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MINISTRY OF HEALTH MALAYSIA

# MNHA FRAMEWORK 2.0

Malaysia National Health Accounts (MNHA)  
Planning Division  
Ministry of Health Malaysia



# **MALAYSIA NATIONAL HEALTH ACCOUNTS (MNHA)**

**PUBLICATION ON THE UPDATED MNHA CLASSIFICATION SYSTEM  
(MNHA FRAMEWORK 2.0)**



**MINISTRY OF HEALTH MALAYSIA  
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## MESSAGE BY THE DIRECTOR-GENERAL OF HEALTH, MALAYSIA



It is with great pleasure that we present the Malaysia National Health Accounts (MNHA) Framework 2.0 publication. This release marks a significant milestone in our endeavors to enhance the comprehension and management of health expenditure within the country. The NHA framework offers a thorough and systematic approach to monitoring health spending, thereby enabling us to evaluate the efficiency, equity, and sustainability of our health care system.

Over the years, Malaysia has made notable strides in health care delivery and financing. Nonetheless, the escalating costs of health care, evolving disease patterns, and demographic shifts present challenges that necessitate vigilant monitoring and strategic planning. The NHA framework serves as an invaluable resource for reporting health expenditure data, empowering policymakers, researchers, and stakeholders to grasp the trend of health expenditure and devise evidence-based policies and interventions.

This publication elucidates the intricate framework of health expenditure flows through a tri-axial approach: sources of financing, providers of health care and functions of health care. It delineates the definitions and parameters essential for tracking health expenditure within our nation.

I extend my heartfelt gratitude to all the individuals and organizations who have contributed to the development of this publication, including the MNHA Steering Committee, MNHA Technical Advisory Committee and various stakeholders. Continuous collaboration and support have been pivotal in the successful realization of MNHA Framework 2.0. It is my earnest hope this publication will serve as an invaluable resource for policymakers, researchers, and stakeholders alike, thereby bolstering ongoing efforts to fortify Malaysia's health care system.

A handwritten signature in black ink, appearing to read 'RADZI'.

Datuk Dr Muhammad Radzi bin Abu Hassan  
Director-General of Health,  
Ministry of Health Malaysia

# PREFACE

The Malaysia National Health Accounts (MNHA) started as a project by the Government of Malaysia in 2001 supported by the Economic Planning Unit (EPU) in the Prime Minister's Department and funded by the United Nations Development Programme (UNDP).

Upon completion of this project, MNHA was institutionalized within the Ministry of Health (MOH) to ensure that data on health care expenditures are collected and reported on a regular basis and serve as a guide for effective decision-making in the midst of various reforms being planned within the health sector.

National health accounts describe expenditure flows within the health system of a country in both the public and private sectors. They describe the sources, providers, and functions for all funds utilized in the whole health sector.

This publication describes the MNHA framework and elaborates on the approach taken by the MNHA, including the definition and coding for each defined classification used.

The MNHA framework 2.0 was based on the International Classification of Health Account (ICHA) System of Health Accounts (SHA 2011). SHA 2011 is an international guidelines and standards published as joint efforts between Organization for Economic Co-operation and Development (OECD), World Health Organization (WHO) and European Statistic (EUROSTAT) to enable comparison of data and statistics at the international level.

The MNHA Framework was modified to suit the Malaysian health system, based on inputs from various agencies, within and outside MOH, whilst retaining the capacity to fulfil international requirements. Refinements and modifications encompassing the three main areas of interest, namely the 'sources of financing', 'providers of health care', and 'functions of health care', were carried out.

It is hoped that this publication will serve as a useful guide and source of reference to all the stakeholders who are involved in planning and implementing the MNHA as well as those who are required to maintain them.

## **ACKNOWLEDGEMENTS**

The MNHA 2.0 Framework could not have been completed without the right guidance and contribution from numerous people and agencies from public and private sources.

MNHA Team benefitted greatly from the expertise, advice and support from the Director of Planning Division and both Senior Deputy Director of Planning Division. Thank you for the continuous support and encouragement.

In addition, special thanks are due to the members of the MNHA Steering Committee, MNHA Technical Advisory Committee and MNHA team for spearheading the updated framework write up and steering it to completion. Sincere appreciation is also extended to all those involved directly or indirectly in ensuring the success of this publication.

# LIST OF ABBREVIATIONS

<b>CHE</b>	Current Health Expenditure
<b>CORPS</b>	Corporations
<b>COVID-19</b>	Corona Virus Disease 2019
<b>DOSH</b>	Department of Occupational Safety and Health
<b>DOSM</b>	Department of Statistics Malaysia
<b>EPF</b>	Employees Provident Fund
<b>EPU</b>	Economic Planning Unit
<b>GHED</b>	Global Health Expenditure Database
<b>HC</b>	ICHA code for functions of health services
<b>HC.R</b>	ICHA code for health-related services
<b>HECC</b>	Health Education and Communication Centre
<b>HER</b>	Health Expenditure Report
<b>HF</b>	ICHA code for sources of financing for health services
<b>HIV/AIDS</b>	Human Immunodeficiency Virus / Acquired Immune Deficiency Syndrome
<b>HKL</b>	Hospital Kuala Lumpur
<b>HP</b>	ICHA code for providers of health services
<b>ICHA</b>	International Classification for Health Accounts
<b>IEC</b>	Information Education and Communication
<b>MCO</b>	Managed Care Organisation
<b>MDC</b>	Malaysian Dental Council
<b>MHS</b>	MNHA 2.0 code for sources of financing
<b>MHP</b>	MNHA 2.0 code for providers of health care
<b>MHC</b>	MNHA 2.0 code for functions of health care
<b>MHR</b>	MNHA 2.0 code for health related functions
<b>MAKNA</b>	National Malaysia Council
<b>MNHA</b>	Malaysia National Health Accounts
<b>MOD</b>	Ministry of Defence
<b>MOF</b>	Ministry of Finance
<b>MOH</b>	Ministry of Health
<b>MOHE</b>	Ministry of Higher Education
<b>MP</b>	MNHA 1.0 code for providers of health care
<b>MR</b>	MNHA 1.0 code for health-related functions
<b>MS</b>	MNHA 1.0 code for sources of financing
<b>MF</b>	MNHA 1.0 code for functions of health care
<b>NGO/NPISH</b>	Non-Governmental Organization/Non-profit institutions serving households
<b>NHA</b>	National Health Accounts
<b>NHE</b>	National Health Expenditure
<b>OECD</b>	Organisation for Economic Co-operation and Development
<b>OFA</b>	Other federal agencies
<b>OOP</b>	Out-of-pocket
<b>OTC</b>	Over-The-Counter
<b>PHC</b>	Primary Health Care
<b>R&amp;D</b>	Research and Development

## LIST OF ABBREVIATIONS

<b>PHFSA</b>	Private Healthcare Facilities and Services Act
<b>RMK</b>	Rancangan Malaysia Ke
<b>ROW</b>	Rest of the world
<b>SHA</b>	System of Health Accounts
<b>SNA</b>	System of National Accounts
<b>SOCSO</b>	Social Security Organisation
<b>TCM</b>	Traditional and Complementary Medicine
<b>TEH</b>	Total Expenditure on Health
<b>TPE</b>	Total Pharmaceutical Expenditure
<b>UN</b>	United Nation
<b>UNDP</b>	United Nations Development Programme
<b>USA</b>	United States of America
<b>WHO</b>	World Health Organization

# CHAPTER 1

## INTRODUCTION

### Background

National Health Accounts (NHA) is a framework and system used globally to monitor and analyze financial flows within a country's health care system. It provides a comprehensive overview of how funds are generated, allocated, and spent in the health care sector. NHA is a valuable tool for policymakers, researchers, and health care administrators to assess the performance and efficiency of a nation's health care system, make informed decisions regarding health care financing and resource allocation, and compare health care spending patterns across countries. Identical set of rules and methodology needs to be used to ensure information from NHA is comprehensive, consistent, comparable and timely.

To ensure international comparability, NHA can be based on internationally recommended concepts and definitions developed from extensive collaboration between national authorities, international organizations, and experts. However, the overriding goal of developing NHA is to improve the evidence base for enhancing the performance of and equity in national health systems through the strengthening of national policies and programmes, aiding the development of sound programmes, and good governance. 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 first 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 Division of MOH.

The Malaysia National Health Accounts (MNHA) is a framework and system used to track and analyze financial transactions related to health care, including both public and private sector health spending in Malaysia. It provides a comprehensive overview on the sources, uses and channels of health care in the Malaysian health care system. MNHA is an essential tool for policy makers, researchers, and health care administrators to assess the performance and efficiency of Malaysia's health care system and to make evidence-based health care policy decisions. After its institutionalization, the MNHA Section, under the guidance of an international consultant, proceeded to further standardize the methodology used. MNHA Section has been producing annual time-series health expenditure data since 1997.

## **Objectives of the MNHA 2.0**

### **Primary Objective**

To revise and update the current MNHA Framework based on the latest guidelines of System of Health Accounts (SHA) 2011. The primary goal is to enhance the Malaysia National Health Accounts (MNHA) Framework by aligning it with the latest guidelines outlined in the System of Health Accounts (SHA) 2011. This revision aims to establish an improved planning tool for reporting national health expenditure. The updated framework is designed to elevate the quality of health expenditure data, providing evidence-based insights for policy makers. The intention is to facilitate informed decision-making, ensuring the judicious allocation of funds to promote more equitable, accessible, and effective health care in this country.

### **Supporting Objective**

To produce health expenditure data that is globally comparable, enabling meaningful analysis across different countries and over time. This global comparability is essential for policymakers, researchers, and international organizations seeking to make informed decisions, assess healthcare system performance, and identify areas for improvement on a worldwide scale.

# CHAPTER 2

## WHAT ARE NATIONAL HEALTH ACCOUNTS?

### Definition of NHA

NHA are a tool, which describe the expenditure flows of both public and private, within the health sector of a country. They describe the sources, uses, and channels for all funds utilized in the whole health system. The emphasis in NHA is to describe, in an integrated way of who pays, how much, and for what.

NHA show the amount of funds provided by major sources (e.g. government, firms, and households) and the ways these funds are used in the provision of final services, organized according to the institutional entities providing the services (e.g. hospitals, outpatient clinics, pharmacies, and traditional medicine providers) and type of service (e.g. inpatient and outpatient care, dental services, and medical research). NHA may even disaggregate spending according to the identity of service beneficiaries (e.g. gender, geographical region, and income level).

### Purpose of NHA

The principal goal of NHA is to enable a country to strengthen its health policies to improve the functioning of its health system for the benefit of its citizens. NHA tables provide a detailed and consistent framework for collecting, organizing, and analyzing health care financial data within a country. It enables policy-makers to examine the cost-effectiveness of resource allocations and make informed decisions about channeling resources to institutions or sectors which need them most. It provides a basis for monitoring the performance of the health care system over time, including trends in health care expenditures, funding sources, and health care outcomes. Furthermore, NHA assist donor organizations in their funding decisions and researchers and economists in their project of expenditure trends and best practices. They also allow international comparison of health expenditures, allowing lessons to be learned, especially between countries of similar socio- economic backgrounds.

### Countries with NHA

NHA were first developed in the USA in the 1960s, and they are now integral to the assessment of national health policy options and health financing trends by policy-makers, policy- analysts, and the public. To date, more than 190 countries in the world have adopted NHA as a tool for assessing their health sectors and as input into the formulation of national health policies. Within the Asia-Pacific region, Japan, China, Australia, Hong Kong, Korea, Taiwan, Thailand, Philippines, Sri Lanka, Bangladesh, Indonesia, Mongolia, Singapore, Vietnam, India, Nepal and Pakistan have available NHA estimates.

## **Institutionalization and Progress of NHA in Malaysia**

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 outcome of the project was the production of the report on MNHA Classification System (MNHA Framework) and the first MNHA Health Expenditure Report (HER) report.

MNHA Section was established and institutionalized under Ministry of Health since 2005. Under the guidance of an international consultant, MNHA Section proceeded to further standardize the methodology used. Following this, health expenditure time series reports were published annually. To date, Malaysia has produced 26 years of health expenditure data in MNHA database.

Since then, MNHA team has been engaged at multiple levels in strengthening and improving their methodology. These engagements provide MNHA a platform to produce better quality of data. Such engagements and refinements activities are:

- Annual meeting with stakeholders (public and private) to verify and validate data at national level.
- Attend various meeting internationally related to national health accounts to learn and adapt from other countries.
- Submission of health expenditure data to WHO Global Health Expenditure Database annually.
- Engagements with NHA experts through multiple platforms and agencies such as WHO, World Bank Group and etc.
- The findings of the hospital costing study derived from Malaysia Health System Research (MHSR) which was a collaboration between the Malaysian government and Harvard University were applied to inpatient, outpatient and daycare proportions of MOH hospitals.
- Throughout the NHA production, MNHA team will be closely guided by Technical Advisory Committee chaired by the Director of Planning Division to ensure the quality of data produced. Members of the committee vary from multiple divisions of MOH.
- Multiple discussions with international consultants to address issue of double counting in expenditure. Double counting may arise in the estimation of healthcare expenditure when patients seek reimbursement for medical expenses from various entities such as employers, corporations, insurances, and other claim agencies. This issue is particularly pronounced when collecting data at two-dimensional matrix for expenditure estimation, with one dimension representing sources of funding and the other depicting of health care providers.

MNHA has been constantly dedicated and thriving on its goals throughout years.

# CHAPTER 3

## CONCEPTUAL OVERVIEW OF THE SYSTEM OF HEALTH ACCOUNTS (SHA)

The System of Health Accounts (SHA) is an internationally recognized framework developed by the World Health Organization (WHO), the Organization for Economic Co-operation and Development (OECD), and Eurostat for tracking and analyzing health care expenditure and resource allocation in different countries. SHA 2011 is the latest version of this framework, building upon previous iterations such as SHA 1.0

SHA is a standardized framework for collecting, classifying, and analyzing health care expenditure and resource data. It provides a common language for comparing health care systems across different countries and is essential for evidence-based health care policy and research on a global scale.

### System of Health Accounts (SHA 1.0)

Internationally standardized framework that systematically tracks the flow of expenditures in the health system. The first international standard SHA was published in 2000 by OECD. Adapted by developing countries into their national health accounts (NHA) for improving governance and accountability of policy-making at the national and international levels, and for measuring health system performance.

### System of Health Accounts SHA 2011

System of Health Accounts SHA 2011 was developed in 2011 by OECD to provide standard reporting tables for international comparison and to define internationally harmonized boundaries of health care for tracking expenditure on consumption. SHA 2011 also provides a framework of the main aggregates relevant to international comparisons of health expenditures and health systems analysis. SHA 2011 is a tool, expandable by individual countries, which can produce useful data in the monitoring and analysis of the health system. It helps policy makers, researchers, and analysts better understand how health care resources are generated, allocated, and used within a country's health care system.

### Purpose of SHA 2011

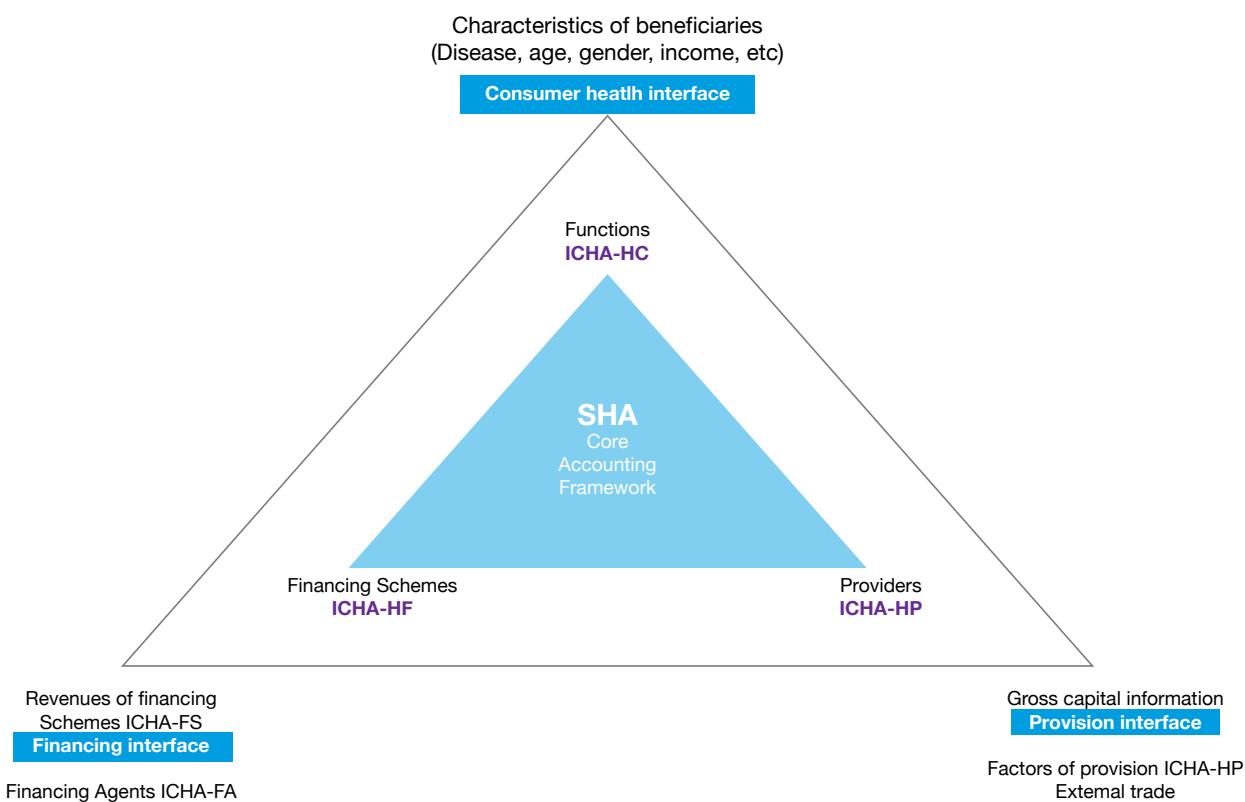
- To provide a standard for classifying health expenditures according to the three axes of health accounts: consumption, provision and financing; Core and extended accounting framework.
- To provide a framework of main aggregates for international comparisons (health expenditures and systems analysis).
- To provide additional health accounting tool, expandable by individual countries, to produce useful data in monitoring and analysis of health system.
- To define internationally harmonized boundaries of health care for tracking expenditure for improved data quality and allows for cross-country comparisons.

### Improvements made in SHA 2011:

- Extended SHA 2011 develops three analytical interfaces – the health care consumer, provision and financing.
- Improved definitions and criteria for inclusion and exclusion.
- A separate accounting of current and capital spending is introduced.
- Some codes and labels modified to be more explicit regarding the content.
- Some changes in Providers of Health care classifications to make it closer to Functions of Health care classifications.
- Changes in health care financing sources classification for clearer classification of financing sources.
- Financing classifications – public sources: compulsory classes, private sources: voluntary.
- Refined version of beneficiary distributions: based on location, disease, condition, socioeconomic status, age and sex.
- Memorandum items reformulated.

### SHA 2011 Framework

Tri-axial recording of each transaction to enable understanding of resource flows between financing scheme, provision and consumption. The value of all health care goods and services consumed should be equals to the value of health care goods and services provided and financed.



## The Core and Extended Framework of SHA 2011

The core framework, encompassing the three classifications that measure current health care expenditure by:

- Health care functions - Types of health care consumed
- Health care providers - Who delivers health care services
- Health care financing schemes - How goods and services consumed and provided are financed

The boundaries of the extended frameworks are:

- The consumer health interface- Beneficiaries characteristic: age, gender, disease, socioeconomic status
- The provision interface - Factors for health care provision and Capital Formation
- The financing interface - Types of revenues of health financing schemes and Financing Agents

SHA 2011 divides health expenditure into two main categories: current expenditure and capital expenditure. SHA 2011 includes various dimensions, such as sources of financing, providers of health care, and functions of health care. It distinguishes between health care functions, which encompass different stages of the health care system, such as curative care, preventive care, and health administration, and sources of financing of health care into various groups, including government financing, compulsory and voluntary health insurance, and out-of-pocket spending by individuals.



# CHAPTER 4

## CONCEPTUAL FRAMEWORK FOR THE MNHA 2.0

The conceptual framework for the MNHA specifies in detail the definition of what constitutes health expenditure (including health care financing or health care funding), the institutional entities involved, and the specification of the types of disaggregation involved. The revised MNHA 2.0 framework also specifies the standard reporting formats to be used. The decision has been to base the framework closely on the current MNHA Framework and adapt the latest guideline in SHA 2011 Frameworks, making adaptations where necessary for national utility. Several major decision points in the development of a proposed framework (such as determining the analytical dimensions) were identified and recommendations were made to the MNHA Technical Advisory Committee. Members of MNHA Technical Committees and other experts were consulted and their input has been considered in completing this proposed framework.

### Criteria for Developing the MNHA 2.0

The MNHA 2.0 framework was developed according to the following criteria:

1. The MNHA 2.0 should be policy-relevant, in line with latest health care reforms and easily interpretable by health care sector policy makers.
2. It should be reproducible.
3. Categories used in classifications should be mutually exclusive.
4. They should be accurate and timely, within the constraints of secondary data availability or limited primary data collection.
5. They should be compatible with international practice and other economic measurement systems. The decision was made to base the MNHA 2.0 on MNHA 1.0 and the SHA 2011.
6. The MNHA 2.0 should be comprehensive (i.e. they should cover the whole health care system), consistent (i.e. definitions, concepts, and principles should be the same for each entity and each transaction measured), and comparable across time and space.

## Key Definitions in the MNHA 2.0 Framework

### Total Expenditure on Health (TEH)

In the MNHA Framework, Total Expenditure on Health (TEH) comprises expenditures from both public and private sectors, which consist of both 'health expenditures' and all 'health-related expenditures' components. 'Health expenditures' as defined in the MNHA Framework, consists of all expenditures or outlays of medical care, prevention, promotion, rehabilitation, community health activities and health administration and regulation with the predominant objective of improving health, and these are reflected by core function classifications under the codes MHC.1-MHC.7. 'Health-related expenditures' classification under the codes MHR.1, 2, 3 and 9 include expenditures of 'capital formation of health care provider institutions', 'education and training of health personnel', 'research and development in health' and 'all other health-related expenditure'.

### Current Health Expenditure (CHE)

MNHA framework captures and reports health spending as total health expenditure (TEH) whereas current health expenditure (CHE) is used when reporting internationally based on SHA 2011. Health spending based on CHE comprises core function classification under the codes MHC.1-MHC.7 and excludes Health-related expenditures; "capital formation of health care provider institutions", 'education and training of health personnel', 'research and development in health' and 'all other health-related expenditure', thus the value will be lower than TEH. Since 2017, both OECD and WHO countries use CHE for international reporting and inter-country comparisons of national health expenditures.

### MNHA 2.0 Definition of Health Expenditure

Health spending consists of health and health-related expenditures. Health Expenditures are defined on the basis of their primary or predominant purpose of improving health, regardless of the primary function or activity of the entity providing or paying for the associated health services.

Health includes the health of individuals as well as the health of groups of individuals or populations. Health expenditure consists of all expenditures or outlays for medical care, prevention, promotion, rehabilitation, community health activities and health administration and regulation with the predominant objective of improving health.

Health-related expenditures include expenditures on health-related functions such as, capital formation, medical education and training, research and development and other health related expenditures.

