PRIMARY HEALTH CARE (PHC) EXPENDITURE ESTIMATIONS Establishing New Boundaries

PRESENTATION OUTLINE



• CONCEPT OF PHC

• OBJECTIVE

METHODOLOGY

• BOUNDARY COMPARISON

NEW BOUNDARY

PHC EXPENDITURE

PRIMARY HEALTH CARE



PRIMARY HEALTH CARE

- Gate keeper and a key provider process in the health-care system.
- First point of contact, easily accessible at the time of need.
- Providing continued, comprehensive and coordinated care.

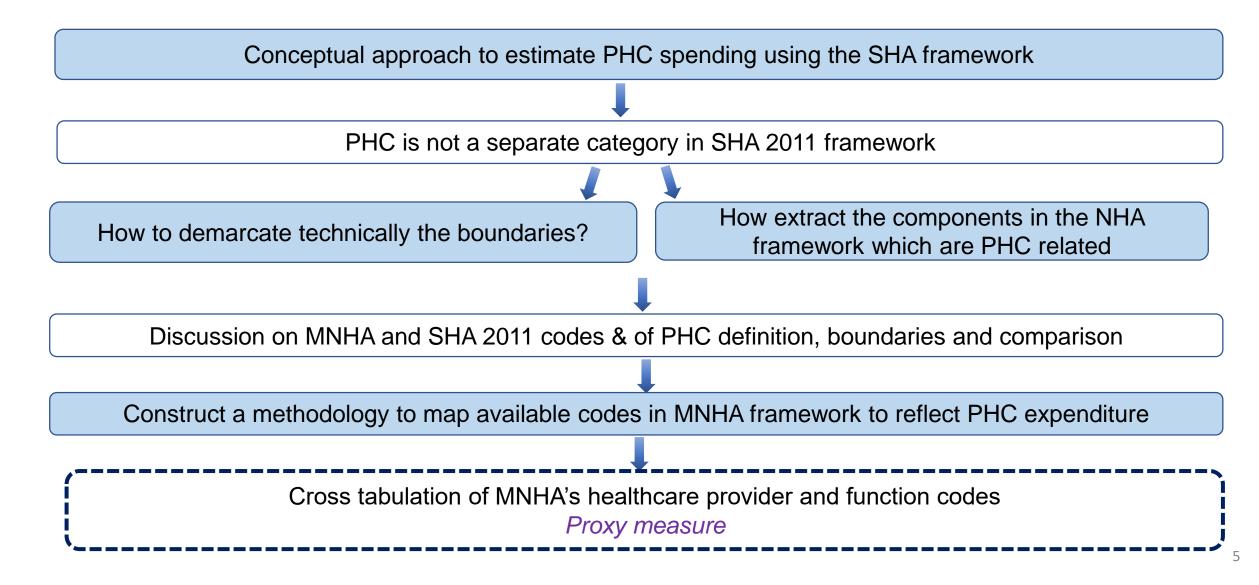
- Effective primary health care is the cornerstone for
 - efficient,
 - people centered,
 - equitable health systems.
- Critical to ensure PHC facilities
 - do not lack resources
 - always able to provide good quality healthcare.
- It is equally important to monitor the expenditures of PHC as it indirectly reflects the priority given to PHC within the health system.
- Responding to this need, World Health Organization and OECD has suggested a conceptual approach to estimate primary care spending using Health Accounts framework

Proxy measure in a simplified approach to operationalize a complex multidimensional concept.

OBJECTIVE

- To establish new national PHC boundaries based on multiple international guidance
- To prepare **cross-table functions by MNHA framework** to improve the precision of spending estimates for the country's PHC
- Benchmarking

DETERMINING PHC BOUNDARY



CURRENT PHC BOUNDARY

Provider - Description	Function - Description
MOH Hospitals without Specialist	Basic medical and diagnostic services
Hospitals (Public non-MOH)	Basic medical and diagnostic services
	Basic medical and diagnostic services
Medical practitioner clinics	Services of curative home care
	Dental outpatient curative care
All Providers	Prevention and public health services (all)

