

Save kidney, save resources

NKF to expand kidney care access amid rise in numbers

Your health is in your hands:

Dzulkefly (centre) making a visit to the healthcare booths in conjunction with World Kidney Day 2026 at Wisma MBSA, Shah Alam. — FAIHAN GHANI/The Star



SHAH ALAM: Access to kidney care will be expanded this year aimed at addressing the rising number of chronic kidney disease (CKD) cases in the country, says the National Kidney Foundation of Malaysia (NKF).

NKF board member Dr Sunita Bavanandan said four Peritoneal Dialysis (PD) and CKD centres will be set up this year in high-demand areas, including Sabah and Sarawak.

"This is important to ensure dialysis services are accessible more equitably, regardless of geographical location," she said at the National-Level World Kidney Day 2026 celebration yesterday.

She said that CKD is a public health challenge that requires sustained action and a more comprehensive approach.

"NKF remains committed to expanding treatment access and strengthening patient support through a more systematic and sustainable approach," she said.

Dr Sunita also said NKF will strengthen integrated treatment centres covering haemodialysis, PD training and CKD counselling.

The approach is aimed at improving the treatment ecosystem and enhancing patient management, she added.

Besides this, she said PD will also be promoted as a more flexible and patient-friendly option, as it can be performed at home.

Dr Sunita said that NKF is also focusing on prevention through early screening and risk detection among high-risk groups.

In this regard, NKF will strengthen collaboration with the Health Ministry, the Malaysian Society of Nephrology (MSN) and other strategic partners to expand community screening programmes. This collaboration will enable more structured interventions, including early referrals and continuous monitoring of high-risk groups, she said.

Dzul: Cost of treatment for end-stage cases up six-fold

By RAGANANTHINI VETHASALAM
raga@thestar.com.my

SHAH ALAM: The cost of treating end-stage kidney disease in Malaysia has surged six-fold in just over a decade, placing mounting pressure on the nation's healthcare system.

Health Minister Datuk Seri Dr Dzulkefly Ahmad said the country spent RM572mil on treatment in 2010 – a figure that has since ballooned to RM3.3bil annually.

"That is how much the cost has gone up," he said at the World Kidney Day 2026 celebration, jointly organised by the National Kidney Foundation of Malaysia and the Malaysian Society of Nephrology (MSN) yesterday.

Amid rising costs, Dzulkefly said funds collected from the sugar-sweetened beverage tax have

been channelled towards treating diabetes mellitus, while also helping to reduce complications linked to chronic kidney disease.

"This fund is fully utilised to finance sodium-glucose transport protein 2 inhibitors – highly innovative medications proven not only in treating diabetes but also lowers the risk of complications from chronic kidney disease," he said.

To ensure long-term sustainability, the Health Ministry has also stepped up efforts to promote a "Peritoneal Dialysis (PD)-first" policy, encouraging eligible patients to begin treatment at home.

"This approach gives patients greater independence, reduces congestion at treatment centres and lowers healthcare costs."

Dzulkefly said RM40mil has been allocated specifically for PD treatment in 2025, with uptake

showing steady improvement.

"The percentage of patients undergoing PD at Health Ministry facilities has increased to 42% in 2025, compared to just 36.6% in 2020," he said, adding that 3,161 patients have directly benefited from the treatment.

He also warned that, in the post-Covid-19 era, Malaysia is now grappling with a "pandemic" of non-communicable diseases, with kidney failure emerging as one of its most concerning outcomes.

Highlighting the environmental toll of dialysis as it is heavy on water use, Dzulkefly said prevention remains the most sustainable solution.

"The greenest form of dialysis is the dialysis we do not have to use," he said.

Echoing this, MSN president Prof Dr Lim Soo Kun said sustainable kidney care is no longer

optional, but essential.

"Kidney treatment, particularly haemodialysis, consumes vast amounts of water, energy and disposable materials, while generating significant clinical waste."

"It is estimated that about 250 litres of water are used in a single haemodialysis session. For 50,000 patients, total annual water usage exceeds two billion litres," he said.

To put that into perspective, he said, an individual consumes about 60,000 litres of water in a lifetime.

"Two billion litres could supply a lifetime of drinking water for about 33,000 people."

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The illusion of coverage

MANY Malaysians see private health insurance (PHI) as a safety net, promising faster access to treatment, more comfortable facilities, and protection against rising medical costs. Yet when patients actually need care, that sense of security does not always hold. Increasingly, evidence suggests that while PHI improves access to healthcare, it does not necessarily shield individuals from financial strain.

Over time, policy measures such as tax relief for insurance purchases and the option to use EPF (Employees Provident Fund) savings have expanded PHI coverage, transforming it from a niche product into a significant component of healthcare financing.

However, wider coverage has not eliminated financial risk. Patients with serious or chronic conditions often discover that their insurance does not cover as much as they had expected. The gap between perception and reality becomes most apparent during prolonged illness, when repeated treatments, medications, and follow-up care begin to accumulate. What initially appears to be comprehensive coverage may, in practice, leave patients responsible for substantial out-of-pocket expenses.

This disconnect arises for several reasons. Insurance policies vary widely in their coverage limits, and not all are designed to support long-term or complex conditions. Certain treatments, medications, or technologies may fall outside policy provisions, especially as medical advancements outpace existing coverage frameworks.



Photo: dpa

Even when hospitalisation is covered, additional costs such as co-payments, deductibles, transportation, and caregiving can quietly accumulate. These are rarely considered at the point of purchase, when decisions are often guided more by affordability of monthly premiums than by adequacy of long-term protection.

Another growing concern is the sustainability of premiums. While rising medical costs are frequently cited as the main driver, there are structural dynamics within insurance pools that may also contribute.

In some cases, younger and healthier individuals are drawn into newer, lower-cost plans, while older or higher-risk policyholders remain in existing pools with increasing claims. Over time, this can lead to sharp premium increases for those who are most dependent on their coverage, forcing difficult decisions between paying higher costs,

reducing benefits, or discontinuing insurance altogether.

Understanding what PHI can and cannot do is therefore essential. In Malaysia, PHI plays both a supplementary role, allowing individuals to bypass delays in the public sector, and an increasingly complementary role, covering treatments or devices that are not readily available in public facilities.

Employer-sponsored plans add another layer of support, but they are often tied to employment and may not provide continuity during career transitions or retirement. More recent initiatives to expand access through basic medical and health insurance or takaful products are a step in the right direction, but these entry-level plans often involve trade-offs such as lower coverage limits or higher cost-sharing.

