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MINISTRY OF HEALTH
MALAYSIA

MALAYSIA
NATIONAL HEALTH ACCOUNTS
HEALTH EXPENDITURE REPORT
2011-2024

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MNHA

MALAYSIA

NATIONAL HEALTH ACCOUNTS

HEALTH EXPENDITURE REPORT

2011-2024

MALAYSIA NATIONAL HEALTH ACCOUNTS SECTION
PLANNING DIVISION
MINISTRY OF HEALTH
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MESSAGE FROM
THE SECRETARY GENERAL
MINISTRY OF HEALTH MALAYSIA

The Malaysian Ministry of Health is unwavering in its commitment to deliver comprehensive, high-quality, and equitable health services that are responsive to the evolving needs of the population. In strengthening health care delivery from expanding access to primary and specialist care, enhancing digital health systems, to improving health infrastructure, the Ministry strives to ensure that all Malaysians can obtain timely and effective care without undue financial burden. To guide these efforts, accurate and robust data on health care financing and expenditure is indispensable, enabling evidence-based planning, prioritisation of resources, and continuous evaluation of service delivery outcomes across the health system.

The Malaysia National Health Accounts (MNHA) provides comprehensive and transparent data on national health care expenditures. By applying internationally recognised frameworks, the MNHA enables global benchmarking, continuous monitoring of health expenditure trends, and supports evidence-based decision-making that advances the nation's health and economic objectives.

The insights from the MNHA are critical for effective health care planning and responsive policy development, ensuring a sustainable, equitable, and resilient health system for all Malaysians. The production of this report reflects the collective contributions of multiple stakeholders whose data inputs form the foundation of the analysis.

I wish to acknowledge the guidance of the MNHA Steering Committee and the MNHA Technical Advisory Committee in maintaining data quality and relevance. Finally, I extend my sincere gratitude to the MNHA team for their dedication and professionalism in compiling and presenting the national health expenditure data.

Dato' Sri Suriani binti Dato' Ahmad
Secretary General
Ministry of Health, Malaysia

MESSAGE FROM THE DIRECTOR-GENERAL OF HEALTH MALAYSIA

Since its establishment in 2005, the Malaysia National Health Accounts (MNHA) has been instrumental in providing a comprehensive and systematic framework for tracking and analysing national health expenditure across both public and private sectors. By producing robust and detailed financial data, the MNHA supports evidence-based policy formulation, enhances strategic planning, and enables informed decision-making that addresses priority needs and guides targeted interventions to improve access, quality, and affordability of health care for all Malaysians. The MNHA framework is aligned with internationally recognised standards, ensuring consistency and comparability of data over time and with other countries, thus enabling policymakers to draw on both domestic and global trends in health expenditure for effective policy development and evaluation.

Malaysia's Total Expenditure on Health (TEH) in 2024 was estimated at RM89 billion, equivalent to 4.7 percent of Gross Domestic Product (GDP), showing a steady increase over the years. Government funding continues to surpass private health care funding, with the government contributing almost RM45.6 billion, making up 50.7 percent of total health expenditure (TEH). Private Household Out-of-pocket (OOP) expenses comprised the second largest source of funding at 38.8 percent. The majority of health expenditure, amounting to RM48 billion or 54.2 percent of TEH, was allocated to hospitals. In terms of function, expenditure on curative care services continues to be ranked highest at RM56 billion, accounting for 63.0 percent of TEH.

This report would not have been possible without the invaluable cooperation of multiple government ministries, non-governmental organisations, insurance entities, private sector employers, corporations, and agencies, all of whom supplied essential data for the comprehensive analysis and compilation of the National Health Accounts. I trust that all ministries, organisations, and agencies will continue to extend their full support to this critical endeavour. I would also like to record my appreciation to the MNHA Steering Committee and the MNHA Technical Advisory Committee for their expert guidance and contributions. Finally, I extend my sincere gratitude to the Planning Division, and in particular the MNHA team, for their unwavering commitment and diligent efforts in producing this report.

Datuk Dr. Mahathar bin Abd Wahab
Director-General of Health Malaysia

ACKNOWLEDGEMENT

The production of the MNHA Health Expenditure Report 2011-2024 report would not have been possible without the guidance and endorsement from the MNHA Steering Committee. Gratitude is also extended to the Committee, co-chaired by the Secretary General of the Ministry of Health and the Director General of Health Malaysia.

Appreciation and special thanks are also accorded to all members of the MNHA Technical Advisory Committee and all public and private stakeholders for their continuous cooperation and for contributing the necessary data essential to the successful completion of this report.

Furthermore, a very special thanks is due to the dedicated MNHA Section staff members for their kind and consistent cooperation, invaluable assistance, constructive suggestions and steadfast commitment to the success of this report.

CONTENTS

LIST OF TABLES

LIST OF FIGURES

LIST OF APPENDIX TABLES

LIST OF ABBREVIATIONS

AADK	*Agensi Anti Dadah Kebangsaan* (National Anti-Drug Agency)
AG	Accountant General
AGD	Accountant General's Department of Malaysia
BNM	*Bank Negara Malaysia* (Central Bank of Malaysia)
CHE	Current Health Expenditure
COICOP	Classification of Individual Consumption by Purpose
CORPS	Corporations
DOSH	Department of Occupational Safety and Health
DOSM	Department of Statistics Malaysia
EPF	Employees Provident Fund
EMRS	Emergency Medical Rescue Services
EPU	Economic Planning Unit
FOMCA	Federation of Malaysia Consumers Association
FOMEMA	Foreign Worker's Medical Examination Monitoring Agency
FT	Federal Territory
GDP	Gross Domestic Product
GHED	Global Health Expenditure Database
HC	ICHA code for functions of health services
HKR	ICHA code for health-related services
HER	Health Expenditure Report
HES	Household Expenditure Survey
HIES	Household Income and Expenditure Survey
HF	ICHA code for sources of financing for health services
HP	ICHA code for providers of health services
HQ	Headquarters
ICHA	International Classification for Health Accounts
IJN	*Institut Jantung Negara* (National Heart Institute)
IMF	International Monetary Fund
ISN	*Institut Sukan Negara* (National Sports Institute)
IT	Information Technology
JAKOA	*Jabatan Kemajuan Orang Asli* (Department of Orang Asli Development)
JBA	*Jabatan Bekalan Air* (Water Supply Department)
JHAQ	Joint Health Accounts Questionnaire
JKM	*Jabatan Kebajikan Masyarakat* (Social Welfare Department)
JPA	*Jabatan Perkhidmatan Awam* (Public Service Department)
KL	Kuala Lumpur
KN	*Kerajaan negeri* (State government)
KWAP	*Kumpulan Wang Persaraan*
KWC	*Kumpulan Wang* COVID-19
LA/PBT	Local authorities (*Pihak berkuasa tempatan*)
LPPKN	*Lembaga Penduduk dan Pembangunan Keluarga Negara* (National Population and Family Development Board)
LTH	*Lembaga Tabung Haji* (Pilgrims Fund Board)

MAIN	*Majlis Agama Islam Negeri* (Zakat Collection Centre)
MCO	Managed Care Organisation
MHC	MNHA 2.0 code for functions of health care
MKN	*Majlis Keselamatan Negara Malaysia* (Malaysian National Security Council)
MNHA	Malaysia National Health Accounts
MOD	Ministry of Defence
MOF	Ministry of Finance
MOH	Ministry of Health
MoHE	Ministry of Higher Education
MOSTI	Ministry of Science Technology and Innovation
MHP	MNHA 2.0 code for providers of health care
MHR	MNHA 2.0 code for health-related functions
MHS	MNHA 2.0 code for sources of financing
NA	Not Available
NADMA	National Disaster Management Agency (*Agensi Pengurusan Bencana Negara*)
NCU	National Currency Unit
NGO/NPISH	Non-Governmental Organization/Non-profit institutions serving households
NHA	National Health Accounts
NIOSH	National Institute of Occupational Safety and Health
NRI	Non-residual items
OECD	Organisation for Economic Co-operation and Development
OFA	Other federal agencies
OOP	Out-of-pocket
PC	Primary Care
PHC	Primary Health Care
PSD	Public Service Department
PSE	Public Sources Expenditure
PSHE	Public Sources Health Expenditure
RI	Residual items
RM	*Ringgit Malaysia* (Malaysia Currency)
RMK	*Rancangan Malaysia* (Malaysia Plan)
ROW	Rest of the world
SHA	System of Health Accounts
SHA 1.0	System of Health Accounts, Version 1.0 (published in 2000)
SHA 2011	System of Health Accounts, 2011 Edition
SOCSO	Social Security Organisation
SSB	State Statutory Body
TCM	Traditional and Complementary Medicine
TEH	Total Expenditure on Health
UKAS	*Unit Kerjasama Awam Swasta* (Public Private Partnership Unit)
UN	United Nations
UNDP	United Nations Development Programme
USA	United States of America
WHO	World Health Organization
WB	World Bank

EXECUTIVE SUMMARY OF 2024

TEH
RM 89,827
(Total Expenditure on Health)

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

- MNHA 2.0 Framework is based on the SHA 2011 classification with some minor modifications to suit local policy needs
- Macro level health expenditure information
- 14 years of National Health Expenditure data (2011– 2024)

TEH as % of GDP Total Expenditure on Health (TEH) as percentage of Gross Domestic Product (GDP)	**4.7%**
CHE as % of GDP Current Health Expenditure (CHE) as percentage of GDP	**4.0%**
TEH Per Capita Per capita expenditure on health	**RM 2,637**
Public Source of Financing as % of TEH	**50.7%**
MOH Expenditure as % of TEH	**43.6%**
Private Source of Financing as % of TEH	**49.3%**
OOP Expenditure as % of TEH	**38.8%**
Curative Care services expenditure as % of TEH	**63.0%**

REPORT INFORMATION

MNHA HER (2011-2024) contains fourteen years of national health expenditure data from 2011 to 2024, estimated using standardised and internationally acceptable National Health Accounts (NHA) methodology. The 'Malaysia National Health Accounts: Health Expenditure Report 2011-2024' has a total of ten chapters.

CHAPTER 1:
BACKGROUND
Provides a comprehensive background of MNHA's establishment and subsequent productions of annual series of MNHA Health Expenditure Reports.

CHAPTER 2:
MALAYSIA NATIONAL HEALTH ACCOUNTS (MNHA) SUMMARY OF FRAMEWORK
Explains the MNHA 2.0 Framework which is based on the SHA 2011 classifications. It further un-ravels the three main entities of the framework: Sources of financing (MHS), Providers of Health care (MHP) & Functions of Health care (MHC).

CHAPTER 3:
METHODOLOGY OF DATA COLLECTION AND ANALYSIS
Explains the general methodology that includes data collection, analysis and data processing techniques used for various agencies.

CHAPTER 4:
TOTAL EXPENDITURE ON HEALTH
Encompasses Total Expenditure on Health (TEH) trends from year 2011 to 2024 as percentage of Gross Domestic Product (GDP), per capita health expenditures for the same time period and stable disaggregation of health expenditure.

CHAPTER 5:

HEALTH EXPENDITURE BY SOURCES OF FINANCING

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

CHAPTER 6:

HEALTH EXPENDITURE TO PROVIDERS OF HEALTH CARE

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

CHAPTER 7:

HEALTH EXPENDITURE FOR FUNCTIONS OF HEALTH CARE

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

CHAPTER 8:

MOH HEALTH EXPENDITURE

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

CHAPTER 9:

OUT-OF-POCKET HEALTH EXPENDITURE

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

CHAPTER 10:

INTERNATIONAL NHA DATA

Contains international comparisons of Malaysia's NHA data with NHA data from neighbouring and regional countries as well as several developed countries obtained from GHED.

Colour Scheme for Charts/Figures:

- Public sectors
- Private sectors
- Private & public sectors

CHAPTER 1

BACKGROUND

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

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

After its institutionalisation, the MNHA Section, under the guidance of an international consultant, proceeded to further standardise the methodology used. Following this, health expenditure time series reports were published annually. From 2022 onwards, MNHA publishes National Health Expenditure time series data based on the duration of the three most recent *Rancangan Malaysia* (RMK) cycles. This year's report consists of data covering the years for RMK-10, RMK-11 & RMK-12 (2011-2024). The chapters in this publication encompass health expenditures by sources of financing, expenditures to providers of health care, and expenditures for functions of health care analysed based on the MNHA Framework. In addition to this, a chapter containing international NHA data extracted from the Global Health Expenditure Database (GHED) is also included.

We would like to inform the readers regarding the colour scheme used in the charts of this report. All public sources are highlighted in blue, while private sources are red. Purple is used for the combination of both private and public sources. Components in the tables may not sum to exactly 100% due to rounding. **Due to the methodology in which NHA data are produced, the data in the most current report replaces all annual data stated in previous publications.** It is reminded that most of the data are in nominal *Ringgit Malaysia*

(RM) values unless indicated otherwise. Finally, this year's report has been prepared using the updated MNHA Framework 2.0, which aligns the national health expenditure classifications with the internationally recognised System of Health Accounts (SHA) 2011 framework. Under MNHA Framework 2.0, codes, definitions, and reporting boundaries have been updated and redefined to reflect improved standards and greater analytical precision, thereby strengthening the consistency and relevance of health expenditure estimates. Users are advised that, because of these refinements in classification and boundary delineation, certain definitions and data series in this report may differ from those presented in previous MNHA publications.

CHAPTER 2

MALAYSIA NATIONAL HEALTH ACCOUNTS (MNHA): SUMMARY OF FRAMEWORK

National Health Accounts (NHA) is a tool composed of a standard set of tables to capture the public and private sources health expenditure flow within a country over a specified period. Information such as input, output and resource use obtained from this tool is essential in examining the performance of the health system. Identical set of rules and methodology need to be used to ensure information from NHA is comprehensive, consistent, comparable and timely.

2.1 THE MNHA 2.0 CLASSIFICATION

The MNHA 2.0 Framework is based on international NHA classifications with minor modifications to suit local policy needs (Appendix Tables A2.1, A2.2, and A2.3). The data in all chapters (except Chapter 10) are based strictly on the MNHA 2.0 Framework. The framework classifies all expenditures into three main entities:

- Sources of financing (MHS)
- Providers of health care (MHP)
- Functions of health care (MHC)

Sources of financing are defined as entities that directly incur the expenditure and hence control and finance the amount of such expenditure. They include the public sources expenditure encompassing the federal government, state governments, local authorities, social security funds and other public entities, while the private sources consisting of private health insurance, managed care organisations, household out-of-pocket expenditure, non-profit institutions, corporations and the rest of the world.

Providers of health care are defined as entities that produce and provide health care goods and services. These include categories of hospitals, residential care long term facility providers, ambulatory health care providers, ancillary services providers, retailers of medical goods, public health programme providers and health care system administration and financing.

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

2.2 OVERVIEW OF TOTAL EXPENDITURE ON HEALTH (TEH)

In the MNHA 2.0 Framework, TEH comprises expenditures from both public and private sources, which consist of both 'health expenditures' and all 'health-related expenditures' components. 'Health expenditures' as defined in the MNHA 2.0 Framework consist of all expenditures or outlays of medical care, prevention, promotion, rehabilitation, community health activities and health administration and regulation with the **predominant objective to improve health**. Core function classifications reflect these under the codes MHC.1 – MHC.7. 'Health-related expenditures' classification under the codes MHR.1 – MHR.9 include expenditures of gross capital formation, education and training of health personnel, health research and development, drinking water intervention and all other health-related expenditures. For easier understanding, components that make up TEH according to MNHA 2.0 Framework are illustrated in Figure 2.1.

2.3 OVERVIEW OF CURRENT HEALTH EXPENDITURE (CHE)

To address the need for methodological consistency when comparing health expenditure across different countries, the World Health Organization (WHO), Eurostat and related international organisations of the Organisation for Economic Co-operation and Development (OECD) produced a manual known as "A System of Health Accounts". The latest edition of this manual is known as the SHA 2011. It is essential to understand the differences when comparing data based on MNHA 2.0 Framework to data based on SHA 2011 framework. As described earlier, the MNHA 2.0 Framework captures and reports health spending as total expenditure on health (TEH), whereas current health expenditure (CHE) is used when reporting on SHA 2011. Health spending based on CHE has a lower value as it excludes capital spending, education and training, research and development, drinking water intervention and other health related functions. Since 2017,

FIGURE 2.1: Total Expenditure on Health in MNHA Framework

TEH according to MNHA Framework	
Code	**Core Functions**
MHC.1	Services of curative care
MHC.2	Services of rehabilitative care
MHC.3	Services of long-term care
MHC.4	Ancillary services to health care
MHC.5	Medical goods
MHC.6	Preventive care
MHC.7	Governance and health system and financing adminstration
Code	**Health-Related Functions**
MHR.1	Gross capital formation of health care provider institutions
MHR.2	Education and training of health personnel
MHR.3	Research and development in health
MHR.4	Drinking water intervention
MHR.9	All other health-related expenditures

both OECD and WHO countries have used CHE for international reporting and inter-country comparisons of national health expenditures. Components that make up CHE, according to SHA 2011, are illustrated in Figure 2.2.

In summary, although current health expenditure (CHE) is used for international comparison under the SHA 2011 framework, this report continues to use total expenditure on health (TEH) as the principal analytical measure. TEH provides a more comprehensive representation of national health financing by capturing both current health care spending and essential health-related investments such as capital formation, education and training, and research and development. This broader perspective is more appropriate for domestic health system planning, resource allocation, and long-term policy analysis, while CHE is retained for benchmarking purposes.

FIGURE 2.2: Current Health Expenditure in SHA 2011 Framework

Code	Core Functions
HC.1	Curative care
HC.2	Rehabilitative care
HC.3	Long-term care (health)
HC.4	Ancillary services (non-specified by functions)
HC.5	Medical goods (non-specified by functions)
HC.6	Preventive care
HC.7	Governance, and health system and financing administration

CHAPTER 3

METHODOLOGY OF DATA COLLECTION AND ANALYSIS

3.1 GENERAL METHODOLOGY

A general understanding of the methodology in NHA estimation provides a better appreciation of the data. The previous MNHA HER covered data from 2011-2023, while the current report contains data from 2011 to 2024. Data in this report may show some variations compared to previous reports. Changes in the time series data may reflect the incorporation of updated information from various censuses and surveys. When secondary data are used, genuine structural changes may occur due to variations in responses across data sources in each estimation cycle or the replacement of earlier estimates with newly available data. Such variations are expected within the NHA estimation process. Complete lists of the data sources are documented at every cycle of analysis (Appendix Table A1.1 and A1.2). As with national health accounts in other settings, achieving a near 100% response rate across all data sources remains challenging; hence estimation methods are accordingly applied to address incomplete data.

3.2 DATA COLLECTION AND ANALYSIS

All stages of analyses were highly technical, involved several methods tailored to specific agencies and required a good understanding of the MNHA 2.0 Framework. The data entry and analysis processes were carried out using Microsoft Excel and Stata statistical software.

In this analysis, both primary and secondary data were used (Appendix Table A1.1 and A1.2). Primary data was obtained from public and private agencies through MNHA surveys, and were received in several formats. Secondary data were retrieved from various data sources, reports, bulletins and other documents.

All data were analysed separately by the identified groups of agencies such as AGD data and MOH Account Division data analysed under main MOH agency. The data sets from each agency were processed differently depending on the availability and completeness. If the data not available or incomplete, the data gap estimation done by using standardised and acceptable NHA methodology

The analysis began with data verification, followed by entering the data into time series spreadsheet for further analysis. Next, the data was classified into the tri-axial MNHA dimensions, namely sources, providers and functions.

Following this, the data of each agency were coded according to the MNHA 2.0 Framework. The MNHA 2.0 Framework enables health expenditure to disaggregate to the lowest possible code. State

codes were also assigned to every set of analyses. Any data gaps in each of these disaggregated data from each agency were subjected to imputation methods recommended by NHA experts. These imputation techniques may vary from agency to agency.

After these initial data preparation, analysis and coding, measures were taken to ensure data quality. Specifically, several additional verification methods were used before producing the final database. These involve validation of total estimates and a combination of codes for each data source prior to merging to produce the final database.

Lastly, the data from each agency were collated. The combined data were then extracted and presented in various tables and figures for easy comprehension of the policy makers and stakeholders. This report only highlights some selected findings, which may be helpful in the health policy development and health planning of the country. Further detailed data extractions with cross-tabulations are usually produced based on policymakers' and stakeholders' requests.

To further enhance data and reporting quality, the MNHA refined its data analysis methodology, focusing on several crucial aspects. The first is standardising hospital reporting. The refinement strictly followed the definitions of functions codes under MNHA 2.0 Framework for curative care services and provider of health care boundary for standalone ambulatory and ancillary health care centres.

As defined in NHA, hospital care embodies all services provided by a hospital to patients. Under this, analysis of all public and private hospitals was disaggregated and reported as expenditure for in-patient, out-patient and day-care services only. In short, this led to the inclusion of all costs incurred for ancillary services such as community pharmacy charges (drugs and non-durable products), surgical costs, laboratory tests and radiological investigations as curative care expenditures whenever they are delivered as part of a curative care service package. On the other hand, expenditures incurred at standalone laboratories and radiological investigations are reported under another function code.

The second refinement focus was on double counting of expenditures. When producing a country's health account, it is essential to recognise the equal importance of each dimension of the NHA, namely sources, providers and functions. Focusing data of only one of these dimensions can lead to underestimation of the total expenditure on health (TEH), but estimations of expenditure along more than one dimension increase the likelihood of double counting, especially if the data were obtained from various sources. In the Malaysian context, an example of double counting is evident in curative care expenditure. As mentioned earlier, there are various sources of health expenditure data, covering many dimensions. For instance, public hospitals are direct sources of estimated total health expenditure for all their healthcare services that they provide. Additionally, health expenditure for public hospitals' curative care services were also included in claims and reimbursements data. These data were collected through surveys done to collect health spending by various public and private sector employers/companies. To overcome this problem of double counting in this context, the MNHA removed healthcare expenditures from claims and reimbursements of various agencies for treatment received at public MOH and non-MOH hospitals and clinics. Corresponding to this, all claims or reimbursement at these providers are grouped as in-patient, out-patient and day-care services. This enables MNHA to maintain detailed accounting of health spending that is mutually exclusive and standardised.

In addition to these refinement in methodologies, the MNHA also conducted peer review workshops annually to examine, discuss and verify the validity and reliability of the final data outputs of each agency. This involves validation of all codes and total estimation used for each data source prior to merging into a final database.

3.3 DATA PROCESSING OF VARIOUS AGENCIES

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

3.3.1 Public Sources

I. **Ministry of Health (MOH)**
Health expenditure data of the MOH were obtained from the Accountant General's Department of Malaysia (AGD), under the Ministry of Finance (MOF). The Accountant General's (AG) raw database for the MOH served as the primary data source, with expenditure recorded at the line-item level. All health expenditures were disaggregated into the tri-axial coding system under the dimensions of sources of financing, providers and functions of health care based on the MNHA Framework, omitting double counting. Assigning of MNHA codes was based on examining available data and additional details captured via MNHA surveys.

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

III. **Other Federal Agencies (including Statutory Bodies)**
The agencies under "other federal agencies" consisted of twenty four public agencies, which included the National Anti-Drug Agency (*Agensi Anti-Dadah Kebangsaan*, AADK), Malaysian Prison Department (*Jabatan Penjara Malaysia*, JPM), Malaysia Civil Defence Force, *Kumpulan Wang Persaraan* (KWAP), National Heart Institute of Malaysia (*Institut Jantung Negara*, IJN), Social Welfare Department of Malaysia (*Jabatan Kebajikan Masyarakat*, JKM), Department of Orang Asli Development (*Jabatan Kemajuan Orang Asli*, JAKOA), National Population and Family Development Board Malaysia (*Lembaga Penduduk dan Pembangunan Keluarga Negara*, LPPKN), National Institute of Occupational Safety and Health Malaysia (NIOSH), Department of Occupational Safety and Health Malaysia (DOSH), National Sports Institute of Malaysia, Ministry of Finance (MOF), Ministry of Science, Technology and Innovation (MOSTI), federal statutory bodies, higher education institutes, Pilgrims Fund Board (*Lembaga Tabung Haji*, LTH), National Disaster Management Agency (NADMA), National Security Council (*Majlis Keselamatan Negara*,MKN) and Emergency Medical Rescue Services (EMRS) (Appendix Table A1.1).

The expenditure on health of other federal agencies (including statutory bodies) was captured through MNHA survey questionnaires. Expenditures under this group are mainly for curative care services,

retail sales and medical goods, and research. Data from this survey were also used to estimate and disaggregate expenditure by providers and functions of health care for agencies with incomplete or unavailable data.

IV. Local Authorities

Local authorities refer to one hundred and fifty-five agencies (155) of local/municipal governments in Malaysia. Health expenditure data captured from these local authorities include expenditure on services provided to the public and expenditure that covers health care services provided for staff.

V. State Governments (General)

State Governments refer to thirteen (13) state governments and three (3) Federal Territories (Kuala Lumpur, Putrajaya and Labuan). Most state expenditure is analysed based on services provided to the general community, primarily for preventive care such as environmental health services, including water treatment. In addition, expenditure includes reimbursement for state government employees, which mainly relates to curative care.

VI. Ministry of Defence (MOD)

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

VII. Social Security Funds

Provident Fund (EPF) and the Social Security Organisation (SOCSO), both of which are mandated by the government. The MNHA annual survey captures state-level total health expenditure for both organisations. Information required to disaggregate this expenditure by other dimension, i.e., providers and functions, is obtained from previous field surveys conducted at the facility and claim levels.

VIII. Other State Agencies (including Statutory Bodies)

Other state agencies consist of State Islamic Religious Council (*Majlis Agama Islam Negeri,* MAIN) and statutory bodies. For MAIN, data on curative care reimbursement, retail sales and medical goods reimbursement, as well as other community-based services, are captured through the MNHA survey. For statutory bodies, the survey is conducted to collect health expenditure data, including total health expenditure and information by provider and function dimensions. Where data are incomplete or unavailable, information on the number of employees obtained from the Public Service Department (JPA), together with disaggregated provider and function proportions, is used to estimate health expenditure for statutory bodies.

3.3.2 Private Sources

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

Internationally, several approaches are used to estimate household out-of-pocket (OOP) health expenditure. In the MNHA, an integrative approach is applied to estimate OOP expenditure by examining spending flows from the perspectives of different agents within the health system. These include households, represented through financing or consumption-side data such as the Household Expenditure Survey (HES) or the Household Income and Expenditure Survey (HIES); and health-care providers, represented through provider-side data from surveys of private hospitals and clinics.

The combined use of these data sources is consistent with international NHA standards and is recommended for producing more comprehensive and reliable estimates of OOP health expenditure.

a. Integrative Approach

In the integrative approach, the gross of direct spending of household OOP payment from the consumption, provision and financing perspective is estimated after deduction of the third-party source of financing payer reimbursements. This deduction is made to avoid double counting and overestimation of the household OOP health expenditure. The integrative approach under the MNHA 2.0 Framework uses the formula below to derive the estimated household OOP health expenditure:

b. Household OOP Data Sources

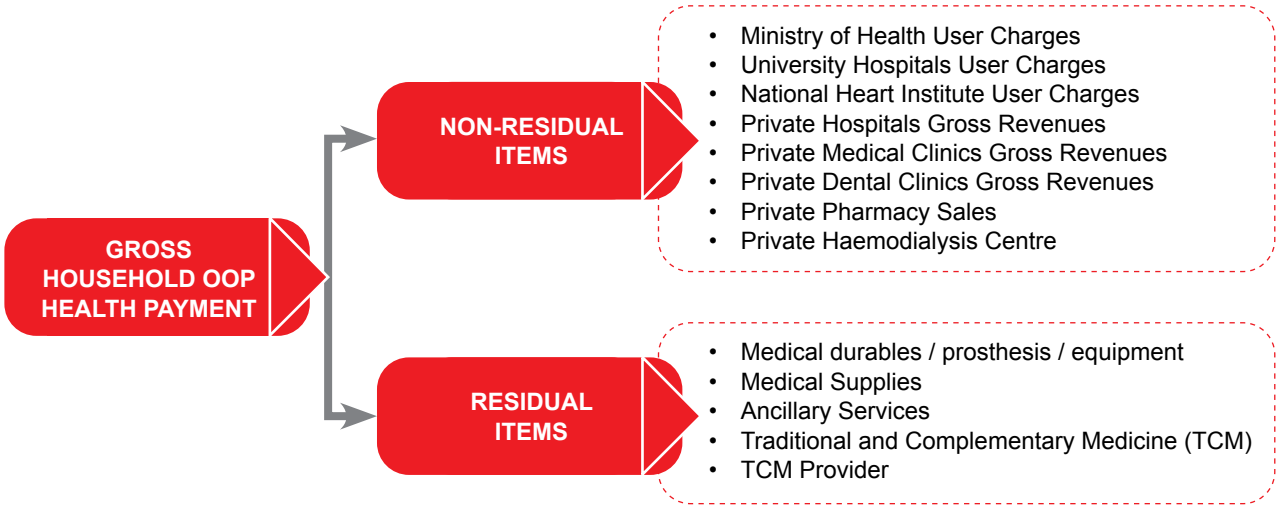
i. Gross Household OOP Health Payment

Under the MNHA 2.0 Framework, household out-of-pocket (OOP) health expenditure is estimated using an integrative approach that uses both consumption- and provider-based data sources. This approach is applied to ensure comprehensive coverage of OOP payments while minimising double counting across datasets.

Gross OOP health expenditure is first derived through the integration of expenditure data reported from the consumption perspective, (such as household-based surveys), and from the provider perspective (such as administrative and facility-based data from public and private health-care providers). Payments reimbursed by third-party payers are subsequently deducted to avoid overestimation of OOP expenditure.

For estimation purposes, gross OOP expenditure is categorised into non-residual items and residual items. Non-residual items refer to OOP payments that can be directly observed and quantified from available data sources. These include user charges and revenues reported by hospitals and health facilities. As these items are based on reported figures, they constitute the directly measurable component of gross OOP expenditure.Residual items refer to OOP payments for health-related goods and services that are not fully captured through routine administrative or provider data sources. These include expenditure on medical supplies, ancillary services, and traditional and complementary medicine (TCM). The value of residual items is estimated as the remaining balance of gross OOP expenditure after accounting for non-residual items.

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



ii. Third-Party Payer Reimbursement

Third-party payer reimbursements refer to amounts claimed from financing agents such as private insurance companies, private corporations, the Employees Provident Fund (EPF), the Social Security Organisation (SOCSO), and federal and state statutory agencies, following household out-of-pocket payments made by individuals. Information on third-party reimbursements and corresponding gross spending is obtained from multiple data sources (Appendix Tables A1.1 and A1.2). These reimbursement amounts are subsequently reclassified into the relevant expenditure categories after taking into account data captured from IQVIA on pharmaceuticals, medical supplies, and traditional and complementary medicine.

c. Deduction of Third-Party Payers

The total gross revenues reported by health-care providers comprise both out-of-pocket (OOP) payments made directly by individuals and payments that are subsequently reimbursed by third-party payers. To estimate net household OOP health expenditure, amounts reimbursed to individuals by third-party payers, including private insurance companies, private corporations, the Social Security Organisation (SOCSO), the Employees Provident Fund (EPF), and federal and state statutory bodies, are deducted from gross household OOP expenditure. This deduction is necessary to avoid double counting and overestimation of household OOP health expenditure.

d. Training Household OOP Health Expenditure Estimation

The data were obtained from public universities, private universities and training institutions conducting training in the field of health. Data from each respondent are assigned MHP, MHC and state codes. Data gaps are addressed using the linear interpolation method. Data on health personnel in-service training expenditure is currently not included due to the resource intensiveness needed to capture or

extract this expenditure, which is embedded in other expenditures, such as expenditure for administration at each hospital and health department.

II. **Private Corporations/Private Companies**
The labour force within the private sector may gain medical benefits through the private employer medical benefits scheme. The average per capita health expenditure was calculated based on the various industrial surveys conducted by the Department of Statistic Malaysia (DOSM) and excluded group health insurance purchases for employees.

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

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

V. **Managed Care Organisations (MCOs)**
Under the MNHA analysis, only data related to health administration of health insurance was obtained from MCO.

VI. **Rest of the world (ROW)**
Rest of the World (ROW) refers to health-related transactions involving institutional units that are non-resident. This includes expenditure on health care goods and services provided by non-resident entities to residents, as well as health care goods and services purchased abroad by residents. Health-related activities associated with these cross-border transactions are also included.

3.4 MNHA ESTIMATION OF CONSTANT VALUE

Current or nominal value of health expenditure refers to expenditures reported for a particular year, unadjusted for inflation. In contrast, constant value estimates indicate what expenditure would have been when anchored to a particular year value, such as 2024 values applied to all years. This adjustment allows health expenditure across different years to be compared on a Ringgit-for-Ringgit basis and reflects changes in the volume of health goods and services rather than price effects. For time-series analysis, the use of constant values therefore provides a more meaningful basis for comparison than current or nominal values.

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

In health expenditure estimation under the National Health Accounts (NHA), constant values are typically derived using the gross domestic product (GDP) deflator. The GDP deflator reflects changes in the prices of all domestically produced final goods and services and is commonly used as a broad measure of price inflation or deflation in the economy. Annual time-series data for GDP at

current and constant prices are published by the Department of Statistics Malaysia (DOSM), from which the GDP deflator is derived.

The estimation of constant values follows a two-step process. First, a consistent series of GDP deflators is constructed. Where GDP series are reported using different base years, a splicing method is applied, in line with recommendations from NHA experts, to obtain a continuous deflator series, as shown in Table 3.4a.

Second, the estimated GDP deflators are applied to nominal health expenditure values to derive constant value estimates

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

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

= (100/118) x 113
= 96

For year 2008:

= (100/118) x 120
= 102

Constant value estimates are derived by re-expressing nominal health expenditure using a selected base year. In this example, GDP deflator values with a 2010 base year are first converted to a 2016 base year using the splicing method. The resulting GDP deflators are then applied to nominal health expenditure to obtain constant value estimates.

The estimation process is illustrated using the 2016 base year and the corresponding GDP deflator values, as shown in Table 3.4b.

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

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

Where: -

- V_{cox} is the value expressed in constant values for the year for which constant prices are to be calculated (Year x)
- V_{curx} is the value expressed in the current values applying in Year x

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

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

Note: Derived values in bold

TABLE 3.4b: Example of Calculating Total Expenditure on Health in Constant Value Base Year 2016								
Year	2009	2010	2011	2012	2013	2014	2015	2016
GDP Deflator Base Year 2010 (Splicing Method)	96	100	105	106	107	108	109	111
TEH Nominal (RM Million)	na	32,000	35,000	39,000	41,000	46,000	49,000	51,000
TEH Constant (RM Million)	na	35,520	37,000	40,840	42,533	47,278	49,899	51,000

- D refers to the GDP deflator applying in Years x and i, with i being the base year

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

- V_{curx} = RM49,000
- D_i = 111
- D_x = 109

Then:

V_{cox} = RM49,000 X (111/109)
= RM49,899

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

CHAPTER 4

TOTAL EXPENDITURE ON HEALTH

4.1 TOTAL EXPENDITURE ON HEALTH (TEH)

Total expenditure on health (TEH) represents the combined public and private health expenditure incurred in a given year and is expressed in Ringgit Malaysia. In this report, TEH is estimated in accordance with the MNHA 2.0 Framework, which comprises core health functions and health-related functions, as illustrated in Figure 2.1.

In 2024, Malaysia spent RM89,827 million on health or 4.7 percent of Gross Domestic Product (GDP). Between 2011 and 2024, TEH in Malaysia exhibited an overall upward trend. Over the same period, TEH as a share of GDP ranged from 3.9 percent to 5.1 percent. Although the TEH-to-GDP ratio declined in 2022 compared with 2021, it remained substantially higher than the pre-pandemic level recorded in 2019 (Table 4.1 and Figure 4.1).

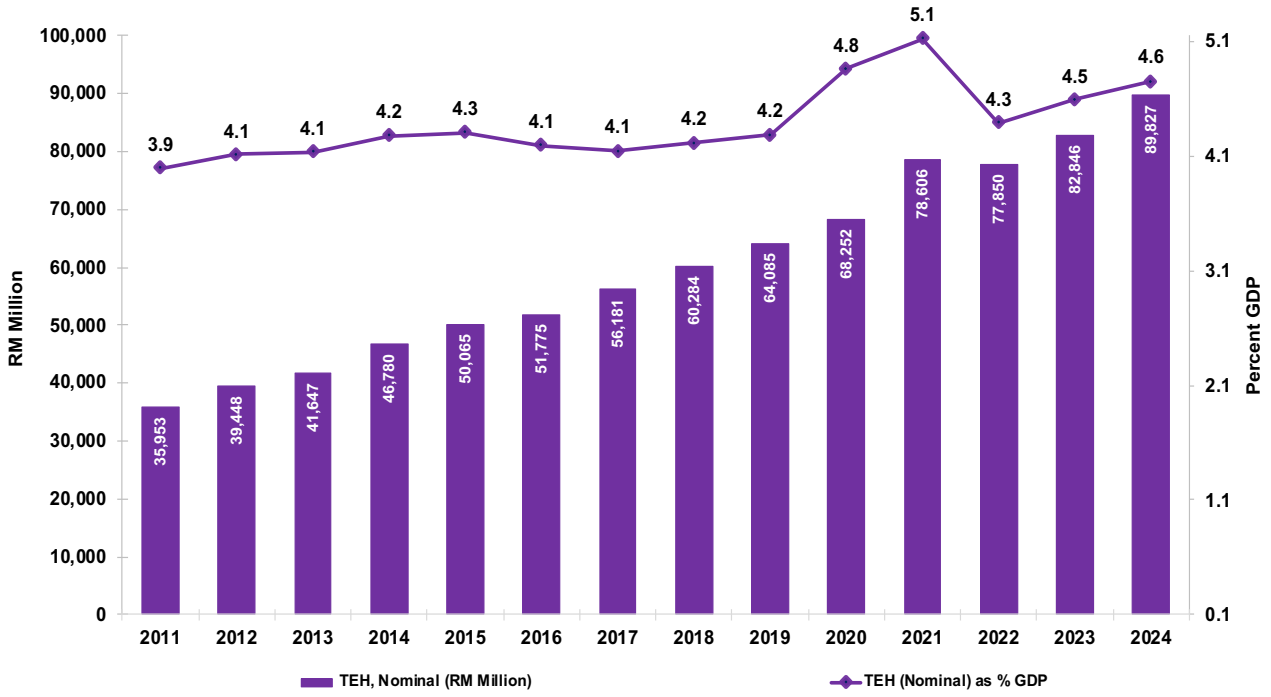
TABLE 4.1: Total Expenditure on Health, 2011-2024 (RM Million & Percent GDP)

Year	TEH, Nominal (RM Million)	TEH, Constant (RM Million)*	Total GDP, Nominal (RM Million)**	GDP Deflator	TEH (Nominal) as % GDP
2011	35,953	44,174	911,733	81.39	3.94
2012	39,448	47,988	971,252	82.20	4.06
2013	41,647	50,576	1,018,614	82.35	4.09
2014	46,780	55,441	1,106,443	84.38	4.23
2015	50,065	58,619	1,176,941	85.41	4.25
2016	51,775	59,633	1,249,698	86.82	4.14
2017	56,181	62,352	1,372,310	90.10	4.09
2018	60,284	66,490	1,447,760	90.67	4.16
2019	64,085	70,632	1,512,738	90.73	4.24
2020	68,252	75,845	1,418,491	89.99	4.81
2021	78,606	82,658	1,548,701	95.10	5.08
2022	77,850	77,015	1,794,893	101.09	4.34
2023	82,846	83,500	1,824,019	99.22	4.54
2024	89,827	89,827	1,932,291	100.00	4.65

** Constant values estimated using GDP Deflators calculated using splicing method, anchored at 2024*

*** Source: Department of Statistics Malaysia*

FIGURE 4.1: Trend for Total Expenditure on Health, 2011-2024 (RM Million & Percent GDP)



4.2 PER CAPITA HEALTH EXPENDITURE

Between 2011 and 2024, per capita health expenditure in Malaysia increased steadily in both nominal and constant terms. In nominal values, per capita health expenditure rose from RM1,237 in 2011 to RM2,637 in 2024. When expressed in constant values, per capita health expenditure increased from RM1,520 in 2011 to RM2,637 in 2024 (Table 4.2 and Figure 4.2).

