Integrating Allied Health Services for Stronger Primary Health Care in Malaysia

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WHY THIS TOPIC ?

Primary health care (PHC) is the foundation of a strong healthcare system

Allied health professionals (AHPs) play a vital role in PHC, offering specialized services that enhance patient care

Integrating AHPs into PHC can strengthen Malaysia’s healthcare system.

OUTLINE OF PRESENTATION

- Introduction to Primary Health Care (PHC)
- PHC in MOH Malaysia
- Allied Health Services in PHC
- Strategies for integration
- Challenges and Barriers
- Way forward

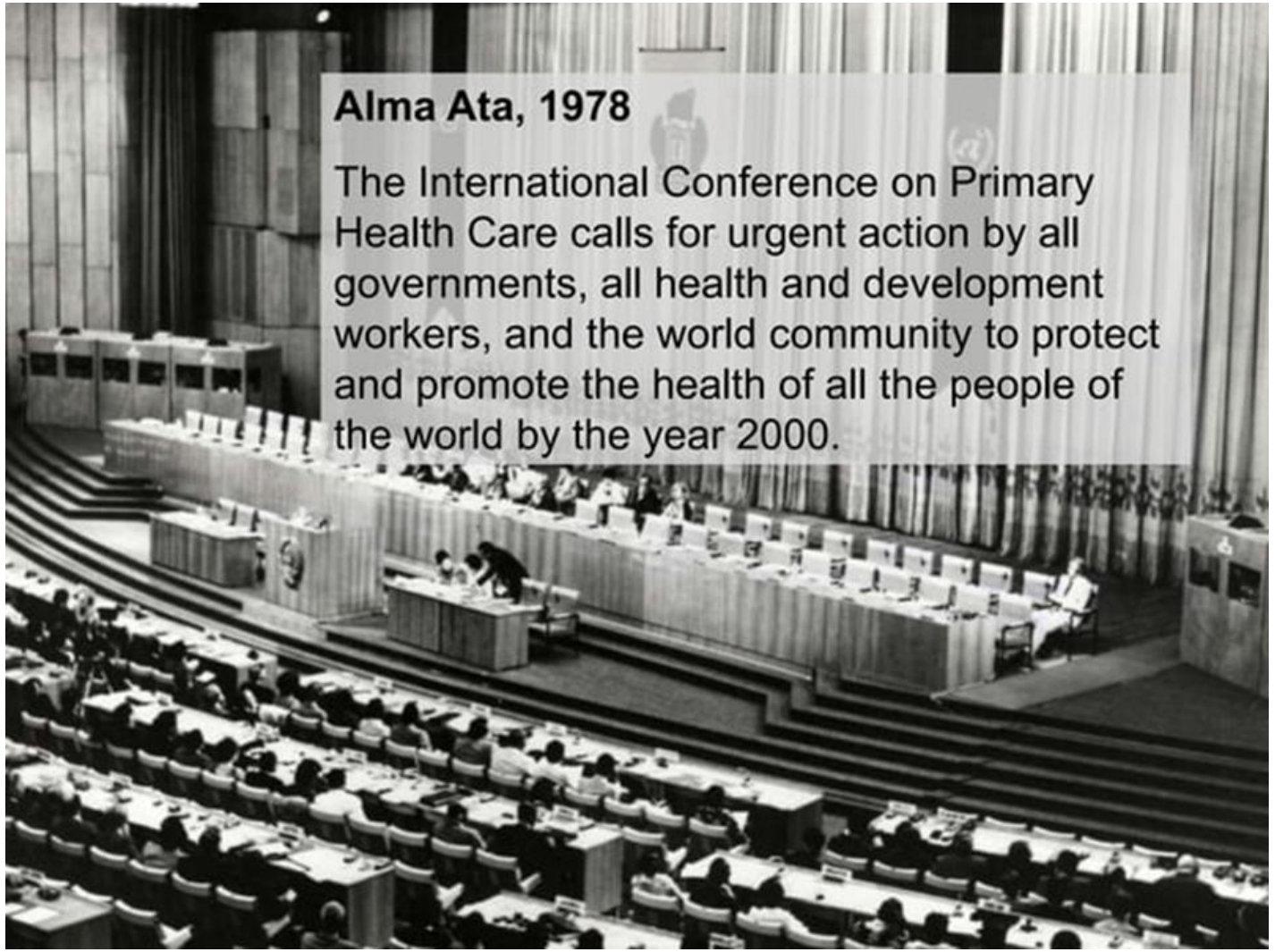
Alma-Ata 1978

Primary Health Care

Report of the
International Conference on Primary Health Care
Alma-Ata, USSR, 6-12 September 1978

