



MINISTRY OF HEALTH  
MALAYSIA



# MALAYSIA

## NATIONAL HEALTH ACCOUNTS

Health Expenditure Report

### 1997-2012

MALAYSIA NATIONAL HEALTH ACCOUNTS UNIT  
PLANNING DIVISION  
MINISTRY HEALTH MALAYSIA 2013

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● ● ● **Message by the  
Director General of Health Malaysia**



The Malaysia National Health Accounts (MNHA) provides information on national health expenditure for effective health care planning and for policy makers to arrive at decisions with evidence-based information. The information of health expenditure is from various sources of public sectors and private sectors. The data is reported for local and international using MNHA and SHA framework. MNHA use internationally acceptable standardized methods for comparable time series.

The findings of MNHA report for 2012 shows the Total Health Expenditure (TEH) as 4.5 per cent Gross Domestic Product (GDP) based on national MNHA framework and 4.0 per cent GDP based on international SHA framework. This level of health spending is similar to most Asian countries and even though the value is low, the health outcomes of Malaysia are still good compared to international level. The national health expenditure consists of both public and private sector expenditure, where the share of the public sector and the private sector is 53:47. This pattern is similar throughout the time series from 1997 to 2012.

Private sector financing of health expenditure was dominated by Out-of-Pocket (OOP) spending. This ranged from 76 to 79 per cent during the 1997 to 2012 period. The implications of the increased OOP spending for health expenditure is potential increase in financial burden for the nation. The sustainability of health expenditure by public sector and private sector according to the health needs of the country is for policy consideration.

Finally, I believe MNHA will always be able to provide useful and meaningful national health expenditure data for all healthcare planner and stakeholders to achieve the ultimate goal of a developed nation.

Thank You

A handwritten signature in black ink, appearing to read 'Noor Hisham', with a long horizontal line extending to the right.

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

## ● ● ● Preface



This is the third report that is produced based on an internationally acceptable standardized NHA methodology that was developed by the MNHA team together with renowned NHA technical expertise. Since then there have been gradual refinements at each cycle of analysis towards the best possible estimations that can be made under any NHA reporting. A point to note is that even agencies which contribute a minimal amount to the total health spending have been given due consideration in data collection and analysis.

The increased demand for MNHA data by several stakeholders and researchers, including post graduate students, lends credence to the reliability and validity of MNHA data. This is indeed encouraging because the core purpose of NHA data is to allow formulation of evidence-based policies and health sector planning in addition to support research with similar objectives.

All these achievements were possible because of MOH commitment towards MNHA Unit. This unit now strives towards further developments to produce outputs of a higher level and complexity. This will further strengthen Malaysia's global role in producing good quality health expenditure data. The key element in achieving these goals is the unremitting support from various stakeholders and authorities to provide the necessary raw data.

To the MNHA team, sky is the limit!  
To all stakeholders, support us to assist you!  
Thank you.

A handwritten signature in black ink, appearing to read 'Jameela', with a horizontal line underneath.

**Dr. Jameela Binti Zainuddin**  
Head of MNHA Unit  
Planning Division  
Ministry of Health

## Acknowledgement

The production of Malaysia National Health Accounts - Health Expenditure Report 1997-2012 data under a standardized internationally accepted methodology has been possible with support from several agencies and individuals.

Very special thanks goes to the previous Deputy Director General of Health-Research & Technical Support, Dato' Dr. Maimunah Binti A. Hamid for her continuous support in ensuring quality outputs from MNHA Unit. Without her guidance and encouragement this MNHA unit would not have come so far.

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

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

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

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



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## ABBREVIATIONS

<b>AADK</b>	<i>Agensi Anti Dadah Kebangsaan</i> (National Anti-Drug Agency)
<b>AG</b>	Accountant-General
<b>BNM</b>	<i>Bank Negara Malaysia</i> (Central Bank of Malaysia)
<b>CORPS</b>	Corporations
<b>DOS</b>	Department of Statistics
<b>DOSH</b>	Department of Occupational Safety and Health
<b>DOSM</b>	Department of Statistics Malaysia
<b>DSWM</b>	Department of Social Welfare Malaysia
<b>EPF</b>	Employees Provident Fund
<b>EPU</b>	Economic Planning Unit
<b>FOMCA</b>	Federation of Malaysia Consumers Association
<b>FOMEMA</b>	Foreign Worker's Medical Examination Monitoring Agency
<b>GDP</b>	Gross Domestic Product
<b>GGE</b>	General Government Expenditure
<b>GGHE</b>	General Government Health Expenditure
<b>GHED</b>	Global Health Expenditure Database
<b>HC</b>	ICHA code for function of health services
<b>HC.R</b>	ICHA code for health-related services
<b>HES</b>	Household Expenditure Survey
<b>HF</b>	ICHA code for sources of funding for health services
<b>HP</b>	ICHA code for providers of health services
<b>HQ</b>	Headquarters
<b>ICHA</b>	International Classification for Health Accounts
<b>IJN</b>	<i>Institut Jantung Negara</i> (National Heart Institute)
<b>IMS</b>	Intercontinental Medical Supply
<b>ISN</b>	<i>Institut Sukan Negara</i> (National Sports Institute)
<b>JBA</b>	<i>Jabatan Bekalan Air</i> (Water Supply Department)
<b>JHEOA</b>	<i>Jabatan Hal Ehwal Orang Asli</i> (Department of Orang Asli Affairs)
<b>JKM</b>	<i>Jabatan Kebajikan Masyarakat</i> (Social Welfare Department)
<b>JPA</b>	<i>Jabatan Perkhidmatan Awam</i> (Public Service Department)
<b>JPA3</b>	<i>Jabatan Pertahanan Awam</i> (Civil Defence Department)
<b>KN</b>	<i>Kerajaan Negeri</i> (State Government)
<b>KPT</b>	<i>Kementerian Pengajian Tinggi</i> (Ministry of Higher Education)
<b>KWSP</b>	<i>Kumpulan Wang Simpanan Pekerja</i> (Employees Provident Fund)
<b>LA</b>	Local Authorities
<b>LPPKN</b>	<i>Lembaga Pendudukdan Pembangunan Keluarga Negara</i> (National Population and Family Development Board)
<b>LTH</b>	<i>Lembaga Tabung Haji</i> (Pilgrims Fund Board)
<b>MAIN</b>	<i>Majlis Agama Islam Negeri</i> (Zakat collection Centre)
<b>MCO</b>	Managed Care Organization
<b>MF</b>	MNHA Code for Functions of Health Service

<b>MNHA</b>	Malaysia National Health Accounts
<b>MOD</b>	Ministry of Defence
<b>MOF</b>	Ministry of Finance
<b>MOH</b>	Ministry of Health
<b>MOHE</b>	Ministry of Higher Education
<b>MOSTI</b>	Ministry of Science Technology and Innovation
<b>MP</b>	MNHA Code for Providers of Health Services
<b>MR</b>	MNHA Code for Health-Related Functions
<b>MS</b>	MNHA Code for Sources of Financing
<b>NCU</b>	National Currency Unit
<b>NGO</b>	Non-Government Organization
<b>NHA</b>	National Health Accounts
<b>NIOSH</b>	National Institute of Occupational Safety and Health
<b>NPI</b>	Non-profit Institutions
<b>OECD</b>	Organization for Economic Co-operation and Development
<b>OFA</b>	Other Federal Agencies
<b>OOP</b>	Out-of-Pocket
<b>PBT</b>	<i>Pihak Berkuasa Tempatan</i> (Local Authorities)
<b>PEMANDU</b>	Performance Management and Delivery Unit
<b>PPP</b>	Purchasing Power Parity
<b>PSD</b>	Public Service Department
<b>PvtHE</b>	Private Expenditure on Health
<b>RM</b>	<i>Ringgit Malaysia</i> (Malaysia Currency)
<b>ROW</b>	Rest of The World
<b>SHA</b>	System of Health Accounts
<b>SOCISO</b>	Social Security Organization
<b>SSB</b>	State Statutory Body
<b>SSM</b>	<i>Suruhanjaya Syarikat Malaysia</i> (Company Commission of Malaysia)
<b>TCAM</b>	Traditional, Complementary and Alternative Medicine
<b>TCM</b>	Traditional Complementary Medicines
<b>TEH</b>	Total Expenditure on Health
<b>UKAS</b>	Public Private Partnership Unit
<b>UN</b>	United Nations
<b>UNDP</b>	United Nations Development Programme
<b>USD</b>	US Dollar
<b>Vs</b>	Versus
<b>WHO</b>	World Health Organization
<b>WP</b>	<i>Wilayah Persekutuan</i> (Federal Territories)

## REPORT INFORMATION

This publication on the Malaysia National Health Accounts (MNHA) contains sixteen years national health expenditure data from 1997 to 2012 that was estimated using standardized and internationally acceptable National Health Accounts (NHA) methodology.

The reporting format follows closely the MNHA framework and is kept similar to previous reporting format but with additional information under chapter on Out-of-Pocket expenditure and further improvements in the chapter on international comparisons. The “Malaysia National Health Accounts: Health Expenditure Report 1997-2012” has a total of ten chapters. Chapter 1 provides background to the report followed by Chapter 2 on the summary of the MNHA framework and Chapter 3 on the methodology that was used. Chapters 4 to 7 provide details of the health expenditure based on the MNHA framework. Chapter 8 shows state disaggregation of health expenditure, Chapter 9 provides of Out-of-Pocket health expenditure and chapter 10 contains some international comparisons.

Most of the data for 2012 are exhibited in diagrammatic and table formats followed by tables on the 1997-2012 time series data. All data are in nominal values and reported in *Ringgit Malaysia* (RM) unless stated otherwise. However, it should be noted that the best method for annual comparisons is based on data that has been adjusted for inflation, preferably using the Gross Domestic Product (GDP) deflator.

Chapter 4 contains the Total Health Expenditure (TEH) trends from the year 1997 to 2012, as a percentage of Gross Domestic Products (GDP), the per capita expenditures for the same period and the Total General Government Health expenditure (GGHE) as percentage of General Government Expenditure (GGE). Chapter 5 is lengthy and contains data on the major categories of the sources of financing, namely the public

sector and the private sector. It also contains expenditure of the various agencies under these two sectors. Both sectors data are then separately cross-tabulated with the dimensions of providers and functions. Every set of data is also accompanied by a similar time series data.

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

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

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

It is important to note that the data shown in this report is based on the methodology stated under Chapter 3. Tables and figures are used to display the NHA data. Some of the figures on proportions have been adjusted to total up to 100 per cent.

**Components on tables may not add to total of 100 per cent due to rounding up.**



As is the case in all reported NHA data from any country, refinements in internationally accepted methodology and inputs from new additional data source may lead to annual changes in the figures.

**Therefore, it is advisable to refer to the most recent MNHA data and publication for policy decisions and research purposes.**



# CHAPTER 1

## Background

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

By 2009 the country had produced 3 different reports containing national health expenditure data spanning over a 12 year period (1997 to 2008). These data were produced in several cycles of MNHA estimations with some variations in data sources and methodology. However acceptable annual data comparison requires standardized methods of estimations for every year. This means ideally the method of analysis for 2008 should be applicable to 1997 analysis. This requirement resulted in the revision of previous MNHA estimations while proceeding to do the subsequent year analysis. After some challenging experiences and under close guidance from international consultant, the *MNHA Health*

*Expenditure Report Revised Time Series (1997-2008)* and Health Expenditure Report 2009 was produced. This contained comparable annual NHA data using internationally acceptable standardized method of analysis. Subsequently a second report under the application of the new standardized method was published as the *MNHA Health Expenditure Report (1997-2011)*. This report was later replaced by the *MNHA Health Expenditure Report 1997-2011 Revision* due to some error during the final analysis stage. Latest reports are also available on the Ministry of Health website.

**It is important to remind users of any NHA report that due to the methodology in which NHA data are produced, the data in the current most report replaces all annual data as stated in previous publications.** In 2013, MNHA has progressed to produce the third comparable annual time series data spanning over a 16-year period by using similar methodology and reporting format.

The chapters in this publication covers some general expenditure overviews followed by expenditure reports using the standard NHA framework, which is, expenditures by sources of funding, expenditures by providers of health services and products, and expenditures by functions of health services and products. The state expenditure disaggregation was also carried out and reported in this publication. Tables and figures are used to display the NHA data. Some of the figures on proportions have been adjusted to total up to 100 per cent. **Components on tables may not add to total of 100 per cent due to rounding up.** For those who require references to trends over time periods, whenever possible, the revised 1997 to 2012 time series data is inserted between the detailed 2012 cross-sectional data. It is reminded that most of the data are in nominal *Ringgit Malaysia* (RM) values unless indicated otherwise.

## CHAPTER 2

### Malaysia National Health Accounts (MNHA): Summary of Framework

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

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

#### 2.1. TOTAL EXPENDITURE ON HEALTH (TEH)

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

#### 2.2. THE MNHA CLASSIFICATION

The SHA (OECD, 2000 Version 1.0) classifies all health system spending

using a tri-axial-system, known as the International Classification for Health Accounts (ICHA), which categorizes health expenditure by:

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

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

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

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

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

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

### **2.3 THE SHA CLASSIFICATION**

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

## CHAPTER 3

# Methodology of Data Collection and Analysis

### 3.1 GENERAL METHODOLOGY

A general understanding of the methodology in NHA estimation certainly provides better appreciation of the data. The previous report produced a set of MNHA data from 1997-2011 and this report contains data from 1997-2012. However the data in this report over the same time period of 1997-2011 may show some variations compared to the previous report. This is mainly due to variations in responses from multiple data sources at each cycle of estimation. These variations are an acceptable phenomenon under NHA because estimations have to be carried out using standard NHA methodology for agencies that do not provide the requested data and therefore would otherwise have resulted in underestimation of health expenditure. Sometimes agencies are requested to provide their total spending for health-related activities and at other times their data are used to derive at the disaggregation of health expenditure by dimensions of provider or function of health services and products. A complete list of the sources of data and their response rates are documented at every cycle of analysis (Appendix Table A1.1, A1.2 and A2). Although it is difficult to obtain near 100 per cent response from all data sources, any improvements in data responses will minimize estimations for non-responders and better reflect of true data.

### 3.2 SUMMARY OF DATA COLLECTION AND ANALYSIS

The method of data collection and analysis used in this report conforms to the method used in the previous cycle whereby detailed definitions of what constitute health

expenditure, institutional entities and types of disaggregation were drawn up based on inputs from several documents, committee meetings, and consultative advice from sources within and outside the MOH. The expertise gained through the previous international consultancy was extremely helpful in setting guidelines to ensure that estimation methods are acceptable and reliable under national health accounting methodology.

Both primary and secondary data were used in this analysis (Appendix Table A1.1 and A1.2). Several agencies both from the public and private sectors provide primary data in several formats. These data were obtained through multiple MNHA surveys and other surveys, data extraction during previous state visits, data extraction from other datasets and even through discussions. The secondary health expenditure data were retrieved through various data sources, reports, bulletins and other documents. All these data are analysed separately by each group of agency. The primary data were entered into various agency master dummy spreadsheets containing unprocessed data from 1997 onwards to the current year. The verification of primary data is important as this affects the several stages of analysis and the quality of final outputs. The main objective of NHA analysis is to conduct data classification and fill in any data gap. The sets of data from each source or agency were processed differently depending on the availability and completeness of data. Data classification for each agency was carried out based on the tri-axial MNHA entities of sources, providers and functions. The MNHA framework enables health expenditure disaggregates to the lowest possible level under the three entities of

sources, providers and functions. Any data gaps in each of these disaggregated data from each agency were then subjected to imputation methods used by NHA experts to fill the data gaps. Even these imputation methods vary from agency to agency. As in the past, the final analysis data of each agency were dual coded according to the MNHA classification adapted from the SHA (OECD, 2000 Version 1.0) classification as well as the SHA classification (Appendix Tables A3.1a, A3.1b, and A3.1c). State codes were also assigned to every set of analysis. Data from each agency are then collated before producing the final NHA data. Some of the important data with potential policy implications are then extracted and cross-tabulated to produce various tables and figures that are easily understood by policy makers and other stakeholders. All of these stages of analyses are highly technical and involves several methods that differ under each agency.

Besides a good understanding of NHA framework, personal involved in NHA production also require sound knowledge on the use of specific software. The processes of data entry and analysis were carried out using Microsoft Excel Program and statistical software Stata (Version 12). The initial MNHA data preparation, analysis, and coding were done in Microsoft Excel spreadsheets and the final output data files of each agency were uploaded into a final database in Stata. After writing several Stata programs various tables and figures are produced.

The quality of NHA data and report was further improved through an additional process that was introduced during this cycle of analysis. This is the verification process of final data outputs from each agency prior to merging of all agencies into the final database. Another level of verification process was also introduced

to check the final database prior to data extraction for various tables and figures.

This report only highlights some selected findings, which may be of use for health policy development and health planning for the country. Further detailed data extractions with cross-tabulations can produce much more data as requested by policy makers and stakeholders.

### **3.3 BRIEF ON VARIOUS AGENCY DATA PROCESSING**

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

#### **3.3.1 Public Sector**

##### **(i) Ministry of Health (MOH)**

Health expenditure data of the MOH (1997-2012) were obtained from the Accountant-General (AG) Office, Ministry of Finance (MOF). The AG raw database for the MOH is the primary source of data whereby expenditure data is entered as line item. All health expenditure is disaggregated into the tri-axial coding system under the dimensions of sources of funding, providers and functions of health services and products based on the MNHA framework omitting double counting. Some assumptions are made using budgetary allocations for respective years.

##### **(ii) Ministry of Higher Education (MOHE)**

The function of the university hospitals under the MOHE includes provision of health care services, health related training and research. Health expenditures of these institutions were mainly for curative care services. Other than these institutions, data (1997-2012) on the cost of training health professionals were obtained from various training colleges, Public Services Department (PSD) and other agencies.

**(iii) Other Federal Agencies (including statutory bodies)**

The agencies under “Other Federal Agencies” currently consists of seventeen public agencies inclusive of National Anti-Drug Agency, Prison Department, Civil Defence Department, Pension Department of Public Services Department, National Heart Institute of Malaysia, Social Welfare Department of Malaysia, Department of Orang Asli Affairs, National Population and Family Development Board Malaysia, National Institute of Occupational Safety and Health Malaysia (NIOSH), Department of Occupational Safety and Health Malaysia (DOSH), National Sports Institute Of Malaysia, Ministry of Science Technology and Innovation (MOSTI), Pilgrims Fund Board and *Majlis Agama Islam Negeri (MAIN)*.

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

**(iv) Local Authorities**

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

**(v) (General) State Government**

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

**(vi) Ministry of Defence (MOD)**

The Ministry of Defence provides health services through its Army Hospitals and Armed Forces Medical and Dental Centre (*Rumah Sakit Angkatan Tentera dan Pusat Pergigian Angkatan Tentera*). The total health expenditure of this ministry (1997-2012) was captured from these sources, together with a MNHA survey to estimate the proportions of this expenditure for disaggregation to providers and functions of health care services. The MOD expenditure was mainly for curative care services.

**(vii) Social Security Funds**

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

**(viii) Other State Agencies (including statutory bodies)**

The data (1997-2012) on the number of employees and the health expenditure for state statutory bodies were collected from various sources. In addition, the MNHA Survey of state agencies including the statutory bodies provided data on per capita spending as well as expenditure disaggregation to provider and function of health care services.



### 3.3.2 Private Sector

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

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

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

#### (ii) **Private Corporations/Private Companies**

More than 90 percent of the total labour force works in the private sector and gain medical benefits through the private employer medical benefit scheme. The average per capita health expenditure was calculated based on the survey

conducted by Department of Statistic Malaysia (DOSM) on various types of industries. The proportions of providers and functions were estimated based on analysis and via MNHA questionnaires sent to the selected private companies. This expenditure excludes group insurance purchased by large companies for their employees as this is captured under total insurance expenditure.

#### (iii) **Private Health Insurance**

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

#### (iv) **Non-Governmental Organization (NGO)**

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

#### (v) **Managed Care Organization (MCO)**

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

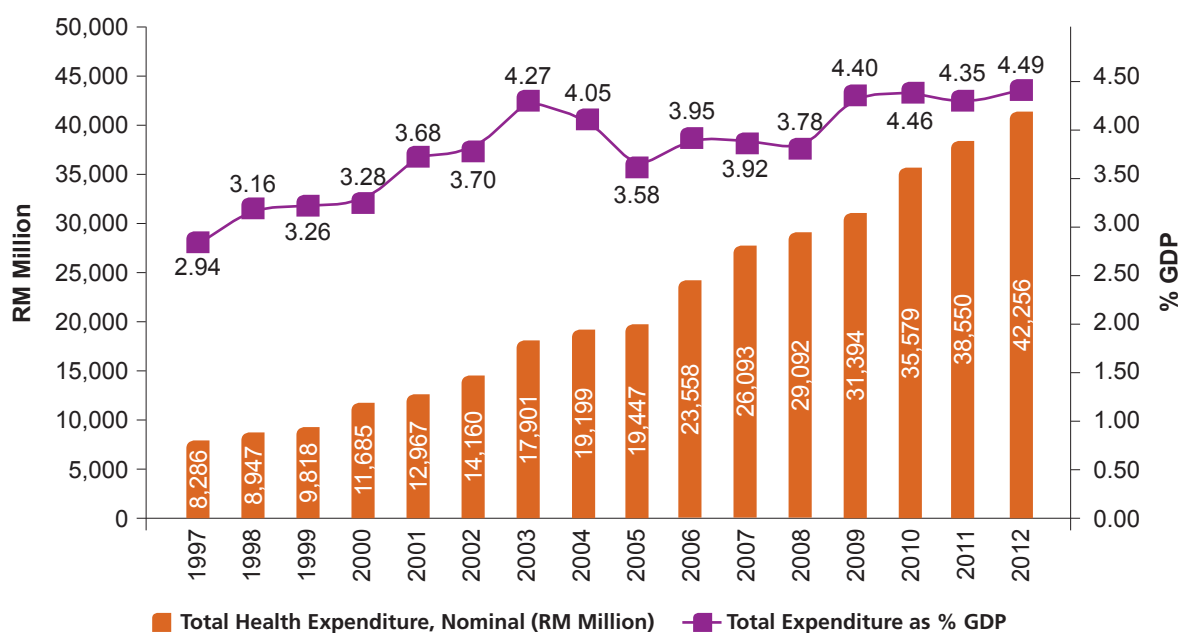
## CHAPTER 4

### Total Health Expenditure

The total health expenditure (TEH) for Malaysia during 1997-2012 ranged from RM8,286 million in 1997 to RM42,256 million in 2012 (Figure 4.1 and Table 4.1). The health spending as a share of Gross Domestic Product (GDP) for the same period ranged from 2.94 per cent to 4.49 per cent of GDP. Overall, the per capita spending on health ranged from RM626 (USD223) in 1997 to RM1,432 (USD463) in 2012 (Figure 4.2, Figure 4.3 and Table 4.2).

The Total General Government Health Expenditure (GGHE) as percentage of General Government Expenditure (GGE), increased from RM4,413 million in 1997 to RM22,461 million in 2012 or an increase from 4.90 per cent to 6.22 per cent over the time period (Figure 4.4 and Table 4.3).

**FIGURE 4.1: Trend for Total Health Expenditure, 1997-2012 (RM Million & Per cent GDP)**

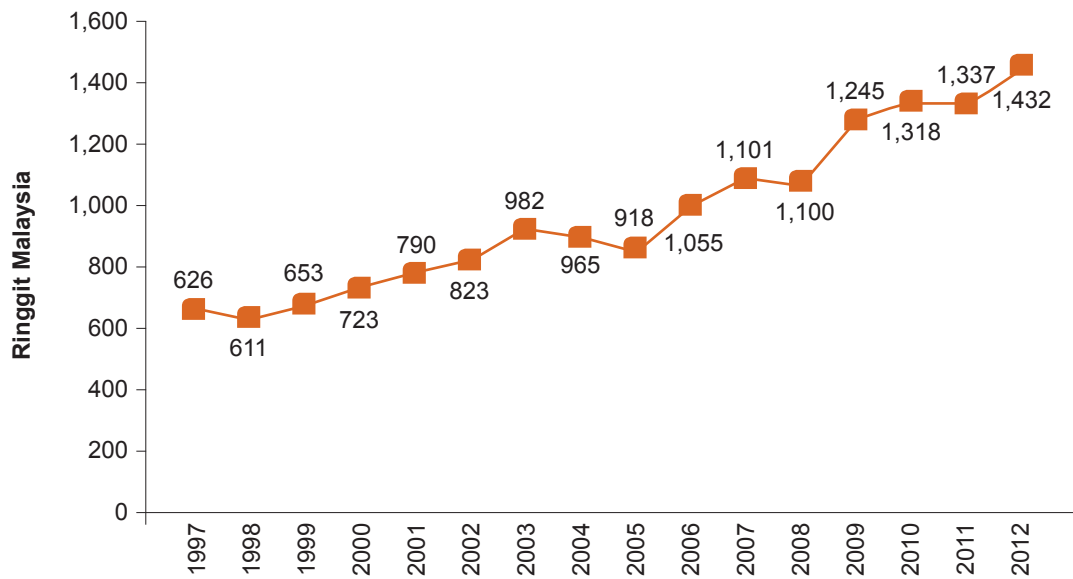


**TABLE 4.1: Total Health Expenditure, 1997-2012 (RM Million & Per cent GDP)**

Spending Year	Total Health Expenditure, Nominal (RM Million)	Total Health Expenditure, Constant using DOS GDP Deflator (RM Million)*	Total Expenditure as % GDP	Total GDP, Nominal (RM Million)*	DOS GDP Deflator*
1997	8,286	13,628	2.94	281,795	76
1998	8,947	13,638	3.16	283,243	82
1999	9,818	14,966	3.26	300,764	82
2000	11,685	16,984	3.28	356,401	86
2001	12,967	19,069	3.68	352,579	85
2002	14,160	20,345	3.70	383,213	87
2003	17,901	24,863	4.27	418,769	90
2004	19,199	24,999	4.05	474,048	96
2005	19,447	24,309	3.58	543,578	100
2006	23,558	28,315	3.95	596,784	104
2007	26,093	29,923	3.92	665,340	109
2008	29,092	30,304	3.78	769,949	120
2009	31,394	34,728	4.40	712,857	113
2010	35,579	37,689	4.46	797,327	118
2011	38,550	38,861	4.35	885,339	124
2012	42,256	42,256	4.49	941,949	125

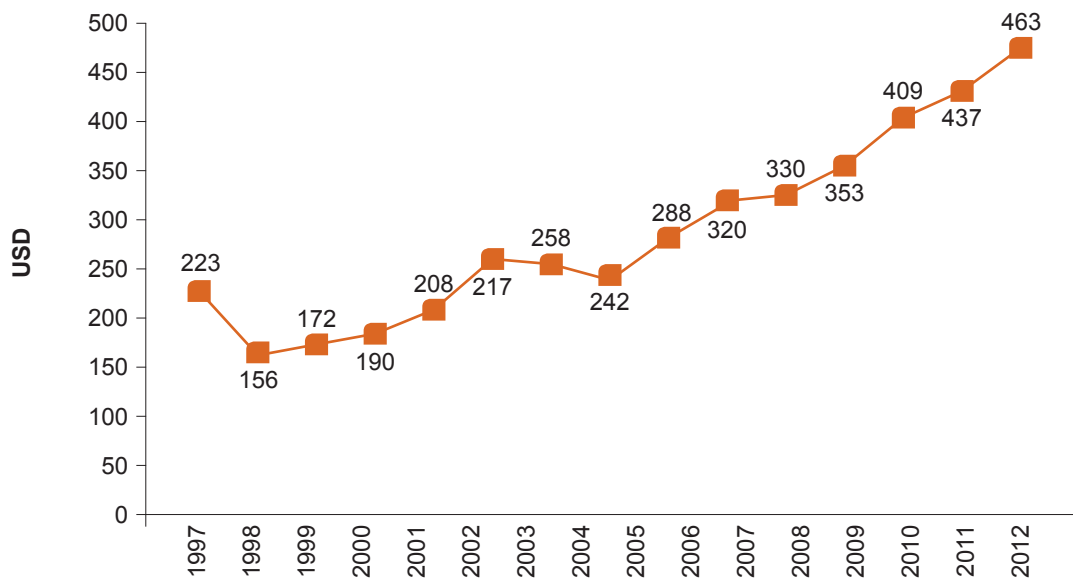
Source: \* Department of Statistics Malaysia, GDP Deflator base year 2005 published in May 2014

**FIGURE 4.2: Per Capita Spending on Health, 1997-2012 (constant, RM)\***



Note: \* using DOS GDP Deflator base year 2005 published in May 2014

**FIGURE 4.3: Per Capita Spending on Health, 1997-2012 (constant, USD)\***



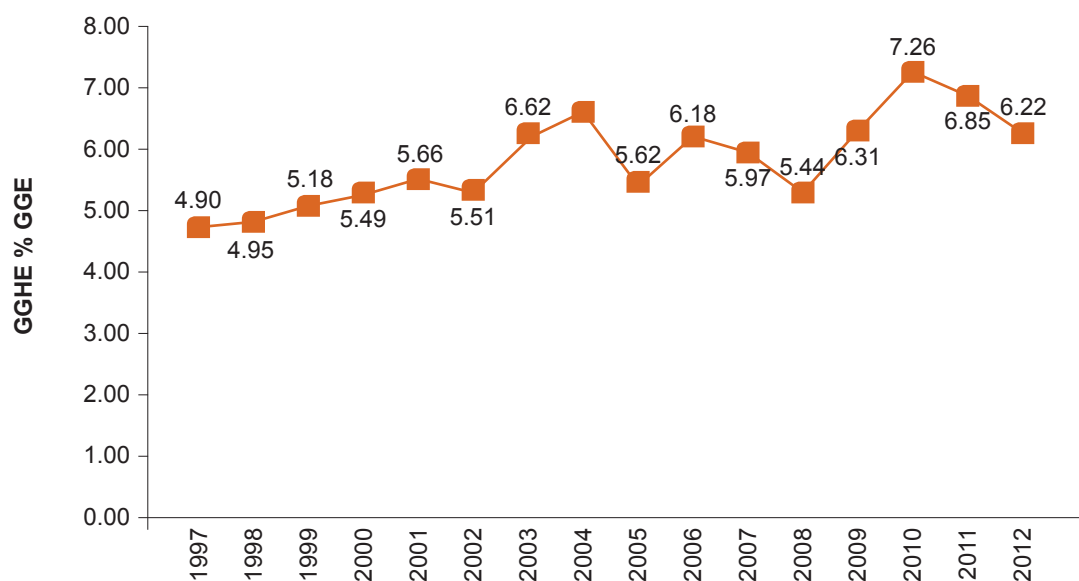
Note: \* using DOS GDP Deflator base year 2005 published in May 2014

