AKHBAR : THE STAR
MUKA SURAT : 2
RUANGAN : NATION

The Star m/s 2 Nation 18/6/2025 (Rabu)

Healthier, longer, happier lives

Anwar urges sustainable longevity economy to support healthy ageing

By FAZLEENA AZIZ
and CHARLES RAMENDRAN
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KUALA LUMPUR: It is the government's vision that no Malaysian should grow old in fear of poverty, abandonment or irrelevance, says Datuk Seri Anwar Ibrahim.

The Prime Minister said embracing a long life of quality and dignity requires a sustainable longevity economy that safeguards the healthcare and well-being of the people.

He said older Malaysians are healthier, more educated and capable than ever nowadays and with the right support, they can continue contributing through work, mentorship or community service.

He added that since longevity requires a transformation of society, there should be policies to ensure that it is sustainable.

According to a study, the average Malaysian can expect to live to age 76, but not before suffering nine years of poor health. Anwar said, meaning that after age 67, their health goes downhill with a reduced quality of life.

"This gap has not improved over the past two decades. In fact, it has widened from 8.6 years in 2000.

"This means living longer does not guarantee that we are living better," Anwar said in his speech at the launch of the International Social Wellbeing Conference 2025 (ISWC 2025) themed "Living to A Hundred: Are We Prepared?" held at the Shangri-La Hotel here yesterday.

Also present were Finance Minister II Datuk Seri Amir Hamzah Azizan, EPF chairman Tan Sri Mohd Zuki Ali and EPF chief executive officer Ahmad Zulqarnain Onn.

TURN TO PAGE 5

In the spotlight: Anwar flanked by Amir Hamzah (left) and Mohd Zuki at the launch of ISWC 2025 in Kuala Lumpur. Also with them are Ahmad Zulqarnain (right) and Chief Secretary to the Government Tan Sri Shamsul Azri Abu Bakar. — AZHAR MAHFOF/The Star

AKHBAR : THE STAR
MUKA SURAT : 5
RUANGAN : NATION

The Star m/s 5 Nation 18/6/2025 (Rabu)

terday. ... tainable and inclusive of people ... only should provide care-giving ... The only way forward was to ... cant due to their age.

PM calls for investment in health and social support

FROM PAGE 2

Anwar stressed that this is a wake-up call to place more emphasis on investing in health, especially in preventive care, public health education and community-based support.

"We must ask if our institutions, our policies and our thinking are prepared for this shift. As our lifespans lengthen, we must rethink how we sustain our personal well-being, how we plan our economy and how we preserve the fabric of a cohesive, caring society.

"The idea of living to 100 did indeed seem remote once," said Anwar.

"According to the United Nations World Population Prospects database, Malaysia had fewer than 10 centenarians in the early 1970s.

"Today, we have more than 1,000 and it is more than likely that the number will continue to grow," he added.

He also pointed out that a longer life raises expenditure for individuals, families and governments, adding that tackling this challenge starts by ensuring that fair wages are paid out.

"A long life must be matched by decent wages, dignified work and a fair share of national prosperity. However, fair wages alone are not enough.

"We must strengthen our social protection system to prepare for longer and more complex lives," he noted.

Anwar also commended the Employees Provident Fund (EPF) for taking steps to explore new approaches to enhancing retirement adequacy.

According to EPF chairman Mohd Zuki, the demographic transformation of Malaysia's ageing society will have a profound effect on the healthcare system, workforce and social fabric.

However, he said, older individuals are not simply recipients of care – they are contributors, consumers, caregivers, volunteers and mentors.

"Longer lives also open up new frontiers. The rise of the longevity economy, shaped by the contributions," consumption and experience of older adults, is an opportunity for innovation.

"It extends beyond pensions and healthcare to encompass how we design cities, structure workforces, build inclusive technologies and promote lifelong learning and active ageing.

"As such, our policies and systems must empower them to continue participating meaningfully in society, well into later life," he said.

As of 2023, 7.5% of Malaysians were aged 65 and above. This number will nearly double to 14% in 2043, and by 2058, more than one in five Malaysians will be 65 or older.

To address this, the EPF is advancing pension system reforms and financial innovation.

"We recognise that financial security is the bedrock of meaningful retirement. Planning for longevity starts with an honest understanding of the income required for a long and fulfilling life," Mohd Zuki said.

"We also acknowledge that retirement readiness is no longer an individual pursuit but a shared responsibility among families.

"In this spirit, a new intergenerational savings transfer feature will be introduced by the end of this year, allowing family members to contribute to each other's retirement security," he added.

"This reflects a more collaborative approach to long-term financial planning."

The event is jointly organised by the EPF, the Implementation Coordination Unit of the Prime Minister's Department and the Finance Ministry.

It aims to catalyse ideas and policies on the longevity economy.

This year's ISWC features former Swedish prime minister Fredrik Reinfeldt, Basic Income Earth Network founding member and honorary co-president Prof Guy Standing, World Economic Forum Lead in Longevity Economy Haleh Nazeri and Sunway Centre for Planetary Health director Tan Sri Jemilah Mahmood.

