



# UNIVERSAL HEALTH COVERAGE: MALAYSIA'S PROGRESS

22<sup>nd</sup> ASEAN and Japan High-  
Level Officials Meeting On  
Caring Society

25-27th November 2024

# OUTLINE OF PRESENTATION

01 **Introduction**

02 **UHC Achievements**

03 **Health Care Access**

04 **Challenges**

05 **Addressing challenges**

06 **Future Directions**

07 **Summary**





# INTRODUCTION

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# Universal health coverage (UHC) protects against financial consequences of paying for health services

## Goals of a health system

- 1 Health gain**  
Both in levels of health and distribution of health
- 2 Social and financial risk protection**  
Distribution of burden of financing
- 3 Responsiveness**  
Ability to meet people's expectations

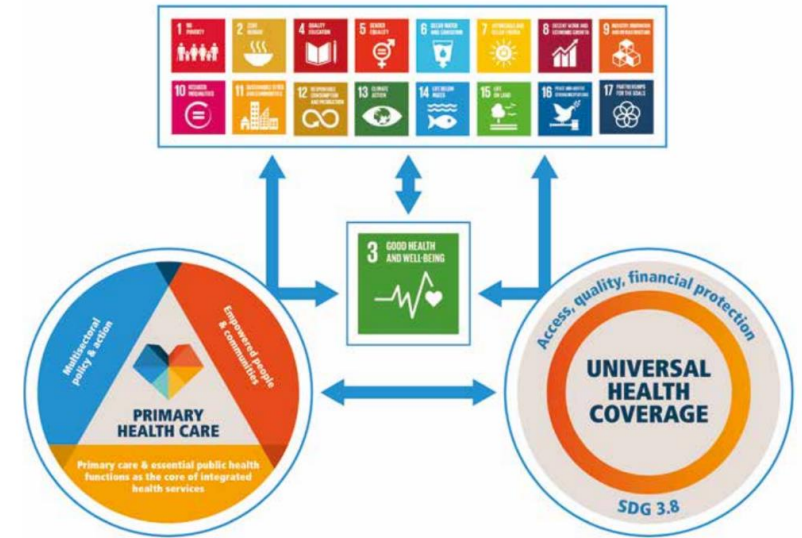
“UHC means that all individuals and communities receive the health services they need without suffering financial hardship. It includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course.”

*-World Health Organization*

# Primary Health Care

- the main vehicle for achieving universal health coverage and the SDGs
- A vision for primary health care in the 21st century towards UHP and the SDG:
- a whole-of-government and whole-of-society approach to health that combines three core components:
  - i. multisectoral policy and action
  - ii. empowered people and communities; and
  - iii. primary care and essential public health functions as the core of integrated health services

Figure 1. PHC as the cornerstone for achieving UHC and the SDGs



Source: WHO and UNICEF (2).

## 1.1 Operational framework for primary health care levers

# POPULATION AT A GLANCE, MALAYSIA, 2024

\*\* Numbers are expressed in thousands ('000)

## Malaysia

TOTAL POPULATION

34,058.8

MALE

17,882.7

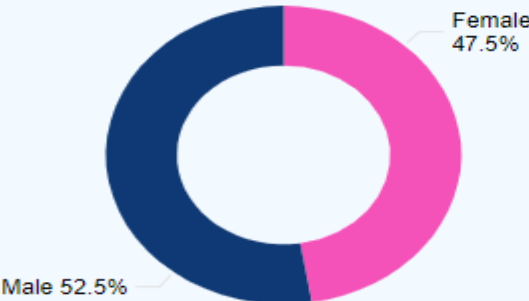
FEMALE

16,176.1

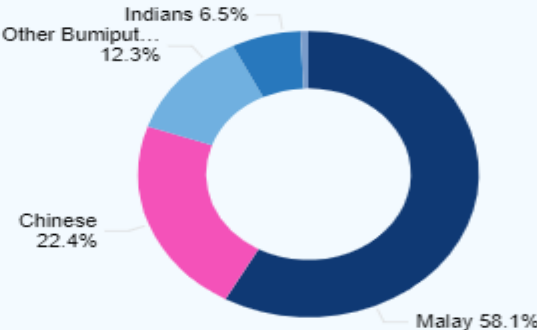
Year

2024

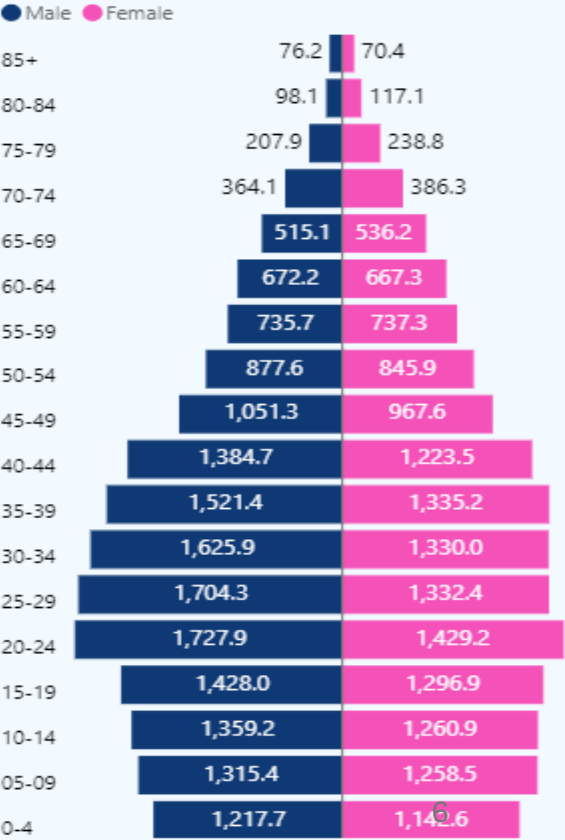
Population by Sex, Malaysia 2024



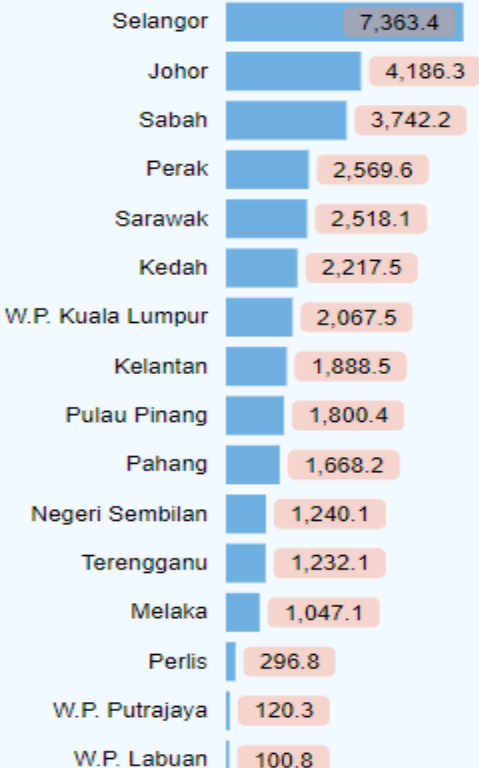
Percentage of Citizen by Ethnic Group, Malaysia 2024



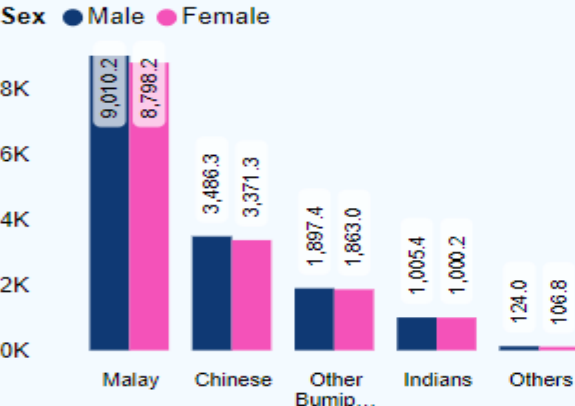
Population by Age and Sex Distribution, Malaysia, 2024



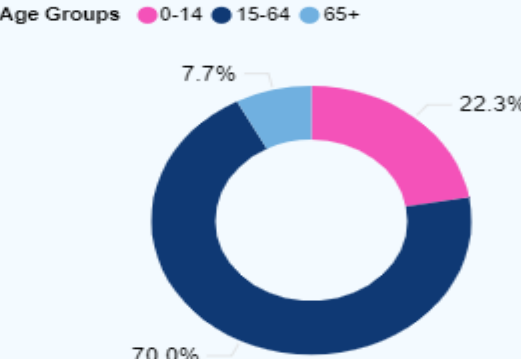
Population by State, Malaysia 2024



Population by Ethnic and Sex, Malaysia, 2024



Population by Age Group, Malaysia, 2024



Source: DOSM

# HEALTH SYSTEM CHARACTERISTIC

- Dichotomous service delivery by the public and private sectors (a hybrid healthcare system)

## **PUBLIC HEALTH CARE**

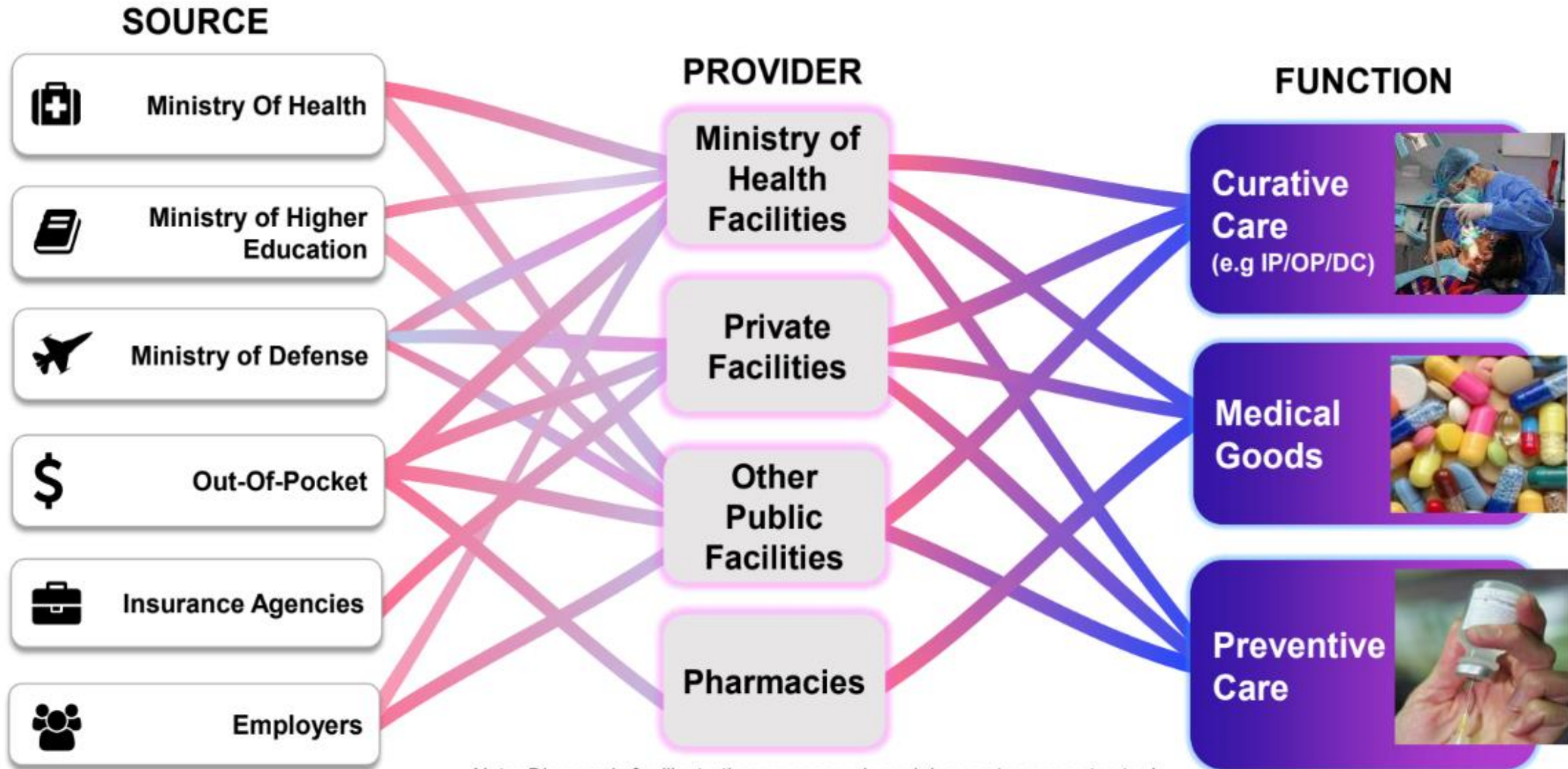
- largely funded by federal government revenues
- provide widespread, coverage of universal healthcare for the population,
- heavily subsidised secondary and tertiary care services

## **PRIVATE HEALTH CARE**

- provide healthcare services to the public on a fee-for-service basis
- predominantly funded by individual out-of-pocket payments, private health insurances, employee benefit



# FLOW OF HEALTH FUNDS



*Note: Diagram is for illustration purpose only and does not represent actual interconnections which is much more complex*



# ACHIEVEMENTS

A top-down view of medical supplies on a reddish-pink surface. A black stethoscope is coiled in the center. In the top right, a pair of white latex gloves is partially visible. Below the gloves, a pair of black-rimmed glasses rests on a green surgical mask. In the bottom right, a silver spiral-bound notebook is open, with a silver pen lying on its pages.