Figure 4.2 shows per capita health expenditure in nominal and constant terms. The two series converge in 2024 as constant values are expressed using 2024 as the base year, where nominal and constant values are equal by definition. The gap between the two series in earlier years reflects the effect of price changes over time, with constant values adjusting nominal expenditure to a common price level for comparison.

4.3 HEALTH EXPENDITURE BY STATES

Health expenditure by state is allocated according to the location of health-care facilities where financial resources are used to purchase health services and products. Where direct allocation by facility location is not feasible, expenditure is assigned based on the location of the agencies representing these facilities. For presentation purposes, states in the tables and figures are ordered according to population size in 2024, which serves as the reference year.

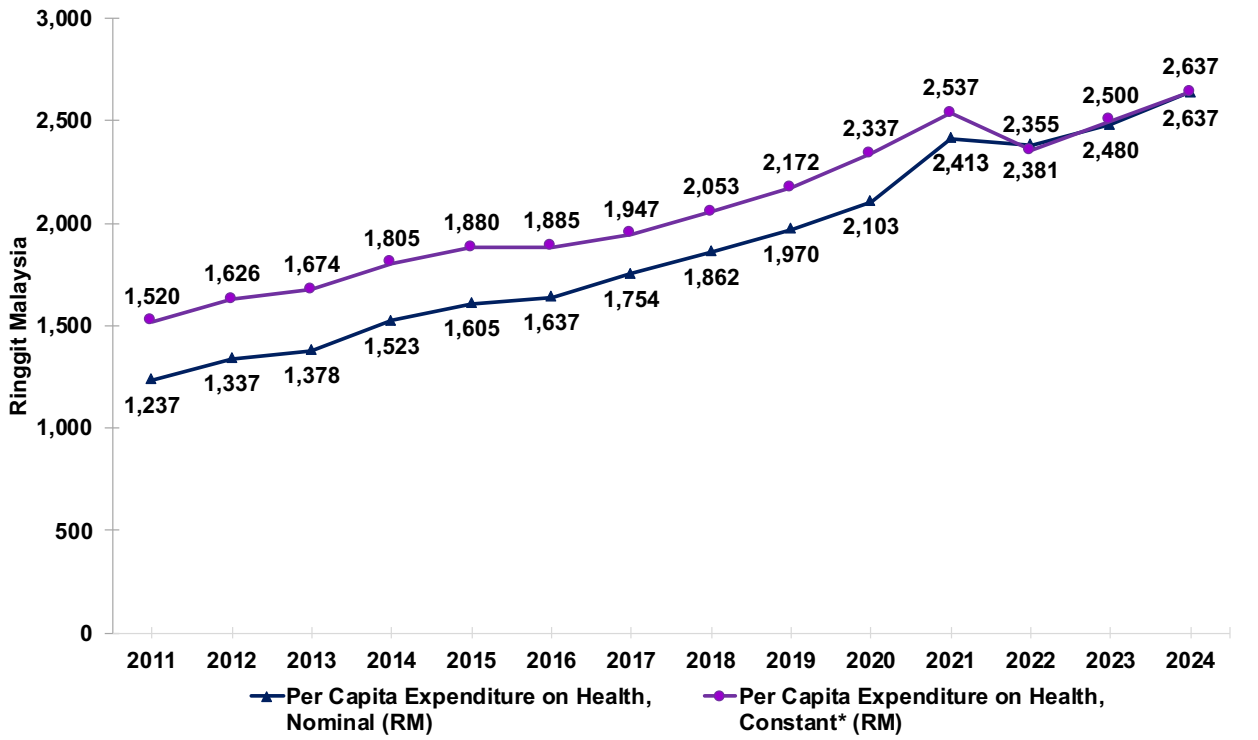
Malaysia comprises thirteen states and three Federal Territories, namely Kuala Lumpur, Labuan, and Putrajaya. State population figures are based on data published by the Department of Statistics Malaysia. In 2024, Selangor recorded the largest population, at approximately seven million people, and also accounted for the highest health expenditure, amounting to RM18,011 million (Table 4.3 and Figure 4.3).

TABLE 4.2: Per Capita Expenditure on Health, 2011-2024 (Nominal & Constant, RM)					
Year	TEH, Nominal (RM Million)	TEH, Constant (RM Million)*	Per Capita Expenditure on Health, Nominal (RM)	Per Capita Expenditure on Health, Constant* (RM)	Total Population**
2011	35,953	44,174	1,237	1,520	29,062,000
2012	39,448	47,988	1,337	1,626	29,510,000
2013	41,647	50,576	1,378	1,674	30,213,700
2014	46,780	55,441	1,523	1,805	30,708,500
2015	50,065	58,619	1,605	1,880	31,186,100
2016	51,775	59,633	1,637	1,885	31,633,500
2017	56,181	62,352	1,754	1,947	32,022,600
2018	60,284	66,490	1,862	2,053	32,382,300
2019	64,085	70,632	1,970	2,172	32,523,000
2020	68,252	75,845	2,103	2,337	32,447,400
2021	78,606	82,658	2,413	2,537	32,576,300
2022	77,850	77,015	2,381	2,355	32,698,100
2023	82,846	83,500	2,480	2,500	33,401,800
2024	89,827	89,827	2,637	2,637	34,058,900

** Constant values estimated using GDP Deflators calculated using splicing method, anchored at 2024*

*** Source: Department of Statistics Malaysia*

FIGURE 4.2: Per Capita Expenditure on Health, 2011-2024 (Nominal & Constant, RM)

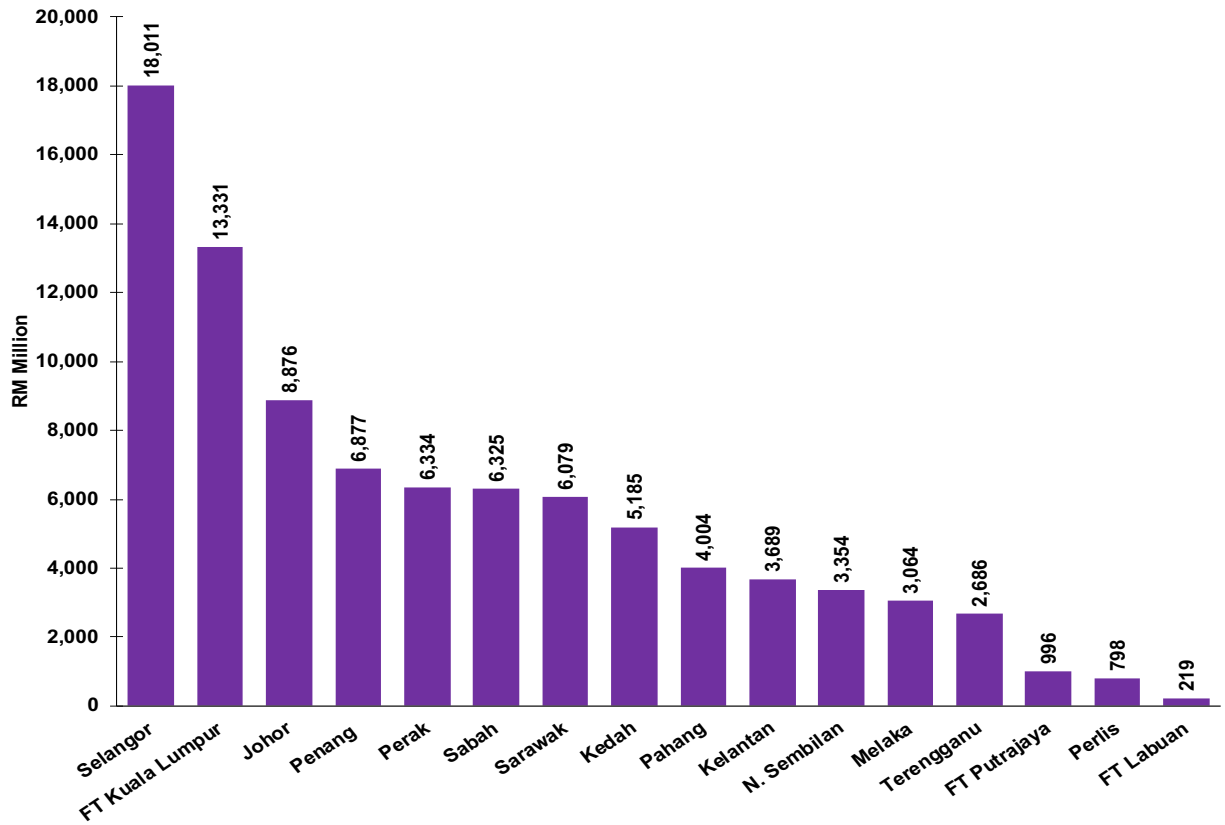


** Constant values estimated using GDP Deflators calculated using splicing method, anchored at 2024*

Table 4.3: State Population and Health Expenditure, 2024		
State	Population*	Expenditure (RM Million)
Selangor	7,363,400	18,011
Federal Territory Kuala Lumpur	2,067,500	13,331
Johor	4,186,300	8,876
Penang	1,800,400	6,877
Perak	2,569,600	6,334
Sabah	3,742,200	6,325
Sarawak	2,518,100	6,079
Kedah	2,217,500	5,185
Pahang	1,668,200	4,004
Kelantan	1,888,500	3,689
N. Sembilan	1,240,100	3,354
Melaka	1,047,100	3,064
Terengganu	1,232,100	2,686
Federal Territory Putrajaya	120,300	996
Perlis	296,800	798
Federal Territory Labuan	100,800	219
Total	**34,058,900**	**89,827**

**Source: Department of Statistics Malaysia (DOSM)*

FIGURE 4.3: Health Expenditure by States, 2024 (RM Million)



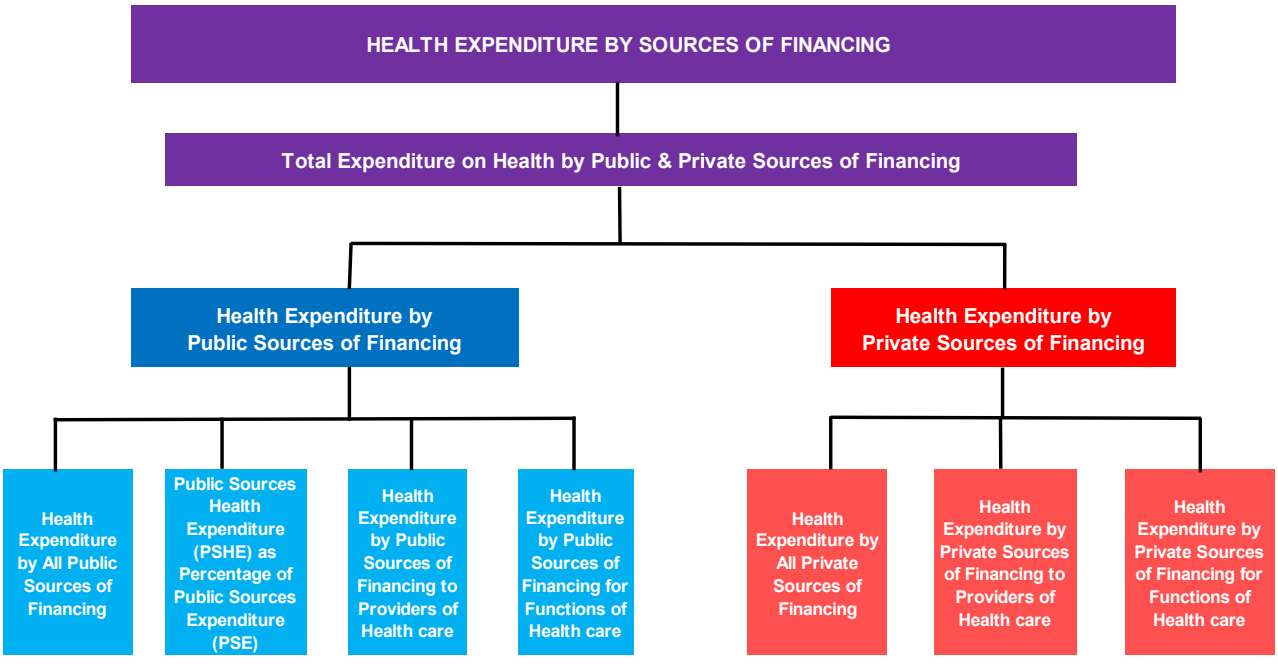
CHAPTER 5

HEALTH EXPENDITURE BY SOURCES OF FINANCING

Health care services and products in Malaysia are financed through a combination of public and private sources. Public sources of health financing include the federal government, state governments, local authorities, social security funds, and other public entities. Private sources comprise private insurance enterprises, managed care organisations (MCOs), household out-of-pocket (OOP) payments, non-profit institutions, private corporations, and the rest of the world. The contribution of public and private financing sources to total expenditure on health (TEH) is examined for each year in the time series presented in this chapter.

This chapter is organised into three main sections. Section 5.1 presents an overview of health expenditure by all sources of financing. Sections 5.2 and 5.3 subsequently examine health expenditure by public and private sources of financing, respectively. An overall summary of health expenditure by sources of financing is illustrated in Figure 5.0.

FIGURE 5.0: Organogram of Health Expenditure by Sources of Financing



5.1 HEALTH EXPENDITURE BY PUBLIC AND PRIVATE SOURCES OF FINANCING

In 2024, health care financing in Malaysia continued to be dominated by three main sources: the Ministry of Health (MOH), private household out-of-pocket (OOP) payments, and voluntary private insurance. The MOH remained the single largest source of financing, accounting for RM39,148 million, or 43.6 percent of total expenditure on health (TEH). This reflects the central role of the public health system in financing and delivering health services nationwide. Private household OOP spending constituted the second largest source, amounting to RM34,843 million, or 38.8 percent of TEH. The substantial share of OOP spending indicates continued reliance on direct household payments to finance health care, particularly for services obtained outside the public sector. Voluntary private insurance contributed RM7,113 million, representing 7.9 percent of TEH, highlighting its complementary role in health financing rather than serving as a primary funding mechanism. Together, these three sources accounted for more than 90 percent of total health expenditure in 2024 (Table 5.1a and Figure 5.1a).

Other public sources played a comparatively smaller role in health financing. Expenditure by other federal agencies, including statutory bodies, amounted to RM2,066 million (2.3 percent of TEH), while the Ministry of Higher Education (MoHE) accounted for RM1,975 million (2.2 percent of TEH), largely reflecting spending related to university hospitals and teaching facilities. Expenditure by corporations other than health insurance providers and other remaining agencies totalled RM1,461 million, or 1.6 percent of TEH.

An examination of the time series from 2011 to 2024 shows that the financing structure of Malaysia's health system has remained broadly consistent over time. Throughout the period, MOH, private household OOP expenditure, and voluntary private insurance have consistently been the three largest sources of health care financing, although their relative shares have fluctuated across years (Tables 5.1b and 5.1c).

In aggregate, public and private sources contributed almost equally to health financing in 2024. Public sources accounted for RM45,580 million (50.7 percent of TEH), while private sources contributed RM44,248 million (49.3 percent TEH). A similar pattern is observed across the 2011–2024 period, with public sources generally maintaining a slightly higher share than private sources. Both public and private health expenditure exhibited an overall upward trend over the 14-year period, reflecting sustained growth in health financing in Malaysia (Table 5.1d and Figure 5.1b)

TABLE 5.1a: Total Expenditure on Health by Sources of Financing, 2024			
MNHA 2.0 Code	Sources of Financing	RM Million	Percent
MHS.1.1.1.1	Ministry of Health (MOH)	39,148	43.58
MHS.2.4	Private household Out-of-pocket (OOP) payment	34,843	38.79
MHS.2.2	Voluntary private insurance	7,113	7.92
MHS.1.1.1.9	Other federal agencies (including statutory bodies)	2,066	2.30
MHS.1.1.1.2	Ministry of Higher Education (MoHE)	1,975	2.20
MHS.2.6	All corporations (other than health insurance)	1,461	1.63
MHS.1.2.2	Social Security Organisation (SOCSO)	806	0.90
MHS.2.3	Private MCO's and other similar entities	688	0.77
MHS.1.1.2.2	Other state agencies (including statutory bodies)	665	0.74
MHS.1.1.3	Local Authorities	358	0.40
MHS.1.1.1.3	Ministry of Defence (MOD)	285	0.32
MHS.1.1.2.1	State government (General)	194	0.22
MHS.2.5	Non-profit institutions	131	0.15
MHS.1.2.1	Employees Provident Fund (EPF)	83	0.09
MHS.9	Rest of the world (ROW)	12	0.01
Total		**89,827**	**100.00**

FIGURE 5.1a: Total Expenditure on Health by Sources of Financing, 2024

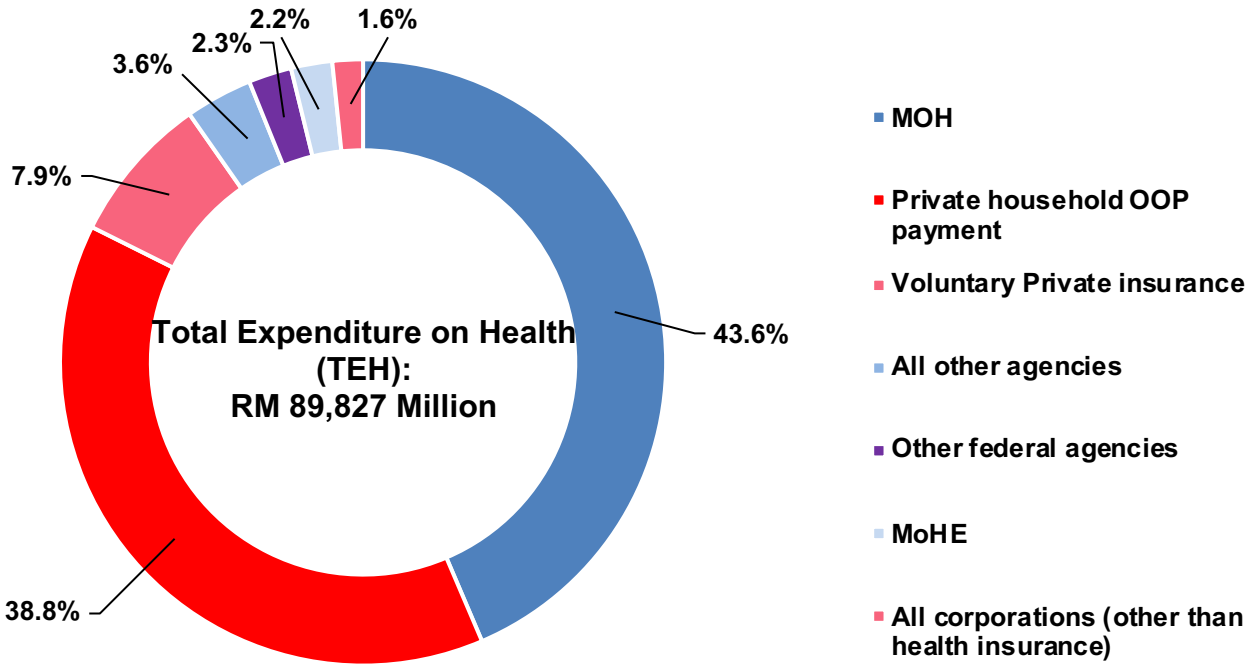


TABLE 5.1b: Total Expenditure on Health by Sources of Financing, 2011-2024 (RM Million)

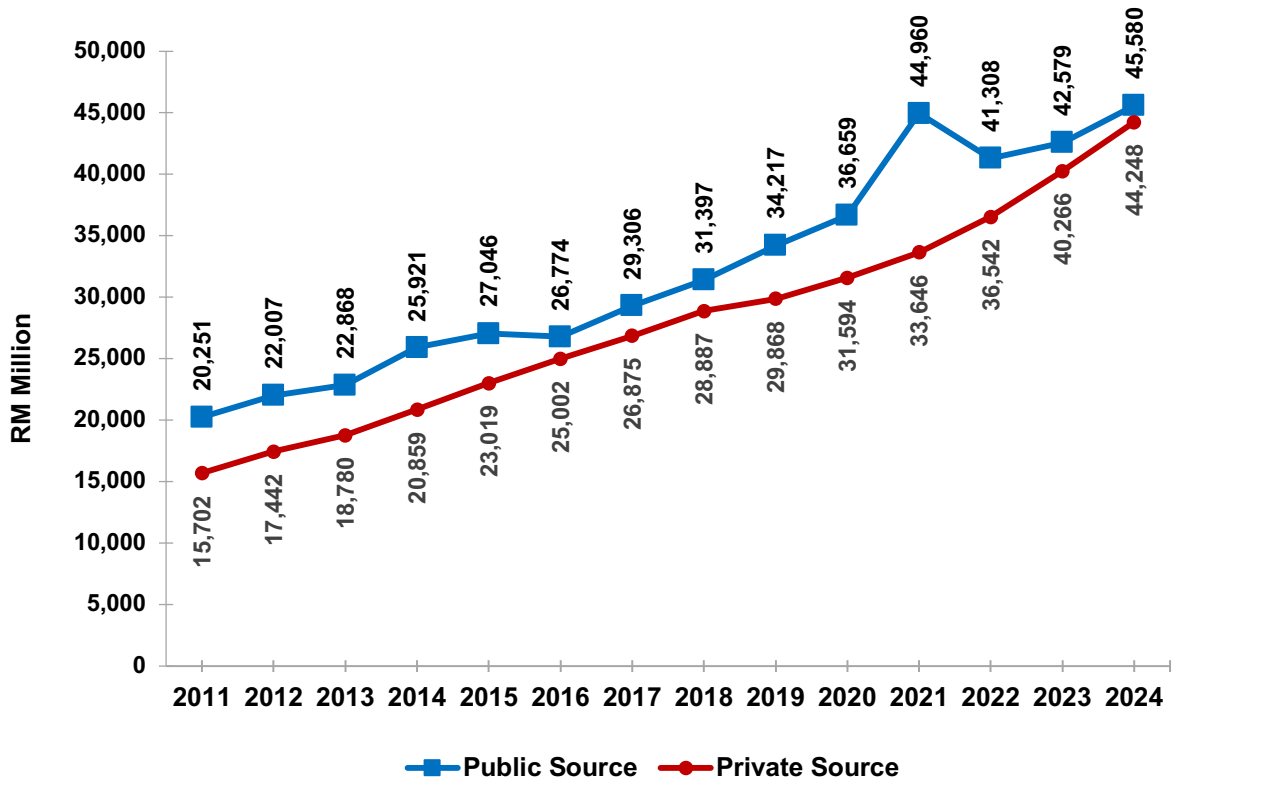
MNHA 2.0 Code	Sources of Financing	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
MHS.1.1.1.1	Ministry of Health (MOH)	16,496	18,239	19,038	21,782	22,751	22,349	24,818	26,522	28,860	31,126	38,767	33,907	36,227	39,148
MHS.1.1.1.2	Ministry of Higher Education (MoHE)	1,245	1,311	1,261	1,376	1,314	1,280	1,256	1,375	1,632	1,478	1,591	1,561	1,807	1,975
MHS.1.1.1.3	Ministry of Defence (MOD)	140	172	175	186	169	154	132	103	150	135	197	194	241	285
MHS.1.1.1.9	Other federal agencies (including statutory bodies)	1,813	1,678	1,677	1,805	1,886	2,007	2,061	2,116	2,231	2,480	2,856	3,924	2,291	2,066
MHS.1.1.2.1	State government (General)	90	105	78	86	89	95	107	143	118	189	239	159	157	194
MHS.1.1.2.2	Other state agencies (including statutory bodies)	129	137	189	212	346	385	392	467	502	498	533	589	650	665
MHS.1.1.3	Local authorities (LA)	142	150	188	164	178	138	154	194	249	264	243	275	351	358
MHS.1.2.1	Employees Provident Fund (EPF)	39	38	42	46	52	56	58	67	83	79	102	88	93	83
MHS.1.2.2	Social Security Organisation (SOCSO)	157	176	219	264	261	310	329	410	394	409	434	612	762	806
MHS.2.2	Voluntary private insurance	2,614	2,774	2,916	3,203	3,623	3,846	4,085	4,313	4,875	4,960	5,531	6,534	6,721	7,113
MHS.2.3	Private MCOs and other similar entities	243	302	287	437	626	831	879	922	993	926	1,039	483	578	688
MHS.2.4	Private household out-of-pocket (OOP) payment	11,466	12,649	13,933	15,373	16,063	17,692	19,305	21,019	22,061	23,676	25,197	28,399	31,678	34,843
MHS.2.5	Non-profit institutions	312	363	78	40	69	87	92	92	90	138	150	137	127	131
MHS.2.6	All corporations (other than health insurance)	1,064	1,352	1,564	1,803	2,634	2,541	2,509	2,536	1,845	1,810	1,686	970	1,143	1,461
MHS.9	Rest of the world (ROW)	3	2	3	4	5	4	5	5	4	82	43	19	19	12
Total		**35,953**	**39,448**	**41,647**	**46,780**	**50,065**	**51,775**	**56,181**	**60,284**	**64,085**	**68,252**	**78,606**	**77,850**	**82,846**	**89,827**

TABLE 5.1c: Total Expenditure on Health by Sources of Financing, 2011-2024 (Percent, %)

MNHA 2.0 Code	Sources of Financing	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
MHS.1.1.1.1	Ministry of Health (MOH)	45.88	46.24	45.71	46.56	45.44	43.16	44.17	44.00	45.03	45.60	49.32	43.55	43.73	43.58
MHS.1.1.1.2	Ministry of Higher Education (MoHE)	3.46	3.32	3.03	2.94	2.63	2.47	2.23	2.28	2.55	2.17	2.02	2.01	2.18	2.20
MHS.1.1.1.3	Ministry of Defence (MOD)	0.39	0.44	0.42	0.40	0.34	0.30	0.24	0.17	0.23	0.20	0.25	0.25	0.29	0.32
MHS.1.1.1.9	Other federal agencies (including statutory bodies)	5.04	4.25	4.03	3.86	3.77	3.88	3.67	3.51	3.48	3.63	3.63	5.04	2.77	2.30
MHS.1.1.2.1	State government (General)	0.25	0.27	0.19	0.18	0.18	0.18	0.19	0.24	0.18	0.28	0.30	0.20	0.19	0.22
MHS.1.1.2.2	Other state agencies (including statutory bodies)	0.36	0.35	0.45	0.45	0.69	0.74	0.70	0.77	0.78	0.73	0.68	0.76	0.78	0.74
MHS.1.1.3	Local authorities (LA)	0.39	0.38	0.45	0.35	0.36	0.27	0.27	0.32	0.39	0.39	0.31	0.35	0.42	0.40
MHS.1.2.1	Employees Provident Fund (EPF)	0.11	0.10	0.10	0.10	0.10	0.11	0.10	0.11	0.13	0.12	0.13	0.11	0.11	0.09
MHS.1.2.2	Social Security Organisation (SOCSO)	0.44	0.45	0.53	0.57	0.52	0.60	0.59	0.68	0.61	0.60	0.55	0.79	0.92	0.90
MHS.2.2	Voluntary private insurance	7.27	7.03	7.00	6.85	7.24	7.43	7.27	7.15	7.61	7.27	7.04	8.39	8.11	7.92
MHS.2.3	Private MCOs and other similar entities	0.68	0.77	0.69	0.93	1.25	1.60	1.56	1.53	1.55	1.36	1.32	0.62	0.70	0.77
MHS.2.4	Private household out-of-pocket (OOP) payment	31.89	32.06	33.45	32.86	32.08	34.17	34.36	34.87	34.42	34.69	32.05	36.48	38.24	38.79
MHS.2.5	Non-profit institutions	0.87	0.92	0.19	0.08	0.14	0.17	0.16	0.15	0.14	0.20	0.19	0.18	0.15	0.15
MHS.2.6	All corporations (other than health insurance)	2.96	3.43	3.75	3.85	5.26	4.91	4.47	4.21	2.88	2.65	2.15	1.25	1.38	1.63
MHS.9	Rest of the world (ROW)	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.01	0.12	0.05	0.02	0.02	0.01
Total		**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

TABLE 5.1d: Total Expenditure on Health by Public & Private Sources of Financing, 2011-2024					
Year	Public Source		Private Source		TEH (Nominal RM Million)
	Health Expenditure (Nominal, RM Million)	Health Expenditure as Percentage of TEH (%)	Health Expenditure (Nominal, RM Million)	Health Expenditure as Percentage of TEH (%)	
2011	20,251	56.33	15,702	43.67	35,953
2012	22,007	55.79	17,442	44.21	39,448
2013	22,868	54.91	18,780	45.09	41,647
2014	25,921	55.41	20,859	44.59	46,780
2015	27,046	54.02	23,019	45.98	50,065
2016	26,774	51.71	25,002	48.29	51,775
2017	29,306	52.16	26,875	47.84	56,181
2018	31,397	52.08	28,887	47.92	60,284
2019	34,217	53.39	29,868	46.61	64,085
2020	36,659	53.71	31,594	46.29	68,252
2021	44,960	57.20	33,646	42.80	78,606
2022	41,308	53.06	36,542	46.94	77,850
2023	42,579	51.40	40,266	48.60	82,846
2024	45,580	50.74	44,248	49.26	89,827

FIGURE 5.1b: Total Expenditure on Health by Sources of Financing (Public vs. Private), 2011-2024



5.2 HEALTH EXPENDITURE BY PUBLIC SOURCES OF FINANCING

This section describes health expenditure according to MNHA classification by public sources of health care financing for the year 2024, followed by time series data for 2011-2024.

5.2.1 Health Expenditure by All Public Sources of Financing

In 2024, the Public Sources Health Expenditure (PSHE) was RM45,580 million or 50.7 percent of TEH. An analysis of the public sources of health care financing showed that the highest expenditure was by MOH with a spending of RM39,148 million (85.9 percent of PSHE). This was followed by other federal agencies (including statutory bodies) at RM2,066 million (4.5 percent of PSHE), MoHE at RM1,975 million (4.3 percent of PSHE) and the remaining public sources of health care financing spent RM2,391 million or 5.2 percent of PSHE (Table 5.2.1a and Figure 5.2.1).

Data from 2011 to 2024 indicates that MOH has consistently been the largest contributor to public health financing. Over the period, MOH expenditure more than doubled, increasing from RM16,496 million in 2011 to RM39,148 million in 2024. Throughout the 14-year period, MOH spending accounted for approximately 81 to 86 percent of PSHE, underscoring its central role in public health financing. Other federal agencies, including statutory bodies, and MoHE remained the next largest public financing sources, although their contributions were substantially smaller in comparison (Tables 5.2.1b and 5.2.1c).

TABLE 5.2.1a: Health Expenditure by Public Sources of Financing, 2024

MNHA 2.0 Code	Sources of Financing	RM Million	Percent
MHS.1.1.1.1	Ministry of Health (MOH)	39,148	85.89
MHS.1.1.1.9	Other Federal Agencies (including statutory bodies)	2,066	4.53
MHS.1.1.1.2	Ministry of Higher Education (MoHE)	1,975	4.33
MHS.1.2.2	Social Security Organisation (SOCSO)	806	1.77
MHS.1.1.2.2	Other state agencies (including statutory bodies)	665	1.46
MHS.1.1.3	Local Authorities	358	0.79
MHS.1.1.1.3	Ministry of Defence (MOD)	285	0.62
MHS.1.1.2.1	State government (General)	194	0.43
MHS.1.2.1	Employees Provident Fund (EPF)	83	0.18
Total		**45,580**	**100.00**

FIGURE 5.2.1: Health Expenditure by Public Sources of Financing, 2024

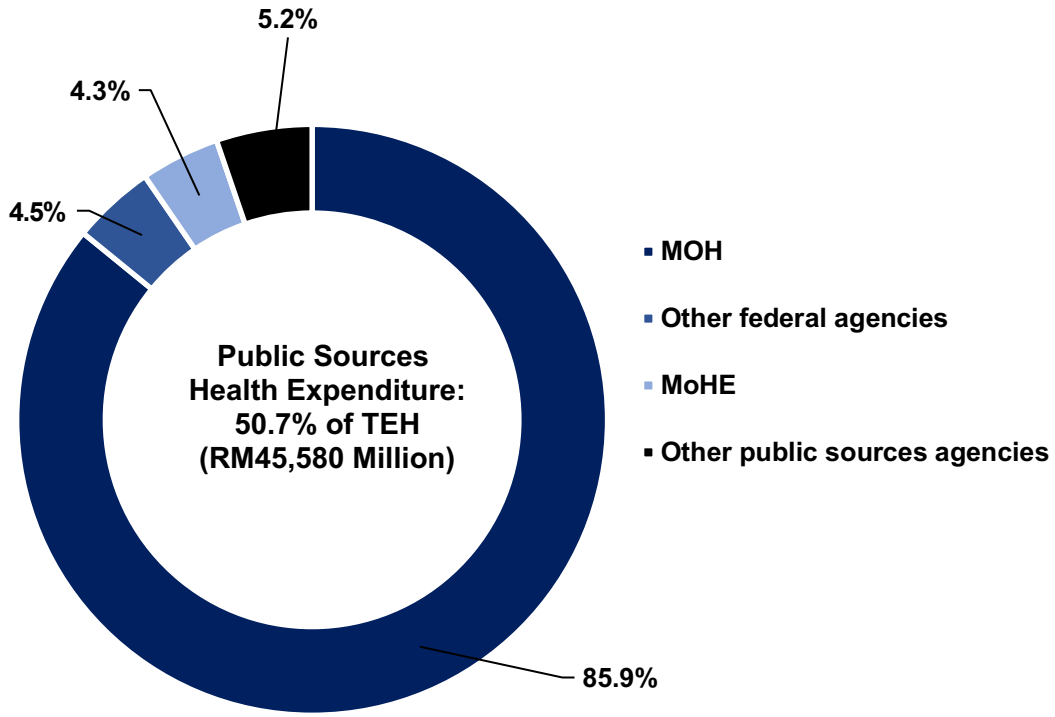


TABLE 5.2.1b: Health Expenditure by Public Sources of Financing, 2011-2024 (RM Million)

MNHA 2.0 Code	Sources of Financing	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
MHS.1.1.1.1	Ministry of Health (MOH)	16,496	18,239	19,038	21,782	22,751	22,349	24,818	26,522	28,860	31,126	38,767	33,907	36,227	39,148
MHS.1.1.1.2	Ministry of Higher Education (MoHE)	1,245	1,311	1,261	1,376	1,314	1,280	1,256	1,375	1,632	1,478	1,591	1,561	1,807	1,975
MHS.1.1.1.3	Ministry of Defence (MOD)	140	172	175	186	169	154	132	103	150	135	197	194	241	285
MHS.1.1.1.9	Other Federal Agencies (including statutory bodies)	1,813	1,678	1,677	1,805	1,886	2,007	2,061	2,116	2,231	2,480	2,856	3,924	2,291	2,066
MHS.1.1.2.1	State government (General)	90	105	78	86	89	95	107	143	118	189	239	159	157	194
MHS.1.1.2.2	Other state agencies (including statutory bodies)	129	137	189	212	346	385	392	467	502	498	533	589	650	665
MHS.1.1.3	Local Authorities	142	150	188	164	178	138	154	194	249	264	243	275	351	358
MHS.1.2.1	Employees Provident Fund (EPF)	39	38	42	46	52	56	58	67	83	79	102	88	93	83
MHS.1.2.2	Social Security Organisation (SOCSO)	157	176	219	264	261	310	329	410	394	409	434	612	762	806
Total		**20,251**	**22,007**	**22,868**	**25,921**	**27,046**	**26,774**	**29,306**	**31,397**	**34,217**	**36,659**	**44,960**	**41,308**	**42,579**	**45,580**

TABLE 5.2.1c: Health Expenditure by Public Sources of Financing, 2011-2024 (Percent, %)

MNHA 2.0 Code	Sources of Financing	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
MHS.1.1.1.1	Ministry of Health (MOH)	81.46	82.88	83.25	84.03	84.12	83.47	84.68	84.47	84.34	84.91	86.23	82.08	85.08	85.89
MHS.1.1.1.2	Ministry of Higher Education (MoHE)	6.15	5.96	5.51	5.31	4.86	4.78	4.28	4.38	4.77	4.03	3.54	3.78	4.24	4.33
MHS.1.1.1.3	Ministry of Defence (MOD)	0.69	0.78	0.77	0.72	0.63	0.57	0.45	0.33	0.44	0.37	0.44	0.47	0.57	0.62
MHS.1.1.1.9	Other federal agencies (including statutory bodies)	8.95	7.63	7.33	6.96	6.97	7.50	7.03	6.74	6.52	6.77	6.35	9.50	5.38	4.53
MHS.1.1.2.1	State government (General)	0.45	0.48	0.34	0.33	0.33	0.35	0.36	0.46	0.34	0.51	0.53	0.38	0.37	0.43
MHS.1.1.2.2	Other state agencies (including statutory bodies)	0.64	0.62	0.83	0.82	1.28	1.44	1.34	1.49	1.47	1.36	1.18	1.43	1.53	1.46
MHS.1.1.3	Local authorities (LA)	0.70	0.68	0.82	0.63	0.66	0.51	0.53	0.62	0.73	0.72	0.54	0.67	0.82	0.79
MHS.1.2.1	Employee Provident Funds (EPF)	0.19	0.17	0.18	0.18	0.19	0.21	0.20	0.21	0.24	0.21	0.23	0.21	0.22	0.18
MHS.1.2.2	Social Security Organisation (SOCSO)	0.78	0.80	0.96	1.02	0.96	1.16	1.12	1.30	1.15	1.12	0.96	1.48	1.79	1.77
Total		**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

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

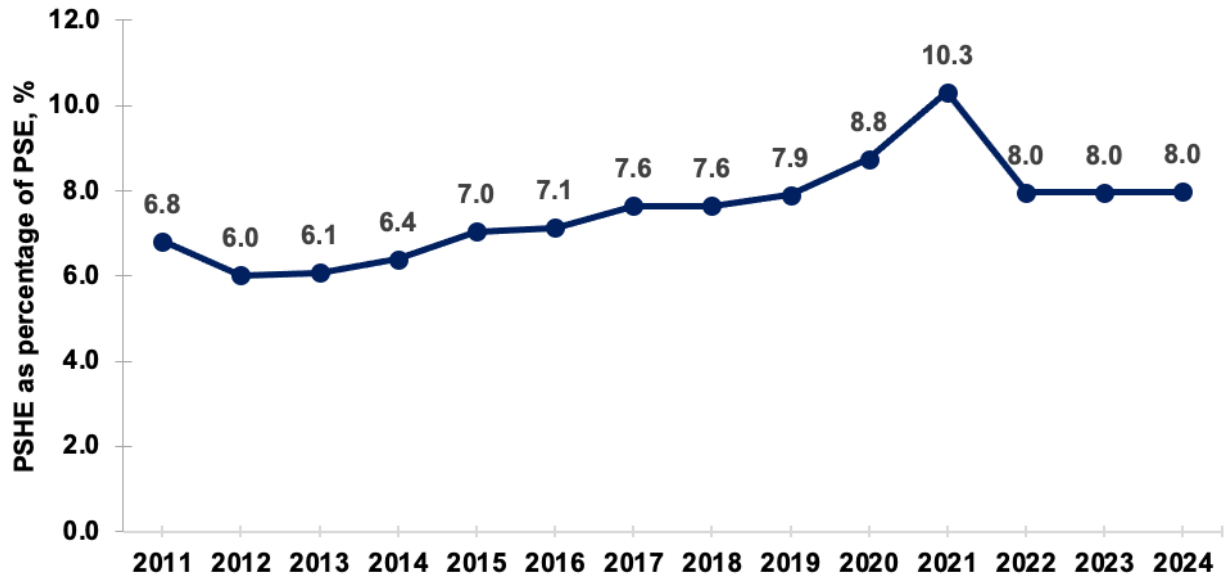
Public Sources Health Expenditure (PSHE) includes expenditure by all public sources of health care financing, namely federal government, state government, local authorities, social security funds and all other public entities. PSHE has more than doubled in RM value from RM20,251 million (6.8 percent of PSE) in 2011 to RM45,580 million (8.0 percent of PSE) in 2024 (Table 5.2.2 and Figure 5.2.2).

