Achieving Universal Access to Quality Healthcare

Strategy Paper

5

For further information refer to:

Director General
Economic Planning Unit
Prime Minister's Department
Block B5 & B6
Federal Government Administrative Centre
62502 Putrajaya
MALAYSIA

http://www.epu.gov.my

Tel.: 603-8000 8000
Fax.: 603-8888 3755

I. INTRODUCTION

5.1 The health sector is an integral part of the socio-economic system and progress in healthcare directly improves the standard of living in the country. Since independence, Malaysia has provided the *rakyat* with good healthcare services and has continued to emphasise on delivering quality and efficient healthcare. The health system, particularly public health provides nationwide coverage and comprehensive care at affordable cost to the *rakyat*.

II. TENTH MALAYSIA PLAN, 2011-2015: PROGRESS

5.2 During the Tenth Plan, efforts were undertaken to enhance healthcare services capacity and coverage in order to provide better care for the *rakyat*. The key objective of these efforts was to provide greater accessibility and better utilisation of healthcare resources. Growing demand and higher public expectation on the public health system and increasing workload in public healthcare facilities as well as changes in lifestyle and demographic profile, which affected population health were identified. In response, the Government initiated four key iniatives in the Tenth Plan which focused on transforming the health system; increasing the quality, capacity and coverage of services; shifting towards health promotion and prevention rather than treatment; and increasing the quality of health human resource.

Improvement in the Health Status

5.3 The Malaysian health system is comparable to advanced countries. The Bloomberg survey 2014 ranked Malaysia as one of the world's top 30 countries with the most efficient health system. The World Health Organisation (WHO) in 2013 also recognised Malaysia's health system as one of the best among 37 member states of the Western Pacific region.

5.4 Selected indicators of health for 2010 and 2014 are as shown in *Exhibit 5-1*.

Exhibit 5-1

Selected Indicators of Health Status, 2010 and 2014

Indicator	2010	2014[e]
Life expectancy at birth (in years)	74.1	74.8
Women	76.6	77.4
Men	71.9	72.8
Infant mortality rate (for every 1,000 live births)	6.7	6.5
Maternal mortality ratio (for every 100,000 live births)	26.1	25.5

Note: [e] estimated data
Source: Economic Planning Unit

Improvement in the Healthcare Services

5.5 The overall healthcare personnel to population ratio has improved in 2013 compared to 2010, as shown in *Exhibit 5-2.*

Exhibit 5-2

Selected Healthcare Personnel to Population Ratio, 2010 and 2014

Healthcare Personnel to Population Ratio	2010	2014[p]
Doctor	1:859	1:581
Dentist	1:7,437	1:5,112
Pharmacist	1:3,652	1:2,448
Optometrist	1:32,308	1:21,241
Nurse	1:410	1:325
Medical Assistant	1:2,738	1:2,356

Note: [p] *preliminary data*
Source: Ministry of Health

5.6 During the Plan Period, there was overall increase in the healthcare facilities and services as shown in *Exhibit 5-3.*

Exhibit 5-3

Selected Healthcare Facilities and Services, 2010 and 2014

Facility & Service / Year	2010	2014[p]
Hospitals[a]	362	368
Beds[b]	55,184	58,533
Medical Clinics[c]	9,275	9,856
Dental Clinics[d]	1,546	1,811
Flying Doctor Service	13	13
1Malaysia Clinics	53	307
1Malaysia Mobile Clinics and Dental Clinics (Boat and Bus)	3	16

Note: [p] *preliminary data*
[a] *public & private hospitals*
[b] *include maternity homes, nursing homes, hospice & ambulantory care centre*
[c] *public & private medical clinics*
[d] *public & private dental clinics*
Source: Ministry of Health

5.7 New and replacement public hospitals in Shah Alam, Alor Gajah, Tampin and Rompin as well as specialised medical institutions such as the National Cancer Institute in Putrajaya and Cheras Rehabilitation Hospital were completed during the Plan period. Public hospitals in Kota Kinabalu, Likas, Tuaran, Kuching, Miri, Kangar, Taiping, Seremban, Batu Pahat, Kuala Lipis, Kota Bharu and Kuala Terengganu were also upgraded. In addition, 49 public health clinics were also completed nationwide.

