WESTERN PACIFIC

THE COUNTRY PHARMACY PROFILE SERIES

MALAYSIA

A country profile of pharmacy practice
in the context of the national healthcare system

Informed by FIP Member Organisation
MALAYSIAN PHARMACISTS SOCIETY

fip ADVANCING PHARMACY WORLDWIDE

1. OVERVIEW OF THE HEALTHCARE SYSTEM

Malaysia's healthcare system comprises public and private sectors. The public sector, funded primarily through general taxation, is managed by the Ministry of Health (MOH) and provides comprehensive services at low cost to the population. The private sector is funded mainly through out-of-pocket payments, private insurance, and employer benefits, offering more personalised and expedited care to those who can afford it.[1-4]

Although Malaysia has made notable progress through various socio-economic development plans, disparities in healthcare equity and access persist—particularly affecting indigenous communities, rural populations, and those living in extreme poverty.[1, 5]

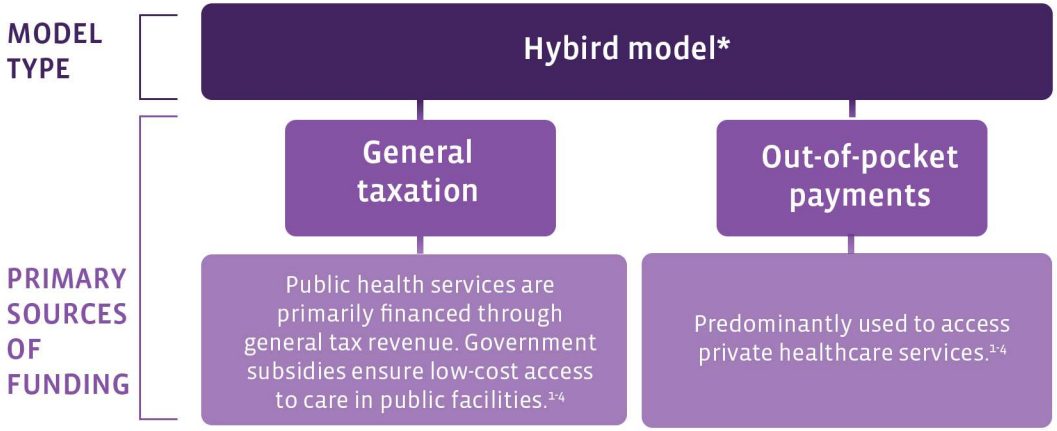
Malaysia continues to face a healthcare workforce shortage in both private and public health sectors. In 2021, Malaysia had a pharmacist-to-population ratio of 1:1,758—indicating limited access compared to other healthcare professionals.[1] While the overall number of pharmacists is increasing, equitable distribution across the country remains a challenge. Urban centres tend to have a higher concentration of pharmacists and health facilities than rural regions, contributing to disparities in care access.[1, 5]

Projections indicate that, as with doctors and dentists, the supply of pharmacists may fall short of meeting population needs in the short term, although improvements are anticipated by 2030. Balanced workforce deployment remains a systemic issue—exacerbated by rising mental health concerns and job dissatisfaction among healthcare workers.[1]

In 2022, the pharmaceutical industry contributed approximately MYR 3.4 billion (EUR 680 million) to Malaysia's GDP. With over 445 companies, the sector plays a major role in the healthcare supply chain and was valued at around MYR 7.5 billion (EUR 1.5 billion) in 2018.[1]

Healthcare financing model

Malaysia's current healthcare financing model is hybrid:



* A hybrid healthcare financing model is described as a system that combines multiple funding sources, such as public funds, private investment, donor contributions, and out-of-pocket payments, to finance healthcare infrastructure and services. Available at: http://bit.ly/4mFQNL2

2. SERVICES PROVIDED BY PHARMACISTS IN THE COUNTRY

Types of services provided in community and hospital pharmacies

This section outlines the range of professional services provided by pharmacists in Malaysia across community and hospital settings.

