

Hospital supplies and services a cost driver in health insurance claims

By RAGANANTHINI VETHASALAM
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PETALING JAYA: Hospital supplies and services (HSS) took up 70% of the cost of inpatient claims for medical insurance, says a World Bank report.

“These charges accounted for 70% of total costs in inpatient Medical and Health Insurance/Takaful (MHIT) claims.”

HSS refers to consumable items, laboratory testing and the use of medical and diagnostic equipment, scanners and X-rays in hospitals.

“Evidence suggests that its share is increasing. Across all hospitals in the centralised MHIT database, HSS represented 70% of total charges in 2022, increasing to 72% in 2023 and to 74% in 2024.”

This was part of the findings revealed in a World Bank report on “Cost Drivers in the Malaysia Health Insurance and Takaful Sector: A First Look at the Centralised Claims Database”.

The report said these patterns warrant a more detailed examination of the appropriateness of care, as well as the mix of inputs used in the production of healthcare.

“Alarming, our analysis shows that a large share of inpatient episodes are potentially avoidable.”

“The share of admissions due to ambulatory care sensitive conditions, which include diseases such as diarrhoea and gastroenteritis that can be managed at lower levels of care, but also ischemic heart disease and renal failure that can be prevented with longer-term strengthening of preventive and primary care, was 23% in

2024,” it said.

These patterns, especially admissions due to conditions such as diarrhoea and gastroenteritis, are consistent with the presence of moral hazard, especially given that MHIT products are skewed towards inpatient care coverage, it added.

Higher costs per claim was the second highest driver of cost growth, accounting for 25%.

The report also found that claims inflation has surged to 21.6%, significantly outpacing premium inflation at 13.2%.

This imbalance reflects mounting pressure on insurers and underscores concerns about the long-term sustainability of private health coverage.

The report noted that the recent spike may be linked to post-pandemic effects, as patients return for previously

delayed treatments.

These elevated trends are expected to moderate as the base effects of Covid-19 subside.

Among the proposed measures is the introduction of a base MHIT plan designed to improve affordability and reduce unnecessary utilisation.

The plan includes annual coverage limits starting at RM100,000, automatically increasing to RM150,000, which is expected to cover 99% of treatment episodes.

According to the report, the design of current MHIT products may contribute to higher utilisation, therefore there is a need to set annual limits.

“The annual limits of the base MHIT plan, which is set at RM100,000 and automatically adjusts upwards to RM150,000, would be adequate to cover 99% of treatment episodes,”

it recommended.

The report also highlights inefficiencies in hospital billing structures, noting that unregulated hospital supplies and services account for 70%–74% of total costs and may be vulnerable to overuse.

A phased shift toward diagnosis-related group (DRG) payments is suggested to encourage more efficient care delivery.

Additionally, reforms to provider networks – such as tiering hospitals and introducing differentiated co-payment levels – are expected to promote cost transparency and align care with best practices.

Officials stressed that addressing rising medical costs will require coordinated action across all stakeholders, including insurers, healthcare providers and regulators.

Good mental health at work creates safer workplaces

EVERY year on April 28, the global community observes World Day for Safety and Health at Work, an important initiative led by the International Labour Organisation to promote the prevention of occupational accidents and diseases worldwide.

This year’s theme – “Ensuring a healthy psychosocial working environment to promote workers’ safety, health and performance” – is both timely and critical in today’s fast-changing and demanding world of work.

A safe workplace is no longer defined only by physical safety measures. Increasingly, psychosocial risks such as excessive workload, long working hours, workplace harassment, job insecurity, bullying and poor work-life balance are affecting workers’ mental health, productivity and overall well-being.

These risks, if left unaddressed, can lead to stress, burnout, depression and even workplace accidents. Promoting a healthy psychosocial working environment must therefore be treated as a core component of occupational safety and health (OSH).

Employers, employees and policymakers all share responsibility in creating workplaces that are respectful, inclusive and supportive. This includes:

- > Encouraging open communication and supportive leadership;
- > Preventing workplace bullying, harassment and discrimination;
- > Ensuring reasonable workloads and adequate rest periods;
- > Promoting work-life balance and flexible work arrangements where possible;
- > Providing access to mental health support and counselling services;
- > Training managers to identify and address psychosocial risks; and
- > Strengthening OSH policies to include mental health protection.