5.8 Preventive care programmes to mitigate communicable diseases (CDs) and non-communicable diseases (NCDs) such as the Communication for Behavioural Impact (COMBI), particularly for dengue prevention, and *Komuniti Sihat Perkasa Negara* (KOSPEN) for community health promotion were implemented. In addition, *Kempen Nak Sihat* and *Kempen Berjalan 10,000 Langkah* were implemented to encourage public participation in physical activities. *Program Siswa Sihat* (PROSIS) was introduced to promote healthy lifestyle among students in institutions of higher learning.

III. ISSUES AND CHALLENGES

5.9 The changing demographic profile, prevalence of infectious diseases and increasing lifestyle-related illnesses pose a challenge to the health system. These issues led to higher demand for quality healthcare and present a challenge to keep abreast with advances in technology and medical treatment.

Inadequate Access to Quality Healthcare

5.10 Healthcare facilities and services delivery gaps continue to exist despite increased expenditure on healthcare from RM16.8 billion in 2011 to RM23.3 billion in 2015 by the Ministry of Health. The public healthcare facilities and services in urban areas are still inadequate to meet the health needs of the population, particularly the poor and low income households. Lack of connectivity and low frequency of mobile healthcare services as well as inadequate facilities hamper efforts to deliver quality services to population in rural and remote areas.

Burden of Diseases

5.11 The prevalence of CDs is high whereby dengue outbreak has become a major public concern while drug resistant tuberculosis and HIV/AIDS among high risk groups are on the rise. In 2013, a total of 43,346 dengue cases were reported, an increase of 98% compared to 21,446 cases in 2012. The notification rate for tuberculosis increased from 78 cases per 100,000 population in 2012 to 81 cases per 100,000 population in 2013. The number of HIV/AIDS cases detected for every 100,000 population increased from 10.8 cases in 2009 to 11.4 cases in 2013. Since the first reporting of HIV/AIDS in 1986, 101,672 confirmed HIV infected cases and 16,360 deaths have been reported as at 31 December 2013.

5.12 According to the National Health and Morbidity Survey[1], the percentage of the adult population aged 18 years and above who suffer from diabetes and associated risk factors rose from 11% in 2006 to 15% in 2010. About 33% of adults suffered hypertension in 2010 compared with 32% in 2006. Similarly, adults with high blood cholesterol level were 35% in 2010, an increase from 21% in 2006. These figures indicate that the prevalence of NCDs has continued to rise in the country.

Pressure on Healthcare Delivery

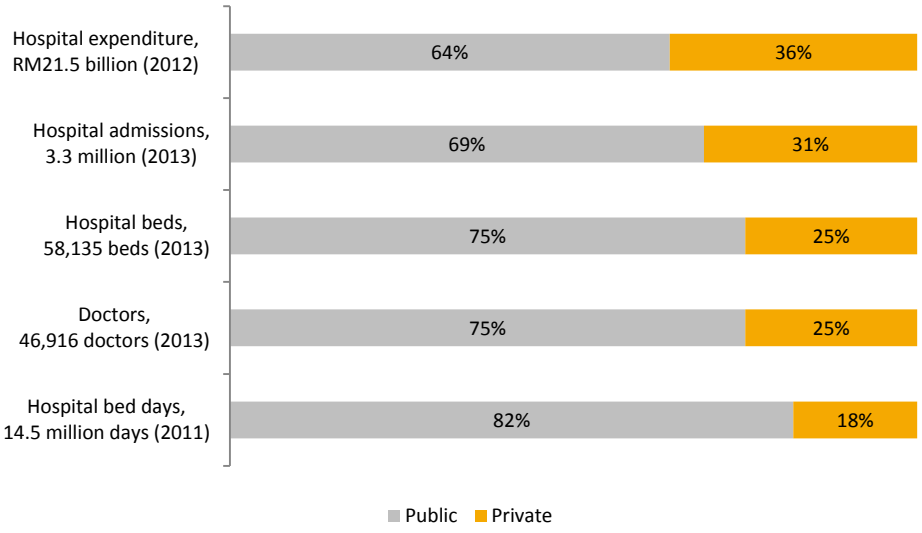
5.13 The increasing occurence of CDs and NCDs as well as the need for chronic care have escalated pressure on healthcare services and its resources. This pressure has led to insufficient hospital beds, overcrowding, long waiting time as well as delayed consultation and admission for emergency cases, affecting the quality of service provided. The workload in the public health sector is also exacerbated by the increasing number of immigrants seeking care in the government health facilities. The public health sector also faced numerous challenges in delivering healthcare services due to the shortage of skilled personnel and health specialists.