TABLE 5.2.2: Public Sources Health Expenditure (PSHE), 2011-2024 (RM Million, Percent PSE)

Year	Public Sources Health Expenditure (PSHE) (RM Million)	Public Sources Expenditure (PSE)* (RM Million)	PSHE as % PSE
2011	20,251	297,382	6.81
2012	22,007	365,600	6.02
2013	22,868	376,374	6.08
2014	25,921	405,788	6.39
2015	27,046	383,727	7.05
2016	26,774	375,489	7.13
2017	29,306	383,280	7.65
2018	31,397	410,482	7.65
2019	34,217	432,697	7.91
2020	36,659	418,949	8.75
2021	44,960	435,838	10.32
2022	41,308	518,381	7.97
2023	42,579	534,876	7.96
2024	45,580	571,432	7.98

**Source: Treasury Malaysia website Fiscal Outlook 2025, Section 6: Consolidated Public Sector*

FIGURE 5.2.2: Public Sources Health Expenditure (PSHE) as Percentage of Public Sources Expenditure (PSE), 2011-2024



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

This section examines how health expenditure from public financing sources is distributed across different types of health-care providers, indicating where publicly funded resources are ultimately utilised and which providers deliver the services and products.

In 2024, hospitals accounted for the largest share of public sources health expenditure, with spending amounting to RM26,296 million (57.7 percent PSHE). This category includes general hospitals, psychiatric hospitals, and specialty hospitals, reflecting the central role of hospital services in publicly funded health care.

Expenditure on ambulatory health care providers was the second largest component, totalling RM8,171 million (17.9 percent PSHE). This was followed by spending on health system administration and financing, which amounted to RM6,862 million (15.1 percent of PSHE), and on the provision and administration of public health programmes at RM2,144 million (4.7 percent of PSHE). The remaining RM2,107 million or 4.6 percent of PSHE was allocated to other providers of health care services and products (Table 5.2.3a and Figure 5.2.3).

An analysis of trends from 2011 to 2024 indicates a consistent pattern in the allocation of public health expenditure. Over the 14-year period, hospitals, ambulatory health care providers and providers of health system administration and financing have remained the three main recipients of public health financing, together accounting for the majority of PSHE throughout the time series (Tables 5.2.3b and 5.2.3c).

TABLE 5.2.3a: Public Sources Health Expenditure to Providers of Health Care, 2024

MNHA 2.0 Code	Providers of Health Care	RM Million	Percent
MHP.1	All Hospitals	26,296	57.69
MHP.3	Providers of ambulatory health care	8,171	17.93
MHP.7	Providers of health care system administration and financing	6,862	15.05
MHP.6	Provision and administration of public health programmes	2,144	4.70
MHP.8	Other industries (rest of the Malaysian economy)	1,438	3.16
MHP.5	Retail sale and other providers of medical goods	443	0.97
MHP.4	Providers of ancillary services	210	0.46
MHP.2	Residential long term care facilities	14	0.03
MHP.9	Rest of the world	1	<0.01
Total		**45,580**	**100.00**

FIGURE 5.2.3: Public Sources Health Expenditure to Providers of Health Care, 2024

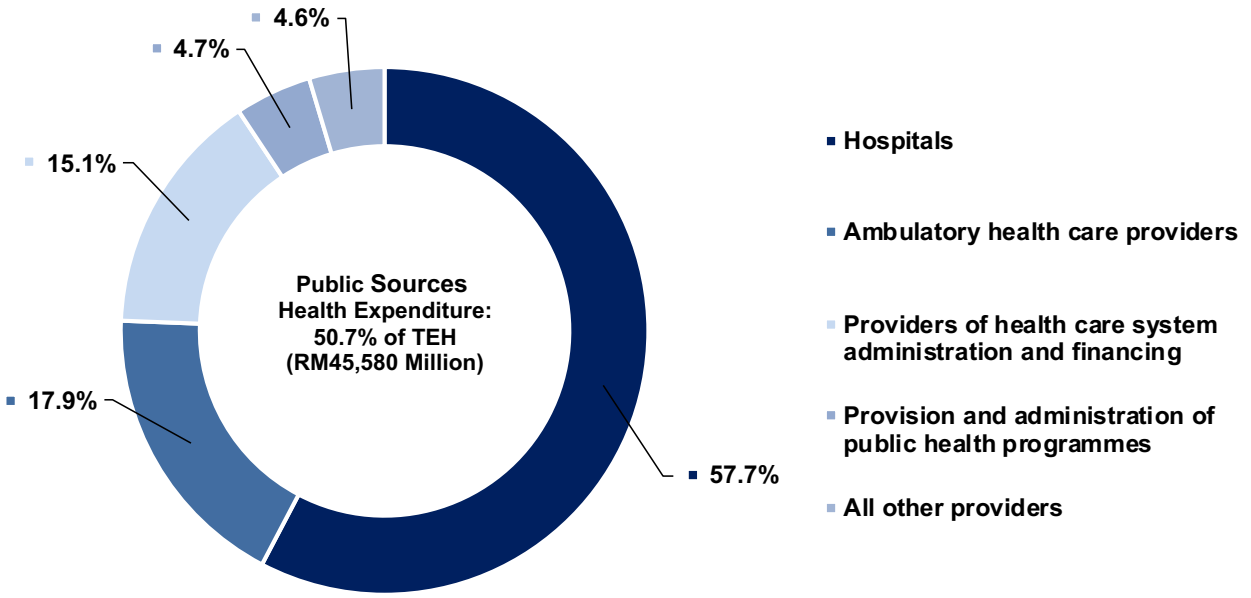


TABLE 5.2.3b: Public Sources Health Expenditure to Providers of Health Care, 2011-2024 (RM Million)															
MNHA 2.0 Code	Providers of Health Care	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
MHP.1	All Hospitals	11,357	13,350	13,706	15,762	16,441	16,681	17,721	18,934	20,319	20,712	22,814	23,582	24,592	26,296
MHP.2	Residential long term care facilities	2	2	1	1	1	1	1	1	1	2	1	1	16	14
MHP.3	Providers of ambulatory health care	2,591	3,032	3,417	4,004	4,206	4,388	4,780	5,354	5,945	6,405	7,666	7,674	7,037	8,171
MHP.4	Providers of ancillary services	154	159	137	182	199	183	196	199	225	371	4,459	321	278	210
MHP.5	Retail sale and other providers of medical goods	135	168	202	220	286	283	304	182	172	243	238	293	335	443
MHP.6	Provision and administration of public health programmes	1,125	1,449	1,163	1,427	1,488	1,652	1,584	1,373	1,783	2,381	2,850	2,714	2,063	2,144
MHP.7	Providers of health care system administration and financing	3,207	2,332	2,753	2,692	2,871	1,967	3,268	3,599	4,073	4,372	4,569	5,300	6,891	6,862
MHP.8	Other industries (rest of the Malaysian economy)	1,680	1,513	1,487	1,632	1,550	1,618	1,451	1,753	1,699	2,173	2,361	1,423	1,367	1,438
MHP.9	Rest of the world	1	1	1	1	4	2	1	1	1	1	1	1	1	1
Total		**20,251**	**22,007**	**22,868**	**25,921**	**27,046**	**26,774**	**29,306**	**31,397**	**34,217**	**36,659**	**44,960**	**41,308**	**42,579**	**45,580**

TABLE 5.2.3c: Public Sources Health Expenditure to Providers of Health Care, 2011-2024 (Percent, %)															
MNHA 2.0 Code	Providers of Health Care	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
MHP.1	All Hospitals	56.08	60.66	59.94	60.81	60.79	62.30	60.47	60.30	59.38	56.50	50.74	57.09	57.76	57.69
MHP.2	Residential long term care facilities	0.01	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.04	0.03
MHP.3	Providers of ambulatory health care	12.79	13.78	14.94	15.45	15.55	16.39	16.31	17.05	17.37	17.47	17.05	18.58	16.53	17.93
MHP.4	Providers of ancillary services	0.76	0.72	0.60	0.70	0.73	0.68	0.67	0.63	0.66	1.01	9.92	0.78	0.65	0.46
MHP.5	Retail sale and other providers of medical goods	0.67	0.76	0.88	0.85	1.06	1.06	1.04	0.58	0.50	0.66	0.53	0.71	0.79	0.97
MHP.6	Provision and administration of public health programmes	5.56	6.59	5.09	5.50	5.50	6.17	5.40	4.37	5.21	6.49	6.34	6.57	4.85	4.70
MHP.7	Providers of health care system administration and financing	15.83	10.60	12.04	10.38	10.61	7.35	11.15	11.46	11.90	11.93	10.16	12.83	16.18	15.05
MHP.8	Other industries (rest of the Malaysian economy)	8.30	6.88	6.50	6.30	5.73	6.04	4.95	5.58	4.97	5.93	5.25	3.45	3.21	3.16
MHP.9	Rest of the world	0.00	0.00	0.01	0.00	0.02	0.01	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Total		**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

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

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

In 2024, majority of public sources of financing health expenditure was spent for curative care services, amounting to RM27,270 million (59.8 percent of PSHE). This is followed by spending for capital formation at RM6,023 million (13.2 percent of PSHE), governance and health system and financing administration at RM5,433 million (11.9 percent of PSHE), preventive care at RM4,612 million (10.1 percent of PSHE) and education and training of health personnel at RM974 million (2.1 percent of PSHE). The total expenditure for all other functions of health care services and products was RM1,268 million (2.8 percent of PSHE) (Table 5.2.4a and Figure 5.2.4).

The trend in spending by public sources of health care financing over the past fourteen (14) years shows that the top 5 functions of health care for which the funds are being spent on are for services of curative care, gross capital formation, governance and health system and financing administration, preventive care and education and training of health personnel (Table 5.2.4b and Table 5.2.4c).

TABLE 5.2.4a: Public Sources Health Expenditure for Functions of Health Care, 2024

MNHA 2.0 Code	Functions of Health Care	RM Million	Percent
MHC.1	Services of curative care	27,270	59.83
MHR.1	Gross Capital formation	6,023	13.21
MHC.7	Governance and health system and financing administration	5,433	11.92
MHC.6	Preventive care	4,612	10.12
MHR.2	Education and training of health personnel	974	2.14
MHC.5	Medical goods	443	0.97
MHR.3	Research and Development in health	276	0.61
MHC.4	Ancillary services to health care	194	0.42
MHC.2	Services of rehabilitative care	182	0.40
MHR.4	Drinking water intervention	110	0.24
MHC.3	Services of long-term care	62	0.14
Total		**45,580**	**100.00**

FIGURE 5.2.4: Public Sources Health Expenditure for Functions of Health Care, 2024

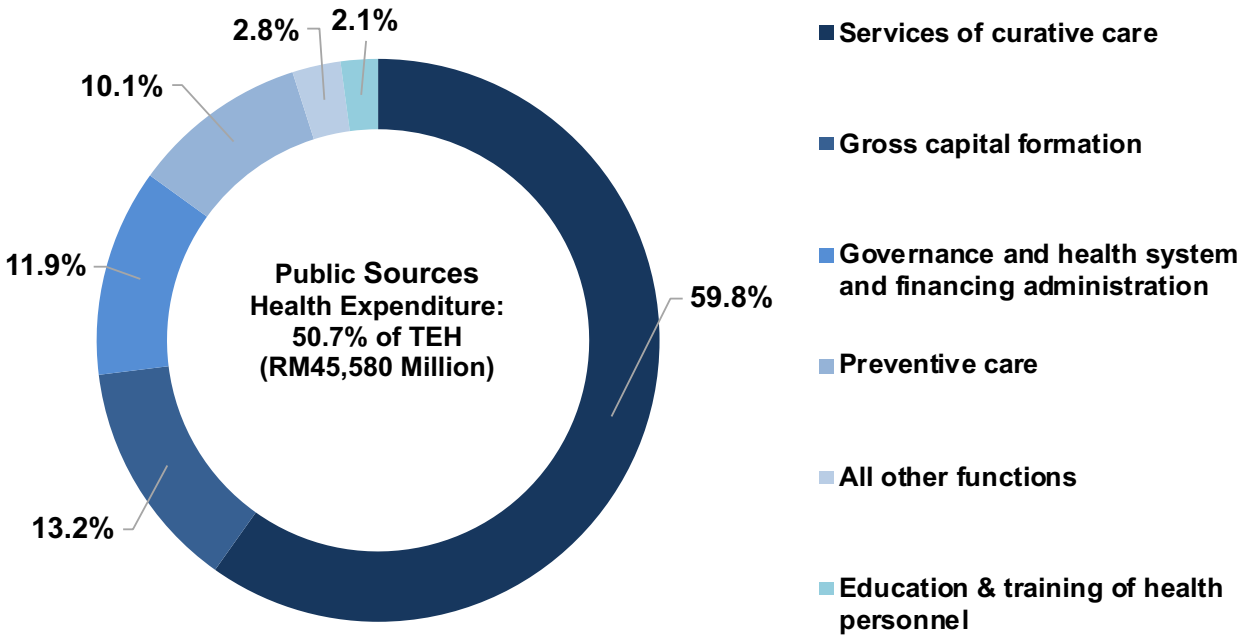


TABLE 5.2.4b: Public Sources Health Expenditure for Functions of Health Care, 2011-2024 (RM Million)															
MNHA 2.0 Code	Functions of Health Care	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
MHC.1	Services of curative care	12,950	15,021	15,013	17,719	18,722	19,143	20,752	22,395	23,093	22,260	23,709	25,441	25,404	27,270
MHC.2	Services of rehabilitative care	0	0	0	0	0	0	0	0	0	0	0	115	193	182
MHC.3	Services of long-term nursing care	19	23	25	43	40	42	45	47	49	48	49	49	63	62
MHC.4	Ancillary services to health care	224	228	310	268	281	265	287	291	246	249	180	273	289	194
MHC.5	Medical goods	107	138	169	183	287	283	304	183	172	148	236	292	335	443
MHC.6	Preventive care	912	1,104	1,870	1,729	1,941	2,004	2,147	2,347	3,319	4,521	10,273	5,083	4,337	4,612
MHC.7	Governance and health system and financing administration	2,147	1,894	2,217	2,894	2,776	2,004	2,964	2,734	3,614	3,875	3,792	4,152	5,768	5,433
MHR.1	Gross Capital formation	2,179	2,038	1,817	1,488	1,455	1,433	1,376	1,656	1,967	3,932	5,449	4,718	4,931	6,023
MHR.2	Education and training of health personnel	1,584	1,407	1,288	1,430	1,413	1,464	1,308	1,615	1,549	1,327	888	880	907	974
MHR.3	Research and Development	46	56	67	58	59	51	52	57	138	237	325	246	281	276
MHR.4	Drinking water intervention	84	97	91	109	73	84	72	73	71	61	60	61	72	110
Total		**20,251**	**22,007**	**22,868**	**25,921**	**27,046**	**26,774**	**29,306**	**31,397**	**34,217**	**36,659**	**44,960**	**41,308**	**42,579**	**45,580**

TABLE 5.2.4c: Public Sources Health Expenditure for Functions of Health Care, 2011-2024 (Percent, %)															
MNHA 2.0 Code	Functions of Health Care	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
MHC.1	Services of curative care	63.95	68.26	65.65	68.36	69.22	71.50	70.81	71.33	67.49	60.72	52.73	61.59	59.66	59.83
MHC.2	Services of rehabilitative care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.28	0.45	0.40
MHC.3	Services of long-term nursing care	0.09	0.10	0.11	0.17	0.15	0.16	0.15	0.15	0.14	0.13	0.11	0.12	0.15	0.14
MHC.4	Ancillary services to health care	1.10	1.03	1.35	1.03	1.04	0.99	0.98	0.93	0.72	0.68	0.40	0.66	0.68	0.42
MHC.5	Medical goods	0.53	0.63	0.74	0.70	1.06	1.06	1.04	0.58	0.50	0.40	0.52	0.71	0.79	0.97
MHC.6	Preventive care	4.50	5.02	8.18	6.67	7.18	7.48	7.33	7.47	9.70	12.33	22.85	12.30	10.19	10.12
MHC.7	Governance and health system and financing administration	10.60	8.61	9.70	11.16	10.26	7.49	10.11	8.71	10.56	10.57	8.43	10.05	13.55	11.92
MHR.1	Gross Capital formation	10.76	9.26	7.94	5.74	5.38	5.35	4.69	5.27	5.75	10.72	12.12	11.42	11.58	13.21
MHR.2	Education and training of health personnel	7.82	6.40	5.63	5.52	5.23	5.47	4.46	5.14	4.53	3.62	1.98	2.13	2.13	2.14
MHR.3	Research and Development in health	0.23	0.26	0.29	0.23	0.22	0.19	0.18	0.18	0.40	0.65	0.72	0.59	0.66	0.61
MHR.4	Drinking water intervention	0.41	0.44	0.40	0.42	0.27	0.31	0.25	0.23	0.21	0.17	0.13	0.15	0.17	0.24
Total		**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

5.3 HEALTH EXPENDITURE BY PRIVATE SOURCES OF FINANCING

This section describes health expenditure according to MNHA classification of private sources of health care financing for the year 2024, followed by time series data for 2011-2024.

5.3.1 Health Expenditure by All Private Sources of Financing

In 2024, private sources health expenditure was RM44,248 million or 49.3 percent of TEH. Analysis of the private sources of health care financing showed that the highest contribution was by private household out-of-pocket (OOP) payment amounting to RM34,843 million or 78.7 percent of private sources health expenditure. The subsequent highest spending was by voluntary private insurance which included personal, family and company insurance/*Takaful* policies at RM7,113 million (16.1 percent of private sources health expenditure) and all corporations (other than health insurance) contributed RM1,461 million (3.3 percent of private sources health expenditure). The remaining private sources of health care financing spent RM831 million or 1.9 percent of private sources health expenditure (Table 5.3.1a and Figure 5.3.1).

The trend of expenditure by private sources of health care financing over the past fourteen (14) years shows that the top two funders are persistently private household OOP payment and voluntary private insurance (Table 5.3.1b and Table 5.3.1c). Private household OOP payment, as the largest contributor in the private sources, had progressively increased expenditure more than three-fold, contributing RM11,466 million in 2011 to RM34,843 million in 2024. This private household OOP payment contributed to 70-79 percent of private sources health expenditure since 2011.

TABLE 5.3.1a: Health Expenditure by Private Sources of Financing, 2024

MNHA 2.0 Code	Sources of Financing	RM Million	Percent
MHS.2.4	Private household out-of-pocket (OOP) payment	34,843	78.75
MHS.2.2	Voluntary private insurance	7,113	16.07
MHS.2.6	All corporations (other than health insurance)	1,461	3.30
MHS.2.3	Private MCOs and other similar entities	688	1.56
MHS.2.5	Non-profit institutions	131	0.30
MHS.9	Rest of the world	12	0.03
Total		**44,248**	**100.00**

FIGURE 5.3.1: Health Expenditure by Private Sources of Financing, 2024

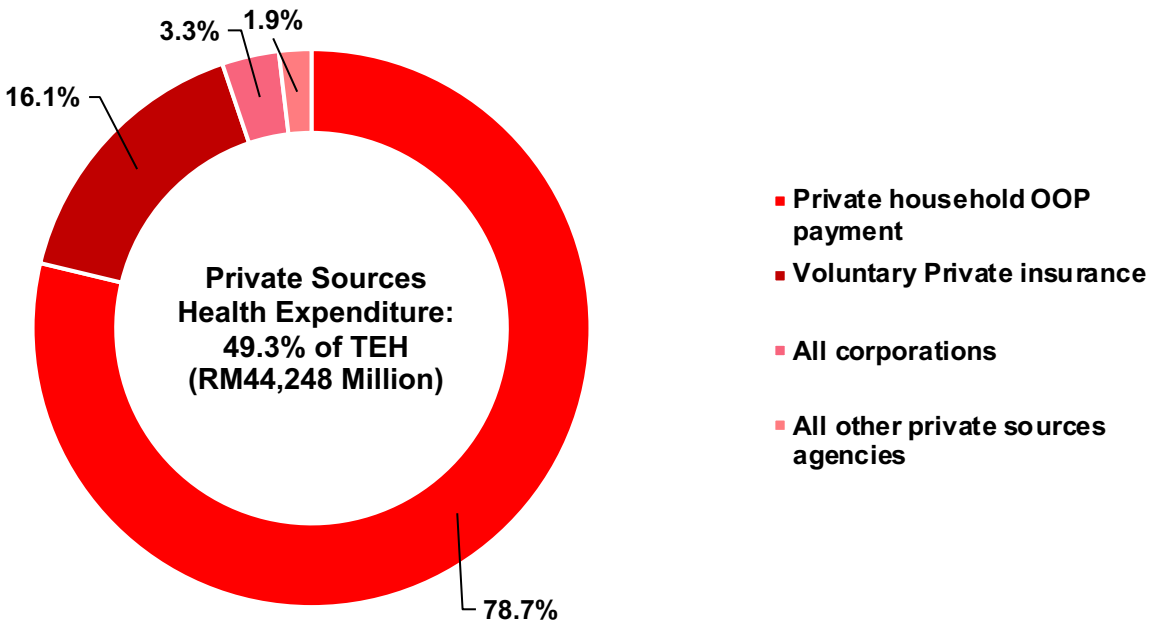


TABLE 5.3.1b: Health Expenditure by Private Sources of Financing, 2011-2024 (RM Million)

MNHA 2.0 Code	Sources of Financing	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
MHS.2.2	Voluntary private insurance	2,614	2,774	2,916	3,203	3,623	3,846	4,085	4,313	4,875	4,960	5,531	6,534	6,721	7,113
MHS.2.3	Private MCOs and other similar entities	243	302	287	437	626	831	879	922	993	926	1,039	483	578	688
MHS.2.4	Private household out-of-pocket (OOP) payment	11,466	12,649	13,933	15,373	16,063	17,692	19,305	21,019	22,061	23,676	25,197	28,399	31,678	34,843
MHS.2.5	Non-profit institutions	312	363	78	40	69	87	92	92	90	138	150	137	127	131
MHS.2.6	All corporations (other than health insurance)	1,064	1,352	1,564	1,803	2,634	2,541	2,509	2,536	1,845	1,810	1,686	970	1,143	1,461
MHS.9	Rest of the world	3	2	3	4	5	4	5	5	4	82	43	19	19	12
Total		**15,702**	**17,442**	**18,780**	**20,859**	**23,019**	**25,002**	**26,875**	**28,887**	**29,868**	**31,594**	**33,646**	**36,542**	**40,266**	**44,248**

TABLE 5.3.1c: Health Expenditure by Private Sources of Financing, 2011-2024 (Percent, %)

MNHA 2.0 Code	Sources of Financing	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
MHS.2.2	Voluntary private insurance	16.65	15.91	15.53	15.36	15.74	15.38	15.20	14.93	16.32	15.70	16.44	17.88	16.69	16.07
MHS.2.3	Private MCOs and other similar entities	1.55	1.73	1.53	2.10	2.72	3.32	3.27	3.19	3.32	2.93	3.09	1.32	1.44	1.56
MHS.2.4	Private household out-of-pocket (OOP) payment	73.02	72.52	74.19	73.70	69.78	70.77	71.83	72.76	73.86	74.94	74.89	77.72	78.67	78.75
MHS.2.5	Non-profit institutions	1.99	2.08	0.41	0.19	0.30	0.35	0.34	0.32	0.30	0.44	0.45	0.38	0.32	0.30
MHS.2.6	All corporations (other than health insurance)	6.78	7.75	8.33	8.64	11.44	10.16	9.34	8.78	6.18	5.73	5.01	2.65	2.84	3.30
MHS.9	Rest of the world	0.02	0.01	0.02	0.02	0.02	0.02	0.02	0.02	0.01	0.26	0.13	0.05	0.05	0.03
Total		**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

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

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

In 2024, majority of private sources of financing health expenditure was at hospitals (inclusive of general hospitals, psychiatric hospitals and speciality hospitals) with a spending of RM22,425 million (50.7 percent of private sources health expenditure). This is followed by providers of ambulatory health care at RM10,710 million (24.2 percent of private sources health expenditure), retail sale and other providers of medical goods at RM7,193 million (16.3 percent of private sources health expenditure), other industries (rest of the Malaysian economy) RM2,048 (4.6 percent of private sources health expenditure) and providers of health care system administration and financing at RM1,778 million (4.0 percent of private sources health expenditure). The remaining expenditure to all other providers of health care services and products was RM94 million or 0.2 percent of private sources health expenditure (Table 5.3.2a and Figure 5.3.2).

The trend in spending by private sources of health care financing over the past fourteen (14) years show that the top three providers of health care where the funds are being spent are at hospitals, providers of ambulatory health care and providers of retail sales and medical goods (Table 5.3.2b and Table 5.3.2c). Expenditure for these 3 provider categories show more than a two-fold increase since 2011.

TABLE 5.3.2a: Private Sources Health Expenditure to Providers of Health Care, 2024

MNHA 2.0 Code	Providers of Health Care	RM Million	Percent
MHP.1	All hospitals	22,425	50.68
MHP.3	Providers of ambulatory health care	10,710	24.20
MHP.5	Retail sale and other providers of medical goods	7,193	16.26
MHP.8	Other industries (rest of the Malaysian economy)	2,048	4.63
MHP.7	Providers of health care system administration and financing	1,778	4.02
MHP.4	Providers of ancillary services	59	0.13
MHP.6	Provision and administration of public health programmes	17	0.04
MHP.9	Rest of the world	11	0.03
MHP.2	Residential long term care facilities	7	0.02
Total		**44,248**	**100.00**

FIGURE 5.3.2: Private Sources Health Expenditure to Providers of Health Care, 2024

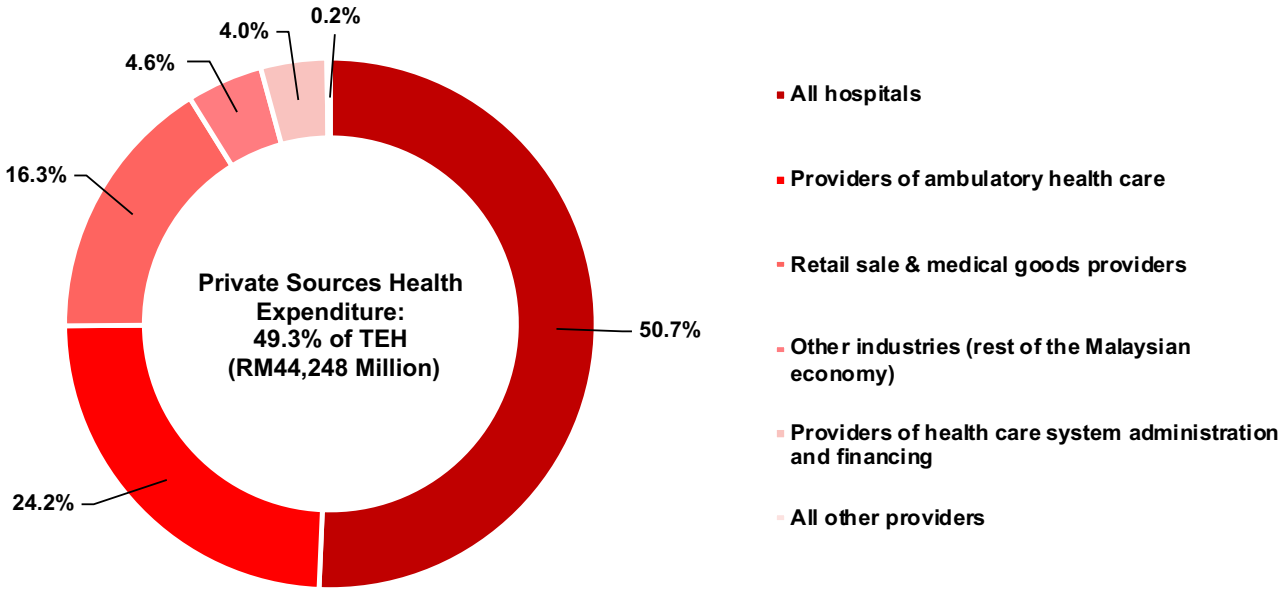


TABLE 5.3.2b: Private Sources Health Expenditure to Providers of Health Care, 2011-2024 (RM Million)															
MNHA 2.0 Code	Providers of Health Care	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
MHP.1	All hospitals	7,278	7,697	8,256	9,030	10,225	11,458	12,612	13,802	15,118	16,135	16,503	18,132	20,198	22,425
MHP.2	Residential long term care facilities	14	18	1	1	1	4	1	3	0	3	0	3	6	7
MHP.3	Providers of ambulatory health care	3,834	4,496	5,104	6,013	6,252	6,579	7,096	7,353	7,763	7,484	8,315	9,768	9,974	10,710
MHP.4	Providers of ancillary services	72	86	97	112	78	48	52	52	115	94	62	58	56	59
MHP.5	Retail sale and other providers of medical goods	1,774	1,961	2,172	2,701	3,058	3,238	3,395	4,146	3,691	3,873	4,485	5,336	6,631	7,193
MHP.6	Provision and administration of public health programmes	11	17	3	3	23	30	19	19	4	332	83	14	8	17
MHP.7	Providers of health care system administration and financing	1,467	1,629	1,343	1,312	1,571	1,716	1,706	1,577	1,463	1,850	2,485	1,449	1,505	1,778
MHP.8	Other industries (rest of the Malaysian economy)	1,150	1,453	1,798	1,678	1,797	1,916	1,973	1,908	1,696	1,812	1,704	1,771	1,878	2,048
MHP.9	Rest of the world	101	85	6	10	15	14	21	27	18	12	8	11	10	11
Total		**15,702**	**17,442**	**18,780**	**20,859**	**23,019**	**25,002**	**26,875**	**28,887**	**29,868**	**31,594**	**33,646**	**36,542**	**40,266**	**44,248**

TABLE 5.3.2c: Private Sources Health Expenditure to Providers of Health Care, 2011-2024 (Percent, %)															
MNHA 2.0 Code	Providers of Health Care	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
MHP.1	All hospitals	46.35	44.13	43.96	43.29	44.42	45.83	46.93	47.78	50.62	51.07	49.05	49.62	50.16	50.68
MHP.2	Residential long term care facilities	0.09	0.10	0.00	0.00	0.00	0.01	0.00	0.01	0.00	0.01	0.00	0.01	0.01	0.02
MHP.3	Providers of ambulatory health care	24.41	25.78	27.18	28.82	27.16	26.32	26.40	25.46	25.99	23.69	24.71	26.73	24.77	24.20
MHP.4	Providers of ancillary services	0.46	0.49	0.52	0.54	0.34	0.19	0.19	0.18	0.39	0.30	0.18	0.16	0.14	0.13
MHP.5	Retail sale and other providers of medical goods	11.30	11.24	11.57	12.95	13.28	12.95	12.63	14.35	12.36	12.26	13.33	14.60	16.47	16.26
MHP.6	Provision and administration of public health programmes	0.07	0.10	0.01	0.01	0.10	0.12	0.07	0.07	0.01	1.05	0.25	0.04	0.02	0.04
MHP.7	Providers of health care system administration and financing	9.35	9.34	7.15	6.29	6.82	6.86	6.35	5.46	4.90	5.85	7.39	3.97	3.74	4.02
MHP.8	Other industries (rest of the Malaysian economy)	7.32	8.33	9.57	8.04	7.81	7.66	7.34	6.60	5.68	5.73	5.07	4.85	4.66	4.63
MHP.9	Rest of the world	0.65	0.49	0.03	0.05	0.06	0.05	0.08	0.09	0.06	0.04	0.03	0.03	0.02	0.03
Total		**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

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

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

In 2024, majority of private sources of financing health expenditure was spent for curative care services, amounting to RM29,284 million (66.2 percent of private sources health expenditure). This is followed by spending for medical goods at RM8,117 million (18.3 percent of private sources health expenditure), gross capital formation at RM2,452 million (5.5 percent of private sources health expenditure), education and training of health personnel at RM1,810 million (4.1 percent of private sources health expenditure) and governance and health system and financing administration at RM1,778 million (4.0 percent of private sources health expenditure). The remaining expenditure for all other functions of health care services and products was RM807 million or 1.8 percent of private sources health expenditure (Table 5.3.3a and Figure 5.3.3).

The trend in spending by private sources of health care financing over the past fourteen (14) years show that the top two functions of health care for which the funds are being spent on are for services of curative care and medical goods. Expenditure for services of curative care and medical goods have more than doubled since 2011 (Table 5.3.3b and Table 5.3.3c).

TABLE 5.3.3a: Private Sources Health Expenditure for Functions of Health Care, 2024

MNHA 2.0 Code	Functions of Health Care	RM Million	Percent
MHC.1	Services of curative care	29,284	66.18
MHC.5	Medical goods	8,117	18.34
MHR.1	Gross Capital formation	2,452	5.54
MHR.2	Education and training of health personnel	1,810	4.09
MHC.7	Governance and health system and financing administration	1,778	4.02
MHC.6	Preventive Care	455	1.03
MHR.4	Drinking water intervention	238	0.54
MHC.4	Ancillary services to health care	58	0.13
MHR.3	Research and development in health	49	0.11
MHC.3	Services of long-term care	7	0.02
Total		**44,248**	**100.00**

FIGURE 5.3.3: Private Sources Health Expenditure for Functions of Health Care, 2024

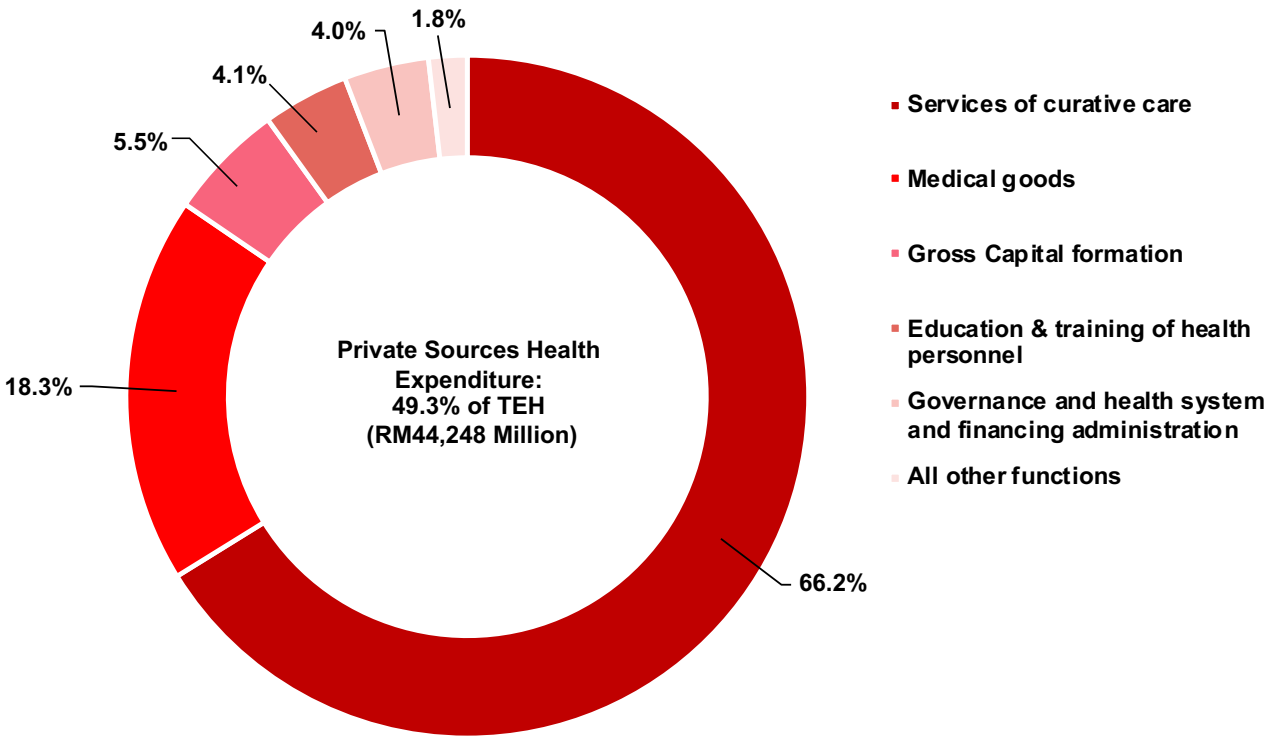


TABLE 5.3.3b: Private Sources Health Expenditure for Functions of Health Care, 2011-2024 (RM Million)															
MNHA 2.0 Code	Functions of Health Care	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
MHC.1	Services of curative care	10,288	11,151	12,179	13,686	14,225	15,513	17,130	18,021	19,572	20,415	21,293	24,725	26,664	29,284
MHC.2	Services of rehabilitative care	1	0	0	0	0	0	0	0	0	0	0	0	0	0
MHC.3	Services of long-term care	14	18	1	1	1	4	1	3	0	3	0	3	6	7
MHC.4	Ancillary services to health care	72	86	97	112	78	48	52	52	115	63	48	55	55	58
MHC.5	Medical goods	2,135	2,339	2,561	3,115	3,640	3,908	4,100	4,857	4,400	4,473	5,219	6,189	7,502	8,117
MHC.6	Preventive Care	312	431	505	575	919	872	824	865	661	657	659	312	380	455
MHC.7	Governance and health system and financing administration	1,468	1,629	1,343	1,312	1,571	1,716	1,706	1,577	1,463	1,850	2,485	1,449	1,505	1,778
MHR.1	Gross Capital formation	251	317	272	343	718	969	1,029	1,525	1,917	2,285	2,306	2,014	2,231	2,452
MHR.2	Education and training of health personnel	879	1,153	1,461	1,328	1,419	1,506	1,548	1,497	1,537	1,594	1,385	1,534	1,631	1,810
MHR.3	Research and development in health	12	25	23	28	39	24	18	36	10	36	40	41	49	49
MHR.4	Drinking water intervention	269	293	338	358	408	443	467	454	192	218	210	219	244	238
Total		**15,702**	**17,442**	**18,780**	**20,859**	**23,019**	**25,002**	**26,875**	**28,887**	**29,868**	**31,594**	**33,646**	**36,542**	**40,266**	**44,248**

TABLE 5.3.3c: Private Sources Health Expenditure for Functions of Health Care, 2011-2024 (Percent, %)															
MNHA 2.0 Code	Functions of Health Care	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
MHC.1	Services of curative care	65.52	63.93	64.85	65.61	61.80	62.05	63.74	62.39	65.53	64.62	63.29	67.66	66.22	66.18
MHC.2	Services of rehabilitative care	0.01	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
MHC.3	Services of long-term care	0.09	0.10	0.00	0.00	0.00	0.01	0.00	0.01	0.00	0.01	0.00	0.01	0.01	0.02
MHC.4	Ancillary services to health care	0.46	0.49	0.52	0.54	0.34	0.19	0.19	0.18	0.39	0.20	0.14	0.15	0.14	0.13
MHC.5	Medical goods	13.60	13.41	13.64	14.94	15.82	15.63	15.25	16.81	14.73	14.16	15.51	16.94	18.63	18.34
MHC.6	Preventive Care	1.99	2.47	2.69	2.76	3.99	3.49	3.07	2.99	2.21	2.08	1.96	0.85	0.94	1.03
MHC.7	Governance and health system and financing administration	9.35	9.34	7.15	6.29	6.82	6.86	6.35	5.46	4.90	5.85	7.39	3.97	3.74	4.02
MHR.1	Gross Capital formation	1.60	1.82	1.45	1.65	3.12	3.87	3.83	5.28	6.42	7.23	6.85	5.51	5.54	5.54
MHR.2	Education and training of health personnel	5.60	6.61	7.78	6.37	6.17	6.02	5.76	5.18	5.15	5.05	4.12	4.20	4.05	4.09
MHR.3	Research and development in health	0.08	0.14	0.12	0.14	0.17	0.10	0.07	0.13	0.03	0.12	0.12	0.11	0.12	0.11
MHR.4	Drinking water intervention	1.72	1.68	1.80	1.72	1.77	1.77	1.74	1.57	0.64	0.69	0.63	0.60	0.61	0.54
Total		**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

CHAPTER 6

HEALTH EXPENDITURE TO PROVIDERS OF HEALTH CARE

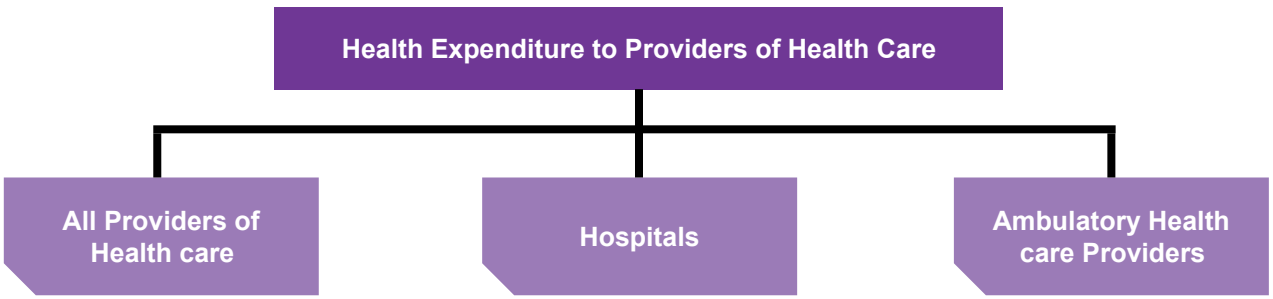
Providers of health care services and products include all entities involved in the delivery of health care within the MNHA 2.0 Framework. These comprise hospitals classified under the MHP.1 code, including general hospitals, psychiatric hospitals, and specialty hospitals, as well as residential long-term care facilities, ambulatory health care providers, ancillary service providers, retail sale and other providers of medical goods, providers responsible for the provision and administration of public health programmes, providers of health care system administration and financing, other industries, and the rest of the world.