# ACHIEVEMENT

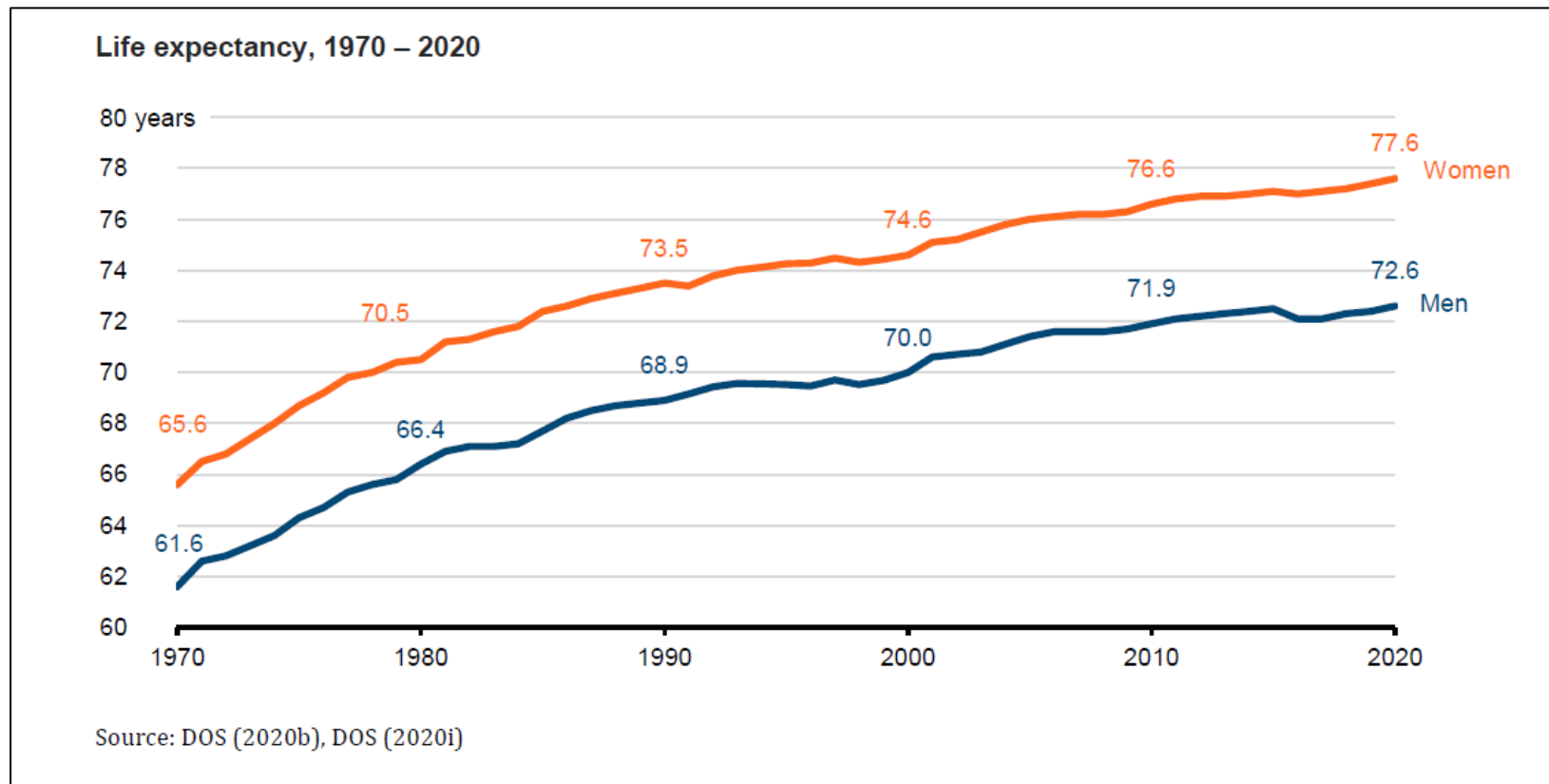
- Malaysia achieved effective UHC in the 1980's, through tax funded public provision of health care services
- Malaysia has made considerable progress in achieving Universal Health Coverage (UHC) overall.
- UHC index score for coverage of essential health of  
70 (2018) → 73 (2020)

*Lo, YRJ. and Allotey, P. World Health Day 2018.*

*Lesson from Malaysia on Universal Health Coverage, World Health Organization.*

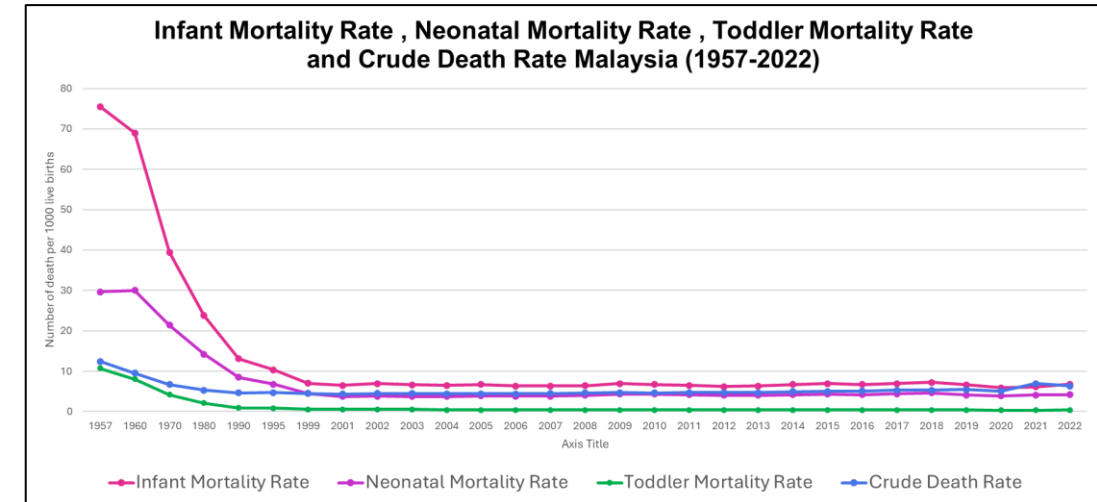
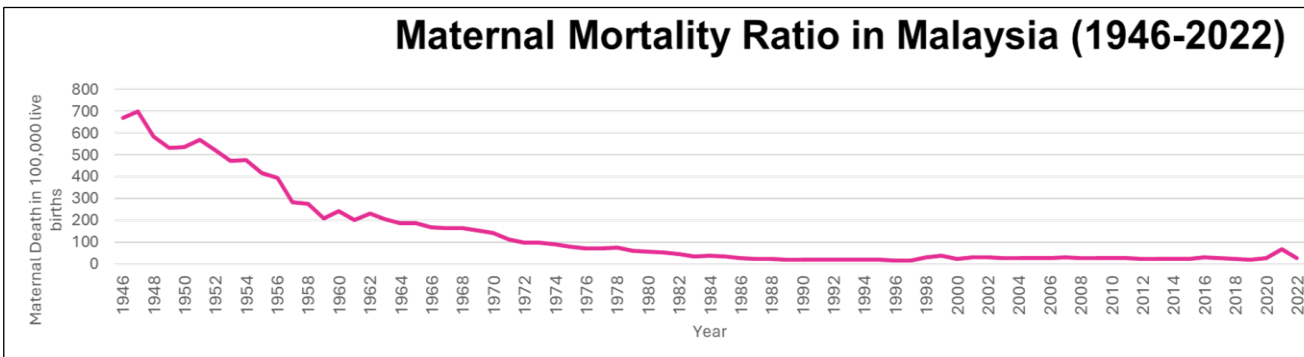
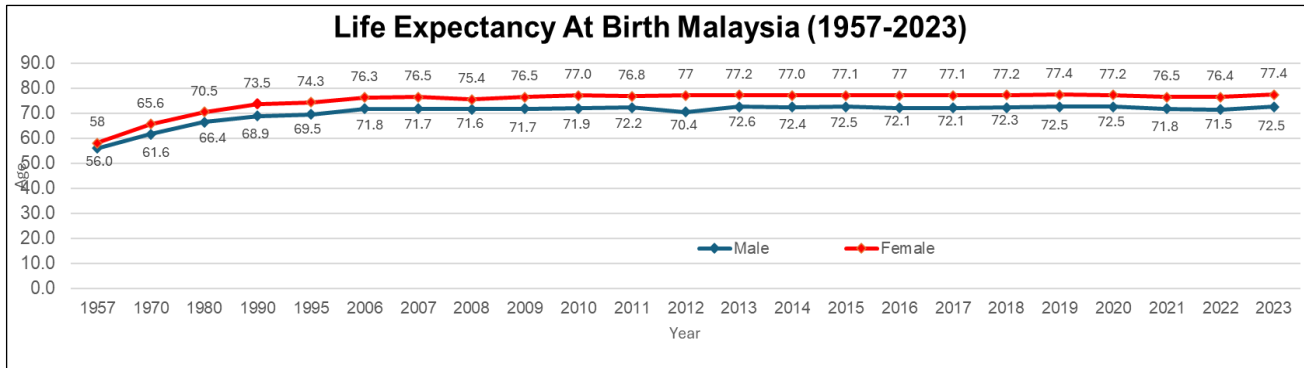
*World Health Organization, Western Pacific Region 2018. UHC and SDG country profile 2018 Malaysia.*

