

Pandemic deadline deal extended

Talks will resume April 27, ahead of the World Health Assembly mid-May

GENEVA: The World Health Organisation (WHO) said that talks towards completing the missing piece of a pandemic agreement designed to avoid the panic and chaos of Covid-19 had been extended.

WHO member states have been at the UN health agency's Geneva headquarters since yesterday for what had been meant to be a final round of talks.

They were trying to agree on how a key part of the text – the Pathogen Access and Benefit-Sharing (PABS) system – would work in practice.

But the WHO said late Saturday the countries had “agreed to extend negotiations”, with fresh talks scheduled to run from April 27 to May 1.

Last May, WHO member states adopted a landmark pandemic agreement on tackling future health crises, after more than three years of talks sparked by the shock of Covid-19.

It aims to prevent future pandemics from suffering the disjointed international response that characterised the approach to the coronavirus crisis.

But talks on the (PABS) system – the heart of the treaty – were put to one side to get the deal over the line.

“Their hard work in the weeks ahead can make our world safer for the future.”

Michel Kazatchkine

It deals with sharing access to dangerous pathogens with pandemic potential, then sharing the benefits derived from them: vaccines, tests and treatments.

But observers said the sides remained deeply divided during the week's negotiations.

Several countries, especially in Africa, want assurances that once they share pathogen data, they will have access to anything developed using that information.

European countries, however, especially those with big pharmaceutical industries, have warned that compulsory benefit-sharing risks stifling research and development.

“There are unfortunately dif-



Urgent task:

A file photo of a man walking past the entrance to a Covid-19 vaccination centre in east London in 2021.

WHO member states have been urged to continue working on common ground before the next pandemic strikes. — AFP

ferent views on how we can make sure that this system works,” said one Western diplomatic source ahead of the talks.

The WHO said Saturday that its member states had recognised that more time was needed.

The countries have been tasked with getting PABS finalised by the next World Health Assembly, the

WHO's decision-making body, in mid-May.

On Saturday, as the talks were again adjourned, Michel Kazatchkine, member of the Independent Panel for Pandemic Preparedness and Response, issued a similar message.

Urging member states to keep working towards common

ground, he added: “Their hard work in the weeks ahead can make our world safer for the future.”

WHO chief Tedros Adhanom Ghebreyesus warned countries at the start of the talks that they had to get the job done.

“The next pandemic will not wait,” he said. — AFP

Breaking point:

A doctor talking to a patient, as Cuba's healthcare system has deteriorated amid years of economic crisis and sanctions, a decline that has accelerated this year with US restrictions on oil supplies. — Reuters



HAVANA: A Cuban doctor with more than 25 years of practising medicine, like most Cubans drawing a government salary, needs a side hustle to get by.

To avoid regular power blackouts, he wakes at 5am to cook rice and beans for sale, supplementing his income as his bus and taxi costs outstrip his monthly salary of 8,000 pesos, or roughly US\$16 (RM63.40).

Cuba's healthcare system, long seen as a great achievement of the 1959 revolution and decades of Communist rule, has suffered obvious decline for years as a failing economy and punishing US economic sanctions take their toll.

That decline has accelerated with the oil blockade imposed by the United States this year.

In a country of 10 million people, 96,000 Cubans are on the waiting list for surgery, 11,000 of them children, Cuba's Public Health Ministry said. It projected the waiting list could grow to 160,000 by year-end.

More than 300 paediatric operations each week are short of medicine, oxygen or anaesthesia and other supplies. Some 32,000 pregnant women may not get their recommended minimum of three ultrasound exams.

Those statistics fail to capture the price exacted on the doctors, nurses and other health professionals, who endure blackouts and water cut-offs at home, only to report to work and face shortages of medicine, unsanitary conditions and the heartbreak of telling patients they cannot provide the same level of care as before.

The doctor, who asked to remain anonymous for fear of reprisals, said the constant stress of rationing care weighed on him, eliciting memories of the worst days of the Covid-19 pandemic.

"Public healthcare has always been promised here. Free. A world-class system," the doctor said.