Jointly sponsored by the World Health Organization
and the United Nations Children's Fund

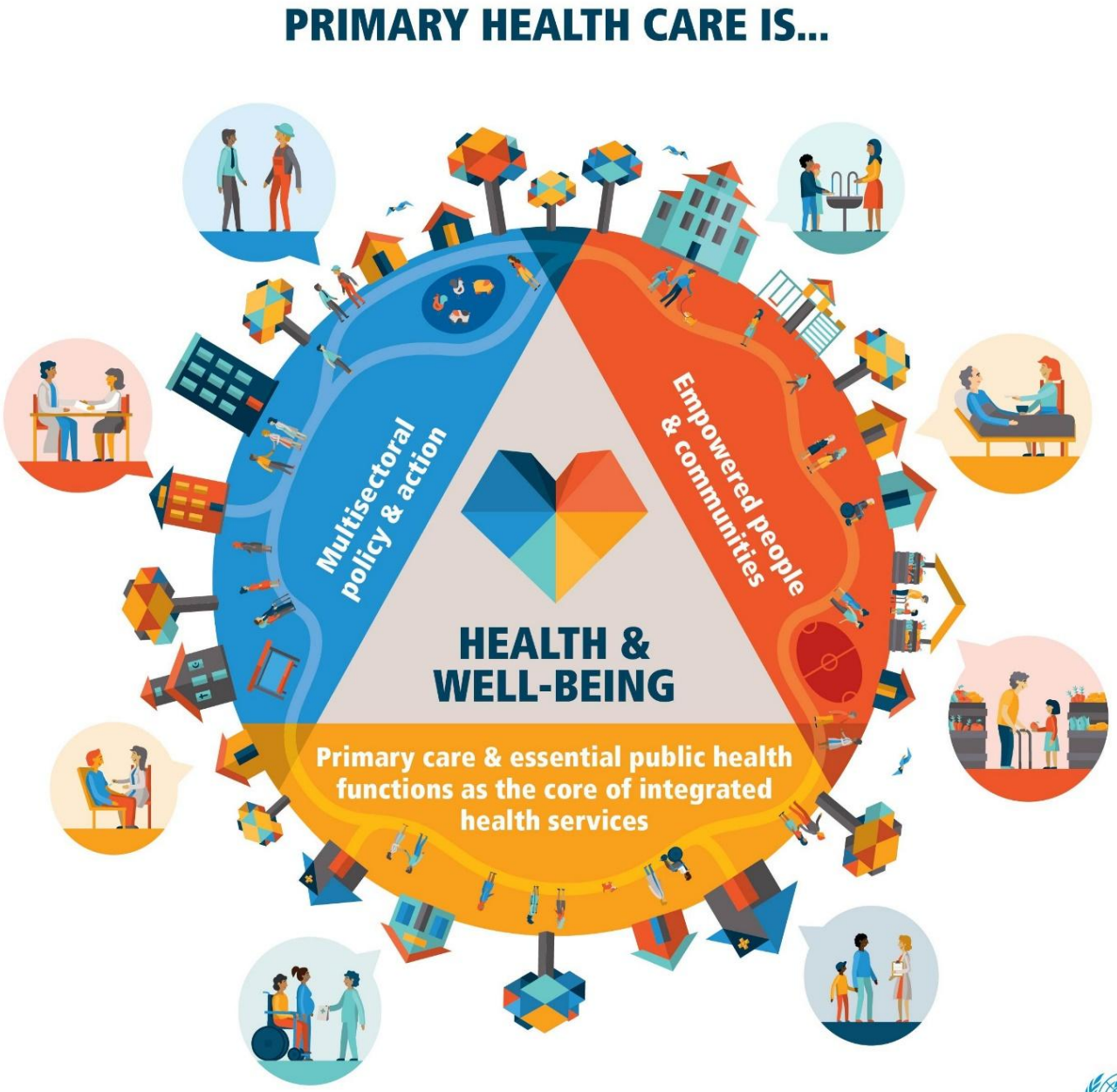
WORLD HEALTH ORGANIZATION
GENEVA
1978



Primary Health Care (PHC) as a way to achieve 'Health for All'

Declaration of Astana 2018

- The Global Conference on Primary Health Care in Astana, Kazakhstan in October 2018 endorsed a new declaration emphasizing the critical role of primary health care around the world.
- The declaration aims to refocus efforts on primary health care to ensure that everyone everywhere is able to enjoy the highest possible attainable standard of health.



