



MINISTRY OF HEALTH
MALAYSIA

MALAYSIA NATIONAL HEALTH ACCOUNTS

Health Expenditure Report
1997-2011



MNHA

MALAYSIA

NATIONAL HEALTH ACCOUNTS

Health Expenditure Report
1997-2011

MALAYSIA NATIONAL HEALTH ACCOUNTS UNIT
PLANNING DIVISION
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Message by the Secretary General Ministry of Health

In the past the country has done well to maintain the health of the nation. However the country faces more challenges as we move towards a developed nation. As stated in the Country Health Plan (2011-2015), some of the considerations towards this development is to obtain maximum value for money and the government's ability to finance for the country health needs. The document clearly recognizes the rising cost of health care and the need for a transformed health financing mechanism in this country. This is contributed by some cost drivers to healthcare delivery in this country such as increasing national wealth with concurrent public expectations of growing population experiencing improved life expectancy and aging society, epidemiological transition involving both communicable and non-communicable diseases as well as emerging and re-emerging diseases, technological advances with increasing demand by various sub-population such as urban poor, migrants, those living in interiors of the country and many others. Innovative ways have to be designed to cater for the rising needs which are all linked to increased demand for resources especially financial resources. Where are we now and how do we move forward with what we have?

This Malaysia National Health Accounts (MNHA) report contains fifteen years national health expenditure data from 1997 to 2011 with additional chapters of "Out-of-Pocket" and "International Comparison" that provides useful information for policy makers.

This report is an excellent reference on the health expenditure trend of the country over a time period that will assist policy makers and stakeholders by providing reliable, accurate and relevant macro-level financial information of various health expenditures by multiple players. I strongly urge policy makers and stakeholders in health to study and utilize the available information beyond the Ministry of Health when making decisions pertaining to future health plans for the country.

Thank you

Datuk Farida Binti Mohd Ali
Secretary General
Ministry of Health



Message by the Director General of Health Malaysia

There is no doubt that better health relates to better productivity and progressivity of the nation. Although the health of the nation is under the governance of the Ministry of Health, multiple stakeholders from both the public sector and private sector play equal and vital roles in ensuring that health related policies and its implementation ensure better health of the people. Health promotion and healthy lifestyle, prevention of illness and early illness detection with comprehensive curative and rehabilitative services require resources from all sectors. The challenge is to achieve an integrative approach to maximize existing resources while new ones are innovated. This includes economic integration to provide healthcare in the country under the guiding principles of a health system that is affordable, equitable and accessible which will be a marvel for the rest of the world. This target becomes even more imperative with the recent recognition of Malaysia as an executive board member of the World Health Assembly.

In 2011, Malaysia reports total health expenditure as 3.8 or 4.3 per cent GDP, pending on international or national reporting. This is below the average upper middle income country spending of 6.0 per cent GDP (World Health Statistics 2013). In addition the public sector contribution amounts to just above half of this spending when in most developed countries it is about three quarters share of total national health spending. The relatively large private sector spending with a high proportion of Out-of-Pocket spending means the people of this country really need a good pre-paid healthcare mechanism to prevent any unforeseen financial burden. With such a mechanism in place, as per capita income grows over time, people can be more contributive towards the economic development of the country. Undoubtedly information on national health expenditures will continue to aid better decision making for the nation. Therefore every stakeholder has an important role in future national health plans through the submission of reliable and accurate data.

Thank you

Datuk Dr. Noor Hisham bin Abdullah
Director General of Health Malaysia
Ministry of Health Malaysia



Message by the Deputy Director General of Health Research & Technical Support Ministry of Health

From the time when MNHA was just institutionalized in the Ministry of Health until today, the importance of National Health Accounts data has moved from being another set of statistics to a vital source of information on national health spending. One of the main reasons for this is the continuous strive to produce timely and quality data. Furthermore, currently there is a need for more granular information as the nation moves towards health sector transformation. The continuous high level OOP payments for healthcare in spite of increasing funding through MOH and other sources such as insurance agencies, the large expenditures at hospitals compared to other healthcare providers, the high financial need for inpatient services compared to ambulatory or outpatient care services are some thought provoking signs indicating the need for changes in the healthcare system of this country.

The previous three publications containing 1997-2009 time series MNHA data, MOH sub-account and OOP sub-account provided useful information for policy makers. This current publication focusing on comparative 15-year time series national health expenditure data (1997 to 2011) with some additional information under the chapters of “OOP Expenditure” and “International Comparison” will be of further use.

More could be achieved as NHA in this country matures over time. The use of recently published System of Health Accounts (SHA) 2011 framework for reporting NHA could be a potential development for the country. It is also hoped that in the near future MOH attains in-house capacity to integrate MNHA data with other available data for further research that can assist policy formulations. I sincerely hope that NHA in this country will continue to receive support and further develop to become an international icon in national health accounts for a developed nation!

Thank you

Dato' Dr. Maimunah Binti A. Hamid

Deputy Director General of Health
Research & Technical Support
Ministry of Health



PREFACE



Since the last three MNHA reports there have been a welcomed increase in demand for various health expenditure data. It is encouraging to see policy makers and other stakeholders value NHA data to assist them in assessments of health system performance, formulate evidence-based policies and make future plans for the country.

Understanding health expenditure data requirements and producing meaningful information can sometimes be challenging. At times it is difficult to understand stakeholder requirements and other times stakeholders encounter difficulties in comprehending NHA framework and the different boundaries of data extraction. The differences between national and international data reporting, and data adjustments for inflation can be significant in the context of international comparisons, various expenditure trend analysis and even when annual cross-sectional data is studied. Discussions between policy makers and other stakeholders facilitate solutions to these challenges.

An even more important factor in producing reliable and accurate data is networking with various stakeholders who provide granular health expenditure data. After all quality data is dependent not only on appropriate estimation methods but also on good response to data requirements by the NHA production team. The importance of fostering good relationship between data submitters and data producers cannot be better emphasized. Meanwhile the MNHA team continues to produce highest quality national health expenditure estimations while seeking further advancements in new NHA related areas for the progress of the nation.

To the MNHA team, keep up the good work!
To all stakeholders, let us continue working together!
Thank you.

Dr. Jameela Binti Zainuddin

Head of MNHA Unit
Planning Division
Ministry of Health



The production of Malaysia National Health Accounts - Health Expenditure Report 1997-2011 data under a standardized internationally accepted methodology has been possible with support from several agencies and individuals.

Very special thanks go to the Deputy Director General of Health-Research & Technical Support, Dato' Dr. Maimunah Binti A. Hamid for her continuous support in ensuring quality outputs of MNHA Unit. Without her guidance and encouragement MNHA unit would not be sustained.

A great appreciation to the Director of the Planning Division, Dato' Dr. Nooraini Binti Baba and her Senior Deputy Director, Dr. Rahimah Binti Mohd Ariffin for their valuable support in providing the necessary resources.

The production of this report would not be possible without the guidance and endorsement from MNHA Steering Committee. Gratitude is also extended to the committee, co-chaired by the Director General of Health Malaysia and the Secretary General Ministry of Health with members from both public and private of stakeholders to health and health-related care of the country.

The deepest appreciation is extended to all the stakeholders from public and private health sectors that participate and contribute the necessary data and information for succession of this report production. Their names are not mentioned here because of the lengthy list.

Warm thanks to dedicated MNHA Unit staff members for their kind constant co-operation, invaluable assistance and constructive suggestions in completion of this report.

Thank you very much to all of you.



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AADK	<i>Agensi Anti Dadah Kebangsaan</i> (National Anti-Drug Agency)
AG	Accountant-General
BNM	<i>Bank Negara Malaysia</i> (Central Bank of Malaysia)
CORPS	Corporations
DOS	Department of Statistics
DOSH	Department of Occupational Safety and Health
DOSM	Department of Statistics Malaysia
DSWM	Department of Social Welfare Malaysia
EPF	Employees Provident Fund
EPU	Economic Planning Unit
FOMCA	Federation of Malaysia Consumers Association
FOMEMA	Foreign Worker's Medical Examination Monitoring Agency
FSB	Federal Statutory Body
GDP	Gross Domestic Product
GGE	General Government Expenditure
GGHE	General Government Health Expenditure
GHED	Global Health Expenditure Database
HC	ICHA code for function of health services
HC.R	ICHA code for health-related services
HES	Household Expenditure Survey
HF	ICHA code for sources of funding for health services
HP	ICHA code for providers of health services
HQ	Headquarters
ICHA	International Classification for Health Accounts
IJN	<i>Institut Jantung Negara</i> (National Heart Institute)
IMF	International Monetary Fund
IMS	Intercontinental Medical Supply
ISN	<i>Institut Sukan Negara</i> (National Sports Institute)
JBA	<i>Jabatan Bekalan Air</i> (Water Supply Department)
JHEOA	<i>Jabatan Hal Ehwal Orang Asli</i> (Department of Orang Asli Affairs)
JKM	<i>Jabatan Kebajikan Masyarakat</i> (Social Welfare Department)
JPA	<i>Jabatan Perkhidmatan Awam</i> (Public Service Department)
JPA3	<i>Jabatan Pertahanan Awam</i> (Civil Defence Department)



KN	<i>Kerajaan Negeri</i> (State Government)
KPT	<i>Kementerian Pengajian Tinggi</i> (Ministry of Higher Education)
KWSP	<i>Kumpulan Wang Simpanan Pekerja</i> (Employees Provident Fund)
LA	Local Authorities
LPPKN	<i>Lembaga Penduduk dan Pembangunan Keluarga Negara</i> (National Population and Family Development Board)
LTH	<i>Lembaga Tabung Haji</i> (Pilgrims Fund Board)
MAIN	<i>Majlis Agama Islam Negeri</i> (Zakat collection Centre)
MCO	Managed Care Organization
MF	MNHA Code for Functions of Health Service
MNHA	Malaysia National Health Accounts
MOD	Ministry of Defence
MOF	Ministry of Finance
MOH	Ministry of Health
MOHE	Ministry of Higher Education
MOSTI	Ministry of Science Technology and Innovation
MP	MNHA Code for Providers of Health Services
MR	MNHA Code for Health-Related Functions
MS	MNHA Code for Sources of Financing
NCU	National Currency Unit
NGO	Non-Government Organization
NHA	National Health Accounts
NIOSH	National Institute of Occupational Safety and Health
NPI	Non-profit Institutions
OECD	Organization for Economic Co-operation and Development
OFA	Other Federal Agencies
OOP	Out-of-Pocket
PBT	<i>Pihak Berkuasa Tempatan</i> (Local Authorities)
PEMANDU	Performance Management and Delivery Unit
PPP	Purchasing Power Parity
PSD	Public Service Department
RM	<i>Ringgit Malaysia</i> (Malaysia Currency)
ROW	Rest of The World
SHA	System of Health Accounts



SOCSSO	Social Security Organization
SSB	State Statutory Body
SSM	<i>Suruhanjaya Syarikat Malaysia</i> (Company Commission of Malaysia)
TCAM	Traditional, Complementary and Alternative Medicine
TCM	Traditional Complementary Medicines
TEH	Total Expenditure on Health
UKAS	Public Private Partnership Unit
UNDP	United Nations Development Programme
USD	US Dollar
Vs	Versus
WHO	World Health Organization
WP	<i>Wilayah Persekutuan</i> (Federal Territories)



REPORT INFORMATION

This publication on the Malaysia National Health Accounts (MNHA) contains fifteen years national health expenditure data from 1997 to 2011 that was estimated using standardized and internationally acceptable National Health Accounts (NHA) methodology.

The reporting format closely follows the MNHA framework and is kept similar to previous reporting format but with additional information under chapter on Out-of-Pocket expenditure and further improvements in the chapter on international comparisons. The “Malaysia National Health Accounts: Health Expenditure Report 1997-2011” has a total of ten chapters. Chapter 1 provides background to the report followed by Chapter 2 on the summary of the MNHA framework and Chapter 3 on the methodology that was used. Chapters 4 to 7 provide details of the health expenditure based on the MNHA framework. Chapter 8 shows state disaggregation of health expenditure, Chapter 9 provides of Out-of-Pocket health expenditure and chapter 10 contains some international comparisons.

Most of the data for 2011 are exhibited in diagrammatic and table formats followed by tables on the 1997-2011 time series data. All data are in nominal values and reported in *Ringgit Malaysia* (RM) unless stated otherwise. However, it should be noted that the best method for annual comparisons is based on data that has been adjusted for inflation, preferably using the Gross Domestic Product (GDP) deflator.

Chapter 4 contains the Total Health Expenditure (TEH) trends from the year 1997 to 2011, as a percentage of Gross Domestic Products (GDP), the per capita expenditures for the same period and the Total General Government Health expenditure (GGHE) as percentage of General Government Expenditure (GGE). Chapter 5 is lengthy and contains data on the major categories of the sources of financing, namely the public sector and the private sector. It also contains expenditure of the various agencies under these two sectors. Both sector data are then separately cross-tabulated with the dimensions of providers and functions. Every set of data is also accompanied by a similar time series data.

Chapter 6 and 7 provide data on the total health expenditures by providers and functions of health services. In addition, Chapter 6 also shows data on separate cross-tabulations between Ministry of Health (MOH) hospital expenditure with functions of health services. Similarly, Chapter 7 provides data on separate cross-tabulations of curative care, expenditures for preventive and promotive public health programmes and expenditures for education and training by sources of financing. Chapter 8 shows state disaggregation of health expenditure.

Chapter 9 shows Out-of-Pocket (OOP) health expenditure, OOP share of total and private sector expenditure as per cent GDP, OOP as per cent GDP, per capita total health and per capita OOP expenditure, OOP by providers and functions of health services. Chapter 10 contains some international comparisons of MNHA data with NHA data from neighboring and regional countries as well as some developed country.

The appendix tables at the end of the report lists the data sources from public and private sectors. There is also a summary table of the response rate from these data sources. Some data are also produced using SHA compatible MNHA classification and displayed as SHA Tables.

It is important to note that the data shown in this report is based on the methodology stated under Chapter 3. Tables and figures are used to display the NHA data. Some of the figures on proportions have been adjusted to total up to 100 per cent. **Components on tables may not add to total of 100 per cent due to rounding up.**

As is the case in all reported NHA data from any country, refinements in internationally accepted methodology and inputs from new additional data source may lead to annual changes in the figures. **Therefore, it is advisable to refer to the most recent MNHA data and publication for policy decisions and research purposes.**



Background

The MNHA data provides a wealth of useful macro-level health expenditure information for policy makers, researchers and other stakeholders. The importance of these data is elevated with the renewed need and interest in health financing reform for the country. Some knowledge on the background of this data will assist to better understand MNHA. Malaysia National Health Accounts (MNHA) started as a project by the Ministry of Health (MOH) with strong support from the Economic Planning Unit (EPU) of the Prime Minister's Department. This Malaysia National Health Accounts Project (2001-2005) was funded mainly by the United Nations Development Programme (UNDP) and resulted in the production of the *Malaysia National Health Accounts Project, Report on The MNHA Classification System (MNHA Framework)* and the first MNHA report, *Malaysia National Health Accounts Project, Health Expenditure Report (1997-2002)*. The outputs of this project were instrumental in the establishment of the Malaysia National Health Accounts (MNHA) Unit under the Planning & Development Division of MOH. Subsequently the MNHA Unit produced two other reports, *MNHA Health Expenditure Report (1997-2006)* and *MNHA Health Expenditure Report (2007 & 2008)*.

By 2009 the country had produced 3 different reports containing national health expenditure data spanning over a 12 year period (1997 to 2008). These data were produced in several cycles of MNHA estimations with some variations in data sources and methodology. However acceptable annual data comparison requires standardized methods of estimations for every year. This means ideally the method of analysis for 2008 should be applicable to 1997 analysis. This requirement resulted in the revision of previous MNHA estimations while extending to do the subsequent year analysis. After a challenging experience and under close guidance from international consultant, the *MNHA Health Expenditure Report Revised Time Series (1997-2008)* and Health Expenditure Report 2009 was produced. This contained comparable annual NHA data using internationally acceptable standardized method of analysis. **However as explained under the section on methodology, the data in this report replaces the previous ones in the past publication.** In 2012, MNHA has progressed to produce the second comparable annual time series data spanning over a 15-year period by using similar methodology as the previous report. The format of this report is kept to the same as the previous with additional information under chapter on out-of-pocket expenditure and further improvements in the chapter on International Comparisons.

The chapters in this publication covers some general expenditure overviews followed by expenditure reports using the standard NHA framework, which is, expenditures by sources of funding, expenditures by providers of health services & products, and expenditures by functions of health services & products. The state expenditure disaggregation was also carried out and reported in this publication. Tables and figures are used to display the NHA data. Some of the figures on proportions have been adjusted to total up to 100 per cent. **Components on tables may not add to total of 100 per cent due to rounding up.** For those who require references to trends over time periods, whenever possible, the revised 1997 to 2011 time series data is inserted between the detailed 2011 cross-sectional data. It is reminded that most of the data are in nominal *Ringgit Malaysia* (RM) values unless indicated otherwise.

Malaysia National Health Accounts (MNHA): Summary of Framework

National Health Accounts are basically standard sets of tables containing comprehensive, consistent, comparable, compatible and timely national health expenditure over a specified period. The System of Health Accounts SHA (OECD, 2000 Version 1.0) has been adopted by the World Health Organization (WHO) as a basis for international data collection and comparison. It proposes an integrated system of comprehensive and international comparable accounts and provides a uniform framework basic accounting rules and a set of tables for reporting health expenditures data. It also provides a more complete picture of the performance of the nation's health system and the needs of government, private sector analysts and policy makers for health planning purposes.

The SHA (OECD 2000 Version 1.0) also proposes an International Classification for Health Accounts (ICHA) in three dimensions namely, health care sources of funding including public and private, health care service providers and health care functions. The MNHA framework was based on the SHA (OECD 2000 Version 1.0) classification with some modifications to suit local policy needs.

2.1. TOTAL EXPENDITURE ON HEALTH (TEH)

The OECD SHA defines the concept of total expenditure on health (TEH) as a standardized definition of which areas of health spending are to be measured and reported in national totals. In the MNHA framework, TEH comprises the expenditures from both the public and private sectors.

2.2. THE MNHA CLASSIFICATION

The SHA (OECD, 2000 Version 1.0) classifies all health system spending using a tri-axial-system, known as the International Classification for Health Accounts (ICHA), which categorizes health expenditure by:

- source of financing
- provider of health services
- function of health services

The MNHA framework is based on the SHA (OECD, 2000 Version 1.0) classification with some minor modifications to suit local needs (Appendix Tables A3, A3.1a, A3.1b, and A3.1c). Similar to the SHA classification, the MNHA classifies all expenditures into three main entities:

- source of financing (MS)
- provider of health services (MP)
- function of health services (MF)



Source of financing is defined as entities that directly incur the expenditure and hence control and finance the amount of such expenditure. It includes the public sector spending inclusive of the federal government, state government, local authorities, and social security funds, and the private sector consisting of private health insurance, managed care organizations, Out-of-Pocket expenditure, non-profit institutions and corporations.

Provider of health services is defined as entities that produce and provide health care goods and services. It is categorized as hospitals, nursing and residential care facility providers, ambulatory care providers, retail sale and medical goods providers, public health program providers and general health administration.

Function of health services include core functions of health care (e.g. curative care, rehabilitative care, long term nursing care, ancillary services, out-patient medical goods, public health services, health administration and health insurance, and health related functions (e.g. education, training of health personnel, research and development).

2.3 THE SHA CLASSIFICATION

Although the MNHA classification is based on the SHA classification there are some changes in the two sets. Chapter 10 on International Comparisons briefly explains the salient differences. However the rest of the data in the various chapters are based strictly on the MNHA framework.

Methodology of Data Collection and Analysis

3.1 GENERAL METHODOLOGY

A general understanding of the methodology in NHA estimation certainly provides better appreciation of the data. The previous report produced a set of MNHA data from 1997-2009 and this report contains data from 1997-2011. However the data in this report over the same time period of 1997-2009 may show some variations compared to the previous report. This is mainly due to variations in responses from multiple data sources at each cycle of estimation. These variations are an acceptable phenomenon under NHA because estimations have to be carried out using standard NHA methodology for agencies that do not provide the requested data which would otherwise result in underestimation of health expenditure. Sometimes agencies are requested to provide their total spending for health-related activities and at other times their data are used to derive at the disaggregation of health expenditure by dimensions of provider or function of health services and products. A complete list of the sources of data and their response rates are documented at every cycle of analysis (Table A1.1, Table A1.2 and Table A2). Although it is difficult to obtain near 100 per cent response from all data sources, any improvements in data responses will minimize estimations for non-responders and better reflect of true data.

3.2 SUMMARY OF DATA COLLECTION AND ANALYSIS

The method of data collection and analysis used in this report closely followed the method used in the previous cycle whereby detailed definitions of what constitute health expenditure, institutional entities and types of disaggregating were drawn up based on inputs from several documents, committee meetings, and consultative advice from sources within and outside the MOH. The expertise gained through the previous international consultancy was extremely helpful in setting guidelines to ensure that estimation methods are acceptable and reliable under national health accounting methodology.

Both primary and secondary data were used in this analysis (Appendix Table A1.1 and Table A1.2). Primary data were obtained through MNHA surveys and other surveys, through data extraction during previous state visits and other datasets. The secondary health expenditure data were retrieved through various data sources, reports, bulletins and other documents. All these data were entered into various agency master spreadsheets of unprocessed data from 1997 onwards to the current year. After verification, the data from various agencies were then subjected to imputation methods to fill any data gaps. As in the past, the data were then dual coded according to the MNHA classification adapted from the SHA (OECD, 2000 Version 1.0) classification as well as the SHA classification (Appendix Tables A3.1a, A3.1b, and A3.1c). State codes were also assigned to every set of analysis.



The sets of data from each source were processed differently depending on the availability and completeness of data. Data classification was carried out based on the tri-axial MNHA entities of sources, providers and functions. The MNHA framework enables health expenditure disaggregates to the lowest possible level under the three entities of sources, providers and functions. Cross-tabulations of the entities and their important subcomponents results in more detailed analysis of health expenditures.

The processes of data entry and analysis were carried out using Microsoft Excel Program and statistical software Stata (Version 11). The initial MNHA data preparation, analysis, and coding were done in Microsoft Excel spreadsheets and the final output data files of each agency were uploaded into a master Stata database. After final data cleaning and program verification various tables and figures are produced. This report only highlights some selected findings, which may be of use for health policy development and health planning for the country. Further detailed data extractions with cross-tabulations can produce much more data as requested by policy makers and stakeholders.

3.3 BRIEF ON VARIOUS AGENCY DATA PROCESSING

The methods used for data processing varied according to the availability, completion and sources of data as follows:

3.3.1 Public Sector

(i) Ministry of Health (MOH)

Health expenditure data of the MOH (1997-2011) were obtained from the Accountant-General (AG) Office, Ministry of Finance (MOF). The AG raw database for the MOH is the primary source of data whereby expenditure data is entered as line item. All health expenditure is disaggregated into the tri-axial coding system under the dimensions of sources of funding, providers and functions of health services and products based on the MNHA framework omitting double counting. Some assumptions are made using budgetary allocations for respective years.

(ii) Ministry of Higher Education (MOHE)

The function of the university hospitals under the MOHE includes provision of health care services, health related training and research. Health expenditures of these institutions were mainly for curative care services. Other than these institutions, data (1997-2011) on the cost of training health professionals were obtained from various training colleges, Public Services Department (PSD) and other agencies.

(iii) Other Federal Agencies (including statutory bodies)

The agencies under “Other Federal Agencies” currently consists of seventeen public agencies inclusive of National Anti-Drug Agency, Prison Department, Civil Defence Department, Pension Department of Public Services Department, National Heart Institute of Malaysia, Social Welfare Department of Malaysia, Department of Orang Asli Affairs, National Population and Family Development Board Malaysia, National Institute of Occupational Safety and Health Malaysia (NIOSH), Department of Occupational

Safety and Health Malaysia (DOSH), National Sports Institute Of Malaysia, Ministry of Science Technology and Innovation (MOSTI), Pilgrims Fund Board and *Pusat Pungutan Zakat*.

The total health expenditure of other Federal Agencies (including statutory bodies) was captured from these sources through special MNHA surveys questionnaires which also assist to estimate the proportions of this expenditure for disaggregation to providers and functions of health care services. The Other Federal Agencies expenditure was mainly for curative care, retail sales and medical goods and research.

(iv) Local Authorities

Local Authorities consist of health expenditure from 154 agencies of locals / municipal governments all over Malaysia. Most local authorities provide preventive care services such as disease control and food quality control. However, in addition to these, City Councils such as Kuala Lumpur City Hall (*Dewan Bandaraya Kuala Lumpur*), Penang City Hall, Kuching City Hall and Ipoh City Council also provide curative care service.

(v) (General) State Government

This consists of health expenditure by all thirteen state governments. Three geographical areas of the country come under the Federal Territories include Kuala Lumpur, Putrajaya and Labuan. Most of the state expenditure was mainly for curative care, ancillary services and environmental health such as for water treatment.

(vi) Ministry of Defence (MOD)

The Ministry of Defence provides health services through its Army Hospitals and Armed Forces Medical and Dental Centre (*Rumah Sakit Angkatan Tentera dan Pusat Pergajian Angkatan Tentera*). The total health expenditure of this ministry (1997-2011) was captured from these sources, together with a MNHA survey to estimate the proportions of this expenditure for disaggregation to providers and functions of health care services. The MOD expenditure was mainly for curative care services.

(vii) Social Security Funds

There are two major organizations providing social security funds – the Employees Provident Fund (EPF) and the Social Security Organization (SOCSO), both of which are mandated by the government. In both, samplings of the medical bill claims were done to obtain health expenditures disaggregation to providers and functions and health care services.

(viii) Other State Agencies (including statutory bodies)

The data (1997-2011) on the number of employees and the health expenditure for state statutory bodies were collected from various sources. In addition, the MNHA Survey of state agencies including the statutory bodies provided data on per capita spending as well as expenditure disaggregation to provider and function of health care services.



3.3.2 Private Sector

(i) Household Out-of-Pocket (OOP) Expenditure

The private household OOP expenditure estimation is complex and challenging. MNHA framework uses the integrative approach of consumption, provision and financing perspectives with necessary adjustments to avoid double counting of expenditures. Expenditure data is summated from both production and consumption side sources, with deductions of the reimbursable and others already included under other sources of funding. The approach includes the capture of the gross revenues from various sources such as the user charges of MOH hospital, university hospitals, National Heart Institute, revenues of private hospital, private medical clinic and private dental clinic, sales of pharmaceutical and other medical supplies, ancillary services, sales of traditional medicine and revenues of traditional treatment providers.

The summation of all these revenues is considered as the gross spending (OOP expenditure and non-OOP expenditure). In order to obtain the net OOP spending, all the refundable payments by insurance, private corporation, SOCSO, EPF, statutory bodies or other parties exclusive of direct OOP payment are subtracted. The balance is reported as the estimated private OOP expenditure.

(ii) Private Corporations/Private Companies

More than 90% of the total labour force works in the private sector and gain medical benefits through the private employer medical benefit scheme. The average per capita health expenditure was calculated based on the survey conducted by Department of Statistic Malaysia (DOSM) on various types of industries. The proportions of providers and functions were estimated based on analysis and via MNHA questionnaires sent to the selected private companies. This expenditure excludes group insurance purchases by large companies for their employees as this is captured under total insurance expenditure.

