

90-day challenge to promote healthy lifestyle among civil servants

KANGAR: The Health Ministry is stepping up efforts to promote a culture of active and healthy living among civil servants with the introduction of the 90-day "Healthy Steps Challenge" between state health departments, set to begin on April 27.

Health Minister Datuk Seri Dr Dzulkefly Ahmad (*pic*) said the challenge, which will run until July 27, is open to all civil servants nationwide and be conducted via digital platforms under the Heal-

thy and Prosperous Civil Servants Initiative (i-PASS).

"The Healthy Steps Challenge is part of our broader initiative to strengthen teamwork while fostering a culture of healthy living among civil servants through digital engagement," he said.

Dr Dzulkefly said this in his speech, which was read out by Health Deputy Director-General (Public Health) Dr Ismuni



Bohar, at the launch of the national World Physical Activity Day and the Northern Zone Fitness Carnival 2026 yesterday.

The event was officiated by the Raja Muda of Perlis, Tuanku Syed Faisaluddin Putra Jamalullail.

Dr Dzulkefly highlighted findings from the National Health and Morbidity Survey (NHMS) 2023, which showed that 29.9% of Malaysians are physically

inactive, an increase from 25.1% in 2019.

He added that 84% of adults are inactive in sports, fitness and leisure activities, while one in two adults engage in a sedentary lifestyle for more than two hours daily, such as sitting or lying down.

"This is a worrying trend and a major risk factor for non-communicable diseases such as diabetes, hypertension and heart disease. It calls for a more strategic, comprehensive and integrated approach

to drive behavioural change towards a more active and healthier lifestyle," he said, Bernama reported.

He also advised the public to take precautions when engaging in physical activities during the current hot weather, including staying well-hydrated, avoiding outdoor activities between 11am and 4pm, and seeking immediate medical attention if experiencing symptoms such as dizziness, nausea or extreme fatigue.

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Cutting down on wait time

Public hospitals still struggling to serve patients promptly



Time stands still: This file picture shows patients waiting for their appointments with consulting doctors at a public hospital.

By **RAGANANTHINI VETHASALAM**
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PETALING JAYA: The Health Ministry has set a Key Performance Indicator (KPI) for the Emergency Department, but some hospitals are still struggling with meeting the wait time requirement.

Doctors say the reasons for long wait times are the high patient load, manpower crunch and insufficient facilities such as space and beds.

In a Dewan Negara written reply dated March 4, the Health Ministry said the median waiting time for a bed at the department was 144.4 minutes.

"For the period from July to December 2025, national performance reached 83.80% with 119 out of 142 hospitals with Emergency Departments successfully meeting the fixed target," it said.

In a Sabah hospital, patients were recently seen lying on stretchers and placed on wheelchairs while waiting for a bed.

In the already cramped ward, beds were placed at every available space, close to one another.

A doctor posted in Kota Kinabalu said there is a KPI for the emergency and trauma team at his hospital.

A patient in the Green Zone will have to be seen by the doctor within 45 minutes and an hour. For the Yellow Zone, the time frame is 30 minutes while Red Zone patients will have to be seen immediately.

The Green Zone caters to patients with minor injuries or those with uncomplicated medical problems, while Yellow Zone means urgent.

As for those in the Red Zone, those patients require immediate treatment.

"Admission to the primary team ward should be within four hours. "If the patients have been stable for more than four hours, they can be sent to the transit ward.

"But if they are unstable and waiting for over four hours, then we will discuss with the emergency physician and primary team," he said.

A doctor, who serves in a senior management position in Kedah, said the wait time at the Emergency Department can vary between four and nine hours in a tertiary hospital.

"The KPI works for the state Health Department and ministry officials (but not on the ground)," he said.

A physician at another Sabah hospital said a makeshift ward was created "out of nowhere" to accommodate patients.

"This is regardless of the condition and whether the case is infectious or not.

"This is how the wait time at the Emergency Department can be shortened," he said.

Some hospitals have "observation bays" to clear the department and reduce the wait time.

However, this also means the team is pressured to speed up and clear patients fast just to meet the KPI.