Cross tabulation: Provider aspect is taken into account

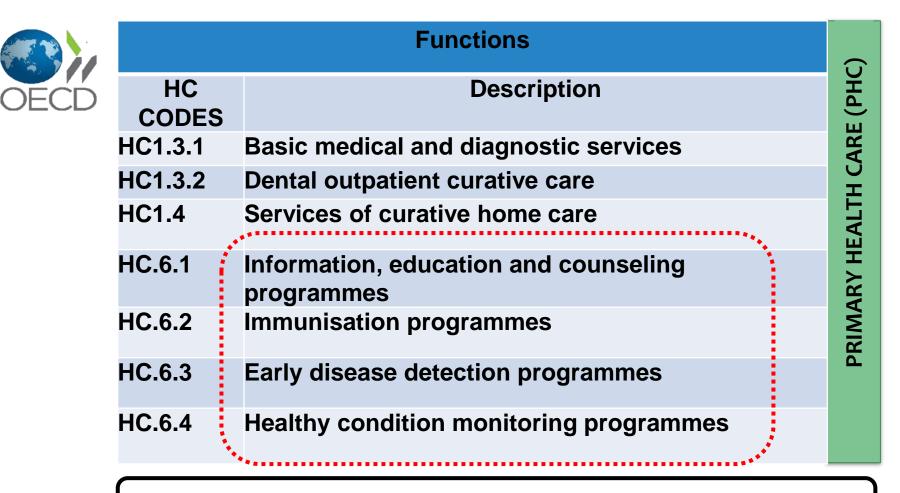
BASED ON WHO TECHNICAL NOTES (2019)

	Functions	
HC CODES	Description	
HC.1.3.1	General outpatient curative care	PRIMARY HEALTH CARE (PHC)
HC.1.3.2	Dental outpatient curative care	RE (
HC.1.3 (nec)	Curative outpatient care, n.e.c.	H CA
HC.1.4	Home-based curative care	ALTI
HC.3.3	Outpatient long-term health care	HE/
HC.3.4	C.3.4 Outpatient home-based long-term care	
HC.6	Preventive care	RIM
HC.5	Part of medical goods provided outside health care services (80%)	д.
HC.7	Part of health system administration and governance (80%)	

Provider aspect is not taken into account

World Health Organization

BASED ON NOTES ON OECD, 2018



Provider aspect is not taken into account

BASED ON NOTES ON OECD, 2018

		Providers		Functions										
	HP CODES	Description	HC CODES	Description										
+ Extended	HP3	Providers of ambulatory health	HC1.3.1	Basic medical and diagnostic services	CARE (PHC)									
		care	HC1.3.2	Dental outpatient curative care	P P									
		·	HC1.4	Services of curative home care	ARE									
			•HC.6.1	Information, education and counseling programmes										
			HC.6.2	Immunisation programmes	НЕАLTH									
			HC.6.3	Early disease detection programmes	ARY									
												HC.6.4	Healthy condition monitoring programmes	PRIMARY
			HC.5.1.1	Prescribed medicines	-									
			HC.5.1.2	Over-the-counter medicines										
			HC.5.1.3	Other medical non-durables goods										
			****	****										

BASED ON LANCET GLOBAL HEALTH COMMISSION (2022)

THE LANCET Global Health

	Functions			
HC CODES	CODES Description			
HC.1.3.1	C.1.3.1 General Outpatient Curative Care			
HC.1.3.2	HC.1.3.2 Dental outpatient curative care			
HC.1.4 Home based Curative Care		PRIMARY HEALTH CARE (PHC)		
HC.3.3	3 Outpatient long-term health care			
HC.3.4	Outpatient home-based long-term care	PR		
HC.6 Preventive care				
HC.5	Part of medical goods provided outside health care services (80%)			

Provider aspect is not taken into account

COMPARISON OF VARIOUS BOUNDARIES

		The second secon	World Health Organization	THE LANCET Global Health		+ Extended
Provider	Provider Perspective	YES	ΝΟ	NO	NO	YES
	Medical goods	NO	YES (80%)	YES (80%)	NO	YES (Partial)
S	Governance, health system and financing Administration	ΝΟ	YES (80%)	ΝΟ	ΝΟ	ΝΟ
Functions	Prevention and public health service	YES	YES	YES	YES (Partial)	YES (Partial)
	Long-term care	NO	YES	YES	NO	NO
	Private Hospitals (outpatient)	ΝΟ	YES	YES	YES	YES