(iii) Private Health Insurance

The health expenditure of private health insurance is calculated based on the Medical Health Insurance data from the Central Bank of Malaysia. The data includes individual and grouped insurances. The proportion for providers and functions of health services is obtained via the MNHA survey of sampled insurance companies.

(iv) Non - Governmental Organization (NGO)

Besides social activities, the non-governmental organizations (NGOs) are also involved in health related activities. Health expenditure incurred by the NGOs is obtained through the MNHA survey of these organizations which enables the expenditure disaggregation to providers and functions of health care services. The process of obtaining a full list of NGOs and good response rate has always been a challenge to this source of funding.

(v) Managed Care Organization (MCO)

Under the provisions of the existing law, only insurance companies are allowed to undertake 'health risk'. In Malaysia most of the organizations considered as MCOs are third party payers. The data obtained from these third party payers were data mainly related to health administration of health insurance.



CHAPTER 4

Total Health Expenditure

The total health expenditure (TEH) for Malaysia during 1997-2011 ranged from RM8,121 million in 1997 to RM37,542 million in 2011 (Figure 4.1 and Table 4.1). The health spending as a share of Gross Domestic Product (GDP) for the same period ranged from 2.88 per cent to 4.26 per cent of GDP. Overall, the per capita spending on health ranged from RM630 (USD231) in 1997 to RM1,292 (USD422) in 2011 (Figure 4.2, Figure 4.3 and Table 4.2). The Total General Government Health Expenditure (GGHE) as percentage of General Government Expenditure (GGE), 1997-2011 ranged from 5% in 1997 to 7% in 2011 (Figure 4.4 and Table 4.3).

FIGURE 4.1: Trend for Total Health Expenditure, 1997 - 2011 (RM Million & Per cent GDP)



TABLE 4.1: Total Health Expenditure, 1997-2011 (RM Million & Per cent GDP)

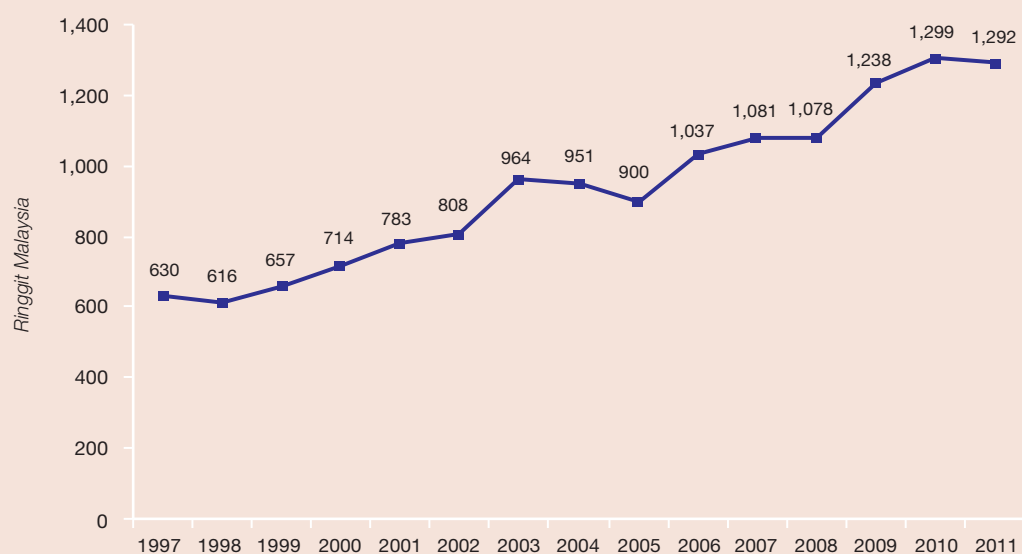
Spending Year Year	Total Health Expenditure, Nominal (RM Million)	Total Health Expenditure, Constant using DOS GDP Deflator (RM Million)*	Total Health Expenditure, Constant using IMF GDP Deflator (RM Million)**	Total Expenditure as % GDP	Total GDP, Nominal (RM Million)	DOS GDP Deflator*	IMF GDP Deflator**
1997	8,121	13,725	14,496	2.88	281,795	86	70
1998	8,819	13,748	14,509	3.11	283,243	93	76
1999	9,666	15,045	15,896	3.21	300,764	93	76
2000	11,579	16,784	17,464	3.25	356,401	100	82
2001	12,824	18,887	19,652	3.64	352,579	98	81
2002	13,995	19,985	20,795	3.65	383,213	102	84
2003	17,662	24,417	25,407	4.22	418,769	105	86
2004	18,896	24,643	25,641	3.99	474,048	111	92
2005	19,122	23,835	23,755	3.52	543,578	116	100
2006	23,198	27,836	27,715	3.89	596,784	121	104
2007	25,703	29,382	29,278	3.86	665,340	127	109
2008	28,651	29,683	29,565	3.72	769,949	140	120
2009	31,031	34,531	34,062	4.35	712,857	130	113
2010	35,075	37,140	36,990	4.41	795,037	137	118
2011	37,542	37,542	37,542	4.26	881,080	145	124

Source: *Department of Statistics Malaysia, GDP Deflator base year 2000 published in May 2012.

** International Monetary Fund (IMF) database extracted from EconomyWatch at http://www.economywatch.com/economic-statistics/Malaysia/GDP_Deflator/ on 29 Oct 2013, base year 2005

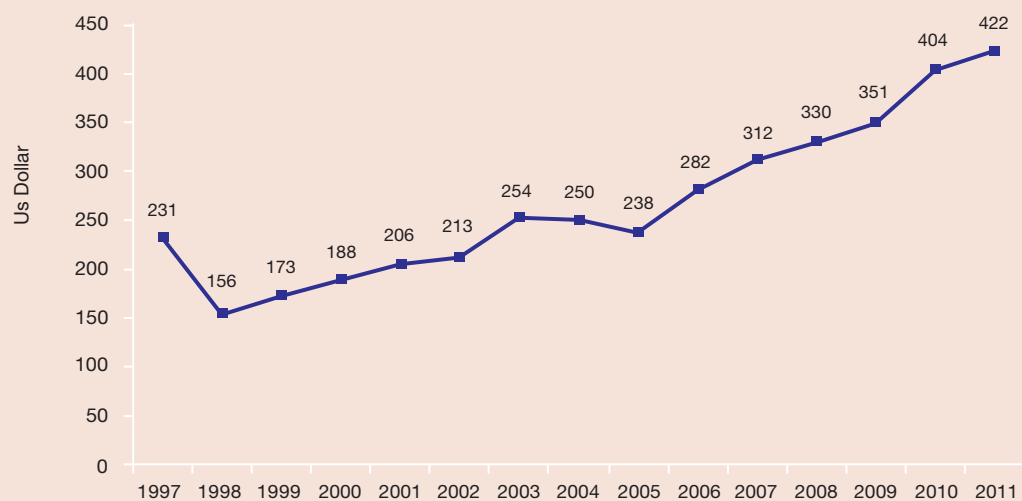


FIGURE 4.2: Per Capita Spending on Health, 1997 - 2011 (constant, RM)*



Note: *Using DOS GDP Deflator

FIGURE 4.3: Per Capita Spending on Health, 1997 - 2011 (constant, USD)*



Note: *Using DOS GDP Deflator

TABLE 4.2: Per Capita Spending on Health, 1997-2011 (RM & USD)

Year	Spending / Population	Total Health Expenditure, Nominal (RM Million)	Total Health Expenditure, Constant using DOS GDP Deflator (RM Million)*	Per Capita Spending, Nominal (RM)	Per Capita Spending, Constant (RM)	Per Capita Spending, Nominal (USD)**	Per Capita Spending, Constant (USD)**	Total Population*	USD Exchange rate**
1997		8,121	13,725	373	630	137	231	21,769,300	2.72
1998		8,819	13,748	395	616	100	156	22,333,500	3.95
1999		9,666	15,045	422	657	111	173	22,909,500	3.80
2000		11,579	16,784	493	714	130	188	23,494,900	3.80
2001		12,824	18,887	532	783	140	206	24,123,400	3.80
2002		13,995	19,985	566	808	149	213	24,727,100	3.80
2003		17,662	24,417	698	964	184	254	25,320,000	3.80
2004		18,896	24,643	729	951	192	250	25,905,100	3.80
2005		19,122	23,835	722	900	191	238	26,476,900	3.79
2006		23,198	27,836	865	1,037	235	282	26,831,500	3.68
2007		25,703	29,382	945	1,081	273	312	27,186,000	3.46
2008		28,651	29,683	1,040	1,078	319	330	27,540,500	3.26
2009		31,031	34,531	1,112	1,238	316	351	27,895,300	3.52
2010		35,075	37,140	1,227	1,299	381	404	28,588,900	3.22
2011		37,542	37,542	1,292	1,292	422	422	29,062,100	3.06

Source: *Department of Statistics Malaysia, GDP Deflator base year 2000 published in May 2012.

Note: ** Average yearly Exchange Rate (BNM website in June 2013)



FIGURE 4.4: Trend for General Government Health Expenditure (GGHE) as Per cent General Government Expenditure (GGE), 1997-2011

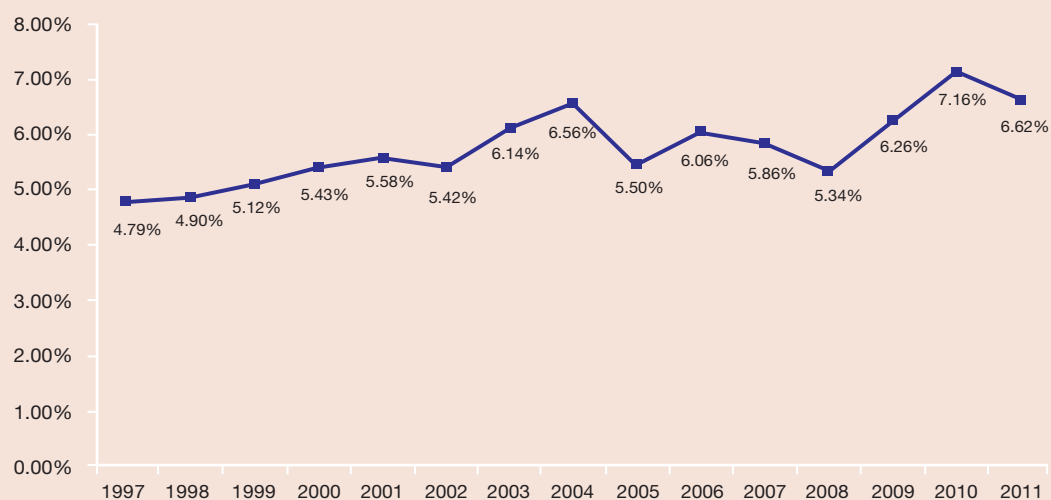


TABLE 4.3 : Trend for Total General Government Health Expenditure (GGHE), 1997-2011 (RM Million, Per cent GGE)

Year	Total General Government Health Expenditure (RM Million)	General Government Expenditure (RM Million)*	GGHE as % GGE
1997	4,317	90,131	4.79%
1998	4,753	97,040	4.90%
1999	5,243	102,320	5.12%
2000	6,235	114,884	5.43%
2001	7,297	130,690	5.58%
2002	7,827	144,278	5.42%
2003	10,258	166,949	6.14%
2004	10,354	157,742	6.56%
2005	9,499	172,681	5.50%
2006	12,384	204,255	6.06%
2007	13,557	231,359	5.86%
2008	15,460	289,394	5.34%
2009	17,716	282,794	6.26%
2010	19,331	270,171	7.16%
2011	19,797	298,975	6.62%

Source: *Treasury Website -Economy Report 2012/2013

Total Health Expenditure by Sources of Financing

The various sources of financing for health care services and products include multiple agencies in the public as well as the private sector. In the public sector these sources of financing include federal government, state government, local authorities and social security funds. In the private sector these sources of financing include private insurance enterprises, managed care organizations, private household OOP, not-for-profit institutions, and private corporations (Appendix Table A3.1a). The share of both these two sectors to the total health spending can be identified for each year.

Comparison health spending between public and private sector was made. In 2011, the public and private health spending was RM19,797 million and RM17,745 million respectively (Figure 5.1 and Table 5.1). This translates to a public:private share of 53:47 and a similar pattern is noted throughout the time series from 1997 to 2011. During this period, both the public and private sector spending shows an upward trend but the public share of health spending remained higher than the private share except in the year 2005.



FIGURE 5.1: Trend Health Expenditure by Source of Financing (Public vs. Private). 1997 - 2011

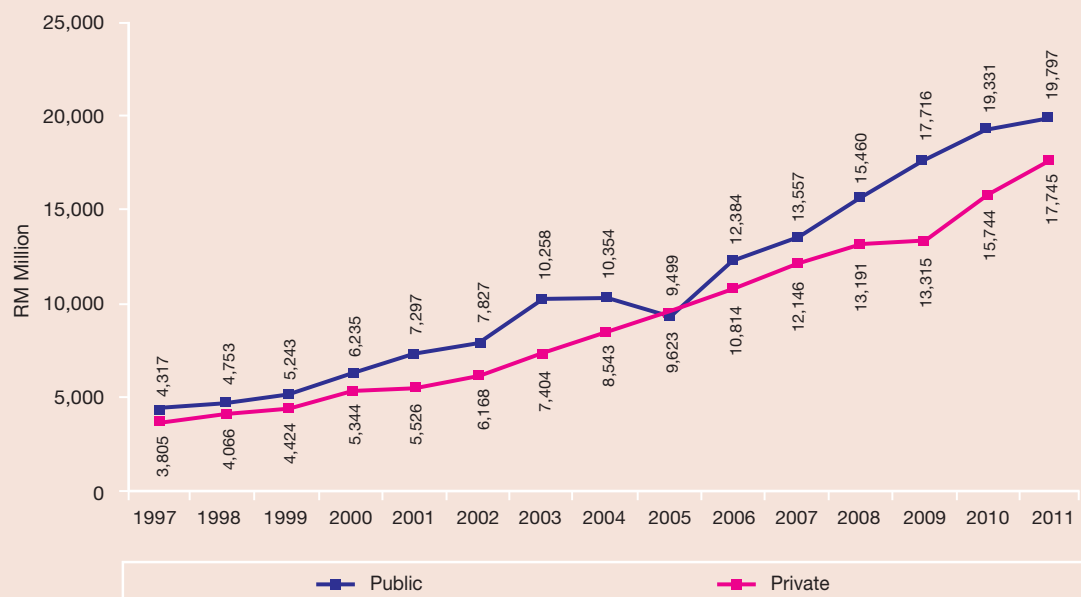


TABLE 5.1 : Total Expenditure on Health by Source of Financing by Public & Private Sectors, 1997-2011

Year	Public		Private		Total RM Million
	RM Million	%	RM Million	%	
1997	4,317	53.15	3,805	46.85	8,121
1998	4,753	53.90	4,066	46.10	8,819
1999	5,243	54.24	4,424	45.76	9,666
2000	6,235	53.85	5,344	46.15	11,579
2001	7,297	56.91	5,526	43.09	12,824
2002	7,827	55.93	6,168	44.07	13,995
2003	10,258	58.08	7,404	41.92	17,662
2004	10,354	54.79	8,543	45.21	18,896
2005	9,499	49.68	9,623	50.32	19,122
2006	12,384	53.38	10,814	46.62	23,198
2007	13,557	52.75	12,146	47.25	25,703
2008	15,460	53.96	13,191	46.04	28,651
2009	17,716	57.09	13,315	42.91	31,031
2010	19,331	55.11	15,744	44.89	35,075
2011	19,797	52.73	17,745	47.27	37,542

Sources of Financing

In 2011, among the various sources of financing, the Ministry of Health (MOH) had the highest expenditure amounting to RM16,856 million or 45 per cent share of total health expenditure (Figure 5.2 and Table 5.2a). This was followed by private household Out-of-Pocket (OOP) spending of RM14,152 million or 38 per cent share of total health expenditure. After MOH and OOP expenditure, the next highest spending was by private insurance at RM2,626 million or 7 per cent and other federal agencies including federal statutory bodies spent at RM1,338 million or 4 per cent. The Ministry of Higher Education (MOHE) spent RM1,078 million whereas corporations (excluding their corporate health insurance) spent RM869 million contributing to about 2 per cent each of the total share of all national health expenditure. All the remaining sources of financing spent RM623 million or below 2 per cent of the total health expenditure.

The 1997 to 2011 time series expenditure of all sources of financing shows MOH as the highest financier followed by OOP (Table 5.2b and Table 5.2c). The time series data trend shows that prior to 2003, after MOH and OOP, the third highest source of financing was by corporations (excluding their corporate health insurance) followed by health insurance. This trend changed after 2002 with private insurance expenditure occupying the third. In 2003 to 2007, corporations (excluding their corporate health insurance) occupying the fourth but in 2008 to 2011, other federal agencies (including statutory bodies) occupied the fourth highest share of total health expenditure.



FIGURE 5.2: Total Health Expenditure by Sources of Financing, 2011

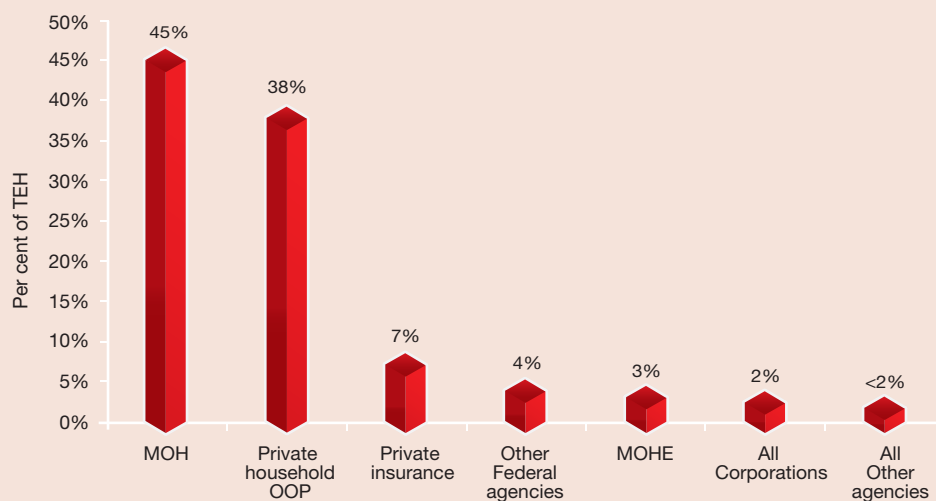


TABLE 5.2a: Total Health Expenditure by Sources of Financing, 2011

MNHA code	Sources of Financing, 2011	RM Million	Per cent
MS1.1.1.1	Ministry of Health (MOH)	16,856	44.90
MS2.4	Private household out-of-pocket expenditures (OOP)	14,152	37.70
MS2.2	Private insurance enterprises (other than social insurance)	2,626	6.99
MS1.1.1.9	Other federal agencies (including statutory bodies)	1,338	3.56
MS1.1.1.2	Ministry of Higher Education (MOHE)	1,078	2.87
MS2.6	All Corporations (other than health insurance)	869	2.31
MS1.1.3	Local Authorities	140	0.37
MS1.2.2	Social Security Organization (SOCISO)	134	0.36
MS2.3	Private MCOs and other similar entities	96	0.26
MS1.1.1.3	Ministry of Defence (MOD)	92	0.24
MS1.1.2.1	(General) State Government	70	0.19
MS1.1.2.2	Other state agencies (including statutory bodies)	51	0.14
MS1.2.1	Employee Provident Funds (EPF)	39	0.10
MS9	Rest of the world	2	0.01
MS2.5	Non-profit organisations serving households (NGO)	0.02	0.00004
Total		37,542	100.00

TABLE 5.2b : Total Health Expenditure by Sources of Financing, 1997 - 2011 (RM Million)

MNHA code	Source of financing	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
MS1.1.1.1	Ministry of Health (MOH)	3,707	4,033	4,450	5,367	6,251	6,670	9,013	8,917	8,060	10,838	11,243	13,036	14,713	16,266	16,856
MS1.1.1.2	Ministry of Higher Education (MOHE)	302	371	414	447	506	543	574	594	640	681	749	890	1,051	1,143	1,078
MS1.1.1.3	Ministry of Defence (MOD)	15	7	10	12	22	36	20	24	25	26	58	108	116	72	92
MS1.1.1.9	Other federal agencies (including statutory bodies)	219	254	276	308	396	442	492	633	581	633	900	1,110	1,358	1,478	1,338
MS1.1.2.1	(General) State Government	26	30	26	26	31	34	37	42	48	53	67	69	73	69	70
MS1.1.2.2	Other state agencies (including statutory bodies)	9	10	13	12	13	14	15	17	19	22	25	26	45	47	51
MS1.1.3	Local Authorities	17	18	19	20	21	23	27	35	45	42	419	113	238	106	140
MS1.2.1	Employee Provident Funds (EPF)	7	15	20	24	32	37	43	56	61	46	51	49	38	34	39
MS1.2.2	Social Security Organization (SOCSO)	14	15	16	20	26	28	38	34	20	42	45	59	85	115	134
MS2.2	Private Insurance enterprises (other than social insurance)	295	365	421	516	599	718	964	1,062	1,084	1,246	1,413	1,709	1,991	2,277	2,626
MS2.3	Private MCOs and other similar entities	11	13	15	17	19	25	35	32	34	41	46	58	73	88	96
MS2.4	Private household out-of-pocket expenditures (OOP)	2,944	3,107	3,373	4,147	4,162	4,652	5,664	6,724	7,671	8,713	9,687	10,552	10,365	12,413	14,152
MS2.5	Non-profit organizations serving households (NGO)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MS2.6	All Corporations (other than health insurance)	556	581	615	659	747	773	741	725	833	815	999	872	884	964	869
MS9	Rest of the world				5							1	1	2	1	2
	Total	8,121	8,819	9,666	11,579	12,824	13,995	17,662	18,896	19,122	23,198	25,703	28,651	31,031	35,075	37,542



TABLE 5.2c : Total Health Expenditure by Sources of Financing, 1997 - 2011 (Per cent, %)

MNHA code	Source of financing	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
MS1.1.1.1	Ministry of Health (MOH)	45.65	45.73	46.04	46.35	48.74	47.66	51.03	47.19	42.15	46.72	43.74	45.50	47.41	46.38	44.90
MS1.1.1.2	Ministry of Higher Education (MOHE)	3.72	4.21	4.29	3.86	3.94	3.88	3.25	3.15	3.35	2.93	2.92	3.11	3.39	3.26	2.87
MS1.1.1.3	Ministry of Defence (MOD)	0.19	0.08	0.10	0.10	0.18	0.26	0.11	0.13	0.13	0.11	0.23	0.38	0.37	0.20	0.24
MS1.1.1.9	Other federal agencies (including statutory bodies)	2.69	2.88	2.85	2.66	3.09	3.16	2.79	3.35	3.04	2.73	3.50	3.87	4.38	4.22	3.56
MS1.1.2.1	(General) State Government	0.32	0.34	0.27	0.22	0.24	0.24	0.21	0.22	0.25	0.23	0.26	0.24	0.23	0.20	0.19
MS1.1.2.2	Other state agencies (including statutory bodies)	0.11	0.11	0.13	0.10	0.10	0.10	0.09	0.09	0.10	0.10	0.10	0.09	0.14	0.13	0.14
MS1.1.3	Local Authorities	0.21	0.20	0.19	0.17	0.16	0.16	0.15	0.19	0.24	0.18	1.63	0.39	0.77	0.30	0.37
MS1.2.1	Employee Provident Funds (EPF)	0.08	0.17	0.21	0.20	0.25	0.26	0.24	0.30	0.32	0.20	0.20	0.17	0.12	0.10	0.10
MS1.2.2	Social Security Organization (SOCISO)	0.18	0.17	0.16	0.17	0.20	0.20	0.22	0.18	0.11	0.18	0.18	0.21	0.28	0.33	0.36
MS2.2	Private insurance enterprises (other than social insurance)	3.63	4.14	4.35	4.45	4.67	5.13	5.46	5.62	5.67	5.37	5.50	5.96	6.41	6.49	6.99
MS2.3	Private MCOs and other similar entities	0.13	0.14	0.15	0.15	0.15	0.18	0.20	0.17	0.18	0.18	0.18	0.20	0.24	0.25	0.26
MS2.4	Private household out-of-pocket expenditures (OOP)	36.25	35.23	34.89	35.82	32.45	33.24	32.07	35.58	40.11	37.56	37.69	36.83	33.40	35.39	37.70
MS2.5	Non-profit organisations serving households (NGO)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MS2.6	All Corporations (other than health insurance)	6.84	6.59	6.36	5.69	5.82	5.52	4.19	3.84	4.36	3.51	3.89	3.04	2.85	2.75	2.31
MS9	Rest of the world	0.00	0.00	0.00	0.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.01
Total		100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00

Public Sector Sources of Financing

In 2011, analysis of the public sector sources of financing shows that the MOH spent RM16,856 million (85 per cent), making it the largest financier in this sector. This is followed by other federal agencies (including statutory bodies) RM1,338 million (7 per cent), MOHE RM1,078 million (5 per cent), Local Authorities RM140 million (1 per cent), SOCSO RM134 million and other public sector agencies with each agency spending less than RM100 million but in total amounting to RM251 million (1 per cent) (Figure 5.3 and Table 5.3a).

The public sector time series expenditure data shows a similar trend throughout the 1997-2010 period with MOH spending progressively increasing from RM3,707 million in 1997 to RM16,266 million in 2010 (Table 5.3b). This amounts to between 84 to 88 per cent share of public spending (Table 5.3c). MOH expenditure was followed by MOHE in 1997-2003, 2005 and 2006, followed by other federal agencies including the federal statutory bodies occupying a share of 5 to 6 per cent of public sector spending. In the remaining years, MOH expenditure was followed by other federal agencies including the federal statutory bodies occupying a share of 6 to 8 per cent, followed by MOHE occupying a share of 5 to 6 per cent of public sector spending. The remaining public sector agencies inclusive of MOD, state government, state agencies including state statutory bodies, LA, EPF and SOCSO each spent less than RM150 million per year (except for LA spending more than RM150 million in 2007 and 2009). These sources of financing contributed to a share of less than 1 per cent of the total public sector expenditure per agency per year.