AKHBAR : THE SUN
MUKA SURAT : 1
RUANGAN : FRONT PAGE

PTPTN defaulters jeopardising education financing system

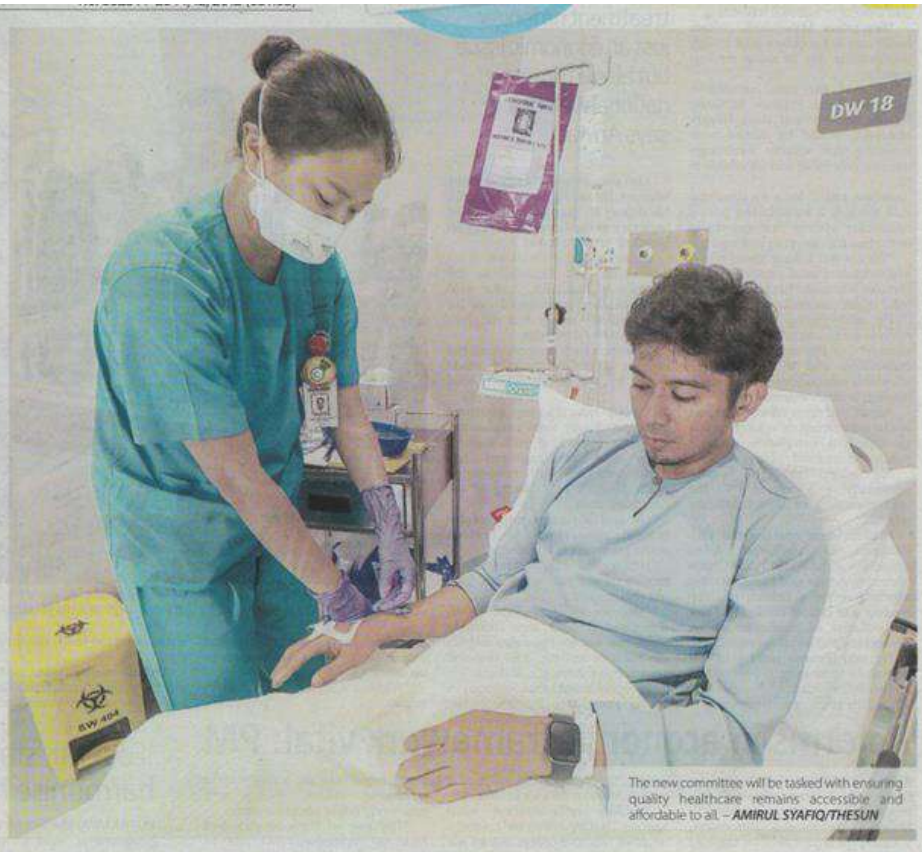
Continued failure by borrowers to repay study loans could strain govt resources, limit future funding availability: Experts

Report on page 3

Singer claims trial to sexual assault against minor

Naim Daniel, known for his role in *Projek: High Council*, faces up to 20 years' imprisonment and caning, upon conviction.

Report on page 5



The new committee will be tasked with ensuring quality healthcare remains accessible and affordable to all. – *AMIRUL SYAFIQ/THESUN*

Task force to curb medical costs

Rising treatment charges no longer just economic issue but also threat to national well-being, says Prime Minister Datuk Seri Anwar Ibrahim.

Report on page 2

AKHBAR : THE SUN
MUKA SURAT : 2
RUANGAN : NATIONAL

thesun M/s 2 National 18/6/2025 (Rabu)

Taskforce to rein in healthcare inflation established

BY HARITH KAMAL
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KUALA LUMPUR: Prime Minister Datuk Seri Anwar Ibrahim has unveiled a high-level task force to rein in soaring healthcare costs, warning that medical inflation is fast turning private healthcare into a luxury for many Malaysians.

Speaking at the Sasana Symposium 2025 yesterday, he said the rising cost of treatment is no longer just an economic issue but also a threat to national well-being.

"For many Malaysians, private healthcare is becoming increasingly unaffordable due to rising medical costs."

He said the new committee, comprising the Finance Ministry, Health Ministry and Bank Negara Malaysia, would be tasked with ensuring that quality healthcare remains accessible and affordable to all.

Anwar called for a fundamental shift towards a value-based private healthcare system that prioritises outcomes, transparency and equity.

"We are not talking about minor adjustments or small paradigm shifts. Our aim is to make healthcare a core pillar of national resilience."

He said among the proposed reforms are clearer pricing structures, stronger digital healthcare capabilities and wider access to affordable solutions such as universal medical insurance products.

Anwar said these efforts form part of a broader structural reform agenda grounded in compassion, sound policy and the needs of the people.

He added that he would personally oversee the implementation of these healthcare reforms.

Earlier, when opening the 19th Congress of Southeast Asian Librarians at the World Trade Centre yesterday, Anwar said Malaysia must urgently revive a culture of deep reading and critical thinking, or risk the collapse of public discourse, democracy and social cohesion.

He said libraries must lead this revival by nurturing curiosity and knowledge-sharing, especially among the younger generation.

Rising cost of treatment no longer just an economic issue but also a threat to national well-being, says Anwar.

Also present were National Unity Minister Datuk Aaron Ago Dagang, his deputy K. Saraswathy and Chief Secretary to the Government Tan Sri Shamsul Azri Abu Bakar.

Citing great civilisations, from Alexandria and Baghdad to the libraries of the West, Anwar said societies are remembered not for their military power but for their reverence for knowledge.

Anwar voiced concern over the erosion of critical thought, made worse by the influence of social media.

"People now read two sentences and immediately form conclusions. The habit of seeking truth through study and contemplation has diminished," he said, referencing Allan Bloom's *The Closing of the American Mind*.