# IMPROVEMENT IN LIFE STATUS



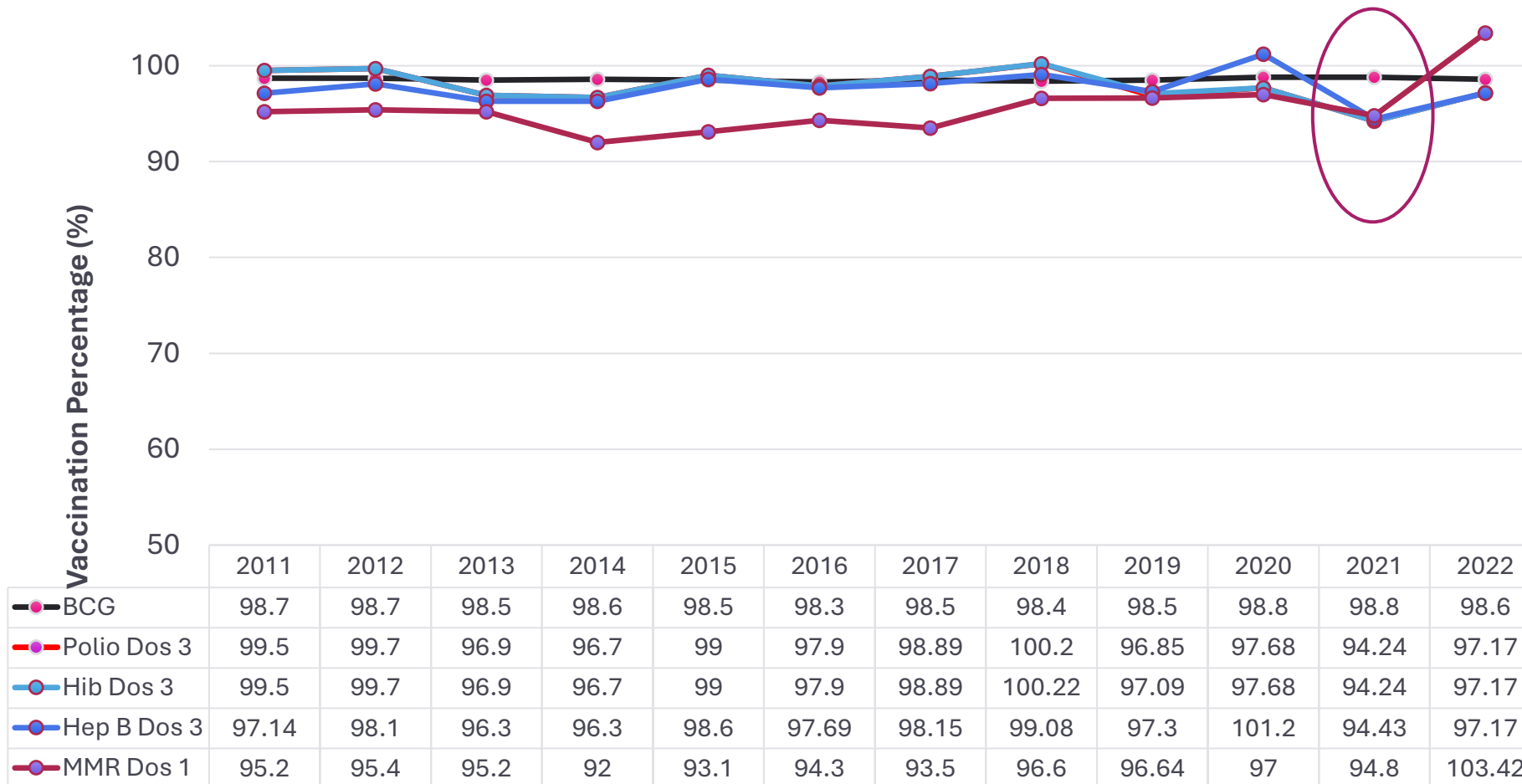
Malaysian are living longer

# IMPROVEMENT IN LIFE STATUS



Decrease in mortality observed in the past decades, including child and maternal mortality

# Selected Childhood Vaccination Coverage between 2011 to 2022



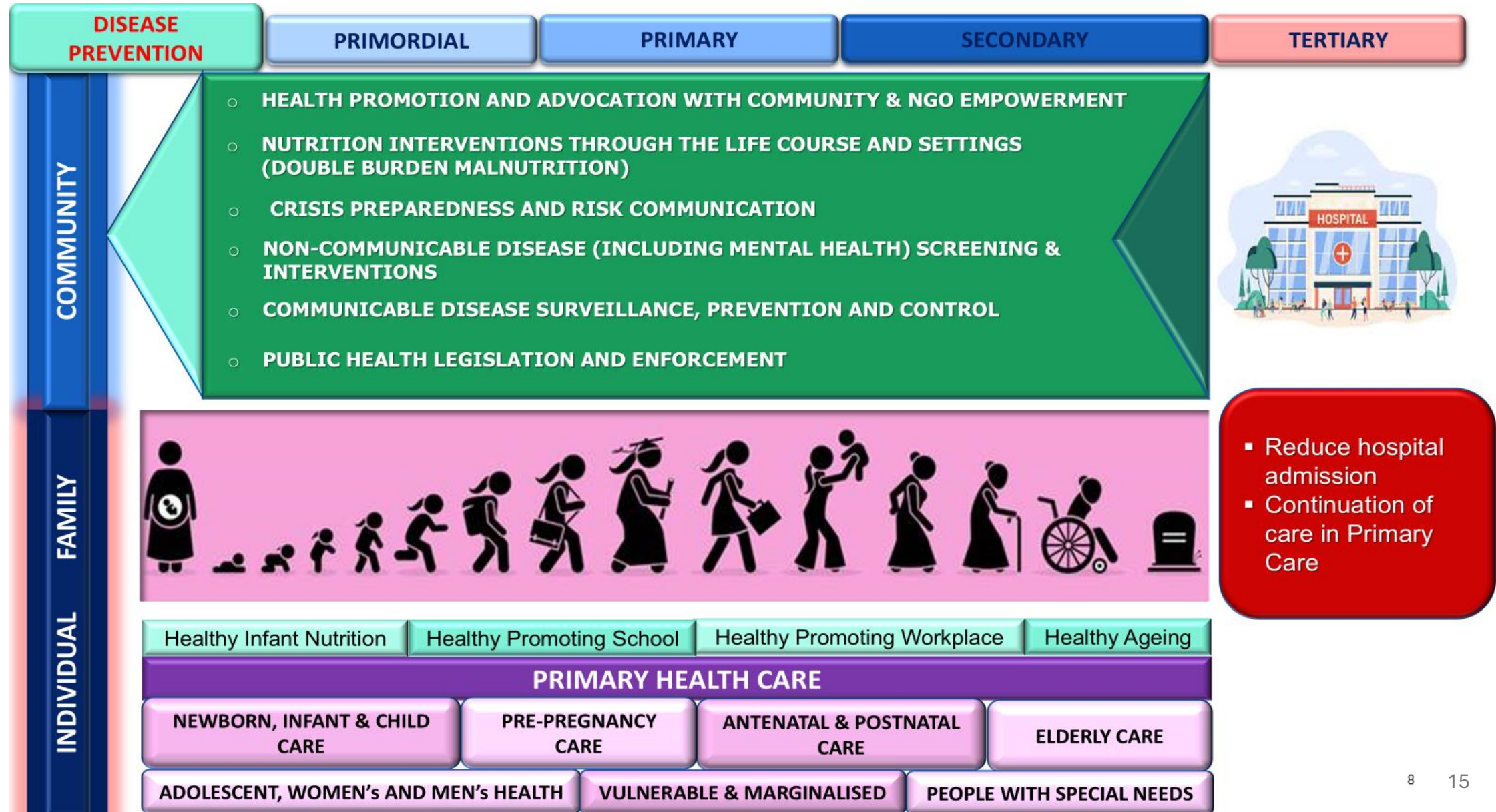
High  
immunization  
coverage



# Healthcare Access



# THE LIFE COURSE APPROACH



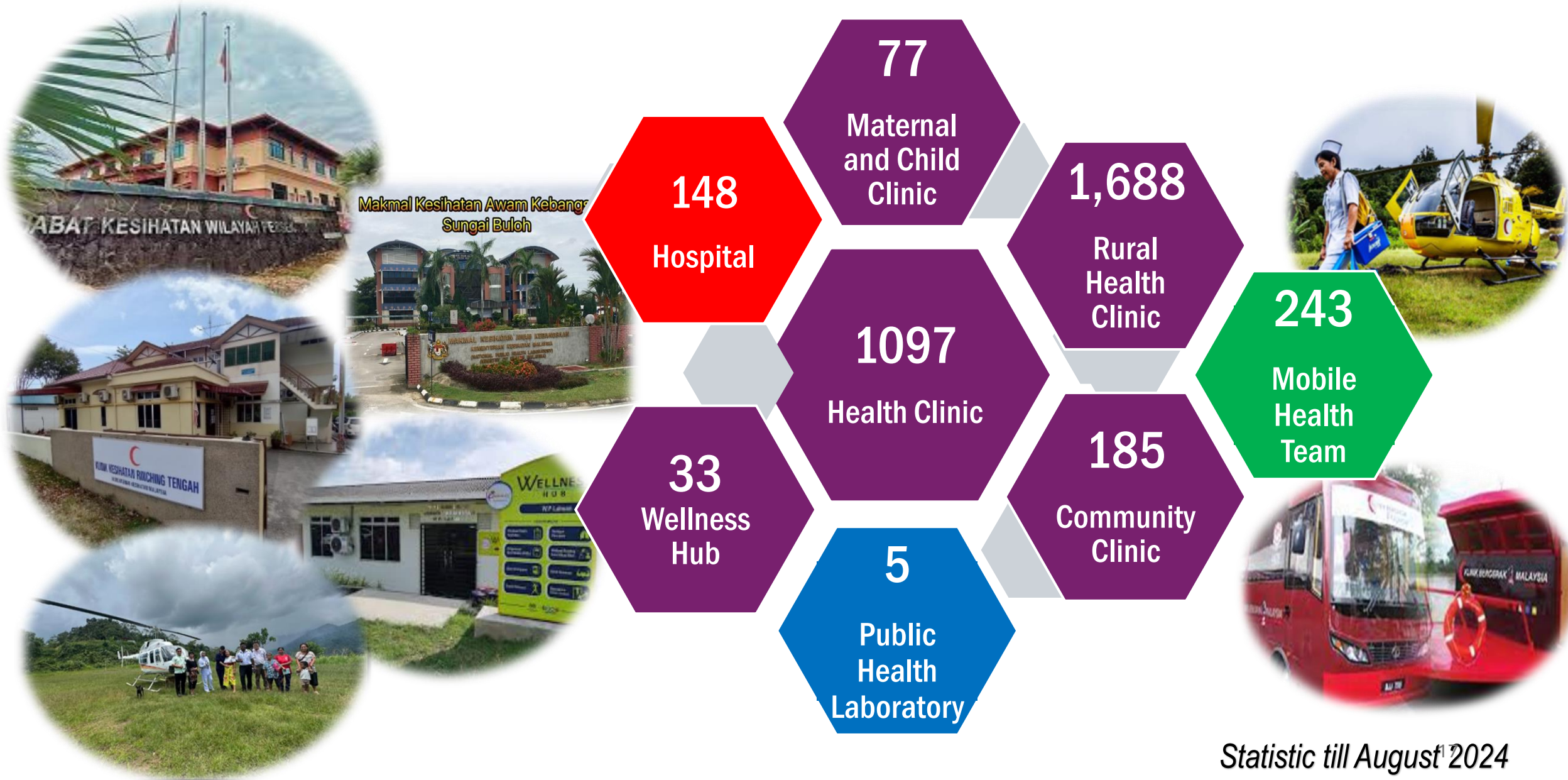
# PRIMARY HEALTH CARE

Primary health care (PHC) is recognized as the thrust of the Malaysian health care system, supported by the secondary and tertiary care.

The PHC delivery system provides population-based services using a life-course approach from womb to tomb.

