

# Malaysia



## Health systems

Economic classification: **Upper Middle Income**

### Health systems summary

Malaysia has a two-tier health system that is made up of a tax-funded public sector and a coexisting private sector. The public sector, which is led and funded primarily by the Malaysian government is available to all legal residents of Malaysia. Despite covering the bulk of the population, the public system is underserved by doctors and specialists compared to the private sector. The private sector, on the other hand, has thrived in recent years. Private care is mostly paid for with private health insurance and fee-for-service, out of pocket payments. The relatively high use of private care means that out of pocket expenditure is relatively high, making up approximately 34.5% of health financing in 2015.

### Indicators

Where is the country's government in the journey towards defining 'Obesity as a disease'?	Some progress
Where is the country's healthcare provider in the journey towards defining 'Obesity as a disease'?	Some progress
Is there specialist training available dedicated to the training of health professionals to prevent, diagnose, treat and manage obesity?	No
Have any taxes or subsidies been put in place to protect/assist/inform the population around obesity?	Yes
Are there adequate numbers of trained health professionals in specialties relevant to obesity in urban areas?	Some progress
Are there adequate numbers of trained health professionals in specialties relevant to obesity in rural areas?	No
Are there any obesity-specific recommendations or guidelines published for adults?	Some progress
Are there any obesity-specific recommendations or guidelines published for children?	Some progress
In practice, how is obesity treatment largely funded?	Not known

## Perceived barriers to treatment



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## Summary of stakeholder feedback

There is reportedly no consensus on whether obesity is a disease in Malaysia, with differing views among clinicians and the general public. The government appears to have engaged in a few awareness campaigns but overall, there is much more to be done on obesity prevention.

Extent of treatment coverage and the availability of obesity treatment varies between the public and private sector. In the public sector, pharmacotherapy is covered as long as it was listed in the Ministry of Health Medicines Formulary, but it was noted that it currently contained few options for obesity. Bariatric surgery is partially covered but there is limited availability and treatment requires nominal out of pocket contributions to complement the government funding. Coverage in the private sector on the other hand was said to be dependent on clinical indication and type of insurance coverage. Behavioural modification, which was reported to be the most common type of treatment in Malaysia, is covered in both the public and private sector.

Stakeholders appreciated that Malaysia does have clinical practice guidelines for the management of obesity but noted that there was a disconnect between the guidelines and what happens in practice. It was said that people tended to enter primary care via community screening and if comorbidities are present, the person is referred onto hospital or tertiary care. One stakeholder raised concerns however that most do not enter the system and try out “fads” instead.

It was noted that there is no specialist obesity training in Malaysia, and so there are inadequate numbers of suitably qualified professionals to treat obesity in both urban and rural areas.

*Based on interviews/survey returns from 5 stakeholders*

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