

## **Scrap 1Care For 1Malaysia Proposal**

**MalaysianMirror.com**

**17 February 2012**

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The provision of public health care in Malaysia need not be completely overhauled but merely revamped to improve it towards excellence. The DAP believes ensuring the proper allocation of funds without any leakages or hanky panky can not only ensure the public's right to provision of a standard health care but also improve public health delivery.

The DAP calls for the Prime Minister Najib Razak to intervene and scrap 1Care for 1Malaysia proposal following the failure of Health Minister Liow Tiong Lai, to fully examine the adverse consequences of this compulsory Health Insurance scheme. In replacement, the Ministry of Health should conduct a thorough public consultation process involving key stakeholders to ensure that the provision of basic healthcare as a public good and human right is protected and not auctioned off so that well connected individuals and companies can profit from the people.

Using the lack of financing and funding as not sustainable in the long-term is not an acceptable excuse for dumping public health care in favour of a privatised from 1Care for 1Malaysia. If government spending on health has ballooned, why has government spending on health remained relatively stagnant at 2.1% to 2.5% of GDP since 2001. This is less than half the 5-6% of GDP recommended by the World Health Organisation.

The DAP stands firmly in solidarity with the people of Malaysia who have expressed their deep concern and anger over the 'cloak and dagger' approach of the Ministry of Health in designing and implementing the 1Care for 1Malaysia health insurance scheme.

Instead of reacting defensively to the outpouring of criticisms against this rehashed scheme, Liow should instead address the very valid concerns raised by various quarters including:

- (i) Why should this scheme be forced upon all Malaysians by making it compulsory
- (ii) How much will this scheme cost to the individual, the organization he or she works for and the state and federal governments
- (iii) How much will this scheme add to the Federal Debt, which will exceed 55% of the Debt to GDP ratio in the very near future
- (iv) Whether General Practitioners will be assigned to every individual instead of allowing the individual to choose
- (v) Whether the number of hospital visits will be limited
- (vi) Whether a National Healthcare Financing Authority (NHFA) will be set up to collect these insurance premiums

In addition, the DAP calls for Liow to exercise oversight over his officials at the Ministry of Health, some of whom have indicated that the 1Carefor 1Malaysia proposals are already in the final stages and that this would be made mandatory, in contrast to Liow's own assertions that this proposal is only at the 'discussion' level. These kind of contradictory statements only add further fuel to the fire that the Minister himself does not have full control over this process.

Malaysians have become too familiar with past and current efforts of the BN government to introduce market mechanisms and pseudo privatization schemes where profits are privatized for the gain of well connected cronies but losses are socialized at the expense of the average taxpayer. Nothing that the

Minister has and has not said have reassured the public that this 1Care for 1Malaysia scheme is nothing more than a smokescreen to extract economic rent and benefit political cronies.

In light of the outpouring of questions and concerns over this proposal and in view of past experiences of 'piratization' through the abuse of similar schemes, the DAP calls on the Minister to immediately assign this proposal to the scrapheap. Public interest should be paramount as public healthcare is the basic duty of any government. To carry out this obligation to the public, accountability, complete disclosure and full consultation must be practiced for the benefit of 28 million Malaysians.

How can 1Care for 1Malaysia serve the public good or take care of our health when it does not address the important question of why 70% of health professionals are serving in the private sector where they treat only 30% of the population? Leaving the remaining 30% of health professionals to serve 70% of the population is not just a gross mismatch of resources but also guarantees a continued decline of quality public healthcare services.

1Care for 1Malaysia should be rejected for failing these tests. Instead, the Health Ministry should start from scratch by having a transparent and inclusive stakeholder consultation process and put in place iron clad safeguards to ensure that public healthcare remains a public good that is affordable to all, especially those in the lower income bracket.

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