Whilst there are many activities with multiple objectives, including those related to improving health, such as treatment of drug addicts, medical care for prisoners, water supply and sanitation, these are only included if the primary and main objective is to improve, maintain or prevent the deterioration of the health status of individuals, groups of the population or the population as a whole as well as to mitigate the consequences of ill health.

Expenditures on health services are measured regardless of the primary purpose of the entities making them as long as the services are prescribed, provided or monitored by qualified medical or health care providers. For example, provision of medical services to prisoners at prison facilities is treated as health expenditure in the NHA.

Training expenditures are included if they are specifically related to health. So this would include expenditures at medical, nursing, or other schools for the specific training of doctors, nurses, and other allied health professionals (at basic and post-basic levels) as well as continuous professional educational activities (including in-service training).

### **MNHA 2.0 Definition of National Health Expenditure**

National Health Expenditure (NHE) covers all health expenditures for the benefit of individuals resident in Malaysia. Expenditures for the benefit of Malaysian citizens living abroad are excluded, although expenditures in other countries for the benefit of Malaysian residents are included, as well as expenditures for the benefit of foreign citizens resident in Malaysia.

Expenditures are counted if they consist of the following:

1. Expenditures for the benefit of the resident population (including foreigners, regardless of legal residency status) incurred within Malaysia, and
2. Expenditures for the benefit of the resident population incurred outside Malaysia (to the extent that this data is available).

Expenditures are excluded if they consist of the following:

1. Expenditures within or outside Malaysia for the benefit of Malaysian citizens, who are resident outside Malaysia
2. Expenditures for the benefit of non-residents incurred within Malaysia (with the implication that spending from activities of medical tourism in Malaysia is not included as national health expenditure)
3. Expenditures for the benefit of non-resident Malaysian diplomats and Malaysian students incurred outside Malaysia.

## **Analytical Dimensions in the MNHA 2.0 Framework**

Following current MNHA Framework, the development of the MNHA 2.0 Framework involves establishing useful analytical dimensions, some of which are particularly suited for the estimation of total spending, others for evaluating or formulating health policy. Taken as a whole, these dimensions provide a complete and comprehensive picture of the expenditure of country's health system.

### **Timeline**

MNHA analyses data from 1997 until T-1 current year under the guidance of an international consultant. Following this, health expenditure time series reports were published, annually. From 2022 onwards, MNHA will publish National Health Expenditure time series data based on the duration of the 3 most recent *Rancangan Malaysia* (RMK) cycles. However, earlier data would be still available upon request.

### **Accounting Basis**

Malaysia's NHA are estimated on a calendar year basis, as much of the data are available on that basis and the government fiscal year follows the calendar year. Ideally, expenditures should be measured on an accrual basis. However, because public sector expenditures are reported on a cash basis, MNHA are estimated on a cash basis.

### **Geographic Regions**

As far as possible, the MNHA will attempt to report data disaggregated according to the thirteen states and the federal territories of Malaysia to allow monitoring of health financing and expenditure changes at a subnational level. The possibility of producing these subnational estimates depends upon the availability of disaggregated data beyond the national total.

### **Sources of Health Care Financing**

Identifies the entities responsible for financing health expenditures. This includes government (at various levels), households, social health insurance, private health insurance, and external sources.

### **Providers of Health Care**

Breaks down health expenditures by the type of healthcare providers, such as hospitals, primary care facilities, pharmacies, and other health service providers.

### **Functions of Health Care**

Classifies health expenditures based on the primary functions they serve within the health system. Common functions include curative care, preventive care services, health administration and governance, and research.

## **Additional Analysis**

Additional analysis will be estimated for years in which necessary data are required by policy makers. The following additional analysis have been reported under the sub-account category:

### **1. COVID-19 Health Expenditure Estimation**

Similar to many other countries, Malaysia was faced with challenges in combatting the COVID-19 pandemic. In 2020, MNHA embarked to collect, analyze and produce the COVID-19 health expenditure estimations. The fundamental accounting principles of NHA help ensure a comprehensive, internationally comparable health expenditure data can be produced. COVID-19 health expenditure estimations were published in Malaysia National Health Accounts Health Expenditure Report 2006-2020 and Malaysia National Health Accounts Health Expenditure Report 2011-2021.

### **2. Primary Health Care Expenditure**

Primary health care (PHC) is widely recognized as a key component of all high-performing health systems and is an essential foundation of universal health coverage. The SHA 2011 does not propose a readymade classification for these services. Based on WHO consultations with PHC experts, it was suggested to use available national health accounts health care functions to overcome the obstacles of generating expenditure estimates for PHC. MNHA together with relevant stakeholders developed PHC definitions and boundaries after several discussion and considering the available boundaries from OECD, WHO and The Lancet Commissions.

### **3. Total Pharmaceutical Expenditure (TPE) Estimation**

Since there is much interest among policy makers to look at how much is spent on pharmaceutical expenditure, MNHA started to develop the methodology to collect and analyze total pharmaceutical expenditure. MNHA committed to complete this sub-account by the year 2024. The methodology has been proposed to MNHA Technical Advisory Committee and various angles are being explored to produce this TPE.



# CHAPTER 5

## Explanatory Notes on the MNHA 2.0 Classification of Health Care Financing Sources (MHS)

### MHS: HEALTH CARE FINANCING SOURCES

Financing sources are defined as entities that directly incur the expenditure and hence control and finance the amount of such expenditure. The structures of financing source consist of entities such as institutional units (government agencies, social security agencies, private insurance, corporations etc.) that in practice operates the financing used for health care services and facilities.

In operationalizing this definition, a similar convention to that used in the UN SNA (System of National Accounts) is followed. In general, the Government is considered an ultimate financing source, not the entities which pay taxes to it. Similarly, NGOs are treated as ultimate financing sources, not the households or other entities that pay contributions to them. In MNHA 2.0, entities that contribute to the source will be reported as Revenues of Health Care Financing Sources (example: employer's and employee's contributions to social security funds).

MNHA 2.0 is in line with MNHA classifications which is based on previous SHA, where it divides the financing sources into two mutually exclusive sectors; the public and private sectors. This deviates from SHA 2011 framework which does not use the term health care financing source. SHA 2011 uses the terminology health care financing schemes. In Malaysia, due to national policy needs, MNHA 2.0 maintains this dimension that allows reporting health spending by public and private sources. A key rationale for reporting health spending by public and private sources is because health accounts are also expected to provide information for assessing how well health systems achieve its key policy goals, to monitor government intervention in health systems and also for future policy concerns.

Note: For international comparability, Health care financing sources in MNHA 2.0 is mapped to Health care financing schemes in SHA 2011.

### MHS.1 Public Sources of Financing

This item comprises all institutional units of the federal, state, or local government involved in the funding of health care at all levels of government. This category includes government-mandated provident funds, social security funds, non-market non-profit institutions that are controlled and mainly financed by government entities. Non-market non-profit institutions (related directly to health) may receive some kind of federal, state, or local government assistance in the form of subsidies or grants for their funding operations.

#### MHS.1.1 Public Sources of Financing (excluding Social Security Funds)

This item comprises all institutional units of the federal, state, or local government involved in the funding of health care at all levels of government excluding social security funds. The public sector health care financing sources in MNHA 2.0 can have a separate budget set for the programme, and a government unit has overall responsibility for it. Usually, but not necessarily, are operated by government unit(s), however may also be managed by NGO or by an enterprise.

### **MHS.1.1.1 Federal Government**

This item comprises institutional units involved in the funding of health care at all levels of federal government.

Note: This MNHA 2.0 definition is in line with MHHA 1.0 definition, but deviates from the SHA 2011 definition which does not have this sub classification.

#### **MHS.1.1.1.1 Ministry of Health (MOH)**

The Ministry of Health Malaysia is a ministry of the Government of Malaysia that is responsible for overall health system.

#### **MHS.1.1.1.2 Ministry of Higher Education (MOHE)**

The Ministry of Higher Education is a ministry of the Government of Malaysia that is responsible for higher education system and training.

#### **MHS.1.1.1.3 Ministry of Defence (MOD)**

The Ministry of Defence is a ministry of the Government of Malaysia that is responsible for defence and national security.

#### **MHS.1.1.1.9 Other Federal Agencies (including statutory bodies)**

This item comprises all other federal agencies not mentioned above.

Some examples of other federal government agencies include:

- the Ministry of Rural Development that operates the indigenous peoples' hospital (Gombak Orang Asli Hospital),
- the Ministry of Human Resources' Department of Occupational Safety and Health (DOSH) that has a health component, and
- federal statutory bodies that are set up under the Statutory Bodies Act but operate using government rules and regulations. These bodies allocate funds for the health care needs of their employees.

Note: Although the Ministry of Foreign Affairs provides for the health needs of their diplomats abroad and the Public Services Department takes care of the health needs of government-sponsored students abroad, they are not included as a source of health care funding by the MNHA as the expenditures do not fall within the definition of national health expenditure.

### **MHS.1.1.2 State Government**

This item comprises all state governments, including those of the federal territories of Kuala Lumpur, Putrajaya, and Labuan. Also included are all statutory bodies set up by their respective state governments. State statutory bodies are set up under the Statutory Bodies Act but operate using state government rules and regulations.

#### **MHS.1.1.2.1 (General) State Government**

This item comprises thirteen states and three federal territories in Malaysia. These states are administered separately and their powers are stipulated in the Federal Constitution. These states may fund health care delivery separately from the budget of the Federal Government and/or MOH, e.g. through local land taxes.

#### **MHS.1.1.2.2 Other State Agencies (including statutory bodies)**

This item comprises agencies or statutory bodies established by states, which are involved in business/non-business ventures on either a profit or non-profit basis. These agencies answer to their respective state governments under which they operate using state rules and regulations. They may fund the health care needs of their employees or dependents separately from their own resources.

### **MHS.1.1.3 Local Authorities**

This item comprises institutional units whose fiscal, legislative, and executive authority extends over a fixed geographical area. They include city councils, municipal councils, and district councils. Some city councils fund (and provide) essential maternal and child health services on a non-profit basis. Funding food quality control activities is an important function of these authorities. Local authorities may fund health care delivery separately from the budget of the Federal Government and/or MOH, e.g. through local taxes.

### **MHS.1.2 Social Security Funds**

This item comprises social security funds currently mandated by the Government and are operated and administered by special boards under government control. These funds cover the community as a whole or certain section of the community through mandatory participation by or on behalf of the individuals concerned.

The MNHA recognizes the Employees Provident Fund (EPF) and the Social Security Organization (SOCSO) as two distinct agencies under social security funds because the two schemes are operated by different organizations and meet distinctly different objectives.

### **MHS.1.2.1 Employees Provident Fund (EPF)**

This item comprises a compulsory pre-payment by private sector employees and non-pensionable public sector employees in Malaysia, to a federal statutory body under the purview of Ministry of Finance, which manages the compulsory savings plan and retirement planning for the Malaysian workforce in accordance to the Employees Provident Fund Act 1991. Voluntary contributions to EPF is the new function introduced to facilitate other community members. Partial withdrawal from Account 2 by EPF members is allowed to help cover medical expenses for illnesses and/or health care equipment (based on EPF approval list).

### **MHS.1.2.2 Social Security Organisation (SOCSO)**

This item comprises an organization which makes payoffs to members (who are primarily private sector employees) for disability and medical expenses as a result of work-related injuries. However, only medical expenditures are counted in the MNHA. Disability pensions are excluded. For SOCSO, both employers and employees make contributions to the fund.

### **MHS.1.2.9 Other Government Mandated Funds**

This item comprises any financing arrangements that may be mandated by the government presently or in the future, to ensure access to health care based on a payment by or on behalf of the eligible person. For example, social health insurance established by a specific public law which defines, among others, the eligibility, benefit package and rules for the contribution payment.

## **MHS.2 Private Sources of Financing**

This item comprises all institutional units involved in the funding of health care that are controlled and mainly financed by private entities. These profit or non-profit institutions may receive some government assistance for their funding operations. Included are compulsory private insurance, voluntary private insurance, private MCO's and other similar entities, private household OOP, non-profit institutions, all corporations (other than health insurance) and rest of the world.

### **MHS.2.1 Compulsory Private Insurance**

This item comprises compulsory private insurance that covers all residents (or a large group of the population). It includes universal insurance that is mandated by the government but operated by the private sector, meaning that the purchase of private coverage is mandatory. More precisely, instead of being taken out voluntarily by individuals in the population, it is mandated to be taken out by law usually on a population-wide basis.

### **MHS.2.2 Voluntary Private Insurance**

This item comprises health insurance voluntarily purchased by individuals, firms or employers, from private insurance organizations. It includes insurance companies that provide health insurance schemes to individuals and families directly and also the medical care component of life insurance schemes.

### **MHS.2.3 Private Managed Care Organisation (MCO) and other similar entities**

This item comprises entities with whom a private health care facility or service makes an arrangement to provide specified types of health care to employees or enrollees on behalf of payers (employers) in accordance with contractual agreements between all parties concerned. It covers the full integration of health care delivery and health care financing.

### **MHS.2.4 Private Household Out-of-Pocket (OOP) Payment**

Private household expenditures in this category include out-of-pocket payments, i.e. payments borne directly by a patient/ household without the benefit of insurance. This includes any cost-sharing and payments to health care providers. Cost-sharing, i.e. a provision of health insurance or third-party payment that requires the individual who is covered to pay part of the cost of health care received. This is distinct from the payment of a private insurance premium, a contribution to public and private social insurance, or a tax which is paid whether health care is received or not.

Note: A household is defined as a person or group of related or unrelated persons who usually live together and make common provisions for living essentials. This definition is from the Department of Statistics Malaysia (DOSM).

#### **MHS.2.4.1 Out-of-pocket excluding cost-sharing**

This category comprises out-of-pocket payments borne directly by a patient/ household without the benefit of insurance, excluding cost-sharing.

#### **MHS.2.4.2 Out-of-pocket with cost-sharing**

This category comprises out-of-pocket payments including cost-sharing with third party payers.

##### **MHS.2.4.2.1 Out-of-pocket - cost sharing with public sources of financing**

This category comprises cost sharing payments with public sources of financing borne directly by a patient/ household.

##### **MHS.2.4.2.2 Out-of-pocket - cost sharing with private sources of financing**

This category comprises cost sharing payments with private sources of financing borne directly by a patient/ household.

### **MHS.2.5 Non-profit Institutions**

This item comprises non-governmental organizations (NGOs) such as councils, societies, and charitable organizations that fund or pay for goods or services related to health to individuals, households and community for free or at subsidized rates that are not economically significant. These entities carry out their operations through donations, charities, or grants from the Government or international bilateral organizations.

Included are organizations that have expenditures directly related to health care, such as MAKNA (National Cancer Council), which fund (or may themselves even operate) some palliative care centres for cancer patients in various parts of Malaysia. Societies or organizations that operate social entities for the disabled (e.g. schools for the blind, Down's Syndrome associations and other special needs centres) are also included here, but only the relevant portion of funding for health care is captured.

#### **MHS.2.6 All Corporations (other than health insurance)**

This item comprises both public-listed and private limited corporations set up under the Companies Act or the Statutory Bodies Act, which directly provide or finance health services for their employees (such as occupational health services), without the involvement of insurance. Corporations' health expenditure involving insurance is captured under codes MHS.2.1 and MHS.2.2.

#### **MHS.9 Rest of The World (ROW)**

This item comprises institutional units that are residents abroad.

Note: The relevant financing flows for health accounting between the domestic economy and the rest of the world comprise mainly transfers related to current international co-operation (e.g. international foreign aid and grants). They also include private insurance premiums / claims to foreign-based companies by Malaysian residents.

Payment by non-resident households incurred in Malaysia is not recorded as National Health Expenditure (NHE).

## **Explanatory Notes on the MNHA 2.0 Classification of Providers of Health Care (MHP)**

### **MHP: PROVIDERS OF HEALTH CARE**

Note: Where relevant, this MNHA 2.0 classification deviates from that of the SHA 2011 definition as the MNHA makes clear distinctions between MOH, public non-MOH, and private providers, whereas SHA 2011 makes no distinction at all. For the MNHA, these sub classifications are denoted by adding the alphabetical letters a, b, c, respectively.

#### **MHP.1 All Hospitals**

This item comprises licensed establishments that are primarily engaged in providing medical, diagnostic and treatment services that include physician, nursing and other health services to inpatients and the specialised accommodation services required by inpatients. Hospitals provide inpatient health services, many of which can be delivered only by using specialised facilities and professional knowledge as well as advanced medical technology and equipment, which form a significant and integral part of the provision process. Although the principal activity is the provision of inpatient medical care, they may also provide day care and outpatient care services.

#### **MHP.1.1 Hospitals**

This item comprises licensed establishments that are primarily engaged in providing diagnostic and medical treatment (both surgical and non-surgical) to inpatients with a wide variety of medical conditions. These establishments may provide other services, such as outpatient services, anatomical pathology services, diagnostic X-ray services, clinical laboratory services or operating room services for a variety of procedures and pharmacy services.

Examples include:

- State, district, and speciality hospitals
- Teaching hospitals, e.g. university hospitals (other than speciality hospitals),
- Army hospitals (other than speciality hospitals)

#### **MHP.1.1a Hospitals (MOH)**

This item comprises hospitals in which the MOH is the sole owner or majority stakeholder.

#### **MHP.1.1.1a National Referral Hospital (HKL)**

This refers to Hospital Kuala Lumpur (HKL), situated in the Federal Territory Kuala Lumpur, Peninsular Malaysia, a government hospital in which the MOH is the sole owner or majority stakeholder.

### **MHP.1.1.2a State Hospitals**

This item comprises state hospitals situated in all states of Malaysia with 45 specialities and subspecialities (general medicine, general surgery, obstetrics and gynaecology, paediatrics, orthopaedics, anaesthesia, radiology, pathology, psychiatry, emergency medicine, nephrology, dermatology, respiratory medicine, infectious diseases, neonatology, maternal-fetal medicine, otorhinolaryngology, ophthalmology, paediatric dental, oral surgery, cardiology, plastic surgery etc)<sup>1</sup> in which the MOH is the sole owner or majority stakeholder.

### **MHP.1.1.3a Major Specialist Hospitals**

This item comprises hospitals situated in Malaysia with 20 specialities (general medicine, general surgery, obstetrics and gynaecology, paediatrics, orthopaedics, anaesthesia, radiology, pathology, psychiatry, emergency medicine, nephrology, dermatology, respiratory medicine, infectious diseases, neonatology, maternal-fetal medicine, otorhinolaryngology, ophthalmology, paediatrics dental, oral surgery)<sup>1</sup> in which the MOH is the sole owner or majority stakeholder.

### **MHP.1.1.4a Minor Specialist Hospitals**

This item comprises hospitals situated in Malaysia with 10 basic specialties (general medicine, general surgery, obstetrics and gynaecology, paediatrics, orthopaedics, anaesthesia, radiology, pathology, psychiatric, emergency medicine)<sup>1</sup> in which the MOH is the sole owner or majority stakeholder.

### **MHP.1.1.5a Hospitals without Specialists**

This item comprises hospitals situated in Malaysia without in-house specialists, in which the MOH is the sole owner or majority stakeholder.

Note: Specialist coverage is given to district hospitals without in-house specialists through scheduled specialist visits and teleconsultations.

### **MHP.1.1b Hospitals (public non-MOH)**

This category comprises hospitals in which the Government (other than the MOH) is the sole owner or majority stakeholder.

Note: This category deviates from definition in Private Healthcare Facilities and Services Act (PHFSA) in which all privatized or corporatized Government healthcare facilities are categorised as private facilities.

### **MHP.1.1c      Hospitals (private)**

This item comprises hospitals in which the private sector is the sole owner or majority stakeholder.

Note: A private hospital is defined as any premises, other than a government hospital or institution, used or intended to be used for the reception, lodging, treatment and care of persons who require medical treatment or suffer from any disease or who require dental treatment that requires hospitalization<sup>2</sup>.

### **MHP.1.2      Psychiatric Hospitals**

This item comprises licensed establishments that are primarily engaged in providing diagnostic and medical treatment and monitoring services to inpatients who suffer from mental illness or substance abuse disorders. The treatment often requires an extended stay in an inpatient setting, including intensive pharmaceutical treatment. Depending on the specificity of the hospital's various therapies, psychiatric, psychological or physical therapies are available at the facilities as well as other types of services including educational and vocational services in order to ensure comprehensive treatment, leading at the end to patient recovery. To fulfill the complexity of these tasks, mental health hospitals usually provide services other than inpatient services, such as outpatient mental health care, clinical laboratory tests, diagnostic X-rays and electroencephalography services, which are often available for inpatients and outpatients. Psychiatric hospitals exclude psychiatric inpatient units of general hospitals.

Cross-references:

- Establishments that are primarily engaged in providing treatment for mental health and substance abuse illnesses on an outpatient basis are classified under MHP.3.1.2 'Specialist Medical Practitioner Clinics (Mental)' or MHP.3.5.2 'Outpatient mental health and substance abuse centres'.
- Establishments referred to as hospitals that are primarily engaged in providing residential care for persons diagnosed with mental retardation or engaged in providing inpatient services of mental health and substance abuse illness with the emphasis on longer stay/care and counselling rather than on medical treatment are classified under MHP.2.2 'Residential mental health and substance abuse facilities'.

Note: Psychiatric hospital is defined as a government psychiatric hospital or a private psychiatric hospital including a gazetted private hospital<sup>3</sup>.

The Minister may, by notification in the Gazette, appoint the whole or any part of the premises to be a psychiatric hospital for the admission, detention, lodging, care, treatment, rehabilitation, control and protection of persons who are mentally disordered<sup>3</sup>.

### **MHP.1.2a      Psychiatric Hospitals (MOH)**

This item comprises psychiatric hospitals in which the MOH is the sole owner or majority stakeholder.

### **MHP.1.2b Psychiatric Hospitals (public non-MOH)**

This item comprises psychiatric hospitals in which the Government (other than the MOH) is the sole owner or majority stakeholder.

### **MHP.1.2c Psychiatric Hospitals (private)**

This item comprises psychiatric hospitals in which the private sector is the sole owner or majority stakeholder.

Note: The Minister may, by notification in the Gazette, appoint the whole or any part of any private psychiatric hospital to be a gazetted private psychiatric hospital for the admission, detention, lodging, care, treatment, rehabilitation, control and protection of involuntary patients who are mentally disordered, cases of proved ill-treatment of suspected mentally disordered person, cases of neglect or cruel treatment of suspected mentally disordered person, order of admission into psychiatric hospital by medical officer or registered medical practitioner or by order of Court, purpose of observing person alleged to be mentally disordered by court and court order for reception of mentally disordered person<sup>3</sup>.

### **MHP.1.3 Speciality Hospitals**

This item comprises licensed establishments primarily engaged in providing diagnostic and medical treatment to inpatients with a specific type of disease or medical condition (other than mental health or substance abuse). Hospitals providing long-term care for the chronically ill and hospitals providing rehabilitation, and related services to physically challenged or disabled people are included in this item. These hospitals may provide other services, such as outpatient services, diagnostic X-ray services, clinical laboratory services, operating room services, physical therapy services, educational and vocational services, and psychological and social work services.

Examples include:

- Speciality centres (primarily engaged in maternal and child health, medical post-acute and rehabilitative services), and special hospitals for respiratory, cardiology and oncology

Cross-references:

- Establishments licensed as hospitals primarily engaged in providing diagnostic and therapeutic inpatient services for a variety of medical conditions, both surgical and non- surgical, classified under MHP.1.1 'Hospitals';
- Establishments known and licensed as hospitals primarily engaged in providing diagnostic and treatment services for inpatients with psychiatric or substance abuse illnesses, classified under MHP.1.2 'Psychiatric hospitals';
- Establishments referred to as hospitals but primarily engaged in providing inpatient nursing and rehabilitative services to persons requiring convalescence, classified under MHP.2.1 'Nursing care facilities';
- Establishments referred to as hospitals but primarily engaged in providing residential care of persons diagnosed with mental retardation, classified under MHP.2.2 'Residential mental health and substance abuse facilities'.