He said librarians must evolve beyond preservation to become active purveyors of knowledge.

He called on libraries to modernise not just in infrastructure but also in spirit.

"Yes, we must respond to AI, digitalisation and new learning platforms. But we must also reignite the habit of reading, reflecting and engaging in meaningful dialogue."

He cautioned that without a strong knowledge culture, public discourse in politics, media and diplomacy would continue to deteriorate.

"Without a strong foundation in knowledge, populism, disinformation and mistrust take root."

He encouraged Asean nations to celebrate their intellectual heritage rather than rely on Western traditions.

Anwar said while silence in libraries still has its place, the future library must also welcome conversation, curiosity and engagement.

Anwar viewing an exhibit after opening the 19th Congress of Southeast Asian Librarians General Conference and Meeting at the World Trade Centre in Kuala Lumpur yesterday. – *ADAM AMIR HAMZAH/THESUN*

AKHBAR : BERITA HARIAN
MUKA SURAT : 1
RUANGAN : MUKA DEPAN

BH M/S M/D 18/6/2025-(RABU)

Tangani lonjakan kos penjagaan kesihatan

- Perdana Menteri umum penubuhan jawatankuasa bersama terdiri daripada MoF, KKM dan BNM untuk pastikan penjagaan kesihatan berkualiti, mampu dimiliki dan boleh diakses oleh semua rakyat.

- BNM dan kerajaan sedang berusaha laksana inisiatif RESET bertujuan susun semula industri insurans perubatan, kesihatan, takaful.

Oleh Mohd Zaky Zainuddin

→ *Nasional* 3

AKHBAR : BERITA HARIAN
MUKA SURAT : 3
RUANGAN : NASIONAL

BH m/s 3 NASIONAL 18/6/2025 (RABU)

Jawatankuasa bersama kementerian tangani kos penjagaan kesihatan

Kerajaan pastikan semua rakyat boleh akses, mampu miliki kelengkapan

Oleh Mohd Zaky Zainuddin dan Alzahrin Alias
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Kuala Lumpur: Datuk Seri Anwar Ibrahim semalam mengumumkan penubuhan jawatankuasa bersama kementerian untuk menangani peningkatan kos penjagaan kesihatan yang kini menjadi satu cabaran utama yang menjejaskan kehidupan rakyat.

Beliau berkata jawatankuasa yang terdiri daripada Kementerian Kewangan, Kementerian Kesihatan dan Bank Negara Malaysia (BNM) itu akan bekerjasama untuk memastikan penjagaan kesihatan yang berkualiti, mampu dimiliki dan boleh diakses semua rakyat Malaysia.

Beliau menyifatkan masalah itu sebagai isu nasional yang memerlukan tindakan segera.

"Ini bukan hanya isu ekonomi. Ini isu kesejahteraan nasional. Ramai rakyat tidak mampu mendapatkan rawatan kesihatan kerana kos yang tinggi," katanya dalam ucaptama pada Simposium Sasana 2025, di sini, semalam.

"Kita tidak bercakap mengenai perubahan kecil, tetapi perubahan asas.

"Kita perlu beralih kepada sistem penjagaan kesihatan swasta berasaskan nilai yang mengutamakan keputusan klinikal, ketelusan dan keadilan," katanya.

Beliau berkata, tumpuan perlu beralih daripada pembaikan secara beransur-ansur kepada satu sistem penjagaan kesihatan swasta berasaskan nilai, yang mengutamakan keberhasilan, ketelusan dan keadilan.

Antara pembaharuan yang dicadangkan, termasuk penetapan harga yang lebih jelas, penggunaan teknologi kesihatan digital, serta insurans kesihatan asas mampu milik untuk rakyat.

Anwar dan Gabenor Bank Negara, Datuk Seri Abdul Rasheed Ghaffour bersama peserta iTekad pada Simposium Sasana 2025 di Kuala Lumpur, semalam. (Foto Asyraf Hamzah/BH)

Anwar kongsi pengalaman

Anwar turut berkongsi pengalamannya mendapatkan rawatan di hospital kerajaan yang menunjukkan keperluan memperkukuh sistem awam agar lebih cekap dan tidak bergantung kepada pembelian kelengkapan mahal yang tidak digunakan secara optimum.

"Terdapat katil dibeli dengan harga ratusan ribu ringgit, tetapi tidak digunakan dengan sebaiknya. Ini mencerminkan pembaziran yang perlu dielakkan," katanya.

Perdana Menteri juga menekankan perlunya integriti institusi kerajaan diperhebat termasuk memastikan ketelusan, kebertanggungjawaban dan penguatkuasaan undang-undang dalam semua agensi kerajaan dan sektor swasta.

AKHBAR : BERITA HARIAN
MUKA SURAT : 3
RUANGAN : NASIONAL

BH MS 3 NASIONAL 18/6/2025 (RABU)

'Tumpu kesejahteraan sepanjang hayat rakyat'

Kuala Lumpur: Malaysia akan memberi penekanan lebih besar kepada pelaburan dalam kesihatan, terutama membabitkan penjagaan pencegahan, pendidikan kesihatan awam dan sistem sokongan berasaskan komuniti.

Perdana Menteri, Datuk Seri Anwar Ibrahim berkata, negara perlu beralih daripada sistem yang merawat penyakit kepada sistem yang menggalakkan kesejahteraan sepanjang hayat untuk rakyat.

