KERATAN AKHBAR 03/07/2026 (Jumaat)

The Star M/S 12

No cut in healthcare operating expenditure

THE Health Ministry's budget recalibration does not involve any reduction in operating expenditure for essential services across the ministry's healthcare facilities, including medicines, consumables, raw materials and utilities, says Minister Datuk Seri Dr Dzulkefly Ahmad (*pic*).

He said the RM500mil adjustment for the ministry was derived from savings linked to unutilised allocations for approved but unfilled posts, rather than cuts to services or hospital operations.

"It only relates to allocations for posts where, out of the savings or allocation provided for 50,000 posts, only 18,641 posts have been filled or approved, and the remaining allocation represents unused capacity.

"Therefore, no allocation is taken from operating expenditure for services, procurement of posts, or any other operational needs," he told Abdul Latiff Abdul Rahman (PN-Kuala Krai).

Previously, Prime Minister Datuk Seri Anwar Ibrahim said all ministries would face budget cuts under Budget 2027 as the government seeks to strengthen fiscal discipline amid global economic uncertainties.

The Health Ministry previously faced a much larger proposed expenditure reduction of about RM3bil.

The adjustment was capped at RM500mil following negotiations and proposals submitted to the Finance Ministry.

Dzulkefly added that the RM500mil budget cut would not involve development expenditure.

"All approved expenditure ceilings for 2026 remain unchanged, and all projects will continue as normal.

"Healthcare services and delivery by the Health Ministr nationwide, including in Sabah, will not be affected."

Safety in school also takes into account mental health

STUDENTS' safety in schools should not be viewed solely through a physical lens, but should also take into account their psychosocial wellbeing and mental health, says Education Minister Fadhlina Sidek.

Following concerns over several recent incidents involving students at schools, including fatal falls, Fadhlina said every incident will be assessed on a case-by-case basis.

"To prioritise students' mental health as part of their welfare, wellbeing and holistic development, the ministry has implemented the Healthy Minds in Schools initiative to strengthen psychosocial support, promote students' socio-emotional wellbeing and provide interventions for identified students to help them better manage their emotions.

"As such, every incident involving student safety will be assessed on a case-by-case basis because each involves many factors and is not solely a matter of (physical) safety.

"It also involves the psychosocial wellbeing and mental state of the children concerned," she said during Minister's Question Time yesterday.

She was responding to a supplementary question from Roslan Hashim (PN-Kulim Bandar Bahru), who asked about intervention measures following recent incidents involving students who fell from school buildings.

Fadhlina said her ministry would continue to carry out safety audits and strengthen monitoring to ensure schools remained safe for students.

She added that the ministry was carrying out these efforts through a special committee comprising various government agencies and organisations to ensure school safety measures were continuously reviewed and improved.

Starbiz M/S 1, 2

Healthy and wealthy

Malaysia's healthcare industry is set to thrive with rising demand, affordability and good infrastructure putting the country ahead of its regional peers

HEALTHCARE

By VICTORIA ARUL
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KUALA LUMPUR: Malaysia's healthcare sector is entering a pivotal phase of transformation as rising demand, an ageing population, and evolving patient needs continue to put pressure on the healthcare system.

Amid these challenges, however, new opportunities are being created across the domestic healthcare ecosystem.

Long waiting times and capacity constraints in the public healthcare system also continues to drive demand for private healthcare services that positioned the local private healthcare sector for robust growth, according to the 21st Bursa Malaysia-Hong Leong Investment Bank (HLIB) Stratum Focus Series, themed "Malaysia Healthcare Industry Moving Forward" held here yesterday.

The event, which was well attended by industry players, explored Malaysia's healthcare outlook, the opportunities and challenges facing private healthcare providers, the performance of the healthcare travel industry, healthcare affordability and medical insurance, as well as the role of local pharmaceutical capabilities.

> "Malaysia offers treatment at relatively affordable prices compared with many regional markets."
>
> Rathanesh Ramasundram

Head of healthcare and life sciences (advisory, Asia Pacific) at Frost & Sullivan, Rathanesh Ramasundram, told *StarBiz* that Malaysia's healthcare infrastructure remains a key competitive strength, with its end-to-end patient experience setting it apart from regional peers.