A healthy psychosocial environment not only reduces absenteeism and staff turnover but also enhances morale, innovation and performance.

As we commemorate this important day, all organisations – particularly SMEs – should take proactive steps to integrate psychosocial risk management into their workplace safety and health systems.

Let’s use this year’s World Day for Safety and Health at Work as a reminder that protecting workers means caring for both their physical and mental well-being.

A safe mind is just as important as a safe workplace.

TAN SRI LEE LAM THYE
Chairman
Alliance for a Safe
Community

Sarawak looking at RM17bil to upgrade healthcare facilities

By **ANDY CHUA**
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SARAWAK is committed to accelerating the transformation of its healthcare system involving infrastructure, manpower and funding.

Deputy Premier Datuk Dr Sim Kui Hian said an estimated RM17bil was required to upgrade state healthcare facilities, noting that about 70% of existing infrastructure was below standard, with some in poor condition.

"We have presented this to the Prime Minister, who understands the urgent need for Sarawak to upgrade its healthcare system.

"Our aim is to catch up with the standards in Peninsular Malaysia," he said at the handing over of a new magnetic resonance imaging (MRI) machine to Hospital Sibiu.

To support long-term planning, Dr Sim said the state had allocated several million ringgit to engage Universiti Malaysia



Dr Sim signing a plaque at the MRI handover at Hospital Sibiu, witnessed by Hanifah (in yellow) and other guests.

Sarawak (Unimas) to develop the Public Health Master Plan 2050.

"This plan will allow us to project future disease patterns, identify their causes and determine our key healthcare priorities."

Highlighting manpower shortages, he said a recent visit by Health Ministry to 11 hospitals in Sarawak, including Hospital Sibiu, revealed a shortfall of

some 11,000 personnel across seven hospitals.

"This is consistent with existing disparities.

"For example, Sarawak General Hospital has 1,000 beds but only 4,500 staffers, compared to 5,500 staffers in similar-size hospitals in Peninsular Malaysia."

Dr Sim said Hospital Sibiu has

around 2,000 staffers and was short of about 800 personnel.

"As a result, our healthcare workers are working much harder compared to their counterparts in similarly sized hospitals in Peninsular Malaysia."

He also pointed out the rising cost of healthcare operations, noting that Hospital Sibiu's annual operating cost stood at RM285mil, while Sarawak General Hospital required RM850mil annually.

The Sarawak Heart Centre, meanwhile, costs about RM150mil a year to operate.

"Healthcare is not only expensive, but we are also facing a serious shortage of doctors."

Dr Sim said although the Health Minister recently announced 5,000 house officer positions, only 528 were filled, leaving a shortfall of about 4,400 doctors.

"With Unimas and Monash University Malaysia each producing only about 150 doctors each year, the gap remains significant.

"If this continues, we will face

an even greater shortage of specialists in the next 10 years."

He said addressing these longstanding challenges required structural reform, including greater healthcare autonomy for Sarawak under Malaysia Agreement 1963 (MA63).

"We need to delegate more authority and funding back to Sarawak so that we can better integrate public and private healthcare services and maximise our resources."

On infrastructure development, Dr Sim said the proposed expansion of Sarawak Heart Centre was estimated to cost RM1.5bil.

"However, due to current global uncertainties, the Federal Government may only be able to provide a loan of RM1bil, leaving a RM500mil gap.

"The Premier is prepared for Sarawak to fund this shortfall to ensure our people receive the maximum benefit," said Dr Sim.

Also present at the ceremony was Deputy Health Minister Datuk Hanifah Hajar Taib.

'Declining birth rate shaped by economic pressures'

➤ Rising cost of living and lifestyle changes among key factors, says academic

■ BY KIRTINEE RAMESH
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PETALING JAYA: Malaysia's declining birth rate is increasingly shaped by economic pressures and changing social norms, with more women postponing motherhood, a trend experts say reflects a deeper structural shift rather than a short-term response.

Putra Business School economist Assoc Prof Dr Ida Md Yasin said while no single national survey pinpoints the exact causes, existing data and independent studies highlight rising living costs and lifestyle changes as key factors.

"There is no doubt that the rising cost of living has an impact, but lifestyle changes are also equally important."

Citing 2025 data from the Statistics Department, she explained that women aged 30 to 39 now account for about 53% of births, compared to 40% among those aged 20 to 29.

"This shows many women are delaying childbirth, which naturally leads to smaller families due to biological and time constraints."

