

# 'Core healthcare must be spared'

## Dzulkefly: Plan incoming to shield essential services from budget cuts

By REBECCA CHONG

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**KOTA KINABALU:** The Health Ministry will submit a counter-proposal to safeguard non-negotiable core healthcare services from a proposed 10% budget cut for the sector.

Its minister Datuk Seri Dr Dzulkefly Ahmad stressed that essential services, including emergency care, medicines and medical supplies, must be protected as they form the backbone of public healthcare.

"If it involves emergency healthcare services and medicines, we would say it is almost non-negotiable."

"This is because we know the Health Ministry is responsible for achieving universal health coverage nationwide," he said after launching the Sandakan Wellness Hub yesterday.



### Protecting the basics:

Dzulkefly (second from right) officiating the launch of the Sandakan Wellness Hub.

Dzulkefly said the proposal to reduce the ministry's budget came from the Treasury, but discussions are ongoing, with the ministry preparing its response.

The minister said the counter-proposal will be submitted in the near term, adding that any cost-saving measures should not involve critical areas such as patient care, medicine supply, or

medical requirements. The ministry's secretary-general would lead engagements on the matter, with input from relevant stakeholders before final recommendations are submitted, Dzulkefly said.

"Our public healthcare facilities provide basic and essential services."

"These are fundamental requirements in ensuring quality healthcare delivery," he said. However, he indicated that adjustments could be considered in areas such as unfilled positions or deferred staffing needs, rather than affecting frontline services.

This comes after the Finance Ministry confirmed on Wednesday that there were plans for a budget recalibration across all ministries, but only involving non-critical expenditure.

# 'Reduce human-monkey contact to thwart zoonotic malaria spread'

**SANDAKAN:** The public has been warned of a rise in zoonotic (monkey) malaria cases in Sabah, including one death, says Health Minister Datuk Seri Dr Dzulkefly Ahmad.

He said 357 cases were recorded in Epidemiological Week 16, with Tawau, Ranau and Kudat among the main contributors.

"The situation is quite serious. We should not take this lightly," he added.

Dzulkefly stressed that early detection and immediate treatment are key, noting that all government clinics and hospitals are equipped to detect monkey malaria.

"All our facilities are able to

detect these cases, and our trained personnel can carry out microscopic determination," he said after launching the Sandakan Wellness Hub here yesterday.

Dzulkefly linked the rise in cases to increased human encroachment on wildlife habitats.

"It is not that the monkeys are attacking us, but rather we have taken over their habitat, causing increased contact and zoonotic transmission," he said.

Dzulkefly said environmental management plays a critical role in reducing risk.

"We must reduce human interaction with monkeys, especially for those working in such environments. Controlled land clear-

ing and sustainable environmental management are very important," he said.

Dzulkefly also pointed to poor waste management as a contributing factor.

"Monkeys are attracted to garbage. If we manage domestic waste properly, we can reduce their presence," he said.

Dzulkefly called for a "One Health" approach involving coordinated action across agencies.

"We need integrated surveillance and cooperation between all agencies, including wildlife, veterinary and forestry. It must be all hands-on deck," he said.

"Although awareness has been carried out, it must be repeated.

Changing human behaviour is not easy," Dzulkefly said.

Monkey malaria, or zoonotic malaria, is a form of malaria transmitted from monkeys to humans through mosquito bites, most commonly caused by the parasite *Plasmodium knowlesi*.

It is prevalent in Sabah due to the state's extensive forest cover and increasing human activity near forest areas, such as plantations and rural work, which brings people into closer contact with infected monkeys and mosquito vectors.

Regarding the shortage of doctors, Dzulkefly acknowledged that Sabah continues to face challenges, describing it as part of a

nationwide issue involving both shortages and uneven distribution, which he said is a legacy problem.

"This is a major challenge, not just in Sabah but across the country, involving both shortage and maldistribution," he said.

Dzulkefly added that 42 new house officers were recently posted to the Duchess of Kent Hospital in Sandakan, with about 70% of them Sabahans.

He said efforts are ongoing to improve incentives and career pathways, including extending contract-to-permanent appointments and strengthening specialist training through parallel pathways.



## Tightening the purse – but at what cost?

CONSEQUENCES from the conflict in the Middle East have rippled far beyond the region, unsettling energy markets, disrupting supply chains, and straining economies that had already been struggling to grow.

For Malaysia, the effects are not abstract. They show up in rising costs, especially in the subsidies the government still carries to shield households from price shocks.