"This includes a combination of the country's high-quality clinical services, modern facilities and personalised care that continues to attract medical tourists.

"Concurrently, Malaysia offers treatment at relatively affordable prices compared with many regional markets.

"Combined with the country's tourism appeal and multicultural environment, these factors continue to strengthen Malaysia's position as a medical tourism destination," he said on the sidelines of the event.

From a pharmaceutical standpoint, Pharmaniaga Bhd managing director Datuk Zulkifli Jafar said medical tourism contributes meaningfully to its revenue mix, driven by rising demand for medicines from the private healthcare sector as the segment continues to expand.

"Medical tourists are primarily treated in private hospitals, which creates a positive spillover for the sector," he added.

Thus, Zulkifli noted that initiatives such as AIA's introduction of a "generic first" policy are encouraged to moderate the rising inflation.

BIMB Research, in its latest report on the sector, said Malaysia's medical inflation has persisted at around 15%, well above headline inflation, while insurance and takaful claims have risen much faster than premiums.

"For hospitals, pressure is broad-based across staff costs, medical consumables and equipment prices, as well as utilities and depreciation from ongoing capacity expansion," the research house said.

It also highlighted that insurers in turn responded more aggressively in scrutinising bills, negotiating rates and pushing for greater cost transparency.

Zulkifli pointed out: "As we move into the second half of financial year 2026 (2H26),

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Manufacturing quality medicines a key priority

> FROM PAGE 1

that's when higher production costs and supply chain disruptions are expected to filter through.

"Manufacturers are already facing higher input costs, and those pressures will increasingly be reflected across the industry."

Therefore, the focus should be on manufacturing quality medicines locally at lower cost, helping to ease financial pressure on both the government and patients, a[illegible]d.

Zulkifli also expects supply chain disruptions and higher raw material costs will continue to pressure manufacturers in 2H26, noting that Malaysia relies heavily on China and India for pharmaceutical inputs.

"While we may not be directly affected by geopolitical conflicts, global supply chains are interconnected, as disruptions elsewhere inevitably feed through into higher production and logistics costs.

"At this stage, we're estimating cost increases of around 15% to 20%, as we monitor developments closely with the government through regular cost assessments," he explained.

"Our objective is to help contain healthcare costs by producing affordable, high-quality medicines locally, ensuring our generic medicines deliver the same efficacy as originator products while helping reduce overall healthcare expenditure," Zulkifli said.

Currently, imported medicines make up two-thirds of total supply, hence why Malaysia is susceptible to various supply and demand shocks.

"Our growth strategy is centred on higher-value generics and biopharmaceuticals.

"We have entered the insulin segment, and localising vaccines represent the next major growth opportunity.

"Several vaccines are currently in our pipeline, including PCV13, which we hope will receive regulatory approval by the end of the year or, at the latest, early next year," Zulkifli told *StarBiz*.

"We are also expanding our portfolio of high-value generic medicines and participating more actively in government tenders while continuing to improve manufacturing efficiency," he added.

However, he said the challenges facing medical manufacturers are largely cost-driven rather than structural.

"During 1H26, manufacturers were still drawing on existing buffer stocks, so the full impact of geopolitical tensions wasn't immediately visible."

"One strategy is forward purchasing to secure raw materials earlier and plan their production more efficiently which helps mitigate cost pressures while ensuring continuity of supply," he pointed out.

Zulkifli also noted that the higher US tariffs on China could create opportunities for Malaysia.

"Some of our technology partners are looking to expand manufacturing in Malaysia because our tariff position is more competitive.

Meanwhile, chief executive officer of Galen Centre for Health and Social Policy, Azrul Mohd Khalib noted that insurance premiums have risen by as much as 200%, significantly exceeding the 70% increase reflected in Bank Negara Malaysia's data chart.

He highlighted that out-of-pocket healthcare spending continues to rise as households increasingly rely on personal savings despite Malaysia's tax-funded public healthcare system.

While insurance accounts for only about 8% of total healthcare financing, the bulk of healthcare spending still comes directly from households, he said.

According to Azrul, the underlying issue lies in the largely unregulated nature of insurance premium increases.