She said the financial realities of raising children vary widely, adding that dual-income households may afford childcare services, while single-income families often rely on stay-at-home mothers or relatives. She also said with women's workforce participation at about 55%, childcare access has become a growing concern.

"When both parents are working, families often depend on childcare centres, which could be costly and not always accessible." Ida said urban families in particular face higher expenses due to reliance on private childcare and preschools.

She emphasised that Malaysia's fertility trend mirrors patterns in developed nations, pointing to a broader demographic transition.

"This is not just happening in Malaysia. As countries move towards developed status, declining birth rates are common. It is a long-term structural shift."

She added that indicators include the rising age of first-time mothers, with delayed parenthood reducing family size and reflecting priorities such as career growth and financial stability.

On government measures, Ida said more targeted support is needed, especially in early childhood care.

"Malaysia has done well in providing free education at primary and secondary levels, but support for children below seven remains limited."

She said government-subsidised preschool programmes such as Kemas offer affordable early education but are not widely accessible in urban centres, forcing many parents to turn to costly private options.

"There needs to be greater emphasis on childcare and early education,"

Ida pointed to international examples in which childcare support is central to family policies, suggesting Malaysia could adopt similar approaches to ease burdens on parents.

Malaysia's birth rate has now dropped to a record low, with 93,500 babies born in the first quarter of 2025 – an 11.5% year-on-year decline, according to official statistics. That translates to one baby every minute, or about 1,039 daily.

Fertility has fallen across all major ethnic groups, with Malays at replacement level (2.1 children per woman), while the Chinese community recorded the lowest at 0.8. The population stands at 34.2 million, growing at a slower pace of 0.9%.

RM7.7m unregistered injectable medicines seized

SEPANG: Authorities have seized RM7.735 million worth of unregistered injectable medicines believed to contain tirzepatide from the luggage of two Chinese nationals who arrived separately from Bangladesh at KL International Airport (KLIA).

Malaysia Border Control and Protection Agency (MCBA) KLIA commander Mohd Safrie Zakaria said the two cases were detected at Terminal 1 and Terminal 2 on April 26 and 27 respectively.

"For the first case at Terminal 1, the seizure was made on April 26 at about 3.30am.

"A Chinese national, who arrived from Bangladesh, was checked and an inspection of his luggage found 3,300 units of injectable medicine labelled Tirzide," he told a press conference at the Airport Management Centre near Terminal 1 yesterday.

Safrie said the products were suspected to contain tirzepatide, classified as a controlled poison under the First Schedule of the Poisons Act 1952, and were not registered with the authorities.

He said the first seizure was valued at about RM2.335 million.

In the second case, Safrie said a Chinese woman, also arriving from Bangladesh, was

stopped at Terminal 2 at about 5.30am on April 27.

"Checks on her luggage found 8,840 units of injectable medicine suspected to be unregistered, bearing the labels Tirzide and Tirzepe, and also believed to contain tirzepatide," he said.

The second seizure was estimated at RM5.4 million, bringing the total haul to 12,140 units worth RM7.735 million.

Safrie said the items were detected after airport scanners flagged suspicious needle-like images in the passengers' luggage, prompting further inspection.

He said the medicines were believed to have originated from Bangladesh, adding that enforcement action was based on profiling, past cases and intelligence sharing between agencies.

"For personal use, we allow it. But if they bring large quantities, we will seize it," he said.

He stressed that the quantity involved was inconsistent with personal use, as the luggage was primarily filled with injectable medicines.

The suspects claimed the products were intended for use in China. However, checks

indicated they were scheduled to remain in Malaysia for more than 30 days.

Safrie said MCBA did not rule out the possibility that the products were meant for the local market, although investigations were still ongoing.

He added that the injectable medicines are linked to anti-diabetic treatment but are also widely marketed elsewhere for weight loss.

He said legally available versions in Malaysia are typically sold in pen form, with each pen containing four doses and priced between RM1,200 and RM1,800.

By comparison, he said the seized products were in syringe form, with each syringe representing a single dose, valued at RM300 to RM400 per syringe.

The case has been referred to the Health Ministry's Pharmacy Enforcement Division for further investigation.

The offences involve the importation of unregistered products and importation of poisons without a valid licence.

