

Malaysia Healthcare System

Malezya Sağlık Sistemi

Muhd Firdaus bin Che Musa

Department of Paediatric Orthodontic and Dental Public Health Kulliyah of Dentistry,
International Islamic University Malaysia



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Abstract

Malaysia is an upper middle-income country that enjoys political and economic stability. Malaysian population is young, growing or ageing. In recent years, the life expectancy at birth is 73 years. Malaysia has fostered various collaborations and partnerships with international associations, such as the WHO, Association of Southeast Asian Nations (ASEAN) and others in its effort to improve general health. Consequently, the country has benefited from a well-developed health care system, good access to clean water and sanitation, non-communicable diseases now account for most mortality and morbidity while communicable diseases still remain a concern.

Malaysia's public health system is organized under a civil service structure and are centrally administered by the Ministry of Health [MOH] and financed mainly through general revenue and taxation, while the private sector is funded through private health insurance and out-of-pocket payments from consumers. Furthermore, only a limited number of private organisations (employers) provide dental insurance that provides subsidised dental care that suggests that there is some limitation for dental care due to financial costs.

Meanwhile, the supply of health professionals has increased over the years, as the result of the government's effort to increase medical/dental training facilities, although its number is still below the required number. As the country approaches developed nation status, its demographic and epidemiological transitions will continue and the demand for health care by the population continues to rise and further heighten expectations for more high quality of health care. These place pressure for Malaysia for health reform in the year 2020 and beyond.

Keywords: Malaysia; healthcare system; medical; dental and financial

Özet

Malezya siyasi ve ekonomik istikrarını yaşadığı bir üst orta gelirli ülkedir. Malezyalı nüfus genelde genç, erişkin ve yaşlı olarak ayrılabilir. Son yıllarda doğumda beklenen ömür yaşı 73 yıldır.

Malezya, DSÖ, Güneydoğu Asya Uluslar Topluluğu (ASEAN) ve diğerleri gibi uluslararası kuruluşlarla genel sağlık düzeyini geliştirme çabasıyla çeşitli işbirliği ve ortaklıklar geliştirmiştir. Sonuç olarak, ülke iyi gelişmiş bir sağlık sistemi, temiz su ve sanitasyona kolay erişim, aynı zamanda güçlü sosyal ve ekonomik programlardan yararlanmıştır. Öte yandan bulaşıcı olmayan hastalıklar en çok mortalite ve morbiditeye neden oluyorken bulaşıcı hastalıklar hala bir endişe kaynağı olmaya devam etmektedir.

Malezya halk sağlığı sistemi bir kamu hizmeti yapısı içinde örgütlenmiştir. Merkezi olarak Sağlık Bakanlığı tarafından idare edilir, esasen federal hükümet tarafından toplanan genel gelirler ve vergilendirme yoluyla finanse edilirken, özel sektör özel sağlık sigortası yoluyla hizmetlerini finanse edebilmektedir. Tüketicilerin cepten sağlık finans ödemeleri yalnızca sınırlı sayıda özel kuruluşlar ve maddi maliyetler nedeniyle diş bakımı için gerekmektedir. Diş sağlığı hizmetlerine maddi yardımda bulunan diş sigortası sistemi bulunmaktadır.

Bu arada, sağlık profesyonellerinin arzı, hükümetin tıbbi / diş eğitimi tesislerini artırma çabalarından ötürü halen istenen rakamın altında olmasına rağmen yıllar içinde epeyce artmıştır. Ülke gelişmiş ulus statüsüne yaklaştıkça, demografik ve epidemiyolojik geçişler devam edecek ve nüfusun sağlık hizmeti talebi artmaya devam edecek, daha kaliteli sağlık hizmetleri beklentileri artacaktır. 2020 ve sonrasında yönelik Malezya'da sağlık reformu yapılması ile ilintili baskılar artmaktadır.

Anahtar Kelimeler: Malezya; sağlık sistemi; tıbbi hizmetler; Diş hekimliği hizmetleri, finans

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*Corresponding Author:

Asst. Prof Dr MuhdFirdaus bin Che Musa

Unit of Dental Public Health,
Department of Paediatric Orthodontic and
Dental Public Health Kulliyah of Dentistry,
International Islamic University Malaysia,
25200 Kuantan, Pahang, Malaysia

E-mail: muhdfirdaus83@gmail.com

Introduction

Malaysia is located in the South-East Asian region, situated in two different geographical areas: Peninsular Malaysia and East Malaysia^{1,2}. The country is a federation of three territories and thirteen states which practices parliamentary democracy where the Prime Minister leads the government along with a constitutional monarch. It is an upper middle-income country that enjoys political and economic stability. While Islam is the official religion of the country, it is predominantly a secular country where the multicultural society lives harmoniously. In 2017, the estimated population in Malaysia is 31.2 million and the country had an average annual growth rate of two per cent for the time period of 2000-2010³. Furthermore, according to the national census, the majority of Malaysians (79.9%) live in Peninsular Malaysia while the rest reside in East Malaysia⁴. On the other hand, the Malaysian population is ageing, despite the statistics that indicate only 6.2% of the population are aged 65 years and above, it was estimated that the volume of senior citizens will increase to 11.4% by 2040^{3,4}. This mimics the ageing population trend experienced by many other countries⁵⁻⁷. In the meantime, the males to females ratio was 105:100 in 2015³ and about 91.8 % of the population are Malaysian citizens come from a range of ethnic groups, such as the Bumiputera (67.4%), Chinese (24.6%), Indians (7.3%) and others (0.7%)⁴. In this regard, the past and current trends of local contexts can be used to determine whether the Malaysian population is young, growing or ageing. In recent years, the life expectancy at birth is 73 years. Malaysia has fostered various collaborations and partnerships with international associations, such as the WHO, Association of Southeast Asian Nations (ASEAN) and others in its effort to improve general health^{8,9}. Consequently, the country has benefited from a well-developed health care system, a better access to clean water and sanitation, non-communicable diseases now account for most mortality and morbidity while communicable diseases still remain a concern¹⁰.

