Health Policy and Management
Challenges for the 21st Century Malaysia

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Health System Structures

People

Processes

Institutional

Purpose

Governance
Stewardship
Direction

External Environment
Physical
PEST
Industry
Markets
PUBLIC-PRIVATE

LOM – Plan
Organize
Direct
* Control/Influence
Motivate.

Health Policies Strategies

Delivery

TACTICAL PLANS

Markets Forces
Vs
Regulatory Forces

* Policy-Implementation Strategies

Measurement system
Face to face system
Belief system

Health System Goals
Health Services Goals

Consumer

Intermediary

Financial

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CHALLENGES IN HEALTH POLICY AND MANAGEMENT
Challenges in Health Policy and Management

• PAST, PRESENT, policy emphasis of financing and provision of personal health care services and biomedical research,

• Except for the fact that personalized healthcare and biomedical research (on their own) cannot meet the future national and international health challenges.
#1. We are faced with these key challenges of:

• Applying the growing body of knowledge and wisdom
  • about the other (multiple) determinants of the health
  • continuing to increase support for research in science and technology especially in social and behavioral sciences, public health
• Engage enablers such as ICT
NCDs are also a development problem and threaten MDGs

Poverty at household level

- Loss of household income from spending on unhealthy products
- Loss of household income from illness, disability and premature death

Populations in low- and middle-income countries

- Increased exposure to common modifiable risk factors
- Noncommunicable diseases

Limited access to effective and equitable health-care services Leading to out-of-pocket and catastrophic expenditures

Loss of household income from high cost of health care
Meet their primary interest- NCD prevention can be a Co-Benefit

- **Education**: Improved scholastic outcome, Improved health of children
- **Agriculture**: Improved production of fruits and vegetables, Improved consumption of f&v in population
- **Industries**: Improved productivity, Less expenses on sickness of employees, Healthier people
- **Urban planning**: Beautiful city, more tourists, more money, More physical activity
NATIONAL HEALTH POLICY
#2. We are faced with these key challenges of:

**Establishing a National Health Policy**

- Potential of a truly “National” Health Informatics (NHI)
- Share and disseminate the information - improve the quality and safety of health services
UN Secretary-General: NCDs in developing countries are hidden, misunderstood and under-recorded

A rapidly rising epidemic in developed and developing countries...

... with serious socio-economic impacts, particularly in developing countries.

Workable solutions exist to prevent most premature deaths from NCDs and mitigate the negative impact on development.

The way forward: These solutions need to be mainstreamed into socio-economic development programmes and poverty alleviation strategies.
“NATIONAL” HEALTH POLICY

Require

• Higher priority to improve health of population and its subpopulations
• Research, Services, and Changes in the markets and regulatory forces
• Government expand current programs to (promote) prevent, (screen) diagnose, and (control) treat disease.
Social Determinants of Health

Fig. 2. The health gradient

Individually oriented preventive action

Health hazards

- Environmental health hazards
- Lack of education
- Inadequate food and nutrition
- Unemployment
- Poor housing
- Poverty

Source: adapted from Making partners: intersectoral action for health (13)
A comprehensive “national” approach to health policy for the 21st century

• **PROMOTE** coordinated and integrated efforts across boundaries in order to achieve three goals:
  1. Longer, healthier lives for all Malaysians
  2. Equitability
  3. Risks Protection

• **INTEGRATE** the fragmented approach that ONLY (essentially) address the needs of a specific population, illness, process or organizational constituency.
Interventions & Multi-Sectoral Action

**ADVOCACY, HEALTH IMPACT ASSESSMENT → HEALTH IN ALL POLICIES**

- **Tobacco use**
  - Excise tax increases
  - Smoke-free indoor workplaces and public places
  - Health warnings
  - Bans on advertising and promotion

- **Harmful use of alcohol**
  - Excise tax increases on alcoholic beverages
  - Comprehensive restrictions and bans on alcohol marketing
  - Restrictions on the availability of retailed alcohol

- **Unhealthy diet and physical inactivity**
  - Salt reduction through mass media campaigns and reduced salt content in processed foods
  - Replacement of trans-fats with polyunsaturated fats
  - Public awareness programme about diet and physical activity

