

Health rules under review

Ministry moves to address hospital delays and rising costs

PUTRAJAYA: The Health Ministry is reviewing the licensing and regulatory processes under the Private Healthcare Facilities and Services Act 1998 (Act 586) to address industry concerns over delays and rising costs.

Minister Datuk Seri Dr Dzulkefly Ahmad (*pic*) said the ministry aims to streamline procedures. Lengthy processes have been cited as contributing to higher operational costs that are ultimately passed on to patients.

He said the matter was discussed during a Joint Ministerial Committee on Private Healthcare Costs meeting with Finance Minister II Datuk Seri Amir Hamzah Azizan, Bank Negara and private hospital CEOs,

Bernama reported.

"We are reviewing Act 586 licensing and regulatory processes as we have heard industry concerns that it takes too long and adds to costs which are passed on to patients," he said.

In a Facebook post, Dzulkefly said the ministry extended a time-sensitive invitation to all private hospitals to partner as Tier 1 providers for the Medical and Health Insurance/Takaful (MHIT) base plan and to participate in the pilot, which begins in stages in the Greater Klang Valley from July.

"Thank you, CEOs of private hospitals, for your commitment



to submit the needed data expeditiously so that we can phase in Diagnosis-Related Groups (DRGs) for payments beginning January 2027 at Tier 1 providers in a data-driven and orderly manner.

"DRGs improve the transparency and predictability of pricing and facilitates a shift away from fee-for-service models towards value-based healthcare and a focus on health outcomes.

"Digital health is a critical enabler across the whole system, and we are ready to connect our public and private systems together, under a data governance frame-

work that keeps the individual in control of their data," Dzulkefly said.

The invitation is open to join the Malaysia Digital Health Certification Network and share radiology imaging, thereby avoiding duplicate tests and reducing costs.

"In our beloved country, the public and private sectors mutually complement each other, by widening access and choice.

"As the pace of health financing transformation accelerates, this truly whole-of-nation approach sets the benchmark, as we extend transformation beyond just private sector medical inflation to the whole system transformation," Dzulkefly said.

Govt moves to cut rising bills at private hospitals

PETALING JAYA: Long waits and rising bills at private hospitals could soon ease as the Health Ministry is reviewing the licensing and regulatory processes under the Private Healthcare Facilities and Services Act 1998 to address inefficiencies that push costs onto patients.

In a statement on X, its minister Datuk Seri Dr Dzulkefly Ahmad said the move follows discussions at the Joint Ministerial Committee Meeting on Private Healthcare Costs with Finance Minister II Datuk Seri Amir Hamzah Azizan, Bank Negara Malaysia and private hospital CEOs.

Dzulkefly said the ministry has invited all private hospitals to join the Medical and Health Insurance/Takaful base plan as Tier 1 providers.

The pilot programme will roll out in stages across the Greater Klang Valley from July.

The ministry is also set to implement Diagnosis-Related Groups (DRG) for payments at Tier 1 hospitals starting January 2027.

DRG aims to make healthcare



The Health Ministry is reviewing the licensing and regulatory processes under the Private Healthcare Facilities and Services Act 1998 to address inefficiencies that push costs onto patients. - SYED AZAHAR SYED OSMAN/THE SUN

pricing more transparent and predictable while shifting from fee-for-service models to value-based care that prioritises

patient health outcomes.

Hospitals are also encouraged to join the Malaysia Digital Health Certification

Network and share radiology images to avoid duplicate tests and reduce costs. - BY HARITH KAMAL

RM47,120 IN LOSSES

Hospital terminates MySTEP employee over scams on housemen

KUALA LUMPUR: Tunku Azizah Hospital (HTA) has terminated the services of a Malaysia Short-Term Employment Programme (MySTEP) employee who allegedly scammed 190 housemen out of RM47,120.

The hospital management said the terminated employee's access to the hospital's systems and facilities had been revoked to safeguard data security, departmental integrity and the welfare

of doctors.

"HTA stresses that no cash collections or transfers to personal accounts of staff are permitted for any official matter, including reimbursement of emoluments or course fees.

"The MySTEP employee was never authorised to handle financial matters by HTA."

It said engagement sessions were held with affected housemen to hear their complaints and

gather complete transaction details to assist investigations.

It said the case had been reported to the police and a full investigation was underway.

