KERATAN AKHBAR 26/05/2026 (Selasa)

The Sun M/S 2, 12

Medical supply chain stable

PM assures ministry will continue to monitor stock, prices

By RAHIMY RAHIM
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PETALING JAYA: The country's medical supply chain remains stable amid global disruptions, says Datuk Seri Anwar Ibrahim.

The Prime Minister said the Health Ministry will continue to monitor stock, supply chain and pricing challenges closely to ensure the public is not impacted.

"Whatever challenges may arise, the government will continue to work hard, act with compassion and ensure the well-being of the people remains the nation's top priority."

Anwar said despite pressure from global supply chain disruptions and broader economic uncertainty, smallholders will continue receiving targeted aid under the Budi Agri-Commodity initiative.

He said the National Economic Action Council (MTEN) meeting yesterday heard presentations from the Health and the Plantation and Commodities ministries on efforts to address the increasingly pressing global supply chain crisis.

"The government understands the people's concerns as they face rising cost pressures and uncertainties in the global economy.

"In view of this, the government has agreed to continue the targeted Budi Madani initiative through Budi Agri-Commodity to support smallholders, industry players and vulnerable groups who form the backbone of the nation's economy," the Prime Minister said in a social media post.

Govt briefing: The MTEN meeting in session with presentations from the Health and Plantation and Commodities ministries.— Photo courtesy of Anwar Ibrahim's Facebook account

Meanwhile, Economy Minister Akmal Nasrullah Mohd Nasir also gave assurance that supply of medicines and medical devices will remain stable, with continuous mitigation measures being implemented, especially for critical and high-risk items.

He said the MTEN meeting also agreed that any cost adjustments would be made in a targeted manner, based on the level of risk and actual needs.

As of May 8, 72% of all recorded medicine items were at a low risk level, 11.3% at a medium level and 16.8% at a high level, he said.

"For medical devices, 81.7% were at a low risk level, 13.5% at a medium risk level while 4.8% were identified as high risk.

"The supply of raw materials and key components is at high risk due to dependence on imported sources," he said at the Global Supply Crisis briefing.

Akmal Nasrullah said the Health Ministry has been urged to increase efforts to ensure transparency in the prices of medicines sold in pharmacies so that the people would not be burdened by undue price pressure.

He said the ministry had also created a national buffer stock to strengthen medicine stockpile and had diversified supply sources through strategic collaboration with countries such as China, Japan and Uzbekistan.

Another initiative by the Health Ministry is to activate a special access pathway to expedite approval of critical medicine imports and implement local industrial development.

This is to empower local medical device manufacturers to reduce dependence on imported products, Akmal Nasrullah added.

Not every outbreak is the next Covid-19

NEWS of the recent Andes virus (from the Hantavirus family) outbreak aboard the cruise ship *MV Hondius* has understandably triggered concern among many people. Reports of multiple deaths, combined with social media discussions, have revived memories of the Covid-19 pandemic.

The reaction is understandable. Beginning in 2020, Covid-19 changed the way societies respond to news about infectious diseases. For many people, any report involving an unfamiliar virus and overseas outbreaks raises the same unsettling question: Could this become another global pandemic?

But from a virology and public health perspective, not every virus behaves the same way, and not every outbreak carries the same pandemic potential.

That distinction matters.

The Andes virus belongs to the [illegible]us family, a group of viruses typically associated with rodents as their natural hosts. Unlike SARS-CoV-2, which spreads very efficiently through respiratory droplets and aerosols in everyday public settings, the Andes virus has a much more limited transmission pattern.

It depends heavily on a specific rodent species found mainly in parts of South America to persist in nature. In virology, this ecological dependence is important because it places natural limits on how far and how easily the virus can spread geographically.

Hantaviruses typically spread from rodent to human. The Andes virus strain is unusual among hantaviruses because human-to-human transmission has been documented before.

However, available evidence suggests that such transmission is relatively rare and usually involves prolonged close contact, often within households or among family members.

It does not spread with the same efficiency seen during the early stages of the Covid-19 pandemic, when brief encounters in enclosed spaces or public transport could lead to widespread transmission. In simple terms, the Andes virus does not possess the same biological "engine" for rapid community spread.

Floating quarantine: The Dutch cruise ship *MV Hondius* – on which the Andes virus was first detected – docked in the port of Rotterdam on May 18. The remaining crew will be sequestered for several weeks. – AFP

Another important difference lies in its genetic behaviour. One of the major challenges during the Covid-19 pandemic was the rapid evolution of the coronavirus through mutations, producing successive variants within relatively short periods.