Services provided by community pharmacies beyond dispensing[6]	
Therapeutic substitution (changing dose, formulation, etc)	✗
Adjustment of prescribed treatments	✗
Complementary prescribing	✓
Independent prescribing	✗
Prescribing in an emergency	✓
Providing medicines and services in care homes (nursing homes)	✓
Services to hospital and other facilities without a pharmacy	✓
Home deliveries	✓
Home care and medication reviews/medicines use reviews	✓
Dispensing emergency contraceptive	✓
Applying first aid and arranging follow-up care	✗
HIV testing	✓
Counselling on HIV self-test products	✓
COVID-19 testing	✗
Dispensing prescription renewals for patients with long term conditions authorised with the original prescription	✗

Services and activities provided by hospital pharmacies[7]	
Validation of prescriptions	✓
Preparing non-sterile medicines	✓
Preparing sterile medicines	✓
Preparing cytotoxic medicines	✓
Preparing nutrition mixtures	✓
Dispensing to outpatients	✓
Pharmacy and therapeutics committees	✓
Multidisciplinary therapeutic decision making	✓
Reporting non-quality medicines	✓
Managing medication history	✓
Pharmacogenomics testing	No data
Medicines reconciliation	✓
Monitoring medicines use	✓
Pharmacokinetic monitoring	✓
Clinical trials	No data
Managing medicines-related waste	✓
Antibiotic stewardship	✓
Support to emergency departments	✓

Extended scope of practice[8]	
Is **pharmacy-based vaccination available** in the country?	No
Are pharmacists authorised to **administer** vaccines in pharmacies?	No
Are pharmacists authorised to **prescribe** vaccines in pharmacies?	No
Do pharmacists receive vaccination **training**?	Yes, some pharmacists do.
At what career stage(s) do pharmacists receive vaccination training?	Post-registration / post-graduate/ continuous professional development.
Is the training **mandatory?**	No

3. PHARMACY HUMAN RESOURCES: EDUCATION AND ENTRY INTO PRACTICE

Education and training of the pharmacy workforce (year 2022)[9]

4 years minimum of full-time undergraduate education

25 accredited pharmacy schools/faculties

2 year minimum of experiential/practical training for registration

YES Continuing professional development (CPD) **IS** mandatory for pharmacists' licence renewal

YES The renewal of pharmacist licensing or registration **IS WHOLLY** based on gaining CPD 'credits' or 'points' or similar credentials

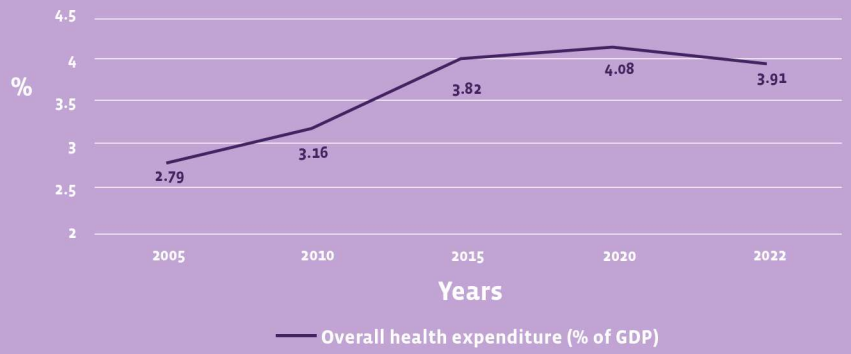
YES CPD **IS PARTLY** linked with an annual portfolio-type submission (for example, reflective diary entries, or reflective cases)

