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The Analysis of Health System in Malaysia and Indonesia

Budi Arsih*

UNDARIS, Semarang, Central Java 50514, Indonesia

Abstract

Health service is the one of an important yardstick will be the progress and stability of a country. This is a descriptive, qualitative study using the social-legal approach. Secondary data obtained through the study of documents from both countries are examined. According to WHO, health care systems are better able to deliver quality services to its citizens, whenever needed. The system should also have a sound financial mechanism; human resources trained and paid accordingly; sources of reliable information as a basis for decision-making and policy formulation as well; Infrastructure and logistics facilities and supervised both for supplying medicines and medical technology quality. Of the fact that in practice it is not easy to reverse many hands like a reverse tepalak tantantangan and challenges occur. In this study the authors will show what happens challenges in creating a health care system in Malaysia and Indonesia. The method used in this study the authors try to use research methods and sociological analysis sosaial approach in conducting the study. The findings obtained a conclusion of the effort is not easy but of good intentions and good preparation of all aspects of the course will be beneficial for society.

Keywords: Poverty, Health Systems, the financial mechanism

1. Introduction

"... I will apply dietetic measures for the benefit of the sick according to my ability and judgment; I will keep them from harm and injustice ... "Hippocratic Oath. The quote above is part of the pledge that is the philosophy of ethics is vital for a modern medical practitioners. This pledge is believed to have written more than five decades BC Hippocrates either by himself or one of his students [1].

Health in malaysia concept showcased in MOH Strategic Plan 2011-2015 is a document that outlines the strategic business plan for a specified period to assist the Chief Program and Activities under the MOH implement each health plan.

MOH Strategic Plan 2011-2015 document should be read in conjunction with the Country Health Plan 4, which outlines the health sector development plan for the 10MP and action plan outlined in the report of the National Key Economic Area laboratory (NKEA) Health Care under the Economic Transformation Plan (ETP).

MOH Strategic Plan is a reference document organization under the Ministry of Health to plan the direction of Chief Engineer for the next 5 years, especially in strengthening the existing health system in order to successfully 1Care for 1Malaysia. This document is also used to monitor the status of each organization under the Ministry of Health for the purpose of improvement.

By KRA 10MP related 'quality health care and a healthy lifestyle', which aims to create a 'healthy community have access to health care and quality recreation facilities,' four 10MP national strategy has been identified by the government, namely:

a. Creating a health care system that is comprehensive and recreational infrastructure.
b. Promote health awareness and healthy lifestyle activities.
c. Empowering communities to develop or carry out individual welfare program (responsible for health).
d. Transforming the health sector to improve the efficiency and effectiveness of the delivery system to ensure universal access access. [2]

While in Indonesia Insurance Social Health System regulated in Law Number 40 Year 2004 on National Social Security System (Navigation) is determined by the primary consideration to providing comprehensive social security for all Indonesian people. Through the national social security system allows each person to develop himself fully as a dignified human development social security also consistent with the purpose of establishing the Indonesian nation that adopts the welfare state (welfare state). Efforts to achieve health coverage for the entire population (universal coverage) should be poured into the road map (roadmap) a systematic, comprehensive and integrated. The road map prepared by involving various stakeholders and has agreed to implement. National Social Security Council (DJSN) according to its mandate under the Act No 40 of 2004 on Social Security, to coordinate the implementation of social security, including health coverage. With the enactment of Law No. 24 of 2011 on the Social Security Agency (BPJS). Article 60 paragraph 1 of the Law BPJS

* Corresponding author. Tel.: N/A; fax: N/A.
E-mail address: buddy_arsih@yahoo.com.

states that "BPJS Health commissioned a program of health coverage on the date of January 1, 2014". For the PT Askes (Persero) is assigned to (a) managing the operation BPJS Health for health coverage program in accordance with the provisions of Article 22 to Article 28 of Law No 40 of 2004 on National Social Security System, and; (B) prepare the transfer of assets and liabilities, rights and obligations of employees and PT Askes (Persero) to BPJS Health. In order to complete the operation BPJS Health will need to establish measures so in order systematic and measurable activities in the development of health coverage, conducted by the Ministry of Health, PT Askes (Persero) and PT Jamsostek (Persero) can synergize with various Ministries / Other agencies and local governments. to provide direction and the steps that need to be done in a systematic, consistent, coherent, integrated and scalable over time in order to:

a. Preparing Health BPJS operation on January 1, 2014.
b. The achievement of health coverage for the entire population of Indonesia.

The implementation of health coverage in accordance with the provisions set forth in Law No. 40 of 2004 on Social Security, Law No 24/2011 on BPJS, and implementing regulations.

2. Methods (or Experimental) and Materials

Background of the study, the writer will try to investigate how existing systems in both countries and what is found challenges in creating health systems Malaysia and Indonesia? The purpose of this study was to menganlisis health system description Indonesia and Malaysia as well as the possibility of challenges that will arise in to achieve This is a descriptive study with a sociological approach. Secondary data were obtained through the study of documents, ie on the existing health system and the readiness of health infrastructure energy drawn from the health profile of Indonesia Year 2011-2013, and 2000-2025 Population Projection document issued by the central bureau of statistics Indonesia and MOH. Qualitative analysis is used to analyze the data collected, further concluded dedukatif.

