



MINISTRY OF HEALTH MALAYSIA

MALAYSIA NATIONAL HEALTH ACCOUNTS HEALTH EXPENDITURE REPORT 2011-2023

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Published by

Malaysia National Health Accounts (MNHA)
Section,
Planning Division,
Ministry of Health,
Level 6, Block E6,
Complex E, Precinct 1,
Federal Government Administrative Centre,
62590 Putrajaya, Malaysia.

Website: www.moh.gov.my
Email: mnha@moh.gov.my

ISSN 1985-711

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First published: 2025

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Printed in Malaysia



MESSAGE FROM THE SECRETARY GENERAL MINISTRY OF HEALTH MALAYSIA

The Ministry of Health Malaysia is committed to improving the health of its people and strengthening the country's health care system to make it more resilient in the future. As we emerge from the aftermath of the COVID-19 pandemic, Malaysia's health care system faces many evolving challenges, including rising health care costs, an ageing population, the increasing prevalence of chronic diseases, and the emergence of expensive new treatments. Robust data is needed to navigate these complexities and ensure sustainable health care financing.

Malaysia National Health Accounts (MNHA) plays a crucial role in providing comprehensive and transparent data on national health care expenditures. Using standardised frameworks, MNHA allows for benchmarking against global standards, enables the continuous monitoring of health care expenditures over time, enables informed decision-making, and provides many other benefits that ultimately support the nation's health and economic objectives. The MNHA reports demonstrate the importance of

robust and consistent health expenditure data for informed decision-making and effective health care planning in Malaysia. The insights derived from the MNHA data are instrumental in navigating the evolving challenges of the health care landscape and ensuring a sustainable and equitable health system for the country.

This report relies on the collaboration of various stakeholders. Public and private sector organisations, including government ministries, non-governmental organisations, private employers, insurance firms, and other agencies, provide the raw data instrumental in the analysis and production of the report. The MNHA Steering Committee and Technical Advisory Committee provide guidance and input to ensure data quality and the effective use of the MNHA findings. Last but not least, I extend my gratitude to the MNHA team whose members are responsible for collecting, analysing and presenting the national health expenditure data consistently and efficiently.

Omishi'

Dato' Sri Suriani binti Dato' Ahmad

Secretary General
Ministry of Health, Malaysia



MESSAGE FROM THE DIRECTOR-GENERAL OF HEALTH MALAYSIA

Since its inception in 2005, the Malaysia National Health Accounts (MNHA) has continuously played a significant role in monitoring national health spending in both public and private health care providers, functions, and financing sources. In addition to facilitating well-informed policy development and decision-making, the data provided in this annual report is rich and useful in identifying gaps, prioritising needs, and putting targeted interventions into place to enhance health care access, quality, and affordability for all citizens. MNHA adheres to internationally recognised standards, which ensures data comparability across time series and countries, enabling policymakers to learn from domestic and global trends.

Malaysia's Total Expenditure on Health (TEH) in 2023 was estimated at RM84 billion, equivalent to 4.6% of Gross Domestic Product (GDP), showing a steady increase over the years. Government funding has continued surpassing private health care funding, with the government contributing almost RM44.4 billion, making up 52.7% of

total health expenditure (TEH). Out-of-pocket (OOP) expenses comprised the second greatest source of funding at 36%. The majority of health expenditure, amounting to RM45 billion or 53% of TEH, was allocated to hospitals. In terms of function, expenditure on curative care services continues to be ranked highest at RM51 billion, accounting for 61% of TEH.

This report would not have been possible without the cooperation of various government ministries, non-governmental organisations, insurance firms, private employers, corporations, and agencies, which provided the necessary data for the analysis and production of the national health accounts. I hope all ministries, organisations, and agencies continue to give full support to this important endeavour. I also thank the MNHA Steering Committee and MNHA Technical Advisory Committee for their input. Lastly, I express my sincere gratitude to the Planning Division, particularly the MNHA team, for their diligent efforts in producing this report.

Datuk Dr Muhammad Radzi bin Abu Hassan
Director-General of Health Malaysia

ACKNOWLEDGEMENT

The production of the MNHA Health Expenditure Report 2011-2023 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 Secretary General of Ministry of Health and the Director General of Health Malaysia.

The great appreciation and special thanks also to all members of the MNHA Technical Advisory Committee and to all public and private stakeholders that provide continuous cooperation and contribute the necessary data succession of this report production.

Very special thanks to dedicated MNHA Section staff members for their kind and consistent co-operation, invaluable assistance and constructive suggestions in completion of this report.

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LIST OF ABBREVIATIONS

AADK	<i>Agensi Anti Dadah Kebangsaan</i> (National Anti-Drug Agency)
AG	Accountant General
AGD	Accountant General's Department of Malaysia
BNM	<i>Bank Negara Malaysia</i> (Central Bank of Malaysia)
CHE	Current Health Expenditure
COICOPS	Classification of Individual Consumption by Purpose
CORPS	Corporations
DOSH	Department of Occupational Safety and Health
DOSM	Department of Statistics Malaysia
EPF	Employees Provident Fund
EMRS	Emergency Medical Rescue Services
EPU	Economic Planning Unit
FOMCA	Federation of Malaysia Consumers Association
FOMEMA	Foreign Worker's Medical Examination Monitoring Agency
FT	Federal Territory
GDP	Gross Domestic Product
GHED	Global Health Expenditure Database
HC	ICHA Code for Functions Of Health Services
HC.R	ICHA Code for Health-Related Services
HER	Health Expenditure Report
HES	Household Expenditure Survey
HIES	Household Income and Expenditure Survey
HF	ICHA Code for Sources of Financing 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
ISN	<i>Institut Sukan Negara</i> (National Sports Institute)
IT	Information Technology
JAKOA	<i>Jabatan Kemajuan Orang Asli</i> (Department of Orang Asli Development)
JBA	<i>Jabatan Bekalan Air</i> (Water Supply Department)
JHAQ	Joint Health Accounts Questionnaire
JKM	<i>Jabatan Kebajikan Masyarakat</i> (Social Welfare Department)
JPA	<i>Jabatan Perkhidmatan Awam</i> (Public Service Department)
KL	Kuala Lumpur
KN	<i>Kerajaan Negeri</i> (State Government)

KWAP	<i>Kumpulan Wang Persaraan</i>
KWC	<i>Kumpulan Wang Covid-19</i>
LA/PBT	Local Authorities (<i>Pihak Berkuasa Tempatan</i>)
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 Organisation
MF	MNHA Code for Functions of Health Care
MKN	<i>Majlis Keselamatan Negara Malaysia</i> (Malaysian National Security Council)
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 Care
MR	MNHA Code for Health-Related Functions
MS	MNHA Code for Sources of Financing
NA	Not Available
NADMA	National Disaster Management Agency (<i>Agensi Pengurusan Bencana Negara</i>)
NCU	National Currency Unit
NGO/NPISH	Non-Governmental Organization/Non-Profit Institutions Serving Households
NHA	National Health Accounts
NIOSH	National Institute of Occupational Safety and Health
NRI	Non-Residual Items
OECD	Organisation for Economic Co-Operation and Development
OFA	Other Federal Agencies
OOP	Out-of-Pocket
PC	Primary Care
PHC	Primary Health Care
PSD	Public Service Department
PSE	Public Sources Expenditure
PSHE	Public Sources Health Expenditure
RI	Residual Items
RM	<i>Ringgit Malaysia</i> (Malaysia Currency)
RMK	<i>Rancangan Malaysia</i>
ROW	Rest of the world
SHA	System of Health Accounts

SHA 1.0	System of Health Accounts, Version 1.0 (Published In 2000)
SHA 2011	System of Health Accounts, 2011 Edition
SOCSSO	Social Security Organisation
SSB	State Statutory Body
TCM	Traditional and Complementary Medicine
TEH	Total Expenditure on Health
UKAS	<i>Unit Kerjasama Awam Swasta</i> (Public Private Partnership Unit)
UN	United Nations
UNDP	United Nations Development Programme
USA	United States of America
WHO	World Health Organization
WB	World Bank

EXECUTIVE SUMMARY OF 2023

TEH

RM 84,192 M

(Total Expenditure on Health)

Malaysia is an upper middle-income country with a health care system that delivers a comprehensive range of services through a combination of public and private health care providers.

- » MNHA Framework is based on the SHA 1.0 classification with some minor modifications to suit local policy needs
- » Macro level health expenditure information
- » 13 years of National Health Expenditure data (2011– 2023)



TEH as % of GDP

Total Expenditure on Health (TEH)
as percentage of
Gross Domestic Product (GDP)

4.6%



CHE as % of GDP

Current Health Expenditure (CHE) as
percentage of GDP

4.0%



TEH Per Capita

Per capita expenditure on health

RM 2,521



Public Source of Financing

as % of TEH

52.7%



MOH Expenditure

as % of TEH

43.0%



Private Source of Financing

as % of TEH

47.3%



OOP Expenditure

as % of TEH

36.0%



Curative Care services

expenditure as % of TEH

60.9%

REPORT INFORMATION



This report contains thirteen years of national health expenditure data from 2011 to 2023, estimated using standardised and internationally acceptable National Health Accounts (NHA) methodology. The Malaysia National Health Accounts: Health Expenditure Report 2011-2023 has a total of eleven chapters.



CHAPTER 1: BACKGROUND

Provides a comprehensive background of MNHA's establishment and subsequent productions of annual series of MNHA Health Expenditure Reports.



CHAPTER 2: MALAYSIA NATIONAL HEALTH ACCOUNTS (MNHA) SUMMARY OF FRAMEWORK

Explains the MNHA Framework which is based on the SHA 1.0 classification. It further unravels the three main entities of the framework: Sources of financing (MS), Providers of health care (MP) & Functions of health care (MF).



CHAPTER 3: METHODOLOGY OF DATA COLLECTION AND ANALYSIS

Explains the general methodology that includes data collection, analysis and data processing techniques used for various agencies.



CHAPTER 4: TOTAL EXPENDITURE ON HEALTH

Encompasses Total Expenditure on Health (TEH) trends from year 2011 to 2023 as percentage of Gross Domestic Product (GDP), per capita health expenditures for the same time period and state disaggregation of health expenditure.



CHAPTER 5: HEALTH EXPENDITURE BY SOURCES OF FINANCING

Shows data on the major categories of the sources of financing, namely the public and private sources, which are separately cross tabulated with the dimensions of providers and functions of health care. Also contains Public Sources Health Expenditure (PSHE).



CHAPTER 6: HEALTH EXPENDITURE TO PROVIDERS OF HEALTH CARE

Provides data on the Total Expenditure on Health to providers of health care. This chapter includes cross-tabulation data of sources with hospital and source with ambulatory care.



CHAPTER 7: HEALTH EXPENDITURE FOR FUNCTIONS OF HEALTH CARE

Provides data on the Total Expenditure on Health for functions of health care. Data on separate cross-tabulations of curative care function, expenditures for public health programmes (including health promotion and prevention) and expenditures for health education and training by sources of financing are also presented in this chapter.



CHAPTER 8: MOH HEALTH EXPENDITURE

Shows Ministry of Health's (MOH) expenditures as share of TEH and as percentage of GDP. Also contains data on separate cross-tabulations between MOH hospital expenditure with MOH as a source of financing and functions of health care.



CHAPTER 9: OUT-OF-POCKET HEALTH EXPENDITURE

Shows OOP as a share of total and private sector expenditures, as percentage of GDP, as well as cross-tabulations of OOP to providers and to functions of health care.



CHAPTER 10: PRIMARY HEALTH CARE (PHC) EXPENDITURE




Contains Primary health care new and old boundaries. Also shows Total PHC expenditure as a percentage of TEH as well as a share PHC of Total MOH expenditure.



CHAPTER 11: INTERNATIONAL NHA DATA

Contains international comparisons of Malaysia's NHA data with NHA data from neighbouring and regional countries as well as some developed countries obtained from Global Health Expenditure Database.

Colour Schemes for Charts / Figures

-  Public Sources
-  Private Sources
-  Public & Private Sources

BACKGROUND

National Health Accounts (NHA) are systems that track and quantify the flow of health expenditure throughout the health system. This tool can provide a better understanding of the financial dimensions within any country's health system because it is based on standardised definitions and accounting methods. The origins of NHA development began with a study to compile comparable health services expenditure of six countries in the 1960s. The importance of health accounts is evident with the increasing number of countries participating in tracking the flow of health expenditures.

In Malaysia, discussions on initiating the NHA in Malaysia began as early as 1999. Upon securing the funds from the United Nations Development Programme (UNDP) in 2001, the Ministry of Health (MOH) Malaysia, in a concerted effort with the Economic Planning Unit (EPU) of the Prime Minister's Office, launched the "Malaysia National Health Accounts (MNHA) Project". The project's outcome was a report on the MNHA Classification System (MNHA Framework) and the first MNHA Health Expenditure Report (HER). The completion of the MNHA project put forth the benefits of having a health account as an evidence-based tool in making health policy decisions, leading to the establishment of the MNHA Section under the Planning & Development Division of MOH.

After its institutionalisation, the MNHA Section, under the guidance of an international

consultant, proceeded to further standardise the methodology used. Following this, health expenditure time series reports were published annually. From 2022 onwards, MNHA will be publishing National Health Expenditure time series data based on the duration of the 3 most recent *Rancangan Malaysia* (RMK) cycles. This year's report will consist of data covering the years for RMK-10, RMK-11 & RMK-12 (2011-2023). The chapters in this publication encompass health expenditures by sources of financing, expenditures to providers of health care, and expenditures for functions of health care analysed based on the MNHA Framework. In addition to this, a chapter containing international NHA data extracted from the Global Health Expenditure Database (GHED) is included.

We would like to inform the readers regarding the colour scheme used in the charts of this report. All public sectors are highlighted in blue, while private sectors are red. Purple is used for the combination of both private and public sectors. Components on tables may not add to the total of 100% due to rounding up. **Due to the methodology in which NHA data are produced, the data in the most current report replaces all annual data stated in previous publications.** 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 (NHA) is a tool composed of a standard set of tables to capture the public and private sectors health expenditure flow within a country over a specified period. Information such as input, output and resource use obtained from this tool is essential to examine the performance of health system. Identical set of rules and methodology needs to be used to ensure information from NHA is comprehensive, consistent, comparable and timely.

2.1 THE MNHA CLASSIFICATION

The MNHA Framework is based on international NHA classifications with minor modifications to suit local policy needs (Appendix Tables A2.1, A2.2, and A2.3). The data in all chapters (except Chapter 11) are based strictly on the MNHA Framework. The framework classifies all expenditures into three main entities:

- Sources of financing (MS)
- Providers of health care (MP)
- Functions of health care (MF)

Sources of financing are defined as entities that directly incur the expenditure and hence control and finance the amount of such expenditure. It includes the public source expenditure encompassing the federal government, state government, local authorities, social security funds and other public entities, and the private source consisting of private health insurance, managed care organisations, out-of-pocket

expenditure, non-profit institutions, corporations and rest of the world.

Providers of health care are defined as entities that produce and provide health care goods and services. These include categories of hospitals, nursing and residential care facility providers, ambulatory health care providers, retail sale and medical goods providers, public health programme providers and general health administration.

Functions of health care are categorised as core functions of health care and health-related functions. Functions of health care include services of curative care, rehabilitative care, long-term nursing care, ancillary services, out-patient medical goods, public health services, health administration and health insurance. Health-related functions include capital formation, education and training of health personnel and research and development in health.

2.2 OVERVIEW OF TOTAL EXPENDITURE ON HEALTH (TEH)

In the MNHA Framework, TEH comprises expenditures from both public and private sources, which consist of both 'health expenditures' and all 'health-related expenditures' components. 'Health expenditures' as defined in the MNHA Framework consist of all expenditures or outlays of medical care, prevention, promotion, rehabilitation, community health activities and health administration and regulation with the **predominant objective to improve health**. Core function classifications reflect these under the

codes MF1-MF7. 'Health-related expenditures' classification under the codes MR1, 2, 3 and 9 include expenditures of 'capital formation of health care provider institutions', 'education and training of health personnel', 'research and

development in health' and 'all other health-related expenditures. For easier understanding, components that make up TEH according to MNHA Framework are illustrated in Figure 2.1.

FIGURE 2.1: Total Expenditure on Health in MNHA Framework

Code	Core Functions
MF1	Services of curative care
MF2	Services of rehabilitative care
MF3	Services of long-term nursing care
MF4	Ancillary services to health care
MF5	Medical goods dispensed to out-patients
MF6	Prevention and public health services
MF7	Health programme administration and health insurance
Code	Health-Related Functions
MR1	Capital formation of health care provider institutions
MR2	Education and training of health personnel
MR3	Research and development in health
MR9	All other health-related expenditures

2.3 OVERVIEW OF CURRENT HEALTH EXPENDITURE (CHE)

To address the need for methodological consistency when comparing health expenditure across different countries, the World Health Organization (WHO), Eurostat and related international organisations of the Organisation for Economic Co-operation and Development (OECD) produced a manual known as "A System of Health Accounts". The latest edition of this manual is known as the SHA 2011. It is essential to understand the differences when comparing data based on MNHA Framework to data based

on SHA 2011 framework. As described earlier, the MNHA Framework captures and reports health spending as total expenditure on health (TEH), whereas current health expenditure (CHE) is used when reporting on SHA 2011. Health spending based on CHE has lower value as it excludes capital spending, education and training and research and development and other health related functions. Since 2017, both OECD and WHO countries have used CHE for international reporting and inter-country comparisons of national health expenditures. Components that make up CHE, according to SHA 2011, are illustrated in Figure 2.2.

FIGURE 2.2: Current Health Expenditure in SHA 2011 Framework

Code	Core Functions
HC.1	Services of curative care
HC.2	Services of rehabilitative care
HC.3	Services of long-term nursing care
HC.4	Ancillary services to health care
HC.5	Medical goods dispensed to out-patients
HC.6	Prevention and public health services
HC.7	Health programme administration and health insurance

METHODOLOGY OF DATA COLLECTION AND ANALYSIS

3.1 GENERAL METHODOLOGY

A general understanding of the methodology in NHA estimation provides a better appreciation of the data. The previous MNHA HER produced data from 2011-2022, and the current report contains data from 2011 to 2023. Data in this report may show some variations compared to the previous reports. Changes in the time series data may reflect the incorporation of recent developments with previous data from various censuses and surveys (when using secondary data); may reflect genuine structural changes; may be caused by variations in responses from multiple data sources at each cycle of estimation; or access to new data that is used to replace previous estimations. These variations are an acceptable phenomenon under NHA. Complete lists of the data sources are documented at every cycle of analysis (Appendix Table A1.1 and A1.2). It is difficult to obtain a near 100% response rate from all data sources. Any improvements in data responses will minimise estimations of non-responders and reflect better true data.

3.2 DATA COLLECTION AND ANALYSIS

The method of data collection and analysis used in this report conforms to the method used in the previous cycle, whereby detailed definitions of what constitutes health expenditure, institutional entities and types of disaggregation were drawn up based on inputs from several documents, committee meetings, and consultative advice from the internal and external MOH sources. Both primary and secondary data were used in this analysis (Appendix Table A1.1 and A1.2). Agencies from public and private sources provide primary data in several formats. These data were

obtained through multiple MNHA surveys. The secondary data were retrieved from various data sources, reports, bulletins and other documents.

All data were analysed separately by identified group of agencies. Upon verification, data were entered into various dummy time series spreadsheets. Verification of data is important as it affects the quality of final outputs. The data sets from each agency were processed differently depending on the availability and completeness. Data classification for each agency was carried out based on the tri-axial MNHA dimensions of sources, providers and functions. The MNHA Framework enables health expenditure to disaggregate to the lowest possible code. Any data gaps in each of these disaggregated data from each agency were subjected to imputation methods recommended by NHA experts. These imputation techniques may vary from agency to agency.

The final analysis data of each agency were coded according to the MNHA Framework. State codes were also assigned to every set of analyses. All stages of analyses were highly technical, involved several methods tailored to specific agencies and required a good understanding of the MNHA Framework. The data entry and analysis processes were carried out using Microsoft Excel and Stata statistical software. After initial data preparation, analysis and coding, measures were taken to ensure data quality. Several additional verification methods are put in place before producing the final database. These involve validation of total estimates and a combination of codes for each data source prior to merging to produce the final database. Data from each agency were then collated. Subsequently, NHA data extraction

is carried out to populate various tables and figures easily understood by policymakers and other stakeholders.

Considering to continually improving NHA estimations and reporting, MNHA reviewed and refined its methodology in several phases. During the first round of refinement, analyses to standardise hospital reporting were applied. In short, this led to the inclusion of all costs incurred for ancillary services such as community pharmacy charges (drugs and non-durable products), surgical costs, laboratory tests and radiological investigations as curative care expenditures whenever they are delivered as part of a curative care service package. As defined in NHA, hospital care embodies all services provided by a hospital to patients. Under this, analysis of all public and private hospitals was disaggregated and reported as expenditure for in-patient, out-patient and day-care services only. On the other hand, expenditures incurred at standalone laboratories and radiological investigations are reported under another function code. This is strictly in keeping to definitions of functions codes under MNHA Framework for curative care services and provider of health care boundary for standalone ambulatory health care centres.

Further refinement was carried out to address concerns of double counting. When producing a country's health account, it is essential to recognise the equal importance of each dimension of the NHA. Focusing on collecting data from one dimension tends to underestimate expenditure as health spending from other entities via different NHA dimensions is not captured. It is essential to quantify all health expenditures from various information sources along all NHA dimensions. However, estimations of expenditure along more than one dimension increase the likelihood of double counting. In the Malaysian context, estimated total health expenditure for all public hospitals is obtained from the respective data sources who are also providers of health care services. In addition, surveys were done to collect health spending by various public and private sector employers/companies that also capture claims or reimbursements. It is significant to note that claims and reimbursement encompass

expenditures for public hospitals' curative care services. Therefore, after carefully scrutinising all details, the refined methodology is a downward revision to health care expenditures, resulting from the removal of various agencies' reimbursements when it involves claims for treatment received at public MOH and non-MOH hospitals and clinics. Corresponding to this, all claims or reimbursement at these providers are grouped as in-patient, out-patient and day-care services. This enables MNHA to maintain detailed accounting of health spending that is mutually exclusive and standardised.

All subsequent reporting of MNHA maintained the above-explained refinement. Peer review workshops are conducted annually to examine, discuss and verify the validity and reliability of the final data outputs of each agency. This involves validation of all codes and total estimation used for each data source prior to merging into a final database. This report only highlights some selected findings, which may be helpful in the health policy development and health planning of the country. Further detailed data extractions with cross-tabulations are usually produced based on policymakers' and stakeholders' requests.

3.3 DATA PROCESSING OF VARIOUS AGENCIES

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

3.3.1 Public Sources

I. Ministry of Health (MOH)

Health expenditure data of the MOH were obtained from the Accountant General's Department of Malaysia (AGD), under the Ministry of Finance (MOF). The Accountant General's (AG) raw database for the MOH is the primary source of data whereby expenditure data is entered as a line item. All health expenditures are disaggregated into the tri-axial coding system under the dimensions of sources of financing,

providers and functions of health care based on the MNHA Framework, omitting double counting. Assigning of MNHA codes is based on examining available data and additional details captured via MNHA surveys.

II. Ministry of Higher Education (MoHE)

Health expenditure under the MoHE includes two main functions. Firstly, provision of health care services by university hospitals for the general population and out-patient medical clinics meant for students and the university community. Second, health expenditure from this agency is on health-related training and research expenditure. Other than these institutions, data on the cost of training health professionals are also obtained from various private training colleges, Public Service Department (JPA) and other agencies.

III. Other Federal Agencies (including Statutory Bodies)

The agencies under "other federal agencies" currently consist of twenty four public agencies, which include the National Anti-Drug Agency (AADK), Prison Department, Malaysia Civil Defence Force, Pension Department of Public Service Department (KWAP), National Heart Institute of Malaysia, Social Welfare Department of Malaysia, Department of Orang Asli Development, 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 Finance (MOF), Ministry of Science, Technology and Innovation (MOSTI), federal statutory bodies, higher education institutes, Pilgrims Fund Board, National Disaster Management Agency (NADMA), *Majlis Keselamatan Negara* (MKN) and Emergency Medical Rescue Services (EMRS) (Appendix Table A1.1). The expenditure on health of other federal agencies (including statutory bodies) was captured through MNHA survey questionnaires. Data from this survey also assist in estimating and disaggregating

expenditure along with the providers and functions of health care dimensions for agencies with incomplete or no data. Expenditures under this group are mainly for curative care services, retail sales and medical goods, and research.

IV. Local Authorities

Health expenditure data of the local authorities encompass 155 agencies of local/municipal governments in Malaysia. Health expenditure data captured from this entity includes expenditure on services provided to the general public and expenditure that covers health care services provided for staff.

V. (General) State Government

This consists of health expenditure by all thirteen state governments and three Federal Territories, which include Kuala Lumpur, Putrajaya and Labuan. Most state expenditure is analysed based on services provided to the general community, mainly for preventive care such as environmental health covering water treatment and reimbursements expenditure for state government employees, mainly for curative care.

VI. Ministry of Defence (MOD)

The MOD provides health services through its Army Hospitals and Armed Forces Medical and Dental Centres (*Rumah Sakit Angkatan Tentera dan Pusat Pergigian Angkatan Tentera*). Details on MOD health expenditure are captured through MNHA annual survey and are mainly for curative care services.

VII. Social Security Funds

There are two major organisations providing social security funds; the Employees Provident Fund (EPF) and the Social Security Organisation (SOCSO), both of which are mandated by the government. MNHA annual survey captures total health expenditure by state for both of these organisations. Further breakdown to disaggregate expenditure to providers and functions are based on

previous field surveys that collected details based on samplings of the medical bill claims.

VIII. Other State Agencies (including Statutory Bodies)

Other state agencies consist of statutory bodies and Zakat Collection Centre (MAIN). MNHA survey for MAIN captures data on curative care reimbursement, retail sales & medical goods reimbursement and various other services provided to the community. MNHA survey for statutory bodies is carried out to collect health expenditure data which includes total health expenditure, data for provider and function dimensions. Information on the number of employees obtained from Public Service Department (JPA) and disaggregated proportions of provider and function is used to estimate the health expenditure of statutory bodies with incomplete or no data.

3.3.2 Private Sources

I. Household Out-of-Pocket (OOP) Health Expenditure

Internationally, there are several methods to estimate household out-of-pocket (OOP) health expenditure. MNHA uses the Integrative approach to estimate OOP expenditure. The integrative approach involves examining expenditure flows from the perspective of all agents in the system. This approach comprises several different health expenditures flows in the system from different perspectives: (i) from the source of financing or consumption [example: Household Expenditure Survey (HES) or Household Income and Expenditure Survey (HIES)] and (ii) from the provider side (example: private hospital and clinic survey). This combination approach is the best method and is highly recommended by NHA international standards.

a. Integrative Approach

In the integrative approach, the gross of direct spending from the consumption,

provision and financing perspective is estimated after deduction of the third-party source of financing payer reimbursements. This deduction is made to avoid double counting and overestimation of the OOP expenditure. The integrative approach under the MNHA Framework uses the formula below to derive the estimated OOP expenditure:

b. Data Sources

i. Gross OOP Expenditure

The gross OOP expenditure is the net reconciliation of various datasets using the consumption and provider approaches. It consists of two groups, namely Residual Items (RI) and Non-Residual Items (NRI), as shown below.

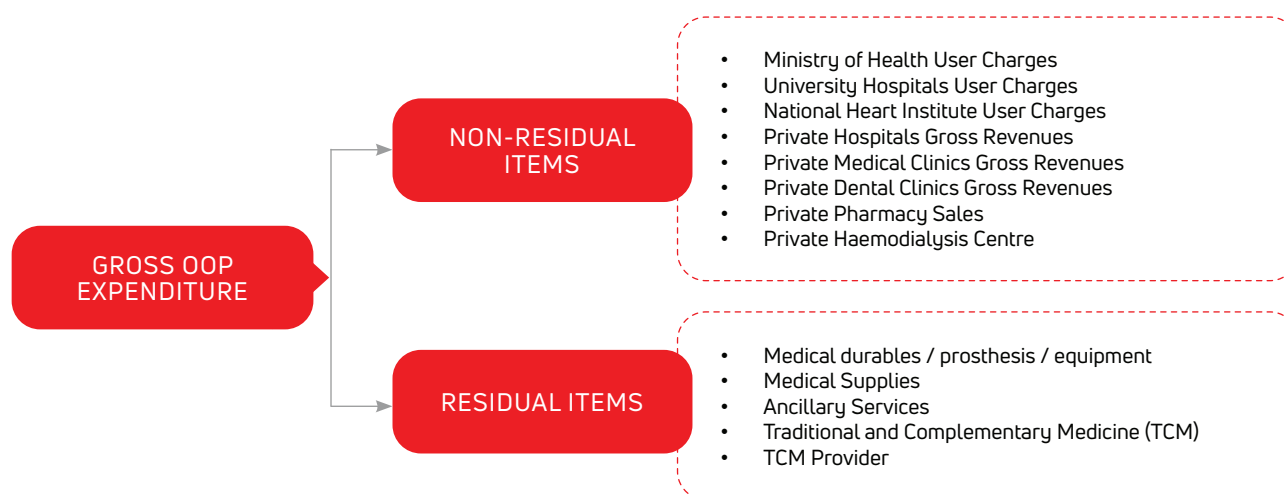
ii. Third-Party Payer Reimbursement

The third-party payer reimbursements are the finances claimed from the various agencies such as private insurance enterprises, private corporations, Employees Provident Fund (EPF), Social Security Organisation (SOCSO), and federal and state statutory agencies by the OOP payee after the OOP payment is made. Each item in the gross spending and third-party payer data can be obtained from several data sources (Appendix Table A1.1 and A1.2). The group above is subsequently reassigned to the below categories after considering data captured from IQVIA (pharmaceuticals, supplies and TCM).

c. Deduction of Third-Party Payers

The summation of all gross revenues is considered as OOP and non-OOP health expenditure. The non-OOP health expenditure has to be deducted as the refundable payments (private insurance, private corporations, SOCSO,

$$\text{OOP Health Expenditure} = (\text{Gross OOP Health Expenditure} - \text{Third Party Payer Reimbursement}) + \text{OOP Expenditure for Health Education \& Training}$$



EPF and statutory bodies) to estimate the net OOP expenditure. This deduction is made to avoid double counting and overestimation of the OOP expenditure.

d. Training Expenditure Estimation

The data were obtained from public universities, private universities and training institutions conducting training in the field of health. Data from each respondent are assigned MP, MF and state codes. Data gaps are addressed using the linear interpolation method. Data on health personnel in-service training expenditure is currently not included due to the resource intensiveness needed to capture or extract this expenditure, which is embedded in other expenditures, such as expenditure for administration at each hospital and health department.

II. Private Corporations/Private Companies

The labour force within the private sector may gain medical benefits through the private employer medical benefits scheme. The average per capita health expenditure was calculated based on the various industrial surveys conducted by the

Department of Statistic Malaysia (DOSM) and excluded group health insurance purchases for employees.

III. Private Health Insurance

The health expenditure of private health insurance was calculated based on the Medical Health Insurance data from the Central Bank of Malaysia. The data includes individual and grouped insurance data. The proportions for providers and functions of health care were obtained via the MNHA survey of insurance companies.

IV. Non-Governmental Organisations (NGOs)

Non-Governmental Organisations (NGOs) are also involved in health-related activities. Health expenditure incurred by the NGOs was obtained through the MNHA survey of these organisations. The survey also enables this expenditure's disaggregation to providers and functions of health care.

V. Managed Care Organisations (MCOs)

Under the MNHA analysis, only data related to health administration of health insurance was obtained from MCO.

VI. Rest of the world (ROW)

Rest of the world (ROW) are arrangements involving or managed by institutional units that are resident abroad who not only purchase but may also provide health care goods and services on behalf of residents. It includes health-related activities.

3.4 MNHA ESTIMATION OF CONSTANT VALUE

Current or Nominal value of health expenditure refers to expenditures reported for a particular year, unadjusted for inflation. Constant value estimates indicate what expenditure would have been when anchored to a particular year value, such as 2023 values applied to all years. As a result, expenditures in different years can be compared on a *Ringgit-for-Ringgit* basis, using this as a measure of changes in the volume of health goods and services. When making health expenditure comparisons over a time series, it is more meaningful to use constant values rather than current or nominal values.

$$\text{GDP Deflator} = \frac{\text{GDP Current}}{\text{GDP Constant}} \times 100$$

In health expenditure estimations under NHA, the constant value is usually estimated using GDP deflator. The GDP deflator measures the level of prices of all-new, domestically produced, final goods and services in an economy. It is a price index that measures price inflation or deflation. GDP deflator can be calculated using the above formula. GDP current and GDP constant time series data is published every year by the Department of Statistics Malaysia (DOSM).

The constant value estimation requires a two-step method whereby the first step involves the estimation of a set of GDP deflators. Based on advice from NHA experts, the splicing method on series in different base years; can be used to get a series of GDP deflators, as shown in Table 3.4a. The second step involves the application of this estimated GDP deflator to nominal values for the estimation of constant values.

TABLE 3.4a: Example of Splicing Method with Different Base Year

Year	2005	2006	2007	2008	2009	2010	2011
Deflators Base Year 2005	100	104	109	120	113	118	na
Deflators Base Year 2010	na	na	na	na	na	100	105
GDP Deflator Base Year 2010 (Splicing Method)	85	88	92	102	96	100	105

Note: Derived values in bold

Example of splicing method using base year 2010 to derive at new GDP deflator for year 2009:

$$\begin{aligned} &= (100/118) \times 113 \\ &= 96 \end{aligned}$$

For year 2008:

$$\begin{aligned} &= (100/118) \times 120 \\ &= 102 \end{aligned}$$

Constant value estimates can be obtained by calculating GDP deflator base year 2016 from the derived values of GDP deflator base year 2010, which then can be applied to the nominal value of health expenditure. As a result, the nominal value increases when expressed as a constant value at a particular base year.

This estimation can be demonstrated using the 2016 base year and a set of GDP deflator values, as shown in Table 3.4b.

TABLE 3.4b: Example of Calculating Total Expenditure on Health in Constant Value Base Year 2016

	2009	2010	2011	2012	2013	2014	2015	2016
GDP Deflator Base Year 2010 (Splicing Method)	96	100	105	106	107	108	109	111
TEH Nominal (RM Million)	na	32,000	35,000	39,000	41,000	46,000	49,000	51,000
TEH Constant (RM Million)	na	35,520	37,000	40,840	42,533	47,278	49,899	51,000

Note: Derived values in bold

Monetary values expressed in current values can be converted to constant values base year 2016 using the formula:

$$V_{\text{cox}} = V_{\text{curx}} * (D_i / D_x)$$

Where: -

- V_{cox} is the value expressed in constant values for the year for which constant prices are to be calculated (Year x)
- V_{curx} is the value expressed in the current values applying in Year x
- D refers to the GDP deflator applying in Years x and i, with i being the base year

For example, using the above formula to calculate TEH 2015 in constant value:-

- $V_{\text{curx}} = \text{RM}49,000$
- $D_i = 111$
- $D_x = 109$

Then:

$$\begin{aligned} V_{\text{cox}} &= \text{RM}49,000 \times (111/109) \\ &= \text{RM}49,899 \end{aligned}$$

Thus, the value to be used, expressed as constant values at the base year 2016, is RM49,899 rather than the current value of RM49,000.

TOTAL EXPENDITURE ON HEALTH

4.1 TOTAL EXPENDITURE ON HEALTH (TEH)

The total expenditure on health (TEH) is the sum of aggregate public and private health expenditure in a given year, calculated in *Ringgit Malaysia*. TEH mentioned in this report is based on the MNHA Framework, which consists of core functions and health-related functions, as shown in Figure 2.1. In 2023, Malaysia spent RM84,192 million on health or 4.6% of Gross Domestic Product (GDP).

TEH for Malaysia between 2011 till 2023 shows a gradually increasing trend. TEH as a share of GDP for the same period ranged from 3.9 percent to

5.0 percent of GDP. Despite the decrease in TEH as % of GDP in 2022, compared to 2021 there is actually a significant increase upon comparing with pre-pandemic (2019) value (Table 4.1 and Figure 4.1).

4.2 PER CAPITA HEALTH EXPENDITURE

In nominal value, per capita expenditure on health ranged from RM1,237 in 2011 to RM2,521 in 2023. In comparison, per capita health expenditure as constant values ranged from RM1,509 in 2011 to RM2,521 in 2023 (Table 4.2 and Figure 4.2).