FIGURE 5.3: Total Health Expenditure by Public Sector Sources of Financing, 2011

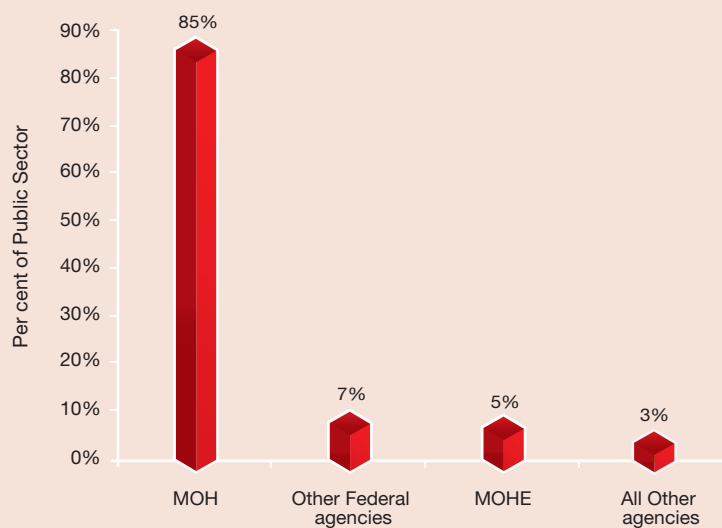


TABLE 5.3a: Total Health Expenditure by Public Sector Sources of Funding, 2011

MNHA code	Sources of Financing, 2011	RM Million	Per cent
MS1.1.1.1	Ministry of Health (MOH)	16,856	85.15
MS1.1.1.9	Other federal agencies (including statutory bodies)	1,338	6.76
MS1.1.1.2	Ministry of Higher Education (MOHE)	1,078	5.44
MS1.1.3	Local authorities	140	0.71
MS1.2.2	Social Security Organization (SOCSCO)	134	0.68
MS1.1.1.3	Ministry of Defence (MOD)	92	0.46
MS1.1.2.1	(General) State Government	70	0.35
MS1.1.2.2	Other state agencies (including statutory bodies)	51	0.26
MS1.2.1	Employee Provident Funds (EPF)	39	0.19
Total		19,797	100.00

TABLE 5.3b : Total Health Expenditure by Public Sector Sources of Financing, 1997 - 2011 (RM Million)

MNHA code	Source of financing	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
MS1.1.1.1	Ministry of Health (MOH)	3,707	4,033	4,450	5,367	6,251	6,670	9,013	8,917	8,060	10,838	11,243	13,036	14,713	16,266	16,856
MS1.1.1.2	Ministry of Higher Education (MOHE)	302	371	414	447	506	543	574	594	640	681	749	890	1,051	1,143	1,078
MS1.1.1.3	Ministry of Defence (MOD)	15	7	10	12	22	36	20	24	25	26	58	108	116	72	92
MS1.1.1.9	Other federal agencies (including statutory bodies)	219	254	276	308	396	442	492	633	581	633	900	1,110	1,358	1,478	1,338
MS1.1.2.1	(General) State Government	26	30	26	26	31	34	37	42	48	53	67	69	73	69	70
MS1.1.2.2	Other state agencies (including statutory bodies)	9	10	13	12	13	14	15	17	19	22	25	26	45	47	51
MS1.1.3	Local Authorities	17	18	19	20	21	23	27	35	45	42	419	113	238	106	140
MS1.2.1	Employee Provident Funds (EPF)	7	15	20	24	32	37	43	56	61	46	51	49	38	34	39
MS1.2.2	Social Security Organization (SOCOSO)	14	15	16	20	26	28	38	34	20	42	45	59	85	115	134
Total		4,317	4,753	5,243	6,235	7,297	7,827	10,258	10,354	9,499	12,384	13,557	15,460	17,716	19,331	19,797



TABLE 5.3c : Total Health Expenditure by Public Sector Sources of Financing, 1997 - 2011 (Per cent, %)

MNHA code	Source of financing	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
MS1.1.1.1	Ministry of Health (MOH)	85.88	84.84	84.88	86.07	85.65	85.22	87.86	86.13	84.84	87.52	82.93	84.32	83.05	84.14	85.15
MS1.1.1.2	Ministry of Higher Education (MOHE)	7.00	7.82	7.90	7.17	6.93	6.94	5.59	5.74	6.74	5.50	5.53	5.76	5.93	5.91	5.44
MS1.1.1.3	Ministry of Defence (MOD)	0.36	0.16	0.19	0.19	0.31	0.46	0.19	0.24	0.26	0.21	0.43	0.70	0.66	0.37	0.46
MS1.1.1.9	Other federal agencies (including statutory bodies)	5.07	5.34	5.26	4.95	5.43	5.65	4.80	6.12	6.12	5.11	6.64	7.18	7.66	7.65	6.76
MS1.1.2.1	(General) State Government	0.60	0.62	0.49	0.41	0.42	0.43	0.36	0.41	0.50	0.43	0.49	0.45	0.41	0.36	0.35
MS1.1.2.2	Other state agencies (including statutory bodies)	0.21	0.21	0.25	0.19	0.18	0.18	0.15	0.16	0.20	0.18	0.18	0.17	0.25	0.24	0.26
MS1.1.3	Local Authorities	0.40	0.38	0.36	0.32	0.29	0.29	0.26	0.34	0.48	0.34	3.09	0.73	1.34	0.55	0.71
MS1.2.1	Employee Provident Funds (EPF)	0.16	0.32	0.38	0.38	0.44	0.47	0.41	0.54	0.64	0.37	0.38	0.31	0.21	0.17	0.19
MS1.2.2	Social Security Organization (SOCSCO)	0.33	0.31	0.30	0.32	0.36	0.35	0.37	0.32	0.21	0.34	0.33	0.38	0.48	0.60	0.68
Total		100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00

Public Sector Sources by Providers

Cross-tabulations

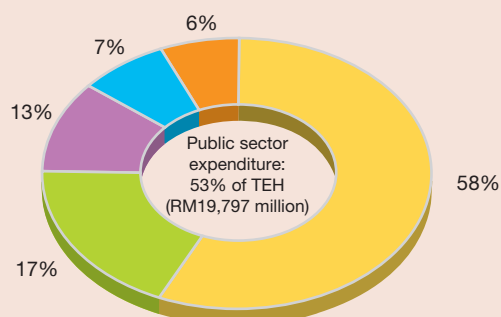
Cross-tabulations of public sector sources of funding and providers of health care services and products respond to the question as to where this public source of fund is spent or who provides the services and products with the money.

In 2011, hospitals consumed RM11,498 million or 58 per cent, followed by general health administration and insurance at RM3,301 million or 17 per cent, providers of ambulatory care at RM2,563 million or 13 per cent, provision and administration of public health programmes at RM1,142 million or 6 per cent and the remaining providers at RM1,293 million or 7 per cent (Figure 5.4 and Table 5.4a).

In the 1997 to 2011 time series, a similar pattern in the share of the various providers in the public sector with all providers showing a steady rise over the time period (Table 5.4b and Table 5.4c). However, over the last seven years (2005-2011) the rate of increase in the expenditure at hospitals, providers of general health administration and insurance, and the providers of ambulatory care were much higher when compared to other providers. Also the rate of increase in expenditure of these 3 providers individually was higher in the last seven years compared to their respective increase over the previous years. Over the time period although the expenditure for provision and administration of public health programmes in the public sector shows an increase in nominal amounts, the share of this expenditure compared to all other providers has been on a downward trend decreasing from 9.2 per cent in 1997 to 5.8 per cent in 2011.



FIGURE 5.4: Public Sector Expenditure by Providers of Health Services, 2011



- Hospitals
- General Health Administration & Insurance
- Ambulatory health care Providers
- All other Providers
- Provision & Admin of Public Health Program

TABLE 5.4a : Public Sector Expenditure by Providers of Health Services, 2011

MNHA code	Providers of Health Services	RM Million	Per cent
MP1	Hospitals	11,498	58.08
MP6	General health administration and insurance	3,301	16.68
MP3	Providers of ambulatory health care	2,563	12.95
MP5	Provision and administration of public health programmes	1,142	5.77
MP8	Institutions providing health related services	1,109	5.60
MP4	Retail sale and other providers of medical goods	165	0.83
MP2	Nursing and residential care facilities	17	0.09
MP9	Rest of the world	1	0.01
MP7	Other industries (rest of the Malaysian economy)	0.030	0.0002
Total		19,797	100.00

TABLE 5.4b : Public Sector Expenditure by Provider of Health Services, 1997 - 2011 (RM Million)

MNHA code	Providers of Health Services	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
MP1	Hospitals	2,682	2,880	3,133	3,465	3,946	4,126	4,815	5,260	5,525	7,218	7,759	9,088	9,542	10,493	11,498
MP2	Nursing and residential care facilities	5	5	6	6	7	9	8	9	9	10	11	12	14	17	17
MP3	Providers of ambulatory health care	337	349	403	477	592	705	953	1,075	1,126	1,565	1,607	1,916	2,023	2,239	2,563
MP4	Retail sale and other providers of medical goods	26	25	29	29	42	52	53	53	54	64	97	132	173	158	165
MP5	Provision and administration of public health programmes	397	375	406	440	534	631	593	605	599	768	1,176	959	1,241	1,011	1,142
MP6	General health administration and insurance	722	950	1,057	1,574	1,820	1,885	3,316	2,799	1,678	2,115	2,141	2,496	3,529	4,153	3,301
MP7	Other industries (rest of the Malaysian economy)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MP8	Institutions providing health related services	147	168	209	244	355	418	520	550	507	642	765	853	1,191	1,259	1,109
MP9	Rest of the world	1	1	1	1	1	1	1	1	2	2	1	3	3	1	1
Total		4,317	4,753	5,243	6,235	7,297	7,827	10,258	10,354	9,499	12,384	13,557	15,460	17,716	19,331	19,797



TABLE 5.4c : Public Sector Expenditure by Provider of Health Services, 1997 - 2011 (Per cent, %)

MNHA code	Providers of Health Services	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
MP1	Hospitals	62.14	60.59	59.75	55.56	54.08	52.71	46.93	50.81	58.16	58.28	57.23	58.79	53.86	54.28	58.08
MP2	Nursing and residential care facilities	0.11	0.11	0.11	0.10	0.09	0.11	0.08	0.08	0.10	0.08	0.08	0.08	0.08	0.09	0.09
MP3	Providers of ambulatory health care	7.81	7.35	7.68	7.64	8.12	9.00	9.29	10.39	11.85	12.64	11.85	12.39	11.42	11.58	12.95
MP4	Retail sale and other providers of medical goods	0.61	0.52	0.55	0.46	0.58	0.66	0.51	0.51	0.57	0.52	0.72	0.85	0.98	0.82	0.83
MP5	Provision and administration of public health programmes	9.19	7.88	7.75	7.06	7.31	8.07	5.78	5.85	6.30	6.20	8.67	6.21	7.00	5.23	5.77
MP6	General health administration and insurance	16.72	20.00	20.16	25.25	24.94	24.09	32.32	27.04	17.66	17.08	15.79	16.14	19.92	21.48	16.68
MP7	Other industries (rest of the Malaysian economy)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MP8	Institutions providing health related services	3.41	3.53	3.98	3.91	4.86	5.34	5.07	5.31	5.34	5.19	5.64	5.52	6.72	6.51	5.60
MP9	Rest of the world	0.02	0.02	0.02	0.01	0.01	0.02	0.01	0.01	0.02	0.01	0.01	0.02	0.02	0.00	0.01
Total		100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00

Public Sector Sources by Functions

Cross-tabulations

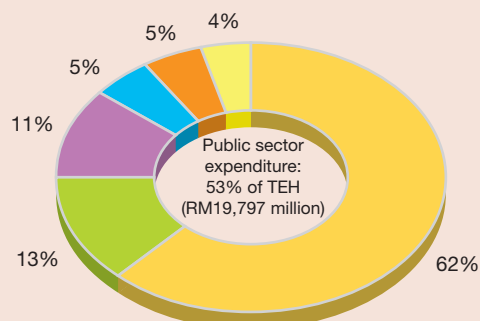
Cross-tabulations of public sector sources of funding and functions of health care services and products respond to the question as to what is purchased or the type of services and products consumed with this source of financing.

In 2011, the public sector source of funds was spent the most for curative care consuming RM12,326 million or 62 per cent, followed by health program administration and insurance consuming RM2,627 million or 13 per cent and RM2,176 million or 11 per cent for capital formation. In the same year, RM1,017 million or under 5 per cent of this sector expenditure was spent for education and training personnel. The expenditure for all other functions of health care services and products was less than RM1,000 million each (Figure 5.5 and Table 5.5a).

The time series data shows a similar pattern with curative care, health administration and insurance and capital formation occupying the three largest share of the public sector expenditure by function. However, the highest growth in the expenditure using public sector funding was in ancillary services to health care increasing from RM11 million in 1997 to RM277 million in 2011 or increased by 25-fold over the time period but which remained to occupy less than 2 per cent share of the public sector spending. The expenditure for education and training of health personnel increased by nearly 11-fold over the time period, but continued to occupy less than 6 per cent share of the public sector spending (Table 5.5b and Table 5.5c).



FIGURE 5.5: Public Sector Expenditure by Functions of Health Services, 2011



- | | |
|--|--|
| ■ Curative Care | ■ Education & Training of Health personnel |
| ■ Admin HQ & Health Insurance | ■ Prevention & Public Health |
| ■ Capital Formation | ■ All Other Functions |

TABLE 5.5a: Public Sector Expenditure by Function of Health Services, 2011

MNHA code	Function of Health services	RM Million	Per cent
MF1	Services of curative care	12,326	62.26
MR1	Health program administration and health insurance	2,627	13.27
MF7	Capital formation of health care provider institutions	2,176	10.99
MF6	Education and training of health personnel	1,017	5.14
MR2	Prevention and public health services	904	4.57
MF5	Medical goods dispensed to out-patients	401	2.03
MF4	Ancillary services to health care	277	1.40
MR3	Research and development in health	46	0.23
MF3	Services of long-term nursing care	17	0.09
MF2	Services of rehabilitative care	4	0.02
Total		19,797	100

TABLE 5.5b: Public Sector Expenditure by Function of Health Services, 1997 - 2011 (RM Million)

MINHA code	Function of Health services	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
MF1	Services of curative care	2,693	2,854	3,099	3,488	3,913	4,205	4,997	5,474	5,684	7,770	8,052	9,481	10,034	10,528	12,326
MF2	Services of rehabilitative care	3	2	2	2	3	2	9	9	11	12	10	5	3	3	4
MF3	Services of long-term nursing care	5	5	6	6	7	8	8	9	9	10	11	12	13	17	17
MF4	Ancillary services to health care	11	9	9	20	61	71	92	122	120	192	179	244	243	257	277
MF5	Medical goods dispensed to out-patients	72	68	82	88	120	138	149	171	179	186	304	368	383	368	401
MF6	Prevention and public health services	181	179	204	205	240	250	362	410	443	577	862	744	864	802	904
MF7	Health program administration and health insurance	681	663	700	810	909	1,096	1,324	1,334	1,325	1,728	1,930	2,125	2,311	2,328	2,627
MR1	Capital formation of health care provider institutions	515	800	929	1,370	1,688	1,636	2,807	2,321	1,261	1,353	1,530	1,722	2,744	3,847	2,176
MR2	Education and training of health personnel	94	120	163	209	283	343	438	443	446	523	627	707	1,070	1,136	1,017
MR3	Research and development in health	61	53	48	38	74	77	74	61	21	34	53	52	49	44	46
Total		4,316	4,753	5,243	6,235	7,297	7,827	10,258	10,354	9,499	12,384	13,557	15,460	17,716	19,331	19,797



TABLE 5.5c: Public Sector Expenditure by Function of Health Services, 1997 - 2011 (Per cent %)

MINHA code	Function of Health services	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
MF1	Services of curative care	62.39	60.04	59.10	55.94	53.62	53.72	48.71	52.87	59.84	62.75	59.40	61.33	56.64	54.46	54.46
MF2	Services of rehabilitative care	0.07	0.04	0.05	0.03	0.04	0.03	0.09	0.08	0.11	0.09	0.07	0.03	0.02	0.02	0.02
MF3	Services of long-term nursing care	0.11	0.11	0.11	0.10	0.09	0.10	0.08	0.08	0.10	0.08	0.08	0.08	0.08	0.09	0.09
MF4	Ancillary services to health care	0.26	0.18	0.17	0.32	0.84	0.91	0.89	1.18	1.27	1.55	1.32	1.58	1.37	1.33	1.33
MF5	Medical goods dispensed to out-patients	1.67	1.44	1.57	1.42	1.64	1.76	1.45	1.65	1.88	1.50	2.24	2.38	2.16	1.90	1.90
MF6	Prevention and public health services	4.20	3.77	3.90	3.28	3.29	3.19	3.53	3.96	4.67	4.66	6.36	4.81	4.88	4.15	4.15
MF7	Health program administration and health insurance	15.78	13.94	13.36	12.99	12.45	14.01	12.90	12.89	13.95	13.95	14.23	13.75	13.05	12.04	12.04
MR1	Capital formation of health care provider institutions	11.93	16.83	17.73	21.97	23.13	20.91	27.36	22.41	13.28	10.93	11.29	11.14	15.49	19.90	19.90
MR2	Education and training of health personnel	2.19	2.53	3.11	3.35	3.88	4.38	4.27	4.28	4.70	4.22	4.62	4.57	6.04	5.88	5.88
MR3	Research and development in health	1.41	1.12	0.91	0.61	1.02	0.99	0.72	0.59	0.22	0.28	0.39	0.33	0.28	0.23	0.23
Total		100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00

Private Sector Sources of Financing

In 2011, analysis of the expenditure data shows that the highest source of financing in the private sector was household OOP spending amounting to RM14,152 million or 80 per cent of this sector expenditure (Figure 5.6 and Table 5.6a). The OOP spending excludes the purchases of individual health insurance. After OOP spending the next highest spending was by all private insurance agencies from personal, family or company insurance policies at RM2,626 million or 15 per cent of private sector spending. In the same year, corporations contributed to RM869 million or 5 per cent of private sector expenditure. These corporations expenditure is exclusive of group or company purchases of insurance which is reported under insurance agency expenditure. The other agencies under private sector which includes managed care organizations (MCO), non-profit organizations (NGO) serving households and rest of the world (ROW) or international agencies, in total contributed to RM98 million or below 1 per cent of the expenditure in this sector.

The private sector expenditure data for 1997-2011 time series shows that OOP expenditure throughout the time period remained the largest proportion 75 to 80 per cent share of private spending and gradually increased from RM2,994 million in 1997 to RM14,152 million in 2011 (Table 5.6b and Table 5.6c). During this time period, private insurance enterprise expenditure also increased from 7 to 15 per cent share of private expenditure. However, corporation expenditure share of the private sector spending on health decreased from 15 to 4 per cent share of this sector.



FIGURE 5.6: Total Health Expenditure by Private Sector Sources of Financing, 2011

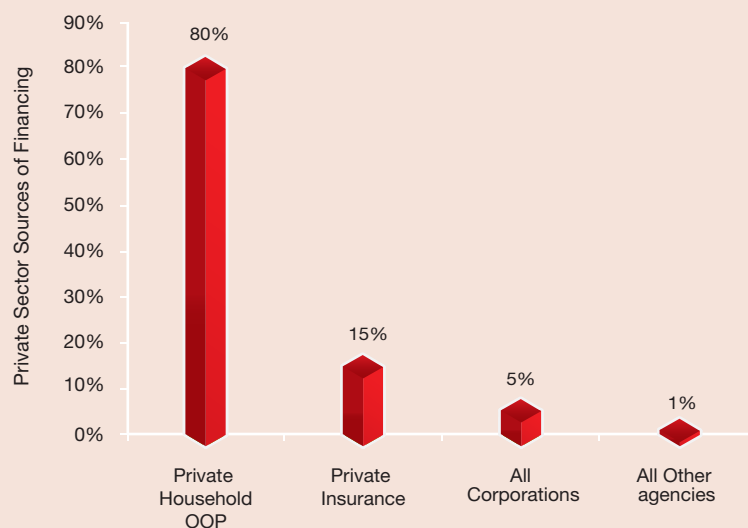


TABLE 5.6a: Total Health Expenditure by Private Sector Sources of Financing, 2011

MNHA code	Source of financing	RM Million	Per cent
MS2.4	Private household out-of-pocket expenditures	14,152	79.75
MS2.2	Private insurance enterprises (other than social insurance)	2,626	14.80
MS2.6	All Corporations (other than health insurance)	869	4.90
MS2.3	Private MCOs and other similar entities	96	0.54
MS9	Rest of the world	2	0.01
MS2.5	Non-profit organisations serving households	0.02	0.0001
Total		17,745	100.00

TABLE 5.6b : Total Health Expenditure by Private Sector Sources of Financing, 1997 - 2011 (RM Million)

MNHA code	Source of financing	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
MS2.2	Private insurance enterprises (other than social insurance)	295	365	421	516	599	718	964	1,062	1,084	1,246	1,413	1,709	1,991	2,277	2,626
MS2.3	Private MCOs and other similar entities	11	13	15	17	19	25	35	32	34	41	46	58	73	88	96
MS2.4	Private household out-of-pocket expenditures	2,944	3,107	3,373	4,147	4,162	4,652	5,664	6,724	7,671	8,713	9,687	10,552	10,365	12,413	14,152
MS2.5	Non-profit organisations serving households (NGO)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MS2.6	All Corporations (other than health insurance)	556	581	615	659	747	773	741	725	833	815	999	872	884	964	869
MS9	Rest of the world (ROW)	0	0	0	5	0	0	0	0	0	0	1	1	2	1	2
	Total	3,805	4,066	4,424	5,344	5,526	6,168	7,404	8,543	9,623	10,814	12,146	13,191	13,315	15,744	17,745

TABLE 5.6c : Total Health Expenditure by Private Sector Sources of Financing, 1997 - 2011 (Per cent %)

MNHA code	Source of financing	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
MS2.2	Private insurance enterprises (other than social insurance)	7.74	8.98	9.51	9.65	10.83	11.65	13.02	12.43	11.27	11.52	11.63	12.95	14.95	14.46	14.80
MS2.3	Private MCOs and other similar entities	0.28	0.31	0.33	0.32	0.34	0.40	0.47	0.37	0.36	0.38	0.38	0.44	0.55	0.56	0.54
MS2.4	Private household out-of-pocket expenditures	77.37	76.42	76.25	77.61	75.31	75.42	76.50	78.70	79.71	80.57	79.75	79.99	77.84	78.85	79.75
MS2.5	Non-profit organisations serving households (NGO)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MS2.6	All Corporations (other than health insurance)	14.61	14.29	13.91	12.33	13.52	12.53	10.00	8.49	8.66	7.54	8.23	6.61	6.64	6.12	4.90
MS9	Rest of the world (ROW)	0.00	0.00	0.00	0.09	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.01	0.02	0.01	0.01
	Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00



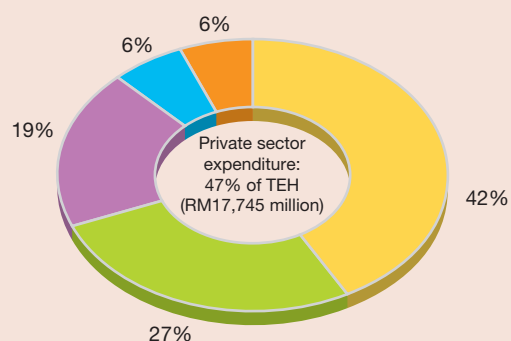
Private Sector Sources by Providers Cross-tabulations

Just as in the public sector, the cross-tabulations of private sector sources of funding with providers of health care services and products, respond to the question as to where the private source of fund is spent or who provides the services and products with this money.

In 2011, hospitals consumed RM7,394 million or 42 per cent, followed by providers of ambulatory care at RM4,818 million or 27 per cent. The providers of retail sales and other providers of medical goods consumed RM3,352 million or 19 per cent whereas the providers of general administration and insurance consumed RM1,119 million or 6 per cent (Figure 5.7 and Table 5.7a). The remaining private source of funding amounting to a total of RM1,063 million or 6 per cent were spent at institutions providing health-related services, by providers and administrators of public health programmes, non-resident or ROW providers, and by providers of nursing and residential care facilities.

The 1997 to 2011 time series data shows that throughout this period, more than 69 per cent of the private source of financing has been at hospitals and providers of ambulatory care (Table 5.7b and Table 5.7c). Hospital expenditures increased from RM1,276 million in 1997 to RM7,394 million in 2011 whereas expenditures at ambulatory care providers increased from RM1,621 million in 1997 to RM4,818 million in 2011. The data also shows that although spending at institutions providing health-related services, which mainly comprises of the teaching and training institutions, has remained below 5 per cent of the spending, this expenditure at the expense of private source of funding has increased by 22-fold from RM35 million in 1997 to RM767 million in 2011.

FIGURE 5.7: Private Sector Expenditure by Providers of Health Services, 2011



- | | |
|---|--|
| ■ Hospitals | ■ General health admin & insurance |
| ■ Ambulatory health care Providers | ■ All Other Providers |
| ■ Retail sale & Medical goods Providers | |

TABLE 5.7a: Private Sector Expenditure by Providers of Health Services, 2011

MNHA code	Providers of Health Services	RM Million	Per cent
MP1	Hospitals	7,394	41.67
MP3	Providers of ambulatory health care	4,818	27.15
MP4	Retail sale and other providers of medical goods	3,352	18.89
MP6	General health administration and insurance	1,119	6.30
MP8	Institutions providing health related services	767	4.32
MP5	Provision and administration of public health programmes	291	1.64
MP9	Rest of the world (ROW)	5	0.03
MP2	Nursing and residential care facilities	0	0.0005
Total		17,745	100.00



TABLE 5.7b: Private Sector Expenditure by Providers of Health Services, 1997 - 2011 (RM Million)

MNHA code	Providers of Health Services	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
MP1	Hospitals	1,276	1,426	1,597	1,807	2,014	2,262	2,789	3,169	3,512	3,997	4,455	5,117	5,810	6,531	7,394
MP2	Nursing and residential care facilities	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0
MP3	Providers of ambulatory health care	1,621	1,638	1,740	2,102	2,088	2,294	2,590	3,029	3,618	4,050	4,527	4,529	3,490	4,337	4,818
MP4	Retail sale and other providers of medical goods	532	564	610	823	789	915	1,106	1,401	1,540	1,754	1,982	2,252	2,272	2,916	3,352
MP5	Provision and administration of public health programmes	57	58	63	124	131	140	148	157	162	172	217	230	236	262	291
MP6	General health administration and insurance	280	326	350	407	414	452	626	635	630	663	699	779	852	981	1,119
MP8	Institutions providing health related services	35	54	60	77	89	101	141	148	156	173	246	276	652	714	767
MP9	Rest of the world	3	2	3	4	2	4	3	4	4	5	19	8	4	2	5
Total		3,805	4,066	4,424	5,344	5,526	6,168	7,404	8,543	9,623	10,814	12,146	13,191	13,315	15,744	17,745

TABLE 5.7c: Private Sector Expenditure by Providers of Health Services, 1997 - 2011 (Per cent, %)

MNHA code	Providers of Health Services	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
MP1	Hospitals	33.55	35.06	36.10	33.81	36.44	36.68	37.68	37.10	36.49	36.96	36.68	38.79	43.64	41.48	41.67
MP2	Nursing and residential care facilities	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.00	0.00	0.00
MP3	Providers of ambulatory health care	42.62	40.28	39.33	39.34	37.78	37.20	34.98	35.45	37.60	37.45	37.27	34.34	26.21	27.55	27.15
MP4	Retail sale and other providers of medical goods	13.99	13.86	13.79	15.40	14.27	14.84	14.94	16.40	16.01	16.22	16.32	17.07	17.07	18.52	18.89
MP5	Provision and administration of public health programmes	1.50	1.41	1.42	2.32	2.37	2.26	2.00	1.84	1.69	1.59	1.78	1.75	1.77	1.66	1.64
MP6	General health administration and insurance	7.35	8.01	7.91	7.62	7.48	7.33	8.45	7.43	6.55	6.13	5.76	5.90	6.40	6.23	6.30
MP8	Institutions providing health related services	0.91	1.32	1.36	1.45	1.61	1.63	1.91	1.74	1.63	1.60	2.03	2.09	4.90	4.54	4.32
MP9	Rest of the world (ROW)	0.07	0.05	0.08	0.07	0.04	0.06	0.04	0.04	0.04	0.05	0.16	0.06	0.03	0.01	0.03
Total		100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00

Private Sector Sources by Functions

Cross-tabulations

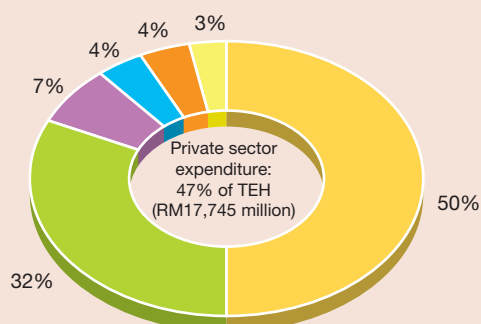
Cross-tabulations of private sector sources of funding and functions of health care services and products respond to the question as to what is purchased or the type of services and products consumed with this source of financing.