### **MHP.1.3a Speciality Hospitals (MOH)**

This item comprises speciality hospitals in which the MOH is the sole owner or majority stakeholder.

### **MHP.1.3b Speciality Hospitals (public non-MOH)**

This item comprises speciality hospitals in which the Government (other than the MOH) is the sole owner or majority stakeholder.

### **MHP.1.3c Speciality Hospitals (private)**

This item comprises speciality hospitals in which the private sector is the sole owner or majority stakeholder.

## **MHP.2 Residential Long-term Care Facilities**

This item comprises establishments primarily engaged in providing residential care which encompasses nursing care facilities (including psychiatric nursing care facilities), residential mental health/retardation and substance abuse facilities (excluding psychiatric nursing care facilities) and community care facilities for the elderly.

In these establishments, a significant part of the production process and the care provided is a mix of health and social services with the health services being largely at the level of nursing services. The medical components of care are, however, much less intensive than those provided in hospitals. Only an estimate of the medical part of the expenditure of the establishments under MHP.2 should be recorded in the expenditure accounts of the MNHA.

Institutions that are excluded from this item:

- Medical interventions are more of an incidental nature or are performed by visiting doctors and/or nurses
- Institutions with a physician acting as director, e.g. a home for handicapped persons, where medical and nursing care accounts for only a small share of the overall activity of that institution
- Residential homes for the elderly with visiting nurses

### **MHP.2.1 Nursing Care Facilities**

This item comprises establishments primarily engaged in providing inpatient nursing and rehabilitative services for long term care patients. These establishments have a permanent core staff of registered or licensed practical nurses who, along with other staff, provide nursing and continuous personal care services.

Note: Nursing care is defined as any care for patient that is provided by a registered nurse in accordance with the directions of a registered medical practitioner or registered dental practitioner and accepted nursing practice<sup>2</sup>.

A nursing home is defined as any premises, used or intended to be used for the reception of, and the provision of nursing care for, persons suffering or convalescing from any sickness, injury, or infirmity<sup>2</sup>.

A psychiatric nursing home is a home for the accommodation and provision of nursing and rehabilitative care for persons suffering or convalescing from mental disorders<sup>3</sup>.

Medical nursing care facilities provide predominantly long-term care but also occasionally acute health care and nursing care in conjunction with accommodation and other types of social support such as assistance with day-to-day living tasks and assistance towards independent living<sup>2</sup>.

Nursing homes provide long-term care involving regular basic nursing care to chronically ill, frail, disabled or convalescent persons, or senile persons placed in an inpatient institution. Health care and treatment have to constitute an important part of the activities provided to be included in the MNHA. Hostels with only limited medical assistance, such as supervision of compliance with medication, are excluded<sup>2</sup>.

Cross-references:

- Assisted-living facilities with on-site nursing care facilities, classified under MHP.2.3 'Community care facilities for the elderly'.
- Medical interventions are more of an incidental nature or are performed by visiting doctors and/or nurses, classified under MHP.8.3 'All other industries as secondary producers of health care'.
- Institutions with a physician acting as director, e.g. a home for handicapped persons, where medical and nursing care accounts for only a small share of the overall activity of that institution, classified under MHP.8.3 'All other industries as secondary producers of health care'.
- Residential homes for the elderly with visiting nurses, classified under MHP.8.3 'All other industries as secondary producers of health care'.

#### **MHP.2.1a      Nursing Care Facilities (MOH)**

This item comprises establishments with nursing care facilities, including psychiatric nursing care, in which MOH is the sole owner or majority stakeholder.

#### **MHP.2.1b      Nursing Care Facilities (public non-MOH)**

This item comprises establishments with nursing care facilities, including psychiatric nursing care, in which the Government (other than the MOH) is the sole owner or majority stakeholder.

#### **MHP.2.1c      Nursing Care Facilities (private)**

This item comprises establishments with nursing care facilities, including psychiatric nursing care, in which the private sector is the sole owner or majority stakeholder.

Note: Private nursing home means any premises, other than a Government nursing home, used or intended to be used for the reception of and the provision of nursing care for persons suffering or convalescing from any sickness, injury, or infirmity<sup>2</sup>.

## **MHP.2.2 Residential Mental Health/Retardation and Substance Abuse Facilities**

This item comprises establishments (e.g. group homes, hospitals, and intermediate care facilities) primarily engaged in providing domiciliary services for persons diagnosed with mental retardation in an inpatient setting.

These facilities may provide some health care, though the focus is on room and board, protective supervision, and counselling. Residential mental health and substance abuse facilities comprise establishments primarily engaged in providing residential care and treatment for patients with mental health and substance abuse illnesses.

Although health care services may be available at these establishments, they are incidental to the counselling, mental rehabilitation, and support services offered. These establishments generally provide a wide range of social services in addition to counselling.

Examples include:

- Alcoholism or drug addiction rehabilitation facilities (other than licensed hospitals) (this is categorized under psychiatric hospitals or psychiatric nursing homes), and
- Residential group homes for the emotionally disturbed.

Cross-references:

- Establishments primarily engaged in providing treatment for mental health and substance abuse illnesses on a predominantly outpatient basis, classified under MHP. 3.5.2 'Out-patient mental health and substance abuse centres'.
- Establishments known and licensed as hospitals primarily engaged in providing inpatient treatment of mental health and substance abuse illnesses with an emphasis on medical treatment and monitoring, classified under MHP1.2 'Psychiatric hospitals'.
- Establishments known and licensed as psychiatric nursing homes primarily engaged in providing inpatient psychiatric nursing care of mentally disordered persons, classified under MHP.2.1 'Nursing care'.

### **MHP.2.2a Residential Mental Health/Retardation and Substance Abuse Facilities (MOH)**

This item comprises establishments with residential mental health and substance abuse facilities, in which MOH is the sole owner or majority stakeholder.

### **MHP.2.2b Residential Mental Health/Retardation and Substance Abuse Facilities (public non-MOH)**

This item comprises establishments with residential mental health and substance abuse facilities, in which the Government (other than the MOH) is the sole owner or majority stakeholder.

**MHP.2.2c Residential Mental Health/Retardation and Substance Abuse Facilities (private)**

This item comprises establishments with residential mental health and substance abuse facilities, in which the private sector is the sole owner or majority stakeholder.

**MHP.2.3 Community Care Facilities for The Elderly**

This item comprises establishments primarily engaged in providing residential and personal care services for elderly, with or without on-site nursing. The care typically includes room, board, supervision, and assistance in daily living, such as housekeeping services. In some instances, these establishments provide skilled nursing care for residents in separate on-site facilities.

Note: Only an estimate of the medical part of the expenditure of these establishments is recorded in the expenditure accounts of the MNHA.

**MHP.2.3a Community Care Facilities for The Elderly (MOH)**

This item comprises establishments with community care facilities for the elderly, in which MOH is the sole owner or majority stakeholder.

**MHP.2.3b Community Care Facilities for The Elderly (public non-MOH)**

This item comprises establishments with community care facilities for the elderly, in which the Government (other than the MOH) is the sole owner or majority stakeholder.

**MHP.2.3c Community Care Facilities for The Elderly (private)**

This item comprises establishments with community care facilities for the elderly, in which the private sector is the sole owner or majority stakeholder.

**MHP.2.9 All Other Residential Care Facilities**

This item comprises of establishments primarily engaged in providing residential care (other than residential mental retardation, mental health, and substance abuse facilities and community care facilities for the elderly), often together with supervision and personal care services.

Examples include:

- group homes for the hearing or visually impaired and
- group homes for the disabled without nursing care.

**MHP.2.9a All Other Residential Care Facilities (MOH)**

This item comprises establishments with all other residential care facilities, in which MOH is the sole owner or majority stakeholder.

### **MHP.2.9b All Other Residential Care Facilities (public non-MOH)**

This item comprises establishments with all other residential care facilities, in which the Government (other than the MOH) is the sole owner or majority stakeholder.

### **MHP.2.9c All Other Residential Care Facilities (private)**

This item comprises establishments with all other residential care facilities, in which the private sector is the sole owner or majority stakeholder.

## **MHP.3 Providers of Ambulatory Health Care**

This item 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.

### **MHP.3.1 Medical Practitioner Clinics**

This item comprises three subcategories including general medical practitioner clinics, specialist medical practitioner clinics (Mental) and specialist medical practitioner clinics (Non-Mental).

#### **MHP.3.1.1 General Medical Practitioner Clinics**

This subcategory comprises both offices of general medical practitioners and offices of medical specialists (other than dental practice) in which medical practitioners holding the degree of a doctor of medicine or a qualification at a corresponding level officially recognized by the Malaysian Medical Council (MMC), primarily engaged in the independent practice of general medicine or surgery. These practitioners can operate as individual practitioners or in a group practice in their own or rented offices (e.g. centres, clinics).

Note: This MNHA definition deviates from the SHA 2011 definition which includes professionals practicing in facilities such as hospitals.

Medical practitioners must be registered under the Medical Act 1971 and hold a valid Annual Practising Certificate to practise medicine.

Examples include:

- general practitioners in private offices outside of hospitals
- establishments known as medical clinics which are primarily engaged in the treatment of outpatients.

Cross-references:

Free-standing medical centres primarily engaged in providing emergency health care for victims of accidents or other catastrophes and free-standing ambulatory surgical centres are classified under MHP3.5 'Outpatient care centres'.

Offices of psychotherapists and psychoanalysts without a degree of medical doctor are to be recorded under MHP.3.3 'Other registered health professional establishments'.

**MHP.3.1.1a General Medical Practitioner Clinics (MOH)**

This item comprises medical practitioner clinics in which the MOH is the sole owner or majority stakeholder.

**MHP.3.1.1b General Medical Practitioner Clinics (public non-MOH)**

This item comprises medical practitioner clinics in which the Government (other than the MOH) is the sole owner or majority stakeholder.

**MHP.3.1.1c General Medical Practitioner Clinics (private)**

This item comprises medical practitioner clinics in which the private sector is the sole owner or majority stakeholder. A private medical clinic means any premises, other than a Government health care facility, used or intended to be used for the practice of medicine on an outpatient basis<sup>2</sup>, including:

- a) the screening, diagnosis, or treatment of any person suffering from, or believed to be suffering from any disease, injury, or disability of mind or body;
- b) preventive or promotive health care services; and
- c) the curing or alleviating of any abnormal condition of the human body by the application of any apparatus, equipment, instrument, or device.

**MHP.3.1.2 Specialist Medical Practitioner Clinics-Mental**

This item comprises independent mental health practitioners holding the degree of a doctor of medicine with a specialisation in mental health care or a corresponding qualification.

Examples include:

- Practices of independent psychiatrists;
- Offices of psychoanalysts (medical doctors);
- Offices of psychotherapists (medical doctors).

Cross-references:

- Providers of ambulatory mental health services in combination with substance abuse have to be classified under MHP.3.5.2 'Ambulatory mental health and substance abuse centres'.

### **MHP.3.1.2a Specialist Medical Practitioner Clinics-Mental (MOH)**

This item comprises specialist medical practitioner clinics-Mental in which MOH is the sole owner or majority stakeholder.

### **MHP.3.1.2b Specialist Medical Practitioner Clinics-Mental (public, non MOH)**

This item comprises specialist medical practitioner clinics-Mental in which the Government (other than the MOH) is the sole owner or majority stakeholder.

### **MHP.3.1.2c Specialist Medical Practitioner Clinics-Mental (private)**

This item comprises specialist medical practitioner clinics-Mental in which the private sector is the sole owner or majority stakeholder.

### **MHP.3.1.3 Specialist Medical Practitioner Clinics-Non-Mental.**

This item comprises establishments of health practitioners holding a degree of medical doctor with a specialisation other than general medicine or mental health.

Examples include:

- Offices of surgeons, aesthetic surgeons, anaesthetists, cardiologists, dermatologists, emergency medicine specialists, gynaecologists, endocrinologists, ENT (ear, nose, throat), gastroenterologists, infection specialists, nephrologists, obstetricians, ophthalmologists, orthopaedists, pathologists, paediatricians for specialised care (e.g. oncological treatment), pathologists, preventive medicine specialists, radiologists and radiotherapists, rheumatologists, specialist physicians (internal medicine), urologists, offices of medical specialists practicing TCM, etc.

### **MHP.3.1.3a Specialist Medical Practitioner Clinics-Non-Mental (MOH)**

This item comprises specialist medical practitioner clinics-Non-Mental in which the MOH is the sole owner or majority stakeholder.

### **MHP.3.1.3b Specialist Medical Practitioner Clinics-Non-Mental (public, non MOH)**

This item comprises specialist medical practitioner clinics-Non-Mental in which the Government (other than the MOH) is the sole owner or majority stakeholder.

### **MHP.3.1.3c Specialist Medical Practitioner Clinics-Non-Mental (private)**

This item comprises specialist medical practitioner clinics-Non-Mental in which the private sector is the sole owner or majority stakeholder.

### **MHP.3.2 Dental Practitioner Clinics**

This item comprises establishments of health practitioners holding the degree of doctor of dental medicine or a qualification at a corresponding level officially recognized by the Malaysian Dental Council (MDC), primarily engaged in the independent practice of general or specialized dentistry or dental surgery. These practitioners operate private or group practices in their own offices (e.g. centres, clinics) and either provide comprehensive preventive, reconstructive or emergency care or specialise in a single field of dentistry. They can provide dental practice activities of a general or specialised nature, e.g. dentistry, endodontics, paediatric dentistry, oral pathology and orthodontic activities.

Note: Dental practitioners must be registered under the Dental Act 1971 and hold a valid Annual Practising Certificate to practise dentistry.

Examples include:

- Dental practitioners; dentists; endodontists;
- Dental surgeons; oral and maxillofacial surgeons;
- Oral pathologists; orthodontists; paedodontists; periodontists; and prosthodontists.

Cross-references:

- dental laboratories primarily engaged in making dentures, artificial teeth, and orthodontic appliances for dentists, classified under MHP.4.9 'Retail sale and other suppliers of hearing aids, medical appliances (other than vision products), and all other pharmaceutical and medical goods' and
- establishments of dental hygienists primarily engaged in cleaning teeth and gums or establishments of denturists primarily engaged in taking impressions for and fitting dentures, classified under MHP3.3 'Other registered health professionals' establishments'.

#### **MHP.3.2a Dental Practitioner Clinics (MOH)**

This item comprises dental clinics in which the MOH is the sole owner or majority stakeholder.

#### **MHP.3.2b Dental Practitioner Clinics (public non-MOH)**

This item comprises dental clinics in which the Government (other than the MOH) is the sole owner or majority stakeholder.

#### **MHP.3.2c Dental Practitioner Clinics (private)**

This item comprises dental clinics in which the private sector is the sole owner or majority stakeholder.

A private dental practitioner clinic is defined as any premises, other than a Government health care facility, used or intended to be used for the practice of dentistry, including premises used by any person

- a) to treat or attempt to treat or profess to treat, cure, relieve, or prevent any disease, deficiency, or lesion or pain of the human teeth or jaws,
- b) to perform or attempt to perform any operation on human teeth or jaws,

- c) to perform any radiographic work in connection with human teeth or jaws or the oral cavity, or
- d) to give any treatment or advice to, or to be in attendance on, any person in connection with the fitting, or insertion for the purpose of fitting or fixing, of artificial teeth or of a crown or bridge or an appliance for the restoration or regulation of the human teeth or jaws.<sup>2</sup>

### **MHP.3.3 Other Health Professionals' Establishments**

This item comprises establishments of paramedical and other independent health practitioners (other than medical/dental/mental practitioners) such as optometrists, physical/occupational/speech therapists and audiologists who are primarily engaged in providing care to outpatients. These practitioners operate as individual or group practices in their own offices (e.g. centres and clinics).

Examples include:

- Centres/clinics with nurses, physiotherapists, physical therapists, occupational therapists, speech therapists and audiologists
- Offices of dental hygienists and denturists
- Centres/clinics of dieticians

Cross-references:

- Independent practice of medicine and mental health by physicians is classified under MHP.3.1 'Medical practitioner clinics'
- Independent practice of dentistry is classified under MHP.3.2 'Dental practitioner clinics'
- Independent practice of home health care services is classified under MHP.3.6 'Providers of home health care services'.

#### **MHP.3.3a Other Health Professionals' Establishments (MOH)**

This item comprises other health professionals' establishments in which the MOH is the sole owner or majority stakeholder.

#### **MHP.3.3b Other Health Professionals' Establishments (public non-MOH)**

This item comprises other health professionals' establishments in which the Government (other than the MOH) is the sole owner or majority stakeholder.

#### **MHP.3.3c Other Health Professionals' Establishments (private)**

This item comprises other health professionals' establishments in which the private sector is the sole owner or majority stakeholder.

### **MHP.3.4 Traditional And Other Non-Registered Health Care Establishments (alternative or non-conventional health care establishments)**

This item comprises establishments of practitioners of Chinese, Indian, Malay and other traditional medicine, as well as other forms of alternative/non-conventional medicine. It also includes establishments of health practitioners providing traditional medicine without a doctor's approbation.

Examples include:

- Establishments of sinsehs, bomohs, and ayurvedic medicine practitioners
- Oriental (traditional) medicine clinics
- Offices of acupuncturists/ homeopaths/ naturopaths (other than physicians)

Note: This MNHA definition deviates from the SHA 2011 definition which does not have this subclassification, where this category is subsumed under HP.3.3 'Other health care practitioners'.

### **MHP.3.5 Outpatient Care Centres**

This item comprises establishments that are engaged in providing a wide range of outpatient services by a team of medical and paramedical staff, often along with support staff, that usually bring together several specialities and/or serve specific functions of primary and secondary care. These establishments generally treat patients who do not require inpatient treatment. These centres differ from MHP.3.1.3 Offices of medical specialists by their multi-specialisations, the complexity of the medical-technical equipment used and the range of types of health professionals involved.

#### **MHP.3.5.1 Family Planning Centres**

This item comprises establishments with medical staff who are primarily engaged in providing a range of family planning services on an outpatient basis (e.g. contraceptive services, genetic and prenatal counselling).

Examples include:

- Pregnancy counselling centres
- Birth control clinics
- Childbirth preparation classes
- Fertility clinics

##### **MHP.3.5.1a Family Planning Centres (MOH)**

This item comprises family planning centres in which the MOH is the sole owner or majority stakeholder.

##### **MHP.3.5.1b Family Planning Centres (public, non-MOH)**

This item comprises family planning centres in which the Government (other than the MOH) is the sole owner or majority stakeholder.

##### **MHP.3.5.1c Family Planning Centres (private)**

This item comprises family planning centres in which the private sector is the sole owner or majority stakeholder.

### **MHP.3.5.2 Outpatient Mental Health and Substance Abuse Centres**

This item comprises establishments with medical staff that are primarily engaged in providing outpatient services related to the diagnosis and treatment of mental health disorders, alcohol and other substance abuse. These establishments generally treat patients who do not require inpatient treatment. They may provide counselling staff and information regarding a wide range of mental health and substance abuse issues and/or refer patients to more extensive treatment programmes, if necessary.

A community mental health centre is a centre for community care treatment, which includes the screening, diagnosis, treatment, and rehabilitation of any person suffering from any mental disorder<sup>3</sup>.

An involuntary patient who has been discharged or granted leave of absence from a psychiatric hospital may be required by the Medical Director or the Visitors, as the case may be, to undergo community care treatment at a government community mental health centre or a gazetted private community mental health centre. Any community mental health centre may provide community care treatment to voluntary and involuntary patients. This treatment shall be provided on an outpatient basis, and no patient shall be lodged in any part of a community mental health centre for more than twenty-four hours<sup>3</sup>.

Examples include:

- Outpatient alcoholism treatment centres and clinics (other than hospitals)
- Outpatient detoxification centre and clinics (other than hospitals)
- Outpatient drug addiction treatment centres and clinics (other than hospitals)
- Outpatient substance abuse treatment centres and clinics (other than hospitals)

Cross-references:

- Hospitals primarily engaged in the inpatient treatment of mental health and substance abuse illnesses with an emphasis on medical treatment and monitoring are classified under MHP.1.2 ‘Psychiatric hospitals’.
- Establishments primarily engaged in the inpatient treatment of mental health and substance abuse illness with an emphasis on residential care and counselling rather than medical treatment are classified under MHP.2.2 ‘Residential mental health and substance abuse facilities’.
- Practices of mental health specialists are classified under MHP.3.1.2 ‘Office of mental health specialists’.

#### **MHP.3.5.2a Outpatient Mental Health and Substance Abuse Centres (MOH)**

This item comprises outpatient mental health and substance abuse centres in which the MOH is the sole owner or majority stakeholder.

#### **MHP.3.5.2b Outpatient Mental Health and Substance Abuse Centres (public, non-MOH)**

This item comprises outpatient mental health and substance abuse centres in which the Government (other than the MOH) is the sole owner or majority stakeholder.

#### **MHP.3.5.2c Outpatient Mental Health and Substance Abuse Centres (private)**

This item comprises outpatient mental health and substance abuse centres in which the private sector is the sole owner or majority stakeholder.

### **MHP.3.5.3 Free-Standing Ambulatory Surgery Centres**

This item comprises specialised establishments with physicians and other medical staff who are primarily engaged in providing surgical services (e.g. orthoscopic surgery, cataract surgery) on an outpatient basis. Outpatient surgical establishments have specialised facilities (e.g. operating and recovery rooms) and specialised equipment (anaesthetic or X-ray equipment).

Cross-references:

- Physician walk-in centres are classified under MHP.3.1 ‘Medical practitioner clinics’
- Hospitals that also perform day care surgery and emergency room services are classified under MHP.1 ‘Hospitals’

#### **MHP.3.5.3a Free-Standing Ambulatory Surgery Centres (MOH)**

This item comprises free-standing ambulatory surgery centres in which the MOH is the sole owner or majority stakeholder.

#### **MHP.3.5.3b Free-Standing Ambulatory Surgery Centres (public, non-MOH)**

This item comprises free-standing ambulatory surgery centres in which the Government (other than the MOH) is the sole owner or majority stakeholder.

#### **MHP.3.5.3c Free-Standing Ambulatory Surgery Centres (private)**

This item comprises free-standing ambulatory surgery centres in which the private sector is the sole owner or majority stakeholder.

### **MHP.3.5.4 Dialysis Care Centres**

This item comprises establishments with medical and paramedical staff primarily engaged in providing outpatient kidney or renal dialysis services.

#### **MHP.3.5.4a Dialysis Care Centres (MOH)**

This item comprises dialysis care centres in which the MOH is the sole owner or majority stakeholder.

#### **MHP.3.5.4b Dialysis Care Centres (public non-MOH)**

This item comprises dialysis care centres in which the Government (other than the MOH) is the sole owner or majority stakeholder.

#### **MHP.3.5.4c Dialysis Care Centres (private)**

This comprises dialysis care centres in which the private sector is the sole owner or majority stakeholder.

A private haemodialysis centre means an ambulatory care centre, other than a government haemodialysis centre, providing or intending to provide haemodialysis treatment, or any other procedures or forms of treatment for the purification of human blood<sup>2</sup>.

