

**Malaysia We Don't Have The Model Yet, Says Liow
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By Alan Ting**

PUTRAJAYA, March 4 (Bernama) -- Health Minister Datuk Seri Liow Tiong Lai said the government has not decided on the new healthcare system as they are still evaluating the various models including studying the feasibility of the 1Care for 1Malaysia.

He said the government is currently looking at and studying various models, including the health insurance model, EPF type model, social health insurance model, taxation model and other hybrid models, involving government-employer-employee participation.

"There are many modalities being studied, but (there is) no final decision yet. That is why we engaged the stakeholders to give us their views. It's not true that it is a done deal.

"The government is going to keep engaging the public and all the stakeholders further," he told Bernama in an interview.

Liow explained that the 1Care for 1Malaysia healthcare proposal is a hybrid model currently being studied and no decision has been taken yet.

"If it is found not suitable, it will not be implemented. That is why we have formed technical working groups to study and engage various stakeholders to ascertain the suitability and viability of such a model, and this is very much at the preliminary stage," he said.

However, along the way, some quarters have misinformed the rakyat and some false information have been spread for whatever reason, thus causing some uneasiness among the rakyat.

Among the misinformation are the need to pay up to 9.5 percent of one's monthly income as the social health insurance contribution; one can only see a doctor six times a year; one will not have the choice of which doctor he/she can see; that everyone has to pay; that the proposed national health financing authority (NHFA) will become a Government Link Company (GLC); and that people are not covered for all major illnesses, especially those involving expensive care.

Liow explained that the 9.5 percent is only a preliminary estimate of how much an average household needs for its healthcare.

"It is not the amount to be deducted from individual's income. Moreover, if the model is accepted, any contribution will be shared by government, employer and employees to cover healthcare expenses for all family members," he said, stressing that even the figure has not been finalised as more careful analysis has to be conducted.

He also said that under the proposal, there is no mention of any limitation on the number of visits one can make to his or her doctor. The six annual visits per person used in the estimates was based on the estimated average usage of primary health care per person in Malaysia, based on past studies.

He said that the purpose of "no opting out" is to make sure everybody is covered but it doesn't mean that everybody will have to pay, as the proposal states that the government will continue to subsidise the contributions for the poor, disabled and the elderly.

He also explained that if the model is accepted, NHFA would not become another GLC, as it will be an autonomous statutory body accountable to the Ministry of Health.

"It will not be privatised. Efforts will be made to ensure transparent management of this autonomous body through legislation, inclusive representation of stakeholders and other means," he said.

During the interview, Liow also addressed the issue why the government needs to look for a new model when the current health care system has been perceived as "perfect" for the country.

"While the population has benefited greatly from the publicly funded healthcare system, there are growing issues of inefficiency in targeting the limited government funds. Government spending on public health services benefits even those who can afford to pay for care, leading to leakages of public subsidies," he said.

He said the separation of public and private healthcare providers has a major impact on the quality of care between the two sectors, with significant variations in terms of infrastructure, facilities equipment and quality of care, besides a wide gap in the distribution of both public and private sector facilities in Malaysia.

"Private facilities are found mainly in urban areas, and specialist services are available mainly in larger towns. Rural people do not receive comparable services and this has contributed to the differences in access to care and health outcomes between urban and rural," he said.

Liow explained that Malaysia is noted to have high out-of-pocket spending. People save to ensure they have enough money to obtain health care at the time of their illness and vulnerability.

"We do not want a situation where people cannot access quality care because they cannot afford it, and we also do not want people suddenly becoming poor because they have to pay so much for necessary treatment,

"This also another reason why we have to transform to improve the healthcare system," he said.

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