- Integrated health services (primary care and essential public health functions) to meet people's health needs throughout their lives

- Addressing the broader determinants of health through multisectoral policy and action

- Empowering individuals, families and communities to take charge of their own health

World Health Organization

Integrates preventive, promotive, curative, rehabilitative and palliative health care services.

A health system with strong primary health care delivers better health outcomes, is cost-efficient and improves quality of care.

Goal of PHC in Malaysia

Survival of newborns, infant and young children

Attain optimal health and development of school going children and adolescent

Improve and maintain health of adults including pregnant women

Healthy Aging

Disability Limitation and Rehabilitation of Persons with Disabilities

PHC Delivery System

STATIC CLINIC

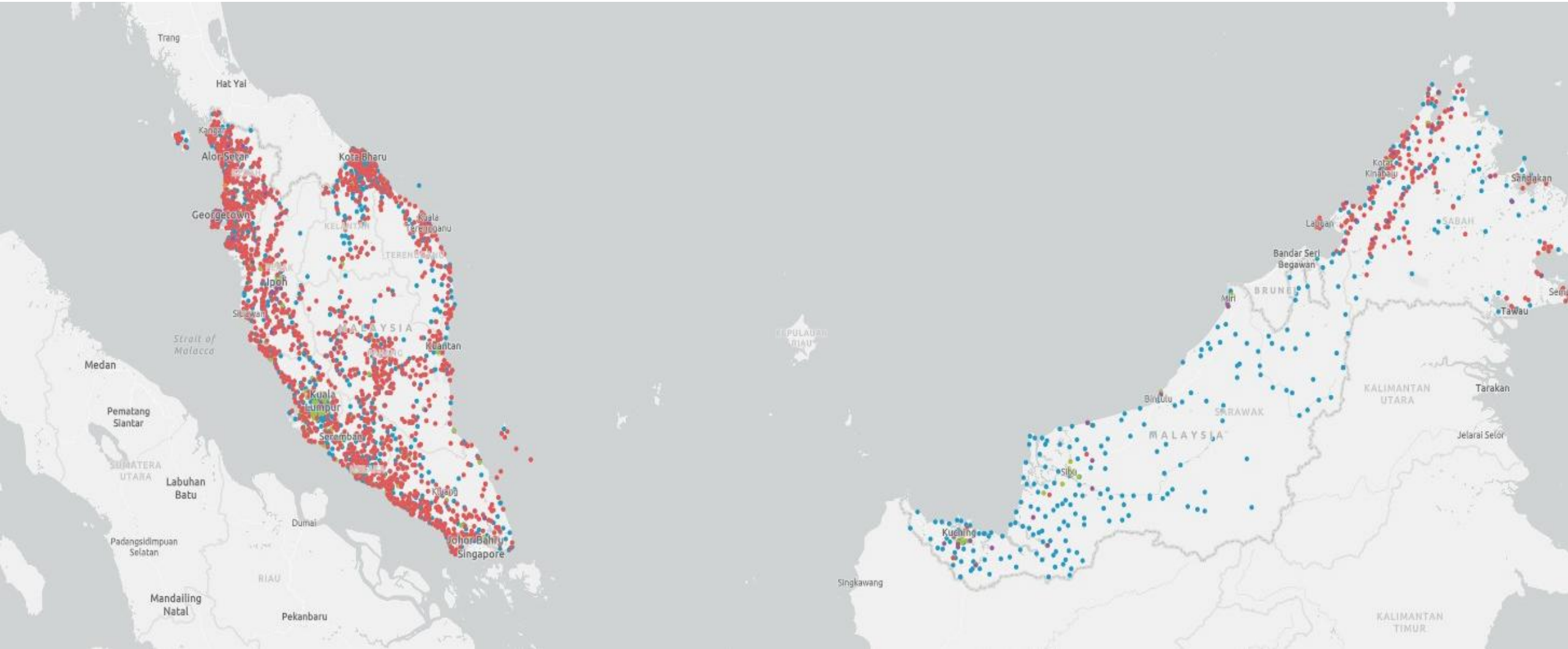
As of March 2025

- Health Clinic (1103)
- Maternal & Child Health Clinic (71)
- Rural Health Clinic (1645)
- Community Clinic (177)