"I don't know how much longer we can endure this. There are

Cuba's doctors pushed to the edge

US pressure threatens once-vaunted healthcare

**Revolutionary echoes:**

A doctor talking with a man next to a painting of late Cuban president Fidel Castro and late Chilean president Salvador Allende, at the Dr Salvador Allende Hospital in Havana. — Reuters

fewer and fewer doctors, fewer resources for the patient, but the patients keep coming."

While Cuba's economy has its own fallings, US sanctions have further dented the armour of the country's doctors, known affectionately as the "Army of White Coats".

Doctors in the state-run medical system say their colleagues are burning out, leaving the country, or forgoing monthly salaries of 7,000 to 8,000 pesos — the equivalent of US\$14-16 (RM55.50-RM63.40) under a commonly used unofficial exchange rate — to work in small businesses or wait tables or clean houses.

Those pesos don't stretch far. A carton of 30 eggs costs 3,000 pesos, a litre of cooking oil 1,500 and a

kilogramme of rice 700.

Reuters interviewed two other doctors who declined to be identified but told similar stories of despair.

The doctors who spoke anonymously say basic supplies are scarce, forcing staff to bring cleaning materials from home or scrub the floors with water alone.

Disposable gloves, previously cleaned and reused several times, have disappeared entirely. With urine bags unavailable, doctors have resorted to water or Coca-Cola bottles, one doctor said.

A senior Health Ministry official said there was an increase in infections due to shortages of antibiotics.

The fuel shortage and ensuing power outages stop drinking

water from flowing when the pumps are out, shutting some primary care clinics.

"They don't officially close. They can't say that publicly. But they're not holding consultations because there's no water," the second doctor said.

When the power goes out, and before generators kick in, nurses in a hospital neonatal unit rush to hand-pump ventilators for babies, a nurse told Drop Site news.

Cuban health officials admit their system is under stress, but insist their doctors have the fortitude to persist.

"The Army of White Coats will not fail the people of Cuba, despite the difficult circumstances we face today," Tania Margarita Cruz, the Public Health Vice-Minister for,

told a press conference last week.

Nonetheless, she said, the energy crisis has resulted in a reduction in patient visits, hospital admissions and basic supplies.

Cuba is treating 117,000 cancer patients, of whom 16,000 require radiation therapy and 12,000 need chemotherapy, while 400 need surgery, Cruz said.

"How difficult it is for a Cuban family with a cancer patient, especially a child with cancer," Cruz said. "We don't have the necessary medications for the world-class protocol that has always been applied in this country."

Cruz would not put a mortality figure on the effects of the US sanctions, nor would other health officials.

But she did acknowledge a "decrease in the average and overall survival rates of Cuban patients and Cuban children" with cancer.

Cruz also noted that shortages of antibiotics can "lead to the patient's death".

Asked about doctor burnout, Cruz pointed to a recent pay increase and said the ministry had instituted a programme to boost morale by improving working conditions, professional opportunities and research.

Last year, the government increased overnight pay to 100 pesos per hour, or US\$2.40 (RM13.40) total for a 12-hour shift. The bonus for high performance in certain specialties amounted to 20 pesos, or four cents per hour.

Despite the optimistic official message, doctors on the front line question how much more hardship they can withstand.

All three doctors who spoke anonymously have been longtime government loyalists who said their patience was wearing thin.

"We all fear speaking out," one of the doctors said, adding that raising objections can derail careers.

"I've seen doctors cry," she said. "With this crisis, they cry. They've stopped working, they've become depressed. You can see it on their faces." — Reuters

IT happened silently, without symptoms or even a mild warning.

While the world was grappling with Covid-19 at the height of the pandemic, Tengku Nazeedah Tengku Mahmood was facing a personal battle.

Aged 42 then, she decided to schedule a colonoscopy as part of a routine health screening.

"During the procedure, I knew something was not right. I could see by the expression on the doctor's face that something was wrong."

An obstruction had been picked up during the procedure. By the next afternoon, the mother of three had been diagnosed with colorectal cancer. She was already in stage 3 of the disease.

Shock and disbelief followed as what was supposed to be a routine check-up had changed her world forever. She didn't even have a family history of the disease.

Her husband was especially affected. Neither of them had anticipated this diagnosis.

"When you hear stage 3 or 4, you naturally think it's the end of the road, but I knew I had a battle in front of me, so I asked the doctor: 'What's next?'"