**MINISTRIES**
- Health
- Agriculture
- Finance
- Transport
- Trade and Industry
- Education
- Labour
- Urban planning
- Justice

**OTHER STAKEHOLDERS**
- Civil society
- NGOs
- Academia
- Private sector
- Donor, development partners

“Healthy” Settings such as Cities, Towns, Schools, Workplaces etc.
#3. We are faced with these **key challenges** of:

- Responding to pressing global/ international health issues that have domestic implications
- Global markets increasingly determine the safety goods and services (**and** their availability, quality, and costs).
MARKETS vs REGULATORY INTERVENTIONS
NSP-NCD: Policy & Regulatory Interventions

- Main thrust of NSP-NCD
- Health promotion and education will increase awareness and knowledge
  - However changes in behaviour is strongly influenced by our living environment

![Diagram showing the relationship between awareness, knowledge, behavioural change, supportive living environment, policies, and regulations]
Policy & Regulatory Interventions, Progress thus far...

- Guideline on marketing of foods and non-alcoholic beverages to children (Self-regulatory, August 2013).
- Strengthening implementation of the Framework Convention for Tobacco Control (FCTC).
- Guideline on food and beverages sold in school canteens (revised guideline, January 2012).
- Banning of sale of food & beverages by mobile vendors outside of school perimeters (2012)
- Health-promoting workplaces in the public sector
  - Healthy menus during meetings
  - Healthy vending machines
  - Healthy cafeterias

# There is still much that needs to be done....
Problems in the Emphasized Personalized Healthcare System
#4. We are faced with these key challenges of:

Problems in the emphasized personalized healthcare system

- Non responsiveness
- Rising costs
- Medical errors
- Failure to date of all forms of managed care
Coordinating-Integrating Silos in Fragmented Health Programs
We are faced with these key challenges of:

• Coordinating and integrating the silos and fragmented programs

In particular, those dealing with specific diseases and services, as well as specified populations, providers, and locations.
Non-Communicable Diseases Section

• Headed by a Deputy Director
• Consists of three main sectors:
  • NCD-Cancer-FCTC
  • Occupational & Environmental Health
  • Mental health, Substance Abuse, Violence and Injury Program (MESVIP)
• Two main functions:
  • Policy and Program Development for the prevention and control of NCD in Malaysia
  • Monitoring and Evaluation
REORGANISE RESTRUCTURE
# Public Health System Structure:
MOH → State Health → District health

- Creation of Divisions
- Centralisation/decentralization spectrum
- Devolution – corporate, private (degree of independence)

❖ Requires effective and efficient integration and coordination mechanisms
REORGANISE RESTRUCTURE

• Policymakers in the new administration to decide whether and how to reorganize federal and state agencies / departments that have responsibility for health

MSA (Multi-Sectoral Action):
Industries; Public–Private-NGOs; Ministries/ Agencies/ Departments; Consumers (?smokers-nonsmokers,......)
**MSA: Multi-Sectoral Action**

**MSA-Entry Points**

**National**  
National multi-ministerial forum  
- Effective only with commitment at the highest level, need a good driver, Health in All Policies

**Subnational**  
City/District/Village level  
- More feasible, leverage local government, collective voice of community, government closer to the community, local ordinances

**Risk factor**  
Tobacco/Alcohol/Physical Activity  
- Facilitators-activism, pressure groups, champions, international agreements (FCTC), global reporting, more palpable interventions, common good /common enemy
Current inter-sectoral mechanisms: MOH participation

• Cabinet Committee for a Health-Promoting Environment.
  • Established under NSP-NCD.
  • Chaired by the Deputy Prime Minister, members consist of 10 Ministers

• National Council on Food Safety and Nutrition
  • Established under the National Plan of Action for Nutrition.