"When there is already a shortage of doctors and staff, this potentially affects patient care," he added.

The ministry acknowledged that wait time challenges were influenced by several complex structural factors, namely rising disease burden, high dependence on the public sector and the shortage of specialists and staff.

It has implemented measures to address congestion in government hospitals without imposing

additional costs on the public, including gradual capacity expansion through facility upgrades, additional beds, and strengthening healthcare workforce and primary care.

"Others include phased digitalisation of the healthcare system to reduce wait times, avoid duplicate testing and expedite registration and pharmacy processes, as well as facilitate the sharing of patient records between hospitals and clinics.

"This will streamline patient flow management, support monitoring of hospital bed capacity within the ministry and help control congestion," it said.

Selected specialist services, which are typically available in hospitals, are being extended to health clinics through cluster hospital initiatives integrated with primary care.

Domiciliary services are also being enhanced to reduce unnecessary hospital admissions.

In addition, several selected health clinics located near major referral hospitals have extended operation hours until 9pm on weekdays, and are open on Saturdays until 1pm to help reduce congestion.

Patients recall hours-long wait at hospitals

By **IVAN LOH**
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IPOH: A food seller and his ailing mother were made to wait for about two hours for help at Slim River Hospital before being admitted to ward.

The man, who wanted to be known only as Lee, said his 75-year-old mother was feeling unwell due to high blood pressure.

"The incident occurred about four months ago when she was referred to the hospital by a doctor at a private clinic.

"Having reached there, we were given the runaround by the hospital staff," he said when contacted.

Lee, 45, recalled feeling anxious as his mother's blood pressure was very high at 200.

"I had to contact someone who knew the hospital director before two doctors attended to her," he said.

Lee said he understood that there were many patients and insufficient staff, but two hours of waiting was unacceptable.

"I could also see that the staff there were unhappy.

"After being checked by the doctors and given intravenous therapy, my mother was discharged," he said.

Lee added that while such a situation might be "normal" in big towns, it should not be the case for smaller places like Slim River.

Separately, a patient who suffered from breathing difficulties said she had waited for two hours at a hospital in Penang before an emergency physician attended to her.

"I went there at midnight and was only warded by 7am," said the 69-year-old, who was eventually treated for internal bleeding.

Another patient said she waited for about three hours at a hospital in the Klang Valley.

"I was down with food poisoning. When I arrived there, it was quite packed," she said.

Last year, *The Star* reported that patients at government facilities can face wait times of up to six hours at understaffed clinics, with doctors attending to between 80 and 100 patients a day.

RM1.8mil to boost healthcare services in Batu Pahat

BATU PAHAT: The Health Ministry (MOH) has approved a special allocation of RM1.8mil to upgrade facilities at Hospital Sultanah Nora Ismail (HSNI) in an effort to strengthen healthcare service delivery for Batu Pahat district residents.

Health Minister Datuk Seri Dr Dzulkefly Ahmad (*pic*) said the allocation includes an additional RM800,000 on top of the original amount, with a focus on upgrading HSNI's Visitor Centre, as well as improving the hospital's existing infrastructure and assets.

He said the funds will also cover the procurement of medical and non-medical equipment,

along with paving works at the hospital's parking area to enhance the comfort of patients and visitors.

"MOH's main focus is to ensure that healthcare facilities at the grassroots level are continuously improved in line with current developments," he said in a post on his official X account yesterday, after concluding a two-day working visit to Batu Pahat on Saturday.

In addition, Dzulkefly said



RM3.421mil has been allocated to upgrade four health clinics in the district, namely the Parit Yaani Health Clinic, Seri Gading Health Clinic, Tongkang Pechah Health Clinic and Parit Raja Health Clinic, to ensure a more equitable distribution of healthcare resources.

Dzulkefly said the country's current stability has enabled the government to manage the economy effectively despite challenges such as the global energy crisis,

allowing continued investment in the healthcare sector for the benefit of the people.

He had visited the four health clinics from Friday before continuing his visit to HSNI on Saturday, Bernama reported.