COMPARISON OF VARIOUS BOUNDARIES

			PRIMA	RY CARE & PRIMARY HEALTH CARE BOUNDARIES - FUNCTION	CODES				0.8	SA	MPL
					IN	CLUSION CRITERIA	ł		0.0		
Broad Function Groups		SHA 2011	MNHA MF CODE	LABELS	OECD (Extended)	Commission	WHO	Commission_pre m	WHO	Commission (full)	WHO (full
	1310000	HC.1.3.1	MF1.3.1	Basic medical and diagnostic services	Yes	Yes	Yes	10,993,035,753	10993035753	10,993,035,753	10,993,035,
	1320000	HC.1.3.2	MF1.3.2	Dental outpatient curative are	Yes	Yes	Yes	1,283,674,182	1283674182	1,283,674,182	1,283,674,
OP Curative	1330000	HC.1.3.3	MF1.3.3	Specialized outpatient curative	No	No	No				
OP Curative	1310000	HC.1.3.1	MF1.3.4	Traditional medicine and alternative curative care	Yes	Yes	Yes	153,476,161	153476161.2	153,476,161	153,476,
	1310000	HC.1.3.1	MF1.3.9	All other allied health out-patient curative care	Yes	Yes	Yes	36,326,554	36326554.36	36,326,554	36,326,
	1400000	HC.1.4	MF1.4	Home-based curative care	Yes	Yes	Yes				
Rehab care	2300000	HC.2.3	MF2.3	Outpatient rehabilitative care	No	No	No				
	2400000	HC.2.4	MF2.4	Home-based rehabilitative care	No	No	No				
	3100000	HC.3.1	MF3.1	In Patient Long term nursing care	No	No	No				
LTC	3200000	HC.3.2	MF3.2	Day cases Long term nursing care	No	No	No				
	3300000	HC.3.3	MF3.2	Day cases Long term nursing care	No	Yes	Yes				
	3400000	HC.3.4	MF3.3	Long term nursing care: home care	No	Yes	Yes	3,370,653	3370652.621	3,370,653	3,370,
	4100000	HC.4.1	MF4.1	Clinical laboratory	No	No	No				
Ancillary Services	4200000	HC.4.2	MF4.2	Diagnostic imaging	No	No	No				
Anchiary services	4300000	HC.4.3	MF4.3	Patient transport and emergency rescue	No	No	No				
	4900000	HC.4.9	MF4.9	All other miscellaneous ancillary services	No	No	No				
Pharmaceuticals & Med	5110000	HC.5.1.1	MF5.1.1	Prescribed medicines	Yes	Yes	Yes	1,351,640,077	1,351,640,077.47	1,689,550,097	1,689,550,
	5120000+512	HC.5.1.2	MF5.1.2	OTC medicines	Yes	Yes	Yes	2,120,650,259	2,120,650,259.31	2,650,812,824	2,650,812,
Medical Non-durables	5130000+513	HC.5.1.3	MF5.1.3	Other medical non-durables (wound dressings, catheters, et	Yes	Yes	Yes	229,828,039	229,828,039.19	287,285,049	287,285,
	5210000	HC.5.2.1	MF5.2.1	Glasses & vision	Yes	Yes	Yes	331,924,058	331,924,057.95	414,905,072	414,905,
Modical Durchlas	5220000	HC.5.2.3	MF5.2.2	Ortho appliances	Yes	Yes	Yes	48,980,903	48,980,902.71	61,226,128	61,226,
Medical Durables	5330000	00000	MEE 2.2	Handrag Abda	V	V	V	F 70C 444	⁵ 700 142	7 457 600	7467

PHC NEW BOUNDARY

NEW PHC BOUNDARY

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Hospitals (Private)	Basic medical and diagnostic services		
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	Outpatient long-term health care		
All Providers	Outpatient home-based long-term care		
	Prevention and public health services (partial)		
	Pharmaceuticals and other medical non-durables (80%)		