5.14 Poor coordination at all levels of government hampers the effective implementation of health intervention programmes such as health promotion, disease control, immigrant health, environmental health, pest and rodent control as well as food safety and quality. In addition, limited resources, unclear demarcation of roles and functions of agencies pose challenges in enforcing health related regulations.

5.15 The relatively higher private healthcare costs may result in patients shifting from private to public healthcare. This will further stretch the public sector resources in the delivery of quality healthcare services as shown in *Exhibit 5-4.*

[1] The National Health & Morbidity Survey (NHMS) was conducted as a ten-yearly survey since 1986 to provide trends on prevalence of diseases and health behaviours. Starting with NHMS 2011, this survey will be conducted as a four-yearly survey with annual data collection on selected health topics and target groups.

Exhibit 5-4
Public and Private Resources and Workload



Source: Ministry of Health

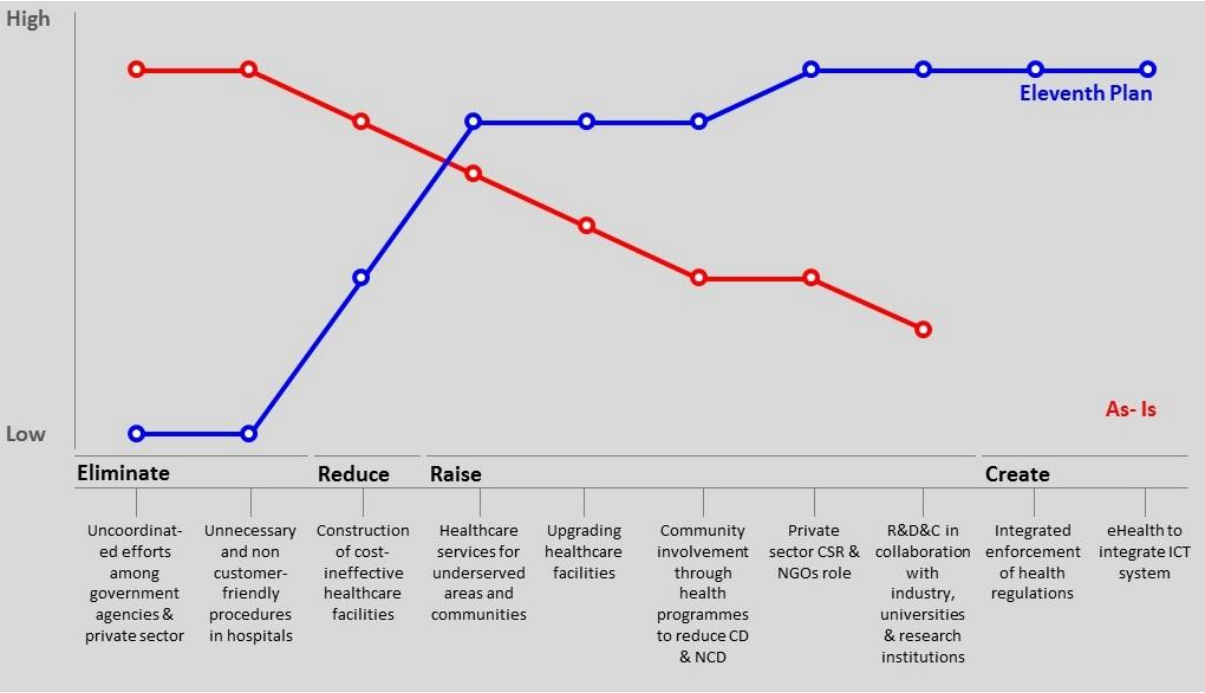
Low Involvement of Stakeholders in Healthcare Delivery

5.16 Insufficient healthy lifestyle activities in the community setting as well as low support and involvement from the community in health promotion and disease prevention programmmes have led to poor health awareness and unhealthy living. In addition, lack of collaboration among the public sector, private sector and non-governmental organisations (NGOs) has caused uncoordinated healthcare delivery and ineffective use of resources.

