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Good Practices in Social Security

Good practice in operation since: 2013

The SOCSO Health Screening Programme

A case of the Social Security Organisation

Special mention, ISSA Good Practice Award - Asia and Pacific competition 2015

Social Security Organisation

Malaysia

Summary

Malaysia is experiencing an increase in non-communicable diseases (NCDs). The Social Security Organization (SOCSO) had noted an increase in the number of claims made for invalidity and survivors' pensions due to NCDs, and the impact may continue to rise even further.

In response to this challenge, SOCSO launched the SOCSO Health Screening Programme, providing free health screening to all eligible insured persons aged 40 years old and above. The service is provided via health screening vouchers, which include clinical consultation and examination for cardiovascular diseases risk factors, cervical and breast cancers.

A total of 2.1 million insured persons were eligible for the health screening. Until July 2015, 431,227 insured persons had utilized the health screening. Epidemiological analysis had shown the benefit of the programme to the individuals and to the nation in assessing the extent of NCDs, and are used in improving the implementation of the programme.

SOCSO's experience with the programme would be useful to be shared with other social security institutions should they embark on a similar programme, regardless of the social differences in the respective countries.

CRITERIA 1

What was the issue/problem/challenge addressed by your good practice?

The Social Security Organization (SOCSO) had noted the impact of these conditions on the employees insured with the organization. Claimants for the invalidity pension scheme, and survivors' pension due to non-communicable diseases had continued to increase. In the period between the years 2010 to the year 2012, non-communicable diseases accounted for 32% and 51% of the claims for invalidity pension and survivors' pensions respectively.

The SOCSO Health Screening Programme was therefore developed as:

1. A health promotion measure advocated by SOCSO to all its insured persons, by not only promoting a healthy lifestyle, but also providing an awareness-to-action trigger by providing free comprehensive health screening.
2. An adjunct to promotion activities via the social security platform of current public health measures to curb non-communicable diseases.
3. A token benefit to all insurers as an appreciation for their contribution, in a form of a service that will ultimately be beneficial to them.

The programme is conducted by providing a free health screening voucher to all eligible insured persons aged 40 years old and above. The vouchers enable them to undergo health screening at a private clinic, involving screening and consultation for cardiovascular risk factors, diabetes, hypertension, cholesterol levels and other blood and urine parameters. Women are given extra screening for cervical cancer and breast cancer via pap smear and mammogram respectively.

CRITERIA 2

What were the main objectives and the expected outcomes?

The general objectives of the SOCSO Health Screening Programme are to reduce the impact of non-communicable diseases to Malaysian employees from disability or death, and to increase the national productivity and human resources through a long term goal of reducing the impact of non-communicable diseases among Malaysian employees.

More specifically, the programme aims to:

1. Increase the awareness of Malaysian employees to non-communicable diseases.
2. Conduct a health screening programme as a primary prevention method for non-communicable diseases among Malaysian employees.
3. Empower Malaysian employees to participate in a healthier lifestyle by first knowing their own health status by participating in the health screening programme.

In order to achieve the objectives, SOCSO had implemented the following activities with the expected outcomes:

- Distribution to all eligible SOCSO insured persons above the age of 40 years old of a health screening voucher to conduct a free comprehensive health screening at their own choice of general practitioner.

Expected outcome: distribution of all vouchers through their respective employers to be completed by January each year.

- Enrolment of an adequate panel of doctors to the programme to ensure adequate health facilities to support the programme.

Expected outcome: enrolment of 50% of nationwide panel doctors and ancillary facilities for health screening.

- Using the health screening programme as an anchor; to promote a healthy lifestyle via various methods.

Expected outcome: continuous promotional activities using multiple media.

CRITERIA 3

What is the innovative approach/strategy followed to achieve the objectives?

