

KKM sahkan kluster mpox empat sekeluarga

Seorang lelaki bukan warganegara mempunyai sejarah perjalanan ke Afrika Barat

PUTRAJAYA

Kementerian Kesihatan Malaysia (KKM) mengesahkan berlakunya satu kluster baharu mpox membabitkan empat sekeluarga dengan kes indeks merupakan seorang lelaki bukan warganegara yang mempunyai sejarah perjalanan ke Afrika Barat.

KKM dalam kenyataan pada Ahad memaklumkan pesakit mula bergejala pada 20 Oktober lepas dan disahkan positif mpox (Clade II) pada 12 November.

Susulan pengesanan kes indeks, menurut kenyataan itu tiga ahli keluarga serumah turut mula bergejala bermula 30 Oktober dan disahkan positif mpox (Clade II) pada 13 November.

"Kesemua kes berada dalam keadaan stabil dan sedang menjalani pengasingan di rumah. Semua kontak rapat telah dikenal pasti, disaring dan diarahkan menjalani pengasingan.

"Sehingga kini, hasil siasatan mendapati penularan hanya terhad dalam kalangan ahli keluarga dan situasi kluster adalah terkawal," menurut kenyataan itu.

KKM memaklumkan setakat minggu epidemiologi ke-46 (ME 46/2025), sebanyak 12 kes mpox telah dilaporkan, menjadikan jumlah kumulatif kes mpox di Malaysia adalah sebanyak 23 kes sejak kes pertama dikesan pada Julai 2023.



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Menurut kenyataan itu, daripada keseluruhan kes terbabit, 22 kes adalah jangkitan mpox Clade II, manakala satu kes melibatkan Clade Ib.

Menurut KKM, kesemua kes berjaya dibendung melalui pengesanan awal, pengasingan pesakit dan pemeriksaan kontak rapat serta tiada penularan lanjut dikesan dalam komuniti.

"Memandangkan penularan mpox masih berlaku terutamanya dalam kalangan individu yang mem-

punyai sejarah aktiviti bersiko, KKM menyarankan agar orang ramai terus mengamalkan langkah pencegahan, termasuk mengelakkan sentuhan langsung dengan individu yang bergejala atau disyaki dijangkiti mpox.

"Dapatkan rawatan segera sekiranya bergejala seperti demam, ruam lepuh serta bengkak kelenjar limfa, termasuk menjalani ujian sekiranya diarahkan oleh pegawai perubatan," menurut kenyataan itu. - Bernama

INFO

- Mpox ialah sejenis jangkitan disebabkan oleh virus monkeypox iaitu spesies di bawah genus Orthopoxvirus.
- Gejala mpox ialah demam serta ruam atau lepuh pada muka, tapak tangan, tapak kaki, kemaluan, konjunktiva dan juga kornea.
- Penularan mpox berlaku terutamanya melalui sentuhan rapat dengan individu yang dijangkiti dan jangkitan boleh merebak apabila seseorang menyentuh ruam atau lepuh pada kulit pesakit, melalui hubungan seksual, atau melalui permukaan dan objek yang tercemar dengan cecair badan pesakit.
- Penyakit mpox boleh menjadi lebih serius bagi kanak-kanak, wanita hamil dan individu berimuniti rendah.

Malaysia boleh terajui perang terhadap rokok, vape seludup

Penguatkuasaan beri isyarat positif kepada pelabur, perancang fiskal sistem tadbir urus semakin matang

Oleh **Kamarulzaidi Kamis**
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Perdagangan haram bukan jenayah kecil di peringkat ekonomi, tetapi serangan langsung terhadap kestabilan fiskal sesebuah negara.

ASEAN Policy Brief No. 9 terbitan *Center for Market Education* menggambarkan realiti itu dengan jelas: sebanyak AS\$1.03 bilion hasil kerajaan hilang setiap tahun akibat penyeludupan rokok dan tanpa tindakan tegas, jumlah itu boleh melonjak ke AS\$11 bilion menjelang 2028.