Established in 1894, HSNI currently operates with a capacity of 610 beds and serves over 500,000 residents in the Batu Pahat area, making it one of the busiest hospitals in Johor after Johor Baru.

Among the services offered at HSNI are emergency care, paediatric, anaesthesiology, orthopaedic, as well as psychiatry and mental health services.

During the visit, Dzulkefly inspected several key facilities, including the proposed site for the Day Treatment Unit, medical wards, the Emergency Department and the Radiology Department, to assess the hospital's readiness and the quality of services provided.

Also present were Johor Health and Environment Committee chairman Ling Tian Soon, Sri Gading MP Aminolhuda Hassan, Batu Pahat MP Onn Abu Bakar, Penggaram assemblyman Gan Peck Cheng, Johor Health Department director Dr Mohtar Pungut and HSNI director Dr Fairoz Azlim Muslim.

Campaign to promote active living among civil servants launched

KANGAR: The Health Ministry is ramping up efforts to promote active living among civil servants with the launch of a 90-day Healthy Steps Challenge between state health departments, beginning April 27.

Health Minister Datuk Seri Dr Dzulkefly Ahmad said the nationwide challenge, which runs until July 27, will be conducted via digital platforms under the Healthy and Prosperous Civil Servants Initiative (i-PASS).

"The Healthy Steps Challenge is part of a broader push to strengthen teamwork while fostering a culture of healthy living through digital engagement," he said.

His speech was delivered by Health Deputy Director-General (Public Health) Dr Ismuni Bohar at the launch of the national World Physical Activity Day and Northern Zone Fitness Carnival 2026 yesterday.

The event was officiated by the Raja Muda of Perlis, Tuanku Syed Faizuddin Putra Jamalullail.

Dzulkefly cited the National Health and Morbidity Survey (NHMS) 2023, which found that 29.9% of Malaysians are physically inactive, up from 25.1% in 2019.

He added that 84% of adults do not participate in sports, fitness or leisure activities, while one in two spends more than two hours daily in sedentary behaviour.

"This is a worrying trend and a major risk factor for non-communicable diseases such as diabetes, hypertension and heart disease. It calls for a more strategic and integrated approach to drive behavioural change," he said.

He also urged the public to take precautions during the current hot weather, including staying hydrated, avoiding outdoor activity between 11am and 4pm, and seeking medical attention if experiencing dizziness, nausea or extreme fatigue. - Bernama

Malaysia's malnutrition paradox

COMMENT by Prof Dr Chong Li Choo

IN Malaysia, our language of love is food. The simple question "Sudah makan?" is the heartbeat of our care for one another. But as a researcher in food innovation and a mother of two young children, I have begun to hear that question with a heavy heart.

Across our school canteens, childcare centres and family kitchens, a troubling pattern is emerging: our children are growing wider but many are not growing taller.

According to the National Health and Morbidity Survey 2024, Malaysia is facing a "double burden" of malnutrition that is truly a national emergency. Nearly one in four toddlers is stunted (24.3%) while over 30% of our school-age children are overweight or obese.

We are a regional outlier: while neighbours like Thailand and Vietnam have slashed their stunting rates, ours have regressed.

The burden, not the blame

We often hear that parents need to "make better choices". But as a mother balancing a demanding career, I know that "choice" is a luxury of time and money.

When we return home after a long day, the energy to prepare a nutrient-dense meal from scratch is often gone. The reality is that a child does not choose what is in their lunchbox; they eat from the environment we provide. However, for many Malaysian families, that environment is designed for convenience, not necessarily for optimal growth.

In underserved communities, this is often a matter of survival. Studies reveal that students in low-income households consume less expensive but non-nutritious foods like instant noodles, which offer immediate satiety for a fraction of the cost of a balanced meal.

These families aren't "choosing" poor health; they are choosing the

RM2 meal that is hot, filling and fits a shrinking budget. While the starches provide immediate energy, they lack the protein, iron and calcium required for a child's brain and bones to reach their full potential, often leading to a child who is simultaneously overweight from calories and stunted from the lack of nutrients.

