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## **Speech of PSI's representative Norhayati Abdul Rashid, President of the Malayan Nurses Union**

*11 February 2018, World Urban Forum 9, Kuala Lumpur, Malaysia*

Good Afternoon everyone.

My Name is Norhayati Abdul Rashid, I am a Senior Nurse and I am the President of Malayan Nurses Union with a strong membership of 10,000 nurses. I also serve as a member of Health Taskforce of Public Services International. It is my pleasure to be part of the contributor to this roundtable discussion.

While we acknowledged the importance of the New Urban Agenda, we also wish to highlight some of the situations that need to be given attention in its implementation. In the interest of time, I will share only three 3 actual challenges that we encounter in health sector not only from Malaysia but also from other countries where we discussed with other health sector union representatives during our sub regional meetings.

### **1. Commercialization and Privatization of health services**

Quality Health Services is one of the most important public services that can be impacted by rapid urbanization. We have seen the influx of people from the rural places settling in the key cities where they can find jobs and sustain their families. With this trend, increased in population would mean increased demand for public health care delivery. What we are seeing is that along with urbanization, there is a disturbing trend of commercialization and privatization of health services.

Governments believe that privatization and commercialization of health services are the answers to the growing demand. In Malaysia for example, government are transitioning health care delivery from public to private sector. Government are investing in private health by buying shares of stock in the private health companies. They also have created a “full pay” private wings in some public hospitals to increase profit. Government are losing senior and experienced nurses to private hospitals. And this created some challenges of the health care delivery because of the increasing nurse-patient ratio. While we acknowledged the demand for better health care services, privatization and commercialization are not the best way forward to address the health challenges of urbanization. In the most recent years, we noticed some of the private health practitioners moving back to public health system because of the lack of security of tenure. The Malayan Nurses Union is representing nurses in the public health facilities. On contrary, as we speak, there is no national union in Malaysia that represents nurses working in the private health sector. This is not only the case in Malaysia, in neighbouring countries like Myanmar and Cambodia, our health sector friends are harassed and threatened when they start to organize trade unions. In PSI we have seen a well -



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organized public-sector workforce are capable of quality health delivery compared to workforce that are not organized. In this sense, the implementation of New Urban Agenda, while we see the need to have more health facilities to address the demand, government must take the responsibility to have available, accessible and affordable health services. They must also ensure the right to self-organization and collective bargain to health care workers be it on private and public sectors. Again we emphasize People over Profit!

## **2. Influx of undocumented Migrants: Right to health services**

Another concern is the increased number of undocumented migrants in key cities. When these migrants need medical attention, they are afraid to access health care services because they don't have proper documents and they are afraid of being caught and eventually deported. In many instances, like in the construction sectors, the spread of communicable diseases such as TB are very alarming. Many of the undocumented migrants who harbour the disease will likely spread the disease because they don't get proper medical treatment. This is basically a challenge towards achieving Sustainable Development Goal number 3. We in Public Services International advocate the right to health for all. Whatever your circumstances are (undocumented or documented migrant) you have the right to health. In the implementation of New Urban Agenda, there must be a proper mechanism address these issues.

## **3. Underfunded Public Healthcare Sector**

In many of the discussion among our colleague in the Southeast Asia Sub region is the an underfunded public healthcare sector. The rapid urbanization is basically focused on more funding for infrastructure. The public health funding is kept a a very low level. In some of the discussions in our meetings, many of health department in the developing countries are struggling to get the fair of the budget. In the end, the governments will end up with a situation wherein they healthcare infrastructure without health workers to provided quality health services. My colleague in the Philippines said that the government are funding huge infrastructure projects but slow in addressing the current challenges of human resources for health. The department of health are yet to fill up the 21,000 jobs needed in the health care delivery for the almost 105 million Filipinos. While we acknowledged the important of public infrastructure, the implementation of the New Urban Agenda should also look into the importance of human resources for health to ensure achieving Sustainable Development Goal 3 and 11.

Thank you for listening!