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E-B Environment - Behaviour Proceedings Journal

*ICOPS2023Bosnia*

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e-IPH e-International Publishing House Ltd., United Kingdom

**International Conference on Public Policy & Social Sciences 2023**
13-15 September 2023
Organized by the Faculty of Administrative Science & Policy Studies, Universiti Teknologi MARA (UiTM), Seremban Campus, Negeri Sembilan, Malaysia, and International University of Sarajevo (IUS), Bosnia and Herzegovina

# Two Sides of the Same Coin: Accessibility and affordability for healthcare in Sabah

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**Abstract**
This article aims to identify the level of accessibility and affordability of quality healthcare for people in Sabah. In-depth interviews were conducted with eight informants through qualitative research, and it was found that accessibility is very crucial due to the higher cost of traveling and ultimately related to affordability. Various initiatives require commitment from the government and community yet to be effective due to budget constraints, a lack of awareness, and community ability. All parties concerned need to work as a team to ensure that no one is left out of quality healthcare to achieve the sustainable development goal of 2030.

Keywords: Accessibility; affordability; healthcare; quality healthcare


DOI: https://doi.org/10.21834/e-bpj.v9iSI22.5850

## 1.0 Introduction

Health is wealth. That is the saying that one believes to be true. But, on the contrary, one must have wealth to stay healthy. The irony of the saying is valid, as people are divided into various categories, the poor, the moderate, and the rich. Accessibility and affordability ascertain whether a person can maintain and stay healthy. These concepts are the key determinants as to how people are willing to reach for and receive treatment. The standard of living of a person determines their ability to receive treatment for healthcare from public or private healthcare centers. In many countries, healthcare costs are very high, and the financing differs from one country to another. This paper attempts to appraise the level of accessibility and affordability for quality healthcare for the people in Sabah from the perspective of the healthcare provider due to the inadequate literature discussing this issue, particularly in this state.

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DOI: https://doi.org/10.21834/e-bpj.v9iSI22.5850

## 2.0 Literature review

Healthcare in Malaysia is subsidized by the government, and the expenditure is reflected in the budget for the Ministry yearly. As presented during the 2023 budget, the Health Ministry received a total allocation of RM36.3 billion. The allocation for the year 2023 marks a 12% increase (RM3.9 billion) than it was in 2022 (Ministry of Finance, 2022). The yearly budget marks the increasing cost of healthcare in Malaysia. The budget allocated is the cost subsidized for healthcare. The Malaysian government requires all citizens to pay only RM1 (Malaysian ringgit) for treatment with a general practitioner and RM5 for treatment with a specialist (Cipta Estri Sekarrinia & Puspanathan, 2018). As a return to the cheap payments and standardized health services, the queue for treatment is often very long.

The United Nations declared through the Sustainable Development Goal (SDG) that health is one of the key basic issues that should be enjoyed by all human races. Good health and well-being is known as Goal 3 of SDG highlights that ensuring healthy lives and promoting well-being at all ages is essential to sustainable development. Malaysia plays an active role in working together with other nations in achieving the SDG goals. The government has taken action to ensure its Malaysia Plans are aligned to the SDG goals. In fact, according to the Voluntary National Review (2017) Report, Malaysia started its journey on sustainable development in the 1970s to eradicate poverty and restructure societal imbalance. This development program was implemented through the New Economic Policy (NEP) and then continued with the New Economic Model (NEM) in 2009. The elements of sustainable development which include sustainable economic growth, growth with equitable distribution to all levels of society, access to basic infrastructure and utilities, access to education and healthcare services, and mainstream environmental conservation are evident in all of the Malaysia Plan. The 11th Malaysia Plan (2021-2025) is anchored on three key themes focusing on resetting the economy, strengthening security, well-being, and inclusivity as well as advancing sustainability.

The Mid-Term review report on the Eleventh Malaysia Plan highlights some of the achievements of universal access to quality healthcare. Four key results were reported for 2016-201, namely, i) Concentration on enhancing the targeted approach; ii) Improving the delivery system; iii) Expanding capacity to increase accessibility; and iv) Intensify collaboration to increase health awareness. At the end of 2017, the government had concentrated on enhancing the targeted approach and managed to implement several initiatives to further enhance healthcare accessibility sectors and managed to establish 153 public hospitals and specialized medical institutions and 2,863 health clinics; 204 mobile clinics, 361 *Klinik 1Malaysia*, 11 *Klinik Bergerak 1Malaysia* (20 teams); and flying doctor services operated by 12 teams to deliver services in rural and remote areas; 133 domiciliary healthcare team in providing basic healthcare at home and 96 health clinics with the primary healthcare team.

