

AKHBAR : UTUSAN MALAYSIA
MUKA SURAT : 29
RUANGAN : DALAM NEGERI

UM M/S 29 D/Megari
11/7/2025
(84)

Jabatan Kesihatan Kelantan siasat kes 'anak lorong'

KOTA BHARU: Siasatan menyeluruh dilakukan berhubung dakwaan petugas kesihatan bertindak kasar dan menggelarkan bayi baharu dilahirkan di Hospital Raja Perempuan Zainab (HRPZ) II di sini, sebagai 'anak lorong'.

Pengarah Jabatan Kesihatan Negeri, Datuk Dr. Zaini Hussin berkata, kejadian dilaporkan berlaku Sabtu lalu manakala aduan dikemukakan oleh pengadu menerusi Sistem Pengurusan Aduan Awam (SisPAA), kelmarin.

Katanya, sebarang isu berkaitan salah laku akan ditangani secara tegas demi memelihara integriti dan profesionalisme perkhidmatan kesihatan negara.

"Semua pesakit berhak untuk menerima layanan yang penuh empati, hormat dan profesionalisme tanpa mengira latar belakang.

"Kualiti penjagaan dan keselamatan pesakit sentiasa menjadi keutamaan kami. Kami komited untuk memastikan kesejahteraan dan keselesaan semua pelanggan sentiasa terpelihara," katanya.

Menurut tangkap layar yang tular dalam laman sosial, petugas terlibat menggelarkan bayi itu sebagai anak lorong.

Pelaku turut didakwa mengejutkan bayi dengan penumbuk dan menyusukan bayi dengan kasar ketika anak kecil itu tidak mahu menghabiskan susu.



**Semua pesakit
berhak untuk
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layanan yang
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tanpa mengira
latar belakang."**

ZAINI HUSSIN

AKHBAR : THE STAR
MUKA SURAT : 4
RUANGAN : NATION

STARMETRO, TUESDAY 1 JULY 2025

The Star M15 News 1/7/2025 (Thursday)

JOHOR

By YEE XIANG YUN
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AFTER a five-year wait, Johor's Hospital Pasir Gudang (HPG) is set to open in phases starting next month.

Johor health and environment committee chairman Ling Tian Soon said the RM380mil hospital would begin operations by running its emergency and trauma department and general surgery department.

"The rest of the 304-bed hospital will open up in stages.

"Once fully operational next year, the hospital will have 14 specialist clinics.

"We want to ensure that all the specialist clinics are ready with the respective specialist doctors, medical team and equipment before taking in patients."

Ling said the hospital had appointed people to key positions such as director and deputy directors and was in the process of filling more than 1,800 vacancies as approved by the Health Ministry.

So far, over 270 positions had been filled, he said, adding that more vacancies would be filled by August.

He said the state government had asked the ministry to station doctors and nurses at HPG or transfer them from other existing healthcare facilities, and this would take time.

Ling said construction for the hospital began in 2020 but there were significant setbacks due to the Covid-19 pandemic and movement restrictions.

The hospital was completed earlier this year.

At full capacity, HPG is expected to cater to 900,000 residents in Pasir Gudang and its surrounding areas.

It is also expected to reduce the patient volume at Hospital Sultanah Aminah (HSA) and Hospital Sultan Ismail, both located in Johor Baru.

Ling said the ministry was preparing a proposal for

New hospital to open next month

Pasir Gudang medical facility with 14 specialist clinics to be fully operational next year



Hospital Pasir Gudang is expected to reduce the patient load at two Johor Baru hospitals.

another major healthcare project in Johor – the construction of a 1,500-bed HSA 2 near Universiti Teknologi Malaysia, Skudai.

"The proposal will be handed over to the Public Private Partnership Unit hopefully by this month, for it to be brought to the Cabinet to discuss its implementation.

"The land matters have been

sorted out and technical workshops have also been held to look into what is needed for HSA 2.