Despite the importance of these decisions, health insurance literacy among Malaysians

remains limited. Many policyholders are unaware of the specifics of their coverage until they need to make a claim. Questions about coverage limits for major procedures, exclusions for certain conditions, long-term affordability of premiums, or the role of additional protection such as critical illness insurance are often considered too late.

As a result, financial vulnerability emerges not from a lack of insurance, but from a mismatch between expectations and reality.

Private health insurance should therefore be understood as one component of a broader approach to financial protection, rather than a complete solution. While it can significantly improve access to timely care, it does not eliminate the financial risks associated with illness. Personal savings, informed decision-making, and a clear understanding of policy details remain equally important in navigating an increasingly complex healthcare landscape.

The assumption that being insured automatically means being protected is a comforting one. But in practice, the more important question may not be whether you have PHI, but whether your coverage is truly sufficient when it matters most.

NUR BALQIS ZAHIRAH and RUMANA AKHTER SAIFI
Department of Social and Preventive Medicine
Faculty of Medicine
Universiti Malaya
NG RUI JIE
National Health Financing Unit
Ministry of Health

BY KIRTINEE RAMESH
newsdesk@thesundaily.com

Five million individuals affected by kidney crisis in Malaysia

Some 10,000 cases progress to end-stage renal failure annually, while over 50,000 patients currently undergoing dialysis, says minister

SHAH ALAM: Malaysia is facing a mounting kidney health crisis, with more than five million people living with chronic kidney disease – and a staggering 95% unaware of their condition, Health Minister Datuk Seri Dr Dzulkefly Ahmad said.

He disclosed that about 10,000 new cases progress to end-stage renal failure annually, while over 50,000 patients are currently undergoing haemodialysis and peritoneal (home-based treatment) dialysis nationwide, placing growing strain on the healthcare system.

Speaking at the national-level World Kidney Day 2026 celebration, Dzulkefly underscored the urgent need to rethink healthcare delivery, not only to improve patient outcomes but also to address environmental sustainability.

"It is very important for all of us to be mindful of the direction in which we are heading," he told reporters

after launching the event, which carried the theme "Kidney Health for All – Caring for People, Protecting the Planet," yesterday.

He highlighted that treatments such as dialysis are highly resource and energy-intensive, raising concerns about the environmental impact.

"When we provide treatment, it must not come at the expense of the environment," he said, stressing the importance of reducing healthcare's carbon footprint.

He pointed to the growing global shift towards "green nephrology," a concept championed locally by the Malaysian Society of Nephrology and

the National Kidney Foundation Malaysia, which promotes prevention and more sustainable, cost-effective treatment approaches.

"Moving forward, this will be the direction of our policy – to strike a balance between delivering effective treatment and minimising environmental impact," he said, adding that this aligns with national strategies such as the Peritoneal Dialysis First (PD-First) policy, expanded haemodialysis services and organ transplantation efforts.

He cautioned that without decisive intervention, the number of Malaysians requiring dialysis could

He said the government has intensified efforts such as the war on sugar campaign and reinvested revenue from the tax of sugar-sweetened beverages into advanced treatments, including SGLT2 inhibitors, which are a class of oral medications that treat type 2 diabetes.

At the same time, the ministry is expanding access to peritoneal dialysis, with patient uptake rising to 42% from 36.6% in 2020 – reflecting the success of the PD-First policy.

Currently, 3,161 patients are receiving peritoneal dialysis in public healthcare facilities.

exceed 100,000 by 2040, further burdening public healthcare resources.

Beyond kidney disease, Dzulkefly emphasised the wider challenge posed by non-communicable diseases, which have become a major national health and economic burden.

"Direct healthcare costs alone amount to approximately RM17 billion annually, rising to RM64.3 billion when factoring in indirect costs such as lost productivity, absenteeism, presenteeism and premature deaths.

"These are deaths that occur before the average life expectancy – around 73 to 75 years for men and slightly higher for women – many of which are preventable.

"The kidney organ may be small – roughly the size of a fist – but it plays a vital role in sustaining life. When its function is compromised, quality of life is significantly affected."

Dzulkefly reiterated that prevention remains the most sustainable solution, particularly in tackling diabetes, a key driver of kidney failure in Malaysia.



Dzulkefly (centre) cautioned that without decisive intervention, the number of Malaysians requiring dialysis could exceed 100,000 by 2040, further burdening public healthcare resources. – ADAM AMIR HAMZAH/THESUN

Prevention, early detection vital in curbing renal disease

SHAH ALAM: Kidney disease in Malaysia demands urgent attention through earlier detection, wider community screening and more sustainable treatment approaches, National Kidney Foundation Malaysia (NKF) board member Dr Sunita Bavanandan said.

Speaking at the national-level World Kidney Day 2026 celebration, she said kidney health must be viewed as a shared responsibility that extends beyond individuals to society and the environment.

"This year's theme, Kidney Health for All – Caring for People, Protecting the Planet, highlights the need for a holistic approach to healthcare that safeguards both patients and the environment."

Sunita highlighted that kidney disease continues to have a severe impact on Malaysians, often going undetected until its later stages, when treatment becomes more complex and costly.

"Many patients are only diagnosed at the final stage, when kidney function is already critically impaired. This places a heavy burden not only on patients, but also on their families," she said, stressing the importance of prevention and early

detection.

Since 2008, more than 600,000 individuals have been screened through NKF programmes nationwide. The foundation is now focusing on targeted screening, particularly among high-risk groups such as those with diabetes, cardiovascular disease, hypertension and the elderly.

She also outlined several key initiatives undertaken by NKF, including a strategic collaboration formalised in February between the Health Ministry, NKF and 12 NGOs to strengthen prevention and early detection of non-communicable diseases.

The collaboration includes aligning community screening programmes with the National Health Screening Initiative (NHSI), improving referral pathways for at-risk individuals and enhancing the use of data to monitor and improve healthcare delivery.

"So far, screenings have been carried out in 43 localities, reaching nearly 2,000 community members in the initial phase," she said, adding that efforts will be expanded to more areas alongside volunteer training and improvements in referral

systems.

Another major initiative is a memorandum of understanding between NKF and the Malaysian Society of Nephrology (MSN) to support early diagnosis of rare kidney diseases, ensuring patients receive timely and accurate treatment.