Hantaviruses, including the Andes virus, are generally more genetically stable. From a public health standpoint, this is reassuring because it allows scientists and health authorities to predict viral behaviour more reliably and maintain the effectiveness of existing diagnostic tools for longer periods.

This does not mean the virus should be dismissed lightly.

Individuals infected with the Andes virus can develop hantavirus pulmonary syndrome, a serious illness affecting the lungs and cardiovascular system. Early symptoms include fever, muscle aches, headaches, and fatigue, before progressing in some cases to breathing difficulties and severe respiratory complications.

But there is an important difference between a virus that can cause severe illness in individuals and one capable of overwhelming healthcare systems through explosive transmission.

Covid-19 became a global crisis not only because it could cause death, but because it spread extraordinarily quickly across populations. Hospitals worldwide faced sudden surges of patients within short periods, placing healthcare systems under immense strain.

At present, there is no strong evidence suggesting the Andes virus has the same capacity for widespread uncontrolled transmission.

Ecology also matters more than many people realise.

The rodent species most closely associated with the Andes virus does not exist in Malaysia. This significantly reduces the likelihood of natural transmission occurring locally.

Perhaps the more important lesson from situations like this is not about fear, but perspective.

The Covid-19 pandemic taught societies to take infectious diseases seriously, and that awareness remains valuable. But it also left many people emotionally conditioned to interpret every new outbreak through the lens of 2020. In reality, viruses differ greatly in how they spread, mutate and sustain themselves within populations.

Public awareness is important. Panic is not.

As global disease surveillance becomes more advanced, reports of emerging viruses will likely become more common, not necessarily because the world is becoming more dangerous, but because we are now far better at detecting and monitoring outbreaks than before.

Understanding those differences calmly and scientifically may be one of the most important lessons we carry forward from the pandemic years.

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The Sun M/S 2, 11

Government acts to ensure fair medicine pricing

PETALING JAYA: The government is working to strengthen transparency in medicine pricing to ensure that Malaysians are not exposed to unjustified price pressures.

Economy Minister Akmal Nasrullah Mohd Nasir said the move was highlighted during a presentation by the Health Ministry at the National Economic Action Council meeting which reviewed the country's medicine and medical device supply situation.

He said Malaysia's supply chain remains broadly stable although certain segments face higher risks due to global disruptions and reliance on imported inputs.

"Of the total recorded medicine items, 72% are at low risk, 11.3% at moderate risk and 16.8% at high risk requiring continuous monitoring and mitigation action.

"For medical devices, 81.7% are at low risk, 13.5% at moderate risk while 4.8% are at high risk, mainly due to dependence on imported raw materials and key components," he said during an online briefing on the global supply situation yesterday.

Akmal said the Health Ministry has expanded continuous monitoring through a dedicated task force, strengthened buffer stocks for high-risk medicines and diversified procurement sources through partnerships with countries including China, Japan and Uzbekistan.

He added that it has also introduced a special access pathway to fast-track approval of critical medicines while encouraging greater development of the local medical device industry to reduce long-term import dependence.

Akmal said policy responses would remain targeted and data-driven, with a focus on maintaining supply security while managing cost pressures.

He said the council had agreed that the ministry should continue mitigation efforts, particularly for critical and high-risk items, while any price adjustments must be strictly based on risk levels and actual need.

"The government's priority is clear. Ensure sufficient basic supply, manage price pressures, guarantee continuity of operations, protect employment and provide targeted assistance to those who truly need it."

– *BY* ***HARITH KAMAL***

COMMENT by Dr Musa Mohd Nordin and Dr Zulkifli Ismail

Lessons from the past, vaccines for the future

IN the early 1990s, Malaysia faced a quiet crisis. Hidden among the fevers and coughs of our youngest children lay a bacterial killer – Haemophilus influenzae type b (Hib) – responsible for half of all bacterial meningitis cases in our paediatric wards.

Few spoke of it. Fewer measured it. But a small group of clinicians, inspired by research shared from halfway across the world, decided to act.

That quiet determination was on full display recently when some of the world's most distinguished vaccine scientists – all paediatricians – gathered on one panel of vaccine experts. It was a dream assembly: Dr Ranna Hajjeh, who bridged CDC and WHO to tackle Hib research and supply chain gaps; Dr Thomas Cherian, present at the birth of GAVI in 2000; and legends like Prof David Goldblatt, whose work on correlates of protection (CoP) enabled pneumococcal conjugate vaccines (PCV) to move from efficacy trials for PCV7 licensure in 2000, to licensure based on CoP for PCV10, PCV13, US$2 (RM7.90) Pneumosil in 2019 and more recently, PCV 15, PCV 20 and PCV 21.