"HTA will extend full cooperation to the authorities to ensure that investigations are conducted in a transparent and fair manner.

"HTA will not compromise with any staff found to be involved in misconduct or criminal

activities that affect the welfare of other personnel and the reputation of the Health Ministry."

The statement said HTA prioritised the welfare of its staff in its efforts to deliver the best healthcare services to the public.

MySTEP is a government initiative offering temporary, contract-based jobs in the public sector, government-linked companies and government-linked investment companies.

PRIVATE HEALTHCARE ACT

Ministry to review licensing process

PUTRAJAYA: The Health Ministry is reviewing licensing and regulatory processes under the Private Healthcare Facilities and Services Act 1998 to address industry concerns over delays and rising costs.

Health Minister Datuk Seri Dr Dzulkefly Ahmad said the move aims to streamline procedures, as lengthy processes had been cited as contributing to higher operational costs that were ultimately passed on to patients.

He said the matter was discussed at a Joint Ministerial Committee on Private Healthcare Costs meeting with Finance Minister II Datuk Seri Amir Hamzah Azizan, Bank Negara Malaysia and chief executive officers of private hospitals.

"We are reviewing the act's licensing and regulatory processes as we have heard industry concerns that it takes too long and adds to costs, which are passed on to patients."

In a Facebook post yesterday, Dzulkefly said the ministry extended a time-sensitive invitation to all private hospitals to partner as Tier 1 providers for the Medical and Health Insurance/Takaful base plan and to participate in the pilot programme, which begins in stages in the Greater Klang Valley from July.

"Thank you CEOs of private hospitals for your commitment to submit the needed data expeditiously so that we can phase in Diagnosis-Related Groups (DRGs) for payments beginning January 2027 at Tier 1 providers in a data-driven and orderly manner.

"DRGs improve the transparency and predictability of pricing and facilitates a shift away from fee-for-service models towards value-based healthcare and a focus on health outcomes.

"Digital health is a critical enabler across the whole system and we are ready to connect our public and private systems together, under a data governance framework that keeps the individual in control of their data."

He said invitations to join the Malaysia Digital Health Certification Network were open, with the aim of sharing radiology imaging to avoid duplicate tests and reducing costs. **Bernama**



Hanifah (centre) and others pose for a photo-call at the MPI event.

MoH: 15,000 nurses out to be recruited

By Michael Ubam
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SIBU: The government aims to recruit 15,000 qualified nurses for public hospitals nationwide this year to address a significant workforce shortage in the healthcare system.

According to Deputy Health Minister Datuk Hanifah Hajar Taib, this drive is crucial to ensure the sustainability of national healthcare services amidst growing challenges.

“We often hear that nurses are the backbone of the healthcare system, and that statement is indeed true. Their role goes beyond clinical protocols and medication cycles; they become the bridge between isolation and belonging.”

“When doors are closed and family members are not there to hold a patient’s hand, it is the nurses who stand by the bedside as a quiet source of comfort,” she said when officiating at the launch of the Diploma in Nursing programme and Nursing Simulation Laboratory at Methodist Pilley Institute (MPI) here yesterday.

The Mukah MP said the urgent need for more nurses was driven by Malaysia’s ageing population and the rising number of chronic diseases such as diabetes and heart disease, which required long-term care and monitoring.

“This unique skills set, rooted in deep empathy, unwavering attentiveness and sharp observation, is what transforms a clinical setting into a space of healing,” she said.

“That is why we need more nurses in our healthcare system. At present, Malaysia requires more qualified nursing professionals,” she added.

Hanifah also commended MPI for introducing the diploma programme, describing it as ‘timely and aligned with national needs’.

She also welcomed the

We often hear that nurses are the backbone of the healthcare system, and that statement is indeed true. Their role goes beyond clinical protocols and medication cycles; they become the bridge between isolation and belonging.

— Datuk Hanifah Hajar Taib, Deputy Health Minister

signing of a memorandum of understanding (MoU) between MPI and Rejang Medical Centre as well as Borneo Medical Centre (BMC).

“This collaboration ensures that nursing students receive full sponsorships and allowances, placing them on a clear and secure career pathway.

“It is also an example of how partnerships between higher education institutions and the private healthcare sector can drive institutional growth while strengthening the public healthcare system through corporate social responsibility,” she said.