Another key factor is Malaysia's ageing story with the population aged 65 and above already at 8% since 2025.

Rathanesh Ramasundram, Head of Healthcare & Life Sciences (Advisory, Apac) at Frost & Sullivan said

while an ageing population will boost long-term demand for aged and long-term care, workforce shortages remain a critical constraint.

"The public healthcare system continues to face doctor shortages, while the private sector is experiencing tighter supply of nurses," she said.

She added workforce shortages are particularly acute in aged care services, where many nurses prefer to work in hospitals instead.

Nonetheless, she highlighted gradual steps to address the labour shortage concerns.

Starmetro M/S 7

PENANG

Penang records 60 dengue outbreaks

But overall cases as of June 20 fell by 34% compared to last year, says exco

By IMRAN HILMY
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THIS year, Penang has recorded 60 dengue outbreaks as of June 24, says state youth, sports and health committee chairman Daniel Gooi.

He said the northeast district recorded the highest number of outbreaks with 27, followed by South Seberang Perai and Central Seberang Perai with 11 each.

The southwest district recorded nine outbreaks, while North Seberang Perai had two.

However, Gooi said overall dengue cases in the state fell by 34% as of June 20, with 629 cases recorded compared to 946 during the same period last year.

However, he cautioned the public against becoming complacent and urged them to keep their immediate surroundings clean.

Fatalities from dengue-related complications also decreased, with one death recorded this year compared to three during the corresponding period last year.

Gooi (third left) and Phee (second left) at the launch of the Butterworth Mega Anti-Aedes Gotong-Royong Programme 1.0 at Pantai Bersih to mobilise the community in the fight against dengue. — Buletin Mutiara

"Dengue is not just about numbers or statistics.

"Behind every case and fatality is a family who has lost a loved one.

"Therefore, our actions today are crucial to ensuring such tragedies do not happen again," he added.

Gooi said this after launching the "Mega Anti-Aedes Gotong-Royong Programme 1.0" in conjunction with the state-level Asean Dengue Day event at Taman Pantai Bersih in Butterworth.

He said the latest figures showed that dengue remained a serious threat and required continuous commitment from all parties.

Gooi urged the public to support the Health Ministry's Dengue-Free Community (KomBeD) initiative.

"This initiative encourages active participation from every individual and family as our first line of defence.

"Every Aedes breeding site destroyed has the potential to save lives."

Also present were Sungai Puyu assemblyman Phee Syn Tze, Deputy State Secretary (Development) Mohamed Abdul Rahman and Seberang Perai mayor Datuk Baderul Amin Abdul Hamid.

Around 500 people including residents of Flat Taman Pantai Bersih and the surrounding areas, staff from several Village Community Management Councils (MPKK), and representatives from various government departments and agencies took part in the mega *gotong-royong*.

During her speech, Phee emphasised the importance of the initiative, adding that such programmes were vital for destroying mosquito-breeding sites and preventing the spread of dengue fever.

"Thank you to everyone who made this programme a success.

"I hope the responsibility of maintaining the cleanliness of our surroundings can be shared by us all," she said.

The event was organised by Penang Health Department and district health office, in cooperation with the Sungai Puyu service centre and Jalan Thamby MPKK.

The Sun M/S 3, 10

Health Ministry to restrict spending by RM500 million

BY **KIRTINEE RAMESH**
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THE Health Ministry has reduced a proposed RM3.06 billion spending cut by the Finance Ministry to a RM500 million spending restriction – equivalent to just 1.07% of its RM46.52 billion allocation for 2026 – while assuring that public healthcare services, medicine supplies and development projects will remain unaffected.

Health Minister Datuk Seri Dr Dzulkefly Ahmad said the Finance Ministry had accepted the ministry's proposal, ensuring healthcare delivery nationwide, including in Sabah, would not be disrupted.

"The Finance Ministry has agreed to our proposal and I can assure that the Health Ministry's healthcare services and service delivery nationwide, including in Sabah, will not be affected."

Dzulkefly was responding to questions from Datuk Shahelmey Yahya (BN-Putatan) on safeguarding healthcare services amid fiscal adjustments, particularly in Sabah, as well as related queries from Datuk Seri Jalaluddin Alias (BN-Jelebu) and Datuk Dr Ahmad Yunus Hairi (PN-Kuala Langat) on the impact on public hospitals, clinics and health programmes.