But two stories stood out – one global, one deeply Malaysian.

First, Prof Mathuram Santosham, now 82, who conducted the earliest Hib vaccine trials among Navajo Indians. In 2002, he travelled to India, cricket bat in spirit, only to find authorities unmoved.

His breakthrough came not in a boardroom but on a pitch: playing cricket with Indian players, he turned them into champions for Hib vaccination. Sometimes, the most powerful advocacy is personal.

Then came Dr Musa from the floor, recounting Malaysia's own Hib journey. "Santosham's provocations intimidated us," he admitted, "but they worked". Inspired by Mathu's shared research, Malaysian paediatricians studied local Hib burden under the then head of paediatric service, Dr Hussain Imam, publishing in the *Pediatric Journal of Infectious Diseases* that Hib caused 50% of paediatric meningitis. Despite Asian scepticism about Hib's prevalence and relevance, our cost-effectiveness analysis proved favourable. A proposal was submitted to the Health Ministry.

Then the 1997 economic depression hit. Many programmes stalled. But Dr Narimah Awin, then director of Family Health, famously declared: "We don't need a twin tower. One tower is enough. The money from the other tower can fund our Hib vaccination programme."

That was the turning point. In 2002, Malaysia became the first Asian nation to introduce Hib vaccine into its National Immunisation Programme (NIP) as part of the pentavalent combination, dramatically accelerating uptake.

Today, Hib disease is virtually eliminated in Malaysia. Nearly two decades on, the evidence is clear: that single declaration – sacrificing a symbolic tower for a child's life – saved thousands.

The lessons for our future?

First, nostalgia is not just sentiment; it is a strategic archive. The Hib success shows that local data, cost-effectiveness analysis and a champion with moral clarity can overcome even economic collapse.

Second, innovation doesn't always mean a new molecule. Prof Shabir Madhi, the youngest on the panel, who introduced PCV to South Africa, reminded us of critical enablers: strong national surveillance, local data, an active immunisation advisory committee and smart marketing to politicians. These same levers can accelerate new vaccines – against rotavirus, Human Papilloma Virus or future threats.

Third, collaboration works. Prof Kim Mulholland demonstrated Hib and then pneumococcal vaccine efficacy in The Gambia with 43,000 participants – showing for the first time that a vaccine (PCV) could reduce all-cause under-five mortality. That evidence helped nations add new vaccines to their NIPs.

As Malaysia rebuilds post-pandemic, we face another quiet crisis: routine immunisation coverage has dipped and new vaccines await inclusion. The nostalgic moments from our Hib fight – the cricket match, the twin tower stand and the relentless local research – are not mere history; they are a roadmap.

One tower was enough then. Today, we need not less ambition but the same clarity: Put children first, gather local evidence and champion the cause with courage. The past did not eliminate Hib – people did. And they can do it again.

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Flu jab: High awareness, low action among high-risk adults

THE annual influenza shot can go a long way in preventing severe disease and life-threatening complications, yet vaccination rates are alarmingly low among high-risk adults, namely those living with chronic health conditions and older persons.

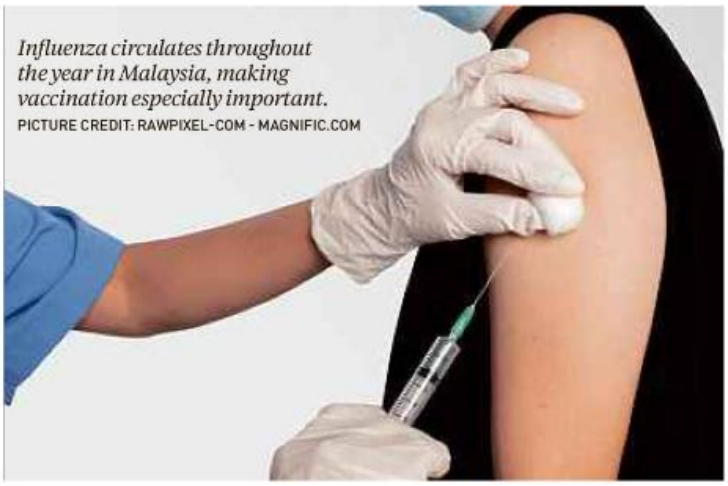
A survey last year of 672 Malaysians aged 60 and above, conducted collaboratively by the Health Ministry, the Malaysian Influenza Working Group and leading public universities, revealed high awareness of influenza (74 per cent), with 76 per cent reporting positive attitudes towards influenza vaccination.