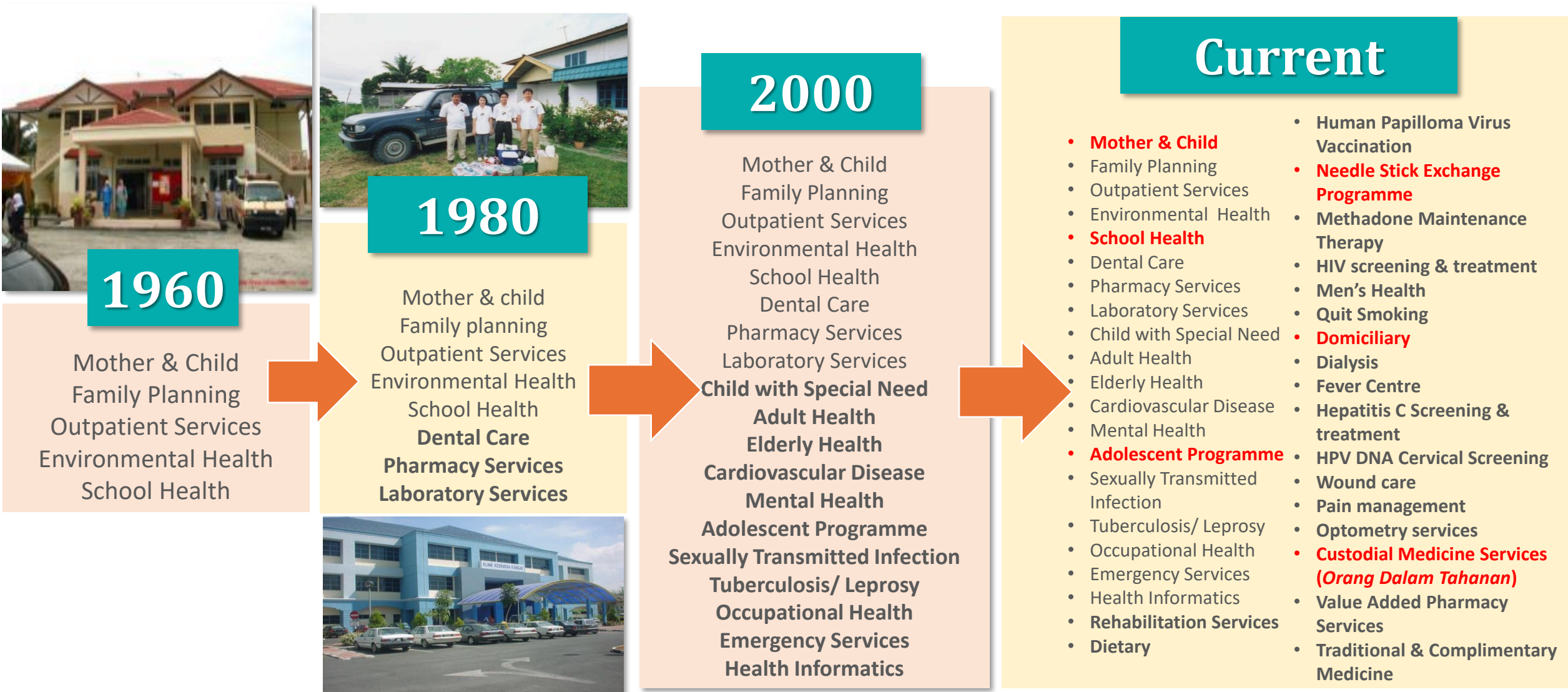


# HEALTH FACILITIES (MINISTRY OF HEALTH)



Statistic till August 2024

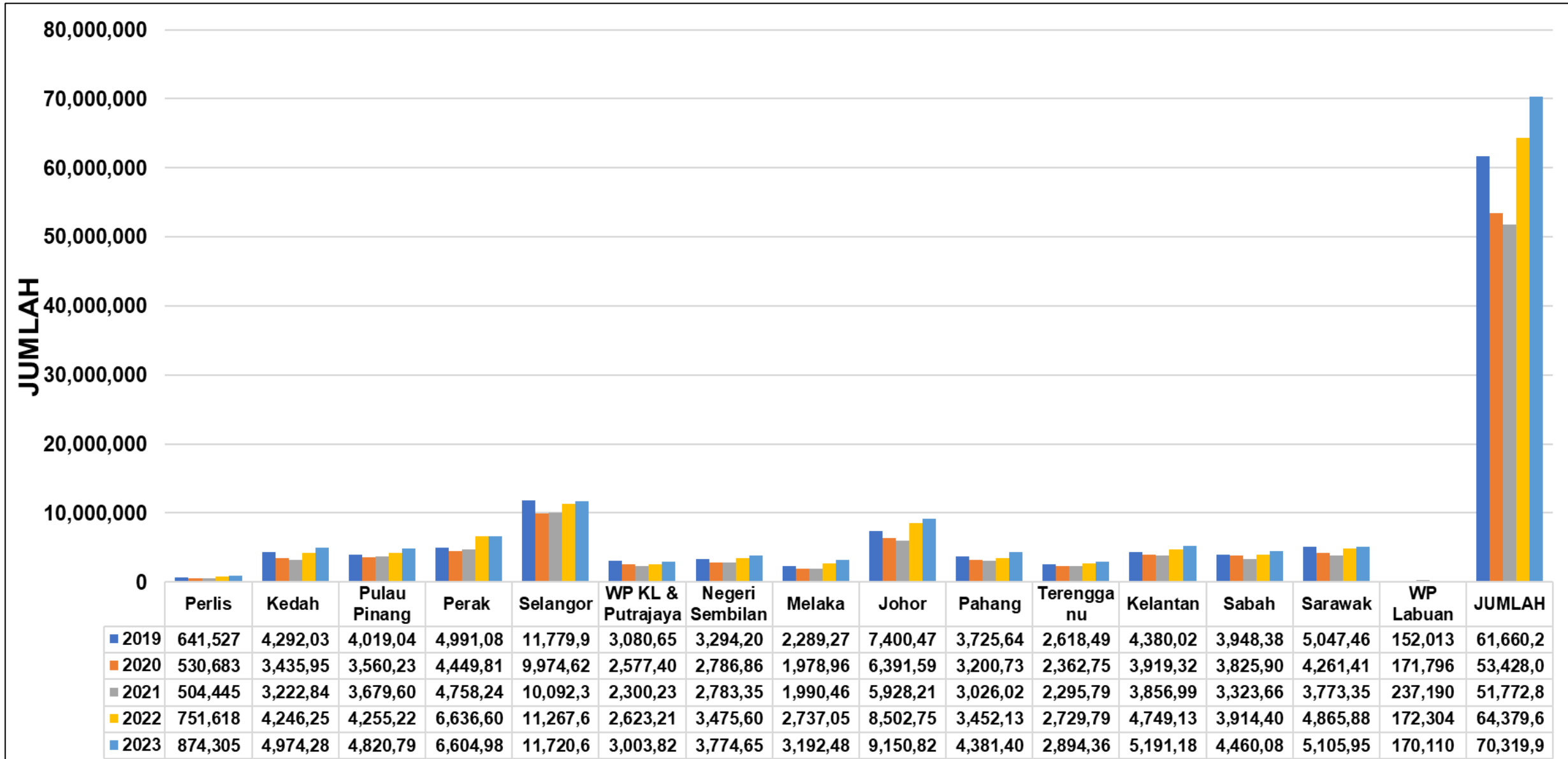
# EVOLUTION OF PRIMARY CARE SERVICES



\*Involving activities outside of clinics setting



# TOTAL ATTENDANCES TO HEALTH CLINIC BY STATES 2019 - 2023

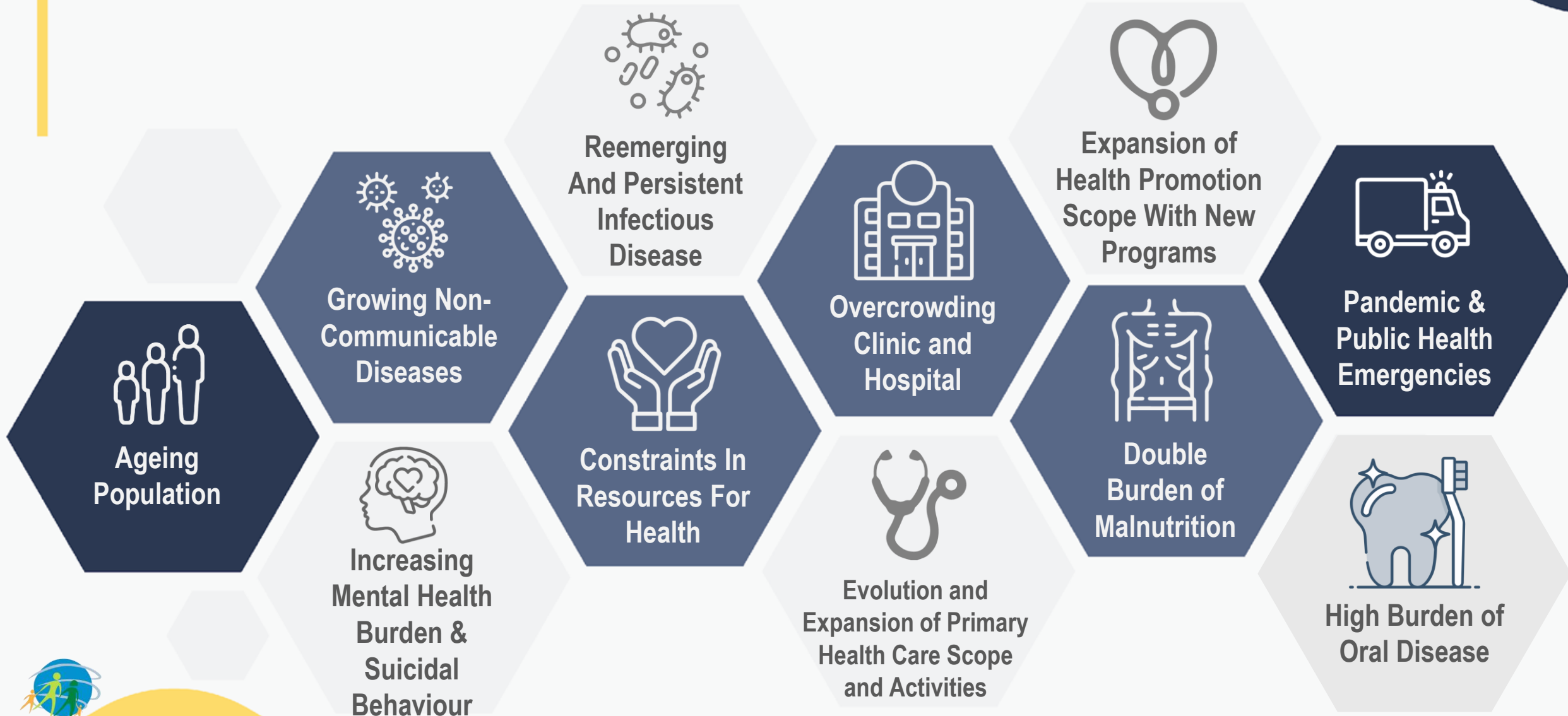


# HEALTH SYSTEM CHALLENGES

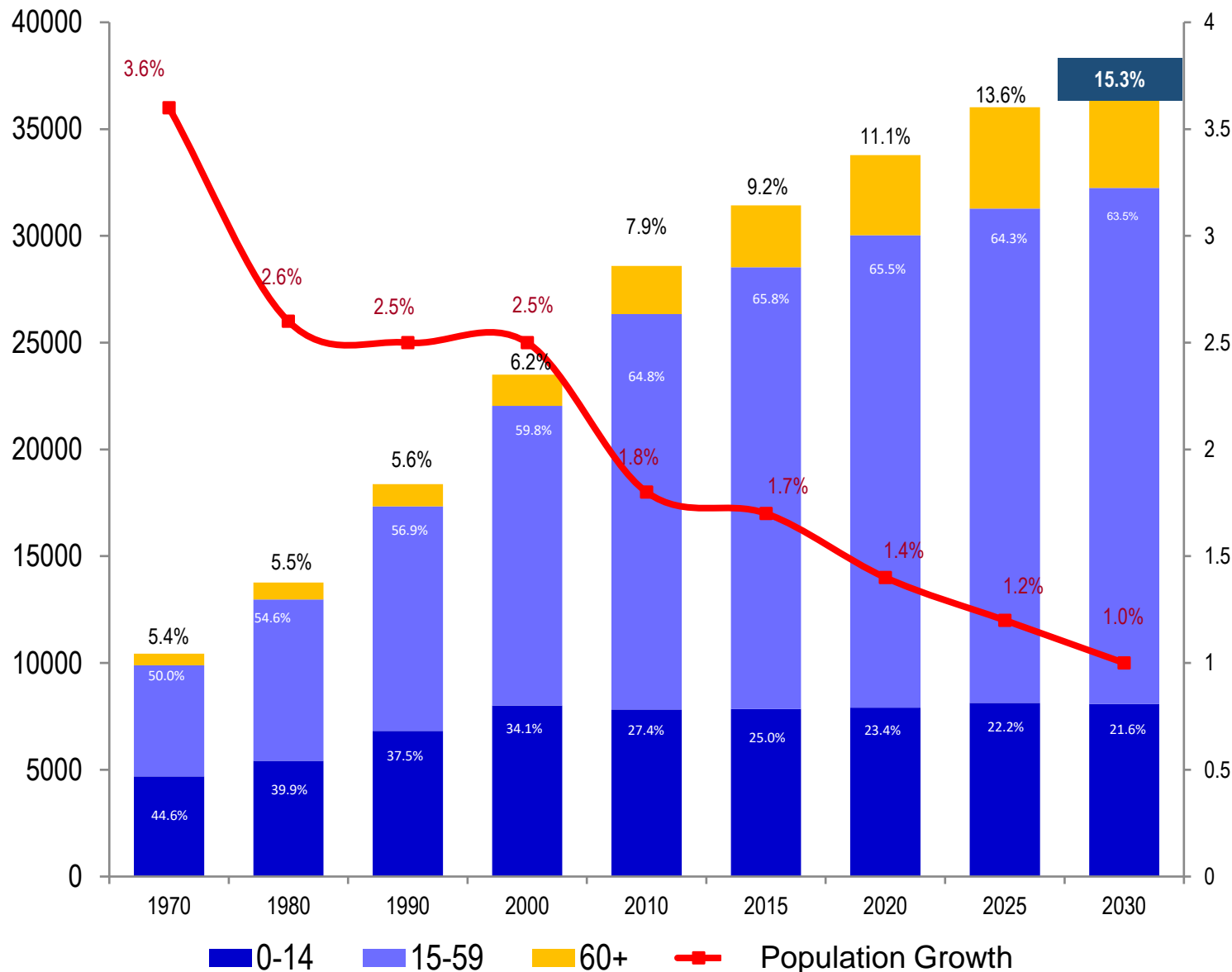
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# KEY CHALLENGES IN PUBLIC HEALTH