Beliau berkata, ekonomi umur panjang global diunjurkan melebihi AS$65 trilion menjelang 2030 dan jika Malaysia ingin menjadi peneraju yang proaktif, negara mesti melabur dalam sistem kesihatan, penjagaan sosial, perumahan, alat kewangan dan industri yang menyokong masyarakat menua.

Ketika ini jugakatanya, purata jangka hayat rakyat Malaysia ialah 76 tahun, tetapi hanya 67 tahun dalam keadaan sihat, manakala selebihnya berada dalam keadaan kesihatan yang kurang baik.

"Malah, ia sudah melebar daripada 8.6 tahun pada 2000. Ini bermakna umur yang lebih panjang tidak semestinya menjamin kehidupan yang lebih baik," katanya ketika merasmikan Persidangan Kesejahteraan Sosial Antarabangsa 2025 (ISWC 2025) di sini semalam.

Laksana pelbagai agenda

Anwar berkata, kerajaan menyedari perkara berkenaan dan sudah melaksanakan pelbagai agenda seperti Kertas Putih Kesihatan yang berteraskan pencegahan, akses saksama dan reformasi menyeluruh sistem kesihatan.

Beliau berkata, peningkatan peruntukan sebanyak 9.8 peratus kepada RM45.3 bilion untuk sektor kesihatan membuktikan Malaysia sedang membina asas untuk negara yang lebih sihat dan lebih berdaya tahan.

Antara inisiatif utama katanya adalah mandat kepada fasiliti kesihatan swasta dan farmasi komuniti untuk memaparkan harga ubat-ubatan, satu dasar yang menggalakkan persaingan sihat dan membantu mengurangkan perbelanjaan peribadi rakyat.

Kerajaan juga katanya sedang melindungi kewangan isi rumah dan membolehkan rakyat Malaysia mengurus penyakit kronik serta menua dengan bermaruah dan berdikari.

Beliau juga memuji usaha Kumpulan Wang Simpanan Pekerja (KWSP) yang berterusan mencari pendekatan baharu bagi meningkatkan kecukupan pendapatan persaraan rakyat Malaysia.

Anwar berkata pembabitan KWSP dengan syarikat pelaburan berkaitan kerajaan (GLIC) lain mencerminkan perkongsian awam-swasta yang padu yang juga mampu meningkatkan infrastruktur penjagaan kesihatan, kebolehcapaian dan kualiti serta mewujudkan satu sistem yang boleh menyokong semua rakyat.

AKHBAR : THE STAR
MUKA SURAT : 4
RUANGAN : NATION

The Star m/s 4 Nation 18/6/2025 (Rabu)

Setting sights on tabling of Optometry Bill in October

PUTRAJAYA: The Optometry Bill is expected to be tabled in Parliament this October, says Datuk Seri Dr Dzulkefly Ahmad.

The Health Minister said the proposed legislation will serve as a dedicated legal framework to regulate all aspects of the optometry profession in Malaysia.

"It will be a standalone law governing the practice, training, registration and scope of duties for optometrists, distinct from opticians," he told reporters after launching the Primary Eye Care Service Guidelines for the Optometry Profession here yesterday.

Dzulkefly said the Bill is also expected to cover online sales of optical products, as well as enforcement provisions and penalties to safeguard consumer safety.

"This legislation is crucial in elevating optometry as a recognised, qualified, safe and effective professional field," he said.

Keeping an eye: Dzulkefly (centre) at the launch of the Primary Eye Care Service Guidelines for the Optometry Profession in Putrajaya. — Bernama

Dzulkefly highlighted the critical role of optometrists in the primary healthcare system, especially in the early detection of non-communicable diseases (NCDs) such as diabetes, hypertension, glaucoma and other retinal conditions.

"Optometrists are not only responsible for managing refractive errors. They also serve as a vital frontline in identifying eye diseases linked to NCDs," he said, Bernama reported.

He acknowledged that Malaysia has yet to meet the World Health Organisation's recommended ratio of one optometrist per 10,000 population.

"We are currently at a ratio of 1:16,000, which affects the health system's capacity to provide equitable and quality eye care services to the people," he said.

Dzulkefly noted that Malaysia only produces about 200 optometrists annually, reflecting the need for a strategic approach to workforce development through expanded training and capacity building.

The minister also expressed concern over the lack of regular vision screening and the financial burden of treatment, including cataract surgery and the purchase of corrective lenses, which continues to affect the majority of Malaysians, particularly those in rural areas.

He emphasised the need for a sustainable and progressive financing mechanism to ensure that no one is left behind in accessing quality eye care.

AKHBAR : BERITA HARIAN
MUKA SURAT : 4
RUANGAN : NASIONAL

BH MISC NASIONAL 18/6/2025 (RABU)

KKM sedang tambah baik pendaftaran, bayaran secara digital di semua fasiliti

Kuala Lumpur: Kementerian Kesihatan (KKM) sedang membuat penambahbaikan pendaftaran dan pembayaran secara digital di semua fasiliti miliknya.

Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad, berkata penambahbaikan itu mampu mengurangkan tempoh menunggu bagi pesakit.

Maklum balas itu diberikan oleh Dr Dzulkefly di laman sosial X miliknya selepas seorang pesakit dikenali sebagai Maniam merungut terpaksa menunggu lama di fasiliti kesihatan meskipun sudah mempunyai janji temu.

