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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

RIAS INDIAGIONAL THAN 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)



2000

Mother & Child
Family Planning
Outpatient
Environmental School
Dental
Pharmacy
Lab.

Children with special needs

Adult Health Elderly

CVD

Mental Health

<u>Adolescent</u>

<u>STI</u>

TB/Leprosy
Occupational Health

Emergency Health

2020

Mother & Child
Family Planning
Outpatient
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Children with special needs
Adult Health

Elderly

CVD

Mental Health

Adolescent

STI

TB/Leprosy

Occupational Health

Emergency Health

Rehabilitation

Dietary

HPV

NSEP/MMT/HIV

Hepatitis C

Special Institutional Care

Domiciliary Care

Dialysis

Men's Health

Traditional Medicine



1960

Mother & Child
Family Planning
Outpatient
Environmental School



1980

Mother & Child
Family Planning
Outpatient
Environmental School

<u>Dental</u>

<u>Pharmacy</u>

<u>Lab.</u>





Source: Family Health Development Division 2015



Figure 2. The PHC Team

1990

- Medical Doctor (rotation)
- Dentist (rotation)
- Assistant Medical Officer
- Registered Nurses
- Assist. Pharmacist
- Community Nurses
- Health Attendant

2006

- Medical Doctor
- Dentist
- Assist. Medical Officer
- Registered Nurses
- Lab Technologist
- Assist. Pharmacist
- Community Nurses
- Assist. Env. Health Officer
- Public Health Overseer
- Health Attendant
- Clerks



2016

- Family Medicine Specialist
- Medical Doctor
- Registered Nurses
- Community Nurses
- Assist. Medical Officer
- Assist. Pharmacist
- Pharmacist
- Orthodontist
- Periodontist
- Nutritionist / Dietician
- Medical Social Worker
- Counselor
- Social Health Worker
- Radiographer (diagnostic)
- **Physiotherapist**
- Occupational Therapist
- Optometrist
- Lab Technologist/Scientist
- Assist. Env. Health Officer
- Public Health Overseer
- Health Attendant
- Clerks

Source: Family Health Development Division 2015



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



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

CONSOLIDATION

ENHANCEMENT

- Increase coverage area and service delivery
- Testing Uptake; CBT

KK Model

FOUNDATION

Scattered programs by KPs with

Outreach for TG, FSW

different NGOs

• TAPS

NSEP for PWID

- Training for Paramedic HIV Counsellor
- GF Support Outreach and Case Management

- 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

