









Hilmi Yahaya

Deputy Minister of Health, Malaysia
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Singapore
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Health Services Delivery in Malaysia

Then....



Now...



Malaysia has one of the best healthcare system in the world

Malaysia's healthcare system hailed

Country is third best and practitioners 'equal to or better than most Western countries'

points, respectively.

surach@thestar.com.nv

PETALING JAYA: The country's achievement at being rated third

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day that a study by the American publication International Living rated Malaysia's healthcare system as the third best out of 24 countries in its 2014 Global Retirement Index.

index's ratings, the magazine said both the cost and quality of healthcare were evaluated.

Malaysia Medical Association (MMA) president Datuk Dr N.K.S. Tharmaseelan also acknowledged



Malaysia has successfully managed to develop a modern, comprehensive and efficient healthcare system even though Malaysia spends only 4.6% of GDP on Health.

"Malaysians should realise how lucky they are to have such a very comprehensive system"

Dr Shin Young-soo, WHO Regional Director for Western Pacific Region

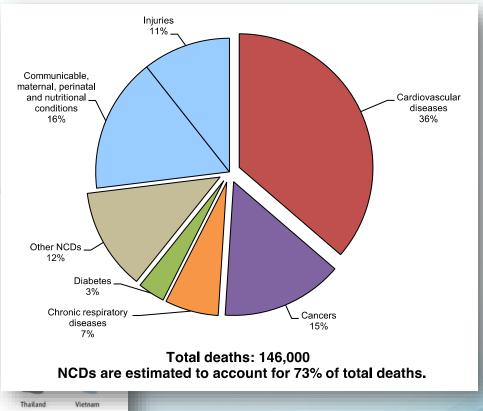


Malaysia's healthcare world class

A STUDY by the American publication, "International Living", has rated Malaysia's healthcare system as the third best (after France and Uruguay) out of 24 countries in the 2014 Global Retirement Index. "beating Spain, Italy, Ireland, New Zealand and other countries." (The Star, 11 Feb).

Challenge: Increasing Burden of Non-Communicable Diseases







KOSPEN

Empowering Communities, Strengthening the Nation

Basic concept of KOSPEN

Coverage of MOH

Staff of KEMAS, RT & Volunteers as agent of change

Positive behavioural change at the community level through effective interventions

Extensive coverage through collaboration between KEMAS, RT & Volunteers





Target:
50,000 trained volunteers by 2016

Strategies



Increasing awareness & knowledge

Health-promoting living environment

Translation of knowledge into sustainable actions

Scope

- 1. Healthy eating
- 2. Active living
- 3. Smoke-free
- 4. Weight management
- 5. Early detection of NCD risk factors

Behavioural Changes through KOSPEN

Scope	Behavioural changes
Healthy eating	 Separating sugar/creamer from hot beverages Increasing availability of fruits and vegetables Increasing availability of plain drinking water Increasing understanding on relationship between intake, calories and activity physical
Smoke-free	 Smoke-free areas – enforcement of existing regulations and voluntary smoke-free areas
Active living	 Walking 10,000 steps Regular and planned physical activity/exercise sessions
Weight management	Regular self-monitoring of BMI
Early detection of NCD risk factor	 Regular self-monitoring of BMI, blood pressure and blood sugar Use of "health diary" – regularly updated

Environmental Changes through KOSPEN

Scope	Health-promoting living environment
Healthy eating	 Community events – separates sugar/creamer from hot beverages Community events – availability of fruits & vegetables Community events – availability of plain drinking water Healthy stalls or food vendors
Smoke-free	 Enforcement of smoke-free areas gazetted under regulations Smoke-free announcement for community events Recognition for voluntary smoke-free homes
Active living	 Creation of walking tracks with health messages notices on eating, calories and physical activities
Weight management	1. Self-monitoring facilities
Early detection of NCD risk factor	1. Self-monitoring facilities











Current Status of Implementation

- KOSPEN now involves two major government agencies: (1) Department of Rural Development (KEMAS) and (2) Neighbourhood Watch (*Rukun Tetangga*)
- Training of volunteers are on-going. So far, 13,912
 volunteers have been trained.
- Number of KOSPEN sites: 2,829 localities

Challenges

- Lack of perceived priority for health by the community
 - Health is more of the health sector responsibility
 - Need more moderation, advocacy, lobbying and sensitisation
- Need to motivate health volunteers
 - Number of active volunteers still needs to be increased
- Lack perceived priority for NCD within the health sector.
- Large scale implementation
 - 3,300 localities (2014), 6,300 localities (2015) and 10,000 localities (2016)

Solutions & Next Steps

- Establishment of an administrative structure dedicated for KOSPEN within the Public Health organization
 - National, state and district level
- More exposure on NCD to public health doctors
 - Leadership and advocacy in NCD
 - Collaboration with WHO
 - Develop more NCD champions

Solutions & Next Steps

[continued]

- KOSPEN Committees at various level
 - Regular discussion between health, collaborating agencies, community organizations and the volunteers
- Study on Level of Perception on KOSPEN
 - To identify areas to improve implementers and community readiness to accept and participate in KOSPEN
- Incentives for volunteers
 - Second Class admission to MOH Hospitals
 - KOSPEN Convention

Thank you for your kind attention