Memberi reaksi kepada status Maniam itu, beliau berkata, perkara itu tidak seharusnya berlaku terutama kepada mereka yang sudah mempunyai janji temu.

"Saya benar-benar kesal atas kesulitan yang berlaku. Tiada pesakit sepatutnya perlu menunggu terlalu lama, apatah lagi apabila mereka mempunyai janji temu. Saya sudah meminta pihak pengurusan Hospital Shah Alam untuk segera meneliti dan memperbaiki aliran pesakit serta sistem giliran.


Dr Dzulkefly Ahmad

"Kami juga sedang meneroka penambahbaikan pendaftaran digital dan sistem pembayaran di lokasi di semua fasiliti. Maklum balas anda amat penting.

"Ia memastikan kami terus bertanggungjawab dan sentiasa meletakkan keutamaan kepada pesakit," katanya.

Menerusi status yang dimuat naik, Maniam sebelum ini memaklumkan dirinya sudah mempunyai janji temu pada jam 8 pagi.

Namun, katanya, selepas satu jam setengah menunggu, nombor giliran yang dipanggil baru 164 berbanding nombor gilirannya iaitu 201.

"Masih jauh lagi nak tunggu! Nampaknya kena 'berkampung' di sini seawal pagi untuk lawatan seterusnya.

"@DrDzul Boleh tak ini diperbaiki, contohnya pendaftaran awal dan bayaran dibuat terus di tempat rawatan," ciapnya.

AKHBAR : SINAR HARIAN
MUKA SURAT : 12
RUANGAN : NASIONAL

Sinar harian m/s 12 Nasional 18/6/2025 (Rabu)

RUU Optometri dibentang Oktober ini

PUTRAJAYA - Rang Undang-Undang (RUU) Optometri dijangka dibentangkan di Parlimen pada Oktober ini, kata Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad.

Menurutnya, RUU itu bakal menjadi undang-undang khusus yang mengawal selia aspek profesion optometris di Malaysia.

"RUU Optometri akan menjadi *stand-alone legislation* yang akan mengawal selia amalan, latihan, pendaftaran dan skop tugas optometris berbeza dengan optisyen," katanya kepada pemberita selepas majlis pelancaran Garis Panduan Perkhidmatan Penjagaan Mata Primer bagi Profesion Optometris di sini pada Selasa.

Tambahnya, RUU Optometri dijangka meliputi aspek jualan produk optik secara dalam talian serta penguatkuasaan dan penalti bagi menjamin keselamatan pengguna.

"RUU ini sangat penting untuk mengangkat martabat profesion optometris sebagai bidang kerjaya yang profesional, bertauliah, selamat dan berkesan," katanya.

Ujarnya, peranan optometris dalam sistem kesihatan primer khususnya dalam pengesanan awal penyakit tidak berjangkit (NCD) seperti diabetes, hipertensi, glaukoma dan penyakit retina lain.

"Optometris tidak hanya menangani masalah salah bias tetapi juga memainkan peranan penting sebagai barisan hadapan dalam mengenal pasti penyakit mata berkait dengan NCD," ujarnya.

Beliau turut mengakui Malaysia masih belum mencapai piawaian Pertubuhan Kesihatan Sedunia (WHO) iaitu satu optometris bagi setiap 10,000 penduduk.

"Kita kini berada di paras 1:16,000 maka ini sedikit sebanyak menjejaskan keupayaan sistem kesihatan untuk memberikan akses yang berkualiti dan saksama kepada rawatan mata untuk rakyat," jelasnya.

Selain itu, Dr Dzulkefly berkata, Malaysia hanya mampu melatih kira-kira 200 optometris setiap tahun yang memerlukan pembangunan tenaga kerja secara strategik dari sudut latihan dan perluasan kapasiti.

Beliau turut menyuarakan kebimbangan terhadap liputan saringan penglihatan berkala yang masih rendah dan beban kos rawatan termasuk pembedahan katarak serta pembelian cermin mata masih ditanggung sendiri oleh majoriti rakyat.

Justeru, katanya, wujud keperluan bagi mekanisme pembiayaan mampan dan progresif agar tiada rakyat Malaysia yang tercicir daripada akses penjagaan mata berkualiti.

Mengenai Garis Panduan Perkhidmatan Penjagaan Mata Primer, ujarnya, ia merupakan langkah strategik ke hadapan sebagai asas pembentukan yang kukuh bagi kerangka amalan optometris swasta beretika, berasaskan bukti dan selamat.

Menurutnya, pelaksanaan pembuktian kelayakan dan *privileging* akan memastikan hanya optometris berkelayakan serta kompeten diberikan tanggungjawab klinikal tertentu. - *Bernama*

AKHBAR : HARIAN METRO
MUKA SURAT : 7
RUANGAN : LOKAL

Harian Metro M/s 7 Lokal 18/6/2025 (Rabu)

1,600 pesakit kurang mampu terima manfaat

Sumbangan Program Bantuan Perubatan Yayasan UEM cecah RM13.9 juta sejak 2014

Oleh Nur Aisyah Batrisyia Abd Razak
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Kuala Lumpur

Kos rawatan perubatan yang semakin membebankan sering menjadi penghalang bagi golongan kurang berkemampuan mendapatkan rawatan sewajarnya.