This chapter is organised into three sections. Section 6.1 presents health expenditure across all providers of health care as classified under the MNHA 2.0 Framework. Sections 6.2 and 6.3 focus specifically on health expenditure to hospital providers and ambulatory health care providers, respectively. An overview of health expenditure by providers of health care is illustrated in Figure 6.0.

6.1 HEALTH EXPENDITURE TO ALL PROVIDERS OF HEALTH CARE

In 2024, hospitals accounted for the largest share of total expenditure on health (TEH), with spending of RM48,721 million (54.2 percent of TEH). This reflects the dominant role of hospital-based services in Malaysia's health system. Ambulatory health care providers recorded the second highest expenditure at RM18,881 million (21.0 percent of TEH). Expenditure on providers of health care system administration and financing amounted to RM8,640 million (9.6 percent of TEH), followed by retail sale and other providers of medical goods at RM7,636 million (8.5 percent of TEH). Spending directed to other industries within the Malaysian economy totalled RM3,486 million (3.9 percent of TEH), and expenditure on the provision and administration of public health programmes was RM2,161 million (2.4 percent of TEH). The remaining providers of health care services and products accounted for RM302 million, or 0.3 percent of TEH (Table 6.1a and Figure 6.1).

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



The 2011-2024 time series data also shows a similar pattern with the same top two providers (all hospitals and providers of ambulatory health care) contributing to an average of 74.1 percent share of TEH throughout the same period. The third-highest expenditure from 2011 to 2024 was contributed by expenditure to providers of health care system administration and financing. Expenditure at all hospitals shows more than two-fold increase. Spending at providers of ambulatory health care show an almost three-fold increase (Table 6.1b and Table 6.1c).

TABLE 6.1a: Total Expenditure on Health to Providers of Health Care, 2024

MNHA 2.0 Code	Providers of Health Care	RM Million	Percent
MHP.1	All Hospitals	48,721	54.24
MHP.3	Providers of ambulatory health care	18,881	21.02
MHP.7	Providers of health care system administration and financing	8,640	9.62
MHP.5	Retail sale and other providers of medical goods	7,636	8.50
MHP.8	Other industries (rest of the Malaysian economy)	3,486	3.88
MHP.6	Provision and administration of public health programmes	2,161	2.41
MHP.4	Providers of ancillary services	269	0.30
MHP.2	Residential long term care facilities	21	0.02
MHP.9	Rest of the world	12	0.01
Total		**89,827**	**100.00**

FIGURE 6.1: Total Expenditure on Health to Providers of Health Care, 2024

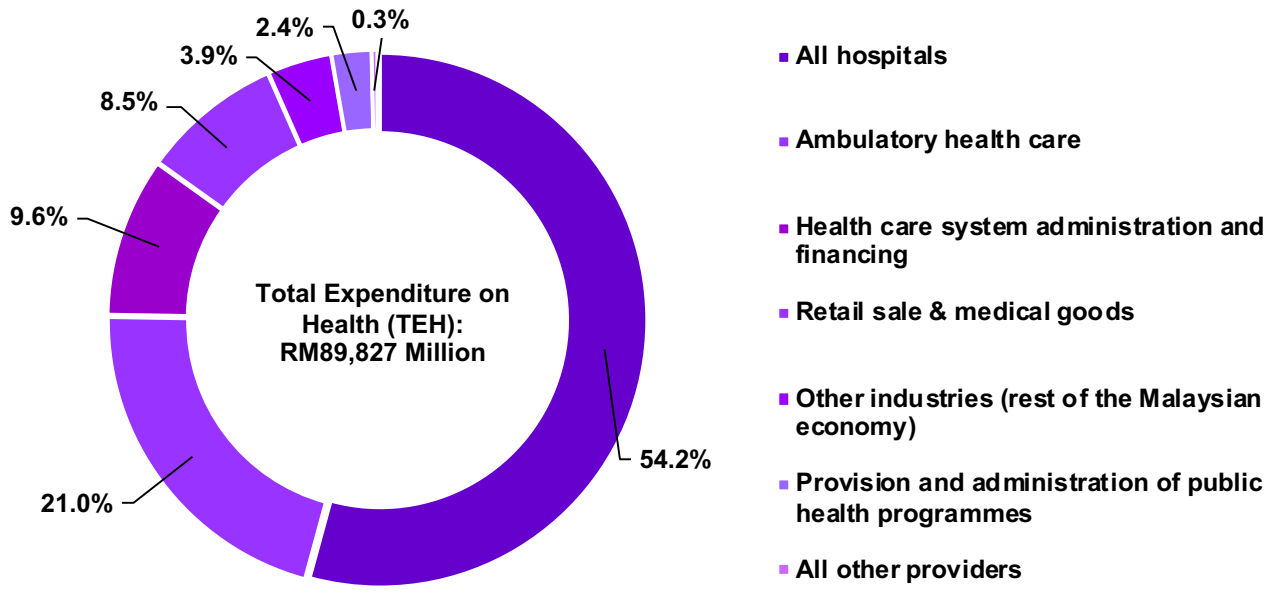


TABLE 6.1b: Total Expenditure on Health to Providers of Health Care, 2011 - 2024 (RM Million)															
MNHA 2.0 Code	Providers of Health Care	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
MP1	All Hospitals	18,635	21,047	21,962	24,793	26,665	28,139	30,333	32,736	35,437	36,847	39,317	41,714	44,790	48,721
MP2	Residential long term care facilities	16	20	2	2	2	5	2	5	1	5	2	4	21	21
MP3	Providers of ambulatory health care	6,424	7,528	8,521	10,017	10,458	10,967	11,876	12,707	13,708	13,889	15,981	17,442	17,011	18,881
MP4	Providers of ancillary services	226	245	234	294	277	231	249	251	340	465	4,520	379	335	269
MP5	Retail sale and other providers of medical goods	1,909	2,129	2,374	2,921	3,344	3,520	3,699	4,328	3,863	4,115	4,724	5,629	6,966	7,636
MP6	Provision and administration of public health programmes	1,136	1,467	1,166	1,429	1,511	1,682	1,602	1,393	1,787	2,713	2,932	2,728	2,072	2,161
MP7	Providers of health care system administration and financing	4,674	3,961	4,096	4,003	4,441	3,683	4,974	5,175	5,536	6,221	7,054	6,749	8,396	8,640
MP8	Other industries (rest of the Malaysian economy)	2,830	2,966	3,285	3,310	3,348	3,534	3,425	3,661	3,395	3,984	4,066	3,194	3,245	3,486
MP9	Rest of the world	102	86	7	11	19	15	22	28	18	12	9	11	10	12
Total		**35,953**	**39,448**	**41,647**	**46,780**	**50,065**	**51,775**	**56,181**	**60,284**	**64,085**	**68,252**	**78,606**	**77,850**	**82,846**	**89,827**

TABLE 6.1c: Total Expenditure on Health to Providers of Health Care, 2011 - 2024 (Percent, %)															
MNHA 2.0 Code	Providers of Health Care	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
MHP.1	All Hospitals	51.83	53.35	52.73	53.00	53.26	54.35	53.99	54.30	55.30	53.99	50.02	53.58	54.06	54.24
MHP.2	Residential long term care facilities	0.04	0.05	0.00	0.00	0.00	0.01	0.00	0.01	0.00	0.01	0.00	0.01	0.03	0.02
MHP.3	Providers of ambulatory health care	17.87	19.08	20.46	21.41	20.89	21.18	21.14	21.08	21.39	20.35	20.33	22.40	20.53	21.02
MHP.4	Providers of ancillary services	0.63	0.62	0.56	0.63	0.55	0.45	0.44	0.42	0.53	0.68	5.75	0.49	0.40	0.30
MHP.5	Retail sale and other providers of medical goods	5.31	5.40	5.70	6.24	6.68	6.80	6.58	7.18	6.03	6.03	6.01	7.23	8.41	8.50
MHP.6	Provision and administration of public health programmes	3.16	3.72	2.80	3.06	3.02	3.25	2.85	2.31	2.79	3.97	3.73	3.50	2.50	2.41
MHP.7	Providers of health care system administration and financing	13.00	10.04	9.84	8.56	8.87	7.11	8.85	8.58	8.64	9.12	8.97	8.67	10.13	9.62
MHP.8	Other industries (rest of the Malaysian economy)	7.87	7.52	7.89	7.08	6.69	6.82	6.10	6.07	5.30	5.84	5.17	4.10	3.92	3.88
MHP.9	Rest of the world	0.28	0.22	0.02	0.02	0.04	0.03	0.04	0.05	0.03	0.02	0.01	0.01	0.01	0.01
Total		**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**

6.2 HEALTH EXPENDITURE TO PROVIDERS OF HEALTH CARE - HOSPITALS

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

In 2024, RM48,721 million or 54.2 percent of TEH was spent at all hospitals. MOH as the highest source of financing spent RM22,589 million (46.4 percent of health expenditure at all hospitals), followed by private household OOP payment at RM16,034 million (32.9 percent of health expenditure at all hospitals), voluntary private insurance at RM5,855 million (12 percent of health expenditure at all hospitals), Ministry of Higher Education (MoHE) at RM1,930 million (4.0 percent of health expenditure at all hospitals) and other federal agencies (including statutory bodies) at RM882 million (1.8 percent of health expenditure at all hospitals). The remaining expenditure from various sources at all hospitals amounted to RM1,432 million (2.9 percent of health expenditure at all hospitals) (Table 6.2a and Figure 6.2).

The 2011-2024 time series expenditure by the top two sources of financing at all hospitals, MOH and private household OOP payment amounted to an average of 80.1 percent. The remaining sources of financing spent an average of 19.9 percent (Table 6.2b and Table 6.2c).

TABLE 6.2a: Health Expenditure at All Hospitals by Sources of Financing, 2024

MNHA 2.0 Code	Sources of Financing	RM Million	Percent
MHS.1.1.1.1	Ministry of Health (MOH)	22,589	46.36
MHS.2.4	Private Household out-of-pocket (OOP) payment	16,034	32.91
MHS.2.2	Voluntary private insurance	5,855	12.02
MHS.1.1.1.2	Ministry of Higher Education (MoHE)	1,930	3.96
MHS.1.1.1.9	Other Federal Agencies (including statutory bodies)	882	1.81
MHS.2.6	All corporations (other than health insurance)	529	1.09
MHS.1.2.2	Social Security Organisation (SOCSO)	422	0.87
MHS.1.1.2.2	Other state agencies (including statutory bodies)	195	0.40
MHS.1.1.1.3	Ministry of Defence (MOD)	121	0.25
MHS.1.2.1	Employees Provident Fund (EPF)	69	0.14
MHS.1.1.3	Local Authorities	53	0.11
MHS.1.1.2.1	State government (General)	36	0.07
MHS.2.5	Non-profit institutions	7	0.01
Total		**48,721**	**100.00**

FIGURE 6.2: Health Expenditure at All Hospitals by Sources of Financing, 2024

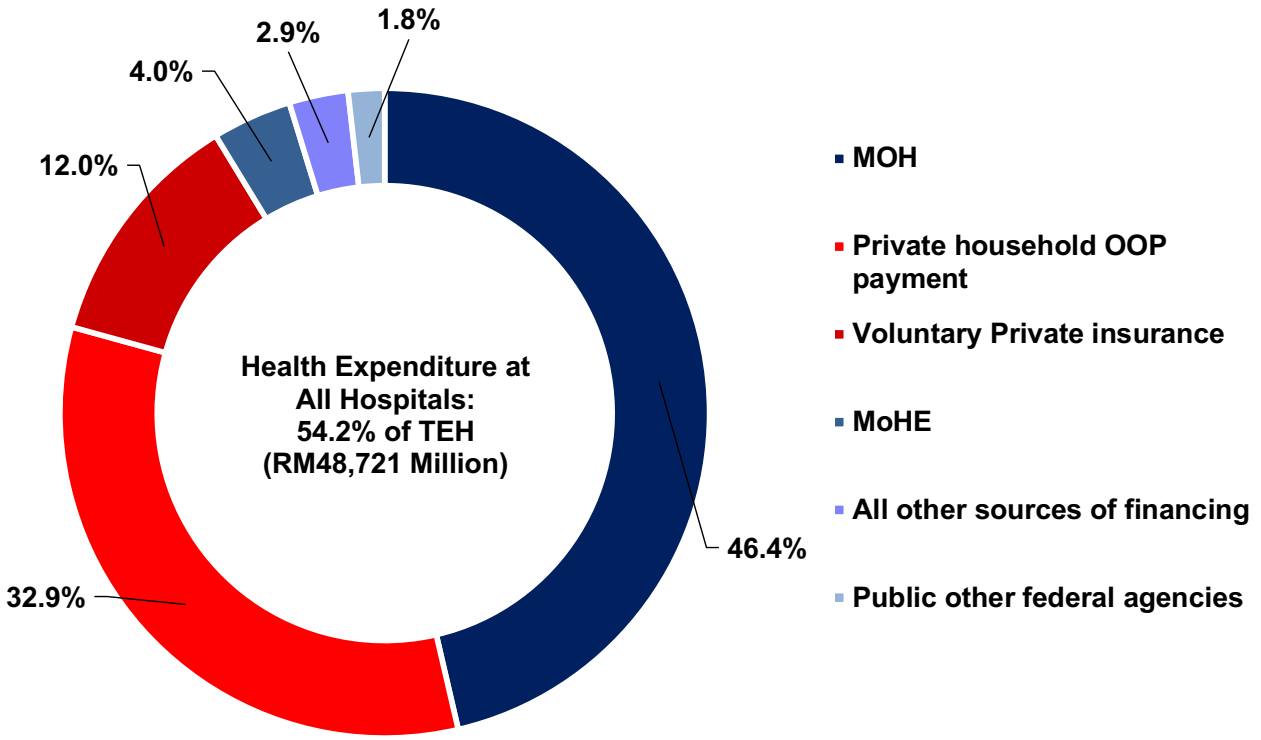


TABLE 6.2b: Health Expenditure at All Hospitals by Sources of Financing, 2011 - 2024 (RM Million)															
MNHA 2.0 Code	Sources of Financing	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
MHS.1.1.1.1	Ministry of Health (MOH)	9,462	11,331	11,683	13,610	14,263	14,396	15,460	16,471	17,496	18,182	19,965	20,419	20,999	22,589
MHS.1.1.1.2	Ministry of Higher Education (MoHE)	1,221	1,285	1,232	1,346	1,293	1,258	1,229	1,347	1,603	1,406	1,561	1,526	1,769	1,930
MHS.1.1.1.3	Ministry of Defence (MOD)	83	102	105	110	115	104	84	65	104	95	93	60	106	121
MHS.1.1.1.9	Other federal agencies (including statutory bodies)	420	449	489	506	552	580	595	632	676	585	712	957	887	882
MHS.1.1.2.1	State government (General)	15	19	18	21	17	19	19	28	18	22	29	34	40	36
MHS.1.1.2.2	Other state agencies (including statutory bodies)	10	13	10	12	36	138	129	142	155	150	166	181	243	195
MHS.1.1.3	Local authorities (LA)	20	16	13	22	21	23	31	35	37	48	42	45	52	53
MHS.1.2.1	Employees Provident Fund (EPF)	32	31	35	38	43	47	48	55	68	65	84	73	77	69
MHS.1.2.2	Social Security Organisation (SOCSO)	93	104	120	98	100	117	125	158	162	159	162	288	418	422
MHS.2.2	Voluntaru private insurance	1,474	1,583	1,878	2,373	2,761	3,032	3,311	3,670	4,324	3,969	3,966	5,370	5,649	5,855
MHS.2.4	Private household out-of-pocket (OOP) payment	5,618	5,866	6,070	6,342	6,972	7,971	8,862	9,681	10,439	11,803	12,157	12,519	14,241	16,034
MHS.2.5	Non-profit institutions	29	31	44	12	13	1	1	2	2	20	33	3	6	7
MHS.2.6	All corporations (other than health insurance)	158	216	264	303	478	454	438	449	353	338	346	236	302	529
MHS.9	Rest of the world	0	0	0	0	0	0	0	0	0	5	1	4	0	0
Total		18,635	21,047	21,962	24,793	26,665	28,139	30,333	32,736	35,437	36,847	39,317	41,714	44,790	48,721

TABLE 6.2c: Health Expenditure at All Hospitals by Sources of Financing, 2011 - 2024 (Percent, %)															
MNHA 2.0 Code	Sources of Financing	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
MHS.1.1.1.1	Ministry of Health (MOH)	50.78	53.84	53.20	54.90	53.49	51.16	50.97	50.32	49.37	49.35	50.78	48.95	46.88	46.36
MHS.1.1.1.2	Ministry of Higher Education (MoHE)	6.55	6.10	5.61	5.43	4.85	4.47	4.05	4.11	4.52	3.82	3.97	3.66	3.95	3.96
MHS.1.1.1.3	Ministry of Defence (MOD)	0.45	0.49	0.48	0.44	0.43	0.37	0.28	0.20	0.29	0.26	0.24	0.15	0.24	0.25
MHS.1.1.1.9	Other federal agencies (including statutory bodies)	2.25	2.13	2.23	2.04	2.07	2.06	1.96	1.93	1.91	1.59	1.81	2.29	1.98	1.81
MHS.1.1.2.1	State government (General)	0.08	0.09	0.08	0.08	0.07	0.07	0.06	0.09	0.05	0.06	0.07	0.08	0.09	0.07
MHS.1.1.2.2	Other state agencies (including statutory bodies)	0.05	0.06	0.05	0.05	0.13	0.49	0.43	0.43	0.44	0.41	0.42	0.43	0.54	0.40
MHS.1.1.3	Local authorities (LA)	0.11	0.08	0.06	0.09	0.08	0.08	0.10	0.11	0.10	0.13	0.11	0.11	0.12	0.11
MHS.1.2.1	Employees Provident Fund (EPF)	0.17	0.15	0.16	0.15	0.16	0.17	0.16	0.17	0.19	0.18	0.21	0.17	0.17	0.14
MHS.1.2.2	Social Security Organisation (SOCSO)	0.50	0.49	0.54	0.40	0.38	0.42	0.41	0.48	0.46	0.43	0.41	0.69	0.93	0.87
MHS.2.2	Voluntaru private insurance	7.91	7.52	8.55	9.57	10.35	10.77	10.92	11.21	12.20	10.77	10.09	12.87	12.61	12.02
MHS.2.4	Private household out-of-pocket (OOP) payment	30.15	27.87	27.64	25.58	26.15	28.33	29.21	29.57	29.46	32.03	30.92	30.01	31.80	32.91
MHS.2.5	Non-profit institutions	0.15	0.15	0.20	0.05	0.05	0.00	0.00	0.01	0.00	0.05	0.08	0.01	0.01	0.01
MHS.2.6	All corporations (other than health insurance)	0.85	1.03	1.20	1.22	1.79	1.61	1.44	1.37	1.00	0.92	0.88	0.57	0.67	1.09
MHS.9	Rest of the world	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00	0.01	0.00	0.00
Total		100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00

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

Providers of ambulatory health care services are the next largest provider of health care after all hospitals. Ambulatory health care comprises establishments that are primarily engaged in providing health care services directly to outpatients who do not require inpatient services. This includes both offices of general medical practitioners and medical specialists and establishments specialising in the treatment of day-cases and in the delivery of outpatient services (inclusive of home care services). This item has seven subcategories, including medical practices, dental practices, other health professional establishments, traditional and other alternative health care establishments, outpatient care centres (family planning centres, outpatient mental health and substance abuse centres, free-standing ambulatory surgery centres and dialysis care centres), providers of home health care services and providers of all other ambulatory services.

In 2024, expenditure on ambulatory health care providers totalled RM18,881 million, accounting for 21.0 percent of total expenditure on health (TEH). Financing for ambulatory care relied primarily on two main sources: private household out-of-pocket (OOP) payments and public sources of financing private household OOP payments were the largest single source of financing for ambulatory care, amounting to RM9,835 million, or 52.1 percent of total ambulatory health care expenditure. Public sources of financing, excluding social security funds, contributed RM8,006 million, representing 42.4 percent. This distribution indicates a substantial reliance on direct household payments for ambulatory services, alongside significant public sector involvement.

Other financing sources played a comparatively minor role. Contributions from corporations other than health insurance providers amounted to RM579 million (3.1 percent of total ambulatory health care expenditure), voluntary private insurance accounted for RM218 million (1.2 percent of total ambulatory health care expenditure), and social security funds contributed RM165 million (0.9 percent of total ambulatory health care expenditure). Non-profit institutions accounted for the smallest share, at RM78 million (0.4 percent of total ambulatory health care expenditure) (Table 6.3a and Figure 6.3).

The 2011-2024 time series data shows that the expenditure in absolute RM value for ambulatory care services increased by three-fold in the public sources and two-fold in the private sources (Table 6.3b).

TABLE 6.3a: Health Expenditure to Providers of Ambulatory Health Care by Sources of Financing, 2024			
MNHA 2.0 Code	Sources of Financing	RM Million	Percent
MHS.2.4	Private Household out-of-pocket (OOP) payment	9,835	52.09
MHS.1.1	Public sources of financing (excluding Social Security Funds)	8,006	42.40
MHS.2.6	All corporations (other than health insurance)	579	3.07
MHS.2.2	Voluntary private insurance	218	1.15
MHS.1.2	Social security funds	165	0.87
MHS.2.5	Non-profit institutions	78	0.41
Total		18,881	100.00

FIGURE 6.3: Health Expenditure to Providers of Ambulatory Health Care (non-hospital setting) by Sources of Financing, 2024

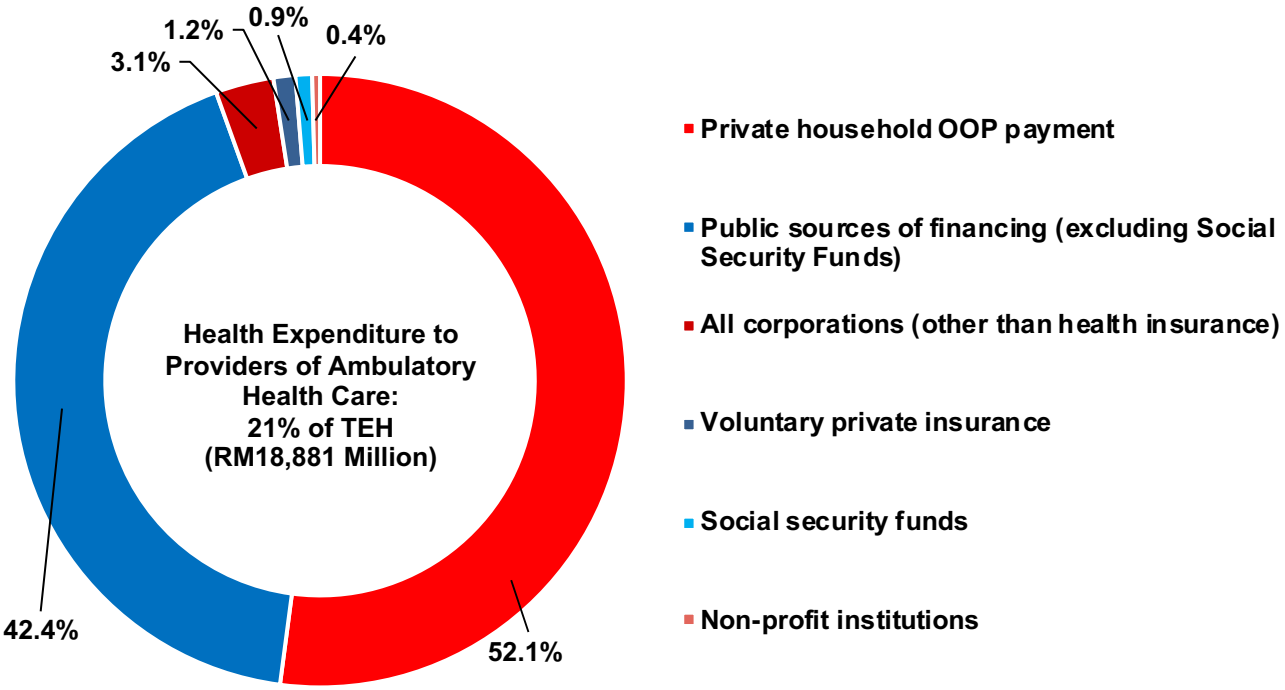


TABLE 6.3b: Health Expenditure to Providers of Ambulatory Health Care by Sources of Financing, 2011 - 2024 (RM Million)															
MNHA 2.0 Code	Sources of Financing	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
MHS.1.1	Public sources of financing (excluding Social Security Funds)	2,578	3,021	3,406	3,936	4,132	4,294	4,681	5,216	5,801	6,257	7,507	7,498	6,890	8,006
MHS.1.2	Social security funds	13	11	11	68	74	93	99	138	144	148	159	176	147	165
Sub-Total Public Sources		**2,591**	**3,032**	**3,417**	**4,004**	**4,206**	**4,388**	**4,780**	**5,354**	**5,945**	**6,405**	**7,666**	**7,674**	**7,037**	**8,171**
MHS.2.2	Voluntary private insurance	60	75	85	66	97	125	136	155	214	168	217	246	190	218
MHS.2.4	Private Household out-of-pocket (OOP) payment	3,270	3,733	4,180	4,990	4,653	5,036	5,575	5,765	6,461	6,537	7,183	9,062	9,218	9,835
MHS.2.5	Non-profit institutions	15	16	19	18	20	21	42	39	0	52	53	79	73	78
MHS.2.6	All corporations (other than health insurance)	488	672	819	939	1,482	1,398	1,342	1,394	1,088	726	862	382	491	579
MHS.9	Rest of the world	0	0	0	0	0	0	0	0	0	0	0	0	2	0
Sub-Total Private Sources		**3,834**	**4,496**	**5,104**	**6,013**	**6,252**	**6,579**	**7,096**	**7,353**	**7,763**	**7,484**	**8,315**	**9,768**	**9,974**	**10,710**
Total		**6,424**	**7,528**	**8,521**	**10,017**	**10,458**	**10,967**	**11,876**	**12,707**	**13,708**	**13,889**	**15,981**	**17,442**	**17,011**	**18,881**

TABLE 6.3c: Health Expenditure to Providers of Ambulatory Health Care by Sources of Financing, 2011 - 2024 (Percent, %)															
MNHA 2.0 Code	Sources of Financing	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
MHS.1.1	Public sources of financing (excluding Social Security Funds)	40.13	40.13	39.98	39.30	39.51	39.16	39.42	41.05	42.32	45.05	46.97	42.99	40.50	42.40
MHS.1.2	Social security funds	0.20	0.14	0.12	0.68	0.71	0.85	0.83	1.09	1.05	1.06	1.00	1.01	0.86	0.87
Sub-Total Public Sources		**40.33**	**40.27**	**40.10**	**39.97**	**40.22**	**40.01**	**40.25**	**42.13**	**43.37**	**46.12**	**47.97**	**44.00**	**41.37**	**43.28**
MHS.2.2	Voluntary private insurance	0.93	0.99	1.00	0.66	0.93	1.14	1.15	1.22	1.56	1.21	1.36	1.41	1.12	1.15
MHS.2.4	Private Household out-of-pocket (OOP) payment	50.91	49.59	49.06	49.82	44.49	45.92	46.95	45.37	47.14	47.07	44.95	51.96	54.19	52.09
MHS.2.5	Non-profit institutions	0.24	0.22	0.23	0.17	0.19	0.19	0.36	0.31	0.00	0.38	0.33	0.45	0.43	0.41
MHS.2.6	All corporations (other than health insurance)	7.60	8.92	9.62	9.37	14.17	12.75	11.30	10.97	7.94	5.23	5.39	2.19	2.89	3.07
MHS.9	Rest of the world	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.01	0.00
Sub-Total Private Sources		**59.67**	**59.73**	**59.90**	**60.03**	**59.78**	**59.99**	**59.75**	**57.87**	**56.63**	**53.88**	**52.03**	**56.00**	**58.63**	**56.72**
Total		**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

CHAPTER 7

HEALTH EXPENDITURE FOR FUNCTIONS OF HEALTH CARE

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

This chapter has four sections. Section 7.1 describes health expenditure according to MNHA 2.0 classification of all functions of health care for 2024, followed by time series data for 2011-2024 in RM Million and percentage. Section 7.2 explains services of curative care expenditure, Section 7.3 is regarding preventive care expenditure and Section 7.4 describes expenditure for health education and training.

For the Traditional and Complementary Medicine (TCM) Services component, it is embedded under Curative Care Services within Outpatient Services (Sub-Chapter 7.2). The data source for this component was obtained from the Accountant General's Department of Malaysia (AGD) under the Ministry of Finance (MOF). For Traditional and Other Alternative Medicines, the data were obtained from the Household Expenditure Survey (HES) on health. At the time of writing this report, no other data sources were available for TCM, which constitutes a limitation in estimating the actual expenditure for the TCM component in MNHA reporting.

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7.1 HEALTH EXPENDITURE FOR ALL FUNCTIONS OF HEALTH CARE

In 2024, the expenditure for services of curative care amounted to RM56,554 million (63.0 percent of TEH). This was followed by medical goods at RM8,560 million (9.5 percent of TEH), gross capital formation at RM8,475 million (9.4 percent of TEH), governance and health system and financing administration at RM7,211 million (8.0 percent of TEH), preventive care at RM5,067 million (5.6 percent of TEH). A total of RM2,784 million (3.1 percent of TEH) was spent for education and training of health personnel, and the remaining RM1,177 million (1.3 percent of TEH) was spent on all the other functions (Table 7.1a and Figure 7.1).

The 2011-2024 time series data shows that the expenditure in absolute RM value for services of curative care increased by two-fold, medical goods dispensed to out-patients increased by three-fold and health programme administration and health insurance increased by two-fold. Despite a decrease in the public health services (including health promotion and prevention) as percentage of TEH in the year 2024, when compared to pre- pandemic year at 2019, there were significant increases seen in absolute RM value from RM3,980 million to RM5,067 million (Table 7.1b).

TABLE 7.1a: Total Expenditure on Health for Functions of Health Care, 2024			
MNHA 2.0 Code	Functions of Health Care	RM Million	Percent
MHC.1	Services of curative care	56,554	62.96
MHC.5	Medical goods	8,560	9.53
MHR.1	Gross Capital formation	8,475	9.43
MHC.7	Governance and health system and financing administration	7,211	8.03
MHC.6	Preventive Care	5,067	5.64
MHR.2	Education and training of health personnel	2,784	3.10
MHR.4	Drinking water intervention	348	0.39
MHR.3	Research and development in health	325	0.36
MHC.4	Ancillary services to health care	252	0.28
MHC.2	Services of rehabilitative care	182	0.20
MHC.3	Services of long-term nursing care	70	0.08
Total		89,827	100.00

FIGURE 7.1: Total Expenditure on Health for Functions of Health Care, 2024

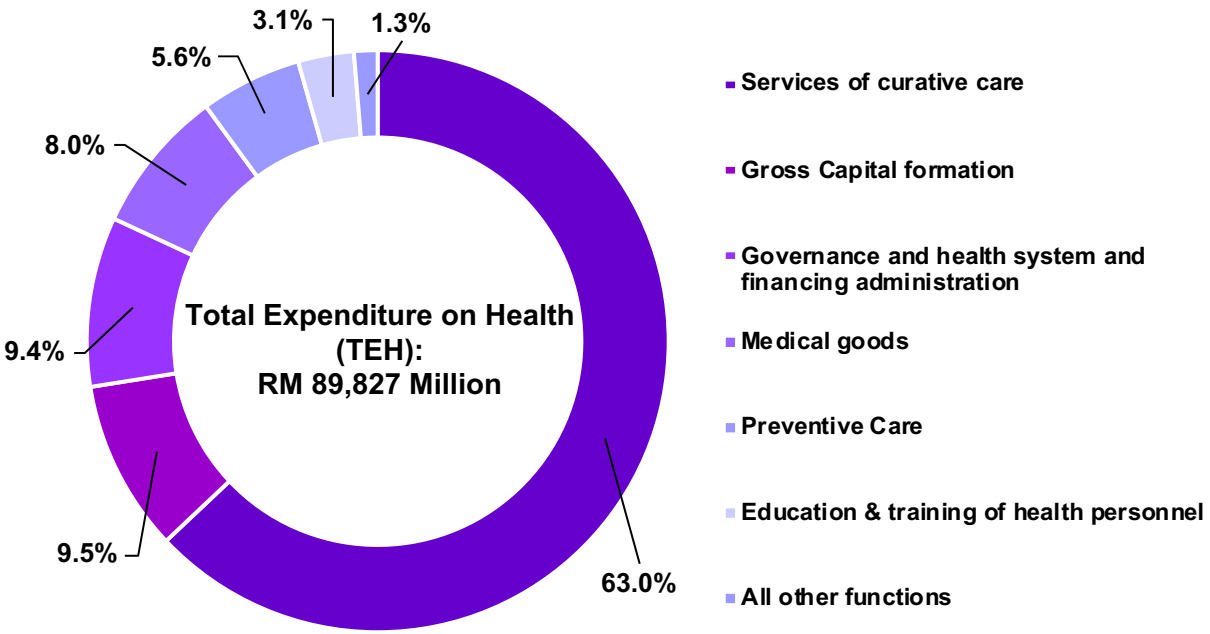


TABLE 7.1b: Total Expenditure on Health for Functions of Health Care, 2011-2024 (RM Million)

MNHA 2.0 Code	Functions of Health Care	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
MHC.1	Services of curative care	23,238	26,172	27,191	31,405	32,947	34,656	37,882	40,416	42,665	42,675	45,002	50,167	52,068	56,554
MHC.2	Services of rehabilitative care	1	<1	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	115	193	182
MHC.3	Services of long-term care	33	41	26	44	40	46	45	50	49	52	49	52	69	70
MHC.4	Ancillary services to health care	296	314	407	380	359	313	339	343	361	311	228	327	344	252
MHC.5	Medical goods	2,242	2,477	2,730	3,298	3,927	4,191	4,404	5,039	4,572	4,621	5,455	6,482	7,837	8,560
MHC.6	Preventive Care	1,224	1,535	2,375	2,304	2,860	2,876	2,971	3,212	3,980	5,178	10,932	5,394	4,717	5,067
MHC.7	Governance and health system and financing administration	3,614	3,523	3,561	4,205	4,347	3,720	4,670	4,311	5,077	5,725	6,277	5,601	7,273	7,211
MHR.1	Gross Capital formation	2,430	2,355	2,089	1,831	2,173	2,402	2,405	3,181	3,884	6,216	7,755	6,731	7,162	8,475
MHR.2	Education and training of health personnel	2,463	2,560	2,749	2,758	2,833	2,971	2,856	3,112	3,086	2,921	2,273	2,414	2,538	2,784
MHR.3	Research and development in health	58	81	90	87	98	75	70	93	147	274	364	287	330	325
MHR.4	Drinking water intervention	353	390	429	467	481	527	539	527	264	279	270	281	316	348
Total		**35,953**	**39,448**	**41,647**	**46,780**	**50,065**	**51,775**	**56,181**	**60,284**	**64,085**	**68,252**	**78,606**	**77,850**	**82,846**	**89,827**

TABLE 7.1c: Total Expenditure on Health for Functions of Health Care, 2011 - 2024 (Percent, %)

MNHA 2.0 Code	Functions of Health Care	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
MHC.1	Services of curative care	64.63	66.35	65.29	67.13	65.81	66.94	67.43	67.04	66.58	62.53	57.25	64.44	62.85	62.96
MHC.2	Services of rehabilitative care	0.00	0.00	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	0.15	0.23	0.20
MHC.3	Services of long-term care	0.09	0.10	0.06	0.09	0.08	0.09	0.08	0.08	0.08	0.08	0.06	0.07	0.08	0.08
MHC.4	Ancillary services to health care	0.82	0.80	0.98	0.81	0.72	0.60	0.60	0.57	0.56	0.46	0.29	0.42	0.42	0.28
MHC.5	Medical goods	6.24	6.28	6.56	7.05	7.84	8.09	7.84	8.36	7.13	6.77	6.94	8.33	9.46	9.53
MHC.6	Preventive care	3.40	3.89	5.70	4.92	5.71	5.55	5.29	5.33	6.21	7.59	13.91	6.93	5.69	5.64
MHC.7	Governance and health system and financing administration	10.05	8.93	8.55	8.99	8.68	7.18	8.31	7.15	7.92	8.39	7.99	7.19	8.78	8.03
MHR.1	Gross Capital formation	6.76	5.97	5.02	3.92	4.34	4.64	4.28	5.28	6.06	9.11	9.87	8.65	8.64	9.43
MHR.2	Education and training of health personnel	6.85	6.49	6.60	5.90	5.66	5.74	5.08	5.16	4.82	4.28	2.89	3.10	3.06	3.10
MHR.3	Research and development in health	0.16	0.21	0.22	0.19	0.20	0.14	0.12	0.15	0.23	0.40	0.46	0.37	0.40	0.36
MHR.4	Drinking water intervention	0.98	0.99	1.03	1.00	0.96	1.02	0.96	0.87	0.41	0.41	0.34	0.36	0.38	0.39
Total		**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

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

Services of Curative Care comprises medical, paramedical, allied, traditional, complementary and alternative health care (TCM) services provided during an episode of curative care, where the primary intent is to relieve symptoms of illness or injury. These services involve individual contacts with the health system and may include diagnosis, treatment planning, monitoring of clinical progress, and supporting investigations such as imaging and laboratory tests. Therapeutic interventions may involve pharmaceuticals, medical goods, or procedures such as surgery, along with necessary follow-up and routine administrative activities. Examples include obstetric and surgical services, diagnostic and therapeutic procedures within facilities, medicines dispensed at discharge, and curative care delivered through primary health care services.

