KERATAN AKHBAR 4/07/2026 (Sabtu)

The Star M/S 4

New hospital to be built in Negri Sembilan

KUALA LUMPUR: A new hospital will be built in Bandar Enstek, Nilai in Negri Sembilan to meet the healthcare needs of the Seremban district and ease congestion at Hospital Tuanku Jaafar.

Health Minister Datuk Seri Dr Dzulkefly Ahmad (*pic*), who disclosed this, said the proposed hospital in the northern Seremban corridor was due to the area's rapid development, which had contributed to a sharp increase in population.

He added that the decision followed the ministry's review of the proposed Hospital Tuanku Ja'afar 2 (HTJ2) project in Rasah, and discussions with caretaker Mentri Besar Datuk Seri Aminuddin Harun on June 16.

"The state government has also identified two 20ha parcels of land owned by the Federal Lands Commissioner in the area.

"Accordingly, the ministry will inspect both sites in the near future to determine the most suitable location before submitting an application for land-use conversion to the Lands and Mines director-general," he said in a written parliamentary reply on latest developments of the proposed HTJ2 project, Bernama reported.

He said upon approval of the land-use conversion application, preliminary work on the project would commence immediately, including land survey, soil investigation, preparation of conceptual design, project cost estimation and the Value Assessment exercise.

Dzulkefly said Aminuddin had also agreed that 14ha of federal reserve land in Bandar Seremban be alienated for future healthcare projects, including an additional block for the existing HTJ and a Centre of Excellence.

On the government's initiatives to attract Malaysian medical and healthcare professionals working abroad to return and serve here, Dzulkefly said the government through TalentCorp had implemented the Returning Expert Programme (REP).

"The REP provides special incentives, including exemptions from income tax and excise duty on the purchase of locally manufactured vehicles," he said.

He said the highest number of REP applications in the healthcare sector came from Malaysians working in the United Kingdom, Singapore and Australia, with medical specialists and doctors accounting for the largest group of applicants.

On the recruitment of foreign healthcare personnel, he said foreign doctors and nurses had long been allowed to serve in Malaysia, subject to strict regulation by the Malaysian Medical Council and Malaysian Nursing Board to ensure the quality of healthcare services.

He said the ministry currently appoints non-citizen medical specialists to meet service needs in critical disciplines and specific locations, also engaging such graduate medical officers who are permanent residents and spouses of Malaysian citizens to undergo housemanship training at the ministry's facilities.

"As for the recruitment of foreign nurses, the matter is still being studied in terms of its feasibility with the relevant ministries and agencies," he added.

The Sun M/S 7, 11

Travel medicine urgency amid global health threats

Seminar held in light of heightened vigilance following infectious disease outbreaks in several regions

KUALA LUMPUR: Health and travel communities have called for greater awareness on the importance of travel medicine in safeguarding public wellbeing.

They emphasised the need to strengthen collaboration for this purpose, especially in view of increasing global mobility and the risks posed by emerging infectious diseases.

The assertion was made during the 2nd IMU University Travel Medicine Seminar 2026 held recently.

The event was convened by IMU University, in partnership with the Malaysian Medical Association, Malaysia Healthcare Travel Council, Malaysian Pharmacists Society, Malaysian Association of Tour and Travel Agents and the Association of Private Hospitals of Malaysia.

Themed "Connecting Stakeholders for Healthy International Travel", the seminar brought together healthcare professionals, policymakers, travel industry representatives and public health experts.

They discussed the evolving role of travel medicine in protecting travellers and strengthening Malaysia's health preparedness.

Health Minister Datuk Seri Dr Dzulkefly Ahmad, who officiated at the event, highlighted the need for coordinated action across healthcare sectors as international travel continues to rebound rapidly.

"Travel medicine is no longer a peripheral service. It is an essential component of preventive healthcare and national health security," he said in his speech.

He also noted the importance of early risk assessment, disease surveillance, vaccination and traveler education.

The seminar was held amid heightened global vigilance following reports of emerging infectious disease outbreaks in several regions, including hantavirus infections linked to international cruise travel and Ebola outbreaks in parts of Africa.