"We have another major project at the existing HSA, which is to add a new building called Ambulatory Care Centre, so we want to make sure there are no conflicts between both projects."

Previously, Ling reportedly

said the HSA 2 project was to begin development in 2026 with a public-private partnership model as announced by Prime Minister Datuk Seri Anwar Ibrahim in his Budget 2025 speech.

HSA 2 will be built on a 28.33ha land provided by the Defence Ministry from a 202.34ha site, making it the largest hospital in Johor.

AKHBAR : NEW STRAITS TIMES
MUKA SURAT : 1
RUANGAN : BUSINESS

NSI M/S 1 Business - 1/2/2025 (Tuesday)

MAJORITY STILL UNPROTECTED

MORE than 60 per cent of Malaysia's population remain uninsured or underinsured. Experts say bold measures and a rethink of old models are needed.

» REPORT BY SHAREN KAUR ON PAGES 4-5



The image shows a hand holding a stethoscope over a health insurance form and a calculator. The form is titled 'Health Insurance' and includes sections for 'Part I: Recipient Information' and 'Part II: Covered Individuals'. The calculator is a black electronic calculator with a numeric keypad and function buttons.

Health Insurance

☐ VOID ☐ CORRECTED

CALL NO. 1507-2332

Part I: Recipient Information

1. Recipient's name	2. Malaysian assigned policy number	3. Policy issuer's name	4. Recipient's date of birth
5. Recipient's spouse's name	6. Recipient's spouse's IDNo	7. Recipient's address (including apartment/flat/condo)	8. Recipient's city or town
9. Policy start date	10. Policy termination date	11. Street address (including apartment/flat/condo)	12. Country and ZIP or postal code
13. City or town	14. State or province	15. Country and ZIP or postal code	16. Monthly premium

Part II: Covered Individuals

A. Covered individual's name	B. Covered individual's IDNo	C. Covered individual's date of birth	D. Covered individual's address (including apartment/flat/condo)
17. Covered individual's name	18. Covered individual's IDNo	19. Covered individual's date of birth	20. Covered individual's address (including apartment/flat/condo)

Coverage Information

A. Monthly premium	B. Monthly second lowest cost value plan (SLCSP) premium	C. Monthly additional premium
21. Monthly premium	22. Monthly second lowest cost value plan (SLCSP) premium	23. Monthly additional premium

MALAYSIA MADANI
Laporan

AKHBAR : NEW STRAITS TIMES
MUKA SURAT : 4
RUANGAN : BUSINESS

NST m/s 415 Business 1/7/2025 (Tuesday)

CLOSING THE PROTECTION GAP

A WAKE-UP CALL FOR INSURANCE INDUSTRY

Experts propose cross-subsidisation and sustainable funding framework, among others, to reach underserved sectors

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MALAYSIA'S insurance and takaful industry is confronting an uncomfortable truth: despite more than a century of operations, strong global brands and modern digital tools, over half of the population remain uninsured or underinsured.

For an industry built on protection, it's a wake-up call, said Ravinder Singh, a veteran who has spent more than a decade pushing online insurance solutions.

"Let's face the hard truth. Sixty per cent of Malaysians still have no insurance or takaful. That means over 300 of 550 people who die daily leave no protection for their families. For an industry that's been here for over a century, with all the world's biggest insurers, this is unacceptable," he said in the latest episode of "Beyond the Headlines", which also featured healthcare strategist Rhenu Bhuller.

Ravinder, who is a reinsurer, actuary and advocate, said this protection gap reveals a deeper structural challenge: reaching groups who have long been underserved, especially the M40 and B40 income groups, gig workers and rural households.

"The most vulnerable are the M40 and B40, who have limited savings and often large families. Only online, direct channels with simple and affordable products can close this gap. And until we do that, I have no plans to retire."

He believes closing this gap will require more than just digital apps or brochures. To keep premiums sustainable post-retirement, he proposes actuarial and subsidy models that spread the cost over time.

One solution is life-cycle pricing with cross-subsidisation.