Ini adalah perspektif yang wajar digunakan apabila menilai kedudukan Malaysia, kerana aliran wang haram bukan sekadar mengikis pungutan eksais, malah menjejaskan keselamatan pendapatan, memusnahkan persaingan pasaran dan mengugat keyakinan pelabur.

Ini menjadi ukuran terhadap tahap disiplin, konsistensi dan keberkesanan seluruh sistem peraturan negara.

Selama bertahun-tahun, Malaysia berada dalam kelompok teratas pasaran rokok seludup dunia, hasil gabungan dasar yang

bercelaru dan penguatkuasaan yang keletihan.

Namun, landskap itu mula berubah. Data bebas Nielsen ICS menunjukkan kadar rokok seludup merosot daripada 61.8 peratus pada 2020 kepada 55 peratus pada 2024, iaitu paras terendah dalam tempoh lima tahun.

Walaupun masih tinggi, trend penurunan ini signifikan dan bukan kebetulan. Jabatan Kastam Diraja Malaysia (JKDM) kini menyasarkan laluan *trans-shipment* yang sebelum ini sukar ditelusuri, memecahkan rangkaian bekalan yang telah berakar lama serta membuat rampasan berbilion batang setiap tahun.

Perubahan paling penting bagaimanapun datang daripada kejelasan dasar. Selepas lebih se-dekad ketidakpastian, Parlimen meluluskan Akta Kawalan Produk Mem rokok (Dom) Kesihatan Awam 2024 (Akta 852) yang menyatakan semua produk rokok dan vape di bawah rangka undang-undang yang sama.

Buat kali pertama, peraturan dan penguatkuasaan bergerak seiring, sekali gus memberi isyarat positif kepada pelabur dan perancang fiskal bahawa sistem tadbir urus semakin matang.

Namun, kerja masih jauh daripada selesai kerana satu ketidakseimbangan baharu sedang muncul dan berkembangan lebih pantas daripada jangkaan pembuat dasar.

Apabila penguatkuasaan diperkatakan terhadap satu produk, penyeludup lazimnya berhijrah kepada produk lain. Inilah logik asas pasaran haram global, dan titik paling lemah Malaysia ketika ini ialah vape.



Rejim cukai semasa menetapkan eksais rokok mengikut batang tetapi cecair vape mengikut mililiter. Pada kadar RM10.40 per ml, cukai vape jauh lebih rendah berbanding rokok jika diaksir mengikut kandungan nikotin.

Kementerian Kesihatan pernah mencadangkan kenaikan cukai ke RM4 per ml, iaitu sepuluh kali ganda lebih tinggi, namun cadangan itu tidak dimasukkan dalam Belanjawan 2025.

Simbolik jenayah membara isyarat dasar sebegini lebih cepat daripada pembuat dasar: apabila peraturan kabur dan penguatkuasaan terhad, pasaran haram mengambil ruang.

Vape berpotensi jadi krisis

Rampasan 86,000 alat vape dan lebih 1,000 liter cecair oleh JKDM pada pertengahan 2025 bukan anomali, tetapi amaran awal bahawa krisis baharu boleh terocok.

Jika rokok ialah krisis perdagangan haram pertama negara, vape berpotensi menjadi krisis kedua dan lebih sukar diurus kerana regim regulasinya masih

muda, cukai rendah dan margin kemungkinannya besar.

Belanjawan 2026 memperkenalkan beberapa langkah pemodenan fiskal yang penting, termasuk kenaikan dua sen per batang rokok, kenaikan RM20 sekilogram bagi produk tembakau serta pelaksanaan sistem cap cukai digital yang dianggap paling kritikal.

Pembaharuan ini membawa kejelasan data, ketelusan dan keupayaan menjejak transaksi secara masa nyata elemen yang lama diperlukan rantau ini untuk mengekang pasaran gelap. Dasar CME ASEAN sendiri menekankan keperluan cap cukai digital, kerjasama penguatkuasaan serantau serta perkongsian awam-swasta.

Malaysia sedang bergerak ke arah ketiga-tiga aspek tersebut, namun satu isu utama masih belum ditangani sepenuhnya iaitu kesetaraan fiskal merentas semua produk nikotin.