While Malaysia has not reported any related cases, authorities continue to strengthen monitoring and surveillance measures at entry points.

Experts at the seminar noted that increased global movement exposes travellers to a broader range of emerging and re-emerging infectious diseases, including mosquito-borne illnesses such as dengue and malaria, as well as airborne and respiratory infections.

Recent data shows Malaysians made 66.6 million outbound trips in 2025. In the same year, 42.2 million foreign tourists visited the country.

Despite these figures, studies indicate only 40.5% of Malaysians seek medical advice before travelling, and just 52.8% receive pre-travel vaccinations.

Travel medicine focuses on preparing travellers to reduce health risks and prevent illness during international travel.

This includes pre-travel consultation, vaccination, preventive medication and health education, distinguishing it from medical tourism, which involves travelling abroad to seek medical treatment.

Studies indicate that only 40.5% of Malaysians seek medical advice before travelling. – ***MASRY CHE ANI/THESUN***

Pleasant outlook for Malaysia's aesthetics sector

Market undergoing structural shift with strong uptake in male wellness segment, says Premier Clinic founder

BY **JOHN GILBERT**
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KUALA LUMPUR: Malaysia's aesthetics and wellness market has moved well past its growth phase, and the sector is undergoing a structural shift, with large chains spanning the country and an increasing number of individual clinics.

Further, the sector is seeing an increasing number of doctors, as many are leaving government service and prefer to open aesthetics clinics rather than general practitioner clinics.

Elaborating on opportunities, Premier Clinic founder Dr Chen Tai Ho said the aesthetics and wellness market is showing strong uptake in the male wellness segment, led by changing age demographics and rising demand for integrated preventive care.

"When I started eighteen years ago, only about 5% of my patients were male. Today that figure stands at between 20% and 30%.

"From my personal experience, that is a four to six times increase and the trajectory is still moving upwards. The stigma around men seeking these treatments is reducing, and the market is responding."

Dr Chen said the second is the ageing population cohort. This group is increasingly willing to invest in their functional quality of life rather than appearance. Energy levels, hormonal balance, joint health and overall vitality. This group is significantly underserved by current offerings, which have historically skewed towards the younger population.

The third, according to him, is integrated preventive care, where aesthetic treatments are one component of a broader preventive health programme including metabolic screening, hormonal assessment and nutritional support.

"Patients in this model are not visiting for a single treatment. They are establishing a long-term health relationship," Dr Chen told *SunBiz*.

He said that since Premier Clinic started 12 years ago, many patients have been seeking specific treatments they read about online or heard about from a friend.

"A greater number of my patients are no longer making one-off decisions. They are planning, asking about maintenance schedules and how treatments work together over time. This is especially evident among patients who are better educated, more financially established, and those who have been doing aesthetic treatments for years," he added.

Touching further on the key demand-side drivers, Dr Chen said there is a growing trend in medical awareness and a generational shift, as well as in the management of chronic and recurring skin conditions.

"Patients would have researched their condition and, in many cases, asked an AI tool. The days of a patient simply trusting whatever a clinic recommended are largely over.

"Secondly, for the generation now entering their forties and fifties, healthcare is no longer just about treating illness.

"Thirdly, when it comes to chronic and recurring skin conditions, there might not be any permanent cure for these chronic conditions.

"Patients either stop following up, manage it themselves with pharmacy purchases, or learn to live with it. We are seeing a growing group no longer willing to accept that cycle."

When asked if he sees preventive aesthetics becoming a formalised segment within healthcare in Malaysia, Dr Chen said there is already meaningful regulatory infrastructure in place.

He said the Ministry of Health's Letter of Credentialing and Privileging (LCP) framework governs which aesthetic procedures a doctor is permitted to perform, and it is not a blanket licence.

The LCP is a mandatory regulatory system in Malaysia that certifies that a registered medical doctor is formally trained, competent and authorised to safely perform specialised aesthetic procedures.

Dr Chen said a doctor's LCP is specific to the procedures they have been trained and assessed in.

The certification must be renewed once every three years through endorsement by the Main Credentialing and Privileging Committee of Aesthetic Medical Practice.

