УДК 614.2(595)

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HEALTHCARE SYSTEM IN MALAYSIA

Abstract: since 1957, there has been major reorganization of health care services in Malaysia. This article assesses the changes and challenges in health care delivery in Malaysia and how the management in health care processes has evolved over the years including equitable health care and health care financing.

Key words**:** health care services, health care financing.

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СИСТЕМА ЗДРАВООХРАНЕНИЯ В МАЛАЙЗИИ

Аннотация: с 1957 года в Малайзии произошла серьезная реорганизация системы здравоохранения. В этой статье дается оценка изменений и проблем в области оказания медицинской помощи в Малайзии, а также того, как с течением времени развивалось управление системой здравоохранения, финансирование здравоохранения.

Ключевые слова: услуги здравоохранения, финансирование здравоохранения.

The Malaysian health care system is primarily divided into private and public sectors. One of the pending concerns of the government is that there are high

concentrations of private practices in the urban areas due to the demand by the affluent community. In 1993, there are 3055 general practitioners clinics and 190 private hospitals and nursing homes in Malaysia. In 2000, 46.2% of all doctors were in the private sector and were accountable for only 20.3% of hospital beds while the rest of the 53.8% of doctors were in the public sector looking after 79.7% of the beds. It is reported that 58.8% of the specialists were in the private sector and about 41.2% were in the public sector [1]. The findings through interviews from key personnel from MOH states that the charges from private hospitals on services component range from 15% to 28% of the hospital bills and medication whereby 15% of this bill is not made known to patients. Furthermore, professional fees take up almost 50% of the total bill. The difference in the public and private sectors in terms of specific services provided may have a significant effect on the equity of services and the question of efficiency and effectiveness. This leads to an imbalance of the distribution of manpower in public and private sectors in Malaysia [2].

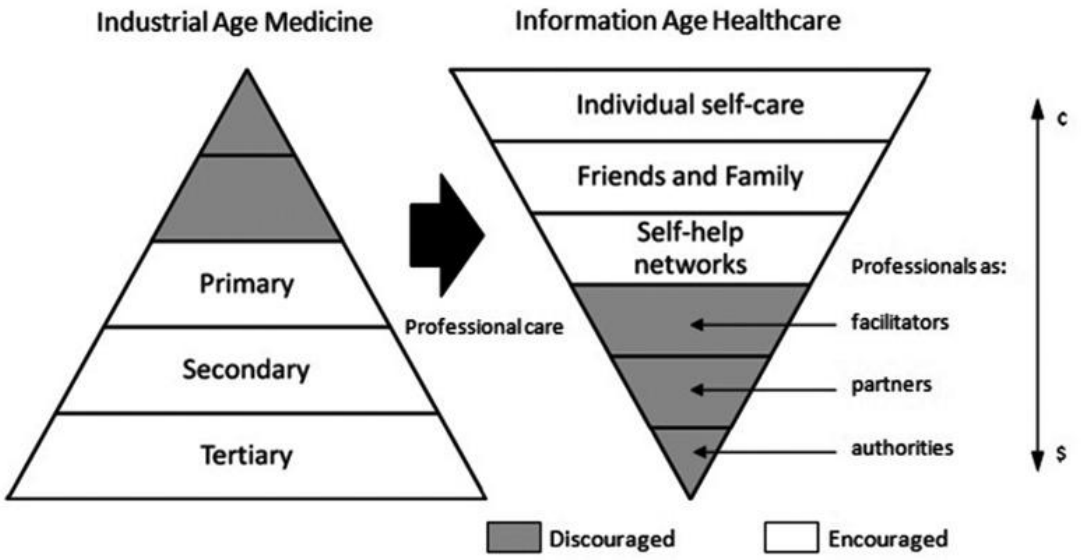
Generally, the services provided by private hospitals are curative and selective in nature, either free or subsidized and much more comprehensive which is controlled by issues of equity. Access to private health services is limited to the richer society that can afford out-of-pocket payments of higher fees. Immigrant health is another concern in Malaysia whereby 5% of the Malaysian population, which consists of about one million people, are immigrant workers [1] have defaulted in settling their bills and collectively with a number of other reasons unsettled hospital bills in public sectors are increasing. To address these issues, more comprehensive preventive measures and plans must be taken by designing and implementing conducive national health care financing scheme under the National Health Financing Authority (NHFA) within the realm of MOH [3].