4. COUNTRY'S HEALTHCARE ECONOMIC SNAPSHOT

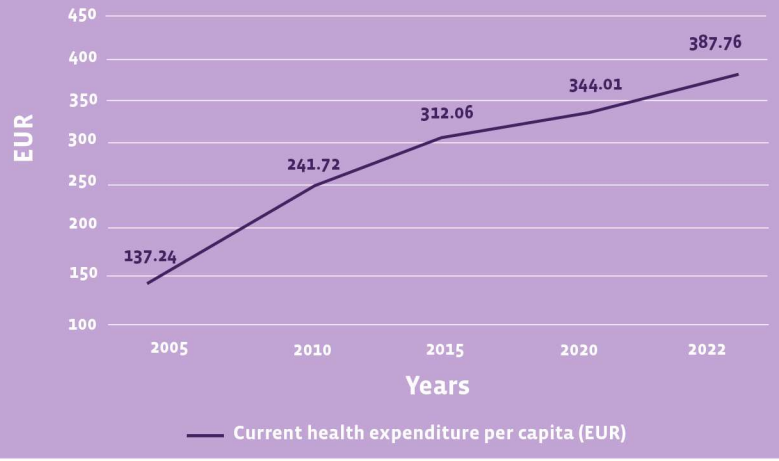
This section provides a macro-level overview of Malaysia's health financing indicators and outcomes, including GDP spending, life expectancy, and workforce employment.

World Bank income level category[10]
Malaysia: Upper-Middle-Income Economies

Overall healthcare expenditure as a percentage of GDP[11]
Malaysia's healthcare spending rose to 4.38% of GDP in 2021 due to extensive COVID-19-related care for patients, expanded immunisation efforts, and higher public health costs.[1] However, it decreased slightly to 3.91 in 2022.

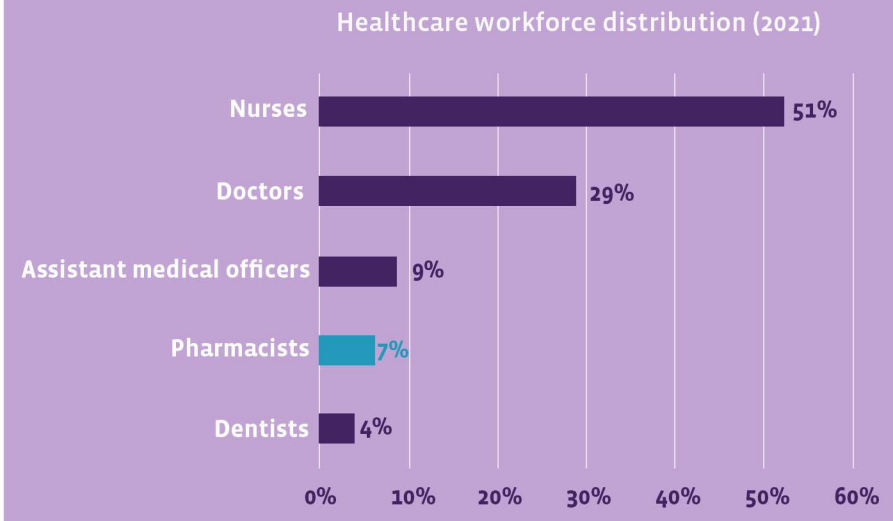


Health expenditure per capita[12]
Health care expenditure per capita has substantially increased over the past decades.



Life expectancy (male/female)[13]
Malaysia ranked third in life expectancy at birth among the Association of Southeast Asian Nations (ASEAN) countries, following Singapore and Thailand.[1]

The employment rate in the healthcare sector[1]



5. HEALTH SERVICE STATUS

1. Coverage rates for essential health services

Malaysia has demonstrated steady progress in delivering essential health services, achieving a Universal Health Coverage (UHC) index score of 76 in 2021, relatively close to the Western Pacific regional average of 79.[14] Medications are fully subsidised by the government, with the Ministry of Health (MOH) facilitating their dispensing at no cost to patients, regardless of socioeconomic status. Public sector patients pay a minimal consultation fee, while those in the private sector cover the full cost of treatment and medications.[15]

2. Availability and accessibility of health insurance options

Malaysia operates a dual healthcare system—public and private sectors—without compromising the provision of comprehensive healthcare services.[2] Malaysia does not have a unified national health insurance system but provides a universal, tax-funded public healthcare system. Private insurance is available for personalised treatments.[2]

