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Comparison of Health Service Policies in Indonesia and Malaysia: A Literature Review Approach

Yanuar, Kurniawan[1], Didik, Gunawan Suharto[2], Kristina, Setyowati[3]

[123] Sebelas Maret University – Surakarta, Indonesian

yanuark73@gmail.com

Abstract. This study aims to compare health care policies in Indonesia and Malaysia based on literature analysis. Using a literature review method, this article explores the implementation of the Contribution Assistance Program (PBI) in Indonesia, as well as national health care quality policies in Malaysia. The study finds that both countries have different approaches in addressing the challenges of accessibility and quality of health care, with Malaysia emphasizing more on an integrated national quality strategy, while Indonesia focuses on equal access through subsidy programs. This study offers insights into opportunities for policy improvement in both countries to support more inclusive and sustainable health systems.

Keywords. Health policy, PBI program, Malaysia, Quality of health services, Social justice

[1] Introduction

Quality and equitable health services are the main indicators of the success of a country's health system. In this case, the quality of health services can be seen from various aspects, such as accessibility, effectiveness, efficiency, and affordability. Equitable accessibility is one of the key factors, because health that is not affordable for some people will increase social and economic inequality (World Health Organization (WHO), 2022) . Therefore, the success of a health system is not only measured by the quality of services in hospitals or primary health facilities, but also by the equitable distribution of health services throughout the region, including remote and rural areas (Haakenstad et al., 2022) . Equitable services can include an equitable distribution of medical personnel and health facilities that are easily accessible to people from various social strata (Yüksel, 2021) .

In Indonesia, inequality in access to health services is one of the main challenges that is still being faced today. One of the policies implemented to address this inequality is the Contribution Assistance Participant Program (PBI), which is part of the National Health Insurance (JKN) program. This program provides health protection for the poor and disadvantaged, with contributions paid by the government. Although PBI has succeeded in increasing access to health for disadvantaged groups, its implementation still faces various challenges, including the problem of uneven distribution of health services, varying quality of services between regions, and low participation from private health facilities in remote areas (National Team for the Acceleration of Poverty Reduction (TNP2K), 2021) . In addition, the

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high poverty rate in Indonesia, which reached around 9.8% in 2023 (BPS, 2023), also affects the effectiveness of this policy (Central Statistics Agency (BPS), 2023) .

On the other hand, Malaysia has developed the National Policy for Quality of Health Services (NPQH) which aims to improve the quality and efficiency of health services nationwide (Awang et al., 2023) . The NPQH is designed to ensure that the Malaysian health system not only focuses on providing adequate health services, but also pays attention to high quality standards, service efficiency, and optimal resource management. This policy involves measuring hospital performance, empowering medical personnel, and implementing innovative health technologies to support data-driven decisions. The success of the NPQH is reflected in the increasing index of health service quality in Malaysia which has continued to improve in recent years. This also contributes to reducing health service inequalities, especially in rural areas. (Ministry of Health Malaysia, 2020) .

However, even though Malaysia has a more structured policy in improving the quality of health services, challenges remain. One of them is the need to maintain a balance between high operational costs and a limited state budget. In addition, the sustainability of the NPQH policy is highly dependent on the government's long-term commitment to adequate funding allocation and the active role of the private sector in improving the efficiency and quality of services. Therefore, both Indonesia and Malaysia face similar challenges in managing health services, albeit with different approaches and policies.

Various studies have shown that accessibility and quality of health services are major challenges in developing countries, including Indonesia. Often, budget allocations for the health sector are more focused on urban areas, leaving remote areas with limited access to adequate health facilities. This is exacerbated by the lack of adequate health infrastructure, such as hospitals and health centers that are unevenly distributed. In addition, the uneven distribution of medical personnel in various regions is also a major obstacle, where medical personnel are more concentrated in large cities or urban areas. Based on data from the Ministry of Health of the Republic of Indonesia (2023), the ratio of doctors per 100,000 residents in remote areas is still far below the WHO standard which sets a minimum of 10 doctors per 100,000 residents. People in remote areas also often face difficulties in accessing transportation to the nearest health facility, which exacerbates inequality in health services. The existing National Health Insurance (JKN) program has helped improve access for the poor, however, uneven distribution of services remains a major issue in achieving it.

In comparison, Malaysia has had some success in implementing an integrated healthcare quality framework through the National Policy on Healthcare Quality (NPQH). This policy prioritizes higher standards of service quality, operational efficiency, and equitable distribution of healthcare services across the country. The application of health technology and the development of health information systems also support this policy to facilitate patient data management and improve service quality. However, Malaysia still faces similar obstacles to Indonesia, namely the limited number of trained medical personnel who are evenly distributed throughout the region, especially in rural areas. Data from the Malaysian Ministry of Health (2022) shows that although the number of hospitals in Malaysia is relatively sufficient, the distribution of doctors and nurses is still concentrated in large cities. Another challenge is the financing needed to maintain quality and improve infrastructure in less developed areas, which requires large investments and sustainable policies.

