KERATAN AKHBAR 25/02/2026 (Rabu)

Berita Harian M/S 15

4,518 pegawai perubatan kontrak ditawar lantikan tetap tahun ini

Kuala Lumpur: Seramai 4,518 pegawai perubatan kontrak di bawah perkhidmatan Kementerian Kesihatan (KKM) akan dilantik ke jawatan tetap tahun ini.

Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad, berkata jumlah itu sebagai tambahan kepada 18,397 pegawai perubatan kontrak yang sudah ditawarkan lantikan tetap antara tempoh 2019 hingga 2025.

Beliau berkata, usaha itu sebahagian daripada inisiatif KKM untuk mempertingkat keterjaminan kerja bagi petugas kesihatan di bawah kementerian berkenaan.

"Bagi membolehkan urusan pelantikan tetap dilaksanakan, 1,500 jawatan tetap tambahan bagi pegawai perubatan akan diwujudkan di KKM tahun ini, selain jawatan baharu yang akan diperoleh melalui pembangunan fasiliti baharu dan naik taraf.

"KKM juga akan mewujudkan 800 jawatan pakar perubatan dan 70 jawatan pakar pergigian setiap tahun, dengan langkah itu bermula pada 2023," katanya melalui jawapan bertulis disiarkan di laman web Parlimen.

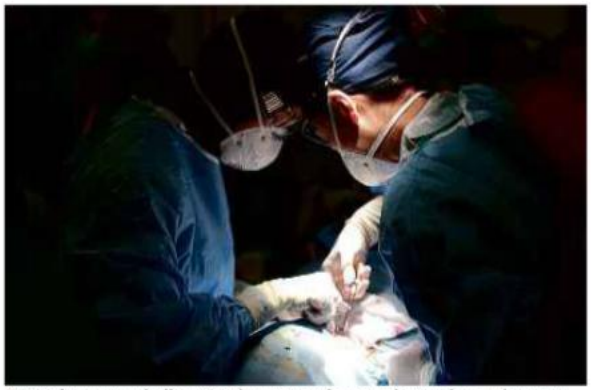
Beliau berkata demikian menjawab soalan Datuk Seri Jaluddin Alias (BN-Jelebu) mengenai strategi jangka panjang kerajaan untuk mengekang *brain drain* atau penghijrahan tenaga kerja dalam sektor kesihatan awam khususnya membabitkan doktor dan jururawat berpengalaman.

Menjawab soalan Dr Kelvin Yii Lee Wuen (PH-Bandar Kuching), Dr Dzulkefly berkata seramai 1,316 atau 29 peratus daripada 4,518 pegawai perubatan kontrak bersetuju menerima tawaran lantikan tetap bagi mengisi kekosongan di Sabah dan Sarawak.

Jumlah itu meliputi penempatan 548 di Sabah dan seramai 768 di Sarawak.

"Bagi jururawat, KKM diberikan pengecualian lantikan kontrak interim dan boleh melantik secara tetap jururawat mulai tahun lalu.

"Sehingga 31 Disember 2025, seramai 3,254 jururawat dalam kalangan pelatih Institut Latihan Kementerian Kesihatan (ILKKM), graduan institut pengajian tinggi awam/swasta (IPTA/S) dan Jururawat Masyarakat Program Peningkatan Secara Lantikan (PSL) dilantik secara tetap.



KKM akan mewujudkan 800 jawatan pakar perubatan dan 70 jawatan pakar pergigian setiap tahun. (Foto hiasan)

"Daripada jumlah ini, seramai 415 jururawat ditempatkan di Sabah, manakala 260 di Sarawak," katanya.

Mengulas lanjut, Dzulkefly berkata pengisian jururawat di Sabah dan Sarawak turut dilaksanakan menerusi penempatan semula jururawat berpengalaman dari Sabah dan Sarawak yang sedang berkhidmat di Semenanjung ke fasiliti KKM di negeri berkenaan.

Berhubung soalan Khoo Poay Tiong (PH-Kota Melaka), beliau berkata kadar pengisian graduan perubatan di 48 Hospital Latihan Siswazah (HLS) di seluruh negara setakat bulan ini, berada pada tahap 53 peratus, apabila 6,500 daripada 12,198 kapasiti keseluruhan sudah diisi.

Katanya, perkembangan itu menunjukkan tiada graduan perubatan yang menunggu kekosongan slot.

"Bagaimanapun, dianggarkan terdapat seramai 579 Pegawai Perubatan Siswazah (PPS) yang diperakukan dalam mesyuarat Majlis Perubatan Malaysia sedang menunggu penempatan di HLS yang berkenaan bagi memulakan latihan siswazah (housemanship)," katanya.