Investigations are being carried out under the Control of Drugs and Cosmetics Regulations 1984, the Sale of Drugs Act 1952 and the Poisons Act 1952. – **By Falz Ruzman**

Pharmacists' guidelines to tackle peripheral neuropathy



THE region's first guidelines designed for community pharmacists to identify, assess and manage patients with peripheral neuropathy (PN) in everyday practice will help address the persistent gap of underdiagnosis and delayed treatment related to the condition.

The guidelines, called "Empowering Community Pharmacists — Expert Consensus Guidelines for the Effective Management of Peripheral Neuropathy with Neurotropic B Vitamins", translate evidence into practical, culturally adaptable recommendations to standardise pharmacy-based screening, counselling and stepwise management related to PN.

The condition, which affects one in two diabetics and one in 10 adults, is both widespread and debilitating.

With pharmacists being the most accessible health professionals in many Asia-Pacific countries, this consensus translates the best

available evidence into simple steps for them to spot PN earlier, guide patients confidently and partner with physicians to improve long-term outcomes, says Federation of Asian Pharmaceutical Associations president Dr Yolanda R. Robles and lead author of the guidelines.

Community pharmacies are often the first point of contact for people experiencing numbness, tingling, burning or pins-and-needles in their hands and feet — symptoms commonly associated with PN, adds Personal Health Care Asia Pacific, P&G Health Singapore vice-president Shrad-dha Vohra.

"With up to 80 per cent of PN cases in the Asia-Pacific region estimated to remain undiagnosed, pharmacists are uniquely positioned to recognise symptoms early, guide patients to appropriate care and help prevent progression.

"These guidelines are tailored to the realities of pharmacy workflows, multilingual communities and varied regulatory environments across the Asia-Pacific region and beyond, with

1st APAC Pharmacist Guidelines on Peripheral Neuropathy

By APAC Pharmacist Experts, For APAC and Beyond



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The guidelines translate evidence into practical, culturally adaptable recommendations. PICTURE CREDIT: P&G HEALTH

tools that can be adapted locally to support rapid adoption," adds Shrad-dha.

PN is often discovered late when nerve pain is severe. With the guidelines, pharmacists will be empowered to differentiate nerve pain from muscle pain early, apply validated screening tools and initiate timely referrals.

This shift from reaction to prevention can help patients restore nerve

function and independence, says Grace Chew, an independent pharmacist from Singapore and contributing author of the guidelines.

"These guidelines are about practical, everyday pharmacy," stresses contributing author and Lyceum of the Philippines University — Davao vice-president for academic affairs Dr Kenny James P. Merin.

The steps are clear: identify risk, screen, counsel, consider therapeutic-dose B1, B6, and B12 where appropriate, and follow up consistently.

With structured algorithms and checklists, pharmacists can standardise care without slowing workflow.

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Peluang keluarga berpendapatan rendah miliki zuriat, bukan lagi eksklusif

Oleh HAZELN LIANA KAMARUDIN

KOTABHARU - Rawatan persenyawaan in vitro (IVF) kini bukan lagi eksklusif untuk golongan 'kayangan' apabila Hospital Pakar Universiti Sains Malaysia (HPUSM) menawarkan perkhidmatan itu pada kos jauh lebih rendah berbanding pusat rawatan lain di negara ini.

Pengarah HPUSM, Datuk Dr Ab Rahman Izaini Ghani @ Ab Ghani berkata, ia bagi memastikan rakyat, terutama golongan berpendapatan rendah turut menikmati peluang memiliki zuriat.

"Kos rawatan IVF di HPUSM bermula RM5,680 tidak termasuk ubat-ubatan dan caj penginapan.

"Secara purata, pesakit disaran menyediakan sekitar RM10,000, namun kebanyakan mereka tidak menggunakan jumlah penuh tersebut. Ini antara kos paling rendah berbanding hospital universiti lain atau hospital swasta," katanya ketika sidang akhbar selepas merasmikan Majlis Penjenamaan Semula Perkhidmatan

Infertiliti HPUSM di sini pada Selasa.

Hadir sama Penyelaras Perkhidmatan Infertiliti HPUSM, Profesor Madya Dr Adibah Ibrahim.

Menurut Dr Ab Rahman, lebih 50 bayi selamat dilahirkan menerusi program IVF HPUSM sejak 2014 manakala jumlah pesakit mendapatkan rawatan seramai 400 orang dalam tempoh lima tahun kebelakangan ini.