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In the global context, the need to adopt evidence-based health policies is increasingly urgent, given the complexity of the challenges faced by health systems in various countries. The World Health Organization (WHO) has repeatedly emphasized the importance of developing health policies that are not only responsive to local needs, but also supported by valid data and evidence. WHO identifies evidence-based policies as one of the main pillars in achieving more equitable and sustainable health worldwide. Through this approach, health policies can be more targeted, more efficient in the use of resources, and more effective in addressing public health problems. This is reflected in the commitment of WHO member states to realize the targets of the Sustainable Development Goals (SDGs), especially those related to health, such as SDG 3 which aims to ensure healthy lives and promote well-being for all at all ages. The implementation of evidence-based policies is expected to accelerate the achievement of these targets, by focusing efforts on interventions that have been proven effective.

As a region with diverse health challenges, Southeast Asia faces an urgent need to implement evidence-based health policies. Countries in the region, such as Indonesia, Thailand, Malaysia, and the Philippines, face different challenges, ranging from inequitable access to health care to high burdens of disease. In Indonesia, for example, despite significant progress in the national health insurance system, inequity in health care delivery remains a major issue. Meanwhile, countries such as Malaysia and Thailand have taken further steps in implementing evidence-based policies, such as national policies for improving the quality of health services and data-driven health information systems. However, each country still faces barriers in integrating scientific evidence into health policies, whether due to resource constraints, differences in institutional capacity, or social and cultural challenges.

Comparative research on health policies in Southeast Asia is very relevant to fill the gap in the existing literature, considering the differences in health systems and challenges faced by each country in the region. Countries in Southeast Asia have different social, cultural, and

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economic characteristics, which influence the implementation of their health policies. In Indonesia, for example, the main challenge is the inequality of access to health services between urban and rural areas, while Malaysia focuses more on improving the quality of services and the efficiency of the health system. Therefore, conducting a comparison of health policies in Southeast Asia can provide valuable insights into strategies that have been successfully implemented in one country and can be adapted by other countries. This research can also help in identifying best practices and obstacles faced in implementing evidence-based policies in developing countries in Southeast Asia.

[2] Methodology

This study uses a literature study approach with a comparative policy method to analyze the health care system in Indonesia and Malaysia. The data sources used in this study consist of journal articles, government policy reports, international organization publications, and other relevant documents published in the last five years. The selection of sources is carried out with strict selection criteria, namely topic relevance, source credibility, and the quality of available data.

The analysis process is conducted by comparing the main policies in the health care systems implemented in Indonesia and Malaysia. This analysis is complemented by a review of national policies, and related studies published in the last decade. This methodology allows the identification of patterns of success and challenges faced by both countries in providing inclusive and sustainable health services.

In addition, this study adopts a comparative approach using the WHO analytical framework on National Quality Policy and Strategy (NQPS). This framework includes five main dimensions: leadership, regulation, resources, implementation, and evaluation. These dimensions are used to analyze policies in Indonesia and Malaysia.

The reliability of the study was maintained through data triangulation using various different sources to ensure the validity of the information obtained. The limitations of this study include limited access to current data in both countries, Indonesia and Malaysia, and limitations in the scope of the comparisons made.

[3] Results and discussion

Policy Objectives

In Indonesia, the Beneficiary Assistance (PBI) policy program aims to improve access to health services for the poor through government subsidies. Its main focus is social justice in health services.

The PBI program is part of the Indonesian government's efforts to realize Universal Health Coverage (UHC) as mandated by Law Number 40 of 2004 concerning the National Social Security System (SJSN) (Law Number 40 of 2004 concerning the National Social Security System). Through PBI, registered poor people receive health insurance funded by the government. This aims to reduce the disparity in access to health services between the middle to upper economic groups and the underprivileged. Based on data from the Ministry of Social Affairs, in 2023, there will be more than 96 million PBI beneficiaries throughout Indonesia (Ministry of Social Affairs, 2023).

The subsidy provided in the PBI program covers BPJS Health contribution payments for the poor. Thus, PBI recipients can access health services without worrying about high cost burdens. The government periodically evaluates the number of PBI recipients based on the Integrated Social Welfare Data (DTKS) to ensure that only people who really need it receive

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this benefit. A study by the Social Security Administering Agency (BPJS) Health in 2022 showed that PBI had contributed to an increase in the number of visits to primary health facilities by 20% compared to before the program was implemented (BPJS Health, 2022).

In its implementation, the PBI program faces various challenges, including data accuracy and funding sustainability. Data accuracy is a major issue because targeting accuracy is highly dependent on the validity of the DTKS. Cases of PBI recipients who are actually not eligible for assistance are often found, while other poor people are not registered. To overcome this, the government involves local governments and communities in the data verification and validation process. In 2023, the government will also increase data integration between the Ministry of Social Affairs and BPJS Kesehatan through the digitization of the data collection system.

The sustainability of PBI program funding is also an important concern. As a subsidy program, PBI funding is highly dependent on the state budget. In 2023, the budget allocation for PBI reached IDR 48.8 trillion, but fiscal challenges such as declining state revenues could affect the sustainability of this program. Some public health experts suggest diversifying funding sources, such as involving philanthropy or social funding mechanisms from the private sector, to strengthen the PBI funding base.

On the other hand, PBI has a positive impact not only on beneficiaries, but also on the national health system. With the increasing number of people using health services, health facilities in various regions are also encouraged to improve the quality of their services. Research published by the Demographic Institute of the University of Indonesia in 2021 showed that more equitable accessibility of health services through PBI contributed to a 5% decrease in infant mortality in remote areas in the last five years (Demographic Institute of the University of Indonesia, 2021).