He said the fiscal adjustment was driven by a challenging global economic environment in 2026, including geopolitical tensions in West Asia that have disrupted global supply chains and increased logistics costs.

Following a Finance Ministry directive on April 29 for all ministries to review their 2026 expenditure estimates, the Health Ministry assessed operational needs, including healthcare facility operations, contractual obligations, medicine and consumables stocks, staffing requirements, new facility operations and new government initiatives.

Based on the review, the ministry proposed a RM500 million spending restriction instead of the RM3.06 billion cut initially indicated.

Dzulkefly stressed that the adjustment would not affect essential operational funding, including medicines, medical consumables, utilities and other critical services. Staff allowances, training programmes and procurement of non-critical assets would also remain unaffected.

He added that the measure does not involve development expenditure, with the ministry's full 2026 development allocation maintained.

"All development allocation ceilings remain as approved and all health infrastructure projects nationwide, including in Sabah, will proceed as planned without disruption."

Dzulkefly said the decision reflects the government's commitment to safeguarding healthcare services while maintaining fiscal prudence amid global economic pressures.

LETTERS letters@thesundaily.com

Addressing medical inflation

MALAYSIAN consumers are increasingly concerned over the recent rise in medical insurance premiums.

Although many insurers notified policyholders that premiums for some medical and health insurance/takaful (Mhit) plans would increase, future repricing is expected to be implemented more gradually, mainly due to rising private healthcare costs. However, the sharp increases have affected many consumers who are already facing stagnant incomes and rising living costs.

Many Malaysians purchased private medical insurance to avoid long waiting times in the public healthcare system and to gain more reliable access to private healthcare. They expected that paying insurance premiums would provide them with affordable and sustainable protection when they needed medical treatment.

However, the increase in premiums has resulted in some consumers discontinuing their policies. It has been reported that between January 2024 and June 2025, more than 340,000 consumers chose to forgo their medical insurance due to substantial premium increases.

> *"Regulated pricing could help reduce private healthcare costs and ease pressure on insurance premiums."*

The causes of rising medical costs have resulted in different parties pointing fingers at one another. Private hospitals have blamed insurers while insurers have raised concerns over over-treatment and rising hospital charges contributing to higher claims. Ultimately, the greatest impact is felt by consumers.

Medical insurance is a complex product and consumers often depend on agents to recommend suitable plans. Frequently, benefits are emphasised while risks and long-term affordability are less clearly explained. Consumers have little control over premium increases or hospital charges.

The claim of a "buffet syndrome" – where policyholders allegedly over-consume medical services because they are covered by insurance – has been cited as one of the factors contributing to rising healthcare costs. However, this claim requires stronger evidence before consumers are blamed for driving medical inflation.

According to the Health Ministry's White Paper, factors contributing to rising healthcare costs include the increase in non-communicable diseases, emerging and recurring infectious diseases, an ageing population, mental health challenges, advances in healthcare technology, climate change impacts, and rising healthcare workforce costs.

While these are valid contributors to healthcare inflation, they affect healthcare systems worldwide. Therefore, Malaysia's higher medical inflation compared with regional and global averages requires further examination.

In 2025, Malaysia's medical inflation was reported at 15%, compared with an Asia-Pacific average of 11.1% and a global average of 10%. The Competition Commission, the Domestic Trade and Cost of Living Ministry and Health Ministry should investigate why medical inflation in Malaysia is higher than regional and global averages. Even in 2023, Malaysia's medical inflation rate of 12.6% was significantly above the global average of 5.6%.

According to a report by Bank Negara Malaysia, hospital supplies and service charges make up a significant portion of total medical charges for both non-surgical and surgical treatments. As doctors' fees are regulated, other private healthcare charges remain less controlled, creating concerns over transparency and affordability.