Health needs and challenges have changed over the past decade. Professionals in health care and the health care systems have changed at a much slower pace and are not usually suitable for the present health needs of the population. Throughout the world there seems to be fundamental changes in medical care delivery systems that is in progress. Asia Pacific region is the most varied health region in the world because

it contains the country with the largest population in the world. However, it also includes countries that are fighting with epidemic obesity. This includes Malaysia which has about 8.3% of the population above 30 years suffering from diabetes and 29.9% from hypertension. In the less-developed countries in the region, women suffer from malnutrition, high mortality and morbidity.

Human capital and health improvement programmes are of central importance towards sustainable development and economic growth in any country. In Malaysia, the health care system has changed from traditional remedies to meeting the emerging needs of the population. Since the Independence of Malaysia in 1957, there has been major reorganization of health care services in the country[1]. The first reorganization started at the public primary health care services and accelerated since the Alma Ata Declaration in 1978. In Malaysia, the Ministry of Health (MOH) is the main provider of health care services to the public [3]. The organizational structure of the MOH has three levels, Federal, State and District, which are decentralized to ensure efficiency. Each hierarchical level determines the level of authority, information flow, accountability and supervision. This system encompasses all aspects of care such as preventive, promotive, curative and rehabilitative. The main objective is to provide a greater network of physical facilities, equity, accessibility and utilization of health care resources. At the same time, National Referral Centres were established to provide specialized care to enhance the basic care provided in health clinics [2].

Over the past decade there has been an explosion of tertiary level specialized care to meet the needs of the population. Tertiary care focuses on the curative model, which is doctor and illness focused. This is expensive, fragmented and institutionally focused and inappropriate for the majority of health consumers [1]. In the current era, health care is changing towards wellness services as opposed to illness services. This service includes a lifetime health plan that focuses on keeping the child and family well. This gives greater prominence to preventive issues and takes on healthier lifestyles by choices with risk prevention. The health care providers also need not function as controllers but act as facilitators or partners with health consumers [4].



Apart from the size of the hospitals, there are differences in terms of the services provided. Small district hospitals provide general medical and nursing care and their manpower consist of medical officers and other personnel. Larger district hospitals and regional hospitals provide a wide range of specialist services and the public has easy access through a walk-in or referral system. MOH seeks to ensure the public is informed of health issues and has access to safe water, safe food and quality medicine. The Malaysian health care system focuses on Primary Health Care (PHC) that places social equity as important and allocates public funds for the poorest 20% of the population. In 1956, there were only 42 PHC facilities in the country [1]. After independence, the health sector became an integral part of the national and development process and MOH has been able to deliver health care to communities throughout the country.

The number of hospitals, community clinics and other facilities such as Special Medical Institutions (National Heart Institute, Institute of Pediatrics and Institute of Respiratory Medicine) has increased. The total expenditure from the Health Department of Selangor in 2020, for instance, has increased to RM 921.1 million compared to RM 756.3 million in 2019 and RM 674.4.77 million in 2018. The increase is due to new hospitals and comprehensive health services that are provided by the government [2]. The Second National Health and Morbidity Survey in 1996

reported that 88.5% of the population stays within 5 km of a health facility and 81% lived within 3 km. Findings also show that basic health care and facilities are accessible to about 70% of the population in Sabah and Sarawak and more than 95% of the population in Peninsular Malaysia [1]. These estimates do not include other types of outreach services such as flying doctors, mobile health teams, dental clinics, travelling dispensaries and riverine services.

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