The Evolution of Public Health Care in Malaysia

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Public healthcare

- Public healthcare will be discussed here in the context of health care provided by the public sector
- Health care provided by the private sector will be referred to as private healthcare

Acknowledgement

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History of health care in Malaya

- Not much is known about early health care
- Early health care provision concentrated around:
  - Malay traditional medicine - blend of folklore
  - Hindu mythology
  - Muslim orthodoxy
  - Arab pharmacopoeia

Melaka history

- 1400 - Parameswara establishes Melaka sultanate
- August 1511 - Alfonso du Albuquerque (Portugal) captures Melaka
- Captain of Melaka is Ruy de Brito Patalin
- Built A Famosa (1511-1514)
- Built 2 hospitals
  1. Hospital del Rey (Royal Hospital)
  2. Hospital de Porres (Poor Hospital) - managed by Jesuits
- 1545 - St. Francis Xavier arrives

Melaka history

- 1641 - Dutch captured Melaka
- Governor: Balthasar Bort
- Surgery Clinic - M. Willen Cornelias Van Alsameer
- Hospital - for Dutch citizens
- Staff - senior surgeon, 4 junior surgeons
**Malaya**

- 1786 - British settlement in Penang
- 1795 - British capture Melaka
- 1819 - British purchase Singapore from local ruler
- built Garrisons with hospitals or infirmaries for care of European officials and families

**Malaya**

- 1880
  - Chinese settlers built hospital in Kuala Lumpur for workers
  - 28 beds
- 1882
  - British built public hospital in Melaka
  - 3 wards
- 1883 - 1910
  - General Hospitals established in all state capitals.

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**Modern Public Health Care in Malaysia**

- Malaysian population of 28.9 million in 2011 (63% between 15 to 64 years old, 32% below 15 and 5% above 65)
- Life Expectancy: male 71.9, female 77.0
- Crude birth rate is 17.5 per 1000 population
- Crude death rate is 4.8 per 1000 population
- Infant mortality rate is 6.8 per 1000 live births
- Maternal mortality rate is 27.3 per 100,000 live births
- Total expenditure on health RM33.7 billion or USD10.8 billion
- Total Expenditure for Health as a percentage of Gross Domestic Product (GDP) was 4.96% of GDP

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**Health Status of Malaysians (2011)**

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**Health Status of Malaysians**

- Top 3 causes of admissions at public hospitals
  - pregnancy and childbirth
  - diseases of the respiratory system
  - injuries and poisoning
- Top 3 causes of death in MoH hospitals
  - heart diseases
  - respiratory diseases
  - infectious & parasitic diseases
- All childhood immunisation coverage more than 90%
Pre-independence Malaysia

- Work on providing public health care started in 1950s
- Rural Health Service Scheme (1953-56)
- First Rural Health Centre built in 1953
- Provided MCH services with minimal curative services
- By the end of 1960s, the number grew to 8 main health centres (MHC), 8 health sub (HC) centres and 26 midwife clinic cum quarters (MCQ), with 18 maternal and child health clinics (MCHC)

Public Healthcare in Malaysia

- There are public & private health care providers
- The Ministry of Health (MoH) is the main health care provider
- The ministry operates a wide network of hospitals and clinics sited throughout the country
- There are about 146 (MoH & non-MoH) government hospitals throughout the country with 41,616 beds in 2011
- These hospitals are supported by (2011 figures):
  - 985 Health Centres
  - 1,864 Community Clinics
  - 5 Flying Doctor services
  - 109 1Malaysia Health Clinics
  - 6 1Malaysia Mobile Clinics

<table>
<thead>
<tr>
<th>Public Healthcare Facilities</th>
<th>Number (2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals (MoH and Non-MoH)</td>
<td>140</td>
</tr>
<tr>
<td>Special Medical Institutions</td>
<td>6</td>
</tr>
<tr>
<td>Health Clinics</td>
<td>985</td>
</tr>
<tr>
<td>Mobile Health Clinics</td>
<td>5</td>
</tr>
<tr>
<td>Dental Clinics</td>
<td>51</td>
</tr>
<tr>
<td>Community Clinics (Klinik Desa)</td>
<td>1,864</td>
</tr>
<tr>
<td>Number of beds</td>
<td>41,616</td>
</tr>
</tbody>
</table>