Also present were Senator Robert Lau, MPI board of directors chairman Paul Wong and deputy chairman Dr Peter Tang, Sarawak Chinese Annual Conference president Reverend Dr Lau Hui Ming, Rejang Medical Centre representative Dr Lau Ngiik Chuong, and BMC representative Dr John Chew.

In his remarks, Paul said the Diploma in Nursing programme stood as a proactive step towards addressing the country’s healthcare workforce shortage through a public-private partnership (PPP) model.

“This programme is the result of two years of planning and has received full support from the MoH (Health Ministry), including approval for the use of government facilities for clinical training.

“We strongly believe that the PPP is essential in addressing the growing challenges in the national healthcare sector.

“The shortage of qualified nurses, increasing patient loads, and expanding healthcare needs – all of these require collaborative solutions. No single institution can meet these demands on its own,” he said.

Under the collaboration, the first cohort of students is scheduled to enrol this April 27, with MPI aiming to produce up to 60 qualified nurses annually.

The inaugural batch is expected to graduate in 2029.

Adding on, Paul said beyond training general nurses, the MPI would also want to expand its academic offerings to address Malaysia’s ageing population.

“The institute intends to introduce programmes in eldercare, as well as post-basic courses for professional development among practising nurses. We see this as part of our ongoing responsibility to support lifelong learning within the healthcare profession,” he said.

Applications for the Diploma in Nursing are now open. School-leavers who obtain at least credits in their Sijil Pelajaran Malaysia (SPM) examinations are eligible to apply.

Applicants must have credits in Bahasa Melayu, Mathematics (Basic/Modern/Additional), and Science (Science/Biology/Chemistry/Physics), as well as a pass in English and one additional subject.

The diploma is globally recognised and fully complies with guidelines accredited by the Malaysian Qualifications Agency and the Malaysian Nursing Board.

Kes tipu 190 PPS babit kerugian lebih RM47,000

Oleh MUKHRIZ MAT HUSIN

SHAHALAM - Hospital Tunku Azizah (HTA) menamatkan perkhidmatan seorang kakitangan di bawah program MySTEP selepas didakwa terlibat dalam penipuan yang mengakibatkan kerugian RM47,120, membabitkan 190 pegawai perubatan siswazah (PPS).

Pengurusan HTA memaklumkan, tindakan tegas itu turut disertai sekatan penuh terhadap akses individu berkenaan ke sistem dan fasiliti hospital bagi melindungi keselamatan data, integriti jabatan serta kebajikan para doktor.

"Pihak HTA menegaskan tiada sebarang kutipan wang tunai atau pindahan ke akaun peribadi kakitangan dibenarkan bagi mana-mana urusan rasmi termasuk bayaran balik emulmen atau yuran kursus.

"Personel MySTEP tersebut juga tidak pernah diberi kuasa berkaitan kewangan oleh HTA," menurut kenyataan itu pada Jumaat.

Menurut kenyataan sama, sesi libat urus turut diadakan bersama PPS yang terkesan bagi mendengar aduan serta mengumpul

HTA pecat kakitangan MySTEP



Kenyataan dimuat naik HTA di laman media sosialnya.

maklumat lengkap transaksi untuk membantu siasatan lanjut.

Ujarnya, kes itu dilaporkan kepada polis dan siasatan penuh sedang dijalankan.

"HTA akan memberikan kerjasama sepenuhnya kepada pihak berkuasa bagi memastikan siasatan dijalankan secara telus dan adil.

"HTA tidak akan sesekali berkompromi dengan mana-mana warga kerja yang terlibat dalam salah laku integriti atau sebarang aktiviti jenayah yang menjejaskan kebajikan kakitangan lain serta nama baik Kementerian Kesihatan Malaysia," ujarnya.

Tambah kenyataan itu, HTA terus mengutamakan kebajikan warga kerjanya dalam

usaha memastikan penyampaian perkhidmatan kesihatan terbaik kepada masyarakat.

"Kami hargai dedikasi PPS yang bertugas tanpa mengira masa dan tidak akan sesekali membiarkan integriti hospital dicemarkan oleh tindakan tidak bertanggungjawab oleh mana-mana individu," katanya.

