

DATO' SRI MOHD NAJIB BIN TUN HAJI ABDUL RAZAK
PERDANA MENTERI MALAYSIA
GRAND HYATT HOTEL, KUALA LUMPUR
14/12/2012
THE MALAYSIAN MEDICAL ASSOCIATION (MMA) ANNUAL DINNER 2012

Bismillahirrahmanirahim,
Assalamualaikum Warahmatullahi Wabarakatuh, Salam Sejahtera dan Salam 1 Malaysia

YB. Dato' Sri Liow Tiong Lai,
Minister of Health Malaysia and wife

YBhg. Datuk Kamarul Zaman bin Mohd Isa,
Secretary General of the Ministry of Health Malaysia

YBrs. Dr SR Manalan,
President of the MMA

YBhg. Datuk Dr. Kuljit Singh,
Chairman of the Organising Committee Dinner and wife

Distinguished Officers of the Ministry of Health

Ladies and Gentleman,

1. First and foremost, I am indeed pleased and proud tonight to be in the company of men and women who have dedicated their lives to the service of others, who heal the sick, who brings the ray of hope and whose professional creed is to do no harm – members of the Malaysian Medical Association as well as members of the medical fraternity.

2. Since independence you have been an important partner in our nation building effort especially in providing Malaysians with a world class health care system that is affordable and accessible. However, there is still much work to be done to provide the health care quality worthy of a developed nation that we Malaysians aspire to be in 2020.

3. In realising our national vision of a Malaysia for our children that is full of hope, vigour and opportunities we must work together in unison. Every one of us must grab an oar and row together towards a better future. We have not done too badly in the preceding five decades. Our country is peaceful, prosperous and respected internationally. We are doing well despite the Eurozone crisis. We are still growing while others are struggling. As a nation, we have achieved so much. And I believe, with the present Government in the drivers seat returned to power with a stronger national mandate, we can achieve much more in the future. Insyallah....

Ladies and Gentlemen,

4. The Government is committed to bringing about meaningful improvement to the lives of the rakyat. We do not believe in change just for the sake of changing. What we want to achieve are real improvements that can be attained in terms of health status, health services, quality of life as well as the happiness and satisfaction of the rakyat.

5. The health sector transformation, i.e. improvement, is part of a bigger agenda to transform Malaysia into a high-income nation. Its aim is to ensure that all Malaysians will have access to an affordable, higher quality and more responsive health care system that is also sustainable for the long term.

6. In line with what I have stated off times that the era of government knows best, that the government

owns the monopoly on wisdom is over, the Ministry of Health is in the midst of a public engagement road show to seek feedback on the people's experience with the current health care system and to obtain from them, ideas and suggestions on how to improve the present system. So far, the road show has covered 10 States.

7. Preliminary analysis indicates that the people are happy with the existing public sector health services, which is of high quality and affordable. However they have voiced their concerns about the long waiting times, insufficient staff, crowded facilities and problems with accessibility, particularly for the rural population and those living in the interior. People are also concerned about the high cost of private health care services. Importantly, they are expecting better quality and an expanded scope of services, that are easily available and affordable to them.

8. Based on this feedback, we know that we need address three important areas i.e. to first strengthen the public health system and indeed, we are doing it. We are building more facilities, providing better equipment, training more high quality human resources, credentialing our staff, implementing Quality Improvement and Risk Management systems. For example, we are increasing the number of our medical graduates from local as well as foreign institutions in order to improve our doctor-population ratio from 1:791 in 2011 to 1:400 by 2020.

9. We are also extending a moratorium on new medical schools in order for the existing ones to enhance their education programmes and train better quality graduates. This moratorium will end in May 2016. Secondly, we are increasingly emphasising on performance measurement and improvement with clinical and other performance indicator monitoring and improvement. Thirdly, we need to make the most of what we have of our present health care system i.e. develop synergies between the public and private sectors.

Ladies and Gentlemen,

10. As I am sure you are well aware, health which is the state of complete physical, mental and emotional well-being, and not merely the absence of disease, is determined by many factors outside of the domain of the health care system such as genetics, lifestyle and environmental factors. Through the Economic Transformation Programme and the implementation of the National Blue Ocean Strategies (NBOS), Malaysia is already addressing the social determinants of health, to further improve the quality of the environment in which our people live, work and play.

11. According to the WHO's Global Status Report on Non-Communicable Diseases 2010, of the 57 million deaths that occurred throughout the world in 2008, 36 million – almost two thirds – were due to NCDs. NCDs comprise mainly cardiovascular diseases, cancers, diabetes and chronic lung diseases and can impose large, avoidable costs in human, social and economic terms. In addition, about one quarter of global NCD-related deaths take place before the age of 60.

Ladies and Gentlemen,

12. The results of the National Health and Morbidity Survey (NHMS) 2011 showed that an estimated 80% of patients with known diabetes and hypertension are regularly seeking treatment at the 985 public health clinics and 141 hospitals. NCDs, such as diabetes and hypertension, are by nature life-long diseases, requiring the active participation of those living with diabetes in order to achieve optimum control. It is not simply about prescribing medications but more importantly, empowering people living with these diseases to make positive changes in their lifestyle to proactively manage their health condition. Health care providers therefore play a major role in assisting patients achieve the required behavioural modification.

13. Hereby lies the major challenge for MOH; as the number of attendances of patients living with diabetes and hypertension continues to increase, our public healthcare providers have even less time to spend to educate and counsel these patients on behavioural modification. There is an estimated 6,589 private clinics and thus, it is envisaged that the private general practitioners can play an important part in improving the chronic disease management at the primary care level in Malaysia. It is on this point that I would like to propose a collaborative effort between the MOH and private general practitioners. Perhaps

this initiative can be viewed as an example of another Blue Ocean Strategy effort.

14. I have been informed, and I am also pleased, that such an initiative is being actively developed as for implementation as a pilot project in Wilayah Persekutuan Kuala Lumpur. It has been named the "Outsourcing of Non-Communicable Disease Management to Private Practitioners – Diabetes Mellitus & Hypertension".

15. I sincerely hope that our rakyat who have diabetes or hypertension, who will be followed-up by the private GPs, will receive better health education and counselling. The ability of these GPs to devote more time to properly counsel their patients is due in part, to the lower workloads of the participating private clinics. In return, these patients can achieve better control of their medical conditions, achieve treatment targets, which then would lead to lower rates of complications to their heart, kidneys, etc. As with any collaborative effort, there must be a spirit of contribution and compromise, and achieving a win-win situation by both parties to attain a common goal i.e. for the good health of the patients, who are after all, our rakyat. Thus, I look forward to the outcome of this pilot implementation.

Ladies and Gentlemen,

16. The Government treasures its human capital and is walking the talk by amply rewarding them so that they can remain in service to take care of the health of the rakyat. We are in this for the long run. We, the Barisan Nasional Government have the rakyat interests at heart and we seek your role in helping us to pass on this wonderful legacy to our children and their children. Walk with me, aspire with me, work with me, members of the medical fraternity. Truly, as Helen Keller once said, "Alone we can do so little, Together, we can do so much". InsyaAllah.....

Thank you.

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