What followed were endless rounds of chemotherapy, radiotherapy and surgery.

NEW NORMAL

The journey to heal was gruelling and given that her cancer was already at stage 3, it was also more challenging to treat.

Tengku Nazeedah made it through, but not without hurdles. After undergoing a permanent colostomy, with her colon surgically redirected and her anus closed, she

Screening can make a huge difference as colorectal cancer can be caught early. PICTURE CREDIT: TIRACHARDZ - FREEPIK



Screen, protect and prevent

CATCH IT EARLY

A NEW nationwide initiative aimed at promoting early detection of colorectal cancer among Malaysians aged 45 to 75 is being developed. The programme, led by Corum, will provide free immunochemical faecal occult blood test (iFOBT) kits through selected community pharmacies.

The initiative is targeted for roll-out in the second quarter of this year through participating Big Pharmacy and Caring Pharmacy outlets, with plans to expand nationwide in the third and fourth quarter of the year.

This simple home-based screening test helps detect hidden blood in the stool, which may be an early sign of colorectal cancer. Individuals who receive a positive iFOBT result will be offered a complimentary consultation with a pharmacist upon returning their test results.

Pharmacists will provide guidance on seeking further medical evaluation and diagnostic investigations, which may include a colonoscopy to confirm the diagnosis and determine appropriate next steps.

Members of the public who wish to learn more about the upcoming screening initiative can visit www.corum.com.my

now navigates her daily routine with a stoma bag discreetly attached to her abdomen. However, she is both frank and courageous about her condition.

As she lifts her T-shirt to show me the bag, she explains in a very matter-of-fact manner about how it functions and why it's important.

It's part of her body now, but it has not stopped her from living life to the fullest.

"I've even gone diving with it," she tells me with a smile.

She admits it would have been nice to have met and spoken to other colorectal cancer patients and survivors at the time of her diagnosis. It would have given her a better perspective on managing things.



The goal is to keep telling people to not wait for symptoms. Colorectal cancer is essentially a preventable condition, says Pantai Hospital Kuala Lumpur consultant general and colorectal surgeon and Corum president Datuk Dr Meheshinder Singh. NSTP PIC BY AMIRUDIN SAHIB

It is for this reason that Tengku Nazeedah is determined to ensure other colorectal cancer patients have support as they navigate their journey.

She is secretary of the Colorectal Cancer Survivorship Society Malaysia (Corum). It acts as the official voice for colorectal cancer survivors and patients in Malaysia.

The organisation provides peer support, education and awareness to patients and survivors as well as practical knowledge on managing day-to-day tasks and challenges as they walk through their cancer journey.

"Talking to someone who has been in the same position and sharing knowledge can be invaluable, especially to newly diagnosed patients. It puts things into perspective and helps them manage doubts, fears and anxieties," says Tengku Nazeedah.

RIISING NUMBERS

Colorectal cancer is currently the No. 1 cancer among Malaysian men and the second most common in women, after breast cancer, says Pantai Hospital Kuala Lumpur consultant general and colorectal surgeon and Corum presi-

dent Datuk Dr Meheshinder Singh.

The challenge lies in the fact that most cases (about 70-72 per cent) are being diagnosed at stages 3 or 4, he adds.

"The goal is to keep telling people to not wait for symptoms. Colorectal cancer is essentially a preventable condition."

Screening can make a huge difference as the cancer can be caught early, but the percentage of people who present themselves for screening remains very low.

The added hurdle, he says, is the fact that some patients may not have symptoms, while those who do, may attribute the symptoms to other conditions, such as haemorrhoids and self medicate, delaying diagnosis.

There's also the stigma attached to talking about certain parts of the body and bodily functions and this, too, is hampering early screening and detection, he adds.

Ultimately, when caught early, the disease can be better managed as opposed to a range of complexities which need to be handled once it has progressed to advanced stages.

meerafnst.com.my



Talking to someone who has been in the same position and sharing knowledge can be invaluable, says colorectal cancer survivor and Corum secretary Tengku Nazeedah Tengku Mahmood. NSTP PIC BY AMIRUDIN SAHIB



Klausa khas insurans perubatan, kesihatan usah beban pengguna

Syor BNM disambut baik namun tempoh perlindungan berterusan ditetapkan perlu munasabah

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Kuala Lumpur: Cadangan Bank Negara (BNM) memperkenalkan klausa khas dalam pelan Insurans dan Takaful Perubatan dan Kesihatan (MHIT) perlu dipantau dengan rapi bagi memastikan pelarasan harga yang akan dilaksanakan tidak membebankan pengguna.