3. Discussion and Results

Health System Transformation in the health sector towards health systems that are efficient and effective to ensure universal access to health care. This strategic thrust has been adopted as a global KRA Ministry of Health. In addition to these three strategic thrusts, National Key Economic Area (NKEA) Health Care has also been formulated to generate wealth through excellence in the healthcare industry.

While in Indonesia Guarantee HEALTH SYSTEM Health is one of the components of sub health financing system. Sub health financing system is part of the National Health System (NHS). Thus, development of health coverage can not be separated from the health system as a whole that the ultimate goal is to achieve the degree of health of the population of Indonesia, which will enable people to be productive and competitive with the neighboring countries.

National Health System in principle consists of two major parts of the system and the system of financing health care. Health financing subsystems describe and manage the financial resources needed to fulfill the health needs of the population. Health financing could result from (1) the direct financing of society (called out of pocket) paid from individuals / households to health facilities; (2) funding from the Government or local government; (3) the payment of compulsory social insurance contributions as set out in the Social Security Law; (4) Financing by a third party, either by the employer or by the insurance participants; and (5) financial assistance from various sources both within and outside the country. According to Law No. 40/2004 on Social Security and Law No. 36/2009 on health, individual health care financing will focus on the contribution required to be operated by BPJS Health. While funding comes from the pockets of individuals / families, employers, either directly or through private health insurance will be a source of additional funds (top up) individual health services. While funding from government / government is still needed to fund fee assistance for the poor and can not afford and financing of public health programs that are not intended for those services per person. Government / government is still needed to fund fee assistance for the poor and can not afford and financing of public health programs that are not intended for those services per person. From the side of health services, the Medical Practice Act 29/2004 and Law 44/2004 on Hospital regulate individual health services that can be provided by public health facilities (owned by the Government / Government) and by private health facilities. In the context of the National Health Insurance for individual health services, Health BPJS will buy health services from public and private health facilities with prices that are negotiated at the regional level. Terms of payment methods and tariff negotiations between the administering body and health facilities association describe the health system selected Indonesia-based public funding and private services (Publicly funded, privately delivered). This model is the most widely applied model in the world to ensure the realization of social justice (equity) with a high degree of efficiency. The role of local government, as stipulated in article 22 of Law 32/2004 is the provision of health facilities, good primary level (general practitioner) and secondary-tertiary by a specialist at the hospital. Administration are required to provide health care facilities in all areas because no private parties interested in providing health facilities because of market and environmental conditions are not adequate. As stipulated by the 1945 Constitution, article 34, paragraph 3, of State (have didelegir to governments by Law 32/2004) is

responsible for the provision of health care facilities, then there is a possibility of the private sector was given permission to hold health facilities. With the BPJS Health, which will be the sole purchaser of health services, then at some point the private sector would be willing to provide health facilities in these areas. Thus, equitable access to health care will be realized after BPJS role optimum health. To support the existence of health coverage for the entire population (universal coverage) and the existence of a healthy environment and behavior, the Government and the local government is still obliged to pay for and play a role in public health programs that can be enjoyed (beneficiries) by society. There is a possibility that the private sector also plays a role, but because of the nature of externalities in community health programs, in general the role of the private sector would be kompelemter and or supplementary. To support the success of the entire National Health System (NHS), the necessary arrangements (PP / g / Permenkes / Regulation / Regulation), human resources in various disciplines, information systems, system administration, and others who support the success of a SKN.

3.1 Dimension Warranty for the Entire Population Health (Universal Coverage)

WHO formulated three dimensions in achieving universal coverage of (1) how large %age of the population that was promised; (2) as a full service guaranteed, and (3) how much the ratio of direct costs are still borne by the population. The first dimension is the number of people covered. The second dimension is covered health services, such as whether the service only in a hospital or outpatient services including well. The third dimension is the ratio of the cost of covered health. The entire population can only covered the cost of treatment in hospital, but each resident must pay part of the cost at the hospital. Extended warranties third dimension is very dependent on the financial capacity of a country and its people a choice.

The richer a country is, the more capable of ensuring the country's entire population for all health services. For example, the UK ensure comprehensive health services, including organ transplants, for the entire population (not only citizens, but legal residents who live in the UK). Malaysia to ensure that all residents receive care and treatment in hospital, only residents have to pay 3 RM (about USD 9,000) per day of treatment. Financing guarantees can be made with the social insurance mechanism or mechanisms taxes. Depends on the political will of the government, the more funds available then the more underserved populations, increasingly comprehensive package ministry and the smaller the ratio of costs to be borne by the residents. Provision or collection of funds limited influence on whether or not comprehensively covered services and rates of treatment / treatments guaranteed. Efforts to achieve universal coverage can be done by virtue of the expansion of the population covered by the limited service or with meal costs covered services are limited. Gradual universal coverage is strongly influenced by the political will of the Government, the consensus of the population, and the financial ability of a country.

