

40 Years of Alma Ata Malaysia: Infrastructure Phc Development Reducing the Urban-Rural Divide Targeting Equitable Access Through Urbanisation for Health

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ABSTRACT

INTRODUCTION: Health services infrastructure an interplay of resources; equipment, logistics, transport, supplies, manpower, management and information are crucial for effective delivery of quality health care programmes. This paper critically analyses the Malaysian's PHC infrastructure historical development in its effort to reduce urban-rural divide targeting equitable access. **METHODS:** This review collated information through literature search from published and unpublished research papers. **RESULTS:** In pre-colonial period, health care facilities relate to cultures of the native people. It became more structured during the post-independence period in 1957. Driven by the goal of building an equitable health care system, reducing the urban-rural health divide, the "Three-tier Rural Health Services" was created and gradually transformed to Two-tier system in the 1970s to reduce delays in relaying referrals for medical attention. Further reforms were seen in 1994 when the outpatient services were transferred from the hospitals to the health clinics giving even greater prominence to primary care services. Modernisation of the health infrastructure development were guided by the "Medical and Design Brief" that provides standardisation according to scope of services syncing intimately the services, manpower and infrastructure. The mobile health services continue to penetrate making deeper inroads to remote areas and marginalised groups. **DISCUSSION:** During the course of time with urbanisation taking place, delivery systems, scope of services and health care infrastructure including the physical build-up design for health clinic are crafted with the aim of "leaving no one behind" whether they are in rural or urban, remote or in the heart of the city.

KEYWORDS: access, equity, PHC Infrastructure, universal health coverage, urban-rural divide

A 5-Year Review of Colorectal Screening Program in Penang

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ABSTRACT

INTRODUCTION: Colorectal cancer (CRC) rank second among the most commonly diagnosed cancers in Malaysia. Its incidence increased after the age of 50 years in both sexes. Ministry of Health Malaysia had started implementation of CRC screening programmes since 2014. The objective of this study is to review the CRC screening programme since its implementation in Penang. **METHODS:** A retrospective cohort study was conducted using data collected from 2014 to 2018. Clients screened were attendees of Health Clinics throughout Penang. Those that are found to have positive immunochemical fecal occult blood tests (iFOBT) were referred for colonoscopy. **RESULTS:** A total of 19,280 clients were screened, which covered about 1.12% from the Penang population of ages 50 to 75 years old. Clients with positive iFOBT were 1,040 (5.4%), with subsequently 517 (49.7%) underwent colonoscopy. Colorectal cancers were diagnosed in 25 (4.8%) cases. **CONCLUSION:** The number of clients underwent iFOBT were encouraging. However, implementation of CRC screening program needs to be strengthened especially in convincing more clients to undergo colonoscopy.

KEYWORDS: screening, colorectal cancer, iFOBT