

TECHNICAL

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EXPLORING SELECTED

MIDDLE-INCOME
GROUPS'(M40) EXPERIENCES

ON THE MALAYSIAN
HEALTH CARE SYSTEM

National Institute of Health Ministry of Health Malaysia Institute for Health Behavioural Research Institute for Health System Research EXPLORING SELECTED
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(M40) EXPERIENCES ON
THE MALAYSIAN HEALTH
CARE SYSTEM

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GLOSSARY OF ACRONYMS

ACRONYMS

BPR Bantuan Prihatin Rakyat

BRIM Bantuan Rakyat Satu (1) Malaysia

BSH Bantuan Sara Hidup

B40 Bottom-income Groups

COVID-19 Coronavirus Disease

GP General Practitioner

GDP Gross Domestic Product

MCO Movement Control Order

MOH Ministry of Health

MyBNHome MyBeautiful New Home

MyEG Malaysian Electronic-Government

("E-Government")

M40 Middle-income Groups

NCD Non-Communicable Disease

NHI National Health Insurance

OKU Orang Kelainan Upaya

PeKa B40 Skim Peduli Kesihatan untuk Kumpulan B40

BKM Bantuan Keluarga Malaysia

PPR Program Perumahan Rakyat

PPRT Program Perumahan Rakyat Termiskin

T20 Top-income Groups

TCM Traditional and Complementary Medicine

PHI Private health insurance

EPF Employees Provident Fund

Researchers' Definitions of Essential Terminologies in this Report

Terms	Conceptual Definitions	Operational Definitions
Perception	Perception is "the consciousness of particular material things present to sense" [1].	An awareness of things, a thought, belief, or opinion held by informants on the provision of current health care services in Malaysia (public health system versus private health care system; hospital care versus primary care), based on their experiences in the past two years. Areas of concern: • accessibility and availability of care and services • health system responses and financing of personal health care • challenges in obtaining health care • expected changes and improvements to the health care system
Experiences	1. The conscious event. 2. Present content of consciousness. 3. An event resulting in earning [2].	Informants' feelings and what they are seeing as well as challenges faced when utilizing services at both or either public and/or private health care.
Challenges	The emerging and enduring problems destabilise the health system's current functioning, performance, or sustainability [3].	Informants' feelings and what they are seeing as well as challenges faced when utilizing services at both or either public and/or private health care.
Expectations	Anticipation that given events are likely to occur during or as a result of medical care [4].	Informants' hope that changes and improvements will happen in the future of Malaysia health care system (public and/or private system) based on their past experiences in utilizing the current health care system & also knowledge about other global health care systems.

Executive Summary

Overview of Selected Middle-Income Groups' (M40) Experiences on The Malaysian Health Care System

Since independence, health care has always been an integral part of government policies. Malaysia firmly believes in Universal Health Coverage (UHC), which means that all people have access to the full range of quality health services they need, when and where they need them, without financial hardship. It covers the entire continuum of essential health services, from health promotion to prevention, treatment, rehabilitation and palliative care. The provision of health care in Malaysia is distinguished mainly by the public and private sector's delivery of health services. The public sector provides comprehensive personal care and public health services for the whole population financed by the federal budget, while the latter caters mainly for personal care of individuals and is largely financed by individuals' out-of-pocket and private health insurance. As experienced by countries worldwide, changing demographics, evolving disease patterns, increasing demand, and rising costs have posed a major challenge to health systems and its sustainability. A paradigm shift is needed in addressing these challenges, and the reforms undertaken should be a common goal of all stakeholders, including the population. Thus, it is important that extensive stakeholder engagements and public perception studies are done comprehensively to ensure the voice of the entire population is taken into consideration in the planning and execution of health reforms. Therefore, this study aimed to explore the needs of the M40 group because they are most affected financially, as government's aid such as the PeKa B40 and Bantuan Keluarga Malaysia (BKM), only covers the B40 group.

This exploratory study interviewed selected M40 members from different states in Malaysia who are either the head of the family, main or co-decision makers. The interview focused on their opinions and experiences in health care, expectations, challenges, and the aspired changes structurally, the delivery process, and the financial aspects. The study used an online in-depth interview approach using an established video call system. Informants were recruited through a research company based on a pre-determined set of criteria. Verbal consent was obtained prior to the interview, and each informant was also given a printed copy of the study information sheet during recruitment. All interviews were recorded via video and audio, and verbatims were transcribed after each interview session ended.

All interviews were conducted by research team members with the assistance of a note-taker and/or observer. Before data collection started, ethical approval was obtained from the Medical Research Ethics Committee (NMRR-19-2531-49127).

The interview findings were analysed and coded based on the thematic framework used in this study. Data saturation guided the study sampling size. In total, interview responses from 78 eligible informants were analysed for the study. The data was thematically analysed using an interpretive approach with the consensus of all team members.

The results of this study were divided into three main parts. The first section focused on the experiences and challenges faced by the M40 group in utilizing the health care system, which includes themes on the ability to perceive and the ability to seek, availability and accommodation, ability to reach, appropriateness, ability to engage, affordability and ability to pay. The second part of the report explores M40's expectations of the current health care system, including patient management, environment, and health insurance. The last part of the analysis highlighted the potential role of the M40 group in general and how they could contribute to the expected changes and improvements to the health care system, which included services, skill contributions, and event-based volunteering.

Overall, the M40 group has a positive perception towards the Malaysian health care system. They are willing to contribute financially and support cross-subsidization, especially for the vulnerable group. They are also receptive to the idea of an improved health care system that improvises the physical, process, and financial aspects of health care.



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