Privatisation of Healthcare in Malaysia

- Share of private healthcare expenditure rising
  - 5.8% in 1981
  - 7.6% in 1982
  - 45.4% in 2009
- Launch of the Privatisation Master Plan (PMP) in 1991 included healthcare for private ownership; 12 public hospitals were among 149 agencies identified for privatisation in Peninsular Malaysia
- Proliferation of private healthcare facilities
  - 174 in 1992
  - 660 in 2011
The growth of private healthcare in Malaysia

- KPJ Healthcare Berhad initiated the acquisition of private hospitals in 1980s
- Parkway Holdings and Pantai Holdings did the same from 1990s, with Pantai Holdings now the biggest healthcare providers in Malaysia
- Khazanah Holdings was listed at the Kuala Lumpur stock Exchange (KLSE) in 1997, it operated seven hospitals with a capacity of 1,000 beds in 2005

Privatisation of support services

- Further steps taken by the Ministry of Health to privatise healthcare included the outsourcing of a range of services in public hospitals
- The following services have been privatised wholly or in part in MoH facilities:
  - general medical stores
  - laboratories
  - laundry
  - cleaning
  - management of clinical wastes
  - biomedical engineering

Growth of Private Healthcare in Malaysia

- 1980
  - There were 50 private hospitals
  - Total of 1,171 private beds
- 2011
  - This had grown to 220 hospitals (440% of 1980)
  - Total of 13,568 private beds (1,159% of 1980)

Private Healthcare Facilities

<table>
<thead>
<tr>
<th>Facility</th>
<th>Number (2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Hospitals</td>
<td>220</td>
</tr>
<tr>
<td>Maternity Homes</td>
<td>25</td>
</tr>
<tr>
<td>Nursing Homes</td>
<td>14</td>
</tr>
<tr>
<td>Hospice</td>
<td>4</td>
</tr>
<tr>
<td>General Practitioners</td>
<td>6,589</td>
</tr>
<tr>
<td>Private Dental Clinics</td>
<td>1,576</td>
</tr>
<tr>
<td>Number of beds</td>
<td>13,568</td>
</tr>
</tbody>
</table>

From 1956 to 2011

<table>
<thead>
<tr>
<th>Health facility</th>
<th>1956</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community clinics</td>
<td>26</td>
<td>1,864</td>
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<tr>
<td>Health clinics</td>
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<td>985</td>
</tr>
<tr>
<td>Private clinics</td>
<td>-</td>
<td>6,589</td>
</tr>
<tr>
<td>Government hospital &amp; institutions</td>
<td>65</td>
<td>146</td>
</tr>
<tr>
<td>Private hospitals</td>
<td>50</td>
<td>220</td>
</tr>
</tbody>
</table>
3. Communicable Diseases
   • Food & water-borne
     ✓ Cholera
     ✓ Typhoid
     ✓ Dysentery etc.

4. Non-communicable Diseases
   ✓ Cardiovascular Diseases
   ✓ Cancer
   ✓ Diabetes etc.

Workers & Environmental Health
   • Health promotion in worksites
   • Health screening of workers
   • Worksite inspection with
     ✓ Dept. of Occupational Safety & Health
     ✓ Dept. of Environment

Food Quality Control Programme
   • Surveillance programme
     ✓ Premises inspection
     ✓ Food sampling
   • Enforcement
   • Prosecution

Health Education Programme
   • Health Education activities for the above
   • Healthy Lifestyle promotion

Environmental Sanitation & National Water Quality Programme
   • Sanitary facilities in villages e.g. toilets
   • Water supply
     ✓ monitoring of water supply
     ✓ gravity feed system
   • Sullage and solid waste disposal


Current scope of services in health clinics

- Curative Services
- Family Health
- Dental Services
- Nutrition and Dietetics
- Health Education/Promotion
- Home Nursing, Care of the Elderly
- Rehabilitative Services
- Environmental Sanitation
- Well Women Clinics
- Adolescent Health
- Community Mental Services, etc.