Through the PBI program, the government not only shows its commitment to ensuring social justice, but also encourages improving the quality of life of the community as a whole. However, to maintain and improve the effectiveness of this program, synergy is needed between various parties, including the central government, local governments, and civil society.

On the other hand, the healthcare system in Malaysia has implemented the NPQH (National Policy on Quality in Healthcare) approach as the main strategy in improving the quality of healthcare services. This system prioritizes quality improvement through seven strategic priorities designed based on a comprehensive situational analysis. This approach aims to address the evolving public health challenges along with changes in demographics, epidemiology, and community needs.

First, one of the main priorities in the NPQH is to improve accessibility of health services. The Malaysian government has been working to ensure that people, especially those living in rural and remote areas, can easily access health facilities. This program includes the provision of mobile clinics, telemedicine, and infrastructure upgrades at primary health centers. Data from the Malaysian Ministry of Health shows that by 2023, more than 90% of the population will have access to a primary health facility within a five-kilometer radius of their residence.

Second, focus on improving the quality of human resources in health. Malaysia has strengthened the training and professional development of health workers through continuous training programs. These efforts include training in clinical skills, health management, and the application of the latest medical technology. For example, in 2022, more than 15,000 health workers have participated in advanced certification training in their respective fields.

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Third, Malaysia places great emphasis on the use of digital technology in healthcare. The digitalization of the healthcare system, including the implementation of electronic medical records (EMR) and digital-based health applications, has made it easier for the public to access health information and medical services. In addition, the integration of this technology also improves operational efficiency in hospitals and clinics. According to a report by the Malaysia Health Informatics Association, by 2023, around 75% of hospitals in Malaysia will have adopted an EMR system.

Fourth, the NPQH priority is to improve the control and prevention of infectious diseases. With the threat of infectious diseases continuing to increase, Malaysia has expanded the national immunization program and strengthened public health surveillance efforts. For example, immunization coverage for infectious diseases such as measles and diphtheria reached more than 95% in 2023, exceeding the target set by the World Health Organization (WHO).

Fifth, emphasis on strengthening cross-sector collaboration to address social determinants of health. Malaysia has worked with the education, housing and transport sectors to address factors that influence health, such as malnutrition, clean water and sanitation. Data from the United Nations Development Programme (UNDP) in 2023 showed a significant increase in access to clean water, reaching 99% of households.

Sixth, ensuring the sustainability of the health system through adequate and efficient financing. Malaysia has implemented a universal health financing strategy, including financial protection programs such as MySalam and PeKa B40 that provide protection to low-income groups. The report from the Malaysian Ministry of Finance in 2023 noted an increase in the health budget allocation by 12% compared to the previous year.

Seventh, the final effort in the NPQH strategic priority is to increase community involvement in the health system. The government encourages community participation through health education campaigns and promotive-preventive programs. Campaigns such as “Sihat Bersama” have succeeded in increasing public awareness of healthy lifestyles and disease prevention. The Malaysian National Health Survey 2023 reported an increase in the number of people actively participating in promotive-preventive activities by 40% compared to 2020.

Implementation Method

The Individual-Based Financing Program (PBI) is an initiative operated by the Indonesian government through a social insurance mechanism to provide access to health services for the underprivileged. This program is designed to ensure that every individual, especially those in poor and vulnerable groups, can obtain adequate health services without being burdened by high costs. Financing in the PBI program mostly uses subsidy funds allocated by the government through the State Budget (APBN), with the aim of achieving equality in access to health services.

However, although the PBI program has been designed to provide wider access to health services, the main challenge faced is the uneven distribution of resources, especially in remote areas. Based on data from the Ministry of Health, more than 60% of the total hospitals in Indonesia are located on the island of Java, while areas outside Java, especially Eastern Indonesia, still face limited access to adequate health facilities. This condition causes most of the population outside Java to have to travel far to get quality health services, which in turn can limit the effectiveness of the PBI program.

In addition, the limited number of health workers is also a significant challenge in implementing the PBI program effectively. Indonesia, which has more than 270 million people,

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is experiencing a shortage of medical personnel, especially in remote areas. According to data from the World Health Organization (WHO), the ratio of doctors in Indonesia is still far below the recommended standard, which is around 1 doctor per 1,000 people. As a result, although the PBI program can provide access to financing for health services, this uneven shortage of medical personnel exacerbates the gap in the quality of health services received by the community.

The PBI program also needs to pay attention to improving the quality and capacity of health facilities that receive subsidies. According to the National Health Survey (SKN), the quality of health facilities in Indonesia varies depending on the location and type of facility. Large hospitals in big cities have sophisticated medical equipment, while hospitals or health centers in remote areas often face limitations in terms of equipment and infrastructure that support medical services. Therefore, the success of the PBI program depends not only on the availability of funding, but also on improving the quality and distribution of health facilities evenly.

To address these challenges, the government must take strategic steps, such as increasing incentives for health workers to work in underserved areas, as well as improving the distribution and management system of health resources. One initiative that has been implemented is the "One Health" program which aims to integrate various health sectors in responding to the issue of health worker distribution. In the long term, improving the inequality in the distribution of resources and health workers will be key to ensuring that the PBI program can function well and provide maximum benefits to all levels of society.

