

The Joint Learning Network for Universal Health Coverage (JLN) brings policy and technical leaders together to learn from each other and co-create solutions to their most pressing health systems challenges. Learning from each other what has and has not worked, they are able to build more equitable, resilient, and efficient health systems to accelerate progress towards universal health coverage. With the support of expert facilitation, the joint learning approach helps draw out country experiences in a structured way to frame problems, identify common issues, explore insights and knowledge, and synthesize practical solutions that are both country-specific and globally adaptable.

As part of this process, JLN members often co-develop new knowledge products, such as step-by-step costing and self-assessment tools. To date, JLN members have co-created 45 knowledge products on a variety of subjects. Members then bring knowledge products back to their countries, adapt them to their country's specific needs, and finally use or implement the knowledge product to solve a particular challenge. The use of JLN knowledge products is one clear example of the impact the JLN can have downstream in health systems; by enabling countries to use best-practices from JLN country experience as they work towards long-term health system goals, such as expanding and improving on UHC programs. This case study profiles the use of the [Universal Health Coverage Primary Health Care Self Assessment Tool](#) in Malaysia.

Malaysia's use of the JLN PHC Self-Assessment produced findings that were used to improve public private partnerships to increase PHC coverage.

JLN Knowledge Product: Universal Health Coverage Primary Health Care Self-Assessment Tool

Country: Malaysia

Use Case: Adapted & piloted at national-level

Leading Implementers: Ministry of Health

Primary Outcome: Influencing Malaysia MOH Strategic Health Plan 2016-2020

Timeframe: 2014

Data Collection Methodology

In order to document the link between JLN knowledge product development and country effects to-date, the JLN's case study series examines two evaluation questions:

1. What are the processes and preconditions necessary for JLN knowledge products to be used?
2. How has the JLN network and knowledge products contributed to health system changes?

The JLN's country case study series was structured as an explanatory single-case analysis, consisting of one or more key informant interviews per case study with key stakeholders identified by the relevant JLN Country Core Group (CCG). CCG leads were asked to use a snowball sampling methodology (a referral-based sampling approach) to identify the critical stakeholders involved in adaptation and implementation for each use case. In some instances, a single key informant was sufficient to discuss the case and in other instances, multiple

perspectives were required. Stakeholders interviewed are mostly mid- to senior-level government staff involved in the implementation of a health system reform that used a JLN knowledge product or approach. Drafts of summaries were shared with key informants to check for accuracy and completeness.

Data collection was conducted through in-depth interviews using a structured questionnaire that also included open-ended questions and, if relevant, potential prompts to encourage more detailed responses. Data collection was done using a standard Adaptation & Implementation tool developed and piloted by the JLN Monitoring and Evaluation (M&E) Technical Working Group.

Limitations

Although the approach to the case study was informed by the JLN theory of change, document review, and pilots, the scope of each case study is limited to few key informants and all data have been collected retrospectively. Furthermore, case studies traditionally explore the complexity of a single or

limited number of cases, so findings may not be generalizable.

In addition, while JLN Network Manager designed and conducted the case study with integrity and with sensitivity to bias, the data collection efforts were conducted by the JLN Network Manager M&E staff and not by an independent data collector. The JLN Network Manager attempted to mitigate the potential for bias in this situation by requesting that respondents be open and honest to improve JLN knowledge products.

Acknowledgments

The JLN would like to thank the implementing team, including Dr. Mohd Safiee Bin Ismail from the Family Health Development Division, Ministry of Health Malaysia. The JLN would also like to thank the entire Malaysia JLN Country Core Group for their support. The co-development of the JLN UHC Primary Health Care Self-Assessment Tool was facilitated by Results for Development.

Country Context

Malaysia has a tax-funded public healthcare system that provides access to a comprehensive package of health care services. Many Malaysians use public-sector health services; the services are run by the Ministry of Health, as their primary source of health care. Malaysia also has a growing private sector offering health services operating in parallel with the government-run services. Private sector healthcare is primarily accessible in urban areas and services received are paid for out-of-pocket.¹

In 2014, participants in the JLN Primary Health Care Initiative worked together to develop the UHC Primary Health Care Self-Assessment Tool (the UHC-PHC Self-Assessment Tool), a rapid diagnostic instrument for identifying practical policy

opportunities in the health system to improve the relationship between health financing and PHC efforts. It focuses closely on the role and function of the Health Financing Agency (HFA), which can be crucial to improving UHC-PHC alignment.