Oleh Mohd Jamilul Anbia Md Denin dan Aina Balqis Ahmad Nizam anbia@hmetro.com.my

RAWATAN PENDAKAP GIGI SECARA HARAM

DOKTOR PALSU KENA RM300K

Kuala Lumpur

Seorang wanita berusia 23 tahun dijatuhi hukuman denda RM300,000 atau penjara 24 bulan atas kesalahan menjalankan rawatan pendakap gigi di klinik pergigian haram empat tahun lalu.

Tertuduh, Intan Nazirah Mohd Rofi dijatuhi hukuman itu oleh Hakim Maimoonah Aid di Mahkamah Sesyen 3 Kuantan, Pahang, kelmarin.

Dia dituduh menjalankan amalan pergigian pendakap gigi di premis yang tidak berdaftar dengan Kementerian Kesihatan Malaysia (KKM).

Dia berdepan dua pertuduhan iaitu menjalankan amalan pergigian tanpa berdaftar mengikut Akta Pergigian 2018 [Akta 804] yang boleh dihukum mengikut subseksyen 62(3) Akta yang sama.

Bagi pertuduhan kedua, dia didakwa menyediakan suatu klinik pergigian swasta yang tidak didaftarkan mengikut Seksyen 27, Akta Kemudahan dan Perkhidmatan Jagaan Kesihatan Swasta 1998 [Akta 586] yang boleh dihukum mengikut subperenggan 5(1)(a) Akta yang sama.

Jika disabit kesalahan tertuduh boleh didenda tidak melebihi RM150,000 bagi setiap pertuduhan atau dipenjarakan bagi tempoh tidak melebihi enam tahun atau kedua-duanya.

Kes dikendalikan oleh pegawai Kementerian Kesihatan Malaysia (KKM), Dr Hazmita Zainal Abidin, Dr Musfirah Musa dan Dr Faryna Md Yaakub.



INTAN Nazirah dijatuhi hukuman denda RM300,000 atau penjara 24 bulan atas kesalahan menjalankan rawatan pendakap gigi tanpa tauliah.

Berdasarkan fakta kes, sepasukan pegawai Cawangan Kawalan Amalan Perubatan Swasta (CKAPS) dan Unit Penguatkuasaan Pergigian, Bahagian Kesihatan Pergigian, Jabatan Kesihatan Negeri Pahang melakukan serbuan di premis terletak di Kampung Pak Mahat, Kuantan, Pahang pada jam 9 malam, 14 September 2022.

Ia susulan maklumat terdapat individu yang menyediakan klinik pergigian swasta tanpa didaftarkan dan menjalankan amalan

pergigian oleh individu tidak berkelayakan. Ketika serbuan dilakukan, tertuduh sedang melakukan rawatan pendakap gigi ke atas pelanggan.

Pelanggan wanita ketika itu dilihat sedang berbaring di atas tilam di ruang tamu premis.

Tertuduh gagal mengemukakan sijil perakuan pendaftaran premis itu sebagai sebuah klinik pergigian swasta selain Perakuan Pendaftaran Pengamal dengan Majlis Pergigian Malaysia (MPM) serta

Perakuan Pengamalan Tahunan.

Peralatan dan bahan pergigian untuk pemasangan pendakap gigi dirampas dan disita. Ini adalah kes kedua dalam tempoh seminggu apabila seorang wanita berusia 25 tahun turut dijatuhi hukuman denda RM100,000 kerana menyediakan suatu klinik pergigian swasta dengan menjalankan perkhidmatan pemasangan pendakap gigi (*braces*) secara haram oleh Mahkamah Sesyen, Petaling Jaya.

lokal

KOS RAWATAN JADI KEBIMBANGAN: KKM

SEMAK SEMULA PELESENAN

Putrajaya

Kementerian Kesihatan (KKM) sedang menyemak semula proses pelesenan dan kawal selia mengikut Akta Kemudahan dan Perkhidmatan Jagaan Kesihatan Swasta 1998 (Akta 586) bagi menangani kebimbangan industri mengenai kelewatan dan peningkatan kos.

Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad berkata, langkah itu bertujuan memperkemas prosedur memandangkan proses yang panjang akan menjadikan kos operasi lebih tinggi yang seterusnya akan ditanggung pesakit.

Beliau berkata, perkara

itu dibincangkan semasa mesyuarat Jawatankuasa Bersama Menteri-Menteri mengenai Kos Penjagaan Kesihatan Swasta (JBMKKS) bersama Menteri Kewangan II, Datuk Seri Amir Hamzah Azizan, Bank Negara Malaysia (BNM) dan ketua pegawai eksekutif (CEO) hospital swasta.