Sunita added that NKF is also working to transform kidney replacement therapy by promoting peritoneal dialysis (PD) and organ transplantation, while expanding infrastructure to meet rising demand.

Plans include establishing four new PD training centres in Perlis, Kedah, Sabah and Sarawak, opening a new haemodialysis centre in Batang Kali, Selangor and developing integrated dialysis centres in Sabah offering haemodialysis, PD and counselling services.

Meanwhile, MSN president Prof Dr Lim Soo Kun emphasised the growing importance of sustainable healthcare practices, particularly in dialysis treatment.

He noted that haemodialysis is highly resource-intensive, with each session using an estimated 250 litres of water.

With about 50,000 haemodialysis

patients in Malaysia, this translates to roughly two billion litres of water used annually.

"That amount could supply a lifetime of drinking water for tens of thousands of people," he said, underscoring the urgency of adopting more sustainable practices.

Lim said the MSN has introduced a green nephrology initiative, including a position statement to guide more sustainable dialysis and kidney care practices in Malaysia.

The approach focuses on prevention, reducing resource wastage, improving energy efficiency and managing clinical waste responsibly.

"However, sustainability must always go hand in hand with patient safety, quality of care and equitable access."

Lim stressed that chronic kidney disease often develops silently, making early screening and timely intervention crucial – particularly for high-risk groups.

He highlighted the importance of public education initiatives, including forums on emotional wellbeing, nutrition and treatment care, held in conjunction with the event. – By Kirtinee Ramesh

'Diversity major national asset'

KUALA LUMPUR: Diversity in this country should not be seen as a challenge, but as a major national asset to be preserved and upheld, said National Unity Minister Datuk Aaron Ago Dagang.

He said each ethnic group brings with it unique history, values, language and traditions, which contribute to building a dynamic, vibrant and inclusive nation.

"In Malaysia, we take pride in having about 70,000 citizens from the Siamese ethnic group, who form part of the country's diverse fabric.

"Indeed, Malaysia stands strong on the strength of its diversity, with more than 200 ethnic groups and sub-ethnic communities in the country," he said in a Facebook post, while extending Songkran greetings to Malaysians of Siamese descent.

Aaron said every community, regardless of background, plays an important role in the nation's development, across economic, social, educational and cultural aspects.

"When one community is empowered, the entire nation progresses. Ethnic diversity is the foundation of national unity, enabling people to better understand and respect one another." – Bernama

IN neuro-surgical operating theatres across Malaysia, stroke is no longer seen as a condition affecting only the elderly. Increasingly, young professionals in their thirties and forties are presenting life-threatening brain emergencies linked to chronic stress, hypertension and untreated vascular risk factors. Severe cases involving brain swelling or intra-cranial bleeding often required urgent neuro-surgical intervention to prevent permanent disability or death, reflecting a growing shift in patient demographics.

Growing brain health concern in Malaysia

Stroke remains the third leading cause of death in Malaysia, contributing to a significant neurological burden. In 2019, the country recorded 47,911 new stroke cases, 19,928 deaths and nearly 443,995 people living with stroke-related disability. What was more concerning was the shift towards younger age groups, with incidence among adults aged 35 to 39 rising by over 50% in men and women. This pointed to the increasing impact of lifestyle-related vascular risks. From a neurosurgical standpoint, many severe cases involve brain haemorrhage, swelling or aneurysm rupture, conditions that require immediate intervention to preserve brain function.

Younger patients, higher risk

Neurosurgeons observe that many younger patients present with complications linked to uncontrolled hypertension and prolonged stress. Unlike older patients, these cases often come without clear warning

signs. Chronic stress contributes to sustained high blood pressure, poor sleep and metabolic imbalance, all of which increase the risk of ischaemic and haemorrhagic stroke over time. Burnout has emerged as a key concern in high-pressure work environments. Prolonged stress and fatigue are increasingly common, raising cardiovascular risk among working adults. From a clinical perspective, patients often present late because early symptoms such as headaches, dizziness or fatigue are

Rising stroke cases among younger Malaysians

➤ Chronic stress, burnout behind surging risk for neurological emergencies among working adults



Early symptoms such as headaches and fatigue are often dismissed as stress, delaying treatment and increasing the risk of severe brain emergencies. — 123RF/PIC

dismissed as work-related stress. This delay reduces the chances of early treatment and increased the risk of severe complications.

Hidden risks

Moreover, Malaysia continues to face high rates of hypertension, diabetes and high cholesterol, all of which are strongly linked to stroke risk. Many younger individuals remain unaware of these silent conditions and over time, elevated blood pressure could

weaken blood vessels in the brain, increasing the likelihood of intracranial bleeding or aneurysm rupture. For some patients, stroke acts as the first sign of an underlying health issue.

While not all strokes require surgery, intervention becomes critical in cases involving severe brain swelling, significant bleeding or ruptured aneurysms. A prompt referral to specialised centres play a key role in improving survival

and recovery.

Prevention, awareness matter

However, as always, prevention remains the most effective approach. Regular blood pressure monitoring, early stress management and timely medical consultation for persistent symptoms are essential in reducing risk. It is also noted that many young professionals do not expect stroke to affect them, yet neurosurgeons are increasingly treating patients in their

working years with serious neurological emergencies. Looking at this trend itself highlights the need for greater awareness and early screening. As work demands continue to intensify, protecting brain health has become an essential part of sustaining long-term well-being.

This article is contributed by Ampang Puteri Specialist Hospital consultant neurosurgeon Dr Kuha Raj Arumugam.

Brain changes in Alzheimer's disease differ by sex

SCIENTISTS trying to understand the brain changes of Alzheimer's disease may need to interpret standard monitoring tools differently in women and men, researchers said.

In particular, scores on the 30-point Mini-Mental State Examination, or MMSE, might not fully reflect underlying brain changes in women with mild cognitive impairment, their study found.

"A woman who scores well on the MMSE... may still (have) underlying brain changes that are not fully captured by that score alone," study leader Mukesh Dhamala of Georgia State University said in a statement.

The researchers analysed brain scans and MMSE tests from 332 people at different stages of the disease.

In men, grey matter in the brain showed more shrinkage early in the disease, with some degree of stabilisation afterward. In women, shrinkage of grey

matter was slow early in the disease, becoming steeper and more widespread in later stages of cognitive decline.