Ketua Pegawai Eksekutif (CEO) Gabungan Persatuan-Persatuan Pengguna Malaysia

(FOMCA), Dr T Saravanan, berkata cadangan itu pada asasnya perlu disambut baik, kerana ia menyentuh isu utama yang sering dihadapi pengguna iaitu penolakan tuntutan atas alasan penyakit sedia ada.

Bagaimanapun katanya, keberkesanan cadangan itu bergantung kepada bagaimana ia dilaksanakan.

"Tempoh perlindungan berterusan yang ditetapkan perlu munasabah dan tidak terlalu panjang sehingga manfaatnya menjadi terhad.

"Jika tempoh itu terlalu lama, pengguna mungkin terdedah kepada risiko penolakan tuntutan dalam tempoh kritikal awal.

"Dalam masa yang sama, terdapat kebimbangan industri mungkin akan memindahkan risiko ini kepada pengguna melalui peningkatan premium. Oleh itu, adalah penting supaya sebarang pelarasan harga dikawal dan tidak membebankan, terutama dalam keadaan kos sara hi-



Keratan akhbar BH, semalam.

dup yang semakin meningkat," katanya kepada BH, semalam.

Kelmarin, BH melaporkan satu perkembangan yang amat melegakan pengguna perkhidmatan kesihatan bakal direalisasikan apabila BNM mempertimbangkan satu klausa khas untuk pelan MHIT Asas.

Gabenor BNM, Datuk Seri Abdul Rasheed Ghaffour, dilaporkan berkata, pihak berkuasa sedang merangka pengenalan mekanisme *no look-back* bagi melindungi hak pengguna.

Melalui klausa berkenaan, katanya, selepas satu tempoh perlindungan berterusan dipersetujui,

syarikat insurans dan pengendali takaful tidak lagi dibenarkan menolak tuntutan pesakit atas alasan penyakit sedia ada.

Saravanan berkata, dalam kebanyakan kes, pengguna hanya menyedari kewujudan sesuatu penyakit selepas mengambil perlindungan, atau tidak memahami sepenuhnya keperluan pendedahan ketika proses pembelian polisi.

Tekanan kewangan

Oleh itu, katanya apabila tuntutan ditolak, ia bukan saja memberi tekanan kewangan, tetapi juga menjejaskan kepercayaan terhadap keseluruhan sistem insurans dan takaful.

"Dengan adanya klausa ini, selepas satu tempoh perlindungan berterusan yang dipersetujui, syarikat insurans dan pengendali takaful tidak lagi boleh menggunakan alasan penyakit sedia ada untuk menolak tuntutan.

"Ini memberi jaminan yang lebih jelas kepada pengguna, ba-

hawa perlindungan yang mereka bayar benar-benar berfungsi apabila diperlukan.

"Dari perspektif kepenggunaan, ini adalah satu pembaharuan penting kerana ia mengurangkan ketidakseimbangan maklumat antara syarikat dan pengguna, serta mengelakkan situasi yang mana pengguna hanya menyedari had perlindungan apabila sudah terlambat," katanya.

Katanya, aspek ketelusan dalam melaksanakan cadangan itu perlu diberi perhatian serius.

"Ramai pengguna masih berdepan kesukaran memahami terma dan syarat polisi yang kompleks.

"Jika klausa ini diperkenalkan tetapi tidak disampaikan dengan jelas, ia boleh menimbulkan salah faham baharu.

"Justeru, maklumat perlu disampaikan dalam bahasa yang mudah difahami, dan pengguna harus diberi penerangan yang mencukupi sebelum membuat keputusan," katanya.