• MOH is also a permanent member of various inter-ministerial committees under several ministries e.g.
  • Ministry of Education;
  • Ministry of Youth and Sports;
  • Ministry of Housing & Local Governments;
  • Ministry of Women, Family and Social Affair.
GOVERNANCE AND STEWARDSHIP
RECOMMENDED changes/implementation in

• Governance and Stewardship; Leadership, Organization and Management

• Purposes, Processes and People involved in policy development, master (comprehensive) and strategic planning, implementation and evaluation of health policy.
Current inter-sectoral mechanisms

Cabinet Committee for A Health Promoting Environment

Chaired by the Deputy Prime Minister
1. Minister of Health
2. Minister of Education
3. Minister of Information, Communications, Arts & Culture
4. Minister of Rural & Regional Development
5. Minister of Agriculture and Agro-based Industry
6. Minister of Youth & Sports
7. Minister of Human Resource
8. Minister of Domestic Trade, Co-operatives and Consumerism
9. Minister of Housing and Local Governments
10. Minister of Women, Family and Social Affairs

Main TOR: To determine policies that creates a living environment which supports positive behavioural changes of the population towards healthy eating and active living.
Challenges for Malaysia

- The main challenge in policy and regulatory interventions remain that they are mostly under the responsibilities of ministries and departments other than Ministry of Health?
- Ministry of Health needs to take leadership role. in health policy - YES.
- Need to find a win-win solution – “mutuality of interest”.
- Economic and “political” consideration remains paramount and needs to be acknowledged.
- The health sector needs to play a strong advocacy role.
- Stakeholders? (Consumers, Healthcare Professionals, Government) influence other players in health related policy and strategy developments in their respective subsector.
The challenges facing the MOH as the lead health agency in the nation.

The federal government is responsible for too many roles and functions related to
✓ health policy
✓ health financing and financial risk protection
✓ illnesses risk and public health protection

➢ capacity building for population health
➢ health services provision and delivery systems
➢ direct management of services, and
➢ collecting and disseminating information about Malaysia’s health system and its and intermediaries.
Both medical/healthcare and public health services can be significantly improved if policies to address these challenges are put in place.
In summary, the current barriers to effective action
Impediments to effective action include

I. inadequate data
II. divided responsibilities
III. public-private boundaries
IV. inadequate health management, and
V. fragmented authority for public health and international health policy.
# 1. Current Barriers to Effective Action

- Inadequately integrated public health information infrastructure and data
II. Current Barriers to Effective Action

- **Divided responsibilities** create and reinforce overlapping and competing jurisdictions among the myriad public and private health sector stakeholders.
# III & IV. Current Barriers to Effective Action

- Inadequate health management
- Public-private Boundaries and Integration
# V. Current Barriers to Effective Action

• **Fragmented authority for public health and international health policy.**

• Authority for international health issues is split making coordination of Malaysia’s policymaking difficult for effective health policy development & implementation.

• No single federal agency can lead the government toward a cooperative, communicative, comprehensive health policy **without a clear mandate from the prime minister.**
STRATEGIC FOCUS

Areas for Action – Way Forward
Strategic Focus

• FUTURE: A truly “national health policy” would build on the strengths of these developments – an increased focus on public health and driven by primary health care
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Strategies/ Areas for Action – Way Forward

• 1 Focusing on primary healthcare
• 2 Financing the related public health research
Strategies/ Areas for Action – Way Forward

- 3 Sustaining the increasing investment in the nation’s public health infrastructure
- 4 Significant investment for the primary healthcare infrastructure.
Strategies/ Areas for Action – Way Forward

• 5  Increasing access to, and sharing/dissemination of health information for all
• 6  Offering incentives for partnerships
Strategies/ Areas for Action – Way Forward

7 Increase/ Strengthening the capacity of government to manage and improve the:

- health system and institutions,
- promotion and protection of health by reducing fragmentation within the federal government
- coordination and collaboration across government, and between public-private sectors.
Multi-Sectoral Approach: What & Why?

- Working together across sectors to improve health and influence its determinant
- Forging new collaborations and partnerships are critical in making progress in addressing the NCD epidemic.
- Partnership occurs at different levels:
  - Individuals, families and communities.
  - Government, communities and NGOs.
  - Government, development partners (within countries), civil society and, as appropriate, the private sector.
‘Whole-of-Government’ and ‘Whole-of-Society’ approach

• ‘Whole-of-Government’ denotes public service agencies working across portfolio boundaries to achieve a shared goal and an integrated government response to particular issues.

• Responsibility for health and its social determinants rests with the whole society, and health is produced in new ways between society and government.
CONCLUSION

Stimulate a “National Health Policy” to drive the above strategies going forward