TABLE 4.2: Per Capita Spending on Health, 1997-2012 (RM & USD)									
Spending/ Population Year	Total Health Expenditure, Nominal (RM Million)	Total Health Expenditure, Constant using DOS GDP Deflator (RM Million)*	Per Capita Spending, Nominal (RM)	Per Capita Spending, Constant (RM)	Per Capita Spending, Nominal (USD)**	Per Capita Spending, Constant (USD)**	Total Population*	USD Exchange rate**	
1997	8,286	13,628	381	626	135	223	21,769,200	2.81	
1998	8,947	13,638	401	611	102	156	22,333,500	3.92	
1999	9,818	14,966	429	653	113	172	22,909,400	3.80	
2000	11,685	16,984	497	723	131	190	23,494,900	3.80	
2001	12,967	19,069	538	790	141	208	24,123,400	3.80	
2002	14,160	20,345	573	823	151	217	24,727,100	3.80	
2003	17,901	24,863	707	982	186	258	25,320,100	3.80	
2004	19,199	24,999	741	965	195	254	25,905,100	3.80	
2005	19,447	24,309	734	918	194	242	26,477,100	3.79	
2006	23,558	28,315	878	1,055	239	288	26,831,400	3.67	
2007	26,093	29,923	960	1,101	279	320	27,186,000	3.44	
2008	29,092	30,304	1,056	1,100	317	330	27,540,300	3.34	
2009	31,394	34,728	1,125	1,245	319	353	27,895,100	3.52	
2010	35,579	37,689	1,244	1,318	386	409	28,588,900	3.22	
2011	38,550	38,861	1,326	1,337	433	437	29,062,100	3.06	
2012	42,256	42,256	1,432	1,432	463	463	29,517,800	3.09	

Source \*Department of Statistics Malaysia, GDP Deflator base year 2005 published in May 2014

Note \*\* Average yearly Exchange Rate (BNM website in June 2014)

**FIGURE 4.4: Trend for General Government Health Expenditure (GGHE) as Per cent General Government Expenditure (GGE), 1997-2012**



**TABLE 4.3: Trend for General Government Health Expenditure (GGHE), 1997-2012 (RM Million, Per cent GGE)**

Year	Total General Government Health Expenditure (RM Million), nominal	Total General Government Health Expenditure (RM Million), constant	General Government Expenditure (RM Million)*	GGHE as % GGE	DOS GDP Deflator
1997	4,413	7,259	90,131	4.90	76
1998	4,800	7,317	97,040	4.95	82
1999	5,299	8,077	102,320	5.18	82
2000	6,304	9,162	114,884	5.49	86
2001	7,399	10,881	130,690	5.66	85
2002	7,954	11,427	144,278	5.51	87
2003	10,455	14,521	166,949	6.26	90
2004	10,616	13,823	157,742	6.73	96
2005	9,712	12,140	172,681	5.62	100
2006	12,625	15,175	204,255	6.18	104
2007	13,811	15,839	231,359	5.97	109
2008	15,738	16,393	289,394	5.44	120
2009	17,847	19,742	282,794	6.31	113
2010	19,614	20,778	270,171	7.26	118
2011	20,378	20,542	297,382	6.85	124
2012	22,461	22,461	360,862	6.22	125

Source: \* Economy Report 2012/2014 at [www.treasury.gov.my/index.php?option=com\\_content](http://www.treasury.gov.my/index.php?option=com_content)  
 \*\* GDD Deflator base year 2005 published in May 2014

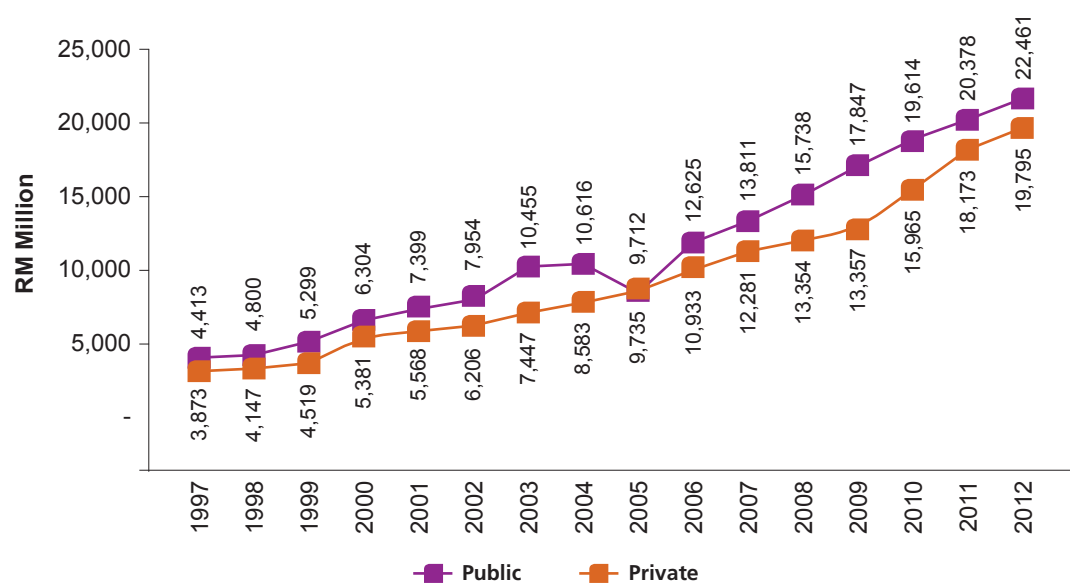
## CHAPTER 5

### Total Health Expenditure by Sources of Financing

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

Comparison of health spending between public and private sector was made. In 2012, the public and private health spending was RM22,461 million and RM19,795 million respectively (Figure 5.1 and Table 5.1). This translates to a public:private share of 53:47 and a similar pattern is noted throughout the time series from 1997 to 2012. During this period, both the public and private sector spending shows an upward trend but the public share of health spending remained higher than the private share except in the year 2005.

**FIGURE 5.1: Total Health Expenditure by Sources of Financing (Public vs. Private), 1997 - 2012**



**TABLE 5.1: Total Expenditure on Health by Sources of financing by Public & Private Sectors, 1997-2012**

Year	Public		Private		Total RM Million
	RM Million	%	RM Million	%	
1997	4,413	53.26	3,873	46.74	8,286
1998	4,800	53.65	4,147	46.35	8,947
1999	5,299	53.97	4,519	46.03	9,818
2000	6,304	53.95	5,381	46.05	11,685
2001	7,399	57.06	5,568	42.94	12,967
2002	7,954	56.17	6,206	43.83	14,160
2003	10,455	58.40	7,447	41.60	17,901
2004	10,616	55.30	8,583	44.70	19,199
2005	9,712	49.94	9,735	50.06	19,447
2006	12,625	53.59	10,933	46.41	23,558
2007	13,811	52.93	12,281	47.07	26,093
2008	15,738	54.10	13,354	45.90	29,092
2009	17,847	56.85	13,547	43.15	31,394
2010	19,614	55.13	15,965	44.87	35,579
2011	20,378	52.86	18,173	47.14	38,550
2012	22,461	53.15	19,795	46.85	42,256



## Sources of Financing

In 2012, among the various sources of financing, the Ministry of Health (MOH) had the highest expenditure amounting to RM18,593 million or 44 per cent share of total health expenditure (Figure 5.2 and Table 5.2a). This was followed by private household Out-of-Pocket (OOP) spending of RM15,584 million or 37 per cent share of total health expenditure. After MOH and OOP expenditure, the next highest spending was by private insurance at RM2,774 million or 7 per cent and other federal agencies including federal statutory bodies spent at RM1,890 million or 4 per cent. The Ministry of Higher Education (MOHE) spent RM1,361 million or 3 per cent whereas corporations (excluding their corporate health insurance) spent RM970 million contributing to about 2 per cent each of the total share of all national health expenditure. All the remaining

sources of financing spent RM1,083 million or 3 per cent of the total health expenditure.

The 1997 to 2012 time series expenditure of all sources of financing shows MOH as the highest financier followed by OOP (Table 5.2b and Table 5.2c). The time series data trend shows that prior to 2003, after MOH and OOP, the third highest source of financing was by corporations (excluding their corporate health insurance) followed by health insurance. This trend changed from 2003 onwards with private insurance expenditure occupying the third. In 2003 and 2005, corporations (excluding their corporate health insurance) occupying the fourth but in 2004 and 2008 to 2012, other federal agencies (including statutory bodies) occupied the fourth highest share of total health expenditure except 2006, MOHE occupying the fourth.

FIGURE 5.2: Total Health Expenditure by Sources of Financing, 2012

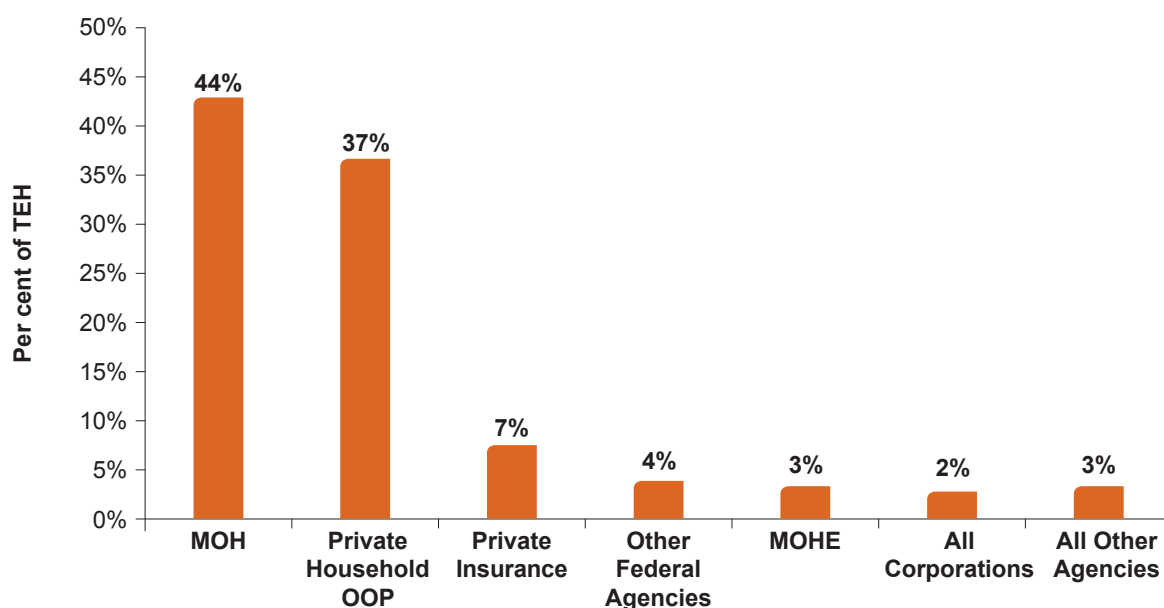


TABLE 5.2a: Total Health Expenditure by Sources of Financing, 2012

MNHA code	Sources of Financing	RM Million	Per cent
MS1.1.1.1	Ministry of Health (MOH)	18,593	44.00
MS2.4	Private household Out-of-Pocket expenditures (OOP)	15,584	36.88
MS2.2	Private insurance enterprises (other than social insurance)	2,774	6.57
MS1.1.1.9	Other federal agencies (including statutory bodies)	1,890	4.47
MS1.1.1.2	Ministry of Higher Education (MOHE)	1,361	3.22
MS2.6	All Corporations (other than health insurance)	970	2.30
MS2.5	Non-profit institutions serving households (NGO)	363	0.86
MS1.2.2	Social Security Organization (SOCSO)	155	0.37
MS1.1.3	Local Authorities	150	0.36
MS1.1.2.1	(General) State Government	108	0.26
MS2.3	Private MCOs and other similar entities	103	0.24
MS1.1.1.3	Ministry of Defence (MOD)	97	0.23
MS1.1.2.2	Other state agencies (including statutory bodies)	68	0.16
MS1.2.1	Employee Provident Funds (EPF)	38	0.09
MS9	Rest of the world	2	0.00
<b>Total</b>		<b>42,256</b>	<b>100.00</b>

TABLE 5.2b: Total Health Expenditure by Sources of Financing, 1997-2012 (RM Million)

MNHA code	Source of Financing	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
MS1.1.1.1	Ministry of Health (MOH)	3,707	4,033	4,450	5,367	6,251	6,670	9,013	8,917	8,060	10,838	11,243	13,036	14,713	16,266	16,856	18,593
MS1.1.1.2	Ministry of Higher Education (MOHE)	382	392	440	480	573	631	666	712	732	791	923	1,078	1,123	1,327	1,268	1,361
MS1.1.1.3	Ministry of Defence (MOD)	15	7	10	12	22	36	20	24	25	26	58	108	116	72	90	97
MS1.1.1.9	Other federal agencies (including statutory bodies)	228	271	295	331	422	472	562	728	677	738	958	1,172	1,413	1,550	1,693	1,890
MS1.1.2.1	(General) State Government	36	41	41	42	41	46	68	90	67	77	90	96	86	93	94	108
MS1.1.2.2	Other state agencies (including statutory bodies)	9	10	10	11	12	13	18	19	25	25	24	26	35	49	61	68
MS1.1.3	Local Authorities	15	16	17	18	19	22	27	35	45	42	419	113	238	108	142	150
MS1.2.1	Employee Provident Funds (EPF)	7	15	20	24	32	36	43	56	61	46	51	49	38	34	39	38
MS1.2.2	Social Security Organization (SOCSO)	14	15	16	20	26	28	38	34	20	42	45	59	85	115	134	155
MS2.2	Private insurance enterprises (other than social insurance)	295	365	421	516	599	718	964	1,062	1,084	1,246	1,413	1,709	1,991	2,277	2,626	2,774
MS2.3	Private MCOs and other similar entities	12	14	15	18	20	24	33	30	32	38	42	53	70	88	96	103
MS2.4	Private household Out-of-Pocket expenditures (OOP)	2,930	3,101	3,373	4,134	4,149	4,631	5,632	6,677	7,681	8,722	9,690	10,560	10,422	12,389	14,237	15,584
MS2.5	Non-profit institutions serving households (NGO)	64	70	71	87	93	104	118	131	148	160	186	214	234	269	312	363
MS2.6	All Corporations (other than health insurance)	572	597	638	622	708	728	700	683	790	767	949	817	828	940	900	970
MS9	Rest of the world	-	-	-	5	-	-	-	-	-	-	1	1	2	1	2	2
	<b>Total</b>	<b>8,286</b>	<b>8,947</b>	<b>9,818</b>	<b>11,685</b>	<b>12,967</b>	<b>14,160</b>	<b>17,901</b>	<b>19,199</b>	<b>19,447</b>	<b>23,558</b>	<b>26,093</b>	<b>29,092</b>	<b>31,394</b>	<b>35,579</b>	<b>38,550</b>	<b>42,256</b>

TABLE 5.2c: Total Health Expenditure by Sources of Financing, 1997-2012 (Per cent, %)

MNHA code	Source of Financing	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
MS1.1.1.1	Ministry of Health (MOH)	44.74	45.07	45.33	45.93	48.20	47.11	50.35	46.45	41.44	46.01	43.09	44.81	46.86	45.72	43.73	44.00
MS1.1.1.2	Ministry of Higher Education (MOHE)	4.61	4.38	4.48	4.11	4.42	4.45	3.72	3.71	3.77	3.36	3.54	3.71	3.58	3.73	3.29	3.22
MS1.1.1.3	Ministry of Defence (MOD)	0.19	0.08	0.10	0.10	0.17	0.26	0.11	0.13	0.13	0.11	0.22	0.37	0.37	0.20	0.23	0.23
MS1.1.1.9	Other federal agencies (including statutory bodies)	2.75	3.03	3.01	2.83	3.25	3.33	3.14	3.79	3.48	3.13	3.67	4.03	4.50	4.36	4.39	4.47
MS1.1.2.1	(General) State Government	0.43	0.46	0.42	0.36	0.32	0.32	0.38	0.47	0.35	0.33	0.34	0.33	0.27	0.26	0.24	0.26
MS1.1.2.2	Other state agencies (including statutory bodies)	0.10	0.11	0.10	0.09	0.09	0.09	0.10	0.10	0.13	0.11	0.09	0.09	0.11	0.14	0.16	0.16
MS1.1.3	Local Authorities	0.19	0.18	0.17	0.15	0.15	0.15	0.15	0.18	0.23	0.18	1.61	0.39	0.76	0.30	0.37	0.36
MS1.2.1	Employee Provident Funds (EPF)	0.08	0.17	0.20	0.20	0.25	0.25	0.24	0.29	0.31	0.19	0.20	0.17	0.12	0.10	0.10	0.09
MS1.2.2	Social Security Organization (SOCSO)	0.17	0.17	0.16	0.17	0.20	0.19	0.21	0.17	0.10	0.18	0.17	0.20	0.27	0.32	0.35	0.37
MS2.2	Private insurance enterprises (other than social insurance)	3.55	4.08	4.29	4.41	4.62	5.07	5.39	5.53	5.58	5.29	5.42	5.87	6.34	6.40	6.81	6.57
MS2.3	Private MCOs and other similar entities	0.14	0.15	0.16	0.15	0.15	0.17	0.18	0.16	0.17	0.16	0.16	0.18	0.22	0.25	0.25	0.24
MS2.4	Private household Out-of-Pocket expenditures (OOP)	35.36	34.66	34.36	35.38	31.99	32.71	31.46	34.78	39.50	37.02	37.14	36.30	33.20	34.82	36.93	36.88
MS2.5	Non-profit institutions serving households (NGO)	0.78	0.78	0.73	0.75	0.72	0.74	0.66	0.68	0.76	0.68	0.71	0.73	0.74	0.76	0.81	0.86
MS2.6	All Corporations (other than health insurance)	6.90	6.68	6.50	5.32	5.46	5.14	3.91	3.56	4.06	3.25	3.64	2.81	2.64	2.64	2.33	2.30
MS9	Rest of the world	0.00	0.00	0.00	0.04	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.01	0.00
<b>Total</b>		<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>

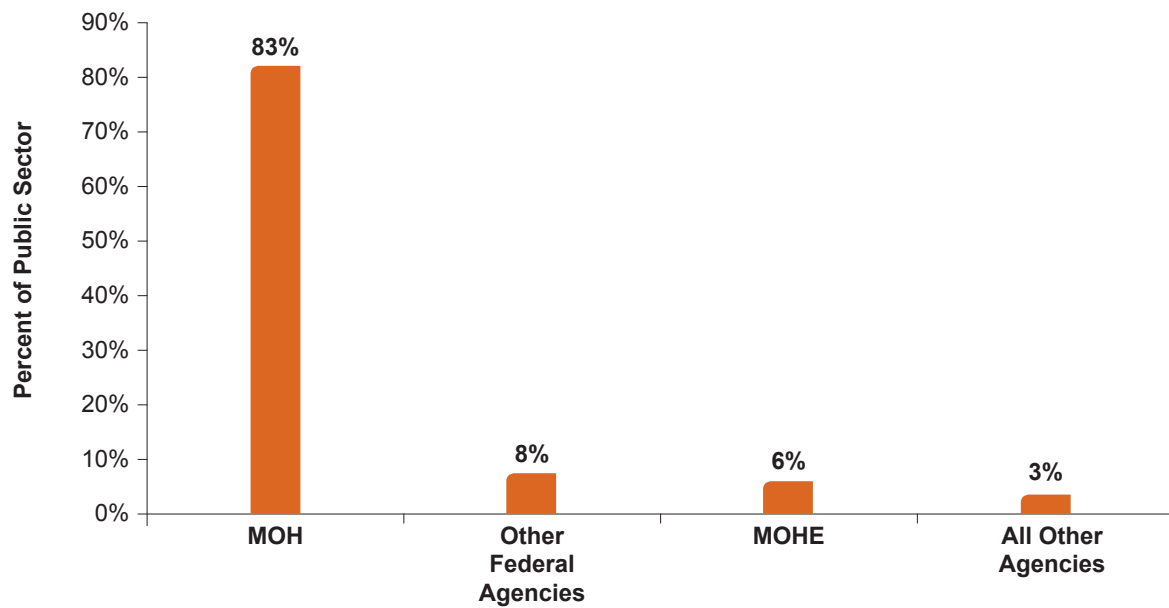
## Public Sector Sources of Financing

In 2012, analysis of the public sector sources of financing shows that the MOH spent RM18,593 million (83 per cent), making it the largest financier in this sector. This is followed by other federal agencies (including statutory bodies) RM1,890 million (8 per cent), MOHE RM1,361 million (6 per cent), SOCSO RM155 million (1 per cent), Local Authorities RM150 million (1 per cent), and other public sector agencies with each agency spending less than RM110 million but in total amounting to RM311 million (1 per cent) (Figure 5.3 and Table 5.3a).

The public sector time series expenditure data, shows a similar trend throughout the 1997-2012 period with MOH spending progressively increasing from RM3,707 million in 1997 to RM18,593 million in 2012 (Table 5.3b). This amounts to between 81 to 86 per cent share of public spending (Table 5.3c). MOH expenditure

was followed by MOHE in 1997-2003, 2005 and 2006, followed by other federal agencies including the federal statutory bodies occupying a share of 5 to 6 per cent of public sector spending. In the remaining years, MOH expenditure was followed by other federal agencies including the federal statutory bodies occupying a share of 6 to 8 per cent, followed by MOHE occupying a share of 5 to 6 per cent of public sector spending. The remaining public sector agencies inclusive of MOD, state government, state agencies including state statutory bodies, LA, EPF and SOCSO each spent less than RM150 million per year. These sources of financing contributed to a share of less than 1 per cent of the total public sector expenditure per agency per year. The time series expenditure by local authorities prior to 2007 has several limitations which have been challenging to rectify. This has resulted in gross under estimation of LA expenditure prior to 2007.

**FIGURE 5.3: Total Health Expenditure by Public Sector Sources of Financing, 2012**



**TABLE 5.3a: Total Health Expenditure by Public Sector Sources of Funding, 2012**

MNHA code	Sources of Financing, 2012	RM Million	Per cent
MS1.1.1.1	Ministry of Health (MOH)	18,593	82.78
MS1.1.1.9	Other federal agencies (including statutory bodies)	1,890	8.42
MS1.1.1.2	Ministry of Higher Education (MOHE)	1,361	6.06
MS1.2.2	Social Security Organization (SOCISO)	155	0.69
MS1.1.3	Local authorities	150	0.67
MS1.1.2.1	(General) State Government	108	0.48
MS1.1.1.3	Ministry of Defence (MOD)	97	0.43
MS1.1.2.2	Other state agencies (including statutory bodies)	68	0.30
MS1.2.1	Employee Provident Funds (EPF)	38	0.17
<b>Total</b>		<b>22,461</b>	<b>100.00</b>

**TABLE 5.3b: Total Health Expenditure by Public Sector Sources of Financing, 1997-2012 (RM Million)**

MNHA code	Source of financing	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
MS1.1.1.1	Ministry of Health (MOH)	3,707	4,033	4,450	5,367	6,251	6,670	9,013	8,917	8,060	10,838	11,243	13,036	14,713	16,266	16,856	18,593
MS1.1.1.2	Ministry of Higher Education (MOHE)	382	392	440	480	573	631	666	712	732	791	923	1,078	1,123	1,327	1,268	1,361
MS1.1.1.3	Ministry of Defence (MOD)	15	7	10	12	22	36	20	24	25	26	58	108	116	72	90	97
MS1.1.1.9	Other federal agencies (including statutory bodies)	228	271	295	331	422	472	562	728	677	738	958	1,172	1,413	1,550	1,693	1,890
MS1.1.2.1	(General) State Government	36	41	41	42	41	46	68	90	67	77	90	96	86	93	94	108
MS1.1.2.2	Other state agencies (including statutory bodies)	9	10	10	11	12	13	18	19	25	25	24	26	35	49	61	68
MS1.1.3	Local Authorities	15	16	17	18	19	22	27	35	45	42	419	113	238	108	142	150
MS1.2.1	Employee Provident Funds (EPF)	7	15	20	24	32	36	43	56	61	46	51	49	38	34	39	38
MS1.2.2	Social Security Organization (SOCSSO)	14	15	16	20	26	28	38	34	20	42	45	59	85	115	134	155
<b>Total</b>		<b>4,413</b>	<b>4,800</b>	<b>5,299</b>	<b>6,304</b>	<b>7,399</b>	<b>7,954</b>	<b>10,455</b>	<b>10,616</b>	<b>9,712</b>	<b>12,625</b>	<b>13,811</b>	<b>15,738</b>	<b>17,847</b>	<b>19,614</b>	<b>20,378</b>	<b>22,461</b>

TABLE 5.3c: Total Health Expenditure by Public Sector Sources of Financing, 1997-2012 (Per cent, %)																	
MNHA code	Source of financing	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
MS1.1.1.1	Ministry of Health (MOH)	84.00	84.01	83.99	85.14	84.48	83.86	86.21	84.00	82.99	85.84	81.40	82.83	82.44	82.93	82.72	82.78
MS1.1.1.2	Ministry of Higher Education (MOHE)	8.66	8.17	8.30	7.62	7.74	7.93	6.37	6.71	7.54	6.27	6.68	6.85	6.29	6.77	6.22	6.06
MS1.1.1.3	Ministry of Defence (MOD)	0.35	0.15	0.19	0.19	0.30	0.46	0.19	0.23	0.26	0.21	0.42	0.68	0.65	0.37	0.44	0.43
MS1.1.1.9	Other federal agencies (including statutory bodies)	5.16	5.65	5.57	5.25	5.70	5.94	5.38	6.86	6.97	5.85	6.93	7.45	7.92	7.90	8.31	8.42
MS1.1.2.1	(General) State Government	0.81	0.85	0.78	0.66	0.56	0.58	0.65	0.85	0.69	0.61	0.65	0.61	0.48	0.47	0.46	0.48
MS1.1.2.2	Other state agencies (including statutory bodies)	0.20	0.21	0.19	0.17	0.16	0.16	0.17	0.18	0.25	0.20	0.17	0.17	0.20	0.25	0.30	0.30
MS1.1.3	Local Authorities	0.35	0.33	0.32	0.28	0.26	0.28	0.26	0.33	0.47	0.34	3.03	0.72	1.33	0.55	0.70	0.67
MS1.2.1	Employee Provident Funds (EPF)	0.16	0.32	0.38	0.37	0.43	0.45	0.41	0.53	0.63	0.36	0.37	0.31	0.21	0.17	0.19	0.17
MS1.2.2	Social Security Organization (SOCSCO)	0.32	0.31	0.30	0.31	0.35	0.35	0.37	0.32	0.21	0.34	0.33	0.38	0.48	0.59	0.66	0.69
	<b>Total</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>



## Public Sector Sources by Providers Cross-tabulations

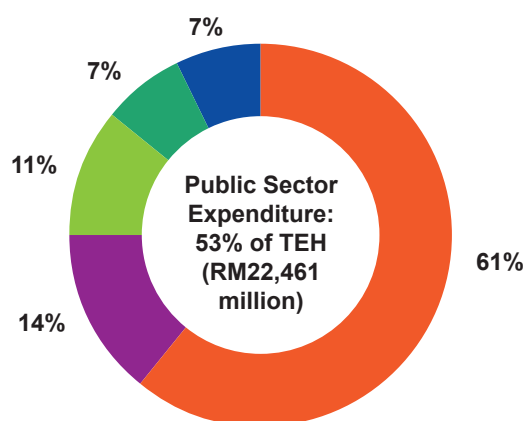
Cross-tabulations of public sector sources of funding and providers of health care services and products respond to the question as to where this public source of fund is spent or who provides the services and products with the money.

In 2012, hospitals consumed RM13,669 million or 61 per cent, followed by providers of ambulatory care at RM3,033 million or 14 per cent, general health administration and insurance at RM2,487 million or 11 per cent, provision and administration of public health programmes at RM1,609 million or 7 per cent and the remaining providers at RM1,663 million or 7 per cent (Figure 5.4 and Table 5.4a). Almost the full amount of the expenditure for

provision and administration of public health programmes are contributed by MOH spending.

The 1997 to 2012 time series shows a similar pattern in the share of various providers that consumed public sector source of funding. All the providers showed a steady rise in expenditure over the time period (Table 5.4b and Table 5.4c). However, over the last eight years (2005-2012) expenditure by three categories of providers, which were among the higher spending groups, exhibited steeper increase in spending compared to other providers. These include hospitals, general health administration and insurance, and retail sale and other providers of medical goods.