### **MHP.3.6 Providers of Home Health Care Services**

This item comprises establishments that are primarily engaged in providing skilled nursing services in the home, along with a range of the following: personal care services; homemaker and companion services; physical therapy; medical social services; support in medications; use of medical equipment and supplies; counselling; 24-hour home care; occupational and vocational therapy; dietary and nutritional services; speech therapy; audiology; and high-tech care, such as intravenous therapy. The services of home nursing care providers are often substitutive for inpatient long-term services delivered by MHP.2 'Nursing and residential care facilities' or outpatient services provided by MHP.3.3 'Other registered health professionals establishments'.

Examples include:

- community nurses and domiciliary nursing care (including child day care in the case of sickness),
- home health care agencies,
- in-home hospice care services, and
- visiting nurse associations.

#### **MHP.3.6a Providers of Home Health Care Services (MOH)**

This item comprises establishments with providers of home health care services in which the MOH is the sole owner or majority stakeholder.

#### **MHP.3.6b Providers of Home Health Care Services (public non-MOH)**

This item comprises establishments with providers of home health care services in which the Government (other than the MOH) is the sole owner or majority stakeholder.

#### **MHP.3.6c Providers of Home Health Care Services (private)**

This item comprises establishments with providers of home health care services in which the private sector is the sole owner or majority stakeholder.

### **MHP.3.7 Providers of Wellness Centres**

This item comprises establishments that are primarily promote wellness through the provision of therapeutic and other professional services focused on promoting physical, mental, and emotional well-being. However, where a clear curative, rehabilitative or preventive nature can be identified, either through a prescription and/or provision by a health professional then this should be included in curative, rehabilitative or preventive care expenditure. These providers often work with other providers of health care to offer a holistic approach to wellness, addressing physical, mental, emotional, and spiritual aspects of health.

### **MHP.3.9 Other Providers of Ambulatory Health Care**

This item comprises a variety of establishments primarily engaged in providing ambulatory health care services (other than medical practitioner clinics, dentists, and other health practitioners; outpatient care centres; and home health care providers).

Note: This MNHA definition deviates from SHA 2011 definition which does not have this sub classification. This category is retained based on previous MNHA framework.

Examples include:

- Outpatient community centres and clinics;
- Chemotherapy and radiotherapy centres;
- Multi-speciality outpatient polyclinics;
- Outsourced call centres staffed with trained call advisors or experienced nurses who are trained to answer clinical questions (e.g. England and United States);
- Multi-specialised TCM providers not elsewhere classified.

Cross-references:

- Offices of medical practitioners who are primarily engaged in the independent practice of their profession are classified under MHP.3.1.1 'General medical practitioner clinics', MHP.3.1.2 'Specialist Medical practitioner clinics - Mental' or HP.3.1.3 'Specialist Medical practitioner clinics - Non-Mental' and MHP.3.2 'Dental Practitioner clinics'; and MHP.3.3 'Other registered health professionals establishments';
- Centres of hospitals that also perform ambulatory surgery and emergency room services are classified under MHP.1.1 'Hospitals' if they are fully integrated.

#### **MHP.3.9a Providers of All Other Ambulatory Health Care Services (MOH)**

This comprises establishments providing all other ambulatory health care services in which the MOH is the sole owner or majority stakeholder.

#### **MHP.3.9b Providers of All Other Ambulatory Health Care Services (public non-MOH)**

This comprises establishments providing all other ambulatory health care services in which the Government (other than the MOH) is the sole owner or majority stakeholder.

#### **MHP.3.9c Providers of All Other Ambulatory Health Care Services (private)**

This comprises establishments providing all other ambulatory health care services in which the private sector is the sole owner or majority stakeholder.

A private ambulatory care centre means any premises, other than a Government ambulatory care centre, private medical clinic, or private dental clinic, primarily used or intended to be used for the purpose of performing any procedure related to the practice of medicine in any of its disciplines or any dental procedure and with continuous relevant private health care services including nursing services whenever a patient is in the premises, and in which health care, beds, or other accommodation for the stay of any one patient for a period of not more than 23 hours is provided and from which patients are either discharged in an ambulatory condition without requiring constant or continuous

care or supervision and without danger to the continued well-being of the patient or transferred to a hospital<sup>2</sup>.

#### **MHP.4 Providers of Ancillary Services**

In SHA 2011, Providers of ancillary services have been separated from Providers of ambulatory health care because of the special characteristics of their services. This category comprises establishments that provide specific ancillary type of services directly to outpatients with or without supervision of health professionals and not covered within the episode of treatment by hospitals, nursing care facilities, ambulatory care providers or other providers. Included are providers of patient transportation and emergency rescue, providers of medical and diagnostic laboratories and other providers of ancillary services. These specialized providers may charge patients directly for their services rendered.

##### **MHP.4.1 Providers of Patient Transportation and Emergency Rescue**

This subcategory comprises establishments that are primarily engaged in providing transportation of patients by ground or air, along with health care. This includes ambulance services and Flying Doctors' transport services. These services are often provided during a medical emergency but are not restricted to emergencies as in the case of illness as a component of the treatment process (e.g. transferring patients between health care providers). The vehicles are usually equipped with life-saving equipment and operated by medically trained personnel.

Note: This item includes ambulance services provided in peacetime, non-disaster situations by the army, police, or fire brigade.

Cross-references:

- Establishments primarily engaged in providing transportation in conventional vehicles by non-specialized providers for the disabled or elderly (without providing health care, such as taxi drivers), classified under MHP.8.3 'All other industries as secondary providers of health care'.

##### **MHP.4.1a Providers of Patient Transportation and Emergency Rescue (MOH)**

This item comprises establishments providing patient transportation and emergency rescue services in which the MOH is the sole owner or majority stakeholder.

##### **MHP.4.1b Providers of Patient Transportation and Emergency Rescue (public non-MOH)**

This item comprises establishments providing patient transportation and emergency rescue services in which the Government (other than the MOH) is the sole owner or majority stakeholder.

##### **MHP.4.1c Providers of Patient Transportation and Emergency Rescue (private)**

This item comprises establishments providing patient transportation and emergency rescue services in which the private sector is the sole owner or majority stakeholder.

#### **MHP.4.2 Medical and Diagnostic Laboratories**

This item comprises establishments primarily engaged in providing analytic or diagnostic services, including body fluid analysis and diagnostic imaging, directly to outpatients with or without referral from health care practitioners.

Examples include:

- diagnostic imaging centres,
- dental X-ray or medical X-ray laboratories,
- medical testing laboratories,
- medical pathology laboratories, and
- medical forensic laboratories.

Note: Excluded are any providers of diagnostic services, forensic laboratories that deliver their services only as intermediate outputs to other health care providers within an episode of medical treatment.

Cross-references:

- Establishments such as dental- making dentures, artificial teeth, and orthodontic appliances, optical- making lenses, and orthopaedic laboratories- making orthopaedic or prosthetic appliances, which are primarily engaged in providing the activities to the medical or dental practitioners based on prescriptions are classified under MHP5 'Retailers and other providers of medical goods.

#### **MHP.4.2a Medical and Diagnostic Laboratories (MOH)**

This item comprises medical and diagnostic laboratories in which the MOH is the sole owner or majority stakeholder.

#### **MHP.4.2b Medical and Diagnostic Laboratories (Public non-MOH)**

This item comprises medical and diagnostic laboratories in which the Government (other than the MOH) is the sole owner or majority stakeholder.

#### **MHP.4.2c Medical and Diagnostic Laboratories (Private)**

This item comprises medical and diagnostic laboratories in which the private sector is the sole owner or majority stakeholder.

#### **MHP.4.3 Blood and Organ Banks**

This item comprises establishments primarily engaged in collecting, storing, and distributing blood and blood products and storing and distributing body organs.

Note: This MNHA definition deviates from SHA 2011 definition as the SHA 2011 which does not have this sub classification. However, this classification is maintained based on MNHA Framework.

#### **MHP.4.3a Blood and Organ Banks (MOH)**

This item comprises blood and organ banks in which the MOH is the sole owner or majority stakeholder.

#### **MHP.4.3b Blood and Organ Banks (public non-MOH)**

This item comprises blood and organ banks in which the Government (other than the MOH) is the sole owner or majority stakeholder.

#### **MHP.4.3c Blood and Organ Banks (private)**

This item comprises blood and organ banks in which the private sector is the sole owner or majority stakeholder.

A private blood bank is defined as any premises, other than a government blood bank, used or intended to be used for collecting, screening, processing, storing, or distributing natural human blood or blood products<sup>2</sup>.

#### **MHP.4.9 Other Providers of Ancillary Services**

This item comprises other providers of ancillary services not explicitly listed above.

Examples include:

- hearing testing services (except by offices of audiologists),
- pacemaker monitoring services,
- physical fitness evaluation services (except by clinics or establishments of health practitioners)

#### **MHP.4.9a Other Providers of Ancillary Services (MOH)**

This comprises establishments providing all other ancillary services in which the MOH is the sole owner or majority stakeholder.

#### **MHP.4.9b Other Providers of Ancillary Services (Public non-MOH)**

This comprises establishments providing all other ancillary services in which the Government (other than the MOH) is the sole owner or majority stakeholder.

#### **MHP.4.9c Other Providers of Ancillary Services (Private)**

This comprises establishments providing all other ancillary services in which the private sector is the sole owner or majority stakeholder.

## **MHP.5 Retailers and Other Providers of Medical Goods**

This item comprises specialised establishments whose primary activity is the retail sale of medical goods to the general public for individual or household consumption or utilisation. Establishments whose primary activity is the manufacture of medical goods, such as making lenses, orthopaedic or prosthetic appliances for direct sale to the general public for individual or household use, are also included, as is fitting and repair done in combination with sale.

### **MHP.5.1 Pharmacies**

This item comprises establishments that are primarily engaged in the retail sale of pharmaceuticals (including both manufactured products and those prepared by on-site pharmacists) to the population for prescribed and non-prescribed medicines.

Examples include:

- Private standalone community pharmacies

Cross-references:

- Pharmacies integrated in hospitals that mainly serve inpatients are part of establishments classified under MHP.1;
- Dispensed medicines in doctors' offices are recorded under MHP.3.1 Medical practices;

### **MHP.5.2 Retail Sale and Other Suppliers of Optical Glasses and Other Vision Products**

This item comprises establishments primarily engaged in the retail sale of optical glasses and other vision products to the general public for personal or household consumption or utilization, including the fitting and repair provided in combination with the sales of optical glasses and other vision products.

Examples include:

- Retailers of glasses, vision products

Note: Examples of specialised professions of suppliers of vision products are opticians, ophthalmic opticians, optometrists and orthoptists.

### **MHP.5.3 Retail Sale and Other Suppliers of Hearing Aids**

This item comprises establishments engaged in the sale of hearing aids to the general public with or without a prescription for personal or household consumption or utilization. This includes the fitting and repair provided in combination with the sale of such items.

Examples include:

- Professions of suppliers of hearing aids include audiologists, hearing aid technicians. Usually, hearing health care professionals are an integral part of the selection and delivery of appropriate hearing instruments.

### **MHP.5.9 All Other Miscellaneous Sale and Other Suppliers of Pharmaceuticals and Medical Goods**

This item comprises all other principal activity retail suppliers of medical goods to the general public for individual or household consumption or utilisation not elsewhere classified.

Examples include:

- Suppliers of cartridges, or fluids (e.g. for home dialysis);
- All other suppliers of medical goods n.e.c. delivering medical goods directly to consumers;
- Electronic shopping and mail-order houses specialising in medical goods.

### **MHP.6 Provision and Administration of Public Health Programmes**

This item comprises both government and private organisations that primarily provide collective preventive programmes and campaign/public health programmes for specific groups of individuals or population such as health promotion and protection agencies or public health institutes. This also includes specialised establishments providing primary preventive care as principal activity.

Examples include:

- Government provision and administration of public health programmes.
- MOH public health departments at federal, state, and district levels.
- Public health departments/institutes in local authorities.
- Institutes administering health registers related to disease control programmes.

#### **MHP.6a Provision and Administration of Public Health Programmes (MOH)**

This item comprises establishments with provision and administration of public health programmes in which the MOH is the sole owner or majority stakeholder.

##### **MHP.6.1a Administration of Public Health Programmes at Headquarters Level**

This item comprises administration of public health programmes at the MOH headquarters.

Cross-references:

- Provision of public health programmes classified under MHP.6.3a, MHP.6.4a, MHP.6.5a, MHP.6b, and MHP.6c

##### **MHP.6.2a Administration of Public Health Programmes at State Level**

This item comprises establishments with administration of public health programmes at state level, in which the MOH is the sole owner or majority stakeholder.

##### **MHP.6.3a Provision and Administration of Public Health Programmes for Disease Control**

This item comprises establishments with provision and administration of public health programmes for disease control, in which the MOH is the sole owner or majority stakeholder.

#### **MHP.6.4a Provision and Administration of Public Health Programmes for Health Education**

This item comprises establishments with provision and administration of public health programmes for health education, in which the MOH is the sole owner or majority stakeholder.

#### **MHP.6.5a Provision and Administration of Public Health Programmes for Food Quality Control**

This item comprises establishments with provision and administration of public health programmes for monitoring and regulating food quality, in which the MOH is the sole owner or majority stakeholder.

#### **MHP.6b Provision and Administration of Public Health Programmes (public non-MOH)**

This item comprises establishments with provision and administration of public health programmes in which the Government (other than the MOH) is the sole owner or majority stakeholder.

#### **MHP.6c Provision and Administration of Public Health Programmes (private)**

This item comprises establishments with provision and administration of public health programmes in which the private sector is the sole owner or majority stakeholder.

### **MHP.7 Providers of Health Care System Administration and Financing**

This item comprises establishments that are primarily engaged in the regulation of the activities of agencies that provide health care and in the overall administration of the health care sector, including the administration of health financing. While the former relates to the activities of government and its agencies in handling governance and managing the health care system as a whole, the latter reflects administration related to fund raising and purchasing health care goods and services by both public and private agents.

#### **MHP.7.1 Government Health Administration Agencies**

This item comprises government administration (excluding social security) that is primarily engaged in the formulation and administration of government health policy and in the administration of health financing. This item covers regulation and licensing of providers of health services and also establishments as the statistical institutes of a ministry of health (but not institutes administering population-based health registers) and public registers of health care providers, as both are part of health care system administration.

Examples include:

- Ministry of Health administration other than the public health programme,
- Local and regional departments of the Ministry of Health;
- Boards of Health
- Food and drug regulation agencies,
- Law enforcement agencies for the regulation of safety in the workplace.

Cross-references:

- Health agencies mainly engaged in providing public health services even if these are predominantly of a collective nature (surveillance, hygiene, etc.), are classified under MHP.6 ‘Providers of preventive care’.

### **MHP.7.1a MOH Administration of Health**

This item comprises establishments primarily engaged in providing administrative services related to health in which MOH is the sole owner or majority stakeholder.

### **MHP.7.1b Administration of Health (public non-MOH)**

This item comprises establishments providing administrative services in relation to health in which government (other than MOH) is the sole owner or majority stakeholder.

### **MHP.7.2 Social Security Funds**

This item comprises establishments involved with the funding and administration of government-provided compulsory social security programmes compensating for the reduction of loss of income or inadequate earning capacity due to sickness.

Examples include:

- the administration of compulsory social health insurance and sickness funds, e.g. EPF and SOCSO,
- the administration of compulsory employers' sickness funds, and
- the administration of compulsory social health insurance covering various groups of state employees (army, veterans, railroad and other public transport, police, state officials, etc.)

### **MHP.7.3 Other Social Insurance**

This item comprises establishments involved with the funding and administration of social health insurance (other than government-provided compulsory social security programmes).

Examples include:

- the administration of private social health insurance and sickness funds, and
- the administration of employers' social health insurance programmes (other than government social security and government health programmes for state employees).
- Private insurance corporations providing the administration of compulsory health insurance;

### **MHP.7.4 Private Health Insurance Administration Agencies**

This item comprises establishments involved with the funding and administration of insurance for health care other than those provided by social security funds and other social insurance (for example, compulsory private health insurance and voluntary health insurance). This includes establishments primarily engaged in activities closely related to the management of insurance (activities of insurance agents, average and loss adjusters, actuaries, and salvage administration related to health insurance processes).

### **MHP.7.9 All Other Providers of Health Administration**

This item comprises establishments primarily engaged in providing health administration (other than private social and other private insurance).

## **MHP.8 Other Industries (rest of Malaysian economy)**

This item comprises industries that are not elsewhere classified, which provide health care as secondary producers or other producers. Included are producers of occupational health care, institutions providing health related services and home care provided by private household.

### **MHP.8.1 Private Household as Providers of Home Care**

This item comprises private households providing health care services at home. The production of health care services not only takes place in establishments (including private non-profit institutions) but also in private households, where care for the sick, infirm, or elderly is provided by family members. The health care boundary drawn is only in cases where they correspond to transfer payments granted for this purpose. In such cases, household care givers may be given benefit in kind or benefit in cash for taking care of ill family members at home.

### **MHP.8.2 Establishment as Providers of Occupational Health Care Services**

This item comprises establishments providing occupational health care as ancillary production, defined further as the aggregate sum of expenditure incurred by corporations, general government, and non-profit organizations on the provision of occupational health care on or off business premises; this excludes remuneration in kind in health services and goods which do not constitute intermediate consumption but households' actual final consumption, i.e. as employee health care benefits. The expenditure incurred in occupational health care can be approximately estimated as the cost of personnel involved.

### **MHP.8.3 Institutions Providing Health-Related Services**

This item comprises establishments providing services in relation to health.

#### **MHP.8.3a Institutions Providing Health-Related Services (MOH)**

This item comprises establishments providing services in relation to health, in which MOH is the sole owner or majority stakeholder.

#### **MHP.8.3b Institutions Providing Health-Related Services (public non-MOH)**

This item comprises establishments providing services in relation to health, in which the Government (other than the MOH) is the sole owner or majority stakeholder.

#### **MHP.8.3c Institutions Providing Health-Related Services (private)**

This item comprises establishments providing services in relation to health, in which the private sector is the sole owner or majority stakeholder.

#### **MHP.8.4 All Other Industries as Secondary Producers of Health Care**

This item comprises all other industries providing health care as secondary or other producers of health care.

Examples include:

- military health services not provided in separate health care establishments (e.g. health services to troops in camps or on the field),
- prison health services not provided in separate health care establishments, and
- school health services not provided through the MOH public health services (e.g. nurses in private schools).

#### **MHP.9 Rest of The World**

This item comprises all non-resident providers providing health care goods and services as well as those involved in health-related activities. In both cases the provision is directed for final use of residents of Malaysia.

## Explanatory Notes on the MNHA 2.0 Classification of Functions of Health Care (MHC)

### MHC: FUNCTIONS OF HEALTH CARE

#### MHC.1 Services of Curative Care

This item comprises medical, paramedical, allied, traditional, and alternative health care services delivered during an episode of curative care. An episode of curative care is one in which the principal medical intent is to relieve symptoms of illness or injury.

Curative care comprises an individual contact with the health system and can be made up of a sequence of components, such as to establish a diagnosis, to formulate a prescription and therapeutic plan, to monitor and assess the clinical evolution or to complement the process by imaging, laboratory and functional tests for diagnosis and evolution assessment. The contact can also include various therapeutic means such as pharmaceuticals and other medical goods as well as therapeutic procedures, such as surgical procedures, which require additional follow-up. Routine administrative procedures such as completing and updating patient records are also an integral part of the service.

Examples include

- Obstetric services, cure of illness or provision of definitive treatment of injury, the performance of surgery, diagnostic or therapeutic procedures,
- Pathology and diagnostic services supporting medical and paramedical curative services which are part of the facility served,
- Medicine dispensed during discharge are also included in this category
- Curative care provided by the primary health care services.

The category excludes

- Free-standing laboratory and diagnostic imaging classified under MHC.4 'Ancillary services to health care'
- Pharmaceutical services classified under MHC.5 'Medical goods dispensed to outpatients'.

Curative care categories include a breakdown into general and specialized services based on SHA 2011. A further separation by basic and more complex types of treatment may be useful. Specialised care should always refer to a higher level of complexity than services classified as basic or general.

General care is often the entry point to the health care system, before referral is made to a specialist when a more complex health condition is found. General care involves routine examinations, medical assessments, prescription of pharmaceuticals, routine counselling of patients, dietary regime and injections of all patients.

Specialised services relate to curative care involving specialized care with higher level of technology, which are expected to be consumed by more complex health care needs.

Note: MNHA 2.0 definition deviates from SHA 2011 definition as this framework includes internal medicine, gynaecology and obstetrics, surgery and paediatrics as part of specialised services in the hospitals/ institutions with specialist.

## **MHC.1.1 Inpatient Curative Care**

Inpatient curative care comprises medical, paramedical, allied, traditional, and alternative health care services delivered to inpatients during an episode of curative care for an admitted patient. It includes overnight stays where inpatients are admitted for not less than 24 hours.

### **MHC.1.1.1 General Inpatient Curative Care**

This item comprises general inpatient curative care services provided in the hospitals/ institutions without specialist, including district hospitals.

### **MHC.1.1.2 Specialised Inpatient Curative Care**

This item comprises specialised inpatient curative care services provided in the hospitals/ institutions with specialist.

Examples include:

- Inpatient services in the National or State Referral Hospitals, University's Hospitals, Speciality Hospitals (National Heart Institute and etc.)
- Dental surgery provided as an inpatient service

## **MHC.1.2 Day Cases of Curative Care**

Services of curative day care comprises planned medical, paramedical, allied, traditional, and alternative health care services delivered to patients who have been formally admitted for diagnosis, treatment or other types of health care but with the intention to discharge the patient on the same day (not more than 23 hours).

Examples include

- Day-care patients during an episode of curative care such dialysis and oncological care.
- Ambulatory surgery day care, which covers all elective invasive therapies provided, under local anaesthesia, to day-care patients whose post-surveillance and convalescence stay requires no overnight stay as inpatients

### **MHC.1.2.1 General Day Curative Care**

This item comprises general day cases curative care services provided in the hospitals/ institutions without specialist, including district hospitals.

### **MHC.1.2.2 Specialised Day Curative Care**

This item comprises specialised day cases curative care services provided in the hospitals/ institutions with specialist.

Examples include:

- Day-care services in the National/ State Referral Hospitals, University Hospitals, Speciality Hospitals (National Heart Institute and etc.)

### **MHC.1.3      Outpatient Curative Care**

This item comprises medical and paramedical services delivered to a patient who is not formally admitted to a facility and does not stay overnight during a period of curative care. Outpatient health care comprises mainly services delivered to outpatients by health personnel (which include doctors, medical assistants, staff nurses, and care provided by rural nurses).

Outpatient services may be delivered in the outpatient ward of a hospital (including accident and emergency departments), a dedicated hospital outpatient centre, an ambulatory care centre, a physician's private office, or a health care clinic but not at the patient's place of residence. The medical and paramedical staffs are supported by allied health care outpatient services provided by medical laboratory technologists, radiographers, and pharmacist/ dispensers serving the facility

The category excludes:

- Free-standing laboratory and diagnostic imaging classified under MHC.4 'Ancillary services to health care'

#### **MHC.1.3.1    General Outpatient Curative Care**

This item comprises services of medical diagnosis and therapy that are common components of most medical encounters and that are provided by health personnel to outpatients. These include routine examinations, medical assessments, prescription of pharmaceuticals, routine counselling of patients, dietary regime and injections. They are expected to cover more frequent and uncomplicated cases in all medical fields.