> "Bagi membolehkan urusan pelantikan tetap dilaksanakan, 1,500 jawatan tetap tambahan bagi pegawai perubatan akan diwujudkan"

Dr Dzulkefly Ahmad, *Menteri Kesihatan*

GOVT HEALTHCARE COVERS STATELESS KIDS

Focus is on saving lives, ensuring equal access to all, says health minister

KUALA LUMPUR

THE Health Ministry does not deny healthcare to any individual, including stateless children, particularly in emergencies and life-threatening situations.

Minister Datuk Seri Dr Dzulkefly Ahmad said the ministry's primary principle was to save lives and provide equal treatment to all in need.

"In line with the 'no-wrong-door' policy, all patients requiring urgent care, especially at hospital emergency and trauma departments, will be treated without delay, regardless of citizenship status.

"Under the Fees (Medical) (Cost of Services) Order 2014, non-citizens are subject to foreign rates," he said in a written parliamentary reply.

He said several short- and long-term plans were being implemented to ensure equitable healthcare access, including providing emergency treatment without delay and exempting charges for immunisation services, such as polio immunisation and the Supplementary Immunisation Activities Programme.

He added that treatment and preventive measures for infectious diseases under the Prevention and Control of Infectious Diseases Act 1988 were provided regardless of citizenship.

On another matter, Dzulkefly said 18,397 contract medical officers were offered permanent appointments between 2019 and last year as part of long-term efforts to curb brain drain in the public healthcare sector.

He added that 4,500 contract medical officers were set to be appointed to permanent posts this year.

"To facilitate permanent appointments, an additional 1,500 permanent medical officer posts will be created in 2026, in addition to new posts obtained through the development and upgrading of healthcare facilities.

"A total of 800 medical specialist posts and 70 dental specialist posts have also been created annually since 2023," he said.

Dzulkefly said the ministry was making public service more attractive through better pay packages, including phased salary adjustments under the Public Service Remuneration System and a 40 per cent increase in on-call allowances for specialists and medical officers effective last October.

He added that Grade UD9 medical officers received a competitive starting salary of RM5,380 — the highest among public service schemes — with an annual increment of RM225.

Career progression has been strengthened, with time-based promotions from Grade UD9 to UD14 within 12 years, and lateral entry into Grade UD10 for contract officers appointed permanently.

The ministry was also strengthening career pathways for nurses and expanding specialist training opportunities, including increasing sponsored Parallel Pathway training slots to 600 annually from last year.

He said nurses were offered advanced courses with full-pay study leave in post basic and advanced diploma fields. Those who complete advanced courses may receive a post basic incentive payment of RM100 per month.

Additional incentives include a RM100 monthly payment for treating psychiatric, tuberculosis, and leprosy patients, a rural incentive of RM135 to RM210 per month, and a location and hardship incentive ranging from RM500 to RM1,500 per month.

Beyond remuneration and career pathways, Dzulkefly said the ministry was committed to improving the working environment and culture at healthcare facilities, including the digitalisation and automation of work processes to ease staff workload.

Deadly Nipah virus deemed 'limited' by scientists

Heal
By AFP

NAMED after the Malaysian village where it was first identified, the Nipah virus is an infectious disease transmitted primarily by bats. Often fatal, its potential to spread has so far been considered limited by scientists.

The death of a woman in Bangladesh and the confirmation of several cases in northeastern India in early 2026 reignited fears of wider spread and even a potential pandemic threat. Thailand, Malaysia and Singapore immediately strengthened their border controls.

While both outbreaks have occurred since early 2026 along the border between India and Bangladesh, the two recent clusters are not linked, World Health Organisation director-general Tedros Adhanom Ghebreyesus said. No other cases have been identified after tracing more than 230 contacts.

At this stage, the WHO considers the risk of the virus spreading, both regionally and globally, to be "low".

FRUIT BATS AND PIG FARMERS

The deadly Nipah virus was first identified in 1998 during an outbreak among pig farms in Malaysia. Generally transmitted to humans by an infected animal, usually fruit bats, but often also pigs or even horses, Nipah can also spread through contaminated food, or from person-to-person contact.

Currently, outbreaks of the Nipah virus are concentrated in South and Southeast Asia. An epidemic was reported in Singapore in 1999, when infected pigs were imported from Malaysia.

In 2001, India and Bangladesh also became the sites of outbreaks, with the former experiencing periodic outbreaks in the years since, most recently in early 2026. The Philippines and Singapore have also recorded cases.

