

Health White Paper Needs Follow-Up, Political Will, Say Doctor Groups

By Sharayu Pillai | 20 December 2023

Doctors' groups demand follow-up on the Health White Paper, such as target milestones, after a lack of progress for 6 months. MMA and Dr Milton Lum also say personal data safety and privacy concerns need to be addressed first in any EHR rollout.



A private general practitioner (GP) clinic in Kuala Lumpur. Photo taken by Saw Siow Feng on February 3, 2020.

KUALA LUMPUR, Dec 20 — Doctors' groups have urged the Ministry of Health (MOH) to follow up on the Health White Paper (HWP) that was passed by Parliament six months ago last June.

The Malaysian Medical Association (MMA) told the MOH to set milestones to track work on health care reforms proposed in the HWP, a document that sets out various reforms in a 15-year period.

Until Dr Zaliha Mustafa was replaced by Dzulkefly Ahmad as health minister in a Cabinet reshuffle last December 12, the former made no announcement whatsoever on the formation of committees or whether the committees have even begun meeting.

“NCDs (non-communicable diseases) are on the rise and there is also a need to be well prepared for future pandemics. With a high reliance on public health care, the government needs to ensure its health care facilities are fortified with sufficient manpower and expertise,” MMA president Dr Azizan Abdul Aziz said in a written response to *CodeBlue*.

Additionally, Dr Azizan criticised the Private Healthcare Facilities and Services Act (PHFSA) 1998, calling it “obsolete” and “shortsighted”.

She urged the government to either repeal or amend the Act and implement a Health Care Services Act that covers both the public and private sectors. Public health care facilities are currently not subject to the regulations under the PHFSA.

“The Medical Act is also outdated, while the Malaysian Medical Council’s (MMC) structure is questionable. Almost half of MMC’s council members are appointed and not elected,” Dr Azizan said.

The MMC – which is headed by the Health director-general, under the Medical Act 1971 – regulates the medical profession in the country.

“We hope the Madani government will democratise the MMC with an amendment in the current Act to allow for all positions in the council to be contested, with a president democratically elected, to leave no room for doubt over its integrity.

“We also hope to see a more inclusive MOH in developing policies. Stakeholder engagements should be held not for the purpose of box-ticking, but to meaningfully work together towards the needed improvements in the system.”

MPCAM: Health White Paper Needs Political Will

The Medical Practitioners Coalition Association of Malaysia (MPCAM) said the Ministry of Health (MOH) was aligned with the World Health Organization’s (WHO) vision of promoting preventive care.

He added that the HWP was a good evolution of past efforts to achieve this target.

“However, I feel it must have serious and strong political will to make it a success. Somehow, we are not there yet,” MPCAM president Dr Soo Tai Kang said in a written reply to *CodeBlue*.

The MPCAM president said while the MOH is conducting an excellent job when it comes to preventative care, there is a lack of implementation of programmes on the ground due to a lack of understanding, communication and budget.

Dr Soo, who spoke to *CodeBlue* before Dzulkefly’s appointment as health minister, rated the Madani government an “A-” for its overall performance on the HWP.

FPMPAM: Health White Paper Has ‘Weak Underlying Principles’

The Federation of Private Medical Practitioners’ Associations, Malaysia (FPMPAM), however, criticised the lack of progress and professional input into the HWP, rating Prime Minister Anwar Ibrahim’s administration a 0/10 on the reform document.

“The underlying principles are weak and the paper we have seen so far is uninspiring,” FPMPAM president Dr Shanmuganathan Ganeson told *CodeBlue*.

The HWP – meant to illustrate the path for health care reforms across 15 years – is only 57 pages long, containing mostly motherhood and general statements, without much specifics or even figures on targeted health outcomes.

[Health analyst Chua Hong Teck previously questioned](#) the lack of the HWP’s “true north”.

FPMPAM said the success of Malaysia’s shift to preventive care depends on a combination of public engagement, infrastructure development, supportive policies, and a willingness to invest in long-term health outcomes.

“The HWP needs to address the following,” said Dr Shanmuganathan in a written response to *CodeBlue*.

“Public awareness: Effective preventive care relies on people actively participating in their health. Previously, there have been dismal failures in awareness strategies. The ‘*tak nak*’ (Don’t Want/Say No) campaign by MOH against smoking is one example. Millions of ringgit never reaped significant benefit.

“Infrastructure: Adequate health care infrastructure, including clinics for screenings and vaccination programs, is essential. Building and maintaining this infrastructure is expensive and requires careful planning and funding. The use of existing private clinics in this aspect is hardly mentioned in the HWP.

“Policy support: Government policies supporting preventive care, such as incentives for healthy behaviours or regulations promoting screenings, play a vital role. Policy changes may be needed to prioritise prevention over treatment. This is very difficult to achieve in our population, where abuse is often rampant and self-interest predominates.

“Long-term perspective: The benefits of preventive care often manifest in the long term. How long is long? This is also the reason why corporate schemes with employee medical benefits do not want to spend on prevention. The employer views it as their money spent will benefit some other employer.”

Where some areas can see the immediate benefits of these prevention strategies, Dr Shanmuganathan held that addressing NCDs would continue to be an “uphill battle”, where the nation’s coffers will be drained with no prospects of a return on investment.

The FPMPAM president held that the ever-increasing prevalence of obesity, hypertension and diabetes was an indication of the MOH’s lack of success when it comes to addressing NCDs.

“For the moment, I do not see prospects of success in preventive care with the current structure of administration in MOH.”

Privacy And Safety Concerns With Health Care Digitalisation Remain

Besides the need for a bigger push when it comes to health care and legal reforms, MMA also called for the MOH to address Malaysians’ concerns when it comes to the confidentiality and safety of personal data in the digitalisation of the health care system.

Dr Azizan said the digitalisation of the health care system was necessary to facilitate continuity of care and, by extension, improve patient safety.

“It has to also be standardised to enable more efficient communication between health care departments and facilities. The government should focus on interoperability and consider off-the-shelf systems for fast and affordable options.”

Deputy Health Minister Lukanisman Awang Sauni informed the Dewan Rakyat last month about the [selection of several MOH hospitals and public health clinics in Negeri Sembilan](#) to test the government’s plan to roll out electronic medical records.

In addition to public health care facilities in Negeri Sembilan, Lukanisman said several other hospitals and health clinics will receive upgrades to their digital systems.

Dzulkefly, in his [maiden address](#) at the MOH’s monthly staff gathering last December 14, said he would focus on digitalisation of the health care system and health care financing, as well as human resource planning in the public health service.

Former FPMPAM and MMA president Dr Milton Lum, however, said it was highly unlikely that the MOH would be able to achieve a nationwide rollout of the electronic health records (EHR) by the 2026 target year.

“If a third of half the country has EHR, then Malaysia would have done well,” Dr Lum told *CodeBlue*.

“The MySejahtera application was designed for a particular purpose. Any extension of its uses will require much investment – is this the reason for extending its use?”

Dr Lum held that public trust was a fundamental part of the EHR – and with the adverse publicity garnered by the MySejahtera app during the pandemic – questioned whether the government had successfully managed to regain public trust.

He gave the Anwar government an “F” for its first year when it comes to digitalisation of the health care system.