TABLE 4.1: Total Expenditure on Health, 2011-2023 (RM Million & Percent GDP)

Year	TEH, Nominal (RM Million)	TEH, Constant (RM Million)*	Total GDP, Nominal (RM Million)**	GDP Deflator	TEH (Nominal) as % GDP
2011	35,953	43,861	911,733	81.97	3.94
2012	39,448	47,649	971,252	82.79	4.06
2013	41,647	50,218	1,018,614	82.93	4.09
2014	46,780	55,048	1,106,443	84.98	4.23
2015	50,261	58,433	1,176,941	86.02	4.27
2016	51,736	59,166	1,249,698	87.44	4.14
2017	56,332	62,077	1,372,310	90.75	4.10
2018	60,288	66,024	1,447,760	91.31	4.16
2019	64,038	70,080	1,512,738	91.38	4.23
2020	66,890	73,804	1,418,491	90.63	4.72
2021	77,992	81,432	1,548,701	95.78	5.04
2022	79,264	77,780	1,793,903	101.91	4.42
2023	84,192	84,192	1,822,904	100.00	4.62

* Constant values estimated using GDP Deflators calculated using splicing method, anchored at 2023

** Source: Department of Statistics Malaysia

FIGURE 4.1: Trend for Total Expenditure On Health, 2011-2023 (RM Million & Percent GDP)

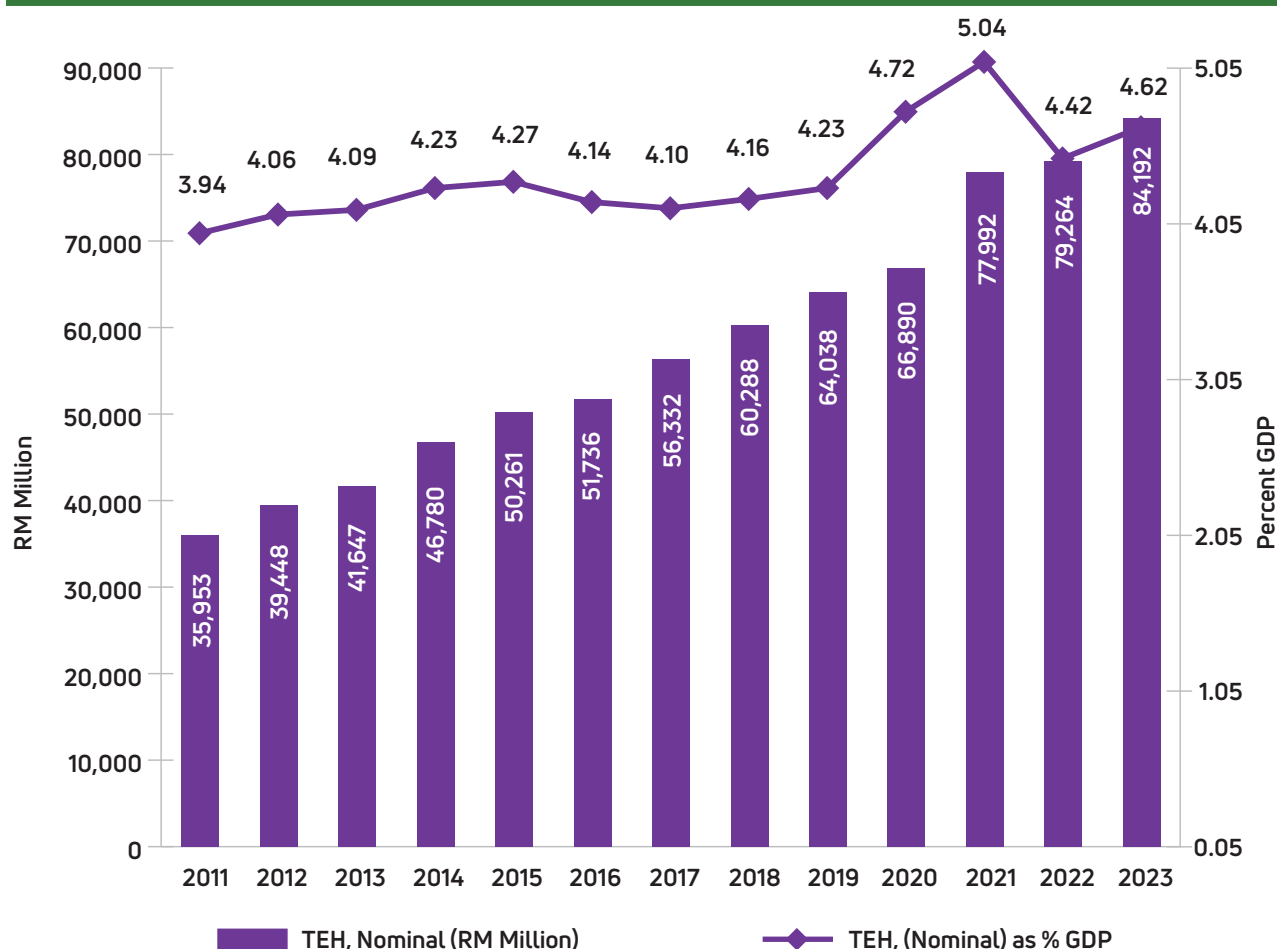


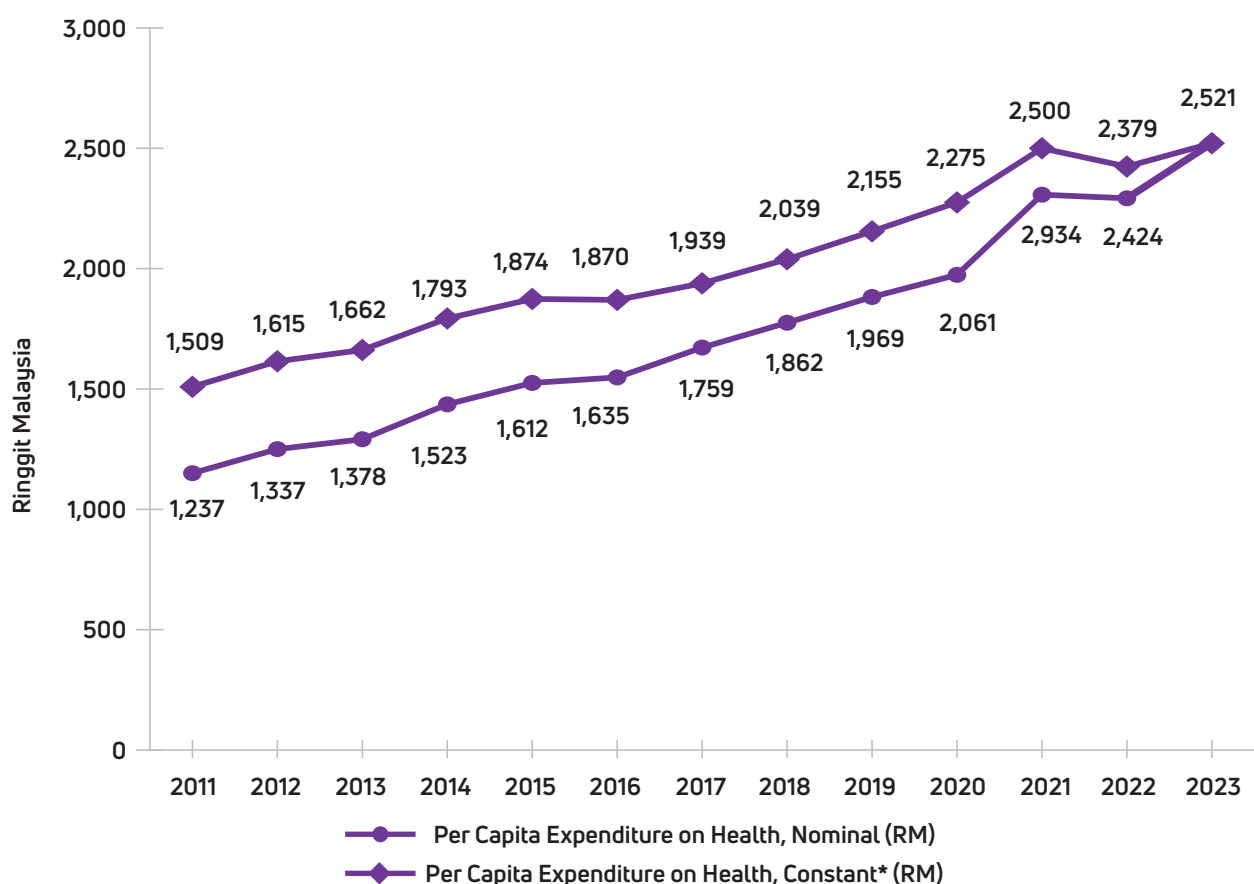
TABLE 4.2: Per Capita Expenditure on Health, 2011-2023 (Nominal & Constant, RM)

Year	TEH, Nominal (RM Million)	TEH, Constant (RM Million)*	Per Capita Expenditure on Health, Nominal (RM)	Per Capita Expenditure on Health, Constant* (RM)	Total Population**
2011	35,953	43,861	1,237	1,509	29,062,000
2012	39,448	47,649	1,337	1,615	29,510,000
2013	41,647	50,218	1,378	1,662	30,213,700
2014	46,780	55,048	1,523	1,793	30,708,500
2015	50,261	58,433	1,612	1,874	31,186,100
2016	51,736	59,166	1,635	1,870	31,633,500
2017	56,332	62,077	1,759	1,939	32,022,600
2018	60,288	66,024	1,862	2,039	32,382,300
2019	64,038	70,080	1,969	2,155	32,523,000
2020	66,890	73,804	2,061	2,275	32,447,400
2021	77,992	81,432	2,394	2,500	32,576,300
2022	79,264	77,780	2,424	2,379	32,698,100
2023	84,192	84,192	2,521	2,521	33,401,800

* Constant values estimated using GDP Deflators calculated using splicing method, anchored at 2023

** Source: Department of Statistics Malaysia

FIGURE 4.2: Per Capita Expenditure on Health, 2011-2023 (Nominal & Constant, RM)



* Constant values estimated using GDP Deflators calculated using splicing method, anchored at 2023

4.3 HEALTH EXPENDITURE BY STATES

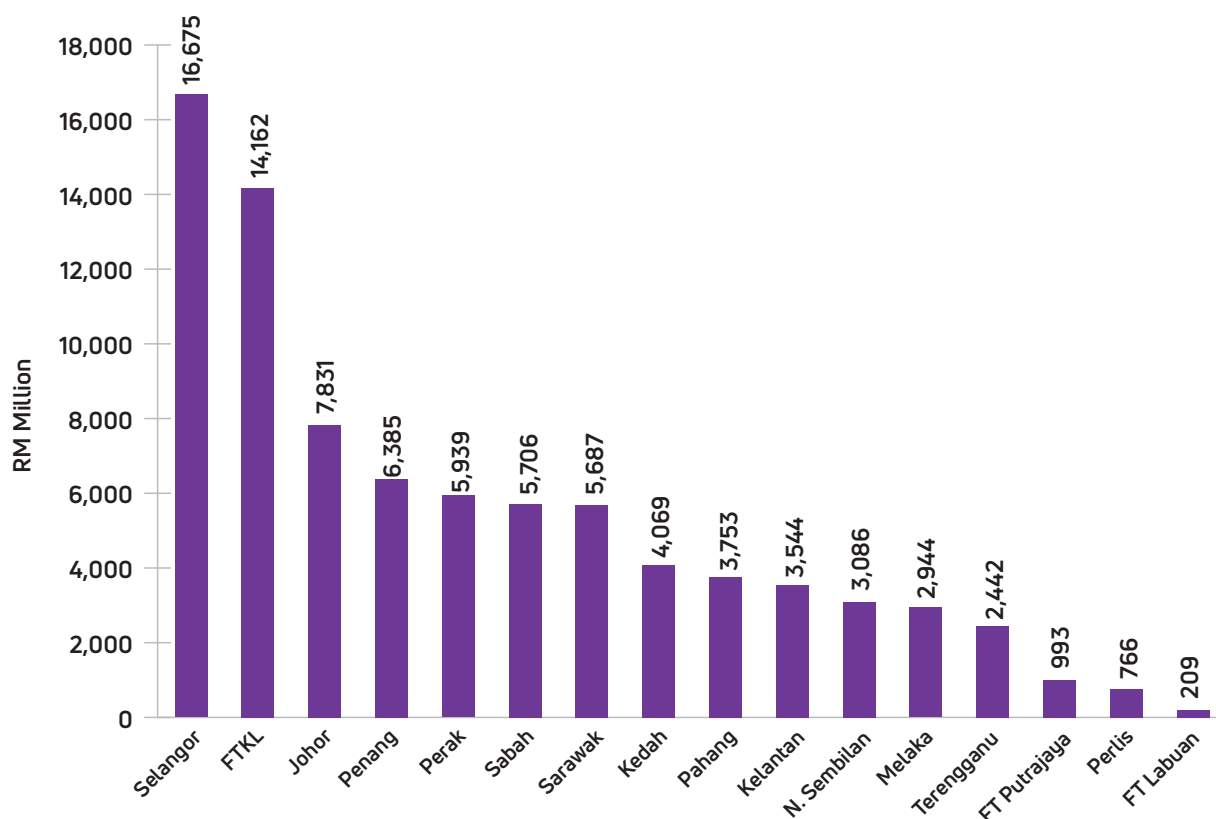
Health expenditure by state allocation is assigned based on the facilities where the financial resources were used to purchase various types of health care services and products. In the event that this is not possible, it will be allocated based on the location of the agencies that represent the facilities. The sequence of states in the figures and tables below is based on the state population size in 2023 as the reference year.

There are thirteen states and three Federal Territories, namely Kuala Lumpur, Labuan and Putrajaya. The state population is based on Department of Statistics Malaysia report. In 2023, Selangor had both the largest population of about 7 million people and the highest expenditure on health of RM16,675 million, as shown in Table 4.3 and Figure 4.3.

TABLE 4.3: State Population and Health Expenditure, 2023

State	Population*	Expenditure (RM Million)
Selangor	7,209,700	16,675
FT KL	2,005,700	14,162
Johor	4,107,200	7,831
Penang	1,772,600	6,385
Perak	2,541,200	5,939
Sabah	3,596,700	5,706
Sarawak	2,502,300	5,687
Kedah	2,189,300	4,069
Pahang	1,643,200	3,753
Kelantan	1,859,800	3,544
N. Sembilan	1,224,900	3,086
Melaka	1,028,300	2,944
Terengganu	1,210,000	2,442
FT Putrajaya	118,800	993
Perlis	293,100	766
FT Labuan	99,000	209
Total	33,401,800	84,192

*Source: Department of Statistics Malaysia (DOSM)

FIGURE 4.3: Health Expenditure by States, 2023 (RM Million)

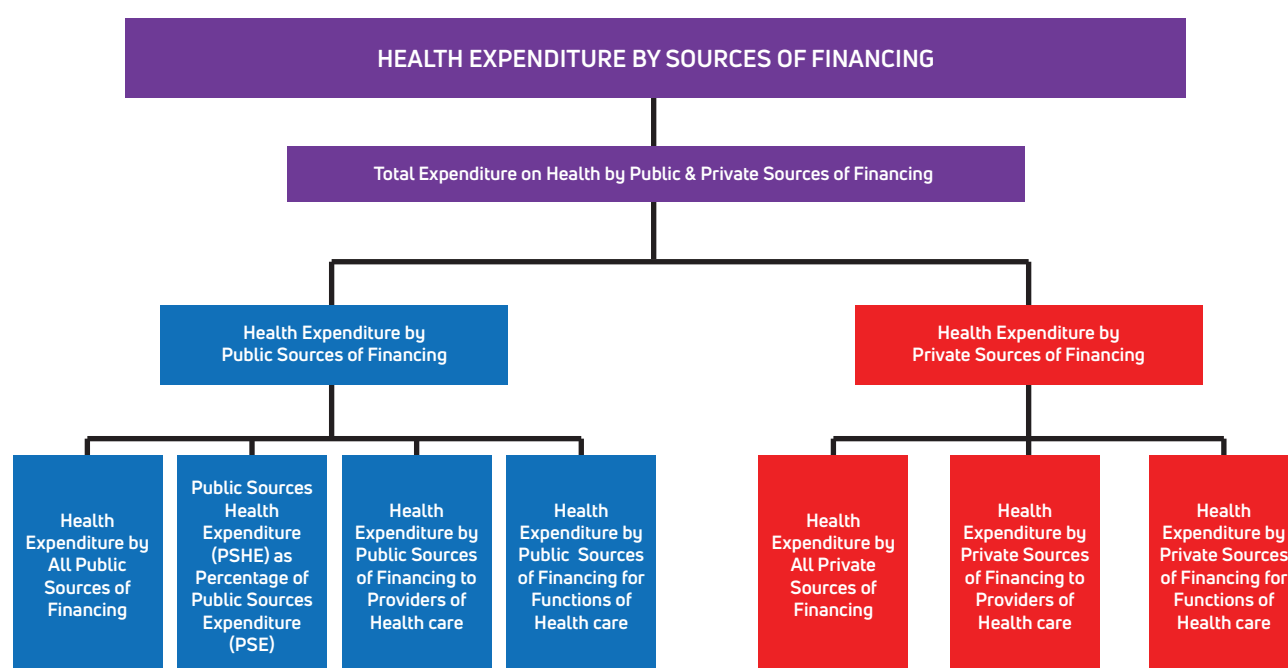
HEALTH EXPENDITURE BY SOURCES OF FINANCING

Sources of financing for health care services and products include multiple public and private sector agencies. The public sources of health care financing are the federal government, state government, local authorities, social security funds and all other public entities. Private sources of health care financing include private insurance enterprises, managed care organisations (MCO), private household out-of-pocket (OOP), non-profit institutions, private corporations and the rest of the world. The share

of both sectors to the TEH can be identified for each year in the time series.

This chapter contains three main sections, namely health expenditure by all sources of financing and health expenditure specifically by both public and private sources of health care financing in Section 5.2 and Section 5.3 respectively. An overview of health expenditure by sources of financing is shown in Figure 5.0.

FIGURE 5.0: Organogram of Health Expenditure by Sources of Financing



5.1 HEALTH EXPENDITURE BY PUBLIC AND PRIVATE SOURCES OF FINANCING

Among the various sources of health care financing in 2023, Ministry of Health (MOH) sourced the highest expenditure amounting to RM36,181 million or 43.0% of TEH. This is followed by private household out-of-pocket (OOP) spending of RM30,271 million (36.0% of TEH) and private insurance enterprises (other than social insurance) spending of RM6,759 million (8.0% of TEH). Other federal agencies (including statutory bodies) spent RM4,273 million (5.1% of TEH), whereas the Ministry of Higher Education (MoHE) spent RM1,674 million (2.0% of TEH), private MCOs and other similar entities spent RM1,400 million (1.7% of TEH) and remaining expenditure for all other agencies amounted to RM3,635 million (4.3% of TEH) (Table 5.1a and Figure 5.1a).

The trend of expenditure by sources of health care financing over the past 13 years shows that overall, the top 3 funders are persistently MOH, private household out-of-pocket expenditures (OOP) and private insurance (other than social insurance) (Table 5.1b and Table 5.1c).

In 2023, the public and private sources of health care financing spent RM44,367 million (52.7% of TEH) and RM39,825 million (47.3% of TEH), respectively. A similar pattern is noted throughout the 2011-2023 time series, where the public sources health expenditure remains higher than the private sources health expenditure. Both public and private sources health expenditure generally showed an increasing trend throughout the 13 years (Table 5.1d and Figure 5.1b).

TABLE 5.1a: Total Expenditure on Health by Sources of Financing, 2023

MNHA Code	Sources of Financing	RM Million	Percent
MS1.1.1	Ministry of Health (MOH)	36,181	42.97
MS2.4	Private household out-of-pocket expenditures (OOP)	30,271	35.95
MS2.2	Private insurance enterprises (other than social insurance)	6,759	8.03
MS1.1.1.9	Other federal agencies (including statutory bodies)	4,273	5.08
MS1.1.1.2	Ministry of Higher Education (MoHE)	1,674	1.99
MS2.3	Private MCOs and other similar entities	1,400	1.66
MS2.6	All corporations (other than health insurance)	1,229	1.46
MS1.2.2	Social Security Organisation (SOC SO)	762	0.90
MS1.1.2.2	Other state agencies (including statutory bodies)	660	0.78
MS1.1.3	Local authorities (LA)	345	0.41
MS1.1.1.3	Ministry of Defence (MOD)	243	0.29
MS2.5	Non-profit institutions serving households (NGO)	147	0.18
MS1.1.2.1	(General) State government	137	0.16
MS1.2.1	Employees Provident Fund (EPF)	93	0.11
MS9	Rest of the world (ROW)	19	0.02
Total		84,192	100.00

FIGURE 5.1a: Total Expenditure on Health by Sources of Financing, 2023

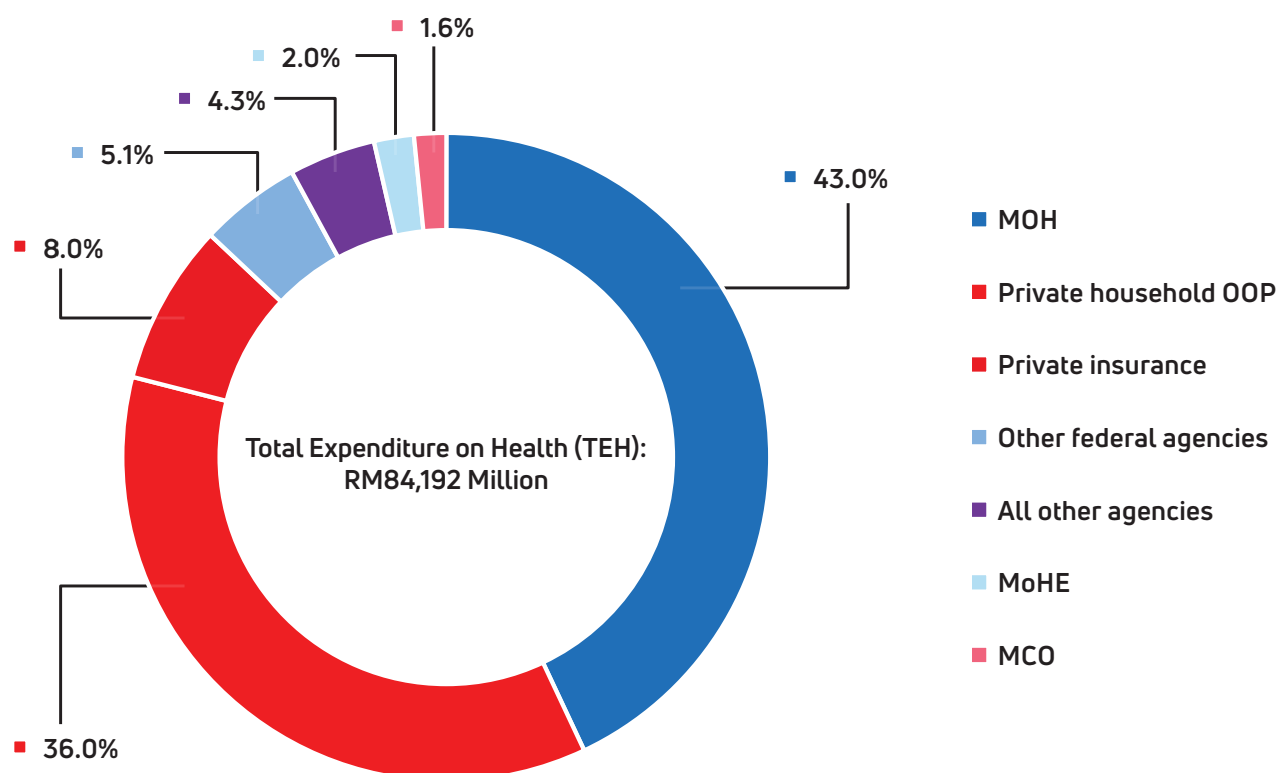
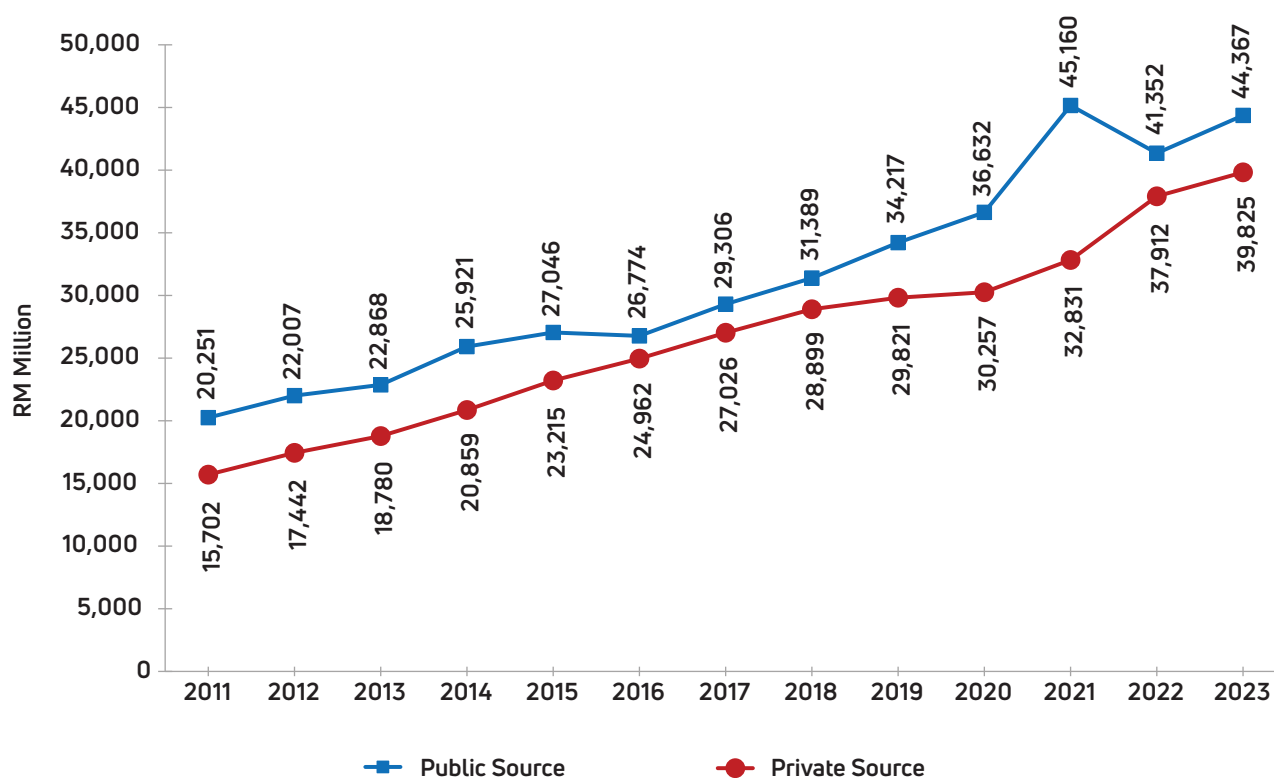


TABLE 5.1b: Total Expenditure on Health by Sources of Financing, 2011-2023 (RM Million)														
MNHA Code	Sources of Financing	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
MS1.1.1.1	Ministry of Health (MOH)	16,496	18,239	19,038	21,782	22,751	22,349	24,818	26,522	28,860	31,124	38,767	33,905	36,181
MS1.1.1.2	Ministry of Higher Education (MoHE)	1,245	1,311	1,261	1,376	1,314	1,280	1,256	1,375	1,632	1,448	1,591	1,534	1,674
MS1.1.1.3	Ministry of Defence (MOD)	140	172	175	186	169	154	132	103	150	135	197	194	243
MS1.1.1.9	Other federal agencies (including statutory bodies)	1,813	1,678	1,677	1,805	1,886	2,008	2,061	2,108	2,230	2,485	3,049	3,999	4,273
MS1.1.2.1	(General) State government	90	105	78	86	89	95	107	143	118	187	233	150	137
MS1.1.2.2	Other state agencies (including statutory bodies)	129	137	189	212	346	385	392	467	502	501	540	600	660
MS1.1.3	Local authorities (LA)	142	150	188	164	178	138	154	194	249	264	247	259	345
MS1.2.1	Employees Provident Fund (EPF)	39	38	42	46	52	56	58	67	83	79	102	88	93
MS1.2.2	Social Security Organisation (SOCSO)	157	176	219	264	261	310	329	410	394	409	434	623	762
MS2.2	Private insurance enterprises (other than social insurance)	2,614	2,774	2,916	3,203	3,623	3,846	4,085	4,313	4,875	4,960	5,533	6,535	6,759
MS2.3	Private MCOs and other similar entities	243	302	287	437	626	831	879	922	993	926	1,039	1,187	1,400
MS2.4	Private household out-of-pocket expenditures (OOP)	11,466	12,649	13,933	15,373	16,260	17,653	19,456	21,015	21,996	22,238	24,288	28,990	30,271
MS2.5	Non-profit institutions serving households (NGO)	312	363	78	40	69	87	92	92	90	210	206	162	147
MS2.6	All corporations (other than health insurance)	1,064	1,352	1,564	1,803	2,633	2,540	2,509	2,552	1,863	1,840	1,723	1,019	1,229
MS9	Rest of the world (ROW)	3	2	3	4	5	4	5	5	4	82	43	19	19
	Total	35,953	39,448	41,647	46,780	50,261	51,736	56,332	60,288	64,038	66,890	77,992	79,264	84,192

TABLE 5.1c: Total Expenditure on Health by Sources of Financing, 2011-2023 (Percent, %)														
MNHA Code	Sources of Financing	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
MS1.1.1.1	Ministry of Health (MOH)	45.88	46.24	45.71	46.56	45.27	43.20	44.06	43.99	45.07	46.53	49.71	42.77	42.97
MS1.1.1.2	Ministry of Higher Education (MoHE)	3.46	3.32	3.03	2.94	2.61	2.47	2.23	2.28	2.55	2.16	2.04	1.93	1.99
MS1.1.1.3	Ministry of Defence (MOD)	0.39	0.44	0.42	0.40	0.34	0.30	0.23	0.17	0.23	0.20	0.25	0.25	0.29
MS1.1.1.9	Other federal agencies (including statutory bodies)	5.04	4.25	4.03	3.86	3.75	3.88	3.66	3.50	3.48	3.72	3.91	5.05	5.08
MS1.1.2.1	(General) State government	0.25	0.27	0.19	0.18	0.18	0.18	0.19	0.24	0.18	0.28	0.30	0.19	0.16
MS1.1.2.2	Other state agencies (including statutory bodies)	0.36	0.35	0.45	0.45	0.69	0.74	0.70	0.77	0.78	0.75	0.69	0.76	0.78
MS1.1.3	Local authorities (LA)	0.39	0.38	0.45	0.35	0.35	0.27	0.27	0.32	0.39	0.40	0.32	0.33	0.41
MS1.2.1	Employees Provident Fund (EPF)	0.11	0.10	0.10	0.10	0.10	0.11	0.10	0.11	0.13	0.12	0.13	0.11	0.11
MS1.2.2	Social Security Organisation (SOCSO)	0.44	0.45	0.53	0.57	0.52	0.60	0.58	0.68	0.61	0.61	0.56	0.79	0.90
MS2.2	Private insurance enterprises (other than social insurance)	7.27	7.03	7.00	6.85	7.21	7.43	7.25	7.15	7.61	7.42	7.09	8.24	8.03
MS2.3	Private MCOs and other similar entities	0.68	0.77	0.69	0.93	1.25	1.61	1.56	1.53	1.55	1.38	1.33	1.50	1.66
MS2.4	Private household out-of-pocket expenditures (OOP)	31.89	32.06	33.45	32.86	32.35	34.12	34.54	34.86	34.35	33.25	31.14	36.57	35.95
MS2.5	Non-profit institutions serving households (NGO)	0.87	0.92	0.19	0.08	0.14	0.17	0.16	0.15	0.14	0.31	0.26	0.20	0.18
MS2.6	All corporations (other than health insurance)	2.96	3.43	3.75	3.85	5.24	4.91	4.45	4.23	2.91	2.75	2.21	1.29	1.46
MS9	Rest of the world (ROW)	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.12	0.06	0.02	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

TABLE 5.1d: Total Expenditure on Health by Public & Private Sources of Financing, 2011-2023

Year	Public Source		Private Source		TEH (Nominal, RM Million)
	Health Expenditure (Nominal, RM Million)	Health Expenditure as Percentage of TEH (%)	Health Expenditure (Nominal, RM Million)	Health Expenditure as Percentage of TEH (%)	
2011	20,251	56.33	15,702	43.67	35,953
2012	22,007	55.79	17,442	44.21	39,448
2013	22,868	54.91	18,780	45.09	41,647
2014	25,921	55.41	20,859	44.59	46,780
2015	27,046	53.81	23,215	46.19	50,261
2016	26,774	51.75	24,962	48.25	51,736
2017	29,306	52.02	27,026	47.98	56,332
2018	31,389	52.06	28,899	47.94	60,288
2019	34,217	53.43	29,821	46.57	64,038
2020	36,632	54.77	30,257	45.23	66,890
2021	45,160	57.90	32,831	42.10	77,992
2022	41,352	52.17	37,912	47.83	79,264
2023	44,367	52.70	39,825	47.30	84,192

FIGURE 5.1b: Total Expenditure on Health by Sources of Financing (Public vs. Private), 2011-2023


5.2 HEALTH EXPENDITURE BY PUBLIC SOURCES OF FINANCING

This section describes health expenditure according to MNHA classification by public sources of health care financing for the year 2023, followed by time series data for 2011-2023.

5.2.1 Health Expenditure by All Public Sources of Financing

In 2023, the Public Source Health Expenditure (PSHE) was RM44,367 million or 52.7% of TEH. An analysis of the public sources of health care financing showed that the highest expenditure was by MOH with a spending of RM36,181 million (81.5% of PSHE). This was followed by other federal agencies (including statutory bodies) at

RM4,273 million (9.6% of PSHE), MoHE at RM1,674 million (3.8% of PSHE) and the remaining public sources of health care financing spent RM2,239 million or 5.1% of PSHE (Table 5.2.1a and Figure 5.2.1).

The trend of expenditure by public sources of health care financing over the past 13 years shows that the MOH consistently ranks among the top three funders, other federal agencies (including statutory bodies) and MoHE. MOH as the largest financier in the public source, shows more than two-fold increase in expenditure, spending RM16,496 million in 2011 to RM36,181 million in 2023. This MOH expenditure contributed to 81-86% of public sources health expenditure since 2011 (Table 5.2.1b and Table 5.2.1c).

