



Persatuan Pengguna Pulau Pinang Consumers Association of Penang

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Press Statement

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Malaysia is paying a big price for not investing enough and wisely in public healthcare system

Ever since the pandemic started we have been hearing one word repeat itself in terms of the Malaysian public healthcare system. The word is shortage. As Covid-19 started, we had a shortage of Covid testing. The shortage of testing was understandably worse outside of the capital. That is because Malaysia had not set up enough testing capacity across the country.

In the OECD countries, they responded fast enough to testing needs because they had a network of public and private labs to serve the public healthcare system and which was available even in regional or rural cities.

In the initial period the Malaysian public healthcare system also faced a shortage of Personal Protection Equipment (PPE) and ventilators. The horror stories that came out during that period exposed how under-resourced our public hospitals are. It was pathetic that the public, charities, royalty, corporates, and others had to run donation drives to supply our hospitals with PPE.

Since then we have also been hearing about the shortage of beds, medical staff and nursing staff in our hospitals. We have also been hearing how the hospital staff have all along been facing workforce issues before Covid-19. People and politicians are also only starting to realise in this pandemic that Malaysia has underinvested in building hospitals, especially in regional and rural areas. Along with that, we also have a shortage of IT infrastructure. It was sad that it was only in the middle of a pandemic that politicians felt the need to invest in data integration and appointment systems.

Not only have politicians have invested insufficiently for our public healthcare system, but also that they have not spent in the most needed areas. For example, our politicians have spent enormous money on biomedical strategies in the past two decades. Yet there is a shortage of local capacity in terms of vaccines production. Nor does Malaysia have the pharmaceutical manufacturing capacity that could be re-allocated towards vaccine production. This simply exposed how the politicians have missed the important areas when they spent on biomedical strategies.

Malaysia also has more than a million low-waged foreign workers, undocumented migrants and refugees. But politicians are clueless on how to control Covid-19 and vaccinate this segment of population till they resorted to extreme measures such as mass detention of undocumented migrants, which may actually worsen the problem.

While think tanks like IDEAS and some politicians have been pushing hard for greater privatization of the public healthcare system, the pandemic has proven them wrong. What Malaysia needs is a stronger public healthcare system with the private sector participation to provide a more cost-effective, effective and efficient public healthcare.

Malaysian politicians from all sides of the spectrum must honestly admit they have fallen short in

building a public healthcare system that the country needs. Healthcare experts have long been advising them to double the healthcare expenditure from around 4% to 8% or more to reach OECD level of healthcare expenditure.

They have also been urging politicians to equip the public healthcare system to shoulder a bigger burden of health needs by increasing public healthcare spending from less than 50% to around 70%. In order to finance these reforms, healthcare experts have been advising Malaysian politicians to use more than just taxes and instead use solutions such as levies, zakat, wakaf, etc.

We immediately need to reform our public healthcare system now. Let each state manage the health responses that it can do the fastest. Likewise let innovation experts and agencies be drivers of change. Let us work towards equity and efficiency in our public healthcare system.

The Government can start to reallocate and repurpose budgets, civil service manpower and resources towards the public healthcare system to bring the country out of the pandemic. We need to have reforms be guided by evidence. This will need a greater role for the local NGO sector, scientific community and global experts, and the Ministry of Health (MOH) and politicians need to be willing to share the roles.

We need the MOH to divest a good proportion of its workforce to staff expert scientific/innovation agencies which also should draw on expertise from the NGO and scientific sectors. What is clear is that it is not the intelligence of politicians and bureaucrats that the public healthcare system needs to rely on, but innovation from all sides. Tough times need tough decisions and the big leap we need is to have the Malaysian public healthcare system become an innovative one.

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