Galen Centre for Health and Social Policy

Report Card – Year 1

Health Under Pakatan Harapan

Overall Grade	C +

Summary

This document is intended to gauge the Pakatan Harapan government's stewardship of the health agenda and commitment to reforms. It is important to note from the onset that **these grades reflect a work in progress**. Implementation of reforms is the responsibility of many individuals, not just the Minister of Health. The intersectionality of health means that other Ministries are mentioned. Reference is not limited to the Pakatan Harapan Manifesto (i.e pledges contained within *Promise 9: Improve access to and quality of health services* & *Promise 44: Improve the quality of education and healthcare*). These can be seen in the pale blue boxes. However, other related issues are also included to reflect ongoing developments and concerns. The inputs consolidated here are based on published statements and public documents.

Select Achievements

The introduction and upcoming enforcement of the **smoke-free air regulation** in eateries is arguably, the most prominent health-related achievement for the Pakatan Harapan government in its first year. Considering that at least 40% of Malaysians are exposed to second-hand smoke and an estimated RM 2.9b is attributed to the treatment of tobacco-related diseases such as lung cancer, cardiovascular disease and chronic obstructive pulmonary disease, this move will be seen as a watershed moment. If the government stays firm in the face of criticism, this move will pay dividends in reduction in airborne nicotine, better respiratory symptoms, better air quality, increased well-being, and massive drops in societal healthcare costs.

Doctors doing their housemenship will see long-awaited reforms. They are no longer permitted to work more than 14 continuous hours, no back-to-back shifts, work hours reduced from 65 to 75 hours per week, to 60 to 62 hours a week, and term reduced from two years to 18 months. Though placement continues to be a problem, these changes will improve the overall conditions for this group of healthcare professionals.

The development of the **Peka B40 programme**, aimed at tackling the rise of non-communicable diseases (NCDs) such as diabetes, high blood pressure, and high cholesterol, through strengthening of primary care services is a significant achievement. Combining medical and non-medical interventions intended to improve health-seeking behaviour and early prevention and control of NCDs, the plan has the potential to succeed where other similar initiatives have failed. However, it needs to be better funded, include people below the age of 50, and have clear mechanisms linking people with treatment.

Failing

The **state of healthcare in Sarawak and Sabah**, particularly the remote and rural population, remains generally basic and underserved in terms of access to healthcare facilities and meeting community needs. More than a third of the population continue to live beyond 5km of any kind of health facility and may have to travel for hours to seek treatment. Long standing issues such as maternal health remain unresolved. There needs to be a separate action plan to upgrade the healthcare infrastructure in these two states which is fully funded and has political support.

Despite 1 in 3 persons in Malaysia suffering from depression and anxiety disorders, the framework to respond to **mental health needs** continues to be dependent on private sector players including for profit, not-for-profit and non-governmental organisations. The allocation comprises only 1.17% of the total health budget. Budget allocation for MOH's psychiatric and mental health department was actually reduced by RM7.93 million this year, compared to 2018. By 2020, mental illness is expected to be the second biggest health problem affecting Malaysians.

High price mark-ups for treatment related costs and services by private hospitals (a large number are owned by government linked corporations) have contributed towards double digit medical inflation. Public perception has been that the **cost of private healthcare** has gone up in the past year.

Too Soon To Tell

The **mySalam** insurance scheme assisting individuals struck by critical illness, is a critical step in the right direction towards eventually introducing a national social health insurance scheme. However, it is too soon to tell whether this income replacement assistance plan will actually help the intended beneficiaries, the B40 group, at the intended scale. The exclusions and lack of customisation to reflect the actual needs of this population, potentially compromises its value and impact.

Introducing **cost containment measures** such as central pool procurement and a price control mechanism for medicines will contribute towards managing healthcare cost, particularly for the public health sector. The stated objective is to ensure access to medicine at an appropriate price, as well as to encourage innovation and healthy competition for industry growth. Though it is too soon to tell whether these actions will actual lead to cheaper drugs and improved coverage for diseases, it is a major initiative.