3. Policies and strategies implemented within the pharmacy context to promote health and prevent diseases

In Malaysia, pharmacists play a key role in health promotion and disease prevention. Their responsibilities have grown under task-shifting to support primary care and manage noncommunicable diseases (NCDs), easing workforce shortages. They help ensure access to safe, effective, and affordable medicines through the National Pharmaceutical Regulatory Agency (NPRA) and the National Essential Medicines List (NEML), promoting generic use in public healthcare.[1]

Pharmacists also support public health through community initiatives like KOSPEN, vaccination programmes, and efforts to improve access to medicines and health technologies. Their regulatory and clinical roles reflect Malaysia's commitment to sustainable, preventive, and community-based healthcare.[1]

4. Availability and accessibility of patient medical records (including pharmacy access)

One of the most prominent barriers for pharmacists in Malaysia is the lack of access to detailed patient records and the absence of a shared medical record system, which limits their ability to provide comprehensive pharmaceutical care.[16]

6. PHARMACY WORKFORCE CAPACITY AND DISTRIBUTION

Pharmacy workforce capacity[9] (Year 2025)

25,870 (registered)

22,387 (active with annual certificate)

licensed pharmacists in the country

6.2

pharmacists' per 10,000 population

132

new registrants

18,400 (estimated)

female pharmacists in the country

NO DATA

pharmacy graduates

70% (estimated)

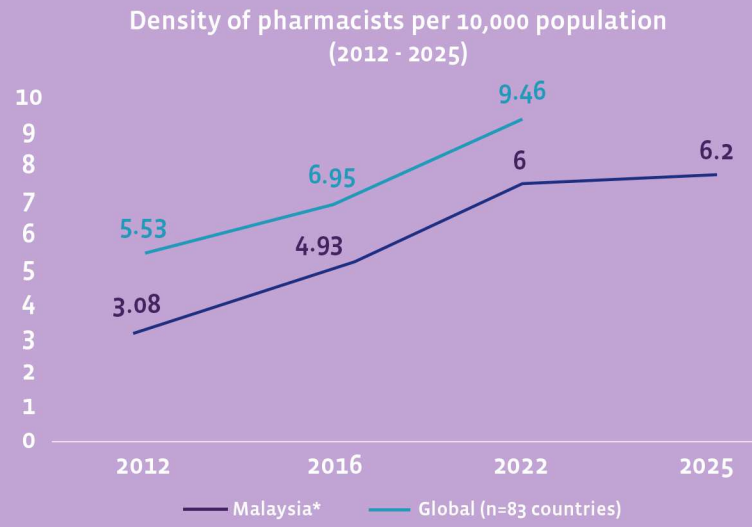
female pharmacists in the workforce

NO DATA

pharmacy technicians in the country

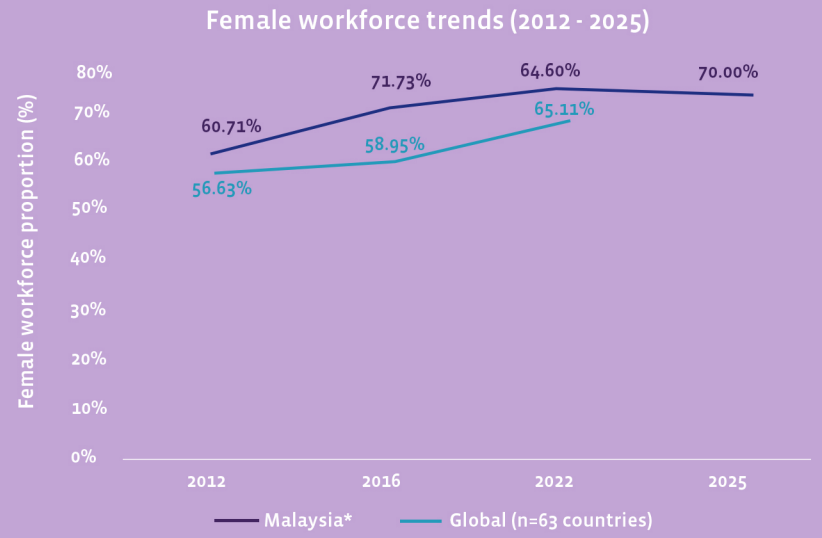
Distribution across the area of practice