When those costs climb, something has to give.

That is the backdrop to the government's recent move to tighten spending, and this includes cuts to the Health and Higher Education Ministries' budgets.

These are areas that sit at the core of daily life, so any reductions will naturally raise concern – reactions on social media make that clear.

However, we must realise that

the government cannot absorb every external shock without adjustments. The budget is, in the end, a set of trade-offs.

Choosing to rein in spending is not a popular decision, but it is fiscally more responsible than allowing deficits to widen unchecked, as most analysts are saying.

But the Health and Education budgets are not ordinary expenditures. They fund systems that affect people the most.

Public hospitals bear the burden of a population that depends on affordable care. Schools and universities shape the country's future, one cohort at a time.

These are not areas where mistakes are easily reversed.

That is why the government's assurance that essential services will remain fully funded is so important.

It signals an understanding that

even in a period of restraint, there are lines that cannot be crossed.

Hospitals must continue to function. Medical staff must be supported. Classrooms must remain open and properly staffed.

Yet assurances, however well-intentioned, are only the starting point. The real test lies in execution. Cuts described as administrative or non-essential can still have consequences over time.

A delay in hiring may mean fewer hands on the hospital floor. Reduced training budgets may quietly affect the quality of care or teaching. Deferred maintenance or upgrades can leave already stretched facilities under greater pressure.

These effects are not always immediate, but they build up, often felt most by those with the fewest alternatives.

This is where a clear safety net

becomes essential.

Senior citizens, many of whom rely almost entirely on public healthcare, are especially exposed.

For them, a longer wait or a postponed appointment is not just an inconvenience but a risk, sometimes even a life-threatening one.

Young children, too, depend on consistent access to healthcare and education during critical stages of development when interruptions can have lasting effects.

Protecting these groups must be more than a stated priority. It must be built into how the cuts are carried out.

That means keeping frontline services intact. Staffing in high-demand hospitals and clinics should not be compromised.

Preventive and community healthcare, which often serves

the most vulnerable, should be maintained.

In education, the essentials such as teaching capacity, classroom support, and basic learning resources must be preserved, even if other spending is delayed.

Moments like this reveal a government's priorities. Fiscal discipline matters, but so does how it is applied.

Malaysia has little control over the forces driving this adjustment. The conflicts abroad and the resulting economic pressures are external realities. But the response at home is a choice.

Tightening the purse in the face of global turmoil is the right instinct. Doing so while safeguarding those who depend most on public services is the harder task and the one that will define whether this period is remembered as prudent or costly in ways that could have been avoided.

# Follow protocol for blood-taking

Businesses without proper licence could face RM500,000 fine or jail

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**PETALING JAYA:** You spot a promotion at a neighbourhood pharmacy offering a blood screening for RM100, which includes checks for liver, kidneys and cholesterol.

But the Federation of Private Medical Practitioners Associations Malaysia (FPMPAM) has questioned the practice, citing a law that requires medical services, including phlebotomy, to be conducted within licensed healthcare facilities such as clinics, hospitals or approved laboratories.

The Health Ministry said operators of premises providing blood collection or phlebotomy services without a licence could be fined up to RM500,000, jailed for six years, or both.

Malaysian Pharmacists Society president Amrahi Buang said pharmacy regulations and Health Ministry standards support com-



munity pharmacists in providing basic health screening services within their professional scope. These services, he added, are screening, wellness support, counselling and referral – not diagnosis or treatment.

He said the Private Healthcare Facilities and Services Act recognises pharmacies within the broader definition of “healthcare services”, but community pharmacies are not registered as medical or dental clinics. Blood-taking or phlebotomy services must comply with the ministry’s registration or licensing requirements

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**“The role of community pharmacy is early detection – not replacing doctors or laboratories.”**

Amrahi Buang

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where applicable.

Amrahi said what is allowed within community pharmacy practice includes finger-prick tests for screening, as the test is considered a wellness service, not a diagnosis.

“The public should distinguish between pharmacy-based screening, laboratory testing and medi-

cal diagnosis. Finger-prick point-of-care tests may be provided as screening or wellness services, subject to appropriate procedures, infection control, documentation and referral pathways,” he said.

He also said that where venous blood samples are involved, some pharmacies may facilitate blood testing services, but such tests must not be treated as routine pharmacy screening alone. Venous blood collection should only be performed by qualified personnel under proper laboratory arrangements, with consent and specimen-handling protocols in place.

