

World Health Day: Lessons from Malaysia on Universal Health Coverage

By Jacqueline Lo and Pascale A. Allotey, 7 April 2018

The right to health is fundamental, universal and irrevocable. Individuals, their families and their communities should not have to die or face extreme poverty due to health care costs.

World Health Day is celebrated on April 7, and 2018 marks the 70th birthday of the World Health Organisation (WHO). This year's theme is universal health coverage (UHC) — the belief that everyone, everywhere should have access to quality health services where and when they need them, without suffering financial hardship.

It includes the full spectrum of services needed throughout life—from health promotion to prevention, treatment, rehabilitation, and palliative care—and is best based on a strong primary health care system.

Universal health coverage

Malaysia has achieved universal health coverage. It has made remarkable progress in improving health outcomes over the past seven decades.

At the time of Independence, the number of infant deaths was 75.5 per 1,000 live births. This has since fallen by more than 90 per cent to 6.7 deaths per 1,000 live births in 2016. Maternal mortality which refers to the death of a woman caused by her pregnancy, during and after delivery, has also decreased by 89 per cent between 1963 and 2013.

The country successfully eradicated smallpox in 1978, a year ahead of the WHO declaring the world smallpox free. In 2011, Malaysia achieved the WHO regional target on hepatitis B control through a concerted effort in its childhood vaccination programme. This achievement was six years ahead of the target date set to reduce the rate of hepatitis B among five-year old children to 1 per cent.

Malaysia has been acknowledged globally for a high performing health system based on a well-trained workforce, excellent infrastructure and quality service delivery. It has a low incidence of catastrophic and impoverishing health care expenditure.

According to the latest available data, less than 1 per cent of the population spent more than 25 per cent of their household budget for health. However, it is noteworthy that with rising levels of non-communicable diseases out-of-pocket spending has increased steadily to around 38 per cent of total health expenditure as of 2016.

Challenges ahead

Life expectancy in Malaysia has increased to about 75 years. Population projections suggest that in two years' time, seven per cent of the population will be 65 years and older.

Currently about 70 per cent of deaths in the economically productive age group are from consequences of non-communicable diseases. The onset of such diseases is often silent. For

example, about one third of those with diabetes and high blood pressure are unaware of the conditions.

The burden of non-communicable diseases requires a transformation in how health services are organised, financed and delivered. The 11th Malaysia Plan aims to accelerate efforts to achieve universal access to quality healthcare by targeting underserved areas, increasing capacity of both healthcare facilities and personnel, and promoting community engagement to ensure shared responsibility for health.

What next?

Malaysia has made several new commitments to sustain universal health coverage. One such commitment includes the Enhanced Primary Health Care programme in 20 public health clinics in the states of Johor and Selangor. This is showing promising results.

This initiative aims to tackle diabetes, high blood pressure and high cholesterol. It also encourages smokers to quit by empowering individuals with knowledge and strategies for achieving better health and wellbeing.

Through a system which registers residents within the vicinity of clinics, patients at risk are then monitored regularly and followed up by primary care doctors. Patients at risk are provided counselling on diet and physical activity and treatment is initiated for those diagnosed with a health condition.

Key to this process is continuous monitoring by the same health team at the primary care level. The system enhances trust and takes the pressure off hospitals to focus on acute cases.

Another commitment is community engagement. A recent partnership between Monash University Malaysia's South-east Asia Community Observatory, the Segamat District of Johor and the Ministry of Health in that district is contributing to improving health outcomes.

Through the direct engagement of some 40,000 residents in five sub-districts, research findings suggest that breast cancer and ageing are priority areas. In response, a breast cancer service was established at the Segamat hospital and a system of home visits has been organised to monitor elderly patients living alone.

Both WHO and the United Nations University's International Institute for Global Health are pleased to see the results from this community engagement initiative which bears testimony to the fact that when communities are empowered, they can be more proactive in directing their health and health care needs.

Conclusions

Malaysia's health system is at a cross-road. The country must now build on its successes and reinforce its health services to be able to cope with the challenges looming from its changing demographics and burden of non-communicable diseases.

That conversation on how best to manage, especially when it comes to funding this reality, has certainly begun. However, regardless of which path Malaysia chooses to embark on, we strongly urge that the poor are protected without undue financial catastrophic risks.

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