IV. ELEVENTH PLAN, 2016-2020: WAY FORWARD

5.17 The Government will continue to improve the health of the *rakyat* by providing universal access to quality healthcare. Focus will be given on enhancing targeted support, particularly for underserved communities; improving system delivery for better health outcomes; expanding capacity to increase accessibility; and intensifying collaboration with private sector and NGOs. The strategies will encompass 10 initiatives as shown in the Strategy Canvas in *Exhibit 5-5*.

Exhibit 5-5:
Strategy Canvas for Achieving Universal Access to Quality Healthcare



Indicators and targets for quality healthcare during the plan period are as shown in *Exhibit 5-6.*

Exhibit 5-6:
Indicators and targets for 11MP

Indicator	Target
Doctor to population ratio	1:400
Hospital bed to population ratio	2.3:1,000
Waiting time to receive outpatient treatment in public hospital	15 minutes

Enhancing Targeted Support, Particularly for Underserved Communities

Expanding Healthcare Services to Rural and Remote Areas

5.18 The coverage of primary healthcare services will be extended to Orang Asli in Peninsular Malaysia and communities living in the rural and remote areas in Sabah and Sarawak. Additional mobile healthcare teams and flying doctor services that cover new rural and remote areas as well as comprehensive health preventive interventions including immunisation, nutrition, sanitation, antenatal and perinatal care will be provided. The flying doctor and outreach services that consist of well-equipped mobile teams, especially in Sabah and Sarawak will be enhanced to expand healthcare coverage in rural and remote locations. More community health volunteers will be trained under the village health promoter programme to provide basic healthcare services to people living in remote areas.

Implementing Domiciliary Healthcare in Community Setting

5.19 Domiciliary healthcare programme will be implemented to cater to patients who require long-term nursing care upon early discharge from hospitals. Discharged patients will be given follow up treatment, nursing, rehabilitative and palliative care in their homes or nearby health clinics. The healthcare personnel will also educate and train family members and care givers to enable them to care for the patients. Through this effort, family members of the patients will be empowered to become active care givers and make informed decisions regarding the patient's health. Civil society organisations and NGOs will also be encouraged to participate and provide support and services to the patients and their families.

Establishing Integrated Primary Healthcare Teams

5.20 Integrated primary healthcare teams which leverage on the family doctor concept that provide multi-disciplinary services including risk factor identification, risk intervention packages and clinical management of diseases, will be established. Under the family doctor concept, the team will be responsible for the healthcare of the household and provide personalised as well as continuous care to the family. This integrated care will improve healthcare services in relation to access, information sharing, quality and efficiency that reduce unnecessary referrals to hospital.

Improving System Delivery for Better Health Outcomes

Reviewing and Formulating Legislations and Policies

5.21 The Government will review and formulate health legislations to ensure safe, efficient, effective and affordable healthcare delivery. Efforts will be undertaken to streamline regulations, encourage accreditation as well as credentialing and privileging of public and private healthcare providers. Legislations related to safe drinking water and aged healthcare will be formulated to protect the public against health hazards and improve the quality of life. The medical and dental fees as well as hospital administration and other treatment charges will also be reviewed and monitored.

5.22 Initiatives to mitigate the rise of CDs and NCDs will be extended and strengthened. The National Dengue Strategic Plan will be reviewed and *Komuniti Bebas Aedes & Tuberculosis* (COMBAT) programme will be strengthened. As part of the initiative under the National Strategic Plan for Tuberculosis Control, screening programmes among population most at risk will be expanded and community involvement will be enhanced to control

tuberculosis disease. Meanwhile, the NCD initiatives such as the Malaysia's Alcohol Action Plan (PeTA), the National Strategic Plan on Noncommunicable Disease (NSP-NCD) and the National Plan of Action for Nutrition Malaysia (NPANM) will also be reviewed.