Steps were also taken to improve the delivery system for better health outcomes. In this capacity, the government revised The Fees (Medical) Order 1982 and introduced a new fee structure for selected healthcare services to reduce the financial burden of the Government while ensuring quality healthcare. The government implemented a few initiatives such as the National Plan of Action for Nutrition of Malaysia III (2016-2025), the National Strategic Plan for Non-Communicable Diseases (2016-2025), and the National Strategic Plan for Active Living (2017-2025).

Among initiatives to expand capacity for accessibility were the 14 initiatives under the Specialist Retention Package, expanding lean management practices (these practice in public hospitals is an initiative to improve efficiency by simplifying work processes to reduce the waiting time, patient flow, and recurring processes in emergency department and medical wards) in 36 public hospitals. For example, the waiting time to see the doctor at the green zone and emergency department was reduced by 3 minutes from 40 minutes to 37 minutes. The cluster hospital concept was also expanded to seven public hospitals.

Health awareness was also a concern and given priority in the Eleventh Malaysia Plan. Actions were taken to intensify collaborations to increase health awareness. The programs include *Komuniti Sihat Pembina Negara* (KOSPEN), a program to promote an active and healthy lifestyle covering 720,760 persons in 7,000 localities; IMFree program to 351 public primary schools and pre-schools to create awareness among students about the danger of smoking; an effort with the Ministry of Education in 2017 where 5.5% of *Tabika Jabatan Kemajuan Masyarakat* (KEMAS) implemented the *Tunas Doktor Muda* program in 2016 and was extended to 4.2% of pre-schools. The Malaysia Plan had given its attention to accessibility to health, noting that, in the 10th Malaysia Plan accessibility might still be a problem in some areas of the country. Malaysia faces challenges in the sustainment of a responsive health system due to various factors such as increasing expectations from its citizens, changing trends in disease patterns and socio-demography, a need for greater integration, accessibility, and affordability, and a requirement for increasing efficiencies (MyHDW Guidelines and Blueprint May 2011).

Healthcare in Malaysia has progressed well over the years through its planning, programs, and policies. It was reported that 92% of the Malaysian population now have access to health services within three kilometres of where they live (Naing Oo Tha et al., 2020; Safurah et al., 2013). Further in East Malaysia, more than 50% of the rural population have access to health services within a five kilometres radius of their residence (Naing Oo Tha et al., 2020; Inche Zainal Abidin S, 2014). Sabah depicts a different scenario where its unique geographical location and landscape, such as steep hills and rivers pose great challenges to providing the best care. Although there are 34 hospitals available in Sabah, the number is relatively low compared to the high population. The community is scattered within the large area of the state. In some cases, to reach a village, one requires river transportation and land transportation which leads to time and cost constraints. In this scenario, what can one say about accessibility and affordability?

WHO in its AAAQ framework describes the four elements of the right to health, accessibility, availability, acceptability, and quality (Harrison et al., 2020; WHO, 2007; WHO, 2017). The framework describes accessibility as having four overlapping dimensions which include non-discrimination, physical accessibility, economical accessibility (affordability), and information accessibility. Levesque et al. (2013) defined access as realized utilization highlighted as the opportunity to identify healthcare needs, to seek healthcare services, to reach, obtain, or use healthcare services, and to require services fulfilled. Their article suggested that the pathway is influenced by individual and community-level health systems known as the supply-side factors which consisted of five dimensions of accessibility, identified as approachability; acceptability; availability and accommodation; affordability; appropriateness, and five corresponding

abilities of populations considered as demand-side factors specifically the ability to perceive; ability to seek; ability to reach; ability to pay and ability to engage (Gordon et al., 2020).

Aligning the definition by the previous authors on the concept of accessibility and affordability and the effort from the government of Malaysia through its policies and programs, the core understanding of accessibility is seen as economic (supply and demand of resources and stakeholders), social (individual and community lifestyle) factors and system (procedure, policy and technology). Accessibility and affordability are like two sides of a coin, they are different but related. One needs to have affordability to gain accessibility.