Jadikan hijrah doktor pemangkin reformasi sistem kesihatan



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Krisis tenaga kerja dalam sektor penjagaan kesihatan awam tanah air kini mencapai tahap membimbangkan. Data terkini menunjukkan hanya 529 daripada 5,000 slot 'housemanship' diisi, iaitu sekitar 10.5 peratus, mencerminkan kegagalan struktur lebih mendalam dalam keseluruhan ekosistem tenaga kesihatan negara akan memberi dampak jangka panjang kepada daya saing kebangsaan dan isu hijrah cendekiawan.

Ini bukan sekadar masalah penempatan, tetapi manifestasi ketidakseimbangan antara pengeluaran siswazah perubatan, kapasiti latihan klinikal serta ketidakpastian laluan kerjaya berlatar belakang pengalaman sistem kontrak pada 2016.

Malaysia kini menghasilkan sekitar 6,000 hingga 7,000 siswazah perubatan setiap tahun, namun sistem kesihatan tidak berkembang selari untuk menyerap dan melatih mereka. Fenomena sekarang tidak lagi sekadar hijrah cendekiawan, sebaliknya satu bentuk baharu lebih membimbangkan, iaitu penarikan bakat secara awal.

Siswazah perubatan direkrut secara langsung sebelum sempat memasuki sistem kesihatan domestik, sekali gus mengahakis asas masa depan tenaga pakar negara dan merugikan rancangan keperluan tempatan.

Tarikan negara jiran seperti Singapura bukan hanya terletak pada faktor gaji jauh lebih tinggi, walaupun tawaran sekitar S\$110,000 (RM343,400) setahun, iaitu lima hingga enam kali ganda lebih tinggi daripada Malaysia.

Faktor lebih kritikal ialah struktur kerjaya ditawarkan, termasuk jaminan pekerjaan tetap, laluan kepakaran jelas dan pantas, persekitaran kerja berteknologi tinggi serta pengiktirafan antarabangsa yang membuka peluang mobiliti global.

Dalam landskap global semasa dengan Pertumbuhan Kesihatan Sedunia (WHO) menganggarkan kekurangan sehingga 10 juta tenaga kesihatan menjelang 2030, negara maju semakin agresif mendapatkan bakat melalui dasar imigrasi lebih fleksibel dan pengiktirafan profesional dipercepatkan dalam menarik modal insan berkualiti.

Perang bakat penjagaan kesihatan

Malaysia kini berada dalam realiti 'perang global bakat penjagaan kesihatan' yang tidak boleh lagi ditangani dengan pendekatan konvensional dan terperangkap dalam kepompong lama.

Dari sudut penghijrahan bakat, anggaran menunjukkan antara 10 hingga 20 peratus doktor Malaysia kini berkhidmat di luar negara, khususnya di Singapura, Australia dan United Kingdom (UK).

Walaupun angka ini berubah mengikut tahun dan sumber, trend keseluruhan menunjukkan peningkatan konsisten dalam aliran keluar tenaga kesihatan, termasuk dalam kalangan siswazah baharu.

Pola terkini menunjukkan penghijrahan berlaku lebih awal dalam kitaran kerjaya, sekali gus menjejaskan pembinaan kepakaran dalam negara.

Implikasinya bersifat strategik dan jangka panjang. Kekurangan doktor pelatih akan menjejaskan keseluruhan rantaian pembangunan tenaga pakar, sekali gus memberi telantan kepada sistem kesihatan awam.

Nisbah doktor kepada populasi Malaysia masih sekitar 1:420 menunjukkan negara masih belum mencapai tahap negara maju dan sebarang gang-

guan dalam saluran latihan akan memberi kesan langsung kepada akses dan kualiti perkhidmatan kesihatan.

Jurang perkhidmatan kesihatan dan kualiti kesihatan antara bandar dengan luar bandar berisiko terus melebar, manakala hospital awam akan terus berdepan beban kerja semakin meningkat.

Negara menanggung kerugian pelaburan besar dalam pendidikan perubatan kerana kos melatih seorang doktor mencecah ratusan ribu ringgit, hanya untuk menyaksikan bakat berkenaan menyalur kepada sistem kesihatan negara lain.

Ini juga berkait dengan kerangka keselamatan negara dan bukan sekadar isu tenaga kerja. Kekurangan doktor dan pakar bukan hanya memberi kesan kepada kesihatan awam, tetapi menjejaskan daya tahan negara dalam menghadapi krisis seperti pandemik, konflik geopolitik atau bencana besar.