Malaysia was consensual and political will to ensure high goverments entire population. Malaysia have confirmed that the entire population since its independence in 1957 with a self-sustaining treatments cost a relatively small population, but only in public health facilities owned by the Government. Thailand has guaranteed its entire population (dimension I), for all diseases (dimension II) at the cost of the population (the third dimension) is not available, and the services are available Concentrations first is how the first dimension is reached where all residents are guaranteed to every citizen who is not sick become poor because of high treatment cost burden. The next step is to expand health services are guaranteed for everyone to meet the medical needs (which means more comprehensive benefits package). The latter is an increase in medical costs covered up the smaller the ratio of direct costs incurred penduduk.kan in public health facilities and in private health facilities. From the above article the author will try to review the health system Malaysia and Indonesia can be improved healthcare for it required the same view as positive how the government makes Caber devised a system that is good and noble aims. As the population reports reaching close to 29 million people, 2.3 million immigrants with population growth around 1.3% per year. Number of government hospitals have been built and commissioned so far in 2012 only 138 hospitals in this course we still feel less if compared to 220 private hospitals.

In accordance with past experience and the experience of providing health coverage for state employees, then Indonesia require health coverage for all residents, ensuring that all disease and part of the costs to be borne by the population as small as possible. However, the level of comfort (satisfaction / preference) limited services. For example, Askes PNS ensure treatment in public hospitals class II (for the rank I and II) and in class I RS public (for class rank III and IV). Phase selection / limited satisfaction with treatment class, but all diseases or all of the cost of treatment is guaranteed when ASkes treated in accordance class treatment they are entitled to. If participants want treatment in the classroom a more satisfying, VIP class, the participant must pay the difference Askes costs. Thus, the system of guarantee / insurance of civil servants ensure compliance with the requirements of medical costs under control, although some are not satisfied with the treatment class. The main thing is to meet the medical needs of the entire population and all the diseases covered.

3.2 Question of the Challenges

Services in Malaysia involving government services, particularly primary, saw that there are more 985 Government Health Clinics, 1864 fruit Clinic, Dental

Clinic 51 and since its introduction in 2009, there are now more than 109 1Malaysia clinics. But this number is still unable to cope with the number of private clinics that are on the market by 6859 and more than 1576 pieces of private dental clinics [2].

Government spending for health services during the year 2012 is more than RM16.8 billion, representing 7% of the national budget appropriation for 2012. Whereas regional countries such as Thailand spent more than 13% of government funds for health services. In countries such as Germany, 77% % of the expenses incurred by the public health of the people and the government spent almost as high as 19% of government funds for health purposes [3]

In addition, the amount of manpower, especially doctors - Malaysia has more than 36 thousand doctors (25 845 persons in government service, 10 762 people with the private sector) with a ratio of 1: 791 ratio for the Rakyat.3 as prescribed by the doctor WHO is 1: 600 people and the number of medical students and graduates is increasing, Malaysia is expected to achieve the prescribed ratio by 2020. The dentist was 1: 6810 people people, and while the ratio of pharmacists saw one: 3385 citizens. Number of nurses in this country were more than 74 thousand people in both the public and private sectors.

But almost in all of these categories had more than 50% of professionals have worked in the private sector - a sector that treat fewer patients than the public sector.

When we refer to this imbalance (based on the data referred to earlier) –quantity infrastrukutur facilities (ie hospitals and clinics) and human resources in the private sector cope with the quantity of services provided by the government, whereas the private sector only treat the number of patients is much less than government institutions, the question that arises is why this imbalance exists? In conclusion, those who are in the public sector had to shoulder the workload is too much but were the least valued compared to the private sector.

Among the common complaints we often hear when talking about health services-complaint will wait a long time (whether for consultations or even turn to surgery) and congestion government hospital or clinic. Not enough with that, the level of speed and competence of doctors, nurses and paramedics also often disputed, especially when many scandals negligence good medical practice publicized through the media or social media.

Besides medical policy philosophy held by the drafters or health services administrator country is too focused on curative care (tertiary) treatment over prevention (primary), especially when it comes to chronic diseases such as diabetes mellitus, hypertension, hypercholesterolemia and cardiovascular disease is a policy that is neglected and not in line with WHO recommendations that encourage governments to spend more on preventing the disease (primary service).

The majority of complaints were felt in private institutions expenses are too high and we often hear is not surprising when the call to the government to control the price of this service. The country has seen since the early 1980s, privatization of government health services shift focus from welfare-oriented system to a system that emphasizes the benefits of privatization.

This shift was evident when the government is also involved in providing financing and incentives for government-linked companies to co-invest in the privatization of health services. This problem arises when policy makers (government) no longer see health services as social responsibility of government but as a field for investment and profit. As a result, in 2007, private health spending accounted for over 55.6% of total health expenditure in Malaysia, surpassing the total public expenditure

Where are the priorities of our government should give priority to people because health services are among the main responsibilities of a government. Public services are also having problems with the combination of declining attractiveness of the distribution of resources and weak growth in private health services company that many have resulted in the rapid current changes to the privatization of health services in Malaysia.