TABLE 5.2.1a: Health Expenditure by Public Sources of Financing, 2023

MNHA Code	Sources of Financing	RM Million	Percent
MS1.1.1.1	Ministry of Health (MOH)	36,181	81.55
MS1.1.1.9	Other federal agencies (including statutory bodies)	4,273	9.63
MS1.1.1.2	Ministry of Higher Education (MoHE)	1,674	3.77
MS1.1.2.2	Other state agencies (including statutory bodies)	660	1.49
MS1.2.2	Social Security Organisation (SOCSO)	762	1.72
MS1.1.3	Local authorities (LA)	345	0.78
MS1.1.1.3	Ministry of Defence (MOD)	243	0.55
MS1.1.2.1	(General) State government	137	0.31
MS1.2.1	Employees Provident Fund (EPF)	93	0.21
Total		44,367	100.00

FIGURE 5.2.1: Health Expenditure by Public Sources of Financing, 2023

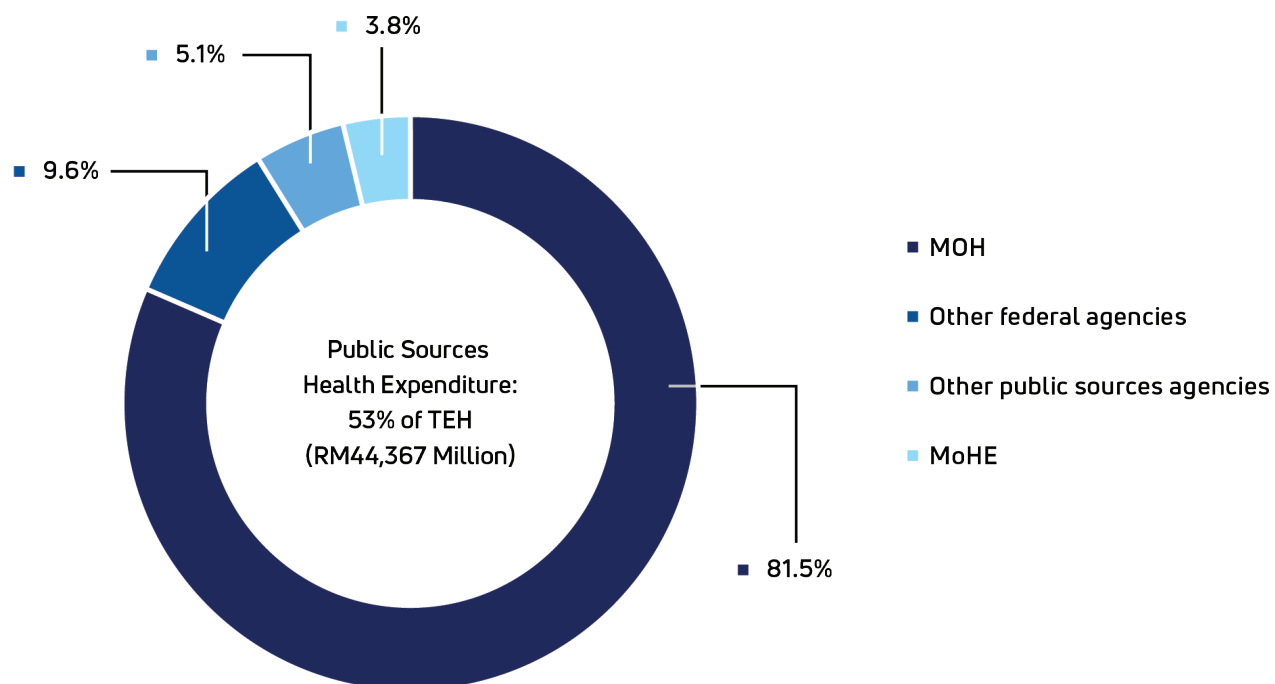


TABLE 5.2.1b: Health Expenditure by Public Sources of Financing, 2011-2023 (RM Million)														
MNHA Code	Sources of Financing	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
MS1.1.1.1	Ministry of Health (MOH)	16,496	18,239	19,038	21,782	22,751	22,349	24,818	26,522	28,860	31,124	38,767	33,905	36,181
MS1.1.1.2	Ministry of Higher Education (MoHE)	1,245	1,311	1,261	1,376	1,314	1,280	1,256	1,375	1,632	1,448	1,591	1,534	1,674
MS1.1.1.3	Ministry of Defence (MOD)	140	172	175	186	169	154	132	103	150	135	197	194	243
MS1.1.1.9	Other federal agencies (including statutory bodies)	1,813	1,678	1,677	1,805	1,886	2,008	2,061	2,108	2,230	2,485	3,049	3,999	4,273
MS1.1.2.1	(General) State government	90	105	78	86	89	95	107	143	118	187	233	150	137
MS1.1.2.2	Other state agencies (including statutory bodies)	129	137	189	212	346	385	392	467	502	501	540	600	660
MS1.1.3	Local authorities (LA)	142	150	188	164	178	138	154	194	249	264	247	259	345
MS1.2.1	Employee Provident Funds (EPF)	39	38	42	46	52	56	58	67	83	79	102	88	93
MS1.2.2	Social Security Organisation (SOCSO)	157	176	219	264	261	310	329	410	394	409	434	623	762
Total		20,251	22,007	22,868	25,921	27,046	26,774	29,306	31,389	34,217	36,632	45,160	41,352	44,367

TABLE 5.2.1c: Health Expenditure by Public Sources of Financing, 2011-2023 (Percent, %)														
MNHA Code	Sources of Financing	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
MS1.1.1.1	Ministry of Health (MOH)	81.46	82.88	83.25	84.03	84.12	83.47	84.68	84.50	84.34	84.96	85.84	81.99	81.55
MS1.1.1.2	Ministry of Higher Education (MoHE)	6.15	5.96	5.51	5.31	4.86	4.78	4.28	4.38	4.77	3.95	3.52	3.71	3.77
MS1.1.1.3	Ministry of Defence (MOD)	0.69	0.78	0.77	0.72	0.63	0.57	0.45	0.33	0.44	0.37	0.44	0.47	0.55
MS1.1.1.9	Other federal agencies (including statutory bodies)	8.95	7.63	7.33	6.96	6.97	7.50	7.03	6.72	6.52	6.78	6.75	9.67	9.63
MS1.1.2.1	(General) State government	0.45	0.48	0.34	0.33	0.33	0.35	0.36	0.46	0.34	0.51	0.52	0.36	0.31
MS1.1.2.2	Other state agencies (including statutory bodies)	0.64	0.62	0.83	0.82	1.28	1.44	1.34	1.49	1.47	1.37	1.20	1.45	1.49
MS1.1.3	Local authorities (LA)	0.70	0.68	0.82	0.63	0.66	0.51	0.53	0.62	0.73	0.72	0.55	0.63	0.78
MS1.2.1	Employee Provident Funds (EPF)	0.19	0.17	0.18	0.18	0.19	0.21	0.20	0.21	0.24	0.21	0.23	0.21	0.21
MS1.2.2	Social Security Organisation (SOCSO)	0.78	0.80	0.96	1.02	0.96	1.16	1.12	1.30	1.15	1.12	0.96	1.51	1.72
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

5.2.2 Public Sources Health Expenditure (PSHE) as Percentage of Public Sources Expenditure (PSE)

Public Sources Health Expenditure (PSHE) includes expenditure by all public sources of health care financing, namely federal

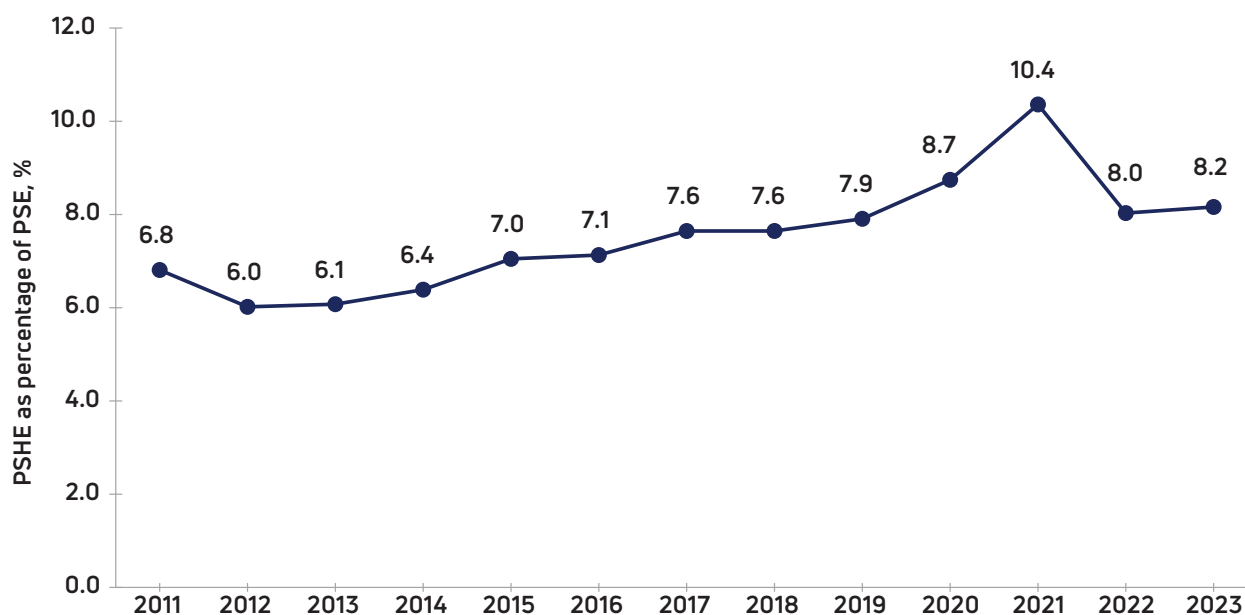
government, state government, local authorities, social security funds and all other public entities. PSHE has more than doubled in RM value from RM20,251 million (6.8% of PSE) in 2011 to RM44,367 million (8.2% of PSE) in 2023 (Table 5.2.2 and Figure 5.2.2).

TABLE 5.2.2: Public Sources Health Expenditure (PSHE), 2011-2023 (RM Million, Percent PSE)

Year	Public Sources Health Expenditure (PSHE) (RM Million)	Public Sources Expenditure (PSE)* (RM Million)	PSHE as % PSE
2011	20,251	297,382	6.81
2012	22,007	365,600	6.02
2013	22,868	376,374	6.08
2014	25,921	405,788	6.39
2015	27,046	383,727	7.05
2016	26,774	375,489	7.13
2017	29,306	383,280	7.65
2018	31,389	410,482	7.65
2019	34,217	432,697	7.91
2020	36,632	418,949	8.74
2021	45,160	435,877	10.36
2022	41,352	514,915	8.03
2023	44,367	543,607	8.16

*Source: Treasury Malaysia website Fiscal Outlook 2024, Section 6: Consolidated Public Sector

FIGURE 5.2.2: Public Source Health Expenditure (PSHE) as Percentage of Public Source Expenditure (PSE), 2011-2023



5.2.3 Health Expenditure by Public Sources of Financing to Providers of Health Care

Cross-tabulations of public sources of financing to providers of health care respond to the question of where these publicly sourced funds were spent or who provided the health care services and products.

In 2023, the majority of financing health expenditure from public sources was allocated to hospitals (includes general hospitals, psychiatric hospitals and speciality hospitals) with a spending of RM24,387 million (55.0% of PSHE). This is followed by spending at general health administration and insurance at RM8,905

million (20.1% of PSHE), providers of ambulatory health care of RM7,316 million (16.5% of PSHE) and provision and administration of public health programmes at RM2,063 million (4.7% of PSHE). The remaining expenditure to all other providers of health care services and products was RM1,696 million or 3.8% of PSHE (Table 5.2.3a and Figure 5.2.3).

The trend in spending by public sources of health care financing over the past 13 years shows that the top 3 providers of health care where the funds are being spent are at hospitals, general health administration and insurance and providers of ambulatory health care (Table 5.2.3b and Table 5.2.3c).

TABLE 5.2.3a: Public Sources Health Expenditure to Providers of Health Care, 2023

MNHA Code	Providers of Health Care	RM Million	Percent
MP1	All hospitals	24,387	54.97
MP6	General health administration and insurance	8,905	20.07
MP3	Providers of ambulatory health care	7,316	16.49
MP5	Provision and administration of public health programmes	2,063	4.65
MP8	Institutions providing health-related services	1,155	2.60
MP4	Retail sale and other providers of medical goods	327	0.74
MP7	Other industries (rest of the Malaysian economy)	199	0.45
MP2	Nursing and residential care facilities	15	0.03
MP9	Rest of world (ROW)	1	<0.01
Total		44,367	100.00

FIGURE 5.2.3: Public Sources Health Expenditure to Providers of Health Care, 2023

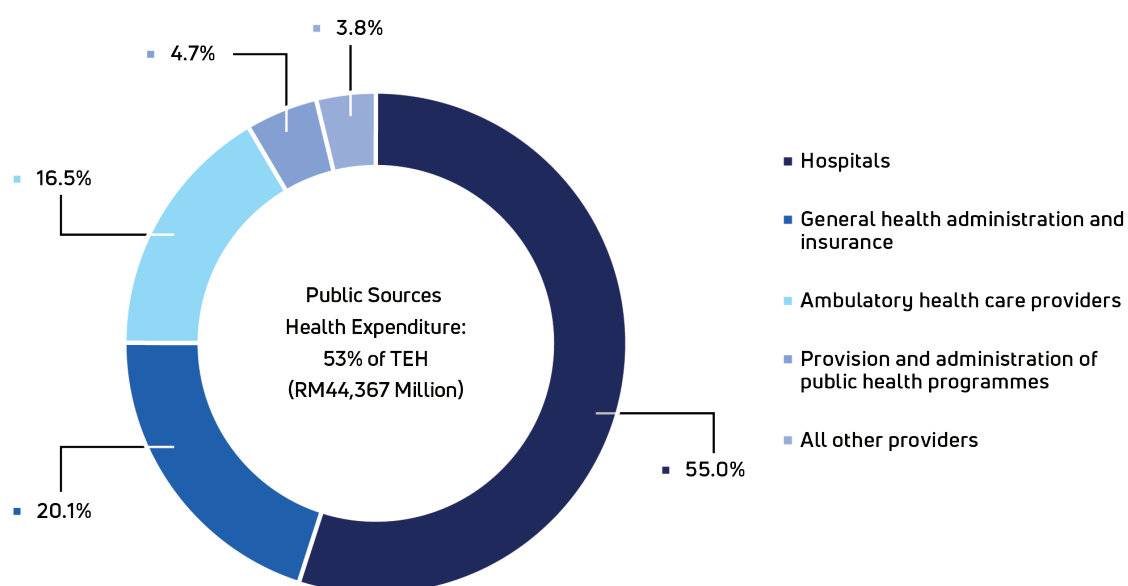


TABLE 5.2.3b: Public Sources Health Expenditure to Providers of Health Care, 2011-2023 (RM Million)														
MNHA Code	Providers of Health Care	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
MP1	All hospitals	11,357	13,350	13,706	15,762	16,441	16,681	17,721	18,934	20,319	20,693	22,815	23,572	24,387
MP2	Nursing and residential care facilities	2	2	1	1	1	1	1	1	1	2	1	13	15
MP3	Providers of ambulatory health care	2,745	3,191	3,554	4,186	4,402	4,568	4,976	5,535	6,163	6,747	12,119	7,977	7,316
MP4	Retail sale and other providers of medical goods	106	136	167	182	286	283	304	182	172	242	240	293	327
MP5	Provision and administration of public health programmes	1,125	1,449	1,163	1,427	1,411	1,597	1,535	1,315	1,679	2,272	2,755	2,575	2,063
MP6	General health administration and insurance	3,236	2,363	2,788	2,730	2,947	2,021	3,317	3,672	4,182	4,495	4,857	5,495	8,905
MP7	Other industries (rest of the Malaysian economy)	118	137	271	198	137	156	144	142	138	170	754	171	199
MP8	Institutions providing health-related services	1,562	1,376	1,216	1,435	1,416	1,465	1,308	1,606	1,562	2,010	1,618	1,256	1,155
MP9	Rest of the world (ROW)	1	1	1	1	4	2	1	1	1	1	1	1	1
Total		20,251	22,007	22,868	25,921	27,046	26,774	29,306	31,389	34,217	36,632	45,160	41,352	44,367

TABLE 5.2.3c: Public Sources Health Expenditure to Providers of Health Care, 2011-2023 (Percent, %)														
MNHA Code	Providers of Health Care	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
MP1	All Hospitals	56.08	60.66	59.94	60.81	60.79	62.30	60.47	60.32	59.38	56.49	50.52	57.00	54.97
MP2	Nursing and residential care facilities	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.03	0.03
MP3	Providers of ambulatory health care	13.55	14.50	15.54	16.15	16.28	17.06	16.98	17.64	18.01	18.42	26.84	19.29	16.49
MP4	Retail sale and other providers of medical goods	0.52	0.62	0.73	0.70	1.06	1.06	1.04	0.58	0.50	0.66	0.53	0.71	0.74
MP5	Provision and administration of public health programmes	5.56	6.59	5.09	5.50	5.22	5.97	5.24	4.19	4.91	6.20	6.10	6.23	4.65
MP6	General health administration and insurance	15.98	10.74	12.19	10.53	10.90	7.55	11.32	11.70	12.22	12.27	10.75	13.29	20.07
MP7	Other industries (rest of the Malaysian economy)	0.58	0.62	1.19	0.76	0.51	0.58	0.49	0.45	0.40	0.46	1.67	0.41	0.45
MP8	Institutions providing health-related services	7.71	6.25	5.32	5.53	5.23	5.47	4.46	5.12	4.57	5.49	3.58	3.04	2.60
MP9	Rest of the world (ROW)	0.00	0.00	0.01	0.00	0.02	0.01	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

5.2.4 Health Expenditure by Public Sources of Financing for Functions of Health Care

Cross-tabulations of public sources of financing for functions of health care respond to the question of what type of health care services and products were these publicly sourced funds spent on.

In 2023, majority of public sources of financing health expenditure was spent for curative care services, amounting to RM25,202 million (56.8% of PSHE). This is followed by spending for capital formation at RM6,941 million (15.6% of PSHE), health programme administration and health insurance at RM5,792 million (13.1% of PSHE), public health services (including health promotion and prevention) at RM4,395 million

(9.9% of PSHE) and education and training of health personnel at RM890 million (2.0% of PSHE). The total expenditure for all other functions of health care services and products was RM1,147 million (2.6% of PSHE) (Table 5.2.4a and Figure 5.2.4).

The trend in spending by public sources of health care financing over the past 13 years shows that the top 5 functions of health care for which the funds are being spent on are for services of curative care, capital formation of health care provider institutions, health programme administration and health insurance, public health services (including health promotion and prevention) and education and training of health personnel (Table 5.2.4b and Table 5.2.4c).

TABLE 5.2.4a: Public Sources Health Expenditure for Functions of Health Care, 2023

MNHA Code	Functions of Health Care	RM Million	Percent
MF1	Services of curative care	25,202	56.80
MR1	Capital formation of health care provider institutions	6,941	15.64
MF7	Health programme administration and health insurance	5,792	13.05
MF6	Public health services (including health promotion and prevention)	4,395	9.91
MR2	Education and training of health personnel	890	2.01
MF5	Medical goods dispensed to out-patients	332	0.75
MF4	Ancillary services to health care	280	0.63
MR3	Research and development in health	280	0.63
MF2	Services of rehabilitative care	193	0.43
MF3	Services of long-term nursing care	63	0.14
Total		44,367	100.00

FIGURE 5.2.4: Public Source Health Expenditure for Functions of Health Care, 2023

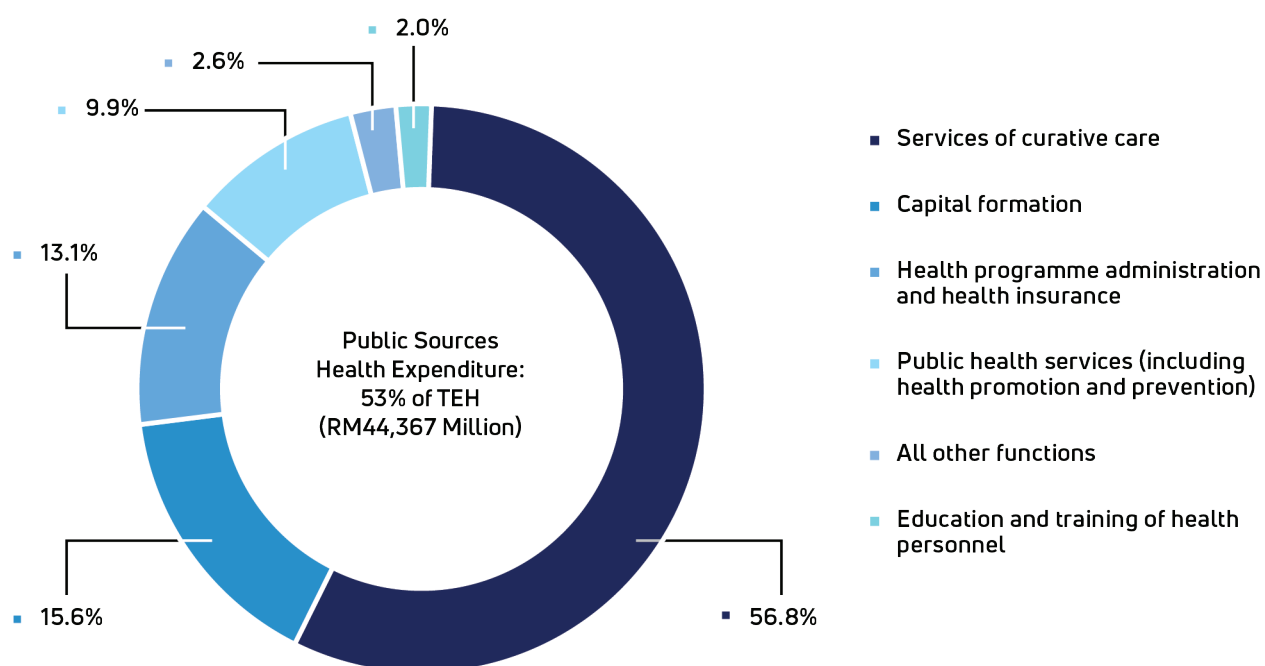


TABLE 5.2.4b: Public Sources Health Expenditure for Functions of Health Care, 2011-2023 (RM Million)														
MNHA Code	Functions of Health Care	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
MF1	Services of curative care	12,950	15,021	15,013	17,719	18,722	19,143	20,752	22,379	23,088	22,214	23,700	25,406	25,202
MF2	Services of rehabilitative care	0	0	0	0	0	0	0	0	0	0	0	115	193
MF3	Services of long-term nursing care	19	23	25	43	40	42	44	47	49	48	49	61	63
MF4	Ancillary services to health care	224	228	310	268	276	260	284	287	243	244	175	264	280
MF5	Medical goods dispensed to out-patients	107	138	169	183	287	284	305	183	172	149	238	297	332
MF6	Public health services (including health promotion and prevention)	996	1,201	1,961	1,838	1,927	2,025	2,159	2,351	3,274	4,472	10,237	5,003	4,395
MF7	Health programme administration and health insurance	2,147	1,894	2,217	2,894	2,865	2,069	3,026	2,823	3,738	4,015	3,918	4,290	5,792
MR1	Capital formation of health care provider institutions	2,179	2,038	1,817	1,488	1,455	1,433	1,376	1,656	1,967	3,931	5,633	4,793	6,941
MR2	Education and training of health personnel	1,584	1,407	1,288	1,430	1,415	1,467	1,308	1,607	1,549	1,322	887	877	890
MR3	Research and development in health	46	56	67	58	59	51	52	57	137	237	325	245	280
Total		20,251	22,007	22,868	25,921	27,046	26,774	29,306	31,389	34,217	36,632	45,160	41,352	44,367

TABLE 5.2.4c: Public Sources Health Expenditure for Functions of Health Care, 2011-2023 (Percent, %)														
MNHA Code	Functions of Health Care	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
MF1	Services of curative care	63.95	68.26	65.65	68.36	69.22	71.50	70.81	71.30	67.48	60.64	52.48	61.44	56.80
MF2	Services of rehabilitative care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.28	0.43
MF3	Services of long-term nursing care	0.09	0.10	0.11	0.17	0.15	0.16	0.15	0.15	0.14	0.13	0.11	0.15	0.14
MF4	Ancillary services to health care	1.10	1.03	1.35	1.03	1.02	0.97	0.97	0.91	0.71	0.67	0.39	0.64	0.63
MF5	Medical goods dispensed to out-patients	0.53	0.63	0.74	0.70	1.06	1.06	1.04	0.58	0.50	0.41	0.53	0.72	0.75
MF6	Public health services (including health promotion and prevention)	4.92	5.46	8.58	7.09	7.12	7.56	7.37	7.49	9.57	12.21	22.67	12.10	9.91
MF7	Health programme administration and health insurance	10.60	8.61	9.70	11.16	10.59	7.73	10.33	8.99	10.92	10.96	8.67	10.37	13.05
MR1	Capital formation of health care provider institutions	10.76	9.26	7.94	5.74	5.38	5.35	4.69	5.27	5.75	10.73	12.47	11.59	15.64
MR2	Education and training of health personnel	7.82	6.40	5.63	5.52	5.23	5.48	4.46	5.12	4.53	3.61	1.96	2.12	2.01
MR3	Research and development in health	0.23	0.26	0.29	0.23	0.22	0.19	0.18	0.18	0.40	0.65	0.72	0.59	0.63
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

5.3 HEALTH EXPENDITURE BY PRIVATE SOURCES OF FINANCING

This section describes health expenditure according to MNHA classification of private sources of health care financing for the year 2023, followed by time series data for 2011-2023.

5.3.1 Health Expenditure by All Private Sources of Financing

In 2023, private sources health expenditure was RM39,825 million or 47.3% of TEH. Analysis of the private sources of health care financing showed that the highest contribution was by private household out-of-pocket (OOP) expenditure amounting to RM30,271 million or 76.0% of private sources health expenditure. The subsequent highest spending was by private insurance enterprises (other than social insurance) which included personal, family and company insurance/*Takaful* policies at RM6,759 million (17.0% of private sources

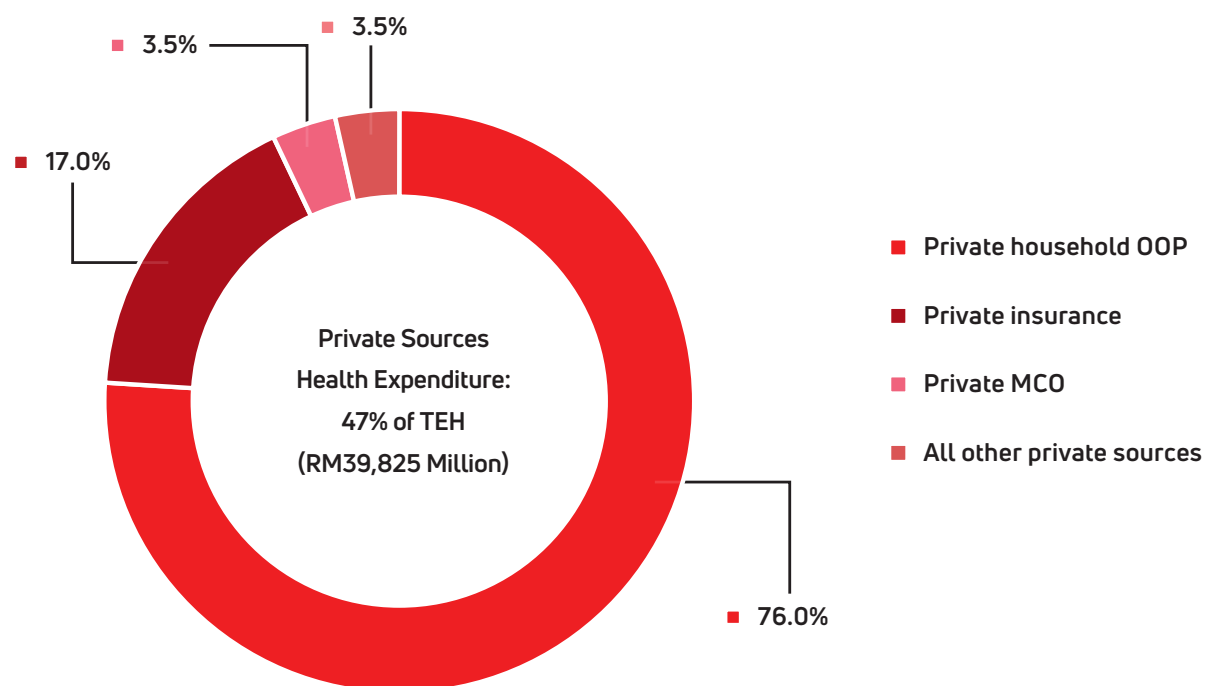
health expenditure) and private MCOs and other similar entities contributed RM1,400 million (3.5% of private sources health expenditure). The remaining private sources of health care financing spent RM1,395 million or 3.5% of private sources health expenditure (Table 5.3.1a and Figure 5.3.1).

The trend of expenditure by private sources of health care financing over the past 13 years shows that the top 2 funders are persistently private household OOP expenditure and private insurance enterprises (other than social insurance) (Table 5.3.1b and Table 5.3.1c). Private household OOP expenditure, as the largest contributor in the private sources, had progressively increased expenditure more than two-fold, contributing RM11,466 million in 2011 to RM30,271 million in 2023. This private household OOP expenditure contributed to 70-76% of private sources health expenditure since 2011.

TABLE 5.3.1a: Health Expenditure by Private Sources of Financing, 2023

MNHA Code	Sources of Financing	RM Million	Percent
MS2.4	Private household out-of-pocket expenditure (OOP)	30,271	76.01
MS2.2	Private insurance enterprises (other than social insurance)	6,759	16.97
MS2.3	Private MCOs and other similar entities	1,400	3.51
MS2.6	All corporations (other than health insurance)	1,229	3.09
MS2.5	Non-profit institutions serving households (NGO)	147	0.37
MS9	Rest of the world (ROW)	19	0.05
Total		39,825	100.00

FIGURE 5.3.1: Health Expenditure by Private Sources of Financing, 2023



MNHA Code	Sources of Financing	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
MS2.2	Private insurance enterprises (other than social insurance)	2,614	2,774	2,916	3,203	3,623	3,846	4,085	4,313	4,875	4,960	5,533	6,535	6,759
MS2.3	Private MCOs and other similar entities	243	302	287	437	626	831	879	922	993	926	1,039	1,187	1,400
MS2.4	Private household out-of-pocket expenditure (OOP)	11,466	12,649	13,933	15,373	16,260	17,653	19,456	21,015	21,996	22,238	24,288	28,990	30,271
MS2.5	Non-profit institutions serving households (NGO)	312	363	78	40	69	87	92	92	90	210	206	162	147
MS2.6	All corporations (other than health insurance)	1,064	1,352	1,564	1,803	2,633	2,540	2,509	2,552	1,863	1,840	1,723	1,019	1,229
MS9	Rest of the world (ROW)	3	2	3	4	5	4	5	5	4	82	43	19	19
Total		15,702	17,442	18,780	20,859	23,215	24,962	27,026	28,899	29,821	30,257	32,831	37,912	39,825

MNHA Code	Sources of Financing	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
MS2.2	Private insurance enterprises (other than social insurance)	16.65	15.91	15.53	15.36	15.61	15.41	15.12	14.93	16.35	16.39	16.85	17.24	16.97
MS2.3	Private MCOs and other similar entities	1.55	1.73	1.53	2.10	2.70	3.33	3.25	3.19	3.33	3.06	3.16	3.13	3.51
MS2.4	Private household out-of-pocket expenditure (OOP)	73.02	72.52	74.19	73.70	70.04	70.72	71.99	72.72	73.76	73.50	73.98	76.47	76.01
MS2.5	Non-profit institutions serving households (NGO)	1.99	2.08	0.41	0.19	0.30	0.35	0.34	0.32	0.30	0.70	0.63	0.43	0.37
MS2.6	All corporations (other than health insurance)	6.78	7.75	8.33	8.64	11.34	10.18	9.28	8.83	6.25	6.08	5.25	2.69	3.09
MS9	Rest of the world (ROW)	0.02	0.01	0.02	0.02	0.02	0.02	0.02	0.02	0.01	0.27	0.13	0.05	0.05
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

5.3.2 Health Expenditure by Private Sources of Financing to Providers of Health Care

Cross-tabulations of private sources of financing to providers of health care respond to the question of where these privately sourced funds were spent or who provided the health care services and products.

In 2023, majority of private sources of financing health expenditure was at hospitals (inclusive of general hospitals, psychiatric hospitals and speciality hospitals) with a spending of RM20,583 million (51.7% of private sources health expenditure). This is followed by providers of ambulatory health care at RM8,741 million (21.9% of private sources health expenditure), retail sale and other providers of medical goods at RM6,129 million (15.4% of private sources health

expenditure), general health administration and insurance at RM2,368 (5.9% of private sources health expenditure) and institutions providing health-related services at RM1,737 million (4.4 % of private sources health expenditure). The remaining expenditure to all other providers of health care services and products was RM267 million or 0.7% of private sources health expenditure (Table 5.3.2a and Figure 5.3.2).

The trend in spending by private sources of health care financing over the past 13 years show that the top 3 providers of health care where the funds are being spent are at hospitals, providers of ambulatory health care and providers of retail sales and medical goods (Table 5.3.2b and Table 5.3.2c). Expenditure for these 3 provider categories show more than a two-fold increase since 2011.

TABLE 5.3.2a: Private Sources Health Expenditure to Providers of Health Care, 2023

MNHA Code	Providers of Health Care	RM Million	Percent
MP1	All hospitals	20,583	51.68
MP3	Providers of ambulatory health care	8,741	21.95
MP4	Retail sale and other providers of medical goods	6,129	15.39
MP6	General health administration and insurance	2,368	5.94
MP8	Institutions providing health-related services	1,737	4.36
MP7	Other industries (rest of the Malaysian economy)	244	0.61
MP5	Provision and administration of public health programmes	9	0.02
MP9	Rest of the world (ROW)	9	0.02
MP2	Nursing and residential care facilities	6	0.01
Total		39,825	100.00

FIGURE 5.3.2: Private Sources Health Expenditure to Providers of Health Care, 2023

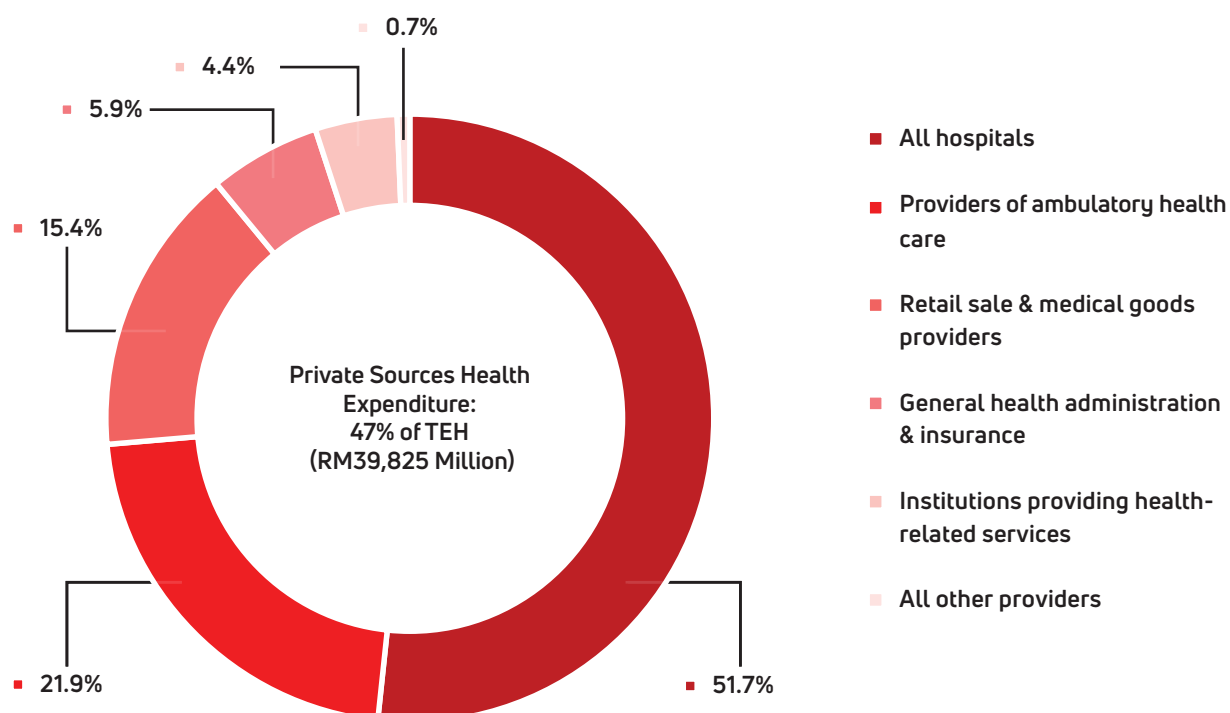


TABLE 5.3.2b: Private Sources Health Expenditure to Providers of Health Care, 2011-2023 (RM Million)														
MNHA Code	Providers of Health Care	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
MP1	All hospitals	7,278	7,697	8,256	9,030	10,421	11,418	12,762	13,802	15,284	15,132	16,332	19,799	20,583
MP2	Nursing and residential care facilities	14	18	1	1	1	4	1	3	0	3	0	3	6
MP3	Providers of ambulatory health care	3,906	4,582	5,201	6,125	6,330	6,628	7,149	7,408	7,663	7,177	7,721	8,819	8,741
MP4	Retail sale and other providers of medical goods	1,774	1,961	2,172	2,701	3,058	3,238	3,395	4,146	3,691	3,873	4,485	5,336	6,129
MP5	Provision and administration of public health programmes	11	17	3	3	23	30	19	19	4	406	89	14	9
MP6	General health administration and insurance	1,467	1,629	1,343	1,312	1,571	1,716	1,707	1,578	1,465	1,852	2,491	2,159	2,368
MP7	Other industries (rest of the Malaysian economy)	269	293	338	358	408	443	467	454	192	223	212	223	244
MP8	Institutions providing health-related services	880	1,160	1,460	1,320	1,388	1,472	1,505	1,462	1,503	1,579	1,494	1,550	1,737
MP9	Rest of the world (ROW)	101	85	6	10	15	14	21	27	18	11	7	8	9
	Total	15,702	17,442	18,780	20,859	23,215	24,962	27,026	28,899	29,821	30,257	32,831	37,912	39,825

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5.3.3 Health Expenditure by Private Sources of Financing for Functions of Health Care

Cross-tabulations of private sources of financing for functions of health care respond to the question of what type of health care services and products were these privately sourced funds spent on.

In 2023, majority of private sources of financing health expenditure was spent for curative care services, amounting to RM26,113 million (65.6% of private sources health expenditure). This is followed by spending for medical goods dispensed to out-patients at RM6,999 million (17.6% of private sources health expenditure), health programme administration and health insurance at RM2,367 million (5.9% of private sources health expenditure), education and

training of health personnel at RM1,801 million (4.5% of private sources health expenditure) and capital formation at RM1,773 million (4.5% of private sources health expenditure). The remaining expenditure for all other functions of health care services and products was RM772 million or 1.9% of private sources health expenditure (Table 5.3.3a and Figure 5.3.3).

The trend in spending by private sources of health care financing over the past 13 years show that the top 2 functions of health care for which the funds are being spent on are for services of curative care and medical goods dispensed to out-patients. Expenditure for services of curative care and medical goods dispensed to out-patients have more than doubled since 2011 (Table 5.3.3b and Table 5.3.3c).