#### **MHC.1.3.2    Oral Health Outpatient Curative Care**

This item comprises outpatient services focusing on oral health, including teeth, gum and other related disorders. It includes the whole range of services usually performed in an outpatient setting, such as tooth extraction, the fitting of dental prostheses, dental implants and orthodontics. The vast majority of dental care is performed as outpatient care and therefore a separate third-digit category for dental care is included under the outpatient.

Note:

- Dental prostheses are treated in the MNHA as intermediate products to the production of services of dental care and thus are always included under expenditure on dental care.
- Dental surgery provided as inpatient service is classified as an inpatient specialized service (MHC.1.1.2)

#### **MHC.1.3.3    Specialised Outpatient Curative Care**

This item comprises all specialized services provided to outpatients which require more complex diagnostic and treatment procedures in the presence of specialists.

##### **MHC.1.3.3.1    Specialised Outpatient Curative Care (other than oral health)**

This item comprises all specialized services (other than oral health) provided to outpatients which require more complex diagnostic and treatment procedures in presence of specialists.

### **MHC.1.3.3.2 Specialised Outpatient Curative Care (oral health)**

This item comprises all specialized services (specifically oral health) provided to outpatients which require more complex diagnostic and treatment procedures in presence of specialists.

### **MHC.1.3.4 Traditional Medicine and Alternative Curative Care**

This item comprises all treatments provided by traditional medicine practitioners of any religious or cultural origin and all other types of alternative care or non-conventional health care.

Note: This MNHA definition deviates from the SHA 2011 definition which does not have this sub classification

### **MHC.1.3.9 All Other Allied Health Out-Patient Curative Care**

This item comprises all other miscellaneous allied health care services provided to outpatients by allied health practitioners including physiotherapists, dieticians, occupational therapists, and audiologists.

This category excludes:

- Allied health care outpatient services provided by medical laboratory technologists, radiographers, and pharmacists/dispensers to support outpatient medical and paramedical curative services are included under MHC.1.3.1 'General out-patient curative care', and
- Rehabilitative care provided by allied health professionals via specific rehabilitative programs/facilities for a rehabilitative care episode is classified under MHC.2 'Services of rehabilitative care'.

### **MHC.1.4 Home-Based Curative Care**

This item comprises all medical, paramedical, allied, traditional, and alternative health care curative services provided to patients at home.

Examples include:

- Home visits to provide curative care, including diagnostic procedures such as home dialysis; wound care services; and teleconsultation services.

Note: This category may be underestimated at this time as it may be difficult to track home visits by doctors separately from their other primary activities, e.g. outpatient care.

### **MHC.2 Services of Rehabilitative Care**

This item comprises medical, paramedical, allied, traditional, and alternative health care services as an integrative strategy that aims at empowering persons with health conditions who are experiencing or are likely to experience disability so that they can achieve optimal functioning, a decent quality of life and inclusion in the community and society.

Rehabilitative care in this context is for services provided to individuals with or without permanent disability. Rehabilitative care is generally more intensive than traditional nursing facility care and less than acute (curative) care. It requires frequent (daily to weekly) recurrent patient assessment and review of the clinical course and treatment plan for a limited (several days to several months) time period, until a condition is stabilized or a pre-determined treatment course is completed

Example includes:

- Consumption of services aimed at reaching, restoring optimal physical, sensory, intellectual, psychological and social functional levels, all of which are health consequences of disease, disorders or injury.

The category excludes:

- Rehabilitative services with a primary social, leisure or labour purpose.

Note: There can be an overlap of curative treatment, e.g. in the case of stroke, when complemented with early rehabilitation treatment, such as speech therapy and physiotherapy. Both functions can be run in parallel. In MNHA framework rehabilitation services embedded within curative episode is excluded.

There may also be an overlap between rehabilitation services and long-term care services: rehabilitation is consumed on a continued or recurrent basis with a recovery purpose, whereas long-term care has a maintenance purpose.

#### **MHC.2.1 Inpatient Rehabilitative Care**

This item comprises medical, paramedical, allied, traditional, and alternative health care services delivered to inpatients during an episode of rehabilitative care for an admitted patient.

#### **MHC.2.2 Day Cases of Rehabilitative Care**

This item comprises medical, paramedical, allied, traditional, and alternative health care services delivered to day-care patients during an episode of rehabilitative care.

#### **MHC.2.3 Outpatient Rehabilitative Care**

This item comprises medical, paramedical, allied, traditional, and alternative health care services delivered during an episode of rehabilitative care to outpatients.

#### **MHC.2.4 Services of Rehabilitative Home Care**

This item comprises medical, paramedical, allied, traditional, and alternative health care services delivered to patients at home during an episode of rehabilitative care.

### **MHC.3 Services of Long-Term Care**

Long-term care comprises all ongoing health care given to patients who need assistance on a continuing basis due to chronic impairments and a reduced degree of independence and ability to carry out daily living activities. Long-term care is provided in institutions or community facilities which is typically a mix of medical and social services. Only the medical services' portion is recorded under health expenditure.

Medical services may encompass management of symptoms involving medical, paramedical and nursing care services, such as relieving pain and other symptoms, administering medication, dressing wounds and etc.

Social services are provided in response to limitations due to disability. These services provide help with activities of daily living (ADL) such as: eating, bathing, washing, dressing, getting in and out of bed, getting to and from the toilet and etc.

Note: In practice, what is frequently found is that nursing, personal and social care services are provided together in an integrated package of services, particularly for inpatient and day care. Retaining this category, there may be estimation problems as it may not be possible to separate social services from medical components at this time. If such services cannot be separated and the dominant component is social care, then the expenditure is not accounted in this category.

### **MHC.3.1      Inpatient Long-Term Care**

This item comprises medical, paramedical, allied, traditional, and alternative health care services delivered during an inpatient long-term care.

### **MHC.3.2      Day Cases of Long-Term Care**

This item comprises long term care delivered to day cases of patients who need assistance on a continuing basis due to chronic impairments and a reduced degree of independence and ability to carry out daily living activities. Day-care is provided in institutions or community facilities. This category includes day cases of long-term nursing care for dependent elderly patients.

Examples Include:

- Night cases, which are reported as day cases e.g. elderly patients with a disturbed sleeping pattern but normal behaviour during the day, living with relatives during the day, but admitted into an institution at night.

### **MHC.3.3      Outpatient Long Term Care**

This comprises long-term care (health) services that have the purpose of managing damaged health conditions and the associated clinical difficulties. Dependent patients with a chronic condition may require periodic verification of medication doses and of the evolution of their condition, and advice on how to handle symptoms that emerge as the disease evolves. These services may refer to regular outpatient visits or to the increasing provision of remote monitoring services for long term care patients.

### **MHC.3.4      Long Term Nursing Care: Home Care**

This item comprises ongoing medical, paramedical (nursing), allied, traditional and alternative health care provided to patients in their own homes who need assistance on a continuing basis due to chronic impairments and a reduced degree of independence and ability to carry out daily living activities. This type of home care can include social services such as homemaking and 'meals on wheels.' The social services portion, however, will not be recorded as they are not part of the expenditure on health in the MNHA.

Note: Long-term care services of a lower-level social care nature (such as home help) may be included as part of a package of home-based care. If such services cannot be separately accounted for and are not the dominant component of the package, they should be included under this category.

## **MHC.4 Ancillary Services to Health Care**

This item comprises a variety of services as an integrated package whose purpose is related to diagnosis and monitoring. Ancillary services do not, have a purpose in themselves: the purpose is to be cured, to prevent disease, etc. These are mainly performed by paramedical or medical technical personnel with or without the direct supervision of a medical doctor (e.g. laboratory and diagnostic imaging).

Note: For inpatient, day care and hospital outpatient services, ancillary services are not usually identified as separate categories which may lead to underestimation because services such as imaging and laboratories in hospitals are embedded within the primary purpose (e.g. curative care). In MNHA framework, this category only covers services in stand-alone centres.

### **MHC.4.1 Clinical Laboratory Services**

This item comprises a variety of tests of clinical specimens aimed at obtaining information about the health of a patient. Examples include blood chemistry, haematology, immunology, urine/fecal/microbiological cultures, microscopic examination, specialized cytology, and tissue pathology, as well as all other miscellaneous laboratory tests.

### **MHC.4.2 Diagnostic Imaging Services**

This item comprises all forms of diagnostic imaging services such as X-ray, ultrasounds, CT-scans, Nuclear magnetic imaging; nuclear scanning; Positron emission tomography (PET); Magnetic resonance imaging (MRI) and other miscellaneous diagnostic imaging (arteriography using contrast material, angiography, phlebography, thermography, bone mineral density studies).

### **MHC.4.3 Patient Transport and Emergency Rescue**

This item comprises transportation to and from facilities for the purposes of receiving medical and surgical care. The transport service may be specialised and may or may not involve resuscitation equipment or medical personnel. It also includes transportation in conventional vehicles, such as a taxi, when justified by medical recommendation and there is a transaction involved. It can be billed as part of the related benefits.

### **MHC.4.9 All Other Miscellaneous Ancillary Services**

This item comprises all other miscellaneous ancillary services pertaining to health care.

Note: This MNHA 2.0 definition is retained from the previous MNHA framework, however deviates from the SHA 2011 definition which does not have this subclassification.

## **MHC.5 Medical goods**

This item comprises medicaments, prostheses, medical appliances, medical equipments and other health-related products provided to individuals, either with or without a prescription, usually from

dispensing chemists, pharmacists, or medical equipment suppliers, and intended for consumption or use by a single individual or household outside a health facility or institution.

**Note:** Medicines and other medical goods are frequently a component of a package of services with a preventive, curative, rehabilitative or long-term care purpose. In inpatient, outpatient and day care consumption, they are not usually identified separately.

Medical goods do not conform to a health purpose in themselves, they should be included as far as possible in the purpose to which they pertain. However, by convention they are recorded in MHC.5 when consumers acquire them from retail sellers, because the purpose is not usually identified.

## **MHC.5.1 Pharmaceuticals and Other Medical Non-Durables Goods**

This comprises pharmaceutical products and non-durable medical goods intended for use in the diagnosis, cure, mitigation or treatment of disease. This includes medicinal preparations, branded and generic medicines, drugs, patent medicines, and oral contraceptives. Fluids required for dialysis, as well as gases used in health care, such as oxygen, should also be included when purchased directly.

### **MHC.5.1.1 Prescription Medicines**

Comprises all pharmaceuticals, including branded and generic pharmaceutical products, which are provided in response to a prescription issued by a licensed medical practitioner.

### **MHC.5.1.2 Over-The-Counter (OTC) Medicines**

Comprises all pharmaceuticals, including branded and generic pharmaceutical products have been purchased independently without prescription.

#### **MHC.5.1.2.1 Western Medicines**

This item comprises OTC medicines which are associated with mainstream 'Western-type' medicine.

**Note:** This MNHA definition deviates from the SHA 2011 definition which does not have this sub classification.

#### **MHC.5.1.2.2 Traditional and Other Alternative Medicines**

This item comprises OTC medicines associated with traditional medicine practitioners of any religious or cultural background. They include herbal medicines and also products of alternative medicines.

**Note:** This MNHA definition deviates from the SHA 2011 definition which does not have this sub classification.

### **MHC.5.1.3 Other Medical Non-Durables**

This item comprises a wide range of medical non-durables such as bandages, elastic stockings, knee supports, hypodermic syringes, first-aid kits, incontinence articles, condoms, and other mechanical contraceptive devices. This subcategory also includes medical non-durable goods that have been prescribed by a licensed medical practitioner.

### **MHC.5.2 Therapeutic Appliances and Other Medical Durables Goods**

This item comprises a wide range of medical durable goods such as glasses, hearing aids, other orthopaedic appliances, prosthetics and other medical-technical devices.

#### **MHC.5.2.1 Glasses and Other Vision Products**

This item comprises corrective eye-glasses and contact lenses as well as the cleansing fluid and fitting by opticians.

The category excludes sunglasses not fitted with corrective lenses.

#### **MHC.5.2.2 Hearing Aids**

This item comprises all kinds of removable hearing aids (including cleaning, adjustment and batteries).

The category excludes audiological diagnosis and treatment by physicians (MHC.1.3).

#### **MHC.5.2.3 Orthopaedic Appliances and Prosthetics**

This item comprises orthopaedic appliances and other prosthetics such as orthopaedic shoes, artificial limbs and other prosthetic devices, orthopaedic braces and supports, surgical belts, trusses and supports, and neck braces.

The category excludes:

- Implants during curative care episode.
- Implants with a non-health primary purpose (e.g. aesthetic use)

#### **MHC.5.2.9 All Other Medical Durables, Including Medical Technical Devices**

This item comprises a wide variety of miscellaneous durable medical products not elsewhere classified, such as blood pressure instruments, specialized teleconference equipment for emergency calls from the patient's home and/or for the remote monitoring of medical parameters. It also comprises a variety of medico-technical devices such as wheelchairs and invalid carriages. In this class, household final consumption involves the acquisition of consumer durables, meaning goods that may be used for the primary purposes of health consumption.

### **MHC.6 Preventive Care**

Preventive care comprises various services designed to enhance the health status of the population and is distinct from the curative services.

It is any measure that aims to avoid or reduce the number or the severity of injuries and diseases, their sequelae and complications. Prevention is based on strategies that involve processes that enable people to improve their health through the control over some of its immediate determinants. This includes a wide range of expected outcomes, which are covered through a diversity of interventions. Items included under this category are preventive care provided as a specific dedicated programme (public or private, including occupational health).

The prevention category in MNHA 2.0 is one of the most changed areas compared with previous MNHA classifications. This is to align MNHA 2.0 framework with changes in SHA 2011 while still maintaining MNHA classifications. The prevention classification in SHA 2011 is based on the type of services better aligned to the purpose of consumptions. In SHA 2011 the classes by type of service have a strategic focus more than a disease focus and which encompasses of Information, education and counselling programmes, Immunisation programmes, Early disease detection programmes, Healthy condition monitoring programmes, Epidemiological surveillance and risk & disease control programmes and Preparing for disaster and emergency response programmes.

### **I. Information, Education and Counselling Programmes**

Information, education and communication (IEC) combines strategies, approaches and methods to enable individuals, families, groups, organisations and communities to play active roles in achieving, protecting and sustaining their own health. Embodied in IEC is a process of learning that empowers people to make decisions, modify behaviours and change social conditions, including through improvements in knowledge, beliefs, attitudes, use and interaction with the health system. This expenditure may involve information dissemination as well as the time and skills of the specialised personnel providing the advice.

Examples include:

- Information about the health consequences of smoking, diet, physical activity, salt consumption, alcohol consumption; information on how to control communicable diseases transmission and information on non-communicable diseases prevention.

### **II. Immunisation Programmes**

Comprises the use of pharmaceutical products, such as vaccines. It can involve consumption by specific individuals in a campaign or in continued programme operations. Examples include immunisation for COVID-19, diphtheria, hepatitis, herpes zoster, human papilloma virus, influenza, measles, meningococcal infections, mumps, pertussis, pneumococcal infections, polio, rabies, rubella, tetanus, varicella (chicken pox) and yellow fever. The expenditure comprises of consultation, both for the time and skills of the personnel and the purchase of the vaccine itself.

### **III. Early Disease Detection Programmes**

This item concerns the active search for a disease early in its course, before symptoms appear, within the risk groups, as organised programme activities. This can involve screening, diagnostic tests and medical examinations. These are directed to specific diseases, such as breast cancer, cervical cancer, colon rectal cancer, diabetes, HIV/AIDS, malaria, tuberculosis, prostate cancer and so on. According to the criteria set for prevention, it would involve only early disease detection before a diagnosis is made.

### **IV. Healthy Condition Monitoring Programmes**

This item comprises active monitoring of healthy conditions and is not focused on specific diseases. These can target specific conditions such as pregnancy (antenatal and postnatal care) or specific age groups such as children (e.g. child growth and development) or ageing groups, or specific health domains, such as dental and general health check-ups.

## **V. Epidemiological Surveillance and Risk & Disease Control Programmes**

This item comprises technical operations to manage knowledge including resources, with a preventive and control focus. This is done through the planning, monitoring and evaluation of interventions, including measures to inform decision-making, such as accessing information and support services. This includes information systems related to epidemiology and health and management to track cases, records and health system responses; support measures such as operational activities aimed at immediate improvement of the programme; and hands-on training and operational research.

The generic content includes: conducting surveillance of outbreaks and patterns of communicable and non-communicable diseases and of injuries and exposure to environmental agents harmful to health, as well as investigating and monitoring appropriate responses.

Examples include:

- Epidemiological surveillance by systems to monitor diseases with a community impact, such as dengue, tuberculosis, HIV, typhoid, COVID-19 and etc.
- Hands-on training to ensure that procedures and treatment protocols set for the various health programmes are followed.
- Field activities carried out by preventive care personnels including fogging, close contact tracing, sampling activities related to vector and food borne diseases and etc.

## **VI. Preparing for Disaster and Emergency Response Programmes**

Includes preparations and training for an appropriate response to health and safety extreme events, in case of humanitarian emergencies, whether of human or natural origin. The aim is to protect health and to reduce mortality and morbidity due to health hazards. This would involve e.g. the capacity to acquire or expand resources very quickly, and preparations for changing the handling and referencing of patients, such as patient triage and restructuring coverage in line with the nature of the emergency.

Examples include

- Preparations and emergency responses during COVID-19 outbreak, environment pollutions due to chemical spillage and tabletop exercises and etc.

Note: MNHA 2.0 deviates from SHA 2011 in this classification as MNHA 2.0 will retain the current MNHA classification which is programme-based. Therefore, in this MNHA 2.0 classifications each programme-based code will be further divided into SHA 2011 preventive care categories as sub categories and the final digit will represent the SHA 2011 classifications. In the absence of information to allow for new disaggregation, expenditures should be allocated to the dominant category.

### **MHC.6.1 Maternal and Child Health Family Planning and Counseling**

Maternal and child health covers a wide range of health care services such as genetic counselling and prevention of specific congenital abnormalities, prenatal services which are not included by MHC.1 'Services of curative care' and postnatal medical attention, baby health care, child health care including vaccinations.

#### **MHC.6.1.1 Maternal and Child Health Family Planning and Counselling-Information, Education and Counselling Programmes**

#### **MHC.6.1.2 Maternal and Child Health Family Planning and Counselling-Immunisation Programmes**

- MHC.6.1.3 Maternal and Child Health Family Planning and Counselling- Early Disease Detection Programmes**
- MHC.6.1.4 Maternal and Child Health Family Planning and Counselling- Healthy Condition Monitoring Programmes**
- MHC.6.1.5 Maternal and Child Health Family Planning and Counselling- Epidemiological Surveillance and Risk & Disease Control Programmes**
- MHC.6.1.6 Maternal and Child Health Family Planning and Counselling- Preparing for Disaster and Emergency Response Programmes**

## **MHC.6.2 School Health Services**

This item comprises a variety of services provided in school such as health education, medical and dental screening, disease prevention, and the promotion of healthy living conditions and lifestyles. It includes basic treatment if provided as an integral part of the school health services.

### **MHC.6.2.1 Medical School Health Services**

This item comprises the medical care (as opposed to dental care) component.

- MHC.6.2.1.1 Medical School Health Services- Information, Education and Counselling Programmes**
- MHC.6.2.1.2 Medical School Health Services- Immunisation Programmes**
- MHC.6.2.1.3 Medical School Health Services- Early Disease Detection Programmes**
- MHC.6.2.1.4 Medical School Health Services- Healthy Condition Monitoring Programmes**
- MHC.6.2.1.5 Medical School Health Services- Epidemiological Surveillance and Risk & Disease Control Programmes**
- MHC.6.2.1.6 Medical School Health Services- Preparing for Disaster and Emergency Response Programmes**

### **MHC.6.2.2 Oral Health School Services**

This item comprises the oral health care component only.

**MHC.6.2.2.1 Oral Health School Services-  
Information, Education and Counselling Programmes**

**MHC.6.2.2.2 Oral Health School Services-  
Immunisation Programmes**

**MHC.6.2.2.3 Oral Health School Services-  
Early Disease Detection Programmes**

**MHC.6.2.2.4 Oral Health School Services-  
Healthy Condition Monitoring Programmes**

**MHC.6.2.2.5 Oral Health School Services-  
Epidemiological Surveillance and Risk & Disease Control Programmes**

**MHC.6.2.2.6 Oral Health School Services-  
Preparing for Disaster and Emergency Response Programmes**

**MHC.6.3 Prevention of Communicable Diseases**

This item comprises of compulsory reporting, notification and epidemiological enquiries into certain communicable diseases; efforts to trace close contacts and origin of diseases; prevention and control programmes (including systematic screening of high- risk groups).

**MHC.6.3.1 HIV/ AIDS Programme**

This item comprises programmes and activities whose specific purpose relates to the preventive care aspects of HIV/AIDS, particularly activities such as those carried out by the MOH, other public non-MOH agencies and private agencies.

**MHC.6.3.1.1 HIV/ AIDS Programme-  
Information, Education and Counselling Programmes**

**MHC.6.3.1.2 HIV/ AIDS Programme-  
Immunisation Programmes**

**MHC.6.3.1.3 HIV/AIDS Programme-  
Early Disease Detection Programmes**

**MHC.6.3.1.4 HIV/AIDS Programme-  
Healthy Condition Monitoring Programmes**

**MHC.6.3.1.5 HIV/ AIDS Programme-  
Epidemiological Surveillance and Risk & Disease Control Programmes**

**MHC.6.3.1.6 HIV/ AIDS Programme-  
Preparing for Disaster and Emergency Response Programmes**

**MHC.6.3.2 Vector- Borne Diseases Programme**

This item comprises activities that relate to the surveillance and control of vector-borne diseases. They may include activities such as fogging and monitoring of larvae levels, in particular activities carried out by MOH, public non-MOH agencies and private agencies.

**MHC.6.3.2.1 Vector- Borne Diseases Programme-  
Information, Education and Counselling Programmes**

**MHC.6.3.2.2 Vector-Borne Diseases Programme-  
Immunisation Programmes**

**MHC.6.3.2.3 Vector- Borne Diseases Programme-  
Early Disease Detection Programmes**

**MHC.6.3.2.4 Vector- Borne Diseases Programme-  
Healthy Condition Monitoring Programmes**

**MHC.6.3.2.5 Vector- Borne Diseases Programme-  
Epidemiological Surveillance and Risk & Disease Control Programmes**

**MHC.6.3.2.6 Vector- Borne Diseases Programme-  
Preparing for Disaster and Emergency Response Programmes**

**MHC.6.3.9 Other Preventive Programmes for Communicable Diseases**

This item comprises all other preventive care activities and programmes related to communicable diseases other than above mentioned categories such as COVID-19, tuberculosis, typhoid and etc.

**MHC.6.3.9.1 Other Preventive Programmes for Communicable Diseases -  
Information, Education and Counselling Programmes**

**MHC.6.3.9.2 Other Preventive Programmes for Communicable Diseases -  
Immunisation Programmes**

**MHC.6.3.9.3 Other Preventive Programmes for Communicable Diseases - Early Disease Detection Programmes**

**MHC.6.3.9.4 Other Preventive Programmes for Communicable Diseases - Healthy Condition Monitoring Programmes**

**MHC.6.3.9.5 Other Preventive Programmes for Communicable Diseases - Epidemiological Surveillance and Risk & Disease Control Programmes**

**MHC.6.3.9.6 Other Preventive Programmes for Communicable Diseases - Preparing for Disaster and Emergency Response Programmes**

#### **MHC.6.4 Prevention of Non-Communicable Diseases**

This item comprises preventive care services and promotion of healthy lifestyle specifically directed towards non-communicable diseases.