Cross tabulation : Provider aspect is taken into account

NEW PHC BOUNDARY

NEW

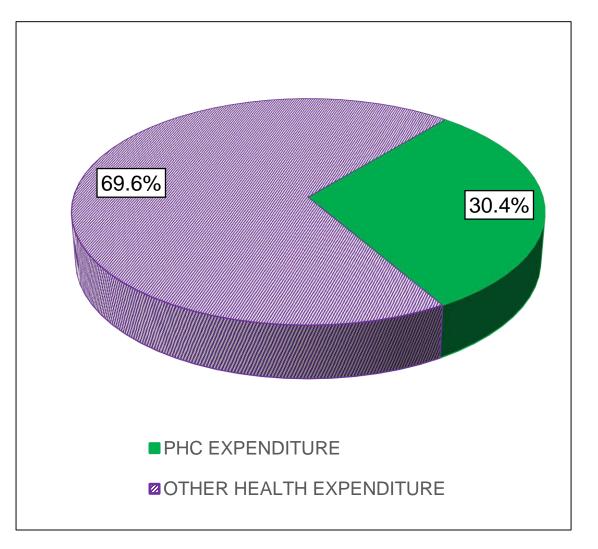
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PHC EXPENDITURE NEW BOUNDARY

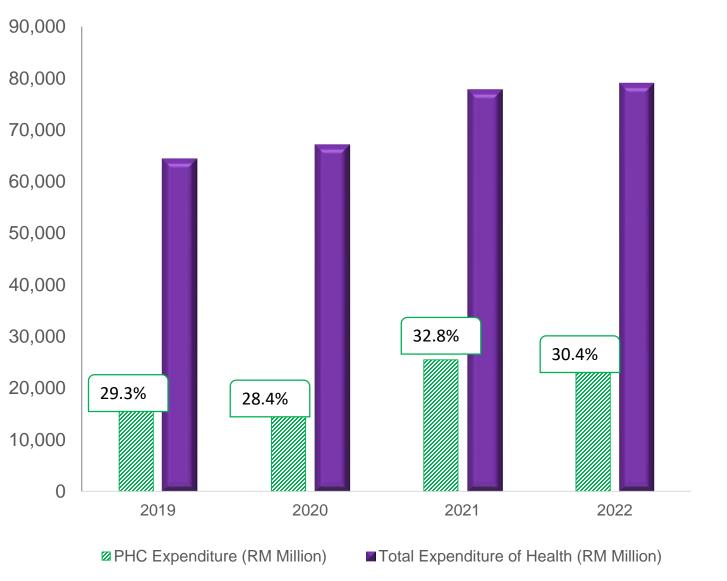
PHC EXPENDITURE, 2022



	2022 RM (Million)	TEH RM (Million)
PHC Expenditure	23,990	78,945

If based on old boundaries, PHC expenditure for 2022 will be lesser or 22% of TEH

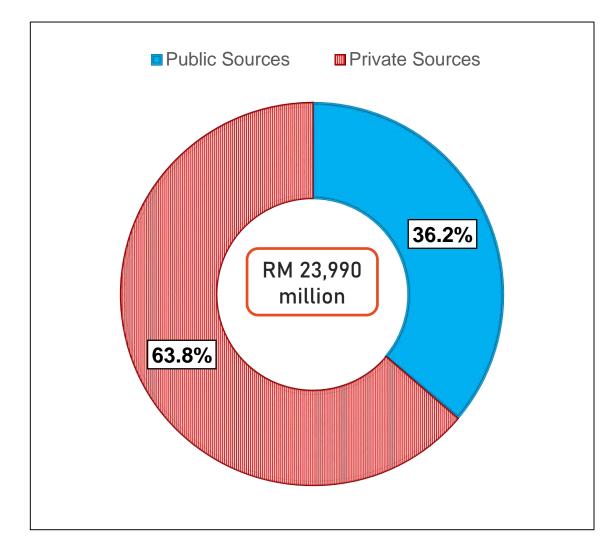
PHC Expenditure % of TEH, 2019-2022



Years	PHC Expenditure (RM Million)	Total Expenditure of Health (RM Million)
2019	18,850	64,336
2020	19,039	67,051
2021	25,474	77,703
2022	23,990	78,945