FIGURE 5.4: Public Sector Expenditure by Providers of Health Services, 2012



- Hospitals
- Ambulatory Health Care Providers
- General Health Administration & Insurance
- Provision & Admin of Public Health Programme
- All Other Providers

TABLE 5.4a: Public Sector Expenditure by Providers of Health Services, 2012

MNHA code	Providers of Health Services	RM Million	Per cent
MP1	Hospitals	13,669	60.86
MP3	Providers of ambulatory health care	3,033	13.50
MP6	General health administration and insurance	2,487	11.07
MP5	Provision and administration of public health programmes	1,609	7.16
MP8	Institutions providing health related services	1,452	6.47
MP4	Retail sale and other providers of medical goods	187	0.83
MP2	Nursing and residential care facilities	22	0.10
MP9	Rest of the world	1	0.01
MP7	Other industries (rest of the Malaysian economy)	<1	<1
<b>Total</b>		<b>22,461</b>	<b>100.00</b>

TABLE 5.4b: Public Sector Expenditure by Providers of Health Services, 1997-2012 (RM Million)

MNHA code	Providers of Health Services	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
MP1	Hospitals	2,766	2,902	3,160	3,500	4,016	4,216	4,946	5,436	5,667	7,382	7,938	9,280	9,613	10,670	11,700	13,669
MP2	Nursing and residential care facilities	5	5	6	6	7	8	8	9	9	10	11	12	14	17	17	22
MP3	Providers of ambulatory health care	333	353	407	481	597	710	958	1,082	1,133	1,573	1,614	1,924	2,020	2,242	2,573	3,033
MP4	Retail sale and other providers of medical goods	27	26	30	30	43	53	54	54	55	66	98	132	172	159	166	187
MP5	Provision and administration of public health programmes	412	393	428	466	557	659	649	680	653	828	1,237	1,025	1,293	1,092	1,240	1,609
MP6	General health administration and insurance	722	951	1,057	1,575	1,820	1,886	3,316	2,800	1,678	2,116	2,140	2,496	3,529	4,162	3,309	2,487
MP7	Other industries (rest of the Malaysian economy)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MP8	Institutions providing health related services	148	170	210	246	357	421	523	554	515	650	773	864	1,204	1,271	1,371	1,452
MP9	Rest of the world	1	1	1	1	1	1	1	1	2	2	1	4	3	1	1	1
<b>Total</b>		<b>4,413</b>	<b>4,800</b>	<b>5,299</b>	<b>6,304</b>	<b>7,399</b>	<b>7,954</b>	<b>10,455</b>	<b>10,616</b>	<b>9,712</b>	<b>12,625</b>	<b>13,811</b>	<b>15,738</b>	<b>17,847</b>	<b>19,614</b>	<b>20,378</b>	<b>22,461</b>

TABLE 5.4c: Public Sector Expenditure by Providers of Health Services, 1997-2012 (Per cent, %)																	
MNHA code	Providers of Health Services	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
MP1	Hospitals	62.66	60.47	59.64	55.52	54.28	53.01	47.31	51.21	58.35	58.47	57.47	58.97	53.86	54.40	57.42	60.86
MP2	Nursing and residential care facilities	0.11	0.11	0.11	0.10	0.09	0.09	0.08	0.08	0.10	0.08	0.08	0.08	0.08	0.09	0.09	0.10
MP3	Providers of ambulatory health care	7.55	7.35	7.67	7.63	8.07	8.92	9.16	10.19	11.66	12.46	11.68	12.22	11.32	11.43	12.63	13.50
MP4	Retail sale and other providers of medical goods	0.62	0.54	0.56	0.47	0.59	0.66	0.51	0.51	0.57	0.52	0.71	0.84	0.96	0.81	0.81	0.83
MP5	Provision and administration of public health programmes	9.33	8.18	8.07	7.39	7.53	8.29	6.20	6.41	6.72	6.56	8.96	6.52	7.24	5.57	6.08	7.16
MP6	General health administration and insurance	16.36	19.81	19.95	24.98	24.60	23.71	31.72	26.37	17.28	16.76	15.49	15.86	19.77	21.22	16.24	11.07
MP7	Other industries (rest of the Malaysian economy)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MP8	Institutions providing health related services	3.36	3.53	3.97	3.90	4.83	5.30	5.00	5.22	5.30	5.15	5.59	5.49	6.74	6.48	6.73	6.47
MP9	Rest of the world	0.02	0.02	0.02	0.01	0.01	0.02	0.01	0.01	0.02	0.01	0.01	0.03	0.02	0.00	0.01	0.01
<b>Total</b>		<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>

## Public Sector Sources by Functions Cross-tabulations

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

In 2012, the public sector source of funds was spent the most for curative care consuming RM14,331 million or 64 per cent, followed by health program administration and insurance consuming RM2,599 million or 12 per cent and RM2,035 million or 9 per cent for capital formation. In the same year, this sector spent for education and training personnel at RM1,483 million or 7 per cent and RM 1,207 or 5 per cent for prevention and public health services. The expenditure for all other functions of health care services and products was less than RM1,000 million each (Figure 5.5 and Table 5.5a).

The time series data shows a similar pattern with curative care, health administration and insurance and capital formation occupying the three largest share of the public sector expenditure by function. However, the highest growth in the expenditure using public sector funding was in ancillary services to health care increasing from RM9 million in 1997 to RM266 million in 2012 or increased by 29-fold over the time period but which remained to occupy about 2 per cent share of the public sector spending over the last 5 years. The expenditure for education and training of health personnel increased by nearly 15-fold over the time period, but continued to consistently occupy less than 7 per cent share of the public sector spending (Table 5.5b and Table 5.5c).

FIGURE 5.5: Public Sector Expenditure by Functions of Health Services, 2012

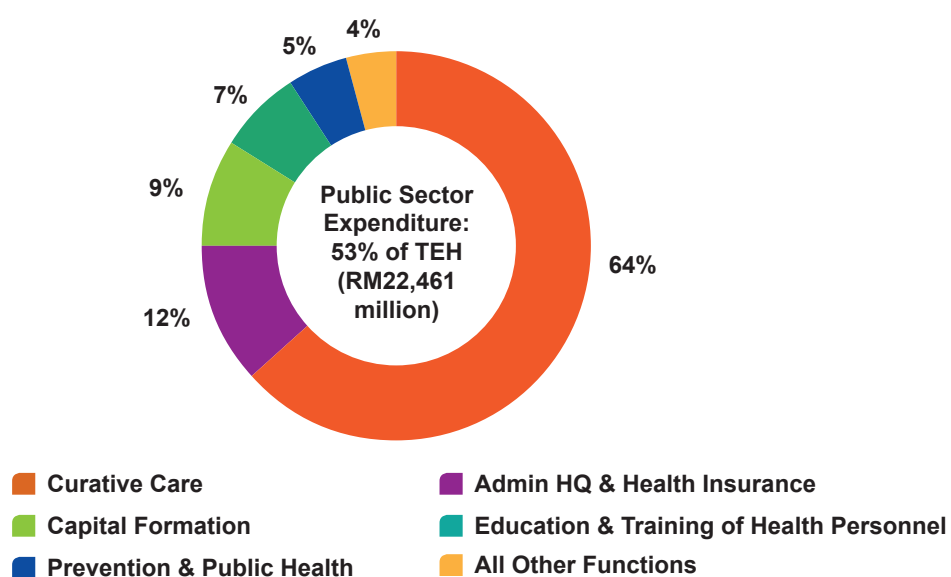


TABLE 5.5a: Public Sector Expenditure by Functions of Health Services, 2012

MNHA code	Function of Health services	RM Million	Per cent
MF1	Services of curative care	14,331	63.80
MF7	Health program administration and health insurance	2,599	11.57
MR1	Capital formation of health care provider institutions	2,035	9.06
MR2	Education and training of health personnel	1,483	6.60
MF6	Prevention and public health services	1,207	5.37
MF5	Medical goods dispensed to out-patients	463	2.06
MF4	Ancillary services to health care	266	1.18
MR3	Research and development in health	52	0.23
MF3	Services of long-term nursing care	21	0.09
MF2	Services of rehabilitative care	5	0.02
<b>Total</b>		<b>22,461</b>	<b>100</b>

TABLE 5.5b: Public Sector Expenditure by Functions of Health Services, 1997-2012 (RM Million)																	
MNHA code	Function of Health services	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
MF1	Services of curative care	2,770	2,861	3,101	3,486	3,910	4,201	4,993	5,480	5,681	7,767	8,072	9,495	9,912	10,400	12,239	14,331
MF2	Services of rehabilitative care	2	2	2	2	3	2	9	9	11	12	10	5	3	3	4	5
MF3	Services of long-term nursing care	5	5	6	6	7	8	8	9	9	10	11	12	13	17	17	21
MF4	Ancillary services to health care	9	7	8	21	64	76	95	126	123	195	183	248	247	262	282	266
MF5	Medical goods dispensed to out-patients	61	60	77	89	145	172	184	218	208	221	368	436	451	425	457	463
MF6	Prevention and public health services	195	198	227	231	265	279	418	486	498	638	919	808	913	882	1,001	1,207
MF7	Health program administration and health insurance	703	695	736	850	957	1,156	1,425	1,460	1,445	1,862	2,030	2,241	2,430	2,460	2,767	2,599
MR1	Capital formation of health care provider institutions	510	794	926	1,370	1,688	1,636	2,807	2,321	1,261	1,356	1,530	1,722	2,744	3,847	2,176	2,035
MR2	Education and training of health personnel	97	125	168	211	286	347	441	447	455	531	635	718	1,083	1,275	1,388	1,483
MR3	Research and development in health	61	53	48	38	74	78	74	61	21	34	53	52	49	44	46	52
MR9	All other health-related	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>		<b>4,413</b>	<b>4,800</b>	<b>5,299</b>	<b>6,304</b>	<b>7,399</b>	<b>7,954</b>	<b>10,455</b>	<b>10,616</b>	<b>9,712</b>	<b>12,625</b>	<b>13,811</b>	<b>15,738</b>	<b>17,847</b>	<b>19,614</b>	<b>20,378</b>	<b>22,461</b>

TABLE 5.5c: Public Sector Expenditure by Functions of Health Services, 1997-2012 (Per cent, %)

MNHA code	Function of Health services	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
MF1	Services of curative care	62.77	59.60	58.53	55.30	52.84	52.81	47.76	51.62	58.49	61.52	58.45	60.33	55.54	53.02	60.06	63.80
MF2	Services of rehabilitative care	0.06	0.03	0.04	0.03	0.04	0.03	0.09	0.08	0.11	0.09	0.07	0.03	0.02	0.02	0.02	0.02
MF3	Services of long-term nursing care	0.11	0.11	0.11	0.10	0.09	0.09	0.08	0.08	0.10	0.08	0.08	0.08	0.08	0.09	0.08	0.09
MF4	Ancillary services to health care	0.21	0.15	0.16	0.33	0.87	0.95	0.91	1.18	1.26	1.54	1.32	1.57	1.38	1.33	1.38	1.18
MF5	Medical goods dispensed to out-patients	1.39	1.25	1.45	1.42	1.96	2.16	1.76	2.06	2.14	1.75	2.67	2.77	2.53	2.16	2.24	2.06
MF6	Prevention and public health services	4.42	4.13	4.28	3.67	3.58	3.51	4.00	4.58	5.13	5.05	6.66	5.14	5.12	4.50	4.91	5.37
MF7	Health program administration and health insurance	15.93	14.48	13.89	13.49	12.94	14.54	13.63	13.75	14.88	14.75	14.70	14.24	13.62	12.54	13.58	11.57
MR1	Capital formation of health care provider institutions	11.55	16.54	17.47	21.74	22.81	20.57	26.85	21.86	12.99	10.74	11.08	10.94	15.38	19.62	10.68	9.06
MR2	Education and training of health personnel	2.20	2.59	3.18	3.34	3.86	4.36	4.22	4.21	4.68	4.21	4.60	4.56	6.07	6.50	6.81	6.60
MR3	Research and development in health	1.38	1.11	0.90	0.60	1.01	0.98	0.70	0.57	0.22	0.27	0.38	0.33	0.28	0.22	0.23	0.23
MR9	All other health-related	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Total</b>		<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>



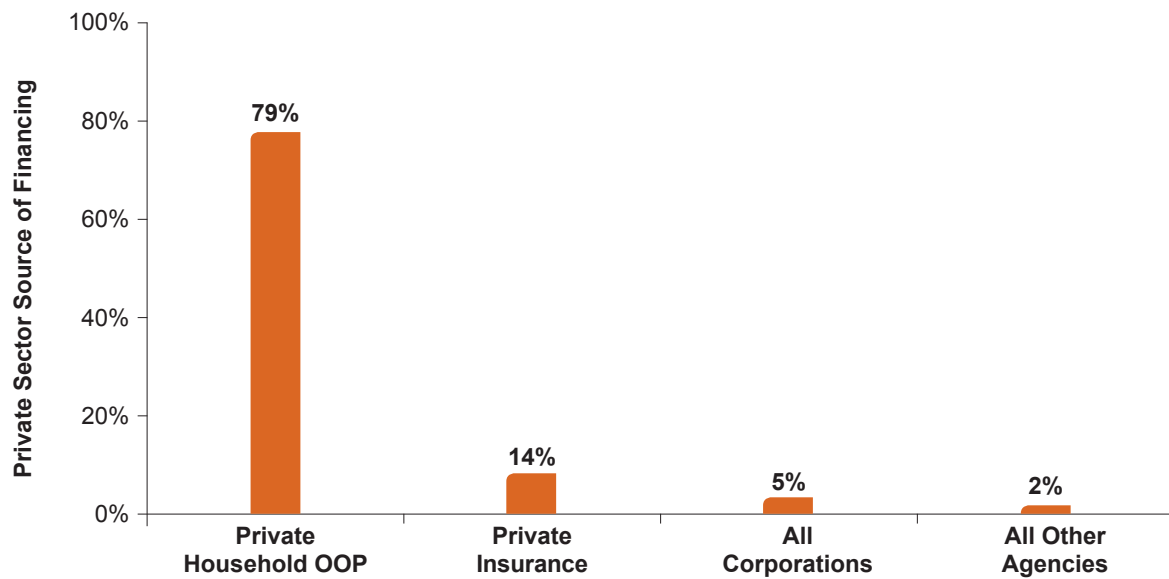
## Private Sector Sources of Financing

In 2012, analysis of the expenditure data shows that the highest source of financing in the private sector was household OOP spending amounting to RM15,584 million or 79 per cent of this sector expenditure (Figure 5.6 and Table 5.6a). The OOP spending excludes the purchases of individual health insurance. After OOP spending the next highest spending was by all private insurance agencies from personal, family or company insurance policies at RM2,774 million or 14 per cent of private sector spending. In the same year, corporations contributed to RM970 million or 5 per cent of private sector expenditure. This expenditure by corporations is exclusive of group or company purchases of employee insurance which is reported under insurance agency expenditure. The other agencies under private sector which includes non-profit Institutions (NPI) serving households, managed care organizations (MCO) and rest of the world (ROW) or international

agencies, in total contributed to RM467 million or 2 per cent of the expenditure in this sector.

The private sector expenditure data for 1997-2012 time series shows that OOP expenditure throughout the time period remained the largest proportion 75 to 80 per cent share of private spending and gradually increased from RM2,930 million in 1997 to RM15,584 million in 2012 (Table 5.6b and Table 5.6c). During this time period, private insurance enterprise expenditure also increased from 8 to 15 per cent share of private expenditure. However, corporation expenditure share of the private sector spending on health decreased from 15 to 5 per cent share of this sector. In terms of RM value, the expenditure by corporations increased just under two-fold whereas private insurance increased by nine-fold over the sixteen year period (1997-2012).

**FIGURE 5.6: Total Health Expenditure by Private Sector Sources of Financing, 2012**



**TABLE 5.6a: Total Health Expenditure by Private Sector Sources of Financing, 2012**

MNHA code	Source of Financing	RM Million	Per cent
MS2.4	Private household Out-of-Pocket expenditures	15,584	78.73
MS2.2	Private insurance enterprises (other than social insurance)	2,774	14.01
MS2.6	All Corporations (other than health insurance)	970	4.90
MS2.5	Non-profit institutions serving households	363	1.83
MS2.3	Private MCOs and other similar entities	103	0.52
MS9	Rest of the world	2	0.01
<b>Total</b>		<b>19,795</b>	<b>100.00</b>

**TABLE 5.6b: Total Health Expenditure by Private Sector Sources of Financing, 1997-2012 (RM Million)**

MNHA code	Source of financing	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
MS2.2	Private insurance enterprises (other than social insurance)	295	365	421	516	599	718	964	1,062	1,084	1,246	1,413	1,709	1,991	2,277	2,626	2,774
MS2.3	Private MCOs and other similar entities	12	14	15	18	20	24	33	30	32	38	42	53	70	88	96	103
MS2.4	Private household Out-of-Pocket expenditures	2,930	3,101	3,373	4,134	4,149	4,631	5,632	6,677	7,681	8,722	9,690	10,560	10,422	12,389	14,237	15,584
MS2.5	Non-profit institutions serving households (NGO)	64	70	71	87	93	104	118	131	148	160	186	214	234	269	312	363
MS2.6	All Corporations (other than health insurance)	572	597	638	622	708	728	700	683	790	767	949	817	828	940	900	970
MS9	Rest of the world (ROW)	0	0	0	5	0	0	0	0	0	0	1	1	2	1	2	2
	<b>Total</b>	<b>3,873</b>	<b>4,147</b>	<b>4,519</b>	<b>5,381</b>	<b>5,568</b>	<b>6,206</b>	<b>7,447</b>	<b>8,583</b>	<b>9,735</b>	<b>10,933</b>	<b>12,281</b>	<b>13,354</b>	<b>13,547</b>	<b>15,965</b>	<b>18,173</b>	<b>19,795</b>

**TABLE 5.6c: Total Health Expenditure by Private Sector Sources of Financing, 1997-2012 (Per cent, %)**

MNHA code	Source of financing	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
MS2.2	Private insurance enterprises (other than social insurance)	7.61	8.80	9.31	9.58	10.75	11.57	12.95	12.38	11.14	11.40	11.50	12.80	14.69	14.26	14.45	14.01
MS2.3	Private MCOs and other similar entities	0.31	0.33	0.34	0.33	0.35	0.39	0.44	0.35	0.33	0.35	0.34	0.40	0.52	0.55	0.53	0.52
MS2.4	Private household Out-of-Pocket expenditures	75.66	74.78	74.64	76.83	74.51	74.62	75.63	77.79	78.90	79.78	78.90	79.08	76.93	77.60	78.34	78.73
MS2.5	Non-profit institutions serving households (NGO)	1.66	1.68	1.58	1.62	1.67	1.68	1.59	1.52	1.52	1.47	1.52	1.60	1.73	1.68	1.72	1.83
MS2.6	All Corporations (other than health insurance)	14.77	14.41	14.13	11.55	12.72	11.73	9.39	7.96	8.11	7.01	7.73	6.12	6.12	5.89	4.95	4.90
MS9	Rest of the world	0.00	0.00	0.00	0.09	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.01	0.02	0.01	0.01	0.01
	<b>Total</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>

## Private Sector Sources by Providers

### Cross-tabulations

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

In 2012, hospitals consumed RM7,790 million or 39 per cent, followed by providers of ambulatory care at RM5,503 million or 28 per cent. The providers of retail sales and other providers of medical goods consumed RM3,799 million or 19 per cent whereas the providers of general administration and insurance consumed RM1,395 million or 7 per cent (Figure 5.7 and Table 5.7a). The remaining private source of funding amounting to a total of RM1,308 million or 7 per cent were spent at institutions providing health-related services, provision and administrators of public health programmes, non-resident or

ROW providers, and nursing and residential care facilities.

The 1997 to 2012 time series data shows that throughout this period, about 71 per cent of the private source of financing has been at hospitals and providers of ambulatory care (Table 5.7b and Table 5.7c). Hospital expenditures increased from RM1,331 million in 1997 to RM7,790 million in 2012 whereas expenditures at ambulatory care providers increased from RM1,534 million in 1997 to RM5,503 million in 2012. The data also shows that although spending at institutions providing health-related services, which mainly comprises of the teaching and training institutions, has remained below 5 per cent of the spending, However in terms of RM value this expenditure has increased by 21-fold from RM41 million in 1997 to RM865 million in 2012.

FIGURE 5.7: Private Sector Expenditure by Providers of Health Services, 2012

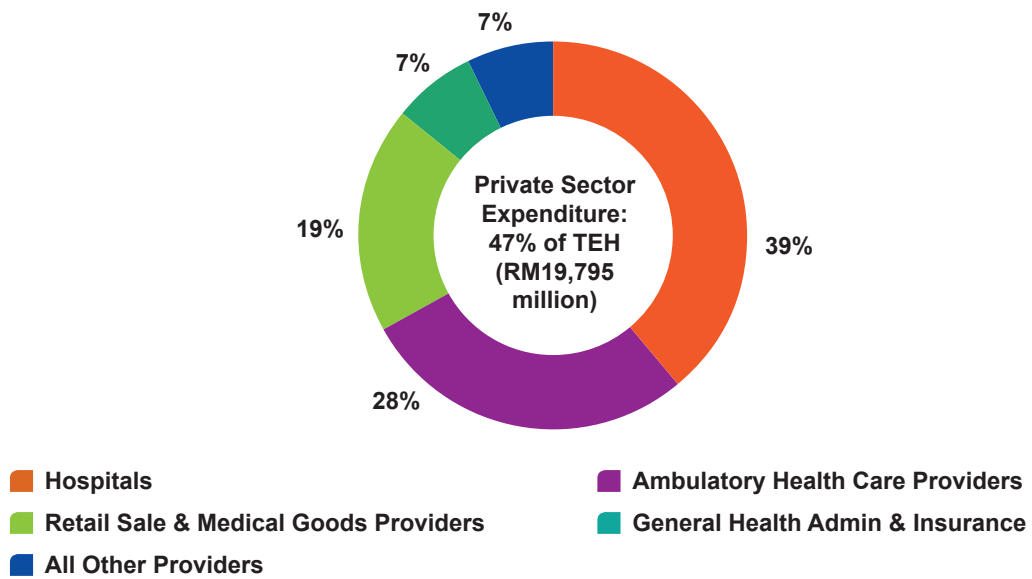


TABLE 5.7a: Private Sector Expenditure by Providers of Health Services, 2012

MNHA code	Providers of Health Services	RM Million	Per cent
MP1	Hospitals	7,790	39.35
MP3	Providers of ambulatory health care	5,503	27.80
MP4	Retail sale and other providers of medical goods	3,799	19.19
MP6	General health administration and insurance	1,395	7.05
MP8	Institutions providing health related services	865	4.37
MP5	Provision and administration of public health programmes	310	1.57
MP9	Rest of the world (ROW)	115	0.58
MP2	Nursing and residential care facilities	18	0.09
<b>Total</b>		<b>19,795</b>	<b>100.00</b>

**TABLE 5.7b: Private Sector Expenditure by Providers of Health Services, 1997-2012 (RM Million)**

MNHA code	Providers of Health Services	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
MP1	Hospitals	1,331	1,481	1,653	1,856	2,066	2,314	2,829	3,195	3,548	4,017	4,536	5,184	5,892	6,240	7,034	7,790
MP2	Nursing and residential care facilities	1	1	2	2	2	5	9	9	10	10	14	4	5	12	14	18
MP3	Providers of ambulatory health care	1,534	1,547	1,645	2,006	1,977	2,184	2,486	2,930	3,529	3,975	4,411	4,464	3,468	4,549	5,164	5,503
MP4	Retail sale and other providers of medical goods	568	612	671	876	853	977	1,163	1,453	1,632	1,842	2,091	2,343	2,374	3,018	3,486	3,799
MP5	Provision and administration of public health programmes	68	69	81	82	88	90	102	108	113	117	160	174	177	211	281	310
MP6	General health administration and insurance	323	370	392	465	476	511	686	704	708	751	800	897	978	1,143	1,304	1,395
MP8	Institutions providing health related services	41	58	64	81	89	103	144	151	159	176	251	280	650	717	788	865
MP9	Rest of the world (ROW)	7	7	11	13	17	24	28	33	35	44	19	8	4	75	101	115
	<b>Total</b>	<b>3,873</b>	<b>4,147</b>	<b>4,519</b>	<b>5,381</b>	<b>5,568</b>	<b>6,206</b>	<b>7,447</b>	<b>8,583</b>	<b>9,735</b>	<b>10,933</b>	<b>12,281</b>	<b>13,354</b>	<b>13,547</b>	<b>15,965</b>	<b>18,173</b>	<b>19,795</b>

**TABLE 5.7c: Private Sector Expenditure by Providers of Health Services, 1997-2012 (Per cent, %)**

MNHA code	Providers of Health Services	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
MP1	Hospitals	34.37	35.71	36.57	34.48	37.10	37.28	37.99	37.23	36.44	36.74	36.94	38.82	43.49	39.09	38.71	39.35
MP2	Nursing and residential care facilities	0.03	0.03	0.04	0.04	0.04	0.08	0.12	0.11	0.11	0.09	0.11	0.03	0.04	0.07	0.08	0.09
MP3	Providers of ambulatory health care	39.61	37.32	36.40	37.28	35.51	35.19	33.39	34.13	36.25	36.36	35.92	33.43	25.60	28.50	28.42	27.80
MP4	Retail sale and other providers of medical goods	14.66	14.77	14.86	16.29	15.32	15.73	15.62	16.92	16.77	16.85	17.03	17.54	17.52	18.90	19.18	19.19
MP5	Provision and administration of public health programmes	1.76	1.67	1.79	1.51	1.58	1.45	1.37	1.26	1.17	1.07	1.30	1.30	1.31	1.32	1.54	1.57
MP6	General health administration and insurance	8.34	8.92	8.68	8.64	8.55	8.23	9.21	8.20	7.27	6.87	6.51	6.72	7.22	7.16	7.18	7.05
MP8	Institutions providing health related services	1.05	1.39	1.42	1.51	1.60	1.65	1.93	1.76	1.63	1.61	2.04	2.10	4.80	4.49	4.34	4.37
MP9	Rest of the world (ROW)	0.17	0.18	0.24	0.25	0.31	0.38	0.37	0.38	0.36	0.40	0.15	0.06	0.03	0.47	0.56	0.58
	<b>Total</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>

## Private Sector Sources by Functions Cross-tabulations

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

In 2012, the private sector source of funds spent the most for curative care consuming RM9,596 million or 49 per cent, followed by medical goods dispensed to out-patient at RM6,383 million or 32 per cent. In the same year, RM1,484 million or 8 per cent of this sector expenditure was spent

for health program administration and health insurance (Figure 5.8 and Table 5.8a).

The time series data shows a similar pattern with expenditures for curative care and medical goods dispensed to out-patient totalling 79 to 83 per cent of the sector spending (Table 5.8b and Table 5.8c). As noted in the earlier section, although education and training expenditure over this time period has remained below 5 per cent share of this spending, it has increased by 22-fold from RM39 million in 1997 to RM864 million in 2012.