Though the PHC initiative included participants from a number of countries, four JLN member countries – Ghana, India, Indonesia, and Malaysia – participated in adapting, piloting, and implementing the first version of the tool. The pilot in Malaysia in 2014 is documented in this case study.

Primary health care is often a lower political priority in many countries, with insufficient funding, management, and performance measurement. JLN participants agreed that many countries struggled with the details of how to advance a vision of PHC-oriented UHC that could galvanize increased

¹ Safurah Jaafar, et al. *Malaysia Health System Review*. (Asia Pacific Observatory on Health Systems and Policies, Health Systems in Transition Vol. 3, No. 1 2013).



support for PHC. With help from the technical facilitation team, the group's first step was to align primary care definitions and come to a consensus on terms. From there, the initiative worked to include these definitions in a draft generic tool that incorporated all of the participating country's experience. Once a draft version of the tool was complete, the four countries began to contextualize the tool for their needs and implement a pilot. Each

country piloted the newly developed self-assessment tool for four months.

Dr. Mohd Safiee Bin Ismail – a Senior Principal Assistant Director at the Malaysian Ministry of Health – was a member of the JLN PHC Initiative and led the pilot of the tool at the national level in Malaysia.

Results

Findings from Piloting the UHC-PHC Self-Assessment Tool

To pilot the tool, the Malaysia team adapted the self-assessment tool into a cross-sectional study collecting both qualitative and quantitative data through in-person interviews and written self-reported questionnaires. The self-assessment tool identifies a subset of key stakeholders in most health systems that are critical to advancing primary health care in the context of UHC. Early in the process, the Ministry of Health (MOH) team approached the Institute of Health System Research for their research skills to help with the ongoing study management. The research team brought experience designing a study and was also given access to key stakeholders within the government.

Together, the MOH and Institute of Health System Research team designed the study, customized the tool for the Malaysian context, and made use of their extensive networks to engage stakeholders as key informants. The self-assessment research study

recruited 79 participants and was conducted from August to November 2014. Participants included Ministry of Health, Ministry of Finance, and Economic Planning Unit staff, private sector health service providers, and public sector health providers and managers. The framework of the research study modified the data collection mechanisms for the self-assessment slightly; three modules were used as key informant interviews with all 79 participants, and the other three modules were integrated into a standardized questionnaire completed by each participant. The results of the adapted self-assessment tool study were published in the [International Journal of Pharmaceutical Research](#) in August 2020.

Through the findings, the team was able to assess how financial coverage institutions interact with other PHC actors and programs and identify opportunities to align health financing with PHC goals in Malaysia. One of the most striking findings from the pilot study was the limited role of the private sector in the provision of preventive

How did the JLN directly support?

- **Co-development** of the knowledge product and **knowledge sharing** from the collaborative during the pilot

How was the knowledge product used?

- MOH **piloted the tool, analyzed & synthesized recommendations**
- Findings showed a **gap in access to primary care** for urban lower-income populations because of a disconnect between the public and private sector in providing PHC

What were the downstream changes?

- Added to the evidence base that helped **evaluate public private partnership challenges** at the national planning level
- Supported policymakers, government officials, and private health providers to collaborate and **inform the MOH Malaysia Strategic Plan for 2016-2020 that is increasing access to PHC in Malaysia**

services and the disconnection between the public and private sectors for PHC. All respondents to this study agreed that primary health care is a priority. However, the study found a lack of knowledge in the private sector about cornerstone PHC regulations in Malaysia as well lack of knowledge of services offered in the public sector resulting in referral breakdowns. Not only did the private sector lack awareness of the government's policies on primary health care, the study also identified that the private sector primarily provided curative services and was responsible for the provision of minimal preventative services in Malaysia. The private sector reported feeling that the government was interested in regulation but the enforcement was weak and engagement with the private sector was very limited. The private sector felt they were not an engaged partner in primary health.