The governing bodies involved in the process include the Malaysian Medical Council and the Health Ministry through the facility licensing framework. Professional bodies such as the Malaysian Society of Aesthetic Medicine set training and ethics standards.

Dr Chen said, "Most patients do not know to ask whether their doctor holds valid LCP certification.

"As awareness grows, I expect LCP compliance to become a standard part of how patients evaluate clinics, besides asking about the doctor's experience, how often they perform a specific procedure, and the total number of cases done."

Dr Chen says the stigma around men seeking aesthetic treatment is reducing.

Moving on, Dr Chen said clinics are adapting operationally, shifting from a transactional model to a patient relationship model.

"At Premier Clinic, my doctors are trained to have longer-horizon conversations. We are not just addressing the presenting concern but looking at where the patient is in their overall health and wellness journey.

"I have patients who have been with us for eleven or even twelve years. Our doctors know their history, and that continuity changes the quality of the clinical conversation entirely.

"The clinics that are struggling are those still optimising purely for new patient volume. Existing patients generate far greater value per visit and are significantly less costly to retain."

The biggest commercial impact is not coming from the newest technology but from refinements in established treatments that deliver more consistent results with shorter downtime.

Body-contouring technologies such as Zeltiq CoolSculpting and Onda Pro, as well as skin-tightening treatments such as Ultherapy, are delivering results that previously required surgical intervention, Dr Chen said.

"We envision Premier Clinic to be our customers' long-term health partner. That kind of journey does not happen in a transactional model," he added.

NST M/S 9

ADDRESSING STAFF SHORTAGES

SARAWAK AND SABAH GET BULK OF MEDICAL OFFICER POSTS

Ministry has allocated 960 positions in 2 states out of 2,248 placements nationwide

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THE Health Ministry has allocated 960 permanent medical officer positions for Sabah and Sarawak under the first phase of its ePlacement system to address staff shortages.

Sarawak has been allocated 650 positions and Sabah 310, making up 42.7 per cent of the 2,248 placements nationwide, which is the highest allocation compared with states in Peninsular Malaysia.

Contract medical officers appointed to permanent positions must choose at least one placement in Sabah or Sarawak through the ePlacement system, says the Health Ministry. NSTP FILE PIC

The ministry, in a written reply to the Dewan Rakyat, said contract medical officers appointed to permanent positions must choose at least one placement in Sabah or Sarawak through the system.

"The ministry is expediting the recruitment of 4,500 permanent medical officers in phases," it said, adding that under the first phase, 328 medical officers were offered permanent roles and reported for duty on June 29.

"The remaining 4,172 officers are scheduled to report for duty in October," the ministry said in response to Datuk Andi Muhammad Suryady Bandy (BN-Kalabakan), who asked about solutions to the imbalance of doctors between Sabah and Peninsular Malaysia.

The ministry said it also provided incentives including regional housing allowances and travel fares for medical officers and their families.

Other measures include location-based incentive payments and allowances for medical officers in rural areas to return to their hometowns.

"Transfer-related claims, including cargo transportation costs, are also provided, while specialists posted to Sabah, Sarawak and Labuan are eligible for the specialist placement incentive payment," it said.

The ministry added that transfer claim eligibility issues, which previously hindered the acceptance of placements in Sabah and Sarawak, were streamlined last month.

As a long-term solution, the ministry said the production of local medical graduates from Sabah must be increased, alongside expanded financial assistance and sponsorships for Sabah-born students pursuing medical degrees.

The Borneo Post M/S 1, 2

Providing fair, timely access to healthcare

Call on Putrajaya to facilitate use of private hospitals for specialist care not available at public healthcare facilities

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SIBU: The federal government should consider engaging private hospitals to provide specialist medical services that are unavailable or subject to long waiting times in public healthcare facilities.

In making the call, Deputy Minister for Education, Innovation and Talent Development Datuk Dr Annuar Rapaee said such collaboration would ensure Sarawakians could receive more equitable and timely access to healthcare.