In Malaysia, pharmacist density rose from 3.08 per 10,000 population in 2012 to 4.93 in 2016, remaining below the global average over the same period. The density is estimated to have reached 6.0 in 2022, with an increase to 6.2 in 2025.[9]



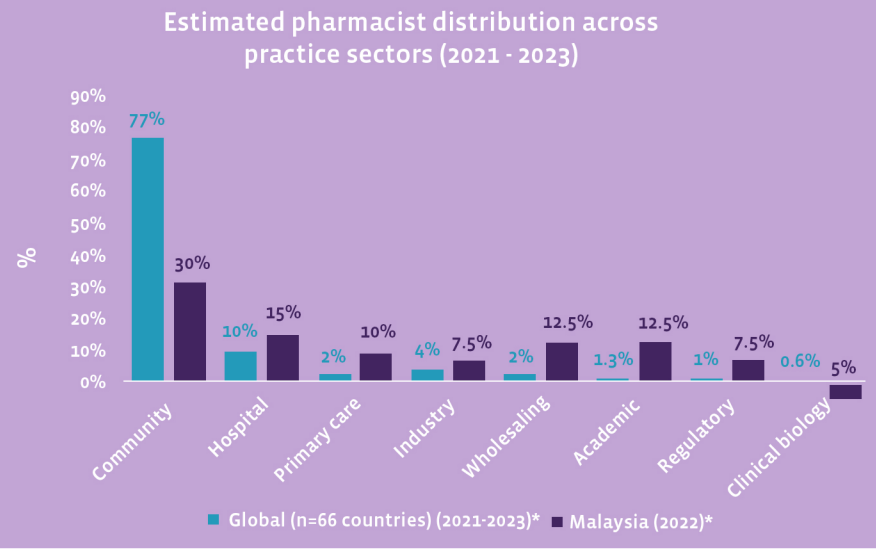
Note: *The figures for 2022 and 2025 are based on estimates provided by the Malaysian Pharmacists Society (MPS)

In Malaysia, the proportion of female pharmacists increased from 60.71% in 2012 to 71.73% in 2016, remaining consistently higher than the global average over the same period. The proportion is estimated to have reached 74.60% in 2022, with a slight decline to 70% in 2025.[9]



*The figures for 2022 and 2025 are based on estimates provided by the Malaysian Pharmacists Society (MPS)

In Malaysia, 30% of pharmacists work in community pharmacies, well below the global average of 77%. On the other hand, higher proportions are seen in wholesale, academic, and clinical biology sectors.[9]



*Global figures are based on average data from 2021–2023; Malaysia's data reflect the most recent available year (2022).

7. CURRENT POLICIES, URGENCIES AND PRIORITIES WITH PHARMACEUTICAL SERVICES PROVISION

Key insights from the Malaysian Pharmacists Society on:

1. Innovative practices that have successfully improved health outcomes and addressed inefficiencies within Malaysia's healthcare system

Malaysia has adopted several pharmacist-led innovations that contribute to better health outcomes and system efficiency:

Value-added services (VAS): Introduced in public hospitals and clinics, allowing medicine delivery by post, drive-through pickup, and appointment systems to reduce congestion and improve patient compliance.

Pharmacist-led medication therapy adherence clinics (MTACs): These clinics target chronic diseases (e.g., diabetes, anticoagulation, HIV) and are associated with improved patient adherence and therapeutic outcomes.

Generics promotion policy: Enhanced access and affordability through pharmacist engagement in formulary management and National Essential Medicines List (NEML) adherence.

Digitisation: Efforts to implement electronic prescribing (e-prescribing) and online platforms for medication refills and education have helped address access barriers, particularly during the COVID-19 pandemic.

