SERVICES DEVELOPMENT IN MALAYSIA: REPOSITIONING EDUCATION AND HEALTH AS ALTERNATE SOURCES OF GROWTH

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FOCUS OF THE PAPER

- Role of services in the Malaysian economy
- Tertiary education and its export potential
- Healthcare industry and its export potential

SERVICES AS THE ENGINE OF GROWTH

- Loss of comparative advantage in labour-intensive manufacturing
- Manufacturing has reached optimum share 30%
- Services sector development integral to further development of manufacturing
- High reliance on import of intermediate services
- Expansion of growth potential of services
- Liberalisation and increasing competition under GATS

SERVICES CONTRIBUTION TO THE ECONOMY

Share in GDP

<u>Agriculture</u>		Manufacturing	Services	
1980	33.0	19.6	44.7	
1990	28.5	26.9	46.1	
2000	16.0	32.3	57.0	
2002	14.8	28.5	56.6	

SERVICES CONTRIBUTION TO THE ECONOMY

Share in Employment

Agriculture		Manufacturing	Services	
1980	38.5	15.5	46.0	
1990	26.6	19.9	53.5	
2000	15.6	27.6	56.8	
2002	14.6	27. 1	58.2	

Sectoral Linkages of Services Sector

	<u>1983</u>	<u>1991</u>
Intermediate Demand	27.3	31.0
Private Consumption	20.3	21.5
Government Consumption	18.8	16.1
Capital Formation	23.0	15.0
Exports	7.1	11.3

POLICIES ON SERVICES DEVELOPMENT

Three Phases in the Development of the Services Sector

- Services sector as the "non-productive" sector 1950s to mid-1980s
- Liberalisation and deregulation : Mid-1990s to 2000
- Focus on services as the engine of growth Post 2000 Phase/GATS

TRADE IN SERVICES

- Malaysia is a net importer of services
- Huge and growing deficit in services trade
- Export of services as a share of total exports only 15%
- Measures recently introduced to export and import substitute services have had some positive impact
 - Tourism promotion
 - Expansion of supply in shipping, insurance, finance, education, health

EDUCATIONAL SERVICES

- Liberalisation and deregulation of the education and training market since the late 1980s
 - to increase domestic supply
 - export promotion of tertiary education
- Heavy investment by the public sector in education and training
- Fiscal incentives granted to private educational institutions

DEVELOPMENT OF TERTIARY EDUCATION

• Unprecedented growth of tertiary educational institutions

		Public	Private	
Number of Institu	tions			
-	1995	12	280	
	2001	16	704	
Student Enrolment				
-	1997	107,865	143,803	
	2001	192,511	270,904	

QUALITY OF EDCAUTIONAL SERVICES

- Governed by the National Accreditation Board
- Local institutions of higher learning have tied up with foreign universities
 - Programme is delivered in Malaysia but degree is awarded by foreign university
- Academic staff to student ratio is 1:18 in 2001 comparable to major exporters of education
- Development of higher education monitored by the newly established Higher Education Dept.

EXPORT OF EDUCATIONAL SERVICES

- In 2001, 18,245 foreign students were enrolled in tertiary educational institutions
- Foreign students constitute about 3 per cent of total tertiary enrollment, but numbers grew rapidly recently
- From 1997 to 2000 numbers from 3,400 to 4,770 at public institutions and from 2,444 to 15,003 at private institutions
- Foreign exchange earnings in 2001 RM325 million

EXPORT MARKET

- Majority of students from China and Southeast Asia
- Growing number from South Asia, Africa, and Middle East
- Major courses pursued: Business studies, IT, and engineering

STRENGTHS, WEAKNESSES, & SCOPE

- Quality education at competitive prices
- Low cost of living
- Medium of instruction is English
- Ability to obtain foreign degrees in Malaysia
- Asian and Islamic cultural heritage
- Private institutions over-regulated
- Immigration procedures need to be relaxed and simplified

STRENGTHS, WEAKNESSES, & SCOPE

- Need to build upon existing competitive advantage
- Need for a more integrated approach to promote and market Malaysia as a center of excellence in higher education
- Need to revamp existing policy and institutional framework for the industry to meet market demand
- Need to tie up with top-notch universities

HEALTHCARE SERVCIES

- Healthcare industry revamped in the 1990s shift in focus from disease to wellness
 - Health promotion and prevention programmes
 - Restructuring of public hospitals
 - Setting up of sub-speciality centres
 - Use of IT and multimedia technology
 - Introduction of National Healthcare Financing
 - National Quality Assurance Programme implemented

GROWTH IN HEATHCARE FACILITIES

- Proliferation of private hospitals:
 - 224 private hospitals and 121 public hospitals
- Number of public hospital beds grew from 32,500 in 1985 to 34,536 in 2001, while private hospital beds rose from 1,171 in 1980 to 9,949 in 2001
- But large research hospitals are all public

GROWTH IN HEALTHCARE PERSONNEL

- In 2000 the total number of doctors was 15,619, with 54% in public hospitals
- Vast disparity between the public and private sectors in the ratio of doctors to hospital beds
- Severe shortage of doctors and other medical professionals

HEALTHCARE COSTS

- Public expenditure in 2002 was RM6.0 billion, of which RM4.8 was operating expenditure
- Healthcare costs have risen significantly
 - Increase in prices of drugs
 - High import content 70%
 - Increase in prices by 30% since 1998 following ringgit depreciation

EXPORT OF HEALTHCARE SERVICES

- Promotion of health tourism began in 1998
- Foreign patient admissions numbered 14,747 in 2001 growing at around 27% p.a.
- Indonesians accounted for about 50%
- Majority chose Malaysia based on referrals

ISSUES AND CONCERNS

- Need to look into the maintenance and renewal of older infrastructure
 - Need for new approaches to financing and managing renewal
- Greater concern for environmental impact of infrastructure development would demand putting more stringent requirements on providers and mangers.

STRENGTHS, WEAKNESSES, & SCOPE

- Competitive pricing
- High quality of services
- Cultural similarities
- Proximity to large markets
- Need to address the severe shortage of healthcare professionals
- Need to undertake more concerted and integrated promotion and marketing

STRENGTHS, WEAKNESSES, & SCOPE

- Improve immigration procedures
- Liberalise and coordinate advertisement of healthcare facilities