Curative care is further classified into general and specialised services in line with the SHA 2011 framework, with specialised services reflecting a higher level of complexity and technology. General care typically serves as the entry point to the health system and includes routine examinations, assessments, prescriptions, counselling, and basic treatments, while specialised care addresses more complex health needs. In addition, emolument costs have been taken into account and embedded under these care packages and health functions including curative care and preventive care.

Under MNHA 2.0, the definition differs slightly from SHA 2011, as internal medicine, obstetrics and gynaecology, surgery, and paediatrics are classified as specialised services when provided in hospitals or institutions with specialists. Services of curative care can be provided either at hospital or non-hospital settings. The non-hospital setting includes medical and dental clinics.

In 2024, a total of RM56,554 million (63.0 percent of TEH) was for services of curative care. The source of financing for services of curative care was RM27,270 million (48.2 percent of curative care expenditure) from the public sources and the remaining RM29,284 million (51.8 percent of curative care expenditure) from the private sources. For the services of curative care expenditure in hospitals, the public source spent 40.3 percent of curative care expenditure, and the private source spent 35.2 percent of curative care expenditure. The remaining expenditure was spent at non-hospital settings, the public source spent 8.0 percent of curative care expenditure, and the private source spent 16.6 percent of curative care expenditure (Table 7.2a and Figure 7.2).

The public sources remained the main source of financing for curative care services from 2011 to 2022, but the trend reversed in 2023. In 2024, the public share continued to edge down slightly.

TABLE 7.2a: Health Expenditure for Curative Care by Sources of Financing, 2024

Source	Provider	RM Million	Percent
Public Sources	Hospital	22,772	40.27
	Non-Hospital	4,498	7.95
	Sub-Total	**27,270**	**48.22**
Private Sources	Hospital	19,924	35.23
	Non-Hospital	9,360	16.55
	Sub-Total	**29,284**	**51.78**
	Total	**56,554**	**100.00**

FIGURE 7.2: Health Expenditure for Curative Care by Sources of Financing, 2024

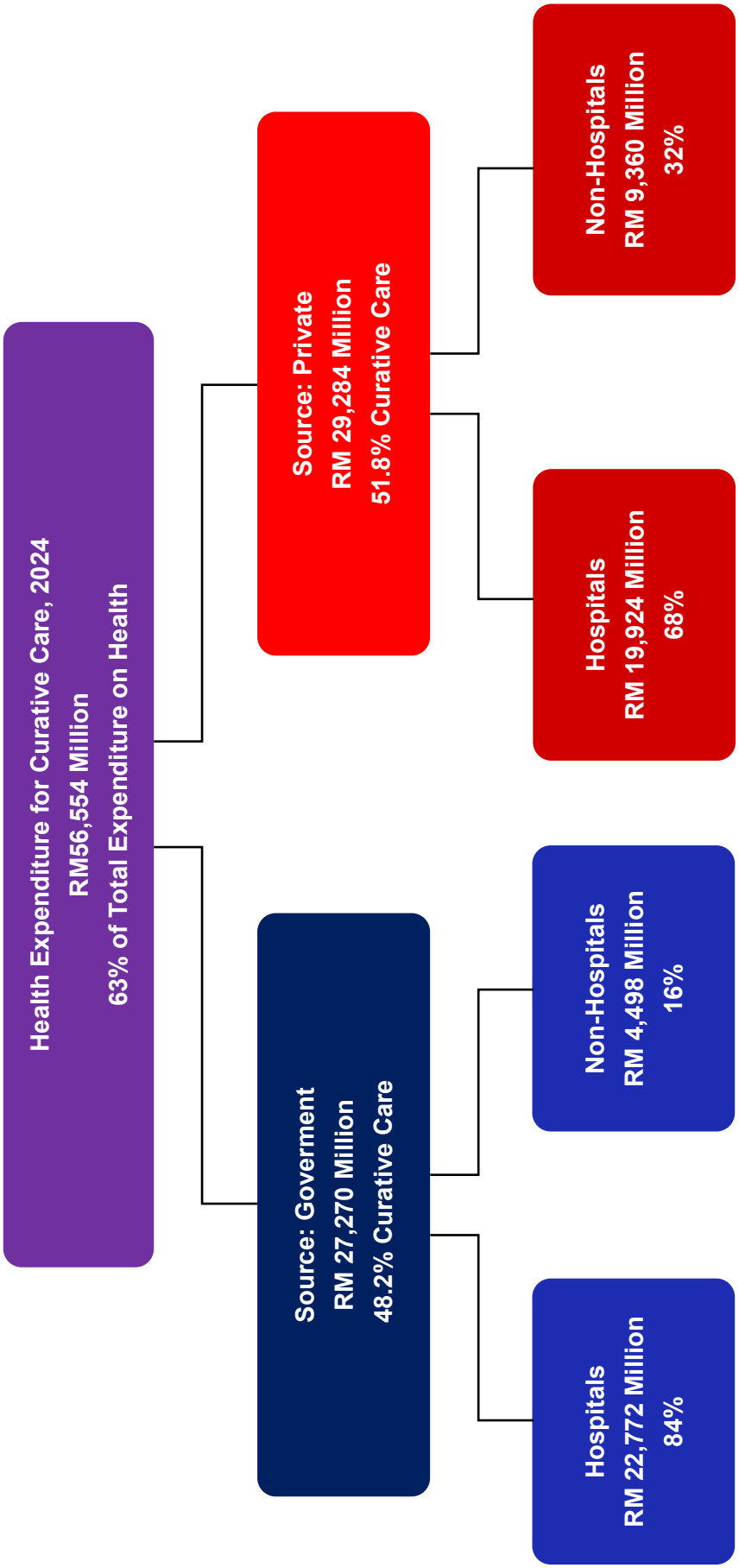


TABLE 7.2b: Health Expenditure for Curative Care by Sources of Financing, 2011 - 2024 (RM Million)															
Source	**Provider**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**
Public Source	Hospital	10,873	12,651	13,011	15,240	15,870	16,097	17,375	18,612	19,641	18,538	20,078	20,848	21,727	22,772
	Non-Hospital	2,077	2,370	2,001	2,479	2,851	3,046	3,377	3,783	3,452	3,723	3,631	4,593	3,677	4,498
	Sub-Total	**12,950**	**15,021**	**15,013**	**17,719**	**18,722**	**19,143**	**20,752**	**22,395**	**23,093**	**22,260**	**23,709**	**25,441**	**25,404**	**27,270**
Private Source	Hospital	7,018	7,363	7,961	8,652	9,439	10,433	11,524	12,198	13,160	14,032	14,252	16,084	17,925	19,924
	Non-Hospital	3,271	3,788	4,218	5,034	4,786	5,080	5,605	5,823	6,413	6,383	7,041	8,641	8,739	9,360
	Sub-Total	**10,288**	**11,151**	**12,179**	**13,686**	**14,225**	**15,513**	**17,130**	**18,021**	**19,572**	**20,415**	**21,293**	**24,725**	**26,664**	**29,284**
Total		**23,238**	**26,172**	**27,191**	**31,405**	**32,947**	**34,656**	**37,882**	**40,416**	**42,665**	**42,675**	**45,002**	**50,167**	**52,068**	**56,554**

TABLE 7.2c: Health Expenditure for Curative Care by Sources of Financing, 2011 - 2024 (Percent, %)															
Source	**Provider**	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**
Public Source	Hospital	46.79	48.34	47.85	48.53	48.17	46.45	45.87	46.05	46.03	43.44	44.62	41.56	41.73	40.27
	Non-Hospital	8.94	9.06	7.36	7.89	8.65	8.79	8.92	9.36	8.09	8.72	8.07	9.16	7.06	7.95
	Sub-Total	**55.73**	**57.39**	**55.21**	**56.42**	**56.82**	**55.24**	**54.78**	**55.41**	**54.13**	**52.16**	**52.68**	**50.71**	**48.79**	**48.22**
Private Source	Hospital	30.20	28.13	29.28	27.55	28.65	30.11	30.42	30.18	30.84	32.88	31.67	32.06	34.43	35.23
	Non-Hospital	14.07	14.47	15.51	16.03	14.53	14.66	14.80	14.41	15.03	14.96	15.65	17.23	16.78	16.55
	Sub-Total	**44.27**	**42.61**	**44.79**	**43.58**	**43.18**	**44.76**	**45.22**	**44.59**	**45.87**	**47.84**	**47.32**	**49.29**	**51.21**	**51.78**
Total		**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

7.3 HEALTH EXPENDITURE FOR FUNCTIONS OF HEALTH CARE – PREVENTIVE CARE (INCLUDING DRINKING WATER INTERVENTION) BY SOURCES OF FINANCING

Preventive care comprises a range of services aimed at improving population health by preventing or reducing the occurrence, severity, and complications of diseases and injuries, and is distinct from curative care. It includes measures that empower individuals and communities to control key determinants of health through dedicated public or private programmes, including occupational health initiatives. Under MNHA 2.0, the prevention category has undergone significant revision to align with the SHA 2011 framework while retaining MNHA classifications, adopting a service-based and strategic focus rather than a disease-based approach, and covering areas such as health information and education, immunisation, early disease detection, health monitoring, epidemiological surveillance, risk and disease control, as well as disaster and emergency preparedness. This section excludes the expenditure of similar services delivered on an individual basis which is captured as part of curative care services.

In 2024, a total of RM5,415 million (6.0 percent of TEH) was spent for preventive care including drinking water intervention. MOH was the highest financier of preventive care, spending RM4,182 million or 77.2 percent of the total expenditure on public health services. The second-highest financier was all corporations (other than health insurance) that spent RM668 million (12.3 percent of preventive care expenditure), followed by local authorities amounting to RM244 million (4.5 percent of preventive care expenditure). The remaining expenditure for preventive care spent at RM321 million (5.9 percent of preventive care expenditure) (Table 7.3a).

In 2024, 87.2 percent of preventive care expenditure came from public sources RM4,722 million, MOH spent about 88.6 percent of public sources health expenditure on preventive care and non-MOH spent 11.4 percent of public sources health expenditure on preventive care. Private sources of financing on preventive care spent RM693 million (12.8 percent of preventive care expenditure) (Figure 7.3).

The 2011-2024 time series data shows MOH as the largest source of financing for this function, with a five-fold increase from RM752 million in 2011 to RM4,182 million in 2024. The second highest from all corporations (other than health insurance) increased from RM563 million in 2011 to RM668 million in 2024 (Table 7.3b).

TABLE 7.3a: Health Expenditure for Preventive Care (Including Drinking Water Intervention) by Sources of Financing, 2024

MNHA 2.0 Code	Sources of Financing	RM Million	Percent
MHS.1.1.1.1	Ministry of Health (MOH)	4,182	77.22
MHS.2.6	All corporations (other than health insurance)	668	12.34
MHS.1.1.3	Local authorities	244	4.51
MHS.1.1.1.9	Other federal agencies (including statutory bodies)	164	3.03
MHS.1.1.2.1	State government (General)	61	1.13
MHS.1.1.2.2	Other state agencies (including statutory bodies)	49	0.90
MHS.1.2.2	Social Security Organisation (SOCSO)	22	0.41
MHS.2.4	Private household out-of-pocket payment (OOP)	9	0.17
MHS.9	Rest of the world	9	0.16
MHS.2.5	Non-profit institutions	7	0.13
Total		**5,415**	**100.00**

FIGURE 7.3: Health Expenditure for Preventive Care (Including Drinking Water Intervention) by Sources of Financing, 2024

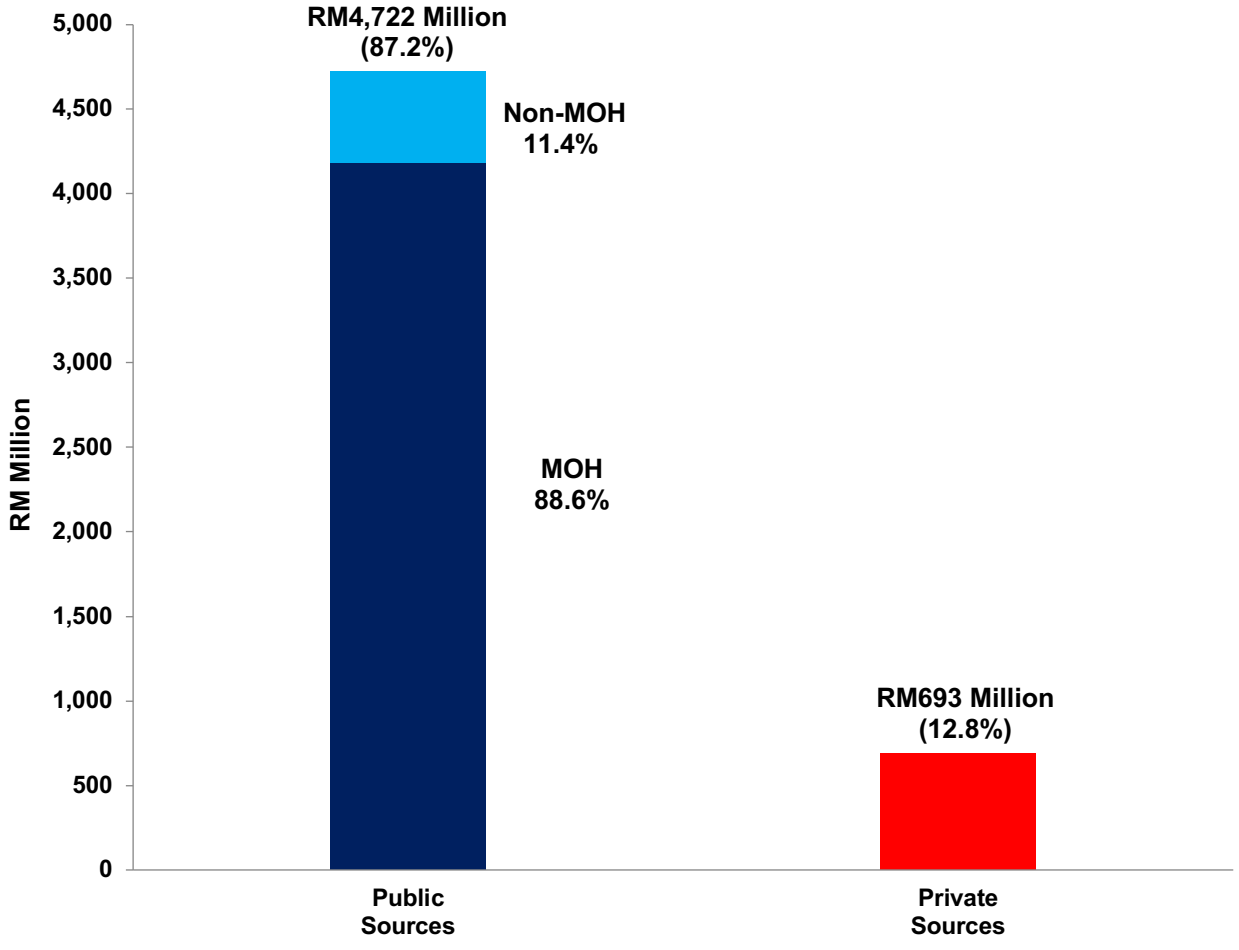


TABLE 7.3b: Health Expenditure for Preventive care (Including Drinking Water Intervention) by Sources of Financing, 2011 - 2024 (RM Million)

MNHA 2.0 Code	Sources of Financing	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
MHS.1.1.1.1	Ministry of Health (MOH)	752	898	1,634	1,541	1,653	1,777	1,902	2,118	3,010	3,622	9,089	4,682	3,901	4,182
MHS.1.1.1.2	Ministry of Higher Education (MoHE)	na	na	na	na	na	na	na	na	na	75	1	0	na	na
MHS.1.1.1.9	Other federal agencies (including statutory bodies)	94	118	128	121	150	136	152	141	158	589	938	192	163	164
MHS.1.1.2.1	State government (General)	54	64	25	31	30	32	22	23	16	71	109	32	25	61
MHS.1.1.2.2	Other state agencies (including statutory bodies)	30	34	66	78	43	52	50	50	55	59	46	44	47	49
MHS.1.1.3	Local Authorities	62	83	72	44	129	80	85	88	151	159	146	187	248	244
MHS.1.2.2	Social Security Organisation (SOCSO)	4	5	35	23	9	11	8	na	na	7	5	6	26	22
MHS.2.4	Private household out-of-pocket (OOP) payment	8	10	10	8	4	4	4	6	6	7	20	4	6	9
MHS.2.5	Non-profit institution	10	16	1	1	21	28	17	18	2	15	17	8	7	7
MHS.2.6	All corporations (other than health insurance)	563	698	832	924	1,302	1,282	1,270	1,295	846	847	831	517	611	668
MHS.9	Rest of the world	0	na	na	na	na	na	na	na	na	5	2	3	na	9
Total		**1,577**	**1,925**	**2,804**	**2,771**	**3,341**	**3,402**	**3,510**	**3,739**	**4,244**	**5,457**	**11,202**	**5,675**	**5,033**	**5,415**

TABLE 7.3c: Health Expenditure for Preventive Care (Including Drinking Water Intervention) by Sources of Financing, 2011 - 2024 (Percent, %)

MNHA 2.0 Code	Sources of Financing	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
MHS.1.1.1.1	Ministry of Health (MOH)	47.71	46.66	58.27	55.59	49.48	52.21	54.19	56.65	70.92	66.37	81.13	82.51	77.50	77.22
MHS.1.1.1.2	Ministry of Higher Education (MoHE)	na	na	na	na	na	na	na	na	na	1.38	0.00	0.00	na	na
MHS.1.1.1.9	Other federal agencies (including statutory bodies)	5.95	6.11	4.57	4.38	4.50	3.99	4.32	3.77	3.72	10.80	8.37	3.39	3.24	3.03
MHS.1.1.2.1	State government (General)	3.41	3.30	0.90	1.13	0.89	0.95	0.64	0.61	0.38	1.30	0.97	0.56	0.50	1.13
MHS.1.1.2.2	Other state agencies (including statutory bodies)	1.89	1.75	2.35	2.81	1.29	1.51	1.42	1.34	1.30	1.08	0.41	0.77	0.93	0.90
MHS.1.1.3	Local Authorities	3.90	4.29	2.58	1.59	3.86	2.36	2.42	2.36	3.57	2.91	1.30	3.30	4.92	4.51
MHS.1.2.2	Social Security Organisation (SOCSO)	0.26	0.27	1.26	0.83	0.26	0.33	0.23	na	na	0.13	0.04	0.11	0.52	0.41
MHS.2.4	Private household out-of-pocket (OOP) payment	0.50	0.52	0.35	0.27	0.12	0.12	0.11	0.15	0.14	0.12	0.18	0.07	0.11	0.17
MHS.2.5	Non-profit institution	0.65	0.81	0.04	0.04	0.64	0.84	0.49	0.48	0.05	0.28	0.15	0.13	0.14	0.13
MHS.2.6	All corporations (other than health insurance)	35.71	36.28	29.67	33.35	38.96	37.69	36.18	34.63	19.92	15.53	7.42	9.10	12.15	12.34
MHS.9	Rest of the world	0.00	na	na	na	na	na	na	na	na	0.10	0.01	0.05	na	0.16
Total		**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

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

This section describes expenditure for all health and health-related education and training of healthcare. Although MNHA 2.0 Framework includes this expenditure under the TEH, the SHA 2011 framework excludes this because of the shortfalls involved in making assumptions and the difficulties in capturing this expenditure in other countries. Furthermore, personnel who undergo health and health-related education and training may not continue to provide services in the health sector.

In 2024, a total of RM2,784 million or about 3.1 percent of TEH was spent on health education and training of health personnel. Public sources of financing spent RM974 million (35.0 percent of health education and training expenditure). The MOH spent about 12.3 percent of public sources on health education and training expenditure and non-MOH spent 22.7 percent of public source on health education and training expenditure. Private sources of financing spent RM1,810 million (65.0 percent of health education and training expenditure) (Table 7.4a and Figure 7.4).

The 2011–2024 time series data show that public and private sources consistently accounted for about 35 percent and 65 percent, respectively, of health education and training expenditure (Table 7.4b and Table 7.4c). Over this period, spending by private sources increased by almost two-fold.

TABLE 7.4a: Health Expenditure for Health Education and Training by Sources of Financing, 2024

Source	Sources of Financing	RM Million	Percent
Public Sources	Ministry of Health (MOH)	341	12.25
	Non-Ministry of Health (non-MOH)	633	22.74
	Sub-Total	**974**	**34.99**
Private Sources	Private Source (others)	1,809	64.98
	Rest of the world	1	0.03
	Sub-Total	**1,810**	**65.01**
	Total	**2,784**	**100.00**

FIGURE 7.4: Health Expenditure for for Health Education and Training by Sources of Financing, 2024

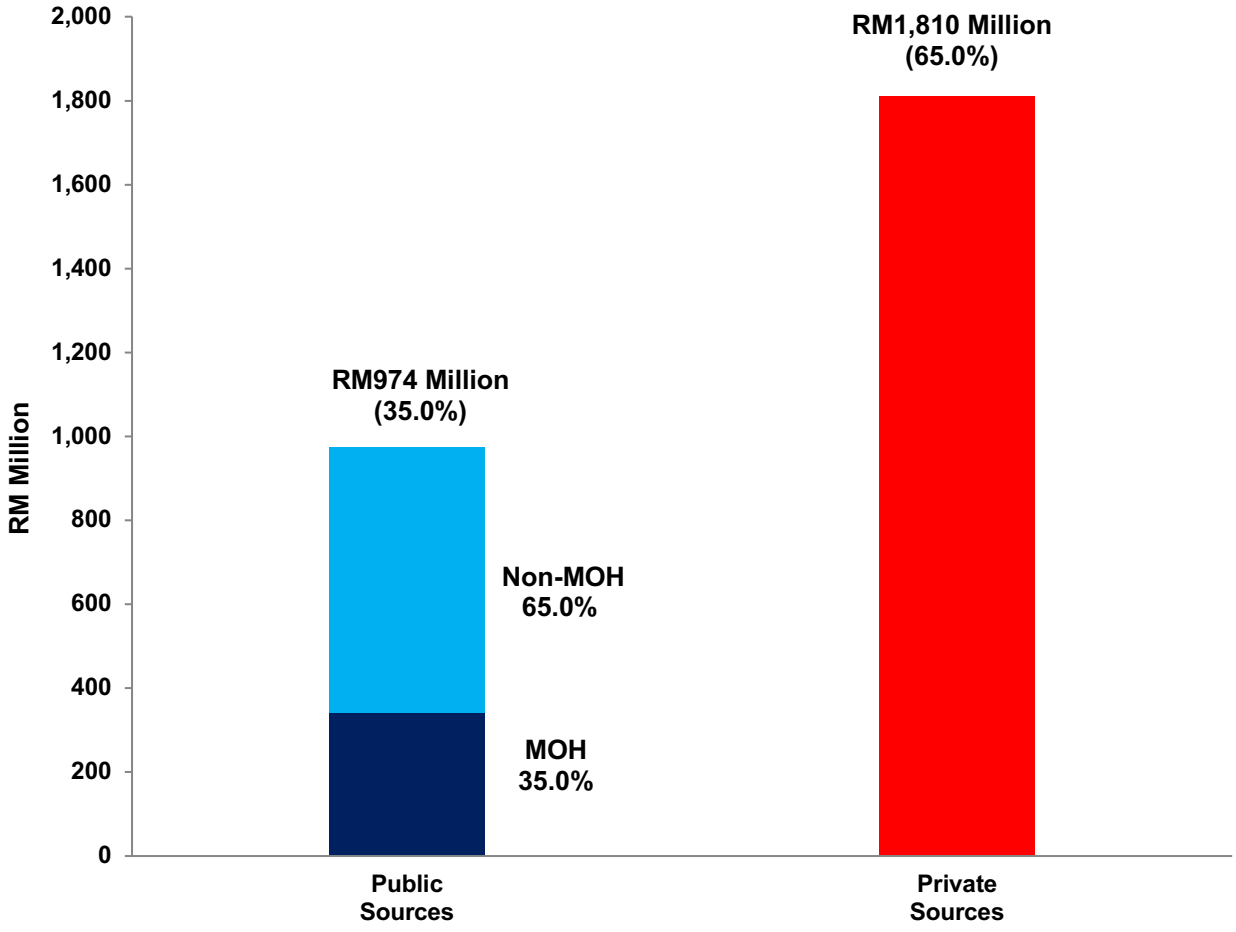


TABLE 7.4b: Health Expenditure for Health Education and Training by Sources of Financing, 2011 - 2024 (RM Million)															
MNHA 2.0 Code	Sources of Financing	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Public Sources	Ministry of Health (MOH)	380	377	407	438	446	428	244	380	370	356	269	268	298	341
	Non-Ministry of Health (non-MOH)	1,204	1,030	881	992	967	1,037	1,064	1,235	1,179	970	619	611	610	633
Sub-Total Private Sources		**1,584**	**1,407**	**1,288**	**1,430**	**1,413**	**1,464**	**1,308**	**1,615**	**1,549**	**1,327**	**888**	**880**	**907**	**974**
Private Sources	Private Source (others)	877	1,152	1,460	1,325	1,415	1,502	1,544	1,494	1,536	1,590	1,380	1,533	1,618	1,809
	Rest of the world	2	1	2	3	4	4	5	3	1	4	5	2	12	1
Sub-Total Private Sources		**879**	**1,153**	**1,461**	**1,328**	**1,419**	**1,506**	**1,548**	**1,497**	**1,537**	**1,594**	**1,385**	**1,534**	**1,631**	**1,810**
Total		**2,463**	**2,560**	**2,749**	**2,758**	**2,833**	**2,971**	**2,856**	**3,112**	**3,086**	**2,921**	**2,273**	**2,414**	**2,538**	**2,784**

TABLE 7.4c: Health Expenditure for Health Education and Training by Sources of Financing, 2011 - 2024 (Percent, %)															
MNHA 2.0 Code	Sources of Financing	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Public Sources	Ministry of Health (MOH)	15.44	14.74	14.81	15.89	15.75	14.40	8.55	12.20	11.99	12.20	11.83	11.11	11.73	12.25
	Non-Ministry of Health (non-MOH)	48.87	40.23	32.04	35.95	34.14	34.90	37.24	39.70	38.19	33.23	27.25	25.33	24.02	22.74
Sub-Total Private Sources		**64.31**	**54.97**	**46.85**	**51.84**	**49.89**	**49.30**	**45.80**	**51.90**	**50.19**	**45.42**	**39.07**	**36.44**	**35.75**	**34.99**
Private Sources	Private Source (others)	35.62	44.98	53.09	48.04	49.97	50.57	54.04	48.01	49.78	54.43	60.70	63.49	63.77	64.98
	Rest of the world	0.07	0.06	0.06	0.12	0.14	0.13	0.16	0.10	0.04	0.14	0.23	0.08	0.47	0.001
Sub-Total Private Sources		**35.69**	**45.03**	**53.15**	**48.16**	**50.11**	**50.70**	**54.20**	**48.10**	**49.81**	**54.58**	**60.93**	**63.56**	**64.25**	**64.98**
Total		**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

CHAPTER 8

MOH HEALTH EXPENDITURE

Differences exist between Ministry of Health (MOH) health expenditure reported under the MNHA 2.0 Framework and expenditure recorded in the government treasury accounting system used by the MOH Accounts Division (AG database). These differences arise from variations in classification, scope, and reporting approaches between the two systems.

This chapter presents MOH health expenditure as a share of total expenditure on health and as a proportion of national gross domestic product (GDP). It also clarifies how MOH expenditure is reported under the MNHA 2.0 Framework, particularly the distinction between MOH as a source of financing and MOH hospitals as providers of health care services.

This chapter is organised into two sections. The first section presents MOH health expenditure as a proportion of total expenditure on health and national GDP based on the MNHA 2.0 Framework. The second section explains differences in the reporting of hospital expenditure under MNHA, focusing on the dimensions of sources of financing and functions of health care.

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

Health expenditure reported in this section refers to spending by the Ministry of Health as a source of financing for health care services. This measure differs from total expenditure reported in the government treasury accounting system. Treasury records include both operating and development expenditure, regardless of whether part of the spending is later reimbursed by other agencies.

The MNHA 2.0 Framework applies an adjustment to avoid double counting. In particular, reimbursements received from agencies such as the Employees Provident Fund, Social Security Organisation, private health insurance providers, state governments, and statutory bodies are deducted from the gross amount. This approach allows actual Ministry of Health financing at the provider level to be estimated more accurately. As a result, health expenditure attributed to the Ministry of Health as a source of financing appears slightly lower under the MNHA 2.0 Framework, as explained in Chapter 3.

Based on the MNHA 2.0 Framework, health expenditure financed by the Ministry of Health amounted to RM39,148 million in 2024. This represented 43.6 percent of total expenditure on health.

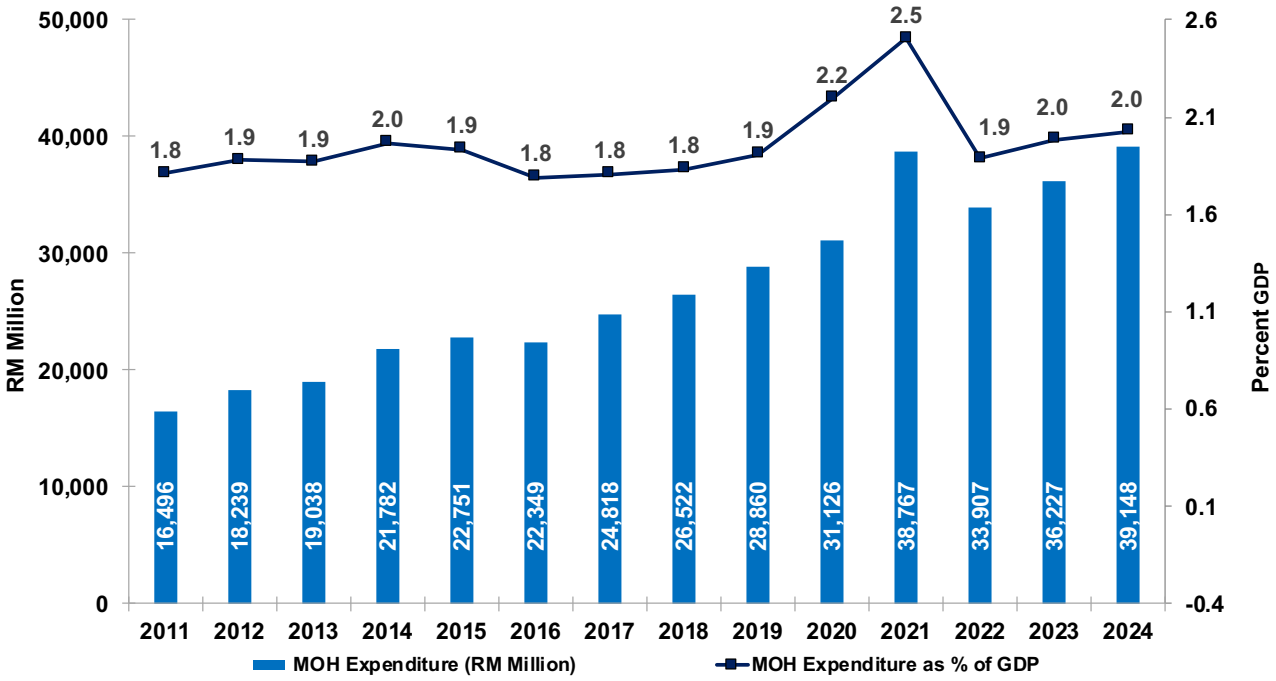
Over the 2011–2024 period, the Ministry of Health consistently remained the largest single source of health financing. The share of total expenditure on health financed by the Ministry ranged between 43.2 percent and 49.3 percent during this period.

In absolute terms, health expenditure financed by the Ministry of Health increased from RM16,496 million in 2011 to RM39,148 million in 2024. When expressed relative to national economic output, Ministry of Health expenditure accounted for 1.8 percent of gross domestic product in 2011 and rose to 2.0 percent in 2024 (Table 8.1 and Figure 8.1).

TABLE 8.1: MOH Share of Total Expenditure on Health and Percent GDP, 2011-2024

Year	TEH, Nominal (RM Million)	MOH Expenditure (RM Million)	MOH Expenditure as % TEH	TEH (Nominal) as % GDP"	MOH Expenditure as % of GDP
2011	35,953	16,496	45.88	3.94	1.81
2012	39,448	18,239	46.24	4.06	1.88
2013	41,647	19,038	45.71	4.09	1.87
2014	46,780	21,782	46.56	4.23	1.97
2015	50,065	22,751	45.44	4.25	1.93
2016	51,775	22,349	43.16	4.14	1.79
2017	56,181	24,818	44.17	4.09	1.81
2018	60,284	26,522	44.00	4.16	1.83
2019	64,085	28,860	45.03	4.24	1.91
2020	68,252	31,126	45.60	4.81	2.19
2021	78,606	38,767	49.32	5.08	2.50
2022	77,850	33,907	43.55	4.34	1.89
2023	82,846	36,227	43.73	4.54	1.99
2024	89,827	39,148	43.58	4.65	2.03

FIGURE 8.1: MOH Health Expenditure and Percent GDP, 2011-2024



8.2 MOH HEALTH EXPENDITURE - MOH HOSPITAL

Framework, expenditure incurred at Ministry of Health hospitals is classified according to the function of health care. This classification distinguishes between expenditure related to direct patient care and expenditure associated with hospital infrastructure and capacity development.

Development expenditure at Ministry of Health hospitals, which includes spending on construction, upgrading, and renovation of facilities, is classified as non-curative care expenditure. In contrast, operating expenditure incurred at Ministry of Health hospitals is classified as curative care expenditure, as it relates directly to the provision of health care services to patients.

Operating expenditure classified as curative care is further disaggregated based on functional categories and assigned to inpatient, outpatient, and day-care services. This approach allows expenditure at Ministry of Health hospitals to be analysed in a manner that reflects actual service delivery patterns and patient care activities. The methodology applied for this functional allocation is described in Section 3.2 of this report.

8.2.1 MOH Health Expenditure - MOH Hospital, Sources of Financing

In 2024, total health expenditure incurred at Ministry of Health hospitals amounted to RM23,482 million. Financing information was obtained from hospital accounting systems, which allow expenditures to be tracked by source of financing. Source codes were assigned to

payments originating from household out-of-pocket spending, voluntary private insurance, and other financing sources.

Expenditure financed by the Ministry of Health accounted for RM22,589 million, representing 96.2 percent of total expenditure at Ministry of Health hospitals. The remaining RM893 million, or 3.8 percent, was financed by non-Ministry sources. These included household out-of-pocket payments amounting to RM379 million, corporations other than health insurance providers at RM196 million, voluntary private insurance at RM180 million, state agencies including statutory bodies at RM102 million, and federal agencies including statutory bodies at RM22 million. Other minor sources accounted for the remaining RM12 million (Table 8.2.1a).

Analysis of the 2011–2024 time series shows a consistent financing pattern at Ministry of Health hospitals. Throughout the period, the Ministry of Health remained the dominant source of financing, followed by non-Ministry sources (Table 8.2.1b and Figure 8.2.1).

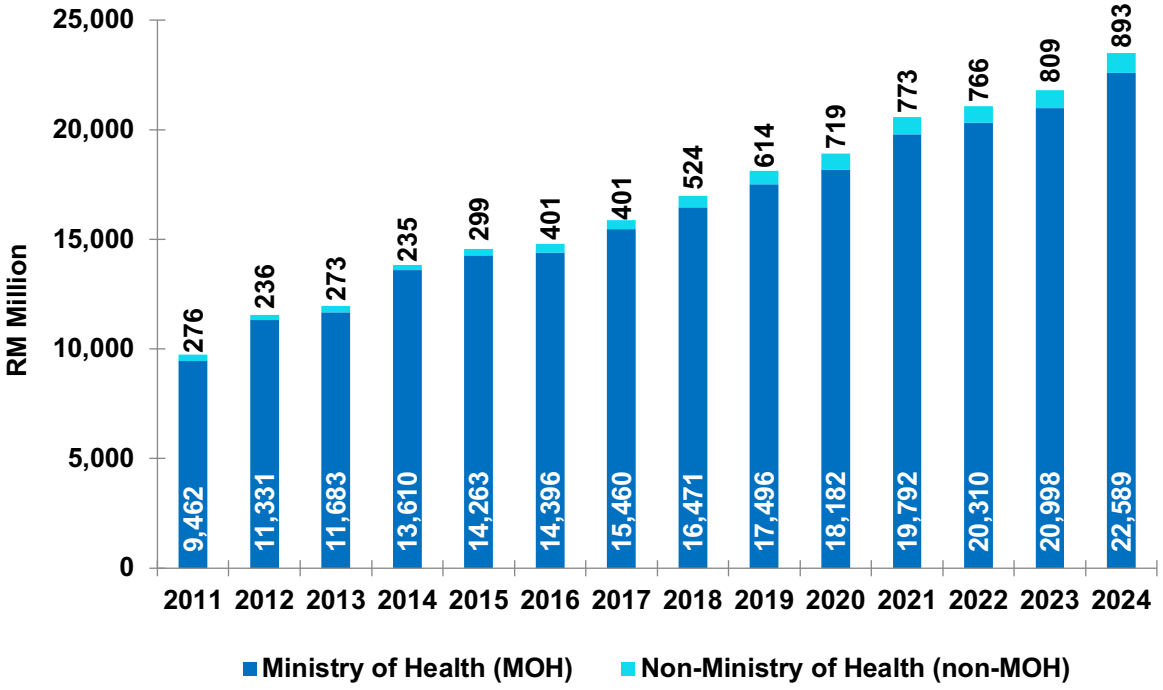
In absolute terms, expenditure financed by the Ministry of Health increased by approximately twofold over the 14-year period. On average, Ministry of Health financing accounted for about 97 percent of total health expenditure at Ministry of Health hospitals across the time series (Table 8.2.1c).