TABLE 5.3.3a: Private Sources Health Expenditure for Functions of Health Care, 2023

MNHA Code	Functions of Health Care	RM Million	Percent
MF1	Services of curative care	26,113	65.57
MF5	Medical goods dispensed to out-patients	6,999	17.57
MF7	Health programme administration and health insurance	2,367	5.94
MR2	Education and training of health personnel	1,801	4.52
MR1	Capital formation of health care provider institutions	1,773	4.45
MF6	Public health services (including health promotion and prevention)	662	1.66
MF4	Ancillary services to health care	55	0.14
MR3	Research and development in health	49	0.12
MF3	Services of long-term nursing care	6	0.01
Total		39,825	100.00

FIGURE 5.3.3: Private Sources Health Expenditure for Functions of Health Care, 2023

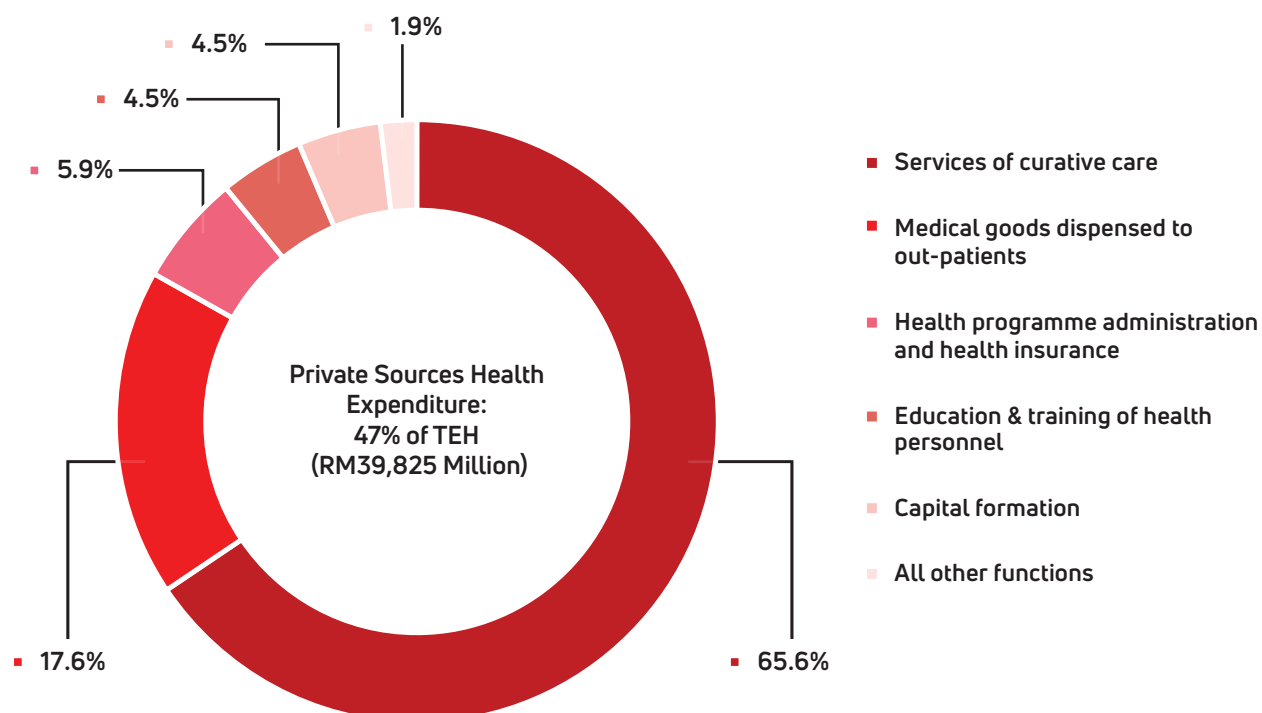


TABLE 5.3.3b: Private Sources Health Expenditure for Functions of Health Care, 2011-2023 (RM Million)														
MNHA Code	Functions of Health Care	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
MF1	Services of curative care	10,288	11,151	12,179	13,686	14,734	15,884	17,723	18,551	20,046	19,493	21,075	25,690	26,113
MF2	Services of rehabilitative care	1	0	na	na	na	na	na	na	na	na	na	na	na
MF3	Services of long-term nursing care	14	18	1	1	1	4	1	3	0	3	0	3	6
MF4	Ancillary services to health care	72	86	97	112	78	48	52	52	115	63	48	55	55
MF5	Medical goods dispensed to out-patients	2,135	2,339	2,561	3,115	3,640	3,908	4,100	4,857	4,400	4,473	5,219	6,189	6,999
MF6	Public health services (including health promotion and prevention)	582	724	843	933	1,329	1,317	1,293	1,325	863	887	886	552	662
MF7	Health programme administration and health insurance	1,468	1,629	1,343	1,312	1,571	1,716	1,707	1,578	1,465	1,852	2,491	2,159	2,367
MR1	Capital formation of health care provider institutions	251	317	272	343	435	583	610	976	1,369	1,850	1,635	1,621	1,773
MR2	Education and training of health personnel	879	1,153	1,461	1,328	1,398	1,483	1,524	1,522	1,553	1,598	1,435	1,599	1,801
MR3	Research and development in health	12	25	23	28	29	20	16	35	11	36	42	44	49
Total		15,702	17,442	18,780	20,859	23,215	24,962	27,026	28,899	29,821	30,257	32,831	37,912	39,825

TABLE 5.3.3c: Private Sources Health Expenditure for Functions of Health Care, 2011-2023 (Percent, %)														
MNHA Code	Functions of Health Care	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
MF1	Services of curative care	65.52	63.93	64.85	65.61	63.47	63.63	65.58	64.19	67.22	64.43	64.19	67.76	65.57
MF2	Services of rehabilitative care	0.01	0.00	0	0	0	0	0	0	0	0	0	0	0
MF3	Services of long-term nursing care	0.09	0.10	0.00	0.00	0.00	0.01	0.00	0.01	0.00	0.01	0.00	0.01	0.01
MF4	Ancillary services to health care	0.46	0.49	0.52	0.54	0.34	0.19	0.19	0.18	0.39	0.21	0.15	0.14	0.14
MF5	Medical goods dispensed to out-patients	13.60	13.41	13.64	14.94	15.68	15.65	15.17	16.81	14.76	14.78	15.90	16.33	17.57
MF6	Public health services (including health promotion and prevention)	3.70	4.15	4.49	4.47	5.73	5.27	4.78	4.58	2.89	2.93	2.70	1.46	1.66
MF7	Health programme administration and health insurance	9.35	9.34	7.15	6.29	6.77	6.87	6.32	5.46	4.91	6.12	7.59	5.69	5.94
MR1	Capital formation of health care provider institutions	1.60	1.82	1.45	1.65	1.87	2.34	2.26	3.38	4.59	6.12	4.98	4.28	4.45
MR2	Education and training of health personnel	5.60	6.61	7.78	6.37	6.02	5.94	5.64	5.27	5.21	5.28	4.37	4.22	4.52
MR3	Research and development in health	0.08	0.14	0.12	0.14	0.12	0.08	0.06	0.12	0.04	0.12	0.13	0.12	0.12
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

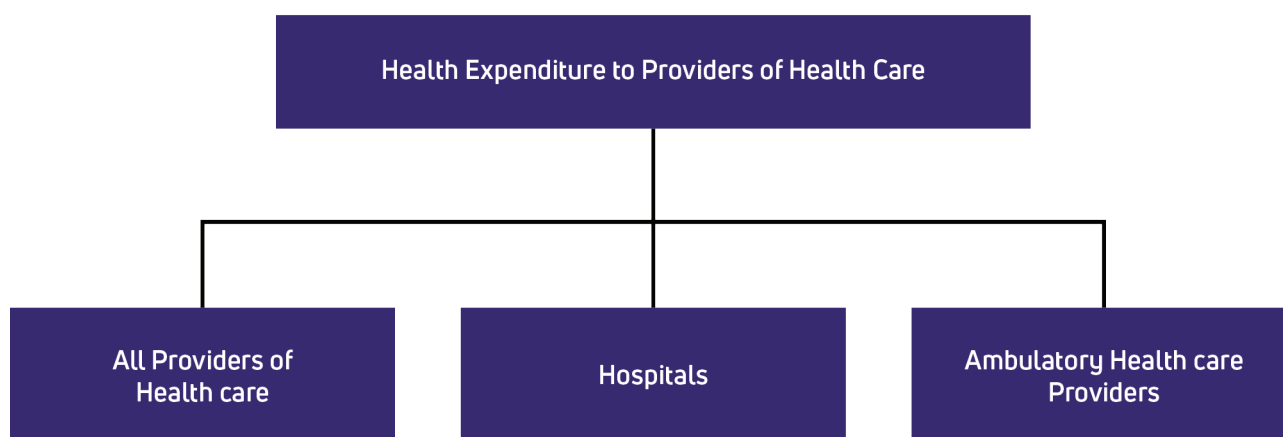
HEALTH EXPENDITURE TO PROVIDERS OF HEALTH CARE

The providers of health care services and products include all hospitals (i.e. health care facilities under MP1 code of MNHA Framework, which include general hospitals, psychiatric hospitals and speciality hospitals), nursing and residential care facility providers, providers of ambulatory health care, retail sale and other providers of medical goods, provision and administration of public health programme providers, general health administration and insurance, other industries, institutions providing

health related services and rest of the world.

This chapter contains three sections. Section 6.1 describes health expenditure to all providers of health care as classified in MNHA Framework. Health expenditure to providers of all hospitals and providers of ambulatory care services are reported in Sections 6.2 and 6.3, respectively. The overview of health expenditure to providers of health care is shown in Figure 6.0.

FIGURE 6.0: Organogram of Health Expenditure to Providers of Health Care



6.1 HEALTH EXPENDITURE TO ALL PROVIDERS OF HEALTH CARE

In 2023, the analysis of providers of health care showed that all hospitals consumed RM44,970 million or 53.4% of TEH. This was followed by providers of ambulatory health care at RM16,057 million (19.1% of TEH), general health administration and insurance providers at RM11,273 million (13.4% of TEH), retail sale and other providers of medical goods at RM6,455 million (7.7% of TEH), institutions providing health-related services at RM2,891 million (3.4% of TEH) and provision and administration of public health programmes at RM2,072 million (2.5% of TEH). The remaining providers of health

care services and products amounted to RM473 million or 0.6% of TEH (Table 6.1a and Figure 6.1).

The 2011-2023 time series data also shows a similar pattern with the same top two providers (all hospitals and providers of ambulatory health care) contributing to an average of 74.8% share of TEH throughout the same period. The third-highest expenditure from 2011 to 2023 was contributed by expenditure to general health administration and insurance providers. Expenditure at all hospitals shows a two-fold increase. Spending at providers of ambulatory health care and at retail sale and other providers of medical goods show an almost three-fold increase (Table 6.1b and Table 6.1c).

TABLE 6.1a: Total Expenditure on Health to Providers of Health Care, 2023

MNHA Code	Providers of Health Care	RM Million	Percent
MP1	All hospitals	44,970	53.41
MP3	Providers of ambulatory health care	16,057	19.07
MP6	General health administration and insurance	11,273	13.39
MP4	Retail sale and other providers of medical goods	6,455	7.67
MP8	Institutions providing health-related services	2,891	3.43
MP5	Provision and administration of public health programmes	2,072	2.46
MP7	Other industries (rest of the Malaysian economy)	443	0.53
MP9	Rest of the world (ROW)	21	0.02
MP2	Nursing and residential care facilities	9	0.01
Total		84,192	100.00

FIGURE 6.1: Total Expenditure on Health to Providers of Health Care, 2023

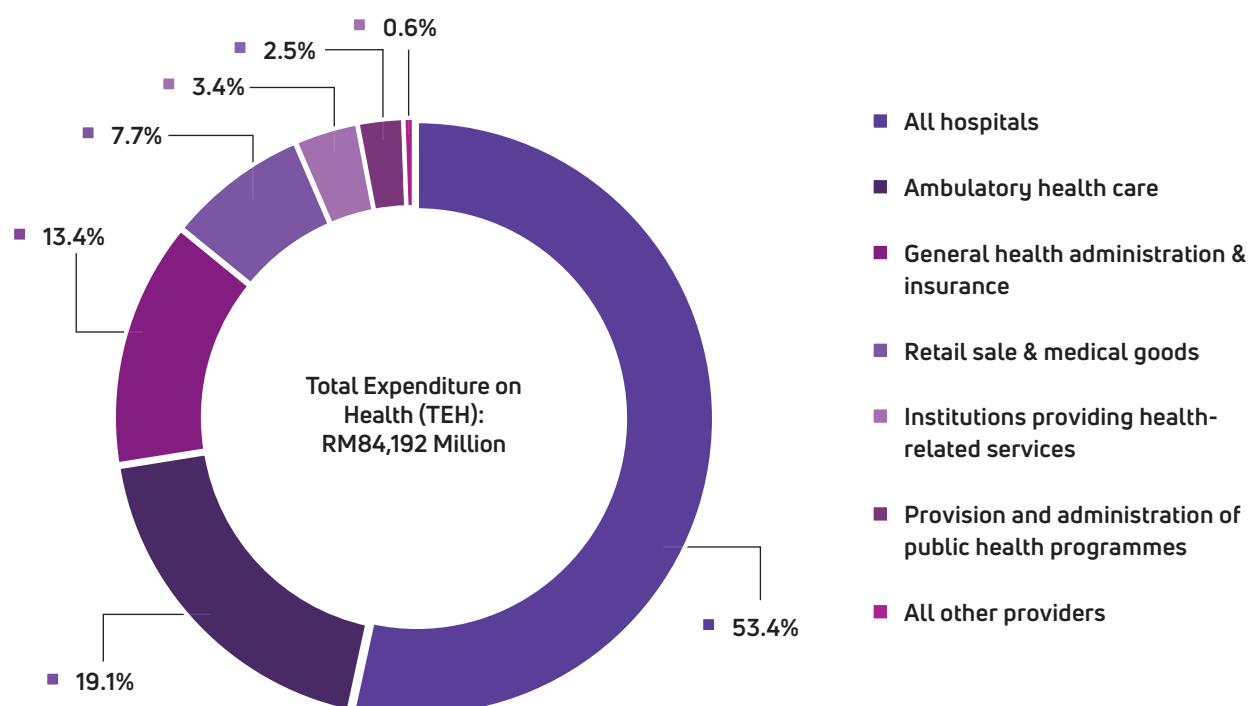


TABLE 6.1b: Total Expenditure on Health to Providers of Health Care, 2011 - 2023 (RM Million)

MNHA Code	Providers of Health Care	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
MP1	All hospitals	18,635	21,047	21,962	24,793	26,862	28,099	30,483	32,736	35,603	35,826	39,147	43,371	44,970
MP2	Nursing and residential care facilities	16	20	2	2	2	5	2	5	1	5	2	17	21
MP3	Providers of ambulatory health care	6,650	7,773	8,756	10,311	10,732	11,195	12,125	12,943	13,826	13,924	19,840	16,796	16,057
MP4	Retail sale and other providers of medical goods	1,880	2,097	2,339	2,883	3,344	3,520	3,699	4,328	3,863	4,115	4,725	5,629	6,455
MP5	Provision and administration of public health programmes	1,136	1,467	1,166	1,429	1,435	1,628	1,553	1,335	1,683	2,678	2,844	2,589	2,072
MP6	General health administration and insurance	4,703	3,993	4,132	4,042	4,518	3,737	5,023	5,250	5,647	6,347	7,348	7,654	11,273
MP7	Other industries (rest of the Malaysian economy)	388	430	609	556	545	599	611	595	331	393	966	394	443
MP8	Institutions providing health-related services	2,442	2,536	2,676	2,754	2,804	2,937	2,814	3,068	3,065	3,589	3,112	2,806	2,891
MP9	Rest of the world (ROW)	102	86	7	11	19	15	22	28	19	11	8	9	9
Total		35,953	39,448	41,647	46,780	50,261	51,736	56,332	60,288	64,038	66,890	77,992	79,264	84,192

TABLE 6.1c: Total Expenditure on Health to Providers of Health Care, 2011 - 2023 (Percent, %)														
MNHA Code	Providers of Health Care	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
MP1	All hospitals	51.83	53.35	52.73	53.00	53.45	54.31	54.11	54.30	55.60	53.56	50.19	54.72	53.41
MP2	Nursing and residential care facilities	0.04	0.05	0.00	0.00	0.00	0.01	0.00	0.01	0.00	0.01	0.00	0.02	0.02
MP3	Providers of ambulatory health care	18.50	19.70	21.02	22.04	21.35	21.64	21.52	21.47	21.59	20.82	25.44	21.19	19.07
MP4	Retail sale and other providers of medical goods	5.23	5.32	5.62	6.16	6.65	6.80	6.57	7.18	6.03	6.15	6.06	7.10	7.67
MP5	Provision and administration of public health programmes	3.16	3.72	2.80	3.06	2.85	3.15	2.76	2.21	2.63	4.00	3.65	3.27	2.46
MP6	General health administration and insurance	13.08	10.12	9.92	8.64	8.99	7.22	8.92	8.71	8.82	9.49	9.42	9.66	13.39
MP7	Other industries (rest of the Malaysian economy)	1.08	1.09	1.46	1.19	1.09	1.16	1.08	0.99	0.52	0.59	1.24	0.50	0.53
MP8	Institutions providing health-related services	6.79	6.43	6.42	5.89	5.58	5.68	4.99	5.09	4.79	5.37	3.99	3.54	3.43
MP9	Rest of the world (ROW)	0.28	0.22	0.02	0.02	0.04	0.03	0.04	0.05	0.03	0.02	0.01	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

6.2 HEALTH EXPENDITURE TO PROVIDERS OF HEALTH CARE - HOSPITALS

The cross-tabulations of expenditure at all hospitals by sources of financing respond to the question as to who or which agencies finance health care services provided at all hospitals in the country.

In 2023, RM44,970 million or 53.4% of TEH was spent at all hospitals. MOH as the highest source of financing spent RM20,952 million (46.6% of health expenditure at all hospitals), followed by private household OOP at RM14,588 million (32.4% of health expenditure at all hospitals), private insurance enterprises (other than social insurance) at RM5,653 million (12.6% of health

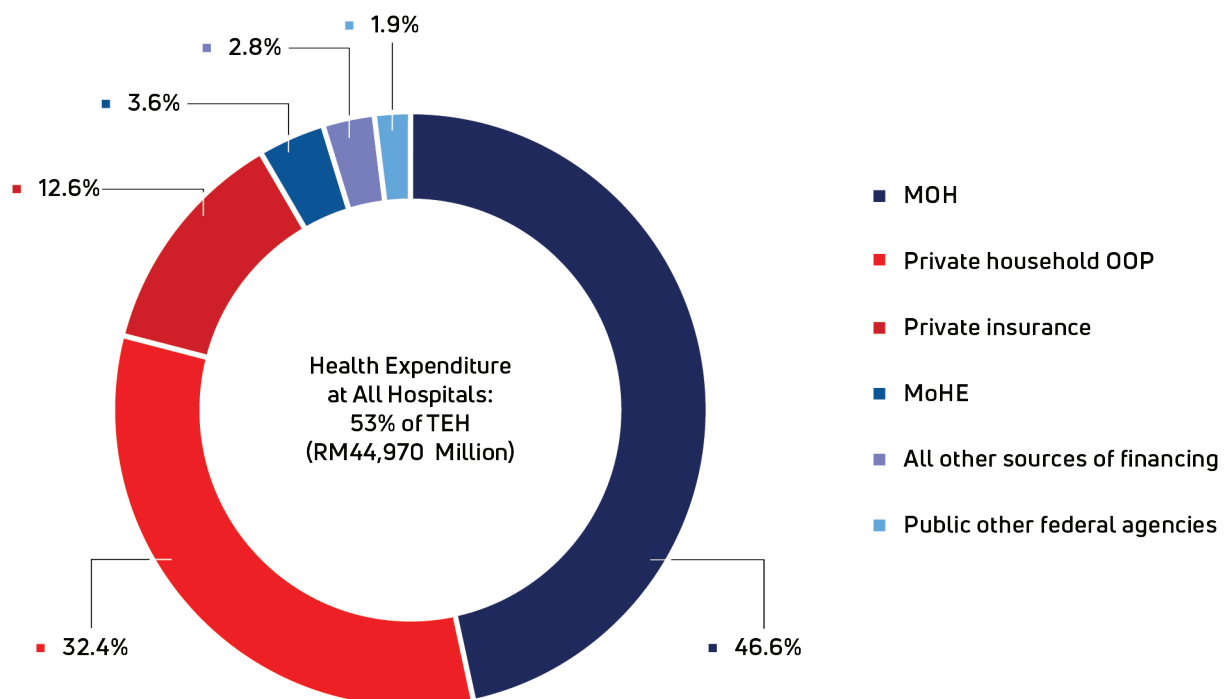
expenditure at all hospitals), Ministry of Higher Education (MoHE) at RM1,641 million (3.6% of health expenditure at all hospitals) and other federal agencies (including statutory bodies) at RM876 million (1.9% of health expenditure at all hospitals). The remaining expenditure from various sources at all hospitals amounted to RM1,261 million (2.8% of health expenditure at all hospitals) (Table 6.2a and Figure 6.2).

The 2011-2023 time series expenditure by the top two sources of financing at all hospitals, MOH and private household OOP amounted to an average of 80.3%. The remaining sources of financing spent an average of 19.7% (Table 6.2b and Table 6.2c).

TABLE 6.2a: Health Expenditure at All Hospitals by Sources of Financing, 2023

MNHA Code	Sources of Financing	RM Million	Percent
MS1.1.1.1	Ministry of Health (MOH)	20,952	46.59
MS2.4	Private household out-of-pocket expenditures (OOP)	14,588	32.44
MS2.2	Private insurance enterprises (other than social insurance)	5,653	12.57
MS1.1.1.2	Ministry of Higher Education (MoHE)	1,641	3.65
MS1.1.1.9	Other federal agencies (including statutory bodies)	876	1.95
MS1.2.2	Social Security Organisation (SOCSO)	402	0.89
MS2.6	All corporations (other than health insurance)	323	0.72
MS1.1.2.2	Other state agencies (including statutory bodies)	240	0.53
MS1.1.1.3	Ministry of Defence (MOD)	108	0.24
MS1.2.1	Employees Provident Fund (EPF)	77	0.17
MS1.1.3	Local authorities (LA)	51	0.11
MS1.1.2.1	(General) State government	40	0.09
MS2.5	Non-profit institutions serving households (NPISH)	20	0.04
MS9	Rest of the world (ROW)	<1	<0.01
	Total	44,970	100.00

FIGURE 6.2: Health Expenditure at All Hospitals by Sources of Financing, 2023



MNHA Code	Sources of Financing	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
MS1.1.1.1	Ministry of Health (MOH)	9,462	11,331	11,683	13,610	14,263	14,396	15,460	16,471	17,496	18,180	19,965	20,417	20,952
MS1.1.1.2	Ministry of Higher Education (MoHE)	1,221	1,285	1,232	1,346	1,293	1,258	1,229	1,347	1,603	1,376	1,561	1,499	1,641
MS1.1.1.3	Ministry of Defence (MOD)	83	102	105	110	115	104	84	65	104	95	93	60	108
MS1.1.1.9	Other federal agencies (including statutory bodies)	420	449	489	506	552	580	595	632	676	585	712	956	876
MS1.1.2.1	(General) State government	15	19	18	21	17	19	19	28	18	22	29	34	40
MS1.1.2.2	Other state agencies (including statutory bodies)	10	13	10	12	36	138	129	142	155	151	166	181	240
MS1.1.3	Local authorities (LA)	20	16	13	22	21	23	31	35	37	48	42	41	51
MS1.2.1	Employees Provident Fund (EPF)	32	31	35	38	43	47	48	55	68	65	84	73	77
MS1.2.2	Social Security Organisation (SOCSO)	93	104	120	98	100	117	125	158	162	172	162	311	402
MS2.2	Private insurance enterprises (other than social insurance)	1,474	1,583	1,878	2,373	2,761	3,032	3,311	3,670	4,324	3,969	3,966	5,370	5,653
MS2.4	Private household out-of-pocket (OOP)	5,618	5,866	6,070	6,342	7,169	7,932	9,012	9,679	10,601	10,794	11,927	14,148	14,588
MS2.5	Non-profit institutions serving households (NGO)	29	31	44	12	13	1	1	2	2	20	84	26	20
MS2.6	All corporations (other than health insurance)	158	216	264	303	478	454	438	451	357	344	354	252	323
MS9	Rest of the world (ROW)										5	1	4	0
	Total	18,635	21,047	21,962	24,793	26,862	28,099	30,483	32,736	35,603	35,826	39,147	43,371	44,970

TABLE 6.2c: Health Expenditure at All Hospitals by Sources of Financing, 2011 - 2023 (Percent, %)														
MNHA Code	Sources of Financing	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
MS1.1.1.1	Ministry of Health (MOH)	50.78	53.84	53.20	54.90	53.10	51.23	50.72	50.32	49.14	50.74	51.00	47.07	46.59
MS1.1.1.2	Ministry of Higher Education (MoHE)	6.55	6.10	5.61	5.43	4.81	4.48	4.03	4.11	4.50	3.84	3.99	3.46	3.65
MS1.1.1.3	Ministry of Defence (MOD)	0.45	0.49	0.48	0.44	0.43	0.37	0.28	0.20	0.29	0.27	0.24	0.14	0.24
MS1.1.1.9	Other federal agencies (including statutory bodies)	2.25	2.13	2.23	2.04	2.06	2.06	1.95	1.93	1.90	1.63	1.82	2.21	1.95
MS1.1.2.1	(General) State government	0.08	0.09	0.08	0.08	0.06	0.07	0.06	0.09	0.05	0.06	0.07	0.08	0.09
MS1.1.2.2	Other state agencies (including statutory bodies)	0.05	0.06	0.05	0.05	0.13	0.49	0.42	0.43	0.44	0.42	0.42	0.42	0.53
MS1.1.3	Local authorities (LA)	0.11	0.08	0.06	0.09	0.08	0.08	0.10	0.11	0.10	0.13	0.11	0.10	0.11
MS1.2.1	Employees Provident Fund (EPF)	0.17	0.15	0.16	0.15	0.16	0.17	0.16	0.17	0.19	0.18	0.22	0.17	0.17
MS1.2.2	Social Security Organisation (SOCSO)	0.50	0.49	0.54	0.40	0.37	0.42	0.41	0.48	0.45	0.48	0.41	0.72	0.89
MS2.2	Private insurance enterprises (other than social insurance)	7.91	7.52	8.55	9.57	10.28	10.79	10.86	11.21	12.15	11.08	10.13	12.38	12.57
MS2.4	Private household out-of-pocket (OOP)	30.15	27.87	27.64	25.58	26.69	28.23	29.56	29.57	29.78	30.13	30.47	32.62	32.44
MS2.5	Non-profit institutions serving households (NGO)	0.15	0.15	0.20	0.05	0.05	0.00	0.00	0.01	0.00	0.06	0.21	0.06	0.04
MS2.6	All corporations (other than health insurance)	0.85	1.03	1.20	1.22	1.78	1.61	1.44	1.38	1.00	0.96	0.90	0.58	0.72
MS9	Rest of the world (ROW)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.01	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

6.3 HEALTH EXPENDITURE TO PROVIDERS OF HEALTH CARE – PROVIDERS OF AMBULATORY HEALTH CARE

Providers of ambulatory health care services are the next largest provider of health care after all hospitals. Ambulatory health care comprises establishments primarily engaged in providing health care services directly to outpatients who do not require in-patient services such as medical practitioner clinics, dental clinics, family planning centres, substance abuse centres, dialysis centres, medical and diagnostic centres, ambulance providers and many other outpatient providers. Both MNHA and SHA Frameworks include providers of Traditional and Complementary Medicine under this category.

In 2023, providers of ambulatory health care consumed RM16,057 million (19.1% of TEH). Of this amount, RM7,941 million (49.5% of ambulatory

health care expenditure) was funded by private household OOP, public sources excluding social security funds at RM7,153 million (44.5% of ambulatory health care expenditure), all corporations (other than health insurance) at RM530 million (3.3% of ambulatory health care expenditure), private insurance enterprises (other than social insurance) at RM188 million (1.2% of ambulatory health care expenditure) and social security funds at RM163 million (1.0% of ambulatory health care expenditure). The remaining RM83 million (0.5% of ambulatory health care expenditure) by and non-profit organizations serving households and rest of the world (ROW) (Table 6.3a and Figure 6.3).

The 2011-2023 time series data shows that the expenditure in absolute RM value for ambulatory care services increased by three-fold in the public source and two-fold in the private source (Table 6.3b).

TABLE 6.3a: Health Expenditure to Providers of Ambulatory Health Care by Sources of Financing, 2023

MNHA Code	Sources of Financing	RM Million	Percent
MS2.4	Private household out-of-pocket expenditures (OOP)	7,941	49.45
MS1.1	Public sources excluding social security funds	7,153	44.55
MS2.6	All Corporations (other than health insurance)	530	3.30
MS2.2	Private insurance enterprises (other than social insurance)	188	1.17
MS1.2	Social security funds	163	1.01
MS2.5	Non-profit institutions serving households (NGO)	81	0.50
MS9	Rest of the world (ROW)	2	0.01
Total		16,057	100.00

FIGURE 6.3: Health Expenditure to Providers of Ambulatory Health Care (Non-Hospital Setting) by Sources of Financing, 2023

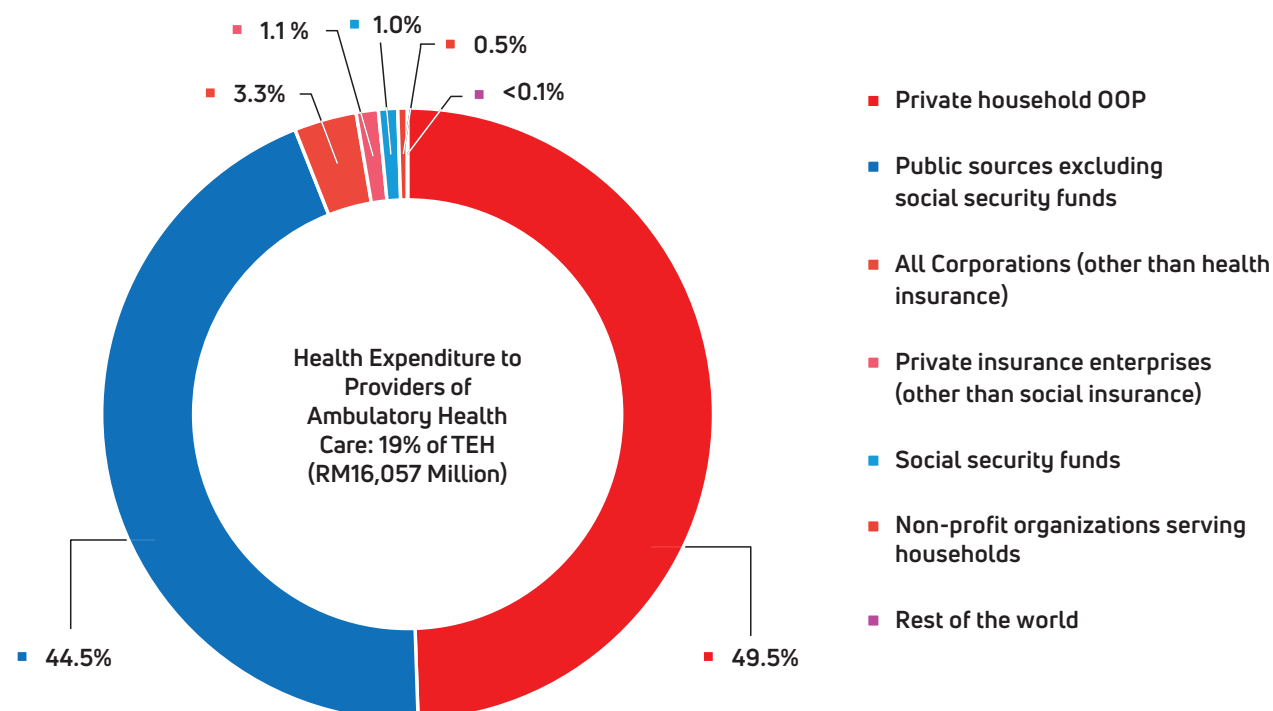


TABLE 6.3b: Health Expenditure to Providers of Ambulatory Health Care by Sources of Financing, 2011 - 2023 (RM Million)														
MNHA Code	Sources of Financing	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
MS1.1	Public sources excluding social security funds	2,732	3,180	3,544	4,118	4,328	4,474	4,877	5,397	6,019	6,613	11,960	7,824	7,153
MS1.2	Social security funds	13	11	11	68	74	93	99	138	144	134	159	153	163
	Sub-Total Public Source	2,745	3,191	3,554	4,186	4,402	4,568	4,976	5,535	6,163	6,747	12,119	7,977	7,316
MS2.2	Private insurance enterprises (other than social insurance)	60	75	85	67	97	125	136	155	214	169	217	246	188
MS2.4	Private household out-of-pocket expenditures (OOP)	3,339	3,815	4,276	5,101	4,730	5,083	5,625	5,811	6,282	6,161	6,550	8,077	7,941
MS2.5	Non-profit institutions serving households (NGO)	19	21	21	18	20	22	45	41	66	70	53	81	81
MS2.6	All Corporations (other than health insurance)	488	672	819	939	1,482	1,398	1,342	1,401	1,101	777	901	414	530
MS9	Rest of the world (ROW)	na	na	na	na	na	na	na	na	na	na	0	1	2
	Sub-Total Private Source	3,906	4,582	5,201	6,125	6,330	6,628	7,149	7,408	7,663	7,177	7,721	8,819	8,741
	Total	6,650	7,773	8,756	10,311	10,732	11,195	12,125	12,943	13,826	13,924	19,840	16,796	16,057

TABLE 6.3c: Health Expenditure to Providers of Ambulatory Health Care by Sources of Financing, 2011 - 2023 (Percent, %)														
MNHA Code	Sources of Financing	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
MS1.1	Public sources excluding social security funds	17.01	19.80	22.07	25.65	26.95	27.87	30.37	33.61	37.49	41.18	74.48	48.73	44.55
MS1.2	Social security funds	0.08	0.07	0.07	0.42	0.46	0.58	0.62	0.86	0.90	0.84	0.99	0.95	1.01
	Sub-Total Public sector	41.27	41.05	40.59	40.60	41.02	40.80	41.04	42.77	44.57	48.46	61.08	47.49	45.56
MS2.2	Private insurance enterprises (other than social insurance)	0.37	0.47	0.53	0.42	0.61	0.78	0.85	0.97	1.33	1.05	1.35	1.53	1.17
MS2.4	Private household out-of-pocket expenditures (OOP)	20.80	23.76	26.63	31.77	29.46	31.65	35.03	36.19	39.13	38.37	40.79	50.30	49.45
MS2.5	Non-profit organizations serving households (NGO)	0.12	0.13	0.13	0.11	0.13	0.13	0.28	0.26	0.41	0.43	0.33	0.50	0.50
MS2.6	All Corporations(other than health insurance)	3.04	4.18	5.10	5.85	9.23	8.71	8.36	8.72	6.86	4.84	5.61	2.58	3.30
MS9	Rest of the world (ROW)	na	na	na	na	na	na	na	na	na	na	0.00	0.01	0.01
	Sub-Total Private sector	58.73	58.95	59.41	59.40	58.98	59.20	58.96	57.23	55.43	51.54	38.92	52.51	54.44
	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

HEALTH EXPENDITURE FOR FUNCTIONS OF HEALTH CARE

This chapter describes the types of health goods and services purchased with the financial resources. Health expenditure for functions of health care is categorised into two, namely the 'core functions of health care' (MF) and 'health-related functions' (MR).

This chapter has four sections. Section 7.1 describes health expenditure according to MNHA classification of all functions of health care for 2023, followed by time series data for 2011-2023 in RM Million and percentage. Section 7.2 explains services of curative care expenditure, Section 7.3 is regarding public health services (including health promotion and prevention) expenditure and Section 7.4 describes expenditure for health education and training.

7.1 HEALTH EXPENDITURE FOR ALL FUNCTIONS OF HEALTH CARE

In 2023, the expenditure for services of curative care amounted to RM51,315 million (60.9% of TEH). This was followed by capital formation of health care provider institutions at RM8,713

million (10.3% of TEH), health programme administration and health insurance at RM8,159 million (9.7% of TEH), medical goods dispensed to out-patient at RM7,331 million (8.7% of TEH), and public health services (including health promotion and prevention) at RM5,058 million (6.0% of TEH). A total of RM2,691 million (3.2% of TEH) was spent for education and training of health personnel, and the remaining RM925 million (1.1% of TEH) was spent on all the other functions (Table 7.1a and Figure 7.1).

The 2011-2023 time series data shows that the expenditure in absolute RM value for services of curative care increased by two-fold, medical goods dispensed to out-patients increased by three-fold and health programme administration and health insurance increased by two-fold. Despite a decrease in the public health services (including health promotion and prevention) as percentage of TEH in the year 2023, when compared to pre pandemic year at 2019, there were significant increases seen in absolute RM value from RM4,137 million to RM5,058 million (Table 7.1b and Table 7.1c).

