

AKHBAR : UTUSAN
MUKA SURAT : 1
RUANGAN : MUKA DEPAN



AKHBAR : THE STAR
MUKA SURAT : 5
RUANGAN : NATION

Tuesday 19/3/25 ml.s. 5 NATION

Health Ministry committed to minimise tuberculosis cases by 2030

PETALING JAYA: Malaysia reported 26,183 cases of tuberculosis (TB) in 2024, which is a marginal increase of 34 cases from 2023, says the Health Ministry.

A total of 21,959 of these infections involved Malaysians – which is lower than the 22,132 cases reported the year before.

In 2019, 22,181 cases were reported among Malaysians. This was followed by 19,695 in 2020, 18,136 in 2021 and 21,068 infections in 2022.

Meanwhile, 4,224 cases were detected among foreigners last year, with the numbers continuing to rise since 2019, the ministry said in a Dewan Negara written reply on March 13.

There were 3,384 cases report-

ed in 2019, followed by 3,278 (2020), 3,050 (2021), 3,720 (2022) and 4,017 (2023).

"The TB fatality rate for Malaysia was 6.8 for every 100,000 residents in 2019 which increased to 7.1 (2020), followed by 6.68 (2021), 7.88 (2022), 7.86 (2023) and 7.58 (2024)," it said.

Sarawak (12.07), Sabah (11.84) and Kuala Lumpur (9.32) recorded the highest fatality rate.

"TB patients can recover if they receive treatment administered by their doctors. But, TB can cause deaths if left untreated or if treatment is delayed," it said.

"The number of new TB infections among citizens between 2019 and 2024 was between 84% and 86.9%, while among non-

citizens, it was between 13.2% and 16.1%," it added.

Citing the United Nations' Sustainable Development Goals, the Health Ministry said the target is to reduce cases by 80% and death rates by 90% by 2030.

"Based on this target, Malaysia would (have had to) reduce the new TB infections to 5,000 in 2023 whereas the death rate was supposed to be reduced to 2.2 for every 100,000 residents," it said.

"The ministry will strive to achieve the target for 2030. One of the initiatives was the National Strategic Plan to End TB (2021-2030)," it added.

It said the plan's main strategy is early detection through targeted screening, early treatment

and ensuring that patients recuperate to prevent the spread of infection.

Patients who display symptoms such as prolonged cough and fever that exceeds two weeks, a lack of appetite, losing weight, sweating at night and coughing blood would be screened for TB.

High-risk individuals suffering from diseases such as HIV, on dialysis for renal failure, chronic obstructive pulmonary diseases and diabetes; senior citizens, smokers and inmates who come into contact with TB patients are also screened.

The ministry also conducts screening for latent TB infection (LTBI). LTBI occurs when a person is infected with the TB bacte-

ria but the infection remains dormant and without symptoms, though an active infection may develop in the future.

With preventive treatment for TB, the risk of infection is reduced by up to 10%.

The Health Ministry has also procured three units of ultra-portable X-ray with artificial intelligence to detect TB cases in and out of healthcare facilities, especially in remote areas and areas with logistical challenges.

The ministry was responding to a question by Senator Dr RA Lingeshwaran on the statistics of new cases for the past five years and whether Malaysia is on track to achieve its target in relation to TB cases.

AKHBAR : THE STAR
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Bleeding medical talent

Experts: Brain drain causing big losses in educational investment

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PETALING JAYA: There has been an increasing trend of medical graduates leaving for Singapore for housemanship, leading to losses of millions of ringgit in educational investment annually, say experts.

Universiti Kebangsaan Malaysia Faculty of Medicine dean Prof Datin Dr Marina Mat Baki said from only two graduates who moved to the republic in 2020, the number grew to 15 more graduates in 2021, 25 in 2022 and 30 in 2023.

"This is a significant loss for Malaysia as the tuition fees for medical courses are heavily subsidised by the government," she said.

She urged the government to expedite allocation of hospital postings for graduates after completing their final examinations to retain them in the country.

"As long as they pass their final examinations, they should be allowed to apply for and get their

placement as soon as possible," she said.

According to the Singapore Medical Council, only medical students who graduated from Universiti Kebangsaan Malaysia (UKM) and Universiti Malaya are accepted to undergo training in the republic.

Dr Marina noted that it is harder for graduates who did their housemanship in Singapore to return and practise in Malaysia as they need to prove that they have fulfilled the Malaysian Medical Council's (MMC) requirements.

"If the training was not completed as per MMC's requirements, they will need to fulfil the postings that haven't been done in Malaysia before they can be certified and continue as a medical officer here," she said.

She added that it is easier to come back as a specialist, but the certification must be from qualified bodies approved by MMC.

This would typically take up to 10 years.

She also highlighted the possibility of less opportunities for Malaysian graduates to pursue

specialist programmes in Singapore.

Prof Dr Sharifa Ezat Wan Puteh, a health economics and public health specialist at UKM, said the government would have spent an estimated RM500,000 to RM1mil per student for a five-year course.

She said the cost included the study placement comprising capital and assets in training hospitals.

"The government is also paying all lecturers to teach our medical students. This figure is only from one university," she said, referring to UKM.

"The return on all the investments is lost because once the doctors work abroad, there is no benefit received by the local population."

Apart from the financial loss, she said, Malaysia is also left with fewer doctors, which could disrupt the ratio of provider-to-population and affect access to medical care.

Hartal Doktor Kontrak spokesperson Dr Muhammad Yassin said the talent outflow would place further strain on Malaysian

healthcare workers.

"This will lead to more burnout and overwork, which may in turn lead to more exodus out of the Health Ministry, either to the private sector or overseas.

"The overall effect will be a healthcare system with suboptimal care for the patients as more and more are depending on the public healthcare system due to the increase in insurance price and medical inflation," he said when contacted.

He said this matter should be addressed by improving the working environment and providing better remuneration for medical officers and specialist doctors.

"Start with increasing on-call allowances. There is also a need to find ways to reduce the workload of healthcare workers in general, not just doctors but also support staff," he added.

He proposed a private-public partnership or a national insurance scheme that helps offload patients in the government facilities to the private sector without compromising care.