To achieve the objectives, SOCSO had launched the SOCSO Health Screening Programme. There are several innovative approach and strategies applied to enhance the programme, including:

- 1) Increasing the reach of the health screening vouchers:
 - A total of 2.1 million vouchers were distributed in the since the first year of the program (2013). Usage of the vouchers is monitored and companies with the least usage are contacted to ensure that the vouchers had been distributed.
 - Damaged or lost vouchers are replaced without cost. This is made available through dedicated hotlines and email to address any issues with regards to the programme.
- 2) Improving the health service availability:
 - More than 3,000 clinics had enrolled into the programme in the first year alone, which constitutes nearly 50% of all private clinics in the country.
 - The list of all available clinics can be viewed at the programme website at <http://sehat.perkeso.gov.my>. The list is updated to include new entries accordingly.
 - Ensuring timely deliveries and communication with the panel of clinics, by ease of communication through a full web-based services with the clinics.
- 3) Continuous promotion of the Health Screening Programme to various target group:

- Mass promotion through newspaper, TV advertisement, radio and online web links.
- Nationwide promotion campaign conducted by SOCSO local offices to target local employers.
- Presentation of programme findings in local and international seminars.
- Increasing the apparent importance of the programme by publicity or endorsement and activities involving prominent figures, such as the Prime Minister, the Deputy Prime Minister and the Minister of Human Resources.
- Production of promotional material such as posters, videos, pamphlets and healthcare items for distribution to the general public.

CRITERIA 4

Have the resources and inputs been used in an optimal way to achieve the set objectives and the expected outcomes? Please specify what internal or external evaluations of the practice have taken place and what impact/results have been identified/achieved so far.

In order to optimize the programme and improve its outcomes, SOCSO adopted several approaches:

1. Utilization of full web based service provision with the clinics. This is unique that it is the only service in the organization that is fully web based.
2. Continuous monitoring of the uptake of the programme allows SOCSO to take specific actions to increase usage such as targeted promotional letters and identification of employers with low utilization.
3. Nationwide campaign by all SOCSO local offices to promote the programme.
4. Evaluation of the outcome of the health screening to further enhance the health promotion campaign through awareness of the extent of the problem:
 - Internal evaluation conducted to examine the utilization pattern of the vouchers. Among some interesting findings is the fact that 40 % of those who have not used the vouchers indicated time constraint as a reason, while some indicated unsupportive employers. Only 52% indicated that they have seen the programme promotion.

Among the remedial actions that were taken following the internal evaluation of the programme were the introduction of the Mobile-HSP, and increased mass promotion campaign.

- External evaluation: epidemiological analysis was conducted with the cooperation of public health specialists from the University of Malaya. The analysis indicated an alarming health profile of the participating insured persons, including very high prevalence of overweight and obesity (72%), hypercholesterolemia (62%), hypertension (27%) and diabetes (9%). Other in-depth analysis was also conducted to examine the relationship of different parameters in the health screening data. Results were presented in local public health and social security conferences, including international conferences such as the World Congress on Safety and Health at Work Conference in Frankfurt in 2014 and the ICOH 2015 in Seoul.

CRITERIA 5

What lessons have been learned? To what extent would your good practice be appropriate for replication by other social security institutions?

SOCSSO's experience with establishing the Health Screening Programme holds important lessons, including:

- Health seeking behaviour is a complex issue that needed to be managed with an open mind. The programme needed to be dynamic to allow promotional activities or remedial actions to be taken in accordance with the correct understanding of usage patterns and evidence.
- Establishment of a reliable online system for service providers will help in managing such a massive programme, including lesser human resource requirement and optimized relationship with the service providers.
- The health screening programme provided insights into the magnitude of non-communicable diseases among employees in the country, and provided priority areas for further action.
- The importance of good planning, implementation, process evaluation and remedial measures, especially in a programme such as this where the impact can only be assessed in the long term.
- The importance of social security organizations embarking on health promotional activities as adjunct to the current local public health measures.

The health screening programme should be a practice that can be replicated by other social security institutions. As is recommended by the ISSA, health promotion is one of the three pillars for prevention apart from risk prevention and return-to-work. Providence of health screening provides an opportunity for their insured persons to take charge of their health, by knowing their own health status. SOCSO believes that such a programme will provide a long term benefit to all its insured persons, and to the nation as a whole.