TABLE 5.8: Private Sector Expenditure by Functions of Health Services, 2012

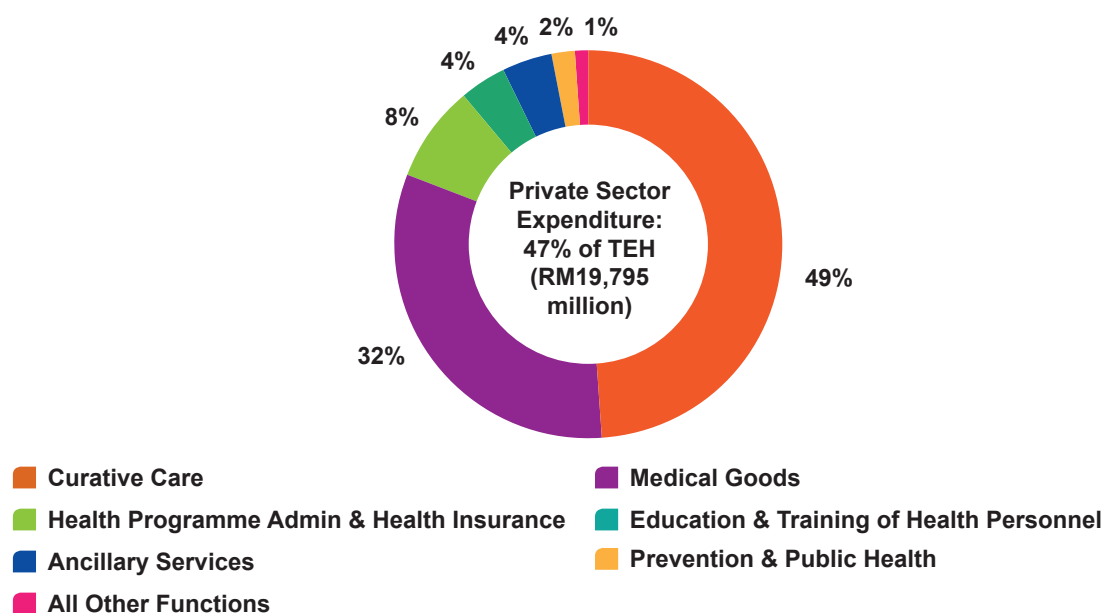


TABLE 5.8a: Private Sector Expenditure by Functions of Health Services, 2012

MNHA code	Function of Health services	RM Million	Per cent
MF1	Services of curative care	9,596	48.48
MF5	Medical goods dispensed to out-patients	6,383	32.24
MF7	Health program administration and health insurance	1,484	7.50
MR2	Education and training of health personnel	864	4.37
MF4	Ancillary services to health care	864	4.37
MF6	Prevention and public health services	454	2.29
MF3	Services of long-term nursing care	81	0.41
MF2	Services of rehabilitative care	55	0.28
MR1	Capital formation of health care provider institutions	12	0.06
MR3	Research and development in health	1	<0.01
MR9	All other health-related expenditures	<1	<0.01
<b>Total</b>		<b>19,795</b>	<b>100.00</b>



TABLE 5.8b: Private Sector Expenditure by Functions of Health Services, 1997-2012 (RM Million)

MNHA code	Function of Health services	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
MF1	Services of curative care	2,007	2,130	2,329	2,754	2,867	3,213	3,864	4,465	5,148	5,877	6,593	7,114	6,822	7,716	8,862	9,596
MF2	Services of rehabilitative care	10	11	12	14	16	17	25	23	30	34	39	40	54	45	54	55
MF3	Services of long-term nursing care	20	22	24	26	29	33	34	93	62	67	60	52	53	69	78	81
MF4	Ancillary services to health care	225	240	261	289	325	357	397	435	548	554	611	638	617	715	745	864
MF5	Medical goods dispensed to out-patients	1,077	1,139	1,239	1,552	1,545	1,742	2,056	2,462	2,802	3,189	3,578	3,983	4,033	5,140	5,861	6,383
MF6	Prevention and public health services	161	167	185	184	204	211	221	227	253	255	316	313	284	349	405	454
MF7	Health program administration and health insurance	331	379	403	479	488	525	702	723	727	772	822	922	1,012	1,197	1,364	1,484
MR1	Capital formation of health care provider institutions	2	2	3	3	4	4	5	5	6	7	8	9	12	10	10	12
MR2	Education and training of health personnel	39	56	63	75	91	103	142	149	158	176	253	282	659	722	791	864
MR3	Research and development in health	0	0	0	5	0	1	1	1	1	1	1	1	2	2	2	1
MR9	All other health-related expenditures	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>		<b>3,873</b>	<b>4,147</b>	<b>4,519</b>	<b>5,381</b>	<b>5,568</b>	<b>6,206</b>	<b>7,447</b>	<b>8,583</b>	<b>9,735</b>	<b>10,933</b>	<b>12,281</b>	<b>13,354</b>	<b>13,547</b>	<b>15,964</b>	<b>18,173</b>	<b>19,795</b>

TABLE 5.8c: Private Sector Expenditure by Functions of Health Services, 1997-2012 (Per cent, %)																	
MNHA code	Function of Health services	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
MF1	Services of curative care	51.83	51.36	51.54	51.17	51.48	51.77	51.89	52.02	52.88	53.76	53.69	53.27	50.36	48.33	48.76	48.48
MF2	Services of rehabilitative care	0.26	0.27	0.28	0.26	0.28	0.28	0.34	0.27	0.31	0.31	0.32	0.30	0.40	0.28	0.30	0.28
MF3	Services of long-term nursing care	0.51	0.53	0.53	0.49	0.51	0.53	0.46	1.09	0.64	0.61	0.49	0.39	0.39	0.43	0.43	0.41
MF4	Ancillary services to health care	5.81	5.80	5.77	5.38	5.84	5.76	5.33	5.06	5.62	5.07	4.97	4.78	4.55	4.48	4.10	4.37
MF5	Medical goods dispensed to out-patients	27.82	27.46	27.42	28.84	27.74	28.07	27.62	28.68	28.78	29.17	29.14	29.83	29.77	32.20	32.25	32.24
MF6	Prevention and public health services	4.16	4.02	4.09	3.41	3.67	3.39	2.96	2.64	2.60	2.34	2.57	2.35	2.09	2.18	2.23	2.29
MF7	Health program administration and health insurance	8.55	9.14	8.91	8.89	8.77	8.46	9.43	8.43	7.47	7.06	6.69	6.91	7.47	7.50	7.51	7.50
MR1	Capital formation of health care provider institutions	0.06	0.06	0.07	0.06	0.07	0.07	0.07	0.06	0.06	0.06	0.06	0.06	0.09	0.06	0.06	0.06
MR2	Education and training of health personnel	1.00	1.35	1.38	1.40	1.63	1.66	1.90	1.73	1.62	1.61	2.06	2.11	4.86	4.52	4.35	4.37
MR3	Research and development in health	0.01	0.01	0.01	0.10	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.02	0.01	0.01	0.01
MR9	All other health-related expenditures	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Total</b>		<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>

## CHAPTER 6

### Total Health Expenditure by Providers of Health Services

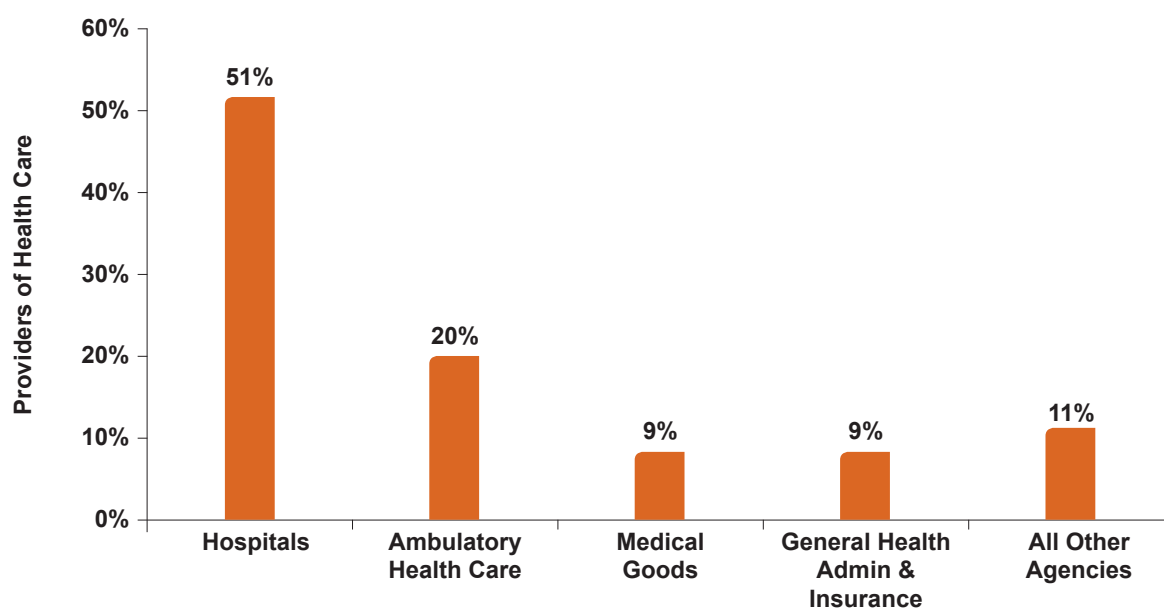
The providers of health care services and products include hospitals, nursing and residential care facility providers, ambulatory care providers, retail sale and medical goods providers and public health program providers (Appendix Table A3.1b).

In 2012 analysis of providers of health services shows that the hospitals consumed RM21,459 million or 51 per cent of total health expenditure (Figure 6.1 and Table 6.1a). This was followed by providers of ambulatory health care at RM8,536 million or 20 per cent, retail sale and other providers of medical goods at RM3,986 million or 9 per cent and general health administration and

insurance providers at RM3,882 million or 9 per cent. All other remaining providers of health care services and products consumed RM4,393 million or 11 per cent of the total health expenditure.

The 1997 to 2012 time series data also shows a similar pattern with the same top four providers as in 2012 contributing to an average of 91 per cent share of total health expenditure throughout this period (Table 6.1b and Table 6.1c). The expenditures of the same top three providers increased in absolute *ringgit* value by 5-7 fold over the same time period whereas spending at providers of healthcare services and products showed a 12-fold increase.

**FIGURE 6.1: Total Health Expenditure by Providers of Health Services, 2012**



**TABLE 6.1a: Total Expenditure by Providers of Health Services, 2012**

MNHA code	Providers of Health Services	RM Million	Per cent
MP1	Hospitals	21,459	50.78
MP3	Providers of ambulatory health care	8,536	20.20
MP4	Retail sale and other providers of medical goods	3,986	9.43
MP6	General health administration and insurance	3,882	9.19
MP8	Institutions providing health related services	2,317	5.48
MP5	Provision and administration of public health programmes	1,919	4.54
MP9	Rest of the world	117	0.28
MP2	Nursing and residential care facilities	40	0.09
MP7	Other industries (rest of the Malaysian economy)	<1	<0.01
<b>Total</b>		<b>42,256</b>	<b>100</b>

**TABLE 6.1b: Total Expenditure by Providers of Health Services, 1997-2012 (RM Million)**

MNHA code	Providers of Health Services	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
MP1	Hospitals	4,097	4,383	4,813	5,356	6,081	6,530	7,775	8,632	9,215	11,398	12,474	14,464	15,504	16,911	18,734	21,459
MP2	Nursing and residential care facilities	6	7	7	9	9	12	17	18	20	20	25	17	18	29	32	40
MP3	Providers of ambulatory health care	1,867	1,900	2,051	2,487	2,574	2,894	3,445	4,011	4,662	5,548	6,025	6,388	5,488	6,791	7,737	8,536
MP4	Retail sale and other providers of medical goods	595	638	701	906	896	1,029	1,217	1,506	1,688	1,907	2,190	2,475	2,546	3,177	3,652	3,986
MP5	Provision and administration of public health programmes	480	462	509	547	645	749	750	788	766	944	1,397	1,199	1,470	1,303	1,521	1,919
MP6	General health administration and insurance	1,045	1,321	1,450	2,039	2,297	2,397	4,002	3,504	2,386	2,867	2,939	3,393	4,507	5,304	4,613	3,882
MP7	Other industries (rest of the Malaysian economy)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MP8	Institutions providing health related services	189	227	275	327	447	524	667	705	674	826	1,023	1,144	1,854	1,988	2,159	2,317
MP9	Rest of the world	7	8	12	14	18	25	29	34	37	46	20	12	7	76	103	117
	<b>Total</b>	<b>8,286</b>	<b>8,947</b>	<b>9,818</b>	<b>11,685</b>	<b>12,967</b>	<b>14,160</b>	<b>17,901</b>	<b>19,199</b>	<b>19,447</b>	<b>23,558</b>	<b>26,093</b>	<b>29,092</b>	<b>31,394</b>	<b>35,579</b>	<b>38,550</b>	<b>42,256</b>

**TABLE 6.1c: Total Expenditure by Providers of Health Services, 1997-2012 (Per cent, %)**

MNHA code	Providers of Health Services	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
MP1	Hospitals	49.44	48.99	49.02	45.83	46.90	46.11	43.43	44.96	47.38	48.38	47.81	49.72	49.39	47.53	48.60	50.78
MP2	Nursing and residential care facilities	0.07	0.07	0.08	0.07	0.07	0.09	0.09	0.09	0.10	0.09	0.09	0.06	0.06	0.08	0.08	0.09
MP3	Providers of ambulatory health care	22.53	21.24	20.89	21.28	19.85	20.44	19.24	20.89	23.97	23.55	23.09	21.96	17.48	19.09	20.07	20.20
MP4	Retail sale and other providers of medical goods	7.18	7.13	7.14	7.76	6.91	7.27	6.80	7.85	8.68	8.10	8.39	8.51	8.11	8.93	9.47	9.43
MP5	Provision and administration of public health programmes	5.79	5.16	5.18	4.68	4.97	5.29	4.19	4.11	3.94	4.01	5.35	4.12	4.68	3.66	3.94	4.54
MP6	General health administration and insurance	12.61	14.76	14.77	17.45	17.71	16.92	22.36	18.25	12.27	12.17	11.27	11.66	14.36	14.91	11.97	9.19
MP7	Other industries (rest of the Malaysian economy)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
MP8	Institutions providing health related services	2.28	2.54	2.80	2.80	3.45	3.70	3.72	3.67	3.46	3.51	3.92	3.93	5.91	5.59	5.60	5.48
MP9	Rest of the world	0.09	0.09	0.12	0.12	0.14	0.18	0.16	0.18	0.19	0.19	0.08	0.04	0.02	0.21	0.27	0.28
	<b>Total</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>

## Hospital Expenditure by Sources of Financing Cross-tabulations

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

In 2012, of the RM21,459 million spent at all hospitals, the highest spending was incurred by MOH at RM11,567 million or 54 per cent followed by private household OOP at RM6,107 million or 29 per cent, private insurance enterprises (other than social insurance) at RM1,525 million or 7 per

cent and Ministry of Higher Education (MOHE) at RM1,361 million or 6 per cent and (Figure 6.2 and Table 6.2a). The remaining hospital expenditure at RM899 million or 4 per cent came from multiple other sources of financing each spending below RM600 million.

The 1997 to 2012 time series expenditure by the top two sources of financing at hospitals, that is MOH and private household OOP amounted to an average of 81 per cent (Table 6.2b and Table 6.2c). In same time series, an average of 19 per cent spent by the remaining sources of financing of total expenditure to all hospital.

FIGURE 6.2: Hospital Expenditure by Sources of Financing, 2012

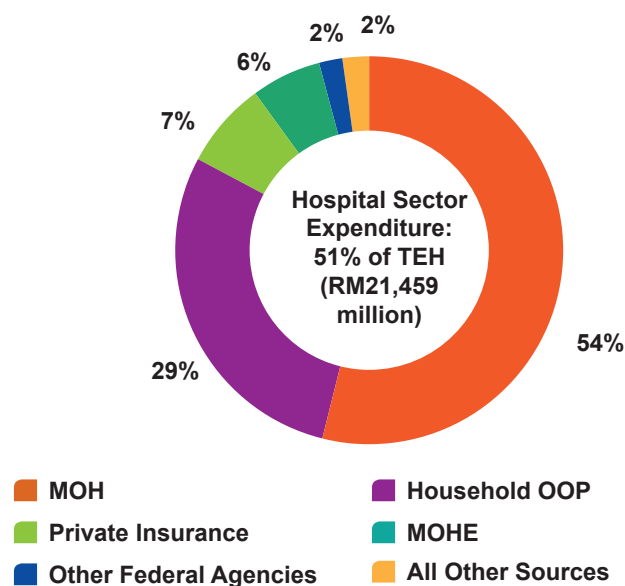


TABLE 6.2a: Hospital Expenditure by Sources of Financing, 2012

MNHA code	Source of financing	RM Million	Per cent
MS1.1.1.1	Ministry of Health (MOH)	11,567	53.90
MS2.4	Private household Out-of-Pocket expenditures (OOP)	6,107	28.46
MS2.2	Private insurance enterprises (other than social insurance)	1,525	7.10
MS1.1.1.2	Ministry of Higher Education (MOHE)	1,361	6.34
MS1.1.1.9	Other federal agencies (including statutory bodies)	527	2.46
MS2.6	All Corporations (other than health insurance)	132	0.62
MS1.2.2	Social Security Organization (SOCSSO)	91	0.42
MS1.1.1.3	Ministry of Defence (MOD)	49	0.23
MS1.2.1	Employee Provident Funds (EPF)	31	0.15
MS2.5	Non-profit institutions serving households (NGO)	26	0.12
MS1.1.2.1	(General) State Government	18	0.08
MS1.1.3	Local authorities	13	0.06
MS1.1.2.2	Other state agencies (including statutory bodies)	12	0.05
<b>Total</b>		<b>21,459</b>	<b>100.00</b>

TABLE 6.2b: Hospital Expenditure by Sources of Financing, 1997-2012 (RM Million)

MNHA code	Source of financing	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
MS1.1.1.1	Ministry of Health (MOH)	2,248	2,361	2,552	2,829	3,216	3,323	3,993	4,306	4,542	6,184	6,532	7,531	7,903	8,715	9,739	11,567
MS1.1.1.2	Ministry of Higher Education (MOHE)	382	392	440	480	573	631	666	712	732	791	923	1,078	1,123	1,327	1,268	1,361
MS1.1.1.3	Ministry of Defence (MOD)	8	4	5	6	11	18	10	12	13	13	29	54	58	36	45	49
MS1.1.1.9	Other federal agencies (including statutory bodies)	114	124	138	154	177	201	226	344	313	332	383	549	421	463	497	527
MS1.1.2.1	(General) State Government	5	5	6	6	7	7	8	8	9	10	13	12	12	13	15	18
MS1.1.2.2	Other state agencies (including statutory bodies)	2	2	3	3	3	4	4	3	4	4	6	5	7	8	9	12
MS1.1.3	Local authorities	0	0	0	0	0	1	1	1	2	3	4	5	12	15	16	13
MS1.2.1	Employee Provident Funds (EPF)	6	13	16	19	26	30	35	46	50	38	42	40	31	28	32	31
MS1.2.2	Social Security Organization (SOCSSO)	1	1	1	2	2	2	3	4	2	8	4	6	46	65	78	91
MS2.2	Private insurance enterprises (other than social insurance)	58	82	114	148	222	300	368	442	475	591	800	996	1,227	1,324	1,480	1,525
MS2.4	Private household Out-of-Pocket expenditures (OOP)	1,147	1,244	1,366	1,536	1,629	1,787	2,319	2,621	2,908	3,267	3,550	4,041	4,513	4,758	5,420	6,107
MS2.5	Non-profit institutions serving households (NGO)	0	0	0	0	0	6	4	5	5	6	6	15	36	23	24	26
MS2.6	All Corporations (other than health insurance)	126	154	173	172	214	221	138	128	160	154	180	131	116	136	110	132
<b>Total</b>		<b>4,097</b>	<b>4,383</b>	<b>4,813</b>	<b>5,356</b>	<b>6,081</b>	<b>6,530</b>	<b>7,775</b>	<b>8,632</b>	<b>9,215</b>	<b>11,398</b>	<b>12,474</b>	<b>14,464</b>	<b>15,504</b>	<b>16,911</b>	<b>18,734</b>	<b>21,459</b>



TABLE 6.2c: Hospital Expenditure by Sources of Financing, 1997-2012 (Percent, %)																	
MNHA code	Source of financing	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
MS1.1.1.1	Ministry of Health (MOH)	54.87	53.87	53.02	52.83	52.89	50.89	51.36	49.89	49.30	54.25	52.37	52.06	50.97	51.54	51.98	53.90
MS1.1.1.2	Ministry of Higher Education (MOHE)	9.33	8.95	9.13	8.97	9.42	9.66	8.57	8.25	7.95	6.94	7.40	7.45	7.24	7.85	6.77	6.34
MS1.1.1.3	Ministry of Defence (MOD)	0.19	0.08	0.10	0.11	0.19	0.28	0.13	0.14	0.14	0.11	0.23	0.37	0.38	0.21	0.24	0.23
MS1.1.1.9	Other federal agencies (including statutory bodies)	2.79	2.84	2.86	2.87	2.90	3.08	2.91	3.98	3.40	2.91	3.07	3.79	2.71	2.74	2.65	2.46
MS1.1.2.1	(General) State Government	0.12	0.12	0.12	0.11	0.11	0.11	0.10	0.09	0.09	0.09	0.11	0.09	0.08	0.07	0.08	0.08
MS1.1.2.2	Other state agencies (including statutory bodies)	0.05	0.05	0.05	0.05	0.05	0.05	0.05	0.04	0.04	0.03	0.05	0.04	0.04	0.05	0.05	0.05
MS1.1.3	Local Authorities (LA)	0.00	0.00	0.00	0.00	0.01	0.01	0.01	0.01	0.02	0.02	0.03	0.03	0.08	0.09	0.09	0.06
MS1.2.1	Employee Provident Funds (EPF)	0.14	0.29	0.34	0.36	0.43	0.45	0.45	0.53	0.55	0.33	0.34	0.28	0.20	0.17	0.17	0.15
MS1.2.2	Social Security Organization (SOCSSO)	0.02	0.02	0.02	0.03	0.03	0.03	0.04	0.04	0.02	0.07	0.03	0.04	0.30	0.38	0.42	0.42
MS2.2	Private insurance enterprises (other than social insurance)	1.40	1.88	2.37	2.76	3.65	4.59	4.73	5.12	5.16	5.18	6.41	6.88	7.92	7.83	7.90	7.10
MS2.4	Private household Out-of-Pocket expenditures (OOP)	28.00	28.39	28.38	28.68	26.79	27.37	29.83	30.37	31.56	28.66	28.46	27.94	29.11	28.13	28.93	28.46
MS2.5	Non-profit institutions serving households (NGO)	0.00	0.00	0.00	0.00	0.00	0.09	0.05	0.05	0.06	0.05	0.05	0.11	0.23	0.13	0.13	0.12
MS2.6	All Corporations (other than health insurance)	3.09	3.51	3.59	3.21	3.52	3.38	1.77	1.48	1.73	1.35	1.44	0.91	0.75	0.80	0.59	0.62
<b>Total</b>		<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>	<b>100.0</b>

## MOH Hospital Expenditure by Curative Care Function Cross-tabulations

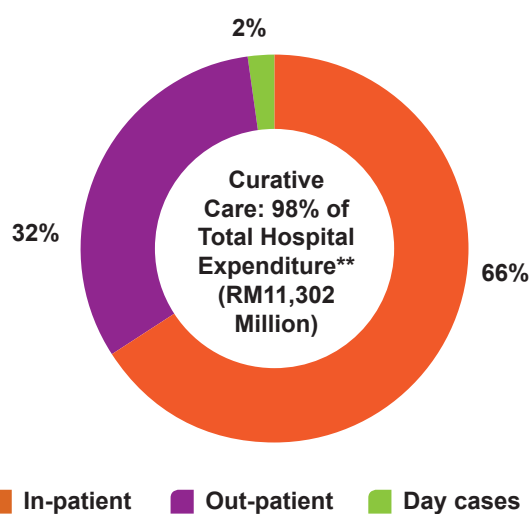
MOH is the largest single financier among all the sources of financing for hospital services. Most of this expenditure is spent for curative care whereby curative care services provided by hospitals include in-patient, out-patient, day-care services with minimal home care services. Under the MNHA framework,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

In 2012, RM11,302 million or 98 per cent of the RM11,567 million spent at MOH hospitals under operational expenditures were for curative care services (Figure 6.3 and Table 6.3a). In the same year RM7,510 million or 66 per cent of the hospital curative care expenditure was for in-patient care

services followed by RM3,569 million or 32 per cent for out-patient care services and RM222 million or 2 per cent for day care services.

The 1997 to 2012 time series data shows that in absolute *ringgit* value the all the three functional services, that is, in-patient, outpatient and day care services expenditure has increased by 5-fold but remains at the same pattern as a share of the total curative care expenditure (Table 6.3b and Table 6.3c). However, the functional disaggregation of curative care services is based on SHA 2000 requirements that were captured through the MOH Hospital Cost Accounting Project conducted in 2002 and has been in use for MNHA estimations since then.

FIGURE 6.3: MOH Hospital Expenditure by Curative Care Functions of Health Services, 2012



Note: \*\* Excludes MOH development expenditure at hospitals

TABLE 6.3a: MOH Hospital Expenditure by Curative Care Functions of Health Services, 2012\*\*

MNHA code	Function of Health services	RM Million	Per cent
MF1.1	In-patient curative care	7,510	66
MF1.3*	Out-patient curative care	3,569	32
MF1.2	Day cases of curative care	222	2
<b>Total</b>		<b>11,302</b>	<b>100.00</b>

Note: \*Data includes home care services

\*\* Excludes MOH development expenditure at hospitals

**TABLE 6.3b: MOH Hospital Expenditure by Curative care Functions of Health Services, 1997-2012, (RM Million)\*\***

MNHA code	Function of Health services	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
MF1.1	In-patient curative care	1,465	1,527	1,636	1,830	2,044	2,155	2,564	2,750	2,845	3,984	4,187	4,926	5,166	5,377	6,406	7,510
MF1.2	Day cases of curative care	46	48	51	56	63	66	78	84	87	120	125	146	154	161	189	222
MF1.3*	Out-patient curative care	705	733	787	880	980	1,034	1,230	1,317	1,364	1,904	2,006	2,355	2,461	2,560	3,048	3,569
	<b>Total</b>	<b>2,215</b>	<b>2,308</b>	<b>2,474</b>	<b>2,766</b>	<b>3,086</b>	<b>3,255</b>	<b>3,872</b>	<b>4,151</b>	<b>4,295</b>	<b>6,008</b>	<b>6,318</b>	<b>7,427</b>	<b>7,781</b>	<b>8,097</b>	<b>9,643</b>	<b>11,302</b>

Note: \*Data includes home care

\*\* Excludes MOH development expenditure at hospitals

**TABLE 6.3c: MOH Hospital Expenditure by Curative Care Functions of Health Services, 1997-2012 (Per cent, %)\*\***

MNHA code	Function of Health services	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
MF1.1	In-patient curative care	66.14	66.18	66.14	66.15	66.22	66.21	66.21	66.25	66.23	66.31	66.27	66.32	66.40	66.40	66.43	66.45
MF1.2	Day cases of curative care	2.05	2.06	2.05	2.03	2.04	2.02	2.02	2.03	2.02	1.99	1.98	1.97	1.97	1.98	1.96	1.96
MF1.3*	Out-patient curative care	31.80	31.75	31.82	31.82	31.74	31.77	31.77	31.72	31.75	31.70	31.76	31.71	31.63	31.61	31.61	31.58
	<b>Total</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>

Note: \*Data includes home care

\*\* Excludes MOH development expenditure at hospitals

## Ambulatory Care Providers by Sources of Financing Cross-tabulations

After hospitals the next largest provider of health care services are the providers of ambulatory care services. The MNHA framework adopts the SHA framework definition of providers of ambulatory care and often this terminology differs in meaning when used in other context. It has a wide range of providers and includes providers of medical clinics, dental clinics, family planning centres, substance abuse centres, dialysis centres, medical and diagnostic centres, ambulance providers and many other outpatient providers who do provide inpatient services. The MNHA framework, unlike the SHA framework, includes providers of Traditional and Complementary Medicines under this category.

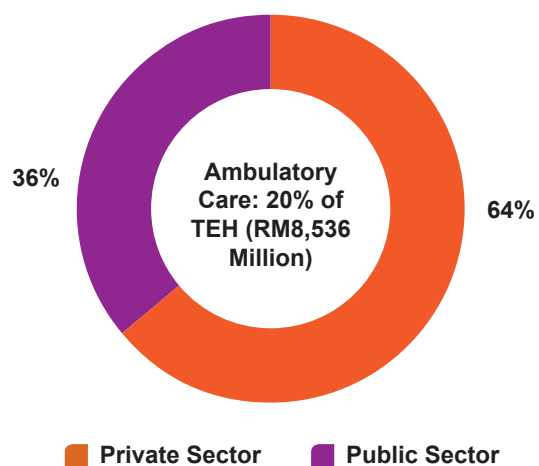
In 2012, ambulatory care providers consumed RM8,536 million or 20 per cent of total health expenditure (Figure 6.4 and Table 6.4a). Of this amount, RM5,503 million or 64 per cent was funded by private sector source of financing and

the remaining RM3,033 million or 36 per cent by public sector financing.

The 1997 to 2012 time series data shows that the expenditure in absolute *ringgit* value for ambulatory care services has increased by 4-fold in private sector and 9-fold in public sector (Table 6.4b and Table 6.4c).

Furthermore in addition to the private sector spending being higher than public sector spending over the full time period, the rate of increase in private sector spending in absolute *ringgit* value since 2003 shows steeper rise compared to public sector spending. One of the possible contributory factors for this finding is that in addition to increased demand for services delivered by standalone private ambulatory care providers, many of these services in the public sector are delivered as part of public hospital services often at subsidized cost.

**FIGURE 6.4: Expenditure at Ambulatory Care Providers (non-hospital setting) by Sources of Financing, 2012**



**TABLE 6.4a: Expenditure at Ambulatory Care Providers by Sources of Financing, 2012**

MNHA code	Source of Financing	RM Million	Per cent
MS2	Private sector	5,503	64
MS1	Public Sector	3,033	36
<b>Total</b>		<b>8,536</b>	<b>100</b>

**TABLE 6.4b: Expenditure at Ambulatory Care Providers by Sources of Financing, 1997-2012 (RM Million)**

MNHA code	Source of Financing	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
MS2	Private sector	1,534	1,547	1,645	2,006	1,977	2,184	2,486	2,930	3,529	3,975	4,411	4,464	3,468	4,549	5,164	5,503
MS1	Public Sector	333	353	407	481	597	710	958	1,082	1,133	1,573	1,614	1,924	2,020	2,242	2,573	3,033
	<b>Total</b>	<b>1,867</b>	<b>1,900</b>	<b>2,051</b>	<b>2,487</b>	<b>2,574</b>	<b>2,894</b>	<b>3,445</b>	<b>4,011</b>	<b>4,662</b>	<b>5,548</b>	<b>6,025</b>	<b>6,388</b>	<b>5,488</b>	<b>6,791</b>	<b>7,737</b>	<b>8,536</b>

**TABLE 6.4c: Expenditure at Ambulatory Care Providers by Sources of Financing, 1997-2012 (Per cent, %)**

MNHA code	Source of Financing	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
MS2	Private sector	82.16	81.43	80.18	80.66	76.82	75.48	72.18	73.04	75.71	71.65	73.21	69.88	63.19	66.99	66.75	64.46
MS1	Public Sector	17.84	18.57	19.82	19.34	23.18	24.52	27.82	26.96	24.29	28.35	26.79	30.12	36.81	33.01	33.25	35.54
	<b>Total</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>

## CHAPTER 7

### Total Health Expenditure by Functions of Health Services

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

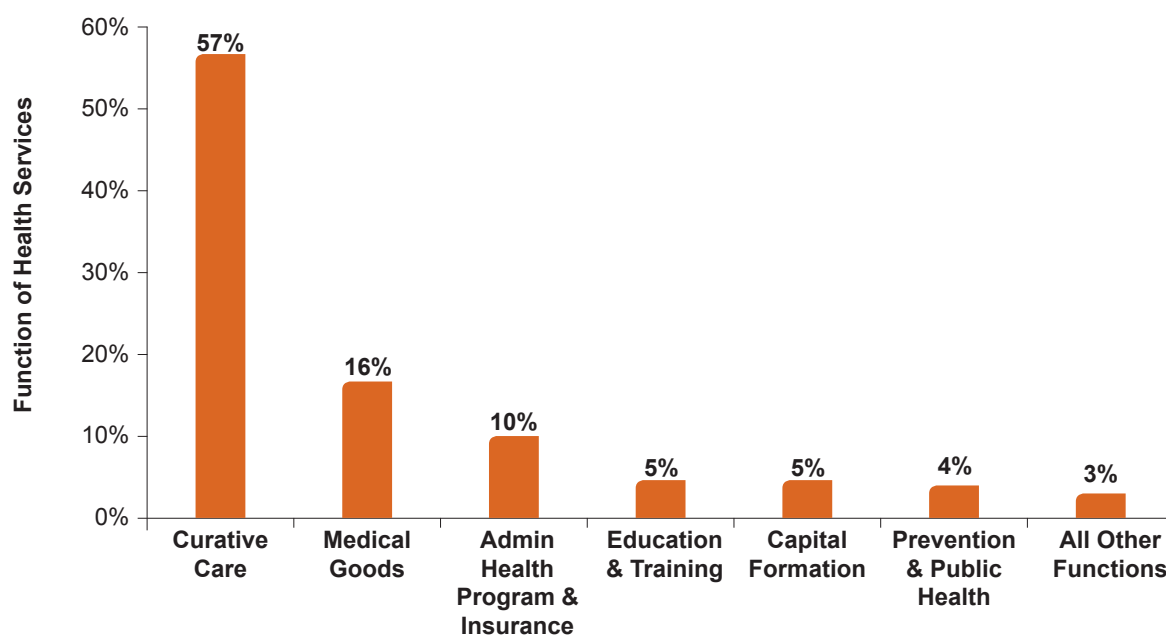
In 2012 the expenditure for curative care services amounted to RM23,927 million or 57 per cent of total health expenditure (Figure 7.1 and Table 7.1a). This was followed by expenditure of RM6,846 million or 16 per cent for medical goods dispensed to out-patient, RM4,083 million or 10 per cent for health program and health insurance administration, RM2,347 million or 6 per cent for education and training of health personnel. The remaining RM5,053 million or 12 per cent of

expenditure was spent on all remaining functions including capital formation of health care provider institutions, prevention and public health services, and ancillary services.