2. Significant challenges currently facing the pharmacy profession in Malaysia

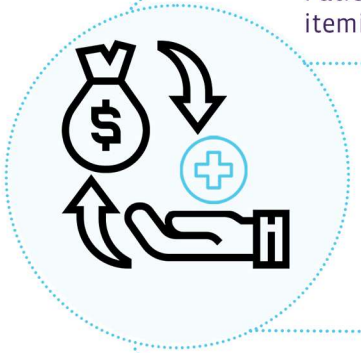
Restricted scope of practice: Pharmacists in Malaysia, especially in the private sector, face legal and policy limitations that restrict their ability to prescribe, vaccinate, or perform medication adjustments—limiting their contribution to primary care.

Workforce distribution and retention: Although pharmacist numbers are rising, there is a persistent urban-rural divide. Retention issues, contract job insecurity in the public sector, and job dissatisfaction also challenge workforce sustainability. There is also workforce migration to neighbouring countries and regionally (e.g., Singapore, Australia).

Lack of access to patient health records: Fragmentation of health information systems and the absence of a national shared health record limits pharmacists' ability to provide integrated pharmaceutical care.

3. Reimbursed pharmacy services beyond dispensing

Pharmacy services in Malaysia that are reimbursed or financially compensated by 3rd party payers:



In public healthcare settings, pharmacist services (e.g., MTACs, ward pharmacy, outpatient counselling) are government-funded, bundled under MOH service provision. Patients pay a small consultation fee (~RM1–5) with no itemised reimbursement structure.

In **private practice**, pharmacy services are not routinely reimbursed by insurance or third-party payers. Services such as medication reviews, minor ailment advice, or home deliveries are out-of-pocket, although some corporate health programmes include pharmacists under managed care.

Pilot efforts and proposed frameworks have shown potential for inclusion in future payment models, but there is no nationwide reimbursement framework for professional pharmacy services outside dispensing.

4. Current projects and priorities aligned with FIP Developmental Goals

FIP Development Goal 2 (Early career training strategy):
Malaysia's Provisionally Registered Pharmacist/ Fully Registered Pharmacist (PRP/FRP) system provides structured training and assessment. The Preventive Care Framework (PCF) supports early-career pharmacists in designing and implementing preventive services, including self-care counselling and NCD screening.

FIP Development Goal 8 (Working with others):
Pharmacists participate in multidisciplinary models such as MTACs. PCF modules include structured referral and collaboration pathways with other healthcare providers. Digital health pilots enable remote pharmacist–physician collaboration.

FIP Development Goal 13 (Policy development):
The PCF provides a structured, scalable model for community pharmacy-delivered preventive care. It supports advocacy for expanded pharmacist roles in minor ailments management, health screenings, and task-shifted primary care services. The MPS also aligns the profession's development with the Malaysian National Medicines Policy (MNMP), currently in its 5th iteration (reviewed every five years).

FIP Development Goal 12 (Pharmacy intelligence): Pharmacy workforce planning in Malaysia is supported by digital CPD tracking and registration systems. PCF rollout and digital health engagement provide new data sources for evaluating service readiness and skill distribution. MPS is also engaging with FIP and the Malaysian Ministry of Health to study the shape of the profession and to develop a workforce framework for the future.

FIP Development Goal 18 (Access to medicines, devices, and services):
Through PCF modules (e.g., NCDs, self-care, risk mitigation), community pharmacists improve service access, especially in urban poor and underserved areas. Digital health tools such as MyUBAT, remote counselling, and medication delivery expand reach and continuity of care. MPS also prioritises pricing transparency and medicines security.

FIP Development Goal 20 (Digital health):
Malaysia's digital health integration includes e-prescribing pilots, online refill systems, and other value-added services. PCF encourages the use of digital self-assessment tools and risk calculators in community pharmacy, promoting tech-enabled, patient-driven care.

DATA SOURCES AND VALIDATION

The data and information presented in FIP case studies are derived primarily from a desktop review of publicly available sources and relevant documents, complemented by in-house data that FIP has collated. The sources and methods underlying these data are fully cited and referenced to ensure transparency and traceability. Additional data were obtained directly from the respective FIP member organisation (MO). All data were subsequently reviewed and validated by the FIP MO to ensure accuracy, completeness, and reliability.

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