Malaysia has adopted the WHO National Quality Policy and Strategy (NQPS) framework to improve the quality of the national health system. The framework aims to provide guidelines for improving the effectiveness and efficiency of health services across the country. The NQPS launched by the World Health Organization (WHO) provides a clear structure for countries to build health policies that focus on quality outcomes. In Malaysia, the adoption of this policy began with steps involving stakeholder mapping including government, health service providers, and communities to understand the needs and challenges faced in their health system.

As part of the implementation of the NQPS, Malaysia conducted an online survey to collect relevant data on patients' experiences and expectations of the healthcare system. The survey aimed to gain insight into issues faced by patients in accessing and quality of healthcare services, as well as to obtain direct feedback from the public to formulate more targeted policies. The data obtained through the online survey was used to design quality improvement programs that focused more on areas that needed the most improvement. According to a report from the Malaysian Ministry of Health, the survey provided invaluable insights into patient dissatisfaction with hospital waiting times and the quality of communication between patients and healthcare professionals.

Quality improvement initiatives are an integral part of the NQPS in Malaysia. The Malaysian government is focusing on strengthening the capacity of healthcare workers and developing ongoing training programs to ensure that they have the latest skills in providing quality care. These training programs involve various aspects, including the latest medical techniques, as well as skills in communicating with patients. The initiative also includes the development of an accreditation system for hospitals and clinics, which ensures that healthcare facilities meet standards set by the health ministry.

In addition, Malaysia is also trying to increase integration between the public and private healthcare sectors to improve the quality of services. This partnership model aims to maximize

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the resources available in both sectors. For example, several private hospitals in Malaysia are working with government hospitals to provide joint training for medical personnel, as well as share more advanced medical technology and infrastructure. This not only improves the quality of medical services but also allows for a more equitable distribution of healthcare resources across the country.

The NQPS policy also emphasizes the importance of continuous monitoring and evaluation of the quality of health services provided. Malaysia implements a periodic assessment system that includes internal and external audits to ensure that hospitals and other health facilities comply with established quality standards. In addition, these evaluations are used to identify areas that require further improvement, such as reducing medical errors and improving hospital management. This evaluation process allows health policies to continually evolve in line with the dynamics of needs and challenges in the field.

However, the implementation of NQPS in Malaysia also faces several challenges. One of them is the uneven distribution of adequate health facilities between urban and rural areas. Data from the Malaysian Ministry of Health shows that most of the best health facilities are located in big cities, while rural areas still lack adequate health facilities. To address this issue, the Malaysian government is developing initiatives to improve health facilities in underserved areas, through better financing and infrastructure development.

In the long term, the implementation of the NQPS in Malaysia is expected to improve overall health outcomes, such as reduced infant mortality rates, improved life expectancy, and reduced burden of non-communicable diseases. The success of this initiative will also depend heavily on the country's ability to address inequities in the distribution of medical facilities and personnel, and ensure that this health policy is accessible and beneficial to all levels of society. In this regard, strengthening collaboration between the government, the private sector, and the community will be key to success.

Main Challenges

The limited infrastructure and medical personnel in remote areas are major problems in providing equitable health services in Indonesia. Although the government has tried to improve this situation through various programs and policies, in reality, access to adequate health facilities in remote areas is still very limited. Based on data from the Ministry of Health, more than 30% of the total villages in Indonesia do not have adequate health facilities such as community health centers or hospitals with adequate basic services. This makes it difficult for people in remote areas to access quality medical services, which in turn affects their overall health levels.

Infrastructure limitations are not only related to the number of health facilities, but also to the quality of these facilities. Many health centers and hospitals in remote areas still use outdated or incomplete medical equipment. In addition, limited electricity and access to more modern medical resources are also major obstacles. Data from the World Health Organization (WHO) shows that almost 20% of health facilities in areas outside Java do not have stable access to electricity, which greatly affects the sustainability of medical services, especially in intensive care and storage of medicines that require certain temperatures.

In addition to infrastructure issues, Indonesia also faces a major problem in the uneven distribution of medical personnel. In remote areas, the number of doctors, nurses, and other health workers is much lower compared to urban areas. According to data from the Indonesian Medical Association (IDI), the ratio of medical personnel in Indonesia is around 1 doctor per 2,000 residents, while in remote areas, this ratio is even lower. As a result, the existing medical

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personnel are unable to serve all the needs of the community, which often results in delays in health services or even failure to meet basic health service standards.

One of the solutions that the government has tried to overcome the limited number of medical personnel is through the "Doctor on Call" program and sending medical personnel from big cities to remote areas. However, although this program provides greater access to medical services, the problem of inequality in the distribution of medical personnel remains an issue that has not been fully resolved. Other programs such as incentives for doctors and medical personnel working in remote areas have also been implemented, but the results are still limited and not enough to attract many medical personnel to work in less developed areas.

In addition to obstacles related to infrastructure and medical personnel, there are also obstacles in the dissemination of information about health rights. Many people in remote areas do not have adequate access to information about their rights to health services. Although various initiatives have been carried out, including outreach through social media and health campaigns, the level of public understanding of their health rights is still low. This is influenced by various factors, such as low levels of education, limited access to information technology, and a lack of health extension workers in remote areas.

