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Abstract

Health Care Corporatisation and Implications for the Reproductive Rights Agenda: The Case of Malaysia

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The Malaysian Government, as signatory to the 1994 UN International Conference on Population and Development (henceforth, ICPD), endorsed, in the main, its broad and progressive conceptualisation of reproductive health and reproductive rights. Although the ICPD Programme of Action (POA) is not a binding instrument, nevertheless, the Malaysian Government has implemented various measures that aim to achieve some of the ICPD goals. To this end, it has been incessantly prodded by various non-governmental organizations, including family planning associations, women's groups, feminists, and health activists. On the other hand, in a seemingly separate and parallel trend, the Malaysian Government has also carried out health care reforms, including privatizing various parts of public health care, and has plans to reshape health care financing and corporatize public hospitals. Advocates of the ICPD reproductive health and rights agenda have begun to examine the ways in which current and future health care reforms will impinge on their agenda. However, the threat to the reproductive health and rights agenda is no longer limited to the health care reforms carried out by the Government. Private, and in particular corporate, health care has grown and made major inroads into health care provision, including the provision of reproductive health care. The private sector provides, for example, diagnostic and imaging technologies, and fertility treatment, to those able and willing to pay for them. While in the beginning, this 'passive privatisation' took place in a regulatory lacuna, it is now growing apace with the collusion and active support of Government. As the hospital industry becomes more regionally integrated, its reach extended through the global marketing of 'medical tourism', the allocation of health care resources is no longer a matter that is located only within national boundaries. Advocates of private health care and the health care reform lobby argue that increasing the provision of private health care to those able to pay will free governmental resources for the poor and underprivileged. This paper will examine the ways in which the increasing polarisation of the health care sector into two sectors – one catering to a paying clientele and another to the poor and underprivileged – will impinge on the reproductive health and reproductive rights agenda, and in particular, on the aspirations for equitable access to reproductive health care. It will also examine the tenability of the Malaysian Government's position of being, at one and the same time, endorser of the reproductive health agenda which is premised on health as a fundamental human right, as well as standard-bearer of the health care industry.