TABLE 8.2.1a: Health Expenditure at MOH Hospitals by Sources of Financing, 2024*

	MNHA 2.0 Code	Sources of Financing	RM Million	Percent
Ministry of Health (MOH)	**MHS.1.1.1.1**	**Ministry of Health (MOH)**	**22,589**	**96.20**
Non-Ministry of Health (non-MOH)	MHS.2.4	Private household out-of-pocket (OOP) payment	379	1.62
	MHS.2.6	All corporations (other than health insurance)	196	0.84
	MHS.2.2	Voluntary private insurance	180	0.77
	MHS.1.1.2.2	Other state agencies (including statutory bodies)	102	0.43
	MHS.1.1.1.9	Other Federal Agencies (including statutory bodies)	22	0.09
	MHS.1.1.2.1	State government (General)	4	0.02
	MHS.1.1.3	Local Authorities	4	0.02
	MHS.2.5	Non-profit institutions	2	0.01
	MHS.1.2.2	Social Security Organisation (SOCSO)	1	0.01
	MHS.1.2.1	Employees Provident Fund (EPF)	1	0.01
	MS9	Rest of the world	<0	<0.01
	Non-MOH Sub-total		**893**	**3.80**
Total			**23,482**	**100.00**

Note: *MOH Hospital Provider codes include MHP.1.1a, MHP.1.2a and MHP.1.3a

FIGURE 8.2.1: Health Expenditure at MOH Hospitals by Sources of Financing, 2011-2024 (RM Million)



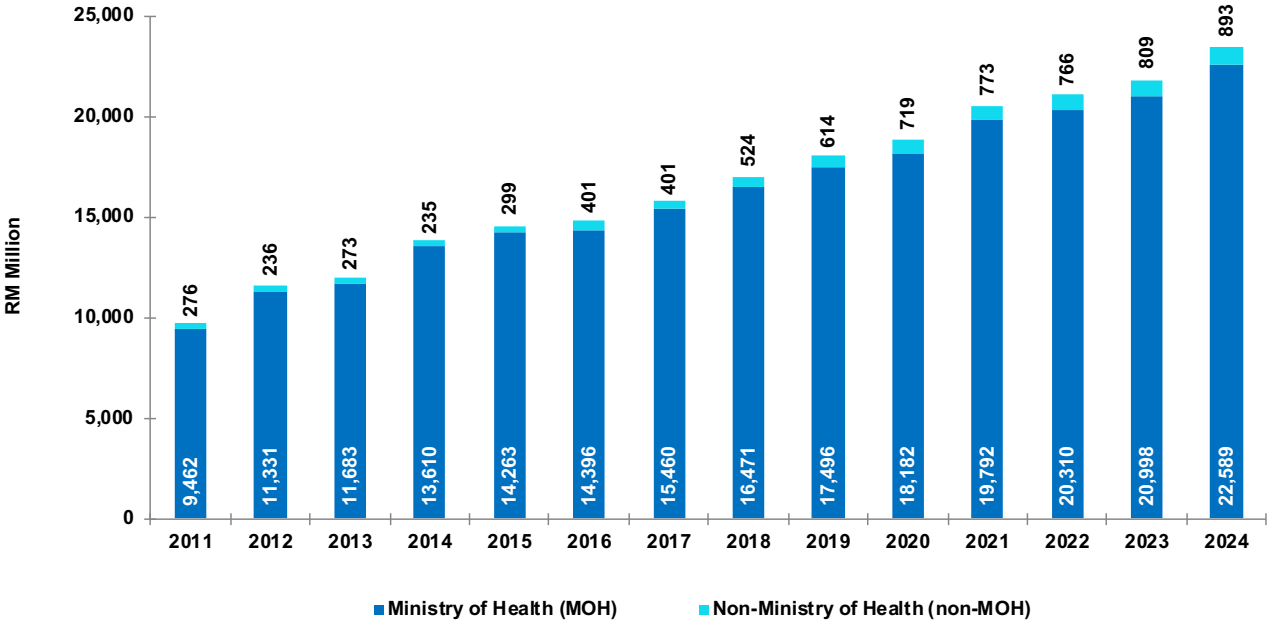


TABLE 8.2.1b: Health Expenditure at MOH Hospitals by Sources of Financing, 2011-2024 (RM Million)														
Sources of Financing	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Ministry of Health (MOH)	9,462	11,331	11,683	13,610	14,263	14,396	15,460	16,471	17,496	18,182	19,792	20,310	20,998	22,589
Non-Ministry of Health (non-MOH)	276	236	273	235	299	401	401	524	614	719	773	766	809	893
Total	**9,739**	**11,567**	**11,956**	**13,845**	**14,562**	**14,797**	**15,860**	**16,995**	**18,110**	**18,901**	**20,565**	**21,076**	**21,808**	**23,482**

TABLE 8.2.1c: Health Expenditure at MOH Hospitals by Sources of Financing, 2011-2024 (Percent, %)														
Sources of Financing	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Ministry of Health (MOH)	97.16	97.96	97.72	98.30	97.94	97.29	97.47	96.92	96.61	96.20	96.24	96.37	96.29	96.20
Non-Ministry of Health (non-MOH)	2.84	2.04	2.28	1.70	2.06	2.71	2.53	3.08	3.39	3.80	3.76	3.63	3.71	3.80
Total	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

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

This section provides further information on patient care services at MOH hospitals. Functions of curative care services provided in MOH hospitals are further categorised as in-patient curative care, out-patient curative care and day-cases of curative care. Under the MNHA 2.0 Framework, which inclusive of allopathic as well as some traditional and complementary health care services, is further classified into general and specialised services as in line with the SHA 2011 framework. General care typically serves as the entry point to the health system and includes routine examinations, assessments, prescriptions, counselling, and basic treatments, while specialised care addresses more complex health needs.

In 2024, RM23,482 million was spent at MOH hospitals. Of this amount, RM20,344 million (86.6 percent of total expenditure at MOH hospitals) was for curative care services (Table 8.2.2a). In the same year, the expenditure for curative care services at MOH hospitals amounted to RM12,979 million (63.8 percent) for in-patient care, RM5,904 million (29.0 percent) for out-patient care, and RM1,461 million (7.2 percent) for day-case services (Figure 8.2.2).

The 2011-2024 time series data shows that in absolute RM value, the curative care services expenditure in 2024 increased by two-fold compared to the expenditure in 2011 (Table 8.2.2b). The curative care services expenditure in time series shows an average of 94.7 percent spending at the MOH hospitals (Table 8.2.2c).

TABLE 8.2.2a: Health Expenditure at MOH Hospitals for Functions of Health Care, 2024

	MNHA 2.0 Code	Functions of Health Care	RM Million	Percent
Curative Care	MHC.1.1	In-patient curative care	12,979	55.27
	MHC.1.3	Out-patient curative care	5,904	25.14
	MHC.1.2	Day cases of curative care	1,461	6.22
	Sub-total (curative care)		**20,344**	**86.64**
Non-Curative Care	MHR.1	Gross Capital formation	3,138	13.36
	Sub-total (non-curative care)		**3,138**	**13.36**
Total			**23,482**	**100.00**

FIGURE 8.2.2: Health Expenditure at MOH Hospitals by Curative Care Function of Health Care, 2024

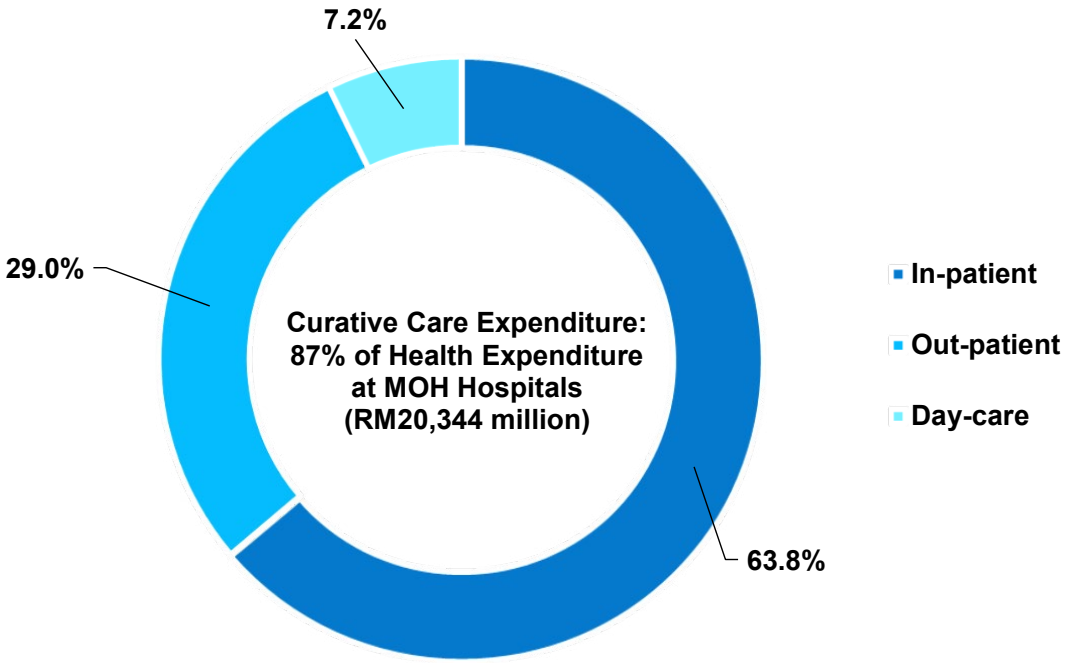


TABLE 8.2.2b: Health Expenditure at MOH Hospitals for Functions of Health Care, 2011-2024 (RM Million)														
Functions of Health Care	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Curative Care	9,643	11,302	11,590	13,576	14,271	14,478	15,749	16,920	17,819	16,785	17,981	18,746	19,303	20,344
Non-Curative Care	96	265	366	269	292	319	112	76	291	2,116	2,583	2,330	2,505	3,138
Total	**9,739**	**11,567**	**11,956**	**13,845**	**14,562**	**14,797**	**15,860**	**16,995**	**18,110**	**18,901**	**20,565**	**21,076**	**21,808**	**23,482**

TABLE 8.2.2c: Health Expenditure at MOH Hospitals for Functions of Health Care, 2011-2024 (Percent, %)														
Functions of Health Care	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Curative Care	99.02	97.71	96.94	98.06	98.00	97.85	99.30	99.55	98.39	88.81	87.44	88.95	88.51	86.64
Non-Curative Care	0.98	2.29	3.06	1.94	2.00	2.15	0.70	0.45	1.61	11.19	12.56	11.05	11.49	13.36
Total	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

CHAPTER 9

HOUSEHOLD OUT-OF-POCKET HEALTH EXPENDITURE

Household out-of-pocket health expenditure refers to direct payments made by households for health care goods and services at the point of use, without reimbursement from third-party payers.

In many countries, out-of-pocket health expenditure is commonly estimated using household-based surveys. Under the Malaysian National Health Accounts (MNHA) 2.0 Framework, out-of-pocket health expenditure is estimated using an integrative approach, which consolidates information from multiple components of the health system. The an integrative approach estimates gross out-of-pocket health expenditure by compiling direct health spending from the consumption, provision, and financing perspectives. This includes data from household-based surveys, such as the Household Expenditure Survey, as well as provider-based data from private health care facilities.

To ensure consistency with MNHA standards and to prevent double counting, reimbursements made by third-party payers are identified and deducted from the gross out-of-pocket estimates. Further details on the integrative estimation approach, including the data sources, classification framework, and treatment of third-party reimbursements, are described in Chapter 3 on Methodology of Data Collection and Analysis.

The out-of-pocket health expenditure estimates presented in this chapter include household spending on health care services and medical goods, including traditional and complementary medicine. In line with the MNHA 2.0 Framework, household expenditure on health education and training is also included where such spending is directly borne by households and is not reimbursed by any third party. Out-of-pocket health expenditure is therefore estimated using the following standard formula:

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

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

In 2024, the household OOP health expenditure amounted to RM34,843 million, equivalent to 38.8 percent of the TEH and 78.8 percent share of the private source health expenditure. The 2011-2024 time series data shows that the household OOP health expenditure was between 31.9 percent and 38.8 percent of TEH (Table 9.1a and Figure 9.1a). It has remained the largest single source of financing in the private sources throughout the years, with an average of 74.1 percent of private source health expenditure (Table 9.1a, Figure 9.1b). The household OOP health expenditure from 2011 to 2024 increased from RM11,466 million to RM34,843 million, which constitutes 1.3 percent of GDP in 2011 to 1.8 percent of GDP in 2024 (Table 9.1b and Figure 9.1c).

TABLE 9.1a: Household OOP Share of Total Expenditure on Health and Private Sources Health Expenditure, 2011-2024

Year	Private Sources Health Expenditure (RM Million)	Total Expenditure on Health (RM Million)	Household OOP Health Expenditure (RM million)	Household OOP Share of Total Expenditure on Health (Percent, %)	Household OOP Share of Private Sector Health Expenditure (Percent, %)
2011	15,702	35,953	11,466	31.89	73.02
2012	17,442	39,448	12,649	32.06	72.52
2013	18,780	41,647	13,933	33.45	74.19
2014	20,859	46,780	15,373	32.86	73.70
2015	23,019	50,065	16,063	32.08	69.78
2016	25,002	51,775	17,692	34.17	70.77
2017	26,875	56,181	19,305	34.36	71.83
2018	28,887	60,284	21,019	34.87	72.76
2019	29,868	64,085	22,061	34.42	73.86
2020	31,594	68,252	23,676	34.69	74.94
2021	33,646	78,606	25,197	32.05	74.89
2022	36,542	77,850	28,399	36.48	77.72
2023	40,266	82,846	31,678	38.24	78.67
2024	44,248	89,827	34,843	38.79	78.75

FIGURE 9.1a: Household OOP Health Expenditure Share of Total Expenditure on Health, 2011-2024 (Percent, %)

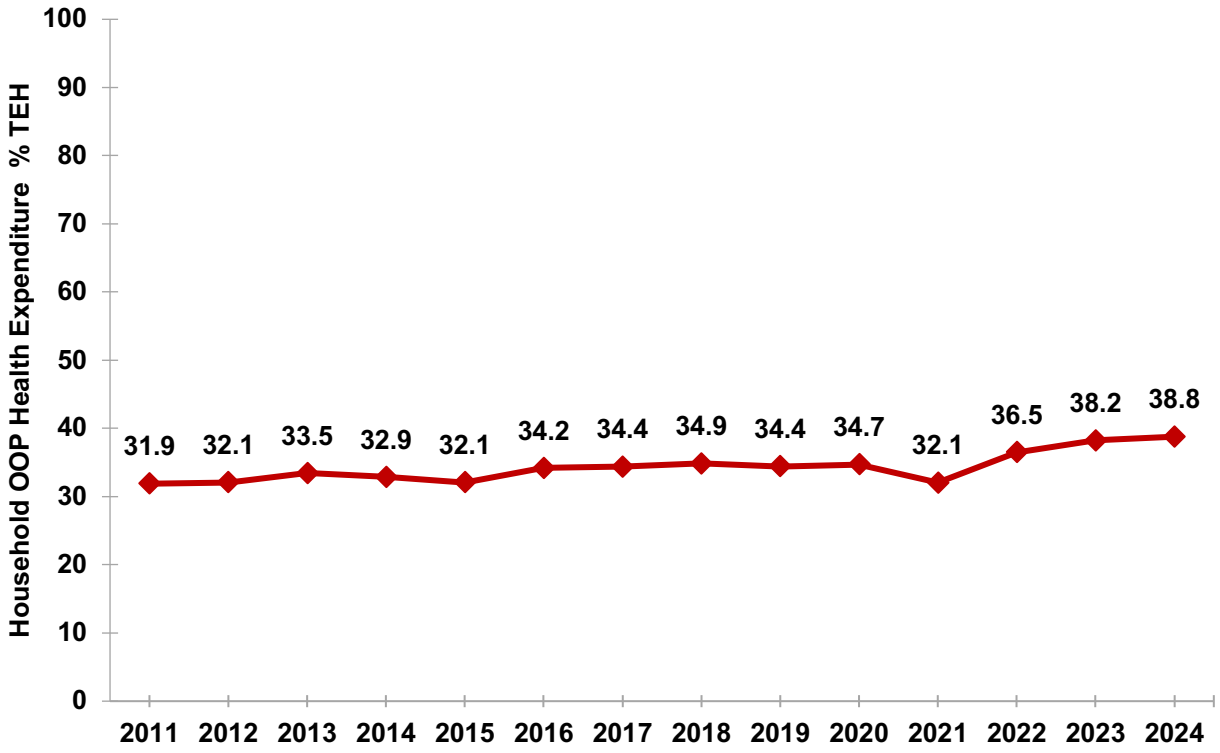


TABLE 9.1a: Household OOP Health Expenditure and as GDP Percentage, 2011-2024

Year	Household OOP Health Expenditure (RM Million)	Household OOP Health Expenditure as % GDP
2011	11,466	1.26
2012	12,649	1.30
2013	13,933	1.37
2014	15,373	1.39
2015	16,063	1.36
2016	17,692	1.42
2017	19,305	1.41
2018	21,019	1.45
2019	22,061	1.46
2020	23,676	1.67
2021	25,197	1.63
2022	28,399	1.58
2023	31,678	1.74
2024	34,843	1.80

FIGURE 9.1b: Household OOP Health Expenditure Share of Private Sources Health Expenditure, 2011-2024 (Percent, %)

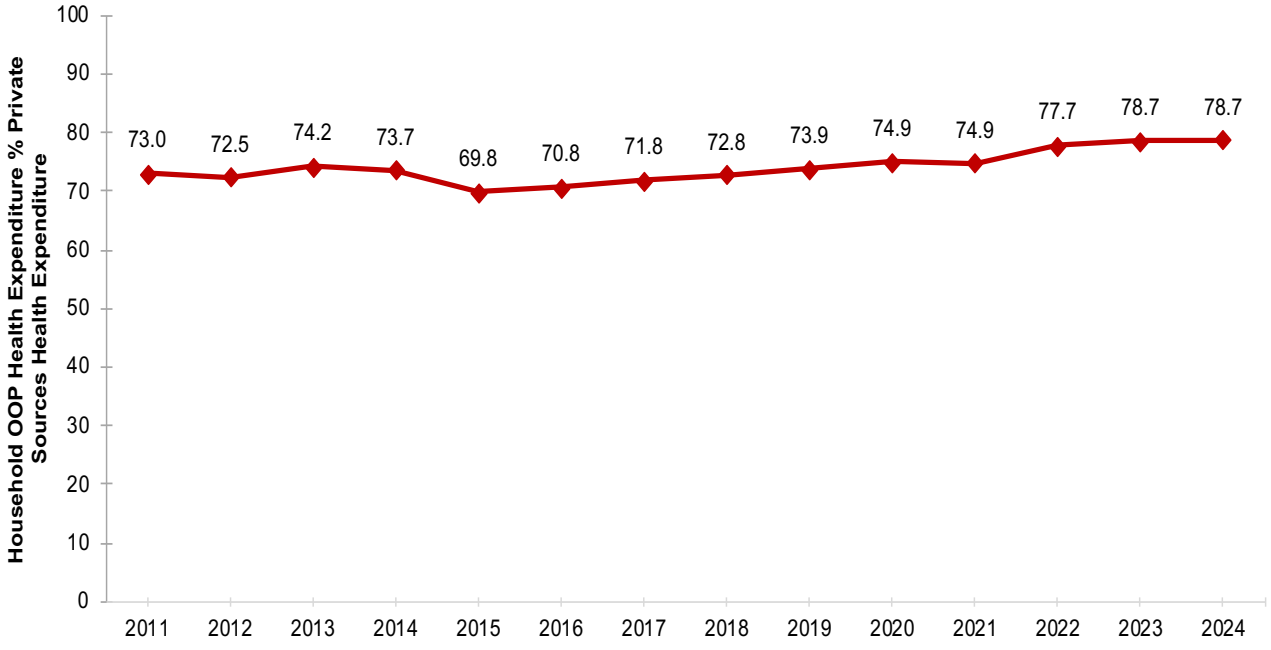
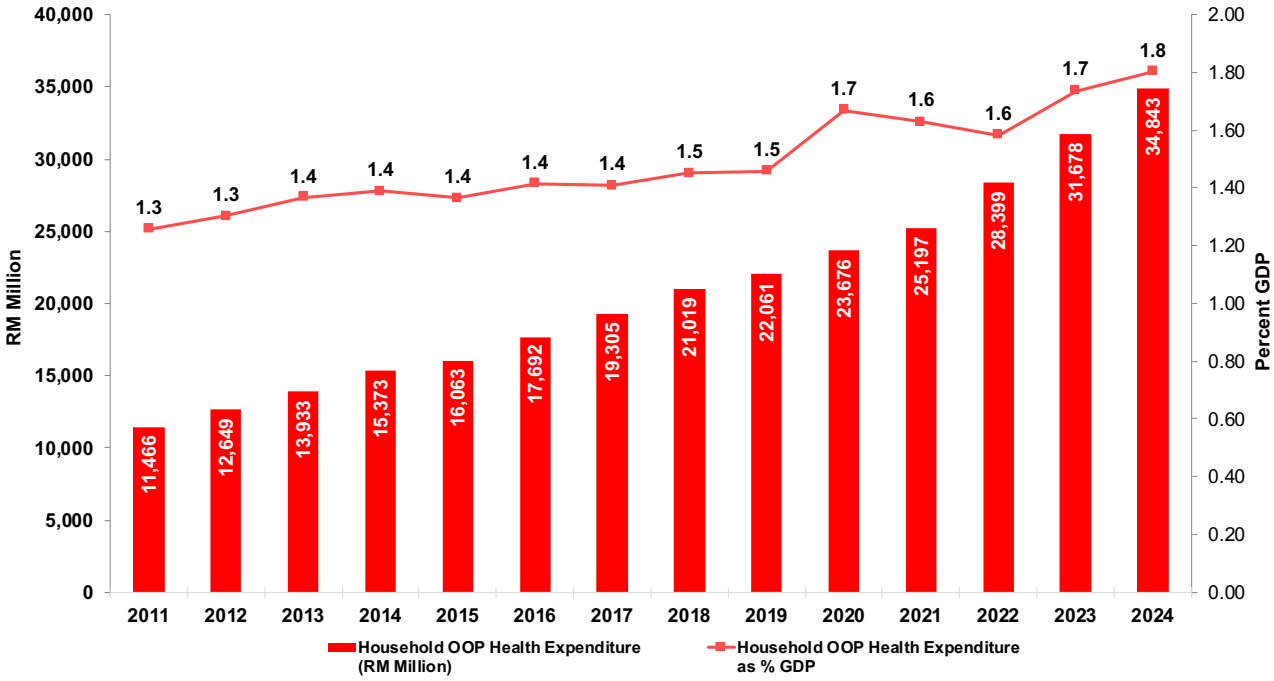


TABLE 9.1c: Household OOP Health Expenditure and as GDP Percentage, 2011-2024 (RM Million, Percent %)



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

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

Throughout the 2011-2024 time series, household OOP health expenditure to providers of health care generally shows an increasing pattern (Table 9.2a and Figure 9.2a). In 2024, of the total RM33,378 million of household OOP health expenditure to private providers of health care, private hospitals consumed the largest share at RM15,339 million (46.0 percent). This was followed by private medical clinics at RM7,299 million (21.9 percent), community pharmacies at RM5,999 million (18.0 percent), private dental clinics at RM1,561 million (4.7 percent), retail sale and other suppliers of medical goods and appliances at RM1,170 million (3.5 percent), TCM providers at RM832 million (2.5 percent), private medical and diagnostic laboratories at RM53 million (0.2 percent).The remaining RM1,125 million (3.4 percent) comprised other private providers of health care such as private institutions, private haemodialysis and other of ambulatory care services (Table 9.2b and Figure 9.2b).

The 2011-2024 time series data shows an average of 94.6 percent of household OOP health expenditure occurred at private providers of health care, with an increasing expenditure pattern in (RM value) at various private providers. The highest increase in absolute amount is seen at private hospitals, from RM5,359 million in 2011 to RM15,339 million in 2024, a difference of RM9,980 million. Similarly, there is an increase in spending at community pharmacies from RM1,407 million in 2011 to RM5,999 million in 2024. The household OOP health expenditure at private medical clinics showed a fluctuating trend, with an expenditure of RM7,299 million in 2024. The time series data also shows a fluctuating pattern of household OOP health expenditure at public providers with an average of 5.4 percent throughout the years (Table 9.2c and Table 9.2d).

TABLE 9.2a: Household OOP Health Expenditure to Public and Private Providers of Health Care, 2011 - 2024 (RM Million)														
Provider name	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Public Providers	628	691	1,013	995	1,071	1,202	1,196	1,113	1,118	1,231	950	1,051	1,217	1,465
Private Providers	10,838	11,957	12,920	14,378	14,991	16,490	18,108	19,906	20,943	22,446	24,247	27,348	30,461	33,378
Total	**11,466**	**12,649**	**13,933**	**15,373**	**16,063**	**17,692**	**19,305**	**21,019**	**22,061**	**23,676**	**25,197**	**28,399**	**31,678**	**34,843**

FIGURE 9.2a: Household OOP Health Expenditure to Public and Private Providers of Health Care, 2011-2024 (RM Million)

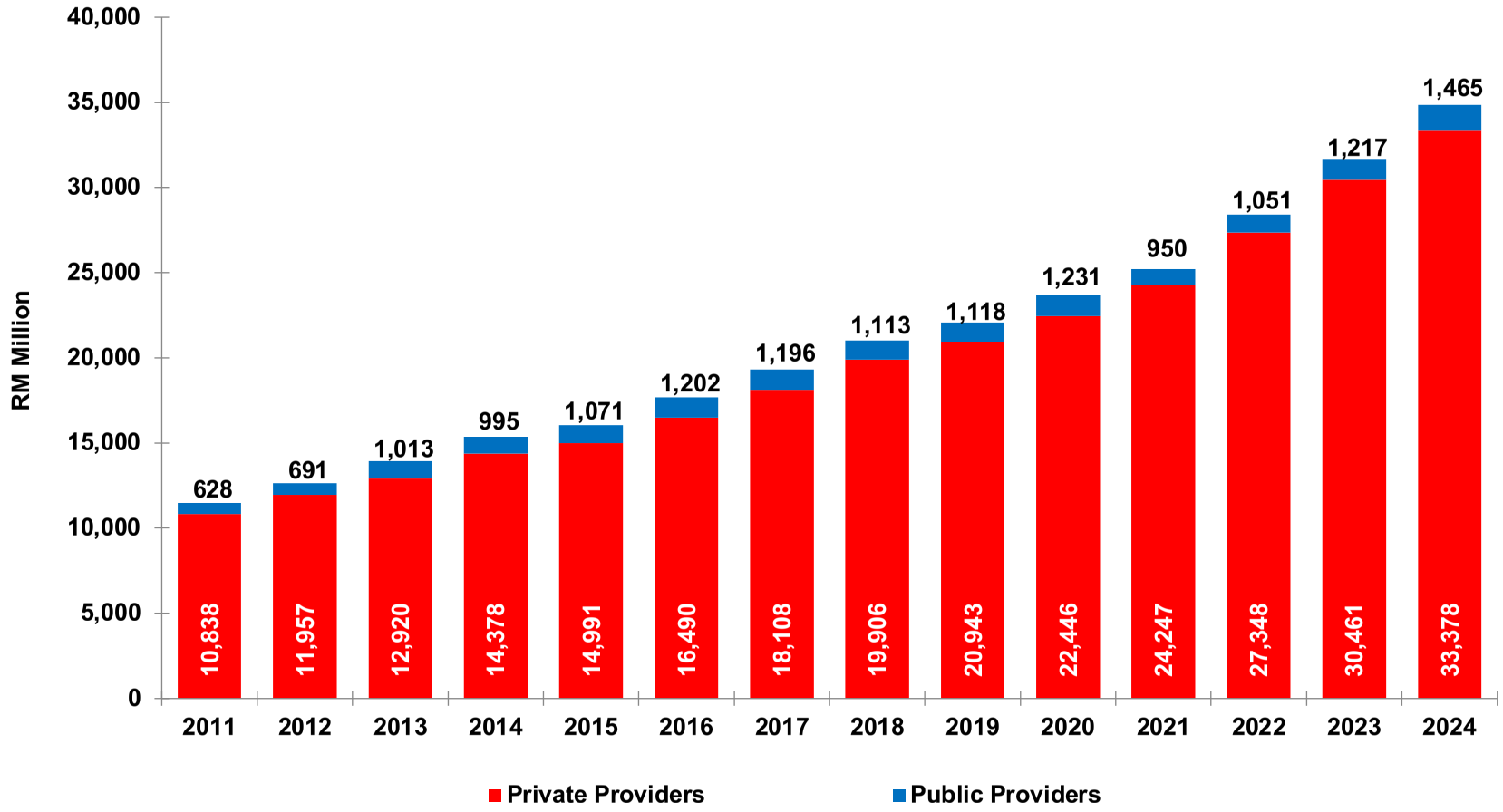


TABLE 9.2b: Household OOP Health Expenditure to Private Providers of Health Care, 2024 (RM Million, Percent %)

Provider Name	RM (Million)	Percent
Private hospitals	15,339	45.96
Private medical practitioner clinics	7,299	21.87
Private pharmacies	5,999	17.97
Private dental practitioner clinics	1,561	4.68
Retail sale and other suppliers of medical goods & appliances	1,170	3.50
All other private sector providers of health care	1,125	3.37
Traditional and Complementary Medicine (TCM) providers	832	2.49
Private medical and diagnostic laboratories	53	0.16
Total	**33,378**	**100.00**

FIGURE 9.2b: Household OOP Health Expenditure to Private Providers of Health Care, 2024 (RM Million, Percent %)

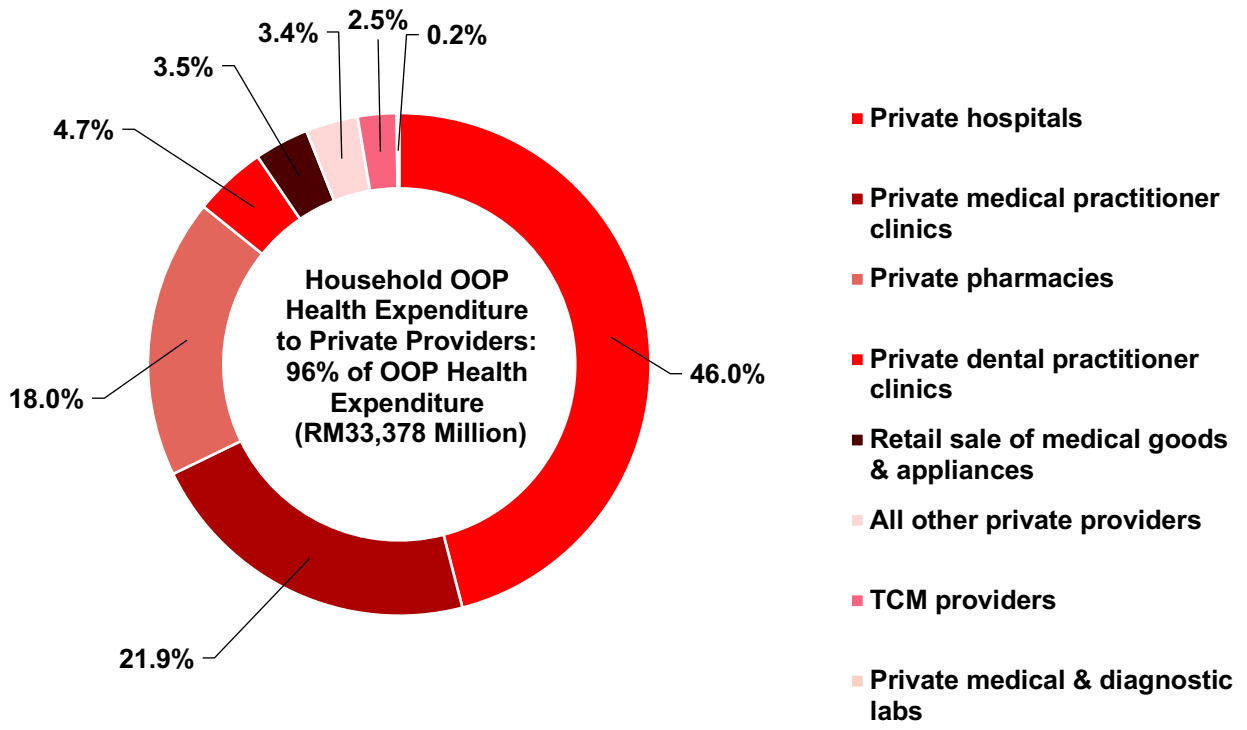


TABLE 9.2c: Household OOP Health Expenditure to Providers of Health Care, 2011-2024 (RM Million)														
Provider Name	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**
Private hospitals	5,359	5,613	5,736	6,034	6,600	7,519	8,424	9,261	9,993	11,332	11,741	12,089	13,677	15,339
Private medical clinics	2,272	2,654	3,055	3,767	3,181	3,433	3,841	3,946	4,593	4,724	5,227	6,785	6,840	7,299
Private pharmacies	1,407	1,580	1,842	2,360	2,625	2,711	2,842	3,579	3,113	3,161	3,659	4,220	5,503	5,999
Private dental clinics	509	560	592	646	851	911	1,011	1,076	1,127	1,080	1,176	1,383	1,457	1,561
Retail sale and other suppliers of medical goods & appliances	321	326	325	334	420	511	543	556	558	637	816	1,087	1,104	1,170
Traditional and Complementary Medicine (TCM) providers	394	412	424	452	531	617	645	647	641	604	664	773	785	832
Private medical and diagnostic laboratories	43	59	78	108	72	44	46	46	46	42	45	49	50	53
All other private sector providers of health care	534	754	869	678	711	744	756	795	871	866	919	962	1,045	1,125
Sub-Total (Private Providers)	**10,838**	**11,957**	**12,920**	**14,378**	**14,991**	**16,490**	**18,108**	**19,906**	**20,943**	**22,446**	**24,247**	**27,348**	**30,461**	**33,378**
Public institutions providing health-related services	324	388	634	638	669	716	724	657	635	692	492	578	601	718
Public hospitals	259	253	334	309	372	453	438	420	446	471	416	431	564	695
Public medical clinics	45	50	44	48	18	20	18	18	18	55	25	25	31	31
Public dental clinics	na	na	na	na	13	14	16	17	20	11	15	18	20	20
Provision and administration of public health programmes (MOH)	na	na	na	na	na	na	na	na	na	2	2	na	na	na
Sub-Total (Public Providers)	**628**	**691**	**1,013**	**995**	**1,071**	**1,202**	**1,196**	**1,113**	**1,118**	**1,231**	**950**	**1,051**	**1,217**	**1,465**
Total	**11,466**	**12,649**	**13,933**	**15,373**	**16,063**	**17,692**	**19,305**	**21,019**	**22,061**	**23,676**	**25,197**	**28,399**	**31,678**	**34,843**

TABLE 9.2d: Household OOP Health Expenditure to Providers of Health Care, 2011-2024 (Percent, %)														
Provider Name	**2011**	**2012**	**2013**	**2014**	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2024**
Private hospitals	46.74	44.38	41.17	39.25	41.09	42.50	43.63	44.06	45.30	47.86	46.60	42.57	43.17	44.02
Private medical clinics	19.82	20.98	21.93	24.50	19.80	19.40	19.90	18.77	20.82	19.95	20.75	23.89	21.59	20.95
Private pharmacies	12.27	12.49	13.22	15.35	16.34	15.32	14.72	17.03	14.11	13.35	14.52	14.86	17.37	17.22
Private dental clinics	4.44	4.43	4.25	4.20	5.30	5.15	5.24	5.12	5.11	4.56	4.67	4.87	4.60	4.48
Retail sale and other suppliers of medical goods & appliances	2.80	2.57	2.34	2.17	2.62	2.89	2.81	2.64	2.53	2.69	3.24	3.83	3.49	3.36
Traditional and Complementary Medicine (TCM) providers	3.43	3.25	3.04	2.94	3.30	3.49	3.34	3.08	2.91	2.55	2.63	2.72	2.48	2.39
Private medical and diagnostic laboratories	0.38	0.47	0.56	0.70	0.45	0.25	0.24	0.22	0.21	0.18	0.18	0.17	0.16	0.15
All other private sector providers of health care	4.65	5.96	6.23	4.41	4.43	4.21	3.92	3.78	3.95	3.66	3.65	3.39	3.30	3.23
Sub-Total (Private Providers)	**94.52**	**94.53**	**92.73**	**93.53**	**93.33**	**93.20**	**93.80**	**94.71**	**94.93**	**94.80**	**96.23**	**96.30**	**96.16**	**95.80**
Public institutions providing health-related services	2.83	3.07	4.55	4.15	4.16	4.04	3.75	3.13	2.88	2.92	1.95	2.03	1.90	2.06
Public hospitals	2.26	2.00	2.40	2.01	2.32	2.56	2.27	2.00	2.02	1.99	1.65	1.52	1.78	2.00
Public medical clinics	0.40	0.40	0.32	0.31	0.11	0.11	0.09	0.09	0.08	0.23	0.10	0.09	0.10	0.09
Public dental clinics	na	na	na	na	0.08	0.08	0.08	0.08	0.09	0.05	0.06	0.06	0.06	0.06
Provision and administration of public health programmes (MOH)	na	na	na	na	na	na	na	na	na	0.01	0.01	na	na	na
Sub-Total (Public Providers)	**5.48**	**5.47**	**7.27**	**6.47**	**6.67**	**6.80**	**6.20**	**5.29**	**5.07**	**5.20**	**3.77**	**3.70**	**3.84**	**4.20**
Total	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

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

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

In 2024, out-patient care services accounted for the largest share of OOP health expenditure, amounting to RM14,187 million or 40.7 percent of total OOP health expenditure. This reflects substantial household spending on consultations and treatments provided in both standalone medical clinics and hospital outpatient departments. In-patient care services formed the second largest component at RM7,424 million, representing 21.3 percent of OOP health expenditure, with spending concentrated mainly in private hospitals. Pharmaceutical expenditure, including prescription medicines and over-the-counter products, reached RM5,999 million or 17.2 percent of OOP health expenditure, indicating continued reliance on direct household payment for medicines.