The privatization process has progressed without parallel growth in public health services; to ensure that the needs of those less fortunate are not overlooked. Private hospital charges often exceed the limits, resulting in many people fall into the mire of debt, especially when faced with serious illnesses that require expensive treatment and sometimes fail to be obtained from a public hospital or as an expert in the treatment involved have left the public sector and working in private institutions were better.

While in Indonesia has not been able to control the rate of population growth, the needs of health facilities and health insurance costs from year to year undoubtedly increased rapidly., Which in turn burden the budget provided by the government. Total population in the year 2019 as the year of implementation of the total program amounts to 258 437 000 JKN of 56.27% of Indonesia's population lives on the island of Java. Keadann this cause, the level of social welfare of the Indonesian nation depends on the health of people who live on the island of Java (Java, Central Java, East Java, Banten, Jakarta and Yogyajarta). Furthermore, the population on the island of Java, namely the rapid increase 125 173 900 inhabitants in 2003, will increase by 20,252,000 people (16.18%) within a period of 17 years to life in the year 2019 145 425 900 [3].

Information about the population increase is needed in the calculation of the provision of health facilities and the needs and tuition assistance to health insurance can be implemented properly. Social security (Social security) is one implementation of maintenance of the welfare state. From the definition of social security presented by Williams and Heins and listed in UUSJSN can be concluded that social assurances has three elements, namely:

1. Social Protection organized by the State as social security.

2. The social protection against risks or hazards such as mortality, incidence of illness, unemployment and poverty.
3. Fullfilment DSRA needs a decent life.

Furthermore, there are three forms of social security as cited in Williams and Heins: "Social Insurance is part of a social security system. The other major transfers are included in the system of public assistance and income supplements [4]

Hopefully with the JNS, the whole society can be protected to meet the basic needs of living. Further, in the development plans of social security in Indonesia promulgated specified in Act No. 17 of 2007 on the National Long Term Development Plan (RPJPN). In explanation of the Act states: System protection and social security are prepared, Katat and developed to ensure and enhance the fulfillment of the rights of citizens will be basic social services. National Social Security System (Navigation) already completed with the National Social Insurance (PSN) supported by legislation and funding as well as system Population Identification Number (VIN) can provide full protection to the public luassecara gradually until engembanagn civil and implemented JNS attention to culture and reduced root rooted in the wider community.

According to the Article 19 Paragraph (1) and Article 20, Paragraph (2) UUSJSN, assurances health program implemented by the social insurance mechanism. This resulted in a condition that the principles of compulsory social insurance to be hold in the implementation JKN. On social insurance, management not for profit, but provide social security to the community. some definitions of social insurance submitted by Williams and Heins, Baker and Weisbrot, Black's Law Disctionary, Mehr and Cammack and Reyda [5].

1. Is a compulsory insurance by law. The advantage is that every society must participate in this insurance, so there cooperativeness between the rich and the poor, who sehatdan that sait, old and young, as well as high and low risk.
2. The insurance company (insurer) is owned by the State and is intended to provide basic protection for the welfare of society according Peransuransian Business Act, the social asurnsion manager is State-owned enterprises.
3. Insured is the whole society.
4. Is part of the social safety nets (social safety net), so do not be gain.
5. The amount of compensation (benefit) focused on the speed of society (social adequacy) of private equity (individual equity). Speed of society is defined as the compensation paid to meet certain standards of life of the participants.

From this evidence, there are three main components in the implementation of social health insurance which BPJS community and health facilities that provide comprehensive health services

Government as duty bearers are obliged to provide health facilities such as health centers until denan IHC hospitals scattered abroad throughout Indonesia. IHC Health Center and Hospital has a strategic role and support excellence in JKN compared with physician practices, clinics and private. All three serve as the nerve center of healthy development, community empowerment center and health center first level is a function of the meaning of health and health center that is responsible for public health in the region, not just wait until people become sick. Health services provided by health centers do not focus on curative, but also preventive and promotive.

4. Result in to Create Health

The government claims it can not afford to pay for health care. Plan 2011-2015 Ministry of Health propose measures to reduce the cost to make the government hospital "leave acute care" and "more stringent limit service" to citizens. But the government was willing to give biliom ringgit contract for services is sometimes not improved health, so it is necessary to be proposed and in increasing people's rights as recommendations of the UN Declaration of Human Rights states: "Everyone has the right to a standard of living adequate for the health and well-being self and one's family, including medical care.

As signatories to this declaration, the Malaysian government must uphold the dignity and does not charge any policies that limit the right of citizens to health care affordable and quality whether in public than the private sector. It is the responsibility of the government to provide sufficient quality and affordable health care for all health needs of all people in Malaysia, without any discrimination. Moral and compassionate government will not force people to choose between illness or financial problems. Government moral and compassionate health care for its citizens will not be a commodity to be traded, manipulated and negotiation advantage. People elect governments to protect the interests of our tax must be used for the benefit of all citizens, including to provide quality health care and essential service.