The findings of normal MMSE scores in women with early grey matter shrinkage suggest their brains may be compensating in ways that help maintain cognitive performance earlier in the disease. "These patterns likely reflect distinct biological mechanisms, including hormonal influences, genetic susceptibility and sex-specific neural compensation," the researchers wrote in *Brain Communications*.

"Overall, the findings establish sex as a key determinant of Alzheimer's disease pathology, influencing the spatial distribution and temporal dynamics of brain atrophy.

"Recognising and modelling these differences are crucial... to improve personalised care and clinical outcomes in Alzheimer's disease," they added. — Reuters

Hospital Utar introduces special rebate programme for knee, hip replacement surgeries

IN conjunction with World Health Day, Hospital Universiti Tunku Abdul Rahman (Hospital Utar) has introduced a special rebate programme for patients undergoing total knee replacement and total hip replacement surgeries.

Backed by a RM1 million allocation, the initiative is expected to benefit 200 patients, with priority given to senior citizens in Perak. The programme aims to reduce the financial burden of high-cost orthopaedic procedures and promote timely treatment for mobility-related conditions.

"Early intervention in joint conditions restores mobility, independence and quality of life. This rebate programme reflects our commitment to delivering affordable and patient-centred care," said Hospital Utar CEO cum medical director Datuk Dr Ding Lay Ming.

Hospital Utar recently celebrated World Health Day 2026 and the 4th anniversary of the Utar Traditional and Complementary Medicine (T&CM) Centre, graced by Raja Permaisuri Perak Tuanku Zara Salim.



Tuanku Zara (third from right), Ding (second from right) and Utar T&CM director Dr Te Kian Keong (right) at the 4th anniversary celebration of the Utar T&CM Centre.

Since its establishment in April 2022, the Utar T&CM Centre has recorded over 167,000 patient visits, while actively supporting education, research and professional development through collaborations with local and international institutions.

As a not-for-profit hospital, Hospital Utar established its Welfare Fund in August 2024 to support needy and deserving patients, particularly those from the B40 community. The fund provides

financial assistance for outpatient and inpatient care, including medical and surgical treatments, T&CM services, dialysis, physiotherapy, wound care and ambulance support. To date, the fund has supported more than 80 patients, including those requiring ongoing care such as T&CM, dialysis and wound management. Patients supported through the fund come not only from Perak but also from other states, reflecting the hospital's wider reach in supporting vulnerable communities.

OUTFLOW TO PRIVATE SECTOR

'HIGHER PAY ALONE WON'T KEEP NURSES'

Nursing groups laud effort to improve welfare but say workload and career pathway issues must also be resolved

HAKIM MAHARI
KUALA LUMPUR
news@nst.com.my

PAY increases alone may not be sufficient to retain public sector nurses as workload and career pathways also influence workforce decisions, said the Malayan Nurses Union.

Its president, Saaidah Athman, said while salary and allowance adjustments were important, broader structural issues must also be addressed to ensure the long-term sustainability of the profession.

"Salary and allowance adjustments are important.

"However, other issues such as workload and career pathways must also be reviewed in line

with current needs," she told the *New Straits Times*.

Saaidah welcomed the government's efforts to improve nurses' pay and incentives, saying such measures could help curb the outflow of nurses to the private sector and overseas.

However, she said enhancing allowances — including post-basic, shift and critical allowances — as well as recognising long-serving staff would be equally important in strengthening morale and staff retention.

She added that narrowing the pay gap between public and private sector nurses was crucial to reduce migration, noting that many who left to work elsewhere were specialist nurses.

"When the gap is reduced, fewer nurses will move to the

private sector or go abroad."

Saaidah also proposed that entry requirements for nurses be upgraded to degree level to reflect evolving healthcare demands and professional standards.

She said broader reforms in wages and incentives were urgently needed to address the current shortage, while also helping to attract younger generations to the profession.

"With the right improvements, we can build stronger motivation among nurses to remain in the public healthcare system."

She also proposed that entry requirements for nursing be re-



With the right improvements, we can build stronger motivation among nurses to remain in the public healthcare system.

SAAIDAH ATHMAN
Malayan Nurses Union
president

viewed, noting that the current diploma-based programme had been in place for more than 30 years.

Malaysian Male Nurses Association chairman Muhammad Julihan Kamari said he hoped that special allowances could be given to nurses working in high-risk departments, particularly infectious disease wards.

"For example, nurses in psychiatric departments should receive a special allowance of RM100 per month, as well as an additional seven

days of annual leave as recognition of the risk and stress involved in the job."

He also proposed introducing a shift allowance system in line with private sector practices and developed countries, such as Singapore and Saudi Arabia, where night shift allowances were higher than afternoon shifts.

"This measure is expected to make the remuneration system fairer and more competitive.

"We believe that the full implementation of these proposals will enhance the attractiveness of the nursing profession and ensure the stability of the national healthcare system."

It was previously reported that the Health Ministry was considering raising wages and allowances for nurses to prevent local healthcare professionals from migrating abroad.

Health Minister Datuk Seri Dr Dzulkefly Ahmad had said increasing remuneration, including specialised post-basic allowances, was among the key measures being considered under the National Nursing Programme.

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PRESSING HEALTH CHALLENGES

'28 Malaysians diagnosed with kidney failure daily'

SHAH ALAM: Malaysia is spending RM3.3 billion annually on end-stage kidney disease treatment, a sharp rise from RM572 million in 2010.

This highlights the burden of chronic illness on the nation's healthcare system.

Health Minister Datuk Seri Dr Dzulkefly Ahmad said chronic kidney disease (CKD) had become one of the most pressing health challenges faced by Malaysians.

More than five million people in the country are estimated to be living with the condition, but only

about five per cent are aware of it.

The prevalence of CKD has also risen significantly, from nine per cent in 2011 to 15.5 per cent last year.

"Every day, 28 Malaysians are diagnosed with kidney failure and must begin dialysis treatment," he said at the national-level World Kidney Day 2026 event here.

"If we fail to act decisively now, more than 106,000 Malaysians will require dialysis treatment by 2040."

He also warned that the disease



Health Minister Datuk Seri Dr Dzulkefly Ahmad visiting an exhibition booth during the World Kidney Day celebration at Wisma Majlis Bandaraya Shah Alam yesterday. BERNAMA PIC

was not only affecting the people's quality of life but also placing a heavy financial strain on the country.

Dzulkefly said most kidney failure cases in Malaysia were linked to diabetic complications.