This last finding in particular had service accessibility implications. The government has a dense network of facilities in peri-urban and rural areas of the country but urban areas are significantly more reliant on private sector facilities to access care. This left lower-income urban Malaysians with limited access to facilities offering primary health care and meant that preventative care was likely out of reach, both geographically and financially, for lower-income Malaysians because private facilities require out-of-pocket expenditures for services.

Based on the results of the self-assessment research study Dr. Safiee and the team concluded that if Malaysia wanted to increase primary care and achieve UHC, the relationship between the public and private sectors would need to be addressed. Around the same time, another JLN tool, [*Regulation of Private Primary Health Care: A Country Assessment Guide*](#), conducted a qualitative assessment focused on regulation. This study had similar findings, further underscoring the service delivery breakdown between the public and private sectors.

"The private sector, they are important, if you do not engage them...we cannot get to UHC as planned...You need the the participation of the private sector."

-Dr. Mohd Safiee Bin Ismail

Health System Changes from the UHC PHC Self-Assessment

Supporting National Coordination & Engagement of the Private Sector

Dr. Safiee shared self-assessment results with the MOH leadership to rethink and encourage more active engagement with the private sector. Dr. Safiee and his team recognized that this coordination problem would require a multi-year approach to fully address.

One of the first opportunities came during the planning for the Ministry of Health Malaysia Strategic Plan 2016-2020. For the first time, the private sector was invited to engage directly in the strategic planning process. The problem was also clearly articulated in the plan itself; the lack of integration between the public sector and private sector is highlighted as a primary challenge in the gap analysis for the strategic plan.² Dr. Safiee was on multiple technical working groups that helped shape the 2016-2020 Strategic Plan and, while the UHC PHC Self-Assessment was just one piece of evidence used to make the case, the study gave clear findings and recommendations and helped elevate the issue at the national planning level.

Improving the multi-sectoral response to PHC and the NCD burden has continued to be a priority for the Malaysia JLN CCG and they have remained engaged in JLN activities related to improving public and private partnerships for UHC. Ultimately in

² Pelan Strategik KKM 2016-2020, prepared by Ministry of Health Malaysia (Kementerian Kesihatan, Malaysia, 2016).

2019, the Malaysian MOH launched the PeKa B40 scheme, a program designed to increase screening uptake for NCDs among lower-income Malaysians. The program uses public and private sector partnership to achieve its main goals. The findings from the PHC self-assessment were one of a number of inputs into this national scheme. Moreover, the Malaysia CCG was able to continue using the JLN as a platform to support the Peka B40, through the Medical Audit Collaborative. The Malaysia CCG used the JLN [Toolkit to Develop and Strengthen Medical Audit Systems](#) to establish a robust medical audit system for Peka B40 that could cover both public and private health providers to identify substandard health care, prevent fraud and abuse, and recommend quality improvements.

Continuous Joint Learning: Resource Country Pairing Support

The experience of implementing the UHC-PHC Self-Assessment Toolkit in Malaysia continues to have implications across the network. In 2018, after the successful pilot in Malaysia, Sudan, another JLN

member country, reached out to learn more about the use of the self-assessment tool and Malaysia. Ultimately Dr. Safiee was able to advise Sudan's CCG sharing his experience with this tool among his Sudanese colleagues and providing technical guidance through a workshop, including facilitating a review of assessment questions and tools to ensure they were relevant to the Sudanese context. He also shared lessons from Malaysia's experience piloting the tool, particularly discussing the logistics involved in the various phases of implementation and how they incorporated the results into larger planning processes. With Dr. Safiee's guidance and additional support from the World Bank, the Sudanese CCG was also able to adapt and implement the UHC-PHC self-assessment tool. The sharing of experience from Malaysia to Sudan exemplifies the spirit and values of the joint learning approach and demonstrates how joint learning, even when it starts small among four countries, can multiply and cascade as countries continue to share their knowledge.

Conclusion

The UHC Primary Health Care Self-Assessment Tool was designed as a multi-stakeholder survey to help assess how financial coverage institutions interact with other PHC actors and programs. The use of this tool in Malaysia helped quantify misalignment in access to PHC, particularly for urban-dwelling, lower-income Malaysians. The

UHC-PHC Self-Assessment tool supported policymakers, government officials, and private health providers to find opportunities to collaborate and, along with other evidence, helped inform the national strategy that is helping increase PHC access in Malaysia.