One way to address this issue is to improve public health literacy. The Indonesian government, together with various non-governmental organizations, has made various efforts to improve public understanding of their health rights. Community-based health education programs are one approach that is considered effective in disseminating information about health rights. This education is carried out using methods that are appropriate to local conditions, such as through community meetings, short messages (SMS), or the use of print media that is more easily accessible.

However, efforts to disseminate information about health rights also face challenges in the form of limitations in terms of costs and resources. Many areas still lack trained health workers to provide counseling, as well as limitations in the distribution of information materials that can reach all levels of society. Data from the Central Statistics Agency (BPS) shows that there are still around 10% of the Indonesian population living in areas with very limited access to information. This is a major obstacle in ensuring that every individual understands their health rights, including the right to quality and free health services.

To address these challenges, it is important for the government to continue to strengthen collaboration with the private sector, non-governmental organizations, and local communities in improving information distribution. The establishment of a broader and more integrated health information network will also help accelerate the dissemination of relevant information to people in need. In the long term, equitable distribution of health infrastructure and increased access to information will play an important role in achieving the goal of universal health coverage (UHC) in Indonesia.

In Malaysia, one of the major challenges in implementing the National Policy for Quality Health (NPQH) is the integration of effective and efficient health management information systems. An integrated information system is essential to ensure that health data, such as patient records, hospitalization data, and disease statistics, are accessible in a timely and accurate manner by all stakeholders. However, in many hospitals and healthcare facilities, the information systems used are still separate and not interconnected. This makes it difficult to share information between hospitals, clinics, and other healthcare providers, which in turn hinders efforts to improve the quality and efficiency of healthcare services across the country.

The importance of information system integration is further emphasized when considering the fact that Malaysia is moving towards a more digital healthcare system.

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According to a report from the Malaysian Ministry of Health, more than 50% of hospitals in Malaysia have adopted information technology for medical data management, but full integration between systems remains a major hurdle. These siloed systems not only lead to errors in data recording but also slow down the decision-making process, which in turn impacts the quality of patient care. The Malaysian government, in this regard, has launched various programs to increase the use of information technology in the healthcare sector, but the results of their implementation will still take time to be fully felt.

In addition, limited human resources (HR) are another significant challenge in supporting the NPQH policy in Malaysia. Malaysia's health system, despite having many qualified medical personnel, still faces problems in the distribution and adequate number of medical personnel, especially in remote areas. According to data from the Malaysian Ministry of Health, the ratio of doctors to the population in the country is 1:800, but this ratio is much worse in rural areas. In remote areas, the shortage of medical personnel is not only limited to the number of doctors, but also nurses and other health workers needed to provide appropriate and quality care.

The problem of limited human resources is also exacerbated by the phenomenon of "brain drain" or the migration of trained medical personnel abroad. Many doctors and trained medical personnel choose to work in developed countries with higher salaries and better working conditions. This has resulted in an increasingly severe shortage of medical personnel, especially in areas that require more attention in terms of the quality of health services. In response to this problem, the Malaysian government has implemented various incentive policies to attract medical personnel to work in underserved areas. However, the results are still limited, and significant improvements in the distribution of human resources in the health sector have not been achieved.

Capacity building in Malaysia's healthcare sector requires significant investment in continuing education and training. With medical technology constantly evolving, it is essential for healthcare professionals to continually develop their skills to provide the best and most up-to-date care. The Malaysian government has made efforts to improve medical education by opening more training programs and courses for healthcare professionals, but the availability of adequate courses and training in remote areas remains a challenge. This means that some healthcare professionals in remote areas do not have equal access to training and professional development, which can ultimately affect the quality of healthcare they provide.

To address these two challenges, integration of health management information systems and human resource constraints, the Malaysian government needs to adopt a more holistic approach. This includes increasing investment in information technology infrastructure to create a more integrated and efficient system, as well as improving the distribution and capacity of health workers through more equitable training. In addition, it is also important to strengthen collaboration between the public and private sectors in health service delivery, in order to create a more inclusive and sustainable service model across the country. Addressing these challenges comprehensively will support the success of the NPQH policy in improving the quality of health services in Malaysia.

Statistics show that by 2023, only 60% of hospitals in Indonesia meet national accreditation standards. On the other hand, Malaysia has managed to achieve 85% national accreditation for primary healthcare facilities, but still faces a shortage of doctors in rural areas.

Statistics showing that only 60% of hospitals in Indonesia meet national accreditation standards by 2023 reflect the major challenges facing the country's healthcare system. Hospital accreditation is an important indicator in determining the quality of healthcare services provided

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to the public. National accreditation standards, set by the Hospital Accreditation Commission (KARS), involve various aspects, including hospital management, patient safety, and the quality and affordability of medical services. According to data from KARS, many hospitals in Indonesia, especially those in remote areas, struggle to meet the standards set due to limited resources, both medical equipment and trained healthcare workers. On the other hand, although efforts to improve hospital accreditation continue to be made, the 60% figure shows that many hospitals are still below the expected standards, potentially affecting the quality of healthcare services received by patients.