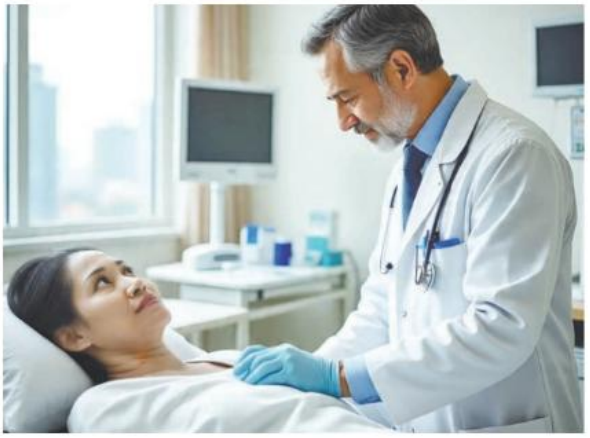
The report also highlighted differences in charges between insured patients and those paying directly. For example, some surveys found that insured patients using guarantee letters were charged substantially higher amounts for certain treatments compared with patients who paid upfront.

Fomca fully supports the Prime Minister's proposal to amend the Private Healthcare Facilities and Services Act 1998 (Act 586) to regulate private hospital charges and implement a diagnosis-related group (DRG) payment mechanism.

The DRG system recommends a fixed fee or fee range based on the complexity of a medical procedure, including reasonable charges for scans, hospital supplies, and related services.

Regulated pricing could help reduce private healthcare costs and ease pressure on insurance premiums. While Bank Negara Malaysia has introduced measures including spreading out premium adjustments, temporarily pausing certain repricing exercises and encouraging the development of alternative Mhit products, one of the most significant steps is the introduction of more affordable insurance options.

The base Mhit plan is designed as a more affordable medical protection plan that balances coverage with sustainability. It has a lower annual limit and standardised benefits aimed at covering common hospital admissions.



Malaysians must understand that the best insurance policy is not necessarily the one with the most benefits but one that remains affordable and sustainable throughout their lives as premiums rise with age and healthcare costs. – ***SUNPIC***

One major concern regarding the new plans is mandatory co-payment, which requires policyholders to bear part of the medical bill before insurance coverage applies. This measure is intended to discourage unnecessary healthcare utilisation.

However, the "buffet syndrome" argument should be treated cautiously. A report by the Khazanah Research Institute, "Raising Medical Premiums: Can it be Cured?", noted that there is limited evidence proving widespread abuse of medical insurance in Malaysia.

The greater concern is that co-payment plans, while offering lower premiums, may transfer a greater financial burden to consumers who are already struggling with medical inflation.

There is also a need to move away from the current fee-for-service model towards a value-based healthcare system, where costs are linked to outcomes rather than the number of services provided. The proposed DRG system would support this approach by paying hospitals a fixed amount for a particular treatment instead of encouraging itemised billing.

A properly implemented DRG system could help improve transparency, reduce unnecessary costs, and ensure that patients receive appropriate care.

Another positive aspect of the Mhit plan, according to the Health minister, is that pre-existing conditions may be covered under the new framework. This is important because many consumers who need medical protection most often face difficulties obtaining insurance.

There is also a need for stronger consumer education. Malaysians must understand that the best insurance policy is not necessarily the one with the most benefits but one that remains affordable and sustainable throughout their lives as premiums rise with age and healthcare costs.

Despite the focus on private insurance, medical insurance is not the largest source of healthcare spending in Malaysia. In 2022, medical insurance accounted for 8.3% of total health expenditure while government spending accounted for 42.9%. Out-of-pocket payments by patients accounted for 37.2%, which remains a major concern.

The measures introduced by the government and Bank Negara Malaysia to address medical inflation should be supported. However, Fomca believes the government must also increase investment in public healthcare, upgrade facilities, modernise healthcare delivery through digitalisation and strategic purchasing and support healthcare workers.

A strong and accessible public healthcare system remains essential to ensure that healthcare in Malaysia remains affordable and available to all.

Dr Paul Selva Raj
Deputy President
Fomca

Sinar Harian M/S 9

Sekatan RM500 juta tidak jejas perkhidmatan kesihatan

KUALA LUMPUR - Waran sekatan peruntukan mengurus sebanyak RM500 juta terhadap Kementerian Kesihatan Malaysia (KKM) merupakan pelarasan teknikal dan tidak menjejaskan penyampaian perkhidmatan kesihatan kepada rakyat.

Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad berkata, pelarasan itu melibatkan lebihan peruntukan bagi jawatan yang tidak dapat diisi, sekali gus membolehkan penjimatan tanpa menjejaskan operasi kementerian.

"Waran sekatan ini ialah pelarasan teknikal terhadap peruntukan lebihan dan tidak melibatkan 18,641 perjawatan yang telah diluluskan oleh Jabatan Perkhidmatan Awam (JPA) bagi tahun ini," katanya di Dewan Rakyat pada Khamis.

Menurut beliau, peruntukan terlibat tidak merangkumi perbelanjaan operasi, pembangunan, elaun petugas, latihan mahupun pembelian aset perubatan.

Beliau menjelaskan, kerajaan menjimatkan kira-kira RM500 juta kerana terdapat kekosongan jawatan yang tidak dapat diisi walaupun telah diperuntukkan.

"Sekiranya ditawarkan lebih daripada 18,641 jawatan sekalipun, kita masih tidak mempunyai sumber tenaga untuk mengisinya," katanya.

Beliau menjelaskan, waran sekatan yang dikeluarkan Kementerian Kewangan pada 5 Jun itu bersamaan kira-kira 1.07 peratus daripada keseluruhan peruntukan KKM tahun ini, iaitu hampir RM46.52 bilion. - *Bernama*

Berita Harian M/S 1, 21, 2

Terlebih 'guna' hospital punca kos perubatan naik

Usaha mengawal kos penjagaan kesihatan perlu bermula dengan memperkukuh penjagaan primer (GP) sebagai penyaring kerana banyak kes yang dirawat di hospital sebenarnya boleh diuruskan di klinik oleh doktor perubatan am, sekali gus mengurangkan penggunaan perkhidmatan hospital yang tidak diperlukan.

Oleh Mohd Zaky Zainuddin → *Bisnes 21*

Masalah cirit-birit	Jangkitan pernafasan atas (hidung, tekak, kotak suara)	Jangkitan pernafasan bawah (paru-paru)
168,343 KES	96,929 KES	93,840 KES
Kos rawatan	Kos rawatan	Kos rawatan
RM910 JUTA	RM856 JUTA	RM564 JUTA

Tempoh: 2022 - 2024 Sumber: Laporan Bank Dunia 2026

Rawatan tak perlu di hospital punca kos perubatan meningkat

Usaha kawal kos penjagaan kesihatan wajar bermula dengan perkukuh penjagaan primer

Oleh Mohd Zaky Zainuddin
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Banyak kes yang dirawat di hospital sebenarnya boleh diuruskan di klinik, sekali gus membantu mengurangkan penggunaan perkhidmatan hospital yang tidak diperlukan.

Sehubungan itu, usaha mengawal kos penjagaan kesihatan perlu bermula dengan memperkukuh penjagaan primer (GP) sebagai *gatekeeper* atau penyaring.

Setiausaha Agung Persatuan Hospital Swasta Malaysia (APHM), Anwar Anis, berkata langkah itu penting bagi menangani punca sebenar peningkatan kos penjagaan kesihatan, berbanding hanya memberi tumpuan kepada kawalan kos di hospital.

"Kami berpendapat intervensi kerajaan perlu turut melibatkan penjagaan primer kerana ketika ini banyak kes yang dirawat di hospital swasta sebenarnya tidak memerlukan rawatan di peringkat hospital dan boleh diuruskan oleh pengamal perubatan am (GP)," katanya ketika menjadi speaker pada Bursa - *HLIB Stratum Focus Series XXI bertajuk Opportunities and Challenges faced by Private Hospitals* di Kuala Lumpur, semalam.

Anwar Anis

Anwar berkata, APHM bersetuju dengan dapatan laporan Bank Dunia yang menunjukkan banyak pesakit mendapatkan rawatan di hospital sekunder dan tertiari walaupun penyakit mereka boleh ditangani di peringkat penjagaan primer.

"Keadaan itu menyebabkan penggunaan perkhidmatan hospital secara berlebihan, sekali gus meningkatkan kos penjagaan kesihatan tanpa menangani punca sebenar yang menyumbang kepada inflasi perubatan," katanya.