Examples include

- Interventions against smoking, alcohol, and substance abuse such as anti-smoking and alcoholism campaigns; activities of community workers; services provided by self-help groups; campaigns in favour of healthier lifestyles.

**MHC.6.4.1 Prevention of Non-Communicable Diseases- Information, Education and Counselling Programmes**

**MHC.6.4.2 Prevention of Non-Communicable Diseases- Immunisation Programmes**

**MHC.6.4.3 Prevention of Non-Communicable Diseases- Early Disease Detection Programmes**

**MHC.6.4.4 Prevention of Non-Communicable Diseases- Healthy Condition Monitoring Programmes**

**MHC.6.4.5 Prevention of Non-Communicable Diseases- Epidemiological Surveillance and Risk & Disease Control Programmes**

**MHC.6.4.6 Prevention of Non-Communicable Diseases- Preparing for Disaster and Emergency Response Programmes**

## **MHC.6.5 Occupational Health Care**

Occupational health care is only part of a broader range of activities that aim at improving the working environment in its relation to health. Occupational health care comprises a wide variety of health care services including surveillance of employee's health through routine medical check-ups on or off business premises.

### **MHC.6.5.1 Occupational Health Care- Information, Education and Counselling Programmes**

### **MHC.6.5.2 Occupational Health Care- Immunisation Programmes**

### **MHC.6.5.3 Occupational health care- Early disease detection programmes**

### **MHC.6.5.4 Occupational Health Care- Healthy Condition Monitoring Programmes**

### **MHC.6.5.5 Occupational Health Care- Epidemiological Surveillance and Risk & Disease Control Programmes**

### **MHC.6.5.6 Occupational health care- Preparing for disaster and emergency response programmes**

## **MHC.6.6 Health Promotion and Health Education**

This item comprises general health education and health information delivered to health care providers and the public and also health education campaigns. Particularly, it reflects activities such as those carried out by the MOH Health Education and Communications Centre (HECC), other non-MOH agencies and the private sector.

Note: This MNHA definition deviates from the SHA 2011 definition which does not have a category for health education. This item is mainly under the expenditure of HECC, MOH.

### **MHC.6.6.1 Health Promotion and Health Education for Communicable Diseases**

This item comprises general health education and health information targeted at the public and also health education campaigns, including related healthy lifestyle campaigns pertaining to communicable diseases.

Note: This MNHA definition deviates from the SHA 2011 definition which does not have a category for health education, so in order to maintain SHA 2011 comparability, this subcategory is estimated and mapped to the SHA 2011 category MHC.6.3. 'Prevention of communicable diseases.'

### **MHC.6.6.2 Health Promotion and Health Education for Non-Communicable Disease**

This item comprises general health education and health information targeted at the public and also health education campaigns, including related healthy lifestyle campaigns pertaining to non-communicable diseases.

Note: This MNHA definition deviates from the SHA 2011 definition which does not have a category for health education, so in order to maintain SHA 2011 comparability, this subcategory is estimated and mapped to the SHA 2011 category MHC.6.4. 'Prevention of non-communicable diseases.'

### **MHC.6.7 Food Safety and Drinking Water Quality Control**

This item comprises preventive care activities for food safety and drinking water quality control. This includes activities such as inspection and regulation of water supply and food preparation in factories and other outlets.

#### **MHC.6.7.1 Food Safety and Drinking Water Quality Control- Information, Education and Counselling Programmes**

#### **MHC.6.7.2 Food Safety and Drinking Water Quality Control- Immunisation Programmes**

#### **MHC.6.7.3 Food Safety and Drinking Water Quality Control- Early Disease Detection Programmes**

#### **MHC.6.7.4 Food Safety and Drinking Water Quality Control- Healthy Condition Monitoring Programmes**

#### **MHC.6.7.5 Food Safety and Drinking Water Quality Control- Epidemiological Surveillance and Risk & Disease Control Programmes**

#### **MHC.6.7.6 Food Safety and Drinking Water Quality Control- Preparing for Disaster and Emergency Response Programmes**

### **MHC.6.9 All Other Preventive Care Services Not Explicitly Classified**

This item comprises a variety of miscellaneous medical and dental preventive care services not classified elsewhere.

#### **MHC.6.9.1 All Other Public Health Services Not Explicitly Classified- Information, Education and Counselling Programmes**

**MHC.6.9.2 All Other Public Health Services Not Explicitly Classified-  
Immunisation Programmes**

**MHC.6.9.3 All Other Public Health Services Not Explicitly Classified-  
Early Disease Detection Programmes**

**MHC.6.9.4 All Other Public Health Services Not Explicitly Classified-  
Healthy Condition Monitoring Programmes**

**MHC.6.9.5 All Other Public Health Services Not Explicitly Classified-  
Epidemiological Surveillance and Risk & Disease Control Programmes**

**MHC.6.9.6 All Other Public Health Services Not Explicitly Classified-  
Preparing for Disaster and Emergency Response Programmes**

## **MHC.7 Governance & Health System and Financing Administration**

These services focus on the administrative function of the entire health system in the country encompassing governance and financing rather than direct health care. It is considered to be collective, for the benefit of all health system users but not to specific individuals.

These expenditures are incurred mostly but not exclusively by governments. Included are the formulation and administration of government policy; the setting of standards; the regulation, licensing or supervision of producers; management of the fund collection; and the administration, monitoring and evaluation of such resources, etc. However, some of these services are also provided by private entities, including by civil society (NGOs) and private medical insurance.

### **MHC.7.1 Governance and Health System Administration**

This item comprises a variety of activities pertaining to overall government administration of health, such as planning, policy formulation, co-ordination, regulation and monitoring of overall health policies, plans, programmes, and budgets.

Examples include:

- Preparation and enforcement of legislation and standards for the provision of health services, including the licensing of medical establishments and medical and paramedical personnel; and the production and dissemination of general information, technical documentation and statistics on health (other than those classified under MHC.6 ‘Preventive care’).

- Administration involves a management focus, including designing regulatory measures, generating incentives, and controlling organisations and resources in the health system. It includes Strategic management of health systems, Regulation to protect public health and Human resources development and planning.

The category excludes:

- Any overhead expenses connected with the administration or functioning of health providers, including hospitals or other providers, which are to be included in the expenditures by service consumed.

## **MHC.7.2 Administration of Health Financing**

This item is a subcomponent of health financing. It comprises the management of the collection of funds and the administration, monitoring and evaluation of such resources.

The category excludes:

- Administrative costs of the health providers and services they provide.

A further optional split at the third-digit level is proposed for public and private administration and financing of health insurance.

### **MHC.7.2.1 Administration of Health Financing (public)**

### **MHC.7.2.2 Administration of Health Financing (private)**

## **MHC.9 Other Health Care Services Not Elsewhere Classified (n.e.c)**

This item comprises any other health care services not classified in MHC.1 to MHC.7

Note: This item is a new classification based on SHA 2011.

## Health Related Functions (MHR) explanatory notes

MNHA Total Health Expenditure refers to all health expenditures as well as health-related expenditures (gross capital formation, education & training, research & development, and drinking water intervention).

Although health systems remain a highly labour intensive sector, capital has been increasingly important as a factor of production of health services. This chapter will present the definitions of health-related functions for MNHA 2.0 framework.

### MHR.1 Gross Capital Formation of Health Care Provider Institutions

Gross capital formation in the health care system is measured by the total value of the assets that providers of health services have acquired during the accounting period and that are used repeatedly or continuously in the provision of health services.

Examples include:

- Health facilities buildings
- Ambulances/ helicopters
- Medical imaging machines
- Development of systems/ software/ databases/ intellectual properties

### MHR.2 Education and Training of Health Personnel

This item comprises government and private provision of education and training of health personnel, including the administration, inspection, or support of institutions providing education and training of health personnel. This corresponds to post-secondary and tertiary education in the field of health by central and local government, and private institutions such as nursing schools run by private hospitals.

Note: If properly accounted for, education and training of health personnel is not an overlapping function between health and education. Institutions involved in the training of health personnel include paramedical schools; undergraduate schools in medical/ paramedical departments; and graduate schools in medical/biomedical departments. Complete costs would include only expenditure at universities and other training institutions specifically related to the training of medical personnel.

### MHR.3 Research and Development In Health

This item comprises research and development (R&D) directed towards the protection and improvement of human health. They include R&D on food hygiene and nutrition and also R&D on radiation used for medical purposes, biochemical engineering, medical information, rationalization of treatment and pharmacology (including testing medicines and breeding of laboratory animals for scientific purposes), as well as research relating to epidemiology, prevention of industrial diseases, and drug addiction4.

This item follows the below definition adapted from Frascati Manual, OECD 2015: “Research and experimental development comprises creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of man, culture and society and the use of this stock of knowledge to devise new applications for the field of health care.”

**MHR. 4 Drinking Water Intervention**

This item comprises a variety of activities with a specific focus on public health concern which include the provision of clean water and water sanitization.

**MHR.9 All Other Health-Related Expenditures**

This item comprises of all other expenditures that have not been classified elsewhere as part of the health-related expenditure.

## MEMORANDUM ITEMS

In MNHA 2.0 “memorandum items” were introduced in line with SHA 2011. Memorandum items are items and categories that do not contribute to the total expenditure on health (TEH) in the MNHA framework. Memorandum items have been created to allow future further analysis of policy and resource allocation for example aggregates for total pharmaceuticals expenditure included inpatient and other modes of provision) that cannot be directly obtained from the functional classification categories. Breakdown of these categories will be created based on future policy needs.

## REFERENCES:

1. Specialty & Subspecialty Framework of Ministry of Health Hospitals Under 11th Malaysia Plan
2. Private Healthcare Facilities and Services Act 1998 (PHFSA 1998, Act 586)
3. Mental Health Act 2001 Act 615 (MHA 2001, Act 615)
4. OECD (2015), Frascati Manual 2015: Guidelines for Collecting and Reporting Data on Research and Experimental Development, The Measurement of Scientific, Technological and Innovation Activities, OECD Publishing, Paris
5. A System of Health Accounts 2011 (Revised Edition)
6. Malaysia National Health Accounts Project, Report on the MNHA classification system (MNHA Framework), 2006
7. Dental Act 1971 & 2018, Laws of Malaysia
8. NHA Producers Guide Chapter 1, National Health Accounts: A Tool for Improving Health System Performance
9. OECD, A System of Health Accounts Version 1.0 2000
10. WHO, Global Health Expenditure Database (GHED)

**Table A1: MNHA 1.0 Sources of Financing classifications map to MNHA 2.0 classifications**

<b>MNHA 1.0 code</b>	<b>Sources of financing</b>	<b>MNHA 2.0 code</b>	<b>Sources of financing</b>
MS1	Public Sector	MHS.1	Public Sources of financing
MS1.1	Public Sector (excluding Social Security Funds)	MHS.1.1	Public sources of financing (excluding Social Security Funds)
MS1.1.1	Federal Government	MHS.1.1.1	Federal Government
MS1.1.1.1	Ministry of Health (MOH)	MHS.1.1.1.1	Ministry of Health (MOH)
MS1.1.1.2	Ministry of Higher Education (MOHE)	MHS.1.1.1.2	Ministry of Higher Education (MOHE)
MS1.1.1.3	Ministry of Defence (MOD)	MHS.1.1.1.3	Ministry of Defence (MOD)
MS1.1.1.9	Other Federal Government Agencies (including statutory bodies)	MHS.1.1.1.9	Other Federal Agencies (including statutory bodies)
MS1.1.2	State government	MHS.1.1.2	State government
MS1.1.2.1	(General) State government	MHS.1.1.2.1	(General) State government
MS1.1.2.2	Other state agencies (including statutory bodies)	MHS.1.1.2.2	Other state agencies (including statutory bodies)
MS1.1.3	Local Authorities	MHS.1.1.3	Local Authorities
MS1.2	Social Security Funds	MHS.1.2	Social Security Funds
MS1.2.1	EPF	MHS.1.2.1	Employees Provident Fund (EPF)
MS1.2.2	SOCSO	MHS.1.2.2	Social Security Organisation (SOCSO)
MS1.2.9	Other Government Mandated Funds	MHS.1.2.9	Other Government Mandated Funds
<b>MS2</b>	<b>Private Sector</b>	<b>MHS.2</b>	<b>Private sources of financing</b>
MS2.1	Private Social Insurance	MHS.2.1	Compulsory private insurance
MS2.2	Private Insurance (other than Social Insurance)	MHS.2.2	Voluntary private insurance
MS2.3	Private MCO's and other similar entities	MHS.2.3	Private MCO's and other similar entities
		MHS.2.4	Private Household out-of-pocket payment
		MHS.2.4.1	Out-of-pocket excluding cost-sharing
		MHS.2.4.2	OOP Cost sharing with third-party payers
		MHS.2.4.2.1	Out-of-pocket - cost sharing with public sources of financing
		MHS.2.4.2.2	Out-of-pocket - cost sharing with private sources of financing
MS2.5	NPISH (other than social insurance)	MHS.2.5	Non- profit institutions
MS2.6	All corporations (other than health insurance)	MHS.2.6	All corporations (other than health insurance)
MS2.6.1	Corporations		
MS2.6.2	Quasi- corporations/ Parastatals		
<b>MS9</b>	<b>Rest of the world (ROW)</b>	<b>MHS.9</b>	<b>Rest of the world (ROW)</b>

**Table A2: MNHA 1.0 Providers of Health Care classifications map to MNHA 2.0 classifications**

MNHA 1.0 code	Providers of Healthcare	MNHA 2.0 code	Providers of Healthcare
MP1	Hospitals	MHP.1	All Hospitals
MP1.1	Hospitals	MHP.1.1	Hospitals
MP1.1a	Hospitals (MOH)	MHP.1.1a	Hospitals (MOH)
MP1.1.1a	National referral Hospitals (HKL)	MHP.1.1.1a	National referral Hospitals (HKL)
MP1.1.2a	StateCapital Hospitals	MHP.1.1.2a	State Hospitals
MP1.1.3a	District Hospitals with super specialist	MHP.1.1.3a	Major specialist hospitals
MP1.1.4a	District Hospitals with general specialist	MHP.1.1.4a	Minor specialist hospitals
MP1.1.5a	District Hospitals without specialist	MHP.1.1.5a	Hospitals without specialist
MP1.1b	Hospitals (public non-MOH)	MHP.1.1b	Hospitals (public non-MOH)
MP1.1.1b	Hospitals (public non-MOH,corporatised)		
MP1.1.2b	Hospitals (public non-MOH,non-corporatised)		
MP1.1c	Hospitals (private)	MHP.1.1c	Hospitals (private)
MP1.2	Psychiatric hospitals	MHP.1.2	Psychiatric hospitals
MP1.2a	Psychiatric hospitals (MOH)	MHP.1.2a	Psychiatric hospitals (MOH)
MP1.2b	Psychiatric hospitals (public non-MOH)	MHP.1.2b	Psychiatric hospitals (public non-MOH)
MP1.2.1b	Psychiatric hospitals (public non-MOH, Corporatised)		
MP1.2.2b	Psychiatric hospitals (public non-MOH, non-Corporatised)		
MP1.2c	Psychiatric hospitals (private)	MHP.1.2c	Psychiatric hospitals (private)
MP1.3	Speciality hospitals	MHP.1.3	Speciality hospitals
MP1.3a	Speciality hospitals (MOH)	MHP.1.3a	Speciality hospitals (MOH)
MP1.3b	Speciality hospitals (public non-MOH)	MHP.1.3b	Speciality hospitals (public non-MOH)
MP1.3.1b	Speciality hospitals (public non-MOH, Corporatised)		
MP1.3.2b	Speciality hospitals (public non-MOH, non-Corporatised)		
MP1.3c	Speciality hospitals (private)	MHP.1.3c	Speciality hospitals (private)
MP2	Nursing and residential care facilities	MHP.2	Residential long term care facilities
MP2.1	Nursing care facilities	MHP.2.1	Nursing care facilities
MP2.1a	Nursing care facilities (MOH)	MHP.2.1a	Nursing care facilities (MOH)
MP2.1b	Nursing care facilities (public non-MOH)	MHP.2.1b	Nursing care facilities (public non-MOH)
MP2.1.1b	Nursing care facilities (public non-MOH, Corporatised)		
MP2.1.2b	Nursing care facilities (public non-MOH, non-Corporatised)		
MP2.1c	Nursing care facilities (private)	MHP.2.1c	Nursing care facilities (private)
MP2.2	Residential mental health/retardation & substance abuse facilities	MHP.2.2	Residential mental health/retardation & substance abuse facilities
MP2.2a	Res. mental health/retardation & sub. abuse facilities (MOH)	MHP.2.2a	Res. mental health/retardation & sub. abuse facilities (MOH)
MP2.2b	Res. mental health/retardation & sub. abuse facilities (public non-MOH)	MHP.2.2b	Res. mental health/retardation & sub. abuse facilities (public non-MOH)
MP2.2.1b	Res. mental health/retardation & sub. abuse facilities (public non-MOH, Corporatised)		
MP2.2.2b	Res. mental health/retardation & sub. abuse facilities (public non-MOH, non-Corporatised)		
MP2.2c	Res. mental health/retardation & sub. abuse facilities (private)	MHP.2.2c	Res. mental health/retardation & sub. abuse facilities (private)
MP2.3	Community care facilities for the elderly	MHP.2.3	Community care facilities for the elderly
MP2.3a	Community care facilities for the elderly (MOH)	MHP.2.3a	Community care facilities for the elderly (MOH)
MP2.3b	Community care facilities for the elderly (public non-MOH)	MHP.2.3b	Community care facilities for the elderly (public non-MOH)

MNHA 1.0 code	Providers of Healthcare	MNHA 2.0 code	Providers of Healthcare
MP2.3.1b	Community care facilities for the elderly (public non-MOH, Corporatised)		
MP2.3.2b	Community care facilities for the elderly (public non-MOH, non-Corporatised)		
MP2.3c	Community care facilities for the elderly (private)	MHP2.3c	Community care facilities for the elderly (private)
MP2.9	All other residential care facilities	MHP2.9	All other residential care facilities
MP2.9a	All other residential care facilities (MOH)	MHP2.9a	All other residential care facilities (MOH)
MP2.9b	All other residential care facilities (public non-MOH)	MHP2.9b	All other residential care facilities (public non-MOH)
MP2.9.1b	All other residential care facilities (public non-MOH, Corporatised)		
MP2.9.2b	All other residential care facilities (public non-MOH, non-Corporatised)		
MP2.9c	All other residential care facilities (private)	MHP2.9c	All other residential care facilities (private)
MP3	Providers of ambulatory health care	MHP3	Providers of ambulatory health care
MP3.1	Medical practitioner clinics	MHP3.1	Medical practitioner clinics
		MHP3.1.1	General medical practitioner clinics
MP3.1a	Medical practitioner clinics (MOH)	MHP3.1.1a	General Medical practitioner clinics (MOH)
MP3.1b	Medical practitioner clinics (public non-MOH)	MHP3.1.1b	General Medical practitioner clinics (public non-MOH)
MP3.1.1b	Medical practitioner clinics (public non-MOH, Corporatised)		
MP3.1.2b	Medical practitioner clinics (public non-MOH, non-Corporatised)		
MP3.1c	Medical practitioner clinics (private)	MHP3.1.1c	General Medical practitioner clinics (private)
		MHP3.1.2	Specialist Medical practitioner clinics-Mental
		MHP3.1.2a	Specialist Medical practitioner clinics-Mental (MOH)
		MHP3.1.2b	Specialist Medical practitioner clinics-Mental (public, non MOH)
		MHP3.1.2c	Specialist Medical practitioner clinics-Mental (private)
		MHP3.1.3	Specialist Medical practitioner clinics-Non Mental
		MHP3.1.3a	Specialist Medical practitioner clinics-Non Mental (MOH)
		MHP3.1.3b	Specialist Medical practitioner clinics-Non Mental (public, non MOH)
		MHP3.1.3c	Specialist Medical practitioner clinics-Non Mental (private)
MP3.2	Dentist clinics	MHP3.2	Dental practitioner clinics
MP3.2a	Dentist clinics (MOH)	MHP3.2a	Dental practitioner clinics (MOH)
MP3.2b	Dentist clinics (public non-MOH)	MHP3.2b	Dental practitioner clinics (public non-MOH)
MP3.2.1b	Dentist clinics (public non-MOH, Corporatised)		
MP3.2.2b	Dentist clinics (public non-MOH, non-Corporatised)		
MP3.2c	Dentist clinics (private)	MHP3.2c	Dental practitioner clinics (private)
MP3.3	Other registered health professionals establishments	MHP3.3	Other health professionals establishments
MP3.3a	Other registered health professionals establishments (MOH)	MHP3.3a	Other health professionals establishments (MOH)
MP3.3b	Other registered health professionals establishments (public non-MOH)	MHP3.3b	Other health professionals establishments (public non-MOH)
MP3.3.1b	Other registered health professionals establishments (public non-MOH, Corporatised)		

MNHA 1.0 code	Providers of Healthcare	MNHA 2.0 code	Providers of Healthcare
MP3.3.2b	Other registered health professionals establishments(public non-MOH, non-Corporatised)		
MP3.3c	Other registered health professionals establishments (private)	MHP3.3c	Other health professionals establishments (private)
MP3.4	Traditional and other non-registered health care establishments	MHP3.4	Traditional and alternative health care establishments
MP3.5	Out patient care centres	MHP3.5	Out patient care centres
MP3.5.1	Family planning centres	MHP3.5.1	Family planning centres
MP3.5.1a	Family planning centres (MOH)	MHP3.5.1a	Family planning centres (MOH)
MP3.5.1b	Family planning centres (public non-MOH)	MHP3.5.1b	Family planning centres (public non-MOH)
MP3.5.1.1b	Family planning centres (public non-MOH, Corporatised)		
MP3.5.1.2b	Family planning centres(public non-MOH, non-Corporatised)		
MP3.5.1c	Family planning centres (private)	MHP3.5.1c	Family planning centres (private)
MP3.5.2	Out-patient mental health and substance abuse centres	MHP3.5.2	Out-patient mental health and substance abuse centres
MP3.5.2a	Out-patient mental health and sub. abuse centres (MOH)	MHP3.5.2a	Out-patient mental health and sub. abuse centres (MOH)
MP3.5.2b	Out-patient mental health and sub. abuse centres (public non-MOH)	MHP3.5.2b	Out-patient mental health and sub. abuse centres (public non-MOH)
MP3.5.2.1b	Out-patient mental health and sub. abuse centres(public non-MOH, Corporatised)		
MP3.5.2.2b	Out-patient mental health and sub. abuse centres(public non-MOH, non-Corporatised)		
MP3.5.2c	Out-patient mental health and sub. abuse centres (private)	MHP3.5.2c	Out-patient mental health and sub. abuse centres (private)
MP3.5.3	Free-standing ambulatory surgery centres	MHP3.5.3	Free-standing ambulatory surgery centres
MP3.5.3a	Free-standing ambulatory surgery centres (MOH)	MHP3.5.3a	Free-standing ambulatory surgery centres (MOH)
MP3.5.3b	Free-standing ambulatory surgery centres (public non-MOH)	MHP3.5.3b	Free-standing ambulatory surgery centres (public non-MOH)
MP3.5.3.1b	Free-standing ambulatory surgery centres(public non-MOH, Corporatised)		
MP3.5.3.2b	Free-standing ambulatory surgery centres(public non-MOH, non-Corporatised)		
MP3.5.3c	Free-standing ambulatory surgery centres (private)	MHP3.5.3c	Free-standing ambulatory surgery centres (private)
MP3.5.4	Dialysis care centres	MHP3.5.4	Dialysis care centres
MP3.5.4a	Dialysis care centres (MOH)	MHP3.5.4a	Dialysis care centres (MOH)
MP3.5.4b	Dialysis care centres (public non-MOH)	MHP3.5.4b	Dialysis care centres (public non-MOH)
MP3.5.4.1b	Dialysis care centres(public non-MOH, Corporatised)		
MP3.5.4.2b	Dialysis care centres(public non-MOH, non-Corporatised)		
MP3.5.4c	Dialysis care centres (private)	MHP3.5.4c	Dialysis care centres (private)
MP3.7	Providers of home health care services	MHP3.6	Providers of home health care services
MP3.7a	Providers of home health care services (MOH)	MHP3.6a	Providers of home health care services (MOH)
MP3.7b	Providers of home health care services (public non-MOH)	MHP3.6b	Providers of home health care services (public non-MOH)
MP3.7.1b	Providers of home health care services (public non-MOH, Corporatised)		
MP3.7.2b	Providers of home health care services (public non-MOH, non-Corporatised)		
MP3.7c	Providers of home health care services (private)	MHP3.6c	Providers of home health care services (private)
		MHP3.7	Providers of Wellness centres
MP3.9	Other providers of ambulatory health care	MHP3.9	Other providers of ambulatory health care