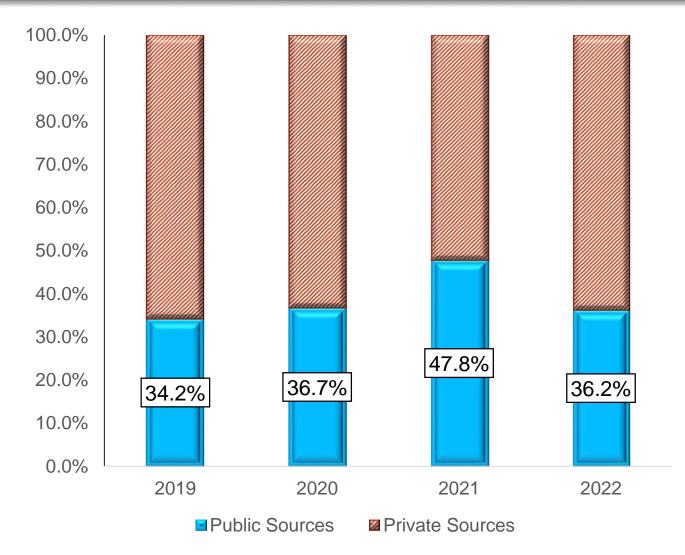
MALAYSIA NATIONAL HEALTH ACCOUNTS (MNHA), 2023

PHC EXPENDITURE by SOURCES, 2022



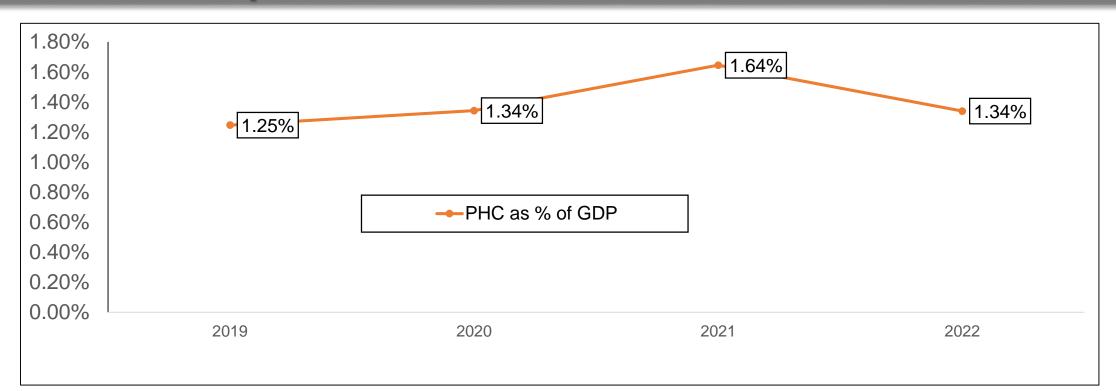
	Public Sources of Financing	Private Sources of Financing
PHC Expenditure	8,685	15,305

PHC EXPENDITURE by SOURCES, 2019-2022



Years	Public Sources (RM Million)	Private Sources (RM Million)
2019	6,441	12,409
2020	6,995	12,044
2021	12,184	13,291
2022	8,685	15,305

PHC Expenditure as a Share of GDP, 2019-2022



Years	PHC Expenditure (RM Million)	Total GDP (RM Million
2019	18,850	1,512,738
2020	19,039	1,418,491
2021	25,474	1,548,898
2022	23,990	1,791,358

SUMMARY

- Measuring expenditure on PHC in a comparative and standard manner is a critical first step to understanding:
 - why some countries health system performance and health outcomes are doing better than others
 - where extra efforts can be made to gain better performance.
- Operational definition for measuring PHC expenditure, which will help provide a national standard for comparison across time
- Many countries have identified strengthening PHC as policy priority and some of committed to boost investment in this sector.
- Similarly, Malaysia has also committed to strengthening PHC and it is part of pillar 1 in recently endorsed HWP.

THANK YOU