In Malaysia, efforts to achieve national accreditation standards in the healthcare sector have been more successful, with around 85% of primary healthcare facilities being accredited. This demonstrates the strong commitment of the Malaysian government to improving the quality of healthcare services across the country. Malaysia's accreditation system, administered by the Malaysian Society for Quality in Health (MSQH), ensures that primary healthcare facilities, such as clinics and health centres, meet stringent standards in terms of medical and managerial services. While this achievement is commendable, a major challenge that Malaysia continues to face is the shortage of medical personnel, especially doctors, in rural areas. This is due to the unequal distribution of medical personnel, with most qualified medical personnel concentrated in large cities. Data from the Malaysian Ministry of Health shows that while the ratio of doctors to the population in Malaysia is quite good overall, many rural areas still lack doctors who can provide adequate medical services.

The shortage of doctors in rural areas in Malaysia is affecting the ability of healthcare facilities to provide quality services. According to a report by the Malaysian Medical Association (MMA), about 20% of the population in rural areas do not have adequate access to professional medical personnel, especially specialist doctors. This creates a gap in the quality of medical services received by the people in these areas. The Malaysian government has introduced various policies to address this issue, such as providing incentives for doctors willing to work in rural areas, as well as improving medical education in universities to ensure more trained medical personnel are available. However, despite these efforts to reduce this disparity, the challenge of equitable distribution of medical personnel across the region remains a significant issue.

Meanwhile, in Indonesia, similar constraints related to the distribution of medical personnel are also very pronounced. Especially in remote areas, the number of doctors and medical personnel available is very limited, with many areas lacking general practitioners and specialists. Government programs to distribute medical personnel to underserved areas through various incentives and medical transfer programs are not enough to address this problem comprehensively. This exacerbates the gap between health facilities in urban and rural areas, with facilities in large cities tending to have more medical personnel and more sophisticated medical equipment. In response to this problem, Indonesia has also sought to increase access to medical education in various regions, in the hope of creating more medical personnel willing to work outside of large cities. However, despite various steps that have been taken, increasing the distribution of medical personnel evenly across Indonesia still requires more intensive and sustained efforts.

Similarities and Differences

The similarity of health care system policies between Indonesia and Malaysia lies in the commitment of both countries to improve accessibility and quality of health services for all levels of society. Both Indonesia and Malaysia have a clear vision to achieve equal distribution

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of quality health services, where every citizen, regardless of social status or geographic location, can access the medical services they need. In Indonesia, this is reflected in the Universal Health Coverage (UHC) policy implemented through the National Health Insurance Program (JKN). This program aims to ensure that all Indonesians, including those living in remote areas, can access basic health services without being burdened by costs. By 2023, more than 90% of Indonesians have registered for the JKN program, showing significant progress in achieving equal distribution of health services.

In Malaysia, a similar policy is implemented through the National Health Protection Scheme (SPKN) program which also aims to provide better access to healthcare for all levels of society. The Malaysian government is committed to ensuring that healthcare remains affordable for all citizens, particularly through the policy of providing free or low-cost healthcare at government healthcare facilities. According to data from the Malaysian Ministry of Health, more than 70% of the total healthcare expenditure in the country is funded by the government budget, with a primary focus on providing accessible healthcare services to people in both urban and rural areas. This shows that Malaysia also places a high priority on equal access to healthcare for all levels of society.

The governments of both countries have also adopted policies that support the strengthening of community-based health systems. In Indonesia, this policy is reflected in the improvement of health services at the community health center level, which serves as the spearhead in providing basic health services. Community health centers not only provide medical services, but also carry out disease prevention, immunization, and health education to increase public awareness of the importance of a healthy lifestyle. Data from the Indonesian Ministry of Health shows that more than 80% of the total population of Indonesia can access community health center services, although the distribution of these facilities remains a challenge, especially in remote areas that are difficult to reach.

Malaysia also has a similar community-based health system, where primary health care at the village clinic or health clinic level is key to providing affordable and quality health care. These clinics provide preventive, curative and rehabilitative services, and play a role in health education for the community. One of the policies implemented in Malaysia is the placement of doctors and medical personnel in rural and remote areas, which aims to reduce the gap in health services between urban and rural areas. Although Malaysia has achieved a high level of accreditation for primary health care facilities, the challenge of uneven distribution of medical personnel remains a major issue in ensuring equitable quality of care across the country.

In addition to community-based health service policies, both countries also pay attention to the importance of the quality of medical services. In Indonesia, the hospital and community health center accreditation policy was introduced as an effort to improve the quality of health services. This accreditation program aims to ensure that health facilities meet certain standards in terms of medical services, management, and patient safety. Based on data from the Hospital Accreditation Commission (KARS), by 2023, more than 60% of hospitals in Indonesia have been accredited, although there are still challenges in ensuring that all health facilities in Indonesia meet the same standards. To improve quality, Indonesia also focuses on training and developing medical personnel, including through continuing education programs and certification for doctors and other medical personnel.

Malaysia, which has achieved a higher level of accreditation in the healthcare sector, is also implementing similar policies to improve the quality of healthcare services. The accreditation program in Malaysia, run by the Malaysian Society for Quality in Health (MSQH), ensures that healthcare facilities in the country meet international standards in terms of

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management and patient care. Data from MSQH shows that 85% of healthcare facilities in Malaysia have been accredited by 2023, with many hospitals and clinics striving to meet higher quality standards each year. This reflects the Malaysian government's commitment to continuously improve the quality of healthcare services and ensure that every patient receives the best and safest care.