# Malaysia Population Growth, (1970 - 2030)

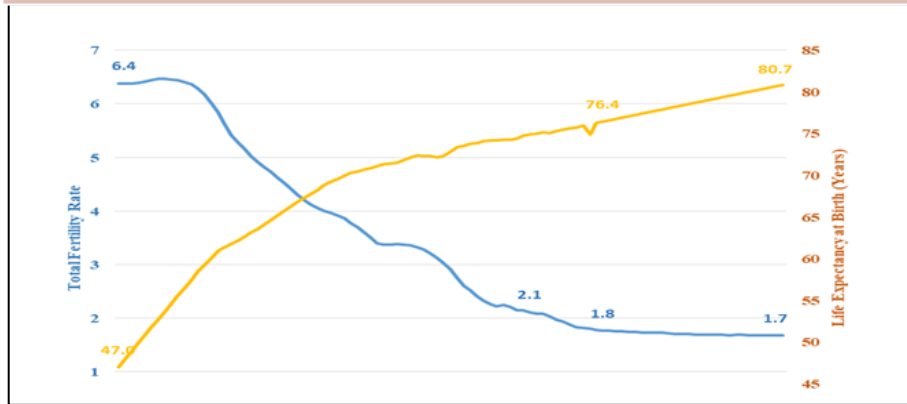


Malaysia will reach the status aged nation (15% of the population aged 60 and over) in 2030 due to the rapid decline in fertility rates and the increasing life expectancy of the population.

The working age population (15-59 years old) is shrinking during the transition towards an aged nation.

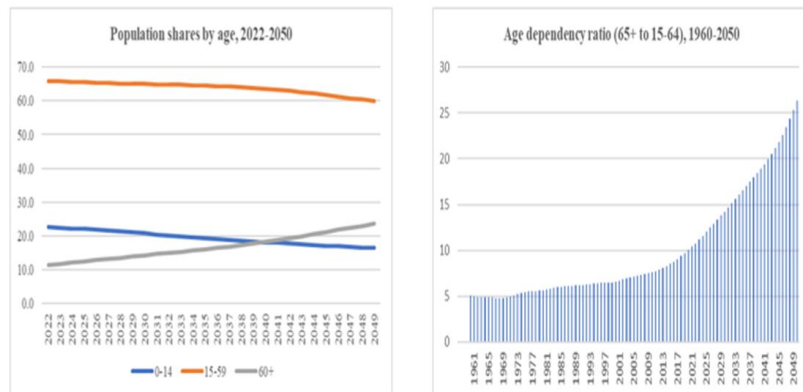
# AGEING POPULATION

Life expectancy at birth and total fertility rate, 1950-2050



Sumber UN World Population Prospects 2022, actuals to 2022

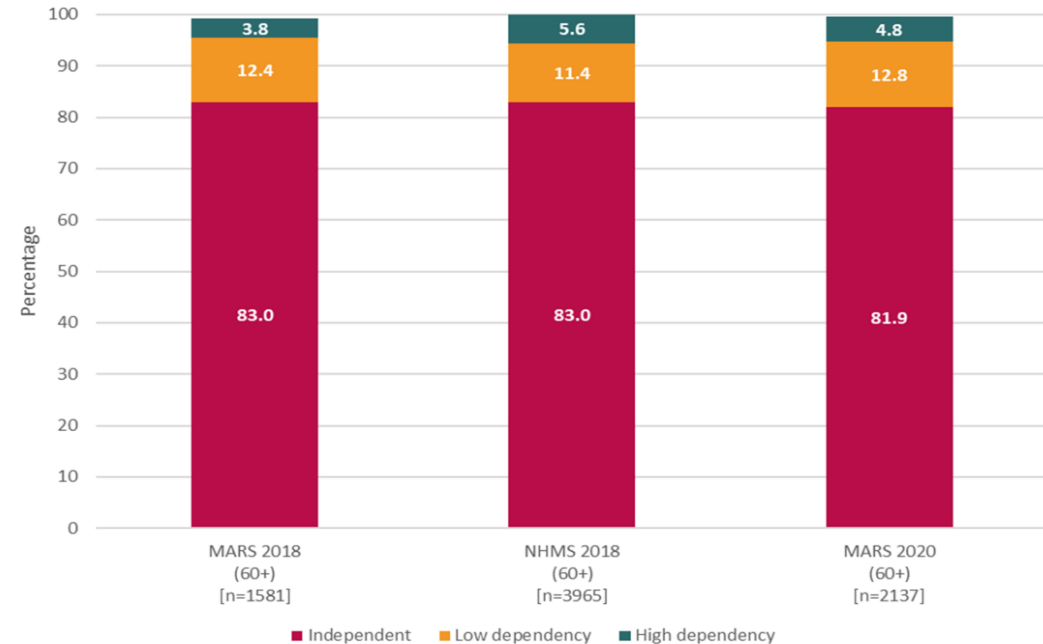
Malaysia is ageing rapidly with an increasing old-age dependency ratio...



Source: World Bank staff calculations based on UN WPP 2019

Source: World Bank WDI and UN population prospects, 2022.

Functional limitation (ADL) among adults aged 60+ in Malaysia



Simulation of Long-term Care for Elderly in Malaysia (MyLTC):  
Mesyuarat Jawatankuasa Teknikal Kesihatan Warga Emas. IHSR April 2024

- Malaysia is currently an ageing population and will be an aged population by 2030
- Medical expenditure for population  $\geq 60$  years is 2-3X more than the average adult population
- High cost for chronic and long-term care



# RISING BURDEN OF NON-COMMUNICABLE DISEASES

Key findings from the National Health and Morbidity Survey 2023

Read the full report at [iku.nih.gov.my/nhms](https://ku.nih.gov.my/nhms)

## The **three plus one**

Diabetes, hypertension, high cholesterol **PLUS** obesity

**Over half a million** or **2.5%** of adults in Malaysia live with **four non-communicable diseases (NCDs)**



They are major risk factors for:



Almost **2.3 million** adults in Malaysia live with **three NCDs**



04

Key findings from the National Health and Morbidity Survey 2023

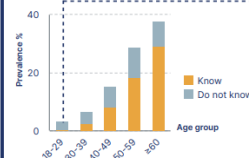
Read the full report at [iku.nih.gov.my/nhms](https://ku.nih.gov.my/nhms)

## Decoding diabetes

Diabetes is one of the top causes of death in Malaysia!



Diabetes increases with age, yet many do not even know they have it



Young adults are affected as well  
**84%** of adults aged **18-29 years** with diabetes do not know they have diabetes

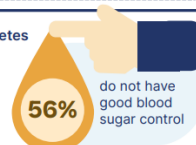
**2 in 5**

adults with \*diabetes do not know that they have diabetes



Among adults who know they have diabetes

**2 in 5** have a glucometer at home



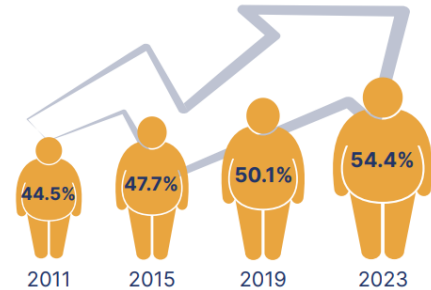
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Key findings from the National Health and Morbidity Survey 2023

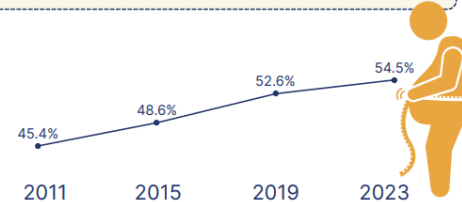
Read the full report at [iku.nih.gov.my/nhms](https://ku.nih.gov.my/nhms)

## We are getting fatter!

Trend in overweight & obesity among adults in Malaysia from 2011 to 2023  
(Based on Body Mass Index (BMI):  $\geq 25.0 \text{ kg/m}^2$ )



Trend in abdominal obesity among adults in Malaysia from 2011 to 2023  
(Based on Waist Circumference (WC): Men  $\geq 90.0 \text{ cm}$ , Women  $\geq 80.0 \text{ cm}$ )



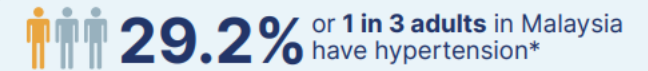
08

Key findings from the National Health and Morbidity Survey 2023

Read the full report at [iku.nih.gov.my/nhms](https://ku.nih.gov.my/nhms)

## Hypertension:

What's the hype?



**33.3%** of adults in Malaysia have **high cholesterol**

...that's about **7.6 million** adults

Do you know that increased levels of cholesterol often show **NO SYMPTOMS?**



**1 in 2** adults with high cholesterol **DO NOT KNOW** that they have high cholesterol

# INCREASING MENTAL HEALTH ISSUES

Key findings from the National Health and Morbidity Survey 2023

Read the full report at [iku.nih.gov.my/nhms](https://iku.nih.gov.my/nhms)

## Trapped in the shadows

**1,000,000**

or **4.6%**

people in Malaysia aged 16 years old and above have **DEPRESSION**

**↑ 2X**

The number of people with depression **doubled** from 2019 to 2023

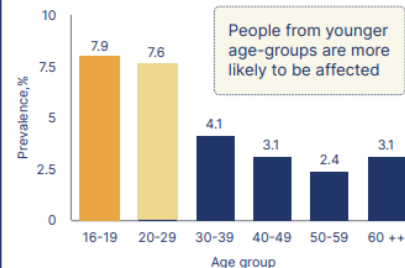


About **HALF** of them have thoughts about **hurting themselves**, or being **better off dead**



**Self-care is important!**

- ✓ Stay connected to friends and family
- ✓ Talk to someone
- ✓ Exercise regularly
- ✓ Eat healthily
- ✓ Get enough sleep



**Help is available**



Reach out to someone at **Helpline HEAL: 15555**

## A child's mind matters

**1 in 6** children

in Malaysia experience mental health problems



The burden of mental health problems among children has

**doubled** since 2019

**46%** have **peer problems**

- find it difficult to play with other kids
- have no good friends
- are bullied by other children
- are not liked by other children
- get along better with adults



**25%** have **conduct problems**

- often have tantrums
- often disobey instruction
- often lie or cheat
- often have stealing habits
- often fight with other children



**17%** have **emotional problems**

- often complain of headaches
- tend to worry a lot
- are often unhappy
- are often nervous or clingy
- tend to be easily scared