The 1997 to 2012 time series data (Table 7.1b and Table 7.1c) shows an average of 89 per cent expenditure spent for the top four functions of the total expenditure. However as a share of the total expenditure, curative care expenditure trend shows a W-shaped pattern with 2003 and 2010 expenditure as the lower expenditure over the time period.



**FIGURE 7.1: Total Expenditure on Health by Functions of Health Services, 2012**



**TABLE 7.1a: Total Expenditure on Health by Functions of Health Services, 2012**

MNHA code	Function of Health services	RM Million	Per cent
MF1	Services of curative care	23,927	56.62
MF5	Medical goods dispensed to out-patients	6,846	16.20
MF7	Health program administration and health insurance	4,083	9.66
MR2	Education and training of health personnel	2,347	5.56
MR1	Capital formation of health care provider institutions	2,047	4.84
MF6	Prevention and public health services	1,661	3.93
MF4	Ancillary services to health care	1,130	2.67
MF3	Services of long-term nursing care	102	0.24
MF2	Services of rehabilitative care	60	0.14
MR3	Research & Development in Health	54	0.13
MR9	All other health-related expenditures	0.06	0.00
<b>Total</b>		<b>42,256</b>	<b>100.00</b>

**TABLE 7.1b: Total Expenditure on Health by Functions of Health Services, 1997-2012 (RM Million)**

MNHA code	Function of Health services	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
MF1	Services of curative care	4,777	4,990	5,431	6,240	6,776	7,414	8,857	9,945	10,829	13,645	14,666	16,608	16,735	18,115	21,101	23,927
MF2	Services of rehabilitative care	13	13	15	16	18	20	34	32	41	46	49	44	58	49	58	60
MF3	Services of long-term nursing care	24	27	30	33	35	41	42	102	71	77	71	64	66	85	95	102
MF4	Ancillary services to health care	234	248	269	310	390	433	492	560	670	749	793	886	864	977	1,027	1,130
MF5	Medical goods dispensed to out-patients	1,139	1,199	1,316	1,642	1,689	1,913	2,241	2,680	3,011	3,410	3,947	4,420	4,484	5,565	6,318	6,846
MF6	Prevention and public health services	356	365	412	415	469	489	639	713	752	893	1,236	1,122	1,197	1,231	1,406	1,661
MF7	Health program administration and health insurance	1,034	1,074	1,139	1,329	1,446	1,681	2,127	2,183	2,172	2,634	2,852	3,163	3,442	3,657	4,132	4,083
MR1	Capital formation of health care provider institutions	512	796	929	1,374	1,692	1,641	2,812	2,326	1,267	1,363	1,538	1,731	2,756	3,857	2,186	2,047
MR2	Education and training of health personnel	136	180	231	286	377	449	583	596	612	707	889	1,001	1,742	1,997	2,179	2,347
MR3	Research & Development in Health	61	53	48	43	75	78	74	62	22	35	54	53	51	45	48	54
MR9	All other health-related expenditures	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total</b>		<b>8,286</b>	<b>8,947</b>	<b>9,818</b>	<b>11,685</b>	<b>12,967</b>	<b>14,160</b>	<b>17,901</b>	<b>19,199</b>	<b>19,447</b>	<b>23,558</b>	<b>26,093</b>	<b>29,092</b>	<b>31,394</b>	<b>35,579</b>	<b>38,550</b>	<b>42,256</b>

TABLE 7.1c: Total expenditure on Health by Functions of Health Services, 1997-2012 (Per cent, %)

MNHA code	Function of Health services	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
MF1	Services of curative care	57.65	55.78	55.31	53.40	52.26	52.36	49.48	51.80	55.68	57.92	56.21	57.09	53.31	50.92	54.74	56.62
MF2	Services of rehabilitative care	0.15	0.14	0.15	0.13	0.14	0.14	0.19	0.16	0.21	0.19	0.19	0.15	0.18	0.14	0.15	0.14
MF3	Services of long-term nursing care	0.30	0.31	0.30	0.28	0.27	0.29	0.24	0.53	0.37	0.33	0.27	0.22	0.21	0.24	0.25	0.24
MF4	Ancillary services to health care	2.83	2.77	2.74	2.65	3.01	3.06	2.75	2.92	3.45	3.18	3.04	3.04	2.75	2.74	2.66	2.67
MF5	Medical goods dispensed to out-patients	13.74	13.40	13.40	14.05	13.03	13.51	12.52	13.96	15.48	14.48	15.13	15.19	14.28	15.64	16.39	16.20
MF6	Prevention and public health services	4.30	4.08	4.19	3.55	3.62	3.46	3.57	3.71	3.87	3.79	4.74	3.86	3.81	3.46	3.65	3.93
MF7	Health program administration and health insurance	12.48	12.01	11.60	11.37	11.15	11.87	11.88	11.37	11.17	11.18	10.93	10.87	10.96	10.28	10.72	9.66
MR1	Capital formation of health care provider institutions	6.18	8.90	9.46	11.76	13.05	11.59	15.71	12.12	6.52	5.79	5.89	5.95	8.78	10.84	5.67	4.84
MR2	Education and training of health personnel	1.64	2.02	2.35	2.44	2.90	3.17	3.26	3.10	3.15	3.00	3.41	3.44	5.55	5.61	5.65	5.56
MR3	Research & Development in Health	0.74	0.60	0.49	0.37	0.58	0.55	0.41	0.32	0.11	0.15	0.21	0.18	0.16	0.13	0.13	0.13
MR9	All other health-related expenditures	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<b>Total</b>		<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>

## Curative Care Expenditure by Sources of Financing Cross-tabulations

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

In 2012 a total of RM23,927 million or 57 per cent of total health expenditure was for curative care services (Figure 7.2). The source of financing

for curative care services was RM14,331 million or 60 per cent from the public sector and the remaining RM9,596 million or 40 per cent from the private sector. In the public sector 83 per cent and in the private sector 65 per cent of the curative care expenditure was spent at hospitals and the remaining in both sectors was spent at non-hospital curative care providers.

The 1997 to 2012 time series data shows a similar pattern in absolute *ringgit* value (Table 7.2) and as a share of public to private source of funding for curative care services, the public share is higher than the private sector source of financing over the time period.

FIGURE 7.2: Curative Care Expenditure by Sources of Financing, 2012



TABLE 7.2: Curative Care Expenditure by Sources of Financing, 1997-2012 (RM Million)

Source	Provider	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Public Sector	Hospital	2,459	2,541	2,731	3,054	3,396	3,595	4,259	4,657	4,818	6,566	6,834	8,043	8,348	8,670	10,223	11,917
	Non-Hospital	311	319	370	432	514	606	735	823	862	1,201	1,238	1,451	1,564	1,730	2,016	2,414
	<b>Sub-Total</b>	<b>2,770</b>	<b>2,861</b>	<b>3,101</b>	<b>3,486</b>	<b>3,910</b>	<b>4,201</b>	<b>4,993</b>	<b>5,480</b>	<b>5,681</b>	<b>7,767</b>	<b>8,072</b>	<b>9,495</b>	<b>9,912</b>	<b>10,400</b>	<b>12,239</b>	<b>14,331</b>
Private Sector	Hospital	1,055	1,174	1,308	1,467	1,632	1,833	2,229	2,477	2,761	3,151	3,629	4,224	4,770	5,021	5,656	6,199
	Non-Hospital	952	956	1,022	1,287	1,234	1,380	1,635	1,988	2,387	2,727	2,964	2,890	2,053	2,695	3,206	3,397
	<b>Sub-Total</b>	<b>2,007</b>	<b>2,130</b>	<b>2,329</b>	<b>2,754</b>	<b>2,867</b>	<b>3,213</b>	<b>3,864</b>	<b>4,465</b>	<b>5,148</b>	<b>5,877</b>	<b>6,593</b>	<b>7,114</b>	<b>6,822</b>	<b>7,716</b>	<b>8,862</b>	<b>9,596</b>
<b>Total</b>		<b>4,777</b>	<b>4,990</b>	<b>5,431</b>	<b>6,240</b>	<b>6,776</b>	<b>7,414</b>	<b>8,857</b>	<b>9,945</b>	<b>10,829</b>	<b>13,645</b>	<b>14,666</b>	<b>16,608</b>	<b>16,735</b>	<b>18,115</b>	<b>21,101</b>	<b>23,927</b>

## Preventive and Promotive Expenditure by Source of Financing

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

In 2012 a total of RM1,661 million or 4 per cent of total health expenditure was spent on public health programmes including preventive and promotive

services of which RM1,207 million or 73 per cent was by the public sector source of financing (Figure 7.3). In the public sector, MOH spent 74 per cent of this amount.

The 1997 to 2012 time series data also shows MOH as the largest source of financing for this function of health care services with a 6-fold increase in absolute *ringgit* value over the time period (Table 7.3).

**FIGURE 7.3: Preventive and Promotive Public Health Programmes Expenditure by Sources of Financing, 2012**

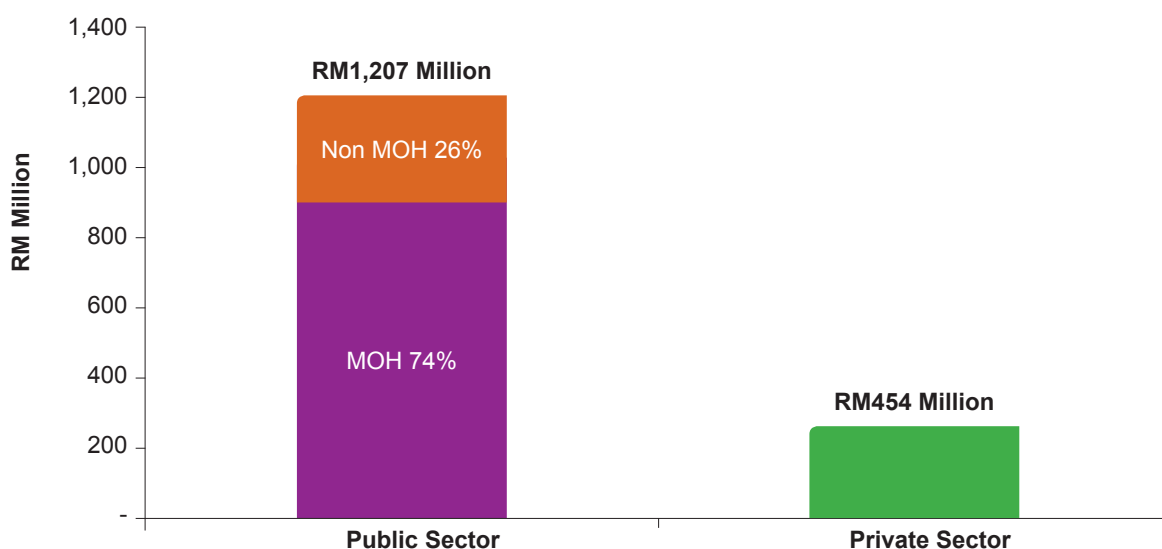


TABLE 7.3: Preventive & Promotive Public Health Expenditure by Sources of Financing, 1997-2012 (RM Million)

MNHA code	Source of financing	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
MS1.1.1.1	Ministry of Health (MOH)	146	139	166	167	197	201	307	341	364	496	495	603	628	673	752	898
MS1.1.1.2	Ministry of Higher Education (MOHE)	0	0	0	-	0	1	0	1	0	0	0	1	0	0	0	0
MS1.1.1.3	Ministry of Defence (MOD)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MS1.1.1.9	Other federal agencies (including statutory bodies)	15	20	22	25	28	32	37	44	48	54	60	61	76	79	95	119
MS1.1.2.1	(General) State Government	24	29	29	28	27	30	52	73	49	56	67	71	58	63	57	68
MS1.1.2.2	Other state agencies (including statutory bodies)	3	3	3	3	3	3	6	6	10	9	6	6	13	26	30	34
MS1.1.3	Local authorities	6	6	7	7	8	10	13	19	26	21	291	65	138	40	62	83
MS1.2.2	Social Security Organization (SOCSO)	1	1	1	1	1	2	2	2	2	1	1	1	1	2	4	5
MS2.4	Private household out-of-pocket expenditures	10	11	13	14	16	17	23	27	32	36	31	39	18	38	44	47
MS2.5	Non-profit organisations serving households	5	6	5	5	6	6	6	6	9	7	11	16	6	7	10	16
MS2.6	All Corporations (other than health insurance)	145	150	166	164	183	187	191	194	213	213	273	258	259	303	350	390
MS9	Rest of the world	-	-	-	-	-	-	-	-	-	-	1	0	0	0	0	0
<b>Total</b>		<b>356</b>	<b>365</b>	<b>412</b>	<b>415</b>	<b>469</b>	<b>489</b>	<b>639</b>	<b>713</b>	<b>752</b>	<b>893</b>	<b>1,236</b>	<b>1,122</b>	<b>1,197</b>	<b>1,231</b>	<b>1,406</b>	<b>1,661</b>



## Expenditure for Education and Training by Sources of Financing

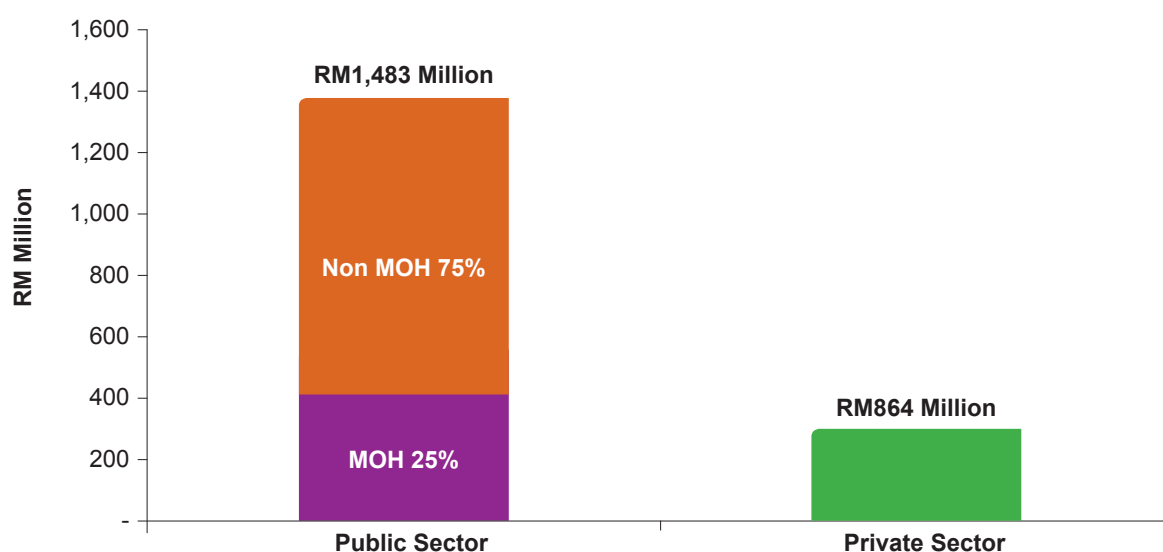
This includes expenditure for all health and health-related education and training of personnel. Although MNHA framework includes this expenditure under the total health expenditure, the SHA framework excludes this because of the shortfall in the assumptions and difficulties in the capture of this expenditure.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

In 2012 a total of RM2,347 million or under 5 per cent of total health expenditure was spent on health related education and training. A total of RM1,483 million or 63 per cent of this amount

was funded by public sector source of financing with MOH spending 25 per cent and non-MOH spending the balance (Figure 7.4).

The 1997 to 2012 time series data shows that although both the public and private source of financing has an increasing trend in expenditure for this function of health care service, the public source spending remains almost twice that of private source in absolute *ringgit* value (Table 7.4a and Table 7.4b). Similarly, in the public source of financing, the non-MOH spending is three times that of MOH expenditure for education and training.

FIGURE 7.4: Expenditure for Education and Training by Sources of Financing, 2012



**TABLE 7.4a: Expenditure for Education and Health Training by Sources of Financing, 1997-2012 (RM Million)**

MNHA code	Source of financing	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
MS1.1.1.1	Public Sector (MOH)	35	33	68	96	147	186	231	222	218	270	275	310	325	340	380	377
MS1.1.1.2-MS1.1.1.9	Public Sector (Non - MOH)	62	91	100	114	139	161	210	225	236	261	360	408	758	935	1,008	1,106
MS2	Private sector*	39	56	63	75	91	103	142	149	158	176	253	282	659	722	791	864
	<b>Total</b>	<b>136</b>	<b>180</b>	<b>231</b>	<b>286</b>	<b>377</b>	<b>449</b>	<b>583</b>	<b>596</b>	<b>612</b>	<b>707</b>	<b>889</b>	<b>1,001</b>	<b>1,742</b>	<b>1,997</b>	<b>2,179</b>	<b>2,347</b>

Note: \*Data includes expenditure under Rest of the World

**TABLE 7.4b: Expenditure for Education and Health Training by Sources of Financing, 1997-2012 (Per cent, %)**

MNHA code	Source of financing	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
MS1.1.1.1	Public Sector (MOH)	25.68	18.32	29.40	33.71	39.08	41.35	39.67	37.20	35.64	38.25	30.94	31.00	18.64	17.04	17.45	16.08
MS1.1.1.2-MS1.1.1.9	Public Sector (Non - MOH)	45.89	50.70	43.51	39.99	36.81	35.75	36.02	37.83	38.62	36.90	40.55	40.78	43.53	46.80	46.25	47.10
MS2	Private sector*	28.43	30.98	27.10	26.30	24.12	22.90	24.31	24.97	25.74	24.86	28.50	28.21	37.82	36.16	36.30	36.82
	<b>Total</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>

Note: \*Data includes expenditure under Rest of the World

## CHAPTER 8

### State Expenditure

MNHA state disaggregation of health expenditure is still a new set of analysis and reporting under beneficiary group of MNHA classification. As far as possible the state allocation was assigned based on the facility where the financial resources were used to purchase the various types of health care services and products. Otherwise it was based on the location of the agency which represented as the source of financing. This state allocation was done for the smallest possible disaggregated source of financing and then rolled up to produce the total state expenditure. Further improvements and refinements in the methodology are expected in the future. The arrangements of the state in the Figures and Tables below are based on the state population size in the year 2012 as the reference year.

There are a total of thirteen states and three additional Federal Territories, namely Kuala Lumpur, Labuan and Putrajaya. The state population census is reported under the Department of Statistics Malaysia. In 2012, Selangor had both the largest population and highest expenditure of 5.7 million people with health expenditure of RM6,905 million (Figure 8.1

and Table 8.1). The per capita spending plotted against individual state population show a wider gap in the highest and lowest populated states except for WP Kuala Lumpur (Figure 8.2 and Table 8.2).

The comparisons of per capita spending by the public and private sector source of funding can be made for the state disaggregated time series data. In 2012, excluding WP Putrajaya, the highest per capita spending was RM3,320 per capita in KL and the lowest was RM713 per capita in Sabah. The median public sector source of spending, excluding WP Kuala Lumpur was RM704 per capita whereas that of private sector source of spending, in the east coast states of Kelantan and Terengganu and West Malaysia states of Sabah, Sarawak and Labuan was RM470 per capita (Figure 8.3 & Table 8.3). However all these findings may not be the true scenario due to challenges in state allocation under MNHA methodology. This is especially so when a total of RM5,599 million or 13 per cent of the total expenditure was classified as national expenditure and excluded in state disaggregation.

FIGURE 8.1: Total Expenditure by State, 2012

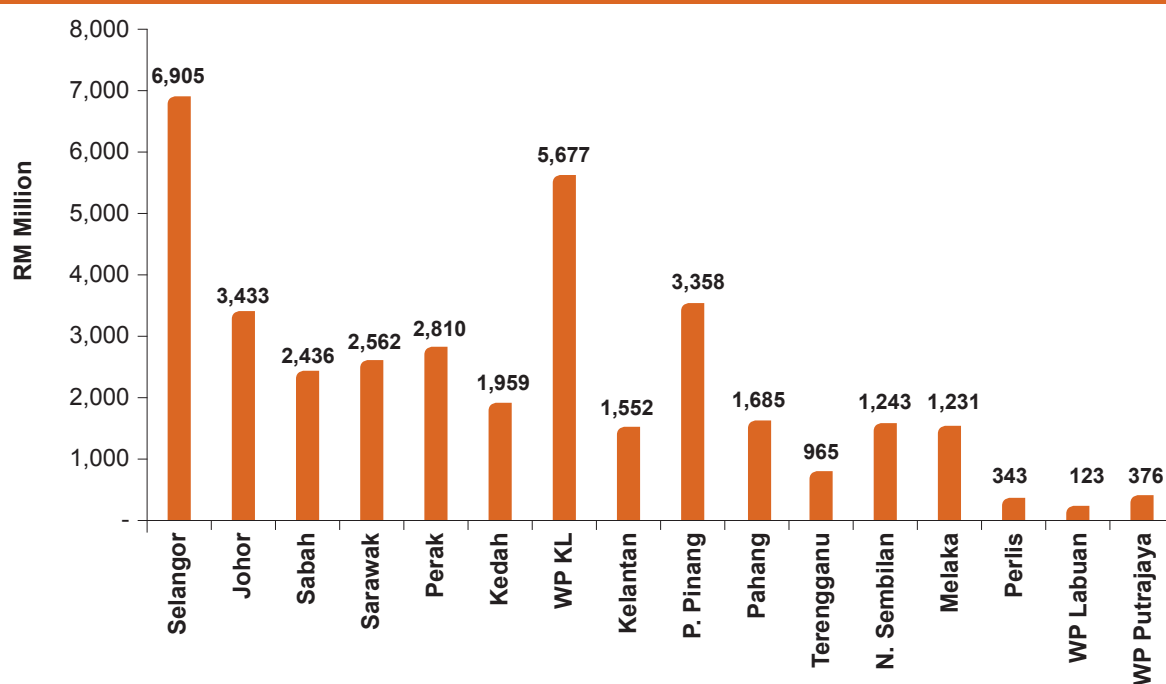


TABLE 8.1: State Population and Health Expenditure, 2012

State	Population (Thousands)*	Expenditure (RM Million)
Selangor	5,699	6,905
Johore	3,457	3,433
Sabah	3,417	2,436
Sarawak	2,567	2,562
Perak	2,427	2,810
Kedah	1,995	1,959
WP KL	1,710	5,677
Kelantan	1,648	1,552
P. Pinang	1,626	3,358
Pahang	1,551	1,685
Terengganu	1,103	965
N. Sembilan	1,065	1,243
Malacca	843	1,231
Perlis	239	343
WP Labuan	91	123
WP Putrajaya	82	376
National		5,599
<b>Total</b>	<b>29,518</b>	<b>42,256</b>

Source: \*Department of Statistics Malaysia

FIGURE 8.2: State Population and Per Capita Health Spending, 2012

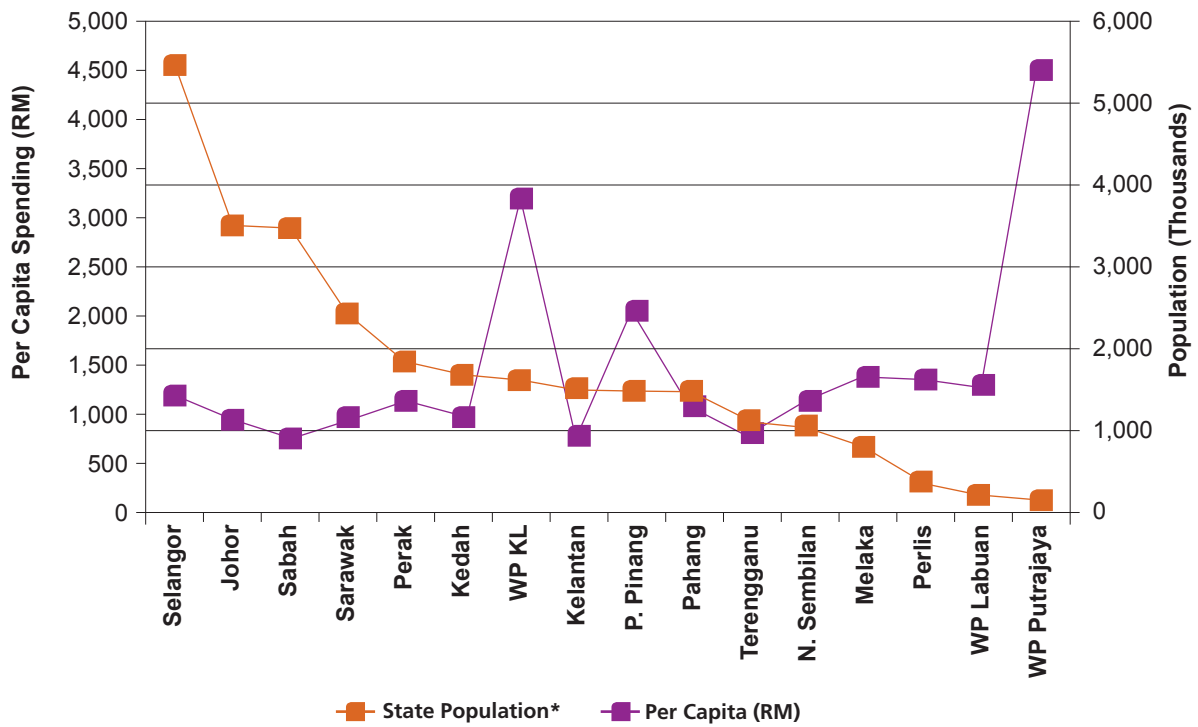


TABLE 8.2: State Population and Per capita Health Spending, 2012

State	Per Capita (RM)	State Population* (Thousands)
Selangor	1,212	5,699
Johore	993	3,457
Sabah	713	3,417
Sarawak	998	2,567
Perak	1,158	2,427
Kedah	982	1,995
WP KL	3,320	1,710
Kelantan	942	1,648
P. Pinang	2,065	1,626
Pahang	1,087	1,551
Terengganu	875	1,103
N. Sembilan	1,167	1,065
Malacca	1,461	843
Perlis	1,434	239
WP Labuan	1,355	91
WP Putrajaya	1,355	82
<b>Total Population</b>		<b>29,518</b>

Source: \*Department of Statistics Malaysia

FIGURE 8.3: State Per Capita Health Spending Public and Private Sectors, 2012 (Ringgit Malaysia, RM)

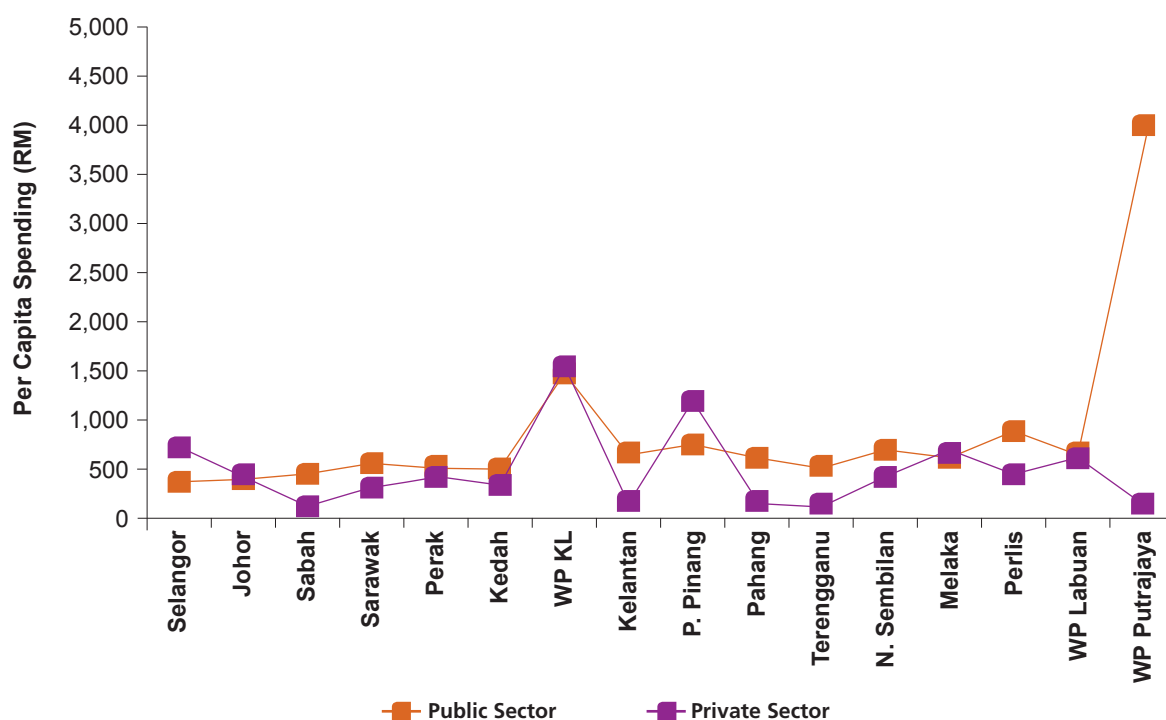


TABLE 8.3: State Per Capita Health Spending by Public and Private Sectors, 2012 (Ringgit Malaysia, RM)

State	Public Sector	Private Sector
Selangor	453	759
Johore	492	501
Sabah	522	191
Sarawak	673	325
Perak	668	490
Kedah	629	354
WP KL	1,552	1,767
Kelantan	717	225
P. Pinang	784	1,281
Pahang	706	380
Terengganu	645	230
N. Sembilan	753	415
Malacca	704	757
Perlis	983	451
WP Labuan	725	630
WP Putrajaya	4,386	215

## CHAPTER 9

### Out-of-Pocket Expenditure

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

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

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

OOP Expenditure = (Gross OOP Expenditure – Third Party Payer Reimbursement) + OOP Expenditure for Education & Training.

The 1997-2012 time series data shows that the household OOP expenditure remains the largest single source of funding in the private sector amounting to an average of 77 per cent of this sector spending which is equivalent to about 30-40 per cent of total health expenditure (Figure 9.1). The OOP expenditure from 1997 to 2012 has increased from RM2,930 million to RM15,584 million which is an increase from 1.04 per cent GDP to 1.66 per cent GDP (Figure 9.2). This equates to a nearly four-fold increase in per capita OOP health spending in absolute value from RM135 in 1997 to RM528 in 2012 over the same time period (Figure 9.3).

