Datuk Seri Dr. Haji Dzulkefly bin Ahmad â?? Minister of Health, Malaysia

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Datuk Seri Dr. Haji Dzulkefly bin Ahmad, Malaysiaâ??s Minister of Health, sets out his vision and key priorities for healthcare in the country over the course of the new parliamentary session.

What are the key priorities you have set since receiving your mandate as Minister of Health in Malaysia?

As Minister of Health, I was not appointed to pretend I can solve someoneâ??s complex medical problem: that is the remit of the specialists. My role is to provide the necessary leadership and stewardship to troubleshoot and enhance the delivery of healthcare in this country.

I have two major priorities for health, an immediate priority and a longer-term priority. The former amounts to improving the shortcomings and quandaries in the delivery of health, such as waiting times, hospital and clinic congestion, and the high cost of medicines. Regarding the latter, on a longer-term basis, I would like to achieve enhanced collaboration between the public and the private sectors, in an effort to address both communicable and non-communicable diseases, in addition to an issue that can be easily overlooked â?? mental health, a pertinent area of wellness and wellbeing.

Indeed, while cardiovascular diseases are the leading cause of mortality in developing countries, they are being overtaken by cancer and non-communicable diseases such as hypertension and diabetes in the developed world. Malaysia is following this pattern. There is also the re-emergence of communicable diseases such as Malaria, Tuberculosis, and in the Malaysian context, Dengue Fever.

We also need to improve diagnostics, accessing those who are suffering from conditions such as hypertension, but are unaware and inadvertently foregoing treatment, which will worsen the impact of non-communicable diseases on a sufferer.

What propositions are you bringing to answer some of these challenges?

My approach is to emphasise primary healthcare by allocating enough resources to empower the public health delivery system and to enhance promotive and preventative medicine. This will more effectively manage the burden applied by non-communicable diseases. If one can circumvent the occurrence of non-communicable diseases, other related ailments can be prevented too. For example, the incidence of heart attacks and strokes will decrease by tackling the incidence of

obesity.

As an upper middle-income economy, we have underspent on healthcare. While the average spending on healthcare for an economy of our size is around six to seven percent of GDP, we are only spending 4.5 percent of GDP on healthcare (2.2 percent through the public sector and 2.2 percent from the private sector). Thus, we have a shortfall of 1.5 percent of GDP. Consequently, I am determined to oversee an incremental increase of budgetary allocation towards healthcare over the next five years in this parliamentary session, so that we can address pressing infrastructure issues, such as ageing facilities and equipment. Of our 145 public hospitals, 45 of them are over 100 years old. We must also address key issues like the hospital bed to population ratio, and the doctor to population ratio. As a consequence of underspending, we have insufficient places for out trainee doctors to enter the system. In Malaysia there are 5000 new medical graduates annually from our 31 medical schools (11 in the public system, and the remaining in the private system), but only 3 000 places available for residencies. This figure also ignores Malaysian medical graduates who studied overseas. All of these bottlenecks in terms of delivery, policy, and spending are collectively the issues that I have to address.

How is the new government endeavouring to safeguard the future sustainability of the Malaysian healthcare system?

Our public service, which is financed through general taxation has been commendable over the years. However, we have reached a juncture where the system is no longer sustainable in its current form and cannot meet its financial burdens by increasing taxation. Consequently, we must implement the necessary reforms. This could result in Malaysia transitioning to a Statutory Health Insurance System (SHI), a Voluntary Health Insurance (VHI) system, or perhaps to another model with the foundations remaining as a tax base. Whatever the new system may be, we must launch it, in whatever form that may constitute, within the next three to five years.

I have also proposed the concept of a health advisory council. We have a plethora of talent in the public sector, namely in the Ministry of Health. The focus now is to leverage on the capacity of the private sector, involving them in consultations on policy matters and trouble shooting. Moreover, we could also agree to gain access to the private sectorâ??s facilities at a discount price. There is expensive equipment such as MRI scanners unutilised in the private sector. With a synergy of the systems, we could optimise resources and the private sector could alleviate some of the congestion and bottlenecks in the public sector hospitals. This is why we are creating a social agenda to guarantee access to the lowest groups.

Notwithstanding the challenges we face, the performance and quality of healthcare in Malaysia remains strong. We have recently become the first western pacific state to eliminate what is known as mother-child transmission of HIV and Syphilis, work that is a decade in the making. Moreover, we have centres of excellence in cardiology, and oncology â?? our national cancer institute, and have received many awards for our role in medical tourism.

We strive to achieve universal health coverage and I am confident we will achieve it.

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