

# Eight Health Areas New Government Should Address — MMA

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Pledging any improvements for health care in GE15 manifestos would be welcome, but promises must be kept.



*Malaysian Medical Association president Dr Muruga Raj Rajathurai. Picture courtesy of the Malaysian Medical Association.*

The Malaysian Medical Association (MMA) is outlining eight important areas it expects the soon-to-be-elected, new federal government to address.

We expect the future government to continue committedly with the health care system reforms agenda. The MMA wishes to express its disappointment that the general election will be held around the time the Health White Paper (HWP) was initially expected to be tabled.

We hope that regardless of the outcome of the GE, the Health Ministry's plans for the HWP, which will pave the way for many of the needed reforms in the system, will still go ahead. Many engagement sessions have already been held, and we were informed that the HWP is close to being finalised.

A number of studies on Malaysia's health care system have been conducted in the last 30 years. There were two recent studies, one by Harvard, and another by McKinsey in 2021. These studies should be declassified, as they contain valuable input essential for the improvement of the health care system.

We hope, as the various political coalitions are busy preparing their manifestos, that health care reforms will be included as among their pledges. But do note that they are pledges to the people, and all pledges made must be delivered during the elected government's political cycle.

Here are eight areas we hope will be looked into together with solutions in manifestos being prepared ahead of the polls. The political coalition that truly has the health of the nation at heart will ensure these concerns are addressed:

### **Health Care Human Resources**

The MMA hopes to see more commitment towards resolving the manpower issues in the public health care system. We need more doctors and specialists, but there are not enough positions being created, and not enough training hospitals.

We understand that it is inevitable to appoint doctors on contract basis, however, there is a need for a fair contract for them with the opportunity to advance in their career. With limited permanent posts, we understand that the best will be absorbed into the system after they have met certain criteria.

We still believe the posts should be increased proportionately with the increase in population. There are presently around 18,000 medical officers on contract with government health care facilities.

There has been some progress on the contract doctor issue, with a committed amount of 1,500 permanent posts for contract medical officers for each year, but the issue has not been fully resolved. All

those affected by the contract system will be expecting the new government to do better.

Resolving the issue would involve taking better control over the intake of medical students in medical schools, improving the housemen training system, creating more posts and ensuring every junior doctor has a career pathway in the public health care system. There needs to also be transparency in the selection criteria for permanent posts.

The new government could also perhaps look into the merging of medical schools, as well as providing a timeline for the setting up of their own teaching hospitals.

### **Access To Health Care**

The new health minister must make it his or her mission to improve health care access throughout the country, especially in rural areas like the deep interiors of Sarawak and Sabah.

The issue of the maldistribution of specialists also needs to be looked into. In some states, certain specialist care services are unavailable, resulting in patients having to travel to other states for their health care needs.

With Malaysia reaching ageing nation status, its health care needs will significantly increase, and so too will the demand for many specialised and extended services. We hope to see a stronger commitment to addressing these concerns.

It is not just about allocating funds. It involves long term planning of resources and supporting infrastructure.

### **Health Care Financing**

We need a sustainable health care financing model to support both individual health care needs, as well as the operational expenditure of the public health care system. Both must be addressed through effective policies and political will.

It is evident from the high dependence on public health care that most Malaysians will need additional funds should they need specialist care or any emergency procedures. It is important to note

that most Malaysians do not even have health insurance coverage or are under insured.

There should be some criteria before we can get an actual Social Health Insurance (SHI) going. The informal employment sector is too big for us to count contribution.

Perhaps we could work towards a hybrid model using established institutions like Socso or EPF, which is accountable to Parliament and not for profit. An SHI should also be implemented in phases.

Additional funds for health care should come from a combination of contribution to a prepaid system and increased public spending in the interim.

The current system to finance public health care operational expenses are also unsustainable. The new government will need to work out a mechanism for long-term financing, taking into account the increasing health care needs of the population and the resources (manpower and facilities) needed for optimal health care delivery.