There are still many challenges in realizing the promise of improved government health care of its citizens but at least his true intentions Government efforts to give people a positive impression 1Care, but the meaning of the word can be very different from what most people think. Because there are many who think that 1 Malaysia is also a lot of care that is integrated 1Care perceive as 1Care will join the healthcare sector public and private sectors to create a single system. All government facility will serve as "private entity" and impose independent private sector. 1Care will fully privatize health care.

a. *Universal coverage*:

The concept of everyone being able to get all the health care they need. Malaysia already has universal coverage. The government uses taxes to provide all levels of healthcare and have clinics and hospitals everywhere. Malaysia also has a private health care

sector is thriving for those who do not want to use government services [6].

b. *Unity and Equity*

Concept where the rich pay more to support the poor to get the same quality of health care. Malaysia already has equity because 10% of the population pay taxes to make public health care provided to the other 90% who are too poor to pay taxes. Most people richer also use private health care so that more poor can use public health care.

c. *Quality Options*

Malaysia already has a choice people can choose the more expensive private sector with less time waiting and a better environment, or the public sector are cheaper with better expertise and facilities. Obviously, the goal 1Care "reforms" have been met by the health care system we have now. And a lot of problems in our health care system can be easily solved without changing overall. So why is the government so keen to implement 1Care "reform"?

d. Privatisation and Profit

Government efforts have been doubted by third parties do not agree 1Care considered just about money. The government has sought to privatize health care since the time of Dr Mahathir. In 1991, the Privatisation Master Plan was officially listed healthcare will be privatized. In 1996 the Ninth Malaysia Plan states that the "privatization of health facilities and services will also be an important aspect". Since then, various segments of the public health care has been privatized [7].

Datuk Seri Najib Tun Razak underlined that the three key areas to enable the Ministry of Health to improve and enhance public health services sector is still receiving complaints from citizens in some cases. The first thing that must be done is to strengthen public health systems with infrastructure development and provision of medical equipment terbaik.Menurut her, also needs to be addressed is to train more quality workforce, improve the expertise of medical practitioners in addition to implementing risk management systems and quality improvement. "Analysis Preliminary people generally satisfied with the existing public health services are seen quality. However, some expressed concern over the waiting time for treatment of time, lack of medical staff and facilities are inadequate. "In addition, there is also a state difficult to get treatment, particularly among people in rural and remote areas. People also speak about the high cost of service in hospitals or private clinics. Based on feedback, we need to improve public health services sector, in strengthening the public health system, the government has taken the first step by increasing the number of medical graduates from higher education institutions (HEIs) both locally and overseas to improve the ratio between doctors and patients of 1 : 791 in the previous year to 1: 400 by 2020.

" We have also continued freeze on new medical schools to ensure that existing medical schools can improve program quality education and training graduates. The freeze will end in May 2016, " the second, with an increasing emphasis and improve the measurement and monitoring of performance indicators clinically. "Thirdly, we need to improve the overall health care system, such as developing the existing cooperation between the public sector and the private sector. Indeed, the government is committed to improving the lives of people. We do not believe the changes alone, but what we want to achieve is an increase of the ratio status and health services to the satisfaction of the people, .In another development, the National Health and Morbidity Survey (NHMS) conducted showed that about 80 % of patients with diabetes and hypertension treatment at 985 public health clinics and 141 hospitals.

"It's another challenge for the Ministry of Health with the number of patients with diabetes and hypertension continues to increase, while public health care center operators do not have enough time to educate and exercise counseling for lifestyle changes patients." Therefore, with an estimated 6,589 private clinics, they can play a role in helping to improve the health of patients with chronic diseases [8].

5. Health Services System Integration

Some of the main guidelines in health care systems reintegrate Malaysia. Held principle is that every citizen has the right to enjoy the best public health services at a reasonable cost than broader service access and quality.

In this reintegration, several key steps must be taken beginning with; reintegrate and cooperating institutions involving the Central Government, Ministry of Health, Medical Council, the State Government and the State Health Department, including private institutions. Reunite the basis for health policy that is designed, decentralization of services, the emphasis on health education, finance structuring costs of services, empowerment, pharmacy systems, and empowerment of civil service compensation scheme in the health field. This reform must begin with the recognition that the health service system we have now is still limping and many more areas we need to improve and improve. As we continue to allow private health industry has grown, health services must continue to be treated as a social responsibility, that every cop who wants to be implemented taking into account this fact.

At the federal level, as the manager of the fund and the treasury, the total expenditure on health services provided from the state budget must be increased from only 7 % now to 10 %. Increasing the %age of the budget, should also consider providing financial resources for this. The main step is to address the factors that contribute to the leakage of public funds (Global Financial Integrity has reported over Rs 1 trillion) such as corruption and waste in government spending. Coolant leakage, the excess funds will be collected and channeled in a more meaningful budget such as health services.