"Kami sedang menyemak semula proses pelesenan dan kawal selia Akta 586 kerana kami mendengar kebimbangan industri bahawa ia mengambil masa terlalu lama dan menambah kos yang kelakanya terpaksa ditanggung pesakit," katanya.

Menerusi hantaran di laman Facebook semalam,

Dzulkefly berkata, KKM mempelawa semua hospital swasta untuk bekerjasama sebagai penyedia Tahap 1 bagi Pelan Asas Insurans/Takaful Perubatan dan Kesihatan (MHIT) dan menyertai projek rintis yang akan bermula secara berperingkat di Lembah Klang mulai Julai.

"Terima kasih, ketua pegawai eksekutif hos-

pital swasta atas komitmen anda menyerahkan data yang diperlukan dengan cepat supaya kami dapat me-

masukkan Kumpulan Berkaitan Diagnosis (DRG) secara berperingkat untuk pembayaran bermula Januari 2027 di penyedia Tahap 1 dengan secara teratur dan berasaskan data.

"DRG meningkatkan ketelu-

san dan kebolehamalan harga serta memudahkan peralihan daripada model bayaran untuk perkhidmatan kepada penjagaan kesihatan berasaskan nilai dan tumpuan pada hasil kesihatan.

"Kesihatan digital merupakan pengupaya penting merentasi keseluruhan sistem dan kami bersedia untuk menghubungkan sistem awam dan swasta kami di bawah rangka kerja tadbir urus data yang memastikan individu mengawal data mereka," kata Dzulkefly.

Beliau berkata, semua dipelawa untuk menyertai Rangkaian Pensijilan Kesihatan Digital Malaysia

(MDHCN) dan berkongsi pengimejan radiologi, sekali gus mengelakkan ujian berganda dan mengurangkan kos.

"Di negara kita, sektor awam dan swasta saling melengkapi antara satu sama lain dengan meluaskan akses dan pilihan.

"Seiring dengan transformasi pembiayaan kesihatan yang semakin pantas, pendekatan *Whole-of-Nation Approach* (Pendekatan Keseluruhan Negara) ini menjadi penanda aras, ketika kami memperluas transformasi melangkaui sekadar inflasi perubahan sektor swasta kepada Transformasi Seluruh Sistem," kata Dzulkefly.



DZULKEFLY

BARAH BUKAN PENGAKHIRAN

Masyarakat disaran lakukan saringan awal untuk selamatkan nyawa terutama barah kolorektal

Oleh Suliati Asri
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Barah kolorektal bukan penyakit yang jarang berlaku, sebaliknya ia barah kedua paling kerap dan terbanyak dalam kalangan lelaki di Malaysia.

Statistiknya amat membimbangkan dan risiko seumur hidup untuk menghidap barah di Malaysia adalah satu dalam 10 bagi lelaki dan satu dalam sembilan bagi wanita.

Penyakit ini merentasi semua kumpulan masyarakat dengan kadar kejadian tertinggi dalam kalangan kaum Tionghua, diikuti oleh Melayu dan India.

Walaupun risiko ini diketahui, kita masih gagal rapatkan jurang antara ketersediaan saringan yang mampu menyelamatkan nyawa dan tindakan diperlukan untuk mencegah kematian.

Pakar Pembedahan Am dan Felo Pembedahan Kolorektal, Hospital Universiti Malaysia Sabah (HUMS) Prof Madya Dr Mohd Firdaus Mohd Hayati berkata, antara hakikat penting mengenai barah kolorektal ialah ia boleh dicegah dan dirawat dengan berkesan jika dikesan awal.



Perasaan stigma, malu dan tidak selesa menjadi antara sebab utama mengelakkan saringan

DR MOHD FIRDAUS



PEMERIKSAAN saringan kolonoskopi untuk mengesan kehadiran barah di dalam usus besar.



Katanya, Kementerian Kesihatan Malaysia (KKM) sudah memperkenalkan program saringan awal sejak 2014, menawarkan ujian imunokimia darah samar dalam najis (iFOBT) kepada individu berumur 50 hingga 75 tahun yang tidak bergejala.



PROSEDUR pemeriksaan kit iFOBT untuk mengesan kehadiran darah di dalam najis.