FIGURE 9.1: OOP Share of Total and Private Sector Expenditure, 1997-2012 (Per cent, %)

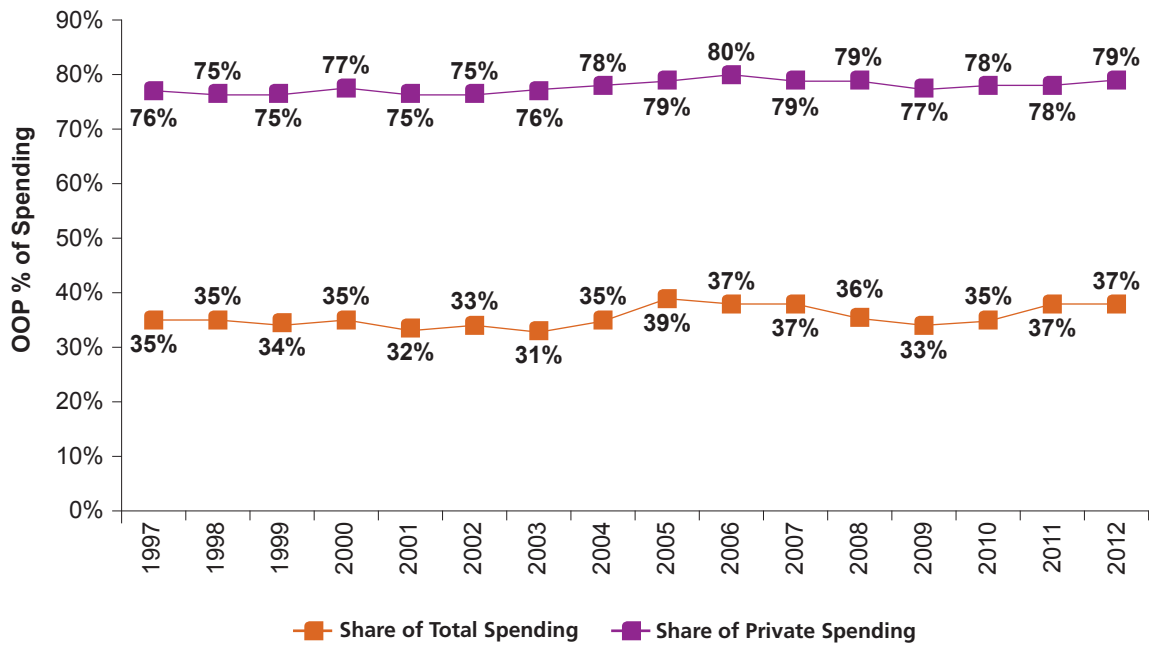


FIGURE 9.2: OOP Expenditure and OOP as Per cent GDP, 1997-2012

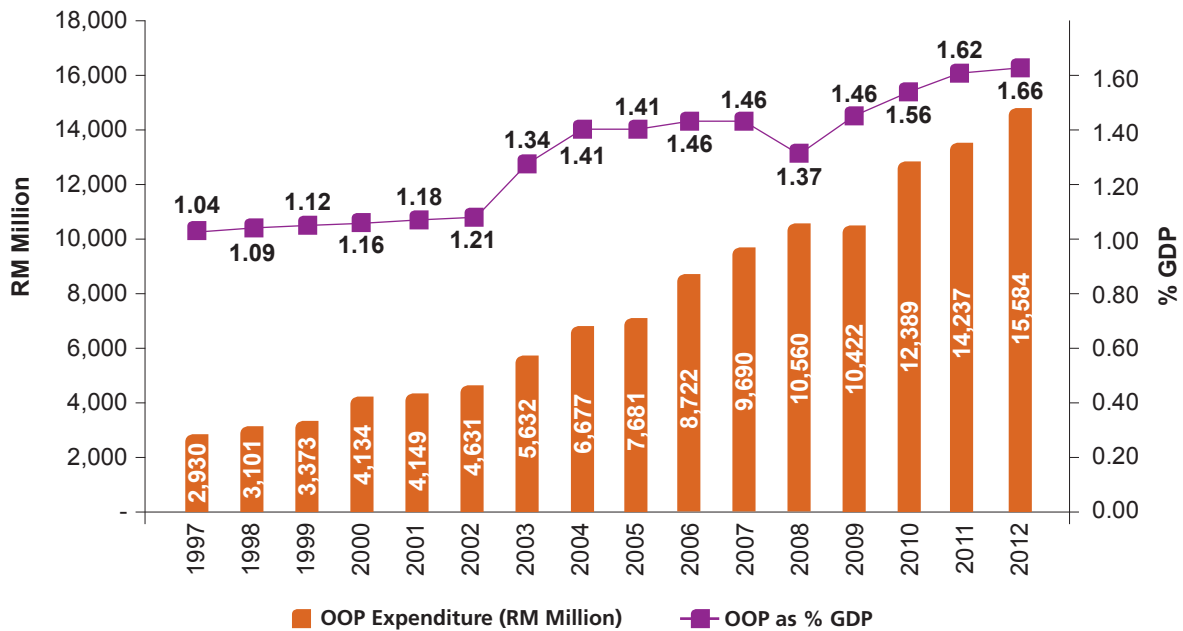
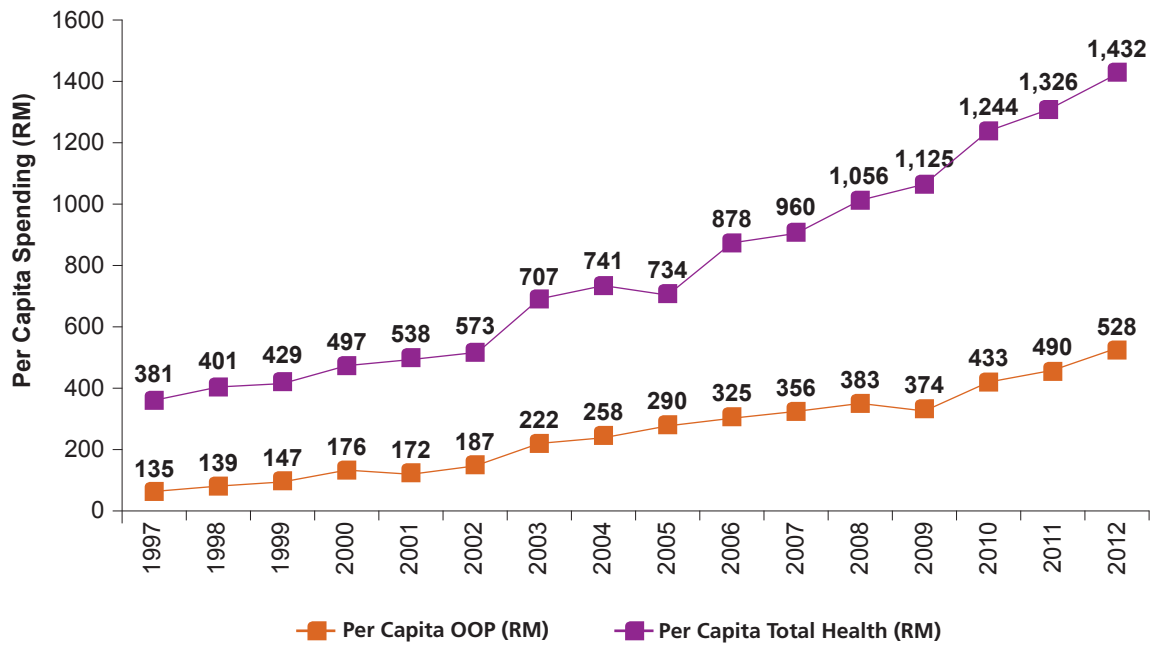




FIGURE 9.3: Per Capita Total Health and Per Capita OOP Expenditure, 1997-2012 (Ringgit Malaysia, RM)



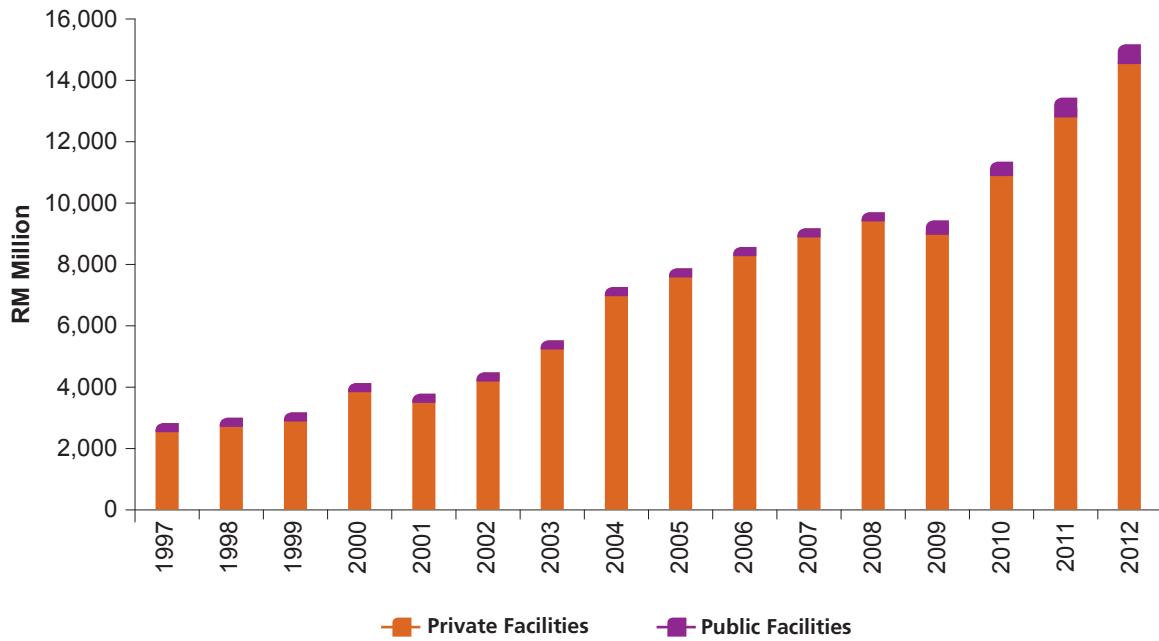
## OOP Expenditure by Providers

This section cross tabulates OOP 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 sector providers. The bulk of public sector health care services for patients in this country have always been heavily subsidized by the government, even if the government outsources any of the services to private providers. However under the provision of public sector services there are some components of healthcare services and several products like most prosthesis which are purchased by patients from private providers. When patient seek private sector services they are often at liberty to purchase these services or products separately or part of the services. The private sector providers include several categories of standalone private facilities such as private hospitals, private medical clinics, providers of medical appliances, traditional & complementary care providers, private dental clinic, private pharmacies, private laboratories and others. OOP is the mode of payment for services either in public sector or private sector. However the final amount reported under OOP expenditure includes expenditure reported by this mode for training.

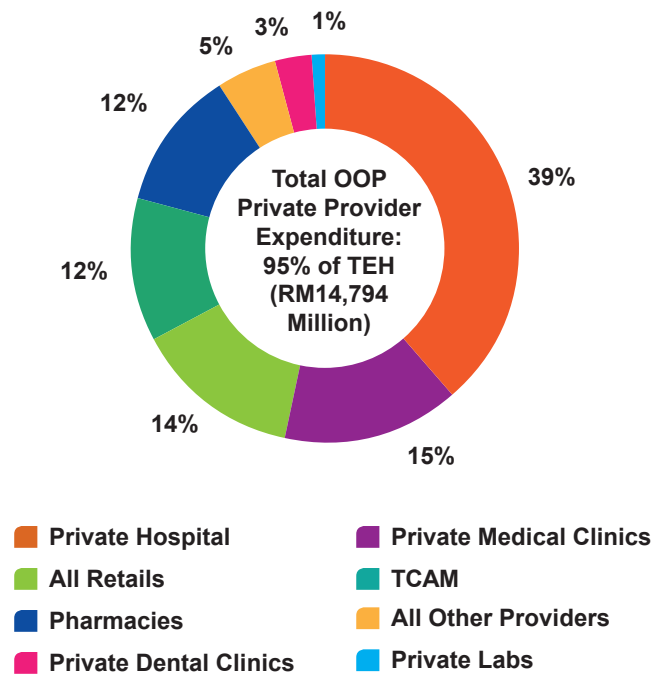
Throughout the time series more than 95 per cent of OOP spending occurred at private facilities (Figure 9.4). In 2012, of the total OOP spending at private facilities which amounted to RM14,794 million, the private hospitals consumed the largest share of OOP expenditure at RM5,760 million or 39 per cent followed by private medical clinics at RM2,170 million or 15 per cent, providers of medical appliances or retails at RM2,039 million or 14 per cent, traditional & complementary care providers at RM1,825 million or 12 per cent and private pharmacies at RM1,705 million or 12 per cent and the balance RM1,296 million or 9 per cent at higher learning institutions, private dental clinics, private standalone medical laboratories and other facilities (Figure 9.5).

The 1997 to 2012 the time series data shows increased OOP expenditure in all the various facilities except for private medical clinics (Table 9.1a and Table 9.1b). The highest increase in absolute amount was seen at private hospitals from RM1000 million in 1997 to RM5,760 million in 2012. However there is nearly 10-fold increase in spending at providers of medical goods and appliances from RM206 million in 1997 to RM2,039 million in 2012. The OOP spending at private medical clinics show a steady increase from RM685 million in 1997 to RM2,320 million in 2007 but then declined from 2008 onwards with a drop in the proportion from 23 per cent in 1997 to 14 per cent in 2012.

**FIGURE 9.4: OOP Expenditure by Public and Private Providers of Health Services, 2012 (RM Million)**



**FIGURE 9.5: OOP Expenditure by Private Provider of Health Services, 2012, (Per cent, %)**



**TABLE 9.1a: OOP Expenditure by Providers of Health Services, 1997-2012 (RM Million)**

Provider Name	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Private Hospitals	1,000	1,090	1,196	1,366	1,446	1,595	2,119	2,394	2,681	3,020	3,283	3,752	4,230	4,440	5,079	5,760
Private Medical Clinics	685	696	747	974	907	1,013	1,139	1,438	1,796	2,074	2,320	2,171	1,367	1,727	2,124	2,170
Traditional & Complementary Care Providers	374	376	399	487	481	531	588	675	784	921	1,027	1,188	1,100	1,547	1,715	1,825
Private Pharmacies	346	384	439	490	474	506	602	751	740	805	9,27	1,008	1,129	1,250	1,525	1,705
Providers of Medical appliances	206	208	212	362	358	443	544	682	870	1,014	1,131	1,309	1,219	1,728	1,915	2,039
Private Dental Clinics	133	138	150	197	196	224	262	305	322	372	389	451	447	643	731	788
All other providers	187	209	230	259	287	320	378	432	490	516	613	681	930	1,052	1,148	1,297
<b>Total</b>	<b>2,930</b>	<b>3,101</b>	<b>3,373</b>	<b>4,134</b>	<b>4,149</b>	<b>4,631</b>	<b>5,632</b>	<b>6,677</b>	<b>7,681</b>	<b>8,722</b>	<b>9,690</b>	<b>10,560</b>	<b>10,422</b>	<b>12,389</b>	<b>14,237</b>	<b>15,584</b>

**TABLE 9.1b: OOP Expenditure by Providers of Health Services, 1997-2012 (Per cent, %)**

Provider Name	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Private Hospitals	34.12	35.15	35.45	33.04	34.87	34.44	37.63	35.85	34.90	34.62	33.89	35.53	40.59	35.84	35.68	36.96
Private Medical Clinics	23.36	22.46	22.15	23.56	21.86	21.87	20.22	21.53	23.38	23.78	23.94	20.56	13.12	13.94	14.92	13.92
Traditional & Complementary Care Providers	12.76	12.12	11.83	11.77	11.60	11.46	10.44	10.10	10.21	10.56	10.60	11.25	10.56	12.49	12.04	11.71
Private Pharmacies	11.81	12.39	13.02	11.84	11.43	10.93	10.69	11.25	9.63	9.23	9.57	9.54	10.83	10.09	10.71	10.94
Providers of Medical appliances	7.03	6.69	6.27	8.76	8.62	9.57	9.66	10.22	11.32	11.63	11.67	12.40	11.70	13.95	13.45	13.08
Private Dental Clinics	4.53	4.45	4.44	4.76	4.71	4.83	4.65	4.57	4.19	4.26	4.02	4.27	4.29	5.19	5.13	5.06
All other providers	6.38	6.74	6.83	6.27	6.91	6.90	6.72	6.47	6.38	5.92	6.32	6.45	8.92	8.50	8.06	8.33
<b>Total</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>

## OOP Expenditure by Functions

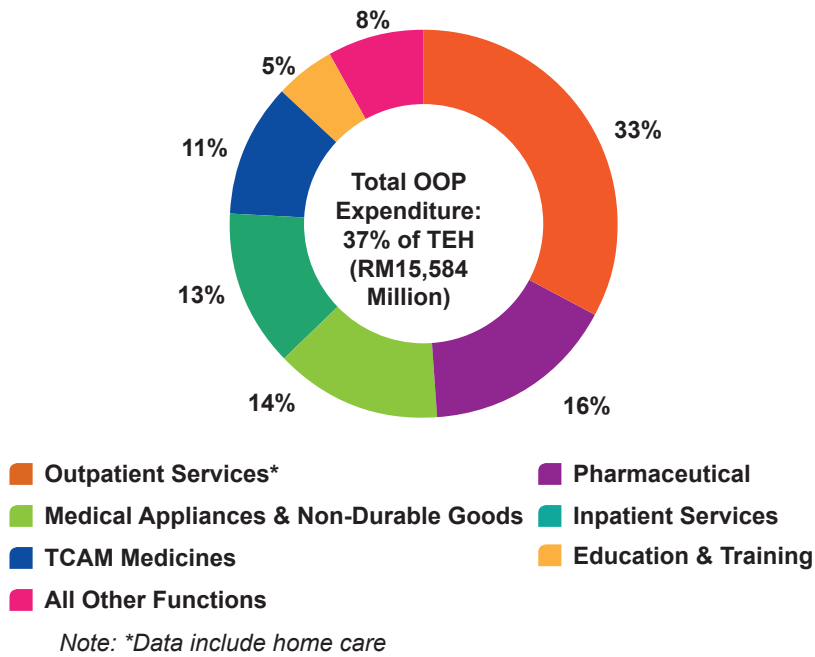
The data under this section responds to the question on the type of health care services and products that are purchased with the OOP spending. This includes expenditures for core functions of health care such as for curative care, ancillary services, medical goods & appliances and others, as well as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

In 2012 the largest proportion of OOP expenditure was RM5,163 million or 33 per cent for out-patient care services (Figure 9.6). This would include out-patient care services provided both in standalone medical clinics as well as in hospital facilities. In the same year in-patient care services was RM2,072 million or 13 per cent of OOP spending. This would include spending at both public and private hospitals with greater proportion at private hospitals. The OOP spending for medical appliances & non-durable goods was RM2,231 million or 14 per cent, for pharmaceuticals including over-the-counter and prescription drugs was RM2,474 million or 16 per cent, for traditional

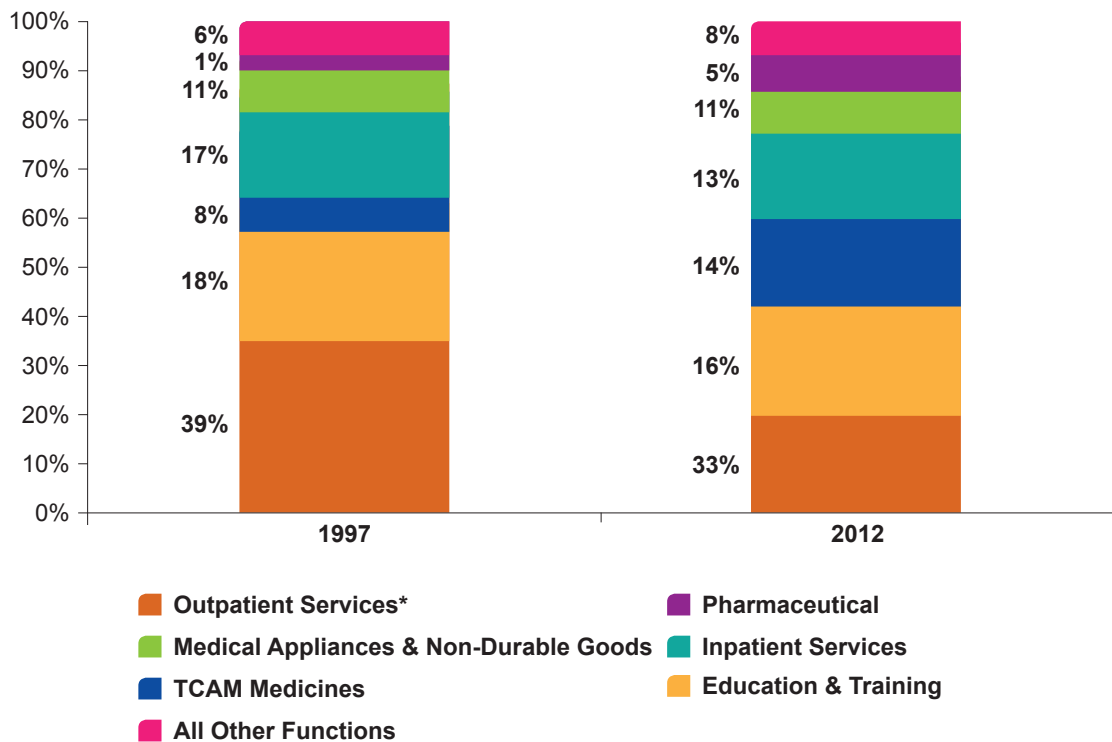
& alternative medicines was RM1,623 million or 11 per cent and the remaining RM2,021 million or 13 per cent was for other functions.

The 1997 to 2012 time series data although shows general increase in the level of OOP spending for various functions, the proportions show some variations. Over this 16-year time period, although the OOP spending for out-patient services has increased from RM1,133 million in 1997 to RM5,163 million in 2012, the proportion of out-patient services has actually decreased from 39 per cent to 33 per cent over this time (Figure 9.7). This time period has also seen a rise in in-patient services from RM514 million in 1997 to RM2,072 million in 2012 with the proportion of this function remaining around 13-18 per cent over this time. There was nearly 10-fold increase in OOP spending for medical appliances & non-durable goods from RM226 million in 1997 to RM2,231 million in 2012, and nearly 25-fold increase in OOP spending for education and training from RM31 million in 1997 to RM772 million in 2012 (Table 9.2a and Table 9.2b).

**FIGURE 9.6: OOP Expenditure by Functions of Health Services, 2012 (Per cent, %)**



**FIGURE 9.7: OOP Expenditure by Functional Proportion, 1997 & 2012 (Per cent, %)**



**TABLE 9.2a: OOP Expenditure by Functions of Health Services, 1997-2012 (RM Million)**

Function Name	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
*Out-patient Services	1,133	1,217	1,327	1,654	1,637	1,842	2,191	2,634	3,081	3,577	3,984	4,043	3,481	4,134	4,809	5,163
Pharmaceutical	517	569	666	717	713	777	923	1,101	1,103	1,248	1,411	1,514	1,708	1,837	2,197	2,474
Medical Appliances & non-durable goods	226	229	247	390	394	477	601	747	933	1,103	1,224	1,391	1,319	1,887	2,093	2,231
In-patient Services	514	507	540	607	602	637	860	937	1,065	1,159	1,252	1,458	1,554	1,603	1,882	2,072
TCAM medicines	319	320	305	420	416	462	515	594	743	816	909	1,052	981	1,376	1,525	1,623
Education & Training	31	46	51	62	75	85	118	123	130	145	211	235	539	591	646	772
All other functions	190	213	236	284	312	352	424	540	625	672	698	866	840	960	1,085	1,248
<b>Total</b>	<b>2,930</b>	<b>3,101</b>	<b>3,373</b>	<b>4,134</b>	<b>4,149</b>	<b>4,631</b>	<b>5,632</b>	<b>6,677</b>	<b>7,681</b>	<b>8,722</b>	<b>9,690</b>	<b>10,560</b>	<b>10,422</b>	<b>12,389</b>	<b>14,237</b>	<b>15,584</b>

Note: \* Data include home care

**TABLE 9.2b: OOP Expenditure by Functions of Health Services, 1997-2012 (Per cent, %)**

Function Name	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
*Out-patient Services	38.67	39.25	39.33	40.01	39.45	39.78	38.91	39.44	40.12	41.02	41.12	38.29	33.40	33.37	33.78	33.13
Pharmaceutical	17.66	18.35	19.75	17.33	17.20	16.77	16.38	16.50	14.35	14.31	14.57	14.34	16.38	14.83	15.43	15.88
Medical Appliances & non-durable goods	7.70	7.38	7.34	9.44	9.50	10.29	10.68	11.19	12.15	12.65	12.64	13.17	12.65	15.24	14.70	14.32
In-patient Services	17.56	16.35	16.02	14.68	14.50	13.75	15.26	14.03	13.87	13.29	12.92	13.81	14.91	12.94	13.22	13.29
TCAM medicines	10.87	10.33	9.04	10.17	10.03	9.97	9.14	8.90	9.68	9.35	9.38	9.96	9.41	11.11	10.71	10.41
Education & Training	1.07	1.47	1.52	1.50	1.81	1.84	2.09	1.84	1.70	1.67	2.18	2.23	5.18	4.77	4.54	4.96
All other functions	6.47	6.86	7.00	6.86	7.51	7.61	7.53	8.09	8.14	7.71	7.20	8.20	8.06	7.75	7.62	8.01
<b>Total</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>	<b>100.00</b>

Note: \* Data include home care

## CHAPTER 10

### International Comparison

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

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

It is advisable to use SHA based NHA reporting for International data comparisons. However most of the data in other chapters of this report are extracted from the MNHA database which has a wider boundary of health expenditure compared to the SHA compatible MNHA framework. Malaysia produces both database and in 2012 the difference between the two is 11 per cent with total health expenditure based on the MNHA framework as RM42,256 million or 4.5 per cent GDP whereas it is RM37,817 million or 4.0 per cent GDP based on SHA compatible MNHA framework (Figure 10.1 & Table 10.1). One of the main reasons for this difference is that unlike the SHA framework, the MNHA framework captures total health expenditure inclusive of spending for TCAM, health education & training, health-related research and public health functions of producing safe water and food safety.

This chapter highlights some NHA related data as reported in GHED from 14 developed and developing countries with potential policy relevance to Malaysia. They consists of 3 European countries (France, Germany and United Kingdom), 7 countries in Asia (Sri Lanka, India, Bangladesh, China, Japan, Republic of Korea and Philippines), 3 countries neighbouring Malaysia (Singapore, Indonesia and Thailand) and Australia. The data for Malaysia is extracted from 1997-2012 SHA compatible MNHA database (Appendix Tables A4-7).

The health spending in Malaysia of 4.0 per cent GDP is similar to most regional countries in Asia like Thailand, India and Bangladesh (Figure 10.2). Singapore, Philippines, China and Republic of Korea spent more than Malaysia but lower than European countries such as France, Germany, United Kingdom and Australia that spent more than 9 per cent GDP. However the regional countries like Philippines, Thailand, India and Bangladesh with similar to Malaysia GDP spending has a much lower per capita spending ranging from USD68 in Bangladesh to USD385 in Thailand compared to Malaysia spending USD 691 per capita (Figure 10.3). The population of a country affects the per capita spending value as countries with large population such as China and Philippines have their respective per capita spending lower than Malaysia. Similarly Singapore with a small population has their per capita expenditure nearly as much as the European countries. Germany, France and Australia spent more than USD4,000 per capita whereas the other two developed countries namely United Kingdom and Japan spent about USD3500 per capita.

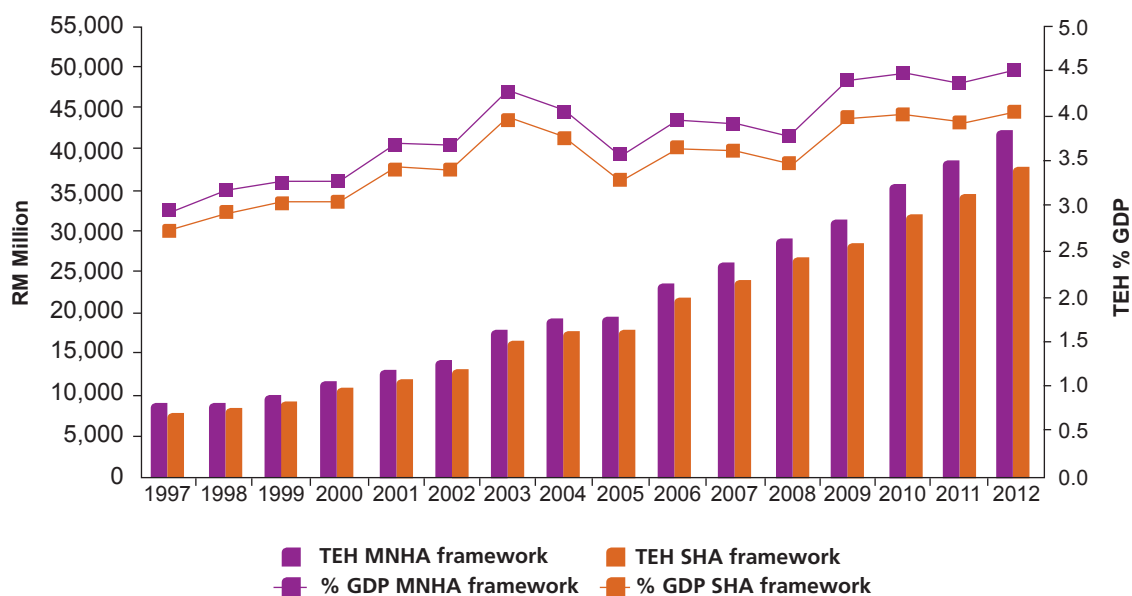


All the developed countries including Thailand have higher proportion of public sector spending with this sector accounting for nearly two-thirds to three quarters of the total health expenditure (Figure 10.4). Most developing countries have a higher proportion of private sector spending except for Singapore with 62 per cent private sector spending. Malaysia is similar to Republic of Korea, China and Sri Lanka with an almost equal proportion health spending from both the public and private sectors.