Dalam konteks dunia semakin tidak stabil, keupayaan sistem kesihatan adalah sebahagian infrastruktur keselamatan nasional, dan kehilangan bakat dalam sektor ini perlu dilihat sebagai risiko strategik kepada negara.

Jurang antara sektor kesihatan awam dengan swasta semakin melebar. Sektor swasta berkembang dengan pesat, menawarkan ganjaran kewangan lebih tinggi, persekitaran kerja lebih kondusif dan beban kerja lebih terkawal. Sebaliknya, sektor awam terus berdepan kekangan sumber, beban pesakit tinggi dan tekanan operasi berterusan.

Ketidakseimbangan ini mewujudkan sistem dua darjat semakin ketara dengan tenaga kerja cenderung beralih ke sektor swasta atau luar negara, sekali gus melemahkan kapasiti sektor awam.

Impak strategik lain adalah hubungan antara sektor kesihatan dengan ekonomi negara. Sistem kesihatan lemah akan memberi kesan kepada produktiviti tenaga kerja, meningkatkan kos rawatan jangka panjang dan menjejaskan keyakinan pelabur.

Negara mempunyai sistem kesihatan kukuh akan lebih berdaya saing dalam menarik pelaburan berkualiti tinggi. Oleh itu, krisis tenaga kerja kesihatan ini bukan hanya isu sektor awam, tetapi berkait rapat dengan pertumbuhan ekonomi, daya saing global dan kedudukan Malaysia dalam rantaian nilai global.

Kelompokan boleh dilihat dari sudut ketidakpadanan antara pengeluaran bakat dengan reka bentuk sistem. Negara bukan kekurangan siswazah, tetapi kekurangan sistem mampu menyerap, melatih dan mengekalkan mereka secara efektif. Ini menunjukkan masalah utama bukan pada universiti atau kualiti siswazah, tetapi pada reka bentuk institusi dan dasar tidak selari dengan realiti semasa.

Pendekatan 'whole-of-system redesign' penting, bukan sekadar reformasi berperingkat. Ini termasuk penyusunan semula keseluruhan saluran dari kemasukan pelajar perubatan hingga tahap pakar, integrasi lebih rapat antara universiti dengan hospital serta penggunaan data besar untuk meran-

cang keperluan tenaga kerja secara masa nyata.

Universiti sedar bakat tempatan adalah aset strategik negara mesti diberi keutamaan, perlindungan dan ganjaran setimpal. Universiti Malaya (UM) melaksanakan peranan kritikal dalam melahirkan tenaga profesional bukan sahaja cemerlang dari segi akademik dan klinikal, bukannya mempunyai kesedaran terhadap tanggungjawab nasional.

Secara realistik, peranan universiti juga terhadap dalam menentukan hala tuju kerjaya siswazah, yang akhirnya dipengaruhi dasar negara, struktur pasaran pekerjaan dan daya tarikan global.

Ganti kontinuiti dengan laluan kerjaya stabil

Namun, universiti sahaja tidak mampu menentukan hala tuju kerjaya siswazah. Oleh itu, pendekatan menyeluruh membabitkan kerajaan, industri dan institusi pendidikan amat diperlukan. Reformasi struktur kerjaya perlu dilaksanakan dengan segera. Sistem kontrak perlu dilihat semula dan digantikan dengan laluan kerjaya stabil dan berstruktur.

Walaupun Malaysia mungkin tidak mampu menandingi sepenuhnya tawaran gaji negara maju, negara boleh meningkatkan daya tarikan melalui insentif bukan kewangan seperti kemudahan perumahan, peluang penyelidikan dan keseimbangan kerja-kehidupan. Model ikatan perkhidmatan juga perlu direka semula agar lebih fleksibel dan berasaskan insentif.

Pendekatan dasar lebih berani perlu dipertimbangkan, termasuk penubuhan mekanisme nasional khusus untuk retensi bakat kesihatan, laluan kepakaran dipercepatkan dalam bidang kritikal serta model latihan hibrid antara sektor awam dengan swasta. Penyelirasan antara pengeluaran siswazah dengan keperluan sebenar sistem kesihatan juga perlu diperkukuh melalui pendekatan berasaskan data dan perancangan jangka panjang.

