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Seamless Care: Integrating HIV Services into Primary Health Care - Malaysia Model

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1. COUNTRY CONTEXT

Socio-Demography

Peninsular Malaysia and East Malaysia
 (Malaysian Borneo); Total land
 329,960 km²;
 31.7 million pop;
 Islam (61.3%), Buddhist (19.8%),
 Christian (9.2%); Official religion -
 Islam

Healthcare Financing

The government (tax-payers) - public
 medical & health services
The people - OPP for private sectors
 Third-party - insurance industry
 External fund (HIV) - GF, Corporate
 sectors (CSR)



Malaysia

Healthcare system

Dual care – public and private, operated under a Federal Structure

PHC – the thrust of Malaysia’s healthcare system; fully integrated, comprehensive, accessible, community-based care;

Public PHC - focus on preventive + curative + promotive;

Currently - 2,892 static clinics [Public] + 7,988 [Private]; Doctor to population ratio – 1:482

Public PHC – heavily subsidised, MYR 1.00 (USD 0.2) entitled for MCH, outpatients, pharmacy and dental services---encompass diagnostics and treatments >> universal access

Figure 1. The Evolution of PHC Services in Malaysia

Organisational reforms and physical restructuring of PHC in phases outlined in the series of Malaysia Development Agenda (Malaysia Plan 1-12; 1956-2025)

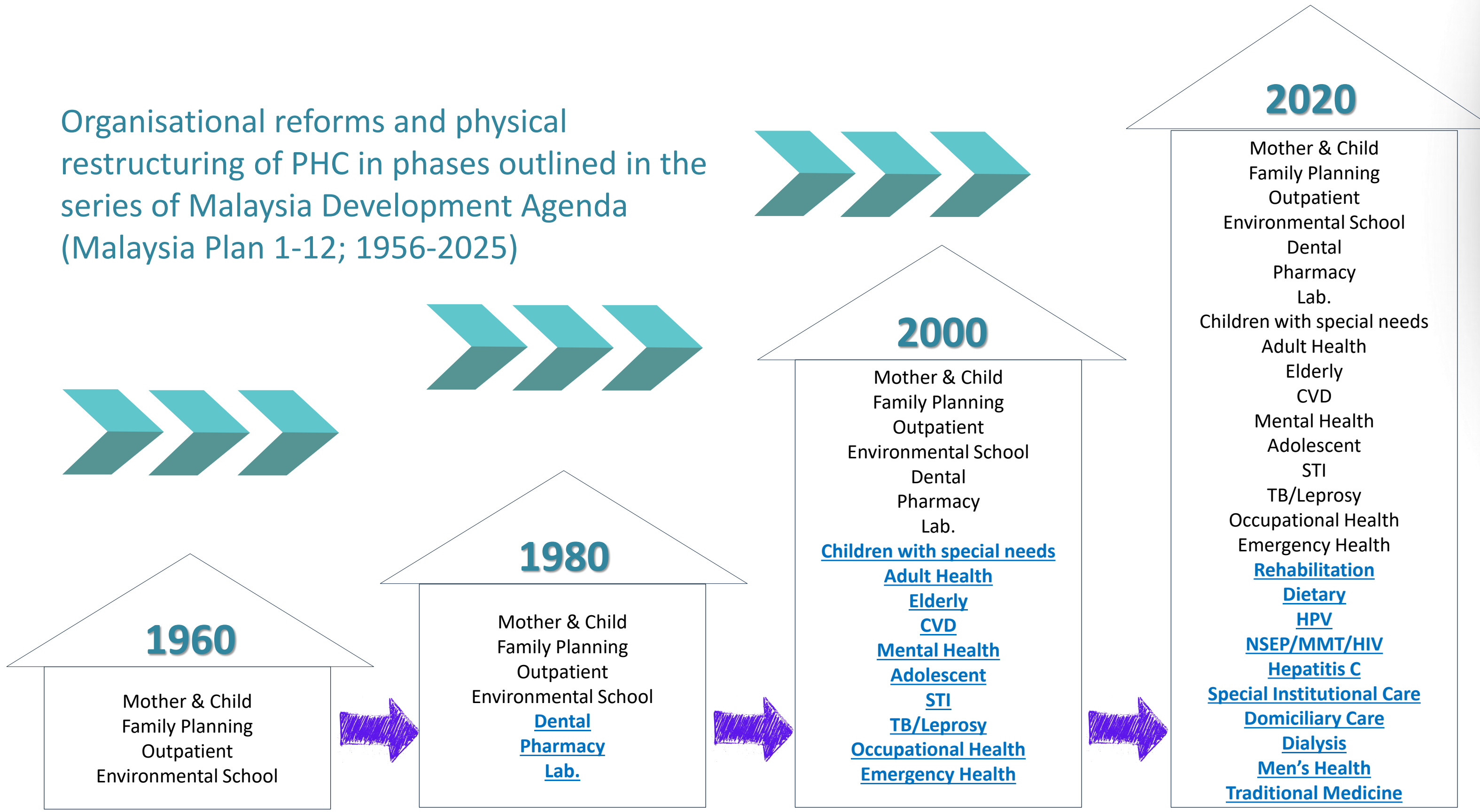
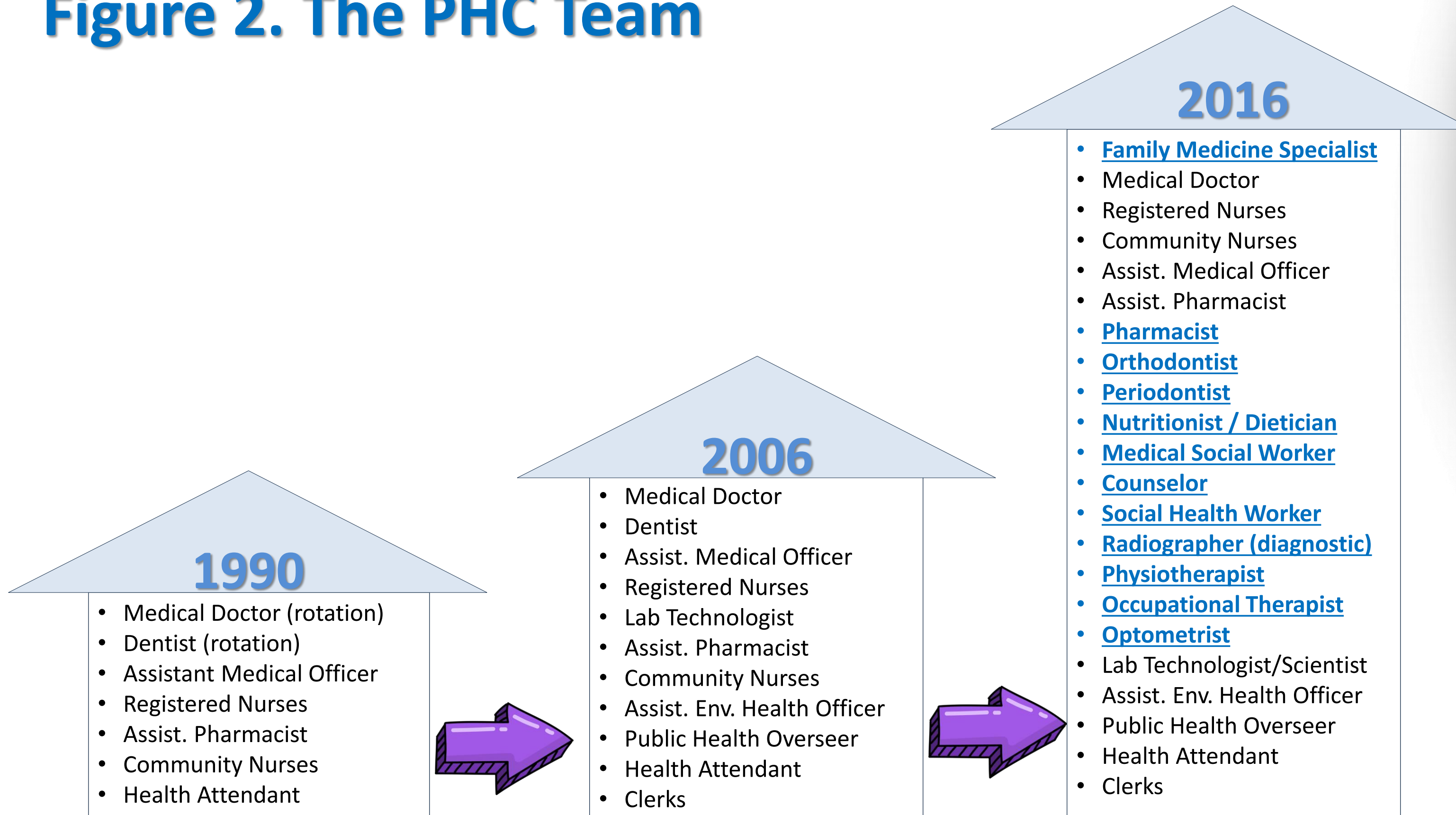