Other notable components of OOP health expenditure in 2024 included spending on health education and training at RM1,752 million (5.0 percent of OOP health expenditure), medical appliances and non-durable medical goods at RM1,487 million (4.3 percent of OOP health expenditure), and day-care services at RM825 million (2.4 percent of OOP health expenditure). Expenditure on traditional and complementary medicine amounted to RM606 million, contributing 1.7 percent of OOP health expenditure. The remaining RM2,561 million, or 7.4 percent of OOP health expenditure, was spent on other health care functions (Table 9.3a, Table 9.3b and Figure 9.3a).

Over the 2011–2024 period, OOP health expenditure increased across most health care functions, although the relative distribution showed some variation over time. Spending on out-patient services rose steadily from RM5,145 million in 2011 to RM14,187 million in 2024, reinforcing its position as the dominant component of household health spending. In - patient OOP expenditure increased from RM2,786 million to RM7,424 million over the same period, with its share fluctuating between 18.5 percent and 24.3 percent. Pharmaceutical expenditure recorded a pronounced increase, rising from RM1,407 million in 2011 to RM5,999 million in 2024. Expenditure on health education and training also expanded, increasing from RM789 million to RM1,752 million over the 14-year period (Table 9.3a and Table 9.3b).

TABLE 9.3a: Household OOP Health Expenditure for Functions of Health Care, 2011-2024 (RM Million)														
Function Name	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Out-patient services	5,145	5,709	6,206	7,067	6,945	7,355	8,240	8,703	9,621	10,010	10,777	12,564	13,114	14,187
In-patient services	2,786	2,831	2,976	3,056	2,977	3,592	4,001	3,967	4,240	5,253	5,226	5,636	6,542	7,424
Pharmaceuticals	1,407	1,580	1,842	2,360	2,625	2,711	2,842	3,579	3,113	3,161	3,659	4,220	5,503	5,999
Health education & training	789	1,066	1,424	1,244	1,346	1,450	1,476	1,434	1,477	1,525	1,319	1,462	1,561	1,752
Medical appliances & non-durable goods	384	394	398	413	596	700	753	779	794	860	1,062	1,376	1,401	1,487
Day-care services	328	338	374	409	331	361	399	456	366	403	436	521	659	825
Traditional and Complementary Medicine (TCM)	298	310	317	335	407	482	495	488	474	447	489	565	574	606
All other functions	329	421	396	489	836	1,041	1,098	1,613	1,977	2,017	2,229	2,055	2,324	2,561
Total	**11,466**	**12,649**	**13,933**	**15,373**	**16,063**	**17,692**	**19,305**	**21,019**	**22,061**	**23,676**	**25,197**	**28,399**	**31,678**	**34,843**

TABLE 9.3b: Household OOP Health Expenditure for Functions of Health Care, 2011-2024 (Percent, %)														
Function Name	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Out-patient services	44.87	45.13	44.54	45.97	43.24	41.57	42.69	41.41	43.61	42.28	42.77	44.24	41.40	40.72
In-patient services	24.29	22.38	21.36	19.88	18.53	20.30	20.72	18.88	19.22	22.19	20.74	19.85	20.65	21.31
Pharmaceuticals	12.27	12.49	13.22	15.35	16.34	15.32	14.72	17.03	14.11	13.35	14.52	14.86	17.37	17.22
Health education & training	6.89	8.43	10.22	8.09	8.38	8.20	7.65	6.82	6.69	6.44	5.24	5.15	4.93	5.03
Medical appliances & non-durable goods	3.35	3.12	2.86	2.69	3.71	3.96	3.90	3.71	3.60	3.63	4.22	4.85	4.42	4.27
Day-care services	2.86	2.68	2.69	2.66	2.06	2.04	2.07	2.17	1.66	1.70	1.73	1.84	2.08	2.37
Traditional and Complementary Medicine (TCM)	2.60	2.45	2.27	2.18	2.53	2.72	2.57	2.32	2.15	1.89	1.94	1.99	1.81	1.74
All other functions	2.87	3.33	2.84	3.18	5.20	5.88	5.69	7.67	8.96	8.52	8.85	7.23	7.34	7.35
Total	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**	**100.00**

FIGURE 9.3a: Household OOP Health Expenditure for Functions of Health Care, 2024 (Percent, %)

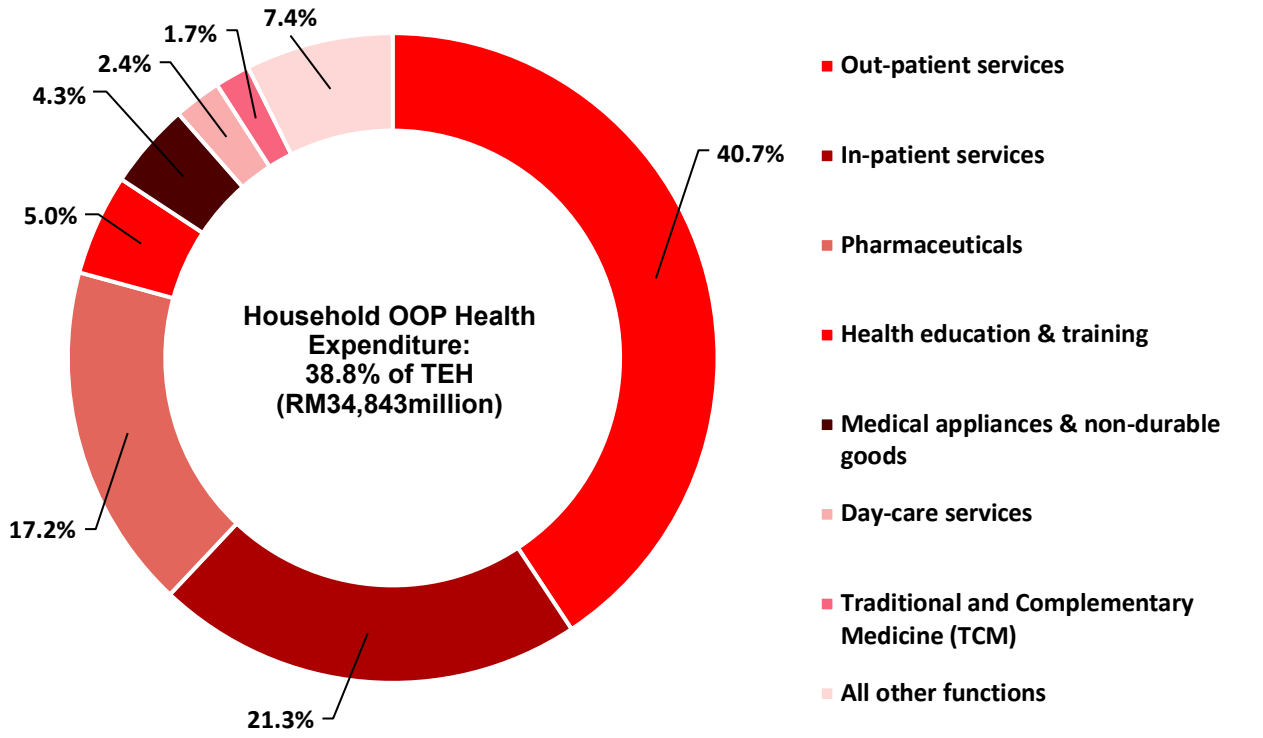
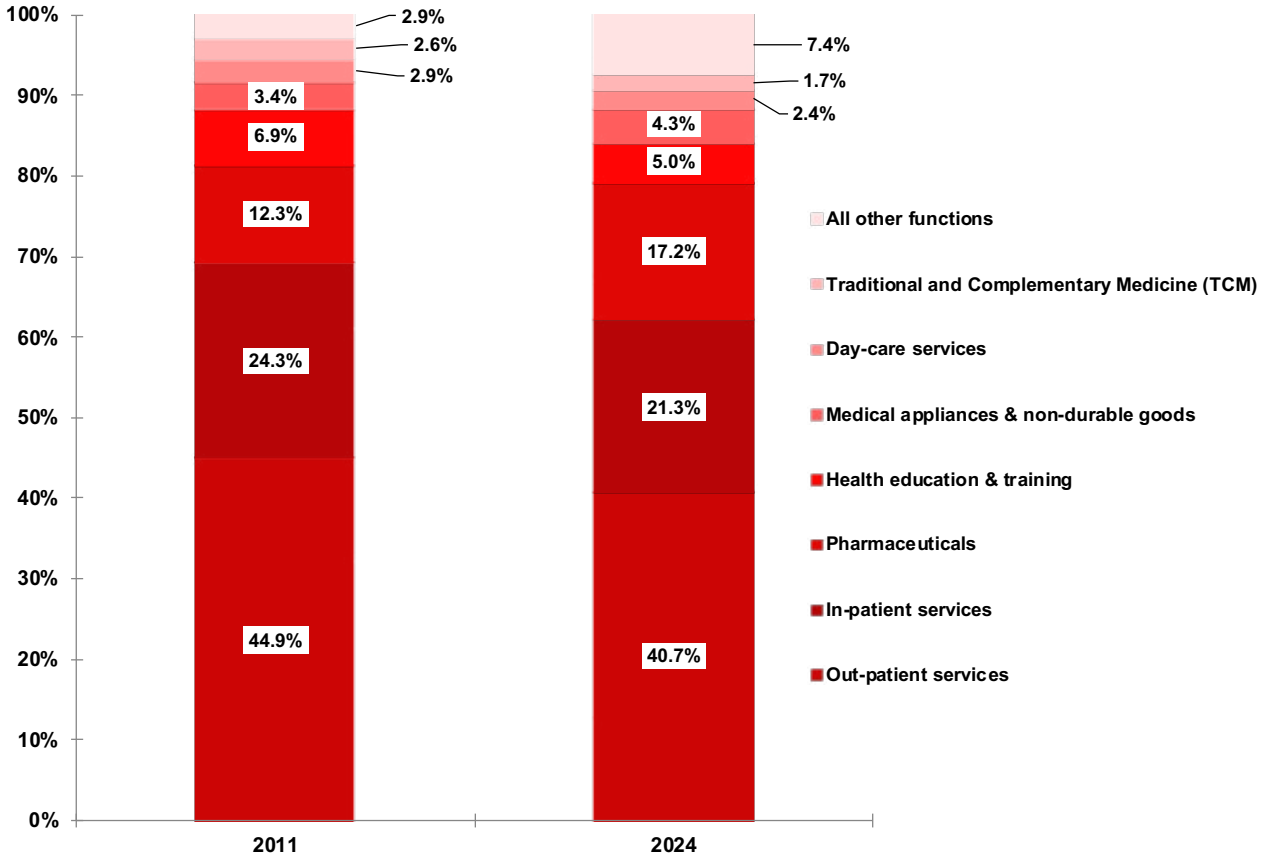


FIGURE 9.3b: Household OOP Health Expenditure by Functional Proportion, 2011 & 2024 (Percent %)



CHAPTER 10

INTERNATIONAL NHA DATA

10.1 GLOBAL HEALTH EXPENDITURE DATABASE

The Global Health Expenditure Database (GHED) is an open-access repository providing comparable health expenditure data for 195 countries and territories. Covering the period from 2000 to the present, this data is essential for tracking resource distribution, guiding policy decisions, and ensuring health system transparency and accountability.[1]

The database details health care funding sources, distinguishing between government, household, and donor contributions, as well as mandatory versus voluntary payments. Furthermore, it categorises spending into specific areas, such as primary health care (PHC), disease-specific treatments, provider payments, and infrastructure investments.[1]

The World Health Organization (WHO) collaborates with Member States to update the database annually, utilising health accounts, government records, and official statistics. When necessary, estimates are applied to maintain global consistency.[1]

Member States submit national health expenditure data to the WHO with a two-year lag (t-2). To guarantee completeness and consistency, the WHO conducts its own country-level analysis using the System of Health Accounts (SHA) framework. This process fills data gaps by triangulating submitted reports with macroeconomic data from international bodies, including the United Nations (UN), the World Bank (WB), and the International Monetary Fund (IMF).[2]

The resulting standardised data is published on the GHED to facilitate accurate cross-country comparisons. However, it is crucial to distinguish between this international dataset and local reporting. Countries like Malaysia produce their own National Health Accounts (NHA) based on domestic requirements. As the Malaysian National Health Accounts (MNHA) framework employs boundaries and definitions tailored to the local context, it remains the primary reference for Malaysian policymakers, health planners, and researchers.[3]

10.2 SYSTEM OF HEALTH ACCOUNTS (SHA)

The System of Health Accounts (SHA) is an internationally accepted methodology for analysing financial flows within health systems. Designed as a vital analytical tool, it facilitates both cross-country comparisons and detailed longitudinal analyses of national healthcare spending. The original manual, SHA 1.0, was published by the Organisation for Economic Co-operation and Development (OECD) in 2000 and represented the first major effort to systematise the collection of health-related financial data. This was succeeded in 2011 by A System of Health Accounts 2011 (SHA 2011). This updated framework reinforces the core 'tri-axial' relationship (consumption, provision, and financing) while introducing significant conceptual improvements. These include broader coverage of prevention and long-term care, and a more precise approach to the healthcare financing interface [4].

GHED accommodates NHA data reporting based on the latest SHA 2011 framework since December 2017. Table 10.1 shows the available data in the GHED under various headers, which disaggregated data as listed in Appendix Table A3.1 and A3.2.

TABLE 10.1: Available Data in GHED under Various Headers

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

Source: Global Health Expenditure Database on 5th December 2025

10.3 GLOBAL HEALTH CARE MODELS AND SYSTEMS

The universal objective of modern health care systems is the achievement of Universal Health Coverage (UHC) [5]. As defined by the Sustainable Development Goals (SDG), UHC rests on three pillars: universal population coverage, access to quality services, and the elimination of financial hardship, which means that no individual falls into poverty or bankruptcy due to medical costs [6]. If UHC is the destination, the specific healthcare systems adopted by a country serve as the vehicles.

According to the World Economic Forum, health care systems generally follow four models [6]. The Beveridge Model treats healthcare as a human right, fully funded and provided by the government. While it ensures high equity and accessibility, the system is susceptible to underfunding and subsequent problems such as staff shortages and delayed upgrading of infrastructure [6, 7].

The Bismarck Model relies on mandatory social insurance contributions from employers and employees. The contributions go into a "sickness fund" used when patients seek health care, which is provided by private entities. However, in its purest form, this model does not offer coverage to the unemployed population [6, 7].

The National Health Insurance (NHI) model acts as a hybrid of the previous two, utilising a single government-run insurance programme or a single-payer system. The primary criterion that sets the NHI model apart from the Beveridge Model is its reliance on private health care providers [6, 7].

Finally, the household Out-of-Pocket (OOP) model represents the absence of an organised system, where care is market-driven and dependent entirely on the individual's ability to pay, often resulting in catastrophic health expenditure [6].

In reality, most nations employ a complex mix of these models. The pattern of health expenditure of any country relies heavily on its existing healthcare system.

A total of nine countries from various groups and income levels with potential policy relevance to Malaysia were selected from the WHO GHED database for comparison. The countries were selected from three groups:

The Aspiration Group	: United Kingdom, Australia, and the Republic of Korea.
The BRICS Group	: Brazil, China, and India.
The ASEAN Group	: Singapore, Thailand, and Indonesia.

Comparisons are made based on data obtained from the WHO GHED. The latest available data is 2023 as of the time of this writing. Current Health Expenditure (CHE) is used in international comparisons instead of Total Expenditure on Health (TEH), in accordance with SHA 2011 standards.

Before we compare the health expenditure data, we will discuss a brief overview of the health care systems of the selected countries.

TABLE 10.2: Comparing Healthcare Systems

Group	Country	Income Group	National Health Insurance Scheme
Aspiration	United Kingdom	High	No
	Australia	High	**Yes**
	South Korea	High	**Yes**
BRICS	Brazil	Upper middle	No
	India	Lower middle	**Yes**
	China	Upper middle	**Yes**
ASEAN	Singapore	High	**Yes**
	Thailand	Upper middle	**Yes**
	Indonesia	Upper middle	**Yes**
Malaysia		Upper middle	No

Source:

1. Tikkanen R, Osborn R, Mossialos E, Djordjevic A, Wharton G, editors. International profiles of health care systems [Internet]. New York: The Commonwealth Fund; 2020 Dec.

2. Susilo D, Wulandari LPL, Sukmayeti E, Asante A, Jan S, Thabrany H, et al. Can Indonesia achieve universal health coverage? Organisational and financing challenges in implementing the national health insurance system. SSM Health Syst.

3. Quek D. The Malaysian health care system: a review. Kuala Lumpur: Pantai Holdings Berhad; 2014 Jul.

10.3.1 THE ASPIRATION GROUP

The countries selected under the Aspiration Group are all high-income economies, but their healthcare systems are organised very differently. These differences influence how health services are financed, delivered, and accessed by the population.

In the United Kingdom, health care is delivered mainly through the National Health Service. This is a publicly funded system based on general taxation and provides universal access to healthcare that is free at the point of use. Most hospitals and services are publicly owned and managed. Private health insurance plays a limited role, with only a small proportion of the population purchasing it mainly to obtain faster access to elective procedures.

Australia adopts a mixed public and private approach. The Medicare system provides universal coverage for public hospital services and subsidised medical care, funded through general taxation and a dedicated levy. At the same time, private health insurance is widely used. Around half of the population purchases supplementary insurance, largely to access private hospitals and additional services not fully covered under Medicare.

The Republic of Korea operates a mandatory national health insurance system. Coverage is universal and provided through two main schemes, namely the National Health Insurance Service and the Medical Aid Programme. Unlike the United Kingdom, health care delivery in Korea is predominantly private, even though financing is centrally organised. Australia sits between these two models, with a mix of public and private provision.

10.3.2 THE BRICS GROUP

Brazil, China, and India represent large middle-income countries that have taken different paths towards expanding population coverage. Their health care systems reflect varying levels of government involvement, financing mechanisms, and reliance on private care.

Brazil operates a tax-funded national health system known as the Sistema Único de Saúde. This system provides universal access to a wide range of services, including primary care, specialist services, and hospital treatment. Most Brazilians rely solely on the public system, which is jointly financed by federal, state, and municipal governments. Private health insurance exists mainly among higher-income groups, often to reduce waiting times and bypass capacity constraints in public facilities.

China has achieved near-universal coverage through publicly funded insurance schemes. Formal sector workers are covered under a compulsory employment-based scheme, funded through payroll contributions. The rest of the population is covered under a resident-based scheme that relies heavily on government subsidies. Service provision involves both public and private providers, with the government playing a strong role in regulation and financing.

India's health system remains fragmented and decentralised. Public facilities provide subsidised care, but coverage is uneven and insurance penetration remain limited. Several government schemes exist, including a large tax-funded programme that provide subsidised care, but coverage is uneven and share of healthcare spending continues to come directly from households, reflecting gaps in financial protection.

10.3.3 THE ASEAN GROUP

Thailand, Indonesia and Singapore have all pursued universal health coverage but their systems differ in structure and financial arrangements

Thailand achieved full population coverage in early 2000s through a combination of publicly funded schemes. The largest scheme covers the majority of the population and is financed through general taxation. Health care services are delivered mainly through public facilities and purchasing is centrally coordinated. This approach has substantially reduced out-of-pocket spending and improved financial protection.

Indonesia introduced its national health insurance scheme in 2014. The system is compulsory and now covers almost the entire population. Financing comes from a mix payroll contributions, individual premium, and government subsidies for low-income groups. Services are delivered through both public and private providers under a single national purchaser.

Singapore uses multi-layered financing system that emphasises individual responsibility along government support. Mandatory insurance cover major hospital costs, supported by compulsory medical saving accounts and a government safety net for those unable to pay. Public hospitals operate as corporatized entities under strong government oversight and private care is largely financed through insurance or direct payments.

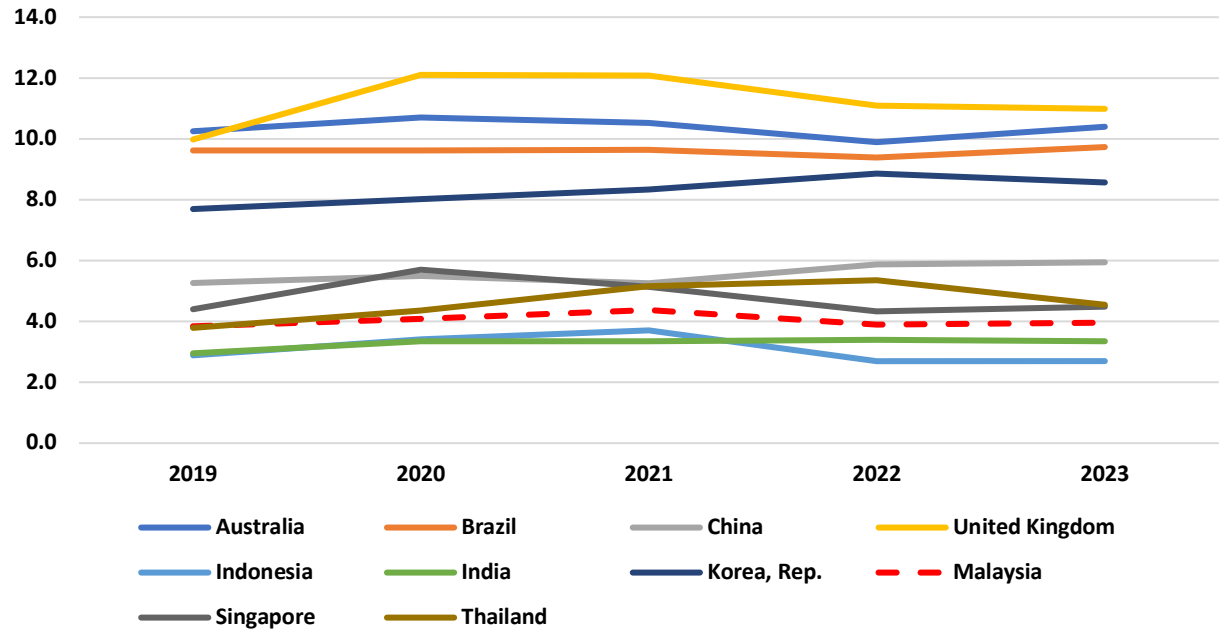
Malaysia operates a dual-tier healthcare system that combines tax-funded public services with market-oriented private sector. Public health care is centrally administered and heavily subsidised In, ensuring broad access for the population. The private sectors play a significant role, particularly in urban area.

10.4 GLOBAL HEALTH INVESTMENT TRENDS

Based on Figure 10.1, there is a significant divide in health investment between the higher-spending nations and the emerging Asian economies. The United Kingdom stands out as the highest spender, with expenditures peaking at over 12 percent of GDP in 2020, before stabilising at approximately 11 percent by 2023. Australia and Brazil follow in a high-spending tier, maintaining steady expenditures of around 10 percent and 9.6 percent, respectively. Meanwhile, the Republic of Korea demonstrates a unique upward trajectory, steadily increasing its health spending from roughly 7.7 percent in 2019 to over 8.5 percent in 2023, indicating a strategic expansion of its health sector relative to its economic growth.

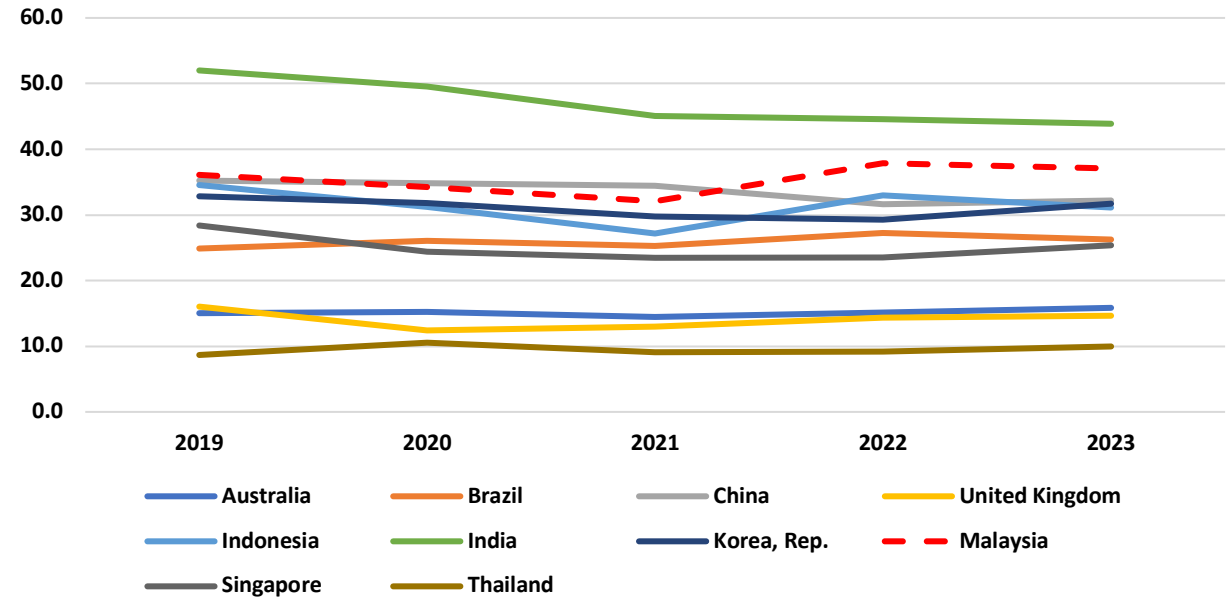
In contrast, most Asian nations depicted maintain much leaner health budgets, generally allocating between 3 percent and 6 percent of their GDP to healthcare. China shows a gradual increase, rising from roughly 5 percent to 6 percent, while Singapore exhibits a notable decline in expenditure share after 2020, dropping to approximately 4.5 percent by 2023. The lowest tier of spending remains consistent among Malaysia (indicated by the red dashed line), India, and Indonesia, where health expenditure hovers near or below the 4 percent mark throughout the five-year period.

FIGURE 10.1: International Comparison of Current Health Expenditure (CHE) as a Percentage of Gross-Domestic Product (GDP), 2019-2023



Source: Global Health Expenditure Database on 5th December 2024

FIGURE 10.2: International Comparison of Out-of-pocket (OOP) Spending as a Percentage of Current Health Expenditure (CHE), 2019-2023



Source: Global Health Expenditure Database on 5th December 2024

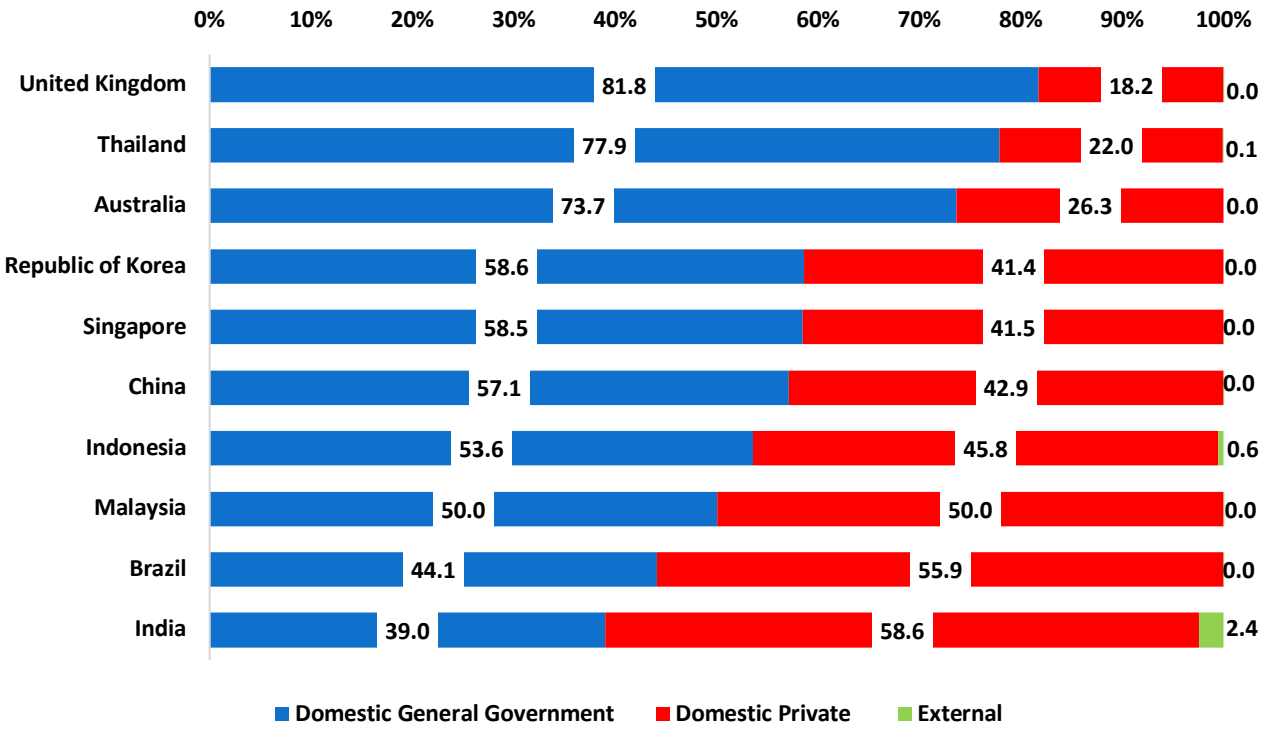
Figure 10.2 shows a stark disparity in the financial burden of health care placed directly on households across the sampled nations. India exhibits the highest reliance on private funds, with household OOP spending exceeding 50 percent of CHE in 2019, though it shows a promising downward trend, reducing to approximately 44% by 2023. On the opposite end of the spectrum, Thailand demonstrates exceptional financial protection for its citizens. It consistently maintains the lowest household OOP rate at roughly 9–10 percent, which is notably lower than even high-income developed nations such as the United Kingdom and Australia, both of which remain stable around the 15 percent mark.

The middle cluster of the graph comprises upper-middle-income economies where households cover roughly a third of health costs. China, Brazil, and Indonesia generally track between 25 percent and 35 percent throughout the period. Malaysia (indicated by the red dashed line) exhibits a notable fluctuation within this group. While it dipped to roughly 32 percent in 2021, it rebounded sharply to nearly 38 percent in 2022 and 2023. This suggests that as the pandemic phase ended, the financial burden shifted back toward Malaysian households, positioning its household OOP spending slightly above that of China and Brazil by the end of the observed period.

Malaysia's Current Health Expenditure (CHE) as a percentage of GDP has remained modest, hovering near the 4 percent mark. This places the nation alongside lower-spending economies such as India and Indonesia, and significantly below the investment levels of the United Kingdom, Australia, and China. Consequently, this lower public investment correlates with a significant financial burden on the populace, as household OOP spending has trended upwards to approximately 37 percent of total health expenditure by 2023. This high reliance on household out-of-pocket payments contrasts sharply with Thailand, where a higher GDP commitment to health has successfully suppressed household OOP levels to below 10 percent, underscoring a critical gap in financial risk protection within the Malaysian health landscape.

Figure 10.3 reveals a broad spectrum of health financing strategies, ranging from systems heavily reliant on public funding to those dominated by private expenditure. The United Kingdom stands at the top of this hierarchy with the most robust public commitment, where domestic general government expenditure accounts for 81.8 percent of the total CHE in year 2023, leaving only 18.2 percent to private financing. This high-investment tier also includes Thailand and Australia, which demonstrate strong government leadership in health care funding at 77.9 percent and 73.7 percent, respectively. Thailand's position is particularly notable as it surpasses wealthier nations in its public funding share, underscoring its commitment to state-sponsored health coverage despite being an emerging economy.

Figure 10.3: International Comparison of Domestic Government and Private Health Expenditure, 2023



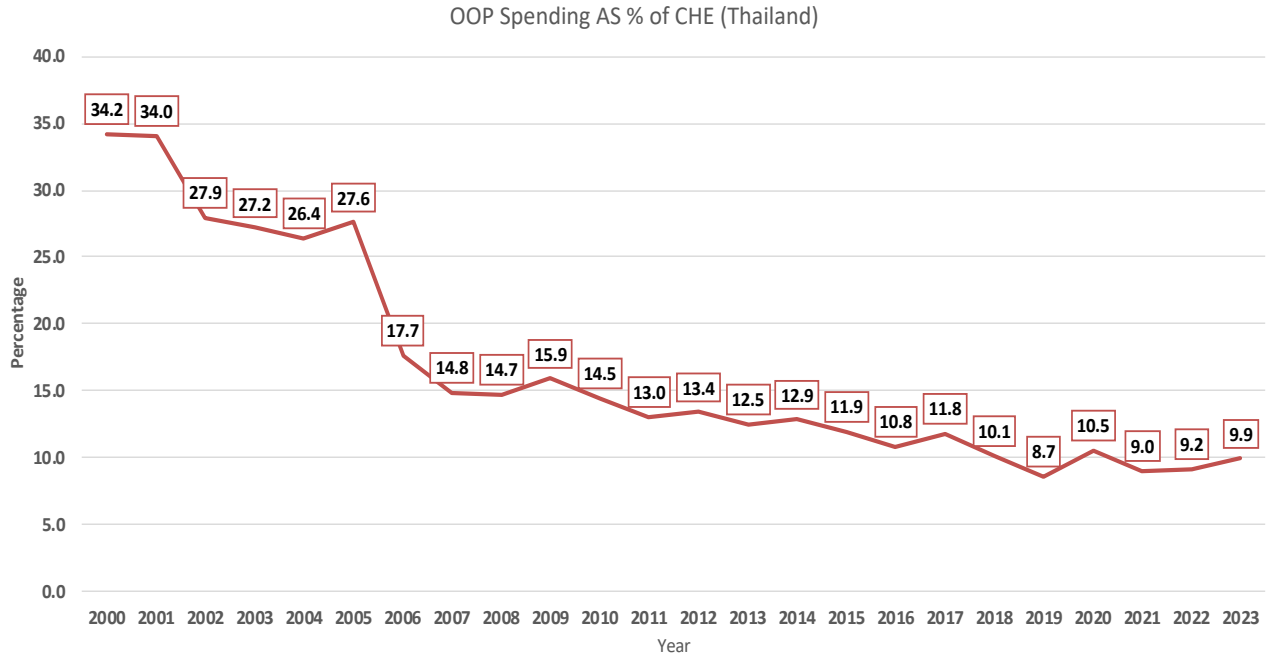
Source: Global Health Expenditure Database on 5th December 2025

The Republic of Korea, Singapore, and China adopt a more mixed approach, whereby the government covers between 57 percent and 59 percent of health costs. Specifically, the Republic of Korea and Singapore show nearly identical profiles, with government contributions at 58.6 percent and 58.5 percent, respectively, and private spending making up roughly 41.5 percent. Indonesia follows closely with a slightly lower government share of 53.6 percent. Malaysia serves as the pivotal midpoint in this dataset, exhibiting an exact 50.0 percent split between government and private expenditure. This equal distribution signals a transition point in the region, distinguishing countries with majority-state funding from those where private capital carries a heavier burden.

Conversely, the lower section of the graph highlights nations where the private sector becomes the primary source of health financing. Brazil falls into this category with government spending contributing only 44.1 percent of the total, while private domestic sources cover the majority at 55.9 percent. India demonstrates the lowest level of government financial participation among the sampled nations, providing just 39.0 percent of total health expenditure. Consequently, India relies most heavily on private funds (58.6 percent) and is the only country in the chart with a visible, albeit small, dependency on external funding sources (2.4 percent).

CASE STUDY: THAILAND'S TRANSITION TO UNIVERSAL HEALTH COVERAGE

FIGURE 10.4: Out-of-pocket (OOP) Spending as a Percentage of Current Health Expenditure (CHE), Thailand, 2000-2023



Source: Global Health Expenditure Database on 5th December 2025

Prior to the early 2000s, Thailand's health security landscape was fragmented, primarily relying on the Civil Servant Medical Benefit Scheme (CSMBS) and the Social Health Insurance (SHI) system, which collectively covered only 25 percent of the population. The pivotal transformation occurred in 2002 with the full implementation of the Universal Coverage Scheme (UCS), a non-contributory, tax-financed initiative designed to extend protection to the remaining 75 percent of the populace. By shifting the dominant financing source from private household contributions to government expenditure, the nation successfully reduced out-of-pocket (OOP) spending from over 30 percent to single-digit levels within two decades. This comprehensive reform was anchored in the strategic decision to utilise general tax revenues rather than premiums, acknowledging that contributory schemes would have impeded coverage for the large informal sector[16].

To ensure the system delivered genuine financial risk protection, the Universal Coverage Scheme (UCS) enforced strict regulations to guarantee free access at the point of service. The administration prohibited deductibles, coverage ceilings, and balance billing, whilst simultaneously establishing a 24-hour consumer protection hotline to monitor compliance. This regulatory framework was complemented by rigorous cost-containment measures driven by the government's monopsonistic purchasing power. The National Health Security Office (NHSO) implemented closed-end budgeting systems, including age-adjusted capitation for outpatients and Diagnosis-Related Groups (DRG) for inpatients, to transfer financial risk to providers and incentivise efficiency. Furthermore, the sustainability of the fund was safeguarded by ensuring that the expansion of benefit packages was strictly guided by evidence-based Health Technology Assessments (HTA) and

budget impact analyses. These interconnected policies have yielded significant social outcomes; notably, the incidence of catastrophic health expenditure dropped from 6.0 percent in 1996 to 1.9 percent in 2020, effectively shielding citizens from financial ruin. [17]

POLICY ANALYSIS: FEASIBILITY OF FIXED-PERCENTAGE HEALTH BUDGETING

Establishing a statutory mandate to fix the national health budget to a specific percentage of GDP presents a complex policy dilemma. Strategically, such a mandate serves as a powerful mechanism for financial accountability, ensuring sustained investment in primary care and accelerating progress toward Universal Health Coverage (UHC) [18]. However, economists caution that strictly pegging health financing to GDP introduces dangerous fiscal volatility; during economic recessions, a contracting GDP would trigger automatic cuts to health services precisely when public demand is highest. Furthermore, a rigid ring-fencing of funds may inadvertently displace critical investments in other social determinants of health, such as education and infrastructure, or lead to inefficient spending during sudden economic booms. [19, 20]

Consequently, international best practices suggest utilising specific thresholds as aspirational benchmarks rather than rigid legal constraints. Experts such as McIntyre et al. recommend a dual target: government health spending reaching at least 5 percent of GDP, supplemented by an absolute per capita target (e.g., US$86) [18]. Similarly, the African Union's Abuja Declaration sets a goal of allocating 15 percent of the total government budget to health [21]. In practice, however, optimal budgeting remains a dynamic political negotiation rather than a static formula. Final allocations must balance historical baselines and inflationary pressures against population health needs, allowing the government the fiscal flexibility to manage competing national priorities while striving to meet these investment targets.