MNHA 1.0 code	Providers of Healthcare	MNHA 2.0 code	Providers of Healthcare
MP3.9.9a	Providers of all other ambulatory health care services (MOH)	MHP3.9a	Providers of all other ambulatory health care services (MOH)
MP3.9.9b	Providers of all other ambulatory health care services (public non-MOH)	MHP3.9b	Providers of all other ambulatory health care services (public non-MOH)
MP3.9.9.1b	Providers of all other ambulatory health care services (public non-MOH, Corporatised)		
MP3.9.9.2b	Providers of all other ambulatory health care services (public non-MOH, non-Corporatised)		
MP3.9.9c	Providers of all other ambulatory health care services (private)	MHP3.9c	Providers of all other ambulatory health care services (private)
MP3	Providers of ambulatory health care	MHP4	Providers of ancillary services
MP3.9.1	Ambulance services (including Flying Doctors transport services)	MHP4.1	Providers of patient transportation and emergency rescue
MP3.9.1a	Ambulance services(MOH)	MHP4.1a	Providers of patient transportation and emergency rescue (MOH)
MP3.9.1b	Ambulance services(public non-MOH)	MHP4.1b	Providers of patient transportation and emergency rescue (public non-MOH)
MP3.9.1.1b	Ambulance services(public non-MOH, Corporatised)		
MP3.9.1.2b	Ambulance services (public non-MOH, non-Corporatised)		
MP3.9.1c	Ambulance services(private)	MHP4.1c	Providers of patient transportation and emergency rescue (private)
MP3.6	Medical and diagnostic laboratories	MHP4.2	Medical and diagnostic laboratories
MP3.6a	Medical and diagnostic laboratories (MOH)	MHP4.2a	Medical and diagnostic laboratories (MOH)
MP3.6b	Medical and diagnostic laboratories (public non-MOH)	MHP4.2b	Medical and diagnostic laboratories (public non-MOH)
MP3.6.1b	Medical and diagnostic laboratories(public non-MOH, Corporatised)		
MP3.6.2b	Medical and diagnostic laboratories (public non-MOH, non-Corporatised)		
MP3.6c	Medical and diagnostic laboratories (private)	MHP4.2c	Medical and diagnostic laboratories (private)
MP3.9.2	Blood and organ banks	MHP4.3	Blood and organ banks
MP3.9.2a	Blood and organ banks (MOH)	MHP4.3a	Blood and organ banks (MOH)
MP3.9.2b	Blood and organ banks (public non-MOH)	MHP4.3b	Blood and organ banks (public non-MOH)
MP3.9.2.1b	Blood and organ banks(public non-MOH, Corporatised)		
MP3.9.2.2b	Blood and organ banks (public non-MOH, non-Corporatised)		
MP3.9.2c	Blood and organ banks (private)	MHP4.3c	Blood and organ banks (private)
		MHP4.9	Other providers of ancillary services
		MHP4.9a	Other providers of ancillary services (MOH)
		MHP4.9b	Other providers of ancillary services (public non-MOH)
		MHP4.9c	Other providers of ancillary services (private)
MP4	Retail sale and other providers of medical goods	MHP5	Retailers and other providers of medical goods
MP4.1	Pharmacies	MHP5.1	Pharmacies
MP4.2	Retail sale and other suppliers of optical glasses and other vision products	MHP5.2	Retail sale and other suppliers of optical glasses and other vision products
MP4.3	Retail sale and other suppliers of hearing aids	MHP5.3	Retail sale and other suppliers of hearing aids
MP4.9	Retail sale and other suppliers of hearing aids, medical appliances (other than vision and hearing products), and all other pharmaceutical and medical goods	MHP5.9	All other miscellaneous sale & other suppliers of pharmaceuticals & medical goods
MP5	Provision and administration of public health programmes	MHP6	Provision and administration of public health programmes
MP5a	Provision and administration of public health programmes (MOH)	MHP6a	Provision and administration of public health programmes (MOH)

MNHA 1.0 code	Providers of Healthcare	MNHA 2.0 code	Providers of Healthcare
MP5.1a	Administration of public health programs of headquarters	MHP6.1a	Administration of public health programs of headquarters
MP5.2a	Administration of public health programs of state level	MHP6.2a	Administration of public health programs of state level
MP5.3a	Provision and administration of public health programmes for Disease Control	MHP6.3a	Provision and administration of public health programmes for Disease Control
MP5.4a	Provision and administration of public health programmes for Health Education	MHP6.4a	Provision and administration of public health programmes for Health Education
MP5.5a	Provision and administration of public health programmes for Food Quality Control	MHP6.5a	Provision and administration of public health programmes for Food Quality Control
MP5b	Provision and administration of public health programmes (public non-MOH)	MHP6b	Provision. and administration of public health programmes (public non-MOH)
MP5.1b	Provision and administration of public health programmes (public non-MOH, corporatised)		
MP5.2b	Provision and administration of public health programmes (public non-MOH, non-corporatised)		
MP5c	Provision and administration of public health programmes (private)	MHP6c	Provision and administration of public health programmes (private)
MP6	General health administration and insurance	MHP7	Providers of health care system administration and financing
MP6.1	Government administration of health	MHP7.1	Government health administration agencies
MP6.1a	MOH administration of health	MHP7.1a	MOH administration of health
MP6.1b	Administration of health, public non-MOH	MHP7.1b	Administration of health (public non-MOH)
MP6.1.1b	Administration of health, public non-MOH corporatised		
MP6.1.2b	Administration of health, public non-MOH non-corporatised		
MP6.2	Social security funds	MHP7.2	Social security funds
MP6.3	Other social insurance	MHP7.3	Other social insurance
MP6.4	Other (private) insurance	MHP7.4	Private health insurance administration agencies
MP6.5	All other providers of health administration	MHP7.9	All other providers of health administration
MP7	Other industries (rest of the Malaysian economy)	MHP8	Other industries (rest of the Malaysian economy)
MP7.2	Private households as providers of home care	MHP8.1	Private households as providers of home care
MP7.1	Establishments as providers of occupational health care services	MHP8.2	Establishments as providers of occupational health care services
MP8	Institutions providing health related services	MHP8.3	Institutions providing health related services
MP8a	Institutions providing health related services (MOH)	MHP8.3a	Institutions providing health related services (MOH)
MP8b	Institutions providing health related services (Public Non-MOH)	MHP8.3b	Institutions providing health related services (Public Non-MOH)
MP8.1b	Institutions providing health related services(- public non-MOH, corporatised)		
MP8.2b	Institutions providing health related services(- public non-MOH, non-corporatised)		
MP8c	Institutions providing health related services (Private)	MHP8.3c	Institutions providing health related services (Private)
MP7.3	All other industries as secondary producers of health care	MHP8.4	All other industries as secondary producers of health care
MP9	Rest of the world	MHP9	Rest of the world

**Table A3: MNHA 1.0 Functions of Health Care classifications map to MNHA 2.0 classifications**

MNHA 1.0 code	Functions of Healthcare	MNHA 2.0 code	Functions of Healthcare
<b>MF1</b>	<b>Services of curative care</b>	<b>MHC.1</b>	<b>Services of curative care</b>
MF1.1	In-patient curative care	MHC.1.1	Inpatient curative care
		MHC.1.1.1	General inpatient curative care
		MHC.1.1.2	Specialized inpatient curative care
MF1.2	Day cases of curative care	MHC.1.2	Day cases of curative care
		MHC.1.2.1	General day curative care
		MHC.1.2.2	Specialised day curative care
MF1.3	Out-patient curative care	MHC.1.3	Outpatient curative care
MF1.3.1	Basic medical and diagnostic services	MHC.1.3.1	General outpatient curative care
MF1.3.2	Out-patient dental care	MHC.1.3.2	Oral health outpatient curative care
MF1.3.3	All other discipline-specific specialised medical care	MHC.1.3.3	Specialized outpatient curative care
		MHC.1.3.3.1	Specialized outpatient curative care (other than oral health)
		MHC.1.3.3.2	Specialized out-patient curative care (oral health)
MF1.3.4	Traditional medicine and alternative curative care	MHC.1.3.4	Traditional medicine and alternative curative care
MF1.3.9	All other allied health out-patient curative care	MHC.1.3.9	All other allied health out-patient curative care
MF1.4	Services of curative home care	MHC.1.4	Home based curative care
<b>MF2</b>	<b>Services of rehabilitative care</b>	<b>MHC.2</b>	<b>Services of rehabilitative care</b>
MF2.1	In-patient rehabilitative care	MHC.2.1	Inpatient rehabilitative care
MF2.2	Day cases of rehabilitative care	MHC.2.2	Day cases of rehabilitative care
MF2.3	Out-patient rehabilitative care	MHC.2.3	Outpatient rehabilitative care
MF2.4	Services of rehabilitative home care	MHC.2.4	Services of rehabilitative home care
<b>MF3</b>	<b>Services of long-term nursing care</b>	<b>MHC.3</b>	<b>Services of long-term care</b>
MF3.1	In-patient long-term nursing care	MHC.3.1	Inpatient long-term care
MF3.2	Day cases of long-term nursing care	MHC.3.2	Day cases of long-term care
MF3.2	Day cases of long-term nursing care	MHC.3.3	Outpatient long term care
MF3.3	Long-term nursing care: home care	MHC.3.4	Long-term nursing care: home care
<b>MF4</b>	<b>Ancillary services to health care</b>	<b>MHC.4</b>	<b>Ancillary services to health care</b>
MF4.1	Clinical laboratory	MHC.4.1	Clinical laboratory services
MF4.2	Diagnostic imaging	MHC.4.2	Diagnostic imaging services
MF4.3	Patient transport and emergency rescue	MHC.4.3	Patient transport and emergency rescue
MF4.9	All other miscellaneous ancillary services	MHC.4.9	All other miscellaneous ancillary services
<b>MF5</b>	<b>Medical goods dispensed to out-patients</b>	<b>MHC.5</b>	<b>Medical goods</b>
MF5.1	Pharmaceuticals and other medical non-durables	MHC.5.1	Pharmaceuticals and other medical non-durables
MF5.1.1	Prescription medicines	MHC.5.1.1	Prescription medicines
MF5.1.2	Over-the-counter medicines	MHC.5.1.2	Over-the-counter medicines
MF5.1.2.1	Western medicines	MHC.5.1.2.1	Western medicines
MF5.1.2.2	Traditional and others	MHC.5.1.2.2	Traditional and other alternative medicines
MF5.1.3	Other medical non-durables	MHC.5.1.3	Other medical non-durables
MF5.2	Therapeutic appliances and other medical durables	MHC.5.2	Therapeutic appliances and other medical durables
MF5.2.1	Glasses and other vision products	MHC.5.2.1	Glasses and other vision products
MF5.2.3	Retail sale and other suppliers of hearing aids	MHC.5.2.2	Hearing aids
MF5.2.2	Orthopaedic appliances and other prosthetics	MHC.5.2.3	Orthopaedic appliances and prosthetics

MNHA 1.0 code	Functions of Healthcare	MNHA 2.0 code	Functions of Healthcare
MF5.2.9	All other miscellaneous medical durables including hearing aids and medico-technical services, including wheelchairs.	MHC.5.2.9	All other medical durables, including medical technical devices
<b>MF6</b>	<b>Prevention and public health services</b>	<b>MHC.6</b>	<b>Preventive care</b>
MF6.1	Maternal and child health, family planning and counseling	MHC.6.1	Maternal and child health, family planning and counseling
		MHC.6.1.1	Maternal and child health, family planning and counseling-Information, education and counseling programmes
		MHC.6.1.2	Maternal and child health, family planning and counseling-Immunisation programmes
		MHC.6.1.3	Maternal and child health, family planning and counseling-Early disease detection programmes
		MHC.6.1.4	Maternal and child health, family planning and counseling-Healthy condition monitoring programmes
		MHC.6.1.5	Maternal and child health, family planning and counseling-Epidemiological surveillance and risk and disease control programmes
		MHC.6.1.6	Maternal and child health, family planning and counseling-Preparing for disaster and emergency response programmes
MF6.2	School health services	MHC.6.2	School health services
MF6.2.1	Medical school health services	MHC.6.2.1	Medical school health services
		MHC.6.2.1.1	Medical school health services- Information, education and counseling programmes
		MHC.6.2.1.2	Medical school health services- Immunisation programmes
		MHC.6.2.1.3	Medical school health services- Early disease detection programmes
		MHC.6.2.1.4	Medical school health services- Healthy condition monitoring programmes
		MHC.6.2.1.5	Medical school health services- Epidemiological surveillance and risk and disease control programmes
		MHC.6.2.1.6	Medical school health services- Preparing for disaster and emergency response programmes
MF6.2.2	Dental school health services	MHC.6.2.2	Oral health school services
		MHC.6.2.2.1	Oral health school services- Information, education and counseling programmes
		MHC.6.2.2.2	Oral health school services- Immunisation programmes
		MHC.6.2.2.3	Oral health school services- Early disease detection programmes
		MHC.6.2.2.4	Oral health school services- Healthy condition monitoring programmes
		MHC.6.2.2.5	Oral health school services- Epidemiological surveillance and risk and disease control programmes
		MHC.6.2.2.6	Oral health school services- Preparing for disaster and emergency response programmes
MF6.3	Prevention of communicable diseases	MHC.6.3	Prevention of communicable diseases
MF6.3.1	HIV/ AIDS Programme	MHC.6.3.1	HIV/ AIDS Programme
		MHC.6.3.1.1	HIV/ AIDS Programme- Information, education and counseling programmes
		MHC.6.3.1.2	HIV/ AIDS Programme- Immunisation programmes
		MHC.6.3.1.3	HIV/AIDS Programme- Early disease detection programmes
		MHC.6.3.1.4	HIV/AIDS Programme- Healthy condition monitoring programmes

MNHA 1.0 code	Functions of Healthcare	MNHA 2.0 code	Functions of Healthcare
		MHC.6.3.1.5	HIV/ AIDS Programme- Epidemiological surveillance and risk and disease control programmes
		MHC.6.3.1.6	HIV/ AIDS Programme- Preparing for disaster and emergency response programmes
MF6.3.2	Vector-borne diseases programme	MHC.6.3.2	Vector- borne diseases programme
		MHC.6.3.2.1	Vector- borne diseases programme- Information, education and counseling programmes
		MHC.6.3.2.2	Vector-borne diseases programme- Immunisation programmes
		MHC.6.3.2.3	Vector- borne diseases programme- Early disease detection prorammes
		MHC.6.3.2.4	Vector- borne diseases programme- Healthy condition monitoring programmes
		MHC.6.3.2.5	Vector- borne diseases programme- Epidemiological surveillance and risk and disease control programmes
		MHC.6.3.2.6	Vector- borne diseases programme- Preparing for disaster and emergency response programmes
MF6.3.9	Other preventive programmes for communicable diseases	MHC.6.3.9	Other preventive programmes for CD
		MHC.6.3.9.1	Other preventive programmes for CD- Information, education and counseling programmes
		MHC.6.3.9.2	Other preventive programmes for CD- Immunisation programmes
		MHC.6.3.9.3	Other preventive programmes for CD- Early disease detection prorammes
		MHC.6.3.9.4	Other preventive programmes for CD- Healthy condition monitoring programmes
		MHC.6.3.9.5	Other preventive programmes for CD- Epidemiological surveillance and risk and disease control programmes
		MHC.6.3.9.6	Other preventive programmes for CD- Preparing for disaster and emergency response programmes
MF6.4	Prevention of non- communicable disease	MHC.6.4	Prevention of non- communicable diseases
		MHC.6.4.1	Prevention of non- communicable diseases- Information, education and counseling programmes
		MHC.6.4.2	Prevention of non- communicable diseases- Immunisation programmes
		MHC.6.4.3	Prevention of non communicable diseases- Early disease detection prorammes
		MHC.6.4.4	Prevention of non communicable diseases- Healthy condition monitoring programmes
		MHC.6.4.5	Prevention of non- communicable diseases- Epidemiological surveillance and risk and disease control programmes
		MHC.6.4.6	Prevention of non-communicable diseases- Preparing for disaster and emergency response programmes
MF6.5	Occupational health care	MHC.6.5	Occupational health care
		MHC.6.5.1	Occupational health care- Information, education and counseling programmes
		MHC.6.5.2	Occupational health care- Immunisation programmes
		MHC.6.5.3	Occupational health care- Early disease detection prorammes
		MHC.6.5.4	Occupational health care- Healthy condition monitoring programmes
		MHC.6.5.5	Occupational health care- Epidemiological surveillance and risk and disease control programmes

MNHA 1.0 code	Functions of Healthcare	MNHA 2.0 code	Functions of Healthcare
		MHC.6.5.6	Occupational health care- Preparing for disaster and emergency response programmes
MF6.6	Health promotion and health education	MHC.6.6	Health promotion and health education
MF6.6.1	Health promotion and Health education for communicable diseases	MHC.6.6.1	Health promotion and Health education for communicable diseases
MF6.6.2	Health promotion and Health education for non communicable disease	MHC.6.6.2	Health promotion and Health education for non communicable disease
MF6.7	Food safety and drinking water quality control	MHC.6.7	Food safety and drinking water quality control
		MHC.6.7.1	Food safety and drinking water quality control- Information, education and counseling programmes
		MHC.6.7.2	Food safety and drinking water quality control- Immunisation programmes
		MHC.6.7.3	Food safety and drinking water quality control- Early disease detection prorammes
		MHC.6.7.4	Food safety and drinking water quality control- Healthy condition monitoring programmes
		MHC.6.7.5	Food safety and drinking water quality control- Epidemiological surveillance and risk and disease control programmes
		MHC.6.7.6	Food safety and drinking water quality control- Preparing for disaster and emergency response programmes
MF6.9	All other public health services not explicitly classified	MHC.6.9	All other public health services not explicitly classified
		MHC.6.9.1	All other public health services not explicitly classified- Information, education and counseling programmes
		MHC.6.9.2	All other public health services not explicitly classified- Immunisation programmes
		MHC.6.9.3	All other public health services not explicitly classified- Early disease detection prorammes
		MHC.6.9.4	All other public health services not explicitly classified- Healthy condition monitoring programmes
		MHC.6.9.5	All other public health services not explicitly classified- Epidemiological surveillance and risk and disease control programmes
		MHC.6.9.6	All other public health services not explicitly classified- Preparing for disaster and emergency response programmes
MF7	<b>Health program administration and health insurance</b>	<b>MHC.7</b>	<b>Governance and health system and financing administration</b>
MF7.1	Government administration of health and health-related social security	MHC.7.1	Governance and health system administration
MF7.2	Private health administration and health insurance	MHC.7.2	Administration of health financing
		MHC.7.2.1	Administration of health financing (public)
		MHC.7.2.2	Administration of health financing (private)
MR9	All other health-related expenditures	MHC.9	Other health care services not elsewhere classified (n.e.c)
<b>Health related functions</b>			
MR1	Capital formation of health care provider institutions	MHR.1	Gross Capital formation health care provider institutions
MR2	Education and training of health personnel	MHR.2	Education and training of health personnel
MR3	Research and development in health	MHR.3	Research & Development
		MHR.4	Drinking water intervention
		MHR.9	All other health related expenditures

**Table B1: MNHA 2.0 Sources of Financing classifications map to SHA 2011 classifications**

MNHA 2.0 code	Sources of financing	SHA 2011 code	Sources of financing
<b>MHS.1</b>	<b>Public Sources of financing</b>	<b>HF.1</b>	<b>Government schemes &amp; compulsory contributory health care financing schemes</b>
MHS.1.1	Public sources of financing (excluding Social Security Funds)	HF.1.1	Government
MHS.1.1.1	Federal Government		
MHS.1.1.1.1	Ministry of Health (MOH)		
MHS.1.1.1.2	Ministry of Higher Education (MOHE)		
MHS.1.1.1.3	Ministry of Defence (MOD)		
MHS.1.1.1.9	Other Federal Agencies (including statutory bodies)		
MHS.1.1.2	State government	HF.1.1.2	State/regional/local government
MHS.1.1.2.1	(General) State government		
MHS.1.1.2.2	Other state agencies (including statutory bodies)		
MHS.1.1.3	Local Authorities		
MHS.1.2	Social Security Funds	HF.1.2	Compulsory contributory health insurance
MHS.1.2.1	Employees Provident Fund (EPF)	HF.1.3	Compulsory Medical Saving Accounts (CMSA)
MHS.1.2.2	Social Security Organisation (SOCSO)	HF.1.2.1	Social health insurance
MHS.1.2.9	Other Government Mandated Funds		
<b>MHS.2</b>	<b>Private sources of financing</b>	<b>HF.2</b>	<b>Voluntary health care payment (other than OOP)</b>
MHS.2.1	Compulsory private insurance	HF.1.2.2	Compulsory private insurance
MHS.2.2	Voluntary private insurance	HF.2.1	Voluntary health insurance
		HF.2.1.1	Primary/substitutory health insurance
		HF.2.1.1.1	Employer-based insurance (other than enterprises schemes)
		HF.2.1.1.2	Government-based voluntary insurance
		HF.2.1.1.3	Other primary coverage
		HF.2.1.2	Complementary/supplementary insurance
		HF.2.1.2.1	Community-based insurance
		HF.2.1.2.2	Other complementary/supplementary insurance
MHS.2.3	Private MCO's and other similar entities	HF.2.1.2.2	Other complementary/supplementary insurance
MHS.2.4	Private Household out-of-pocket payment	HF.3	Household out-of-pocket payment
MHS.2.4.1	Out-of-pocket excluding cost-sharing	HF.3.1	Out-of-pocket excluding cost-sharing
MHS.2.4.2	OOP Cost sharing with third-party payers	HF.3.2	Cost sharing with third-party payers
MHS.2.4.2.1	Out-of-pocket - cost sharing with public sources of financing	HF.3.2.1	Cost sharing with government schemes and compulsory contributory health insurance
MHS.2.4.2.2	Out-of-pocket - cost sharing with private sources of financing	HF.3.2.2	Cost sharing with voluntary insurance
MHS.2.5	Non- profit institutions	HF.2.2	NPISH financing
		HF.2.2.1	NPISH financing (excluding HF.2.2.2)
<b>MHS.9</b>	<b>Rest of the world</b>	<b>HF.2.2.2</b>	<b>Resident foreign government development agencies</b>
MHS.2.6	All corporations (other than health insurance)	HF.2.3	Enterprise
		HF.2.3.1	Enterprises (except health care providers)
		HF.2.3.2	Health care providers financing
		<b>HF.4</b>	<b>Rest of the world (non resident)</b>