**8%** have **hyperactivity problems**

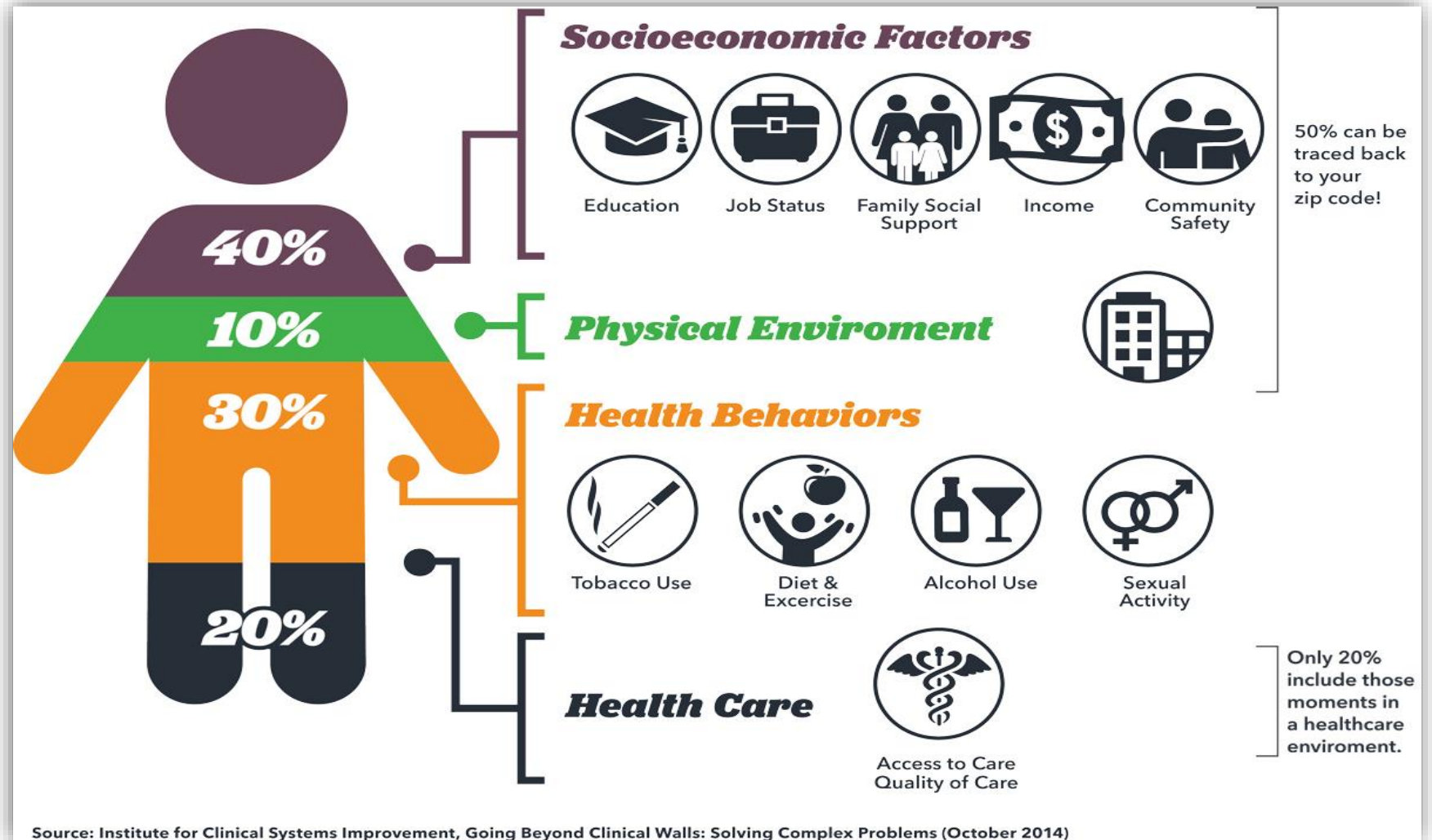
- are often restless
- are often fidgety
- are easily distracted
- tend to have short attention spans
- tend to be impulsive



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# SOCIAL DETERMINANTS OF HEALTH

- **80%** of what makes up someone's health is determined by what happens outside of the hospital and health clinic.
- Require intersectoral collaboration
- “Health in All Policies”

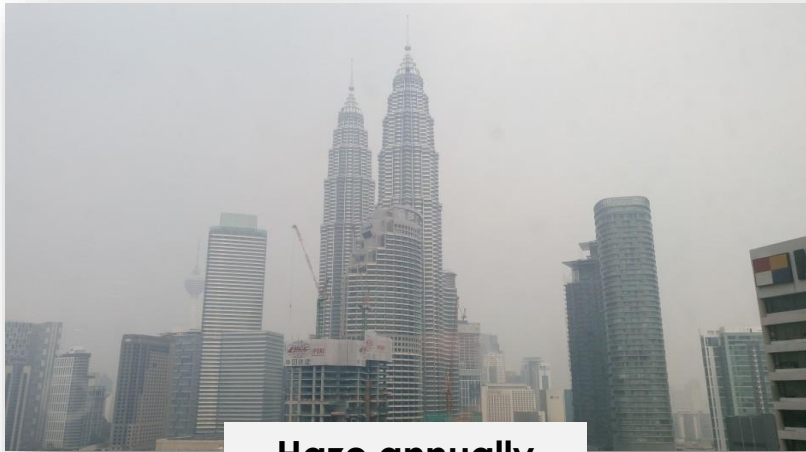




# HEALTH SYSTEM CHALLENGES



## PLANETARY HEALTH



Haze annually



Deforestation – 2021



Floods in Malaysia – Dec 2021

Asia

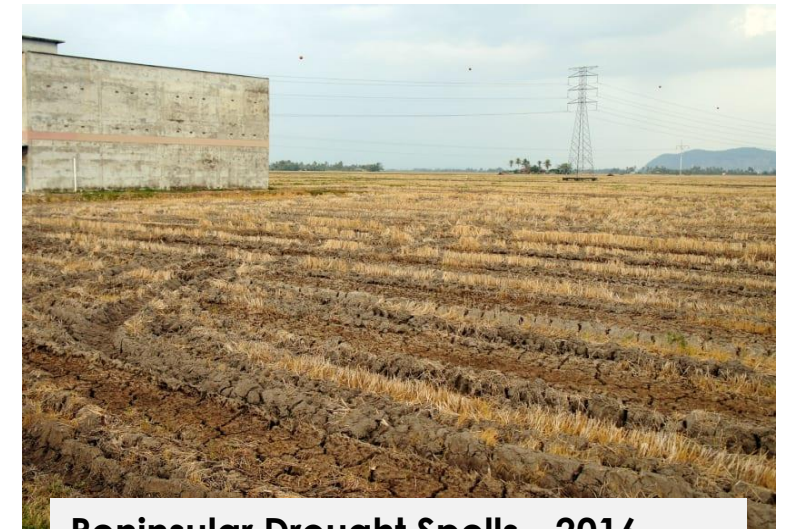
**Latest Pasir Gudang pollution caused by Sungai Kim Kim toxic waste: Minister**



Sg. Kim Kim pollution 2019



Batang Kali Landslide – Dec 2022



Peninsular Drought Spells - 2016

# FINANCIAL STRAIN



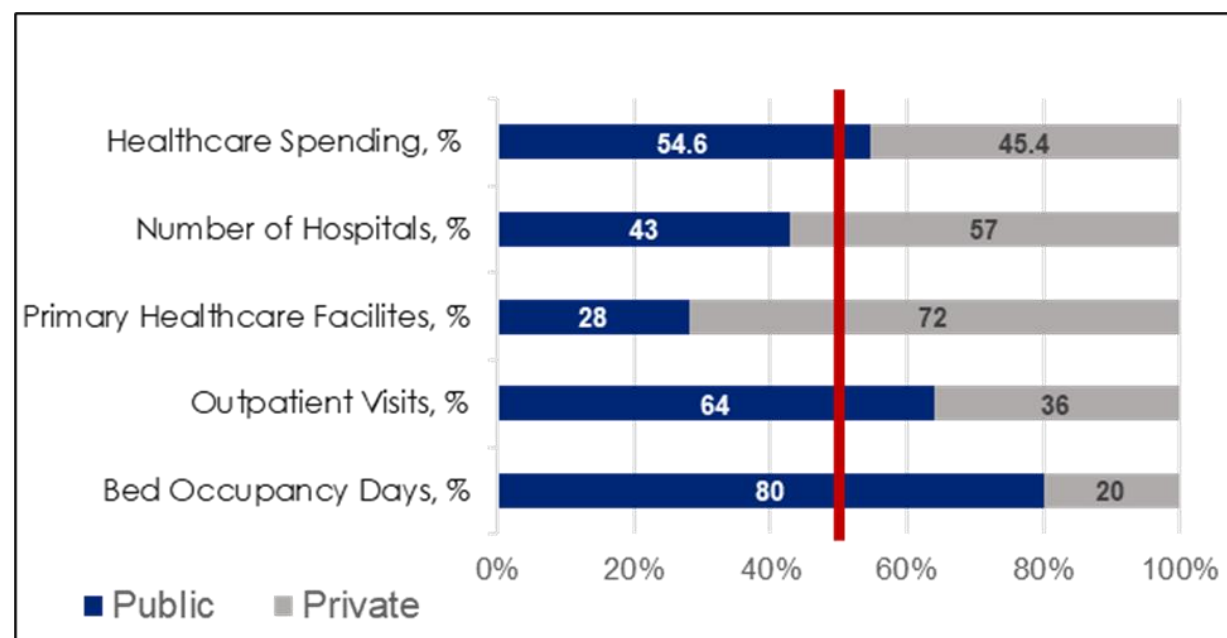
Healthcare costs in public healthcare facilities are funded by the government through government revenue, with minimal user fees for Malaysians.



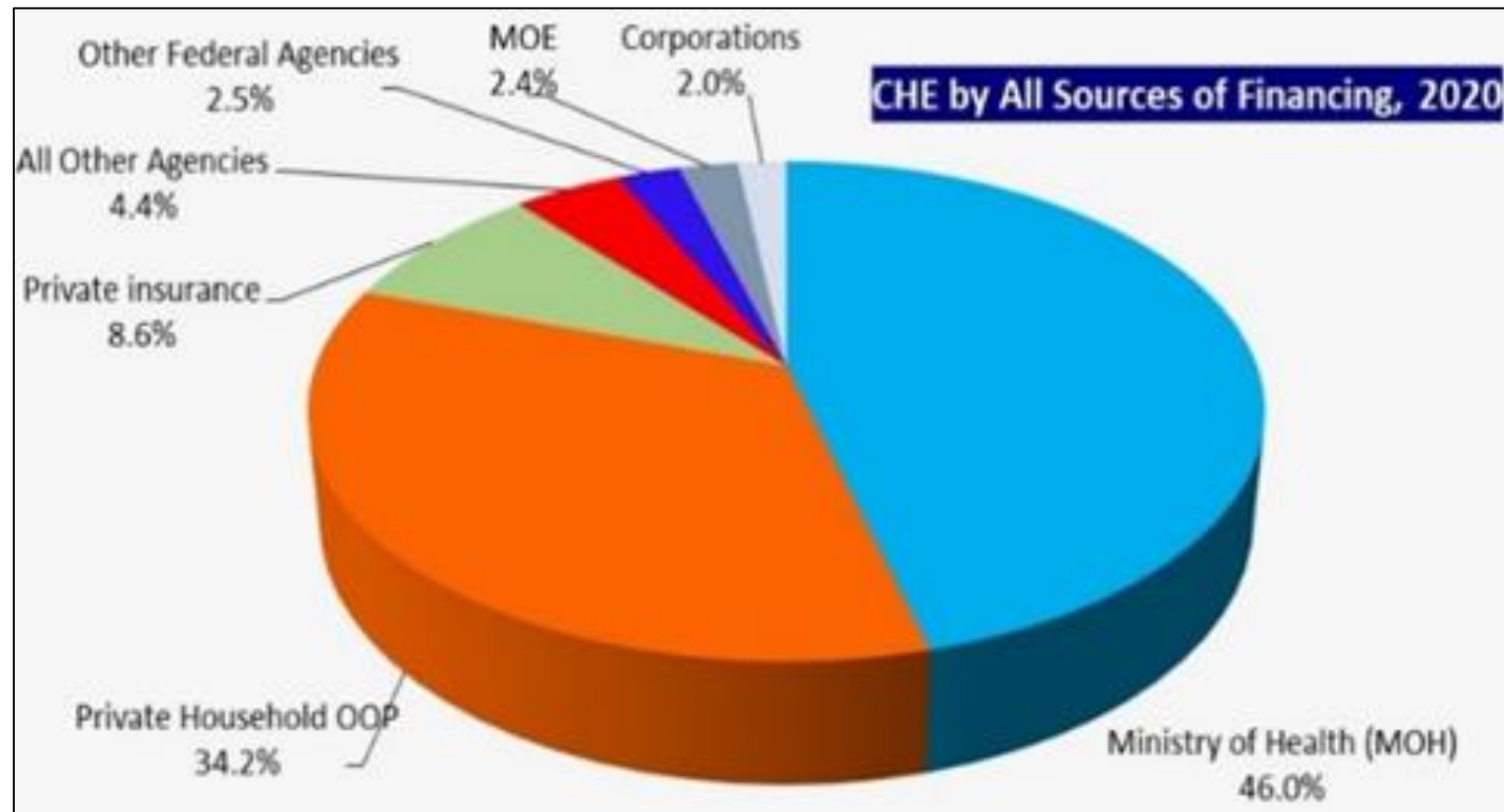
Public healthcare sector has more hospital beds, doctors and nurses, but have much higher volumes of patients compared to the private healthcare sector.