TABLE 7.1a: Total Expenditure on Health for Functions of Health Care, 2023

MNHA Code	Functions of Health Care	RM Million	Percent
MF1	Services of curative care	51,315	60.95
MR1	Capital formation of health care provider institutions	8,713	10.35
MF7	Health programme administration and health insurance	8,159	9.69
MF5	Medical goods dispensed to out-patients	7,331	8.71
MF6	Public health services (including health promotion and prevention)	5,058	6.01
MR2	Education and training of health personnel	2,691	3.20
MF4	Ancillary services to health care	336	0.40
MR3	Research and development in health	329	0.39
MF2	Services of rehabilitative care	193	0.23
MF3	Services of long-term nursing care	68	0.08
Total		84,192	100.00

FIGURE 7.1: Total Expenditure on Health for Functions of Health Care, 2023

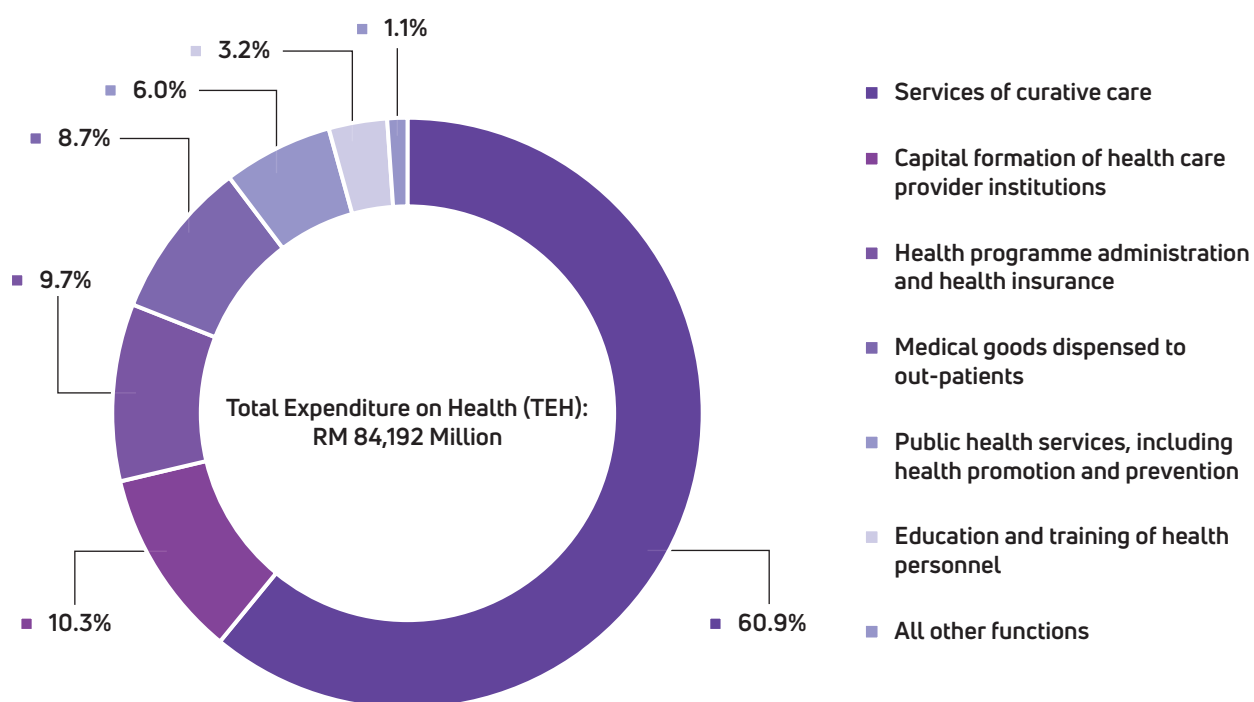


TABLE 7.1b: Total Expenditure on Health for Functions of Health Care, 2011-2023 (RM Million)														
MNHA Code	Functions of Health Care	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
MF1	Services of curative care	23,238	26,172	27,191	31,405	33,456	35,027	38,475	40,930	43,134	41,708	44,775	51,096	51,315
MF2	Services of rehabilitative care	1	0.02	na	na	na	na	na	na	na	na	na	115	193
MF3	Services of long-term nursing care	33	41	26	44	40	46	45	50	49	52	49	64	68
MF4	Ancillary services to health care	296	314	407	380	354	308	336	339	358	307	223	319	336
MF5	Medical goods dispensed to out-patients	2,242	2,477	2,730	3,298	3,928	4,191	4,404	5,040	4,573	4,622	5,457	6,486	7,331
MF6	Public health services (including health promotion and prevention)	1,577	1,925	2,804	2,771	3,256	3,342	3,452	3,675	4,137	5,360	11,123	5,555	5,058
MF7	Health programme administration and health insurance	3,614	3,523	3,561	4,205	4,436	3,785	4,733	4,402	5,203	5,867	6,408	6,449	8,159
MR1	Capital formation of health care provider institutions	2,430	2,355	2,089	1,831	1,890	2,016	1,986	2,632	3,335	5,781	7,268	6,414	8,713
MR2	Education and training of health personnel	2,463	2,560	2,749	2,758	2,813	2,949	2,832	3,129	3,101	2,920	2,322	2,476	2,691
MR3	Research and development in health	58	81	90	87	87	71	68	92	148	273	367	289	329
Total		35,953	39,448	41,647	46,780	50,261	51,736	56,332	60,288	64,038	66,890	77,992	79,264	84,192

TABLE 7.1c: Total Expenditure on Health for Functions of Health Care, 2011 - 2023 (Percent, %)														
MNHA Code	Functions of Health Care	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
MF1	Services of curative care	64.63	66.35	65.29	67.13	66.56	67.70	68.30	67.89	67.36	62.35	57.41	64.46	60.95
MF2	Services of rehabilitative care	0.00	0.00	na	na	na	na	na	na	na	na	na	0.14	0.23
MF3	Services of long-term nursing care	0.04	0.05	0.00	0.00	0.00	0.01	0.00	0.01	0.00	0.08	0.01	0.01	0.08
MF4	Ancillary services to health care	0.82	0.80	0.98	0.81	0.71	0.58	0.58	0.55	0.55	0.45	0.28	0.40	0.40
MF5	Medical goods dispensed to out-patients	6.24	6.28	6.56	7.05	7.82	8.21	8.01	8.66	7.48	7.09	7.16	8.24	8.71
MF6	Public health services (including health promotion and prevention)	4.39	4.88	6.73	5.92	6.41	6.57	6.15	6.01	6.34	7.88	13.65	6.56	6.01
MF7	Health programme administration and health insurance	10.10	8.99	8.61	9.08	8.89	7.42	8.48	7.33	8.14	8.73	8.27	8.04	9.69
MR1	Capital formation of health care provider institutions	6.76	5.97	5.02	3.92	3.76	3.90	3.52	4.35	5.16	8.59	8.90	7.49	10.35
MR2	Education and training of health personnel	6.85	6.49	6.60	5.90	5.60	5.70	5.02	5.17	4.82	4.45	2.98	3.12	3.20
MR3	Research and development in health	0.16	0.21	0.22	0.19	0.17	0.14	0.12	0.15	0.23	0.40	0.47	0.36	0.39
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

7.2 HEALTH EXPENDITURE FOR FUNCTIONS OF HEALTH CARE - CURATIVE CARE BY SOURCES OF FINANCING

Services of curative care include medical, paramedical and allied health services, which could be either allopathic or TCM services and is inclusive of dental care services. It could be provided either at hospital or non-hospital settings. The non-hospital setting includes medical or dental clinics.

In 2023, a total of RM51,315 million (60.9% of TEH) was for services of curative care. The source of financing for services of curative care was RM25,202 million (49.1% of curative care

expenditure) from the public sources and the remaining RM26,113 million (50.9% of curative care expenditure) from the private sources. For the services of curative care expenditure in hospitals, the public source spent 41.9%, and the private source spent 36.4%. The remaining expenditure was spent at non-hospital settings, the public source spent 7.2%, and the private source spent 14.4% (Table 7.2a and Figure 7.2).

The 2011-2023 time series data shows that the public source share remains higher than the private source share as a source of financing of curative care services but vice versa for 2022 and 2023 (Table 7.2b and 7.2c).

TABLE 7.2a: Health Expenditure for Curative Care by Sources of Financing, 2023

Source	Provider	RM Million	Percent
Public Sources	Hospital	21,521	41.94
	Non-Hospital	3,681	7.17
	Sub-Total	25,202	49.11
Private Sources	Hospital	18,703	36.45
	Non-Hospital	7,410	14.44
	Sub-Total	26,113	50.89
	Total	51,315	100.00

FIGURE 7.2: Health Expenditure for Curative Care by Sources of Financing, 2023

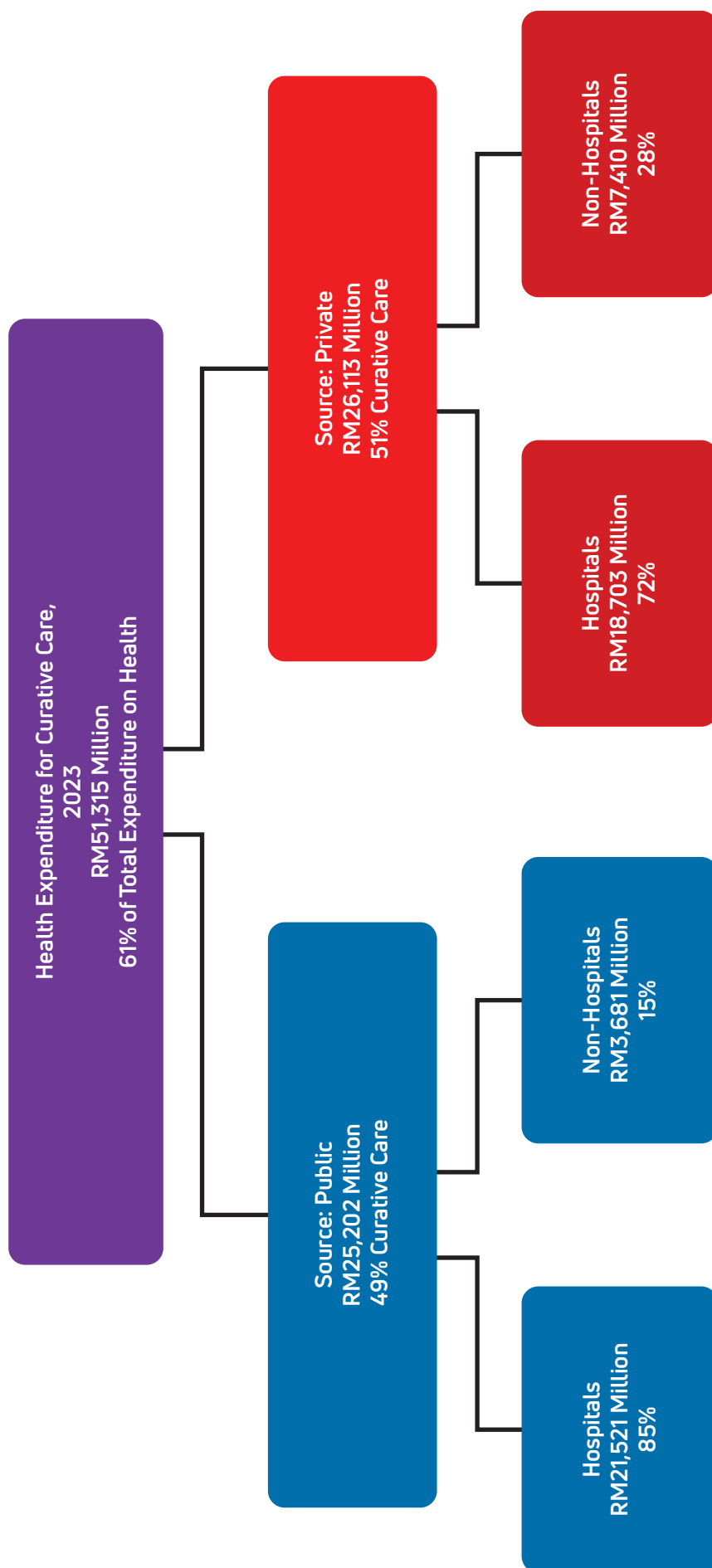


TABLE 7.2b: Health Expenditure for Curative Care by Sources of Financing, 2011 - 2023 (RM Million)														
Source	Provider	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Public Source	Hospital	10,873	12,651	13,011	15,240	15,870	16,097	17,375	18,612	19,641	18,519	20,073	20,830	21,521
	Non-Hospital	2,077	2,370	2,001	2,479	2,851	3,046	3,377	3,767	3,447	3,695	3,626	4,576	3,681
	Sub-Total	12,950	15,021	15,013	17,719	18,722	19,143	20,752	22,379	23,088	22,214	23,700	25,406	25,202
Private Source	Hospital	7,018	7,363	7,961	8,652	9,950	10,805	12,118	12,732	13,858	13,523	14,705	18,079	18,703
	Non-Hospital	3,271	3,788	4,218	5,034	4,784	5,078	5,604	5,819	6,188	5,969	6,370	7,610	7,410
	Sub-Total	10,288	11,151	12,179	13,686	14,734	15,884	17,723	18,551	20,046	19,492	21,075	25,690	26,113
Total		23,238	26,172	27,191	31,405	33,456	35,027	38,475	40,930	43,134	41,706	44,775	51,096	51,315

TABLE 7.2c: Health Expenditure for Curative Care by Sources of Financing, 2011 - 2023 (Percent, %)														
Source	Provider	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Public Source	Hospital	46.79	48.34	47.85	48.53	47.44	45.96	45.16	45.47	45.53	44.40	44.83	40.77	41.94
	Non-Hospital	8.94	9.06	7.36	7.89	8.52	8.70	8.78	9.20	7.99	8.86	8.10	8.96	7.17
	Sub-Total	55.73	57.39	55.21	56.42	55.96	54.65	53.94	54.68	53.53	53.26	52.93	49.72	49.11
Private Source	Hospital	30.20	28.13	29.28	27.55	29.74	30.85	31.50	31.11	32.13	32.42	32.84	35.38	36.45
	Non-Hospital	14.07	14.47	15.51	16.03	14.30	14.50	14.57	14.22	14.35	14.31	14.23	14.89	14.44
	Sub-Total	44.27	42.61	44.79	43.58	44.04	45.35	46.06	45.32	46.47	46.74	47.07	50.28	50.89
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

7.3 HEALTH EXPENDITURE FOR FUNCTIONS OF HEALTH CARE – PUBLIC HEALTH SERVICES (INCLUDING HEALTH PROMOTION AND PREVENTION) BY SOURCES OF FINANCING

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

In 2023, a total of RM5,058 million (6.0% of TEH) was spent for public health services. MOH was the highest financier of public health services, spending RM3,901 million or 77.1% of the total expenditure on public health services. The second-highest financier was all corporations (other than health insurance) that spent RM639 million (12.6% of public service health

expenditure), followed by local authorities (LA) amounting to RM248 million (4.9% of public service health expenditure). The remaining expenditure for public health services spent at RM270 million (5.0% of public service health expenditure) (Table 7.3a).

In 2023, 86.9% of public health service expenditure came from public sources RM4,395 million, MOH spent about 88.7% of public sources health expenditure on public health services and non-MOH spent 11.3% of public sources health expenditure on public health services. Private sources of financing on public health services spent RM662 million (13.1% of public health service expenditure) (Figure 7.3).

The 2011-2023 time series data shows MOH as the largest source of financing for this function, with a five-fold increase from RM752 million in 2011 to RM3,901 million in 2023. The second highest from all corporations (other than health insurance) increased from RM563 million in 2011 to RM639 million in 2023 (Table 7.3b and 7.3c).

TABLE 7.3a: Health Expenditure for Public Health Services (including Health Promotion and Prevention) by Sources of Financing, 2023

MNHA Code	Sources of Financing	RM Million	Percent
MS1.1.1.1	Ministry of Health (MOH)	3,901	77.13
MS2.6	All corporations (other than health insurance)	639	12.63
MS1.1.3	Local authorities (LA)	248	4.90
MS1.1.1.9	Other federal agencies (including statutory bodies)	150	2.96
MS1.1.2.2	Other state agencies (including statutory bodies)	61	1.21
MS1.2.2	Social Security Organisation (SOCSO)	26	0.52
MS2.4	Private household out-of-pocket expenditures (OOP)	17	0.33
MS1.1.2.1	(General) State government	10	0.20
MS2.5	Non-profit institutions serving households (NGO)	6	0.13
Total		5,058	100.00

FIGURE 7.3: Health Expenditure for Public Health Services (including Health Promotion and Prevention) by Sources of Financing, 2023

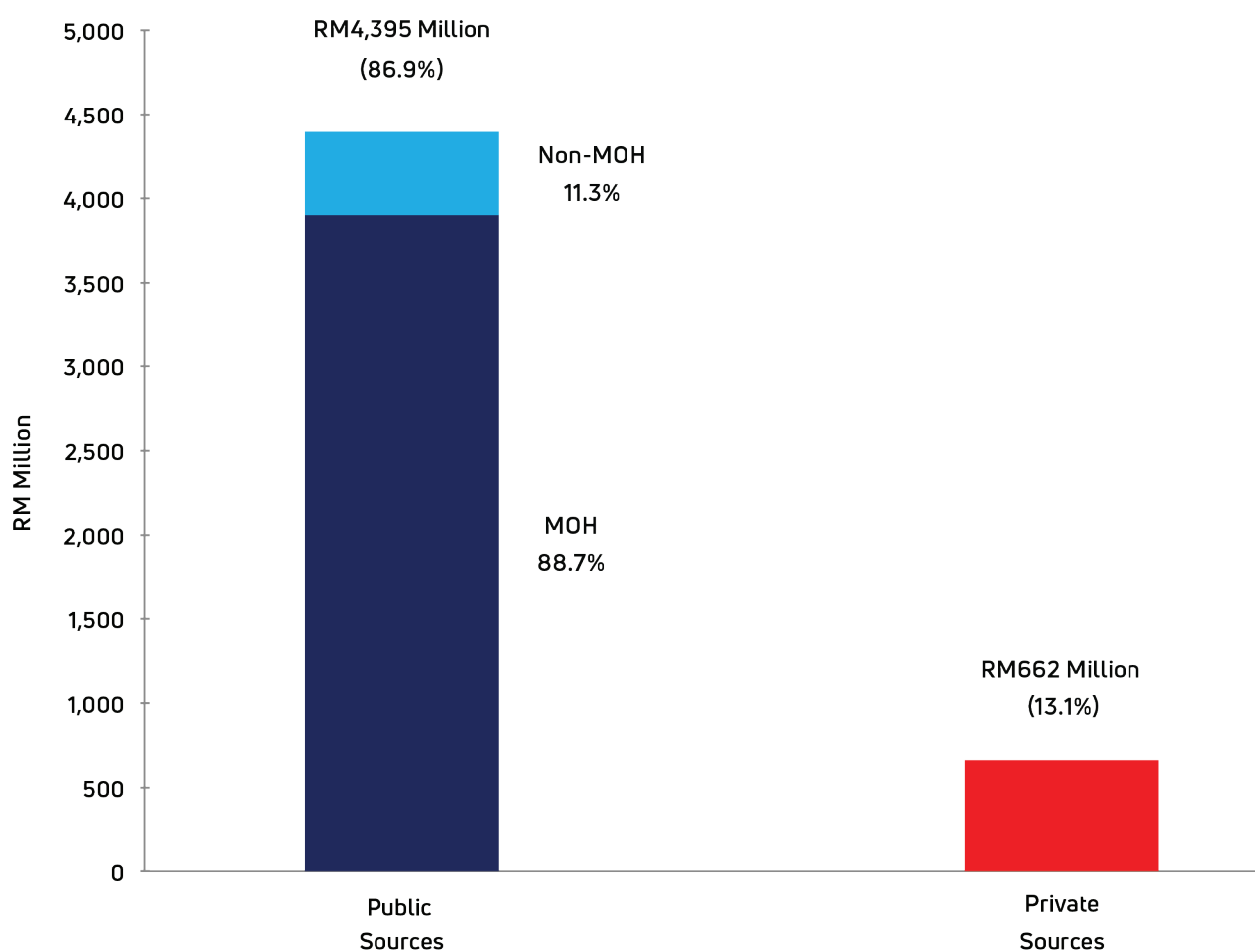


TABLE 7.3b: Health Expenditure for Public Health Services (including Health Promotion and Prevention) by Sources of Financing, 2011 - 2023 (RM Million)														
MNHA Code	Sources of Financing	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
MS1.1.1.1	Ministry of Health (MOH)	752	898	1,634	1,541	1,653	1,777	1,902	2,118	3,010	3,622	9,093	4,690	3,901
MS1.1.1.2	Ministry of Higher Education (MoHE)	na	na	na	na	na	na	na	na	na	75	1	0.15	na
MS1.1.1.9	Other federal agencies (including statutory bodies)	94	118	128	121	140	128	141	129	146	587	930	181	150
MS1.1.2.1	(General) State government	54	64	25	31	30	32	22	23	16	69	104	23	10
MS1.1.2.2	Other state agencies (including statutory bodies)	30	34	66	78	43	52	50	50	55	63	53	54	61
MS1.1.3	Local authorities (LA)	62	83	72	44	52	26	36	30	47	50	51	48	248
MS1.2.2	Social Security Organisation (SOCSSO)	4	5	35	23	9	11	8	na	na	7	5	6	26
MS2.4	Private household out-of-pocket expenditures (OOP)	8	10	10	8	6	6	6	8	7	8	21	5	17
MS2.5	Non-profit institutions serving households (NGO)	10	16	1	1	21	28	17	18	2	16	17	8	6
MS2.6	All corporations (other than health insurance)	563	698	832	924	1,302	1,282	1,270	1,299	853	859	847	537	639
MS9	Rest of the world (ROW)	0	na	na	na	na	na	na	na	na	5	2	3	na
Total		1,577	1,925	2,804	2,771	3,256	3,342	3,452	3,675	4,137	5,360	11,123	5,555	5,058

TABLE 7.3c: Health Expenditure for Public Health Services (including Health Promotion and Prevention) by Sources of Financing, 2011 - 2023 (Percent, %)														
MNHA Code	Sources of Financing	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
MS1.1.1.1	Ministry of Health (MOH)	47.71	46.66	58.27	55.59	50.77	53.16	55.10	57.63	72.75	67.58	81.75	84.43	77.13
MS1.1.1.2	Ministry of Higher Education (MoHE)	na	na	na	na	na	na	na	na	na	1.41	0.00	0.00	na
MS1.1.1.9	Other federal agencies (including statutory bodies)	5.95	6.11	4.57	4.38	4.30	3.82	4.08	3.52	3.52	10.95	8.36	3.26	2.96
MS1.1.2.1	(General) State government	3.41	3.30	0.90	1.13	0.91	0.96	0.65	0.63	0.39	1.29	0.93	0.41	0.20
MS1.1.2.2	Other state agencies (including statutory bodies)	1.89	1.75	2.35	2.81	1.32	1.54	1.44	1.37	1.34	1.17	0.48	0.98	1.21
MS1.1.3	Local authorities (LA)	3.90	4.29	2.58	1.59	1.61	0.78	1.04	0.82	1.14	0.93	0.46	0.87	4.90
MS1.2.2	Social Security Organisation (SOCSSO)	0.26	0.27	1.26	0.83	0.26	0.34	0.24	na	na	0.13	0.04	0.11	0.52
MS2.4	Private household out-of-pocket expenditures (OOP)	0.50	0.52	0.35	0.27	0.20	0.18	0.17	0.22	0.18	0.14	0.19	0.08	0.33
MS2.5	Non-profit institutions serving households (NGO)	0.65	0.81	0.04	0.04	0.66	0.85	0.50	0.49	0.05	0.29	0.15	0.14	0.13
MS2.6	All corporations (other than health insurance)	35.71	36.28	29.67	33.35	39.97	38.37	36.79	35.33	20.63	16.02	7.61	9.67	12.63
MS9	Rest of the world (ROW)	0.00	na	na	na	na	na	na	na	na	0.10	0.01	0.05	na
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

7.4 HEALTH EXPENDITURE FOR FUNCTIONS OF HEALTH CARE - HEALTH EDUCATION AND TRAINING BY SOURCES OF FINANCING

This section describes expenditure for all health and health-related education and training of personnel. Although MNHA Framework includes this expenditure under the TEH, the SHA 1.0 framework excludes this because of the shortfalls involved in making assumptions and the difficulties in capturing this expenditure in other countries. Furthermore, personnel who undergo health and health-related education and training may not continue to provide services in the health sector.

In 2023, a total of RM2,691 million or about 3.2% of TEH was spent on health education and training

of health personnel. Public sources of financing spent RM890 million (33.1% of health education and training expenditure). The MOH spent about 33.5% of public sources on health education and training expenditure and non-MOH spent 66.5% of public source on health education and training expenditure. Private sources of financing spent RM1,801 million (66.9% of health education and training expenditure) (Table 7.4a and Figure 7.4).

The 2011-2023 time series data shows that both public and private sources of financing range between 33% to 67% respectively (Table 7.4b and Table 7.4c). Private sources of financing show almost two-fold increase in spending for health education and training throughout the 13 years.

TABLE 7.4a: Health Expenditure for Health Education and Training by Sources of Financing, 2023

MNHA Code	Sources of Financing	RM Million	Percent
Public Source	Ministry of Health (MOH)	298	11.06
	Non-Ministry of Health (non-MOH)	592	22.01
	Sub-Total	890	33.07
Private Source	Private source (others)	1,790	66.51
	Rest of the world (ROW)	11	0.42
	Sub-Total	1,801	66.93
Total		2,691	100.00

FIGURE 7.4: Health Expenditure for Health Education and Training by Sources of Financing, 2023

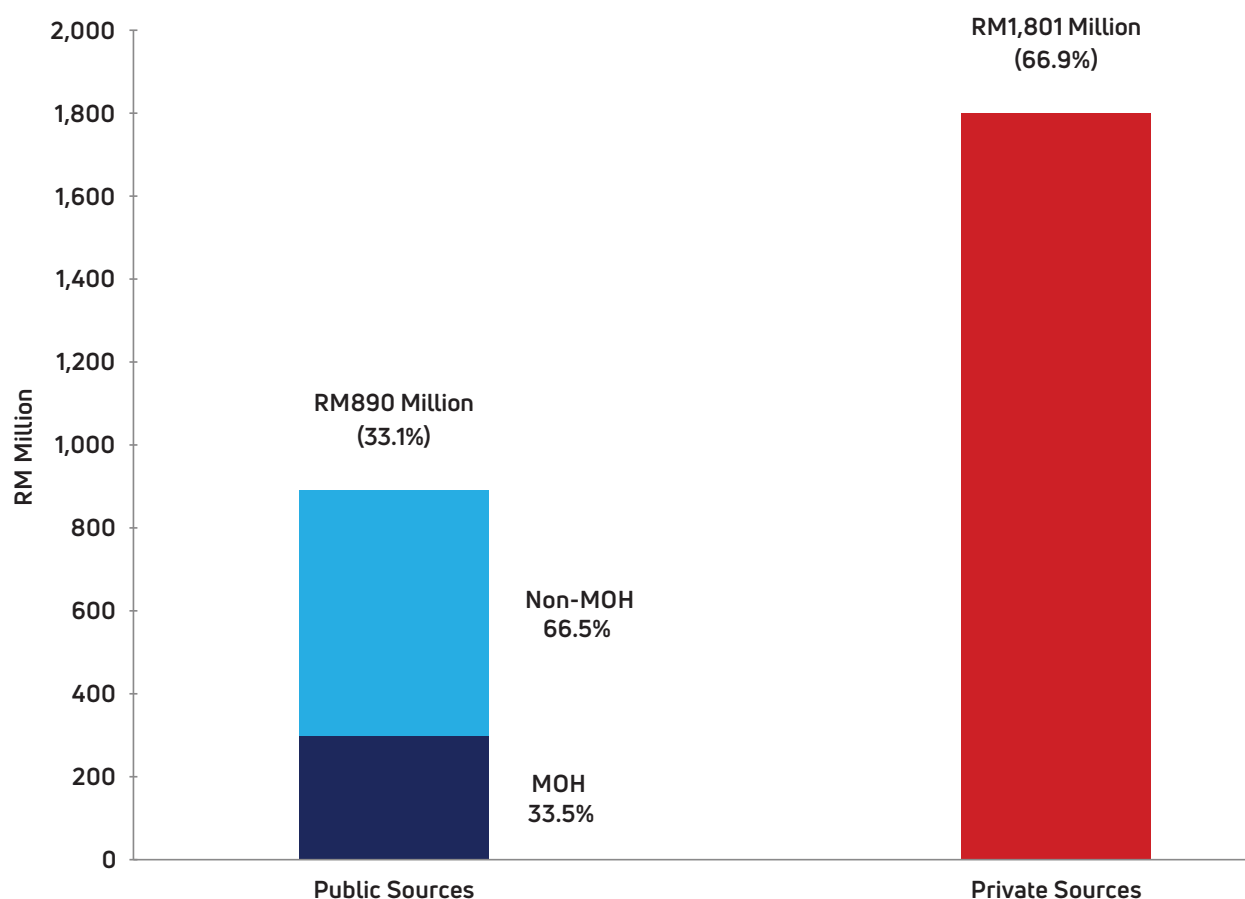


TABLE 7.4b: Health Expenditure for Health Education and Training by Sources of Financing, 2011 - 2023 (RM Million)														
MNHA Code	Sources of Financing	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Public Sources	Ministry of Health (MOH)	380	377	407	438	446	428	244	380	370	356	269	268	298
	Non-Ministry of Health (non-MOH)	1,204	1,030	881	992	969	1,039	1,064	1,227	1,179	965	618	609	592
	Sub-Total	1,584	1,407	1,288	1,430	1,415	1,467	1,308	1,607	1,549	1,322	887	877	890
Private Sources	Private source (others)	877	1,152	1,460	1,325	1,394	1,479	1,520	1,520	1,553	1,597	1,434	1,598	1,790
	Rest of the world (ROW)	2	1	2	3	4	4	4	2	na	1	1	2	11
	Sub-Total	879	1,153	1,461	1,328	1,398	1,483	1,524	1,522	1,553	1,598	1,435	1,599	1,801
Total		2,463	2,560	2,749	2,758	2,813	2,949	2,832	3,129	3,101	2,920	2,322	2,476	2,691

TABLE 7.4c: Health Expenditure for Health Education and Training by Sources of Financing, 2011 - 2023 (Percent, %)														
MNHA Code	Source of Financing	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Public Sources	Ministry of Health (MOH)	15.44	14.74	14.81	15.89	15.86	14.50	8.62	12.13	11.93	12.20	11.58	10.83	11.06
	Non-Ministry of Health (non-MOH)	48.87	40.23	32.04	35.95	34.45	35.22	37.56	39.23	38.01	33.06	26.61	24.58	22.01
	Sub-Total	64.31	54.97	46.85	51.84	50.31	49.72	46.19	51.37	49.94	45.27	38.18	35.41	33.07
Private Sources	Private source (others)	35.62	44.98	53.09	48.04	49.55	50.15	53.67	48.58	50.06	54.70	61.76	64.52	66.51
	Rest of the world (ROW)	0.07	0.06	0.06	0.12	0.14	0.13	0.14	0.06	na	0.04	0.06	0.07	0.42
	Sub-Total	35.69	45.03	53.15	48.16	49.69	50.28	53.81	48.63	50.06	54.73	61.82	64.59	66.93
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

MOH HEALTH EXPENDITURE

There are slight differences in reporting MOH health expenditures using the MNHA Framework and the government treasury accounting system used by MOH Accounts Division (AG database). This chapter aims to provide some information on MOH health expenditure as a share of total expenditure on health and national GDP and enlighten the differences in expenditure reporting of MOH hospitals as the provider of health care services and MOH source of financing at MOH hospitals using the MNHA Framework.

The first section in this chapter describes the proportion of MOH health expenditure from TEH and MOH health expenditure as a percentage of national GDP using the MNHA Framework. The second section aims to explain some differences in NHA reporting of expenditure at hospitals based on the two dimensions of the MNHA Framework; sources of financing and functions of health care.

8.1 MOH HEALTH EXPENDITURE - MOH SHARE OF TOTAL EXPENDITURE ON HEALTH AND NATIONAL GDP

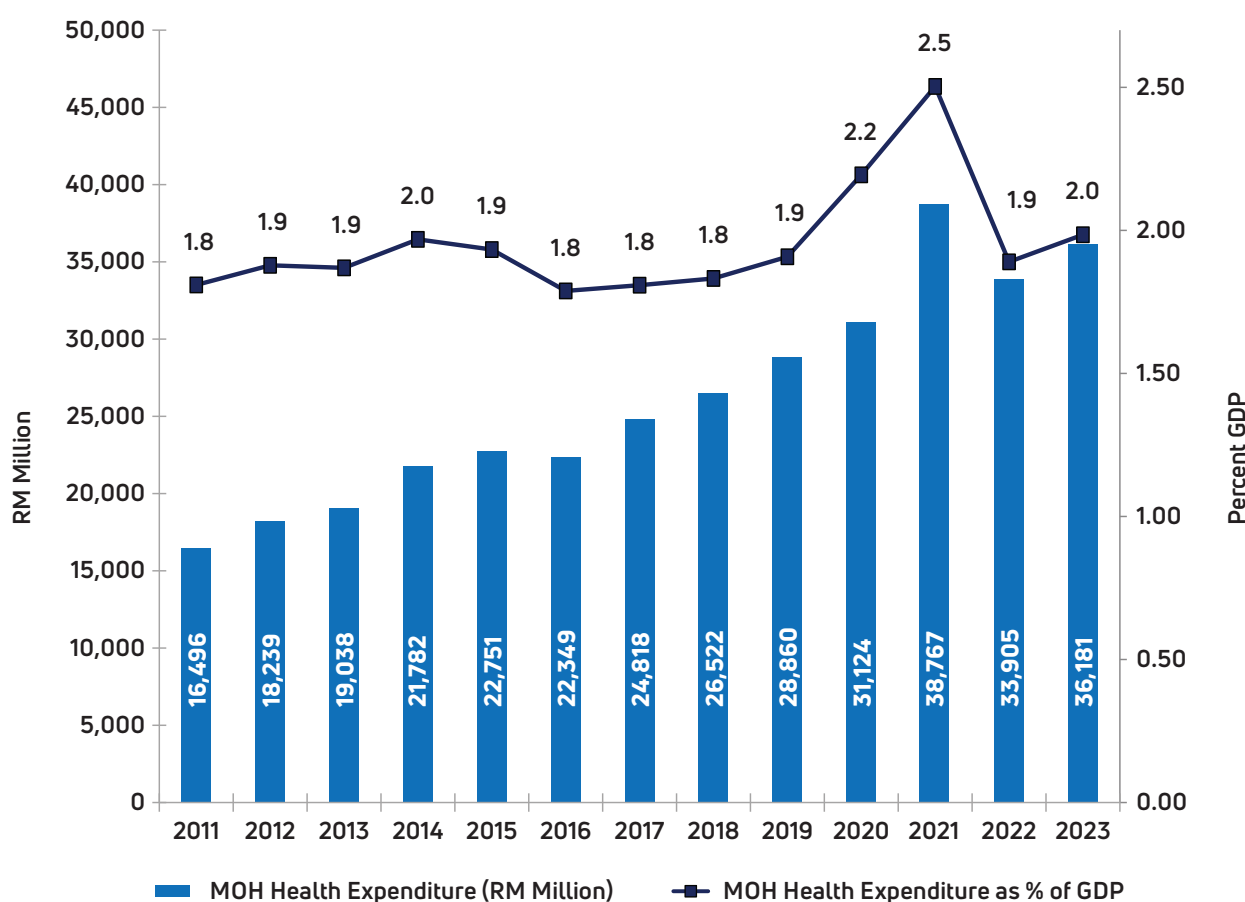
MOH health expenditure reported in this section describes what MOH, as a 'source of financing', spends on health care. The health expenditure of

MOH as a 'source of financing' differs from the total MOH expenditure reported in the government treasury accounting system. The latter includes both operating and development expenditures for a particular MNHA Framework facilitates the tracking of reimbursements by various agencies, such as EPF, SOCSO, private health insurance and state government including statutory bodies. These reimbursements are deducted from the total MOH expenditure to accurately reflect the actual MOH health expenditure at the health care provider level. Consequently, MOH health expenditure as a 'source of financing' appears slightly lower under the MNHA Framework due to the effect of 'addressing double counting,' as explained in Chapter 3.

Using the MNHA Framework, in 2023, a total amount of RM36,181 million (43.0% of TEH) was spent by MOH. MOH health expenditure data for 2011-2023 time series shows various trends throughout the years. MOH health expenditure throughout the same period was ranging between 42.8% - 49.7% of the TEH. In 2011, MOH spent RM16,496 million (45.9% of TEH), while in the year 2023, MOH spent RM36,181 million (43.0% of TEH). In relation to GDP, MOH expenditure in 2011 is equivalent to 1.8% of the national GDP, while in 2023, it is 2.0% of the national GDP (Table 8.1 and Figure 8.1).

TABLE 8.1: MOH Share of Total Expenditure on Health and Percent GDP, 2011-2023

Year	TEH, Nominal (RM Million)	MOH Health Expenditure (RM Million)	MOH Health Expenditure as % TEH	TEH (Nominal) as % GDP	MOH Health Expenditure as % of GDP
2011	35,953	16,496	45.88	3.94	1.81
2012	39,448	18,239	46.24	4.06	1.88
2013	41,647	19,038	45.71	4.09	1.87
2014	46,780	21,782	46.56	4.23	1.97
2015	50,261	22,751	45.27	4.27	1.93
2016	51,736	22,349	43.20	4.14	1.79
2017	56,332	24,818	44.06	4.10	1.81
2018	60,288	26,522	43.99	4.16	1.83
2019	64,038	28,860	45.07	4.23	1.91
2020	66,890	31,124	46.53	4.72	2.19
2021	77,992	38,767	49.71	5.04	2.50
2022	79,264	33,905	42.77	4.42	1.89
2023	84,192	36,181	42.97	4.62	1.98

FIGURE 8.1: MOH Health Expenditure and Percent GDP, 2011-2023


8.2 MOH HEALTH EXPENDITURE - MOH HOSPITAL

All programmes, projects and services under the purview of MOH, inclusive of health care services provided at all MOH hospitals, come from federal government consolidated funds. As the provider of health care services, MOH hospitals take up the largest percentage of the total MOH allocated funds. The development funds spent at MOH hospital were assigned as non-curative care expenditures, mainly for hospital facility development and renovation. Using the MNHA Framework, the operating fund spent at MOH hospitals was assigned as curative care expenditure for patient care services disaggregated based on functional classification and categorised as an in-patient, out-patient and day-care, and this was described under Section 3.2 of this report.

8.2.1 MOH Health Expenditure - MOH Hospital, Sources of Financing

In 2023, both the public and private sources of financing at MOH hospitals totalled to RM21,828 million. Various financiers were tracked through MOH hospitals accounting systems, and sources of financing codes were assigned for payments

made through private household out-of-pocket, private health insurance and other types of sources of financing. As a result, RM20,952 million (96.0% of total expenditure at MOH hospitals) was sourced from MOH. A small amount of RM877 million (4.0% of total expenditure at MOH hospitals) was accounted for by other financiers such as private insurance enterprises (other than social insurance) at RM337 million, private household OOP at RM275 million, other state agencies (including statutory bodies) at RM154 million, Social Security Organisation (SOCSO) contributed RM47 million, Non-profit institutions serving households (NGO) at RM20 million, all corporations (other than health insurance) at RM17 million, other federal agencies (including statutory bodies) at RM15 million and the remaining non-MOH expenditure at RM11 million (Table 8.2.1a).

The 2011-2023 time series expenditure on sources of financing shows a similar trend with MOH as the highest financier followed by non-MOH (Table 8.2.1b and Figure 8.2.1). The time series data on MOH as the source of financing shows that the expenditure increased by 2-fold in absolute RM value, with an average of 97.1% of the total health expenditure at MOH hospitals (Table 8.2.1c).