"This is where policyholders pay slightly higher premiums during their earning years to lock in more stable rates, post-retirement. It works well for life and savings products, but not

for medical insurance. That's because medical inflation and the emergence of costlier treatments keep pushing healthcare costs up," Ravinder said.

He suggested a fresh approach: unlock unused value.

"Many Malaysians hold two medical policies (employer and private) but can only claim from one. Instead of insurers pocketing that surplus, it could roll into a health savings account to offset future premiums. A matching contribution from employers or the government would sweeten the pot."

Ravinder also sees "longevity credits" as part of the solution: rewarding people who maintain good health with more stable premiums. This could be tied to employer health checks or programmes like Social Security Organisation's (Perkeso) SEHATI, which provides free screenings for people aged 40 to 59.

He also said despite heavy investment in digitalisation, self-service insurance sales account for less than 10 per cent of total policies.

"Insurance is still seen as complex and low-trust. Where it has worked, like in microtakaful or basic term products, it's because the value is clear, the pricing is transparent, and claims are simple."

"We're in a hybrid phase now. The goal of self-service isn't just to digitise forms but to remove friction. That means guided journeys, smart defaults, and even trial coverage for specific communities."

Ravinder added that consumer sentiment remains a hurdle.

"Too many people still see insurance as confusing or, worse, a scam. The fix isn't more talks; it's real experience. Education alone won't shift sentiment."

"People only understand it once they own a policy. Start with small, affordable plans. Once they're protected, they get curious, they ask questions, and they learn."

KEEPING CRITICAL ILLNESS COVER WITHIN REACH

One area that Ravinder said can help plug the gap is critical illness coverage.

"Critical illness is a good complement to, or even a substitute for, medical insurance. Unlike medical plans, critical illness premiums are fixed once bought."

He said for a healthy 40-year-old, an RM100,000 critical illness policy can cost less than RM1 a day on many online platforms.

"The key is to buy early. Also, you don't need coverage for all 46 diseases. The 'Big 5' illnesses, such as cancer, stroke, heart attack, kidney failure, and major organ transplant, account for the vast majority of claims. Keeping it simple makes it affordable and accessible," he said.

For Ravinder, the message is clear: the industry must innovate beyond products, rethink pricing and distribution, and deliver simple, tangible value to those who need it most, and can least afford to go without.

MALAYSIA AT A HEALTHCARE CROSSROADS

As healthcare systems worldwide brace for a turbulent decade, Malaysia's own system stands at a pivotal crossroads. It is grappling with the same challenges that have forced developed nations to rethink how they deliver care.

"It's clear that we're dealing with a complex interplay of five major forces: demographic shifts, economic pressures, workforce shortages, the acceleration of digital transformation and rapid technological change," said Rhenu.

The stakes are high. Countries everywhere are wrestling with how to make healthcare more accessible, financially sustainable, and truly patient-centred, especially as ageing populations and rising costs from advanced treatments and administrative inefficiencies strain budgets, she said.

"We're dealing with a complex interplay of five major forces — demographic shifts, economic pressures, workforce shortages, the acceleration of digital transformation, and rapid technological change," said Rhenu.

While digital health solutions hold great promise, Rhenu cautions that issues like fragmented data, cybersecurity risks and uneven adoption must be addressed head-on.

"The challenge is scaling technology without overwhelming clinicians or widening health inequities."

She highlighted widening gaps in care by geography, income and ethnicity, as well as growing mental health needs among the youth and elderly.

Women's health also continues to lag behind.

"These challenges are interconnected, and solving them will require bold leadership, cross-sector collaboration, and a willingness to rethink how healthcare is delivered and financed."



(From left) Healthcare strategist Rhenu Bhuller, reinsurer, actuary and ad assistant news editor Amalina Kamal at the "Beyond the Headlines" programme

Drawing on her work in Singapore, Australia and Switzerland, Rhenu believes there are proven models that Malaysia can adopt to fit local realities.