## 3.0 Methodology

This study employed qualitative design by using in-depth interviews with health officers, community leaders, and officers from the Human Rights Commission of Malaysia (*SUHAKAM*) and *Sabah* Women's Action Resource Group (*SAWO*). The objective was to identify accessibility and affordability for healthcare from the service provider's perspective. Thus, they were selected by using purposive sampling based on rich information obtained from informants who were interviewed. The stages in qualitative data collection include the development of interview questions, explaining the protocol and ethics in the interview to the informant, conducting the interview session, transcribing and analysis of data, and finally the discussion of the findings. A set of interview questions was prepared and during the interview, further probing was applied to obtain in-depth information. The interview session was performed for one to two hours at the office of the informants. Data were then transcribed, and the main themes of the findings were analyzed, using NVivo.

Eight informants were interviewed in Kota Kinabalu, Sabah to get their insight view on healthcare accessibility and affordability, from March to December 2019. Table 1 depicts the detailed information of the informants. The informants consist of the organization leader, officers from Sabah State Health Department, and officers from SUHAKAM and SAWO. The informants had given their consent to the interviews and are officers who are responsible for the community's welfare. They are the officers who are working in their role to upgrade the community's livelihood including healthcare. The majority of the informants have more than one to five years of working experience, consisting of an equal number of males and females. They hold positions as community leaders, public service workers, and social workers. The data have been validated through the interview transcripts with the participants.

Table 1. Qualitative respondent's profile

| Factors | Frequency | Percentage % |
|---|---|---|
| *Gender* | | |
| • Male | 4 | 50.0 |
| • Female | 4 | 50.0 |
| *Organization* | | |
| • Community leader | 1 | 12.5 |
| • Sabah State Health Department | 1 | 12.5 |
| • SUHAKAM | 2 | 25.0 |
| • SAWO | 4 | 50.0 |
| *Position* | | |
| • Community leader | 1 | 12.5 |
| • Public service worker | 1 | 12.5 |
| • Social worker | 6 | 75.0 |
| *Experience group* | | |
| • One – five years | 4 | 50.0 |
| • Six – ten years | 1 | 12.5 |
| • Above eleven years | 3 | 37.5 |

*(Source: Author)*

## 4.0 Results and Discussion

According to the informants, the accessibility issue is very alarming in managing Sabah healthcare. The informants mentioned accessibility most of the time by referring to several issues. These issues include transportation, facilities, geography and location, roads, necessities, communication and internet, and private healthcare. Table 2 shows the concerns of informants by rankings.

Table 2. Ranking based on the frequency of accessibility themes

| Theme and sub-theme | References / Mentioned | Rankings |
|---|---|---|
| *Accessibility* | | |
| • Transportation | 15 | 1 |
| • Facilities | 9 | 2 |
| • Geography and Location | 7 | 3 |
| • Road | 4 | 4 |
| • Necessities | 3 | 5 |
| • Communication and internet | 3 | 6 |
| • Private Healthcare | 1 | 7 |

*(Source: Author)*

Transportation was highlighted as the most mentioned issue in accessibility. However, it is interrelated to other factors such as geography and location as well as road conditions. This has been supported by several studies on healthcare accessibility in rural areas such as Chowdury (2022) and Thiago et al. (2019). The physical location of Sabah in East Malaysia and the size of the state as the second largest state in Malaysia have provided advantages and disadvantages for the people of Sabah. The challenges of large areas of Sabah resulted in the population scattered especially in rural areas. There are still many areas like villages, agricultural areas, and tourism spots that are only connected by gravel roads, for instance Simpang Mengayau in Kudat. As to the remote area, there is no proper road which limits access to transport. This is not only referring to the people who want to get treatment or healthcare facilities but also to the medical personnel or facilities to reach remote areas to provide healthcare services. At the same time, the informants were also concerned about the cost incurred for the people in terms of financial, time, and means to transport them to the healthcare facilities. Table 3 highlighted the significant quotes from the informants on transportation. The themes on affordability of transportation relate to cost, the type of transportation, the medical personnel, and challenges for NGOs to travel to rural areas.