“Ujian ini mudah dan tidak invasif, bertujuan mengesan kehadiran darah tersembunyi dalam najis sebagai petanda awal kanser kolorektal.

“Ia boleh didapati secara meluas di klinik kesihatan kerajaan,” katanya.

Namun, kata Dr Mohd Firdaus, kadar pengambilannya amat rendah.

Katanya, berdasarkan Pelan Strategik Kebangsaan Kanser Kolorektal 2021-2025, kurang daripada satu peratus individu yang layak menjalani saringan setiap tahun di fasiliti kesihatan kerajaan.

“Kajian keratan rentas di Semenanjung Malaysia yang diterbitkan oleh jurnal antarabangsa iaitu ‘Asian Pacific Journal of Cancer Prevention’ menunjukkan keadaan yang lebih membimbangkan, apabila hanya 0.7 peratus responden pernah menjalani sebarang bentuk saringan dalam tempoh lima tahun,” katanya.

Dalam pada itu, masalah itu bukan hanya pada tahap saringan awal, tetapi jurang menjadi lebih besar dalam kalangan mereka yang sudah menjalani ujian.

Keputusan iFOBT positif perlu disusuli dengan kolonoskopi untuk menentukan sama ada terdapat barah atau sebaliknya.

Namun, data tempatan menunjukkan bahawa pematuhan kepada kolonoskopi selepas keputusan iFOBT positif masih rendah.

Antara 2014 hingga 2018, hanya sekitar 52 peratus hingga 67 peratus pesakit meneruskan pemeriksaan kolonoskopi, manakala sebahagian besar yang lain tidak hadir untuk penilaian lanjut.

Persoalannya, mengapa ramai yang tidak mengambil langkah seterusnya walaupun tanda amaran dikenal pasti?

Mengulas lanjut, Dr Mohd Firdaus berkata, halangan ini bersifat pelbagai, daripada sudut psikologi, terdapat rasa jijik terhadap pengendalian sampel najis.

Katanya, kajian menunjukkan ramai pesakit berasa malu dan tidak selesa kerana menganggap najis sebagai sesuatu yang kotor.

“Perasaan stigma, malu dan tidak selesa menjadi antara sebab utama mengelakkan saringan.

“Selain itu, wujud persepsi negatif terhadap prosedur kolonoskopi yang sering dianggap menyakitkan atau memalukan dan apa yang lebih mencabar ialah ketakutan untuk mengetahui diagnosis barah itu sendiri,” katanya.

Bagi sesetengah individu, barah masih dianggap sebagai ‘hukuman mati’, lalu menyebabkan mereka mengelak daripada mengetahui keadaan sebenar.

Selain itu, terdapat kekangan sistem kesihatan dan faktor sosioekonomi, masa menunggu yang panjang, kesukaran pengangkutan terutama bagi warga emas, serta kekangan kewangan menjadi halangan utama.

Kajian menunjukkan bahawa majoriti individu menjalani saringan berbuat demikian kerana disarankan oleh doktor, manakala ketiadaan nasihat ini menjadi penghalang utama kepada orang ramai.

Sementara itu, Pakar Pembedahan Am dan Felo Pembedahan Kolorektal, Hospital Shah Alam Dr Devanraj Selvam berkata, lebih 70 peratus pesakit barah kolorektal di Malaysia mendapat tahu penyakit mereka pada peringkat lewat iaitu pada tahap 3 atau 4.

Katanya, pada tahap itu, rawatan menjadi lebih kompleks, invasif dan mahal, dengan kadar kejayaan yang jauh lebih rendah.

“Untuk makluman, berdasarkan data kajian ‘Malaysian Study on Cancer Survival’ (MyScan), kadar kelangsungan hidup lima tahun bagi pesakit tahap I ialah sekitar 75 peratus.

“Namun, jika penyakit dikesan pada tahap 4, kadar ini menurun kepada hanya 17 peratus. Risiko kematian bagi pesakit tahap lewat hampir empat kali ganda berbanding mereka yang dikesan awal,” katanya.

Untuk mengatasi jurang ini, Dr Devanraj berkata, usaha kita tidak boleh terhenti pada penyebaran maklumat sahaja.

Menurutnya, pendekatan yang lebih menyeluruh diperlukan, termasuk intervensi struktur dan perubahan tingkah laku.