However, only 29 per cent have ever received the vaccine, with just about half of this small group getting their shots annually.

Malaysian Society of Infectious Diseases and Chemotherapy president Professor Dr Zamberi Sekawi says influenza vaccination remains one of the most reliable ways to reduce the impact of infection, particularly among those at higher risk.

He noted that unlike countries with distinct winter seasons, influenza circulates throughout the year in Malaysia, making vaccination especially important.

"Influenza vaccination has been used for decades with a well-established safety profile and continues to be a dependable way to reduce complications and the need for hospitalisation," he says.



Influenza circulates throughout the year in Malaysia, making vaccination especially important.
PICTURE CREDIT: RAWPIXEL-COM - MAGNIFIC.COM

Lung Foundation of Malaysia chairman Professor Dr Roslina Manap says influenza vaccination is particularly important for adults in Malaysia, where a large proportion are living with non-communicable diseases (NCDs).

Data from the 2025 National Health and Morbidity Survey shows that 68 per cent of adults aged over 60 have at least two NCDs, while about 30 per cent live with all three major conditions, namely diabetes, high blood pressure and high cholesterol.

These conditions place such individuals at higher risk of severe influenza and complications as this infection worsens existing diseases.

Individuals with heart disease, for example, face up to five times higher risk of influenza-related death, while those with diabetes are up to three times more likely to die and six times more likely to be hospitalised due to complications.

"Due to this, many clinicians emphasise that vaccination should be considered a standard part of managing chronic conditions, not just an optional preventive measure," says Dr Roslina.

As Malaysia moves towards becoming an ageing nation, more older adults are living longer, often with multiple health conditions.

Malaysian Society of Geriatric Medicine immediate past president Professor Tan Maw Pin says ageing naturally weakens the immune system, making infections like influenza harder to recover from and increasing the risk of hospitalisation.

This vulnerability is also reflected in local data. A retrospective study conducted at Universiti Malaya Medical Centre found that influenza had a disproportionately higher impact on older persons, with nearly one in three individuals aged 65 and above experiencing serious outcomes such as hospitalisation, intensive care admission or death within a year due to influenza-related illnesses or complications.

Tan says for many older persons, serious illness can take a toll not just physically, but also emotionally and financially, affecting their independence and quality of life.

An annual influenza vaccination is one of the simplest and kindest ways to help maintain strength, independence and overall well-being.

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The Borneo Post M/S 8

'Nurses, midwives continue to be backbone of healthcare system'

Henry (third right) and other guests cut a cake to mark Midwives and Nurses Day 2026.

KUCHING: Nurses and midwives remain the backbone of the healthcare system through their sacrifices and unwavering commitment in ensuring the well-being of the community, said Datuk Henry Sum Agong.

The Lawas MP said the dedication shown by healthcare workers, particularly nurses and midwives, is deeply appreciated as they continue to provide quality healthcare services to the people of Lawas.

"I would like to extend my appreciation and thanks to the hospital staff who are always ready to serve the people of Lawas well.

"What is important is that this struggle and effort must continue because it brings great benefits to the community," he said, according to a Sarawak Public Communications Unit (Ukas) report.

He said this during an appreciation dinner held in conjunction with Midwives and Nurses Day 2026 organised by the Sarawak Medical Services Union Lawas branch last weekend.

Henry also said the new Lawas Hospital, which is expected to commence operations this year, would further enhance healthcare service delivery in the district.

He added that support for the healthcare sector would continue to be strengthened, including through a RM10,000 contribution to assist related needs.

Berita Harian M/S 5, 11, 25

Malaysia hanya ada enam pakar paliatif pediatrik

EKSKLUSIF

Bidang kepakaran tidak diiktiraf NSR MMC, 80,000 pesakit cilik habiskan sisa hidup di rumah

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Kuala Lumpur: Malaysia kekurangan pakar paliatif pediatrik apabila hanya ada enam pakar sahaja di negara ini, sedangkan kira-kira 80,000 kanak-kanak yang berjuang berdepan penyakit serius tahap akhir termasuk kanser, memerlukan jagaan paliatif pediatrik.