"If the federal government cannot afford or is not able to provide services like cardiology, they should buy these services from private medical centres such as Rejang Medical Centre instead of making people wait for many years with no clear timeline in sight," he said at the opening of Rejang Medical Centre's catheterisation laboratory and cardiology services here yesterday.

"We have cardiology services here. Why can't, for the benefit of the people, they send patients here for coronary angiogram or coronary angioplasty? I think that's fair enough," added the Nangka assemblyman.

He also said Sarawak should not be treated as an 'anak tiri' (stepchild), noting that the state had contributed significantly to the nation.

He said the same approach should be adopted for any specialist services that public hospitals were unable to provide, or where long waiting lists persisted.

> If the federal government cannot afford or is not able to provide services like cardiology, they should buy these services from private medical centres such as Rejang Medical Centre instead of making people wait for many years with no clear timeline in sight.
>
> **Datuk Dr Annuar Rapaee**

"If you could not provide services to the people, you should buy services from private hospitals for the benefit of the people. Economically, it also makes sense.

"The federal government should carefully consider such an arrangement so that more equitable healthcare services can be provided to the people of Sarawak."

He also noted that Sarawak had on several instances used its own funds to implement major healthcare projects, including the proposed Sarawak Cancer Centre, but stressed that this should not be the norm within a federation.

"The federal government has its responsibility, and we also have our responsibility to the government and to the nation."

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'State's healthcare ecosystem needs reinforcements'

> From Page 1

Dr Annuar reiterated his call for Putrajaya to strengthen cooperation with private hospitals in delivering services that are not yet available in public hospitals.

He also stressed the need for Sarawak to establish its own medical school to strengthen the state's healthcare ecosystem and attract more specialists.

"To me, these are matters that cannot wait for MA63 (Malaysia Agreement 1963) to be fully resolved.

"These may seem like small issues, but services that directly affect the people should be addressed as soon as possible.

"I do not think this is difficult. It is more a matter of political will and conscience."

Among those present were Bukit Assek assemblyman Joseph Chieng, Senator Robert Lau, political secretary to the Premier Joshua Ting, Sibu Municipal Council chairman Clarence Ting, Borneo Group of Hospitals managing director Dr Peter Tang, Rejang Medical Centre managing director Dr John Tang, chairman Dr Lau Ngi Chuong, medical director Dr Tang Sai Hang, general manager Anne Lau, and Sarawak Chinese Annual Conference president Rev Dr Lau Hui Ming.

Berita Harian M/S 16, 23

KKM disyor perkasa klinik pengamal perubatan am

Kementerian perlu manfaat sektor penjagaan primer swasta kurangkan kesesakan hospital awam

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Putrajaya: Kementerian Kesihatan (KKM) perlu mewujudkan bahagian khusus yang bertanggungjawab membangun dan memperkukuh sektor penjagaan primer swasta.

Presiden Persatuan Perubatan Malaysia (MMA), Datuk Dr R Arasu, berkata buat masa ini klinik pengamal perubatan am (GP) sebahagian besarnya tertakluk kepada kerangka kawal selia.

Katanya, walaupun aspek kawal selia penting, satu mekanisme khusus perlu diwujudkan untuk meningkatkan kualiti, memperkukuh standard penjagaan dan menyokong pembangunan perkhidmatan serta memacu pertumbuhan penjagaan primer swasta sebagai rakan strategik penting dalam sistem penjagaan kesihatan negara.


Rawatan tak perlu di hospital punca kos perubatan meningkat

Warga emas bertambah, khidmat kesihatan

Keratan akhbar BH, semalam.

"Kerajaan perlu memperluas kerjasama awam-swasta secara signifikan dengan memanfaatkan kapasiti GP sedia ada.

"Perkhidmatan seperti saringan penyakit tidak berjangkit (NCD) contohnya PekaB40 dilanjutkan dengan pengurusan penyakit kronik, program imunisasi, pemeriksaan kesihatan prapekerjaan dan kes yang sesuai dalam zon hijau Jabatan Kecemasan boleh diuruskan dengan selamat oleh klinik GP.