Overall Grade	C +

			GRADE
Strengthening Health Infrastructure & Improving Service Delivery	• Ensure **greater service coverage** through collaboration between public health centres and private clinics. • **Upgrade public hospitals** to increase capacity to treat more patients. • Ensure **drug and technology procurement systems are more competitive** so that high quality drugs and technology can be obtained with the lowest possible price and best value.		
	+	• Drugs and treatment at public hospitals and clinics continue to be generally **inexpensive and accessible to the Malaysian public**. • Consolidation and revamp of 1Malaysia Clinics into Community Clinics • Developing **cost containment measures** such as central pool procurement of medicines and drug pricing mechanism • The Health Ministry is committed to the implementation of the **Electronic Medical Records (EMR) system** in all 145 government hospitals and 1,700 health clinics within three to five years. • Formation of **Health Advisory Council** to assist in healthcare reforms.	**B -**
	-	• **Waiting times:** Patients continue to experience long waiting times at public hospitals. • **First Class charges:** Despite recent reassurances, referrals from private healthcare providers to public health services are still being charged first class treatment charges as per the Fees (Medical) (Amendment) Order 2017. • **High cost of private healthcare:** High price mark-ups for treatment related costs and services by private hospitals, affecting insurance rates, OPPs and general medical inflation, have not been effectively been addressed by the Government. Overwhelming public perception has been that private healthcare rates have gone up in the past year. Currently experiencing double digit medical inflation. • **Sector engagement**: The Health Minister indicated a clear commitment to a public-private partnership approach by engaging in dialogue and consultations with industry and sector stakeholders. However, the common complaint has been that these engagements continue to be few and far, often coming late at the policy stage. • **Drug shortage:** Occasional nationwide shortage of medicines at government hospitals occurred again in 2018 indicates that reforms in public drug procurement and supply are still needed. No indication that this has begun. • **General Practitioner Fees:** GP consultation fees remain stagnant at 1992 levels.	
Healthcare Financing	• Ensure allocation of **4% of GDP** to the Ministry of Health within the first term.		
	+	• **Budget increase:** Despite the government's financial constraints, Budget 2019 saw **2.35% of GDP** (2018 GDP, RM1,229.8b) or RM29b being allocated for health, an increase of almost RM3b. • Health Minister has acknowledged that tax-based health financing is not sustainable and **alternative financing models including social health insurance** are being looked at. It is likely that the government will propose a hybrid version within the next couple of years.	**B**
	-	• Due to existing financial constraints, debt servicing commitments and competing national priorities, it is **unlikely that the allocation for health will be increased** to the targeted amount within the remaining period.	
Insurance/ Health Schemes	• Introduce **Skim Peduli Sihat** across the country (similar to Selangor) by allocating RM500 a year to B40 families to access primary care in private clinics.		
	+	• **mySalam:** Introduction of insurance scheme by the Ministry of Finance to provide income replacement assistance for B40 patients inflicted by chronic illnesses.	**B -**
	-	• **mySalam:** Serious deficiencies which appear to not properly respond to the needs of the B40 population (e.g. excluding pre-existing diagnosis prior to 1 Jan 2019, use of industry standard list of CI)	
Human Resources	• Addressing **the issues and problems affecting young doctors,** particularly housemen		
	+	• **Sexual harassment:** The long overdue response to the sexual harassment case in Sungai Buloh Hospital and subsequent rapid action leading to dismissal of the perpetrator set a precedence for how such cases should be dealt with. • **Working hours:** Housemen will no longer be allowed to work more than 14 hours at a stretch and no double shifts on the same day. Work hours reduced from 65 - 75 hours per week, to 60 - 62 hours a week. • **Training:** Plan to reduce housemanship from two years to 18 months, approved by Cabinet.	**B+**
	-	• **Placement**: Waiting period for housemen placement remains too long, between 8-12 months. • **Contracts:** Those who have completed housemanship last December, are reportedly still waiting for their medical officer placements and contracts.	
East Malaysia	• Grant **Sabah and Sarawak state governments decision rights** to healthcare related issues. • **Skim Insuran Peduli Sihat** will be introduced in Sabah and Sarawak with **priority to rural citizens**. • **Prioritise training of healthcare professionals** from Sabah and Sarawak to serve as permanent officers based in East Malaysia. • **Build more healthcare centres** in Sabah and Sarawak		
	+	• Restart of construction of the Petra Jaya Hospital, Sarawak. • Establishment of the State Health and People's Wellbeing Ministry in Sabah	**D**

	-	• **Rabies epidemic** in Sarawak appears to not be contained. Now Stage 2 Disaster. • **The state of maternal health coverage for rural areas in Sabah & Sarawak** remains poor and unchanged. • Basic health facilities remain inadequate to meet community needs. **Urban polyclinics and rural clinics in both states generally suffer from lack of development and underfunding.** Many rural clinics do not even have treated water supply or reliable power supply. Public hospitals are overcrowded.	
Disease Specific Interventions	• **Focus on non-communicable diseases (NCDs),** including prevention, early detection of related illnesses and providing treatment for cancer patients via multisectoral strategies and collaborations. • Selected hospitals will be **equipped with the latest technology** to treat **cardiovascular diseases and cancer**. • **Increase allocations and incentives** to encourage the private companies and welfare bodies in the treatment of **rare diseases**, especially amongst the needy and families with children with special needs.		