Even in affluent areas like Putrajaya, the paradox persists. Putrajaya has the lowest poverty rate in the country, yet its stunting rate (24.3%) mirrors some of our lower-income states.

Experts from the Health Ministry point to a phenomenon called "working-parent fatigue". In a city where nearly 80% of households have two working parents, mealtimes are often outsourced to daycares with unregulated feeding routines or quick takeaway meals.

We aren't failing as parents; we are operating in a system where the "convenient" choice is rarely the "nutrition-packed" one.

Bridging the gap through innovation

The solution is to change the food itself. We must stop treating "convenience" as the enemy. The market must provide convenience that actually nourishes to support growth, learning and overall development.

Malaysia has already made progress, such as the 2025 ban on 12 junk food categories in school canteens. But to truly protect our future generation, we must go further:

➡ **From theory to habit:** Our current physical and health education curriculum is a start but we should adopt elements of Japan's *Shokuiku* model. This means transforming school lunch into a hands-on "classroom" where kids don't just read about vitamins, they learn the practical life skill of building a



We should transform school lunches into a hands-on 'classroom' where kids don't just read about vitamins; they learn the practical life skill of building a balanced plate. - SUNPIC

balanced plate.

Schools can foster healthier dietary environments by involving parents in meal selection and preparation alongside their children, enabling them to serve as role models for healthy eating which is a core recommendation of the Malaysian Dietary Guidelines 2023.

Health and food organisations can also provide parents with practical knowledge and support with interactive nutrition talks and parent-child cooking competitions to bridge the gap between classroom theory and home practice.

➡ **Empower markets:** We need to incentivise the food industry to move away from "fillers", which are inexpensive ingredients added to

increase volume, weight or texture and towards nutrient-packed, affordable convenience foods specifically designed for the realities of modern urban life. It could be in the form of ready-to-eat meals that have high-density nutrition "baked in" to bridge the gap between nutrition and convenience.

➡ **Protective policies:** While adults may not always see it, our children are relentlessly targeted by "invisible" marketing on social media platforms. Studies estimate that children see advertisements for unhealthy food up to 30 times a week, often through influencers and ASMR (autonomous sensory meridian response) content that shape their cravings before they even understand what a calorie is.

When a child sits down for a meal, the choices on that plate reflect the world we have built for them. If we want our next generation to grow stronger, we must ensure that the "easy" choice is also the "healthy" one.

As we reflect on Global Child Nutrition month in April, let us lead by example - on the plate and in the policy. Our children are growing. Let's make sure they grow up well.

Dr Chong Li Choo is a professor at Taylor's Culinary Institute, under the Faculty of Social Sciences and Leisure Management at Taylor's University. She is also the director of Food Security and Nutrition Impact Lab. Comments: letters@thesundaily.com

Going white safely

TEETH whitening has become increasingly important for appearance, confidence and social presentation.

However, many users are unaware that some whitening toothpastes and treatments may increase the likelihood of sensitivity or place added stress on the enamel, leading to discomfort or long-term oral health concerns.

The Kantar Brand Health Study 2025 found sensitivity and whitening to be among the top oral-care concerns.

The study revealed that 58 per cent of Malaysian adults experience

tooth sensitivity, while nearly 39 per cent report tooth yellowing. Notably, 44 per cent of individuals who experience tooth sensitivity also report issues such as staining, yellowing or discolouration, highlighting how these concerns often coexist for many consumers.

"For many consumers, whitening can feel like a difficult choice between achieving a brighter smile and maintaining everyday comfort.

"At the same time, some whitening users may not realise that certain treatments can increase the likelihood of sensitivity over time," says Haleon Malaysia, Singapore and Brunei general manager Neelesh Suryavanshee.

Tooth sensitivity occurs when the enamel (outer layer of the teeth) becomes eroded, exposing the dentine and triggering pain from everyday stimuli, such as hot or cold food and drinks.

Many whitening agents, including those found in toothpaste, can worsen this because they contain abrasive ingredients that accelerate enamel wear.

As whitening becomes more popular, dental professionals increasingly emphasise the importance of choosing low-abrasive toothpaste.