To create 1Care is one step in a sense still damning of the parties did not agree because they believed the government was still considered appropriate not to spend funds for health, the load has to be transferred to the people. Proposals such as wage cuts of 10% and requires every citizen to have 1Care, not just seen will increase the cost statements for health, but also further reduce income people. Unfortunately, as more patients will be denied the right to seek treatment and be the ticket scheme to create a monopoly in the medical field that eventually became the capital for the capitalist money on something that is supposed to be the social responsibility of a government. Thus the formula is the government should increase the amount of expenses for health and also diversify financial resources to finance health services, where these measures are in line with the recommendations of WHO.

The main source of state expenditures which are the collection of taxes and royalties also the country's natural treasures. In addition to the collection of taxes and royalties, an initiative to encourage people to save for health should also be established. Role savings institutions such as the Employees Provident Fund (EPF) must be refined, for example, the clause now allow money savings incurred for the treatment of serious diseases should be expanded to other health services, including funding for family members and dependents. In addition, tax deductions must be given to individuals who have health insurance and life insurance, including insurance against liability financing and their family members. These initiatives will increase the number of visits accumulated funds in the financing of health services.

With this capital increase, the main focus should be given to build more infrastructure facilities (building hospitals and clinics) and also improve the level of service access. The ratio of government health clinic to be seen by 10,001 people to the state as the state fraction of high population density still recorded a ratio as high as 1: 16,436 like in Penang, 1: 28.598 in Selangor and 1: 55.821 in Kuala Lumpur.8

This ratio can be reduced by building more health clinics (Klinik 1Malaysia should include doctors and medical supplies and equipment plus a minimum). Many rural clinics must also be upgraded to allow the area covered health services improved. In addition, the number of government hospitals should also be increased in every state, so in line with the existing number of private hospitals and also widen the access level of service to all people. Not fair if we still continue the policies of the areas of the hospital, the fact exists fairness to see the needs of hospitals based on the number of population density. Especially in states like Selangor and Kuala Lumpur, Selangor, which only has 11 government hospitals and private hospitals compared to 65 in Kuala Lumpur There are more than 45 private hospitals compared to only two government hospitals.

With an increase in the budget for health services, one way to address the imbalance of human resources in the government and private sector, salary and reward schemes for individuals such as physicians, doctors, pharmacists, nurses, and paramedics in the public service should be reviewed and improved . This restructuring is necessary as an incentive for them to continue working with the government and also improve their work performance. To increase the effectiveness of these measures, based on job performance reward scheme should be introduced. This scheme should see the need for the restructuring process in the promotion of civil servants with special emphasis on the promotion process based on performance rather than seniority (seniority) alone.

This will not only make the public sector more competitive, but also produce individuals who are more proactive and progressive in reforming our nation's health care system. Performance targets are achieved; for example reducing the number of smokers among their patients or ensure control blood pressure patients are at an optimum level; must be rewarded. The reward system will also provide a boost to the existence of the same health care system more effective and quality as well as presenting awards to deserving public servants who work tirelessly to ensure the success of their work.

Govern a sector such as health services is not an easy task, especially in a country with its vast geography and fragmentary like Malaysia. Ministry of Health Malaysia, as holding the reins with the assistance of the state health department, should look towards decentralization - not only greater autonomy for the state health department, but also involves the state government to be more active; for example providing infrastructure facilities such as hospitals and health clinics because in this way, service access will be more widely and effectively.

This cooperation will also enable the provision of funds shared responsibility between the federal government and the state government. In addition, each hospital should be given autonomy to choose their own labor. The placement process and practice of appointments automatically after graduation should be reviewed especially for doctors office. In this way, they are not able to do a good job, can be accounted for and even stopped working. This way not only will create competition but also enable the funds spent to better manage and conserve resources can be implemented. Decentralization is also appropriate services' capabilities pharmacy centers across the country, both private and government.

This means, hospital pharmacies do not have to be only the only place to get medical supplies. Pharmacy services throughout the country should be improved by allowing patients to get their medical supplies, especially people with chronic illnesses such as diabetes mellitus, hypertension and others. When powered pharmacy services, patient compliance to medication level they will become better and achieve optimal disease control.

Cause of death in Malaysia paramount for the year 2012 is related to cardiovascular disease, which recorded more than 25 % of the deaths were recorded, followed by

respiratory diseases (18.46 %), or parasitic infections (17.81 %) and subsequent cancer (11.87 %). 9 Four main causes of these share the same characteristics that most of the spectrum can be prevented or identified early for treatment purposes. Therefore, an important aspect when it comes to health fund management, focus on primary care should be improved. The primary treatment involves prevention, early detection and community health education. So in restructuring primary health services, government and the Malaysian Medical Council must look to the future with regard to the existence of a concerted effort between public health clinics and over 6000 clinics throughout the country.