TABLE 8.2.1a: Health Expenditure at MOH Hospitals by Sources of Financing, 2023*

	MNHA Code	Sources of Financing	RM Million	Percent
Ministry of Health (MOH)	MS1.1.1.1	Ministry of Health (MOH)	20,952	95.98
Non-Ministry of Health (non-MOH)	MS2.2	Private insurance enterprises (other than social insurance)	337	1.54
	MS2.4	Private household out-of-pocket expenditures (OOP)	275	1.26
	MS1.1.2.2	Other state agencies (including statutory bodies)	154	0.71
	MS1.2.2	Social Security Organisation (SOCSO)	47	0.22
	MS2.5	Non-profit institutions serving households (NGO)	20	0.09
	MS2.6	All corporations (other than health insurance)	17	0.08
	MS1.1.1.9	Other federal agencies (including statutory bodies)	15	0.07
	MS1.1.2.1	(General) State government	6	0.03
	MS1.1.3	Local authorities (LA)	4	0.02
	MS1.2.1	Employees Provident Fund (EPF)	1	0.01
	MS9	Rest of the world (ROW)	<1	<0.01
	Non-MOH Sub-total		877	4.02
Total			21,828	100.00

Note: *MOH Hospital Provider codes include MP1.1a, MP1.2a and MP1.3a

FIGURE 8.2.1: Health Expenditure at MOH Hospitals by Sources of Financing, 2011-2023 (RM million)

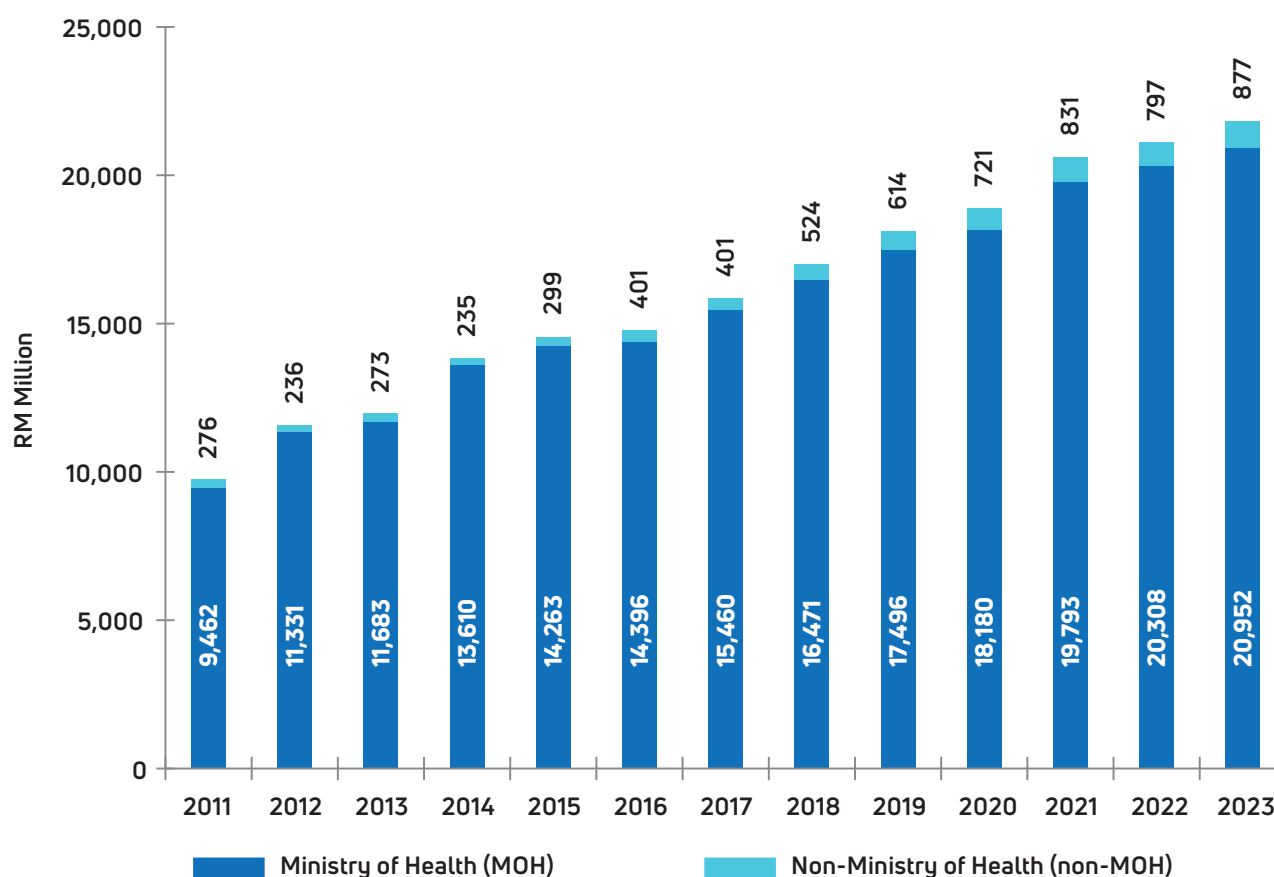


TABLE 8.2.1b: Health Expenditure at MOH Hospitals by Sources of Financing, 2011-2023 (RM Million)													
Sources of Financing	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Ministry of Health (MOH)	9,462	11,331	11,683	13,610	14,263	14,396	15,460	16,471	17,496	18,180	19,793	20,308	20,952
Non-Ministry of Health (non-MOH)	276	236	273	235	299	401	401	524	614	721	831	797	877
Total	9,739	11,567	11,956	13,845	14,562	14,797	15,860	16,995	18,110	18,901	20,623	21,105	21,828

TABLE 8.2.1c: Health Expenditure at MOH Hospitals by Sources of Financing, 2011-2023 (Percent, %)													
Sources of Financing	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Ministry of Health (MOH)	97.16	97.96	97.72	98.30	97.74	97.29	97.47	96.92	96.61	96.18	95.97	96.23	95.98
Non-Ministry of Health (non-MOH)	2.84	2.04	2.28	1.70	2.06	2.71	2.53	3.08	3.39	3.82	4.03	3.77	4.02
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

8.2.2 MOH Health Expenditure - MOH Hospital, Functions of Curative Care

This section provides further information on patient care services at MOH hospitals. Functions of curative care services provided in MOH hospitals are further categorised as in-patient curative care, out-patient curative care and day-cases of curative care. Under the MNHA Framework, these types of services were inclusive of allopathic as well as some traditional and complementary health care services.

In 2023, RM21,828 million was spent at MOH hospitals. Of this amount, RM19,317 million (88.5% of total expenditure at MOH hospitals)

was for curative care services (Table 8.2.2a). In the same year, the expenditure for curative care services at MOH hospitals amounted to RM12,255 million (63.4%) for in-patient care, RM5,657 million (29.3%) for out-patient care, and RM1,404 million (7.3%) for day-case services (Figure 8.2.2).

The 2011-2023 time series data shows that in absolute RM value, the curative care services expenditure in 2023 increased by two-fold compared to the expenditure in 2011 (Table 8.2.2b). The curative care services expenditure in time series shows an average of 95.2% spending at the MOH hospitals (Table 8.2.2c).

TABLE 8.2.2a: Health Expenditure at MOH Hospitals for Functions of Health Care, 2023

	MNHA Code	Functions of Health Care	RM Million	Percent
Curative Care	MF1.1	In-patient curative care	12,255	56.14
	MF1.3	Out-patient curative care	5,657	25.92
	MF1.2	Day cases of curative care	1,404	6.43
		Sub-total (curative care)	19,317	88.49
Non-Curative Care	MR1	Capital formation of health care provider institutions	2,512	11.51
	MF6.4	Prevention of non-communicable disease	0	<0.01
		Sub-total (non curative care)	2,512	11.51
Total			21,828	100.00

FIGURE 8.2.2: Health Expenditure at MOH Hospitals for Curative Care Functions of Health Care, 2023

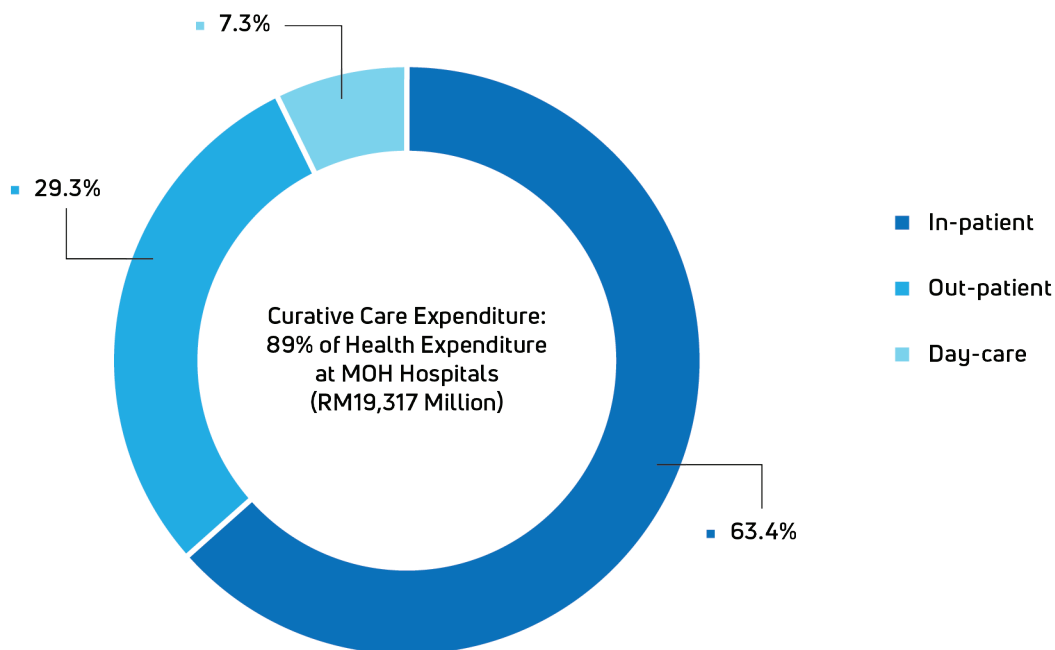


TABLE 8.2.2b: Health Expenditure at MOH Hospitals for Functions of Health Care, 2011-2023 (RM Million)													
Functions of Health Care	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Curative Care	9,643	11,302	11,590	13,576	14,271	14,478	15,749	16,920	17,819	16,785	17,985	18,739	19,317
Non-Curative Care	96	265	366	269	292	319	112	76	291	2,116	2,638	2,366	2,512
Total	9,739	11,567	11,956	13,845	14,562	14,797	15,860	16,995	18,110	18,901	20,623	21,105	21,828

TABLE 8.2.2c: Health Expenditure at MOH Hospitals for Functions of Health Care, 2011-2023 (Percent, %)													
Functions of Health Care	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Curative Care	99.02	97.71	96.94	98.06	98.00	97.85	99.30	99.55	98.39	88.81	87.21	88.79	88.49
Non-Curative Care	0.98	2.29	3.06	1.94	2.00	2.15	0.70	0.45	1.61	11.19	12.79	11.21	11.51
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

OUT-OF-POCKET HEALTH EXPENDITURE

Many countries often obtain household out-of-pocket (OOP) health expenditures through community surveys. However, the best approach for this estimation as used in this report is through a complex method called the integrative method, whereby the gross level of direct health spending from consumption, provision and financing perspectives are collated, followed by a deduction of third-party financial

reimbursements by various agencies to avoid double counting.

The data shown in this chapter includes OOP spending for TCM, health education and training. OOP health expenditure estimation through the integrative method is explained in Chapter 3. In brief, OOP health expenditure estimation uses the formula as follows:

$$\text{OOP Health Expenditure} = (\text{Gross OOP Health Expenditure} - \text{Third Party Payer Reimbursement}) + \text{OOP Expenditure for Health Education \& Training}$$

9.1 OUT-OF-POCKET HEALTH EXPENDITURE – OOP SHARE OF TOTAL EXPENDITURE ON HEALTH AND NATIONAL GDP

In 2023, the OOP health expenditure amounted to RM30,271 million, equivalent to 36.0% of the TEH and 76.0% share of the private source health expenditure. The 2011-2023 time series data shows that the household OOP health expenditure was between 31.1% and 36.6% of TEH

(Table 9.1a and Figure 9.1a). It has remained the largest single source of financing in the private sector throughout the years, with an average of 73.3% of private source health expenditure (Table 9.1a, Figure 9.1b). The OOP health expenditure from 2011 to 2023 increased from RM11,466 million to RM30,271 million, which constitutes 1.3% of GDP in 2011 to 1.7% of GDP in 2023 (Table 9.1b and Figure 9.1c).

TABLE 9.1a: OOP Share of Total Expenditure on Health and Private Sources Health Expenditure, 2011-2023

Year	Private Sources Health Expenditure (RM Million)	Total Expenditure on Health (RM Million)	OOP Health Expenditure (RM Million)	OOP Share of Total Expenditure on Health (Percent, %)	OOP Share of Private Sources Health Expenditure (Percent, %)
2011	15,702	35,953	11,466	31.89	73.02
2012	17,442	39,448	12,649	32.06	72.52
2013	18,780	41,647	13,933	33.45	74.19
2014	20,859	46,780	15,373	32.86	73.70
2015	23,215	50,261	16,260	32.35	70.04
2016	24,962	51,736	17,653	34.12	70.72
2017	27,026	56,332	19,456	34.54	71.99
2018	28,899	60,288	21,015	34.86	72.72
2019	29,821	64,038	21,996	34.35	73.76
2020	30,257	66,890	22,238	33.25	73.50
2021	32,831	77,992	24,288	31.14	73.98
2022	37,912	79,264	28,990	36.57	76.47
2023	39,825	84,192	30,271	35.95	76.01

FIGURE 9.1a: OOP Share of Total Expenditure on Health, 2011-2023 (Percent, %)

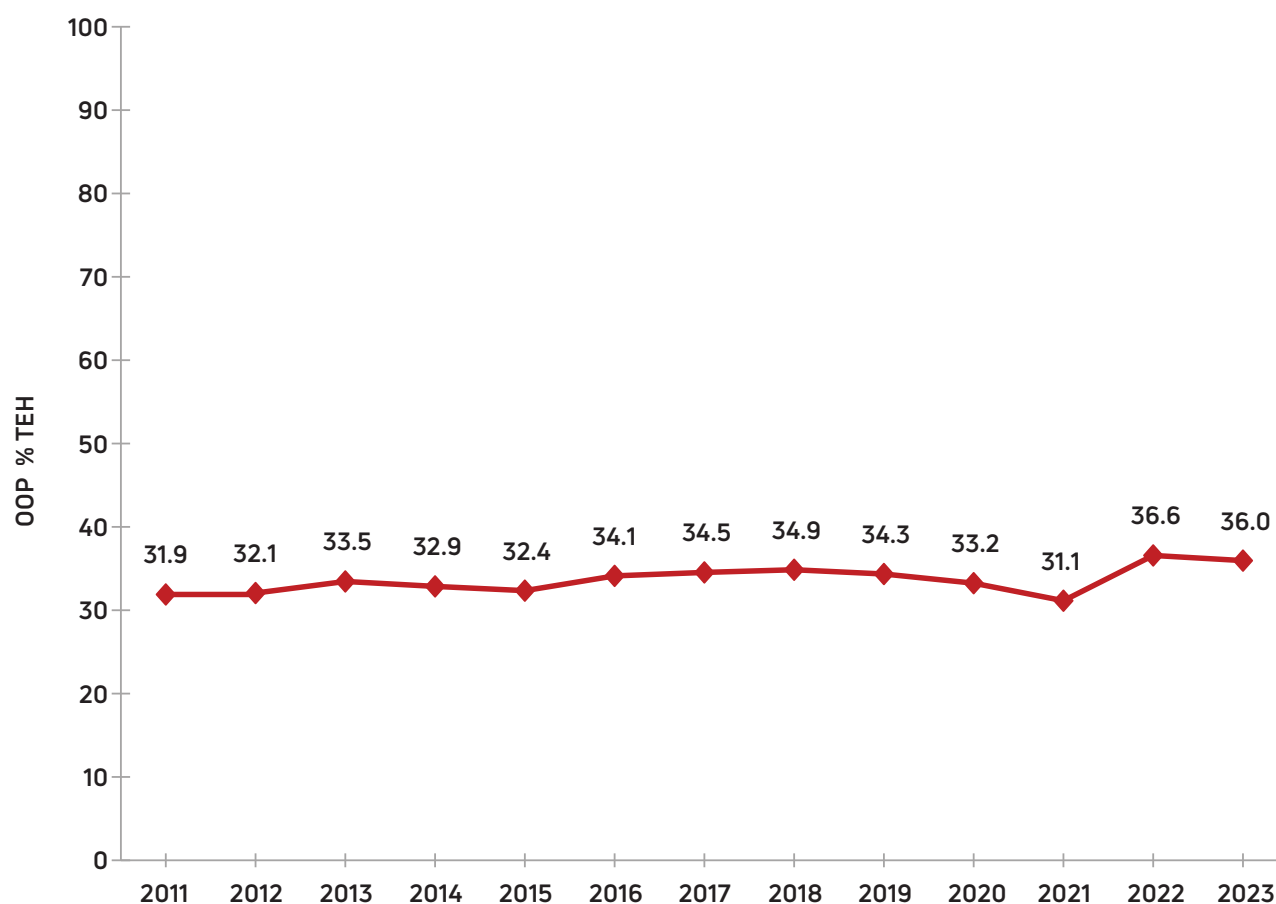


TABLE 9.1b: OOP Health Expenditure and as GDP Percentage, 2011-2023

Year	OOP Health Expenditure (RM Million)	OOP Health Expenditure as % GDP
2011	11,466	1.26
2012	12,649	1.30
2013	13,933	1.37
2014	15,373	1.39
2015	16,260	1.38
2016	17,653	1.41
2017	19,456	1.42
2018	21,015	1.45
2019	21,996	1.45
2020	22,238	1.57
2021	24,288	1.57
2022	28,990	1.62
2023	30,271	1.66

FIGURE 9.1b: OOP Share of Private Sources Health Expenditure, 2011-2023 (Percent, %)

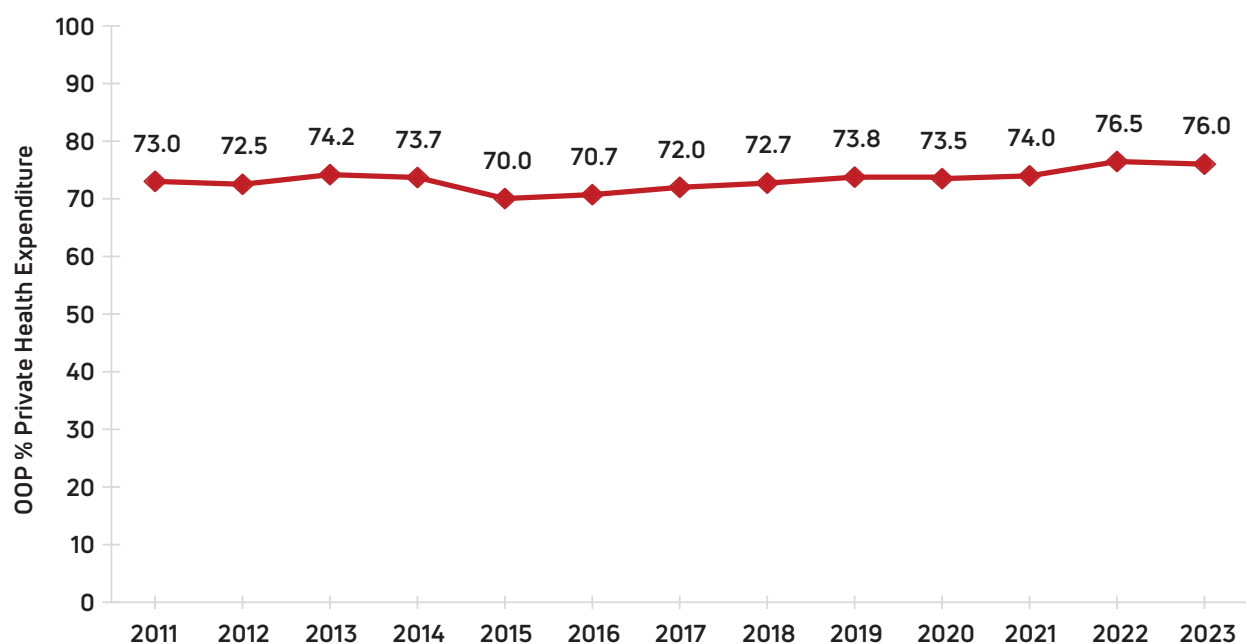
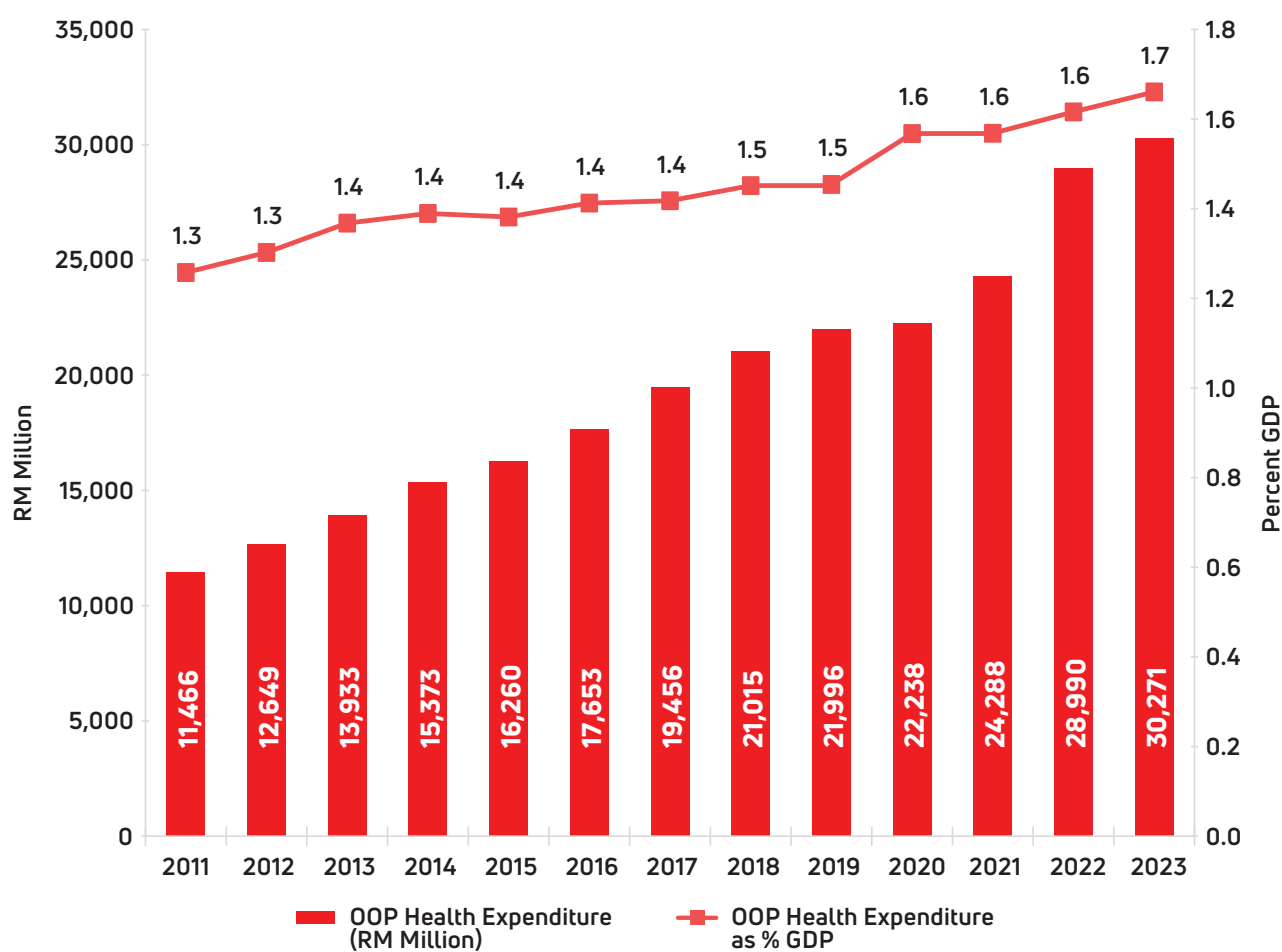


FIGURE 9.1c: OOP Health Expenditure and as GDP percentage, 2011-2023 (RM Million, Percent %)



9.2 OUT-OF-POCKET HEALTH EXPENDITURE TO PROVIDERS OF HEALTH CARE

This section cross tabulates OOP health expenditure with providers of health care. Health providers are defined as entities that produce and provide health care goods and services, which benefit individuals or population groups. These providers could be either public or private providers of health care. The government heavily subsidizes the majority of public sector healthcare services for patients in this country, even if the government outsources any of the services to private providers of health care. However, under the provision of public sector services, there are some components of health care services and several products like prostheses, which are purchased by patients from private providers of health care. When patients seek private sector services, they are often at liberty to purchase these services or products separately. The private providers of health care include several categories of standalone private facilities such as private hospitals, private medical clinics, providers of medical appliances, TCM providers, private dental clinics, community pharmacies and private laboratories. OOP is the mode of payment for services either in the public or private sector. Furthermore, the final amount reported under OOP health expenditure includes expenditure reported by this mode for health education and training.

Throughout the 2011-2023 time series, OOP health expenditure to providers of health care generally shows an increasing pattern (Table

9.2a and Figure 9.2a). In 2023, of the total RM29,061 million of OOP health expenditure to private providers of health care, private hospitals consumed the largest share at RM14,055 million (48.4%), followed by private medical clinics at RM5,543 million (19.1%), community pharmacies at RM5,000 million (17.2%), private dental clinics at RM1,417 million (4.9%), retail sale and other suppliers of medical goods and appliances at RM1,104 million (3.8%), TCM providers at RM785 million (2.7%), private medical and diagnostic laboratories at RM50 million (0.2%) and the balance, RM1,106 million (3.8%) comprised of other private providers of health care such as private institutions, private haemodialysis and other of ambulatory care services (Table 9.2b and Figure 9.2b).

The 2011-2023 time series data shows an average of 94.5% of OOP health expenditure occurred at private providers of health care, with an increasing expenditure pattern (RM value) at various private providers. The highest increase in absolute amount is seen at private hospitals, from RM5,359 million in 2011 to RM14,055 million in 2023, a difference of RM8,696 million. Similarly, there is an increase in spending at community pharmacies from RM1,407 million in 2011 to RM5,000 million in 2023. The OOP health expenditure at private medical clinics showed a fluctuating trend, with an expenditure of RM5,543 million in 2023. The time series data also shows a fluctuating pattern of OOP health expenditure at public providers with an average of 5.5% throughout the years (Table 9.2c and Table 9.2d).

TABLE 9.2a: OOP Health Expenditure to Public and Private Providers of Health Care, 2011 - 2023 (RM Million)

Provider name	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Public Providers	628	691	1,013	995	1,071	1,202	1,196	1,112	1,118	1,225	958	1,058	1,210
Private Providers	10,838	11,957	12,920	14,378	15,188	16,451	18,260	19,902	20,877	21,013	23,330	27,932	29,061
Total	11,466	12,649	13,933	15,373	16,260	17,653	19,456	21,015	21,996	22,238	24,288	28,990	30,271

FIGURE 9.2a: OOP Health Expenditure to Public and Private Providers of Health Care, 2011-2023 (RM Million)

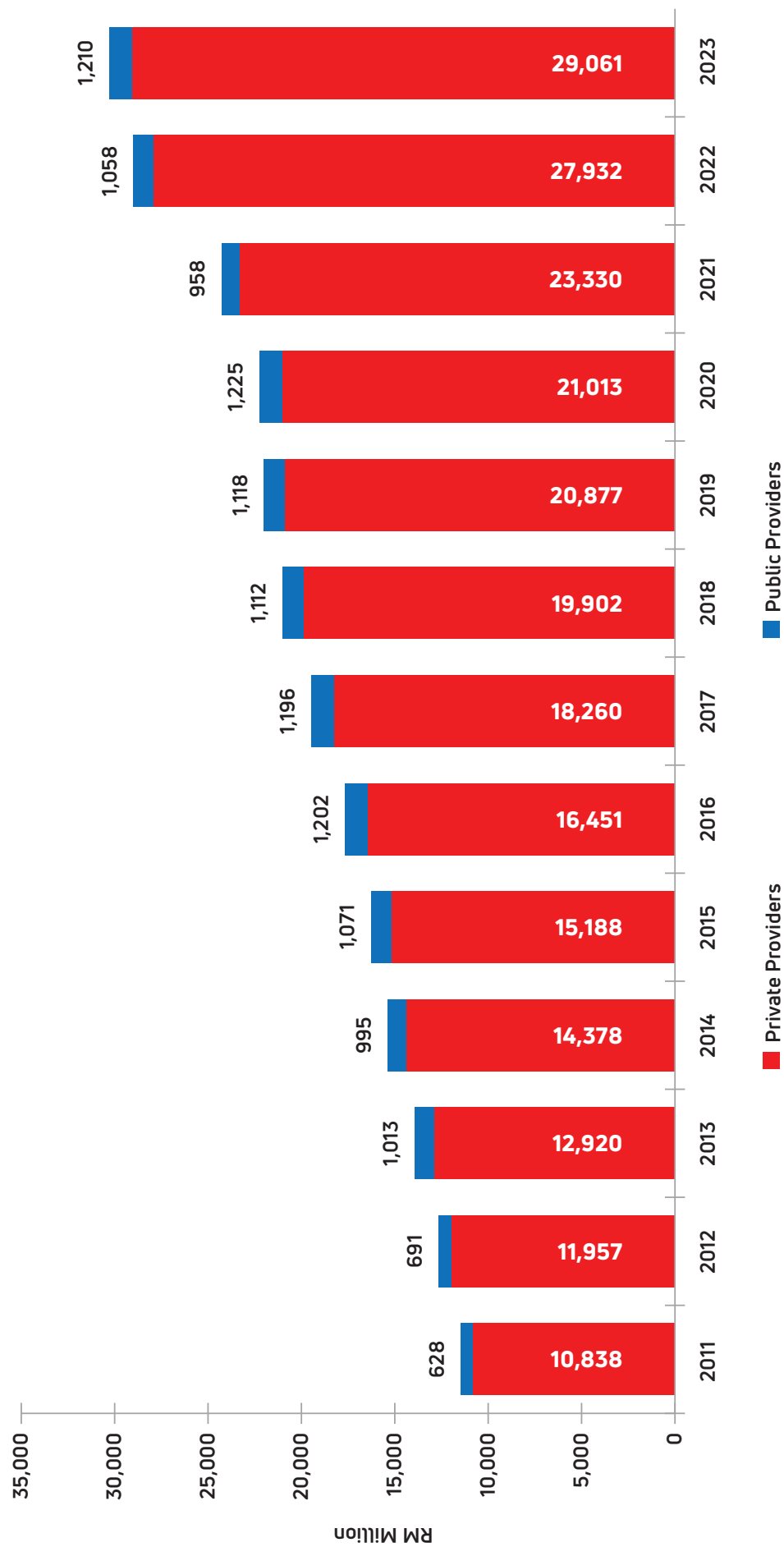


TABLE 9.2b: OOP Health Expenditure to Private Providers of Health Care, 2023 (RM Million, Percent %)

Provider Name	RM (Million)	Percent
Private hospitals	14,055	48.36
Private medical clinics	5,543	19.07
Private pharmacies	5,000	17.21
Private dental clinics	1,417	4.88
All other private sector providers of health care	1,106	3.81
Retail sale and other suppliers of medical goods and appliances	1,104	3.80
Traditional and Complementary Medicine (TCM) providers	785	2.70
Private medical and diagnostic laboratories	50	0.17
Total	29,061	100.00

FIGURE 9.2b: OOP Health Expenditure to Private Providers of Health Care, 2023

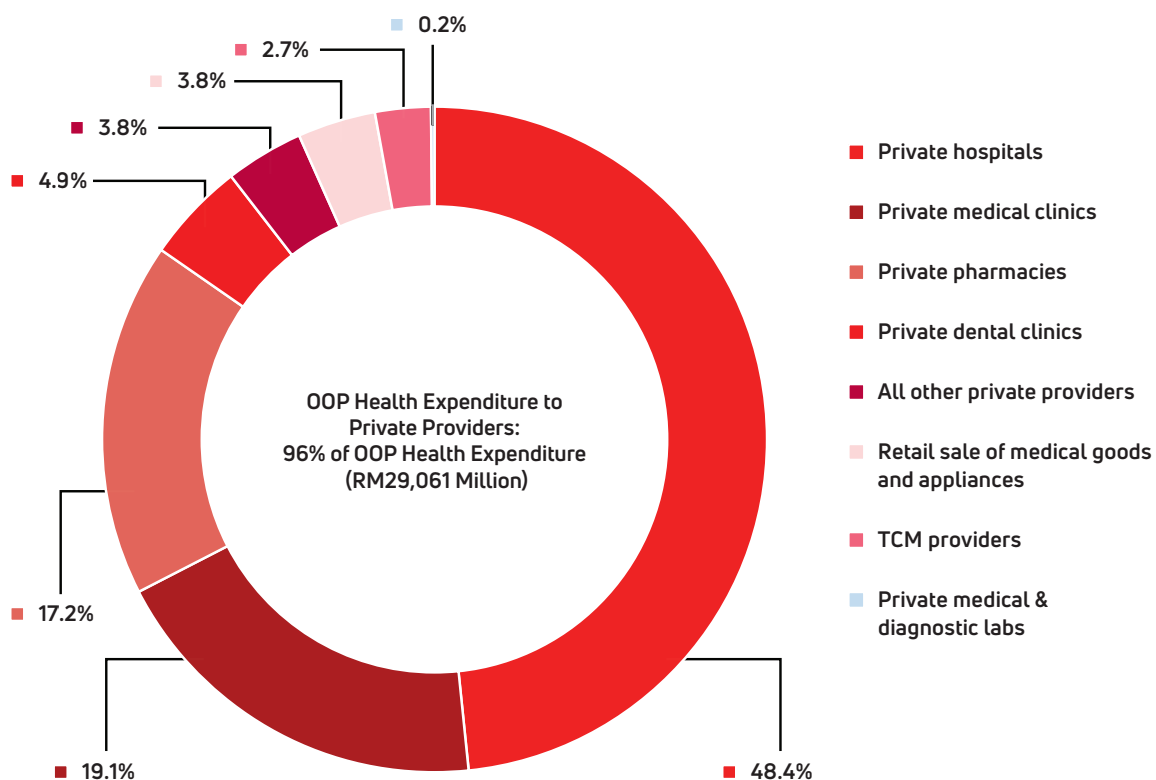


TABLE 9.2c: OOP Health Expenditure to Providers of Health Care, 2011-2023 (RM Million)													
Provider Name	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Private hospitals	5,359	5,613	5,736	6,034	6,797	7,479	8,574	9,259	10,156	10,323	11,505	13,712	14,055
Private medical clinics	2,272	2,654	3,055	3,767	3,181	3,433	3,841	3,939	4,361	4,300	4,542	5,743	5,543
Private pharmacies	1,407	1,580	1,842	2,360	2,625	2,711	2,842	3,579	3,113	3,161	3,659	4,220	5,000
Private dental clinics	509	560	592	646	851	911	1,011	1,076	1,127	1,080	1,176	1,382	1,417
Retail sale and other suppliers of medical goods and appliances	321	326	325	334	420	511	543	556	558	637	816	1,087	1,104
Traditional and Complementary Medicine (TCM) providers	394	412	424	452	531	617	645	647	641	604	664	773	785
Private medical and diagnostic laboratories	43	59	78	108	72	44	46	46	46	42	45	49	50
All other private sector providers of health care	534	754	869	678	711	745	757	801	876	866	924	967	1,106
Sub-Total (Private Providers)	10,838	11,957	12,920	14,378	15,188	16,451	18,260	19,902	20,877	21,013	23,330	27,932	29,061
Public institutions providing health-related services	324	388	634	638	669	716	724	657	635	685	493	578	625
Public hospitals	259	253	334	309	372	453	438	420	446	471	422	436	533
Public medical clinics	45	50	44	48	18	20	18	18	18	55	24	27	31
Public dental clinics	-	-	-	-	13	14	16	17	20	11	15	18	20
Provision and administration of public health programmes (MOH)	-	-	-	-	-	-	-	-	-	4	4	0	-
Government administration of health	-	-	-	-	-	-	-	-	-	0	0	-	1
Sub-Total (Public Providers)	628	691	1,013	995	1,071	1,202	1,196	1,112	1,118	1,225	958	1,058	1,210
Total	11,466	12,649	13,933	15,373	16,260	17,653	19,456	21,015	21,996	22,238	24,288	28,990	30,271

TABLE 9.2d: OOP Health Expenditure to Providers of Health Care, 2011-2023 (Percent, %)													
Provider Name	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Private hospitals	46.74	44.38	41.17	39.25	41.80	42.37	44.07	44.06	46.17	46.42	47.37	47.30	46.43
Private medical clinics	19.82	20.98	21.93	24.50	19.56	19.45	19.74	18.74	19.83	19.33	18.70	19.81	18.31
Private pharmacies	12.27	12.49	13.22	15.35	16.15	15.36	14.61	17.03	14.15	14.22	15.07	14.56	16.52
Private dental clinics	4.44	4.43	4.25	4.20	5.23	5.16	5.19	5.12	5.12	4.85	4.84	4.77	4.68
Retail sale and other suppliers of medical goods and appliances	2.80	2.57	2.34	2.17	2.58	2.90	2.79	2.64	2.54	2.86	3.36	3.75	3.65
Traditional and Complementary Medicine (TCM) providers	3.43	3.25	3.04	2.94	3.26	3.49	3.32	3.08	2.91	2.72	2.73	2.67	2.59
Private medical and diagnostic laboratories	0.38	0.47	0.56	0.70	0.44	0.25	0.24	0.22	0.21	0.19	0.18	0.17	0.17
All other private sector providers of health care	4.65	5.96	6.23	4.41	4.37	4.22	3.89	3.81	3.98	3.89	3.80	3.34	3.65
Sub-Total (Private Providers)	94.52	94.53	92.73	93.53	93.41	93.19	93.85	94.71	94.92	94.49	96.06	96.35	96.00
Public institutions providing health-related services	2.83	3.07	4.55	4.15	4.11	4.05	3.72	3.13	2.89	3.08	2.03	1.99	2.07
Public hospitals	2.26	2.00	2.40	2.01	2.29	2.56	2.25	2.00	2.03	2.12	1.74	1.50	1.76
Public medical clinics	0.40	0.40	0.32	0.31	0.11	0.11	0.09	0.09	0.08	0.25	0.10	0.09	0.10
Public dental clinics	na	na	na	na	0.08	0.08	0.08	0.08	0.09	0.05	0.06	0.06	0.07
Provision and administration of public health programmes (MOH)	na	na	na	na	na	na	na	na	na	0.02	0.01	na	na
Government administration of health	na	na	na	na	na	na	na	na	na	na	na	na	0.00
Sub-Total (Public Providers)	5.48	5.47	7.27	6.47	6.59	6.81	6.15	5.29	5.08	5.51	3.94	3.65	4.00
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

9.3 OUT-OF-POCKET HEALTH EXPENDITURE FOR FUNCTIONS OF HEALTH CARE

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 services of curative care, ancillary services, medical goods and appliances and others, as well as health-related functions such as capital asset purchases, education and training, research and development and others.