PHC Delivery System

MOBILE CLINICS

Distribution Of Public PHC Facilities In Malaysia (MOH)



Evolution of Services in Primary Health Care

1960

Mother & Child
Family Planning
Outpatient Services
School Health

1980

Mother & child
Family planning
Outpatient Services
School Health
Oral Health
Pharmacy Services
Laboratory Services

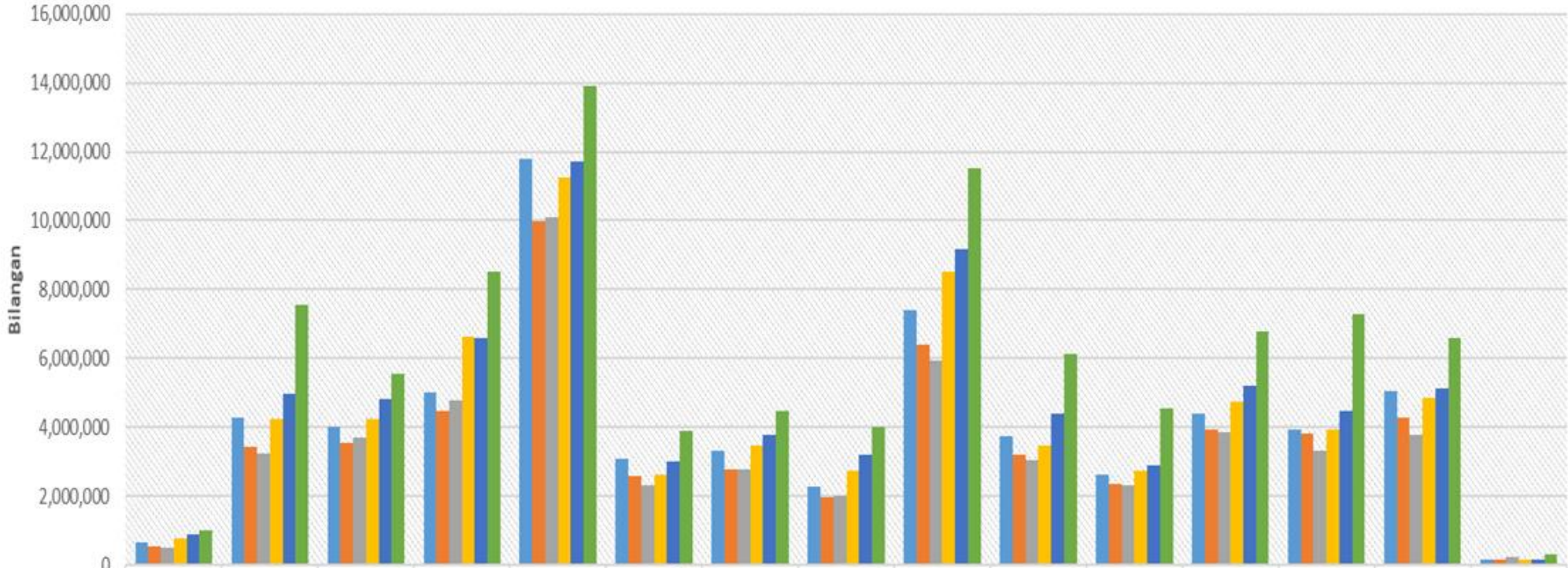
2000

Mother & Child
Family Planning
Outpatient Services
School Health
Oral Health
Pharmacy Services
Laboratory Services
Radiology Services
Child with Special Need
Adult Health
Elderly Health
Cardiovascular Disease
Mental Health
Adolescent Programme
Sexually Transmitted Infection
Tuberculosis/ Leprosy
Occupational Health
Emergency Services