Supported by the Malaysian Communications and Multimedia Commission

Aesthetic dentist Dr Dylan Ong says some whitening toothpastes can contribute to tooth sensitivity, particularly when the enamel is eroded during treatment.

"What we often see in practice is that certain whitening toothpastes or treatments may increase sensitivity, especially if they are too abrasive or used excessively which many may not realise," explains Dr Ong.

As sensitivity is closely linked to enamel health, when enamel is eroded, everyday triggers like hot or cold foods and drinks can cause discomfort, which may worsen over time if not properly managed.

This is why it is important for individuals to be mindful of the whitening products they use and to choose approaches that support enamel protection while managing sensitivity.

meerafanst.com.my



Individuals must be mindful of the whitening products they use. PICTURE CREDIT: ASHERROMERO - FREEPK

Global war for healthcare talent needs decisive response

Malaysia is at an important juncture in shaping the future of its healthcare system, where recent figures highlight the scale of the challenge ahead. Out of 5,000 available housemanship positions, 529 were filled, slightly above 10%. This reflects not merely a placement gap, but a broader structural issue that needs a more strategic response.

Malaysia continues to produce between 6,000 and 7,000 medical graduates each year, a strong testimony to our healthcare capacity and core talents. However, the broader system has yet to expand and adapt in parallel to absorb, train and retain these graduates effectively. This has given rise to the situation where Malaysian medical graduates are increasingly being targeted by other countries even before they formally enter the domestic healthcare system.

This imbalance has created a concerning risk, evolving into a form of pre-emptive talent capture, where Malaysian medical graduates are being identified and recruited even before entering the domestic healthcare system. This can no longer be regarded as a simple brain drain issue, but also about how Malaysia can create a more responsive, competitive and forward-looking system that will retain its own human capital and talent.

Heightened scramble for healthcare talent

The World Health Organization projects a future scenario of global shortage of up to 10 million healthcare workers by 2030, where nations are intensifying competition to secure medical talent and top human capital in boosting their national interests and competitiveness.

Particularly among developed countries, a mixture of strategic intent is in place in offering not only higher salaries that can be up to six times higher than Malaysia's but, more importantly, other appealing factors including structured career pathways, job security, accelerated specialist progression, high-tech clinical environments and globally recognised qualifications.

To compound the problem, our local contract system for medical graduates and new medical talents, which has caused uncertainties for their long-term future, has further added to the higher rate of our medical talents leaving for better offers abroad.

Malaysia's healthcare talent challenge is no longer a sectoral issue, but a strategic national issue with long-term implications. While Malaysia has improved its doctor-to-population ratio over time, the latest Ministry of Health (MoH) indicators show the ratio at about one doctor to 403 people as at end-2024, which still leaves significant gaps.

While Malaysia continues to generate high quality medical graduates, the lack of sufficient integration between medical education, clinical training, accredited housemanship capacity and longer-term workforce planning has created deeper structural issues of misplaced talents and worsening brain drain. This structural disconnect can create uncertainty, delay transitions from graduation to clinical practice, and place additional stress on specialist development pipelines and public-sector service delivery.

What Malaysia therefore needs is not piecemeal adjustment, but a more integrated and responsive ecosystem that links universities, teaching hospitals, regulators and workforce planners more closely.

Universiti Malaya is therefore ready now to lead a new way forward in assisting the nation in addressing this shortfall and



MY Say

BY NOOR AZUAN ABU OSMAN

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The real international lesson is not that universities must replace the state, but that universities with strong medical faculties and teaching hospitals should be empowered to play a structured, deeper and more operational role within a nationally coordinated framework.”

gap in retaining our talents, and the first step will be to integrate the placement and management of our medical graduates and housemanship in our own campus setting.

We remain ready to manage our housemanship placement for our graduates within our own ecosystem, further ensuring that we create clear and rewarding pathways for our talents, and this model can be used as a new strategic platform for other universities with the teaching hospital mechanism.