Overall, both Indonesia and Malaysia show similarities in their healthcare system policies, with a primary focus on accessibility, equity of care, and quality improvement. Although each country faces different challenges, particularly in terms of the distribution of healthcare workers and disparities in access in rural areas, both countries remain committed to achieving the goal of universal health coverage (UHC) and improving the quality of life of the community through better healthcare services. In facing these challenges, it is important for both countries to continue to innovate in healthcare policies and enhance collaboration between the public and private sectors to create a more inclusive and sustainable healthcare system.

The fundamental difference in healthcare system policies between Indonesia and Malaysia lies in each country's approach to integrating policies across levels of government. Malaysia tends to have a more organized structure in managing healthcare policy, where there is clear integration between central and local policies. The Malaysian government uses a centralized approach with policies coordinated by the Malaysian Ministry of Health (MOH) which ensures that health regulations and initiatives are implemented uniformly across the country. For example, Malaysia has successfully integrated primary healthcare with the government hospital system, ensuring that all levels of society, both in urban and rural areas, have equal access to adequate healthcare services. In addition, the Malaysian healthcare system is more coordinated through various policy initiatives that support equitable access to healthcare facilities and more efficient management of funds at the regional and local levels.

In Indonesia, despite efforts to integrate policies across levels of government, the policies implemented tend to focus more on direct subsidies to vulnerable groups in society. One real example of this policy is the National Health Insurance Program (JKN) managed by BPJS Kesehatan. JKN aims to provide health insurance for all Indonesians, with a focus on providing subsidies to individuals or groups who are at high risk or have economic limitations. In this case, Indonesia prioritizes a subsidy-based approach, where the government provides direct assistance to the community through social security funds. This is different from Malaysia's approach, which prioritizes centralized and integrated management of health services, with costs largely borne by the government, especially in primary health facilities and state-owned hospitals.

The direct subsidy approach implemented by Indonesia in JKN aims to ensure access to health services for the underprivileged, especially those living in remote areas and who do not yet have adequate access to health facilities. This program covers the costs of basic health services, hospitalization, and treatment for patients with chronic diseases. Data from BPJS Kesehatan shows that by 2023, more than 90% of Indonesia's population will have registered for this program, making it one of the largest health insurance programs in the world. However, the biggest challenge of this policy is the sustainability of financing and the distribution of services which are still uneven, especially in underserved areas, such as remote areas and small islands.

In contrast, Malaysia has implemented a more structured health policy through a more centralized health scheme where the government has greater control in providing health services to the people. Malaysia's health system is largely funded by the government, which allows the cost of health services to remain affordable for all citizens. In addition, Malaysia also integrates

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various aspects of health services, from primary care to large hospitals, into one more holistic system. In this regard, the Malaysian government ensures that health policies are monitored and evaluated regularly to ensure that all people, including those living in rural areas, can access medical services easily and cheaply. This policy has proven successful in reducing the gap in health services between urban and rural areas, although the issue of distribution of medical personnel remains a challenge that must be overcome.

One concrete example of the integration of health policies implemented in Malaysia is the "one-stop services" system that combines various health services in one facility. This includes community-level health clinics that provide basic medical services, as well as hospitals that handle more complex cases. This system allows patients to access a range of health services in an efficient and integrated manner, minimizing bureaucracy and increasing accessibility. On the other hand, Indonesia, with its direct subsidy approach, relies more on cooperation between the government and private health service providers to create access, especially in areas with minimal facilities. While this is also a solution to the problem of lack of health facilities in some areas, such cooperation often poses challenges related to the quality of services provided by the private sector, which can vary widely.

It is important to note that although the two countries have different policy approaches, each system has its own advantages and challenges. In Indonesia, direct subsidies can be more targeted to reach vulnerable groups, but the biggest challenge is in terms of sustainable funding and equitable distribution of services. Meanwhile, in Malaysia, although the approach is more structured and centralized, the main problem faced is the uneven distribution of medical personnel, which has an impact on remote areas. Therefore, to improve the health care systems in both countries, there needs to be regular evaluation and development of more adaptive policies that take into account local conditions and the needs of the community in each region.

Furthermore, Indonesia faces a major challenge in terms of the limited availability of information technology that can accelerate the process of health service delivery. Although the Indonesian health sector has attempted to adopt information technology in various aspects, the implementation of an integrated health management information system (SIMKES) at the national level is still limited. The existing SIMKES system is often spread across various institutions and is not directly connected to each other, resulting in a less efficient and time-consuming health service distribution process. This exacerbates the gap in access to services, especially in areas far from city centers. Data from the Indonesian Ministry of Health in 2023 showed that only around 30% of health facilities had fully adopted digital systems, while most still rely on manual methods in administrative processes, medical records, and resource management.

In contrast, Malaysia has embarked on an integrated digitalization of its healthcare system through the National Policy on Quality Health (NPQH) framework, which includes the development of technology infrastructure to support more efficient and connected healthcare delivery. As part of this framework, Malaysia has launched various initiatives to introduce an interconnected health information system between hospitals, clinics, and other healthcare facilities. For example, the MyHealth system developed by the Malaysian Ministry of Health allows patients to access their medical records digitally, as well as streamlining the referral process between healthcare facilities. In addition, Malaysia has also implemented telemedicine in some remote areas, allowing people to receive medical consultations without having to travel far. According to the Malaysian Ministry of Health 2023 report, more than 50% of hospitals in the country have adopted information technology in various aspects of their operations, including patient management and medical data management.