Table 3. Significant quotes of accessibility issues on transportation

| Sub-themes | Quotes and informant |
|---|---|
| Cost | For example, in rural areas, they must take out lots of money to transport themselves to the nearest *Klinik Kesihatan*.<br>Informant 7 |
| Cost | *Tanah kuning*, no basic infrastructure. No transportation. If there is any, they can't afford to pay for it. Cost is very prohibitive such as in the Pagalungan (Sook, Keningau) district area.<br>*They just use "kerbau ambulan"* (buffalo ambulance for transport). *If they are desperate*, there are still many other ways to do it.<br>Informant 2 |
| Boat | Areas like Pitas, Tuaran, and some *kampung* are still not accessible by land and must be by boat.<br>Informant 5 |
| Medical personnel | Because of the transportation problem, they (medical personnel) must bring the basket; bring the measurement equipment to the house of the stunted child.<br>Informant 4 |
| Challenges of NGOs to travel to rural areas | The thing is when you work with the community, transportation is everything. Without that, you (NGO) cannot do anything because you must go here and there.<br>Informant 6 |
| Accessibility issue of poor people | So, here when we talk about diseases, we identify and diagnose them. Most of them come from poor income, and because of the accessibility, they don't follow up and they just progress and then they just pass away at home with complications.<br>Informant 7 |

*(Source: Author)*

The other issues highlighted under accessibility are the problems faced by people to access good facilities in healthcare, such as the availability of good infrastructure and facilities at hospitals and clinics. The informants believed the existing facilities need to be increased and upgraded such as X-ray machines, capacity and size of clinics, parking areas, and many more. This also involves the adequacy of medical personnel as well as specialists who can accommodate the needs of patients for specific diseases and emergencies. Similar findings were also reported in Tao and Wang (2022), Thiago (2019) and Tara et al. (2015). Another important aspect mentioned by the informant is the need to access necessities such as clean water which influences health. Communication also falls under the accessibility issue, as people communicate through phone calls (for example call for ambulance) in the case of emergencies like sickness, injuries, and accidents which also have been mentioned in Upadhyay et al. (2022). The unavailability of fixed and mobile lines will cause delays in emergency cases and even be left unattended. Communication also refers to the language barrier between the medical personnel and patients when both parties cannot communicate effectively and are unable to understand each other. These issues are supported by the quotes by informants as listed in Table 4.

Table 4. Significant quotes of accessibility issues on facilities and communication

| Sub-themes | Quotes & informants |
|---|---|
| Facilities | The infrastructure is still lacking in terms of quality. We still have a lot to improve. Here, the congestion is still clearly visible. When there are too many people (visitors/patients), the size of the clinic cannot accommodate them.<br>Informant 3 |
| Facilities | Based on my experience, health centers provide facilities but are limited when it comes to X-rays and appointments. In addition, the referral hospital issue is also quite busy with appointments. Still needs to be upgraded.<br>Informant 1 |
| Specialist | We do have *Klinik 1Malaysia*, but only provides a simple treatment. There is no Medical Officer, only a Medical Assistant. And they didn't prescribe antibiotics.<br>Informant 2 |
| Necessities (water) | Necessities are still lacking, especially clean water, and many people still use alternative water (wells, rivers, etc.).<br>Informant 1 |
| Communication/network | Providing telephone and internet access for the remote area (satellite maintenance) is important to ensure that the connection is not interrupted (telephone) in the event of an emergency issue.<br>Informant 1 |

| | |
|---|---|
| Communication/network | Malaysian Communications and Multimedia Commission (MCMC) must play a role, for example, putting the internet in the clinic or installing VSAT (Very Small Aperture Terminal) for them to communicate whenever necessary.<br>Informant 2 |
| Communication/language barriers | Some of them do not understand the language, or what the doctor said. This is what old people would say, do not speak standard Malay, please speak Bajau Malay. The communication problem.<br>Informant 7 |

*(Source: Author)*

The financial perspective is the main concern in the affordability issue. The financial ability as well as purchasing power of people are the major contributory factors to ensure that people can afford good healthcare services provided by the government or private sector. It involves several costs such as medical and transportation in accessing healthcare facilities, especially for those who live in a very remote area. These scenarios are also found in van Gaans and Dent (2018), and Azuka et al. (2019) which are also concerned with cost and transportation barriers to accessibility in healthcare. Thus, affordability has a close relationship with accessibility. Lack of accessibility has caused more costs for traveling which includes transport, accommodation, loss of daily income for the informal sector, arrangement for family care, and a few others. At the end of the day, these poor and sick people tend to just ignore and worsen their health until they die. There are areas in Sabah where people are with no income, and do not have the purchasing power to acquire healthcare. The community known as *Orang Bukit* has all the food, but they do not have cash. As such acquiring healthcare which involves various direct costs mostly for transportation, accommodation, and food will be difficult and a burden. Depending on where the community is situated the transportation may include the usage of river and land transportation. This scenario may just be to get to the nearest health clinic. Table 5 illustrates significant quotes on affordability. The themes consist of financial affordability and its influence on remote or rural areas in getting healthcare.