Inflasi perubatan meningkat

Beliau berkata, peningkatan inflasi perubatan di Malaysia juga perlu dilihat dalam konteks yang lebih menyeluruh kerana ia bukan berpunca sepenuhnya daripada kenaikan harga rawatan.

Katanya, berdasarkan laporan Bank Dunia, kira-kira 70 peratus daripada peningkatan inflasi perubatan sebenarnya didorong oleh peningkatan penggunaan perkhidmatan kesihatan, manakala hanya sekitar 30 peratus berpunca daripada kenaikan harga.

"Pertambahan penggunaan itu

didorong oleh penuaan penduduk, peningkatan penyakit tidak berjangkit (NCD), permintaan rawatan yang lebih tinggi selepas pandemik COVID-19 serta tekanan terhadap sistem kesihatan awam," katanya.

Anwar berkata, sektor hospital swasta turut berdepan cabaran kekurangan tenaga kerja apabila banyak hospital mempunyai kapasiti untuk berkembang tetapi tidak dapat mengaktifkan semua katil berikutan kekurangan jururawat.

Jelasnya, pada masa sama, permintaan terhadap penjagaan kesihatan yang lebih diperibadikan semakin meningkat, namun kos penyediaannya jauh lebih tinggi sehingga menimbulkan persoalan mengenai pihak yang akan menanggung pembiayaan perkhidmatan berkenaan.

Mengulas pembaharuan sistem kesihatan, Anwar berkata, kerajaan sedang melaksanakan beberapa inisiatif termasuk meningkatkan ketelusan harga, pendigitalan sistem kesihatan, pelaksanaan Pelan Asas Insurans/Takaful Perubatan dan Kesihatan (MHIT) serta sistem pembayaran Diagnosis Related Groups (DRG).

Warga emas bertambah, khidmat kesihatan semakin diperlukan

Sektor penjagaan kesihatan Malaysia dijangka mencatat pertumbuhan sekitar 12 peratus menjelang 2030 didorong peningkatan populasi warga emas, perubahan demografi, pertambahan penyakit tidak berjangkit (NCD), pengembangan sektor penjagaan kesihatan swasta, pelancongan perubatan serta penggunaan teknologi digital yang semakin meluas.

Ketua Penjagaan Kesihatan & Sains Hayat Frost & Sullivan, Rathanesh Ramadundram, berkata gabungan faktor berkenaan bukan hanya meningkatkan permintaan terhadap perkhidmatan kesihatan, malah mewujudkan peluang pertumbuhan baharu merentasi keseluruhan rantaian nilai industri, daripada farmaseutikal dan peranti perubatan sehingga penjagaan warga emas serta penyelesaian digital.

Beliau berkata, Malaysia kini berada di ambang memasuki era *silver economy*, dengan perubahan struktur penduduk bakal menjadi antara pemacu utama permintaan terhadap perkhidmatan penjagaan kesihatan dalam tempoh beberapa dekad akan datang.

"Menjelang 2030, kira-kira 15 peratus penduduk Malaysia dijangka berusia lebih 60 tahun. Peratusan itu meningkat kepada 21 peratus pada 2050 dan menghampiri 25 peratus menjelang pertengahan abad ini," katanya ketika speaker pada Bursa - HLIB Stratum Focus Series XXI bertajuk *Malaysia Healthcare Outlook 2026* di Kuala Lumpur, semalam.

Rathanesh berkata, perubahan itu memberi implikasi besar terhadap kapasiti sistem penjagaan kesihatan negara apabila permintaan dijangka meningkat bagi pengurusan penyakit kronik, penjagaan jangka panjang, perkhidmatan geriatrik, penjagaan kesihatan di rumah, rehabilitasi, kesihatan mental.

Beliau berkata, peningkatan penyakit tidak berjangkit turut memperkukuh prospek pertumbuhan industri apabila penyakit kardiovaskular, diabetes dan kanser terus mencatat peningkatan serta memerlukan rawatan berterusan.

Katanya, ketiga-tiga penyakit itu menyumbang sekurang-kurangnya 60 peratus daripada kematian akibat penyakit tidak berjangkit di Malaysia, sekali gus meningkatkan keperluan terhadap ubat-ubatan farmaseutikal, rawatan pakar dan peranti perubatan.