She said Singapore, for instance, is tackling rising costs, expected to nearly double to S\$43 billion by 2030, with a balanced strategy of fiscal discipline, innovation and inclusion. Its 3M Framework (Medisave, MediShield Life and Medifund) ensures that even the most vulnerable citizens have access to care.

In Switzerland, mandatory private insurance is balanced by robust government oversight and local accountability. Nearly 30 per cent of residents receive subsidies for their premiums, managed by cantonal governments that also oversee hospital services to reflect local needs while maintaining national standards.

Australia, meanwhile, shows how strong public-private partnerships and an integrated digital health strategy can work in practice.

"Its National Digital Health Strategy is a great example of using real-time data to guide care and shape policy."

Malaysia, too, is ramping up its digital health push, from smart hospitals to interoperable health records, but Rhenu warns that technology must be designed around real people.

"One critical lesson from Australia and South Korea is the importance of designing digital health strategies around the patient, not just the system."

That means prioritising user-friendly interfaces, multilingual access and seamless data sharing between providers."

She said digital solutions must go beyond urban centres to serve rural communities through scalable, mobile-first approaches.

Fragmented data and weak cybersecurity protections remain big hurdles. Just as crucial, she said, is ensuring healthcare professionals are ready to use these tools with confidence.

"Ongoing digital upskilling must be a priority. Technology alone won't fix the system; people will."

BALANCING UNIVERSAL CARE WITH RISING COSTS

Rhenu sees a clear multi-pronged pathway for Malaysia to balance universal healthcare with the rising costs of advanced care and continuous innovation.

She said a critical pillar is a sustainable funding framework, which could include a national health insurance scheme that pools risk across the population, similar to South Korea's model.

"This would reduce reliance on out-of-pocket payments and create a more sustainable funding base for both basic and advanced care. Switzerland blends mandatory private insurance with strong public oversight. While insurers are private, the government regulates pricing and ensures universal access. This model fosters innovation while



Patients in a government health clinic. Countries are wrestling with how to make healthcare more accessible, financially sustainable and patient-centred. NSTP FILE PIC FOR ILLUSTRATIVE PURPOSES ONLY

AKHBAR : NEW STRAITS TIMES
MUKA SURAT : 5
RUANGAN : BUSINESS



ocate Ravinder Singh, 'Business Times' news editor Sharen Kaur and NST
time.

maintaining equity and cost control."

She also called for stronger public-private partnerships to expand capacity without overstressing the public sector. By integrating private providers into national strategies through shared services, co-financing arrangements or outcome-based contracts, Malaysia could deliver more care where it's needed most, she said.

Another priority is a sharper focus on value-based healthcare. This means rigorously assessing treatments and technologies for their cost-effectiveness and measurable health outcomes.

"Every ringgit should deliver clear, proven results for patients," she said, adding that a value-based approach ensures spending remains sustainable while improving care quality.

Rhenu also stressed the need for greater investment in prevention, including early detection, health education and chronic disease management, to reduce the costly burden of hospital admissions down the line.

She recommended encouraging voluntary supplemental insurance alongside universal coverage.

"Maintaining universal access to core services is essential, but giving people the option to purchase additional private coverage for elective or advanced procedures helps preserve fairness while offering more choice."

Rhenu added that balancing these solutions will require strategic trade-offs, but the end goal must be clear:

stretch every ringgit wisely while safeguarding universal access for all Malaysians.

Transparency and accountability will be vital to earning and maintaining public trust, she said.

CLOSING THE 'POSTCODE' GAP

Rhenu's ultimate vision is a system that breaks the "postcode effect", where the quality of care depends more on where you live than on what you need.

"Around the world, we've seen how living in the wrong district can mean longer waits, fewer specialists or limited preventive care. Countries are tackling this with regional networks, equity-based funding and mobile services.

"It is important for us to embed geographic equity into health planning. Malaysia's healthcare system is at a critical inflection point. My vision is for us to have a system that is resilient, inclusive and rooted in people's everyday realities.