"Langkah ini akan mengurangkan kesesakan di hospital awam dan klinik kesihatan kerajaan dengan segera, sekali gus membolehkan hospital memberi tumpuan kepada pesakit yang mempunyai keadaan kesihatan lebih kompleks, selain mengurangkan beban tenaga kerja kesihatan awam yang sedia terbeban," katanya kepada *BH*, semalam.

Beliau mengulas laporan muka depan *BH* berhubung kenyataan Persatuan Hospital Swasta Malaysia (APHM) yang menyatakan banyak kes dirawat di hospital sebenarnya boleh diuruskan di klinik, sekali gus membantu mengurangkan penggunaan perkhidmatan hospital yang tidak diperlukan.


Dr R Arasu

Setiausaha Agung APHM, Anwar Anis, dilaporkan berkata, usaha mengawal kos penjagaan kesihatan perlu bermula dengan memperkukuh penjagaan primer sebagai *gatekeeper* atau penyaring, selain menyifatkan langkah itu penting menangani punca sebenar peningkatan kos penjagaan kesihatan, berbanding hanya memberi tumpuan kepada kawalan kos di hospital.

Percepat sistem pendigitalan

Mengulas lanjut, Dr Arasu berkata, pendigitalan sistem kesihatan perlu dipercepat kerana rekod perubatan elektronik yang selamat dan saling boleh kendali akan membolehkan GP, pakar serta hospital berkomunikasi lebih berkesan, memastikan kesinambungan penjagaan, mengurangkan pertindihan ujian yang tidak diperlukan serta meningkatkan hasil rawatan pesakit.

"Selain itu, pembayar penjagaan kesihatan, termasuk syarikat insurans dan program manfaat penjagaan kesihatan tajaan majikan, perlu terus memperkukuh peranan GP sebagai titik kontak pertama bagi kes sesuai sebelum pesakit dirujuk kepada pakar apabila terdapat keperluan klinikal.

"Pendekatan ini bukan bertujuan menyekat akses kepada pakar, tetapi untuk memastikan pesakit menerima rawatan tepat, di tempat sesuai dan pada masa sepatutnya," katanya.

Negara perlu 22,435 pakar perubatan menjelang 2030

Kapasiti latihan, persaingan tenaga kerja jejaskan keupayaan penuhi permintaan

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Malaysia dijangka berdepan kekurangan lebih 13,000 pakar perubatan menjelang 2030, sekali gus menimbulkan kebimbangan terhadap keupayaan sistem penjagaan kesihatan negara untuk memenuhi permintaan yang semakin meningkat akibat penuaan penduduk dan peningkatan penyakit kronik.

Lebih menggusarkan, pembangunan pesat infrastruktur kesihatan termasuk pembinaan hospital baharu dilihat tidak seiring dengan keupayaan negara melahirkan tenaga pakar serta mengekalkan jururawat berpengalaman yang menjadi tulang belakang sistem kesihatan.

Penganalisis BIMB Securities Research, Maliana Shaharudin, berkata cabaran utama sektor kesihatan ketika ini bukan berpunca daripada kekurangan graduan perubatan, sebaliknya kekurangan pakar perubatan serta kesukaran mengekalkan tenaga kerja mahir.

"Masalah Malaysia bukanlah kekurangan graduan perubatan, tetapi kekurangan pakar dan cabaran mengekalkan jururawat berpengalaman memandangkan katil hospital boleh dibina lebih pantas daripada bakat dapat dibangunkan," katanya dalam nota penyelidikan Healthcare 2H26 Sector Outlook.

Mengulas lanjut, Maliana berkata, Kementerian Kesihatan (KKM) menganggarkan negara memerlukan seramai 22,435 pakar perubatan menjelang 2030, namun ketika ini hanya sekitar 9,040 pakar sedang berkhidmat, sekali gus menunjukkan jurang melebihi 13,000 pakar yang perlu diisi dalam tempoh beberapa tahun akan datang.

Beliau berkata, walaupun Malaysia hampir mencapai sasaran nisbah seorang doktor bagi setiap 400 penduduk, saluran latihan pakar masih jauh ketinggalan berbanding peningkatan permintaan terhadap rawatan yang semakin kompleks.