Menyedari keperluan mendesak itu, Yayasan UEM iaitu sayap kebajikan UEM Group Berhad (UEM Group) menyumbang sebanyak RM2 juta bagi pelaksanaan program Bantuan Perubatannya tahun ini, sekali gus menjadikan jumlah keseluruhan sumbangan mencecah RM13.9 juta sejak ia diperkenalkan pada 2014.

Malah program yang memasuki tahun ke-12 itu juga sudah memberi manfaat kepada lebih 1,600 pesakit kurang berkemampuan di seluruh negara.

Tahun ini, inisiatif ini diperluaskan lagi dengan penyertaan Hospital Rehabilitasi Cheras (HRC) sebagai rakan strategik keempat, menyertai tiga hospital sedia ada iaitu Pusat Perubatan Universiti Malaya (PPUM), Hospital Canselor Tuanku Muhriz UKM (HCTM) dan Hospital Pakar Universiti Sains Malaysia (HPUSM).

Setiap hospital akan menerima sumbangan RM500,000 yang akan digunakan bagi mendapatkan kelengkapan perubatan seperti perentak jantung dan peralatan pernafasan, ubat-ubatan, menampung kos rawatan termasuklah kemoterapi serta pembedahan kritikal yang menelan belanja tinggi bagi para pesakit kurang berkemampuan di setiap hospital tersebut.

Bagi HRC, sumbangan tahun ini akan digunakan khusus untuk mendapatkan peralatan *Transcranial Magnetic Stimulation* (TMS) iaitu teknologi rawatan pemulihan neurologi selain menampung kos rehabilitasi pesakit secara berterusan ke arah pemulihan jangka panjang.

Ketua Pegawai Eksekutif Yayasan UEM Aishah Nor berkata, usaha itu sebahagian daripada komitmen pihaknya bagi menyediakan akses kepada penjagaan kesihatan berkualiti khususnya bagi golongan kurang berkemampuan.

Katanya, meskipun negara memperlihatkan kemajuan dalam bidang perubatan, hakikatnya masih wujud jurang dalam akses kepada penjagaan kesihatan, apatah lagi dengan kesan pandemik Covid-19 dan tekanan inflasi serta kos perubatan semakin meningkat.

SURIANI (tiga dari kiri) ketika penyerahan sumbangan bantuan perubatan Yayasan UEM 2025 di HRC di Kuala Lumpur, semalam. Turut kelihatan, Aishah (kiri). - Gambar NSTP/FATHIL ASRI

Jelasnya, kisah menyayat hati seorang kanak-kanak yang memerlukan pembedahan otak segera meninggal dunia 11 tahun lalu kerana tidak dapat menjalani rawatan berikutan kos terlalu tinggi mencetuskan iltizam Yayasan UEM untuk menyokong usaha Kerajaan membantu pesakit yang memerlukan rawatan perubatan, sekali gus menjadi titik tolak bermulanya Program bantuan Perubatan.

> "Harapan kami, sumbangan ini dapat membawa perubahan bermakna
> Aishah Nor

"Kami percaya setiap individu berhak mendapatkan akses kepada perkhidmatan kesihatan dan perubatan tanpa mengira latar belakang.

"Atas semangat ini, kami menyokong usaha kerajaan dalam memastikan sistem sokongan perubatan yang lebih inklusif dan berterusan.

"Harapan kami, sumbangan ini dapat membawa perubahan bermakna dalam kehidupan mereka yang benar-benar memerlukan," katanya.

Beliau berkata demikian pada majlis penyerahan sumbangan Program Bantuan Perubatan Yayasan UEM, semalam.

Hadir sama, Ketua Setiausaha Kementerian Kesihatan Datuk Sri Suriani Ahmad, Pengarah Kesihatan Kuala Lumpur dan Putrajaya Dr Nor'Aishah Abu Bakar serta Pengarah Urusan UEM Group merangkap Ahli Lembaga Pemegang Amanah Yayasan UEM Datuk Amran Hafiz Affifudin.

Sementara itu, Suriani berkata, sumbangan ini amat bermakna kerana HRC iaitu satu-satunya hospital di bawah Kementerian Kesihatan Malaysia (KKM) yang menawarkan pemulihan menyeluruh untuk pesakit strok, kecederaan saraf tunjang, amputasi dan lain-lain kondisi memerlukan intervensi jangka panjang.

Katanya, pembangunan teknologi sahaja tidak mencukupi tanpa sokongan pihak luar.

"Justeru, KKM sangat menghargai pembabitan syarikat korporat seperti Yayasan UEM yang bukan saja menyumbang peralatan, tetapi turut memastikan pesakit tidak tercicir daripada mendapatkan rawatan.

"Sinergi sebegini sangat penting dan perlu diperluas untuk memastikan kelangsungan kesihatan rakyat yang lebih baik," katanya.

AKHBAR : UTUSAN MALAYSIA
MUKA SURAT : 2
RUANGAN : DALAM NEGERI

MOHAMMAD Masrin Md. Zahrin menyantuni mahasiswa yang menderma darah pada program 'Kempen Derma Darah Perdana: Universiti Teknologi Mara Heartbeat' di Shah Alam, semalam.

Malaysia bakal berdepan krisis bekalan darah?

Dari muka 1

Pengarah Pusat Darah Negara (PDN), Dr. Mohammad Masrin Md. Zahrin berkata, negara memerlukan purata sebanyak 2,200 beg darah sehari untuk kegunaan 1,000 pesakit.