Recent

- Mother & Child
- Family Planning
- Outpatient Services
- Environmental Health
- School Health
- Oral Health
- Pharmacy Services
- Laboratory Services
- Radiology
- Child with Special Need
- Adult Health
- Elderly Health
- Cardiovascular Disease
- Mental Health
- Adolescent Health
- Sexually Transmitted Infection
- Tuberculosis/ Leprosy
- Occupational Health
- Emergency Services
- Physiotherapy
- Occupational therapy
- Dietetics
- Nutrition
- Human Papilloma Virus Vaccination
- Needle Stick Exchange Programme
- Methadone Maintenance Therapy
- HIV screening & treatment
- Men's Health
- Quit Smoking
- Domiciliary
- Dialysis
- Hepatitis C Screening & treatment
- HPV DNA Cervical Screening
- Wound care
- Pain management
- Optometry
- Counseling
- Medical social services
- Traditional & Complimentary Medicine
- And many others

Number Of Patients Attendance In PHC Facilities By State (2019 – 2024)



	Perlis	Kedah	Pulau Pinang	Perak	Selangor	WP KL & Putrajaya	Negeri Sembilan	Melaka	Johor	Pahang	Terengganu	Kelantan	Sabah	Sarawak	WP Labuan
2019	641,527	4,292,033	4,019,044	4,991,084	11,779,922	3,080,654	3,294,205	2,289,278	7,400,470	3,725,642	2,618,494	4,380,021	3,948,388	5,047,465	152,013
2020	530,683	3,435,952	3,560,238	4,449,811	9,974,629	2,577,406	2,786,861	1,978,966	6,391,592	3,200,730	2,362,758	3,919,327	3,825,906	4,261,417	171,796
2021	504,445	3,222,841	3,679,600	4,758,245	10,092,386	2,300,235	2,783,351	1,990,466	5,928,213	3,026,029	2,295,792	3,856,994	3,323,660	3,773,353	237,190
2022	751,618	4,246,257	4,255,228	6,636,609	11,267,606	2,623,211	3,475,600	2,737,053	8,502,759	3,452,137	2,729,792	4,749,138	3,914,401	4,865,887	172,304
2023	874,305	4,974,283	4,820,797	6,604,989	11,720,675	3,003,821	3,774,657	3,192,481	9,150,829	4,381,405	2,894,369	5,191,181	4,460,081	5,105,955	170,110
2024	1,018,224	7,548,947	5,555,581	8,524,922	13,892,879	3,894,427	4,452,732	4,014,286	11,504,077	6,118,264	4,550,805	6,763,726	7,284,211	6,575,152	301,626

TOTAL 2024: 91,999,859

Allied Health Services

- The World Health Organization (WHO) recognizes the vital role of allied health professionals, particularly in delivering healthcare to populations and achieving the goal of "Health for All
- Allied health professionals:
  - **Diagnose**: Help identify health conditions
  - **Treat**: Provide care for a range of conditions and illnesses
  - **Prevent**: Help prevent conditions from developing
  - **Rehabilitate**: Help patients recover from injuries or illnesses

Overview of Allied Health Services in PHC

Many AHPs currently work in hospitals, but their role in PHC needs expansion to improve accessibility and holistic patient management

PHC Lab

Radiology

- Physiotherapy
- Occupational Therapy

- Dietetics
- Nutrition

- Medical Social Work
- Counseling (Psychology)
- Optometry
- Speech Language Therapy

Summary Of AHP Human Resource In PHC (as of June 2024)

BIL	JAWATAN	KK1 - KK7				
		Jawatan	Bilangan pengisian dan peratusan pengisian jawatan	Bil. KK dengan Anggota dan peratusan KK	Outfit	Jurang (Jawatan-Outfit)
1	Pegawai Pemulihan Perubatan Fisioterapi	59	47 (80%)	44 (4%)	1,831	-1,772
2	Jurupulih Fisioterapi	437	404 (92%)	251 (23%)	4,756	-4,319
3	Pegawai Pemulihan Perubatan Carakerja	21	15 (71%)	15 (1.4%)	954	-933
4	Jurupulih Carakerja	339	303 (89%)	219 (20%)	3,236	-2,897
5	Pegawai Kerja Sosial Perubatan	38	26 (68%)	25 (2.3%)	390	-352
6	Juruteknologi Makmal Perubatan	2,162	2,052 (95%)	739 (67%)	4,747	-2,585
7	Juru X-Ray Diagnostik	596	552 (93%)	259 (24%)	1,849	-1,253
8	Pegawai Dietetik	139	116 (83%)	104 (10%)	2,497	-2,358
9	Pegawai Pemulihan Perubatan (Pertuturan)	7	4 (57%)	4 (0.4%)	316	-309
10	Pegawai Psikologi (Kaunseling)	26	26 (100%)	26 (2.4%)	249	-223
11	Pegawai Optometri	3	2 (67%) + 15 (Kontrak)	17 (1.5%)	317	-314
12	Pegawai Sains Pemakanan	318	288(91%)	288(26%)	2,317	-1,999