Enam pakar paliatif pediatrik itu bertugas sepenuh masa di Kementerian Kesihatan (KKM) iaitu masing-masing dua di Hospital Tunku Azizah (HTA) dan Pusat Perubatan Universiti Malaya (PPUM), di sini, serta masing-masing seorang di Hospital Pakar Universiti Sains Malaysia (HPUSM) di Kelantan dan Hospital Umum Sarawak.

Kekurangan pakar paliatif pediatrik disebabkan bidang berkenaan tidak diiktiraf National Specialist Register (NSR) Majlis Perubatan Malaysia (MMC), iaitu daftar rasmi menyenaraikan pakar dalam bidang masing-masing, sekali gus menyebabkan mereka tidak dapat bekerja sebagai subkepakaran di luar fasiliti KKM.

Susulan itu, Presiden Persatuan Jagaan Paliatif Pediatrik Malaysia, Dr Lee Chee Chan, berkata kanak-kanak terbabit hanya mampu menghabiskan sisa hidup di rumah kerana kurangnya pusat jagaan paliatif pediatrik di hospital, selain kesedaran masyarakat berhubung perkara itu masih rendah.

Beliau berkata, kualiti hidup pesakit kanak-kanak yang berada pada tahap akhir itu sebenarnya boleh bertambah baik jika mendapat rawatan di pusat jagaan paliatif pediatrik, walaupun mereka tiada harapan untuk sembuh.

Katanya, data 80,000 kanak-kanak itu hanya jumlah minimum yang memerlukan rawatan palialitif pediatrik berdasarkan nisbah dunia dan penyakit di setiap negara, iaitu 1:15.

"Walaupun kanak-kanak itu dalam kategori pesakit tiada harapan sembuh, namun mereka sepatutnya menjalani sisa kehidupan lebih baik, yang akhirnya boleh menambah jangka hayat.

> "Kini kita melatih doktor pakar kanak-kanak di 21 hospital di seluruh negara dalam bidang itu, jadi ini sedikit sebanyak membantu mereka tahu cara pengendalian jagaan paliatif pediatrik"
>
> *Dr Lee Chee Chan, Presiden Persatuan Jagaan Paliatif Pediatrik Malaysia*

"Jumlah 80,000 ini adalah pesakit yang ada di rumah dan tunggu sahaja pengakhiran hidup, selain mereka yang tidak pergi langsung janji temu di hospital," katanya kepada *BH*.

Mampu rawat 300 pesakit

Dr Chee Chan berkata, berdasarkan kapasiti sedia ada, pakar hanya mampu merawat kira-kira 300 pesakit kanak-kanak yang memerlukan jagaan paliatif di empat hospital iaitu di HTA, PPUM, HPUSM dan Hospital Umum Sarawak.

"Kini kita melatih doktor pakar kanak-kanak di 21 hospital di seluruh negara dalam bidang itu, jadi ini sedikit sebanyak membantu mereka tahu cara pengendalian jagaan paliatif pediatrik.

"Kita berharap lebih banyak pusat jagaan paliatif pediatrik di Malaysia pada masa depan," katanya.

Dr Chee Chan berkata, berdasar statistik kanak-kanak mendapat jagaan paliatif di negara ini, 60 peratus daripadanya berkaitan masalah otak dan saraf, masing-masing 20 peratus kanser dan penyakit berkaitan genetik.

Katanya, pesakit terbabit dirawat berkaitan kegagalan buah pinggang, paru-paru dan masalah berkaitan jantung.

"Ada kes pesakit remaja menghidap kanser kaki, tidak mendapatkan rawatan dan hanya tinggal di rumah di Jengka, Pahang kerana hospital tidak boleh berbuat apa-apa (untuk menyembuhkannya).

"Namun, kita sepakat membawanya ke hospital bagi mendapatkan jagaan paliatif dengan matlamat mengurangkan kesakitannya. Kita membuat keputusan memotong kaki pesakit itu dan dia mampu hidup selama setahun daripada menanggung kesakitan setiap hari," katanya.

Mengulas kaedah rawatan paliatif pediatrik di negara ini, Dr Chee Chan berkata, ia berdasarkan lima konsep iaitu jagaan keseluruhan individu, keluarga, pasukan, proses dan komuniti.

Beliau berkata, jagaan paliatif bukan sekadar membabitkan pemberian ubat, sebaliknya ia menekankan konsep holistik bagi memastikan kesejahteraan pesakit secara menyeluruh.

"Jagaan paliatif bukan hanya tunggu dan pantau, ia membabitkan penjagaan sangat proaktif dengan menekankan kualiti hidup lebih baik untuk pesakit.