Katanya, kapasiti latihan semasa yang hanya mampu melahirkan sekitar 1,000 hingga 1,400 pakar setiap tahun masih belum mencukupi untuk menampung keperluan sistem kesihatan negara pada masa depan.

Usaha mengekalkan jururawat berpengalaman turut menjadi semakin sukar berikutan persaingan tawaran pekerjaan dari luar negara, selain persaingan mendapatkan tenaga kerja antara hospital kerajaan dan swasta.

"Persaingan mendapatkan bakat antara sektor awam dan swasta serta peluang kerjaya di luar negara terus memberi tekanan kepada usaha mengekalkan tenaga kerja kesihatan yang berpengalaman," katanya.

Cabaran sektor farmaseutikal

Selain hospital, Maliana berkata, sektor farmaseutikal turut berdepan cabaran kekurangan tenaga mahir khususnya dalam bidang pembuatan, kawal selia, jaminan kualiti serta kepakaran biofarmaseutikal ketika industri berkembang ke arah pengeluaran insulin, vaksin dan produk bernilai tinggi.

Beliau berkata, kekangan sumber manusia itu muncul ketika sektor kesihatan negara memasuki fasa pertumbuhan baharu dipacu faktor struktur seperti penuaan penduduk, peningkatan pelancongan kesihatan dan permintaan terhadap rawatan pakar yang lebih kompleks.

Sehubungan itu, beliau berkata, pembangunan modal insan kesihatan perlu diberi keutamaan setanding dengan pelaburan dalam pembinaan hospital dan kemudahan fizikal bagi memastikan kapasiti perkhidmatan kesihatan negara dapat berkembang secara mampan.

"Tanpa strategi pembangunan bakat yang lebih menyeluruh dan berterusan, risiko kekurangan pakar serta tenaga kerja mahir dijangka terus menjadi antara cabaran terbesar yang boleh menjejaskan kecekapan sistem penjagaan kesihatan Malaysia pada masa depan," katanya.

Hospital swasta fokus rawatan kompleks

Landskap industri penjagaan kesihatan swasta di Malaysia kini memasuki fasa baharu apabila pengendali hospital semakin mengubah strategi perniagaan daripada mengejar jumlah kemasukan pesakit kepada menawarkan rawatan lebih kompleks yang mampu menjana pulangan lebih tinggi bagi setiap pesakit.

Perubahan model perniagaan itu dilihat sejajar dengan peningkatan populasi warga emas negara yang memerlukan rawatan lebih rumit dan berpanjangan, sekali gus mewujudkan sumber pertumbuhan pendapatan lebih mampan kepada pengendali hospital swasta.

Penganalisis BIMB Securities Research, Maliana Shaharudin berkata persamaan penjanaan pendapatan hospital kini berubah apabila pemain industri tidak lagi bergantung semata-mata kepada pertumbuhan kemasukan pesakit, sebaliknya memberi tumpuan kepada rawatan pesakit berisiko tinggi yang memerlukan kepakaran serta prosedur bernilai tinggi.

Maliana Shaharudin

Beliau berkata, peralihan itu didorong perubahan demografi negara apabila Malaysia semakin menghampiri status negara menua, dengan penduduk berusia 65 tahun ke atas mencecah lapan peratus daripada jumlah penduduk pada 2025.

"Keperluan penjagaan kesihatan bagi warga emas meningkat secara tidak seimbang apabila usia bertambah. Mereka memerlukan lawatan doktor lebih kerap, pemeriksaan berkala, pemantauan berterusan serta rawatan susulan.

"Ini sekali gus mewujudkan permintaan penjagaan kesihatan yang bersifat struktur dan sukar berubah," katanya dalam nota penyelidikan Healthcare 2H26 Sector Outlook.

Maliana berkata, pengendali hospital kini beralih daripada model berasaskan volum kepada model intensiti hasil lebih tinggi dengan objektif memaksimumkan nilai daripada setiap pesakit melalui rawatan lebih kompleks.