5.23 The Government will also initiate tobacco control programmes using MPOWER[2] strategy recommended by the WHO to reduce the number of smokers, protect the public from tobacco smoke hazard and establish more non-smoking areas. Efforts will be carried out to address the prevalence of mental health problems among children and adult through the National Mental Health Policy and the National Strategic and Action Plan for Suicide Prevention.

5.24 Enforcements will be intensified and enhanced to ensure adherence to health regulations. These will be achieved through the integration of health enforcement units in Ministry of Health, in areas such as pharmaceutical, food safety and cleanliness as well as medical practice and professionalism.

Enhancing Multisectorial Efforts in Healthcare Delivery

5.25 Public health involves not only healthcare provision but also other health related areas such as hygiene and sanitation, rodent and pest control as well as food safety. Measures will be undertaken to enhance multisectorial efforts among ministries and agencies in delivering public health services. Existing work structures and processes will be reviewed and policies relating to public health will be harmonised. Task force to address specific issues, consisting of relevant agencies will be established to provide coordinated response.

Implementing Lean Management for Healthcare

5.26 Lean management in healthcare facilities will be implemented to achieve efficiency and optimise resources. This will be achieved by realigning, reorganising and improving work processes which will result in the optimisation of resources, better patient flow and shorter patient's waiting time. Implementation of lean management will improve the standard operating procedures for treatment, surgery and medical support.

[2] The WHO introduced the MPOWER strategy to assist implementation of effective interventions at country-level, in reducing the demand for tobacco, in line with the WHO Framework Convention on Tobacco Control (WHO FCTC). WHO FCTC and its guidelines provide the foundation for countries to implement and manage tobacco control.

Implementing the Hospital Cluster Concept

5.27 The Government will implement the hospital cluster concept in selected states whereby a few hospitals within the same geographical location will work together as a unit, share common resources such as assets, amenities and personnel. This arrangement will strengthen clinical leadership at non-specialist hospitals and improve patient flow and waiting time to receive treatment.

Improving Pre-hospital Care

5.28 The Government will focus on improving pre-hospital care that includes accident and emergency services in hospitals and ambulance services, to achieve better diagnosis and treatment as well as to reduce the number of ward admissions. The ambulance services will be improved to shorten response time by upgrading the competency of personnel and increasing the number of ambulances. Collaboration among agencies that provide ambulance services such as the Fire and Rescue Department, Department of Civil Defence and private healthcare providers as well as NGOs will be intensified to further improve response time and optimise resources.

Strengthening ICT Readiness and Integration through eHealth

5.29 The eHealth strategy will be implemented to develop a holistic approach of enterprise architecture in the healthcare organisations and set up standards on integration and interoperability of ICT system to ensure a seamless exchange of information. The existing ICT systems such as Tele-primary Care, Patient Management System and Lifetime Health Records will be integrated into a sustainable system-wide model. The planning and development of healthcare facilities will take into consideration the provision of hardware and supporting infrastructure to accommodate the Wide Area Network initiative carried out by the 1Gov*Net programme. A national data warehouse will be developed in phases to collect, consolidate and analyse data from all healthcare providers in the country. This data warehouse will improve health data management, support research and development, and innovation initiatives as well as attain quality of service delivery to the *rakyat*.

Intensifying Research and Development and Commercialisation

5.30 During the Plan period, research and development and commercialisation (R&D&C) will be intensified to promote innovation and quality research. For this purpose, dedicated time for research will be provided to healthcare personnel. Meanwhile, incentives and benefits to encourage R&D&C will be reviewed and specialised personnel to support R&D&C

such as statisticians and ICT experts will be provided. Fields of research will include clinical intervention, health system and work process, dentistry, pharmaceutical, epidemiology, traditional and complementary medicine (T&CM) as well as areas related to ageing population and mental health.

5.31 The capacity of research institutes under the National Institutes of Health will be strengthened to become the focal point for health and medical research. In addition, laboratories in hospitals and other health institutions will be enhanced to conduct research and clinical trials. Collaboration between government, the industry, universities and research institutions will be enhanced to develop innovative approaches, products and therapies.