Features of new PHC

- Promotive, Preventive, Curative
- Close to Home
- Comprehensive
- One-Stop Centre
- Team approach – cost maintenance
- Specialised Care in Primary Care
- Pre-hospital care & Disaster preparedness
- Referral system - integration

The Malaysian experience (summary)

- The govt has always been the main provider of healthcare in Malaysia
- Preventive care has almost exclusively been the preserve of the government
- From the 1950s until recently, the government was the only one providing preventive care
- The private sector has always concentrated on curative care
The 3 Grand Challenges of the Future

1. Rise in lifestyle diseases
2. Ageing population
3. Rapidly spreading infectious diseases

Lifestyle diseases

- Rise in lifestyle diseases (heart disease, cancers) in tandem with sedentary lifestyles & environmental changes
- Preventive and promotive care is more cost effective than curative care
- The new healthcare model must take cognisance of this fact

Ageing population

- By 2035, >10% of Malaysia’s population will be 60 years or older
- Health care must recognise this fact and take steps to prepare for it
- The future healthcare system must cater for this group of people

Rapidly spreading infectious diseases

- Emerging and re-emerging diseases pose a major threat to Malaysians today
- Ability to harness all healthcare resources is key to controlling outbreaks

Infectious diseases spread faster than ever before

Origin & spread of the Black Death in Asia
Laws related to Communicable Diseases including International Laws

- Destruction of Disease-Bearing Insects Act (DDBIA) 1975 (Act 154)
- Prevention and Control of Infectious Diseases Act 1988 (Act 342)
- International Health Regulation 1969
- Hydrogen Cyanide (Fumigation) Act 1953 (Act 260)

What will influence the new healthcare model?

- A change in the financing mechanism
- If the financing mechanism changes from the present one to a more inclusive national healthcare financing scheme, this is likely to change
- Malaysia is unlikely to follow a managed care model
- It is more likely to follow a tax-funded health insurance model
- There is likely to be a blurring in the line between public & private health care
- It is my hope that this model will be less likely to reward use but more likely to reward doctors for keeping their patients healthy

Hopefully the new model ...

- will be more likely to reward GPs for keeping patients out of hospitals
- this is similar to what is happening in the NHS whereby Primary Care Trust doctors are rewarded for keeping patients out of hospitals
- this has the same effect as a managed care model with its payment based on capitation
- will integrate the private and public healthcare facilities so that better use can be made of such facilities
Some challenges will result from

- Consumer perceptions and demands
  - Making more consumers prefer primary care rather than specialist care
  - Restricting specialist care to those who require it
- Primary Care Physicians
  - Making them the gatekeepers of the health care system
  - Changing the entire system of health care
- Technology
  - Making IT the enabler for all this
- Environment
  - Making the environment conducive for this to happen
- Cost of health care
  - Making the new healthcare model a reality
  - Getting all parties to agree
- Community participation
  - Making the community the driving force behind health care

A different take on preventive care

- In US preventive care is only now being provided for by private health care providers
  - The reason is probably caused by the rise of managed care (payments based on capitation)
- In M’sia some preventive care is carried out by GPs (vaccinations)
  - The driving force is not managed care but because it is profitable
  - Hopefully, there will be greater emphasis on preventive & promotive care within the next 10 years
  - The driving force is likely to be a change in the health financing model

Similarities in experience

- Some preventive care will always remain the preserve of the govt
- International health
  - Relates to control of ports and airports
- Control of epidemics will always be the preserve of the government because
  - Epidemic control is expensive with no reward
  - High level labs like BSL3 labs are expensive to build and maintain

I hope ...

- That Malaysian public healthcare of the future will have the following features:
  1. Place greater emphasis on preventive and promotive rather than curative care to address the epidemic of lifestyle diseases
  2. See greater integration between public and private healthcare facilities to address the problem of equitable access and care of an ageing population
  3. Be more integrated for better epidemiological control of emerging infectious diseases and non-communicable diseases