The Need for Integration

- Integrated AHP services can enhance early detection, chronic disease management, and rehabilitation within PHC settings
- Without proper integration, patients often experience fragmented care and and unnecessary hospital referrals.
- Key Areas Where Allied Health Strengthens Primary Health Care:
  - Chronic disease management
    - Role of dietitians in meal planning, physiotherapists in mobility, and pharmacists in medication adherence.
    - Early screenings, lifestyle modifications
    - Improving quality of life through occupational therapy and physiotherapy.

Key Strategies for Integration

1. Policy & Governance: Strengthen national policies supporting AHP roles in PHC.
2. Workforce Planning: Ensure optimal AHP staffing ratios and equitable distribution in rural and urban areas.
3. Collaborative Practice: Promote interdisciplinary teamwork between AHPs, doctors, and nurses.
4. Digital Health Integration: Use electronic medical records (EMRs) and telehealth to streamline communication and referrals.
5. Training & Capacity Building: Implement continuous professional development programs for AHPs in PHC.

Example

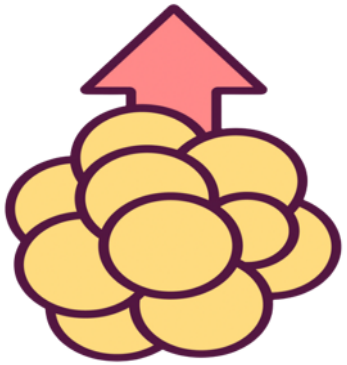