Enhancing Safety for Patients and Healthcare Personnel

5.32 During the Plan period, efforts will be undertaken to enhance clinical quality and safety programme. The programme covers patient identification, safe treatment and medication, and communication among clinicians and staff. A dedicated unit will be established in hospitals to look into the quality and safety aspects for both patient and healthcare personnel as well as monitor and evaluate the compliance rate according to the Malaysian Patient Safety Goals[3]. Patient complaints and disputes such as medical error and negligence as well as poor quality of services will also be channelled to this unit. Standard operating procedures for safety measures and clinical procedures, particularly high risk and hazardous procedures, will be reviewed and updated regularly with close consultation and participation of all stakeholders.

Expanding Capacity to Increase Accessibility

Addressing Healthcare Personnel Shortage and Unequal Distribution

5.33 The Government will further develop human capital for health to ensure sufficient supply of competent and skilled healthcare personnel. Existing policies will be reviewed and streamlined to address the shortage of specialists and highly skilled personnel. Measures will be carried out to retain personnel in selected specialised areas. Regulations will also be reviewed to allow healthcare personnel from private sector to practice in public healthcare facilities. Incentive packages will be revised to acknowledge performance and motivate more clinicians to specialise in critical areas. Allowances and benefits will be reviewed to encourage healthcare personnel to work in underserved areas and remote locations.

[3] The Malaysian Patient Safety Goals introduced in 2003 by the Patient Safety Council Malaysia, is based on the Global Patient Safety Initiatives, sets to improve on patient safety and the reporting and analysis of patient safety incidences.

Retirees with relevant skills and specialisation will be encouraged to serve in public facilities, especially in rural areas.

Improving Capacity Building Programmes

5.34 Capacity building programmes will be improved, particularly for specialists and healthcare personnel in areas such as geriatric, oncology and radiotheraphy as well as emergency medicine and trauma care. Meanwhile, greater training opportunities will be provided, in particular post-basic and advanced training with emphasis on primary healthcare. More postgraduate places will also be allocated for dental, pharmaceutical and allied health expertise.

Building New and Upgrading Healthcare Facilities

5.35 The Government will improve accessibility to quality care by building more clinics and hospitals in underserved areas in both urban and rural. In this regard, more primary healthcare facilities and services such as health clinics, *Klinik 1Malaysia*, mobile clinics, mobile healthcare teams and flying doctor services will be provided. The development of new facilities will take into account the functionality, cost-effectiveness and health needs of local population.

5.36 Focus will be given to upgrade existing healthcare facilities and assets to ensure continuity and reliability of service delivery. Ageing healthcare facilities and assets such as staff quarters, equipment and ambulances will be replaced in phases. Selected non-specialist district hospitals will be upgraded to become specialist hospitals. In addition, community clinics and stand alone maternal and child clinics will be upgraded into primary health clinics, while *Klinik 1Malaysia* will be attended by doctors.

5.37 Measures will be carried out to upgrade selected non-specialist hospitals into teaching hospitals through collaboration with institutions of higher learning which will provide specialists, skilled personnel and medical equipment. To further optimise resources, non-specialist hospitals will also be used as step-down hospitals that provide geriatric care, palliative care, rehabilitative services, infectious diseases treatment as well as psychiatry and mental health care.

5.38 The private sector will be encouraged to set up more healthcare facilities that cater to the needs of the low and middle income households. NGOs will also be encouraged to set up not-for-profit hospitals that meet the health needs of the community.

Intensifying Collaboration with Private Sector and NGOs

Engaging the Private Sector

5.39 The Government will continue to engage the government-linked companies, business fraternity and non-health related corporations to be actively involved in public health delivery. Public and private engagement will focus on policy formulation, regulation, financing, and information exchange as well as healthcare services provision. Smart partnership between the Government and the private sector in research, innovation, technology, standards and infrastructure development will also be strengthened. For instance, private laboratories will be encouraged to obtain accreditation in product testing for T&CM and pre-registration testing for medical devices.