Beliau berkata, keperluan pesakit warga emas terhadap perkhidmatan diagnostik, rawatan onkologi, kardiologi, ortopedik serta pelbagai rawatan pakar menjadi pemacu utama kepada perubahan strategi itu.

"Persamaan pendapatan hospital kini berubah kepada menjana hasil melalui penjagaan pesakit berisiko tinggi dan bukannya sekadar mengejar pertumbuhan kemasukan pesakit.

"Justeru, pengendali yang memiliki ekosistem pakar lebih mendalam dijangka menikmati manfaat terbesar daripada peralihan ini," katanya.

Maliana berkata, prestasi operasi IHH Healthcare Bhd membuktikan keberkesanan model berkenaan apabila walaupun kemasukan pesakit dalam susut tiga peratus tahun ke tahun pada suku pertama 2026, hasil bagi setiap pesakit meningkat 12 peratus kepada kira-kira RM13,446.

Katanya pencapaian itu menunjukkan keuntungan hospital tidak lagi semestinya bergantung kepada peningkatan jumlah pesakit, sebaliknya dipacu keupayaan menyediakan rawatan lebih khusus yang menawarkan nilai lebih tinggi bagi setiap kes.

Pada masa sama, beliau berkata, permintaan terhadap pelancongan perubatan dijangka terus menjadi pemangkin pertumbuhan sektor berikutan kempen Tahun Melawat Malaysia 2026 dan Tahun Pelancongan Perubatan Malaysia 2026.

Malaysia menerima 1.85 juta pelancong kesihatan pada 2025 yang menjana hasil RM3.35 bilion, dengan sektor itu menyumbang kira-kira 15 peratus daripada hasil hospital swasta utama dan dijangka terus berkembang berikutan kelebihan kos rawatan lebih kompetitif berbanding negara Barat.

Harian Metro M/S 2, 13

RISAU PELARIAN SEBAR PENYAKIT

Kebanjiran pelarian warga asing ibarat 'bom jangka' buat sektor kesihatan Malaysia

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Umpama bom jangka. Kebanjiran pelarian tanpa kawalan dibimbangi mengakibatkan gangguan sektor kesihatan termasuk ancaman keselamatan negara.

Ini termasuk penularan wabak penyakit memandangkan pelarian tidak dilengkapi dengan jadual vaksinasi seperti rakyat tempatan.

Wujud juga kemungkinan penyakit seperti tuberculosis (tibi), kusta dan taun merebak akibat daripada kebanjiran warga asing ini.

Data semasa menunjukkan bahawa penularan penyakit akibat tibi yang disumbangkan oleh pelarian serta warga asing sekitar 15 peratus daripada jumlah jangkitan keseluruhan.

Ia sekali gus mencetuskan 1001 persoalan berhubung kemungkinan penularan penyakit serta menyukarkan kawalan daripada pihak berkuasa memandangkan kekurangan pemantauan menyeluruh.

Untuk rekod, berdasarkan data Suruhanjaya Tinggi Pertubuhan Bangsa-Bangsa Bersatu Bagi Pelarian (UNHCR) sehingga Februari lalu seramai 215,600 pelarian dan pencari suaka berdaftar di negara ini dengan 193,824 daripadanya warga Myanmar.

Etnik Rohingya merangkumi 126,144 pelarian sekali gus angka tertinggi berbanding etnik lain daripada negara itu.

Selain itu, seramai 21,776 pelarian terdiri lebih 50 negara iaitu 5,760 pelarian Pakistan, 3,193 (Yaman), 2,945 (Somalia), 2,931 (Afghanistan), 2,471 (Syria), 1,043 (Sri Lanka), 514 (Palestin), 420 (Iraq) dan beberapa negara lain.

> *Kemungkinan ancaman penularan penyakit ini berlaku akibat daripada jurang akses vaksinasi termasuk persekitaran tempat tinggal yang kurang baik"*
>
> **Dr Zainal Ariffin**

Melihat kepada komposisi jantina menunjukkan 46 peratus terdiri daripada pelarian lelaki, 24 peratus perempuan dan selebihnya kanak-kanak bawah 18 tahun dengan jumlah sekitar 64,680.