The OOP health spending in almost all the countries are more than half the private sector spending except for France, with the level of private spending in most of these countries being much lower than Malaysia (Figure 10.5). There

is much concern regarding health financing mechanism in a country when the OOP spending exceeds 40 per cent of total health spending especially together with a high level of private spending like in Bangladesh, India, Philippines, Indonesia, Sri Lanka as well as in Singapore.. The OOP spending in most developed countries as well as in Thailand are below 20 per cent of total health expenditure. The Republic of Korea being an exception with a pattern similar to developing country. The OOP spending as share of total and private spending in Malaysia for the year 2012 is very similar to China and Republic of Korea, the two countries with total health expenditure of 5.4 per cent and 7.5 per cent respectively.

**FIGURE 10.1: Comparison using MNHA and SHA Compatible MNHA Framework, 1997-2012**

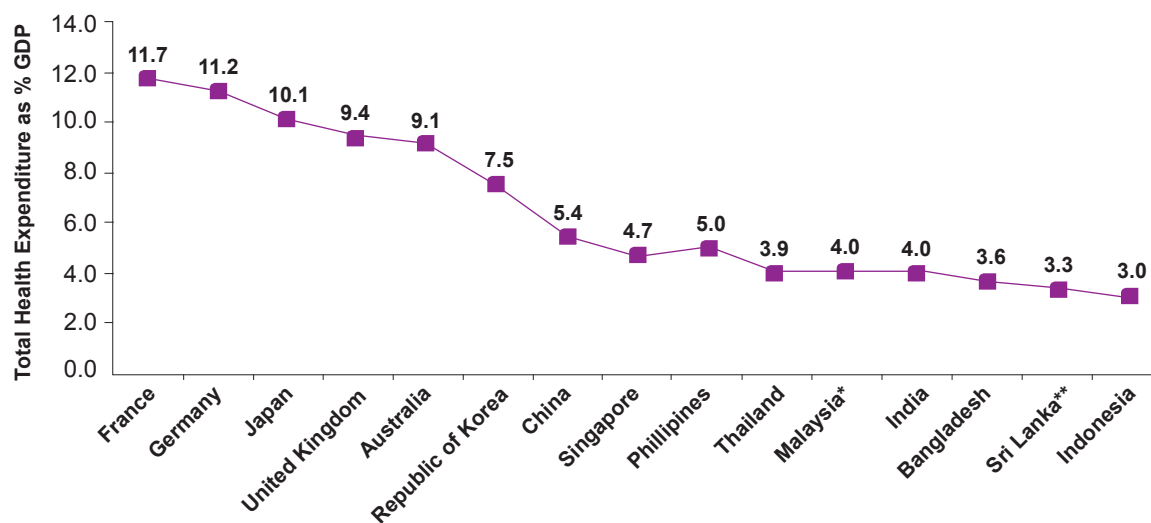


**Table 10.1: Total Health Expenditure MNHA & SHA Framework, 1997-2012 (RM Million & Per cent GDP)**

Year	Total Health Expenditure (RM Million)		Total Health Expenditure % GDP		TEH % Difference MNHA & SHA framework
	TEH MNHA framework	TEH SHA framework	% GDP MNHA framework	% GDP SHA framework	
1997	8,286	7,672	2.9	2.7	7%
1998	8,947	8,288	3.2	2.9	7%
1999	9,818	9,118	3.3	3.0	7%
2000	11,685	10,819	3.3	3.0	7%
2001	12,967	11,976	3.7	3.4	8%
2002	14,160	13,040	3.7	3.4	8%
2003	17,901	16,561	4.3	4.0	7%
2004	19,199	17,749	4.1	3.7	8%
2005	19,447	17,888	3.6	3.3	8%
2006	23,558	21,802	3.9	3.7	7%
2007	26,093	23,981	3.9	3.6	8%
2008	29,092	26,723	3.8	3.5	8%
2009	31,394	28,344	4.4	4.0	10%
2010	35,579	31,837	4.5	4.0	11%
2011	38,550	34,437	4.4	3.9	11%
2012	42,256	37,817	4.5	4.0	11%

Note: Malaysia data from SHA compatible MNHA database 1997-2012

**FIGURE 10.2: International Comparison of Total Health Expenditure as Percent GDP, 2012**

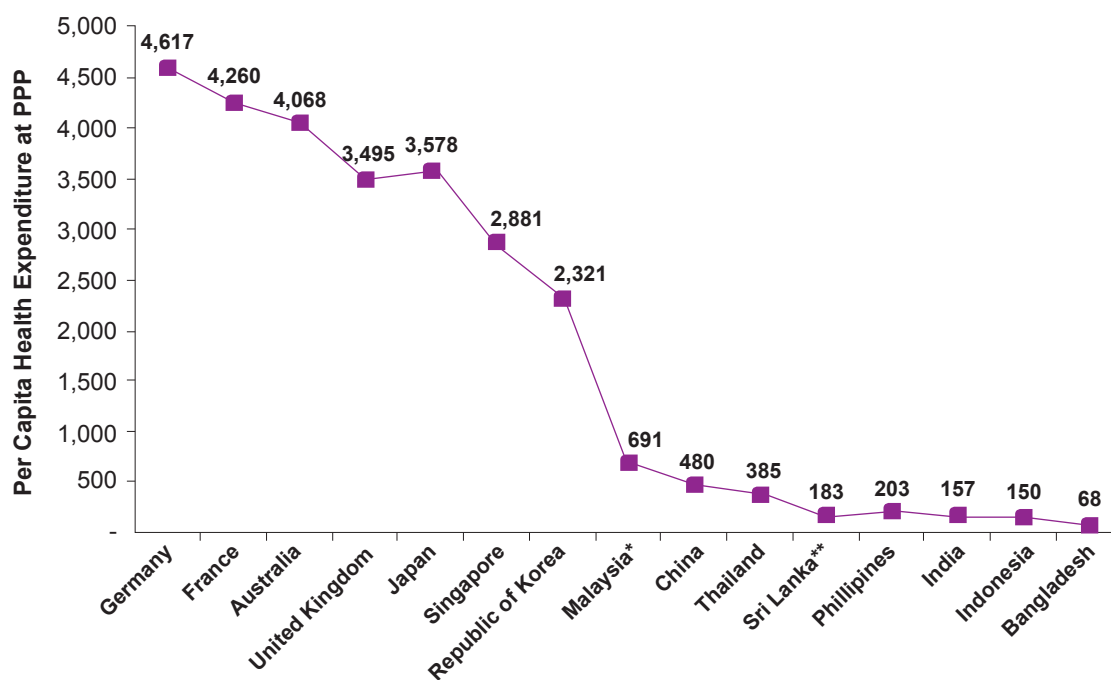


Source: Global Health Expenditure Database, WHO NHA 2014

Note: \*Malaysia data from SHA compatible MNHA database

\*\*Sri Lanka data 2011

**FIGURE 10.3: International Comparison Per Capita Health Expenditure at PPP (USD), 2012**

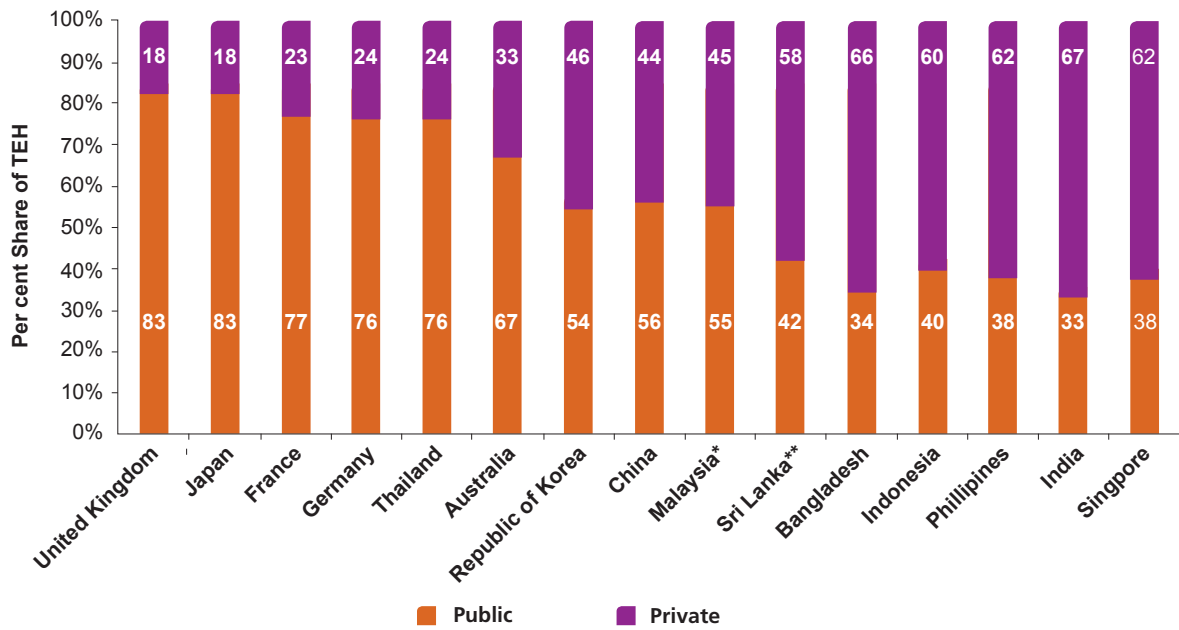


Source: Global Health Expenditure Database, WHO NHA 2014

Note: \*Malaysia data from SHA compatible MNHA database 1997-2012

\*\*Sri Lanka data 2011

**FIGURE 10.4: International Comparison Public-Private Share of Total Health Expenditure, 2012**

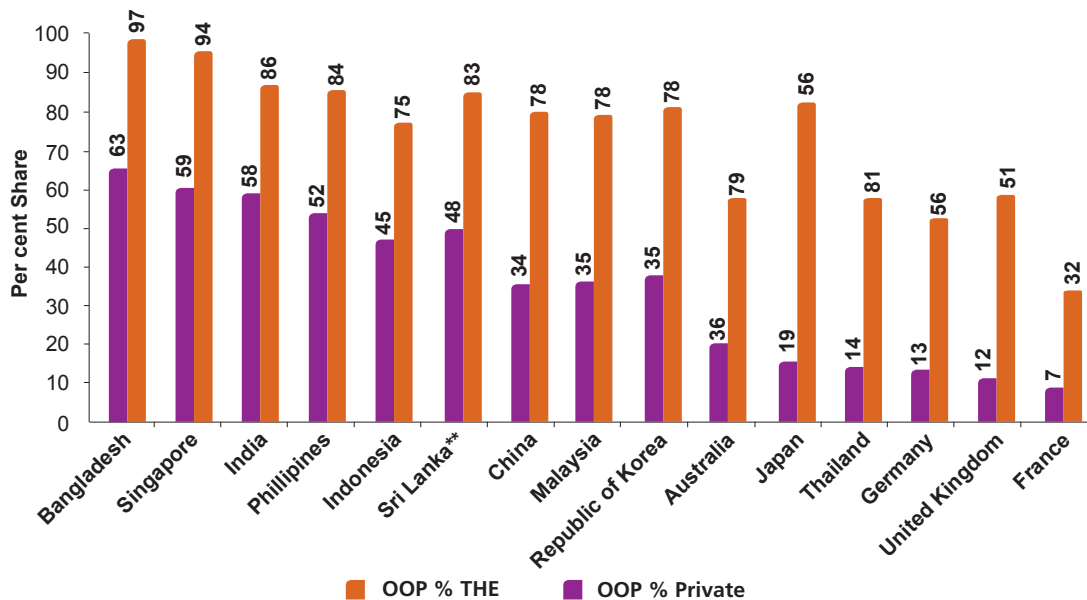


Source: Global Health Expenditure Database, WHO NHA 2014

Note: \*Malaysia data from SHA compatible MNHA database 1997-2012

\*\*Sri Lanka data 2011

**FIGURE 10.5: International Comparison OOP OF Share Private and Total Health Expenditure, 2012**



Source: Global Health Expenditure Database, WHO NHA 2014

Note: \*Malaysia data from SHA compatible MNHA database 1997-2012

\*\*Sri Lanka data 2011

## APPENDIX TABLES

TABLE A1.1: Source of Data			
Data Sources for Public Sector Estimation			
PUBLIC SECTOR			
	Main Agencies	Specific Organization	Source of Data
1	Ministry of Health (MOH)	Accountant-General's Department	MOH - AG DATA (expenditure)
2	Other Ministries	Ministry of Higher Education	MNHA survey - MOHE
		Ministry of Defence	MNHA survey - MOD
3	Other Federal Agencies	National Population and Family Development Board	MNHA survey - LPPKN
		Department of Orang Asli Affairs	MNHA survey - JHEOA
		Public Service Department-Pension	MNHA survey - JPA
		Civil Defence Department	MNHA survey - JPA3
		Prison Department of Malaysia	MNHA survey - PENJARA
		Social Welfare Department	MNHA survey - JKM
		Occupational Safety And Health Department	MNHA survey - DOSH
		National Institute of Occupational Safety & Health Malaysia	MNHA survey - NIOSH
		National Anti-Drug Agency	MNHA survey - AADK
		Pilgrims Fund Board	MNHA survey - LTH
		National Heart Institute	MNHA survey - IJN
		Federal Statutory Bodies	MNHA survey - BERKANUN (Fed)
		Public Water Supply Department	MNHA survey - JBA (OFA)
		National Sports Institute of Malaysia	MNHA survey - ISN
		Zakat Collection Centre	MNHA survey - MAIN
		Employee Provident Fund - HQ	MNHA survey - KWSP (0001)
		Employee Provident Fund - state	MNHA survey - KWSP (0002)
		Social Security Organization - HQ	MNHA survey - PERKESO (0001)
		Social Security Organization - state	MNHA survey - PERKESO (0002)
		Ministry of Science Technology and Innovation	MNHA survey - MOSTI
Public Higher Education Institutions	MNHA survey - TRAINING (OFA-Pu)		
Private Higher Education Institutions	MNHA survey - TRAINING (OFA-Pr)		
4	State Agencies	State Government (General)	MNHA survey - KN
		Public Water Supply Department	MNHA survey - JBA (state)
		State Statutory Body (SSB)	MNHA survey - BERKANUN (state)
		Public Water Supply	MNHA survey - JBA (SSB)
5	Local Authorities	Local Authority - Health care Services	MNHA survey - PBT (Perkhid)
		Local Authority - Staff	MNHA survey - PBT (Ktgn)

TABLE A1.2 : Source of Data

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

**TABLE A2 : List of Agency Surveys Below Full Response Rate (2012)**

<b>RESPONSE RATE LESS THAN 100%</b>	
<b>PUBLIC SECTOR DATA SOURCE</b>	
1	MNHA survey - KN - State government (general)
2	MNHA survey - JBA (state) - Public Water Supply Department
3	MNHA survey - JBA (SSB) - Public Water Supply Department
4	MNHA survey - MOHA (NADA) - National Anti Drug Agency
5	MNHA survey - JKM - Department of Social Welfare Malaysia
<b>PRIVATE SECTOR DATA SOURCE</b>	
1	MNHA survey - INSURAN - Private Insurance
2	MNHA survey - MCO - Managed Care Organizations
3	MNHA survey NGO - Non Government Organization
4	MNHA survey - JBA (corp) - Private Water Supply Department
5	MNHA survey - PRIVATE HOSPITAL
<b>RESPONSE RATE LESS THAN 50%</b>	
<b>PUBLIC SECTOR DATA SOURCE</b>	
1	MNHA survey - PBT (Perkhid) Local Authority - Health Care Services
2	MNHA survey - PBT (Perkhid) Local Authority - Staff
3	MNHA survey - BERKANUN (state statutory body) - SSM List
4	MNHA survey - BERKANUN (Fed) - Federal statutory bodies
5	MNHA survey - MAIN - State Islamic Religious Council
<b>PRIVATE SECTOR DATA SOURCE</b>	
1	MNHA survey - TRAINING (OFA-Pr) - Private Higher Education Institutions

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

The data in this document is reported using the MNHA framework. However, the revised data analysis was produced under dual coding and a set of tables showing the comparison of MNHA codes mapped to ICHA codes are shown for reference (Appendix Table A3.1a to A3.1c). This is followed by five SHA Tables (Appendix Table A4 to A14).

<b>TABLE A3.1a : Classification of Total Expenditure on Health by Sources of Financing</b>			
<b>MNHA code</b>	<b>ICHA code</b>	<b>Sources of Funding</b>	<b>Description</b>
MS1	HF.1	Public Sector	Refers to MS1.1 to MS1.2
MS1.1	HF.1.1	Public sector excluding social security funds	Refer to Federal Government, state government & Local Authorities
MS1.2	HF.1.2	Social security funds	SOCSO & EPF
MS2	HF.2	Private sector	Refers to MS2
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 Out-of-Pocket 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 Employer
MS9	HF.3	Rest of the world	Rest Of the World



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

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

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

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

TABLE A4: Ratio Indicators for Expenditure on Health, 1997-2012 (SHA compatible MNHA data)

A. Selected ratio indicators* for expenditures on health	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
<b>I. Expenditure ratios</b>																
Total health expenditure (TEH) % Gross Domestic Product (GDP)	2.7	2.9	3.0	3.0	3.4	3.4	4.0	3.7	3.3	3.7	3.6	3.5	4.0	4.0	3.9	4.0
GGHE as % of GDP	1.5	1.6	1.7	1.7	2.0	2.0	2.4	2.1	1.7	2.0	2.0	1.9	2.3	2.3	2.1	2.2
<b>Financing Sources measurement</b>																
External resources on health as % of TEH	0.7	0.9	0.8	0.7	0.6	0.6	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Public funds as % of TEH																
Public funds for health % GGE (excluding external resources)																
<b>Financing Agents measurement</b>																
General government expenditure on health (GGHE) as % of TEH	55.0	55.3	55.3	55.6	58.4	57.4	59.6	56.4	51.2	54.9	54.3	55.6	58.6	57.1	54.7	55.0
Private expenditure on health (PvtHE) as % of TEH	45.0	44.7	44.7	44.4	41.6	42.6	40.4	43.6	48.8	45.1	45.7	44.4	41.4	42.9	45.3	45.0
Out of pocket expenditure as % of TEH	33.6	33.0	33.1	33.8	30.5	31.3	30.2	33.6	38.1	35.6	35.7	34.7	31.4	32.7	35.0	34.9
GGHE as % of General government expenditure (GGE)	4.7	4.7	4.9	5.2	5.4	5.2	5.9	6.3	5.3	5.9	5.6	5.1	5.9	6.7	6.3	5.8
Social security funds as % of GGHE	0.5	0.7	0.7	0.7	0.8	0.8	0.8	0.9	0.9	0.7	0.7	0.7	0.7	0.8	0.9	0.9
Out of pocket expenditure as % of PvtHE	74.7	73.8	74.0	76.0	73.5	73.5	74.7	77.0	78.0	78.9	78.1	78.2	75.8	76.3	77.4	77.5
Private insurance as % of PvtHE	8.9	10.2	10.7	11.1	12.4	13.4	14.9	14.1	12.8	13.1	13.3	14.9	17.6	17.3	17.5	16.9
Non-profit institutions expenditure on health as % of PvtHE	1.8	1.9	1.7	1.8	1.8	1.9	1.8	1.7	1.7	1.6	1.7	1.8	2.0	2.0	2.0	2.1
<b>Provider measurement</b>																
Total expenditure on hospitals as % of TEH	52.0	51.1	50.7	47.9	48.6	48.4	45.4	47.1	49.6	51.1	50.7	52.6	53.3	49.7	52.9	54.9
Hospitals financed by General government % of GGHE	63.1	60.2	59.1	55.5	53.7	53.6	47.6	51.7	58.3	59.5	58.7	59.8	55.6	52.8	59.5	62.4
<b>Function measurement</b>																
Services of curative and rehabilitative care % TEH	62.4	60.4	59.7	57.8	56.7	57.0	53.7	56.2	60.8	62.8	61.4	62.3	59.2	57.1	61.4	63.4
Government expenditure on services of curative and rehabilitative care % GGHE	65.7	62.5	61.5	58.0	55.9	56.2	50.7	54.8	62.1	65.0	62.1	63.9	59.7	57.2	64.9	68.9
Services of long-term nursing care % TEH	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.6	0.4	0.4	0.3	0.2	0.2	0.3	0.3	0.3
Ancillary services to health care % TEH	3.1	3.0	3.0	2.9	3.3	3.3	3.0	3.2	3.7	3.4	3.3	3.3	3.0	3.1	3.0	3.0
Government expenditure on long-term nursing care % GGHE	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1	0.1

TABLE A5: Ratio Indicators for Expenditure on Health, 1997-2012 (SHA compatible MNHA data)

A. Selected ratio indicators* for expenditures on health	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Government expenditure on ancillary services to health % GGHE	0.2	0.2	0.2	0.3	0.9	1.0	1.0	1.3	1.3	1.6	1.4	1.7	1.5	1.4	1.5	1.3
Medical good dispensed to outpatients % TEH	10.7	10.6	11.1	11.3	10.6	11.1	10.4	11.8	12.7	11.9	12.7	12.6	12.4	13.2	13.9	13.8
Government expenditure on medical goods dispensed to outpatients	1.4	1.3	1.5	1.5	2.1	2.3	1.9	2.2	2.3	1.8	2.8	2.9	2.7	2.3	2.4	2.2
Prevention and public health services % TEH	3.4	3.1	3.2	2.8	2.9	2.8	2.8	2.9	3.2	3.2	4.1	3.2	3.2	2.9	3.0	3.3
Government expenditure on prevention and public health services % GGHE	3.8	"	3.7	3.2	3.2	3.1	3.5	3.9	4.6	4.6	6.2	4.7	4.9	4.2	4.8	5.2
Administration and health insurance % TEH	13.5	13.0	12.5	12.3	12.1	12.9	12.8	12.3	12.1	12.1	11.9	11.8	12.1	11.5	12.0	10.8
Government expenditure on health administration and health insurance % GGHE	16.7	15.2	14.6	14.1	13.7	15.5	14.4	14.6	15.8	15.6	15.6	15.1	14.6	13.5	14.7	12.5
<b>Resource Costs measurement</b>																
Total expenditure on pharmaceuticals as % of TEH	10.8	11.1	11.6	10.9	11.0	10.5	10.9	12.0	11.4	12.4	12.6	12.4	11.9	12.7	13.2	13.5
Private expenditure on pharmaceuticals as % of PvtHE	10.5	10.9	11.3	10.7	9.9	9.6	9.2	9.9	8.7	8.4	8.7	8.7	9.8	9.4	10.0	10.3
Compensation of health employees as % of TEH	62.2	61.5	71.3	51.7	54.8	73.7	64.3	53.3	72.9	66.9	65.1	87.9	75.9			
Government compensation of health employees as % of GGHE	38.7	37.3	36.6	34.7	33.5	37.5	31.1	33.4	39.5	39.9	37.4	41.3	39.2	40.3	43.9	
Gross fixed capital formation% TEH																
General government gross fixed capital formation as % of GGHE	12.1	17.3	18.4	22.8	24.1	21.9	28.4	23.2	13.8	11.3	11.8	11.6	16.5	21.2	11.5	9.8
<b>II. Selected per capita indicators for expenditures on health</b>																
Total expenditure on health / capita at exchange rate	125	95	105	121	131	139	172	180	178	222	257	291	288	346	387	415
Total expenditure on health / capita at Purchasing Power Parity (NCU per USD)	245	241	263	285	319	334	410	416	390	465	495	505	567	605	624	685
General government expenditure on health / cap x-rate	69	52	58	67	76	80	103	102	91	122	139	162	169	197	212	228
General government expenditure on health / cap Purchasing Power Parity (NCU per USD)	135	133	145	158	187	192	244	235	199	255	269	281	332	345	341	377
GGE per capita USD	1,472	1,107	1,175	1,287	1,426	1,535	1,735	1,602	1,722	2,075	2,476	3,150	2,876	2,934	3,344	3,962
TEH in USD	2,727	2,112	2,400	2,847	3,152	3,432	4,358	4,671	4,723	5,944	6,976	8,011	8,042	9,884	11,254	12,243
GGHE in USD	1,500	1,168	1,327	1,583	1,841	1,969	2,597	2,635	2,418	3,263	3,785	4,455	4,713	5,643	6,161	6,736
External Res (FS.3) per capita in USD	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0
Per capita public funds for health (constant 2009 USD)																

**TABLE A6: Financing Sources and Financing Agents of Health Expenditure, 1997-2012 (SHA compatible MNHA data)**

<b>B. VALUES UNDERLYING RATIOS AND LEVELS</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>	<b>2012</b>
<b>HEALTH EXPENDITURE DATA</b>																
<b>FINANCING SOURCES</b>																
Public funds - FS.1																
Rest of the world funds / External resources	54	75	73	73	74	75	8	8	10	9	4	4	3	2	1	8
<b>FINANCING AGENTS</b>																
Total expenditure on health	7,672	8,288	9,118	10,819	11,976	13,040	16,561	17,749	17,888	21,802	23,981	26,723	28,344	31,837	34,437	37,817
of which : capital	512	796	929	1,374	1,692	1,641	2,812	2,326	1,267	1,363	1,538	1,731	2,756	3,857	2,186	2,047
General government expenditure on health	4,220	4,582	5,043	6,015	6,997	7,483	9,867	10,012	9,159	11,971	13,011	14,862	16,609	18,176	18,852	20,805
of which : capital	510	794	926	1,370	1,688	1,636	2,807	2,321	1,261	1,356	1,530	1,722	2,744	3,847	2,176	2,035
Territorial governments	4,199	4,552	5,007	5,971	6,939	7,420	9,786	9,923	9,078	11,883	12,914	14,754	16,486	18,027	18,679	20,612
Central government	4,167	4,518	4,971	5,933	6,897	7,374	9,733	9,861	9,004	11,808	12,474	14,604	16,210	17,870	18,477	20,397
of which : capital	510	794	926	1,370	1,688	1,636	2,807	2,321	1,261	1,356	1,530	1,722	2,744	3,847	2,176	2,035
Ministry of Health	3,624	3,958	4,341	5,228	6,051	6,427	8,712	8,664	7,809	10,512	10,915	12,666	14,322	15,857	16,433	18,156
of which : capital	449	716	835	1,276	1,570	1,514	2,690	2,230	1,192	1,287	1,456	1,450	2,527	3,553	1,951	1,777
Other ministries	543	560	631	705	846	947	1,021	1,197	1,195	1,296	1,559	1,938	1,888	2,012	2,044	2,241
of which : capital	61	78	90	94	118	123	116	91	69	69	74	273	217	294	225	258
Boards, other central government entities																
States / provincial governments	17	18	19	21	23	25	27	29	32	35	39	43	48	52	64	70
Locals / municipal governments	15	16	17	18	19	22	26	33	42	40	401	107	228	105	138	145
Social security funds	21	30	36	43	58	64	81	89	81	88	97	108	123	149	173	193
of which : capital																
Social Security (main scheme)																
Social Security (other schemes)																
Extra-budgetary entities																
All other general government expenditure on health																
Parastatals corporations																
Entities managed mostly with external funds																
of which : capital																
Private expenditure on health	3,452	3,706	4,076	4,805	4,979	5,557	6,694	7,737	8,729	9,831	10,969	11,861	11,734	13,661	15,585	17,012
of which : capital	2	2	3	3	4	4	5	5	6	7	8	9	12	10	10	12
Private insurance	306	379	436	533	618	743	997	1,092	1,117	1,284	1,455	1,762	2,061	2,366	2,722	2,877
of which : capital	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Out of pocket expenditure	2,580	2,734	3,016	3,652	3,657	4,084	4,999	5,959	6,807	7,760	8,569	9,272	8,900	10,420	12,064	13,187
of which : capital	2	2	3	3	4	4	5	5	6	7	8	9	12	10	10	12

**TABLE A7: Financing Agents of Health Expenditure, Cost Factors and Expenditure on Providers of Health Services, 1997-2012 (SHA compatible MNHA data)**

<b>B. VALUES UNDERLYING RATIOS AND LEVELS</b>	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Non-profit institutions serving households (e.g. NGOs)	63	69	70	86	92	104	117	129	147	159	185	212	232	267	309	359
of which : capital																
of which churches and related																2,993
NGO's domestically funded																2,993
NGO's externally funded																2,993
All other NGO																2,993
Corporations (other than health insurance)	503	524	553	533	611	627	581	556	659	629	761	614	541	609	489	589
of which : capital																
Other privately funded health care											1	0	0	0	0	0
<b>COST OF FACTORS</b>																
Total expenditure on human resources for health																
Compensation of health employees	4,774	5,093	6,505	5,589	6,563	9,605	10,649	9,464	13,048	14,588	15,619	23,488	21,523			
of which : government	1,634	1,709	1,848	2,085	2,342	2,808	3,067	3,341	3,622	4,782	4,864	6,133	6,511	7,329	8,278	
Self-employed income (operating surplus & mixed income)											730					
Supplies and services																
Pharmaceuticals	831	916	1,061	1,177	1,317	1,375	1,797	2,127	2,034	2,714	3,032	3,325	3,383	4,044	4,537	5,100
of which : government	469	512	602	664	823	844	1,180	1,359	1,275	1,889	2,074	2,294	2,232	2,758	2,972	3,346
Pharmaceuticals: private expenditure	361	404	459	513	494	532	617	768	758	825	958	1,031	1,151	1,286	1,566	1,754
Capital Formation	512	796	929	1,374	1,692	1,641	2,812	2,326	1,267	1,363	1,538	1,731	2,756	3,857	2,186	2,047
Capital formation: Public facilities	510	794	926	1,370	1,688	1,636	2,807	2,321	1,261	1,356	1,530	1,722	2,744	3,847	2,176	2,035
Gross fixed capital formation																
<b>EXPENDITURE ON PROVIDERS</b>																
Hospitals	3,989	4,235	4,627	5,184	5,818	6,318	7,522	8,367	8,880	11,132	12,157	14,058	15,105	15,810	18,232	20,743
Government hospitals	2,799	2,900	3,132	3,484	3,914	4,180	4,869	5,360	5,517	7,325	7,855	9,140	9,525	9,905	11,553	13,276
Government financing agents to all providers	3,710	3,788	4,117	4,644	5,309	5,847	7,060	7,692	7,897	10,615	11,480	13,140	13,865	14,329	16,677	18,770
Hospitals financed by General government	2,662	2,759	2,980	3,335	3,760	4,012	4,700	5,180	5,341	7,126	7,636	8,891	9,239	9,594	11,222	12,976