"Kita bukan hanya bagi ubat, tetapi contohnya jika keluarga pesakit memerlukan bantuan kewangan, kita untuk memohon di pusat zakat atau Baitulmal.

"Kita juga membantu realisasikan impian pesakit, contoh jika ingin pergi bercuti, pasukan kita membawa mereka," katanya.

Produk 'sifar gula' bukan penyelesaian mutlak

Pemanis alternatif berpotensi membantu mengurangkan pengambilan gula jika boleh turunkan jumlah karbohidrat dan kalori dalam diet harian.
(Foto hiasan)

Kuala Lumpur: Produk 'sifar gula' diakui boleh menjadi pilihan alternatif kepada makanan dan minuman tinggi gula, namun bukan penyelesaian mutlak kepada pesakit diabetes, individu dengan sindrom ovari polisistik (PCOS) dan mereka yang mengawal berat badan.

Pensyarah Kanan dan Pakar Dietetik Universiti Putra Malaysia (UPM), Dr Noraida Omar, berkata pemanis alternatif berpotensi membantu mengurangkan pengambilan gula sekiranya ia benar-benar menurunkan jumlah karbohidrat dan kalori keseluruhan dalam diet harian.

"Bagi pesakit diabetes, produk sifar gula boleh menjadi pilihan lebih baik berbanding makanan atau minuman tinggi gula dengan syarat ia benar-benar rendah karbohidrat dan bukan sekadar tiada gula tambahan pada produk.

"Bagi individu dengan PCOS dan mereka yang ingin mengawal berat badan jika mahu mempunyai tahap kesihatan optimum, perlu menumpukan kepada kualiti pemakanan secara menyeluruh, saiz hidangan, peningkatan pengambilan serat dan protein mencukupi serta amalan aktiviti fizikal yang konsisten dan gaya hidup sihat," katanya.

Label 'sifar gula' tak bermakna produk tiada bahan pemanis

Keratan akhbar BH, semalam.

Dr Noraida berkata, peningkatan paras gula darah tetap boleh berlaku jika produk mengandungi jumlah karbohidrat yang tinggi, walaupun tidak mempunyai gula tambahan.

"Menggantikan minuman manis atau minuman sifar gula dengan sekurang-kurangnya enam hingga lapan gelas air kosong sehari membantu mengurangkan kalori secara semula jadi tanpa mengekalkan kebergantungan terhadap rasa manis," katanya.

Mengulas kemungkinan kesan jangka panjang pemanis tiruan terhadap kesihatan usus dan metabolisme, beliau berkata, beberapa kajian menunjukkan sesetengah pemanis alternatif mungkin mempengaruhi keseimbangan bakteria usus atau tindak balas gula darah dalam kalangan individu tertentu.

"Namun, setakat ini, tiada bukti kukuh menunjukkan penggunaannya dalam had yang dibenarkan boleh menyebabkan penyakit secara langsung.

"Lebih penting ialah corak dan kekerapan pengambilan. Walaupun tidak mengandungi gula, penggunaan secara berlebihan tetap tidak digalakkan.

"Pendekatan terbaik ialah mengamalkan kesederhanaan dan secara beransur-ansur mengurangkan kebergantungan terhadap rasa manis dalam diet harian," katanya.

‘Haus tenaga’, abai kesihatan harga mahal ditanggung rakyat


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Sakit sebelum menua mungkin kedengaran seperti istilah dramatik, tetapi realitinya ia sedang berlaku di depan mata. Malaysia belum pun menjadi negara tua sepenuhnya, tetapi rakyatnya sudah mula ‘haus tenaga’ lebih awal.

Usia baru 40-an, tetapi sudah bergantung kepada ubat darah tinggi. Belum pencen, tetapi badan sudah menanggung diabetes, kolesterol, obesiti dan tekanan mental serentak.

Dapatan Kajian Kesihatan dan Morbiditi Kebangsaan (NHMS) 2024 mendedahkan krisis kesihatan awam membimbangkan, terutama peningkatan penyakit tidak berjangkit (NCD) dan masalah kesihatan metabolik.

Lebih membimbangkan, hampir 40 peratus rakyat tidak menyedari mereka menghidap penyakit kronik.

Statistik utama penyakit daripada NHMS 2024 merangkumi:

- Diabetes:

Satu daripada enam rakyat Malaysia dewasa bersamaan 15.6 peratus kini menghidap diabetes.

- Darah Tinggi:

Menjejaskan hampir satu daripada tiga orang dewasa, menjadikannya antara masalah kesihatan utama negara.