Ujarnya, kadar kejayaan rawatan juga setanding standard antarabangsa iaitu sekitar 20 hingga 25 peratus dengan data terkini mencatatkan 24.7 peratus kadar kelahiran bayi.

"Dari awal penubuhan 12 tahun lalu, kami hanya melakukan sekitar lima kitaran setahun, kemudian meningkat kepada 10 kitaran.

"Sekarang kami mengendalikan sekitar 20 hingga 50 kitaran setahun," katanya.

Dalam pada itu, beliau mengakui majoriti pesakit hadir berusia lebih 35 tahun kerana ramai menangguhkan perkahwinan,

Rawatan IVF serendah RM5,680 di HPUSM



Dr Ab Rahman (tiga dari kiri) merasmikan Majlis Penjenamaan Semula Perkhidmatan Infertiliti HPUSM di Kota Bharu pada Selasa.

mengejar kerjaya atau mengukuhkan kewangan terlebih dahulu.

Dr Ab Rahman berkata, peluang kehamil-

an lebih baik jika rawatan dimulakan sebelum usia 35 tahun kerana tahap kesuburan wanita akan menurun selepas usia tersebut.



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Kerap guna kemudahan hospital punca kos insurans meningkat

Kemasukan ke hospital boleh dielak jika penyakit lazim diurus klinik pesakit luar

Oleh Mohd Zaky Zainuddin
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Peningkatan premium insurans perubahan di Malaysia bukan semata-mata berpunca daripada hospital menaikkan harga rawatan, sebaliknya lebih didorong oleh lonjakan kekerapan penggunaan kemudahan kesihatan, termasuk kemasukan ke wad bagi penyakit yang sepatutnya boleh dirawat di klinik.

Laporan terbaharu Bank Dunia bertajuk *Cost Drivers in Malaysia's Medical and Health Insurance/Takaful Sector: A First Look at the Centralized Claims Database* menunjukkan pertumbuhan kos sektor Insurans dan Takaful Per-

batan dan Kesihatan (MHIT) bagi tempoh 2022 hingga 2024 sebahagian besarnya dipacu oleh faktor volum atau penggunaan.

Analisis itu mendapati sebanyak dua pertiga daripada pertumbuhan kos keseluruhan datang daripada peningkatan penggunaan perkhidmatan kesihatan, manakala kenaikan harga rawatan hanya menyumbang sekitar satu perlima.

Dapatan itu menepis tanggapan umum bahawa premium meningkat semata-mata kerana caj hospital lebih mahal.

Secara lebih terperinci, faktor kekerapan penggunaan menyumbang 66.8 peratus kepada pertumbuhan kos antara 2022 hingga 2024, manakala faktor harga menyumbang 26.1 peratus.

Baki selebihnya berpunca daripada perubahan intensiti rawatan dan campuran jenis perkhidmatan.

Laporan itu turut menyifatkan sebahagian besar kemasukan ke hospital sebagai berpotensi boleh dielakkan, khususnya melibatkan Ambulatory Care Sensitive Conditions (ACSC), iaitu penyakit yang lazimnya boleh diurus di peringkat penjagaan primer atau kli-

nik pesakit luar.

Pada 2024, sebanyak 23.62 peratus daripada keseluruhan kemasukan pesakit dalam di bawah tuntutan MHIT adalah bagi kategori ACSC.

Nisbah itu meningkat berbanding 22.09 peratus pada 2023 dan 20.01 peratus pada 2022, menunjukkan trend penggunaan wad yang semakin tinggi bagi kes yang berpotensi dielakkan.

Antara semua penyakit dalam kategori itu, cirit-birit merekodkan jumlah episod kemasukan hospital tertinggi dengan 168,343 kes bagi tempoh 2022 hingga 2024. Kes berkenaan turut membabitkan jumlah kos rawatan pesakit dalam sebanyak RM910 juta.

Jangkitan saluran pernafasan atas pula mencatat 96,929 episod kemasukan dengan kos RM856 juta, manakala jangkitan saluran pernafasan bawah merekodkan 93,840 episod membabitkan kos RM564 juta.

Walaupun jumlah kes lebih rendah, penyakit jantung iskemik menjadi beban kos tertinggi dalam kalangan ACSC dengan 52,012 episod, tetapi menelan belanja rawatan sebanyak RM1.14 bilion, sekali gus menunjukkan kos setiap kes

jauh lebih tinggi.