Elderly Health Services in PHC

Findings by National Health and Morbidity (NHMS) 2018 on

Elderly Health

27.7%

diabetes



41.8%

hypercholesterolemia

51.1%

hypertension

10.4%

experience food insecurity

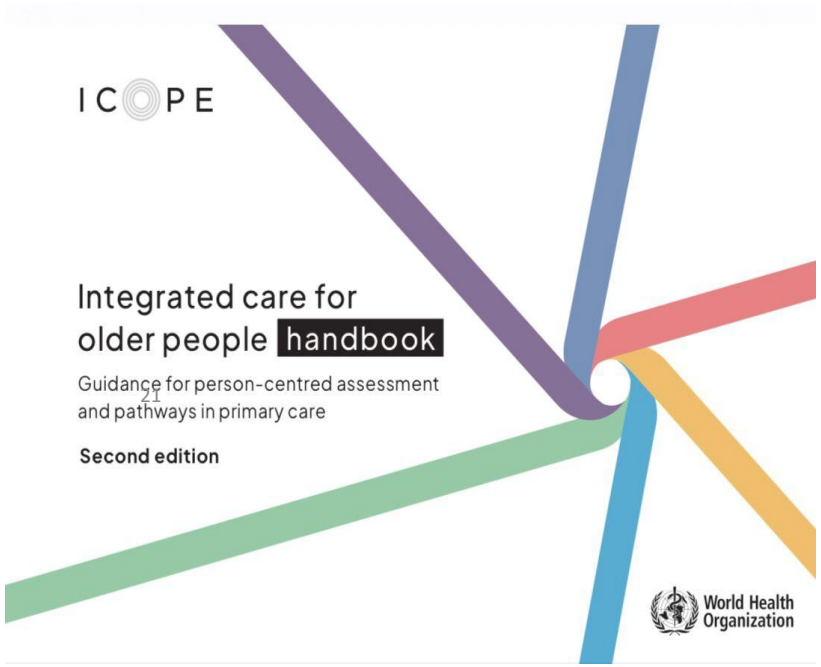
30.8%

malnutrition or at risk of malnutrition

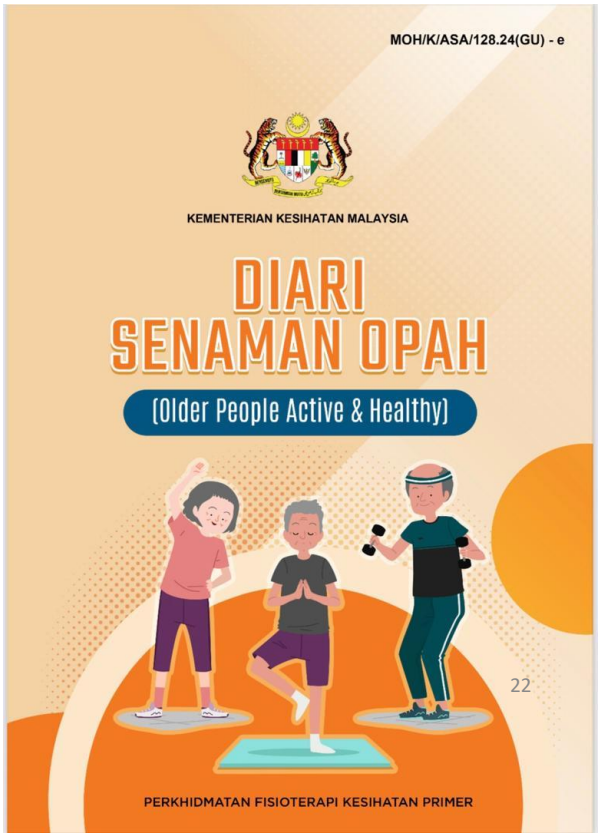
Supporting Healthy Ageing

📋 **Policy Framework**

- Based on National Policy for Older Persons (2008)
- Aligned with WHO Healthy Ageing approach
- Integrated into PTPKWE 2023–2030




KEMENTERIAN KESIHATAN MALAYSIA
BAHAGIAN PEMBANGUNAN KESIHATAN KELUARGA
MANUAL PELAKSANAAN
SARINGAN PEMAKANAN (MNA-SF) WARGA EMAS
PERKHIDMATAN DIETETIK KESIHATAN PRIMER
2024
Bahagian Pembangunan Kesihatan Keluarga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KEMENTERIAN KESIHATAN MALAYSIA
DIARI
SENAMAN OPAH
(Older People Active & Healthy)
22
PERKHIDMATAN FISIOTERAPI KESIHATAN PRIMER


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KEMENTERIAN KESIHATAN MALAYSIA
MODUL
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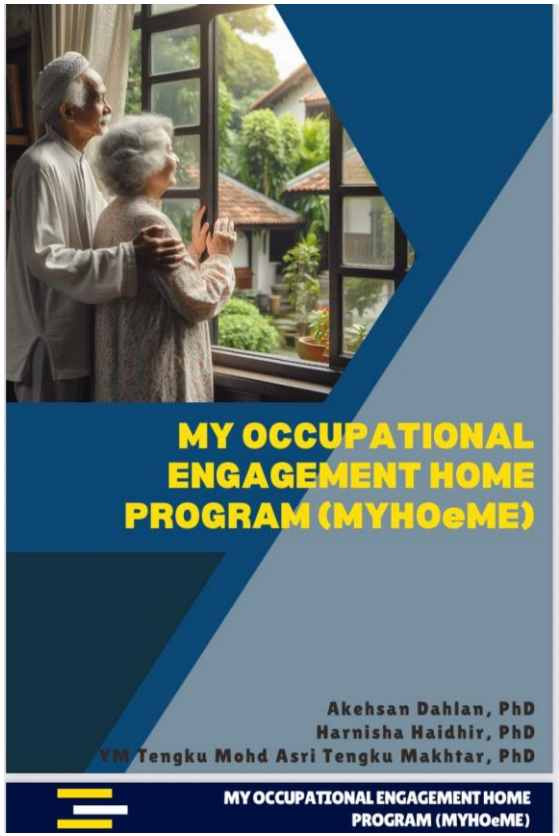
FISIOTERAPI
PRESARCOPENIA
BAGI PROGRAM KESIHATAN WARGA EMAS
DI PENJAGAAN KESIHATAN PRIMER