Beliau berkata, meskipun bekalan darah ketika ini mencukupi, namun permintaan adalah berterusan dan meningkat disebabkan cabaran utama ketika ini adalah menuju negara menua.

"Negara kita banyak kes penyakit tidak berjangkit (NCD), banyak juga fasiliti yang dinaik taraf kemudahan dari segi rawatan. Peningkatan (jumlah) hospital kerajaan dan swasta, maka meningkatlah keperluan bekalan darah.

"Sekarang, berdasarkan populasi rakyat Malaysia seramai 34 juta orang, hanya 2.5 peratus penderma. Kalau ikut sasaran WHO bagi negara membangun adalah sebanyak lima peratus.

"Namun, untuk Malaysia, kita tidaklah mencapai (meletakkan) sasaran lima peratus, tetapi menjelang 2030 kita hendak mencapai sekurang-kurangnya 3.5 hingga empat peratus daripada populasi," katanya pada program 'Kempen Derma Darah Perdana: Universiti Teknologi Mara (UiTM) Heartbeat', semalam.

Dr. Mohammad Masrin memberitahu pendermaan darah perlu dilakukan secara berterusan kerana jangka hayat simpanannya terhad, selain penggunaan bagi rawatan kes-kes kritikal di hospital.

"Bila kita dermakan dan kita proses, ada waktu jangka hayat setiap komponen darah seperti sel darah merah antara 35 hingga 42 hari, lima hari bagi platelet dan untuk simpanan dalam suhu tertentu boleh sampai tiga tahun.

"Jadi, dalam keperluan 2,200 sehari, kita juga sasarkan (sekurang-kurangnya) jumlah penderma yang sama. Kita juga ada 98 pusat kutipan di seluruh negara untuk memudahkan orang awam menderma selain kempen-kempen di luar," katanya.

Katanya, bekalan darah diperlukan antaranya untuk kes-kes kecemasan dan pembedahan; rawatan kanser dan pembedahan kompleks; peningkatan jumlah pesakit yang memerlukan rawatan darah, termasuk kes kelahiran dan penyakit kronik.

Tambah Dr. Mohammad Masrin, menderma darah adalah selamat dan memberi manfaat kepada kesihatan apabila terdapat beberapa individu yang pernah menderma lebih 500 kali.

Beliau memaklumkan, hampir 2,000 beg darah dikumpul menerusi Kempen Derma Darah Perdana: UiTM Heartbeat dan disifatkan paling banyak diperoleh dalam satu-satu program.

"Program ini julung kali diadakan UiTM dengan kerjasama PDN dan disambut baik hampir 2,000 penderma dalam kalangan mahasiswa, kakitangan universiti dan alumni di 22 kampus di seluruh negara," katanya.

AKHBAR : THE STAR
MUKA SURAT : 15
RUANGAN : VIEWS

OPINION

The star MISIS VIEWS 18/6/2025 (Rabu)

Health insurance crisis needs structural reform

MEMBER of Parliament for Bayan Baru Sim Tze Tzin has stated that a report on medical insurance premium hikes will be tabled when Parliament reconvenes. I urge that the report present bold, long-term solutions, not just cosmetic remedies.

Thus far, the public debate has been clouded by a culture of treating symptoms instead of confronting the root causes. Ironically, even medical professionals trained to diagnose and treat underlying issues seem to have fallen into this trap.

Calls from various quarters to cap or regulate premiums or abolish age brackets may offer short-term relief, but this would introduce long-term distortions.

For example, removing age-based pricing may seem equitable at first glance. But in practice, it would mean young, low-risk individuals subsidising older, higher-risk ones. This could push more people out of the system entirely, ultimately raising costs for everyone.

Similarly, the argument that insurers should be forced to cover high-risk individuals without appropriate pricing adjustments ignores economic reality. Coverage without risk differentiation leads to adverse selection, which undermines the insurance model and results in escalating premiums for everyone.

Unfortunately, the debate has been further muddled by unnecessary abstractions. Some commentators have introduced philosophical concepts like "biopower", which may be intellectually intriguing but do little to clarify or advance solutions. It is akin to prescribing methamphetamine for a toothache: elaborate, distracting, and ultimately ineffective and destructive.

Equally unhelpful are calls to turn health insurance into a fully public good. The question remains: Can the government afford to do so sustainably? With already tight public finances and a long list of competing priorities, this idea, while idealistic, is fiscally not feasible.

Instead of anecdotal fearmongering or policy theatrics, we must confront the fundamental issue – medical cost inflation. Politicians may benefit from posturing against insurers or doctors, but this diverts attention from the primary driver of premium hikes – the escalating cost of healthcare inputs. Blaming insurers for passing on these costs is like blaming petrol stations for rising fuel prices.

The Romans, facing water shortages in a rapidly growing city, didn't merely ration water or blame well owners; they built aqueducts. It was a long-term, structural solution that allowed their civilisation to thrive for centuries.

Malaysia must think beyond surface-level controls and begin constructing its own modern aqueducts – strategic infrastructure, policy frameworks, and economic reforms that tackle the root causes of our healthcare affordability crisis.

Medical cost inflation will not be solved by transparency initiatives or transitioning to fancier billing systems like DRG (Diagnosis Related Group). At its core, this is a matter of cost and affordability, price and income. Neither falls solely within the jurisdiction of the Health Ministry or Finance Ministry. This is where the Economy Ministry must play a more assertive role.