Strengthening the Role of NGOs

5.40 The Government will strengthen the role of NGOs as agents of change to promote healthy living. More NGOs will be encouraged to provide health advocacy activities, health screening and early health interventions. The NGOs will be encouraged to work with private sector in carrying out health related corporate social responsibility programmes.

5.41 Comprehensive community based programmes and activities will be implemented to prevent and control the spread of CDs and NCDs as well as to reduce modifiable risk factors such as tobacco use, unhealthy diet and physical inactivity. Social factors related to health such as housing, family institutions and occupational safety will be addressed through enhanced collaboration between the public and private sectors as well as NGOs. Health outreach activities will include public awareness and education on the importance of healthy lifestyle, to meet the health needs of individuals and groups within the communities.

Enhancing Community Empowerment and Mobilisation Programme

5.42 Intervention programmes such as KOSPEN will be continued to address lifestyle related diseases while COMBAT will be enhanced, especially to control CDs. Both programmes will empower the communities to adopt healthy living by disseminating information to help mitigate diseases. Under KOSPEN, the community will be trained as agent of change in promoting health, conducting health screening, referring cases to clinics and arranging intervention activities. COMBAT will mobilise communities to undertake activities such as *gotong royong* to promote healthy environment, conduct early disease

detection and reduce disease transmission for diseases, particularly dengue and tuberculosis.

5.43 Smoke-free initiatives such as the Smoke-Free City and Blue Ribbon Campaign will engage greater community participation to promote smoke-free environment and to safeguard the public from the dangers of tobacco use. The *Hidup Aktif Hebat* programme will be initiated to encourage the community to be involved in activities such as walking, cycling and sports. The community members will be empowered to conduct health related skills training, organising campaign for active living and physical activities in health clinics and recreational areas. Health education and intervention will be provided through the new media with the involvement of individuals and communities. The existing MyHealth portal will be upgraded to support multiple communication platforms and utilise social media.

5.44 Community Health Promotion Centre (CHPC), which provides education on health and healthy living, physical activity and stress management as well as consultation and intervention on nutrition, will be expanded. More CHPCs will be established in exisiting health and public facilities. In addition, CHPC will also be established in the Rural Transformation Centres, Urban Transformation Centres and Mobile Community Transformation Centres.

Strengthening Health Promotion in Schools

5.45 Health programmes targeting children and adolescent will be expanded to develop their physical, intellectual, emotional and social behaviour. The My Body is Fit and Fabulous (MyBFF) programme will be implemented in schools to reduce the prevalence of overweight and obesity among children. The programme will consist of health assessment, intervention activities, monitoring and evaluation of children focusing on weight management and healthy eating habits. The programme will involve collaboration among the Ministry of Health, Ministry of Education, Parent Teacher Associations and school canteen operators. In addition, IMFREE, the anti-smoking programme will be enhanced to include interactive activities, counselling sessions and IMFREE camps to educate primary school children on the risks of smoking.

5.46 The *Tunas Doktor Muda* programme, a co-curricular activity in primary schools will be expanded to inculcate good health practices among children in pre-schools. The Back to Nature programme will be introduced in schools to promote healthy eating as well as to increase health literacy and support the go green campaign[4] that contributes to healthy environment. To implement these programmes, teachers will be trained with specific skills

[4] In order to overcome problems arising from the widespread use of plastic bags, the government and various NGOs have taken several measures to reduce its usage. Among the steps taken are the 3Rs (Reduce, Reuse and Recycle) Campaign, and No Plastic Bag Day Campaign that runs every Saturday in retail stores and supermarkets since 2010.

to guide the children to adopt good health practices in areas of basic hygiene, healthy diet, food safety, environmental health, physical activities and mental health. The healthcare personnel from nearby health clinics will monitor and evaluate the progress of the programmes.

V. CONCLUSION

5.47 The Government will continue to improve the health of the *rakyat* by providing universal access to quality healthcare and will focus on enhancing targeted support; improving system delivery; expanding capacity to increase accessibility; and intensifying collaboration with private sector and NGOs. These strategies will contribute to achieving universal access to quality healthcare and improving the health status, therefore promote the wellbeing of the *rakyat.*