In 2023 the largest proportion of OOP health expenditure was RM11,825 million (39.1% of OOP Health expenditure) for out-patient care services. This includes out-patient care services provided both in standalone medical clinics and hospital facilities. In the same year, in-patient care services were at RM6,914 million (22.8% of OOP health expenditure). This includes spending at public and private hospitals, with a greater proportion at private hospitals. The OOP health spending for pharmaceuticals, including over-the-counter and prescription drugs, was RM5,000 million (16.5% of OOP health expenditure), health education and training was RM1,709 million (5.6% of OOP

health expenditure), medical appliances and non-durable goods was RM1,400 million (4.6% of OOP health expenditure), day-care services at RM976 million (3.2% of OOP health expenditure), TCM was RM574 million (1.9% of OOP health expenditure), and the remaining RM1,871 million (6.2% of OOP health expenditure) was for other functions (Table 9.3a, Table 9.3b and Figure 9.3a).

Although the 2011-2023 time series data shows a general increase in OOP health spending for various functions, the proportions showed some variations. Over these 13 years, the OOP health spending for out-patient services increased from RM5,145 million in 2011 to RM11,825 million in 2023. There is also a rise in spending on in-patient services from RM2,786 million in 2011 to RM6,914 million in 2023, with the proportion of this function fluctuating from 19.9% to 24.3% over the same period (Table 9.3b). There is a three-fold increase in OOP health spending for pharmaceuticals from RM1,407 million in 2011 to RM5,000 million in 2023 and health education and training from RM789 million in 2011 to RM1,709 million in 2023 and almost a two-fold increase in OOP health expenditure (Table 9.3a and Table 9.3b).

TABLE 9.3a: OOP Health Expenditure for Functions of Health Care, 2011-2023 (RM Million)													
Function Name	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Out-patient services	5,145	5,709	6,206	7,067	6,944	7,353	8,222	8,607	9,307	9,120	9,881	12,033	11,825
In-patient services	2,786	2,831	2,976	3,056	3,331	3,791	4,383	4,363	4,803	5,051	5,667	6,770	6,914
Pharmaceuticals	1,407	1,580	1,842	2,360	2,625	2,711	2,842	3,579	3,113	3,161	3,659	4,220	5,000
Health education and training	789	1,066	1,424	1,244	1,325	1,427	1,452	1,452	1,493	1,531	1,374	1,527	1,709
Medical appliances and non-durable goods	384	394	398	413	596	700	753	779	794	860	1,062	1,376	1,400
Day-care services	328	338	374	409	486	535	629	682	582	559	647	857	976
Traditional and Complementary Medicine (TCM)	298	310	317	335	407	482	495	488	474	447	489	565	574
All other functions	329	421	396	489	545	655	680	1,065	1,430	1,508	1,510	1,642	1,871
Total	11,466	12,649	13,933	15,373	16,260	17,653	19,456	21,015	21,996	22,238	24,288	28,990	30,271

TABLE 9.3b: OOP Health Expenditure for Functions of Health Care, 2011-2023 (Percent, %)													
Function Name	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Out-patient services	44.87	45.13	44.54	45.97	42.71	41.65	42.26	40.95	42.31	41.01	40.68	41.51	39.06
In-patient services	24.29	22.38	21.36	19.88	20.49	21.47	22.53	20.76	21.84	22.71	23.33	23.35	22.84
Pharmaceuticals	12.27	12.49	13.22	15.35	16.15	15.36	14.61	17.03	14.15	14.22	15.07	14.56	16.52
Health education and training	6.89	8.43	10.22	8.09	8.15	8.08	7.47	6.91	6.79	6.88	5.66	5.27	5.65
Medical appliances and non-durable goods	3.35	3.12	2.86	2.69	3.67	3.96	3.87	3.71	3.61	3.87	4.37	4.74	4.63
Day-care services	2.86	2.68	2.69	2.66	2.99	3.03	3.23	3.25	2.65	2.51	2.66	2.96	3.23
Traditional and Complementary Medicine (TCM)	2.60	2.45	2.27	2.18	2.50	2.73	2.55	2.32	2.15	2.01	2.01	1.95	1.90
All other functions	2.87	3.33	2.84	3.18	3.35	3.71	3.49	5.07	6.50	6.78	6.22	5.66	6.18
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

FIGURE 9.3a: OOP Health Expenditure for Functions of Health Care, 2023

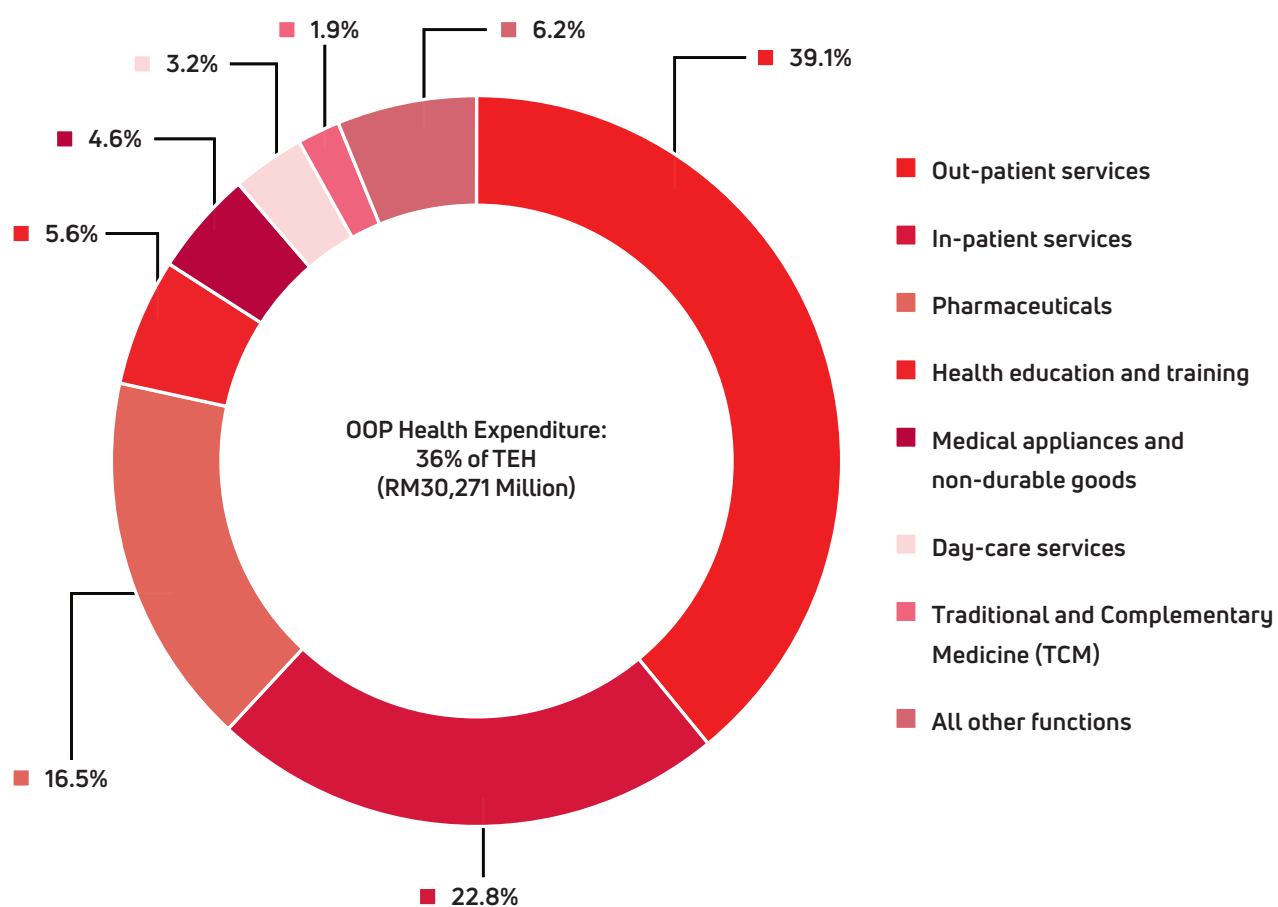
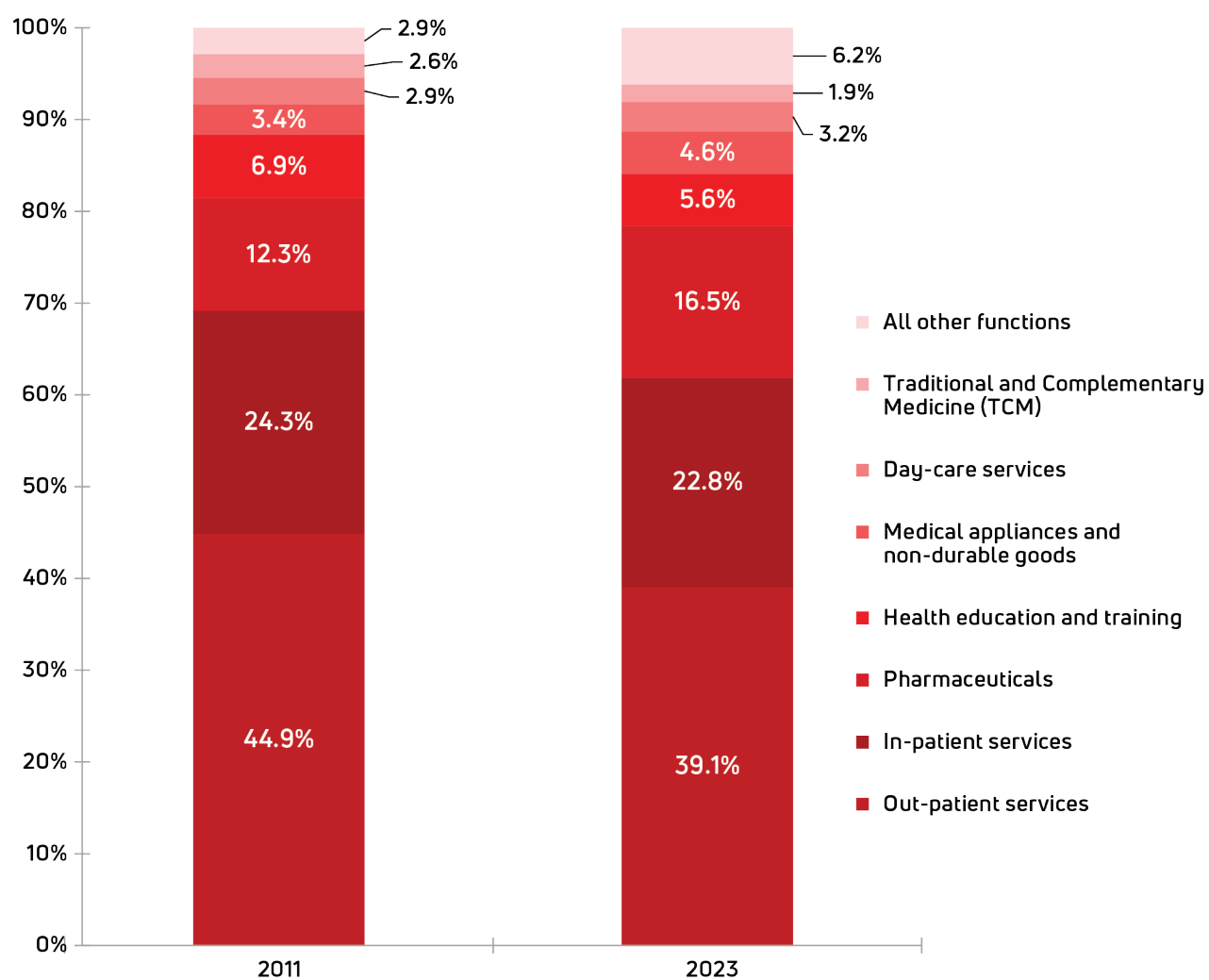


FIGURE 9.3b: OOP Health Expenditure by Functional Proportion, 2011 & 2023



PRIMARY HEALTH CARE (PHC) EXPENDITURE

10.1 CONCEPTUALIZATION OF PRIMARY HEALTH CARE

The concept of Primary Health Care (PHC) has evolved over the years since its original definition in the 1978 Declaration of Alma-Ata. Different interpretations of PHC exist, ranging from basic health care services to priority interventions for underserved populations. However, these interpretations often oversimplify the comprehensive approach outlined in the Alma-Ata Declaration, risking the loss of the benefits of a holistic PHC strategy.

A comprehensive approach to health encompasses the whole government and whole of society approach, intending to achieve the highest level of health and well-being for all individuals and ensure equal access to healthcare services. The concept of PHC consists of three key components:

- **Integrated health services**

This includes providing comprehensive care that addresses people's health needs throughout their lives, focusing on promotion, protection, prevention, treatment, and palliative care. Additionally, it involves strategically prioritizing essential healthcare services for individuals, families, and the population.

- **Multisectoral policy and action**

It involves addressing the broader determinants of health. This includes considering social, economic, and environmental factors, as well as individual characteristics and behaviours. Evidence-

based policies and actions are implemented across all sectors to improve health outcomes.

- **Empowerment of individuals and communities**

Recognizing their active role in promoting and maintaining their health is crucial. This involves providing individuals and communities with the knowledge, resources, and support necessary to make informed decisions about their health and actively participate in healthcare processes.

10.2 VARIOUS INTERNATIONAL PRIMARY HEALTH CARE GUIDELINES

PHC is widely acknowledged as the cornerstone of any health system and is considered the most efficient, effective and fair method of delivering essential health services to the majority of the population at the lowest possible cost. The recent updates from WHO, the Organisation for Economic Co-operation and Development (OECD) and The Lancet Global Health Commission have led to the development of various guidelines regarding the boundaries of PHC.

- The OECD defines PHC expenditure as the spending on basic healthcare services derived from the healthcare function classification. This includes general outpatient curative care, outpatient dental care, home-based curative care and preventive care. An extended option also includes spending on pharmaceuticals. The

expenditure is limited to services provided by ambulatory care providers.

- On the other hand, the WHO's definition of PHC also uses the health care function classification but includes additional components. These components are curative outpatient care not elsewhere classified, outpatient and home-based long-term health care, 80% of medical goods provided outside health care services and 80% of health system administration and governance expenditure. The inclusion of

hospital-based general outpatient care, pharmaceuticals and administrative costs makes the WHO definition broader than the OECD's definition.

- The Lancet Global Health Commission used the WHO's definition of PHC expenditure but excluded administration and governance expenditures. This decision was made to provide a more focused analysis.

Table 10.1 displays a summary of the different boundaries mentioned, as opposed to the old PHC boundaries of Malaysia.

TABLE 10.1: Comparison of various PHC boundaries

Description	OLD MOH 	OECD 	WHO 	LANCET THE LANCET Global Health
Provider Perspective	YES	YES	NO	NO
Medical Goods	NO	YES, partial Extended Classification	YES (80%)	YES (80%)
Governance, Health System, and Financing Administration	NO	NO	YES (80%)	NO
Prevention and Public Health Service	YES	Partial	YES	YES
Long-term Care	NO	NO	YES	YES
Private Hospitals (General Outpatient)	NO	YES	YES	YES
Home-based Curative Care	YES	YES	YES	YES
General Outpatient Curative Care	Partial	YES	YES	YES

Globally, determining whether the amount spent on PHC Expenditure in a particular country is sufficient remains a challenge. Ultimately, the significance of expenditure lies in understanding how it is financed, the structure of the health

system, fiscal conditions and other relevant factors. It is crucial to recognize that monitoring PHC spending is not an end goal in itself and the aim should not be solely to increase spending by a certain percentage.

10.3 MALAYSIA'S NEW BOUNDARIES OF PRIMARY HEALTH CARE

The definition and scope of primary healthcare (PHC) may vary depending on the specific policy requirements of each country. In the past, a set of criteria was established in 2018 to define the boundaries of primary healthcare (PHC). However, as time goes on, it becomes necessary to adjust the country's PHC boundaries to a new set that better reflects the current situation.

Key stakeholders in Malaysia conducted extensive discussions and consultations to establish a framework for mapping the cross-tabulation of MNHA's healthcare provider and function codes within the MNHA framework, following international recommendations. This cross-tabulation was aimed at enhancing the precision of primary healthcare spending. The main objective was to accurately represent

PHC in alignment with a diverse set of agreed-upon guidelines. Discussions involved various organisations, including the Family Health Development Division (BPKK), the Public Health Development Division (BPKA), the Pharmaceutical Services Divisions and the MNHA team of the Planning Division.

The boundaries of PHC extend beyond providing essential services to individuals, encompassing broader health determinants such as community-based disease prevention efforts as well as expenditures related to health promotion and prevention activities. Following continuous deliberations, an agreement was reached regarding the final boundaries of the National PHC, which are comprehensively outlined in Table 10.2. These conclusive arrangements underwent review by the Technical Advisory Committee and Steering Committee before receiving official endorsement.

TABLE 10.2: Primary Health Care (PHC) Boundaries

NEW		OLD	
Provider	Function	Provider	Function
MOH Hospitals without Specialist	Basic medical and diagnostic services	MOH Hospitals without Specialist	Basic medical and diagnostic services
Hospitals (Public non-MOH)	Basic medical and diagnostic services	Hospitals (Public non-MOH)	Basic medical and diagnostic services
Hospitals (Private)	Basic medical and diagnostic services		
Medical practitioner clinics	Basic medical and diagnostic services	Medical practitioner clinics	Basic medical and diagnostic services
	Services of curative home care		Services of curative home care
All Providers	Dental outpatient curative care	All Providers	Dental outpatient curative care
	Prevention and public health services (partial)		Prevention and public health services (all)
	Outpatient long-term health care		
	Outpatient home-based long-term care		
	Pharmaceuticals and other medical non-durables (80%)		

References:

1. Organisation for Economic Co-operation and Development. 2019. Deriving Preliminary Estimates of Primary Care Spending Under the SHA 2011 Framework.
2. World Health Organization. 2021. Measuring Primary Health Care Expenditure Under SHA 2011 Technical Note.
3. Hanson K. et al. 2022. The Lancet Global Health Commission on Financing Primary Health Care: Putting People at The Centre.

10.4 PRIMARY HEALTH CARE EXPENDITURE

In 2023, the expenditure on primary health care (PHC) amounted to RM22,894 million, constituting 27.2% of the total expenditure on health (TEH) (Figure 10.1). From this total PHC

expenditure, public sources contributed 32.9%, while private sources accounted for 72.8% (Figure 10.2). The Ministry of Health (MOH) allocated RM6,790 million, representing 18.8% of its overall expenditure, towards PHC (Figure 10.3).

FIGURE 10.1: Primary Health Care Expenditure as Percentage of Total Expenditure on Health, 2023

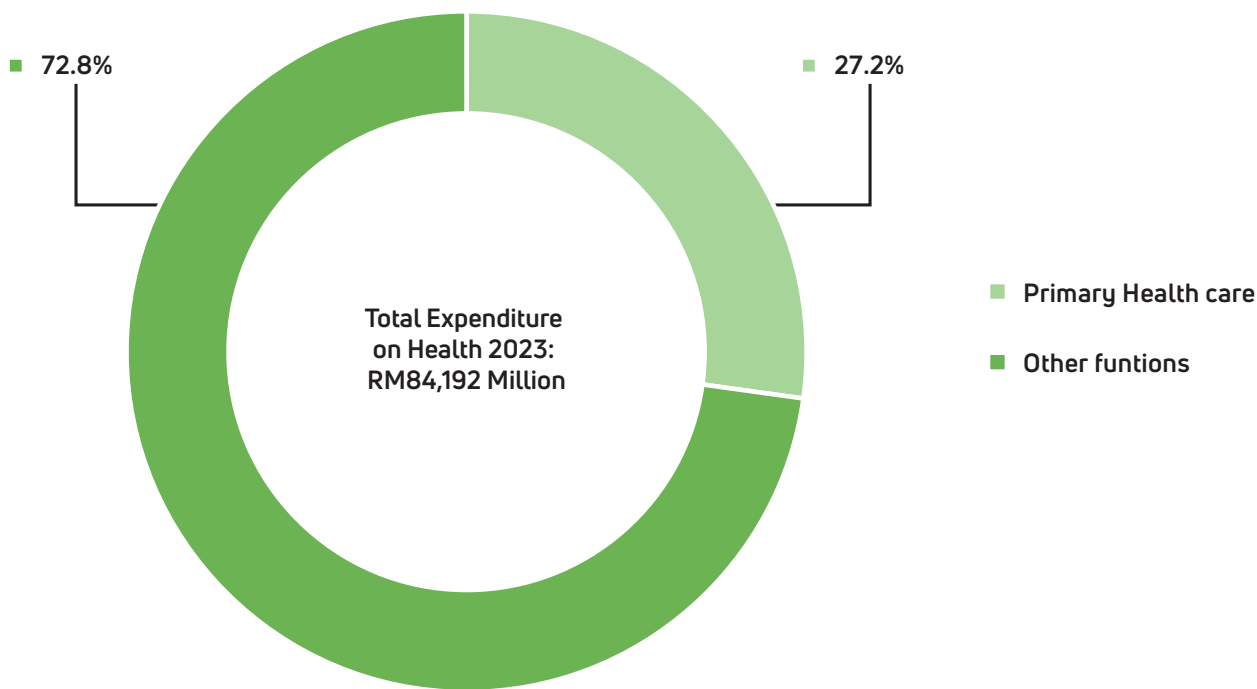


FIGURE 10.2: Primary Health Care Expenditure by Sources of Financing, 2023

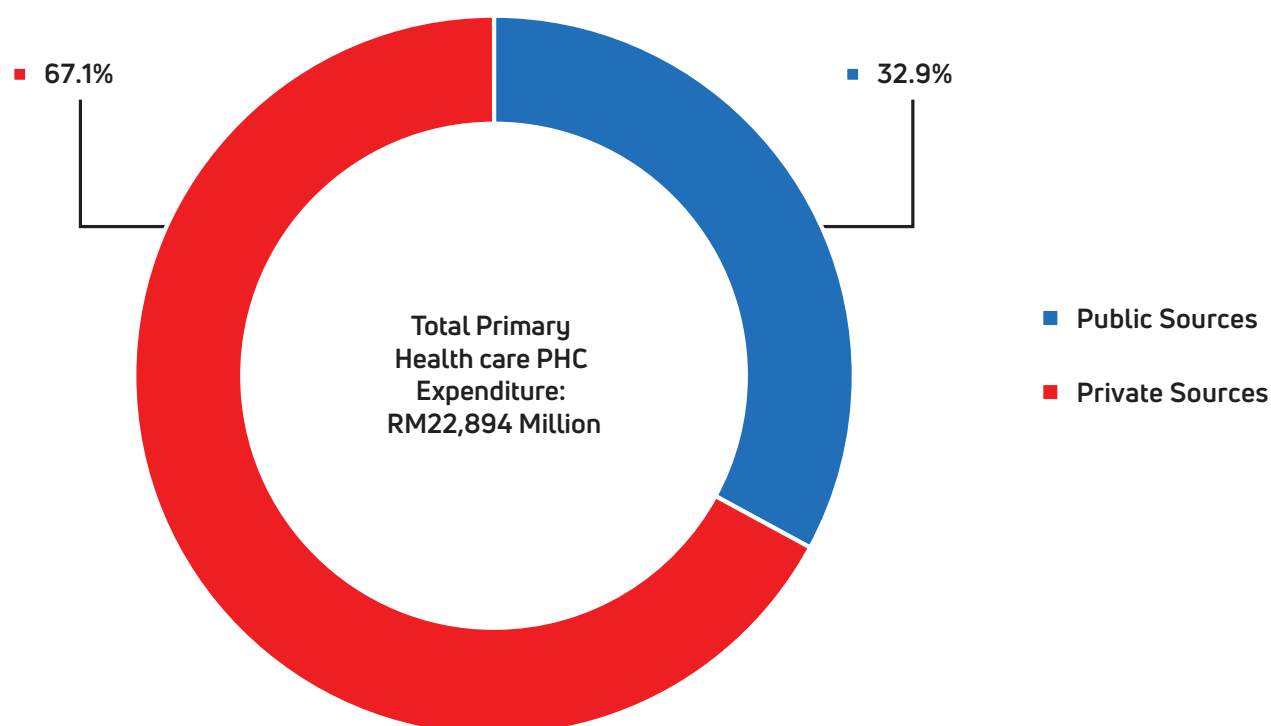
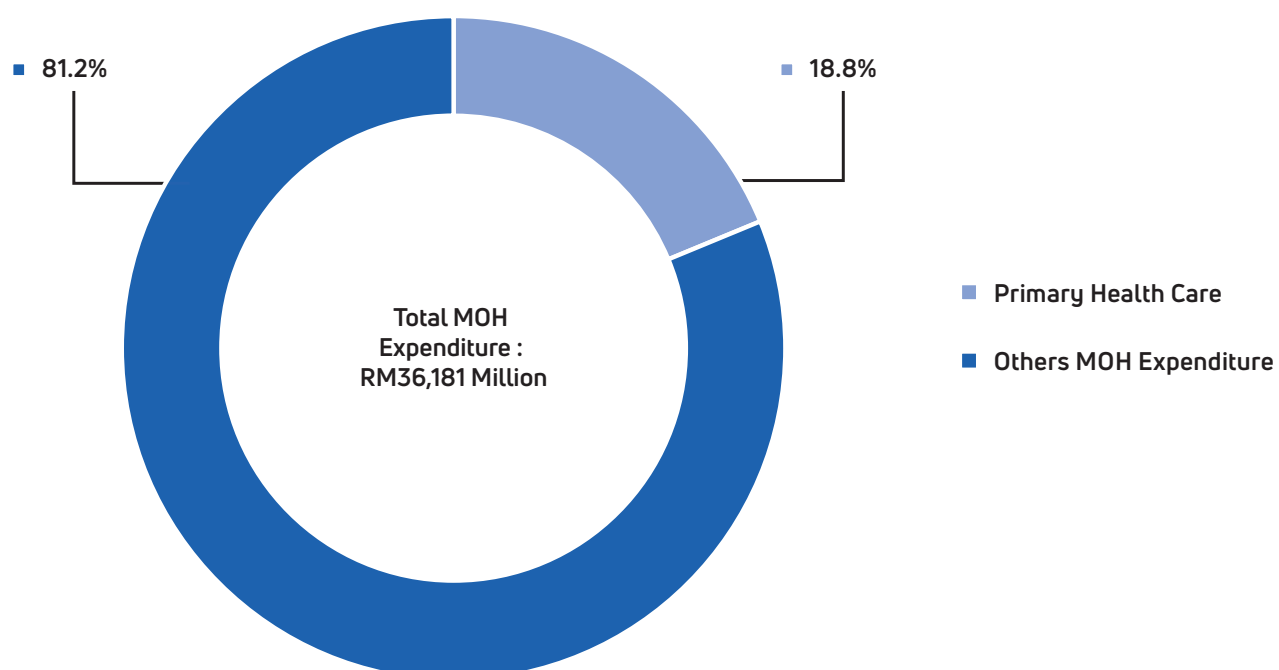


FIGURE 10.3: Primary Health Care Expenditure as Percentage of MOH Expenditure, 2023



INTERNATIONAL NHA DATA

Global Health Expenditure Database (GHED) is the largest database that provides a global reference for health expenditure data for more than 190 World Health Organization (WHO) member countries. On an annual basis, every member country submits their two years lag (t-2) national health expenditure data according to WHO request formats. WHO carries out its own country-level analysis and estimations in case of gaps in data based on the System of Health Accounts (SHA) framework. Available submitted country-specific NHA data and country-specific macro-level data from various sources, including the United Nations (UN), World Bank (WB), and International Monetary Fund (IMF) form the basis of WHO's NHA analysis.

The outputs of WHO analysis are then uploaded onto the GHED as the international health expenditure data of the member countries. These WHO estimations for member countries allow standardisation in NHA reporting and ensure better cross-country comparability. This is freely accessible via the related website. However, it is important to recognise that every member country, like Malaysia, may produce their own NHA reporting based on local needs. As such, the MNHA Framework with slightly different boundaries of definitions is more relevant in the Malaysian context, especially for policymakers, health planners, researchers and other interested parties.

SHA is an internationally accepted methodology for analysing financial flow in the health systems of various countries. It was first published in 2000 by the Organisation for Economic Cooperation and Development (OECD) and later adopted by the WHO to inform health policy and measure health system performance. The first version of

the SHA is referred to as SHA 1.0. In keeping with structural changes and further development of the health care industry during the subsequent decade, related international organisations of OECD, Eurostat and WHO produced an updated version of the SHA, which is referred to as SHA 2011.

GHED, in WHO website, accommodates NHA data reporting based on the latest SHA 2011 framework since December 2017. It was decided that for countries which have yet to migrate to this new format of NHA reporting, WHO would carry out their own analysis based on whatever available data, either in SHA 1.0 or SHA 2011 formats. Table 11.1 shows available data in the GHED under various headers, which have further disaggregated data as listed in Appendix Table A3.1 and A3.2.

A total of eight developing and developed countries with potential policy relevance to Malaysia are selected from the WHO GHED database for country comparison. Comparisons were made based on 2022 as the latest available year when this report was produced. The countries included were the United States of America, United Kingdom, Australia, Republic of Korea, Singapore, Türkiye, Thailand and Indonesia.

As mentioned in Section 2.3, CHE instead of TEH was used by WHO for international comparison. In 2022, based on the WHO GHED, the CHE of Malaysia was 3.9% of GDP, which was lower than other countries such as Thailand, Singapore, Republic of Korea, Australia, United Kingdom and United States of America but higher than Türkiye, and our neighbouring country Indonesia (Figure 11.1).

Even though SHA 2011 does not use the terms “public” or “private” sources of financing, the GHED maintains this terminology under the list of indicators under “domestic general government” and “domestic private” health expenditure (Appendix Table A3.1). Most developed countries

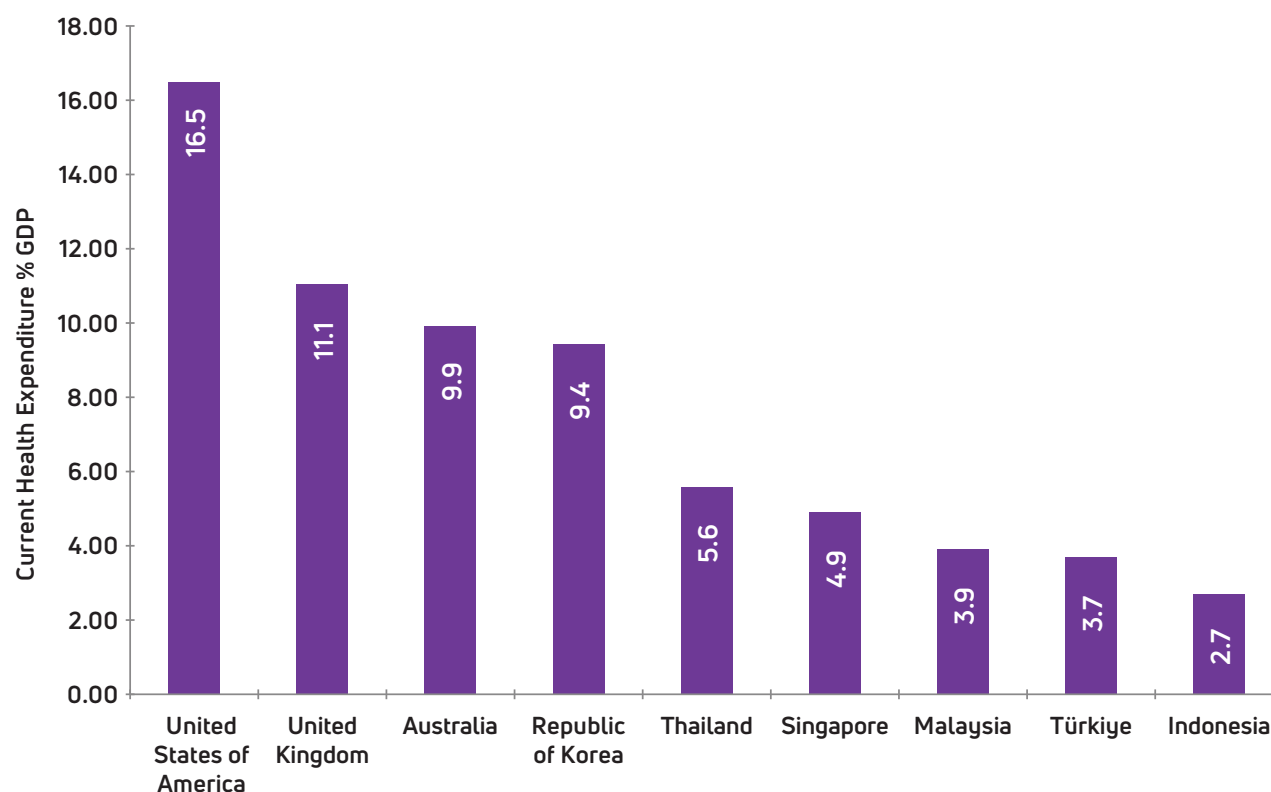
have higher domestic government health expenditures than domestic private health expenditures (Figure 11.2). In terms of OOP health financing scheme, Malaysia is listed on first highest rank with 37.9% of CHE compared to other countries (Figure 11.3).