MY OCCUPATIONAL
ENGAGEMENT HOME
PROGRAM (MYHOeME)
Akehsan Dahlan, PhD
Harnisha Haidhir, PhD
YM Tengku Mohd Asri Tengku Makhtar, PhD
MY OCCUPATIONAL ENGAGEMENT HOME
PROGRAM (MYHOeME)

Activities

Screening / Assesment

- Screening for sarcopenia (dietitians, physiotherapist)
- Screening for nutrition risk (dietitians)
- Eye screening for cataract, glaucoma (optometrist)
- Assessment for ADL (occupational therapists)
- Assessment for dysphagia, aphasia (speech therapist)
- Assessment for financial needs

Interventions accordingly

Challenges & Barriers

1. Workforce Shortages: Limited AHPs in PHC settings.
2. Lack of Awareness: Healthcare providers and the public may not fully understand AHP contributions.
3. Funding & Policy Constraints: Budget limitations may hinder recruitment and service expansion.
4. Resistance to Change: Some PHC providers may be reluctant to adopt team-based care models.

- Addressing these barriers requires policy support, advocacy, and targeted investments in AHP services.
- Public education is crucial to increasing demand and appreciation for AHP services.

Recommendations & Way Forward

1. Strengthen Policies: Integrate AHPs into national health policies and workforce planning.
2. Expand Community-Based Services: Deploy AHPs in PHC facilities and mobile health units.
3. Leverage Data & Technology: Use data analytics to optimize resource allocation and service delivery.
4. Enhance Public-Private Partnerships: Collaborate with NGOs and private providers for expanded AHP access.

Conclusion

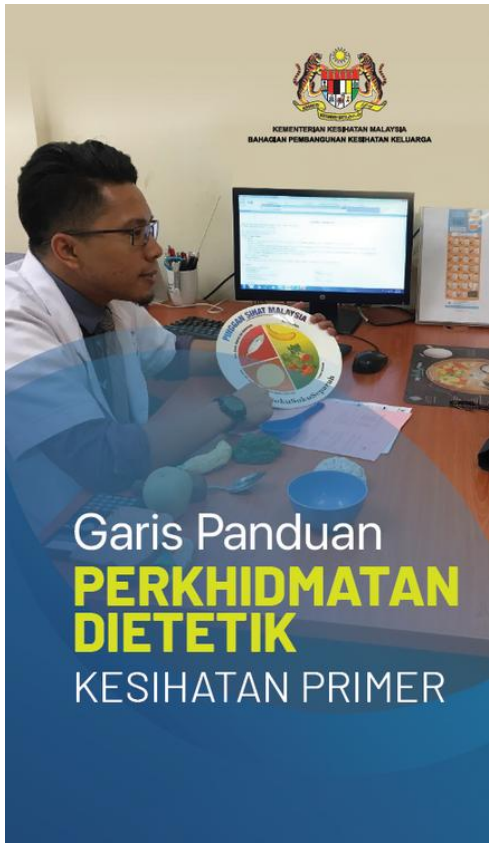
- Integrating AHPs into PHC strengthens service delivery, improves patient outcomes, and enhances healthcare efficiency.
- AHPs are vital partners in achieving Malaysia's health goals.
- Call to action:

  Stakeholders must work together to implement these strategies effectively.

THANK YOU


BUKU
PANDUAN
JURUTEKNOLOGI MAKMAL PERUBATAN PENJAGAAN KESIHATAN PRIMER
EDISI 2025


KEMENTERIAN KESIHATAN MALAYSIA
PROSEDUR OPERASI STANDARD
PERKHIDMATAN FISIOTERAPI KESIHATAN PRIMER


KEMENTERIAN KESIHATAN MALAYSIA
BAHAGIAN PEMBANGUNAN KESIHATAN KELUARGA
Garis Panduan
PERKHIDMATAN DIETETIK
KESIHATAN PRIMER


PERKHIDMATAN PEMULIHAN CARAKERJA
KEMENTERIAN KESIHATAN MALAYSIA
PROSEDUR OPERASI STANDARD
PERKHIDMATAN PEMULIHAN CARAKERJA DI KESIHATAN PRIMER


Kementerian Kesihatan Malaysia
(Perkhidmatan Radiologi)
PELAN PENGURUSAN OPERASI
PERKHIDMATAN RADIOLOGI