SYMPTOMS

While Nipah infection sometimes causes no symptoms, most infected individuals develop illness after an incubation period of three to 14 days, sometimes up to 45 days.

The initial symptoms, including fever, chills, sore throat and vomiting, are often nonspecific, but the condition can rapidly deteriorate and become serious.

Severe forms of the disease can cause serious neurological damage, including encephalitis, seizures or even comas, or acute respiratory failure. Its case fatality rate is estimated to be between 40 and 75 per cent, depending on the individual case.

Survivors, generally recover completely. For about one in five, neurological after-effects persist, which can sometimes be debilitating.

HIGH MORTALITY

Unlike many respiratory viruses, such as Covid-19, the virus is not easily transmitted from one human to another. It requires close and prolonged contact with respiratory secretions or bodily fluids from an infected person.

In India, recent cases have affected healthcare workers and those who had been in contact with these patients were placed in quarantine. Each infected person generally infects fewer than one other person, which limits the spread but does not prevent outbreaks.

But when this disease strikes, it is often fatal. The WHO considers Nipah to be a high-risk pathogen.

NO TREATMENT, NO VACCINE

Currently, there is no antiviral treatment or vaccine for the Nipah virus. Doctors can only treat the symptoms.

Several vaccine candidates are currently being studied or are in development, most of them targeting proteins on the surface of the virus that are necessary for its entry into human cells and its spread throughout the body.

To reduce the risk of infection and transmission, prevention relies primarily on adapting behaviours: avoid consuming raw palm sap, wash and peel fruit, avoid fruit that has fallen to the ground or show signs of bites and limit contact with sick bats and animals. Some countries also screen travellers arriving from affected areas.

Nipah is generally transmitted to humans by an infected animal, usually fruit bats, but often also pigs or even horses. PICTURE CREDIT: BYROYAK - FREEPIK

Data should guide our response to TB situation

THE recent tuberculosis (TB) cluster in Kota Tinggi, Johor and the reported 10% increase in TB notifications nationwide compared to the same period last year have raised understandable public concern.

It is important to clarify that TB was never eliminated in Malaysia. We remain an intermediate-burden country like many in our region. An increase in [illegible]ases, especially after [illegible]ening of a cluster, does not automatically mean the disease is spreading uncontrollably.

The more important question is: Are we detecting cases early, and are patients completing treatment?

TB spreads through the air during prolonged close contact. It thrives in crowded, poorly ventilated environments, and when diagnosis or treatment is delayed.

Malaysia has an established TB control programme and treatment is available. However, TB control does not depend on the health sector alone. It also depends on coordination with immigration, labour, housing and primary care systems.

As noted by Dr Lim Kuan Joo, advisor to the Federation of Private Medical Practitioners' Associations Malaysia (FPMPAM) and a former clinician in TB management, notification numbers alone do not tell the full story.

To understand whether this rise is serious, we need to know:

1. Are patients being diagnosed early or only after the disease becomes advanced?

2. Are these new infections or relapses from patients who previously defaulted?

3. What is the secondary attack rate among close contacts?

4. Are treatment completion rates stable?

5. Has drug-resistant TB increased?

6. Are there more TB cases among children, which would suggest recent transmission? These indicators help determine whether we are facing improved detection or active transmission.

There has also been concern about TB among undocumented migrants. From a public health perspective, infectious diseases do not distinguish legal status.

TB control depends on early diagnosis and uninterrupted treatment for everyone.

If undocumented individuals fear arrest or deportation, they may delay seeking medical care. When diagnosis is delayed, they remain infectious longer. This increases the risk of spreading TB to others and to the world.

If a patient undergoing TB treatment is detained or moved without proper medical coordination, treatment may be interrupted. This increases the risk of relapse and drug resistance.

For TB control to be effective, policies should ensure safe access to diagnosis and treatment; uninterrupted therapy (even during detention); close coordination between health and immigration authorities; and proper screening and follow-up in high-density worker housing.

Addressing TB among undocumented migrants is not about politics. It is about preventing transmission. Currently, TB treatment, including directly observed therapy (DOTS), is mainly delivered in public clinics.

In private clinics, suspected TB cases are referred to government facilities for treatment. While this system works, there is room to strengthen integration.

Malaysia has thousands of private general practitioners who could support continuity of care in a structured and coordinated way.

TB treatment requires months of supervision. Stronger public–private cooperation would help ensure patients do not drop out between diagnosis and completion of therapy.

Moving forward, it is important to remember that TB does not spread because of one isolated case. It spreads when systems are not fully aligned.