"Keutamaan kini ialah memperkukuh diagnostik dan saringan awal kerana pengesanan lebih awal mampu membantu mengurus penyakit dengan lebih berkesan, selain mengurangkan beban kos penjagaan kesihatan dalam jangka panjang," katanya.

Entiti kesihatan jangan tuding-menuding sampai rakyat 'kecundang'

Setiap kali isu inflasi perubatan diperkata, tumpuan segera diberikan kepada kenaikan kos rawatan, premium insurans atau beban ditanggung hospital. Namun, di sebalik perdebatan antara hospital swasta, pengamal perubatan am (GP), syarikat insurans dan kerajaan, kita tidak mahu rakyat pula terus menjadi mangsa kepada kelemahan sistem kesihatan. Apalah ertinya reformasi kesihatan jika akhirnya pesakit terpaksa membayar lebih mahal atau menerima perkhidmatan yang semakin sukar diakses.

Kita akui pandangan Setiausaha Agung Persatuan Hospital Swasta Malaysia (APHM), Anwar Anis bahawa banyak kes dirawat di hospital boleh diuruskan di klinik dan usaha mengawal kos perlu bermula dengan memperkukuh penjagaan primer sebagai 'gatekeeper'. Sistem penjagaan primer berkesan mampu memastikan hospital memberi tumpuan kepada kes benar-benar memerlukan kepakaran serta rawatan lebih kompleks, sekali gus mengurangkan penggunaan perkhidmatan hospital yang tidak diperlukan.

Namun, kita mengingatkan semua supaya tidak melihatnya terlalu mudah hingga meletakkan tanggungjawab di bahu rakyat. Ketika seseorang sakit, apakah mereka mempunyai kepakaran membezakan sama ada simptom sekadar demam biasa dan jangkitan ringan atau petanda kepada penyakit lebih serius? .

Lebih penting, dunia perubatan sendiri membuktikan banyak penyakit berbahaya bermula dengan gejala kelihatan biasa. Seseorang mengalami sakit dada menyangka angin gerd, tetapi rupa-rupanya serangan jantung, manakala demam dan cirit-birit pula boleh menjadi petunjuk jangkitan serius jika tak dirawat segera. Justeru, rakyat tidak sepatutnya dipersalah kerana mendapatkan rawatan di hospital kerana tanggungjawab menentukan tahap keseriusan penyakit adalah tugas profesional kesihatan.

Setiap entiti dalam ekosistem kesihatan mempunyai tanggungjawab tersendiri. Hospital swasta terus meningkatkan kecekapan tanpa menjejaskan mutu rawatan. Klinik dan GP pula diperkasakan dari segi kemudahan dan teknologi supaya menjadi pintu masuk utama sistem kesihatan. Syarikat insurans wajar menawarkan produk lebih telus dan mampan selepas sekian lama mengaut keuntungan, manakala kerajaan memastikan dasar kesihatan mengambil kira keseimbangan antara kemampuan rakyat, kelangsungan industri dan kualiti perkhidmatan.

Justeru, sebarang pembaharuan termasuk Pelan Asas Insurans/Takaful Perubatan dan Kesihatan (MHIT), sistem pembayaran Diagnosis Related Groups (DRG), pendigitalan rekod kesihatan serta pengukuhan penjagaan primer perlu dilaksanakan bersepadu, bukannya bergerak secara silo hingga membuka ruang kepada budaya saling menyalahkan. Apa yang rakyat mahukan bukan pertikaian siapakah punca inflasi perubatan, sebaliknya penyelesaian mengurangkan beban mereka.

Hakikatnya, ukuran kejayaan sistem kesihatan bukanlah sejauh mana hospital mengurangkan kos, syarikat insurans meningkatkan keuntungan atau kerajaan menjimatkan perbelanjaan. Sebaliknya, kejayaan sebenar apabila rakyat mendapat akses rawatan yang cepat, berkualiti dan mampu dibiayai. Dalam soal kesihatan, semua pihak boleh berbeza pandangan, tetapi matlamatnya mesti satu, iaitu memastikan rakyat tidak 'kecundang' dalam sistem sepatutnya diwujudkan untuk melindungi mereka.