Perhaps a first step can be taken by first increasing the public health care registration fee to RM5 per encounter for outpatient services and RM25 for specialist services. However, those in the B40 group should still be able to access these health care services for free.

Currently, even the parking fee at some of these government health care facilities cost more than the outpatient registration fees. We have public health care services that are available to all almost free of charge, but health care costs are increasing.

### **Better Recognition Of The Role Of General Practitioners (GPs)**

We hope to see more inclusive policies, recognising the role of private GPs in the health of the population. There are around 8,000 private GPs providing primary care services nationwide. It should be noted that about 43 per cent or RM9.88 billion of Out of Pocket (OOP) spending on health care in 2020 were spent on outpatient services. Despite the contribution of private GPs in the health care delivery to the population, the private GP practice has been mostly overlooked in many government health care policies.

Private GPs are a ready-made network of health care providers with a wider reach and access to communities all over the country. The government should take advantage of this strength and collaborate with them on a larger scale.

The family doctor concept is proven to be an effective model of health care that should be utilised to its fullest potential, especially in the prevention and management of non-communicable diseases (NCDs).

MMA made the proposal years ago to outsource some of the primary care services to private GPs through a referral system. Such a move will help ease the congestion we see in almost all public clinics nationwide.

What a relief it will be for Malaysians, especially our elderly citizens, as they will no longer have to put up with long waits at public health care facilities. With proper implementation, follow-up appointments will also be closer apart, and this can significantly improve health outcomes.

More budgets should also be allocated to enhance primary care services at both public and private health clinics. If there is a need to build more hospitals, then it shows that we are becoming a sick nation, with not enough emphasis on prevention.

It has been proven in a number of studies that better outcomes can be achieved and health care costs reduced with greater emphasis given to prevention at the primary care level. Prevention also includes health promotion, early screening, and rehabilitation.

We also hope the issue of the private GP fee schedule will also finally be resolved. In 2013, when the government revised the private health care fee schedule, it was only applicable to private hospitals, but not private clinics.

Up to now, private GPs are still referring to the same fee structure since 1992 for their consultation charges. Operational expenses have soared over the years, and many GPs are struggling to stay afloat. Many have even closed due to the high costs to operate a clinic.

## **Support Development And Growth Of The Private Health Care Sector**

Beyond just enforcing and regulating Act 586, the Health Ministry should also support the development and growth of the private health care sector by expanding the scope of the *Bahagian Amalan Perubatan*, which looks after private practice.

### **Will The Pathology Act 2007 Be Enforced?**

Private laboratories, although they provide certain services that come under health care, are unregulated. The Pathology Laboratory Act 2007 is yet to be enforced, despite being gazetted long ago.

In Malaysia, private laboratories are operating with only a business licence with Standard Malaysia accreditation and ISO certification. Will the new government be willing to put this right?

### **Generational End Game (GEG)**

All political coalitions should also state their stand on the Health Ministry's generational end game (GEG). Although it can be assumed that most of the current MPs do support the bill, the individual parties' stand on this policy is still unknown.

The MMA once again wishes to state that it fully supports the Health Ministry's GEG and hopes it will be agreed to by all MPs with their vote in Parliament.

### **Early Health Education**

Healthy lifestyle habits need to be inculcated from a young age, but there is hardly any emphasis in this area. Child obesity in the country is a growing concern.

We hope to see policies prioritising health in schools. Junk food and all processed food should have no place in schools and around the school's vicinity.

Emphasis should be given to freshly prepared and healthy meals at school canteens, and physical exercise must be made a daily

practice. These steps will be beneficial to a child's physical, mental, and emotional health.

As diseases can be reduced with the early adoption of healthy lifestyle habits, the government will stand to save significantly on its health care expenses in the present and future. Food sold in schools should also be affordable to children from families in the B40 group.

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