“Where laboratory testing is involved, the pharmacy should have a documented arrangement with an appropriately licensed or approved laboratory service. For blood-taking, pharmacies must also ensure that the premises and service comply with require-

ments,” he said.

He reiterated that pharmacies are not clinics and do not have the authority to diagnose diseases. Pharmacists cannot provide definitive clinical interpretation beyond their professional scope.

“If readings are abnormal, they should refer the patient to a doctor for further assessment. The role of community pharmacy is early detection – not replacing doctors or laboratories,” he said.

On April 24, FPMPAM president Dr Shanmuganathan TV Ganeson spoke out against the practice of drawing blood in retail pharmacies during health screening promotions.

“Retail pharmacy premises are not licensed healthcare facilities for invasive procedures,” he said. In clinics, he said staff are trained to handle complications, including fainting during blood taking, particularly among elderly patients.

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**KUALA LUMPUR:** The Malaysian Medical Association (MMA) has backed Kuala Lumpur Hospital's (KLH) response to complaints over congestion at its Ophthalmology Specialist Clinic.

MMA president Datuk Dr Thirunavukarasu Rajoo (*pic*) said the situation reflects a healthcare system operating beyond safe capacity, with workforce shortages and underinvestment requiring urgent attention.

"MMA supports KLH for its transparent and timely response to public concerns on the congestion at its Ophthalmology Specialist Clinic.

"We stand firmly with KLH and all public healthcare workers who continue to serve under immense and sustained pressure.

"We must confront an uncomfortable national truth, we have normalised what should never be acceptable.

"Our public hospitals are underfunded. Our wards and clinics are understaffed. Our healthcare workers are overextended, yet expectations for world-class outcomes remain unchanged. This is not resilience, this is systemic strain, and it is no

# MMA stands with hospital amid **congestion** complaints

*Staff working under pressure as demand outpaces capacity, says association*

longer sustainable.

"The viral image is not an anomaly. Without decisive intervention, such situations will become the norm, not the exception," he said in a statement yesterday.

On Thursday, KLH responded to a social media post that was widely shared a day earlier, showing about 200 people, many of them senior citizens, crowding the clinic hallway.

The post received more than 2,000 likes and over 100 comments, with many expressing concern over overcrowding at public healthcare facilities and claiming

similar conditions at specialist clinics nationwide.

KLH director Datuk Dr Harikrishna K.R. Nair said the Ophthalmology Specialist Clinic is a major referral centre handling complex eye cases.

"There are 480 patient appointments and an average of 70 new referrals daily. To manage patient flow, we have implemented a staggered appointment system.

"If patients arrive according to their designated slots, the average waiting time after registration is 30 to 45 minutes before undergoing further procedures such as examinations and pupil dilation," he said.

Harikrishna added that total treatment time may take between four and six hours, depending on clinical needs.

He added that measures to ease congestion include continuous clinic operations

through staff rotation during lunch hours, optimising appointment scheduling and improving patient flow.

However, while KLH noted delays may occur when patients do not follow appointment times, it did not directly address concerns raised online over staffing levels or long-term strain on healthcare workers.

Meanwhile, Thirunavukarasu urged the public, particularly those reliant on government healthcare, to speak up.

"This is no longer just a healthcare issue. It is a national priority that demands attention from the federal government, particularly the Finance Ministry and the Public Service Department, where key

decisions on funding and workforce planning are made.

"If underinvestment and workforce shortage persist, we must be prepared to face the consequences. Healthcare workers are already experiencing burnout, moral injury and psychological distress. When the system fails, it is the *rakyat* who will bear the greatest cost.

"We must move beyond acknowledgement to action. What is required now is structural commitment — increased funding, expanded workforce capacity and fair remuneration. Delay will only deepen the crisis.

"The time for incremental adjustments has passed. What we need now is decisive reform," he said.



# S'wak boosts digitalisation in oral healthcare reform push



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**KUCHING:** Sarawak is strengthening reforms in its oral healthcare sector through digitalisation, expanded treatment access and closer public-private collaboration to deliver more efficient and inclusive services.

According to a Sarawak Public Communications Unit report, Minister of Women, Childhood and Community Wellbeing Development Sarawak Dato Sri

Fatimah Abdullah said a holistic approach to oral healthcare remained a priority under the 13th Malaysia Plan (13MP), with the state moving from planning into implementation.

“As this year marks the beginning of 13MP, we are transitioning from the strategic planning phase to an implementation phase that delivers tangible results on the ground,” she said in her opening speech for the 14th Borneo Dental Congress and Trade Exhibition in Imperial Hotel here on Friday.