	+	• **Peka B40:** Public-private partnership initiative integrating primary care to address non-communicable diseases such as diabetes, high blood pressure, high cholesterol and cancer, aims to benefit 800,000 people in the B40 above the age of 50. Pilot funded with RM100m. Biggest challenge is linking people to treatment.
		  ○ Assisting to alleviate non-medical expenditure needs (i.e. transportation costs) into encouraging treatment-seeking behaviour
		  ○ Incentives to complete cancer treatment
		  ○ Health screening involving blood and urine tests, breast and prostate exams for women and men respectively
		• **Anti-smoking initiatives:** The introduction of and upcoming enforcement of the smoke-free air regulation in eateries. Increase in mQuit enrolment in the first four months of this year exceeds the total number enrolled in 2018. Public perception and a study have shown that there has been a massive drop in smoking in restaurants. Tobacco Control Bill expected to be introduced at the end of the year.
		• **Sugar tax:** Expected to be imposed in July, will see an excise tax of 40 sen per litre on sweetened beverages with more than 5g of sugar or sugar-based sweetener per 100ml. Revenue to be channelled to school healthy food programmes.
		• **Cancer:** Success in securing significant price reduction in trastuzumab, a breast cancer drug for HER2-positive patients allowing for more breast cancer patients to benefit from the targeted therapy.
			A -

	-	• **Rare diseases** shared a RM 50m allocation with Hepatitis C, stunted growth among children, providing more haemodialysis treatments and enhanced primary healthcare. RD was allocated RM10m in 2018. • **Cancer:** Updated Malaysian National Cancer Registry Report remains unavailable. Last period covered: 2007-2011 (data is as of June 2015)	
Mental Health	• **Channel more government resources** to mental health care in public hospitals, in particular on **human resources** and **insurance protection**.		
	+	• Nothing significant to report	**F**
	-	• Despite 1 in 4 persons in Malaysia suffering from mental health, the allocation to MOH for mental health comprise only 1.17% of the total health budget. Budget allocations for MOH's psychiatric and mental health department was **actually reduced by RM7.93 million** this year, compared to 2018. This potentially has an impact on the quality of services delivered to both in-patient and out-patient psychiatric treatment across public hospitals and clinics. • Despite having 45 hospitals under the ministry offering psychiatric services, number of positions for clinical psychologists remain at 15.	
Children	• Prepare **compulsory pneumococcal vaccination** for all children below 2 years old.		
	+	• On two separate public occasions in 2018 and 2019, the Health Minister made a commitment to seek the **introduction of a pneumococcal vaccine** into the National Immunisation Programme, despite hurdles due to the potential prohibitive costs involved. Though the 2019 Budget did not incorporate this initiative, the 2020 version is expected to see the vaccine being proposed by the Ministry of Health. • A taskforce has been formed to consider the feasibility of imposing **compulsory vaccination**. Recommendations from the taskforce will be tabled to the Cabinet for its consideration.	**B+**
	-	• Acceptance of **halal alternatives to current vaccines** and supporting their manufacturing contradicts policies regards the status of existing ones and gives the public the impression that there are right (i.e. halal) and wrong (i.e. haram) versions of drugs and medicines.	
Vulnerable Populations	• **Provide incentives to build palliative care centres** across the country to address issues surrounding the **treatment of terminal patients**. • **Allocate RM500 healthcare subsidies** for young people with household income below RM3,000 per month. • Improve standards of health services especially in **plantation areas,** which are mostly populated by Indians.		
	+	• Government has recently expressed **interest in expanding palliative care services**. Six public hospitals currently have palliative care specialists.	**C**
	-	• There are clinics in most plantations, but workers and communities living there feel that they can only deal with minor illnesses such as a cough, flu or fever. There has been **no indication of plans to improve standards of health services in these locations**. • Though medical devices are covered under Peka B40 initiatives, health needs of the disabled community are unclear. **Disabled groups criticise the government** for not engaging with them, and shoehorning them into the Ministry of Women, Family and Community Development.	