Warga Myanmar mewakili kira-kira 90 peratus jumlah pelarian dengan etnik Rohingya kumpulan terbesar iaitu sekitar 58 peratus secara keseluruhan.

Pakar Perubatan Kesihatan Awam, Datuk Dr Zainal Ariffin Omar menegaskan isu ini bukan bencana serta-merta, sebaliknya cabaran jangka panjang jika tidak dikawal dengan baik.

"Walaupun data semasa tidak menunjukkan keadaan 'bencana' atau lonjakan luar biasa, namun terdapat risiko dan cabaran sistemik yang perlu ditangani secara serius untuk mengelakkan ia menjadi 'bom jangka' sektor kesihatan pada masa depan.

"Kemungkinan ancaman penularan penyakit ini berlaku akibat dariipada jurang akses vaksinasi termasuk persekitaran tempat tinggal yang kurang baik.

"Pelarian ini juga terdedah dengan pengambilan makanan yang tidak sihat termasuk kekurangan akses perkhidmatan kesihatan sekali gus melambatkan intervensi khususnya bagi penyakit berjangkit," katanya kepada Harian Metro, semalam.

Zainal Ariffin melihat bahawa situasi ini boleh menjadi 'bom jangka' jika tiada langkah holistik diambil oleh kerajaan mahupun pihak berkuasa untuk menguruskan pelarian di negara ini.

Beliau berkata, kaedah terbaik dalam mendepani isu ini adalah memperluaskan skim vaksinasi termasuk kepada pelarian atau warga asing.

"Saya juga berpandangan bahawa perlu langkah strategik untuk memperkukuhkan data serta komunikasi supaya pemantauan yang lebih berkesan dapat dilaksanakan.

"Pihak berkuasa serta kerajaan juga perlu untuk memberi kefahaman kepada pelarian tentang perkhidmatan yang disediakan jika berlaku sebarang bentuk kecemasan khususnya membabitkan penularan penyakit," katanya.

ETNIK Rohingya mendominasi angka pelarian dari Myanmar dengan jumlah 126,144.

Hospital baharu di Bandar Enstek

Kuala Lumpur: Sebuah hospital baharu akan dibina di Bandar Enstek, Nilai, Negeri Sembilan bagi menampung keperluan perkhidmatan kesihatan penduduk daerah Seremban serta bagi menyuraikan kesesakan di Hospital Tuanku Ja'afar (HTJ).

Menteri Kesihatan Datuk Seri Dr Dzulkefly Ahmad berkata pembinaan hospital baharu di koridor utara Seremban itu, amat sesuai dengan pembangunan rancak di kawasan tersebut yang secara langsung telah menyebabkan peningkatan populasi penduduk yang mendadak.

Beliau berkata keputusan untuk membina hospital baharu itu dicapai, susulan semakan semula hala tuju pembinaan Hospital Tuanku Ja'afar 2 (HTJ2) di Rasah oleh Kementerian Kesihatan (KKM), serta hasil perbincangan dengan Menteri Besar Negeri Sembilan Datuk Seri Aminuddin Harun pada 16 Jun lepas.

"Kerajaan Negeri juga telah mengenal pasti dua bidang tanah milik Pesuruhjaya Tanah Persekutuan berkeluasan 50 ekar (20 hektar), di kawasan tersebut.

"Oleh itu, KKM akan mengadakan lawatan di kedua-dua tapak tersebut dalam masa terdekat, bagi mengenal pasti tapak yang paling sesuai untuk dibina hospital baharu sebelum permohonan tukar guna tanah dikemukakan kepada Jabatan Ketua Pengarah Tanah dan Galian JKPTG)," katanya.

Dzulkefly berkata demikian menerusi jawapan bertulis yang dimuat naik di laman sesawang Dewan Rakyat bagi menjawab soalan ***Cha Kee Chin (PH-Rasah)***, mengenai maklumat terkini berkaitan rancangan pembinaan HTJ2 di Parlimen Rasah.

Beliau berkata sekiranya permohonan tukar guna tanah diluluskan, kerja awalan bagi projek berkenaan akan dimulakan segera.