- Kolesterol Tinggi:

Lebih 30 peratus penduduk dewasa dikesan mempunyai tahap kolesterol tinggi.

- Obesiti:

Masalah berat badan berlebihan dan obesiti terus meningkat, membebani sistem penjagaan kesihatan.

Hari ini, boleh dilihat, kita mungkin hidup lebih lama, tetapi tidak semestinya hidup lebih sihat. Ironinya, negara hari ini terlalu obses bercakap soal produktiviti, tetapi gagal menjaga manusia yang menjadi enjin produktiviti itu sendiri.

Kita meraikan budaya kerja keras, kerja lebih masa dan sentiasa boleh seolah-olah keletihan itu simbol kejayaan. Akhirnya ramai pekerja hadir ke pejabat dalam keadaan mental dan fizikal ‘habis bateri’.

Mereka masih bekerja, tetapi tidak lagi benar-benar berfungsi. Inilah yang dipanggil *presenteeism*, tubuh ada di tempat kerja, tetapi fokus, emosi dan kesihatan runtuh perlahan-lahan.

Puncanya bukan satu. Ia gabungan gaya hidup moden semakin tidak seimbang. Budaya makan luar menjadi norma kerana ramai tidak lagi mempunyai masa untuk memasak.

Selepas pulang kerja lewat malam, makanan segera, minuman manis dan makanan ultra proses menjadi pilihan paling mudah. Bukan kerana rakyat tidak tahu ia tidak sihat, tetapi penat hendak ke dapur.

Berdasarkan NHMS, trend pengambilan makanan berat pada lewat malam dalam kalangan rakyat Malaysia membimbangkan.

Dapatan utama mendapati 41.8 peratus remaja dan 33.5 peratus dewasa mengamalkan pengambilan makanan berat lewat malam sekurang-kurangnya sekali seminggu.

Sehubungan itu, Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad menyarankan orang ramai mengurangkan pengambilan makanan berat lewat malam atau makan pada kadar sederhana kerana aktiviti itu memberi kesan negatif kepada diri.

Bandar moden membentuk rutin pelik

Sementara itu, bandar moden juga membentuk rutin pelik. Duduk terlalu lama, kurang bergerak, tekanan kerja berpanjangan dan tidur semakin pendek menjadi gaya hidup normal. Ditambah pula leka bermain telefon pintar sampai terlelap.

Kita membina ekonomi bergerak pantas, tetapi tubuh manusia tidak berevolusi secepat teknologi dan tuntutan kerja hari ini. Lebih menyedihkan, ramai hanya mula mengambil serius soal kesihatan apabila sudah jatuh sakit.

Saringan kesihatan percuma pun masih ramai enggan pergi. Ada yang takut tahu keputusan, ada yang sibuk bekerja, ada juga berasakan kesihatan diri boleh ditangguhkan demi keluarga dan komitmen hidup. Sedangkan penyakit kronik tidak datang secara mengejut. Ia hidup perlahan-lahan dalam diam, bertahun-tahun sebelum tubuh akhirnya menyerah kalah.

> “Sebab itu isu ‘sakit sebelum menua’ tidak boleh diselesaikan dengan kempen kesedaran atau slogan hidup sihat. Ia memerlukan perubahan menyeluruh terhadap budaya kerja, sistem bandar, pendidikan kesihatan dan cara negara melihat kesejahteraan rakyat”

Malaysia sebenarnya sedang membayar harga mahal akibat budaya bertahan. Kita terlalu biasa mendengar ayat seperti ‘tak apa, tahan dulu’, ‘kerja penting’, atau ‘nanti dululah *check-up*’.

Akhirnya ramai masuk hospital apabila keadaan sudah kritikal. Kos rawatan meningkat, simpanan habis, keluarga tertekan dan produktiviti negara turut merosot. Paling membimbangkan, semua ini berlaku ketika Malaysia menuju status negara menua menjelang 2030.

Bayangkan sebuah negara mempunyai semakin ramai warga emas, tetapi generasi pekerjanya sendiri sudah sakit lebih awal. Lalu siapa akan menyokong ekonomi, menjaga keluarga dan bagaimana negara mahu menjadi ekonomi bernilai tinggi jika tenaga kerjanya semakin lemah sebelum usia tua.

Lebih sinis, masyarakat hari ini sering menganggap kesihatan sebagai urusan peribadi semata-mata, sedangkan realitinya ia sudah menjadi isu ekonomi negara. Apabila semakin ramai pekerja muda menghidap penyakit kronik, syarikat kehilangan tenaga mahir, produktiviti menurun dan kos rawatan meningkat.

