

### **The Health Budget 2022 is Inadequate**

The Malaysian Health Coalition is dissatisfied with the meagre 1.5% increase in allocation for the Ministry of Health (MOH) in Budget 2022. The [RM32.4 billion](#) allocation remains inadequate even if we include the additional RM2 billion allocation for COVID-19 equipment and consumables and RM6 billion for vaccines. We urge greater spending to manage an endemic COVID-19 while simultaneously strengthening our public healthcare system for non-COVID-19 care like non-communicable diseases (NCDs), an ageing population and routine maternal and child health. We stress that this Health Budget is not expansionary (as proposed by us on [20 Oct 2021](#)), but the contrary.

Therefore, we urge the following:

**1. Increase the allocation to the public healthcare system**

Budget 2022 must be the first budget that over-invests in our healthcare system, to compensate for decades of under-investment. This will enable our public healthcare system to cope with amplified responsibilities without jeopardizing quality of care. We note that Budget 2021 provides a 4% increase versus 2020, while Budget 2022 only provides a 1.5% increase over 2021. The increase in mental health allocation is also not proportional to the rise in mental health issues caused by COVID-19 stressors. It remains lower than upper middle-income and high-income countries who spend [1.6% and 3.8%](#) of government health expenditure on mental health respectively. This sets a dangerous precedent and a backwards trajectory which may prevent us from building a robust public health infrastructure as imagined in the 12<sup>th</sup> Malaysia Plan and as required by a larger, older and sicker population. Finally, we insist on greater accountability, monitoring and scrutiny to avoid fraud, wastage, corruption and abuse.

**2. Focus on durable strategies for long-term health development**

The Budget proposes many temporary stopgap measures that must be part of longer-term strategies. We highlight two examples. Firstly, while social provisions and cash transfer allocations for older adults in Budget 2021 are necessary, there must be a change in philosophy to encourage older adults to have more active participation in their own health. Without active participation, even exponential increases in the social care budget for the elderly will create the reality or perception that older people are constantly dependent on support. Secondly, the allocation of [RM100 million](#) for doctors, dentists and pharmacists to pursue specialist training is welcome, but must be accompanied with an increase in permanent posts. This lack of long-term solutions may cause dissatisfaction among healthcare professionals, and there is already the possibility of a second strike by healthcare professionals. We propose additional investment in district hospitals and the Cluster Hospital system, to create more permanent and training positions for House Officers and specialist trainees and to redistribute staff. This can retain specialists in the public healthcare system and train more doctors and health professionals for the future.

**3. Emphasize the social determinants of health**

Budget 2022 has a clear allocation to MOH to deliver healthcare, but there must be an equal emphasis on the social determinants of health delivered by non-MOH agencies. We highlight two examples. Firstly, there must be more expenditure on the non-healthcare determinants of health such as health literacy, living and working conditions, adequate income and wage, food security and physical activity. This can be achieved through investment in public health services and engagement with various stakeholders such as other ministries and

community leaders to form a 'whole of society' approach. Secondly, we object to the excise duty that has been imposed on vaping and e-cigarettes. This is as though we are approving vaping and e-cigarettes in Malaysia, which were previously not explicitly approved or explicitly banned. We propose an outright ban on vaping and e-cigarettes in Malaysia, while increasing tobacco control including passing a Tobacco Control Act.

#### **4. Address missed opportunities**

The lessons from COVID-19 pandemic allows us to rethink the structure and components of our healthcare system and lay the groundwork for long-term health reform. We underscore three significant missed opportunities. First, we must emphasize telemedicine, automation and digitizing healthcare. This requires smart regulations that protect patients, help health professionals, and promote innovation. Second, we must strengthen primary care, especially for the [8000 private General Practitioners](#) (GP), [3000 community pharmacies](#) and the thousands of allied health professionals like nutritionists, optometrists and physiotherapists. They play a crucial and under-appreciated role in our healthcare system through disease prevention, vaccinations, screening and health promotion. Thirdly, we recommend the gradual introduction of compulsory [social health insurance](#) (SHI), to reduce the high out-of-pocket costs of ordinary Malaysians.

As we enter the third year of COVID-19, Malaysia must not miss the opportunity to build a robust and resilient healthcare infrastructure. More Malaysians are poorer after COVID-19, and this makes them more likely to use public healthcare facilities, which makes it crucial for us to over-invest in our public healthcare system. Budget 2022 must over-invest in health while focusing on long-term strategies, by tying Budget 2022 to RMK-12 strategies, Budgets 2023 and beyond.

#### **BERKHIDMAT UNTUK NEGARA.**

**Malaysian Health Coalition** (*Full Signature List on [myhealthcoalition.org](https://myhealthcoalition.org)*)

8 November 2021

## **Full signature list:**

### **Organisations**

1. Academy of Medicine Malaysia
2. Association of Malaysian Optometrist
3. College of Anaesthesiologists
4. College of Physicians
5. College of Surgeons Academy of Medicine of Malaysia
6. IKRAM Health Malaysia
7. Islamic Medical Association of Malaysia
8. Lung Cancer Network of Malaysia
9. Malaysian Association for Bronchology and Interventional Pulmonology
10. Malaysian Association of Clinical Biochemists
11. Malaysian Association of Environmental Health
12. Malaysian Nurses Association
13. Malaysian Paediatric Association
14. Malaysian Pharmacists Society
15. Malaysian Public Health Physician Association
16. Malaysian Society of Anaesthesiologists
17. Malaysian Society of Clinical Psychology
18. Malaysian Society of Occupational Safety and Health
19. Malaysian Society of Ophthalmology
20. Malaysian Thoracic Society
21. Medical Mythbusters Malaysia
22. Medical Practitioners Coalition Association of Malaysia
23. Perinatal Society of Malaysia
24. Pertubuhan Doktor-Doktor Islam Malaysia
25. Public Health Malaysia

### **Individuals**

1. Assoc Prof Dr Uma Devi Palanisamy
2. Dato' Dr Amar Singh-HSS
3. Dr Khor Swee Kheng
4. Prof Datuk Dr Zulkifli Ismail
5. Prof Dr Asri Said
6. Prof Dr Roslina Abdul Manap
7. Prof Dr Sharifa Ezat Wan Puteh
8. Prof Dr Zaleha Abdullah Mahdy

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