TABLE 11.1: Available Data in GHED under Various Headers

	Main Header		Sub-Header
1	Indicators	1.1	Aggregates
		1.2	Financing Sources
		1.3	Financing Schemes
		1.4	Primary Health Care
		1.5	Diseases and Conditions
		1.6	COVID-19
		1.7	Macro
2	Health Expenditure Data	2.1	Revenues
		2.2	Financing Schemes
		2.3	Health Care Functions
		2.4	Diseases and Conditions
		2.5	COVID-19 Spending Memorandum Items
		2.6	Age
		2.7	Health Care Providers
		2.8	Capital Expenditure
3	Macro Data	3.1	Consumption
		3.2	Exchange Rates
		3.3	Price Index
		3.4	Population

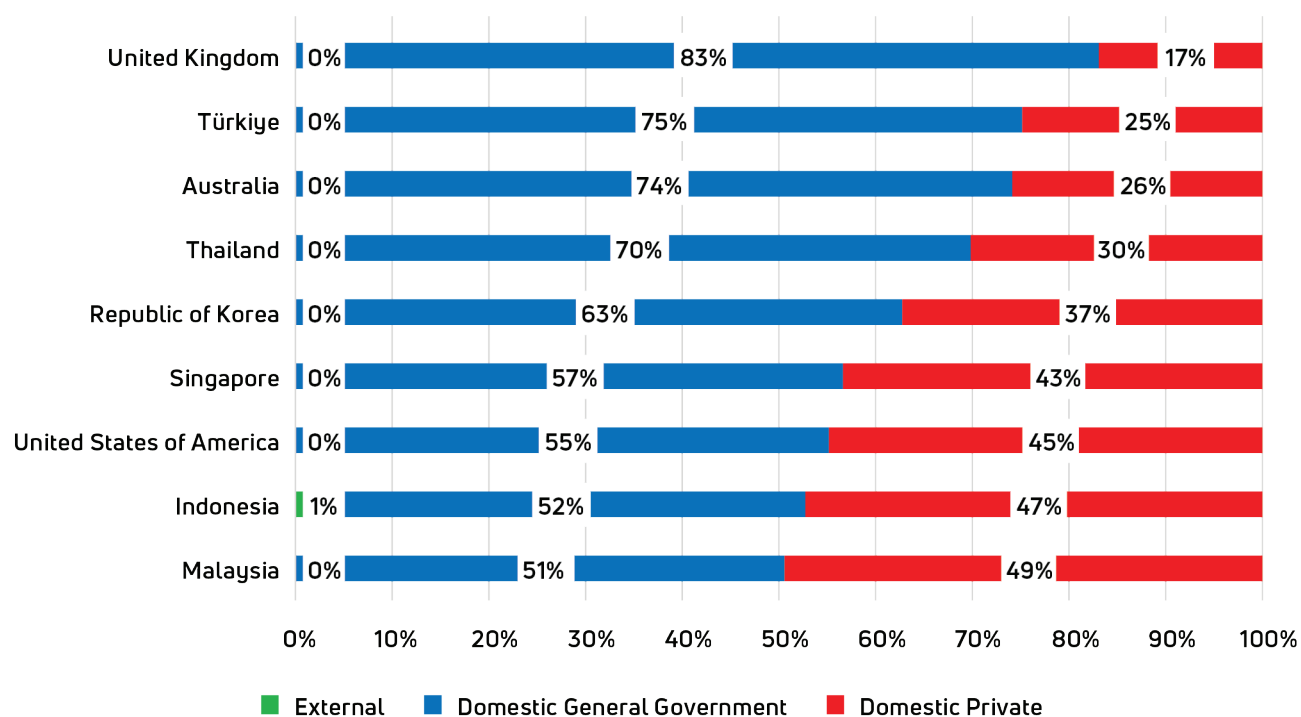
Source: Global Health Expenditure Database (GHED) WHO NHA on 30th December 2024

FIGURE 11.1: International Comparison of Current Health Expenditure as Percent GDP, 2022



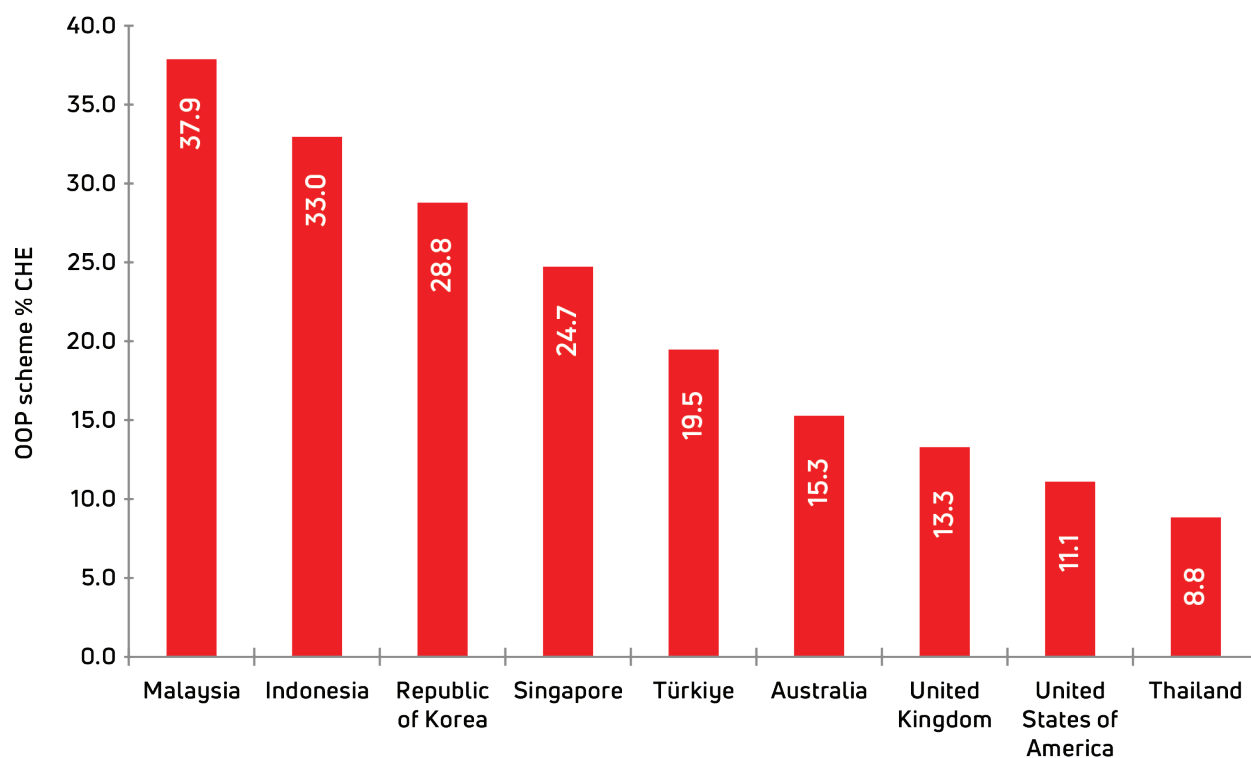
Source: Global Health Expenditure Database (GHED) WHO NHA on 30th December 2024

FIGURE 11.2: International Comparison of Domestic Government and Private Health Expenditure, 2022



Source: Global Health Expenditure Database (GHED) WHO NHA on 30th December 2024

FIGURE 11.3: International Comparison of Out-of-Pocket Health Financing Scheme as Percent of Current Health Expenditure, 2022



Source: Global Health Expenditure Database (GHED) WHO NHA on 30th December 2024

APPENDIX TABLES

TABLE A1.1: Source of Data

Data Sources for Public Sources Estimation

PUBLIC SOURCE			
	Main Agencies	Specific Organisation	Source of Data
1	Ministry of Health (MOH)	Accountant-General's Department	MOH - AG DATA (expenditure)
			MOH - B11
			MOH - B12
		Ministry of Health (MOH)	MOH - KWC
			MOH - IT
			MOH - Donation Perolehan
			MOH - Donation JKN
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 Development	MNHA Survey - JAKOA
		Public Service Department-Pension	MNHA Survey - JPA
		Civil Defence Department	MNHA Survey - JPAM
		Prison Department of Malaysia	MNHA Survey - PENJARA
		Social Welfare Department	MNHA Survey - JKM
		Department Occupational Safety and Health	MNHA Survey - DOSH
		National Institute of Occupational Safety and 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 (Federal)	MNHA Survey - JBA (OFA)
		National Sports Institute of Malaysia	MNHA Survey - ISN
		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)
		Emergency Medical Rescue Services, Malaysia Fire and Rescue Department	MNHA Survey - EMRS

PUBLIC SOURCE			
	Main Agencies	Specific Organisation	Source of Data
		National Disaster Management Agency (NADMA)	MNHA Survey - NADMA
		Majlis Keselamatan Negara (MKN)	MNHA Survey - MKN
4	State Agencies	State Government (General)	MNHA Survey - KN
		Public Water Supply Department (State)	MNHA Survey - JBA (state)
		State Statutory Body (SSB)	MNHA Survey - BERKANUN (state)
		Public Water Supply Department (State Statutory Body)	MNHA Survey - JBA (SSB)
		State Islamic Religious Council/Zakat Collection Centre	MNHA Survey - MAIN
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 Sources Estimation

PRIVATE SOURCE			
	Main Agencies	Specific Organisation	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
		Private Haemodialysis Centre (MNHA)	MNHA Survey - PRIVATE HEMO (0001)
		Pharmacy Division, MOH	MNHA Survey - FARMASI (0001)
		IQVIA	MNHA Survey - FARMASI (0002)
		Medical supplies HIES, DOSM	DOSM Survey - HES DATA
		Medical durables/prostheses/equipments HIES, DOSM	DOSM Survey - HES DATA
		Ancillary services HIES, DOSM	DOSM Survey - HES DATA
		Private TCM HIES, 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	MNHA Survey - BERKANUN (state)
		FOMEMA/UNITAB MEDIC - OOP data	MNHA Survey - UNITABMEDIC
		GROWARISAN - OOP data	MNHA Survey - GROWARISAN
5	Non-Governmental Organization	Non-Governmental Organizations	MNHA Survey - NGO

PRIVATE SOURCE			
	Main Agencies	Specific Organisation	Source of Data
6	Corporations	Limited and Private Limited Corporations	MNHA Survey - PRIVATE CORPORATION
		Labour Force Survey, DOSM	DOSM Survey - CORPS_DOS (0002)
		Industrial Survey, 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)
		Information Technology Corporations	CORPS - IT
7	Rest of the world	International Organizations in Malaysia	MNHA Survey - Rest
8	Other National Surveys	DOSM-Population survey	General-DOS General_DOS (0001)
		DOSM-GDP & GDP Deflator	General-DOS General_DOS (0002)
		DOSM-Household Consumption	General-DOS General_DOS (0003)

TABLE A2.1: Classification of Total Expenditure on Health by Sources of Financing

MNHA Code	ICHA Code	Sources of Financing	Description
MS1	HF.1	Public sources	Refers to MS1.1 and MS1.2 classifications
MS1.1	HF.1.1	Public sources excluding social security funds	Refers to Federal Government, state government & local authorities
MS1.2	HF.1.2	Social security funds	SOCSO & EPF
MS2	HF.2	Private sources	Refers to MS2 classification
MS2.1	HF.2.1	Private social insurance	Currently does not exist 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 OOP expenditures	Individual OOP spending on health
MS2.5	HF.2.4	Non-profit institutions serving households	Health-related NGOs
MS2.6	HF.2.5	All corporations (other than health insurance)	Private employers
MS9	HF.3	Rest of the world	Rest of the world

TABLE A2.2: Classification of Total Expenditure on Health to Providers of Health Care

MNHA Code	ICHA Code	Providers of Health Care	Description
MP1	HP.1	All hospitals	Public & private hospitals
MP2	HP.2	Nursing and residential care facilities	Nursing care facilities including psychiatric care facilities, residential facilities for mental health, etc.
MP3	HP.3	Providers of ambulatory healthcare	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	Providers of public health programmes including health prevention & promotion services (public & private)
MP6	HP.6	General health administration and insurance	Overall administration of health care (public & private) and health insurance administration. (note: for MOH it includes administration of HQ excluding public health programmes), 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 of residents of Malaysia

TABLE A2.3: Classification of Total Expenditure on Health for Functions of Health Care

MNHA Code	ICHA Code	Functions of Health Care	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	Public health services, including health promotion and prevention	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	Gross capital formation of domestic health care provider institutions exclude retail sale and others providers goods
MR2	HC.R.2	Education and training of health personnel	Government & 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 relation to health care
MR9	HC.R.6	All other health-related expenditures	Category to capture all other expenditures that not classified elsewhere in MNHA

TABLE A3.1: Malaysia Health care financing schemes (HF) versus Revenues of health care financing schemes (FS), 2022									
SHA 2011	Revenues of health care financing schemes (ICHA-FS)								
Health care financing schemes (ICHA-HF)	Millions of national currency								
HF1	Government schemes and compulsory contributory health care financing schemes	34,901	34,901					35,486	34,901
HF1.1	Government schemes								496
HF1.2	Compulsory contributory health insurance schemes								496
HF1.2.1	Social health insurance schemes								
HF1.2.2	Compulsory private insurance schemes								
HF1.3	Compulsory Medical Savings Accounts (CMSA)								88
HF2	Voluntary health care payment schemes								7,985
HF2.1	Voluntary health insurance schemes								7,623
HF2.2	NPIH financing schemes								124
HF2.3	Enterprise financing schemes								239
HF3	Household out-of-pocket payment								26,498
HF3.1	Out-of-pocket excluding cost-sharing								26,498
HF3.2	Cost-sharing with third-party payers								
HF4	Rest of the world financing schemes (non-resident)								
HF.nec	Unspecified financing schemes (n.e.c.)								
All HF	All financing schemes	34,901	34,901						69,969
FS.1	Transfers from government domestic revenue	34,901	34,901						
FS.1.1	Internal transfers and grants	34,901	34,901						
FS.1.2	Transfers by government on behalf of specific groups								
FS.1.3	Subsidies								
FS.1.4	Other transfers from government domestic revenue								
FS.2	Transfers distributed by government from foreign origin								
FS.3	Social insurance contributions	496		496		496			
FS.3.1	Social insurance contributions from employees	110		110		110			
FS.3.2	Social insurance contributions from employers	386		386		386			
FS.3.3	Social insurance contributions from self-employed								
FS.3.4	Other social insurance contributions								
FS.4	Compulsory prepayment (other than FS.3)	88					88		
FS.4.1	Compulsory prepayment from individuals/ households	39					39		
FS.4.2	Compulsory prepayment from employers	49					49		
FS.4.3	Other compulsory prepaid revenues								
FS.5	Voluntary prepayment					6,534	6,534		6,534
FS.5.1	Voluntary prepayment from individuals/ households					2,894	2,894		2,894
FS.5.2	Voluntary prepayment from employers					3,640	3,640		3,640
FS.5.3	Other voluntary prepaid revenues								
FS.6	Other domestic revenues n.e.c.					1,447	1,087		27,945
FS.6.1	Other revenues from households n.e.c.							26,498	26,498
FS.6.2	Other revenues from corporations n.e.c.					1,326	1,087		1,326
FS.6.3	Other revenues from NPIH n.e.c.					121	121		121
FS.7	Direct foreign transfers								
FS.nec	Unspecified revenues of financing schemes (n.e.c.)								
All FS	All revenues of financing schemes								

TABLE A3.2(e): Malaysia Health care functions (HC) versus Health care financing schemes (HF), 2022

SHA 2011	Health care financing schemes (CHA-HF)	Health care functions (CHA-HC)	Millions of national currency	HF.1	HF.1.1	HF.1.2	HF.1.2.1	HF.1.2.2	HF.1.3	HF.2	HF.2.1	HF.2.2	HF.2.3	HF.3	HF.3.1	HF.3.2	HF.4	HF.nec	All HF
HC.1	Curative care		25,856	25,434	340	340	340	-	83	5,814	5,629	81	104	20,259	20,259	-	-	-	51,930
HC.1.1	Inpatient curative care		13,493	13,425	1	1	1	-	67	4,783	4,738	0	46	7,158	7,158	-	-	-	25,435
HC.1.2	Day curative care		2,499	2,232	264	264	264	-	3	485	404	81	0	737	737	-	-	-	3,721
HC.1.3	Outpatient curative care		9,863	9,776	75	75	75	-	12	546	488	0	58	12,364	12,364	-	-	-	22,773
HC.1.3.1	General outpatient curative care		4,254	4,171	74	74	74	-	9	219	167	0	51	9,344	9,344	-	-	-	13,817
HC.1.3.2	Dental outpatient curative care		511	511	-	-	-	-	-	8	6	0	1	1,161	1,161	-	-	-	1,680
HC.1.3.3	Specialised outpatient curative care		5,098	5,094	0	0	0	-	3	320	314	0	6	1,859	1,859	-	-	-	7,277
HC.1.3.9	Specialised paramedical outpatient curative care		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.1.3.nec	Unspecified outpatient curative care (n.e.c.)		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.1.4	Home-based curative care		0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
HC.2	Rehabilitative care		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.2.1	Inpatient rehabilitative care		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.2.2	Day rehabilitative care		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.2.3	Outpatient rehabilitative care		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.2.4	Home-based rehabilitative care		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.3	Long-term care (health)		1	0	1	1	1	-	0	4	0	4	-	-	-	-	-	-	5
HC.3.1	Inpatient long-term care (health)		1	-	1	1	1	-	0	-	-	-	-	-	-	-	-	-	1
HC.3.2	Day long-term care (health)		0	-	0	0	0	-	0	-	-	-	-	-	-	-	-	-	0
HC.3.3	Outpatient long-term care (health)		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.3.4	Home-based long-term care (health)		0	0	-	-	-	-	-	4	0	4	-	-	-	-	-	-	4
HC.4	Ancillary services (non-specified by function)		264	264	0	0	0	-	0	1	0	1	0	50	50	-	-	-	315
HC.4.1	Laboratory services		157	157	0	0	0	-	0	0	0	0	0	27	27	-	-	-	185
HC.4.2	Imaging services		1	1	-	-	-	-	-	0	0	-	-	14	14	-	-	-	15
HC.4.3	Patient transportation		1	1	-	-	-	-	-	1	0	1	-	-	-	-	-	-	1
HC.5	Medical goods (non-specified by function)		293	195	93	93	93	-	5	23	1	19	3	6,185	6,185	-	-	-	6,502
HC.5.1	Pharmaceuticals and other medical non-durable goods		106	105	0	0	0	-	1	4	1	0	3	5,567	5,567	-	-	-	5,677
HC.5.1.1	Prescribed medicines		70	69	0	0	0	-	1	1	1	0	-	3,807	3,807	-	-	-	3,878
HC.5.1.2	Over-the-counter medicines		34	34	-	-	-	-	-	0	0	0	0	1,393	1,393	-	-	-	1,427
HC.5.1.3	Other medical non-durable goods		2	2	-	-	-	-	-	3	-	-	3	367	367	-	-	-	372

TABLE A3.2(b): Malaysia Health care functions (HC) versus Health care financing schemes (HF), 2022																		
SHA 2011	Health care financing schemes (CHA-HF)		HF.1	HF.1.1	HF.1.2	HF.1.2.1	HF.1.2.2	HF.1.3	HF.2	HF.2.1	HF.2.2	HF.2.3	HF.3	HF.3.1	HF.3.2	HF.4	HF.nec	All HF
		Millions of national currency																
HC.5.2		Therapeutic appliances and other medical durable goods	188	90	93	93	-	5	19	0	19	0	618	618	-	-	-	825
HC.6		Preventive care	4,737	4,731	6	6	-	-	126	-	10	115	4	4	-	-	-	4,867
HC.6.1		Information, education and counseling programmes	716	710	6	6	-	-	9	-	9	-	-	-	-	-	-	725
HC.6.2		Immunisation programmes	720	720	-	-	-	-	19	-	1	18	-	-	-	-	-	739
HC.6.3		Early disease detection programmes	858	858	-	-	-	-	9	-	-	9	-	-	-	-	-	867
HC.6.4		Healthy condition monitoring programmes	1,455	1,455	-	-	-	-	80	-	-	80	4	4	-	-	-	1,539
HC.6.5		Epidemiological surveillance and risk and disease control programmes	974	974	-	-	-	-	7	-	0	7	-	-	-	-	-	981
HC.6.6		Preparing for disaster and emergency response programmes	14	14	-	-	-	-	1	-	-	1	-	-	-	-	-	16
HC.7		Governance and health system and financing administration	4,334	4,277	57	57	-	-	2,017	1,992	8	16	-	-	-	-	-	6,351
HC.7.1		Governance and health system administration	4,265	4,265	-	-	-	-	0	0	-	-	-	-	-	-	-	4,266
HC.7.2		Administration of health financing	69	12	57	57	-	-	2,016	1,992	8	16	-	-	-	-	-	2,085
HC.9		Other health care services not elsewhere classified (n.e.c.)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All HC		All functions	35,486	34,901	496	496	-	88	7,985	7,623	124	239	26,498	26,498	-	-	-	69,969

TABLE A3.3(i): Malaysia Health care functions (HC) versus Health care provider (HP), 2022																											
SHA 2011	Health care providers (ICHA-HP)	Millions of national currency	HC.1	HC.1.1	HC.1.2	HC.1.3	HC.1.3.1	HC.1.3.2	HC.1.3.3	HC.1.3.9	HC.1.3.nec	HC.1.4	HC.2	HC.2.1	HC.2.2	HC.2.3	HC.2.4	HC.3	HC.3.1	HC.3.2	HC.3.3						
All HP	All providers		51,930	25,435	3,721	22,773	13,817	1,680	7,277																		
HP.nec	Unspecified health care providers (n.e.c.)		-	-	-	-	-	-	-																		
HP.9	Rest of the world		9	7	-	3	-	-	3																		
HP.8.2	All other industries as secondary providers of health care		73	73	-	-	-	-	-																		
HP.8.1	Households as providers of home health care		-	-	-	-	-	-	-																		
HP.8	Rest of economy		73	73	-	-	-	-	-																		
HP.7.9	Other administration agencies		-	-	-	-	-	-	-																		
HP.7.3	Private health insurance administration agencies		-	-	-	-	-	-	-																		
HP.7.2	Social health insurance agencies		-	-	-	-	-	-	-																		
HP.7.1	Government health administration agencies		-	-	-	-	-	-	-																		
HP.7	Providers of health care system administration and financing		-	-	-	-	-	-	-																		
HP.6	Providers of preventive care		-	-	-	-	-	-	-																		
HP.5.9	All other miscellaneous sellers and other suppliers of pharmaceuticals and medical goods		-	-	-	-	-	-	-																		
HP.5.2	Retail sellers and other suppliers of durable medical goods and medical appliances		-	-	-	-	-	-	-																		
HP.5.1	Pharmacies		-	-	-	-	-	-	-																		
HP.5	Retailers and other providers of medical goods		-	-	-	-	-	-	-																		
HP.4.9	Other providers of ancillary services		-	-	-	-	-	-	-																		
HP.4.2	Medical and diagnostic laboratories		-	-	-	-	-	-	-																		
HP.4.1	Providers of patient transportation and emergency rescue		-	-	-	-	-	-	-																		
HP.4	Providers of ancillary services		-	-	-	-	-	-	-																		
HP.3.5	Providers of home health care services		-	-	-	-	-	-	-																		
HP.3.4	Ambulatory health care centres		885	-	885	-	-	-	-																		
HP.3.3	Other health care practitioners		237	-	-	237	-	237	-																		
HP.3.2	Dental practices		1,657	-	-	1,657	-	1,657	-																		
HP.3.1	Medical practices		9,540	-	-	9,540	-	9,540	-																		
HP.3	Providers of ambulatory health care		12,320	885	885	11,434	9,777	1,657	-																		
HP.2.9	Other residential long-term care facilities		-	-	-	-	-	-	-																		
HP.2.2	Mental health and substance abuse facilities		0	-	-	0	-	-	0																		
HP.2.1	Long-term nursing care facilities		-	-	-	-	-	-	-																		
HP.2	Residential long-term care facilities		0	-	-	0	-	-	0																		
HP.1.3	Specialised hospitals (other than mental health hospitals)		781	689	15	77	-	-	77																		
HP.1.2	Mental health hospitals		267	229	-	38	-	-	38																		
HP.1.1	General hospitals		38,480	24,436	2,821	11,222	4,039	23	7,159																		
HP.1	Hospitals		39,528	25,355	2,836	11,337	4,039	23	7,274																		

TABLE A3.3(b): Malaysia Health care functions (HC) versus Health care provider (HP), 2022																																					
SHA 2011	Health care providers (CHA-HP)	Millions of national currency	HP.1	HP.1.1	HP.1.2	HP.1.3	HP.2	HP.2.1	HP.2.2	HP.2.9	HP.3	HP.3.1	HP.3.2	HP.3.3	HP.3.4	HP.3.5	HP.4	HP.4.1	HP.4.2	HP.4.9	HP.5	HP.5.1	HP.5.2	HP.5.9	HP.6	HP.7	HP.7.1	HP.7.2	HP.7.3	HP.7.9	HP.8	HP.8.1	HP.8.2	HP.9	HP.nec	All HP	
HC.3.4	Home-based long-term care (health)						4	4		0																											4
HC.4	Ancillary services (non-specified by function)																																				315
HC.4.1	Laboratory services																																				185
HC.4.2	Imaging services																																				15
HC.4.3	Patient transportation																																				1
HC.5	Medical goods (non-specified by function)						0		0		889		288	601								5,511	540	367												6,502	
HC.5.1	Pharmaceuticals and other medical non-durable goods						0		0		889		288	601								4,787	4,704	83												5,677	
HC5.1.1	Prescribed medicines						0		0													3,878	3,878													3,878	
HC5.1.2	Over-the-counter medicines										601											826	826													1,427	
HC5.1.3	Other medical non-durable goods						0		0		288		288									83	0	83												372	
HC.5.2	Therapeutic appliances and other medical durable goods																					824	540	283												825	
HC.6	Preventive care		49	22		26	0		0		2,826	2,327	492		7							1			1	1,850										4,867	
HC.6.1	Information, education and counseling programmes						0		0		417	368	49													296										725	
HC.6.2	Immunisation programmes		27	1		26					591	590			1											32										739	
HC.6.3	Early disease detection programmes		16	16		0	0		0		590	460	127		3											259										867	
HC.6.4	Healthy condition monitoring programmes										1,016	721	292		3											523										1,539	

TABLE A3.5(c): Malaysia Health care functions (HC) versus Health care provider (HP). 2022

SHA 2011	Health care providers (ICHA-HP)	Millions of national currency	All HP
HC.6.5	Epidemiological surveillance and risk and disease control programmes		981
HC.6.6	Preparing for disaster and emergency response programmes		16
HC.7	Governance and health system and financing administration		6,351
HC.7.1	Governance and health system administration		4,266
HC.7.2	Administration of health financing		2,085
HC.9	Other health care services not elsewhere classified (n.e.c.)		-
All HC	All functions		69,969
HP.nec	Unspecified health care providers (n.e.c.)		-
HP.9	Rest of the world		-
HP.8.2	All other industries as secondary providers of health care		36
HP.8.1	Households as providers of home health care		-
HP.8	Rest of economy		36
HP.7.9	Other administration agencies		-
HP.7.3	Private health insurance administration agencies		-
HP.7.2	Social health insurance agencies		-
HP.7.1	Government health administration agencies		-
HP.7	Providers of health care system administration and financing		-
HP.6	Providers of preventive care		727
HP.5.9	All other miscellaneous sellers and other suppliers of pharmaceuticals and medical goods		1
HP.5.2	Retail sellers and other suppliers of durable medical goods and medical appliances		-
HP.5.1	Pharmacies		-
HP.5	Retailers and other providers of medical goods		1
HP.4.9	Other providers of ancillary services		-
HP.4.2	Medical and diagnostic laboratories		-
HP.4.1	Providers of patient transportation and emergency rescue		1
HP.4	Providers of ancillary services		1
HP.3.5	Providers of home health care services		-
HP.3.4	Ambulatory health care centres		-
HP.3.3	Other health care practitioners		-
HP.3.2	Dental practices		24
HP.3.1	Medical practices		187
HP.3	Providers of ambulatory health care		212
HP.2.9	Other residential long-term care facilities		-
HP.2.2	Mental health and substance abuse facilities		-
HP.2.1	Long-term nursing care facilities		-
HP.2	Residential long-term care facilities		-
HP.1.3	Specialised hospitals (other than mental health hospitals)		-
HP.1.2	Mental health hospitals		-
HP.1.1	General hospitals		4
HP.1	Hospitals		4

TABLE A3.4(a): Malaysia Health care functions (HC) versus Revenues of health care financing schemes (FS), 2022																												
SHA 2011	Revenues of health care financing schemes (ICHA-FS)	Millions of national currency	FS.1	FS.1.1	FS.1.2	FS.1.3	FS.1.4	FS.2	FS.3	FS.3.1	FS.3.2	FS.3.3	FS.3.4	FS.4	FS.4.1	FS.4.2	FS.4.3	FS.5	FS.5.1	FS.5.2	FS.5.3	FS.6	FS.6.1	FS.6.2	FS.6.3	FS.7	FS.nec	All FS
			Transfers from government domestic revenue	Internal transfers and grants	Transfers by government on behalf of specific groups	Subsidies	Other transfers from government domestic revenue	Transfers distributed by government from foreign origin	Social insurance contributions	Social insurance contributions from employees	Social insurance contributions from employers	Social insurance contributions from self-employed	Other social insurance contributions	Compulsory prepayment (other than FS.3)	Compulsory prepayment from individuals/households	Compulsory prepayment from employers	Other compulsory prepaid revenues	Voluntary prepayment	Voluntary prepayment from individuals/households	Voluntary prepayment from employers	Other voluntary prepaid revenues	Other domestic revenues n.e.c.	Other revenues from households n.e.c.	Other revenues from corporations n.e.c.	Other revenues from NPISH n.e.c.	Direct foreign transfers	Unspecified revenues of financing schemes (n.e.c.)	All revenues of financing schemes
HC.1		Curative care	25,434	25,434	-	-	-	-	340	75	264	-	-	83	36	46	-	5,629	2,493	3,136	-	20,444	20,259	104	81	-	-	51,930
HC.1.1		Inpatient curative care	13,425	13,425	-	-	-	-	1	0	1	-	-	67	30	38	-	4,738	2,098	2,639	-	7,204	7,158	46	0	-	-	25,435
HC.1.2		Day curative care	2,232	2,232	-	-	-	-	264	58	205	-	-	3	1	2	-	404	179	225	-	818	737	0	81	-	-	3,721
HC.1.3		Outpatient curative care	9,776	9,776	-	-	-	-	75	17	58	-	-	12	5	7	-	488	216	272	-	12,423	12,364	58	0	-	-	22,773
HC.1.3.1		General outpatient curative care	4,171	4,171	-	-	-	-	74	16	58	-	-	9	4	5	-	167	74	93	-	9,396	9,344	51	0	-	-	13,817
HC.1.3.2		Dental outpatient curative care	511	511	-	-	-	-	-	-	-	-	-	-	-	-	-	6	3	4	-	1,162	1,161	1	0	-	-	1,680
HC.1.3.3		Specialised outpatient curative care	5,094	5,094	-	-	-	-	0	0	0	-	-	3	1	2	-	314	139	175	-	1,865	1,859	6	0	-	-	7,277
HC.1.3.9		Specialised paramedical outpatient curative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.1.3.nec		Unspecified outpatient curative care (n.e.c.)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.1.4		Home-based curative care	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
HC.2		Rehabilitative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.2.1		Inpatient rehabilitative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.2.2		Day rehabilitative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.2.3		Outpatient rehabilitative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.2.4		Home-based rehabilitative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.3		Long-term care (health)	0	0	-	-	-	-	1	0	1	-	-	0	0	0	-	0	0	0	-	4	-	-	4	-	-	5
HC.3.1		Inpatient long-term care (health)	-	-	-	-	-	-	1	0	1	-	-	0	0	0	-	-	-	-	-	-	-	-	-	-	-	1
HC.3.2		Day long-term care (health)	-	-	-	-	-	-	0	0	0	-	-	0	0	0	-	-	-	-	-	-	-	-	-	-	-	0
HC.3.3		Outpatient long-term care (health)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.3.4		Home-based long-term care (health)	0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	-	4	-	-	4	-	-	4
HC.4		Ancillary services (non-specified by function)	264	264	-	-	-	-	0	0	0	-	-	0	0	0	-	0	0	0	-	51	50	0	1	-	-	315
HC.4.1		Laboratory services	157	157	-	-	-	-	0	0	0	-	-	0	0	0	-	0	0	0	-	27	27	0	0	-	-	185
HC.4.2		Imaging services	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	-	14	14	-	-	-	-	15
HC.4.3		Patient transportation	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	-	1	-	-	1	-	-	1
HC.5		Medical goods (non-specified by function)	195	195	-	-	-	-	93	21	72	-	-	5	2	3	-	1	0	1	-	6,207	6,185	3	19	-	-	6,502
HC.5.1		Pharmaceuticals and other medical non-durable goods	105	105	-	-	-	-	0	0	0	-	-	1	0	0	-	1	0	1	-	5,570	5,567	3	0	-	-	5,677

TABLE A3.4(a): Malaysia Health care functions (HC) versus Revenues of health care financing schemes (FS), 2022															
SHA 2011	Revenues of health care financing schemes (ICHA-FS)	Millions of national currency	FS.1	FS.1.1	FS.1.2	FS.1.3	FS.1.4	FS.2	FS.3	FS.3.1	FS.3.2	FS.3.3	FS.3.4	FS.4	All FS
HC.5.1.1	Prescribed medicines		69	69	-	-	-	-	0	0	0	-	-	1	3,878
HC.5.1.2	Over-the-counter medicines		34	34	-	-	-	-	-	-	-	-	-	0	1,427
HC.5.1.3	Other medical non-durable goods		2	2	-	-	-	-	-	-	-	-	-	0	372
HC.5.2	Therapeutic appliances and other medical durable goods		90	90	-	-	-	-	93	21	72	-	-	0	825
HC.6	Preventive care		4,731	4,731	-	-	-	3	6	1	5	-	-	4	4,867
HC.6.1	Information, education and counseling programmes		710	710	-	-	-	2	6	1	5	-	-	8	725
HC.6.2	Immunisation programmes		720	720	-	-	-	1	-	-	-	-	-	18	739
HC.6.3	Early disease detection programmes		858	858	-	-	-	-	-	-	-	-	-	9	867
HC.6.4	Healthy condition monitoring programmes		1,455	1,455	-	-	-	-	-	-	-	-	-	4	1,539
HC.6.5	Epidemiological surveillance and risk and disease control programmes		974	974	-	-	-	0	-	-	-	-	-	7	981
HC.6.6	Preparing for disaster and emergency response programmes		14	14	-	-	-	-	-	-	-	-	-	1	16
HC.7	Governance and health system and financing administration		4,277	4,277	-	-	-	-	57	13	44	-	-	1,112	6,351
HC.7.1	Governance and health system administration		4,265	4,265	-	-	-	-	-	-	-	-	-	-	4,266
HC.7.2	Administration of health financing		12	12	-	-	-	-	57	13	44	-	-	1,104	2,085
HC.9	Other health care services not elsewhere classified (n.e.c.)		-	-	-	-	-	-	-	-	-	-	-	-	-
All HC	All functions		34,901	34,901	-	-	-	3	496	110	386	-	-	90	69,969

TABLE A3.5(e): Malaysia Health care provider (HP) versus Health care financing schemes (HF), 2022

SHA 2011	Health care financing schemes (ICHA-HF)	Health care providers (ICHA-HP)	Millions of national currency	HF.1	HF.1.1	HF.1.2	HF.1.2.1	HF.1.2.2	HF.1.3	HF.2	HF.2.1	HF.2.2	HF.2.3	HF.3	HF.3.1	HF.3.2	HF.4	HF.nec	All HF
				Government schemes and compulsory contributory health care financing schemes	Government schemes	Compulsory contributory health insurance schemes	Social health insurance schemes	Compulsory private insurance schemes	Compulsory Medical Savings Accounts (CMSA)	Voluntary health care payment schemes	Voluntary health insurance schemes	NPISH financing schemes	Enterprise financing schemes	Household out-of-pocket payment	Out-of-pocket excluding cost-sharing	Cost-sharing with third-party payers	Rest of the world financing schemes (non-resident)	Unspecified financing schemes (n.e.c)	All financing schemes
HP.1	Hospitals			21,303	21,056	173	173	-	73	5,511	5,443	3	65	12,763	12,763	-	-	-	39,576
HP.1.1	General hospitals			20,347	20,100	173	173	-	73	5,480	5,413	3	65	12,675	12,675	-	-	-	38,502
HP.1.2	Mental health hospitals			267	267	-	-	-	-	-	-	-	-	-	-	-	-	-	267
HP.1.3	Specialised hospitals (other than mental health hospitals)			689	689	-	-	-	-	31	31	-	-	88	88	-	-	-	807
HP.2	Residential long-term care facilities			1	0	1	1	-	0	4	0	4	-	-	-	-	-	-	5
HP.2.1	Long-term nursing care facilities			-	-	-	-	-	-	4	0	4	-	-	-	-	-	-	4
HP.2.2	Mental health and substance abuse facilities			0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	0
HP.2.9	Other residential long-term care facilities			1	0	1	1	-	0	-	-	-	-	-	-	-	-	-	1
HP.3	Providers of ambulatory health care			7,261	7,085	166	166	-	9	405	178	79	148	8,390	8,390	-	-	-	16,055
HP.3.1	Medical practices			5,521	5,438	74	74	-	9	315	167	0	147	6,032	6,032	-	-	-	11,867
HP.3.2	Dental practices			995	995	-	-	-	-	8	6	0	1	1,434	1,434	-	-	-	2,437
HP.3.3	Other health care practitioners			-	-	-	-	-	-	-	-	-	-	838	838	-	-	-	838
HP.3.4	Ambulatory health care centres			744	652	92	92	-	0	82	4	78	-	86	86	-	-	-	913
HP.3.5	Providers of home health care services			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HP.4	Providers of ancillary services			299	299	0	0	-	0	3	0	1	2	50	50	-	-	-	352
HP.4.1	Providers of patient transportation and emergency rescue			0	0	-	-	-	-	2	0	1	1	-	-	-	-	-	2
HP.4.2	Medical and diagnostic laboratories			226	226	0	0	-	0	1	0	0	1	41	41	-	-	-	268
HP.4.9	Other providers of ancillary services			74	74	-	-	-	-	-	-	-	-	8	8	-	-	-	82
HP.5	Retailers and other providers of medical goods			292	193	93	93	-	5	24	1	19	4	5,296	5,296	-	-	-	5,612
HP.5.1	Pharmacies			104	103	0	0	-	1	1	1	0	0	4,599	4,599	-	-	-	4,704
HP.5.2	Retail sellers and other suppliers of durable medical goods and medical appliances			31	28	3	3	-	0	0	0	0	-	509	509	-	-	-	540

TABLE A3.5(b): Malaysia Health care provider (HP) versus Health care financing schemes (HF), 2022																		
SHA 2011	Health care financing schemes (ICHA-HF)	HF.1	HF.1.1	HF.1.2	HF.1.2.1	HF.1.2.2	HF.1.3	HF.2	HF.2.1	HF.2.2	HF.2.3	HF.3	HF.3.1	HF.3.2	HF.4	HF.nec	All HF	
	Millions of national currency																	
HP.5.9	All other miscellaneous sellers and other suppliers of pharmaceuticals and medical goods	157	62	90	90	-	4	23	-	19	3	188	188	-	-	-	368	
HP.6	Providers of preventive care	2,568	2,568	-	-	-	-	8	-	8	-	-	-	-	-	-	2,576	
HP.7	Providers of health care system administration and financing	3,522	3,513	9	9	-	-	2,017	1,992	8	16	-	-	-	-	-	5,539	
HP.7.1	Government health administration agencies	3,502	3,502	-	-	-	-	-	-	-	-	-	-	-	-	-	3,502	
HP.7.2	Social health insurance agencies	9	-	9	9	-	-	-	-	-	-	-	-	-	-	-	9	
HP.7.3	Private health insurance administration agencies	-	-	-	-	-	-	903	903	-	-	-	-	-	-	-	903	
HP.7.9	Other administration agencies	11	11	-	-	-	-	1,114	1,089	8	16	-	-	-	-	-	1,124	
HP.8	Rest of the economy	240	186	54	54	-	-	3	-	0	3	-	-	-	-	-	242	
HP.8.1	Households as providers of home health care	48	-	48	48	-	-	-	-	-	-	-	-	-	-	-	48	
HP.8.2	All other industries as secondary providers of health care	192	186	6	6	-	-	3	-	0	3	-	-	-	-	-	194	
HP.9	Rest of the world	1	0	-	-	-	1	12	8	3	1	-	-	-	-	-	12	
HP.nec	Unspecified health care providers (n.e.c.)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
All HP	All providers	35,486	34,901	496	496	-	88	7,985	7,623	124	239	26,498	26,498	-	-	-	69,969	

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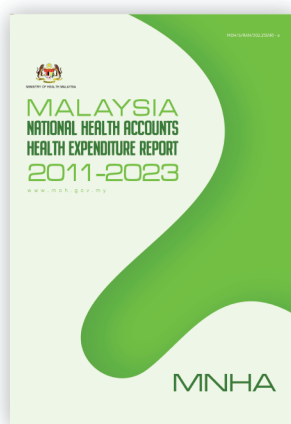
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Dr. Ellyana binti Mohamad Selamat
Dr. Saiful Ridzuan bin Abdul Hadi
Dr. Noryati binti Yusof @ Atan
Dr. Hazwani binti Halim
Dr. Nur Farhana binti Mohd Rashidi
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2011-2023

