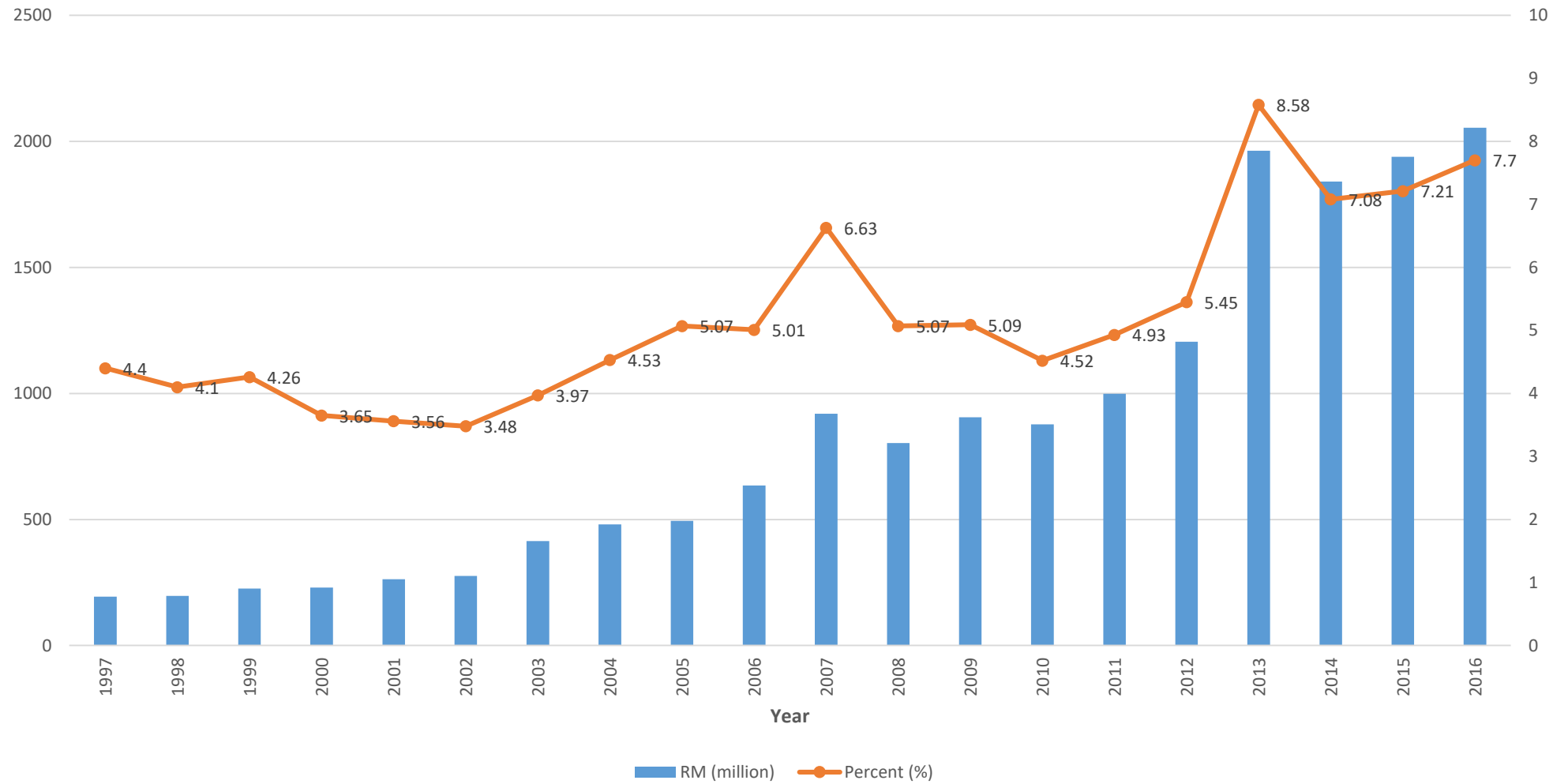
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RAISING HEALTH CARE COST & EXPENDITURE