In response, the government has intensified efforts to curb sugar consumption, including raising the excise duty on sugary drinks to 90 sen per litre since January last year.

The tax generated RM54.9 million in revenue last year, with RM21 million channelled back to the Health Ministry.

The funds are used to subsidise the prescription of Sodium-Glucose Transport Protein 2 inhibitors to treat diabetes and reduce the risk of kidney disease complications.

The ministry is also promoting a "peritoneal dialysis first" policy, encouraging eligible patients

to undergo dialysis treatment at home.

The approach is aimed at easing congestion at treatment centres, lowering healthcare costs and improving patients' quality of life.

Last year, the ministry allocated RM40 million for peritoneal dialysis, with uptake rising to 42 per cent in public health facilities, compared with 36.6 per cent in 2020. This has benefited a total of 3,161 patients.

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On the afternoon of April 3, Senator Datuk Seri Amir Hamzah Azizan and I sat across the table from the CEOs of Malaysia's private hospitals — from non-profits to the largest hospital groups. The room at the Ministry of Finance carried a different energy from meetings past. There were no crossed arms, no defensive postures, no rehearsed grievances. Instead, there were commitments — specific, time-bound and impactful. By the time we rose from that table, something meaningful had shifted. Malaysia's private healthcare landscape will not look the same a year from now.

That shift did not happen overnight — trust and a collaborative spirit were hard-earned.

For years, rising private healthcare costs have been a legitimate source of anxiety

MY Say

BY DR DZULKEFLY AHMAD



for Malaysians. Medical claims inflation, although a global and structural issue, affects not just the cost of living but, in the most serious cases, lives themselves. This is not sustainable and nobody wins. Amir and I have been clear that the solution would not come from finger-pointing but from a genuinely collaborative, whole-of-nation approach: one that brings together all stakeholders — patients, the Ministry of Health, the Ministry of Finance, Bank Negara Malaysia, private hospitals, the insurance industry, academia and consumer groups — not as adversaries, but as co-creators.

A key outcome of this collaboration is the Medical and Health Insurance and Takaful (MHIT) base plan. As elaborated in the recent white paper published on Jan 22, this plan is a standardised, voluntary, accessible private health insurance product designed to widen access and choice, offering predictable and transparent prices to Malaysians seeking private healthcare.

Let me be clear about what it is not. The MHIT base plan does not replace our public health system. Our public healthcare remains the bedrock of Universal Health Coverage for every Malaysian. This commitment is absolute and will never waver. The public system is, and will remain, the foundation — indeed, the Ministry of Health received its highest-ever budget allocation this year. The MHIT base plan builds on and complements that foundation — extending affordable access to private healthcare as a meaningful, voluntary

option for Malaysians. It is a widening of choice, not a narrowing of rights.

Participation by private hospitals is also voluntary but the opportunity it represents, especially for first movers, is compelling. Private hospitals that commit as Tier 1 providers under the base MHIT plan can benefit from additional market access — value-based healthcare for Malaysians who want private healthcare but have been priced out by the status quo. The pilot in Greater Klang Valley begins in stages from July this year, before the national launch in January 2027.

I am very grateful for the support expressed by private hospital CEOs so far and genuinely encouraged by the commitments made — to participate as Tier 1 providers for this affordable product, submit the data necessary to fine tune the phased use of Diagnosis-Related Groups (DRGs), and to link with our Digital Health

interoperability initiatives. Data is critical to ensure that DRG payments will be calibrated to reality — real patients, real case mixes, real private hospitals and real costs — and it is in everyone's interest, particularly private hospitals, to submit this data promptly. Many have already begun, and we are grateful.

DRGs improve price transparency and predictability that patients, insurers and providers seek while enabling better resource optimisation. As a concept, DRGs are not new to Malaysia — there have been long-standing initiatives to expand its use nationally. However, the phased implementation of DRGs in the private sector, beginning for Tier 1 providers from January 2027, represents a genuine milestone. The transition will be phased, fair and data-driven — a structural break away from fee-for-service towards value-based healthcare and modernised care models.

Private hospitals also affirmed their readiness to participate in Digital Health interoperability initiatives across the private and public sectors, under a data governance framework that keeps the individual in control of his data. We expect many private hospitals to join the Malaysia Digital Health Certification Network and to share radiology imaging — thus avoiding duplication of tests and saving costs.

Transformation is not a one-way street. Apart from the base MHIT plan, the Madani government has listened to and acted on industry pain points.

Private hospitals have long raised the issue of Act 586 licensing — that the process takes too long and adds to costs, and those costs ultimately reach patients. We heard this loud and clear. A comprehensive review is already well underway, with the goal of streamlining processes so that regulation upholds the high standards of healthcare that Malaysia is acknowledged globally for, while reducing the cost of compliance.

We are also investing resources and regulatory commitment to support the initiative of the Association of Private Hospitals Malaysia to restructure hospital billing without affecting the total bill. This will improve the transparency of the current billing structure while ensuring that the underlying cost structures are properly considered, thus reducing dependence on distortionary mark-ups.

As encouraging as all of this is, I want to be clear about something: The transformation of private healthcare is just part of our overall transformation.

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 whole-system transformation. The same principles — data-driven decision-making, value-based healthcare, person-centricity and genuine multi-stakeholder collaboration — will shape how we evolve the public healthcare system in the coming years, with clear eyes on the realities of rapid ageing and the profound influence of social determinants of health. This is also a shared endeavour — one that calls on us both as individuals and as a society to take greater ownership of our collective health and productivity.

The vision I have always held, since my first term, is of a healthcare system that is technology-native, person-centred and grounded in integrated care. The MHIT base plan is, in that larger story, an important and energising chapter — not the final one.

Datuk Seri Dr Dzulkefly Ahmad is Minister of Health

Krisis tenaga kerja sektor kesihatan

MMA dedah lima faktor punca doktor hijrah

Kuala Lumpur: Kontrak tidak menentu dan elaun tidak setimpal pengorbanan dikenali pasti Persatuan Perubatan Malaysia (MMA) antara penyebab utama golongan doktor negara ini berhijrah ke luar negara.

Lantaran punca itu juga, MMA menolak dakwaan kurangnya semangat nasionalisme atau cintakan negara menjadi punca golongan doktor tempatan berhijrah ke luar negara bagi mengembangkan kerjaya masing-masing.