Fatimah added that oral health would require urgent attention, pointing out that more than 3.5

billion people worldwide were affected by oral diseases.

She emphasised the importance of collaboration between public and private sectors in building a resilient healthcare system.

“To improve access, the state government has allocated RM50 million for the Senior Citizens Health Benefit (SCHB) programme, expected to benefit about 100,000 elderly people, including up to RM500 annually in cashless outpatient treatment,” she said.

“Sarawak is also advancing its digital healthcare agenda through the RM10 million Cloud-Based Clinic Management System (CCMS), which has digitised 153

health clinics across the state.”

Fatimah added that Sarawak had strong potential to develop into a regional dental tourism hub, citing competitive treatment costs and quality services.

“We want to tell the world: come to Sarawak for dental treatment and experience our rainforests and culture.

“Our costs remain competitive without compromising quality,” she said.

Fatimah also highlighted outreach efforts, including the Mobile Dental Squad and the ‘Kampung Angkat Pergigian’ programme, all meant to extend dental care services to the rural communities.

## Cadangan potong bajet 10 peratus sektor kesihatan

# Bekalan ubat, peranti perubatan tidak terjejas

**Sandakan:** Kementerian Kesihatan menegaskan perkhidmatan kesihatan terutama bekalan ubat-ubatan dan peranti perubatan tidak akan terjejas walaupun terdapat cadangan pemotongan bajet sebanyak 10 peratus bagi sektor kesihatan.

Menterinya, Datuk Seri Dr Dzulkefly Ahmad, berkata fasiliti awam di bawah kementerian itu adalah tulang belakang dalam menyediakan perkhidmatan kesihatan asas yang penting kepada rakyat dengan data dan keperluan operasi bergantung kepada hospital kerajaan.

Katanya, pihaknya akan mengemukakan cadangan balas dalam masa terdekat dan menegaskan sebarang langkah penjimatan tidak seharusnya membabitkan aspek kritikal seperti rawatan pesakit, bekalan ubat dan keperluan perubatan.

"Kita adalah fasiliti yang memberikan perkhidmatan asas penting. Bagi saya, hal yang ter-

kait dengan perkhidmatan kesihatan, bekalan ubat-ubatan, peranti perubatan adalah hampir tidak boleh dirunding.

"Janganlah dilakukan apa-apa potongan sebab itu adalah keperluan asas kita dalam memberikan perkhidmatan kesihatan yang baik," katanya kepada pemberita selepas merasmikan Wellness Hub Sandakan di sini, semalam.

Yang turut hadir ialah Ahli Parlimen Sandakan, Vivian Wong Shir Yee dan Pengarah Jabatan Kesihatan Negeri Sabah, Datuk Dr William Gotulis.

Kementerian Kewangan sebelum ini mencadangkan pengurangan perbelanjaan operasi berjumlah RM5.4 bilion membabitkan sektor kesihatan dan pendidikan tinggi sebagai sebahagian usaha mengukuhkan kedudukan fiskal negara.

Dzulkefly berkata, beliau tidak menolak kemungkinan penjimatan dalam aspek tertentu seperti



Dzulkefly merasmikan bangunan baharu Wellness Hub di Sandakan, semalam. (Foto Poliana Ronnie Sidorn/BH)

kekosongan jawatan yang belum diisi, selagi tidak menjejaskan perkhidmatan kepada rakyat.

Katanya, kementerian bertanggungjawab memastikan

pencapaian kesihatan sejagat di negara ini dan sebarang keputusan perlu mengambil kira kepentingan serta kelangsungan sistem kesihatan awam.

Mengenai Wellness Hub, Dzulkefly berkata, kementerian merancang memperluaskan rangkaian fasiliti itu ke seluruh negara dengan penambahan 81 hab baharu, menjadikan keseluruhan 119 pusat berkenaan dalam tempoh akan datang.

"Pembabitan pelbagai pihak termasuk wakil rakyat amat digalakkan bagi mendapatkan pelaburan atau sumbangan melalui tanggungjawab sosial korporat (CSR) daripada syarikat swasta, konglomerat dan pemain industri.

"Kos bagi sebuah Wellness Hub dianggarkan sekitar RM700,000 hingga RM800,000, namun impaknya sangat besar dalam memupuk budaya hidup sihat," katanya.

Wellness Hub di sini yang kelima ditubuhkan di Sabah selepas Putatan, Keningau, Kudat dan Lahad Datu dengan operasinya bermula sejak Februari lalu.