Namun, kita masih melihat budaya kerja toksik sebagai sesuatu yang biasa. Pekerja tidak mengambil cuti tahunan dianggap rajin, pekerja sentiasa sibuk dipuji, manakala mereka yang menjaga keseimbangan hidup pula kadangkala dilihat kurang komited.

Dalam diam, ramai sebenarnya yang hidup dalam keadaan keletihan kronik. Tekanan hutang, kos sara hidup, komitmen keluarga dan ketidakstabilan ekonomi menjadikan ramai memilih untuk terus bekerja, walaupun tubuh sudah memberikan amaran.

Mental penat, tidur tidak cukup, makan tidak teratur dan emosi sentiasa tertekan akhirnya menjadi rutin harian generasi moden.

Sebab itu isu ‘sakit sebelum menua’ tidak boleh diselesaikan dengan kempen kesedaran atau slogan hidup sihat. Ia memerlukan perubahan menyeluruh terhadap budaya kerja, sistem bandar, pendidikan kesihatan dan cara negara melihat kesejahteraan rakyat.

Jika tidak, Malaysia mungkin membina ekonomi yang besar di atas masyarakat semakin sakit dan keletihan.

MHIT asas dijangka kurangkan kesesakan di hospital awam

Pelan mampu milik bantu bendung inflasi perubatan, perluas akses rawatan swasta

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Industri insurans dan takaful di negara ini dilihat bergerak ke arah kerjasama lebih konstruktif bagi mengekang peningkatan kos rawatan perubatan menerusi cadangan pengenalan Pelan Insurans dan Takaful Perubatan dan Kesihatan (MHIT) asas, menurut penganalisis.

Perkembangan itu juga dilihat sebagai usaha mewujudkan ekosistem penjagaan kesihatan yang lebih mampan, selain memperluas akses rakyat kepada rawatan swasta tanpa perlu menanggung premium insurans yang terlalu tinggi.

Menurut CGS International, langkah itu dijangka membabitkan semua pemain industri termasuk syarikat insurans dan pengendali takaful dengan matlamat utama mengurangkan tekanan inflasi perubatan yang semakin membebankan rakyat.

Pada masa sama, katanya, inisiatif berkenaan turut mampu membantu mengurangkan kesesakan di hospital awam apabila lebih ramai pesakit berpeluang mendapatkan rawatan di hospital swasta pada kos lebih berpatutan.

"Malaysia sedang berusaha untuk melancarkan produk MHIT asas yang berpatutan untuk membendung inflasi perubatan sambil mengalihkan beban kerja daripada hospital awam kepada hospital swasta," katanya dalam nota penyelidikannya.

Beri impak positif

CGS International berpandangan potensi penyertaan kumpulan hospital swasta seperti KPJ Healthcare Bhd dalam pelan berkenaan boleh memberi impak positif terhadap kadar penggunaan katil hospital.

Menurutnya, kesan itu dijangka lebih ketara terhadap rangkaian hospital KPJ yang kurang digunakan di beberapa kawasan luar bandar di seluruh negara.

Firma penyelidikan itu berkata kebimbangan terhadap penyusutan margin keuntungan akibat kadar tuntutan lebih rendah di bawah skim berkenaan dijangka lebih terkawal di hospital luar bandar memandangkan kos rawatan di kawasan itu secara amnya lebih rendah berbanding hospital di bandar utama.

"Bagi menampung pertambahan pesakit dan meningkatkan rawatan berkeamatan tinggi, KPJ giat melaksanakan kerja menaik taraf beberapa hospital sedia ada termasuk Hospital Pakar KPJ Ipoh dan Hospital Pakar KPJ Damansara.

"Walaupun kerja menaik taraf itu menyebabkan sedikit pengurangan jumlah katil operasi pada suku pertama 2026, KPJ menyasarkan kapasiti keseluruhan meningkat kepada antara 4,100 hingga 4,200 katil menjelang akhir tahun kewangan 2026 berbanding 3,900 katil pada akhir tahun kewangan 2025," katanya.

Dari segi prestasi kewangan, pendapatan KPJ bagi suku pertama 2026 berkembang 8.6 peratus tahun ke tahun kepada RM1.05 bilion.

Prestasi itu didorong peningkatan pendapatan setiap pesakit sebanyak 5.5 peratus, selain pertambahan jumlah pesakit sebanyak 2.2 peratus.