Pelaburan dalam infrastruktur kesihatan perlu dipertingkatkan, termasuk pembangunan hospital pengajar berteknologi tinggi dan integrasi sistem digital seperti teleperubatan. Naratif nasional mengenai profesion doktor perlu diperbaharui agar dilihat sebagai satu peranan strategik dalam pembangunan negara dan kesejahteraan masyarakat.

UM sendiri akan terus mengutamakan pembangunan bakat tempatan melalui pendidikan bertaraf dunia, ekosistem penyelidikan kukuh serta kerjaya strategik dengan semua pihak berkepentingan.

Pada peringkat pendidikan, UM akan terus memperkukuh kurikulum dengan menekankan bidang masa hadapan seperti kecerdasan buatan (AI) dalam kesihatan, perubahan ketepatan serta integrasi teknologi digital dalam sistem penjagaan kesihatan. Siswazah bukan sahaja perlu kompetitif di peringkat global, bahkan relevan dan bersedia memenuhi keperluan domestik.

Pembangunan nilai profesionalisme, etika dan tanggungjawab kepada negara akan terus diperkukuh sebagai asas kepada pembentukan doktor bukan sahaja cemerlang, malah berintegriti dan berorientasikan perkhidmatan.

Mobiliti global tidak boleh diletakkan dalam dunia semakin terbuka. Justeru strategi negara tidak boleh berasaskan sekatan, sebaliknya perlu berfokus kepada penciptaan ekosistem menjadikan Malaysia sebagai destinasi pilihan. Bakat tempatan perlu melihat masa depan dalam negara lebih bermakna, stabil dan bernilai.

Krisis ini harus dilihat sebagai satu titik perubahan penting bagi Malaysia. Dengan pendekatan berani, strategik dan menyeluruh, ia berpotensi menjadi pemangkin kepada reformasi besar dalam sistem kesihatan serta tenaga kerja negara.



Krisis tenaga kerja sektor kesihatan

Doktor pelatih berhijrah bermula sejak lantikan kontrak diperkenalkan

Peluang jawatan tetap terhad antara punca jumlah graduan perubatan makin menurun sejak 2020

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Kuala Lumpur: Isu penghijrahan doktor pelatih ke luar negara bermula sejak Kementerian Kesihatan (KKM) memperkenalkan pelantikan secara kontrak pada 2016. Lantikan kontrak tidak menjangkakan laluan kerjaya yang menarik hingga mengakibatkan pelajar enggan melanjutkan pengajian dalam bidang perubatan dan jumlah graduan perubatan semakin menurun sejak 2020.

Pakar Perunding Perubatan Kesihatan Awam, Prof Datuk Dr Rohaizat Yon, berkata peluang jawatan tetap yang terhad memberi kesan kepada minat dan hala tuju graduan perubatan.

"Pada Julai 2021, berlaku Hartal Doktor Kontrak sebagai tanda bantahan terhadap isu berkenaan. Kos pengajian perubatan untuk tempoh lima hingga enam tahun pula sangat tinggi.

"Bagi pelajar yang tidak mendapat tajaan, mereka perlu membuat pinjaman. Selepas kontrak dengan KKM tamat, timbul ketidakpastian dari segi pendapatan, peluang melanjutkan latihan pasca-ijazah serta keupayaan membayar balik pinjaman. Ini

mungkin antara faktor graduan perubatan mula berkurangan," katanya.

Dr Rohaizat yang juga bekas Timbalan Ketua Pengarah Kesihatan berkata, keadaan itu secara tidak langsung mendorong sebahagian pegawai perubatan mencari peluang kerjaya yang lebih stabil di luar negara, termasuk Singapura.

Laporan *BH* mendedahkan sektor penjagaan kesihatan awam negara kini disifatkan berdepan krisis tenaga kerja yang kritikal susulan penolakan besar-besaran penempatan oleh doktor pelatih.

Nota penyelidikan MBSB Research melaporkan, daripada 5,000 slot penempatan *housemanship* yang ditawarkan KKM pada Januari 2026 bagi mengatasi lambakan graduan, hanya 529 individu atau kira-kira 10.5 peratus melapor diri.

