Malaysian Health Coalition

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The 12th Malaysia Plan Must be More Ambitious

The Malaysian Health Coalition cautiously welcomes the health strategies described in the 12th Malaysia Plan (RMK-12), especially because long-term health reforms cannot be postponed anymore. However, we believe that RMK-12 must be more ambitious, structured, and detailed in its implementation plans.

Therefore, we recommend the following:

1. **Dramatically Strengthen Healthcare and Public Health Infrastructure**
   The COVID-19 pandemic has overwhelmed our healthcare facilities, as evidenced by overloaded hospitals and the backlog of 57,000 surgical and medical procedures. The surge in COVID-19 cases and deaths indicate the failure of our public health system, including laboratories and testing infrastructure, disease surveillance, and contact tracing mechanisms. It has also starkly demonstrated the insufficiencies of our health system, including hospital infrastructure and medical equipment and manpower needs and distribution in health clinics and hospitals. Decades of under-investment in hospitals, clinics, and public health systems must now be reversed in RMK-12 to allow better pandemic and population health management. This includes targeted health interventions for under-served populations like women and children, persons with disabilities, and older persons. Larger allocations to health must be accompanied by accountable and transparent public procurement processes, without layers of bureaucracy, to reduce the risks of corruption.

2. **Establish a Health Reform Commission accountable to Parliament**
   During the RMK-12 period, Malaysia must consider a Health Reform Commission created by an Act of Parliament and accountable to Parliament. This Commission must convene relevant health experts, including relevant professional societies and civil organizations, build the reform blueprint and supervise long-term reforms while working closely with the Ministry of Health (MOH). Reforms should be intended to improve the effectiveness, efficiency, and equity of healthcare access to all residents in Malaysia. Additionally, reforms should also decentralize our healthcare system. Currently, MOH acts as standards-setter, provider, regulator, and payer. Decentralizing healthcare decision-making from MOH headquarters may eliminate conflicts of interest and increase agility in healthcare provision. This also allows MOH headquarters to focus on strengthening our public health infrastructure and act as regulator.

3. **Introduce Social Health Insurance**
   RMK-12 must expand Universal Health Coverage to all residents of Malaysia. The national health financing system should increase the funding available to maintain and improve the standard of healthcare in our public health system, ensuring equity, accessibility, and financial risk protection for all. We recommend gradually introducing compulsory social health insurance (SHI) for those in the formal economy. Subsidies can extend SHI to the informal economy or the unemployed, as a measure of safety netting for all residents. SHI is the most realistic option to add new sources of healthcare funds because Malaysia's tax collection is reducing and national debts are increasing over time. SHI will also bring us in line with how developed countries fund healthcare, like France, Germany, Japan and South Korea.

The Covid pandemic is giving us a once-in-a-generation opportunity to conduct ambitious and wide-ranging health reforms. We urge greater structure in the RMK-12 implementation plans.

BERKHIDMAT UNTUK NEGARA.
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