This restructuring included, provide training or treatment input to many private doctors who operate private clinics across the country. There should be a uniform guidelines for ensuring good quality primary services in government clinics or private. So in this way, the cost to educate, treat and help patients achieve optimal control of chronic diseases can be shared. Therefore, as a reward, the government and private agencies involved with this effort, must be given due recognition by the disease control targets set for them in any one area. This will be an incentive for individuals involved to ensure that patients under their care given quality treatment and accurate.

Malay proverb often mentioned; curved bamboo, let the shoot. In the spirit of this, the education of childhood is a critical step in creating our nation healthy and vibrant future. Disease prevention will not happen without an education. Therefore, it is important that health education exposed early and emphasized that serious. Serious health education should be taught in schools; either in primary or secondary, provided trained teachers are equally available - this effort to produce individuals who are independent and able to take care of her own health.

Communities must be educated with the full knowledge that they own up to a level capable of treating some diseases that are not serious in itself and taught the importance of preventing chronic diseases and also identify the warning signs of anxiety when faced with a disease or condition. Programs such as kesbersihan self care, healthy eating habits and exercises safety and health is very useful for children and youth in preparing them to become citizens of an independent adult.

This educational process is certainly time-consuming but the outcome is the generation of sustainable and healthy lifestyle practices. Not enough if our education system is only able to produce 'robots' who knows how to count and measure alone, they need to be born as healthy and educated citizens about their bodies and their health so that they eventually form a civilized and healthy communities. A healthy community is a productive community, and productive society is a society that will generate more rapid economic growth for the country.

This reform would not be possible without the involvement of the private sector seriously. The stigma that exists among society-level government health services was lower (inferior) compared to the private is not right. The fact that the negligence of medical practice (medical negligence) occurs not only in hospitals but also in private hospitals. Contrast with government services, sometimes enforcement and regulation of private sector services is still loose.

The government needs to enforce the laws that are more stringent, especially when it involves the rights of patients. Individuals in the private healthcare sector must also comply with the regulations and standards that are more stringent and accountable, especially when there is negligence. This step is not a remedy to punish any individual, but with hope for the welfare and rights of other patients maintain good ethical medical practice. These efforts will improve the quality of health services and enable people to enjoy the best health services and guaranteed.

Reform measures mentioned this will only happen if the government has the political will to make changes to high. Change will not happen with just rhetoric or empty slogans slogans alone. The change will only occur when the leader has the confidence and determination to implement and introduce new policies to the people to be considered and implemented.

For this country to move forward, health-care reform in this country is of key importance to establish a civil society and also realize the hopes of the people to establish Malaysia as a developed country and cares about the welfare of its citizens. Malaysia's problems in terms of health is the level of citizen satisfaction (outcome) quite fathomable that identified the health of the service performance of citizen satisfaction where there are three that cause; the demand increase demand for health services, governments are not able to provide all health services and access (long waiting times, limited time to meet with the patient [5].

Focus on the issues that the government is not able to provide all health services and access. unhealthy behavior due to lifestyle, expensive health food selection and the lack of incentives for health promotion. The problem is then proposed health reform through four (4) factors which are financing, payments, regulatory, and organizational behavior.

In terms of the proposed financing of social health insurance, social insurance and partial payments. In terms of payment no analysis. In terms of insurance regulation is a new activity, good health regulations, guidelines and policies readiness. While terms of the organization by establishing relationships with organizations adminsistrasi new model, forming routing systems, organizational structure and organizational readiness health. In terms of behavior is proposed division of responsibilities and education to the public [9].

The World Health Organization says Malaysian Health care system as a successful model. But most Malaysians do not agree it long queues, an accomplice who lack equipment or doctors who are tired are some complaints.

In government hospitals, there are definitely more people. In private hospitals, because it is expensive, fewer people so there is more privacy and you get more attention. So if given the choice, I'd rather go to a private hospital if I had the money. "But it is an option that may no longer owned by KC Goh Malaysia and other wealthy people.

Based system of social health 1Care proposed, all Malaysians whether rich and poor, must go to a clinic or hospital administration. That is, the private health care industry dinasionalisasikan.Untuk fund the new system, taxpayers will contribute up to 10 % of their monthly salary.

"For example, some people say if I maintain a healthy lifestyle, should not I pay less than those who break his heart with a drink or damage the lungs with smoke, as well as those who need to see a doctor all the time because of illness has revealed. If I'm healthy, why should I pay for the sick? If I was younger why should I pay for a parent? "

"Whatever it is, the health system can not walk without being tested and ditingkatkan.Isu interesting from malaysia country is about capacity problems in the government health sector funding and policies to increase funding non-government agencies. Yu (2008) conducted research on cases of justice in health financing in malaysia find the two levels of the health system in Malaysia, the subsidy burden on the public sector and payments to consumers Wasata sector, and produces progressive financing system. Presentation interesting about midwives in Malaysia is the training of midwives graduated from the bench after education, training tailored to the place or location where the midwife will be in place 1Care will join public and private sectors in a single system. Everyone pays the price of the private sector. There will be no more government health care for 75% of the people who can not afford private sector. It will be a system based SHI fully privatized insurance scheme which every adult working should buy. SHI is paying for the health care of citizens. But international studies show that the SHI system cost improvements and do not do anything to improve health care. Steps taken include government estimates they need 9.5% of incomes to maintain 1Care.