In 2011, the public sector source of funds spent the most for curative care consuming RM8,927 million or 50 per cent, followed by medical goods dispensed to out-patient at RM5,594 million or 32 per cent. In the same year, RM1,236 million or 7 per cent of this sector expenditure was spent for health program administration and health insurance (Figure 5.8 and Table 5.8a).

The time series data shows a similar pattern with expenditures for curative care and medical goods dispensed to out-patient totaling to 81 to 84 per cent of the sector spending (Table 5.8b and Table 5.8c). As noted in the earlier section, although education and training expenditure over this time period has remained below 5 per cent share of this spending, it has increased by 21-fold from RM36 million in 1997 to RM777 million in 2011.



FIGURE 5.8: Private Sector Expenditure By Functions of Health Services, 2011



■ Curative care	■ Education & Training Health Personnel
■ Medical Goods	■ Ancillary Services
■ Health Program Admin & Health insurance	■ All other functions

TABLE 5.8a: Private Sector Expenditure by Functions of Health Services, 2011

MNHA code	Function of Health services	RM Million	Per cent
MF1	Services of curative care	8,927	50.30
MF5	Medical goods dispensed to out-patients	5,594	31.52
MF7	Health program administration and health insurance	1,236	6.97
MR2	Education and training of health personnel	777	4.38
MF4	Ancillary services to health care	631	3.56
MF6	Prevention and public health services	381	2.15
MF3	Services of long-term nursing care	129	0.72
MF2	Services of rehabilitative care	69	0.39
MR3	Research and development in health	1	0.01
MR1	Capital formation of health care provider institutions	1	0.005
MR9	All other health-related expenditures	0.02	0.0001
Total		17,745	100.00

TABLE 5.8b: Private Sector Expenditure by Function of Health Services, 1997 - 2011 (RM Million)

MNHA code	Function of Health services	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
MF1	Services of curative care	2,128	2,263	2,482	2,913	3,063	3,418	4,065	4,703	5,412	6,143	6,877	7,321	7,006	7,877	8,927
MF2	Services of rehabilitative care	15	16	18	21	22	24	33	35	41	47	54	55	52	59	69
MF3	Services of long-term nursing care	24	26	29	34	35	39	50	82	69	78	84	93	101	112	129
MF4	Ancillary services to health care	181	192	205	229	253	278	314	341	435	434	489	504	480	605	631
MF5	Medical goods dispensed to out-patients	991	1,033	1,112	1,436	1,403	1,597	1,910	2,325	2,581	2,968	3,321	3,788	3,753	4,899	5,594
MF6	Prevention and public health services	148	152	163	222	242	254	258	267	291	299	365	363	341	371	381
MF7	Health program administration and health insurance	281	327	351	409	415	454	628	637	633	666	703	783	912	1,091	1,236
MR1	Capital formation of health care provider institutions	1	1	1	1	1	1	1	1	2	2	2	2	8	2	1
MR2	Education and training of health personnel	36	55	62	75	91	103	144	151	159	176	251	281	660	725	777
MR3	Research & Development in Health	0	0	0	5	0	1	1	1	1	1	1	1	3	1	1
Total		3,805	4,066	4,424	5,344	5,526	6,168	7,404	8,543	9,623	10,814	12,146	13,191	13,315	15,743	17,745



TABLE 5.8c: Private Sector Expenditure by Function of Health Services, 1997 - 2011 (Per cent, %)

MNHA code	Function of Health services	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
MF1	Services of curative care	55.92	55.65	56.11	54.52	55.43	55.41	54.91	55.05	56.24	56.81	56.62	55.50	52.62	50.03	50.30
MF2	Services of rehabilitative care	0.39	0.40	0.40	0.39	0.39	0.39	0.45	0.41	0.43	0.43	0.44	0.42	0.39	0.37	0.39
MF3	Services of long-term nursing care	0.64	0.65	0.66	0.63	0.64	0.64	0.68	0.96	0.71	0.72	0.69	0.71	0.76	0.71	0.72
MF4	Ancillary services to health care	4.75	4.71	4.63	4.29	4.59	4.51	4.25	3.99	4.52	4.01	4.03	3.82	3.60	3.84	3.56
MF5	Medical goods dispensed to out-patients	26.05	25.41	25.15	26.87	25.39	25.89	25.80	27.21	26.82	27.44	27.34	28.71	28.18	31.12	31.52
MF6	Prevention and public health services	3.89	3.75	3.68	4.15	4.38	4.11	3.48	3.12	3.03	2.77	3.00	2.75	2.56	2.36	2.15
MF7	Health program administration and health insurance	7.38	8.04	7.94	7.64	7.51	7.36	8.48	7.46	6.57	6.16	5.79	5.93	6.85	6.93	6.97
MF8	Capital formation of health care provider institutions	0.02	0.02	0.02	0.01	0.02	0.01	0.02	0.02	0.02	0.02	0.02	0.01	0.06	0.01	0.00
MF2	Education and training of health personnel	0.95	1.36	1.41	1.40	1.65	1.67	1.94	1.77	1.66	1.63	2.07	2.13	4.96	4.60	4.38
MF3	Research and development in health	0.01	0.01	0.01	0.10	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.02	0.01	0.01
MF9	All other health-related expenditures	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total		100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00

Total Health Expenditure by Providers of Health Services

The providers of health care services and products include hospitals, nursing and residential care facility providers, ambulatory care providers, retail sale and medical goods providers and public health program providers (Appendix Table A3.1b).

In 2011 analysis of providers of health services shows that the hospitals consumed RM18,893 million or 50 per cent of total health expenditure (Figure 6.1 and Table 6.1a). This was followed by providers of ambulatory health care at RM7,380 million or 20 per cent and general health administration at RM4,420 million or 12 per cent. All other remaining providers of health care services and products consumed RM3,332 million or 9 per cent of the total health expenditure.

The 1997 to 2011 time series data also shows a similar pattern with the same top four providers as in 2011 contributing to an average of 92 per cent share of total health expenditure per year (Table 6.1b and Table 6.1c). The expenditures of the same top four providers increased in absolute ringgit value by 4-fold over the same time period.



FIGURE 6.1: Total Health Expenditure by Providers of Health Services, 2011

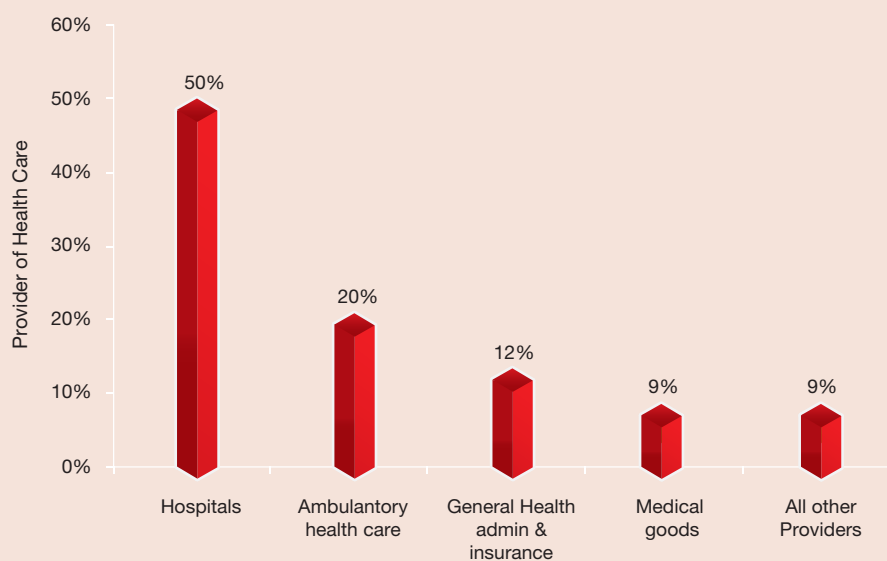


TABLE 6.1a: Total Expenditure by Providers of Health Services, 2011

MNHA code	Providers of Health Services	RM Million	Per cent
MP1	Hospitals	18,893	50.32
MP3	Providers of ambulatory health care	7,380	19.66
MP6	General health administration and insurance	4,420	11.77
MP4	Retail sale and other providers of medical goods	3,517	9.37
MP8	Institutions providing health related services	1,876	5.00
MP5	Provision and administration of public health programs	1,433	3.82
MP2	Nursing and residential care facilities	18	0.05
MP9	Rest of the world	6	0.02
MP7	Other industries (rest of the Malaysian economy)	0.03	0.0001
Total		37,542	100

TABLE 6.1b: Total Expenditure by Providers of Health Services, 1997 - 2011 (RM Million)

MNHA code	Providers of Health Services	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
MP1	Hospitals	3,959	4,305	4,730	5,272	5,960	6,388	7,604	8,429	9,037	11,215	12,214	14,205	15,353	17,024	18,893
MP2	Nursing and residential care facilities	5	5	6	6	7	9	8	9	10	10	12	12	14	17	18
MP3	Providers of ambulatory health care	1,959	1,987	2,143	2,579	2,680	2,999	3,542	4,104	4,744	5,615	6,134	6,445	5,513	6,577	7,380
MP4	Retail sale and other providers of medical goods	559	588	639	852	831	967	1,159	1,454	1,594	1,818	2,080	2,383	2,445	3,074	3,517
MP5	Provision and administration of public health programs	454	432	469	564	665	771	741	762	761	940	1,393	1,190	1,477	1,272	1,433
MP6	General health administration and insurance	1,001	1,276	1,407	1,981	2,234	2,337	3,941	3,434	2,307	2,778	2,840	3,275	4,381	5,135	4,420
MP7	Other industries (rest of the Malaysian economy)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MP8	Institutions providing health related services	182	222	269	321	444	519	661	698	663	815	1,011	1,129	1,843	1,973	1,876
MP9	Rest of the world	3	3	4	5	3	5	4	5	6	7	20	12	7	3	6
Total		8,121	8,819	9,666	11,579	12,824	13,995	17,662	18,896	19,122	23,198	25,703	28,651	31,031	35,075	37,542

TABLE 6.1c: Total Expenditure by Providers of Health Services, 1997 - 2011 (Per cent, %)

MNHA code	Providers of Health Services	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
MP1	Hospitals	48.75	48.82	48.93	45.53	46.48	45.65	43.05	44.61	47.26	48.34	47.52	49.58	49.47	48.54	50.32
MP2	Nursing and residential care facilities	0.06	0.06	0.06	0.05	0.05	0.06	0.05	0.05	0.05	0.04	0.05	0.04	0.04	0.05	0.05
MP3	Providers of ambulatory health care	24.12	22.53	22.17	22.27	20.90	21.43	20.06	21.72	24.81	24.20	23.86	22.50	17.77	18.75	19.66
MP4	Retail sale and other providers of medical goods	6.88	6.67	6.61	7.35	6.48	6.91	6.56	7.69	8.34	7.84	8.09	8.32	7.88	8.77	9.37
MP5	Provision and administration of public health programs	5.59	4.90	4.85	4.87	5.18	5.51	4.20	4.03	3.98	4.05	5.42	4.15	4.76	3.63	3.82
MP6	General health administration and insurance	12.33	14.47	14.55	17.11	17.42	16.70	22.32	18.17	12.07	11.98	11.05	11.43	14.12	14.64	11.77
MP7	Other industries (rest of the Malaysian economy)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MP8	Institutions providing health related services	2.24	2.51	2.78	2.77	3.46	3.71	3.74	3.70	3.47	3.51	3.93	3.94	5.94	5.63	5.00
MP9	Rest of the world	0.04	0.03	0.04	0.04	0.03	0.04	0.02	0.03	0.03	0.03	0.08	0.04	0.02	0.01	0.02
Total		100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00



Hospital Expenditure by Sources of Financing Cross-tabulations

Further cross-tabulations of the two largest providers, hospitals and providers of ambulatory care services are noted further. The cross-tabulations of hospitals and sources of financing responds to the question as to who or which agencies finances health care services provided at all hospitals in the country.

In 2011 the highest spending for hospital services was incurred by the MOH at RM9,739 million or 52 per cent followed by private household OOP at RM5,744 million or 30 per cent, private insurance enterprises (other than social insurance) at RM1,542 million or 8 per cent and Ministry of Higher Education (MOHE) at RM1,078 million or 6 per cent and (Figure 6.2 and Table 6.2a). The remaining hospital expenditure at RM 790 million or 4 per cent came from multiple other sources of financing each spending below RM1,000 million.

The 1997 to 2011 time series expenditure by the top two sources of financing at hospitals, that is MOH and private household OOP amounted to an average of 82 per cent (Table 6.2b and Table 6.2c). In same time series, an average of 18 per cent spent by the remaining sources of financing of total expenditure to all hospital.

FIGURE 6.2: Hospital Expenditure By Sources of Financing, 2011

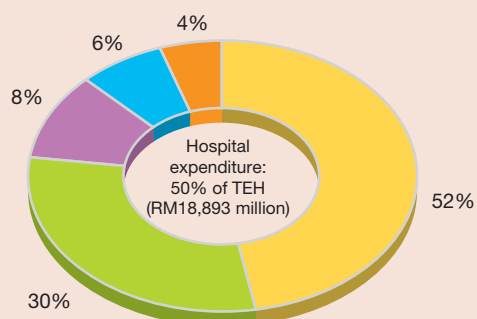


TABLE 6.2a : Hospital Expenditure by Sources of Financing, 2011

MNHA code	Source of financing	RM Million	Per cent
MS1.1.1.1	Ministry of Health (MOH)	9,739	51.55
MS2.4	Private household out-of-pocket expenditures (OOP)	5,744	30.41
MS2.2	Private insurance enterprises (other than social insurance)	1,542	8.16
MS1.1.1.2	Ministry of Higher Education (MOHE)	1,078	5.70
MS1.1.1.9	Other federal agencies (including statutory bodies)	491	2.60
MS2.6	All Corporations (other than health insurance)	108	0.57
MS1.2.2	Social Security Organization (SOCSO)	78	0.42
MS1.1.1.3	Ministry of Defence (MOD)	46	0.24
MS1.2.1	Employee Provident Funds (EPF)	32	0.17
MS1.1.3	Local authorities	17	0.09
MS1.1.2.1	(General) State Government	15	0.08
MS1.1.2.2	Other state agencies (including statutory bodies)	3	0.01
MS2.5	Non-profit organisations serving households (NGO)	0.0005	0.000002
Total		18,893	100.00

TABLE 6.2b : Hospital Expenditure by Sources of Financing, 1997 - 2011 (RM Million)

MNHA code	Source of financing	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
MS1.1.1.1	Ministry of Health (MOH)	2,248	2,361	2,552	2,829	3,216	3,323	3,993	4,306	4,542	6,184	6,532	7,531	7,903	8,715	9,739
MS1.1.1.2	Ministry of Higher Education (MOHE)	302	371	414	447	506	543	574	594	640	681	749	890	1,051	1,143	1,078
MS1.1.1.3	Ministry of Defence (MOD)	8	4	5	6	11	18	10	12	13	13	29	54	58	36	46
MS1.1.1.9	Other federal agencies (including statutory bodies)	113	124	137	153	176	201	189	288	266	281	382	548	425	474	491
MS1.1.2.1	(General) State Government	4	4	5	5	6	6	7	7	8	9	12	12	11	12	15
MS1.1.2.2	Other state agencies (including statutory bodies)	2	2	2	2	2	3	3	2	2	2	3	3	4	3	3
MS1.1.3	Local authorities	0	0	0	0	0	1	1	1	2	3	4	5	13	16	17
MS1.2.1	Employee Provident Funds (EPF)	6	13	16	19	26	30	35	46	50	38	42	40	31	28	32
MS1.2.2	Social Security Organization (SOCSSO)	1	1	1	2	2	2	3	4	2	8	4	6	46	65	78
MS2.2	Private insurance enterprises (other than social insurance)	63	91	126	163	245	330	406	487	523	651	800	996	1,227	1,395	1,542
MS2.4	Private household out-of-pocket expenditures (OOP)	1,089	1,183	1,302	1,475	1,558	1,714	2,249	2,557	2,831	3,195	3,478	3,992	4,467	5,004	5,744
MS2.5	Non-profit organisations serving households (NGO)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MS2.6	All Corporations (other than health insurance)	124	151	170	169	211	218	135	125	157	151	177	129	116	133	108
Total		3,959	4,305	4,730	5,272	5,960	6,388	7,604	8,429	9,037	11,215	12,214	14,205	15,353	17,024	18,893

TABLE 6.2c : Hospital Expenditure by Sources of Financing, 1997 - 2011 (Per cent, %)

MNHA code	Source of financing	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
MS1.1.1.1	Ministry of Health (MOH)	56.78	54.84	53.95	53.67	53.96	52.01	52.51	51.08	50.27	55.14	53.48	53.01	51.48	51.19	51.55
MS1.1.1.2	Ministry of Higher Education (MOHE)	7.63	8.63	8.76	8.49	8.48	8.50	7.54	7.05	7.08	6.07	6.14	6.27	6.85	6.72	5.70
MS1.1.1.3	Ministry of Defence (MOD)	0.20	0.09	0.10	0.12	0.19	0.28	0.13	0.15	0.14	0.12	0.24	0.38	0.38	0.21	0.24
MS1.1.1.9	Other federal agencies (including statutory bodies)	2.84	2.88	2.91	2.91	2.95	3.14	2.49	3.41	2.94	2.51	3.13	3.86	2.77	2.78	2.60
MS1.1.2.1	(General) State Government	0.10	0.10	0.10	0.10	0.10	0.10	0.09	0.08	0.08	0.08	0.10	0.08	0.07	0.07	0.08
MS1.1.2.2	Other state agencies (including statutory bodies)	0.04	0.04	0.04	0.04	0.04	0.04	0.04	0.02	0.02	0.02	0.03	0.02	0.03	0.02	0.01
MS1.1.3	Local Authorities (LA)	0.00	0.00	0.00	0.00	0.01	0.01	0.01	0.02	0.02	0.03	0.04	0.04	0.08	0.10	0.09
MS1.2.1	Employee Provident Funds (EPF)	0.14	0.29	0.35	0.37	0.44	0.46	0.46	0.55	0.56	0.34	0.35	0.28	0.20	0.16	0.17
MS1.2.2	Social Security Organization (SOCISO)	0.02	0.02	0.02	0.03	0.03	0.03	0.04	0.04	0.02	0.07	0.03	0.04	0.30	0.38	0.42
MS2.2	Private insurance enterprises (other than social insurance)	1.60	2.11	2.65	3.09	4.10	5.17	5.33	5.78	5.79	5.80	6.55	7.01	8.00	8.19	8.16
MS2.4	Private household out-of-pocket expenditures (OOP)	27.50	27.49	27.52	27.98	26.14	26.84	29.57	30.33	31.33	28.49	28.48	28.11	29.10	29.39	30.41
MS2.5	Non-profit organisations serving households (NGO)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	-	0.00	0.00	0.00	0.00
MS2.6	All Corporations (other than health insurance)	3.14	3.52	3.59	3.21	3.54	3.41	1.78	1.49	1.74	1.35	1.45	0.91	0.75	0.78	0.57
	Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00



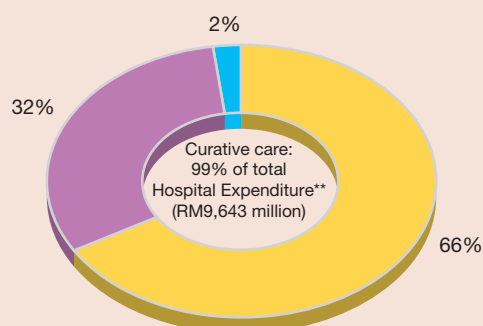
MOH Hospital Expenditure by Curative Care Function Cross-tabulations

MOH is the largest single financier of all the sources of financing for hospital services. Most of this expenditure is spent for curative care whereby curative care services provided by hospitals include in-patient, out-patient, day care services with minimal home care services. Under the MNHA framework, these types of services would be inclusive of both allopathic and traditional and complementary care services.

In 2011, RM9,643 million or 99 per cent of the RM9,739 million spent at MOH hospitals were for curative care services (Figure 6.3 and Table 6.3a). In the same year RM6,406 million or 66 per cent of the hospital curative care expenditure was for in-patient care services followed by RM3,048 million or 32 per cent for out-patient care services and RM189 million or 2 per cent for day care services.

The 1997 to 2011 time series data shows that in absolute *ringgit* value the MOH hospital in-patient and out-patient expenditure has increased by nearly 4-fold but remains at the same pattern as a share of the total curative care expenditure (Table 6.3b and Table 6.3c).

FIGURE 6.3: MOH Hospital Expenditure By Curative Care Function of Health Services, 2011



■ In-patient
 ■ Out-patient
 ■ Day care

Note : ** Excludes MOH development expenditure to hospitals

TABLE 6.3a: MOH Hospital Expenditure by Curative Care Function of Health Services, 2011**

MNHA code	Function of Health services	RM Million	Per cent
MF1.1	In-patient curative care	6,406	66.43
MF1.3*	Out-patient curative care	3,048	31.61
MF1.2	Day cases of curative care	189	1.96
Total		9,643	100.00

Note: *Data includes home care

Note: ** Excludes MOH development expenditure to hospitals

TABLE 6.3b: MOH Hospital Expenditure by Curative Care Function of Health Services, 1997 - 2011 (RM Million)**

MNHA code	Function of Health services	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
MF1.1	In-patient curative care	1,465	1,527	1,636	1,830	2,044	2,155	2,564	2,750	2,845	3,984	4,187	4,926	5,166	5,377	6,406
MF1.2	Day cases of curative care	46	48	51	56	63	66	78	84	87	120	125	146	154	161	189
MF1.3*	Out-patient curative care	705	733	787	880	980	1,034	1,230	1,317	1,364	1,904	2,006	2,355	2,461	2,560	3,048
Total		2,215	2,308	2,474	2,766	3,086	3,255	3,872	4,151	4,295	6,008	6,318	7,427	7,781	8,097	9,643

TABLE 6.3c: MOH Hospital Expenditure by Curative Care Function of Health Services, 1997 - 2011 (Per cent, %)**

MNHA code	Function of Health services	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
MF1.1	In-patient curative care	66.14	66.18	66.14	66.15	66.22	66.21	66.21	66.25	66.23	66.31	66.27	66.32	66.40	66.40	66.43
MF1.2	Day cases of curative care	2.05	2.06	2.05	2.03	2.04	2.02	2.02	2.03	2.02	1.99	1.98	1.97	1.97	1.98	1.96
MF1.3*	Out-patient curative care	31.80	31.75	31.82	31.74	31.77	31.77	31.77	31.72	31.75	31.70	31.76	31.71	31.63	31.61	31.61
Total		100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00

Note: * Data include home care
 Note: ** All MOH data excludes development expenditure

Ambulatory Care Providers by Sources of Financing

Cross-tabulations

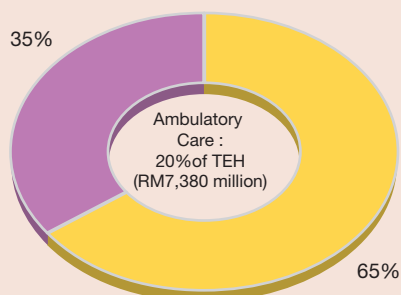
After hospitals the next largest provider of health care services are the providers of ambulatory care services. The MNHA framework adopts the SHA framework definition of providers of ambulatory care and includes providers of medical clinics, dental clinics, family planning centers, substance abuse centers, dialysis centers, medical and diagnostic centers, ambulance providers and many other outpatient providers who do provide inpatient services. The MNHA framework, unlike the SHA framework, includes providers of Traditional and Complementary Medicines under this category.

In 2011, ambulatory care providers consumed RM7,380 million or 20 per cent of total health expenditure (Figure 6.4 and Table 6.4a). Of this amount, RM4,818 million or 65 per cent was funded by private sector source of financing and the remaining RM2,563 million or 35 per cent by public sector financing.

The 1997 to 2011 time series data shows that the expenditure in absolute ringgit value for ambulatory care services has increased by 3-fold in private sector and 8-fold in public sector (Table 6.4b and Table 6.4c). A higher rate of increase of in the private source of financing compared to public source of funding is noted. However, the trend of share of private to public source of financing for ambulatory care services over the same time period shows a decreasing trend in the private source and an increasing trend in the public source of financing.



FIGURE 6.4: Expenditure at Ambulatory Care Providers (non-hospital setting) by Sources of Financing, 2011



■ Private sector
 ■ Public sector

TABLE 6.4a: Expenditure at Ambulatory Care Providers by Source of Financing, 2011

MNHA code	Function of Health services	RM Million	Per cent
MS2	Private sector	4,818	65
MS1	Public sector	2,563	35
Total		7,380	100

TABLE 6.4b: Expenditure at Ambulatory Care Providers by Source of Financing, 1997 - 2011 (RM Million)																
MNHA code	Function of Health services	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
MS2	Private sector	1,621	1,638	1,740	2,102	2,088	2,294	2,590	3,029	3,618	4,050	4,527	4,529	3,490	4,337	4,818
MS1	Public sector	337	349	403	477	592	705	953	1,075	1,126	1,565	1,607	1,916	2,023	2,239	2,563
	Total	1,959	1,987	2,143	2,579	2,680	2,999	3,542	4,104	4,744	5,615	6,134	6,445	5,513	6,577	7,380

TABLE 6.4c: Expenditure at Ambulatory Care Providers by Source of Financing, 1997 - 2011 (Per cent, %)																
MNHA code	Function of Health services	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
MS2	Private sector	82.78	82.42	81.20	81.52	77.90	76.50	73.11	73.80	76.27	72.13	73.80	70.27	63.30	65.95	65.28
MS1	Public sector	17.22	17.58	18.80	18.48	22.10	23.50	26.89	26.20	23.73	27.87	26.20	29.73	36.70	34.05	34.72
	Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00



Total Health Expenditure by Functions of Health Services

This dimension of health expenditure responds to the question on the type of services purchased with the financial resources.