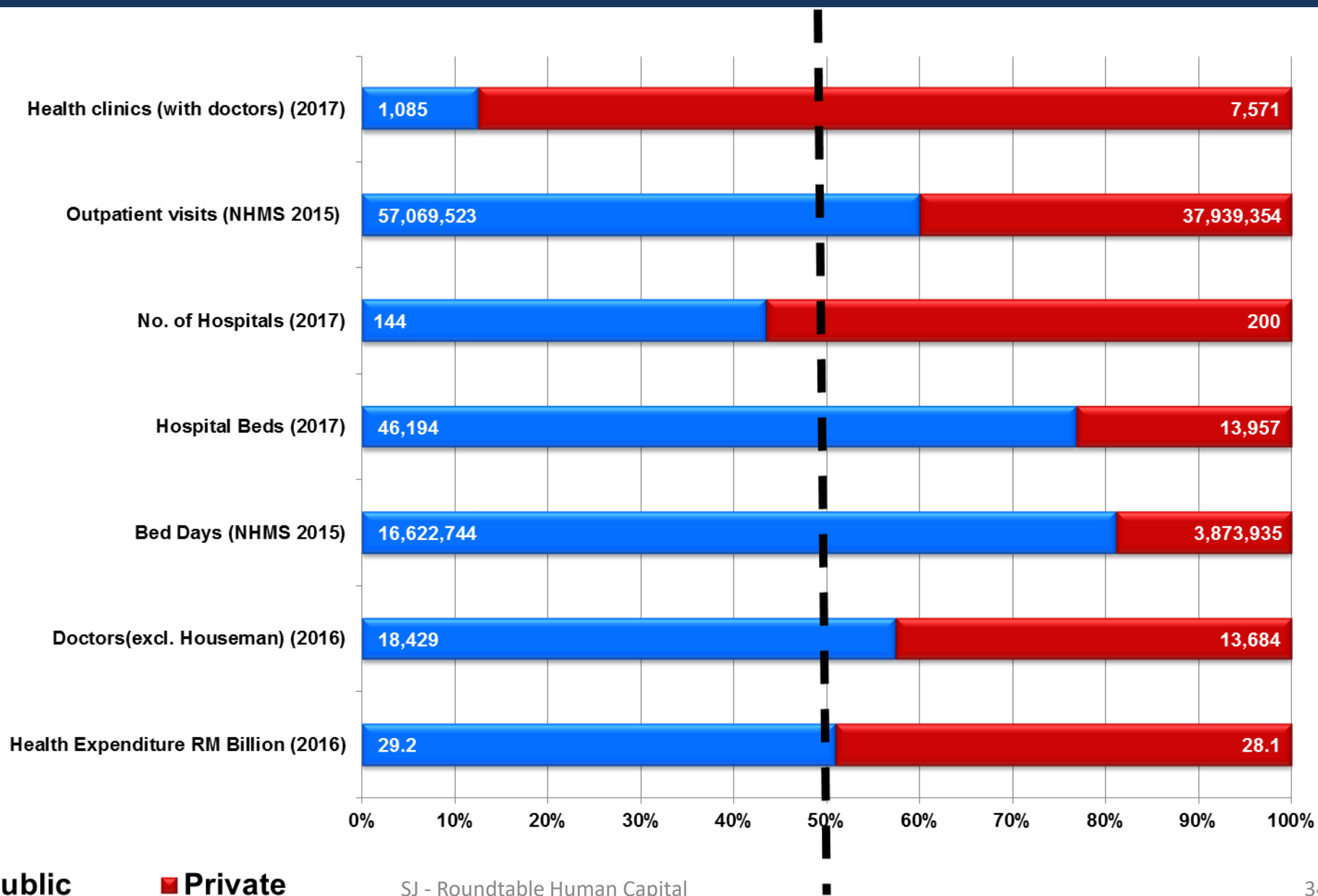


Budget allocated to public health services (including health promotion and prevention)



Data source: (Ministry of Health, Malaysia, 2018)

PUBLIC & PRIVATE SECTOR RESOURCES & WORKLOAD (2015, 2016, 2017)





HUMAN RESOURCE FOR HEALTH

➤ Inadequate & unequal distribution

- urban & rural
- public & private

➤ Insufficient new posts

- unmatched need for new facilities, new & expanded scope of services
- long waiting for employment of graduates (medical, dental, pharmacist, nurses & AMOs)
- Increasing workload due to increasing population, complexity of cases, high public expectation
- Inadequate specialist & subspecialist including nurse specialist, subject matter expert among allied health personnel