

Primary Health Care Vital Signs Profile in Malaysia: Challenges and Opportunities

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Abstract : Malaysia collaborated as a 'trailblazer' country with PHCPI (Primary Health Care Performance Initiative) to populate the Primary Health Care (PHC) Vital Signs Profile (VSP) for the country. The PHC VSP provides an innovative snapshot of the primary health care system's performance. Four domains were assessed: system financing, system capacity, system performance, and system equity, and completed in 2019. There were two phases using a mixed method study design. The first phase involved a quantitative study, utilising existing secondary data from national and international sources. In the case of unavailability of data for any indicators, comparable alternative indicators were used. The second phase was a mixed quantitative-qualitative approach to measure the functional capacity based on governance and leadership, population health needs, inputs, population health management, and facility organisation and management. PHC spending constituted 35% of overall health spending in Malaysia, with a per capita PHC spending of \$152. The capacity domain was strong in the three subdomains of governance and leadership, information system, and funds management. The two subdomains of drugs & supplies and facility organisation & management had low scores, but the lowest score was in empanelment of the population under the population health management. The PHC system performed with an access index of 98%, quality index of 84%, and service coverage of 62%. In the equity domain, there was little fluctuation in the coverage of reproductive, maternal, newborn, and child health services by mother's level of education and under-five child mortality between urban and rural areas. The public sector was stronger in the capacity domain as compared to the private sector. This is due to the different financing, organisational structures, and service delivery mechanism. The VSP has identified areas for improvement in the effort to provide high-quality PHC for the population. The gaps in PHC can be addressed through the system approach and the positioning of public and private primary health care delivery systems.

Keywords : primary health care, health system, system domains, vital signs profile

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