In 2011 the expenditure for curative care services amounted to RM21,253 million or 57 per cent of total health expenditure (Figure 7.1 and Table 7.1a). This was followed by expenditure of RM5,995 million or 16 per cent for medical goods dispensed to out-patient, RM3,864 million or 10 per cent for health program and health insurance administration, RM2,177 million or 6 per cent for capital formation. The remaining RM4,254 million or 11 per cent of expenditure was spent on prevention and public health services, education and training, ancillary services and other functions.

The 1997 to 2011 time series data (Table 7.1b and Table 7.1c) shows an average of 90 per cent expenditure spent for the top four functions of the total expenditure. However as a share of the total expenditure, curative care expenditure trend shows a W-shaped pattern with 2003 and 2010 expenditure as the lower expenditure over the time period.

FIGURE 7.1: Total Expenditure on Health by Function of Health Services, 2011

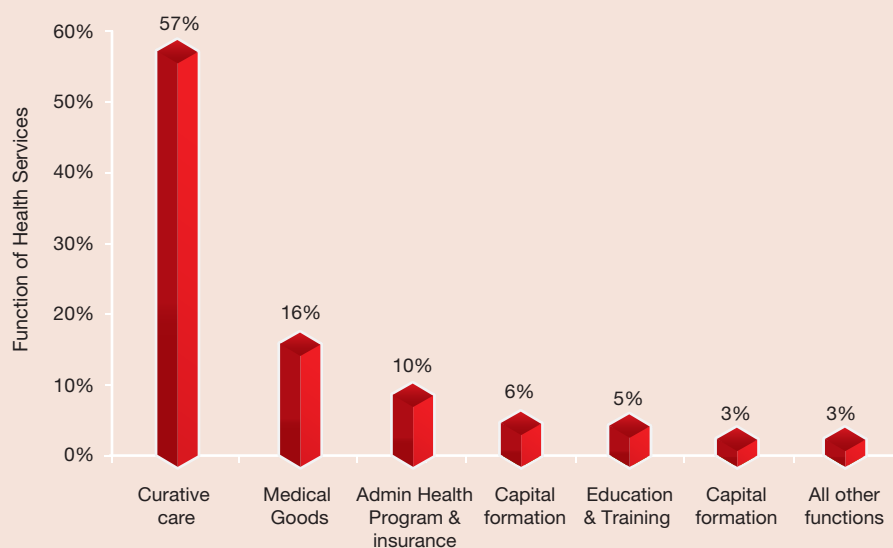


TABLE 7.1a: Total Expenditure on Health by Function of Health Services, 2011

MNHA code	Function of Health services	RM Million	Per cent
MF1	Services of curative care	21,253	56.61
MF5	Medical goods dispensed to out-patients	5,995	15.97
MF7	Health programme administration and health insurance	3,864	10.29
MR1	Capital formation of health care provider institutions	2,177	5.80
MR2	Education and training of health personnel	1,793	4.78
MF6	Prevention and public health services	1,285	3.42
MF4	Ancillary services to health care	909	2.42
MF3	Services of long-term nursing care	146	0.39
MF2	Services of rehabilitative care	73	0.19
MR3	Research & Development in Health	48	0.13
MR9	All other health-related expenditures	0.02	0.00005
Total		37,542	100.00



TABLE 7.1b: Total expenditure on Health by Function of Health Services, 1997 - 2011 (RM Million)

MNHA code	Function of Health services	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
MF1	Services of curative care	4,821	5,116	5,581	6,402	6,976	7,622	9,062	10,177	11,096	13,914	14,929	16,802	17,041	18,405	21,253
MF2	Services of rehabilitative care	18	18	20	22	24	26	42	44	52	59	64	60	55	62	73
MF3	Services of long-term nursing care	29	32	35	40	42	47	58	91	78	88	95	106	114	129	146
MF4	Ancillary services to health care	192	200	214	249	315	349	406	463	555	625	667	748	723	862	909
MF5	Medical goods dispensed to out-patients	1,063	1,101	1,195	1,524	1,523	1,735	2,059	2,496	2,759	3,153	3,624	4,156	4,135	5,268	5,995
MF6	Prevention and public health services	329	332	367	426	482	504	620	677	735	876	1,227	1,106	1,205	1,173	1,285
MF7	Health program administration and health insurance	962	989	1,051	1,219	1,324	1,550	1,951	1,972	1,957	2,394	2,633	2,908	3,223	3,420	3,864
MR1	Capital formation of health care provider institutions	516	801	930	1,371	1,689	1,637	2,808	2,322	1,263	1,355	1,532	1,724	2,752	3,849	2,177
MR2	Education and training of health personnel	131	176	225	284	374	446	581	594	606	699	878	988	1,730	1,861	1,793
MR3	Research & Development in Health	61	53	48	43	75	78	74	62	22	35	54	53	52	45	48
MR9	All other health-related expenditures	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total		8,121	8,819	9,666	11,579	12,824	13,995	17,662	18,896	19,122	23,198	25,703	28,651	31,031	35,075	37,542

TABLE 7.1c: Total expenditure on Health by Function of Health Services, 1997 - 2011 (Per cent, %)

MNHA code	Function of Health services	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
MF1	Services of curative care	59.36	58.02	57.73	55.29	54.40	54.47	51.31	53.86	58.03	59.98	58.08	58.64	54.91	52.47	56.61
MF2	Services of rehabilitative care	0.22	0.21	0.21	0.19	0.19	0.19	0.24	0.23	0.27	0.25	0.25	0.21	0.18	0.18	0.19
MF3	Services of long-term nursing care	0.36	0.36	0.36	0.34	0.33	0.33	0.33	0.48	0.41	0.38	0.37	0.37	0.37	0.37	0.39
MF4	Ancillary services to health care	2.36	2.27	2.21	2.15	2.45	2.50	2.30	2.45	2.90	2.69	2.60	2.61	2.33	2.46	2.42
MF5	Medical goods dispensed to out-patients	13.09	12.49	12.36	13.16	11.88	12.40	11.66	13.21	14.43	13.59	14.10	14.50	13.33	15.02	15.97
MF6	Prevention and public health services	4.05	3.76	3.80	3.68	3.76	3.60	3.51	3.58	3.84	3.78	4.77	3.86	3.88	3.35	3.42
MF7	Health program administration and health insurance	11.85	11.22	10.88	10.52	10.32	11.08	11.05	10.43	10.24	10.32	10.24	10.15	10.39	9.75	10.29
MR1	Capital formation of health care provider institutions	6.35	9.08	9.62	11.84	13.17	11.70	15.90	12.29	6.60	5.84	5.96	6.02	8.87	10.97	5.80
MR2	Education and training of health personnel	1.61	1.99	2.33	2.45	2.92	3.19	3.29	3.14	3.17	3.01	3.42	3.45	5.58	5.31	4.78
MR3	Research & Development in Health	0.75	0.61	0.50	0.37	0.58	0.56	0.42	0.33	0.11	0.15	0.21	0.18	0.17	0.13	0.13
	Total	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00



Curative Care Expenditure by Sources of Financing Cross-tabulations

Curative care services include medical, paramedical and allied health services inclusive of dental services which could be either allopathic or Traditional Complementary and Alternative Medicine (TCAM) services. It could be rendered either in hospital or non-hospital settings. The non-hospital setting is inclusive of medical or dental clinics but excludes other services provided at standalone allied health or rehabilitative facilities, standalone pharmacies and radiological service facilities and many other non-hospital facilities.

In 2011 a total of RM21,253 million or 57 per cent of total health expenditure was for curative care services (Figure 7.2). The source of financing for curative care services was RM12,326 million or 58 per cent from the public sector and the remaining RM8,927 million or 42 per cent from the private sector. In the public sector 84 per cent and in the private sector 69 per cent of the curative care expenditure was spent at hospitals and the remaining in both sectors were spent at non-hospital curative care providers.

The 1997 to 2011 time series data shows a similar pattern in absolute *ringgit* value (Table 7.2) and as a share of public to private source of funding for curative care services, the public share shows higher than the private sector source of financing over the time period.

FIGURE 7.2: Curative Care Expenditure by Source of Financing 2011

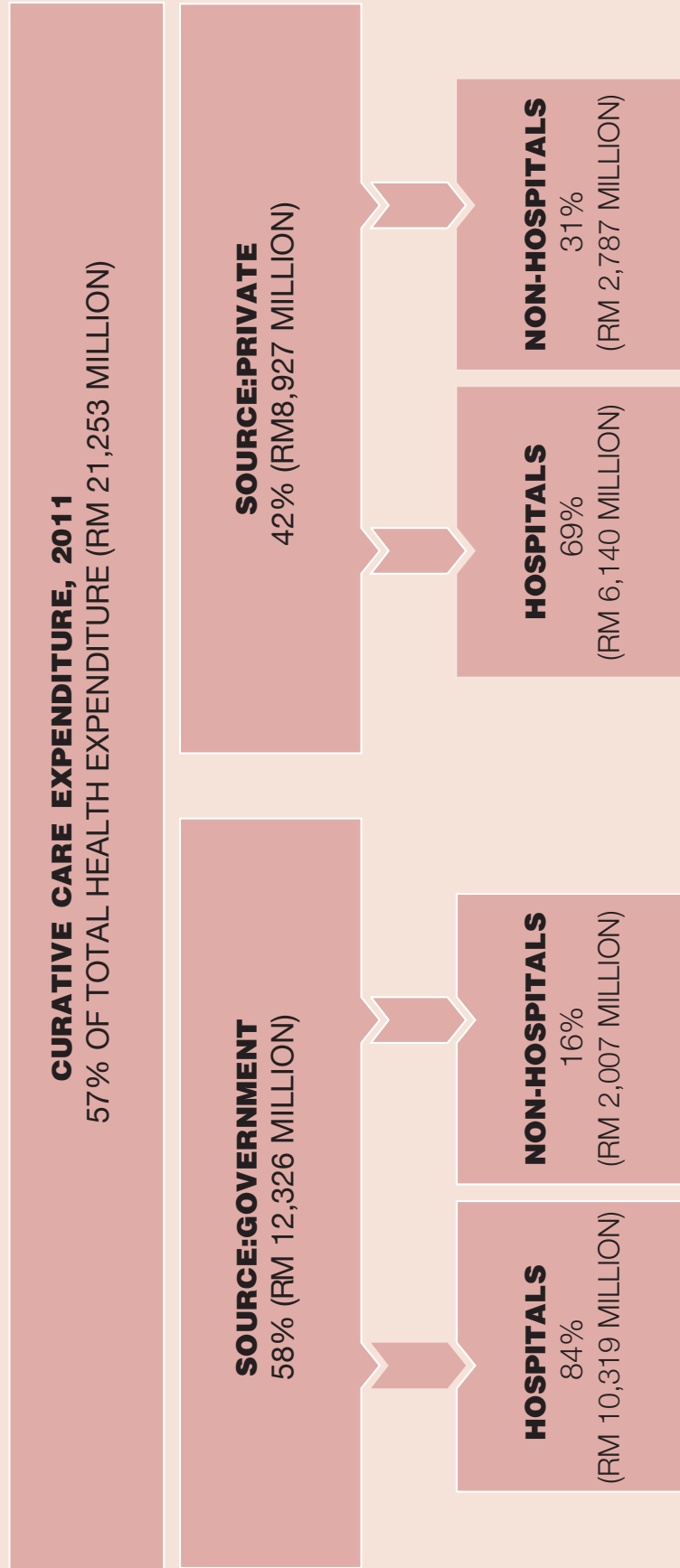


TABLE 7.2: Curative Care Expenditure by Sources of Financing, 1997-2011 (RM Million)

Source	Provider	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Public Sector	Hospital	2,387	2,537	2,732	3,060	3,402	3,602	4,266	4,656	4,827	6,575	6,821	8,037	8,468	8,800	10,319
	Non-Hospital	306	317	367	429	510	603	730	818	857	1,195	1,231	1,443	1,567	1,728	2,007
	Sub-Total	2,693	2,854	3,099	3,488	3,913	4,205	4,997	5,474	5,684	7,770	8,052	9,481	10,034	10,528	12,326
Private Sector	Hospital	1,080	1,210	1,360	1,534	1,726	1,944	2,353	2,651	2,945	3,360	3,775	4,342	4,900	5,436	6,140
	Non-Hospital	1,048	1,052	1,122	1,380	1,337	1,474	1,713	2,052	2,466	2,783	3,102	2,979	2,106	2,441	2,786
	Sub-Total	2,128	2,263	2,482	2,913	3,063	3,418	4,065	4,703	5,412	6,143	6,877	7,321	7,006	7,877	8,927
	Total	4,821	5,116	5,581	6,402	6,976	7,622	9,062	10,177	11,096	13,914	14,929	16,802	17,041	18,405	21,253

Preventive & Promotive Expenditure by Sources of Financing

This refers to expenditure for services designed to enhance the health status of the population, usually in the form of structured public health services including preventive and promotive programmes, and excludes the expenditure of similar services delivered on individual basis which is captured as part of curative services.

In 2011 a total of RM1,285 million or 3 per cent of total health expenditure was spent on public health programmes including preventive and promotive services of which RM904 million or 70 per cent was by the public sector source of financing (Figure 7.3). In the public sector, MOH spent 83 per cent of this amount.

The 1997 to 2011 time series data also shows MOH as the largest source of financing for this function of health care services with a 5-fold increase in absolute *ringgit* value over the time period (Table 7.3).

FIGURE 7.3: Preventive and Promotive Public Health Programme Expenditure by Sources of Financing, 2011

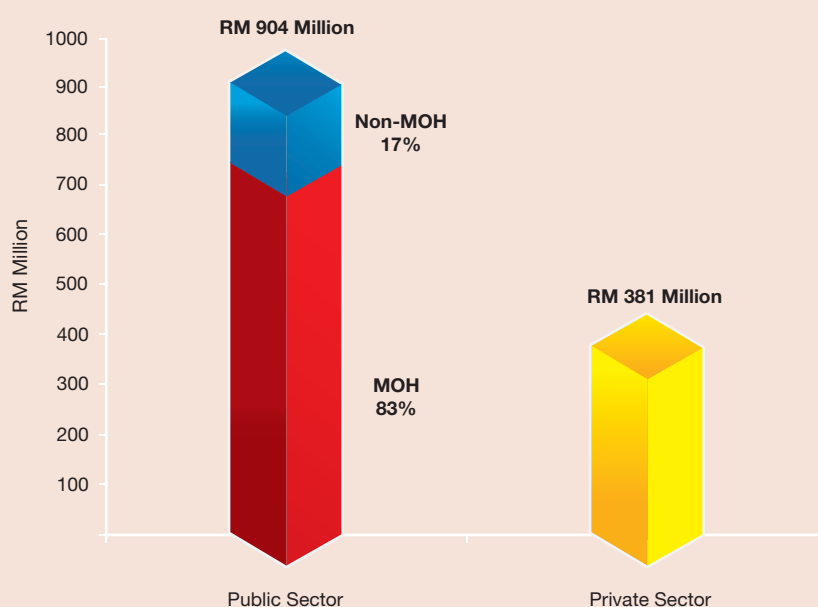




TABLE 7.3 : Preventive & Promotive Public Health Expenditure by Sources of Financing, 1997 - 2009 (RM Million)

MNHA code	Source of financing	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
MS1.1.1.1	Ministry of Health (MOH)	146	139	166	167	197	201	307	341	364	496	495	603	628	673	752
MS1.1.1.2	Ministry of Education (MOE)	0	0	0	-	0	1	0	1	0	0	0	1	0	0	0
MS1.1.1.3	Ministry of Defence (MOD)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MS1.1.1.9	Other federal agencies (including statutory bodies)	4	5	5	5	5	6	8	10	8	9	10	9	14	10	9
MS1.1.2.1	(General) State Government	17	20	15	14	18	20	22	27	31	35	45	47	46	40	37
MS1.1.2.2	Other state agencies (including statutory bodies)	6	6	9	8	8	9	9	11	12	15	17	17	35	36	39
MS1.1.3	Local authorities	8	8	8	9	10	11	13	19	26	21	295	66	141	41	63
MS1.2.2	Social Security Organization (SOCSO)	1	1	1	1	1	2	2	2	2	1	1	1	1	2	4
MS2.4	Private household out-of-pocket expenditures	8	8	9	10	11	12	16	20	22	26	25	33	17	14	14
MS2.5	Non-profit organizations serving households	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MS2.6	All Corporations (other than health insurance)	140	144	154	211	231	242	242	247	269	274	339	329	324	357	367
MS9	Rest of the world	-	-	-	-	-	-	-	-	-	-	1	0	0	0	0
Total		329	332	367	426	482	504	620	677	735	876	1,227	1,106	1,205	1,173	1,285

Expenditure for Education and Training by Sources of Financing

This includes expenditure for all health and health-related education and training of personnel. Although MNHA framework includes this expenditure under the total health expenditure, the SHA framework excludes this because of the shortfall in the assumptions and difficulties in the capture of this expenditure. Furthermore, personnel who undergo health and health-related education and training may not continue to provide services in the health sector.

In 2011 a total of RM1,793 million or under 5 per cent of total health expenditure was spent on health related education and training. A total of RM1,017 million or 57 per cent of this amount was funded by public sector source of financing with MOH spending 37 per cent and non-MOH spending the balance (Figure 7.4).

The 1997 to 2011 time series data shows that although both the public and private source of financing shows an increasing trend in expenditure for this function of health care service, the public source spending remains almost twice that of private source in absolute *ringgit* value (Table 7.4a and Table 7.4b). Similarly, in the public source of financing, the non-MOH spending is about twice that of MOH expenditure for education and training.

FIGURE 7.4: Expenditure for Education and Training by Sources of Financing, 2011

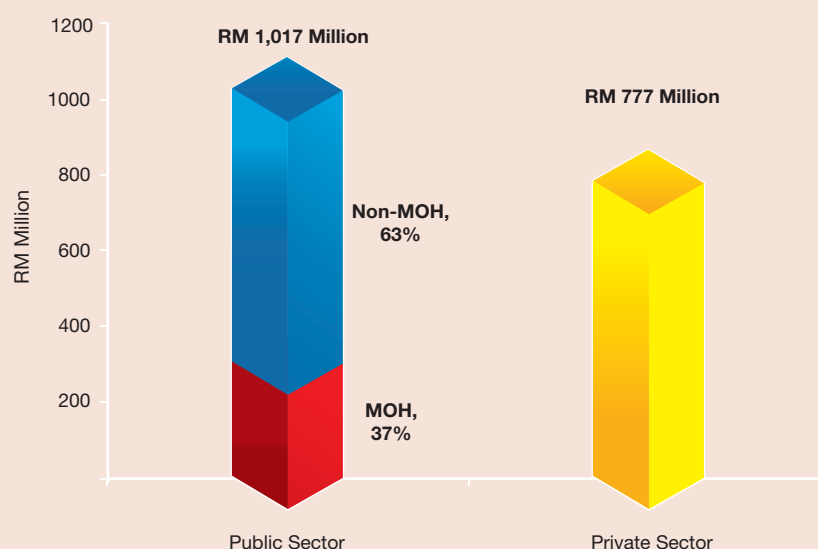




TABLE 7.4a : Expenditure for Education and Health Training by Sources of Financing, 1997 - 2011 (RM Million)																
MNHA code	Source of financing	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
MS1.1.1.1	Public Sector (MOH)	35	33	68	96	147	186	231	222	218	270	275	310	325	340	380
MS1.1.1.2 - MS1.1.1.9	Public Sector (Non - MOH)	59	87	95	112	136	157	206	221	228	253	352	397	745	796	637
MS2	Private sector*	36	55	62	75	91	103	144	151	159	176	251	281	660	725	777
Total		131	176	225	284	374	446	581	594	606	699	878	988	1,730	1,861	1,793

Note: *Data includes expenditure under Rest of the World

TABLE 7.4b : Expenditure for Education and Health Training by Sources of Financing, 1997 - 2011 (Per cent %)																
MNHA code	Source of financing	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
MS1.1.1.1	Public Sector (MOH)	26.72	18.80	30.13	33.96	39.35	41.65	39.80	37.34	36.03	38.66	31.30	31.40	18.77	18.29	21.20
MS1.1.1.2 - MS1.1.1.9	Public Sector (Non - MOH)	45.54	49.64	42.26	39.63	36.33	35.23	35.51	37.25	37.64	36.12	40.09	40.15	43.08	42.77	35.50
MS2	Private sector*	27.75	31.56	27.61	26.41	24.31	23.12	24.69	25.42	26.33	25.22	28.61	28.46	38.15	38.95	43.30
Total		100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00

Note: *Data includes expenditure under Rest of the World

State Expenditure

MNHA state disaggregation of health expenditure is still a new set of analysis and reporting under beneficiary group of MNHA classification. The state allocation was carried out based on the facility where the financial resources was used to purchase the various types of health care services and products. This state allocation was done for the smallest possible disaggregated source of financing and then rolled up to produce the total state expenditure. Further improvements and refinements in the methodology are expected in the future. The arrangements of the state in the Figures and Tables below are based on the state population size in the year 2011 as the reference year.

There are a total of thirteen states and three additional Federal Territories, namely Kuala Lumpur, Labuan and Putrajaya. The state population census is reported under the Department of Statistics Malaysia.

In 2011, Selangor had the highest population of 5,600 thousand people the highest expenditure of RM5,941 million (Figure 8.1 and Table 8.1). There appears to be a wider gap between the per capita spending and population in the highest and lowest populated states except for WP Kuala Lumpur (Figure 8.2 and Table 8.2).

The comparisons of per capita spending by the public and private sector source of funding can be made for the time series state disaggregated data. In 2011 the median public sector source of spending in all states excluding WP Kuala Lumpur was RM562 per capita (Figure 8.3 & Table 8.3). The median private sector source of spending in all states excluding WP Kuala Lumpur, the east coast states of Kelantan and Terengganu and West Malaysia states of Sabah, Sarawak and Labuan was RM417 per capita. A total of RM6,084 million or 16 per cent of the total expenditure was national level expenditure which was excluded in the state disaggregation.



FIGURE 8.1: Total Expenditure by State, 2011

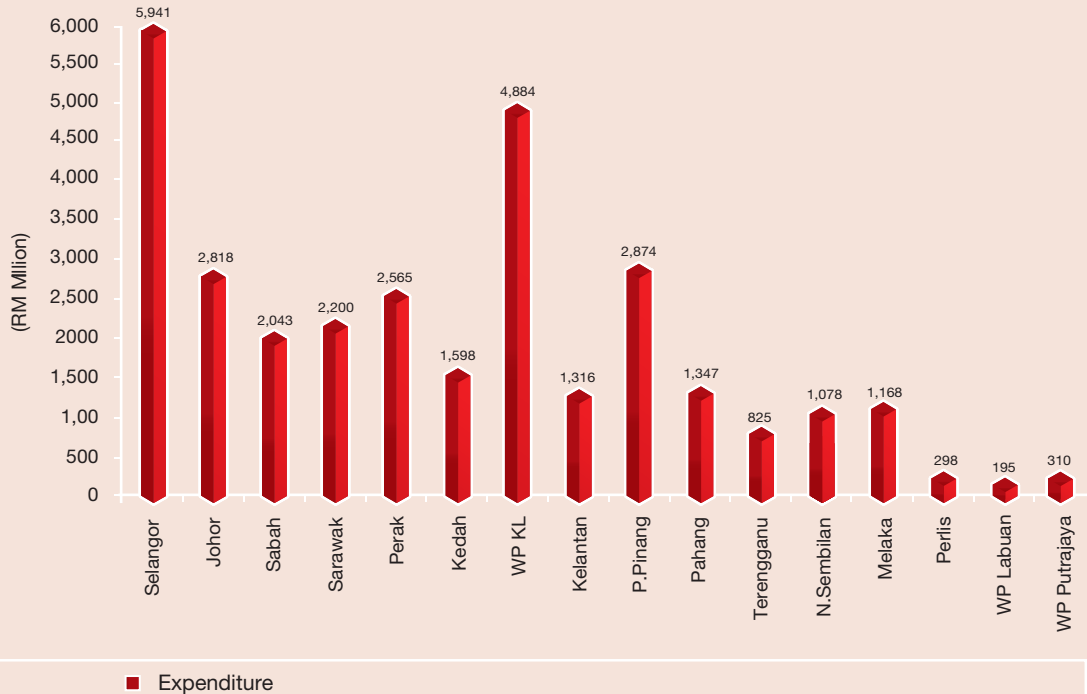
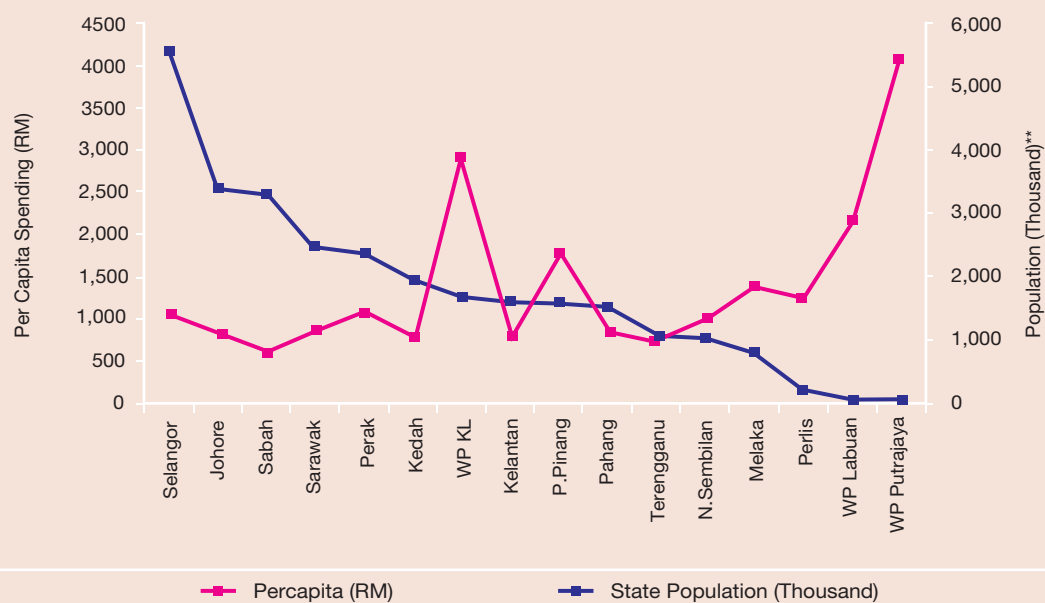


TABLE 8.1: State Population and Health Expenditure, 2011

State	Population (Thousand)**	Expenditure (RM Million)
Selangor*	5,600	5,941
Johore	3,411	2,818
Sabah	3,346	2,043
Sarawak	2,528	2,200
Perak	2,403	2,565
Kedah	1,972	1,598
WP KL	1,693	4,884
Kelantan	1,619	1,316
P. Pinang	1,601	2,874
Pahang	1,527	1,347
Terengganu	1,079	825
N. Sembilan	1,047	1,078
Malacca	833	1,168
Perlis	237	298
WP Labuan	89	195
WP Putrajaya	78	310
National		6,084
Total	29,062	37,542

Note: *This includes WP Putrajaya

** Source: Department of Statistics Malaysia

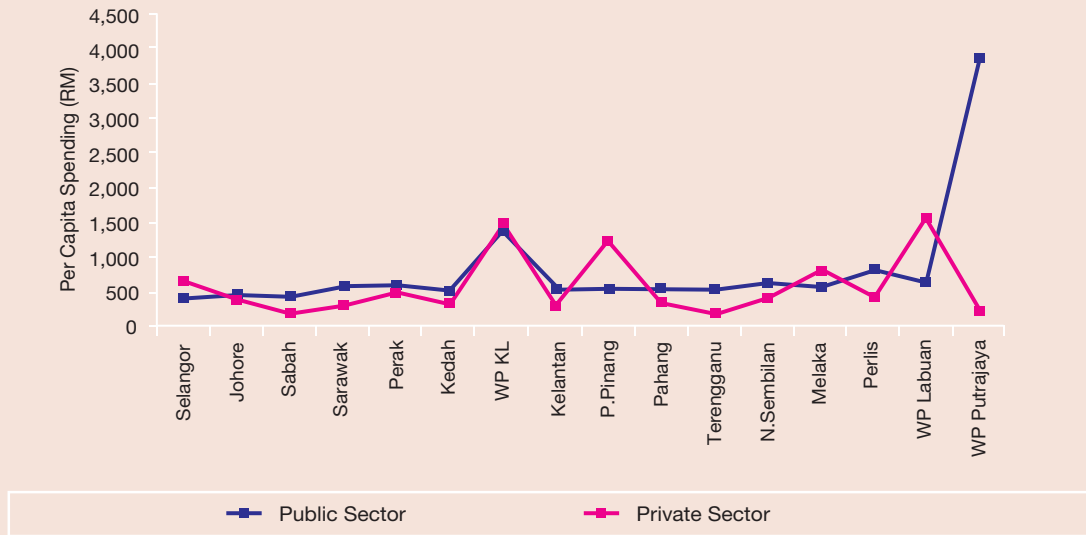
FIGURE 8.2: State Population and Per Capita Health Spending, 2011

TABLE 8.2: State Population and Per Capita Health Spending, 2011

State	Per Capita (RM)	State Population (Thousands)**
Selangor	1,061	5,600
Johore	826	3,411
Sabah	611	3,346
Sarawak	870	2,528
Perak	1,068	2,403
Kedah	810	1,972
WP KL	2,885	1,693
Kelantan	813	1,619
P. Pinang	1,795	1,601
Pahang	882	1,527
Terengganu	764	1,079
N. Sembilan	1,029	1,047
Malacca	1,401	833
Perlis	1,257	237
WP Labuan	2,182	89
WP Putrajaya	3,998	78
Total Population		29,062

** Source: Department of Statistics Malaysia



FIGURE 8.3: State Per Capita Health Spending by Public and Private Sector, 2011



State	Public Sector	Private Sector
Selangor	412	649
Johore	444	383
Sabah	431	179
Sarawak	579	291
Perak	574	493
Kedah	491	319
WP KL	1,403	1,482
Kelantan	538	275
P. Pinang	562	1,233
Pahang	542	340
Terengganu	553	212
N. Sembilan	624	404
Malacca	597	805
Perlis	827	429
WP Labuan	631	1,550
WP Putrajaya	3,789	209

Out-of-Pocket Expenditure

Out-of-Pocket (OOP) health expenditure or private household OOP health expenditure simply means the spending made by individuals for own or another individual, who could be a family or a household member, for the purchases of health care services or products. Sometimes there can be financial re-imbursements due to benefits from employment, insurance or other means, which is strictly not captured under the NHA framework as OOP spending.