Presiden MMA, Datuk Dr R Thirunavukarasu, menegaskan penghijrahan graduan perubatan tempatan ke luar negara disebabkan sistem dan dasar sedia ada "tidak membalas cinta" mereka terhadap bidang terbahit.

Beliau 'mendedahkan' lima faktor menyebabkan golongan doktor mengambil pendekatan berhijrah, iaitu kontrak tidak menentu dan elaun tidak setimpal dengan pengorbanan.

"Selain itu, laluan kerjaya yang kabur dan tidak pasti, ke-

naikan pangkat tidak telus di mana merit tidak selalunya menang serta penempatan yang tidak menghormati pilihan serta pengorbanan mereka turut menyumbang ke arah itu.

"Doktor kita bukan tidak cintakan Malaysia. Mereka pergi kerana sistem dan dasar tidak membalas cinta mereka," katanya melalui kenyataan, di sini.

Beliau mengulas kenyataan Ketua Pengarah Perkhidmatan Awam, Tan Sri Wan Ahmad Dahlan Abdul Aziz, bahawa sema-

ngat nasionalisme dalam kalangan graduan bidang perubatan dilihat antara faktor bagi membendung isu penghijrahan tenaga kerja atau *brain drain* dalam sektor kesihatan negara.

Wan Ahmad Dahlan dilaporkan berkata, kerajaan sentiasa mengambil langkah memastikan tenaga profesional dilatih terus kekal berkhidmat dalam sektor awam.

Pada masa sama, Dr Thirunavukarasu berkata, MMA menghormati semangat yang di-

bawa Jabatan Perkhidmatan Awam (JPA), namun pilakunya perlu menjelaskan bahawa semangat nasionalisme itu sudah sedia ada dalam diri mereka.

Beliau berkata, justeru yang penting adalah memperbaiki sistem dan dasar sedia ada bagi memulihkan kepercayaan.

"Yang kurang adalah keadilan daripada sistem dan dasar itu sendiri. Perbaiki sistem dan dasar. Mereka akan kekal. Pulihkan kepercayaan. Mereka akan pulang," katanya.

HoSZA sediakan Unit Perubatan Hiperbarik

Rawatan guna oksigen tulen pada tekanan tinggi bantu percepat pemulihan



Rawatan hiperbarik menggunakan oksigen bertekanan tinggi untuk mempercepatkan penyembuhan dan pemulihan. (Foto lisan HoSZA)

Oleh Nazdy Harun
bhpendidikan@bh.com.my

Kuala Nerus: Hospital Sultan Zainal Abidin (HoSZA), Universiti Sultan Zainal Abidin muncul sebagai universiti pengajar pertama menyediakan Unit Perubatan Hiperbarik.

Pengarah HoSZA, Prof Madya Dr Salwani Ismail, berkata dengan tersedianya alatan berkenaan mencatat satu lagi

pencapaian penting dalam perkhidmatan kesihatan apabila beroperasi secara rasmi bermula 15 Mac lalu.

Katanya, unit berkenaan dilengkapi dengan Multiplace Hyperbaric Chamber (MHC), yang mampu menempatkan sehingga tujuh orang pesakit dalam satu sesi rawatan.

"Perkhidmatan perubatan hiperbarik adalah satu bentuk rawatan yang menggunakan ok-

sigin tulen pada tekanan tinggi bagi membantu meningkatkan proses penyembuhan tisu, melawan jangkitan serta mempercepatkan pemulihan bagi beberapa keadaan perubatan tertentu.

"Antara indikasi perubatan yang boleh dirawat melalui terapi hiperbarik termasuk, luka kronik seperti ulser kaki diabetes (diabetic foot ulcer), gangrene dan jangkitan tisu lembut

nekrotik (necrotizing soft tissue infections), penyakit berkaitan penyelaman seperti penyahmampatan dan embolism gas," katanya.

Manfaat besar

Katanya, dengan adanya MHC di HoSZA mengurangkan keperluan rujukan pesakit ke pusat rawatan lain yang menawarkan perkhidmatan hiperbarik, sekali gus memberi manfaat

besar kepada pesakit di Terengganu dan negeri-negeri di Pantai Timur.

Menurutnya, selain memperluaskan akses kepada rawatan berteknologi tinggi, kemudahan ini juga menyokong peranan HoSZA sebagai hospital pengajar universiti dalam memperkasa latihan klinikal, penyelidikan perubatan serta pembangunan kepakaran dalam bidang Perubatan Hiperbarik di negara ini.

Inisiatif MHIT dijangka atasi jurang insurans kesihatan

Industri insurans dan takaful Malaysia dijangka mampu menangani jurang struktur menerusi pelaksanaan fasa rintis inisiatif Insurans Perubatan dan Kesihatan (MHIT) pada separuh kedua 2026.

Timbalan Menteri Kewangan, Liew Chin Tong, berkata beliau optimis inisiatif itu akan menjadi langkah penting dalam memperkukuh sistem penjagaan kesihatan negara.

"Semua sudah disediakan bagi fasa rintis itu dan setakat ini persiapan berjalan lancar dan saya turut menaruh harapan tinggi mengenainya.

"Apabila bermula kelak, kita dapat (mengenal pasti dan) menangani apa juga cabaran yang

timbul," katanya kepada media di luar acara Monie Fest 2026, semalam.

Monie Fest 2026, yang dianjurkan bersama oleh Foodie Media Bhd dan Spire Digital Sdn Bhd, adalah festival gaya hidup kewangan yang menumpukan aspek kewangan, pelaburan, perbankan dan keputusan harian.

Terdahulu, dalam ucapan perasmian, Liew berkata, Kementerian Kesihatan Malaysia, Kementerian Kewangan Malaysia dan Bank Negara Malaysia bekerjasama melaksanakan pendekatan RESET bagi menangani punca sebenar inflasi perubatan.

Di bawah pendekatan itu, pelan MHIT asas dijadual bermula pada 2027 dan beliau berharap



rakyat dapat menyokong usaha pembaharuan sektor kesihatan.

"Pelan insurans ini akan mengetengahkan ciri pembayaran bersama bagi mengawal selia tingkah laku hospital swasta; pemegang polisi akan membayar

kadar pembayaran bersama lebih rendah apabila mendapat rawatan di fasiliti kesihatan yang mengenakan caj sederhana serta telus dari segi fi, manakala fasiliti yang mengenakan caj premium akan menyebabkan pembayaran

bersama lebih tinggi.