Keadaan itu mencerminkan ketirisan bakat yang semakin serius, terutama apabila negara jiran, Singapura, mengubah strategi dalam menarik tenaga pakar perubatan dari Malaysia.

Sementara itu pakar kesihatan awam, Prof Dr Rafidah Hanim Mokhtar, berkata skim perkhidmatan kesihatan negara ini masih berada di tahap lama sehingga menyebabkan doktor pelatih menolak ditempatkan di kemu-

dahan kesihatan kerana mahu berhijrah ke Singapura.

Katanya, krisis sektor kesihatan awam di negara ini amat meruncing KKM perlu mengambil tindakan drastik seperti menawarkan skim gaji serta elaun *on call* yang lebih baik.

Beliau berkata, sekiranya keadaan itu dibiarkan, ini akan merugikan sektor kesihatan Malaysia kerana pelajar perubatan

SISTEM PERJAWATAN DOKTOR: MALAYSIA DAN SINGAPURA

TAHAP	MALAYSIA	SINGAPURA
DOKTOR PELATIH	2 tahun	Sekitar setahun
KEPAKARAN	Laluan Paralel/ Program Sarjana Perubatan	Residency (lebih tersusun & kompetitif)
GAJI: DOKTOR PELATIH /HO	RM5,197 sebulan termasuk elaun	SGD5,000 sehingga SGD6,000 (RM15,550 hingga RM18,660)
GAJI: PEGAWAI PERUBATAN	Bermula RM5,000 sehingga RM10,000 sebulan	SGD6,871 hingga SGD8,150 (RM21,368.81 hingga RM25,346.50)
ELAUN	Imbuan Tetap Khidmat Awam (ITKA), Imbuan Tetap Perumahan (ITP), elaun Sara Hidup (COLA) dan Kadar Elaun Tugas Atas Panggilan (ETAP)	Elaun hujung minggu, elaun on-call, elaun syif malam
CUTI	Cuti tahunan: 25-30 Cuti sakit (luar): hingga 180 hari Cuti hospital: Sebahagian dari 180 hari	Cuti tahunan: 14-21 hari (bergantung gred dan tempoh perkhidmatan) Cuti sakit: 14 hari setahun (berbayar) Cuti hospital: 60 hari setahun
JAM KERJA	Purata 42 jam seminggu	Maksimum 80 jam seminggu

yang dilatih, tidak berkhidmat di negara sendiri.

"Kesihatan ialah komoditi yang amat penting. Tanpa sistem perkhidmatan yang mencukupi, negara akan menanggung beban morbiditi (penyakit) dan mortaliti (kematian) rakyat, dalam jangka panjang bakal menjejaskan produktiviti negara.

"Krisis sektor kesihatan awam kita amat meruncing dan memerlukan kerajaan mengambil tindakan drastik dalam menawarkan skim gaji serta elaun *on call* yang lebih baik.

"Pendek kata, KKM mesti mendapat dana untuk skim perkhidmatan yang lebih menarik buat doktor pelatih kita. Jangankan kita berdoak-dalok kerana kesihatan tak dapat dibeli oleh wang ringgit," katanya.

Hayuskan lantikan kontrak

Dr Rafidah Hanim berkata, KKM sepatutnya mengembalikan status doktor pelatih tetap serta menghapuskan lantikan kontrak.

"Ini disebabkan lantikan tetap memberi banyak kelebihan seperti peluang menyambung pengajian, pinjaman perumahan, kereta dan sebagainya sekali gus membantu mempersiapkan doktor pelatih untuk bekerja dan merancang kerjaya.

"Selain itu, wujudkan sistem syif lebih baik berbanding sistem *on call* berterusan sehingga 24 atau 36 jam. Tetapi sistem syif ini memerlukan jumlah doktor yang ramai kekal di hospital. Doktor yang ramai di hospital hanya dapat kita wujudkan jika skim gaji atau elaun diperbaiki.

"Suasana kerja juga perlu diubah dengan lebih menghargai dan menghapuskan budaya membuli doktor baharu. Sememangnya tugas di hospital amat ter tekan tetapi pakar perunding dan pentadbir boleh mencipta suasana lebih profesional dan dihormati doktor junior," katanya.



Dr Rohaizat Yon

Infografi: BH