"That means supporting our ageing population with home-based and community care, investing in preventive health, and recognising the vital role of family carers. We must also close equity gaps so that whether you live in a city or kampung, you get the care you deserve," she said.

With bold leadership, cross-sector partnerships and a willingness to rethink old models, Rhenu believes Malaysia can build a healthier, more equitable future for all.

AKHBAR : BERITA HARIAN

MUKA SURAT : 19

RUANGAN : NASIONAL

8H M/S 19 Nasional 1/7/2025 (Selasa)

'Akta baharu tahanan reman di rumah mampu jaga kesihatan mental'

Kuala Lumpur: Punca kuasa bagi pelaksanaan undang-undang tahanan rumah perlu digubal secara berasingan dengan turut memasukkan aspek keselamatan dan tahap urus selia supaya objektifnya benar-benar tercapai dan disambut baik masyarakat.

Pakar perlembagaan dari Universiti Islam Antarabangsa Malaysia (UIAM), Prof Madya Datuk Dr Wan Ahmad Fauzi Wan Husain, berkata pengubalan akta baharu khusus bagi tahanan reman di rumah itu dapat menjaga kesihatan mental mereka yang direman, selain kerukunan rumah tangga.

Beliau berkata, wujud keperluan diadakan suatu undang-undang sendiri berikutan objektif undang-undang itu membabitkan tahanan reman, berbeza dengan individu yang sudah dijatuhkan bersalah oleh mahkamah.

"Bagi tahanan reman, elok diadakan suatu undang-undang berasingan kerana seseorang yang direman belum tentu bersalah. Saya menyokong tahanan reman di rumah hanya untuk kesalahan kecil yang tidak membahayakan saksi dan ketenteraman awam serta pastinya bukan bagi jenayah berat," katanya kepada *BH*, di sini.

Beliau berkata demikian mengulas langkah Kementerian Dalam Negeri (KDN) meneroka dua pilihan sebagai punca kuasa untuk melaksanakan undang-undang berkaitan penahanan di rumah bagi membolehkan pesalah kesalahan ringan menjalani hukuman di kediaman masing-masing.

Menterinya, Datuk Seri Saifuddin Nasution Ismail, dilaporkan berkata, pilihan yang ada adalah sama ada meminda Akta Penjara 1995 atau menggubal akta baharu menerusi pembentukan Rang Undang-Undang

'Pinda akta atau gubal RUU baharu'



Keratan akhbar
BH semalam.

(RUU) Tahanan Rumah.

Pada masa sama, Wan Ahmad Fauzi berkata, undang-undang itu perlu digubal dengan teliti supaya tidak disalahgunakan dan untuk mengelakkan mudarat yang mungkin terlepas pandang.

Beliau berkata, pihaknya percaya penerimaan masyarakat akan bergantung kepada sejauh mana peruntukan dalam undang-undang baharu itu digubal.

Perkemas Akta Penjara 1995
Mengulas mengenai isu tahanan rumah bagi banduan pula, beliau berkata, lebih baik peruntukan sedia ada dalam Akta Penjara 1995 diperkemas melalui pindaan dalam akta sama.

Katanya, ia penting bagi menjelaskan tadbir urusan berkaitan tahanan di tempat selain penjara selaras kuasa untuk membuat perisytiharan suatu tempat sebagai penjara.

"Banyak perkara perlu dikaji dan diberikan pertimbangan, termasuk pihak mana perlu menanggung kos untuk memenuhi syarat penyediaan tempat tahanan di luar penjara yang boleh diisytiharkan sebagai penjara apabila berlaku suatu keadaan khas seperti faktor kesihatan banduan.

"Selain itu, jenis kesalahan, faktor usia, pelakuan banduan, tempoh pemenjaraan yang dilalui perlu diperincikan untuk menjustifikasikan bentuk tahanan ini selain faktor keselamatan dan kesihatan," katanya.