While many countries still use national matching or allocation systems for internship, foundation or residency placement, these universities remain deeply embedded in the hospital networks where their students and junior doctors train. This continuity, alignment and institutional integration — rather than complete isolation between university and hospital — is the true international best practice.

The real international lesson is not that universities must replace the state, but that universities with strong medical faculties and teaching hospitals should be empowered to play a structured, deeper and more operational role within a nationally coordinated framework. That is precisely why Universiti Malaya can and should propose this model for Malaysia.

The current housemanship structure is still largely concentrated within the MoH system, and accredited training hospitals remain limited in number.

A more integrated UM-led pathway would not undermine MoH; it would ease MoH's burden by sharing responsibility through a complementary parallel mechanism, especially in the management of graduates already trained within UM's own academic-clinical ecosystem.

If UM is able to organise the placement and early clinical management of its own graduates within its own teaching hospital ecosystem, several immediate gains will be felt. First, it reduces unnecessary disconnect between graduation and clinical deployment. Second, it shortens waiting time and administrative friction for a group of graduates already known to the institution, its faculty and its hospital system. Third, it allows MoH to focus more resources on broader national workforce planning, service delivery pressures, and hospitals that do not have the same integrated university-hospital capacity.



This is not to replace the role of the MoH, but to complement it. By empowering UM to manage the placement of its own graduates within its own teaching-hospital ecosystem, Malaysia can reduce pressure on MoH, accelerate the transition from graduation to service, strengthen retention and build a more coherent national pipeline for medical talent.

This model should be further strengthened through close collaboration and synergy with the Consortium of Malaysian Public University Hospitals (KHUAM) and the MoH, for a more structured national synergy can be built in expanding capacity, streamlining placements and strengthening the development of the nation's medical talent. Only through such strategic coordination can Malaysia develop a model that truly delivers the best value for the country, maximises the returns on investment in local talent, and brings the greatest benefits to the rakyat, healthcare system and national competitiveness.

This is not a challenge to national coordination, but a strategic reinforcement of it. With rising talent loss and growing healthcare pressure, Malaysia can no longer afford a system in which universities produce doctors but remain structurally detached from the management of their early clinical deployment.

For Malaysia, the challenge is not whether it has talent. It does. The challenge is whether the system is designed well enough to keep that talent, develop it fully and align it with national needs.

Universiti Malaya: Ready to lead a national breakthrough

Universiti Malaya already possesses the foundations of a world-class academic medical centre through our integrated ecosystem across related faculties including Faculties of Medicine, Dentistry and Pharmacy, our Universiti Malaya Medical Centre (UMMC), UM Specialist Centre (UMSC) and an expanding multidisciplinary platform including nursing and allied health.

UM has also taken forward-looking steps, in line with the current needs and future demands, including establishing a dedicated Faculty of Nursing to address workforce gaps, and expanding specialist training in critical fields such as geriatric care, precision medicine, digital health, artificial intelligence, nano and quantum medicine.

The model for Universiti Malaya to manage housemanship placement is about strengthening the national system through a whole-of-government and all-of-soci-

ety approach, where universities serve as strategic partners in addressing capacity gaps. This will create a multi-faceted positive impact on multiple fronts. First, it will expand national training capacity and reduce placement bottlenecks. Second, it will provide structured and predictable career pathways and retain top-performing graduates within Malaysia. Third, it

will strengthen specialist pipelines and align Malaysia with global best practices.

The vision must be clear. Through this model, a medical student should enter the system with certainty, whether in UM or in other medical universities, knowing that from the first day on campus, there exists a seamless pathway from undergraduate medical education to housemanship within the same teaching hospital, and to structured progression into specialist training and opportunities in research, academia and leadership.

Beyond placement: A comprehensive national strategy

There has to exist, in parallel, broader reforms that must also accompany this shift. Malaysia must replace fragmented contract systems with stable career pathways and introduce incentive-based retention mechanisms. That will mean a total review of the current contract system model for our medical talents.

There also has to be a mechanism to expand hybrid training models between public and private sectors, invest in high-tech healthcare infrastructure and digital systems and reframe healthcare as a strategic national priority.