Figure 2. The PHC Team



INTEGRATION OF COMMUNITY-LED HIV SERVICES INTO PRIMARY CARE - MALAYSIAN MODEL

SOCIAL CONTRACTING

- Gov. policy for social contracting dated since 1990s – allocate budget for NGO annually
- MOH initiated the establishment of Community-Led organisation, the Malaysian AIDS Council (1992) - for effective HIV response for Key Populations
- Annual allocations since 2002
- Targets set and agreed by NGO & MoH

GO-NGO

POLICY CHANGE

- Integrating community-led services into the Primary Health Care services
- KK Model (Health Clinic Model)
 - PrEP Program
 - Harm Reduction
 - Unified Health Information System

DIFFERENTIATED HIV SERVICES FOR KEY POPULATION

Towards sustainable programs

ENHANCEMENT

- Increase coverage area and service delivery
- Testing Uptake; CBT
- Training for Paramedic HIV Counsellor
- GF Support - Outreach and Case Management
- KK Model

CONSOLIDATION

- Streamlined national program for KP
- Comprehensive Services for all KPs by NGOs
- Services across HIV Cascade: Outreach Testing, Case management
- Integration with clinic system - KK Model
- Integration with National Data Management (M&E)

ROLLOUT

- Expansion of Service in all states for all KP
- Certification of Community Tester
- Formalization of NGO-Clinic partnership through KK Model
- PrEP at primary Care in all states

SUSTAINABILITY

- KK Model as a national program absorbs NGO space and utility cost
- MMT at Primary Care
- PrEP at Primary Care
- Continuous S&D Reduction initiatives
- Continuous and increasing funding from private - Tripartite for DHSKP

FOUNDATION

Scattered programs by KPs with different NGOs

- NSEP for PWID
- Outreach for TG, FSW
- TAPS





Thank You!