Most often OOP health expenditures are attained through community surveys. However the best approach for this estimation, as used for this report, is through a complex method called the integrative method whereby the gross level of direct spending from consumption, provision and financing perspective is collated followed by a deduction of third party financial reimbursements by various agencies to avoid double counting.

The data shown in this chapter includes spending for TCAM as well as spending for health-related education and training which are excluded in all expenditures that are reported under the SHA framework.

The 1997-2011 time series data shows that the household OOP expenditure remains the largest single source of funding in the private sector amounting to an average of 78% of this sector spending which is equivalent to about 30-40% of total health expenditure (Figure 9.1). The OOP expenditure from 1997 to 2011 has increased from RM2,944 million to RM14,152 million which is an increase from 1.04% GDP to 1.61% GDP (Figure 9.2). This equates to a nearly four-fold increase in per capita OOP health spending in absolute value from RM135 in 1997 to RM487 in 2011 over the same time period (Figure 9.3).



FIGURE 9.1: OOP Share of Total and Private Sector Expenditure, 1997-2011 (Per cent, %)

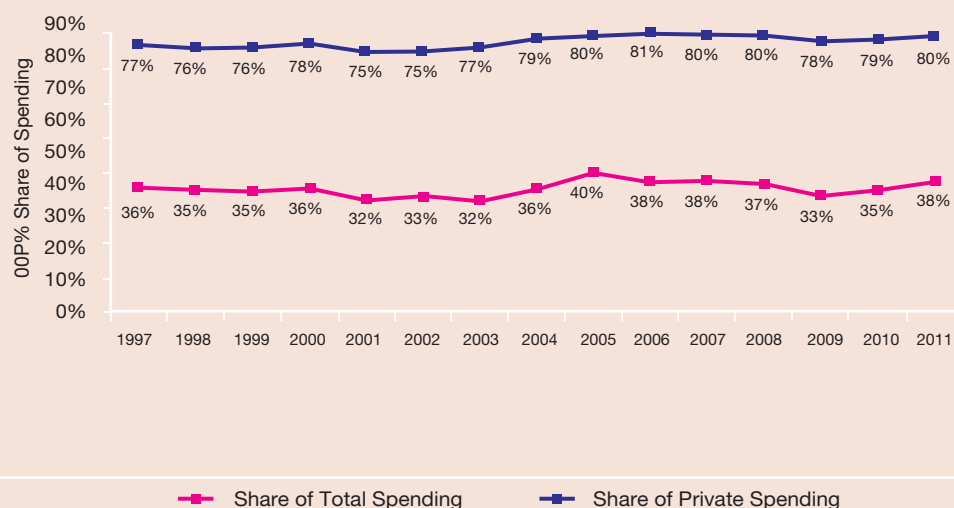
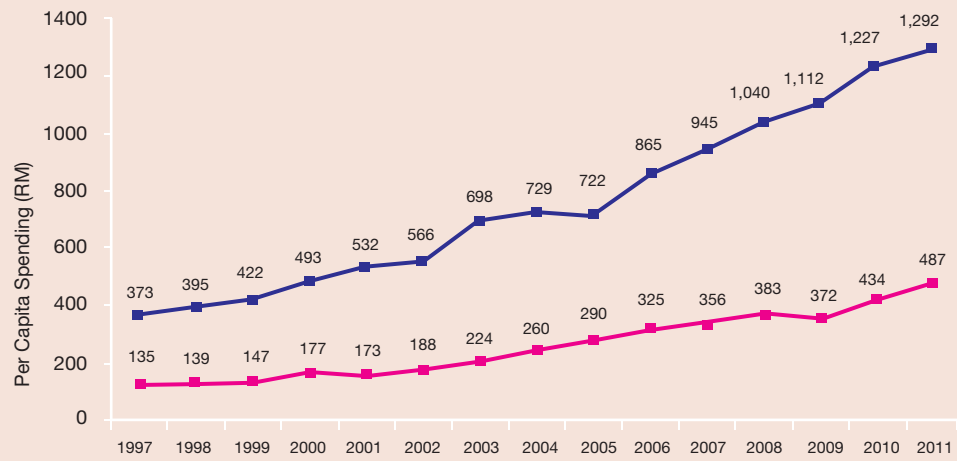


FIGURE 9.2: OOP Expenditure and OOP as Per cent GDP, 1997-2011



FIGURE 9.3: Per Capita Total Health and Per Capita OOP Expenditure, 1997-2011 (RM, Ringgit Malaysia)



■ Per Capita OOP (RM)
 ■ Per Capita Total Health (RM)



OOP Expenditure by Providers

Health providers are defined as entities that produce and provide health care goods and services, which benefit individuals or population groups. These providers include both public and private sector providers. However since public sector health care services in this country have always been heavily subsidized by the government, the data in this section focuses on the OOP spending at private facilities and excludes the public facility OOP spending. Thus the data under this section responds to the question as to which group of private facilities consumes the OOP expenditure.

In 2011, 93% of all OOP spending occurred at private healthcare facilities and the balance in public facilities (Figure 9.4). The private providers include private hospitals, private medical clinics, providers of medical appliances, traditional & complementary care providers, private dental clinic, private pharmacies, private laboratories. In the same year private hospitals consumed the largest share of OOP expenditure at RM5,355 million or 41% followed by private medical clinics at RM1,938 million or 15%, providers of medical appliances at RM1,863 million or 14%, traditional & complementary care providers at RM1,712 million or 13% and private pharmacies at RM1,488 million or 11% and the balance RM756 million or 6% in private dental clinics & private laboratories (Figure 9.5).

The 1997 to 2011 the time series data shows increased OOP expenditure in all the various facilities except for private medical clinics (Table 9.1a and Table 9.1b). The highest increase in absolute amount was seen at private hospitals from RM931 million in 1997 to RM5,355 million in 2011. However there is more than 10-fold increase in spending at providers of medical goods and appliances from RM147 million in 1997 to RM1,863 million in 2011. The OOP spending at private medical clinics show a steady increase from RM797 million in 1997 to RM2,486 million in 2007 but then declined from 2008 onwards with a drop in the proportion from 27% in 1997 to 14% in 2011.

FIGURE 9.4: OOP Expenditure by Public and Private Providers of Health Services, 1997-2011 (RM Million)

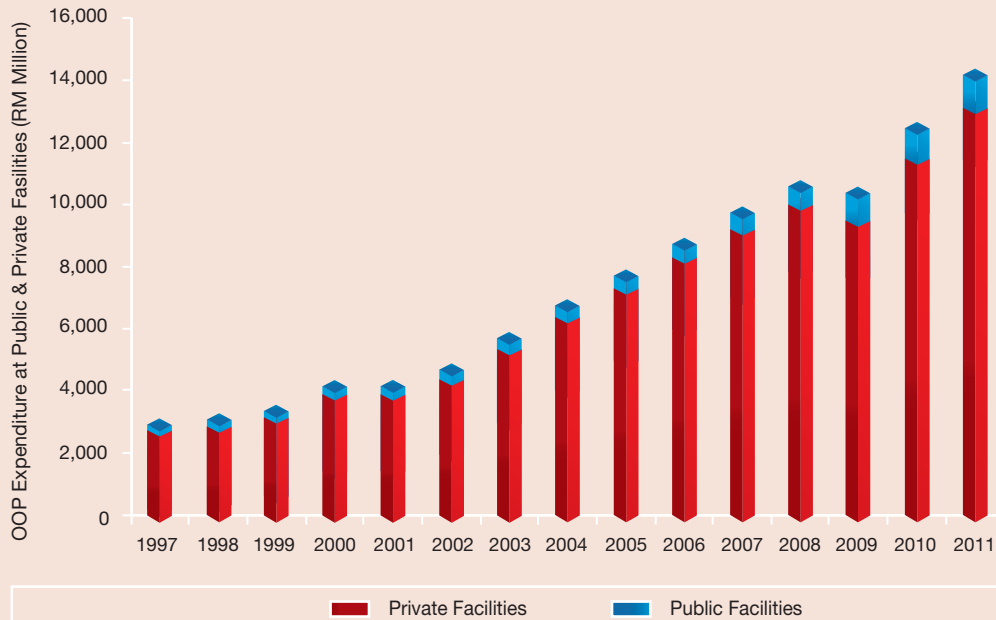


FIGURE 9.5: OOP Expenditure by Private Provider of Health Services, 2011 (Per cent, %)

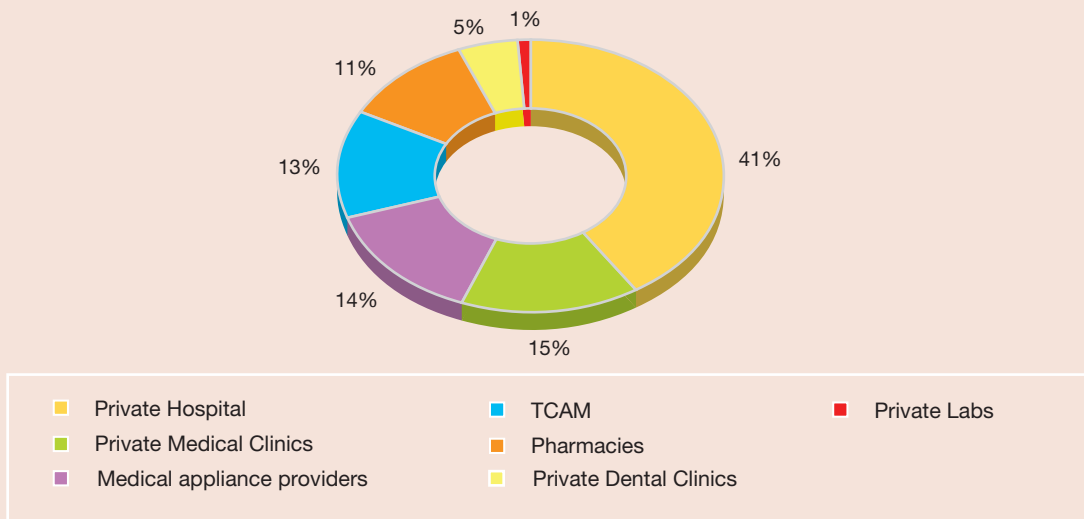


TABLE 9.1a: OOP Expenditure by Providers of Health Services, 1997-2011 (RM Million)

Provider Name	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Private Hospitals	931	1,018	1,120	1,293	1,362	1,506	2,028	2,305	2,578	2,919	3,178	3,666	4,144	4,642	5,355
Private Medical Clinics	797	813	871	1,094	1,046	1,157	1,281	1,577	1,956	2,230	2,486	2,304	1,464	1,684	1,938
Providers of Medical appliances	147	146	151	304	298	380	501	646	797	946	1,050	1,230	1,134	1,660	1,863
Traditional & Complementary Care Providers	367	369	392	485	480	533	595	687	773	910	1,018	1,177	1,078	1,538	1,712
Private Pharmacies	373	405	450	506	483	522	605	754	742	807	932	1,021	1,137	1,256	1,488
All other providers (public)	329	356	389	466	493	554	654	754	825	900	1,023	1,154	1,408	1,634	1,796
Total	2,944	3,107	3,373	4,147	4,162	4,652	5,664	6,724	7,671	8,713	9,687	10,552	10,365	12,413	14,152

TABLE 9.1b: OOP Expenditure by Providers of Health Services, 1997-2011 (Per cent %)

Provider Name	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Private Hospitals	32%	33%	33%	31%	33%	32%	36%	34%	34%	33%	33%	35%	40%	37%	38%
Private Medical Clinics	27%	26%	26%	26%	25%	25%	23%	23%	26%	26%	26%	22%	14%	14%	14%
Providers of Medical appliances	5%	5%	4%	7%	7%	8%	9%	10%	10%	11%	11%	12%	11%	13%	13%
Traditional & Complementary Care Providers	12%	12%	12%	12%	12%	11%	11%	10%	10%	10%	11%	11%	10%	12%	12%
Private Pharmacies	13%	13%	13%	12%	12%	11%	11%	11%	10%	9%	10%	10%	11%	10%	11%
All other providers (public)	11%	11%	12%	11%	12%	12%	12%	11%	11%	10%	11%	11%	14%	13%	13%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

OOP Expenditure by Functions

The data under this section responds to the question on the type of health care services and products that are purchased with the OOP spending. This includes expenditures for core functions of health care such as for curative care, ancillary services, medical goods & appliances and others, as well as health-related functions such as capital asset purchases, education & training, research & development and others.

In 2011 the largest proportion of OOP expenditure was RM4,311 million or 30% for out-patient care services (Figure 9.6). This would include out-patient care services provided both in standalone medical clinics as well as in hospital facilities. In the same year in-patient care services was RM2,439 million or 17% of OOP spending. This would include spending at both public and private hospitals with greater proportion at private hospitals. The OOP spending for medical appliances & non-durable goods was RM2,098 million or 15%, for pharmaceuticals including over-the-counter and prescription drugs was RM1,973 million or 14%, for traditional & alternative medicines was RM1,523 million or 11% and the remaining RM2,183 million or 13% was for other functions.

The 1997 to 2011 time series data although shows general increase in the level of OOP spending for various functions, the proportions show some variations. Over this 15-year time period, although the OOP spending for out-patient services has increased from RM1,265 million in 1997 to RM4,311 million in 2011, the proportion of out-patient services has actually decreased from 43% to 30% over this time (Figure 9.7). This time period has also seen a rise in in-patient services from RM523 million in 1997 to RM2,439 million in 2011 with the proportion of this function remaining around 17-18% over this time. There was more than 10-fold increase in OOP spending for medical appliances & non-durable goods from RM177 million in 1997 to RM2,098 million in 2011, and a 20-fold increase in OOP spending for education and training from RM32 million in 1997 to RM660 million in 2011 (Table 9.2a and Table 9.2b).



FIGURE 9.6: OOP Expenditure by Functions of Health Services, 2011 (Per cent , %)

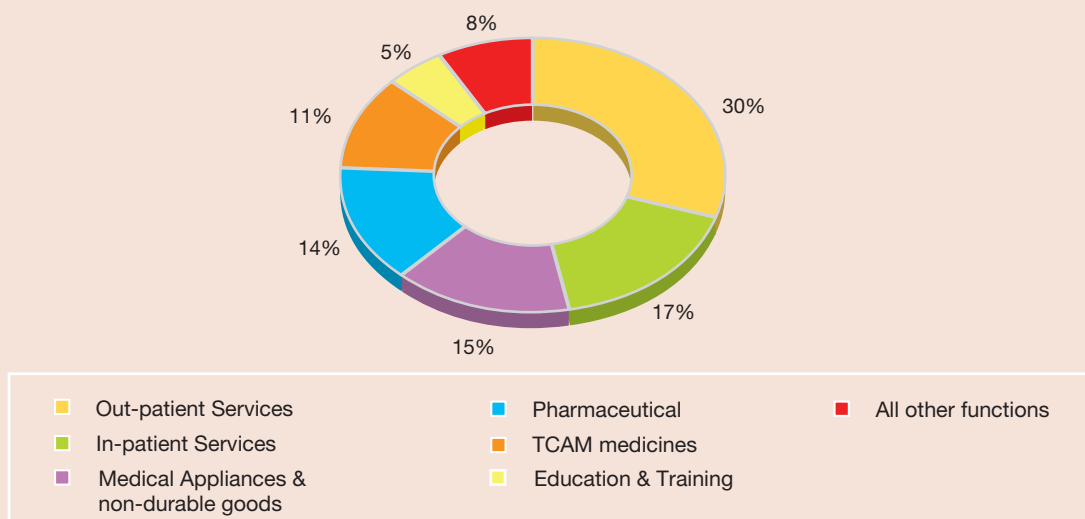


FIGURE 9.7: OOP Expenditure by Functional Proportions, 1997 - 2011 (Per cent , %)

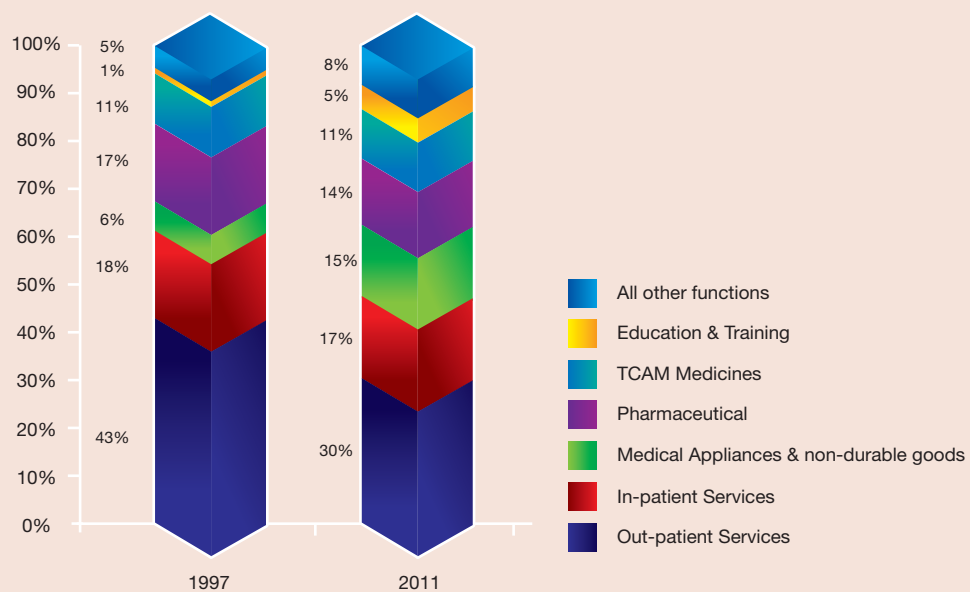


Table 9.2a: OOP Expenditure by Functions of Health Services, 1997-2011 (RM Million)

Function Name	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Out-patient Services	1,265	1,315	1,417	1,741	1,719	1,909	2,238	2,676	3,150	3,597	3,981	4,012	3,298	3,794	4,311
In-patient Services	523	565	625	701	739	807	1,038	1,158	1,290	1,443	1,571	1,801	1,918	2,086	2,439
Medical Appliances & non-durable goods	177	177	192	341	336	421	549	700	847	1,020	1,133	1,326	1,270	1,869	2,098
Pharmaceutical	489	529	612	661	645	699	840	1,018	1,000	1,141	1,286	1,419	1,522	1,662	1,973
TCAM medicines	313	314	300	419	415	464	521	606	733	806	901	1,042	961	1,368	1,523
Education & Training	32	48	53	64	78	88	123	129	137	151	215	241	551	604	660
All other functions	145	158	174	219	230	263	356	437	513	554	600	711	847	1,030	1,149
Total	2,944	3,107	3,373	4,147	4,162	4,652	5,664	6,724	7,671	8,713	9,687	10,552	10,365	12,413	14,152

Table 9.2b: OOP Expenditure by Functions of Health Services, 1997-2011 (Per cent, %)

Function Name	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Out-patient Services	43%	42%	42%	42%	41%	41%	40%	40%	41%	41%	41%	38%	32%	31%	30%
In-patient Services	18%	18%	19%	17%	18%	17%	18%	17%	17%	17%	16%	17%	19%	17%	17%
Medical Appliances & non-durable goods	6%	6%	6%	8%	8%	9%	10%	10%	11%	12%	12%	13%	12%	15%	15%
Pharmaceutical	17%	17%	18%	16%	15%	15%	15%	15%	13%	13%	13%	13%	15%	13%	14%
TCAM medicines	11%	10%	9%	10%	10%	10%	9%	9%	10%	9%	9%	10%	9%	11%	11%
Education & Training	1%	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%	5%	5%	5%
All other functions	5%	5%	5%	5%	6%	6%	6%	6%	7%	6%	6%	7%	8%	8%	8%
Total	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

International Comparison

Policy makers often make comparisons with other countries before making major decisions. It is for this reason that World Health Organization (WHO) strongly recommends member countries to submit their annual health expenditure data using the standardized SHA framework as a comparable and reliable international health expenditure data source. These data are then published in the annual World Health Statistics (WHO) Report and further details on health expenditure are uploaded into the Global Health Expenditure Database (GHED) under WHO NHA website.

In view of producing timely data, WHO estimates the country specific NHA for countries with insufficient capacity to carry out their respective estimations or has delays in data submission. However sometimes the country specific GHED are updated in between the year.

It is advisable to use SHA based NHA reporting for International data comparisons. However most of the data in other chapters of this report are extracted from the MNHA database which has a wider boundary of health expenditure compared to the SHA compatible MNHA framework. Malaysia produces both database and in 2011 the difference between the two is 11 per cent with total health expenditure based on the MNHA framework as RM37,542 million or 4.3% GDP whereas it is RM33,807 million or 3.8% GDP based on the SHA compatible MNHA framework (Figure 10.1 & Table 10.1). One of the main reasons for this difference is that unlike the SHA framework, the MNHA framework captures total health expenditure inclusive of spending for TCAM, health education & training, health-related research and public health functions of producing safe water and food safety.

This chapter highlights 14 developed and developing country health spending of potential policy relevance as reported in the GHED. They are 3 European countries (France, Germany and United Kingdom), 7 countries in Asia (Sri Lanka, India, Bangladesh, China, Japan, Republic of Korea and Philippines), 3 countries neighbouring Malaysia (Singapore, Indonesia and Thailand) and Australia. The data for Malaysia is extracted from the SHA compatible MNHA database (Appendix Tables A4-7).

The health spending in Malaysia of 3.8% GDP is similar to most regional countries in Asia like Philippines, Thailand, India and Bangladesh (Figure 10.2). Singapore, China and Republic of Korea spent more than Malaysia but lower than European countries such as France, Germany, United Kingdom and Australia that spent more than 9% GDP. However the regional countries like Philippines, Thailand, India and Bangladesh with similar to Malaysia GDP spending has a much lower per capita spending ranging from USD67 in Bangladesh to USD353 in Thailand compared to Malaysia spending USD 616 per capita (Figure 10.3). The population of a country affects this value with a large population in China dropping the per capita spending lower than Malaysia and Singapore's small population increasing the per capita nearly as much as the European countries. The 3 European countries including Australia and Japan spent more than USD3,000 per capita.

All the developed countries including Thailand have higher proportion of public sector spending with this sector accounting for nearly two-thirds to three quarters of the total health expenditure (Figure 10.4). Most developing countries have a higher proportion of private sector spending except for Singapore with 69 per cent private sector spending. Malaysia is similar to Republic of Korea, China and Sri Lanka with an almost equal proportion health spending from both the public and private sectors.

The OOP health spending in almost all the countries are more than half the private sector spending except for France (Figure 10.5). However when the OOP spending exceeds 40 per cent of total health spending like in Bangladesh, India, Philippines, Indonesia, Sri Lanka as well as in Singapore there is much policy concerns especially with existing respective country health financing mechanism. The OOP spending in most developed countries including Thailand are below 20 per cent of total health expenditure.