Without decisive action, Malaysia risks becoming a training ground for other nations, bearing the cost of education and support system for our home-grown talents while losing the benefit to others. Only with bold reform can conventional dogma of the past be addressed and for a new reformative transformation in our local healthcare ecosystem, to position Malaysia as a regional leader in healthcare, education and research.

Universiti Malaya stands ready — with the governance, capacity and commitment to shoulder this national responsibility. We see this not as an institutional ambition alone, but a national duty. At this moment of consequence, Malaysia must act with clarity, courage and conviction.

Prof Datuk Seri Dr Noor Azuan Abu Osman is vice-chancellor of Universiti Malaya and fellow of the Academy of Sciences Malaysia

Batu Pahat: Kementerian Kesihatan (KKM) meluluskan peruntukan khas RM1.8 juta bagi menaik taraf fasiliti di Hospital Sultanah Nora Ismail (HSNI) dalam usaha memperkukuh penyampaian perkhidmatan kesihatan kepada rakyat di daerah ini.

Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad berkata, peruntukan itu membabitkan penambah RM800,000 daripada jumlah asal, dengan fokus kepada kerja menaik taraf Balai Pelawat serta infrastruktur dan aset sedia ada di hospital berkenaan.

Beliau berkata peruntukan tersebut turut merangkumi perolehan aset perubatan dan bukan perubatan selain kerja menurap jalan di kawasan parkir hospital bagi meningkatkan keselesaan pesakit dan pelawat.

"Fokus utama KKM adalah memastikan fasiliti kesihatan di peringkat akar umbi sentiasa ditambah baik seiring pembangunan semasa," katanya menerusi hantaran di laman rasmi X

KKM lulus peruntukan khas RM1.8j naik taraf fasiliti HSNI

semalam selepas mengakhiri lawatan kerja dua hari ke Batu Pahat, kelmarin.

Selain itu, beliau berkata, sebanyak RM3.421 juta turut diperuntukkan bagi menaik taraf empat klinik kesihatan di daerah ini iaitu Klinik Kesihatan Parit Yaani, Klinik Kesihatan Seri Gading, Klinik Kesihatan Tongkang Pechah dan Klinik Kesihatan Parit Raja bagi memastikan agihan sumber kesihatan lebih saksama.

Dalam pada itu, Dzulkefly berkata, kestabilan semasa negara membolehkan kerajaan mengurus ekonomi dengan baik meskipun berdepan cabaran krisis tenaga global, sekali gus memastikan pelaburan dalam sektor kesihatan dapat diteruskan demi manfaat rakyat.

Terdahulu, beliau mengadakan lawatan ke empat klinik kesihatan berkenaan sejak Jumaat sebelum meneruskan lawatan



DR Dzulkefly

ke HSNI semalam.

HSNI yang mempunyai sejarah sejak 1894, kini beroperasi dengan kapasiti 610 katil bagi menampung keperluan lebih 500,000 penduduk di kawasan Batu Pahat, sekali gus menjadikannya antara hospital dengan beban pesakit tertinggi di Johor selepas Jo-

hor Bahru.

Perkhidmatan yang ditawarkan di hospital berkenaan termasuk perkhidmatan kecemasan, pediatrik, anesthesiologi, ortopedik serta psikiatri dan kesihatan mental.

Sepanjang lawatan itu, beliau turut meninjau beberapa fasiliti utama termasuk tapak cadangan Unit Rawatan Harian, wad perubatan, Jabatan Kecemasan dan Jabatan Radiologi bagi menilai tahap kesiapsiagaan serta kualiti perkhidmatan kesihatan.

Turut hadir, Pengerusi Jawatankuasa Kesihatan dan Alam Sekitar Negeri Johor, Ling Tian Soon, Ahli Parlimen Sri Gading, Aminolhuda Hassan, Ahli Parlimen Batu Pahat, Onn Abu Bakar, ADUN Penggaram, Gan Peck Cheng serta Pengarah Jabatan Kesihatan Negeri Johor, Dr Mohtar Pungut dan Pengarah HSNI, Dr Fairoz Azlim Muslim. - BERNAMA