"Tidak harus wujud sebarang tolak ansur dalam soal kualiti penjagaan kesihatan untuk kedua-dua kategori. Istilah tentatif ialah Hospital Tahap 1 (tingkah laku baik) dan Tahap 2 (premium dan mahal)," katanya.

Pada Januari 2026, Menteri Kewangan II, Amir Hamzah Azizan dilaporkan berkata, Bank Negara Malaysia akan memperkukuh keperluan pengawalseliaan bagi semua produk MHIT susulan pengenalan pelan asas itu.

Langkah berkenaan bertujuan menambah baik perlindungan pengguna selain memastikan kemampuan premium dalam jangka panjang. BERNAMA

Oleh Ruwaida Md Zain
am@hmetro.com.my

Shah Alam

Lebih 5 juta rakyat Malaysia kini hidup dengan penyakit buah pinggang kronik, namun hanya lima peratus sahaja yang menyedarinya.

Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad berkata, penyakit buah pinggang kronik atau *Chronic Kidney Disease* (CKD) adalah salah satu cabaran kesihatan terbesar generasi di negara ini pada ketika ini.

Menurutnya, prevalens CKD melonjak secara drastik daripada sembilan peratus pada 2011 kepada 15.5 peratus pada 2025.

"Setiap hari, seramai 28 orang rakyat Malaysia didiagnosis dengan kegagalan buah pinggang dan terpaksa memulakan rawatan dialisis.

"Beban ini bukan sahaja meragut kualiti hidup, tetapi turut memberi impak kewangan yang maha hebat kepada negara.

"Pada 2010, Malaysia membelanjakan RM572 juta untuk rawatan penyakit buah pinggang tahap akhir. Hari ini, kos itu melonjak kepada RM3.3 bilion setiap tahun.

"Jika kita gagal bertindak dengan berani pada hari ini, menjelang 2040, lebih daripada 106,000 rakyat Malaysia akan memerlukan rawatan dialisis," katanya ketika ucapan perasmian Sambutan Hari Buah Pinggang Sedunia Peringkat Kebangsaan 2026 di Wisma Majlis Bandaraya Shah Alam (MBSA) di sini, semalam.

Mengulas lanjut Dr Dzulkefly berkata, kegagalan buah pinggang di Malaysia sebahagian besarnya didorong oleh komplikasi penyakit diabetes.

"Sebab itulah Kementerian Kesihatan Malaysia (KKM) melancarkan 'Kem-

5 JUTA RAKYAT MALAYSIA DERITA PENYAKIT BUAH PINGGANG KRONIK

Hanya 5% sedar sakit!



DR Dzulkefly (dua dari kanan) melawat ruai kesihatan ketika hadir pada Majlis Sambutan Hari Buah Pinggang Sedunia 2026 di Wisma MBSA, semalam.

pen Perangi Gula' secara besar-besaran. Kerajaan sudah menaikkan kadar Cukai Minuman Bergula (SSB) kepada 90 sen seliter bermula 1 Januari 2025.

"Hasilnya, kutipan duti eksais minuman bergula pada 2025 adalah mencecah RM54.9 juta, dengan RM21 juta "ditindik" dan disalurkan kembali kepada KKM.

"Dana ini digunakan sepenuhnya untuk pembiayaan ubat *Sodium-Glucose Transport Protein 2 (SGLT2)*

inhibitors, satu rawatan berinovasi tinggi yang terbukti mampu merawat pesakit Diabetes Mellitus, sekali gus mengurangkan risiko komplikasi CKD," katanya.

Pada masa sama katanya, KKM mengorak langkah proaktif melalui pengukuhan Da-

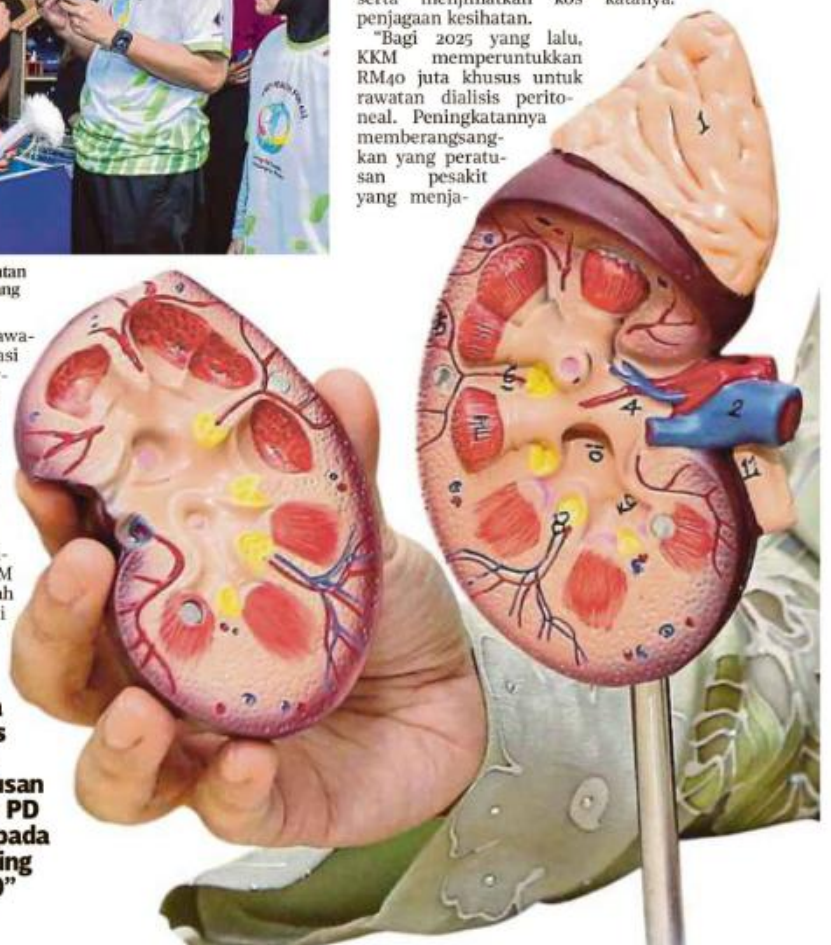
sar PD-First (*Peritoneal Dialysis First*) yang menggagalkan pesakit yang layak untuk memulakan rawatan dialisis di rumah.