Country's organization and governance

The Malaysian health care system can be categorised into two sectors, tax-funded and government-run universal services and a fast-growing private sector¹⁰. The public sector health services are organized under a civil service structure and are centrally administered by the Ministry of Health [MOH]. Every health care pro-

fessional in Malaysia is under regulation to be registered under certified statutory bodies¹¹.

The MOH plans and regulated most public sector health services but so far exerts little regulatory power over the private sector. The fast-growing private services nevertheless mainly located in urban areas^{11,12}. Moreover, MOH constantly supervises the expansion of health facilities and promotional activities and these are strengthened by a trade liberalisation policy recently introduced in the country, that is believed to increase population health awareness^{13,14}, which then may improve their level of service uptake¹³. The recent implementation of policy that allows freedom movement of foreign specialists, including dentistry into the country is believed to may increase health facilities, as well as their health activities.

Meanwhile, for dental health, besides the MOH, dental care and services are provided by statutory bodies and local authorities that including private dental clinic, dental schools regulated by the MOHE and the Ministry of Defence. Basically, there is a network of health clinics which provide primary healthcare to the local community; and there is a referral system from primary to secondary or tertiary care across district and urban hospitals.

Financial Support

Malaysia's public health system is financed mainly through general revenue and taxation collected by the federal government, while the private sector is funded through private health insurance and out-of pocket payments from consumers¹⁵. The spending on health (at 4.4% of GDP in 2013) remains below the average for upper middle- income countries¹⁶. Future studies predict the similar expenditure until 2030, which will amount to 4.4% of the GDP¹⁵. The inadequacy of government spending on oral healthcare has caused concern regarding the government's ability to meet the increasing needs of the population. In this light, the government constantly provides given a relatively low allocation for the MOH in the national budget for over 40 years since the 1970s¹⁷. On the other hand, Malaysia has no dental health insurance systems, and adult and elderly groups who choose private dental care in need to pay using their own money. Furthermore, only a limited number of private organisations (employers) provide dental insurance that provides subsidises dental care as part of their employee bene-

fit^{15,17}. This suggests that there is some limitation for dental care due to financial costs. This pattern of spending is currently being debated for financing options, including the establishment of a social health insurance scheme.

Health workforce

The number of private and public primary care and dental clinics has increased, along with the number of hospital beds¹⁸⁻²⁰. Meanwhile, the supply of health professionals has increased over the years, as the result of the government's effort to increase medical training facilities, although its number is still below the required number.

In this light, registered nurses including community nurses are the largest group of health professionals where a larger number of doctors working in the public sector mostly in hospitals, compared to the private sector in 2016²⁰. Meanwhile, the employment of dental nurses (therapists) is restricted to the public sector under the Dental Act 1971 and they mostly deliver oral health care to schoolchildren under the supervision of dentists²¹. The current dental workforce in Malaysia comprises dental health professionals, namely general dentists and specialists, and dental auxiliaries. The dental auxiliaries, known as Dental Care Professionals (DCPs) in the United Kingdom (UK), consist of dental therapist, dental technicians and dental surgery assistants (DSAs)¹⁷. In Malaysia, both the dental health professionals and the dental therapist are operating clinicians, and their job scopes are varied, based on the age groups of the patients and the complexity of dental treatment¹⁶.

Delivery of services

Malaysians of all age groups are eligible to receive publicly-funded health services; however, the range of available services differs across area, and is limited in certain aspects. The national health policies is mainly stress on public health and health promotion¹¹. In the meantime, public primary care services are under considerable strain with staff shortages and patients often encounter long waits. Hospital policy currently has two main thrusts: strengthening speciality care in large hospitals; and increasing the number of ambulatory centres¹⁰. In dentistry, the adults and the elderly enjoy highly subsidised treatments for tooth fillings, extractions,

low-cost dentures and emergency treatments. However, such treatments are available only on an appointment basis and there are limited slots available with a long waiting list to obtain such services, suggesting a low uptake rate for dental service. Meanwhile, schoolchildren up to age 17 enjoy dental treatment provided by dental therapists under the school dental programme, which offers totally free dental check-ups and treatments based on their parents' consent^{17,22,23}.

As the country approaches developed nation status, its demographic and epidemiological transitions will continue. Moreover, the advent of new technology expands the possibilities for intervention as the demand for health care by the population continues to rise and will heighten expectations for more high quality of health care. The government will need to address the growing concerns of equity and efficiency, whilst balancing the policy-politic influence in such of financial constraints for a better health reform for Malaysia in the year 2020 and beyond.

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