It is time to move beyond shallow policy experiments like vending machine subsidies and kiosks. Malaysia needs structural reform. One pillar is to reduce the cost of healthcare inputs – pharmaceuticals, diagnostics, and equipment. This will require industrial policy and strategic investments in domestic capacity. While this is a long-term effort, it is necessary.

The second pillar, and probably the more important one, is income. The core reason Malaysians find insurance increasingly unaffordable is not just cost; it is low wages.

Wage stagnation is the root of many national challenges – housing affordability, food insecurity, and now, healthcare access. Raising incomes will not only make health insurance more affordable, it will also reduce dependence on subsidies and enhance the overall resilience of Malaysian households.

Rising premiums are not the disease; they are a symptom. The true illness is an economic model that tolerates low wages while the cost of living surges. We do not need more emotional appeals or quick fixes. We need structural reform grounded in economic realism and long-term vision.

WONG TECK JIN
Petaling Jaya

AKHBAR : HARIAN METRO
MUKA SURAT : 20
RUANGAN : BISNES

Harian Metro M/s 20 Bisnes 18/6/2025 (Rabu)

RESET bendung lonjakan kos perubatan

Kuala Lumpur: Bank Negara Malaysia (BNM) menerajui pelaksanaan Inisiatif Kawalan Inflasi Perubatan (RESET) yang menyasarkan pembaharuan menyeluruh dalam sektor penjagaan kesihatan negara, khususnya dalam menangani peningkatan kos rawatan yang membebankan rakyat.

Gabenor BNM, Datuk Seri Abdul Rasheed Ghaffour berkata, inisiatif itu memfokuskan kepada lima komponen utama iaitu penambahbaikan insurans kesihatan dan takaful, peningkatan ketelusan harga, pendigitalan sistem kesihatan, pengembangan pilihan rawatan kos efektif serta penambahbaikan mekanisme pembayaran.

Katanya, pelaksanaan RESET mendapat sokongan kukuh daripada Kementerian Kesihatan, Kementerian Kewangan serta pihak berkepentingan lain, dengan matlamat mewujudkan ekosistem kesihatan yang lebih cekap, inklusif dan mampan.

"Kejayaan RESET bergantung kepada kerjasama semua pihak dalam memperkukuh sistem kesihatan negara. Kos penjagaan kesihatan yang tinggi tidak boleh ditangani secara bersendirian, sebaliknya memerlukan pendekatan menyeluruh yang melibatkan pembaharuan dasar dan penggunaan teknologi," katanya.

Beliau berkata demikian ketika berucap pada majlis perasmian Sasana Simposium 2025 di Sasana Kijang, di sini, semalam.

Simposium dua hari bertemakan Pembaharuan Struktur: Membina Daya Tahan Malaysia itu menghimpunkan pemimpin industri, penggubal dasar dan pakar ekonomi bagi membincangkan hala tuju reformasi pelbagai sektor.

"Saya amat menantikan sesi perbincangan ini kerana ia menyentuh isu yang dekat dengan rakyat. RESET bukan sekadar cadangan, tetapi satu pelan tindakan jangka panjang untuk memperbaiki sistem kesihatan negara," katanya.

AKHBAR : KOSMO
MUKA SURAT : 18
RUANGAN : NEGARA

Kosmo M/s 5 Negara 18/6/2025 (Rabu)

Profesor perubatan UiTM didenda RM20,000

HAPIZAH ketika dibawa ke Mahkamah Sesyen Shah Alam. – AFIQ RAZALI

SHAH ALAM – Seorang pensyarah perubatan Universiti Teknologi Mara (UiTM) didenda RM20,000 oleh Mahkamah Sesyen di sini semalam selepas mengaku bersalah atas enam pertuduhan bersubahat membuat tuntutan palsu, empat tahun lalu.

Hakim Datuk Mohd. Nasir Nordin menjatuhkan hukuman itu selepas tertuduh, Prof. Datin Dr. Hapizah Md. Nawawi, 65, menukar pengakuan kepada bersalah bagi kesemua pertuduhan pilihan berkenaan.

Sekiranya gagal membayar, boleh dikenakan penjara selama 21 bulan. Tertuduh membayar denda itu.

Hukuman itu diberikan selepas baki 12 lagi pertuduhan pilihan diambil pertimbangan (TIC) di bawah Seksyen 171A Kanun Tatacara Jenayah.

Bagi keenam-enam pertuduhan itu, Hapizah didakwa telah bersubahat dengan seorang wanita berusia 29 tahun menggunakan suatu dokumen sebagai tulen iaitu tuntutan bayaran gaji pembantu penyelidikan.

Ini adalah bagi kerja-kerja penyelidikan bertajuk *Mechanism of DroneAssisted Technology on Efficiency of Mass Disaster Victim Identification (DVI)* bagi gaji April hingga September 2021 berjumlah keseluruhan RM14,000 kepada UiTM.

Kesemua perbuatan itu dilakukan di Institut Patologi, Perubatan Makmal dan Forensik, UiTM Kampus Sungai Buloh bermula 13 April hingga 11 Oktober 2021.

Justeru, dia didakwa mengikut Seksyen 109 Kanun Keseksaan dibaca bersama Seksyen 471 kanun sama.

Pendakwaan dikendalikan Timbalan Pendakwa Raya Suruhanjaya Pencegahan Rasuah Malaysia (SPRM) Muaz Ahmad Khairuddin, manakala tertuduh diwakili Peguam Shamsul Sulaiman.