FIGURE 10.1: Comparison using MNHA and SHA Compatible MNHA Framework, 1997 - 2011

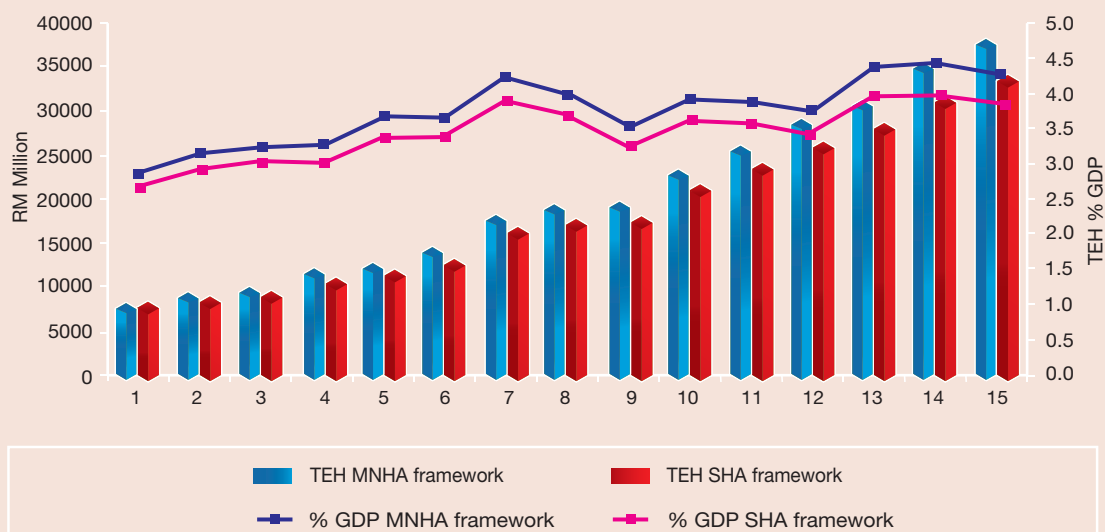


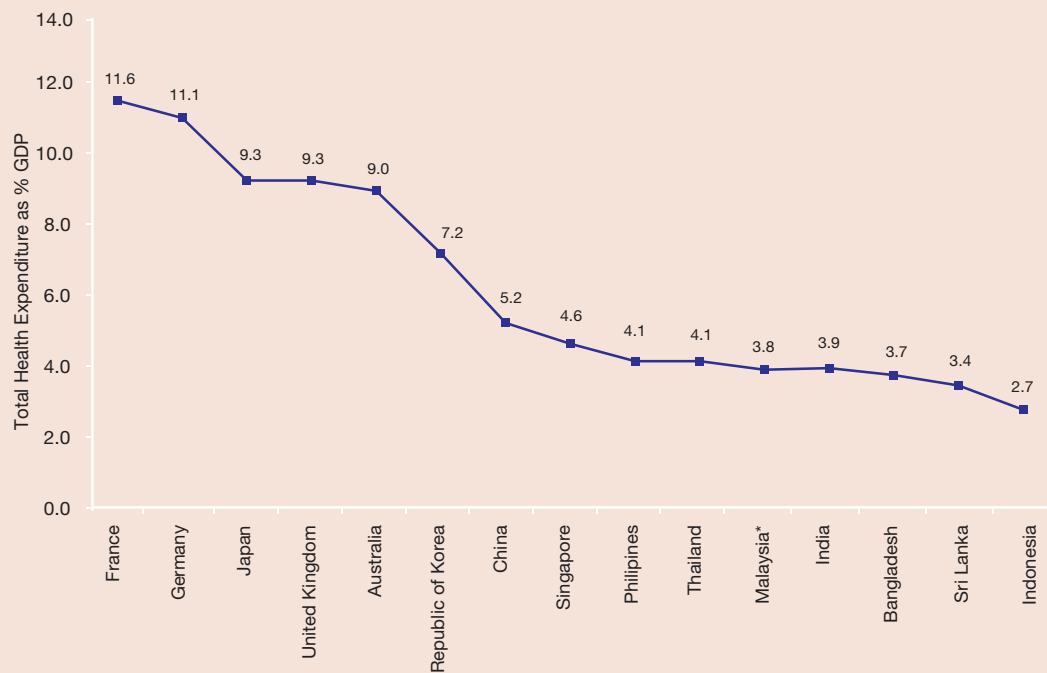
TABLE 10.1: Total Health Expenditure MNHA & SHA Framework, 1997-2011 (RM Million & Per cent GDP)

Year	Total Health Expenditure (RM Million)		Total Health Expenditure % GDP		TEH % Difference MNHA & SHA framework
	TEH MNHA framework	TEH SHA framework	% GDP MNHA framework	% GDP SHA framework	
1997	8,121	7,529	2.9	2.7	8%
1998	8,819	8,183	3.1	2.9	8%
1999	9,666	8,998	3.2	3.0	7%
2000	11,579	10,677	3.2	3.0	8%
2001	12,824	11,791	3.6	3.3	9%
2002	13,995	12,825	3.7	3.3	9%
2003	17,662	16,291	4.2	3.9	8%
2004	18,896	17,425	4.0	3.7	8%
2005	19,122	17,538	3.5	3.2	9%
2006	23,198	21,413	3.9	3.6	8%
2007	25,703	23,552	3.9	3.5	9%
2008	28,651	26,247	3.7	3.4	9%
2009	31,031	27,938	4.4	3.9	11%
2010	35,075	31,432	4.4	4.0	12%
2011	37,542	33,807	4.3	3.8	11%

Source: Global Health Expenditure Database, WHO NHA 2013

Note: Malaysia data from SHA compatible MNHA database

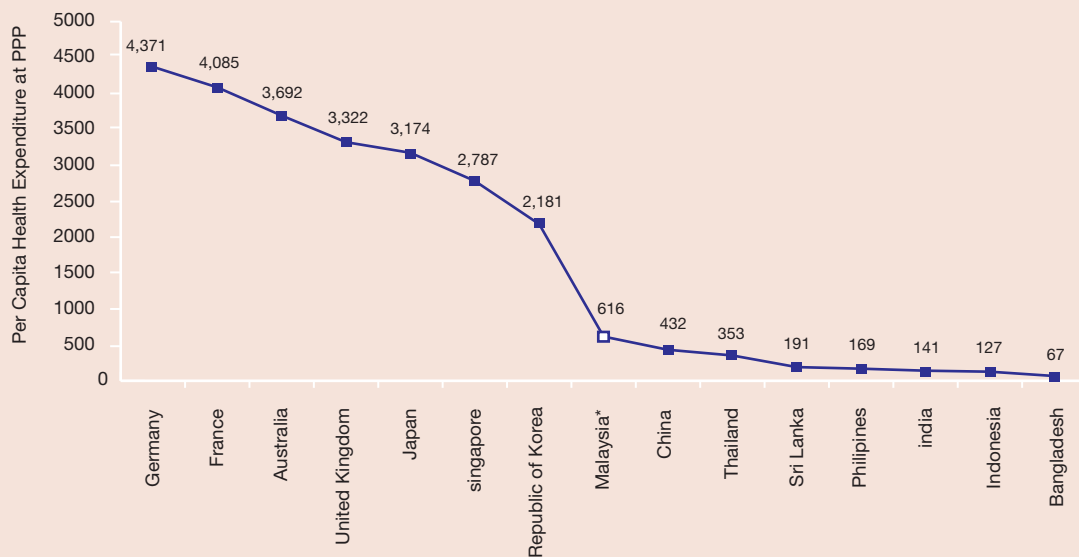
FIGURE 10.2: International Comparison of Total Health Expenditure as Per cent GDP, 2011



Source: Global Health Expenditure Database, WHO NHA 2013

Note: *Malaysia data from SHA compatible MNHA database

FIGURE 10.3: International Comparison Per Capita Health Expenditure at PPP (USD), 2011

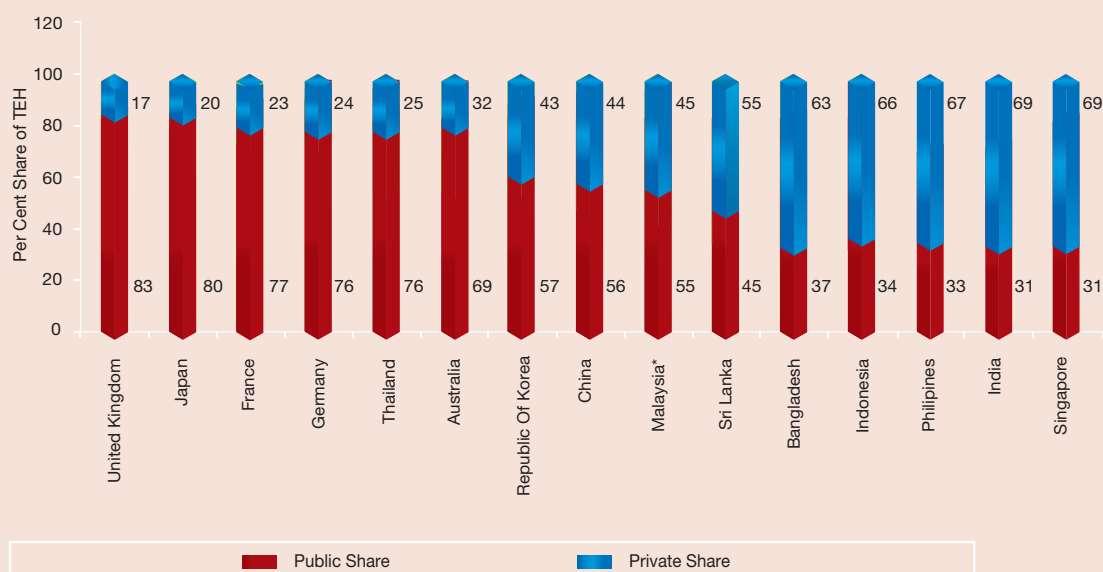


Source: Global Health Expenditure Database, WHO NHA 2013

Note: *Malaysia data from SHA compatible MNHA database

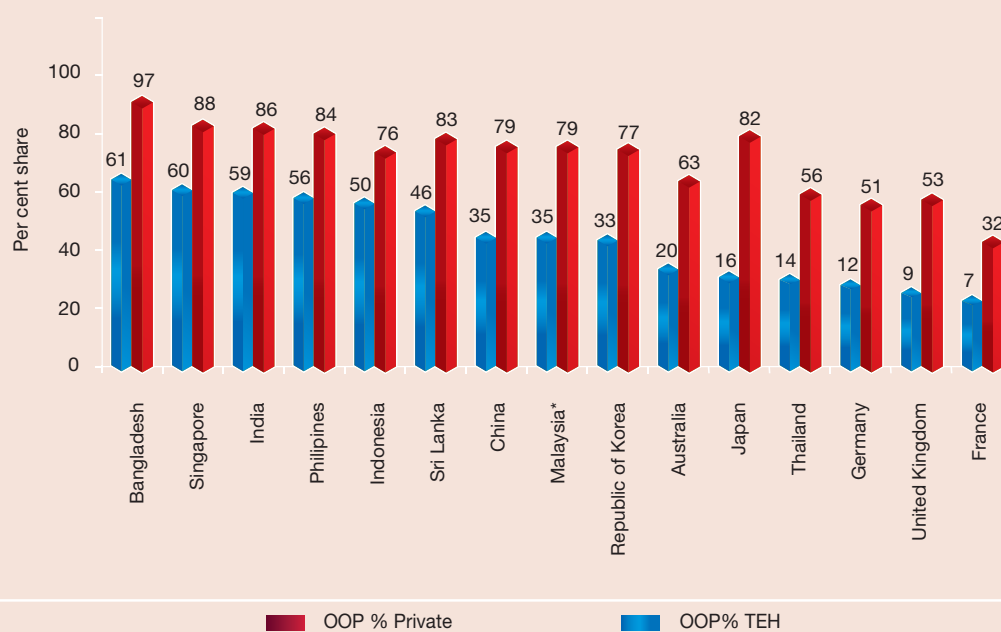


FIGURE 10.4: International Comparison Public-Private Share of Total Health Expenditure, 2011



Source: Global Health Expenditure Database, WHO NHA 2013
 Note: *Malaysia data from SHA compatible MNHA database

FIGURE 10.5: International Comparison OOP Share of Private and Total Health Expenditure, 2011



Source: Global Health Expenditure Database, WHO NHA 2013
 Note: *Malaysia data from SHA compatible MNHA database

TABLE A1.1 : Source of Data

Data Sources for Public Sector Estimation

PUBLIC SECTOR			
	Main Agencies	Specific Organization	Source of Data
1	Ministry of Health (MOH)	Accountant-General's Department	MOH - AG DATA (expenditure)
2	Other Ministries	Ministry of Higher Education	MNHA survey - MOHE
		Ministry of Defence	MNHA survey - MOD
3	Other Federal Agencies	National Population and Family Development Board	MNHA survey - LPPKN
		Department of Orang Asli Affairs	MNHA survey - JHEOA
		Public Service Department-Pension	MNHA survey - JPA
		Civil Defence Department	MNHA survey - JPA3
		Prison Department of Malaysia	MNHA survey - PENJARA
		Social Welfare Department	MNHA survey - JKM
		Occupational Safety And Health Department	MNHA survey - DOSH
		National Institute of Occupational Safety & Health Malaysia	MNHA survey - NIOSH
		National Anti-Drug Agency	MNHA survey - AADK
		Pilgrims Fund Board	MNHA survey - LTH
		National Heart Institute	MNHA survey - IJN
		Federal Statutory Bodies	MNHA survey - BERKANUN (Fed)
		Public Water Supply Department	MNHA survey - JBA (OFA)
		National Sports Institute of Malaysia	MNHA survey - ISN
		Zakat Collection Centre	MNHA survey - MAIN
		Baitulmal - Healthcare Services	MNHA survey - BAITULMAL
		Employee Provident Fund - HQ	MNHA survey - KWSP (0001)
		Employee Provident Fund - state	MNHA survey - KWSP (0002)
		Social Security Organization - HQ	MNHA survey - PERKESO (0001)
		Social Security Organization - state	MNHA survey - PERKESO (0002)
		Ministry of Science Technology and Innovation	MNHA survey - MOSTI
		Public Higher Education Institutions	MNHA survey - TRAINING (OFA-Pu)
		Private Higher Education Institutions	MNHA survey - TRAINING (OFA-Pr)
4	State Agencies	State Government (General)	MNHA survey - KN
		Public Water Supply Department	MNHA survey - JBA (state)
		State Statutory Body (SSB)	MNHA survey - BERKANUN (state)
		Public Water Supply	MNHA survey - JBA (SSB)
5	Local Authorities	Local Authority - Health care Services	MNHA survey - PBT (Perkhid)
		Local Authority - Staff	MNHA survey - PBT (Ktgn)



TABLE A1.2 : Source of Data

Data Sources for Private Sector Estimation

PRIVATE SECTOR			
	Main Agencies	Specific Organization	Source of Data
1	Private Insurance	Central Bank of Malaysia	MNHA survey - BNM
		Insurance Agencies	MNHA survey - INSURAN
2	Managed Care Organization	MCO Agencies	MNHA Survey - MCO
3	Out of Pocket (Gross Spending)	MOH user charges	MOH - AG DATA (Revenue)
		IJN user charges	MNHA Survey -IJN
		MOE user charges	MNHA Survey - KPT
		Private Hospital (MNHA)	MNHA Survey - PRIVATE HOSPITAL
		Private Hospital (DOSM)	DOSM Survey - PRIVATE HOSPITAL
		Private Clinic Medical, DOSM	DOSM Survey - PRIVATE MEDICAL CLINIC
		Private Clinic dental, DOSM	DOSM Survey - PRIVATE DENTAL CLINIC
		Pharmacy Division, MOH	MNHA Survey - FARMASI (0001)
		Intercontinental Medical Supply, IMS	MNHA Survey - FARMASI (0002)
		Medical supplies HES, DOSM	DOSM Survey - HES DATA
		Medical durables / prostheses /equipment HES, DOSM	DOSM Survey - HES DATA
		Ancillary services HES, DOSM	DOSM Survey - HES DATA
		Private TCM HES, DOSM	DOSM Survey - HES DATA
		Public Higher Education Institutions	MNHA survey - TRAINING (OOP-Pu)
		Private Higher Education Institutions	MNHA survey - TRAINING (OOP-Pr)
4	Out of Pocket (Third Party Deductions)	Insurance Agencies	MNHA Survey - INSURAN
		Central Bank of Malaysia	MNHA survey - BNM
		Private Corporations	MNHA Survey - PRIVATE CORPORATION
		Employees Provident Fund	MNHA Survey - KWSP
		Social Security Organization	MNHA Survey - PERKESO
		Federal Statutory Bodies	MNHA Survey - BERKANUN (Fed)
		State Statutory Body (SSB)	MNHA Survey - BERKANUN (state)
		FOMEMA/UNITAB MEDIC - OOP data	MNHA Survey - UNITABMEDIC
		GROWARISAN - OOP data	MNHA Survey - GROWARISAN
5	Non-Government Organization	Non-Governmental Organizations	MNHA survey - NGO
6	Corporations	Limited and Private Limited Corporations	MNHA Survey - PRIVATE CORPORATION
		Corps - Labour Force Survey	DOSM Survey - CORPS_DOS (0002)
		Industrial Survey & Manufacturing, DOSM	DOSM Survey - CORPS_DOS (0001-non med)
		Private Hospital staff, DOSM	DOSM Survey - CORPS_DOS (0001-hosp)
		Private Clinic Medical, DOSM	DOSM Survey - CORPS_DOS (0001-clinic)
		Private Clinic Dental, DOSM	DOSM Survey - CORPS_DOS (0001-dental)
		Private Water Supply Department	MNHA survey - JBA (corp)
		FOMEMA/UNITAB MEDIC	MNHA Survey - UNITABMEDIC
		GROWARISAN	MNHA Survey - GROWARISAN
		Public Higher Education Institutions	MNHA survey - TRAINING (Corp-Pu)
		Private Higher Education Institutions	MNHA survey - TRAINING (Corp-Pr)
7	Rest of the world	International Organizations in Malaysia	MNHA survey - Rest
8	Other National Surveys	DOSM-Population survey	Genera-DOS General _ DOS (0001)
		DOSM-GDP & GDP Deflator	Genera-DOS General _ DOS (0002)
		DOSM- Household Consumption	Genera-DOS General _ DOS (0003)

TABLE A2 : List of Agency Surveys Below Full Response Rate (2011)

RESPONSE RATE LESS THAN 100%	
PUBLIC SECTOR DATA SOURCE	
1	MNHA survey - TRAINING (OFA-Pu) – Public Higher Education Institutions
2	MNHA survey - PBT (Perkhid) Local Authority – Health Care Services
3	MNHA survey - PBT (Ktgn) Local Authority – Staff
4	MNHA survey - JBA (state) - Public Water Supply Department
5	MNHA survey - JBA (SSB) - Public Water Supply Department
PRIVATE SECTOR DATA SOURCE	
1	MNHA survey - TRAINING (OFA-Pr) – Private Higher Education Institutions
2	MNHA survey - JBA (corp) – Private Water Supply Department
RESPONSE RATE LESS THAN 50%	
PUBLIC SECTOR DATA SOURCE	
1	MNHA survey – JKM – Department of Social Welfare Malaysia
2	MNHA survey – NIOSH - National Institute of Occupational Safety & Health Malaysia
3	MNHA survey - BERKANUN (Fed) - Federal statutory bodies
4	MNHA survey – KN – State government (general)
5	MNHA survey - BERKANUN (state statutory body) - SSM List
PRIVATE SECTOR DATA SOURCE	
1	MNHA survey – INSURAN – Private Insurance
2	MNHA survey – PRIVATE CORPORATION – Limited & Private Limited Corporations
3	MNHA survey – PRIVATE HOSPITAL
4	MNHA survey - MCO – Managed Care Organizations
5	MNHA survey NGO – Non Governmental Organization



TABLE A3: Comparison of MNHA to SHA Framework (OECD 2000) with SHA Tables

The data in this document is reported using the MNHA framework. However, the revised data analysis was produced under dual coding and a set of tables showing the comparison of MNHA codes mapped to ICHA codes are shown for reference (Table A3.1a to Table A3.1c). This is followed by five SHA Tables (Table A4 to Table A12).

TABLE A3.1a : Classification of Total Expenditure on Health by Source of Financing			
MNHA code	ICHA code	Sources of Funding	Description
MS1	HF.1	Public Sector	Refers to MS1.1 to MS1.2
MS1.1	HF.1.1	Public sector excluding social security funds	Refer to Federal Government, state government & Local Authorities
MS1.2	HF.1.2	Social security funds	SOCISO & EPF
MS2	HF.2	Private sector	Refers to MS2
MS2.1	HF.2.1	Private social insurance	Currently does not exists in Malaysia
MS2.2	HF.2.2	Private insurance enterprises (other than social insurance)	Private Health Insurance
MS2.3	HF.2.2	Private MCOs and other similar entities	Registered MCO other than Private Health Insurance
MS2.4	HF.2.3	Private household out-of-pocket expenditures	Individual OOP spending on Health
MS2.5	HF.2.4	Non-profit organizations serving households	Health - related - NGOs
MS2.6	HF.2.5	All Corporations (other than health insurance)	Private Employer
MS9	HF.3	Rest of the world	Rest Of the World

TABLE A3.1b : Classification of Total Expenditure on Health by Providers of Health Services

MNHA code	ICHA code	Providers of Health Services	Description
MP1	HP.1	Hospitals	Public & private hospitals
MP2	HP.2	Nursing and residential care facilities	Nursing care facilities including psychiatric care facilities, residential for mental health, etc
MP3	HP.3	Providers of ambulatory health care	Establishments providing ambulatory health care services directly to non-hospital setting, e.g. medical practitioner clinics, dental clinics, etc
MP4	HP.4	Retail sale and other providers of medical goods	Pharmacies & retail sale/suppliers of vision products, hearing aids, medical appliances
MP5	HP.5	Provision and administration of public health programmes	Health prevention & promotion services (public & private)
MP6	HP.6	General health administration and insurance	Overall administration of health (public & private) & health insurance administration. (note: For MOH it includes administration of HQ exclude public health programs) State Health Dept., admin. cost for hospitals management
MP7	HP.7	Other industries (rest of the Malaysian economy)	Private occupational health care & home care etc.
MP8	HP.7.9	Institutions providing health related services	Health training institutions (public & private)
MP9	HP.9	Rest of the world	non - resident providers providing health care for the final use residents of Malaysia



TABLE A3.1c : Classification of Total Expenditure on health by Function of Health Services

MNHA code	ICHA code	Functions of Health Services	Description
MF1	HC.1	Services of curative care	Curative care provider at inpatient, outpatient, daycare & homecare services
MF2	HC.2	Services of rehabilitative care	Rehabilitative care provider at inpatient, outpatient, daycare & homecare services
MF3	HC.3	Services of long-term nursing care	Long term nursing care provider at inpatient, outpatient, daycare & homecare services
MF4	HC.4	Ancillary services to health care	Stand-alone laboratory, diagnostic imaging, transport & emergency rescue, etc.
MF5	HC.5	Medical goods dispensed to out-patients	Pharmaceuticals, appliances, western medicines, TCM, etc
MF6	HC.6	Prevention and public health services	Health promotion, prevention, family planning, school health services, etc
MF7	HC.7	Health program administration and health insurance	Administration at HQ, State health dept, local authorities, SOCSO, EPF, private insurance, etc
MR1	HC.R.1	Capital formation of health care provider institutions	Administration at HQ, State health dept, local authorities, SOCSO, EPF, private insurance, etc
MR2	HC.R.2	Education and training of health personnel	Gov & private provision of education and training of health personnel, including admin, etc
MR3	HC.R.3	Research and development in health	Research and development in health
MR9	HC.R.6	All other health-related expenditures	Category to capture all other expenditures that not classified elsewhere in MNHA

TABLE A4: Ratio Indicators For Expenditures On Health, 1997-2011 (SHA compatible MNHA data)																
A. Selected ratio indicators* for expenditures on health		1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
I. Expenditure ratios																
Total health expenditure (TEH) % Gross Domestic Product (GDP)		2.7	2.9	3.0	3.0	3.3	3.3	3.9	3.7	3.2	3.6	3.5	3.4	3.9	4.0	3.8
GGHE as % of GDP		1.5	1.6	1.7	1.7	2.0	1.9	2.3	2.1	1.7	2.0	1.9	1.9	2.3	2.3	2.1
Financing Sources measurement																
External resources on health as % of TEH		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Public funds as % of TEH		54.9	55.5	55.6	55.8	58.5	57.4	59.5	56.2	51.1	54.9	54.2	55.7	59.0	57.4	55.2
Public funds for health % GGE (excluding external resources)																
Financing Agents measurement																
General government expenditure on health (GGHE) as % of TEH		54.9	55.5	55.6	55.8	58.5	57.4	59.5	56.2	51.1	54.9	54.2	55.7	59.0	57.4	55.2
Private expenditure on health (PvHE) as % of TEH		45.1	44.5	44.4	44.2	41.5	42.6	40.5	43.8	48.9	45.1	45.8	44.3	41.0	42.6	44.8
Out of pocket expenditure as % of TEH		34.5	33.5	33.6	34.3	31.1	32.0	30.8	34.4	38.8	36.2	36.4	35.3	31.7	33.2	35.4
GGHE as % of General government expenditure (GGE)		4.6	4.7	4.9	5.2	5.3	5.1	5.8	6.2	5.2	5.8	5.5	5.0	5.8	6.7	6.2
Social security funds as % of GGHE		0.5	0.7	0.7	0.7	0.8	0.9	0.8	0.9	0.9	0.7	0.8	0.7	0.7	0.8	0.9
Out of pocket expenditure as % of PvHE		76.5	75.4	75.5	77.6	75.0	75.1	76.2	78.5	79.4	80.3	79.5	79.6	77.3	78.0	79.0
Private insurance as % of PvHE		9.0	10.4	10.9	11.3	12.6	13.6	15.2	14.3	13.1	13.3	13.5	15.2	18.0	17.7	18.0
Non-profit institutions expenditure on health as % of PvHE		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Provider measurement																
Total expenditure on hospitals as % of TEH		52.4	52.5	52.5	49.3	50.5	49.7	46.6	48.3	51.4	52.3	51.8	54.0	54.8	54.0	55.7
Hospitals financed by General government % of GGHE		64.7	63.1	62.5	58.0	57.1	55.9	49.5	53.6	61.5	61.3	60.6	62.1	57.7	57.9	61.4
Function measurement																
Services of curative and rehabilitative care % TEH		64.3	62.7	62.2	60.2	59.4	59.6	55.9	58.7	63.6	65.3	63.7	64.2	61.2	58.8	63.1
Government expenditure on services of curative and rehabilitative care % GGHE		65.3	62.8	62.0	58.6	56.7	57.1	51.6	56.0	63.5	66.2	63.1	64.9	60.9	58.4	66.1
Services of long-term nursing care % TEH		0.4	0.4	0.4	0.4	0.4	0.4	0.4	0.5	0.4	0.4	0.4	0.4	0.4	0.4	0.4
Government expenditure on long-term nursing care % GGHE		0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1
Ancillary services to health care % TEH		2.5	2.4	2.4	2.3	2.7	2.7	2.5	2.7	3.2	2.9	2.8	2.9	2.6	2.7	2.7