According to the Concept Paper 1Care, 10% of every citizen will pay about 6 clinic visit or 1 specialist visits per year, or one hospital stay in 11 years. and still have to pay if you want to see a doctor. Primary Health Care Provider (HCP) is 1Care GP confirmed. Everyone must register with 1Care HCP. If there is no love HCP then can pay extra to see one another. All must register with the SHCP as 1Care track health records through the HCP. But if anyone is using "too much" health care budget 1Care, it can get limited or no health care until the new budget is approved. Unless pay extra to get the doctors themselves. So can not go to any hospital or specialist without a referral HCP. If you do not like to be referred to a specialist or hospital that provides 1Care 'choice' own pay extra.

PHCPs 1Care pay a flat rate for each patient. No rewards for better care, so doctors have no incentive to improve. They also have a fixed budget. If they see too many patients, they will not get paid. So HCP may view the budget of whether or not to pay extra to see another doctor. We can change the way doctors apply to the authorities, submitting paperwork, waiting for approval, etc. If you do not want the hassle or long waits, can pay extra to see the doctor.

1Care will not fully disclose what they provide. but 1Care Concept Paper shows that if it gets serious illnesses such as cancer, heart or kidney disease should pay themselves for other purposes is subject to budget limits 1Care ini.1Care have very limited coverage, so get insurance or a lot of cash. when you retire or if you've never used this system will not get any money for the poor kembali.tetapi a family of four earning below RM500, the government pays the SHI. The scheme will start in Phase 1 & 2 of the 4 phases of the implementation process. This is confirmed by the Deputy Director General of the Ministry of Health, Datuk Dr Noor Hisham Abdullah. This process is expected to be completed within 2 to 5 years.

The government claims it can not afford to pay for health care. Plan 2011-2015 Ministry of Health propose measures to reduce the cost to make the government hospital "leave acute care" and "more stringent limit service" to citizens. But the government was willing to give biliom ringgit contract for services is sometimes not improved health, so it is necessary to be proposed and in increasing people's rights as recommendations of the UN Declaration of Human Rights states: "Everyone has the right to a standard of living adequate for the health and well-being self and one's family, including medical care.

As signatories to this declaration, the Malaysian government must uphold the dignity and does not charge any policies that limit the right of citizens to health care affordable and quality whether in public than the private sector. It is the responsibility of the government to provide sufficient quality and affordable health care for all health needs of all people in Malaysia, without any discrimination. Moral and compassionate government will not force people to choose between illness or financial problems. Government moral and compassionate health care for its citizens will not be a commodity to be traded, manipulated and negotiation advantage. People elect governments to protect the interests of our tax must be used for the benefit of all citizens, including to provide quality health care and essential service.

Universal coverage: Concepts everyone is able to get all the health care they need. Malaysia already has universal coverage. The government uses taxes to provide all levels of healthcare and have clinics and hospitals everywhere. Malaysia also has a private health care sector is thriving for those who do not want to use government services [8].

6. Conclusion

There are still many challenges in realizing the promise of improved government health care of its citizens but at least his true intentions Government efforts to give people a positive impression 1Care, but the meaning of the word can be very different from what most people think. Because there are many who think that 1 Malaysia is also a lot of care that is integrated 1Care perceive as 1Care will join the healthcare sector public and private sectors to create a single system all government facilities would serve as "private entity" and impose independent private sector. 1Care will fully privatize health care.

References

[1] Dr. Bahardan Afif, is a medical doctor in the branch of Otorhinolaryngology, , *Remormasi Health* " Head and Neck Surgery, 13 March 2013,

[2] The Ministry of Health in Malaysian country ; *Health Remormasi* " in July 2012

[3] Rajah Rasiah, Nik Rosnah Wan Abdullah, Makmor Tumin, 2011, *Markets and Healthcare Services in Malaysia*. International Journal of Institutions and Economies, Vol. 3, No. 3, October 2011, pp. 467-486.

[4] Williams and Heins, *Risk Management and Insurance*, Sixth ed., Singapore: McGraw-Hill Inc., 1989

[5] The Central Bureau of Statistics, population projections from 2000 to 2025, {2013} downloaded 6 December. Available from: http

[6] Dr Abd. Rahim bin Mohamad, *HEALTH CARE SYSTEM MALAYSIA TOWARDS BETTER HEALTH MALAYSIA* ", Chief Planning and Development. The briefing was given in Putrajaya, 28 September 2010

[7] Dr Abd Rahim Mohamad *THE FUTURE OF HEALTH CARE FINANCING IN MALAYSIA* ", Chief Planning & Development Division. January 2009

[8] Baker and Weisbrot, Social Security, the Phony Crisis, Chicago and London: University of Chicago Press Te, 1990

[9] Julia Yeow *Why Malaysia Latest Health Service Plan Make People* Sick? Saturday, 24 March 2012 11:27