The recent spotlight on TB cases should not create panic or stigma. Instead, it should encourage better coordination across health, immigration, labour, housing and primary care systems.

Malaysia has the experience and infrastructure to manage TB effectively. The key is ensuring policies work together, not separately.

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Climate risks now a business and health emergency

Lancet report warns of higher healthcare costs, food insecurity and workforce disruption

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PETALING JAYA: Climate change is no longer a distant environmental concern but an escalating risk to public health, labour productivity and economic resilience, according to the *Lancet Countdown 2025 Report on Health and Climate Change* launched in Malaysia recently.

The report, which draws on the work of 128 researchers from UN agencies and academic institutions worldwide, highlights how rising temperatures, extreme weather and continued fossil fuel dependence are already driving higher healthcare costs, food insecurity and workforce disruption risks that are increasingly material for governments, investors and businesses.

Launched at Monash University Malaysia through the Regional Hub for Asia Climate Change and Health (REACH), the Malaysian briefing connected global scientific findings with national policy priorities, particularly around just transition, food security and climate resilience.

Monash University Malaysia president and pro vice-chancellor Professor Emeritus Datuk Dr Adeeba Kamarulzaman said the Lancet Countdown offers one of the clearest assessments of how climate change is affecting not just lives, but economies and health systems.

"The climate is not going to wait for any country's commitments. We feel it every day, whether through excessive heat, flooding or air pollution," she said, adding that monitoring climate-health impacts has become even more critical amid global geopolitical uncertainty and uneven climate commitments.

Jamaliah says Selangor has taken steps to integrate climate considerations into economic decision-making.

She noted that Malaysia is already experiencing more frequent heatwaves, shifting rainfall patterns and climate-linked disease risks such as dengue, while rising sea temperatures threaten coastal livelihoods and food systems.

"These pressures ultimately translate into economic costs, from labour productivity losses to increasing strain on healthcare systems," Adeeba said, adding that climate action represents both a public health emergency and a major opportunity.

The *Lancet Countdown 2025 Report* found that heat-related deaths globally now average 546,000 annually, with climate change responsible for 84% of heatwave days.

In 2022 alone, air pollution linked to fossil fuels and household energy caused an estimated 4.8 million deaths worldwide, while extreme weather pushed 123.7 million people into moderate to severe food insecurity.

Universiti Malaysia Terengganu (UMT) vice-chancellor Professor Ts Dr Mohd Zamri Ibrahim said climate change should be viewed as a structural risk to food security, energy systems and long-term economic stability.

"Climate change is not only an environmental challenge, it is a profound and growing public health emergency," he said, adding that UMT's research in marine science, food systems and climate adaptation is increasingly aligned with national needs.

He highlighted that Malaysia's policy priorities under the Lancet Countdown have consistently stressed the need for a just transition, including reducing reliance on fossil fuel subsidies and redirecting investment towards cleaner energy systems.

"Recent discussions on targeted fuel subsidy reforms show how economic policy, sustainability and public health are now deeply interconnected," Zamri said.

Selangor executive councillor for public health, environmental sustainability, climate resilience and green technology Jamaliah Jamaluddin said climate change is already affecting labour productivity, food security and healthcare delivery, particularly in densely populated and economically active states like Selangor.

"These are not distant projections. These are real, measurable harms happening right now," she said, citing rising heat exposure, air pollution and the expansion of climate-sensitive diseases such as dengue.

She said Selangor reduced dengue cases by 61% last year, or more than 36,000 cases, through coordinated interventions, and has allocated RM4 million this year to strengthen prevention efforts at community level.

Jamaliah added that the state has taken steps to integrate climate considerations into economic decision-making, including restructuring the Selangor Climate Action Council and establishing the Selangor Climate Adaptation Centre.

"One of the biggest challenges is ensuring climate policies do not sit in isolation from economic realities," she said, noting that climate action must balance development needs while protecting vulnerable communities.

Experts at the forum stressed that while Malaysia has developed multiple climate and health policies, delivery across sectors remains a key challenge, with economic, energy and health systems often operating in silos.

Discussions also highlighted that unequal energy transitions could create new health risks if not carefully managed, including reduced access to cooling during heatwaves and higher exposure for outdoor workers.

The *Lancet Countdown* emphasised the need for evidence-based planning, from heat-health early warning systems and disease surveillance to urban design, food system resilience and energy transition strategies.

Speakers agreed that translating global climate science into local policy and business decisions will be critical to ensuring that climate responses strengthen resilience, reduce inequality and protect long-term economic growth.