Table 5. Significant quotes on affordability issues were mentioned by the informants

| Sub-themes | Quotes & informants |
|---|---|
| Financial | For the health-seeking mothers in the village, if they cannot afford it, they won't go.<br>Informant 5 |
| Financial<br>Remote area | But there are still more people who have no income at all. Example: people in Putatan, Nabawan, Suli, Pagalungan and Keningau.<br>Those who are living in remote areas don't have purchasing power for healthcare.<br>Informant 2 |
| Financial<br>Rural area | For example, in rural areas, they must take out lots of money to transport themselves to the nearest *Klinik Kesihatan*.<br>Informant 7 |
| Financial<br>Rural area | So, here when we talk about diseases we identify and diagnose them. Most of them come from poor income, and because of the accessibility, they don't follow up and they just progress and then they just pass away at home with complications.<br>Informant 7 |
| Financial<br>Rural area | Those who are living in very remote areas, they have food, but they don't have cash.<br>Informant 1 |

*(Source: Author)*

The implementation of public policy or any programs cannot be materialized without consistent and effective government initiatives. Since the 1970's the government has introduced several government initiatives to assist and reduce the healthcare accessibility & affordability gap, especially for the rural area. The flying doctors program was introduced in 1978 with the effort to fly medical personnel, equipment, and supplies to the remote area. This program is a collaboration of the Ministry of Health with the state government and Sabah Air Aviation to provide Flying Doctor Service operations for villages on the East Coast of Sabah. However, for the past few years, the program has been limited to emergency cases only due to the inability of the state government to facilitate the service. Informants believed this program should be implemented directly under the Ministry of Health.

Another significant initiative of the Ministry of Health is *Klinik Bergerak* (House Call Clinic), rebranded in 2012 for better outreach to urban and rural areas to accommodate high numbers of cases. The most popular *Klinik Bergerak* is for dental and immunization services which usually reach school. In Sabah for example, the *Klinik Bergerak* also helps to do the medical check-up, especially for the elderly, children, and pregnant women. It also does the screening for several diseases such as tuberculosis. But the issue is, it can only travel to limited areas with adequate accessible roads. The consistency of check-ups is also another issue mentioned with the question; "After the check-up (at *Klinik Bergerak*), so what's next?" since accessibility and affordability are the issues in Sabah.

The most popular topic discussed by the informants is KOSPEN. KOSPEN (*Komuniti Sihat Perkasa Negara*) is a special project under the Ministry of Health since 2013 which is responsible for increasing awareness of healthcare due to the increase of non-communicable diseases among people. This initiative is implemented through the empowerment of community participation in public health programs. The volunteer group is established as functional units among the communities to be a health agent for change. The informants admitted the advantages of this program for early detection, to educate and promote awareness on health. However, the effectiveness of this program relies on the community's dynamic and commitment. At the same time, the sustainability of the program was questioned due to the instability of the political condition.

## 5.0 Conclusion

Globally the issue of accessibility and affordability is still a concern. Governments all over the world are working to meet the sustainable development goal for good health and well-being. The Malaysian government is working to ensure that all citizens have the equal

opportunity of having quality healthcare, without any discrimination of location, economic wealth, and race. However, the concept of accessibility as seen in this research is intertwined with affordability. Nature as in the geographic location of the state contributes further to the accessibility problem. People staying in the remote area have difficulty accessing and seeking quality healthcare. The cost for treatment to be paid by the people might be very low but to get to the facilities for healthcare is no easy task. The government should allocate more of its budget for the healthcare services in rural areas. It cannot be denied that the government is bringing healthcare to the community and maybe it is time for the community to work together with the government to meet halfway and embrace the initiatives. Community needs to raise their efforts to meet the program developed by the authorities and hand in hand increase the level of accessibility and affordability of the community. This study however is limited to findings in Sabah and cannot be generalized throughout the nations. Further studies utilizing a quantitative approach involving healthcare service recipients to complement qualitative data from practitioners may be recommended for future research to obtain a comprehensive understanding of this issue.

## Acknowledgements

We would like to record our appreciation to the Faculty of Administrative Science and Policy Studies, UiTM, our Dean, Head of Department, and colleagues who provided insights for this research and paper.

## Paper Contribution to Related Field of Study

This paper will help the respective bodies such as government, healthcare industries, community, and individuals to understand better the domestic issues of healthcare accessibility and affordability. Further research is suggested to explore opportunities for obtaining the data from the community perspective with a wider spectrum of geographical areas in Sabah.

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