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APPENDIX TABLES

TABLE A1.1: Source of Data			
Data Sources for Public Sector Estimation			
PUBLIC SECTOR			
	Main Agencies	Specific Organisation	Source of Data
1	Ministry of Health (MOH)	Accountant-General's Department	MOH - AG DATA (expenditure)
			MOH - B11
			MOH - B12
		Ministry of Health (MOH)	MOH - KWC
			MOH - IT
			MOH - Donation Perolehan
			MOH - Donation JKN
		Protect Health Corporation Sdn. Bhd	MNHA Survey - PHCorp.
2	Other Ministries	Ministry of Higher Education	MNHA Survey - MOHE
		Ministry of Defence	MNHA Survey - MOD
3	Other Federal Agencies	National Population and Family Development Board	MNHA Survey - LPPKN
		Department of Orang Asli Development	MNHA Survey - JAKOA
		Public Service Department-Pension	MNHA Survey - JPA
		Civil Defence Department	MNHA Survey - JPAM
		Prison Department of Malaysia	MNHA Survey - PENJARA
		Social Welfare Department	MNHA Survey - JKM
		Department Occupational Safety and Health	MNHA Survey - DOSH
		National Institute of Occupational Safety and Health Malaysia	MNHA Survey - NIOSH
		National Anti-Drug Agency	MNHA Survey - AADK
		Pilgrims Fund Board	MNHA Survey - LTH
		National Heart Institute	MNHA Survey - IJN
		Federal Statutory Bodies	MNHA Survey - BERKANUN (Fed)
		Public Water Supply Department (Federal)	MNHA Survey - JBA (OFA)
		National Sports Institute of Malaysia	MNHA Survey - ISN
		Employee Provident Fund - HQ	MNHA Survey - KWSP (0001)
		Employee Provident Fund - state	MNHA Survey - KWSP (0002)
		Social Security Organization - HQ	MNHA Survey - PERKESO (0001)
		Social Security Organization - state	MNHA Survey - PERKESO (0002)
		Ministry of Science Technology and Innovation	MNHA Survey - MOSTI
		Public Higher Education Institutions	MNHA Survey - TRAINING (OFA-Pu)
		Private Higher Education Institutions	MNHA Survey - TRAINING (OFA-Pr)
		Emergency Medical Rescue Services, Malaysia Fire and Rescue Department	MNHA Survey - EMRS
		National Disaster Management Agency (NADMA)	MNHA Survey - NADMA
		Majlis Keselamatan Negara (MKN)	MNHA Survey - MKN
4	State Agencies	State Government (General)	MNHA Survey - KN
		Public Water Supply Department (State)	MNHA Survey - JBA (state)
		State Statutory Body (SSB)	MNHA Survey - BERKANUN (state)
		Public Water Supply Department (State Statutory Body)	MNHA Survey - JBA (SSB)
		State Islamic Religious Council/Zakat Collection Centre	MNHA Survey - MAIN
5	Local Authorities	Local Authority - Health care Services	MNHA Survey - PBT (Perkhid)
		Local Authority - Staff	MNHA Survey - PBT (Ktgn)

TABLE A1.2: Source of Data			
Data Sources for Private Sector Estimation			
PRIVATE SECTOR			
	Main Agencies	Specific Organisation	Source of Data
1	Private Insurance	Central Bank of Malaysia	MNHA Survey - BNM
		Insurance Agencies	MNHA Survey - INSURAN
2	Managed Care Organization	MCO Agencies	MNHA Survey - MCO
3	Household Out of Pocket Payment (Gross Spending)	MOH user charges	MOH - AG DATA (Revenue)
		IJN user charges	MNHA Survey - IJN
		MOE user charges	MNHA Survey - KPT
		Private Hospital (MNHA)	MNHA Survey - PRIVATE HOSPITAL
		Private Hospital (DOSM)	DOSM Survey - PRIVATE HOSPITAL
		Private Clinic (Medical), DOSM	DOSM Survey - PRIVATE MEDICAL CLINIC
		Private Clinic (Dental), DOSM	DOSM Survey - PRIVATE DENTAL CLINIC
		Private Haemodialysis Centre (MNHA)	MNHA Survey - PRIVATE HEMO (0001)
		Pharmacy Division, MOH	MNHA Survey - FARMASI (0001)
		IQVIA	MNHA Survey - FARMASI (0002)
		Medical supplies HIES, DOSM	DOSM Survey - HES DATA
		Medical durables/prostheses/equipments HIES, DOSM	DOSM Survey - HES DATA
		Ancillary services HIES, DOSM	DOSM Survey - HES DATA
		Private TCM HIES, DOSM	DOSM Survey - HES DATA
		Public Higher Education Institutions	MNHA Survey - TRAINING (OOP-Pu)
		Private Higher Education Institutions	MNHA Survey - TRAINING (OOP-Pr)
4	Out-of Pocket (Third Party Deductions)	Insurance Agencies	MNHA Survey - INSURAN
		Central Bank of Malaysia	MNHA Survey - BNM
		Private Corporations	MNHA Survey - PRIVATE CORPORATION
		Employees Provident Fund	MNHA Survey - KWSP
		Social Security Organization	MNHA Survey - PERKESO
		Federal Statutory Bodies	MNHA Survey - BERKANUN (Fed)
		State Statutory Body	MNHA Survey - BERKANUN (state)
		FOMEMA/UNITAB MEDIC - OOP data	MNHA Survey - UNITABMEDIC
		GROWARISAN - OOP data	MNHA Survey - GROWARISAN

PRIVATE SECTOR			
	Main Agencies	Specific Organisation	Source of Data
5	Non-Governmental Organization	Non-Governmental Organizations	MNHA Survey - NGO
6	Corporations	Limited and Private Limited Corporations	MNHA Survey - PRIVATE CORPORATION
		Labour Force Survey, DOSM	DOSM Survey - CORPS_DOS (0002)
		Industrial Survey, DOSM	DOSM Survey - CORPS_DOS (0001-non med)
		Private Hospital staff, DOSM	DOSM Survey - CORPS_DOS (0001-hosp)
		Private Clinic Medical, DOSM	DOSM Survey - CORPS_DOS (0001-clinic)
		Private Clinic Dental, DOSM	DOSM Survey - CORPS_DOS (0001-dental)
		Private Water Supply Department	MNHA Survey - JBA (corp)
		FOMEMA/UNITAB MEDIC	MNHA Survey - UNITABMEDIC
		GROWARISAN	MNHA Survey - GROWARISAN
		Public Higher Education Institutions	MNHA Survey - TRAINING (Corp-Pu)
		Private Higher Education Institutions	MNHA Survey - TRAINING (Corp-Pr)
		Information Technology Corporations	CORPS - IT
		Clinical Research Malaysia	MNHA Survey - CRM
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)
		DOSM-Household Consumption	General-DOS General_DOS (0003)

TABLE A2.1: Classification of Total Expenditure on Health by Sources of Financing			
MNHA 2.0 Code	**SHA 2011 Code**	**Sources of Financing**	**Description**
MHS.1	HF.1	Public Sources of financing	Refers to MHS.1.1 and MHS.1.2 classifications
MHS.1.1	HF.1.1	Public sources of financing (excluding Social Security Funds)	Refers to Federal Government, state government & local authorities
MHS.1.2	HF.1.2	Social security funds	SOCSO & EPF
MHS.2	HF.2	Private sources of financing	Refers to MHS.2 classification
MHS.2.1	HF.1.2.2	Compulsory Private insurance	Currently does not exist in Malaysia
MHS.2.2	HF.2.1	Voluntary private insurance	Private health insurance
MHS.2.3	HF.2.1.2.2	Private MCO's and other similar entities	Registered MCO other than private health insurance
MHS.2.4	HF.3.1	Private household OOP payment excluding cost sharing	Household OOP spending on health
MHS.2.5	HF.2.2	Non-profit institutions	Health-related NGOs
MHS.2.6	HF.2.3	All corporations (other than health insurance)	Private employers
MHS.9	HF.2.2.2	Rest of the world (ROW)	Rest of the world

TABLE A2.2: Classification of Total Expenditure on Health to Providers of Health Care			
MNHA 2.0 Code	**SHA 2011 Code**	**Providers of Health Care**	**Description**
MHP.1	HP.1	All hospitals	Public & private hospitals
MHP.2	HP.2	Residential long term care facilities	Nursing care facilities including psychiatric care facilities, residential facilities for mental health, etc.
MHP.3	HP.3	Providers of ambulatory healthcare	Establishments providing ambulatory health care services directly to non-hospital setting, e.g. medical practitioner clinics, dental clinics, etc.
MHP.4	HP.4	Providers of ancillary services	Patient transportation & emergency rescue, medical & diagnostic laboratories, blood & organ banks and other ancillary services
MHP.5	HP.5	Retail SALE and other providers of medical goods	Pharmacies & retail sale/suppliers of vision products, hearing aids, medical appliances
MHP.6	HP.6	Provision and administration of public health programmes	Providers of public health programmes including health prevention & promotion services (public & private)
MHP.7	HP.7	Providers of health care system administration and financing	Government health administration agencies
MHP.8	HP.8	Other industries (rest of the Malaysian economy)	Private occupational health care & home care, etc.
MHP.9	HP.9	Rest of the world	Non-resident providers providing health care for the final use of residents of Malaysia

TABLE A2.3: Classification of Total Expenditure on Health for Functions of Health Care			
MNHA 2.0 Code	**SHA 2011 Code**	**Functions of Health Care**	**Description**
MHC.1	HC.1	Services of curative care	Curative care provider at inpatient, outpatient, daycare & homecare services
MHC.2	HC.2	Services of rehabilitative care	Rehabilitative care provider at inpatient, outpatient, daycare & homecare services
MHC.3	HC.3	Services of long-term care	Long term care provider at inpatient, outpatient, daycare & homecare services
MHC.4	HC.4	Ancillary services to health care	Stand-alone laboratory, diagnostic imaging, transport & emergency rescue, etc.
MHC.5	HC.5	Medical goods	Pharmaceuticals, appliances, western medicines, TCM, etc.
MHC.6	HC.6	Preventive care	Maternal and child health, family planning and counselling, etc.
MHC.7	HC.7	Governance and health system and financing administration	Administration at HQ, State health dept, local authorities, SOCSO, EPF, private insurance, etc.
MHR.1	HK.1	Gross Capital formation health care provider institutions	Gross capital formation of domestic health care provider institutions exclude retail sale and others providers goods
MHR.2	HKR.5	Education and training of health personnel	Government & private provision of education and training of health personnel, including admin., etc.
MHR.3	HKR.4	Research and development	Research and development in relation to health care
MHR.4	HCR.2.1	Drinking water intervention	Drinking water intervention include inspection and operation of health regulation for drinking water
MHR.9		All other health-related expenditures	Category to capture all other expenditures that not classified elsewhere in MNHA

TABLE A3.1: Malaysia Health care financing schemes (HF) versus Revenues of health care financing schemes (FS), 2023

SHA 2011	Revenues of health care financing schemes (ICHA-FS)	FS.1	FS.1.1	FS.1.2	FS.1.3	FS.1.4	FS.2	FS.3	FS.3.1	FS.3.2	FS.3.3	FS.3.4	FS.4	FS.4.1	FS.4.2	FS.4.3	FS.5	FS.5.1	FS.5.2	FS.5.3	FS.6	FS.6.1	FS.6.2	FS.6.3	FS.7	FS.nec	All FS
Health care financing schemes (ICHA-HF)	Millions of national currency	Transfers from government domestic revenue	Internal transfers and grants	Transfers by government on behalf of specific groups	Subsidies	Other transfers from government domestic revenue	Transfers distributed by government from foreign origin	Social insurance contributions	Social insurance contributions from employees	Social insurance contributions from employers	Social insurance contributions from self-employed	Other social insurance contributions	Compulsory prepayment (other than FS.3)	Compulsory prepayment from individuals/households	Compulsory prepayment from employers	Other compulsory prepaid revenues	Voluntary prepayment	Voluntary prepayment from individuals/households	Voluntary prepayment from employers	Other voluntary prepaid revenues	Other domestic revenues n.e.c.	Other revenues from households n.e.c.	Other revenues from corporations n.e.c.	Other revenues from NPISH n.e.c.	Direct foreign transfers	Unspecified revenues of financing schemes (n.e.c.)	All revenues of financing schemes
HF.1	**Government schemes and compulsory contributory health care financing schemes**	35,331	35,331	0	0	0	0	762	126	636	0	0	93	42	51	0	0	0	0	0	0	0	0	0	0	0	36,186
HF.1.1	Government schemes	35,331	35,331	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	35,331
HF.1.2	Compulsory contributory health insurance schemes	0	0	0	0	0	0	762	126	636	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	762
HF.1.2.1	Social health insurance schemes	0	0	0	0	0	0	762	126	636	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	762
HF.1.2.2	Compulsory private insurance schemes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HF.1.3	Compulsory Medical Savings Accounts (CMSA)	0	0	0	0	0	0	0	0	0	0	0	93	42	51	0	0	0	0	0	0	0	0	0	0	0	93
HF.2	**Voluntary health care payment schemes**	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	6,759	4,427	2,325	7	2,437	0	2,301	136	0	0	9,197
HF.2.1	Voluntary health insurance schemes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6,759	4,427	2,325	7	1,400	0	1,400	0	0	0	8,159
HF.2.2	NPISH financing schemes	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	136	0	0	136	0	0	137
HF.2.3	Enterprise financing schemes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	902	0	902	0	0	0	902
HF.3	**Household out-of-pocket payment**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	26,760	26,760	0	0	0	0	26,760
HF.3.1	Out-of-pocket excluding cost-sharing	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	26,760	26,760	0	0	0	0	26,760
HF.3.2	Cost-sharing with third-party payers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HF.4	**Rest of the world financing schemes (non-resident)**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HF.nec	**Unspecified financing schemes (n.e.c.)**	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
All HF	**All financing schemes**	35,331	35,331	0	0	0	1	762	126	636	0	0	93	42	51	0	6,759	4,427	2,325	7	29,197	26,760	2,301	136	0	0	72,143

TABLE A3.2: Malaysia Health care functions (HC) versus Health care financing schemes (HF), 2023

SHA 2011	Health care **financing schemes** (ICHA-HF)	**HF.1**	HF.1.1	HF.1.2	HF.1.2.1	HF.1.2.2	HF.1.3	**HF.2**	HF.2.1	HF.2.2	HF.2.3	**HF.3**	HF.3.1	HF.3.2	**HF.4**	**HF.nec**	**All HF**
Health care functions (ICHA-HC)	*Millions of national currency*	**Government schemes and compulsory contributory health care financing schemes**	Government schemes	Compulsory contributory health insurance schemes	Social health insurance schemes	Compulsory private insurance schemes	Compulsory Medical Savings Accounts (CMSA)	**Voluntary health care payment schemes**	Voluntary health insurance schemes	NPISH financing schemes	Enterprise financing schemes	**Household out-of-pocket payment**	Out-of-pocket excluding cost-sharing	Cost-sharing with third-party payers	**Rest of the world financing schemes (non-resident)**	**Unspecified financing schemes (n.e.c.)**	**All financing schemes**
HC.1	**Curative care**	25,202	24,752	363	363	-	88	6,397	5,849	96	452	19,716	19,716	-	-	-	51,315
HC.1.1	Inpatient curative care	13,442	13,369	2	2	-	71	5,459	5,193	12	253	6,914	6,914	-	-	-	25,815
HC.1.2	Day curative care	2,544	2,231	310	310	-	4	392	313	75	4	976	976	-	-	-	3,913
HC.1.3	Outpatient curative care	9,216	9,152	51	51	-	13	546	342	9	195	11,825	11,825	-	-	-	21,587
HC.1.3.1	General outpatient curative care	3,431	3,371	50	50	-	9	320	184	9	128	8,416	8,416	-	-	-	12,167
HC.1.3.2	Dental outpatient curative care	552	552	-	-	-	-	6	2	-	5	1,156	1,156	-	-	-	1,715
HC.1.3.3	Specialised outpatient curative care	5,233	5,229	-	-	-	4	220	157	-	63	2,013	2,013	-	-	-	7,466
HC.1.3.9	Specialised paramedical outpatient curative care	-	-	-	-	-	-	-	-	-	-	240	240	-	-	-	240
HC.1.3.nec	Unspecified outpatient curative care (n.e.c.)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.1.4	Home-based curative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.2	**Rehabilitative care**	193	-	193	193	-	-	-	-	-	-	-	-	-	-	-	193
HC.2.1	Inpatient rehabilitative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.2.2	Day rehabilitative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.2.3	Outpatient rehabilitative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.2.4	Home-based rehabilitative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.3	**Long-term care (health)**	63	-	63	63	-	-	6	-	5	-	-	-	-	-	-	68
HC.3.1	Inpatient long-term care (health)	15	-	15	15	-	-	2	-	2	-	-	-	-	-	-	17
HC.3.2	Day long-term care (health)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.3.3	Outpatient long-term care (health)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.3.4	Home-based long-term care (health)	48	-	48	48	-	-	4	-	4	-	-	-	-	-	-	52
HC.4	**Ancillary services (non-specified by function)**	280	280	-	-	-	-	1	-	-	1	54	54	-	-	-	336
HC.4.1	Laboratory services	254	254	-	-	-	-	1	-	-	1	33	33	-	-	-	288
HC.4.2	Imaging services	1	1	-	-	-	-	-	-	-	-	17	17	-	-	-	19
HC.4.3	Patient transportation	25	25	-	-	-	-	1	-	-	-	3	3	-	-	-	29
HC.5	**Medical goods (non-specified by function)**	332	220	106	106	-	6	25	1	18	5	6,974	6,974	-	-	-	7,331
HC.5.1	Pharmaceuticals and other medical non-durable goods	80	80	-	-	-	1	2	1	-	1	5,990	5,990	-	-	-	6,073
HC.5.1.1	Prescribed medicines	32	32	-	-	-	1	2	1	-	1	2,794	2,794	-	-	-	2,829
HC.5.1.2	Over-the-counter medicines	46	46	-	-	-	-	-	-	-	-	2,780	2,780	-	-	-	2,826
HC.5.1.3	Other medical non-durable goods	2	2	-	-	-	-	-	-	-	-	416	416	-	-	-	418
HC.5.2	Therapeutic appliances and other medical durable goods	251	140	106	106	-	5	22	-	18	4	985	985	-	-	-	1,258
HC.6	Preventive care	4,324	4,298	26	26	-	-	401	-	6	395	17	17	-	-	-	4,742
HC.6.1	**Information, education and counseling programmes**	820	794	26	26	-	-	6	-	6	-	-	-	-	-	-	826
HC.6.2	Immunisation programmes	555	555	-	-	-	-	-	-	-	-	-	-	-	-	-	555
HC.6.3	Early disease detection programmes	891	891	-	-	-	-	-	-	-	-	-	-	-	-	-	891
HC.6.4	Healthy condition monitoring programmes	1,104	1,104	-	-	-	-	395	-	-	395	17	17	-	-	-	1,516
HC.6.5	Epidemiological surveillance and risk and disease control programmes	940	940	-	-	-	-	-	-	-	-	-	-	-	-	-	940
HC.6.6	Preparing for disaster and emergency response programmes	15	15	-	-	-	-	-	-	-	-	-	-	-	-	-	15
HC.7	**Governance and health system and financing administration**	5,792	5,781	11	11	-	-	2,367	2,308	10	49	-	-	-	-	-	8,159
HC.7.1	Governance and health system administration	5,774	5,774	-	-	-	-	-	-	-	-	-	-	-	-	-	5,774
HC.7.2	Administration of health financing	18	7	11	11	-	-	2,367	2,308	10	49	-	-	-	-	-	2,385
HC.9	**Other health care services *not elsewhere classified (n.e.c.)***	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All HF	**All functions**	36,186	35,331	762	762	-	93	9,197	8,159	137	902	26,760	26,760	-	-	-	72,143

TABLE A3.3: Malaysia Health care functions (HC) versus Health care provider (HP), 2023

SHA 2011	Health care financing schemes (ICHA-HF)	HP.1	HP.1.1	HP.1.2	HP.1.3	HP.2	HP.2.1	HP.2.2	HP.2.9	HP.3	HP.3.1	HP.3.2	HP.3.3	HP.3.4	HP.3.5	HP.4	HP.4.1	HP.4.2	HP.4.9	HP.5	HP.5.1	HP.5.2	HP.5.9	HP.6	HP.7	HP.7.1	HP.7.2	HP.7.3	HP.7.9	HP.8	HP.8.1	HP.8.2	HP.9	HP.nec	All HP
Health care functions (ICHA-HC)	*Millions of national currency*	Hospitals	General hospitals	Mental health hospitals	Specialised hospitals (other than mental health hospitals)	Residential long-term care facilities	Long-term nursing care facilities	Mental health and substance abuse facilities	Other residential long-term care facilities	Providers of ambulatory health care	Medical practices	Dental practices	Other health care practitioners	Ambulatory health care centres	Providers of home health care services	Providers of ancillary services	Providers of patient transportation and emergency rescue	Medical and diagnostic laboratories	Other providers of ancillary services	Retailers and other providers of medical goods	Pharmacies	Retail sellers and other suppliers of durable medical goods and medical appliances	All other miscellaneous sellers and other suppliers of pharmaceuticals and medical goods	Providers of preventive care	Providers of health care system administration and financing	Government health administration agencies	Social health insurance agencies	Private health insurance administration agencies	Other administration agencies	Rest of economy	Households as providers of home health care	All other industries as secondary providers of health care	Rest of the world	Unspecified health care providers (n.e.c.)	All providers
HC.1	**Curative care**	40,224	39,105	280	840	-	-	-	-	11,081	8,252	1,691	240	899	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	9	-	51,315
HC.1.1	Inpatient curative care	25,809	24,833	240	735	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	6	-	25,815
HC.1.2	Day curative care	3,014	3,000	-	15	-	-	-	-	899	-	-	-	899	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	3,913
HC.1.3	Outpatient curative care	11,402	11,272	40	90	-	-	-	-	10,182	8,252	1,691	240	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	-	21,587
HC.1.3.1	General outpatient curative care	3,915	3,915	-	-	-	-	-	-	8,252	8,252	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	12,167
HC.1.3.2	Dental outpatient curative care	24	24	-	-	-	-	-	-	1,691	-	1,691	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,715
HC.1.3.3	Specialised outpatient curative care	7,462	7,333	40	90	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	-	7,466
HC.1.3.9	Specialised paramedical outpatient curative care	-	-	-	-	-	-	-	-	240	-	-	240	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	240
HC.1.3.nec	Unspecified outpatient curative care (n.e.c.)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.1.4	Home-based curative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.2	**Rehabilitative care**	193	193	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	193
HC.2.1	Inpatient rehabilitative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.2.2	Day rehabilitative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.2.3	Outpatient rehabilitative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.2.4	Home-based rehabilitative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.3	**Long-term care (health)**	-	-	-	-	21	6	-	15	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	48	48	-	-	-	68
HC.3.1	Inpatient long-term care (health)	-	-	-	-	17	2	-	15	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	17
HC.3.2	Day long-term care (health)	-	-	-	-	0	-	-	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	0
HC.3.3	Outpatient long-term care (health)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.3.4	Home-based long-term care (health)	-	-	-	-	4	4	-	0	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	48	48	-	-	-	52
HC.4	**Ancillary services (non-specified by function)**	-	-	-	-	-	-	-	-	-	-	-	-	-	-	310	4	306	-	-	-	-	-	-	1	-	-	-	1	24	-	24	-	-	336
HC.4.1	Laboratory services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	288	-	288	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	288
HC.4.2	Imaging services	-	-	-	-	-	-	-	-	-	-	-	-	-	-	19	-	19	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	19
HC.4.3	Patient transportation	-	-	-	-	-	-	-	-	-	-	-	-	-	-	4	4	-	-	-	-	-	-	-	1	-	-	-	1	24	-	24	-	-	29
HC.5	**Medical goods (non-specified by function)**	-	-	-	-	-	-	-	-	870	-	296	574	-	-	0	-	0	-	6,455	5,081	501	873	-	0	0	-	-	-	5	-	5	-	-	7,331
HC.5.1	Pharmaceuticals and other medical non-durable goods	-	-	-	-	-	-	-	-	870	-	296	574	-	-	0	-	0	-	5,202	5,081	-	121	-	0	0	-	-	-	0	-	0	-	-	6,073
HC.5.1.1	Prescribed medicines	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2,829	2,829	-	-	-	0	0	-	-	-	-	-	-	-	-	2,829
HC.5.1.2	Over-the-counter medicines	-	-	-	-	-	-	-	-	574	-	-	574	-	-	-	-	-	-	2,252	2,252	-	-	-	-	-	-	-	-	-	-	-	-	-	2,826
HC.5.1.3	Other medical non-durable goods	-	-	-	-	-	-	-	-	296	-	296	-	-	-	0	-	0	-	121	0	-	121	-	-	-	-	-	-	0	-	0	-	-	418
HC.5.2	Therapeutic appliances and other medical durable goods	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1,254	-	501	753	-	-	-	-	-	-	4	-	4	-	-	1,258
HC.6	Preventive care	0	0	-	-	0	-	0	-	3,296	2,753	528	-	15	-	0	-	0	-	-	-	-	-	1,415	-	-	-	-	-	31	-	31	-	-	4,742
HC.6.1	**Information, education and counseling programmes**	-	-	-	-	0	-	0	-	466	413	53	-	-	-	0	-	0	-	-	-	-	-	330	-	-	-	-	-	31	-	31	-	-	826
HC.6.2	Immunisation programmes	0	0	-	-	-	-	-	-	504	499	-	-	6	-	-	-	-	-	-	-	-	-	50	-	-	-	-	-	0	-	0	-	-	555
HC.6.3	Early disease detection programmes	0	0	-	-	-	-	-	-	672	534	132	-	6	-	-	-	-	-	-	-	-	-	219	-	-	-	-	-	-	-	-	-	-	891
HC.6.4	Healthy condition monitoring programmes	-	-	-	-	-	-	-	-	1,419	1,100	317	-	3	-	-	-	-	-	-	-	-	-	96	-	-	-	-	-	-	-	-	-	-	1,516
HC.6.5	Epidemiological surveillance and risk and disease control programmes	-	-	-	-	-	-	-	-	234	208	26	-	-	-	-	-	-	-	-	-	-	-	706	-	-	-	-	-	-	-	-	-	-	940
HC.6.6	Preparing for disaster and emergency response programmes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	15	-	-	-	-	-	-	-	-	-	-	15
HC.7	**Governance and health system and financing administration**	-	-	-	-	-	-	-	-	15	-	-	-	15	-	-	-	-	-	60	60	-	-	648	7,411	5,029	11	901	1,470	24	-	24	-	-	8,159
HC.7.1	Governance and health system administration	-	-	-	-	-	-	-	-	15	-	-	-	15	-	-	-	-	-	60	60	-	-	648	5,029	5,029	-	-	-	22	-	22	-	-	5,774
HC.7.2	Administration of health financing	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2,382	-	11	901	1,470	3	-	3	-	-	2,385
HC.9	**Other health care services not elsewhere classified (n.e.c.)**	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All HF	**All functions**	**40,417**	**39,298**	**280**	**840**	**21**	**6**	**0**	**15**	**15,262**	**11,005**	**2,515**	**814**	**928**	**-**	**310**	**4**	**306**	**-**	**6,516**	**5,141**	**501**	**873**	**2,063**	**7,412**	**5,029**	**11**	**901**	**1,471**	**132**	**48**	**84**	**9**	**-**	**72,143**

TABLE A3.4: Malaysia Health care functions (HC) versus Revenues of health care financing schemes (FS), 2023

SHA 2011	Revenues of health care financing schemes (ICHA-FS)	FS.1	FS.1.1	FS.1.2	FS.1.3	FS.1.4	FS.2	FS.3	FS.3.1	FS.3.2	FS.3.3	FS.3.4	FS.4	FS.4.1	FS.4.2	FS.4.3	FS.5	FS.5.1	FS.5.2	FS.5.3	FS.6	FS.6.1	FS.6.2	FS.6.3	FS.7	FS.nec	All FS
Health care functions (ICHA-HC)	*Millions of national currency*	**Transfers from government domestic revenue**	Internal transfers and grants	Transfers by government on behalf of specific groups	Subsidies	Other transfers from government domestic revenue	**Transfers distributed by government from foreign origin**	**Social insurance contributions**	Social insurance contributions from employees	Social insurance contributions from employers	Social insurance contributions from self-employed	Other social insurance contributions	**Compulsory prepayment (other than FS.3)**	Compulsory prepayment from individuals/households	Compulsory prepayment from employers	Other compulsory prepaid revenues	**Voluntary prepayment**	Voluntary prepayment from individuals/households	Voluntary prepayment from employers	Other voluntary prepaid revenues	**Other domestic revenues n.e.c.**	Other revenues from households n.e.c.	Other revenues from corporations n.e.c.	Other revenues from NPISH n.e.c.	**Direct foreign transfers**	**Unspecified revenues of financing schemes (n.e.c.)**	**All revenues of financing schemes**
HC.1	**Curative care**	24,752	24,752	-	-	-	1	363	80	282	-	-	88	39	48	-	5,849	3,834	2,014	-	20,263	19,716	452	95	-	-	51,315
HC.1.1	Inpatient curative care	13,369	13,369	-	-	-	-	2	0	2	-	-	71	32	39	-	5,193	3,405	1,789	-	7,179	6,914	253	12	-	-	25,815
HC.1.2	Day curative care	2,231	2,231	-	-	-	-	310	69	241	-	-	4	2	2	-	313	205	108	-	1,056	976	4	75	-	-	3,913
HC.1.3	Outpatient curative care	9,152	9,152	-	-	-	1	51	11	39	-	-	13	6	7	-	342	224	118	-	12,028	11,825	195	8	-	-	21,587
HC.1.3.1	General outpatient curative care	3,371	3,371	-	-	-	1	50	11	39	-	-	9	4	5	-	184	120	63	-	8,551	8,416	128	8	-	-	12,167
HC.1.3.2	Dental outpatient curative care	552	552	-	-	-	-	-	-	-	-	-	-	-	-	-	2	1	1	-	1,161	1,156	5	0	-	-	1,715
HC.1.3.3	Specialised outpatient curative care	5,229	5,229	-	-	-	-	0	0	0	-	-	4	2	2	-	157	103	54	-	2,076	2,013	63	0	-	-	7,466
HC.1.3.9	Specialised paramedical outpatient curative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	240	240	0	-	-	-	240
HC.1.3.nec	Unspecified outpatient curative care (n.e.c.)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.1.4	Home-based curative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.2	**Rehabilitative care**	-	-	-	-	-	-	193	-	193	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	193
HC.2.1	Inpatient rehabilitative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.2.2	Day rehabilitative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.2.3	Outpatient rehabilitative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.2.4	Home-based rehabilitative care	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.3	**Long-term care (health)**	0	0	-	-	-	-	63	14	49	-	-	0	0	0	-	0	0	0	-	5	-	-	5	-	-	68
HC.3.1	Inpatient long-term care (health)	0	0	-	-	-	-	15	3	12	-	-	0	0	0	-	0	0	0	-	2	-	-	2	-	-	17
HC.3.2	Day long-term care (health)	-	-	-	-	-	-	0	0	0	-	-	0	0	0	-	-	-	-	-	-	-	-	-	-	-	0
HC.3.3	Outpatient long-term care (health)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HC.3.4	Home-based long-term care (health)	0	0	-	-	-	-	48	11	37	-	-	-	-	-	-	0	0	0	-	4	-	-	4	-	-	52
HC.4	**Ancillary services (non-specified by function)**	280	280	-	-	-	-	0	0	0	-	-	0	0	0	-	0	0	0	-	55	54	1	0	-	-	336
HC.4.1	Laboratory services	254	254	-	-	-	-	0	0	0	-	-	0	0	0	-	0	0	0	-	34	33	1	0	-	-	288
HC.4.2	Imaging services	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	-	17	17	0	0	-	-	19
HC.4.3	Patient transportation	25	25	-	-	-	-	0	0	0	-	-	-	-	-	-	0	0	0	-	4	3	0	0	-	-	29
HC.5	**Medical goods (non-specified by function)**	220	220	-	-	-	-	106	24	83	-	-	6	3	3	-	1	1	0	-	6,998	6,974	5	18	-	-	7,331
HC.5.1	Pharmaceuticals and other medical non-durable goods	80	80	-	-	-	-	0	0	0	-	-	1	0	0	-	1	1	0	-	5,991	5,990	1	0	-	-	6,073
HC.5.1.1	Prescribed medicines	32	32	-	-	-	-	0	0	0	-	-	1	0	0	-	1	1	0	-	2,796	2,794	1	0	-	-	2,829
HC.5.1.2	Over-the-counter medicines	46	46	-	-	-	-	-	-	-	-	-	-	-	-	-	0	0	0	-	2,780	2,780	0	0	-	-	2,826
HC.5.1.3	Other medical non-durable goods	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	416	416	-	-	-	-	418
HC.5.2	Therapeutic appliances and other medical durable goods	140	140	-	-	-	-	106	24	83	-	-	5	2	3	-	0	0	0	-	1,006	985	4	18	-	-	1,258
HC.6	**Preventive care**	4,298	4,298	-	-	-	-	26	6	20	-	-	-	-	-	-	-	-	-	-	418	17	395	6	-	-	4,742
HC.6.1	Information, education and counseling programmes	794	794	-	-	-	-	26	6	20	-	-	-	-	-	-	-	-	-	-	6	-	-	6	-	-	826
HC.6.2	Immunisation programmes	555	555	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	555
HC.6.3	Early disease detection programmes	891	891	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	891
HC.6.4	Healthy condition monitoring programmes	1,104	1,104	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	412	17	395	-	-	-	1,516
HC.6.5	Epidemiological surveillance and risk and disease control programmes	940	940	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	940
HC.6.6	Preparing for disaster and emergency response programmes	15	15	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	15
HC.7	**Governance and health system and financing administration**	5,781	5,781	-	-	-	-	11	2	9	-	-	-	-	-	-	908	591	310	7	1,459	-	1,449	10	-	-	8,159
HC.7.1	Governance and health system administration	5,774	5,774	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	5,774
HC.7.2	Administration of health financing	7	7	-	-	-	-	11	2	9	-	-	-	-	-	-	908	591	310	7	1,459	-	1,449	10	-	-	2,385
HC.9	**Other health care services not elsewhere classified (n.e.c.)**	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All HC	**All functions**	35,331	35,331	-	-	-	1	762	126	636	-	-	93	42	51	-	6,759	4,427	2,325	7	29,197	26,760	2,301	136	-	-	72,143

TABLE A3.5: Malaysia Health care provider (HP) versus Health care financing schemes (HF), 2023

SHA 2011		Health care financing schemes (ICHA-HF)	HF.1	HF.1.1	HF.1.2	HF.1.2.1	HF.1.2.2	HF.1.3	HF.2	HF.2.1	HF.2.2	HF.2.3	HF.3	HF.3.1	HF.3.2	HF.4	HF.nec	All HF
Health care providers (ICHA-HP)	*Millions of national currency*		Government schemes and compulsory contributory health care financing schemes	Government schemes	Compulsory contributory health insurance schemes	Social health insurance schemes	Compulsory private insurance schemes	Compulsory Medical Savings Accounts (CMSA)	Voluntary health care payment schemes	Voluntary health insurance schemes	NPISH financing schemes	Enterprise financing schemes	Household out-of-pocket payment	Out-of-pocket excluding cost-sharing	Cost-sharing with third-party payers	Rest of the world financing schemes (non-resident)	Unspecified financing schemes *(n.e.c)*	All financing schemes
HP.1	**Hospitals**		21,714	21,235	402	402	-	77	5,987	5,653	15	320	12,716	12,716	-	-	-	40,417
HP.1.1	General hospitals		20,741	20,261	402	402	-	77	5,953	5,621	15	317	12,604	12,604	-	-	-	39,298
HP.1.2	Mental health hospitals		280	280	-	-	-	-	0	-	0	-	-	-	-	-	-	280
HP.1.3	Specialised hospitals (other than mental health hospitals)		693	693	-	-	-	-	35	32	-	3	112	112	-	-	-	840
HP.2	**Residential long-term care facilities**		15	0	15	15	-	0	6	0	5	-	-	-	-	-	-	21
HP.2.1	Long-term nursing care facilities		0	0	-	-	-	-	6	0	5	-	-	-	-	-	-	6
HP.2.2	Mental health and substance abuse facilities		0	0	-	-	-	-	-	-	-	-	-	-	-	-	-	0
HP.2.9	Other residential long-term care facilities		15	0	15	15	-	0	-	-	-	-	-	-	-	-	-	15
HP.3	**Providers of ambulatory health care**		6,579	6,416	153	153	-	10	796	188	81	527	7,887	7,887	-	-	-	15,262
HP.3.1	Medical practices		4,716	4,656	50	50	-	9	715	184	9	522	5,574	5,574	-	-	-	11,005
HP.3.2	Dental practices		1,071	1,071	-	-	-	-	6	2	0	5	1,437	1,437	-	-	-	2,515
HP.3.3	Other health care practitioners		-	-	-	-	-	-	0	-	-	0	814	814	-	-	-	814
HP.3.4	Ambulatory health care centres		792	689	103	103	-	0	75	2	72	0	62	62	-	-	-	928
HP.3.5	Providers of home health care services		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HP.4	**Providers of ancillary services**		255	255	0	0	-	0	1	0	0	1	54	54	-	-	-	310
HP.4.1	Providers of patient transportation and emergency rescue		0	0	-	-	-	-	1	0	0	0	3	3	-	-	-	4
HP.4.2	Medical and diagnostic laboratories		255	255	0	0	-	0	1	0	0	1	50	50	-	-	-	306
HP.4.9	Other providers of ancillary services		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
HP.5	**Retailers and other providers of medical goods**		387	275	106	106	-	6	25	1	18	5	6,104	6,104	-	-	-	6,516
HP.5.1	Pharmacies		139	138	0	0	-	1	2	1	0	1	5,000	5,000	-	-	-	5,141
HP.5.2	Retail sellers and other suppliers of durable medical goods and medical appliances		47	43	3	3	-	1	4	0	0	4	451	451	-	-	-	501
HP.5.9	All other miscellaneous sellers and other suppliers of pharmaceuticals and medical goods		202	94	103	103	-	5	18	-	18	0	653	653	-	-	-	873
HP.6	**Providers of preventive care**		2,057	2,057	-	-	-	-	6	-	6	-	-	-	-	-	-	2,063
HP.7	**Providers of health care system administration and financing**		5,045	5,034	11	11	-	-	2,367	2,308	10	49	-	-	-	-	-	7,412
HP.7.1	Government health administration agencies		5,029	5,029	-	-	-	-	-	-	-	-	-	-	-	-	-	5,029
HP.7.2	Social health insurance agencies		11	-	11	11	-	-	-	-	-	-	-	-	-	-	-	11
HP.7.3	Private health insurance administration agencies		-	-	-	-	-	-	901	901	-	-	-	-	-	-	-	901
HP.7.9	Other administration agencies		5	5	-	-	-	-	1,466	1,407	10	49	-	-	-	-	-	1,471
HP.8	**Rest of the economy**		132	58	74	74	-	-	-	-	-	-	-	-	-	-	-	132
HP.8.1	Households as providers of home health care		48	-	48	48	-	-	-	-	-	-	-	-	-	-	-	48
HP.8.2	All other industries as secondary providers of health care		84	58	26	26	-	-	-	-	-	-	-	-	-	-	-	84
HP.9	**Rest of the world**		1	0	-	-	-	1	9	9	-	0	-	-	-	-	-	9
HP.nec	**Unspecified health care providers (n.e.c.)**		-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
All HP	**All providers**		36,186	35,331	762	762	-	93	9,197	8,159	137	902	26,760	26,760	-	-	-	72,143

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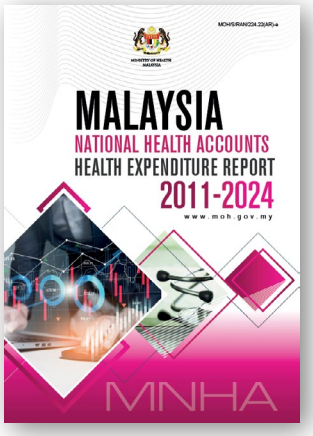

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