"Pendekatan ini memberi kebebasan kepada pesakit, mengurangkan kesesakan di pusat rawatan, serta menjimatkan kos penjagaan kesihatan.

"Bagi 2025 yang lalu, KKM memperuntukkan RM40 juta khusus untuk rawatan dialisis peritoneal. Peningkatannya memberangsangkan pesakit yang menja-

lani rawatan PD di fasiliti KKM kini meningkat kepada 42 peratus pada 2025, berbanding hanya 36.6 peratus pada 2020.

"Seramai 3,161 orang pesakit telah menerima manfaat rawatan PD secara langsung di fasiliti KKM," katanya.



"Bagi 2025 yang lalu, KKM memperuntukkan RM40 juta khusus untuk rawatan dialisis peritoneal. Peningkatannya memberangsangkan yang peratusan pesakit yang menjalani rawatan PD di fasiliti KKM kini meningkat kepada 42 peratus pada 2025, berbanding hanya 36.6 peratus pada 2020"

Dr Dzulkefly Ahmad

Kos rawatan buah pinggang meningkat, catat RM3.3b setahun



SHAH ALAM - Kos rawatan penyakit buah pinggang kronik (CKD) tahap akhir di Malaysia mencatat peningkatan mendadak kepada RM3.3 bilion setahun ketika ini berbanding RM572 juta pada 2010 susulan pertambahan kes saban tahun.

Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad berkata, situasi itu mencerminkan beban kewangan yang semakin besar kepada negara selain memberi kesan mendalam kepada kehidupan pesakit.

"Pada 2010, Malaysia membelanjakan RM572 juta untuk rawatan CKD tahap akhir namun hari ini jumlah itu telah melonjak kepada RM3.3 bilion setiap tahun.

"Beban ini bukan sahaja meragut kualiti hidup pesakit tetapi turut menjadi tekanan kewangan yang amat berat kepada negara kita," katanya ketika berucap bagi merasmikan Sambutan Hari Buah Pinggang Sedunia 2026 Peringkat Kebangsaan di Wisma Majlis

Bandaraya Shah Alam (MBSA) di sini pada Ahad.

Beliau berkata, prevalens CKD di Malaysia turut mencatat peningkatan membimbangkan daripada sembilan peratus pada 2011 kepada 15.5 peratus pada tahun lepas.

Mengulas lanjut, beliau berkata, secara purata 28 rakyat Malaysia didiagnosis dengan kegagalan buah pinggang setiap hari dan terpaksa memulakan rawatan dialisis untuk terus hidup.

"Lebih lima juta rakyat Malaysia kini hidup dengan CKD namun hanya lima peratus sahaja yang menyedarinya. Jika kita gagal bertindak dengan berani hari ini, lebih 106,000 rakyat Malaysia dijangka memerlukan rawatan dialisis menjelang 2040, satu angka yang amat membimbangkan," katanya.

Sehubungan itu, Dr Dzulkefly berkata, kerajaan tidak ketinggalan untuk menekankan kepentingan pencegahan bagi mengurangkan

beban penyakit berkenaan.

Beliau berkata, faktor utama kegagalan buah pinggang di Malaysia adalah komplikasi penyakit diabetes mellitus dan pesakit tidak boleh bergantung kepada dialisis semata-mata untuk keluar daripada krisis terbabit tanpa menangani akarnya.

"Kerajaan telah menaikkan kadar Cukai Minuman Bergula atau *Sugar-Sweetened Beverage* (SSB) kepada 90 sen seliter bermula 1 Januari 2025 sebagai langkah mengekang punca utama penyakit itu.

"Hasil kutipan duti eksais minuman bergula pada 2025 mencecah RM54.9 juta dengan RM21 juta disalurkan kembali kepada Kementerian Kesihatan (KKM)," katanya.

Dalam masa sama, beliau berkata, dana berkenaan digunakan untuk membiayai rawatan perencat Sodium-Glucose Cotransporter-2 (SGLT2) yang mampu mengurangkan risiko komplikasi CKD. - *Bernama*

Harga ubat naik resahkan rakyat

KENAIKAN harga ubat dan peranti perubatan yang dilaporkan mencecah antara 40 hingga 100 peratus seperti yang dinyatakan oleh Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad jelas menunjukkan kementerianya telah mengambil kira situasi konflik perang yang berlaku di Asia Barat. Kesan daripada konflik ini turut melibatkan kepada kenaikan harga ubat di pasaran tempatan.

Dari sudut suara rakyat, terdapat beberapa harapan yang wajar diberi perhatian. Antaranya, kita berharap agar kerajaan dapat mengawal harga ubat bagi mengelakkan manipulasi oleh pihak tertentu.

Kawalan ini penting supaya tidak berlaku situasi di mana pihak pembekal atau farmasi mengambil kesempatan menaikkan harga secara tidak munasabah. Mekanisme pemantauan harga yang lebih telus dan konsisten perlu dilaksanakan agar rakyat tidak terbeban.

Seterusnya, bantuan seperti subsidi kesihatan harap dapat diperluaskan terutama kepada golongan berpendapatan rendah. Golongan B40 dan M40 amat terkesan apabila kos rawatan meningkat. Oleh itu, bantuan seperti subsidi ubat, insentif rawatan atau penambahan peruntukan kepada hospital kerajaan boleh membantu meringankan beban.

Kita juga berharap agar maklumat yang jelas dan telus mengenai situasi bekalan ubat disampaikan agar rakyat tidak panik. Komunikasi yang baik daripada pihak kementerian dapat mengelakkan penyebaran berita palsu serta pembelian panik yang boleh memburukkan keadaan.

Akhir sekali, rakyat sendiri perlu menjaga kesihatan agar tidak sakit. Walaupun bunyinya agak lucu tetapi ada juga kebenarannya kerana pencegahan sentiasa lebih baik daripada rawatan. Amalan gaya hidup sihat seperti pemakanan seimbang, bersenam dan pemeriksaan kesihatan berkala boleh mengurangkan risiko penyakit. Dan jika sakit, cubalah dapatkan rawatan dari hospital kerajaan terlebih dahulu kerana kosnya lebih rendah dan lebih terkawal.

Kesimpulannya, dalam menghadapi kenaikan harga ubat ini, rakyat berharap agar kebajikan mereka terus menjadi keutamaan. Kerajaan perlu bertindak proaktif, manakala rakyat juga harus bersedia dan bijak mengurus kesihatan diri demi kesejahteraan bersama.