TABLE A8: Expenditure by Functions of Health Services, 1997-2012 (SHA compatible MNHA data)

B. VALUES UNDERLYING RATIOS AND LEVELS	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
<b>EXPENDITURE BY FUNCTIONS</b>																
Services of curative care	4,777	4,990	5,431	6,240	6,776	7,414	8,857	9,945	10,829	13,645	14,666	16,608	16,735	18,115	21,101	23,927
General government to all functions	4,392	4,770	5,263	6,260	7,341	7,890	10,374	10,527	9,631	12,537	13,715	15,630	17,724	19,465	20,205	22,268
General government to Services of curative care	2,761	2,844	3,079	3,458	3,871	4,156	4,936	5,411	5,620	7,699	8,002	9,419	9,824	10,294	12,115	14,197
Services of curative and rehabilitative care	4,790	5,003	5,445	6,255	6,795	7,434	8,892	9,976	10,870	13,690	14,714	16,653	16,792	18,164	21,159	23,986
General government to Services of curative and rehabilitative care	2,773	2,863	3,103	3,487	3,913	4,203	5,003	5,489	5,691	7,779	8,082	9,499	9,916	10,403	12,243	14,335
Public services of curative care	2,891	2,991	3,242	3,618	4,040	4,346	5,128	5,630	5,829	7,936	8,211	9,655	10,108	10,580	12,432	14,501
Services of rehabilitative care	2	2	2	2	3	2	9	9	11	12	10	5	3	3	4	4
Public services of rehabilitative care	2	2	2	2	3	2	9	9	11	12	10	5	3	3	4	4
Services of long-term nursing care	24	27	30	33	35	41	42	102	71	77	71	64	66	85	95	102
Public services of long-term nursing care	1	1	2	2	2	5	9	9	10	10	12	4	5	12	14	18
General government to Services of long-term nursing care	5	5	6	6	7	8	8	9	9	10	11	12	13	17	17	21
Ancillary services to health care	234	248	269	310	390	433	492	560	670	749	793	886	864	977	1,027	1,130
Ancillary services (Public)	10	8	9	21	65	77	96	127	124	196	185	251	248	264	286	270
General government to Ancillary services to health care	9	7	8	21	64	76	95	126	123	195	183	248	247	262	282	266
Medical goods dispensed to outpatients	820	879	1,011	1,221	1,273	1,452	1,726	2,086	2,267	2,595	3,037	3,367	3,503	4,188	4,793	5,223
General government to Medical goods dispensed to outpatients	61	60	77	89	145	172	184	218	208	221	368	436	451	425	457	463
Prevention and public health services	258	261	296	298	345	359	470	515	569	694	975	860	921	909	1,045	1,246
Public prevention and public health services	158	157	185	189	222	231	343	388	418	546	804	700	800	759	909	1,084
General government to Prevention and public health services	160	158	187	191	223	233	345	390	421	548	807	703	808	763	910	1,086
Administration and health insurance (Total)	1,034	1,074	1,139	1,329	1,446	1,681	2,127	2,183	2,172	2,634	2,852	3,163	3,442	3,657	4,132	4,083
General government administration of health	703	695	735	850	957	1,156	1,425	1,460	1,445	1,862	2,030	2,241	2,430	2,460	2,767	2,599
General government to Health administration and health insurance	703	695	736	850	957	1,156	1,425	1,460	1,445	1,862	2,030	2,241	2,430	2,460	2,767	2,599
Capital formation	512	796	929	1,374	1,692	1,641	2,812	2,326	1,267	1,363	1,538	1,731	2,756	3,857	2,186	2,047

TABLE A9: Macro Data Consumption, Price Index and Population, 1997-2012 (SHA compatible MNHA data)																
B. VALUES UNDERLYING RATIOS AND LEVELS	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
<b>MACRO DATA</b>																
<b>CONSUMPTION</b>																
Gross Domestic Product - National Concept																
Gross Domestic Product	281,795	283,243	300,764	356,401	352,579	383,213	418,769	474,048	543,578	596,784	665,340	769,949	712,857	795,037	881,080	937,532
Final consumption expenditure of Households and Non-profit institutions serving households	127,783	117,718	125,056	155,941	162,618	172,485	186,674	208,571	240,187	264,584	300,418	344,215	348,168	378,791	418,258	459,862
Households final consumption	119,152	109,763	116,607	155,839	162,514	172,378	186,561	208,454	234,112	257,284	292,594	333,999	338,555			
Non-profit institutions expenditure (NPI)	83	93	93	102	104	107	112	117	122	128	130	148	339			
General Govt Expenditure - National concept	69,111	71,670	79,522	95,312	108,379	113,290	128,023	133,641	138,308	158,563	179,691					
General government expenditure	90,131	97,040	102,320	114,884	130,690	144,278	166,949	157,742	172,681	204,255	231,359	289,394	282,794	270,171	297,382	361,233
GGE (excluding external resources)																
Exchange Rate (NCU per USD)	3	4	4	4	4	4	4	4	4	4	3	3	4	3	3	3
WHO International \$	1	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
<b>PRICE INDEX</b>																
Gross domestic product - Price index - National Concept (2000=100)	88	95	95	100	97											
Gross domestic product - Price index (2000 = 100)	70	76	76	83	81	84	87	92	100	104	109	120	113	118	124	125
<b>POPULATION (in thousands)</b>																
Population	21,769	22,334	22,910	23,495	24,123	24,727	25,320	25,905	26,477	26,832	27,186	27,541	27,895	28,589	29,062	29,518
Total Population - UN	21,782	22,322	22,868	23,415	23,965	24,515	25,060	25,590	26,100	26,586	27,051	27,502	27,949	28,401	28,859	29,322



**TABLE A 10; Current health expenditure by function of care, provider industry and Source of Funding, 2012 (RM Million) (SHA compatible MNHA data)**

Expenditure category	ICHA-HC (Function of health care)	ICHA-HP (Provider industry)	Total current expenditure on health	ICHA - HF source of funding																		
				HF.1	HF.1.1	HF.1.2	HF.2	Private insurance	HF.2.1 + HF.2.2	HF.2.3	HF.2.4	HF.2.5	HF.3									
				General government	General government (excl. social security)	Social security funds	Private sector	Private insurance	HF.2.1 + HF.2.2		Private household out-of-pocket expenditure	Non-profit organizations serving households (Other than social insurance)	Corporation (other than health insurance)	Rest of the world								
									Private social insurance	Other private insurance												
<b>In-patient care including day cases</b>		All industries																				
<b>Curative and rehabilitative care</b>	<b>HC.1.1 ; 1.2 ; 2.1 ; 2.2</b>																					
General hospitals		HP.1.1	12,609.9	8,448.9	8,319.8	129.1	4,161.0	1,631.7	-	1,631.7	2,390.4	19.7	119.2	-								
Specialty hospitals		HP.1.2 + 1.3	11,901.7	7,917.5	7,796.7	120.8	3,984.2	1,506.2	-	1,506.2	2,353.3	7.1	117.7	-								
Nursing and residential care facilities		HP.2	379.9	337.2	337.2	-	42.7	5.6	-	5.6	37.1	-	-	-								
All other providers		All other	0.9	0.9	-	0.9	-	-	-	-	-	-	-	-								
<b>Long term nursing care</b>	<b>HC.3.1 ; 3.2</b>																					
General hospitals		All industries	327.3	193.3	185.9	7.4	134.0	119.8	-	119.8	-	12.6	1.6	-								
Specialty hospitals		HP.1.1	82.4	20.9	0.0	20.9	61.5	-	-	-	60.9	0.6	-	-								
Nursing and residential care facilities		HP.1.2 + 1.3	60.9	-	-	-	60.9	-	-	-	60.9	-	-	-								
All other providers		All other	21.5	20.9	0.0	20.9	0.6	-	-	-	-	0.6	-	-								
<b>Out-patient curative and rehabilitative care</b>	<b>HC.1.3 ; 2.3</b>																					
Hospitals		All industries	11,373.1	5,886.3	5,881.1	5.1	5,486.8	108.4	-	108.4	5,181.8	22.8	173.8	-								
Offices of physicians		HP.1	5,889.5	3,665.9	3,664.3	1.6	2,223.6	12.7	-	12.7	2,177.5	19.0	14.4	-								
Offices of dentist		HP.3.1	4,615.1	2,148.2	2,144.8	3.4	2,466.9	91.7	-	91.7	2,216.0	3.8	155.5	-								
Offices of other health practitioners		HP.3.2	864.5	72.1	72.1	-	792.4	0.2	-	0.2	788.3	0.0	3.9	-								
Out-patient care centers		HP.3.3	0.0	-	-	-	0.0	-	-	-	-	0.0	-	-								
Medical and diagnostic laboratories		HP.3.4	0.0	0.0	-	0.0	-	-	-	-	-	-	-	-								
All other providers		HP.3.5	0.0	0.0	0.0	0.0	-	-	-	-	-	-	-	-								
All other providers		All other	3.9	0.1	0.0	0.1	3.7	3.7	-	3.7	-	-	-	-								
<b>Home health care</b>	<b>HC.1.4 ; 2.4 ; 3.3</b>																					
Ancillary services to health care		All industries	22.7	0.0	0.0	-	22.7	0.0	-	0.0	0.0	0.0	-	-								
<b>Medical goods dispensed to out-patients</b>	<b>HC.4</b>	All industries	1,129.9	265.6	265.6	0.0	864.3	0.1	-	0.1	706.1	9.5	148.6	-								
<b>Pharmaceuticals, other med.non-durables</b>	<b>HC.5.1</b>																					
Pharmaceuticals, other med.non-durables		All industries	3,496.5	411.6	411.3	0.3	3,085.0	0.0	-	0.0	4,705.5	53.4	1.0	-								
Prescribed medicines		HP.5.1	3,496.5	411.6	411.3	0.3	3,085.0	0.0	-	0.0	3,036.8	47.2	1.0	-								
Over the counter medicines		HC.5.1.1	1,849.2	300.5	300.2	0.3	1,548.7	0.0	-	0.0	1,547.3	0.4	1.0	-								
Other medical non-durables		HC.5.1.2	1,083.8	110.0	110.0	-	973.8	-	-	-	927.0	46.8	-	-								
<b>Therapeutic appl., other medical durables</b>	<b>HC.5.1.3</b>																					
Therapeutic appl		HC.5.2	1,726.3	51.4	25.7	25.7	1,674.9	0.0	-	0.0	1,668.7	6.2	-	-								
Glasses and other vision products		HC.5.2.1	1,726.3	51.4	25.7	25.7	1,674.9	0.0	-	0.0	1,668.7	6.2	-	-								
Orthopedic appliances ; other prosthetics		HC.5.2.2	1,364.0	1.5	0.8	0.7	1,362.5	-	-	-	1,362.4	0.0	-	-								
All other misc.durable medical goods		HC.5.2.3 - 5.2.9	37.7	37.4	20.0	17.5	0.2	0.0	-	0.0	-	0.2	-	-								
Prevention and public health services		HC.6	251.9	12.4	4.9	7.6	239.5	-	-	-	233.6	6.0	-	-								
Health administrations and health insurance		HC.7	1,246.2	1,086.4	1,081.1	5.3	159.7	-	-	-	47.4	15.0	97.3	0.2								
<b>Total Current Expenditure on Health care</b>	<b>HC.1-HC.7</b>	All industries	4,082.9	2,598.8	2,592.6	6.1	1,484.0	1,136.5	-	1,136.5	77.4	220.9	49.2	0.1								
		All industries	35,769.9	18,769.8	18,577.3	192.5	16,999.8	2,876.7	-	2,876.7	13,169.4	341.9	589.1	0.3								

**TABLE A11: Current expenditure on Health by function care and provider industry, 2012 (RM million) (SHA compatible MNHA data)**

Health care by Functions	ICHA-HC code	Current expenditure		HP.1	HP.2	HP.3	HP.3.1	HP.3.2	HP.3.3	HP.3.4	HP.3.5	HP.3.9	HP.4	HP.4.1	HP.4.2	HP.4.9	HP.5	HP.6	HP.6.1	HP.6.2	HP.6.4	HP.6.9	HP.7	HP.9	
		HP.1-HP.9	Hospitals	Nursing and residential care facilities	Providers of ambulatory health care	Offices of physicians	Offices of dentists	Offices of other health practitioners	Out-patient care centres	Medical and diagnostic laboratories	Other providers of ambulatory health care	Retail sale and other providers of medical goods	Dispensing chemists = Pharmacies	Retail sale and other suppliers of medical goods	Provision and administration of public health programs	General health and insurance administration	Government of health administration	Social security funds	Other (private) insurance	All other providers of health administration	Other industries (rest of the economy)	Rest of the world			
<b>In-patient</b>	HC.1.1; HC.2.1	11,729.3	11,616.2	-	0.0	-	-	-	-	-	0.0	-	-	-	-	-	-	-	-	-	-	-	-	113.1	
Curative care	HC.1.1	11,700.0	11,586.9	-	0.0	-	-	-	-	-	0.0	-	-	-	-	-	-	-	-	-	-	-	-	-	113.1
Rehabilitative care	HC.2.1	29.4	29.4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Service of daycare</b>	HC.1.2; HC.2.2	880.6	665.4	0.9	214.2	16.3	16.3	-	197.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Curative care	HC.1.2	874.1	659.9	0.0	214.2	16.3	16.3	-	197.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rehabilitative care	HC.2.2	6.4	5.5	0.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Out-patient care</b>	HC.1.3; HC.2.3	11,373.1	5,889.5	0.0	5,479.6	4,615.1	864.5	0.0	0.0	0.0	0.0	-	-	-	-	-	-	-	-	-	-	-	-	3.9	
Curative care	HC.1.3	11,349.9	5,866.4	0.0	5,479.6	4,615.1	864.5	-	0.0	0.0	0.0	-	-	-	-	-	-	-	-	-	-	-	-	3.9	
Basic medical and diagnostic services	HC.1.3.1	6,107.9	1,492.3	-	4,611.9	4,611.9	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3.7
Out-patient dental care	HC.1.3.2	648.6	18.4	-	630.2	630.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0.1
All other specialised health care	HC.1.3.3	4,291.8	4,288.6	0.0	3.1	3.1	-	0.0	0.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All other out-patient curative care	HC.1.3.9	301.6	67.1	-	234.4	0.2	234.3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rehabilitative care	HC.2.3	23.2	23.1	-	0.0	-	-	0.0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Home care</b>	HC.1.4; HC.2.4	3.2	3.2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Curative	HC.1.4	2.5	2.5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Rehabilitative	HC.2.4	0.7	0.7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Services of long-term nursing care</b>	HC.3	101.9	63.2	38.7	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Ancillary services to health care</b>	HC.4	1,129.9	629.2	-	430.6	33.7	-	-	-	-	285.6	111.3	-	-	-	-	-	-	-	-	-	-	-	-	70.1
<b>Medical goods dispensed to out-patients</b>	HC.5	5,222.8	1,065.1	-	203.4	-	-	-	201.6	1.7	-	0.2	3,954.2	1,859.6	2,094.6	-	-	-	0.0	-	-	-	-	-	-
Pharmaceutical and other medical non-durables	HC.5.1	3,496.5	991.6	-	201.6	-	-	-	201.6	-	-	0.0	2,303.3	1,859.6	443.7	-	-	-	0.0	-	-	-	-	-	-
Therapeutic appliances and other medical durables	HC.5.2	1,726.3	73.5	-	1.9	-	-	-	-	1.7	-	0.2	1,650.9	-	1,650.9	-	-	-	-	-	-	-	-	-	-
<b>Total expenditure on personal health care</b>		<b>30,440.8</b>	<b>19,931.9</b>	<b>39.7</b>	<b>6,327.9</b>	<b>4,665.1</b>	<b>864.5</b>	<b>201.6</b>	<b>199.6</b>	<b>285.6</b>	<b>111.5</b>	<b>3,954.2</b>	<b>1,859.6</b>	<b>2,094.6</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>0.0</b>	<b>0.0</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>0.0</b>	<b>70.1</b>	<b>116.9</b>
Prevention and public health services	HC.6	1,246.2	40.2	-	547.6	105.6	345.5	-	96.4	-	0.0	-	-	-	-	-	656.4	2.0	-	-	-	2.0	0.1	-	-
Health administration and health insurance	HC.7	4,082.9	770.5	-	17.1	-	-	-	16.3	-	0.7	30.6	30.6	30.6	30.6	30.6	846.8	2,406.7	1,005.2	6.1	1,034.0	361.5	11.2	-	
<b>Current health care expenditure</b>		<b>35,769.9</b>	<b>20,742.7</b>	<b>39.7</b>	<b>6,892.5</b>	<b>4,770.7</b>	<b>1,210.0</b>	<b>201.6</b>	<b>312.4</b>	<b>285.6</b>	<b>112.3</b>	<b>3,994.8</b>	<b>1,890.2</b>	<b>2,094.6</b>	<b>1,503.1</b>	<b>2,408.7</b>	<b>1,005.2</b>	<b>6.1</b>	<b>1,034.0</b>	<b>6.1</b>	<b>1,034.0</b>	<b>363.4</b>	<b>81.4</b>	<b>116.9</b>	
<b>HC.1-HC.9</b>																									

**TABLE A12: Total Expenditure by Provider Industry and Financing Agent, 2012 (RM million) (SHA compatible MNHA data)**

Provider of Health Services	ICHA -HP code	Current health care expenditure HF.1-HF.3	HF.1		HF.1.1.	HF.1.2.	HF.2	HF.2.1.	HF.2.2.	HF.2.1- HF.2.2	HF.2.3.	HF.2.4.	HF.2.5.	HF.3
			General government	General government (excl. social security) = Territorial	General government (excl. social security) = Territorial	Social security funds	Private sector	Private social insurance	Private insurance (other than social insurance)	Private insurance	Private households out-of-pocket exp.	Non-profit institutions serving households	Corporations (other than health insurance)	Rest of the world
<b>Hospitals</b>	<b>HP.1</b>	20,742.7	12,975.9	12,853.5	122.4	7,766.7	-	1,524.6	1,524.6	6,084.0	26.1	132.1	-	
<b>Nursing and residential care facilities</b>	<b>HP.2</b>	39.7	21.9	0.0	21.8	17.8	-	0.0	0.0	-	17.8	-	-	
<b>Providers of ambulatory health care</b>	<b>HP.3</b>	6,892.5	3,013.0	3,000.7	12.3	3,879.5	-	101.7	101.7	3,346.7	25.9	405.3	-	
Offices of physicians	HP.3.1	4,770.7	2,153.0	2,147.8	5.2	2,617.7	-	100.1	100.1	2,223.4	7.7	286.5	-	
Offices of dentists	HP.3.2	1,210.0	417.6	417.6		792.4	-	0.2	0.2	788.3	0.0	3.9	-	
Offices of other health practitioners	HP.3.3	201.6	-	-		201.6	-	-	-	201.6	0.0	-	-	
Out-patient care centres	HP.3.4	312.4	302.4	295.3	7.1	10.0	-	1.3	1.3	-	8.7	-	-	
Medical and diagnostic laboratories	HP.3.5	285.6	28.3	28.3	0.0	257.3	-	0.0	0.0	132.9	9.5	114.9	-	
Providers of home health care services	HP.3.6	-	-	-		-	-	-	-	-	-	-	-	
Other providers of ambulatory health care	HP.3.9	112.3	111.7	111.6	0.0	0.6	-	0.1	0.1	0.5	0.0	-	-	
<b>Retail sale and other providers of medical goods</b>	<b>HP.4</b>	3,984.8	186.2	161.9	24.3	3,798.6	-	0.0	0.0	3,744.3	53.4	1.0	-	
Dispensing chemists = Pharmacies	HP.4.1	1,890.2	136.6	136.4	0.3	1,753.6	-	0.0	0.0	1,705.4	47.2	1.0	-	
Retail sale and other suppliers of optical glasses and other vision products	HP.4.2	1,364.6	2.1	0.8	1.3	1,362.5	-	-	-	1,362.4	0.0	-	-	
Retail sale and other suppliers of hearing aids	HP.4.3	395.5	-	-		395.5	-	-	-	395.5	-	-	-	
All other sale of medical goods	HP.4.4-HP.4.9	334.6	47.4	24.7	22.7	287.2	-	0.0	0.0	281.0	6.2	-	-	
<b>Provision and administration of public health programs</b>	<b>HP.5</b>	1,503.1	1,487.9	1,482.6	5.3	15.0	-	-	-	-	15.0	-	0.3	
<b>General health administration and insurance</b>	<b>HP.6</b>	2,408.7	1,013.3	1,007.2	6.1	1,395.4	-	1,136.5	1,136.5	-	209.7	49.2	-	
Government administration of health	HP.6.1	1,005.2	1,005.2	1,005.2		-	-	-	-	-	-	-	-	
Social security funds	HP.6.2	6.1	6.1	-	6.1	-	-	-	-	-	-	-	-	
Other (private) insurance	HP.6.4	1,034.0	-	-		1,034.0	-	1,034.0	1,034.0	-	-	-	-	
Providers of private insurance	HP.6.3-HP.6.4	1,034.0	-	-		1,034.0	-	1,034.0	1,034.0	-	-	-	-	
All other providers of health administration	HP.6.9	363.4	2.0	2.0		361.5	-	102.6	102.6	-	209.7	49.2	-	
<b>Other industries (rest of the economy)</b>	<b>HP.7</b>	81.4	70.2	70.2		11.2	-	-	-	-	11.2	-	-	
All other industries as secondary producers of health care	HP.7.9	81.4	70.2	70.2		11.2	-	-	-	-	11.2	-	-	
<b>Rest of the world</b>	<b>HP.9</b>	116.9	1.5	1.2	0.3	115.5	-	113.9	113.9	-	-	1.6	-	
<b>Current health care expenditure HC.1-HC.9</b>		<b>35,769.9</b>	<b>18,769.8</b>	<b>18,577.3</b>	<b>192.5</b>	<b>16,999.8</b>	<b>-</b>	<b>2,876.7</b>	<b>2,876.7</b>	<b>13,174.9</b>	<b>359.0</b>	<b>589.1</b>	<b>0.3</b>	

**TABLE A13: Current health expenditure by provider industry and financing agent, 2012 (RM Million) (SHA compatible MNHA data)**

	ICHA Code - HP Code	Total current expenditure on health		HF.1		HF.1.1	HF.1.2	HF.2	HF.2.1 + HF.2.2		HF.2.3	HF.2.4	HF.2.5	HF.3
			General government	General government excluding security funds	Social security funds	Private Sector	Private insurance		Private household out-of-pocket expenditure	Non-profit organizations serving households (Other than social insurance)	Corporation (other than health insurance)	Rest of the world		
							HF.2.1	HF.2.2						
Current expenditure on Health care		24,088.1	14,356.1	14,201.0	155.2	9,732.0	1,740.1	-	1,740.1	7,638.6	60.3	293.0	-	
Personal health care services	HC.3	11,778.7	7,919.2	7,889.2	30.1	3,859.5	1,592.0	-	1,592.0	2,147.9	0.6	119.0	-	
In-patient services	HC.3.1	913.6	550.6	430.7	120.0	363.0	39.7	-	39.7	303.4	19.7	0.3	-	
Day care- services	HC.3.2	11,373.1	5,886.3	5,881.1	5.1	5,486.8	108.4	-	108.4	5,181.8	22.8	173.8	-	
Out-patient services	HC.3.3	22.7	0.0	0.0	-	22.7	0.0	-	0.0	5.5	17.2	-	-	
Home care-services	HC.3.4	1,129.9	265.6	265.6	0.0	864.3	0.1	-	0.1	706.1	9.5	148.6	-	
Ancillary services to health care	HC.4	5,222.8	462.9	437.0	26.0	4,759.9	0.0	-	0.0	4,705.5	53.4	1.0	-	
<b>Medical goods dispensed to out-patients</b>	<b>HC.5</b>	3,496.5	411.6	411.3	0.3	3,085.0	0.0	-	0.0	3,036.8	47.2	1.0	-	
Pharmaceuticals and other medical non-durables	HC.5.1	1,726.3	51.4	25.7	25.7	1,674.9	0.0	-	0.0	1,668.7	6.2	-	-	
Therapeutic appliances and other medical durables	HC.5.2	30,440.8	15,084.7	14,903.5	181.1	15,356.2	1,740.2	-	1,740.2	13,050.2	123.1	442.6	-	
<b>Personal health care services and goods</b>	<b>HC.1 -HC.5</b>	1,246.2	1,086.4	1,081.1	5.3	159.7	-	-	-	47.4	15.0	97.3	0.2	
Preventive and public health services	HC.6	4,082.9	2,598.8	2,592.6	6.1	1,484.0	1,136.5	-	1,136.5	77.4	220.9	49.2	0.1	
Health administration and health insurance	HC.7													
<b>Total Current Health Expenditure</b>		<b>35,769.9</b>	<b>18,769.8</b>	<b>18,577.3</b>	<b>192.5</b>	<b>16,999.8</b>	<b>2,876.7</b>	<b>-</b>	<b>2,876.7</b>	<b>13,174.9</b>	<b>359.0</b>	<b>589.1</b>	<b>0.3</b>	

TABLE A14: Total expenditure on Health, including Health-related Function, 2012 (RM million) (SHA compatible MNHA data)															
Health care by Functions	ICHA-HC code	Current expenditure			HF.1 General government	HF.1.1 General government (excl. social security) = Territorial	HF.1.2 Social security funds	HF.2 Private sector	HF.2.1;HF.2.2			HF.2.3 Private households out-of-pocket exp.	HF.2.4 Non-profit institutions serving households	HF.2.5 Corporations (other than health insurance)	HF.3 Rest of the world
		HF.1-HF.3		Private insurance					Private social insurance	Private insurance (other than social insurance)					
Services of curative and rehabilitative care	HC.1;HC.2	23,986.2	14,335.2	14,200.9	134.3	9,651.0	1,740.1	-	1,740.1	7,575.4	42.5	293.0	-		
Services of long-term nursing care	HC.3	101.9	20.9	0.0	20.9	81.0	0.0	-	0.0	63.2	17.8	-	-		
Ancillary services to health care	HC.4	1,129.9	265.6	265.6	0.0	864.3	0.1	-	0.1	706.1	9.5	148.6	-		
Medical goods dispensed to out-patients	HC.5	5,222.8	462.9	437.0	26.0	4,759.9	0.0	-	0.0	4,705.5	53.4	1.0	-		
Pharmaceutical and other medical non-durables	HC.5.1	3,496.5	411.6	411.3	0.3	3,085.0	0.0	-	0.0	3,036.8	47.2	1.0	-		
Therapeutic appliances and other medical durables	HC.5.2	1,726.3	51.4	25.7	25.7	1,674.9	0.0	-	0.0	1,668.7	6.2	-	-		
<b>Personal medical services and goods</b>	HC.1 - HC.5	<b>30,440.8</b>	<b>15,547.6</b>	<b>15,340.5</b>	<b>207.1</b>	<b>20,116.0</b>	<b>1,740.2</b>	<b>-</b>	<b>1,740.2</b>	<b>17,755.6</b>	<b>176.5</b>	<b>443.6</b>	<b>-</b>		
Prevention and public health services	HC.6	1,246.2	1,086.4	1,081.1	5.3	159.7	-	-	-	47.4	15.0	97.3	0.2		
Health administration and health insurance	HC.7	4,082.9	2,598.8	2,592.6	6.1	1,484.0	1,136.5	-	1,136.5	77.4	220.9	49.2	0.1		
<b>Total current expenditure on health</b>		<b>35,769.9</b>	<b>19,232.7</b>	<b>19,014.2</b>	<b>218.5</b>	<b>21,759.7</b>	<b>2,876.7</b>	<b>-</b>	<b>2,876.7</b>	<b>17,880.4</b>	<b>412.5</b>	<b>590.1</b>	<b>0.3</b>		
Capital formation of health care provider institutions	HC.R.1	2,047.1	2,034.8	2,034.8	-	12.3	-	-	-	12.3	-	-	-		
<b>Total health care expenditure</b>		<b>37,817.0</b>	<b>21,267.5</b>	<b>21,049.1</b>	<b>218.5</b>	<b>21,772.0</b>	<b>2,876.7</b>	<b>-</b>	<b>2,876.7</b>	<b>17,892.7</b>	<b>412.5</b>	<b>590.1</b>	<b>0.3</b>		
<b>Further health related function</b>		<b>2,815.7</b>	<b>1,656.0</b>	<b>1,656.0</b>	<b>-</b>	<b>1,158.1</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>773.7</b>	<b>3.6</b>	<b>380.8</b>	<b>1.6</b>		
Education and training of health personnel	HC.R.2	2,347.4	1,483.0	1,483.0	-	863.0	-	-	-	772.4	3.0	87.6	1.4		
Research and development in health	HC.R.3	53.7	52.2	52.2	-	1.3	-	-	-	1.3	-	-	0.1		
Food, hygiene and drinking water control	HC.R.4	414.6	120.8	120.8	-	293.8	-	-	-	-	0.6	293.2	-		
Environmental health	HC.R.5	-	-	-	-	-	-	-	-	-	-	-	-		
Administration and provision of social services in kind to assist living with disease and impairment	HC.R.6	0.1	-	-	-	-	-	-	-	-	-	-	0.1		
Administration and provision of health related cash-benefits	HC.R.7	-	-	-	-	-	-	-	-	-	-	-	-		
<b>Grand total</b>		<b>40,632.7</b>	<b>22,923.5</b>	<b>22,705.0</b>	<b>218.5</b>	<b>22,930.1</b>	<b>2,876.7</b>	<b>-</b>	<b>2,876.7</b>	<b>18,666.4</b>	<b>416.0</b>	<b>970.9</b>	<b>1.9</b>		

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