Table A5: Ratio Indicators For Expenditures On Health, 1997-2011 (SHA compatible MNHA data)															
A. Selected ratio indicators* for expenditures on health	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Government expenditure on ancillary services to health % GGHE	0.3	0.2	0.2	0.3	0.9	1.0	0.9	1.2	1.3	1.6	1.4	1.7	1.5	1.4	1.5
Prevention and public health services % TEH	3.2	2.9	3.0	2.5	2.7	2.5	2.6	2.7	2.9	2.9	3.9	3.0	3.1	2.6	2.7
Government expenditure on prevention and public health services % GGHE	3.6	3.2	3.4	2.9	2.9	2.8	3.3	3.6	4.3	4.3	6.0	4.5	4.5	3.9	4.4
Administration and health insurance % TEH	12.8	12.1	11.7	11.4	11.2	12.1	12.0	11.3	11.2	11.2	11.2	11.1	11.5	10.9	11.4
Government expenditure on health administration and health insurance % GGHE	16.5	14.6	14.0	13.6	13.2	14.9	13.6	13.6	14.8	14.7	15.1	14.5	14.0	12.9	14.1
Resource Costs measurement															
Total expenditure on pharmaceuticals as % of TEH	6.2	6.3	6.7	6.2	6.9	6.5	7.2	7.8	7.2	8.8	8.7	8.5	8.4	8.5	8.5
Private expenditure on pharmaceuticals as % of PVHE	11.3	11.5	11.5	11.0	10.0	9.8	9.2	9.9	8.7	8.4	8.7	8.8	9.9	9.4	9.8
Compensation of health employees as % of TEH															
Government compensation of health employees as % of GGHE	39.6	37.6	37.0	35.0	33.9	38.1	31.6	34.1	40.4	40.7	38.1	42.0	39.5	40.6	44.4
Gross fixed capital formation % TEH															
General government gross fixed capital formation as % of GGHE	12.5	17.6	18.6	23.0	24.5	22.2	28.9	23.7	14.1	11.5	12.0	11.8	16.7	21.3	11.7
II. Selected per capita indicators for expenditures on health															
Total expenditure on health / capita at exchange rate	123	93	104	120	129	138	171	179	177	220	253	286	284	344	383
Total expenditure on health / capita at Purchasing Power Parity (NCU per US\$)	241	238	260	282	317	332	407	414	388	461	489	496	558	601	616
General government expenditure on health / cap x-rate	67	52	58	67	76	79	102	101	91	121	137	159	167	197	211
General government expenditure on health / cap Purchasing Power Parity (NCU per US\$)	132	132	144	157	185	190	243	233	198	253	265	276	329	345	340

Table A6: Financing Sources, Financing Agents and Cost Factors of Health Expenditures, 1997-2011 (SHA compatible MNHA data)

B. VALUES UNDERLYING RATIOS AND LEVELS	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
HEALTH EXPENDITURE DATA															
FINANCING SOURCES															
Public funds															
Rest of the world funds / External resources	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.7	0.4	0.3	0.1	0.1
FINANCING AGENTS															
Total expenditure on health	7,529	8,183	8,998	10,677	11,791	12,825	16,291	17,425	17,538	21,413	23,552	26,247	27,938	31,432	33,807
General government expenditure on health	4,131	4,545	4,999	5,957	6,902	7,364	9,700	9,796	8,971	11,754	12,776	14,610	16,482	18,044	18,654
Territorial governments	4,110	4,515	4,964	5,914	6,844	7,300	9,619	9,707	8,890	11,666	12,680	14,502	16,359	17,895	18,481
Central government	4,080	4,484	4,931	5,879	6,806	7,259	9,573	9,652	8,824	11,600	12,248	14,362	16,094	17,751	18,300
Ministry of Health	3,624	3,958	4,341	5,228	6,051	6,427	8,712	8,664	7,809	10,512	10,915	12,666	14,322	15,857	16,433
Other Ministries	456	526	590	651	755	832	861	988	1,015	1,087	1,334	1,696	1,772	1,894	1,867
States / provincial governments	12	13	15	16	17	19	20	22	24	26	30	32	37	40	44
Locals / municipal governments	17	18	19	19	21	22	26	34	42	40	402	108	228	104	136
Social security funds	21	30	36	43	58	64	81	89	81	88	97	108	123	149	173
Extra-budgetary entities															
All other general government expenditure on health															
Parastatals corporations															
Entities managed mostly with external funds (HF.3.1)															
Private expenditure on health	3,398	3,638	3,999	4,720	4,889	5,461	6,591	7,629	8,568	9,659	10,776	11,637	11,457	13,388	15,154
Private insurance	305	378	436	533	618	743	999	1,094	1,119	1,287	1,459	1,767	2,064	2,365	2,722
Out of pocket expenditure	2,598	2,745	3,020	3,663	3,668	4,099	5,020	5,988	6,800	7,754	8,570	9,288	8,852	10,441	11,969
Non-profit institutions serving households (e.g. NGOs)	0.02	0.02	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01
Corporations (other than health insurance)	495	516	544	525	603	618	572	546	649	618	747	602	541	583	463
COST OF FACTORS															
Compensation of health employees															
of which : government	1,634	1,709	1,848	2,085	2,342	2,808	3,067	3,341	3,622	4,782	4,864	6,133	6,511	7,329	8,278
Self-employed income (operating surplus & mixed income)															
Pharmaceuticals	467	515	604	665	819	832	1,179	1,356	1,268	1,884	2,046	2,237	2,342	2,672	2,881
Pharmaceuticals: private expenditure	385	418	459	519	490	535	605	755	743	808	932	1,022	1,138	1,256	1,489
Capital Formation	516	801	930	1,371	1,689	1,637	2,808	2,322	1,263	1,355	1,532	1,724	2,752	3,849	2,177
Capital formation: Public facilities	515	800	929	1,370	1,688	1,636	2,807	2,321	1,261	1,353	1,530	1,722	2,744	3,847	2,176



TABLE A7: Expenditure on Providers and Functions of Health Expenditure and Expenditure of Consumption, 1997-2011 (SHA compatible MNHA data)

B. VALUES UNDERLYING RATIOS AND LEVELS	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Gross fixed capital formation															
EXPENDITURE ON PROVIDERS															
Hospitals	3,948	4,294	4,720	5,262	5,949	6,373	7,593	8,415	9,023	11,200	12,194	14,185	15,308	16,974	18,833
Hospitals financed by General government	2,673	2,870	3,125	3,457	3,938	4,113	4,806	5,250	5,515	7,207	7,745	9,075	9,508	10,455	11,449
EXPENDITURE BY FUNCTIONS															
Services of curative and rehabilitative care	4,839	5,135	5,601	6,424	7,001	7,649	9,104	10,221	11,148	13,973	14,993	16,861	17,096	18,467	21,326
General government to Services of curative and rehabilitative care	2,696	2,856	3,101	3,490	3,915	4,207	5,006	5,483	5,695	7,782	8,062	9,485	10,037	10,532	12,330
Services of long-term nursing care	28,91	31,63	34,80	39,85	42,26	46,69	58,15	90,93	77,97	88,08	95,23	105,74	114,41	129,08	145,74
General government to Services of long-term nursing care	4,73	5,19	5,69	6,25	6,86	7,53	8,07	8,63	9,34	10,12	10,95	12,26	13,45	16,69	17,17
Ancillary services to health care	192	200	214	249	315	349	406	463	555	625	667	748	723	862	909
General government to Ancillary services to health care	11	9	9	20	61	71	92	122	120	192	179	244	243	257	277
Prevention and public health services	241	240	271	270	313	322	426	486	511	631	910	786	856	805	915
General government to Prevention and public health services	150	145	172	173	202	208	316	357	382	503	761	653	750	695	824
Administration and health insurance (Total)	962	989	1,051	1,219	1,324	1,550	1,951	1,972	1,957	2,384	2,633	2,908	3,223	3,420	3,864
General government to Health administration and health insurance	681	663	700	810	909	1,096	1,324	1,334	1,325	1,728	1,930	2,126	2,311	2,328	2,627
MACRO DATA															
CONSUMPTION															
Gross Domestic Product	281,795	283,243	300,764	356,401	352,579	383,213	418,769	474,048	543,578	596,784	665,340	769,949	712,857	795,037	881,080
Final consumption expenditure of Households and Non-profit institutions serving households															
Households final consumption															
Non-profit institutions expenditure (NPI)															
General government expenditure	90,131	97,040	102,320	114,884	130,690	144,278	166,949	157,742	172,681	204,255	231,359	289,394	282,794	270,171	298,975
GGE (excluding external resources)															
Exchange Rate (NCU per US\$)	2.72	3.95	3.80	3.80	3.80	3.80	3.80	3.80	3.79	3.68	3.46	3.26	3.52	3.22	3.06
Purchasing Power Parity (NCU per US\$)															
PRICE INDEX															
Gross domestic product - Price index (2000 = 100)															
POPULATION (in thousands)															
Population	21,769	22,334	22,910	23,495	24,123	24,727	25,320	25,905	26,477	26,832	27,186	27,541	27,895	28,589	29,062

TABLE A8: Current Health Expenditure by Function of Care, Provider Industry and Source of Funding, 2011 (RM Million) (SHA compatible MNHA data)

Expenditure category	ICHA-HC (Function of health care)	ICHA-HP (Provider industry)	Total current expenditure on health	ICHA - HF source of funding											HF2.5 (other than health insurance)	HF3 Rest of the world
				HF.1 General government	HF.1.1 (General government (excl.social security))	HF.1.2 Social security funds	HF.2 Private sector	HF2.1 + HF2.2			HF2.3 Private household out-of-pocket expenditure	HF2.4 Non-profit organizations serving households (Other than social insurance)				
								Private insurance	HF2.1 Private social insurance	HF2.2 Other private insurance						
In-patient care including day cases		All industries														
Curative and rehabilitative care	HC.1.1 : 1.2 : 2.1 : 2.2		11,727.9	7,324.7	7,205.9	118.8	4,403.2	1,535.6	1,535.6	-	2,781.9	0.0	85.7	-		
General hospitals		HP.1.1	11,227.7	6,935.8	6,827.1	108.7	4,291.9	1,494.7	1,494.7		2,711.5	0.0	85.7			
Specialty hospitals		HP.1.2 + 1.3	346.1	241.1	241.1	-	105.1	34.7	34.7		70.4	-	-	-		
Nursing and residential care facilities		HP.2	0.3	0.3	0.3	0.3	-	-	-		-	-	-	-		
All other providers		All other	153.8	147.6	137.7	9.9	6.2	6.2	6.2		-	0.0	-	-		
Long term nursing care	HC.3.1 : 3.2	All industries	143.7	17.2	0.0	17.1	126.6	0.1	0.1	-	126.5	-	-	-		
General hospitals		HP.1.1	126.5	-	-	-	126.5	-	-		126.5	-	-	-		
Specialty hospitals		HP.1.2 + 1.3	-	-	-	-	-	-	-		-	-	-	-		
Nursing and residential care facilities		HP.2	17.3	17.2	0.0	17.1	0.1	0.1	0.1		-	-	-	-		
All other providers		All other	-	-	-	-	-	-	-		-	-	-	-		
Out-patient curative and rehabilitative care	HC.1.3 : 2.3	All industries	9,591.3	5,005.5	5,000.2	5.3	4,585.8	105.0	105.0	-	4,335.3	0.0	145.5	-		
Hospitals		HP.1	4,951.6	3,146.0	3,144.4	1.7	1,805.6	12.8	12.8		1,770.7	-	22.1	-		
Offices of physicians		HP.3.1	3,926.3	1,791.3	1,787.8	3.5	2,135.0	91.3	91.3		1,932.8	0.0	110.9			
Offices of dentist		HP.3.2	709.1	64.6	64.6	-	644.4	0.2	0.2		631.8	0.0	12.4			
Offices of other health practitioners		HP.3.3	-	-	-	-	-	-	-		-	-	-	-		
Out-patient care centers		HP.3.4	3.4	3.4	3.4	0.0	-	-	-		-	-	-	-		
Medical and diagnostic laboratories		HP.3.5	0.0	0.0	0.0	0.0	-	-	-		-	-	-	-		
All other providers		All other	1.0	0.1	0.0	0.1	0.8	0.8	0.8		-	-	-	-		
Home health care	HC.1.4 : 2.4 : 3.3	All industries	8.4	0.0	0.0	-	8.4	-	-		8.4	0.0	-	-		
Ancillary services to health care	HC.4	All industries	908.7	277.4	277.4	0.0	631.3	0.2	0.2		513.8	0.0	117.3	-		
Medical goods dispensed to out-patients	HC.5	All industries	4,472.6	401.2	379.4	21.9	4,071.4	0.0	0.0	-	4,070.8	0.0	0.5	-		
Pharmaceuticals, other med.non-durables	HC.5.1		2,859.5	355.1	354.8	0.3	2,504.4	0.0	0.0	-	2,503.9	0.0	0.5	-		
Pharmaceuticals, other med.non-durables	HC.5.1		0.1	0.1	0.1	-	-	-	-		-	-	-	-		
Prescribed medicines	HC.5.1.1		1,407.3	253.2	252.9	0.3	1,154.1	0.0	0.0		1,153.6	0.0	0.5	-		
Over the counter medicines	HC.5.1.2		920.4	101.3	101.3	-	819.1	-	-		819.1	0.0	-	-		
Other medical non-durables	HC.5.1.3		531.7	0.4	0.4	-	531.3	-	-		531.3	-	-	-		
Therapeutic appl.; other medical durables	HC.5.2		1,613.1	46.2	24.6	21.6	1,566.9	-	-	-	1,566.9	0.0	-	-		
Therapeutic appl	HC.5.2		117.9	-	-	-	117.9	-	-		117.9	-	-	-		
Glasses and other vision products	HC.5.2.1		1,238.5	1.4	0.9	0.6	1,237.1	-	-		1,237.1	0.0	-	-		
Orthopedic appliances ; other prosthetics	HC.5.2.2		34.1	34.1	19.9	14.3	-	-	-		-	-	-	-		
All other misc.durable medical goods	HC.5.2.3 - 5.2.9		222.5	10.6	3.8	6.8	211.9	-	-		211.9	0.0	-	-		
Prevention and public health services	HC.6	All industries	914.5	824.2	820.1	4.1	90.3	-	-		14.0	0.0	76.3	0.0		
Health administrations and health insurance	HC.7	All industries	3,863.7	2,627.5	2,621.9	5.5	1,236.2	1,080.6	1,080.6		117.4	0.0	38.1	0.1		
Total Current expenditure on Health care	HC.1-HC.7	All industries	31,630.9	16,477.7	16,304.8	172.9	15,153.1	2,721.5	2,721.5	-	11,968.2	0.0	463.3	0.1		



TABLE A9 : Current Expenditure on Health by Function of Care and Provider Industry, 2011 (RM Million) (SHA compatible MNHA data)

Health care by functions	ICHA - HC code	Total current health expenditure	HP.1	HP.2	HP.3	HP.3.1	HP.3.2	HP.3.3	HP.3.4	HP.3.5	HP.3.9	HP.4	HP.4.1	HP.4.2 - 4.9	HP.5	HP.6	HP.6.1	HP.6.2	HP.6.4	HP.6.9	HP.7	HP.9	HP.7	HP.9
			Hospitals	Nursing and residential care facilities	Providers of ambulatory health care	Offices of physicians	Offices of dentists	Offices of other health practitioners	Out-patient care centres	Medical and diagnostic laboratories	Other providers of ambulatory health care	Retail and sale and other providers of medical goods	Dispensing chemist	All other sales of medical goods	Provision and administration of public health	General health administration and insurance	Government administration of health	Social security fund	Other (private) insurance	All other providers of health administration	Other industries (Rest of the economy)	Rest of the world	Other industries (Rest of the economy)	Rest of the world
In-patient care		10,988.4	10,983.5	0.1	0.0	-	-	-	-	-	0.0	-	-	-	-	-	-	-	-	-	-	4.8	2	15
	HC.1.1 ; HC.2.1	10,870.3	10,865.5		0.0	-	-	-	-	-	0.0	-	-	-	-	-	-	-	-	-	-	4.8	2	15
Curative and Rehabilitative care		118.1	118.0	0.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Long-term nursing care		883.2	716.8	17.4	149.0	5.8	-	-	143.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Service of day-care		857.6	708.3	0.3	149.0	5.8	-	-	143.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Curative & Rehabilitative care		25.6	8.5	17.1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Long-term nursing care		9,591.3	4,951.6	-	4,638.8	3,926.3	709.1	-	3.4	-	-	-	-	-	-	-	-	-	-	-	-	1.0	-	1
Out patient care		7,756.3	3,828.9	-	3,926.6	3,923.2	-	-	3.4	-	-	-	-	-	-	-	-	-	-	-	-	0.8	-	-
Curative and Rehabilitative care		499.3	10.0		489.3	-	489.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1
Out patient dental care		1,107.1	1,103.8	-	3.1	3.1	-	-	0.0	-	-	-	-	-	-	-	-	-	-	-	-	0.1	-	-
All other discipline-specific specialized curative care		228.6	8.9		219.8	-	219.8	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
All other allied health outpatient curative care		8.4	8.4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Home care		6.4	6.4		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Curative and Rehabilitative care		2.0	2.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Long-term nursing care		908.7	439.1	-	400.5	25.9	-	-	-	270.1	104.5	-	-	-	-	-	-	-	-	-	-	-	-	-
Ancillary Services to health care		908.7	439.1		400.5	25.9	-	-	-	270.1	104.5	-	-	-	-	-	-	-	-	-	-	-	69.1	-
Ancillary Services to health care		4,472.6	788.3	-	198.6	-	-	189.1	7.4	-	0.1	3,487.7	1,890.3	1,907.4	-	-	-	-	-	-	-	-	69.1	70
Medical goods dispensed to outpatients		2,859.5	670.1		194.9	-	-	189.1	5.8	-	-	1,994.5	1,890.3	414.2	-	-	-	-	-	-	-	-	-	70
Pharmaceuticals and other medical non-durables		1,613.1	118.1		1.7	-	-	-	1.6	-	0.1	1,493.2	1,493.2	1,493.2	-	-	-	-	-	-	-	-	-	-
Therapeutic appliances and other medical durables		26,852.6	17,887.7	17.6	5,384.9	3,958.0	709.1	189.1	154.0	270.1	104.6	3,487.7	1,890.3	1,907.4	-	-	-	-	-	-	69.1	5.8	-	-
Total expenditure on personal health care		914.5	9.5		452.0	82.0	299.1		70.4		0.5	-	-	-	451.9	1.0	-	-	-	1.0	0.1	-	73	15
Preventive and public health services		3,863.7	614.6		16.1	-	-	-	14.4	-	1.8	27.3	27.3	-	609.7	2,596.1	1,471.8	5.5	984.8	133.9	-	-	0	-
Health administration and health insurance		31,830.9	18,511.8	17.6	5,852.9	4,039.9	1,008.2	189.1	238.8	270.1	106.9	3,515.0	1,807.5	1,907.4	1,061.7	2,597.1	1,471.8	5.5	984.8	135.0	69.2	5.8	8	-
Total current health expenditure		29,432	16,517	25	7,100	3,281	633	1,365	1,516	199	-	105	2,368	1,229	1,139	1,092	2,234	1,169	5	-	711	348	81	15

TABLE A10 : Total Health Expenditure by Provider Industry and Financing Agent, 2011 (RM Million) (SHA compatible MNHA data)

		HF.1	HF.1.1	HF.1.2	HF.2	HF.2.1 + HF.2.2			HF.2.3	HF.2.4	HF.2.5	HF.3
	IOCHA Code - HP Code	General government	General government excluding security funds	Social security funds	Private Sector	Private insurance	Private social insurance	Other private insurance	Private household out-of-pocket expenditure	Non-profit organizations serving households (Other than social insurance)	Corporation (other than health insurance)	Rest of the world
Health care goods and services by provider industry												
	Hospitals	11,467	11,339	128	7,384	1,542	-	1,542	5,734	-	108	-
		11,449	11,339	110	7,384	1,542		1,542	5,734	-	108	
Providers of ambulatory health care		17	0	17	0	0		0	-	-	-	
		2,563	2,548	15	3,295	94	-	94	2,884	-	317	-
		1,798	1,793	5	2,242	91		91	1,938	-	213	
Offices of physicians		367	367		644	0		0	632	-	12	
		-			189.1	-	-	-	189.1	-		
		236.4	226.5	9.9	2.4	2.4		2.4	-	-	-	
Medical and diagnostic laboratories		55.1	55.1	-	216.1	0.0		0.0	124.7	-	91.4	
		106.4	106.3	0.0	0.7	0.2		0.2	0.5	-		
		165.1	144.9	20.3	3,351.6	-	-	-	3,351.1	-	0.5	-
Retail and sale and other providers of medical goods		120.7	120.4	0.3	1,488.7	-		-	1,488.1	-	0.5	
		44.5	24.5	20.0	1,863.0	-	-	-	1,863.0	-		
		1,061.7	1,057.4	4.2	-	-	-	-	-	-	-	0.1
All other sales of medical goods		3,301.2	3,295.6	5.5	1,118.7	1,080.6	-	1,080.6	-	-	38.1	-
		3,294.6	3,294.6			-	-	-	-	-	-	-
		5.5		5.5	-	-	-	-	-	-	-	-
Provision and administration of public health		-			984.8	984.8	-	984.8	-	-	-	-
		1.0	1.0		133.9	95.8	-	95.8	-	-	38.1	-
		95.1	95.1	-	-	-	-	-	-	-	-	-
General health administration and insurance		95.1	95.1		-	-	-	-	-	-	-	-
		1.3	1.0	0.3	4.5	4.5	-	4.5	-	-	-	-
		33,807.6	18,480.6	172.9	15,154.0	2,721.5	-	2,721.5	11,969.1	-	463.3	0.1



TABLE A11 : Current Health Expenditure by Provider Industry and Financing Agent, 2011 (RM Million) (SHA compatible MNHA data)

	IOHA Code - HP Code	Total current expenditure on health	HF:1 General government	HF:1.1 General government excluding security funds	HF:1.2 Social security funds	HF:2 Private Sector	Private insurance	HF:2.1 + HF:2.2		HF:2.3 Private household out-of-pocket expenditure	HF:2.4 Non-profit organizations serving households (Other than social insurance)	HF:2.5 Corporation (other than health insurance)	HF:3 Rest of the world
								HF:2.1 Private social insurance	HF:2.2 Other private insurance				
Current expenditure on Health care													
Personal health care services	HC.1 - HC.3	21,471.4	12,347.4	12,206.1	141.3	9,124.0	1,640.7	-	1,640.7	7,252.1	0.0	231.1	-
In-patient services	HC.1 - HC.3	10,988.4	6,875.1	6,844.4	30.7	4,113.3	1,430.0	-	1,430.0	2,598.5		84.8	
Day care- services	HC.1 - HC.3	883.2	466.8	361.5	105.3	416.5	105.7	-	105.7	309.9	0.0	0.9	
Out-patient services	HC.1 - HC.3	9,591.3	5,005.5	5,000.2	5.3	4,585.8	105.0	-	105.0	4,335.3	0.0	145.5	
Home care-services	HC.1 - HC.3	8.4	0.0	0.0		8.4	-	-		8.4	0.0		
Auxiliary services to health care	HC.4	908.7	277.4	277.4	0.0	631.3	0.2	-	0.2	513.8	0.0	117.3	
Medical goods dispensed to out-patients	HC.5	4,472.6	401.2	379.4	21.9	4,071.4	0.0	-	0.0	4,070.8	0.0	0.5	-
Pharmaceuticals and other medical non-durables	HC.5.1	2,859.5	355.1	354.8	0.3	2,504.4	0.0	-	0.0	2,503.9	0.0	0.5	
Therapeutic appliances and other medical durables	HC.5.2	1,613.1	46.2	24.6	21.6	1,566.9	-	-	-	1,566.9	0.0		
Personal health care services and goods	HC.1 -HC.5	26,652.7	13,028.0	12,862.8	163.2	13,826.7	1,640.9	-	1,640.9	11,836.8	0.0	349.0	-
Preventive and public health services	HC.6	914.5	824.2	820.1	4.1	90.3	-	-	-	14.0	0.0	76.3	0.0
Health administration and health insurance	HC.7	3,863.7	2,627.5	2,621.9	6.5	1,236.3	1,080.6	-	1,080.6	117.4	0.0	38.1	0.1
Total Current Health expenditure		31,630.9	16,477.7	16,304.8	172.9	15,153.2	2,721.5	-	2,721.5	11,968.2	0.0	463.3	0.1

TABLE A12: Total Expenditure on Health, including Health-related Functions, 2011 (RM Million) (SHA compatible MNHA data)

	ICHA Code - HP Code	Total current expenditure on health	HF:1		HF:1.1	HF:1.2	HF:2	HF:2.1 + HF:2.2			HF:2.3	HF:2.4	HF:2.5	HF:3
			General government	General government excluding security funds	Social security funds	Private Sector	Private insurance	HF:2.2		Private household out-of-pocket expenditure	Non-profit organizations serving households (Other than social insurance)	Corporation (other than health insurance)	Rest of the world	
								HF:2.1	Other private insurance					
Health care services and goods by function														
Services of curative and rehabilitative care	HC.1.HC.2	21 325.6	12 330.2	12 206.0	124.2	8 995.4	1 640.6	-	1 640.6	7 123.7	0.0	231.1		
Services of long-term nursing care	HC.3	145.7	17.2	0.0	17.1	128.6	0.1	-	0.1	128.5	0.0			
Ancillary Services to health care	HC.4	908.7	277.4	277.4	0.0	631.3	0.2	-	0.2	513.8	0.0	117.3		
Medical goods dispensed to out-patients	HC.5	4 472.6	401.2	379.4	21.9	4 071.3	-	-	-	4 070.8	0.0	0.5		-
Pharmaceuticals and other medical non-durables	HC.5.1	2 859.5	355.1	354.8	0.3	2 504.4	-	-	-	2 503.9	0.0	0.5		
Therapeutic appliances and other medical durables	HC.5.2	1 613.1	46.2	24.6	21.6	1 566.9	-	-	-	1 566.9	0.0			
Personal medical services and goods	HC.1.HC.5	26 852.7	13 026.0	12 862.8	163.2	13 826.6	1 640.9	-	1 640.9	11 836.8	0.0	349.0		-
Preventive and public health services	HC.6	914.5	824.2	820.1	4.1	90.3	-	-	-	14.0	0.0	76.3		0.0
Health administration and health insurance	HC.7	3 863.7	2 627.5	2 621.9	5.5	1 236.3	1 080.6		1 080.6	117.4	0.0	38.1		0.1
Total current expenditure on health		31 630.9	16 477.7	16 304.8	172.9	15 153.2	2 721.5	-	2 721.5	11 968.2	0.0	463.3		0.1
Gross capital formation	HC.R.1	2 176.7	2 175.8	2 175.8	-	0.9	-	-	-	0.9	-	-		-
Total expenditure on health		33 807.6	18 653.5	18 480.6	172.9	15 154.1	2 721.5	-	2 721.5	11 969.1	0.0	463.3		0.1
Memorandum items: Further health related functions		2 211.7	1 143.4	1 143.4	-	1 068.3	-	-	-	660.5	0.0	405.5		2.4
Education and training of health personnel	HC.R.2	1 793.3	1 016.8	1 016.8	-	776.5	-	-	-	660.0	0.0	114.9		1.7
Research and development in health	HC.R.3	47.6	46.4	46.4	-	1.2	-	-	-	0.5				0.7
Food, hygiene and drinking water control	HC.R.4	370.7	80.1	80.1	-	290.6	-	-	-		0.0	290.6		
Environment health	HC.R.5	0.0	-			0.0	-	-	-					0.0
Administration and provision of social services in kind to assist living with disease	HC.R.6	-	-		-	-	-	-	-					
Administration and provision of health-related cash-benefits	HC.R.7	-	-		-	-	-	-	-					
Grand total		36 019.3	19 796.9	19 624.0	172.9	16 222.4	2 721.5	-	2 721.5	12 629.6	0.0	868.8		2.5



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MINISTRY OF HEALTH
MALAYSIA

MALAYSIA NATIONAL HEALTH ACCOUNTS

Health Expenditure Report
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