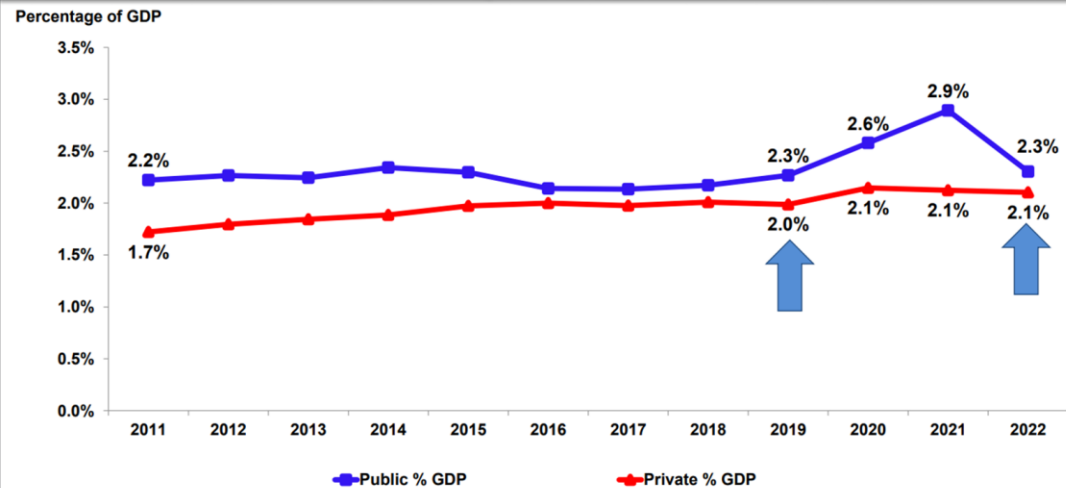
Chronic underinvestment in the public healthcare, delivery sector overcrowding, understaffed





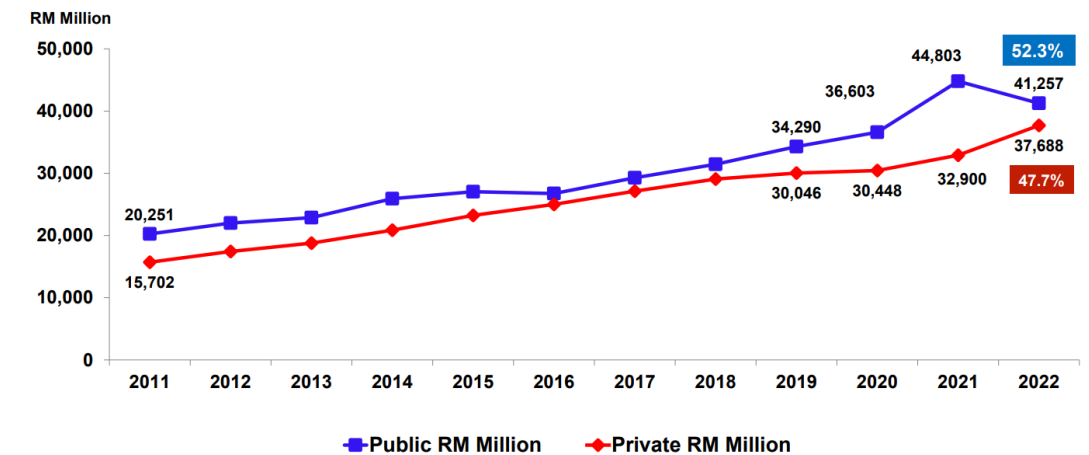


## TEH by Public & Private Sources of Financing as Percentage of GDP, 2011-2022



Despite the public sector serving a larger population, expenditures for both sectors are similar

## Total Expenditure on Health by Public & Private Sources of Financing, 2011-2022 (RM Million)



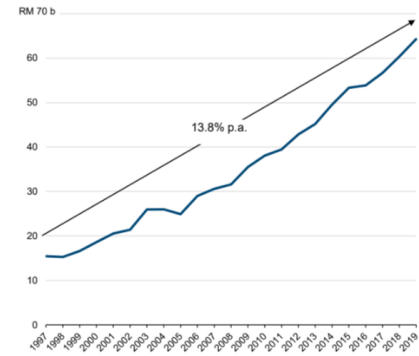
## Total Expenditure on Health by Public & Private Sources of Financing, 2011-2022 (RM Million)

Show desktop

Source : MNHA Database 1997-2021, \*\* WHO, Global Health Expenditure Database, 2022

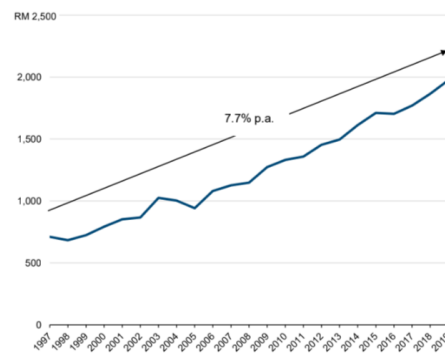
## Total health expenditure (public + private) has continued to rise

Total health expenditure in RM billion constant value, 1997 – 2019



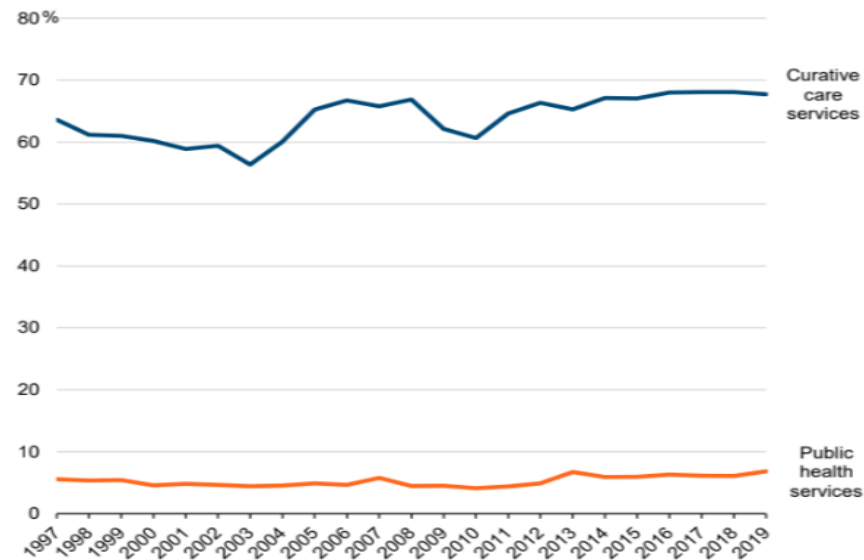
Source: MOH (2021), authors' calculations

Health expenditure per capita in RM constant value, 1997 – 2019



Source: MOH (2021), authors' calculations

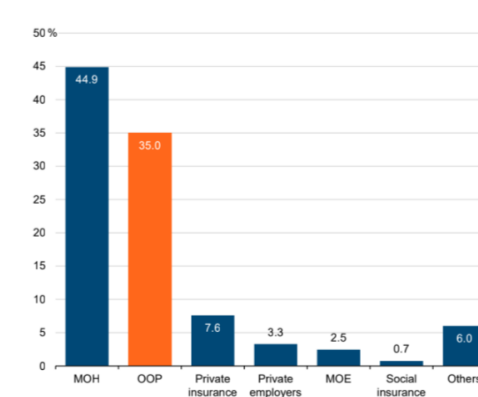
## Comparison of share of total health expenditure on curative care services vs. public health services, 1997 – 2019



Source: MOH (2020)

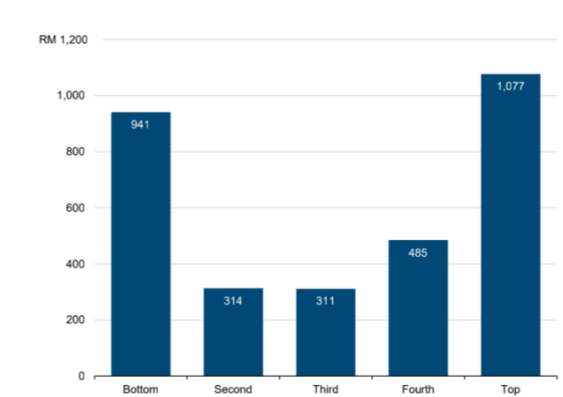
## Households in Malaysia are paying a significant amount on out of pocket (OOP) health expenditure

Total health expenditure by source of financing, 2019



Source: MOH (2021)

Average OOP health expenditure per capita by household income quintile, 2019



Source: IHSR (2020)

Khazanah Research Institute  
15

Most of our health expenditure is spent on curative care and not enough on prevention

# ADDRESSING CHALLENGES

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# ACHIEVING UNIVERSAL ACCESS TO QUALITY OF CARE

## 12<sup>TH</sup> MALAYSIAN PLAN

- health and healthcare was a priority area under the theme Strengthening Security, Wellbeing, and Inclusivity.

Some of the key targets emphasized on

1. redesigning service delivery and improving access,
2. strengthening health financing to be on a sustainable footing,
3. improving health literacy
4. enhancing public-private partnerships
5. leveraging on digital technologies

## HEALTH WHITE PAPER

1. Prioritising primary health care and giving greater emphasis on preventive and promotive care
2. **Strengthening public health functions, including crises preparedness**
3. Establishing a new social contract for shared responsibility, including public, private and civil society in improving health outcomes and solidarity in health financing
4. Increasing investment in health and decreasing out-of-pocket spending

# INCREASE HEALTH FUNDING

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- Current scenario:

Rising Healthcare costs – growing demand for healthcare services due to aging population and NCDs

To Increased funding for healthcare is crucial for several reasons:

1. Improving Access to Services: More funding allows for the expansion of healthcare services, making them accessible to a larger population, especially in underserved and rural areas
  2. Addressing Workforce Shortages. Funding can be used to recruit and retain healthcare professionals, ensuring that there are enough skilled workers to meet the needs of the population.
  3. Preventing and Controlling Diseases: More resources can be allocated to preventive measures, such as vaccination programs and public health campaigns, reducing the incidence of diseases
- In essence, increased funding for healthcare is essential for building a robust, equitable, and sustainable healthcare system that can meet the needs of all citizens.

# PUBLIC PRIVATE PARTNERSHIP INITIATIVE

Managed by a strategic purchaser.

Helping the government to see the health needs of the B40 group

## PEKA B40

- Strategic purchaser (PH Corp), a not-for-profit company, manage initiatives related to financing healthcare services mandated by MOH
- Screening, Health aid, Cancer treatment, Transport initiative

TARGET GROUP : B40

## SKIM PERUBATAN MADANI

- accommodate the health needs of the B40 group for Acute Primary Care Services.






# SPECIAL HEALTH INSURANCE SCHEME

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- MySalam is a government-backed health insurance scheme, a FREE protection scheme designed for low-income Malaysians (B40 group)
- coverage for critical illnesses and hospitalization.
- It is managed by a collaboration between the Malaysian government and selected takaful providers.


TARGET GROUP : B40



**Critical Illness Benefit**

Payment of RM 8,000 once in a lifetime when diagnosed with any of the 45 critical illness.