Hipertensi primer pula mencatat 23,274 episod kemasukan hospital dengan kos RM224 juta.

Bank Dunia menegaskan, kombinasi penyakit berjumlah tinggi dan penyakit kronik berkos mahal menjadi pemacu utama kemasukan hospital yang berpotensi boleh dielakkan.

Laporan itu turut menyatakan terdapat petunjuk unsur *moral hazard* dalam corak penggunaan perkhidmatan kesihatan.

Nilai tuntutan tinggi

Dalam konteks itu, pesakit cenderung menggunakan lebih banyak rawatan apabila kos ditanggung insurans, manakala penyedia perkhidmatan mempunyai insentif menambah jumlah perkhidmatan yang diberikan.

Bank Dunia mendapati nilai tuntutan adalah jauh lebih tinggi apabila wujud potensi *moral hazard*.

K keadaan ini selari dengan penemuan bahawa bahagian caj Perkhidmatan dan Pembekalan Hospital (HSS) dalam tuntutan pesakit dalam melebihi 70 peratus serta terus meningkat.

Selain itu, terdapat jurang keta-

ra antara hospital dari segi kadar kemasukan ACSC.

Hospital median merekodkan sekitar 22 hingga 23 peratus kemasukan berpotensi boleh dielakkan, namun ada hospital yang melebihi 40 peratus.

Dapatan itu menunjukkan amalan kemasukan pesakit tidak seragam antara fasiliti dan membuka ruang kepada penambahbaikan dari sudut kecekapan sistem penjagaan kesihatan swasta.

Sehubungan itu, Bank Dunia mencadangkan pengurusan penggunaan perkhidmatan berasaskan laluan rawatan khusus bagi penyakit ACSC seperti cirit-birit dan gastroenteritis supaya pesakit dirawat pada tahap penjagaan yang sesuai.

Institusi itu juga mencadangkan reka bentuk semula produk insurans supaya lebih menumpukan rawatan pencegahan dan pesakit luar, berbanding terlalu tertumpu kepada perlindungan kemasukan hospital.

Langkah itu dilihat penting bagi mengekang pertumbuhan tuntutan tidak perlu, sekali gus membantu menstabilkan premium insurans perubahan yang semakin membebankan pengguna.

Purata bil rawatan warga asing lebih tinggi

Pesakit warga asing didapati memainkan peranan ketara dalam ekosistem hospital swasta negara apabila menyumbang kira-kira satu perempat daripada jumlah tuntutan insurans dan takaful perubahan, selain mencatat purata bil rawatan lebih tinggi berbanding rakyat tempatan.

Laporan Bank Dunia bertajuk *Cost Drivers in Malaysia's Medical and Health Insurance/Takaful Sector: A First Look at the Centralized Claims Database* menunjukkan corak pengbilan pesakit asing menjadi antara faktor penting yang membentuk landskap kos rawatan swasta di Malaysia.

Berdasarkan analisis pangkalan data tuntutan berpusat, warga asing menyumbang antara 25 hingga 30 peratus daripada ke-

seluruhan nilai pengbilan bagi tempoh 2022 hingga 2024.

Peratusan itu kekal signifikan walaupun jumlah pesakit asing lebih kecil berbanding pesakit tempatan.

Pada 2024, purata bil bagi setiap episod rawatan membabitkan pesakit warga asing adalah RM5,464 berbanding RM4,949 bagi rakyat tempatan, jurang yang menunjukkan kos rawatan untuk pesakit antarabangsa secara purata adalah lebih tinggi.

Bagi 2023 pula, purata bil pesakit warga asing direkodkan RM5,092 berbanding RM4,515 untuk warga tempatan, manakala pada 2022 masing-masing RM4,744 dan RM4,219.

Data itu menunjukkan pola bil lebih tinggi bagi warga asing ber-

laku secara konsisten sepanjang tempoh kajian.

Menurut Bank Dunia, perbezaan berkenaan boleh dikaitkan dengan jenis rawatan diterima, tahap kompleksiti kes, pilihan kemudahan hospital, serta penggunaan perkhidmatan tambahan sepanjang kemasukan ke hospital.

Laporan itu bagaimanapun tidak merumuskan bahawa semua pesakit asing dikenakan caj berlebihan, sebaliknya menunjukkan terdapat perbezaan struktur pengbilan yang memerlukan penelitian lanjut oleh pihak berkaitan.