**Table B2: MNHA 2.0 Providers of Health Care classifications map to SHA 2011 classifications**

<b>MNHA 2.0 code</b>	<b>Providers of Health care</b>	<b>SHA 2011 code</b>	<b>Providers of Health care</b>
<b>MHP.1</b>	<b>All Hospitals</b>	<b>HP.1</b>	<b>Hospitals</b>
MHP.1.1	Hospitals	HP.1.1	General Hospitals
MHP.1.1a	Hospitals (MOH)		
MHP.1.1a	National referral Hospitals (HKL)		
MHP.1.1.2a	State Hospitals		
MHP.1.1.3a	Major specialist hospitals		
MHP.1.1.4a	Minor specialist hospitals		
MHP.1.1.5a	Hospitals without specialist		
MHP.1.1b	Hospitals (public non-MOH)		
MHP.1.1c	Hospitals (private)		
MHP.1.2	Psychiatric hospitals	HP.1.2	Mental health hospitals
MHP.1.2a	Psychiatric hospitals (MOH)		
MHP.1.2b	Psychiatric hospitals (public non-MOH)		
MHP.1.2c	Psychiatric hospitals (private)		
MHP.1.3	Speciality hospitals	HP.1.3	Specialised hospitals (other than mental health hospitals)
MHP.1.3a	Speciality hospitals (MOH)		
MHP.1.3b	Speciality hospitals (public non-MOH)		
MHP.1.3c	Speciality hospitals (private)		
<b>MHP.2</b>	<b>Residential long term care facilities</b>	<b>HP.2</b>	<b>Residential long-term care facilities</b>
MHP.2.1	Nursing care facilities	HP.2.1	Long-term nursing care facilities
MHP.2.1a	Nursing care facilities (MOH)		
MHP.2.1b	Nursing care facilities (public non-MOH)		
MHP.2.1c	Nursing care facilities (private)		
MHP.2.2	Residential mental health/retardation & substance abuse facilities	HP.2.2	Mental health and substance abuse facilities
MHP.2.2a	Res. mental health/retardation & sub. abuse facilities (MOH)		
MHP.2.2b	Res. mental health/retardation & sub. abuse facilities (public non-MOH)		
MHP.2.2c	Res. mental health/retardation & sub. abuse facilities (private)		
MHP.2.3	Community care facilities for the elderly	HP.2.9	Other residential long-term care facilities
MHP.2.3a	Community care facilities for the elderly (MOH)		
MHP.2.3b	Community care facilities for the elderly (public non-MOH)		
MHP.2.3c	Community care facilities for the elderly (private)		
MHP.2.9	All other residential care facilities		
MHP.2.9a	All other residential care facilities (MOH)		
MHP.2.9b	All other residential care facilities (public non-MOH)		
MHP.2.9c	All other residential care facilities (private)		
<b>MHP.3</b>	<b>Providers of ambulatory health care</b>	<b>HP.3</b>	<b>Providers of ambulatory health care</b>
MHP.3.1	Medical practitioner clinics	HP.3.1	Medical practices
MHP.3.1.1	General medical practitioner clinics	HP.3.1.1	Offices of general medical practitioners
MHP.3.1.1a	General Medical practitioner clinics (MOH)		
MHP.3.1.1b	General Medical practitioner clinics (public non-MOH)		
MHP.3.1.1c	General Medical practitioner clinics (private)		
MHP.3.1.2	Specialist Medical practitioner clinics-Mental	HP.3.1.2	Offices of mental medical specialists

MNHA 2.0 code	Providers of Health care	SHA 2011 code	Providers of Health care
MHP3.1.2a	Specialist Medical practitioner clinics-Mental (MOH)		
MHP3.1.2b	Specialist Medical practitioner clinics-Mental (public, non MOH)		
MHP3.1.2c	Specialist Medical practitioner clinics-Mental (private)		
MHP3.1.3	Specialist Medical practitioner clinics-Non Mental	HP3.1.3	Offices of medical specialists (other than mental medical specialists)
MHP3.1.3a	Specialist Medical practitioner clinics-Non Mental (MOH)		
MHP3.1.3b	Specialist Medical practitioner clinics-Non Mental (public, non MOH)		
MHP3.1.3c	Specialist Medical practitioner clinics-Non Mental (private)		
MHP3.2	Dental practitioner clinics	HP3.2	Dental practice
MHP3.2a	Dental practitioner clinics (MOH)		
MHP3.2b	Dental practitioner clinics (public non-MOH)		
MHP3.2c	Dental practitioner clinics (private)		
MHP3.3	Other health professionals establishments	HP3.3	Other health care practitioners
MHP3.3a	Other health professionals establishments (MOH)		
MHP3.3b	Other health professionals establishments (public non-MOH)		
MHP3.3c	Other health professionals establishments (private)		
MHP3.4	Traditional and alternative health care establishments		
MHP3.5	Out patient care centres	HP3.4	Ambulatory health care centres
MHP3.5.1	Family planning centres	HP3.4.1	Family planning centres
MHP3.5.1a	Family planning centres (MOH)		
MHP3.5.1b	Family planning centres (public non-MOH)		
MHP3.5.1c	Family planning centres (private)		
MHP3.5.2	Out-patient mental health and substance abuse centres	HP3.4.2	Ambulatory mental health and substance abuse centres
MHP3.5.2a	Out-patient mental health and sub. abuse centres (MOH)		
MHP3.5.2b	Out-patient mental health and sub. abuse centres (public non-MOH)		
MHP3.5.2c	Out-patient mental health and sub. abuse centres (private)		
MHP3.5.3	Free-standing ambulatory surgery centres	HP3.4.3	Free-standing ambulatory surgery centres
MHP3.5.3a	Free-standing ambulatory surgery centres (MOH)		
MHP3.5.3b	Free-standing ambulatory surgery centres (public non-MOH)		
MHP3.5.3c	Free-standing ambulatory surgery centres (private)		
MHP3.5.4	Dialysis care centres	HP3.4.4	Dialysis care centres
MHP3.5.4a	Dialysis care centres (MOH)		
MHP3.5.4b	Dialysis care centres (public non-MOH)		
MHP3.5.4c	Dialysis care centres (private)		
MHP3.6	Providers of home health care services	HP3.5	Providers of home health care services
MHP3.6a	Providers of home health care services (MOH)		
MHP3.6b	Providers of home health care services (public non-MOH)		
MHP3.6c	Providers of home health care services (private)		
MHP3.7	Providers of wellness centres		
MHP3.9	Other providers of ambulatory health care	HP3.4.9	All other ambulatory centres

MNHA 2.0 code	Providers of Health care	SHA 2011 code	Providers of Health care
MHP.3.9a	Providers of all other ambulatory health care services (MOH)		
MHP.3.9b	Providers of all other ambulatory health care services (public non-MOH)		
MHP.3.9c	Providers of all other ambulatory health care services (private)		
<b>MHP.4</b>	<b>Providers of ancillary services</b>	<b>HP.4</b>	<b>Providers of ancillary services</b>
MHP.4.1	Providers of patient transportation and emergency rescue	HP.4.1	Providers of patient transportation and emergency rescue
MHP.4.1a	Providers of patient transportation and emergency rescue (MOH)		
MHP.4.1b	Providers of patient transportation and emergency rescue (public non-MOH)		
MHP.4.1c	Providers of patient transportation and emergency rescue (private)		
MHP.4.2	Medical and diagnostic laboratories	HP.4.2	Medical and diagnostic laboratories
MHP.4.2a	Medical and diagnostic laboratories (MOH)		
MHP.4.2b	Medical and diagnostic laboratories (public non-MOH)		
MHP.4.2c	Medical and diagnostic laboratories (private)		
MHP.4.3	Blood and organ banks		
MHP.4.3a	Blood and organ banks (MOH)		
MHP.4.3b	Blood and organ banks (public non-MOH)		
MHP.4.3c	Blood and organ banks (private)		
MHP.4.9	Other providers of ancillary services	HP.4.9	Other providers of ancillary services
MHP.4.9a	Other providers of ancillary services (MOH)		
MHP.4.9b	Other providers of ancillary services (public non-MOH)		
MHP.4.9c	Other providers of ancillary services (private)		
<b>MHP.5</b>	<b>Retail sale and other providers of medical goods</b>	<b>HP.5</b>	<b>Retailers and other providers of medical goods</b>
MHP.5.1	Pharmacies	HP.5.1	Retailers and other providers of medical goods (Pharmacies)
MHP.5.2	Retail sale and other suppliers of optical glasses and other vision products	HP.5.2	Retail sellers and other suppliers of durable medical goods and medical appliances
MHP.5.3	Retail sale and other suppliers of hearing aids		
MHP.5.9	All other miscellaneous sale & other suppliers of pharmaceuticals & medical goods	HP.5.9	All other miscellaneous sellers and other suppliers of pharmaceuticals and medical goods
<b>MHP.6</b>	<b>Provision and administration of public health programmes</b>	<b>HP.6</b>	<b>Providers of preventive care</b>
MHP.6a	Provision and administration of public health programmes (MOH)		
MHP.6.1a	Administration of public health programs of headquarters		
MHP.6.2a	Administration of public health programs of state level		
MHP.6.3a	Provision and administration of public health programmes for Disease Control		
MHP.6.4a	Provision and administration of public health programmes for Health Education		
MHP.6.5a	Provision and administration of public health programmes for Food Quality Control		
MHP.6b	Provision. and administration of public health programmes (public non-MOH)		
MHP.6c	Provision and administration of public health programmes (private)		

<b>MNHA 2.0 code</b>	<b>Providers of Health care</b>	<b>SHA 2011 code</b>	<b>Providers of Health care</b>
MHP.7	Providers of health care system administration and financing	HP.7	Providers of health care system administration and financing
MHP.7.1	Government health administration agencies	HP.7.1	Government health administration agencies
MHP.7.1a	MOH administration of health		
MHP.7.1b	Administration of health (public non-MOH)		
MHP.7.2	Social security funds	HP.7.2	Social health insurance agencies
MHP.7.3	Other social insurance		
MHP.7.4	Private health insurance administration agencies	HP.7.3	Private health insurance administration agencies
MHP.7.9	All other providers of health administration	HP.7.9	Other administration agencies
MHP.8	Other industries (rest of the Malaysian economy)	HP.8	Rest of economy
MHP.8.1	Private households as providers of home care	HP.8.1	Households as providers of home health care
MHP.8.2	Establishments as providers of occupational health care services	HP.8.2	All other industries as secondary providers of health care
MHP.8.3	Institutions providing health related services		
MHP.8.3a	Institutions providing health related services (MOH)		
MHP.8.3b	Institutions providing health related services (Public Non-MOH)		
MHP.8.3c	Institutions providing health related services (Private)		
MHP.8.4	All other industries as secondary producers of health care		
<b>MHP.9</b>	<b>Rest of the world</b>	<b>HP.9</b>	<b>Rest of the world</b>

**Table B3: MNHA 2.0 Functions of Health Care classifications map to SHA 2011 classifications**

<b>MNHA 2.0 code</b>	<b>Functions of Health care</b>	<b>SHA 2011 code</b>	<b>Functions of Health care</b>
<b>MHC.1</b>	<b>Services of curative care</b>	<b>HC.1</b>	<b>Curative care</b>
MHC.1.1	Inpatient curative care	HC.1.1	In-patient curative care
MHC.1.1.1	General inpatient curative care	HC.1.1.1	General in-patient curative care
MHC.1.1.2	Specialized inpatient curative care	HC.1.1.2	Specialized in-patient curative care
MHC.1.2	Day cases of curative care	HC.1.2	Day curative care
MHC.1.2.1	General day curative care	HC.1.2.1	General day curative care
MHC.1.2.2	Specialised day curative care	HC.1.2.2	Specialised day curative care
MHC.1.3	Outpatient curative care	HC.1.3	Out-patient curative care
MHC.1.3.1	General outpatient curative care	HC.1.3.1	General out-patient curative care
MHC.1.3.2	Oral health outpatient curative care	HC.1.3.2	Dental out-patient curative care
MHC.1.3.3	Specialized outpatient curative care	HC.1.3.3	Specialised out-patient curative care
MHC.1.3.3.1	Specialized outpatient curative care (other than oral health)		
MHC.1.3.3.2	Specialized out-patient curative care (oral health)		
MHC.1.3.4	Traditional medicine and alternative curative care	HC.1.3.9	All other out-patient curative care
MHC.1.3.9	All other allied health out-patient curative care		
MHC.1.4	Home based curative care	HC.1.4	Home- based curative care
<b>MHC.2</b>	<b>Services of rehabilitative care</b>	<b>HC.2</b>	<b>Rehabilitative care</b>
MHC.2.1	Inpatient rehabilitative care	HC.2.1	Inpatient rehabilitative care
MHC.2.2	Day cases of rehabilitative care	HC.2.2	Day rehabilitative care
MHC.2.3	Outpatient rehabilitative care	HC.2.3	Outpatient rehabilitative care
MHC.2.4	Services of rehabilitative home care	HC.2.4	Home- based rehabilitative care
<b>MHC.3</b>	<b>Services of long-term care</b>	<b>HC.3</b>	<b>Long-term care (health)</b>
MHC.3.1	Inpatient long-term care	HC.3.1	Inpatient long-term care (health)
MHC.3.2	Day cases of long-term care	HC.3.2	Day long-term care (health)
MHC.3.3	Outpatient long term care	HC.3.3	Outpatient long-term care (health)
MHC.3.4	Long-term nursing care: home care	HC.3.4	Home- based long-term care (health)
<b>MHC.4</b>	<b>Ancillary services to health care</b>	<b>HC.4</b>	<b>Ancillary services (non- specified by function)</b>
MHC.4.1	Clinical laboratory services	HC.4.1	Laboratory services
MHC.4.2	Diagnostic imaging services	HC.4.2	Imaging services
MHC.4.3	Patient transport and emergency rescue	HC.4.3	Patient transportation
MHC.4.9	All other miscellaneous ancillary services		
<b>MHC.5</b>	<b>Medical goods</b>	<b>HC.5</b>	<b>Medical goods ( non- specified by functions)</b>
MHC.5.1	Pharmaceuticals and other medical non-durables	HC.5.1	Pharmaceutical and other medical non-durable goods
MHC.5.1.1	Prescription medicines	HC.5.1.1	Prescribes medicines
MHC.5.1.2	Over-the-counter medicines	HC.5.1.2	Over-the-counter medicines
MHC.5.1.2.1	Western medicines		
MHC.5.1.2.2	Traditional and other alternative medicines		
MHC.5.1.3	Other medical non-durables	HC.5.1.3	Other medical non-durables goods
MHC.5.2	Therapeutic appliances and other medical durables	HC.5.2	Therapeutic appliances and other medical goods
MHC.5.2.1	Glasses and other vision products	HC.5.2.1	Glasses and other vision products
MHC.5.2.2	Hearing aids	HC.5.2.2	Hearing aids
MHC.5.2.3	Orthopaedic appliances and prosthetics	HC.5.2.3	Other orthopaedic appliances and prosthetics (excluding glasses and hearing aids)
MHC.5.2.9	All other medical durables, including medical technical devices	HC.5.2.9	All other medical durables, including medical technical devices

MNHA 2.0 code	Functions of Health care	SHA 2011 code	Functions of Health care
<b>MHC.6</b>	<b>Preventive care</b>	<b>HC.6</b>	<b>Preventive care</b>
MHC.6.1	Maternal and child health, family planning and counseling	HC.6	Preventive care
MHC.6.1.1	Maternal and child health, family planning and counseling-Information, education and counseling programmes	HC.6.1	Information, education and counseling programmes
MHC.6.1.2	Maternal and child health, family planning and counseling-Immunisation programmes	HC.6.2	Immunisation programmes
MHC.6.1.3	Maternal and child health, family planning and counseling-Early disease detection programmes	HC.6.3	Early disease detection programmes
MHC.6.1.4	Maternal and child health, family planning and counseling-Healthy condition monitoring programmes	HC.6.4	Healthy condition monitoring programmes
MHC.6.1.5	Maternal and child health, family planning and counseling-Epidemiological surveillance and risk and disease control programmes	HC.6.5	Epidemiological surveillance and risk and disease control programmes
MHC.6.1.6	Maternal and child health, family planning and counseling-Preparing for disaster and emergency response programmes	HC.6.6	Preparing for disaster and emergency response programmes
MHC.6.2	School health services		
MHC.6.2.1	Medical school health services		
MHC.6.2.1.1	Medical school health services- Information, education and counseling programmes		
MHC.6.2.1.2	Medical school health services- Immunisation programmes		
MHC.6.2.1.3	Medical school health services- Early disease detection programmes		
MHC.6.2.1.4	Medical school health services- Healthy condition monitoring programmes		
MHC.6.2.1.5	Medical school health services- Epidemiological surveillance and risk and disease control programmes		
MHC.6.2.1.6	Medical school health services- Preparing for disaster and emergency response programmes		
MHC.6.2.2	Oral health school services		
MHC.6.2.2.1	Oral health school services- Information, education and counseling programmes		
MHC.6.2.2.2	Oral health school services- Immunisation programmes		
MHC.6.2.2.3	Oral health school services- Early disease detection programmes		
MHC.6.2.2.4	Oral health school services- Healthy condition monitoring programmes		
MHC.6.2.2.5	Oral health school services- Epidemiological surveillance and risk and disease control programmes		
MHC.6.2.2.6	Oral health school services- Preparing for disaster and emergency response programmes		
MHC.6.3	Prevention of communicable diseases		
MHC.6.3.1	HIV/ AIDS Programme		
MHC.6.3.1.1	HIV/ AIDS Programme- Information, education and counseling programmes		
MHC.6.3.1.2	HIV/ AIDS Programme- Immunisation programmes		
MHC.6.3.1.3	HIV/ AIDS Programme- Early disease detection programmes		
MHC.6.3.1.4	HIV/ AIDS Programme- Healthy condition monitoring programmes		
MHC.6.3.1.5	HIV/ AIDS Programme- Epidemiological surveillance and risk and disease control programmes		

MNHA 2.0 code	Functions of Health care	SHA 2011 code	Functions of Health care
MHC.6.3.1.6	HIV/ AIDS Programme- Preparing for disaster and emergency response programmes		
MHC.6.3.2	Vector- borne diseases programme		
MHC.6.3.2.1	Vector- borne diseases programme- Information, education and counseling programmes		
MHC.6.3.2.2	Vector-borne diseases programme- Immunisation programmes		
MHC.6.3.2.3	Vector- borne diseases programme- Early disease detection prorammes		
MHC.6.3.2.4	Vector- borne diseases programme- Healthy condition monitoring programmes		
MHC.6.3.2.5	Vector- borne diseases programme- Epidemiological surveillance and risk and disease control programmes		
MHC.6.3.2.6	Vector- borne diseases programme- Preparing for disaster and emergency response programmes		
MHC.6.3.9	Other preventive programmes for CD		
MHC.6.3.9.1	Other preventive programmes for CD- Information, education and counseling programmes		
MHC.6.3.9.2	Other preventive programmes for CD- Immunisation programmes		
MHC.6.3.9.3	Other preventive programmes for CD- Early disease detection prorammes		
MHC.6.3.9.4	Other preventive programmes for CD- Healthy condition monitoring programmes		
MHC.6.3.9.5	Other preventive programmes for CD- Epidemiological surveillance and risk and disease control programmes		
MHC.6.3.9.6	Other preventive programmes for CD- Preparing for disaster and emergency response programmes		
MHC.6.4	Prevention of non- communicable diseases		
MHC.6.4.1	Prevention of non- communicable diseases- Information, education and counseling programmes		
MHC.6.4.2	Prevention of non- communicable diseases- Immunisation programmes		
MHC.6.4.3	Prevention of non communicable diseases- Early disease detection prorammes		
MHC.6.4.4	Prevention of non communicable diseases- Healthy condition monitoring programmes		
MHC.6.4.5	Prevention of non- communicable diseases- Epidemiological surveillance and risk and disease control programmes		
MHC.6.4.6	Prevention of non-communicable diseases- Preparing for disaster and emergency response programmes		
MHC.6.5	Occupational health care		
MHC.6.5.1	Occupational health care- Information, education and counseling programmes		
MHC.6.5.2	Occupational health care- Immunisation programmes		
MHC.6.5.3	Occupational health care- Early disease detection prorammes		
MHC.6.5.4	Occupational health care- Healthy condition monitoring programmes		
MHC.6.5.5	Occupational health care-Epidemiological surveillance and risk and disease control programmes		
MHC.6.5.6	Occupational health care- Preparing for disaster and emergency response programmes		
MHC.6.6	Health promotion and health education		

MNHA 2.0 code	Functions of Health care	SHA 2011 code	Functions of Health care
MHC.6.6.1	Health promotion and Health education for communicable diseases		
MHC.6.6.2	Health promotion and Health education for non communicable disease		
MHC.6.7	Food safety and drinking water quality control		
MHC.6.7.1	Food safety and drinking water quality control-Information, education and counseling programmes		
MHC.6.7.2	Food safety and drinking water quality control- Immunisation programmes		
MHC.6.7.3	Food safety and drinking water quality control- Early disease detection prorammes		
MHC.6.7.4	Food safety and drinking water quality control- Healthy condition monitoring programmes		
MHC.6.7.5	Food safety and drinking water quality control- Epidemiological surveillance and risk and disease control programmes		
MHC.6.7.6	Food safety and drinking water quality control- Preparing for disaster and emergency response programmes		
MHC.6.9	All other public health services not explicitly classified		
MHC.6.9.1	All other public health services not explicitly classified- Information, education and counseling programmes		
MHC.6.9.2	All other public health services not explicitly classified- Immunisation programmes		
MHC.6.9.3	All other public health services not explicitly classified- Early disease detection prorammes		
MHC.6.9.4	All other public health services not explicitly classified- Healthy condition monitoring programmes		
MHC.6.9.5	All other public health services not explicitly classified- Epidemiological surveillance and risk and disease control programmes		
MHC.6.9.6	All other public health services not explicitly classified- Preparing for disaster and emergency response programmes		
<b>MHC.7</b>	<b>Governance and health system and financing administration</b>	<b>HC.7</b>	<b>Governance, and health system and financing Administration</b>
MHC.7.1	Governance and health system administration	HC.7.1	Governance, and health system Administration
MHC.7.2	Administration of health financing	HC.7.2	Administration of health financing
MHC.7.2.1	Administration of health financing (public)		
MHC.7.2.2	Administration of health financing (private)		
<b>MHC.9</b>	<b>Other health care services not elsewhere classified (n.e.c)</b>	<b>HC.9</b>	<b>Other health care services not elsewhere classified (n.e.c)</b>
<b>Health related functions</b>			
MHR.1	Gross Capital formation	HK.1	Gross Capital formation
MHR.2	Education and training of health personnel	HKR.5	Education and training of health personnel
MHR.3	Research & Development	HKR.4	Research & Development
MHR.4	Drinking water intervention	HCR.2.1	Environmental intervention exclude food and drinking
MHR.9	All other health related expenditures		

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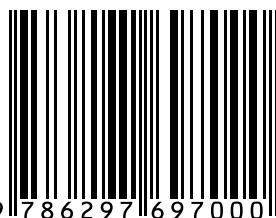
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