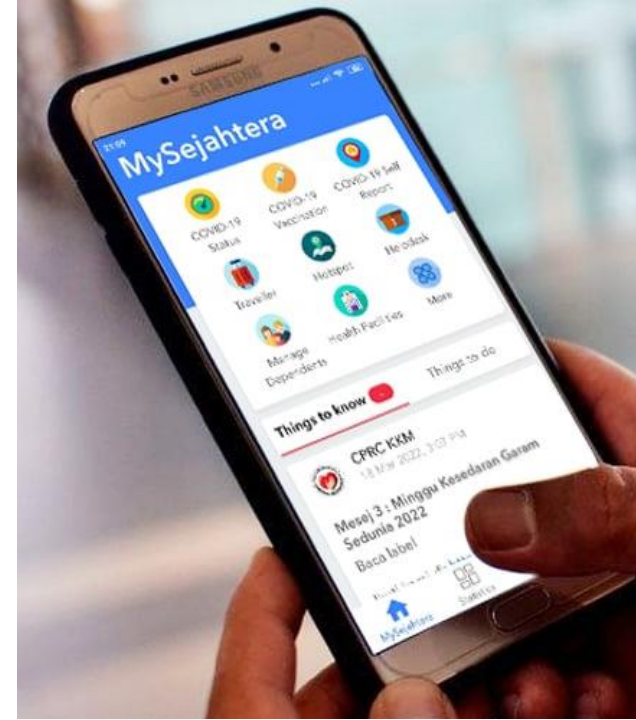
**Hospitalization Benefit**



Payment of RM 50 per day for admission to ward limited to 14 days or RM 700 per year.

# HARNESSING DIGITAL TECHNOLOGIES

- Electronic Medical Record
- On Line appointment system
- Virtual Clinic Consultation
  - Increase accessibility to health care
  - Reduce Congestion at the health facility
  - At patient's own comfort, less cost



## LIPUTAN KLINIK KESIHATAN KONSULTASI MAYA



**449**  
37 JUMLAH KK  
KONSULTASI MAYA

# WHOLE OF NATION APPROACH

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- is a collaborative framework
- involvement of multiple sectors and community stakeholders to address national challenges.
- mobilizes resources and efforts from the public, private sectors, non-governmental organizations (NGOs), and local communities
- It has been applied to tackle issues such as public health, security, economic resilience, and social cohesion.



# **SHOW CASE: AGED CARE SERVICES IN MALAYSIA**



# National Policies

**NATIONAL POLICY FOR ELDERLY, 1995 & Plan of Action (1998)**

**NATIONAL POLICY FOR OLDER PERSON (NPOPs), 2011**



**Lead by Ministry of Woman, Family & Community Development**

Policy focuses on empowering individuals, families and communities through provision of elderly friendly services and enabling environments to improve the well-being in old age.

## Strategies

Promotion & Advocacy

Lifelong Learning

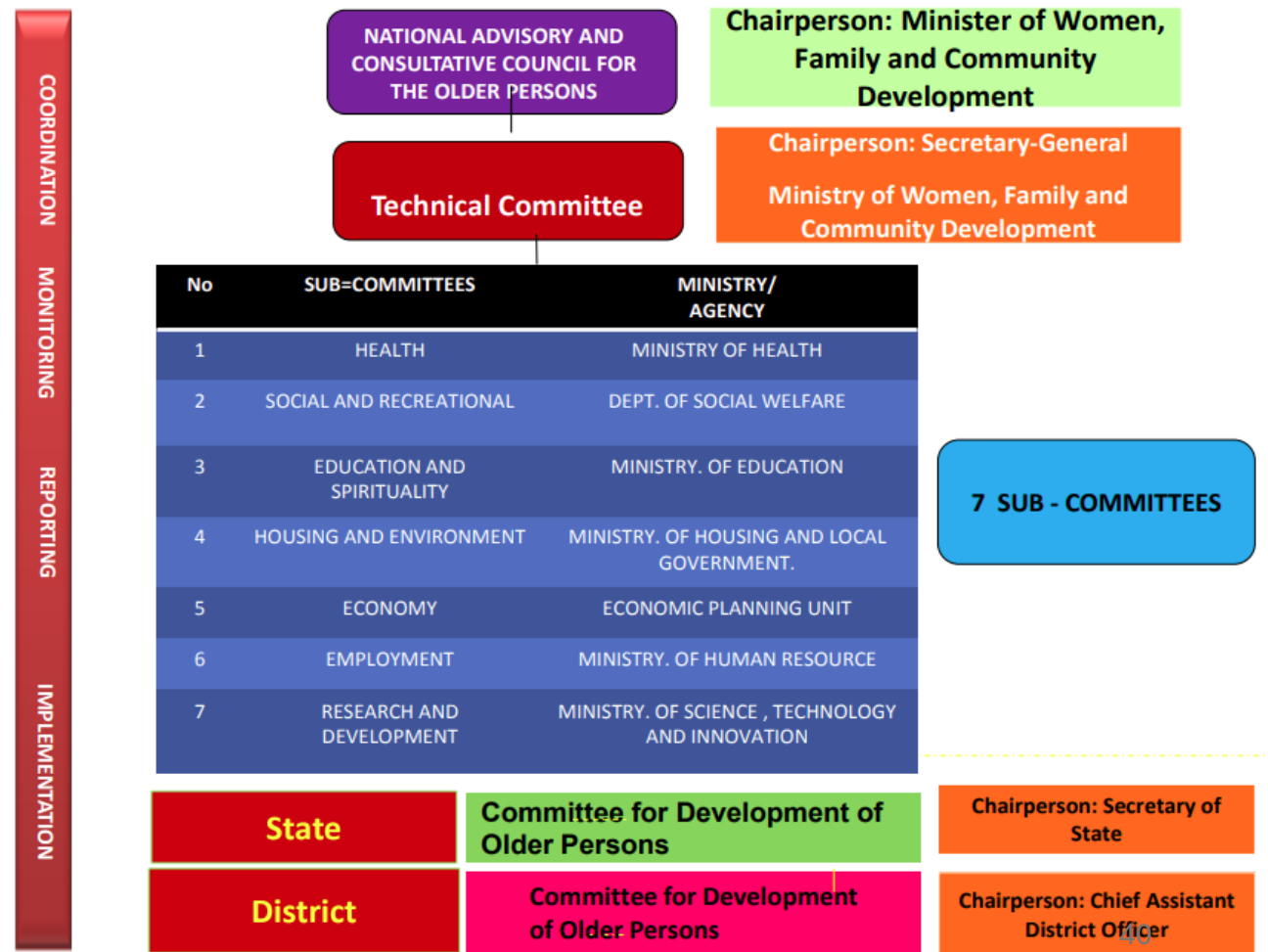
Security & Protection

Management & Shared Responsibilities

Participation & Unity across Generations

Research & Development

## GOVERNANCE STRUCTURE: NATIONAL ADVISORY AND CONSULTATIVE COUNCIL THE OLDER PERSON

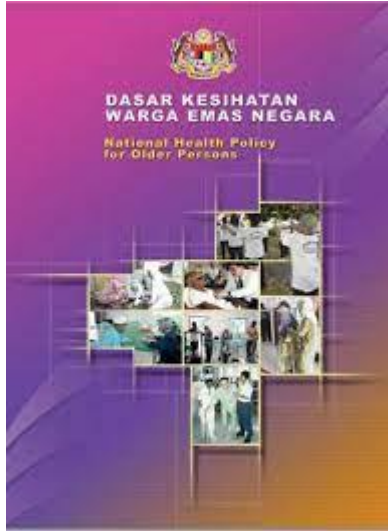






# National Policies

## NATIONAL HEALTH POLICY FOR OLDER PERSON(2008)



To ensure healthy, active and productive ageing by empowering the older persons, family and community with knowledge, skills, an enabling environment; and the provision of optimal health care services at all levels and by all sectors.

## National Plan Of Action For Health Services Of Older Person (1997)

PELAN TINDAKAN  
PERKHIDMATAN  
KESIHATAN WARGA EMAS

## Plan Of Action For Health Care Services Of Older Person (2008)

To promote healthy, active and productive ageing by empowering older person, family and community with knowledge, skills and environment accordingly; as well as the provision of optimal health care services in all levels and by various sectors



Pelan Tindakan  
Perkhidmatan Kesihatan Warga Emas  
Kementerian Kesihatan Malaysia  
2023-2030

## Ministry of Health, Health Care Of Older Person Action Plan (2023-2030)

To improve the level of health and reduce the health risks of the elderly by increasing access and equity in health services in an integrated manner.





# National Policies

## Legislations:

1993

- **CARE CENTER ACT [ACT 506]**
  - Regulates private care centres

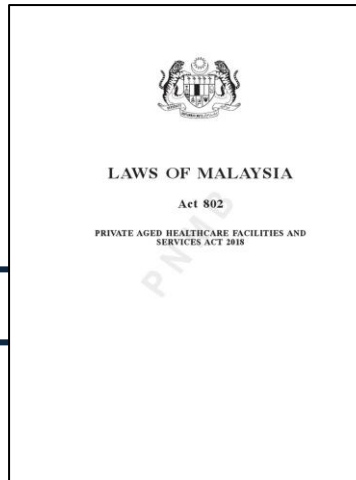


2008

- **PRIVATE HEALTHCARE FACILITIES AND SERVICES ACT [ACT 586]**
  - Regulates private nursing care centres

2018

- **PRIVATE AGED HEALTHCARE FACILITIES AND SERVICES ACT [ACT 802]**
  - Regulates private care centres for aged person – residentials and day care
  - Ensuring minimum quality of care for aged person in an accessible, affordable and sustainable manner
  - To ensure the aged dignity and integrity





## Ageing Population Ecosystem in Malaysia

There are well defined verticals that contribute to supporting Malaysia's ageing population



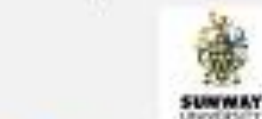
### Funding / Retirement Income

- Pension funds, NGOs and religious organisations
- Funding from children and family relatives



### Professional Training

- Provide professional training to equip caregivers to effectively care for the elder.
- Provided by education institutions as well as aged care centres themselves via short classroom sessions and on the job training.



### Infrastructure Development

- Develop independent living homes and facilities for sale/lease
- Complementary care and nurse on call plugged into the development.



### Healthcare Providers

- Public, semi-private and private hospitals providing general health, rehabilitative and geriatric care

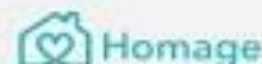


### Care Centres/Service Providers

- Provision of Independent Living and Assisted Living, Low to High Level of Care facilities.



### Tech-Enabled Ageing Care Services



- On-demand caregiving solutions to the elderly



- Aggregator/platform to coordinate healthcare and long-term care services



- On Demand Home Healthcare Private Nursing & Caregivers

### Fundamental Research

- Enrich understanding of ageing process and necessary support needed by elderly



SOCIAL WELLBEING RESEARCH CENTRE (SWRC)

- UKM: Center For Healthy Ageing And Wellness (H-care)
- UPM: Malaysian Research Institute On Ageing
- UM: Social Wellbeing Research Centre
- Monash University Malaysia: Gerontology Laboratory

# FUTURE DIRECTIONS

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From sick care  
to health care  
and wellness



Digital health  
Initiatives –  
electronic  
health record  
across the life  
span



Leveraging big  
data, AI, and the  
latest  
technology  
-implement  
precision public  
health for data-  
driven decision-  
making,



Efficient provider  
payment  
mechanism - eg:  
Capitation, fee for  
service  
or  
pay for  
performance



Enhancing the “Whole-of-  
Society” strategy : a  
holistic approach in which  
all sectors of society—  
governments, private  
businesses, non-profit  
organizations,  
communities, families,  
and individuals—  
collaborate to address  
complex societal issues



# SUMMARY

- Primary care services are provided by both public and private sectors which are separated in their organization, financing and governance.
- Malaysia has made significant progress towards achieving UHC, with a comprehensive healthcare system that covers both public and private healthcare sectors.
- Its extensive reach and integrated services have ensured better health outcomes for the entire population, showcasing the strength and success of the system.
- However, there are still challenges and areas for improvement in achieving full UHC

THANK YOU