Dalam tempoh sama, komponen Perkhidmatan dan Pembekalan Hospital (HSS) terus menjadi bahagian terbesar dalam bil rawatan hospital swasta, me-

rangkumi lebih 70 peratus daripada tuntutan pesakit dalam.

Ini bermakna sebarang kenaikan caj ubat, bahan guna habis dan perkhidmatan sokongan akan memberi kesan langsung kepada jumlah bil keseluruhan.

Sekiranya pesakit asing lebih banyak menggunakan perkhidmatan premium atau kemudahan tambahan, ia berpotensi menyumbang kepada purata bil yang lebih tinggi dalam sistem hospital swasta secara keseluruhan.

Bank Dunia turut menegaskan kepentingan data kewarganegaraan dalam membantu penggubal dasar memahami corak penggunaan perkhidmatan kesihatan swasta dan kesannya terhadap inflasi perubahan.

Dapatan itu juga relevan ke-

pada industri insurans dan takaful kerana peningkatan nilai tuntutan keseluruhan akhirnya memberi tekanan kepada harga premium yang ditanggung pemegang polisi.

Sehubungan itu, laporan berkenaan mengesyorkan penambahbaikan ketelusan harga, penggunaan data tuntutan yang lebih meluas serta pemantauan corak pengbilan antara segmen pesakit bagi memastikan pasaran lebih cekap dan saksama.

Langkah sedemikian, kata Bank Dunia, penting supaya pertumbuhan sektor kesihatan swasta dan tarikan pesakit antarabangsa tidak menjejaskan kemampuan rawatan serta kemampuan perlindungan kesihatan bagi rakyat tempatan.

Rampas ubat, racun **RM7.7 juta**

Pemeriksaan bagasi lelaki, wanita warga China menemui ubat suntikan Tirzide dan Tirzep

Oleh Hafidzul Hilmi Mohd Noor
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Selangor

Ageni Kawalan dan Perlindungan Semipadan Malaysia (AKPS) mematahkan cubaan menyeludup ubat-ubatan tidak berdaftar dan racun terkawal bernilai RM7.7 juta di Terminal 1 dan 2, Lapangan Terbang Antarabangsa Kuala Lumpur (KLIA), di sini.

Komander Pintu Masuk AKPS KLIA Mohd Safrie Zakaria berkata, ubat-ubatan itu dirampas dalam dua pemeriksaan berasingan pada Ahad dan Isnin membatikan dua warga China yang tiba menerusi penerbangan dari Bangladesh.

"Dalam kejadian pertama, kami memeriksa seorang lelaki warga China, jam, 3.30 pagi Ahad lalu dan menemui sebanyak 3,300 unit ubat suntikan berlabel



SIDANG media mengenai kejayaan tangkapan penyeludupan ubat-ubatan tidak berdaftar dan racun terkawal oleh AKPS.

Tirzide dianggarkan bernilai RM2,335,000.

"Produk berkenaan disyaki mengandungi Tirzepatide (racun terkawal

Jadual Pertama Akta Racun 1952) yang tidak berdaftar," katanya pada sidang media di pejabat AKPS KLIA, di sini, sema-

lam.

Mohd Safrie berkata, pemeriksaan kedua pada jam 5.30 pagi kelmarin pula membatikan seorang wa-

nita warga China.

Katanya, pemeriksaan ke atas bagasi wanita itu menemui 8,840 unit ubat suntikan tidak berdaftar

berjenama Tirzide dan Tirzep yang dipercayai turut mengandungi racun Tirzepatid dengan nilai rampasan mencecah RM5.4 juta," katanya.

Mohd Safrie berkata, pihaknya memandang serius kegiatan penyeludupan ubat-ubatan tanpa kelulusan KKM.

"Penggunaan ubat tidak berdaftar, khususnya yang mengandungi racun terkawal seperti Tirzepatide tanpa pengawasan pengamal perubatan berdaftar, boleh mendatangkan risiko kesihatan yang serius serta kesan sampingan yang memudaratkan nyawa.

"Semua ubat-ubatan berkenaan dirampas untuk tindakan lanjut di bawah Peraturan-Peraturan Kawalan Dadah dan Kosmetik 1984, Akta Jualan Dadah 1952 serta Akta Racun 1952 kerana mengimport keluaran tidak berdaftar dan racun tanpa lesen yang sah," katanya.