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The digitalization that has begun in Malaysia is an important lesson for Indonesia in its efforts to improve the efficiency of national health services. With wider adoption of technology, Indonesia can reduce the administrative burden on health facilities, speed up the patient registration process, and improve the quality and accuracy of medical services. The use of technology such as electronic medical records (EMR) can reduce medical errors due to manual recording errors, and allow faster access to patient health histories, which are critical in handling emergency cases. On the other hand, integrated information technology can also speed up the distribution of information on the availability of drugs, medical resources, and even health workers in various regions. Therefore, the development of information technology infrastructure in the Indonesian health sector must be a priority, with greater investment in training health workers and the development of more digitally connected systems.

In addition, wider adoption of information technology in Indonesia can help accelerate the distribution of health services to remote areas that have previously had difficulty accessing adequate health services. Through telemedicine systems and digital-based health applications, people in remote areas can consult with specialist doctors without having to travel far. In the long term, the digitalization of the health system in Indonesia will improve the distribution of services and help reduce the burden on large hospitals that are often overwhelmed by patients from various regions. Learning from Malaysia's experience, Indonesia needs to increase cooperation between the government, the private sector, and technology institutions to develop a more efficient, integrated, and accessible health system for all levels of society, without exception.

[4] Conclusion and recommendations

The healthcare policies in Indonesia and Malaysia show different approaches, but they complement each other in addressing the challenges of their respective healthcare systems. Malaysia, with its integrated and quality-oriented healthcare system, has a successful track record in designing national policies that ensure high standards of medical care across the country. Malaysia’s focus on developing integrated national quality also includes technological innovation and innovation in healthcare, making it a model for Southeast Asian countries in managing efficient and effective healthcare.

On the other hand, Indonesia emphasizes the importance of equal access to health services throughout its territory, especially in remote and less developed areas. Indonesia's efforts in providing direct subsidies for low-income communities through the National Health Insurance Program (JKN) and the Contribution Assistance Recipient Program (PBI) are crucial in ensuring that all levels of society can access adequate health services. Although Indonesia faces major challenges in terms of quality, this direct subsidy policy has helped reduce inequality in access to health care, especially for people who cannot afford medical expenses.

To improve the effectiveness of the PBI Program in Indonesia, the integration of a quality framework such as that implemented in Malaysia can be a significant step. This integration can strengthen the capacity of hospitals and health facilities in Indonesia to provide better quality services. By adopting strict and measurable quality standards, Indonesia can increase public trust in the health care system, as well as reduce the disparity between health facilities in urban and rural areas. Adopting a more integrated quality strategy can also improve the efficiency of government funds allocated to the health sector.

On the other hand, Malaysia, despite its many successes in terms of quality of health care, can learn from Indonesia’s focus on social equity and equity of access. Malaysia’s policies, which are generally focused on efficiency and quality, need to incorporate a stronger dimension

of inclusivity. This will help ensure that vulnerable groups, such as the poor, people with disabilities, and those living in remote areas, benefit more from the national health system. By increasing the focus on social equity, Malaysia can create a health system that is not only high quality but also truly inclusive.

Recommendations for both countries include the importance of more intensive cross-border collaboration, both in sharing experiences and best practices that have been successfully implemented in each country. Indonesia and Malaysia can exchange insights on health policies that have proven effective in addressing similar challenges, such as managing health costs, improving the quality of services, and increasing access in remote areas. Through regional forums or platforms that facilitate the exchange of information, both countries can identify policies that can be tailored to their specific needs, thereby increasing the effectiveness of health policies overall.

In addition, adapting health policies that take into account local contexts is essential to ensure more equitable and quality health services. Each country has different demographic, geographic, and economic conditions, so the policies implemented must be adjusted to the characteristics and challenges faced by each country. In Indonesia, for example, policies must accommodate the wide diversity of regions and the needs of a very heterogeneous society, while in Malaysia, attention must be paid to improving the integration of health services that involve technology and innovation. With a more focused approach to the local context, both countries can create more relevant and effective policies, which in turn can result in improved quality of life and community welfare.

Globally, the lessons learned from Indonesia and Malaysia's health policies can make significant contributions to health policy development in other developing countries. These two countries, despite their different approaches, demonstrate that each health system can be tailored to unique local needs and conditions. Other developing countries can benefit from their experiences in managing similar health challenges, such as inequitable access, limited resources, and the need to provide quality health services to all. By adopting a more responsive and inclusive approach, developing countries can improve the effectiveness of their health policies, while ensuring that pressing health needs at the local level remain a priority.

Further research is needed to explore the long-term impacts of health policies implemented in Indonesia and Malaysia on overall public health. While these policies have shown promising results in improving access and quality of care, more in-depth evaluations would help understand their long-term effects, such as changes in life expectancy, decreased infant mortality, or reduced burden of communicable and non-communicable diseases. Longitudinal studies involving multiple stakeholders, such as governments, health care providers, and communities, could provide more comprehensive insights into the sustainability of these policies. Findings from such studies could help other countries to be more thoughtful in formulating health policies that can survive and thrive in line with changing global dynamics.

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