Langkah seterusnya memuktamadkan penyelarasan logik cukai yang mengunyal kira jumlah nikotin dan bukannya jenis pro-

duk, kerana tanpa kesetaraan, arbitrase akan terus berlaku.

Malaysia juga perlu mengukuhkan rantau bekalan dengan memastikan semua produk tempatan atau import berdaftar, di-cap digital dan boleh dijejak di bawah Akta RSE sebelum seharian kenaikan cukai vape dilaksanakan secara agresif.

Selain itu, data penguatkuasaan seperti rampasan, anggaran skala pasaran haram dan pemuliharaan hasil wajar diterbitkan secara berkala bagi meningkatkan ketelusan dan keyakinan awam.

Dalam jangka panjang, sistem cap digital Malaysia perlu disepadukan ke dalam ekosistem ASEAN kerana sindiket jenayah tidak mengenal sempadan, justeru pengawal selia juga perlu berfikir melangkaui batas negara.

Malaysia kini berada pada titik genting. Jika cukai vape dinaikkan terlalu cepat, risiko letusan pasaran haram meningkat; jika penyelarasan dibuntut terlalu lambat, bertbilion ringgit hasil boleh terlepas.

Penyelesaiannya bukan pendekatan menghukum semata-mata, sebaliknya kerjasama berstruktur yang merangkumi perkongsian risiko antara agensi penguatkuasaan, pembekalan data serta sistem jejak oleh industri sah, latihan sistematik kepada peruncit dan penyediaan reformasi mengikut kesediaan teknologi.

Pelabur turut memberi perhatian kerana kawalan perdagangan haram menjadi petunjuk penting terhadap tahap tadbir urus.

Steps being taken to revive Taiping hospital

By RAGANANTHINI
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PETALING JAYA: Malaysia's oldest hospital, a critical medical hub originally opened in 1880, is grappling with a capacity crisis.

Staff are reportedly sometimes forced to administer life-saving cardiopulmonary resuscitation (CPR) – not on beds – but directly on the floor due to a dire lack of basic equipment.

Sources reveal that the 145-year-old Taiping hospital is chronically short of beds, leaving patients to wait on canvas cots or on the floor, particularly in the overcrowded Emergency Department.

Despite having recently won global awards for its stroke and emergency care, the hospital is struggling with ageing infrastructure, including old equipment, faulty air conditioning and a critical need for an upgrade.

"The crowding often happens at the emergency department," said a staff member who spoke on condition of anonymity.

"Some of the beds are old. And patient volume is quite high," he said.

"There are also problems with the air-conditioning and lighting. The lights are an older model, so it is difficult to source the parts."

The staff member pointed out that the hospital needs an upgrade.

"This is the main hospital for the northern region of Perak."

An official from the Health

Critical care: A file photo of Hospital Taiping, which is in urgent need of new infrastructure and facility upgrades. — Photo from FB Rasmi Hospital Taiping Perak



Ministry, when contacted, said: "We are aware of this. And steps to improve the conditions are underway."

But despite its shortcomings, Hospital Taiping earned global recognition recently when it won the Angels Platinum award for emergency medical services and the Angels Diamond award for its stroke treatment.

The Angels Initiative is endorsed by the European Stroke Organisation and the World Stroke Organisation.

Hospital Taiping, which is the second largest in Perak after Ipoh's Hospital Raja Permaisuri Bainun, has over 600 beds and 34 medical specialties.

On Nov 13, the woes of Hospital Taiping emerged on Facebook when MCA Youth information chief Neow Choo Seong uploaded a video of his visit there.

According to him, he made a

surprise visit following complaints that patients were made to sleep on the floor.

In the video, a staff member told Neow that patients are seated on chairs, while waiting to be placed in wards, when the hospital runs out of canvas beds.

She also said that during peak periods, treatment including CPR had to be administered on the floor.

In the video, the Psychiatric Unit had air-conditioning issues. There was also a brief clip showing a pile of broken tiles.

The two-minute video mostly featured Neow speaking to staff members at the hospital.

When contacted by *The Star*, Neow said he had been informed that some repair works would take place soon.

"This includes fixing the tiles and air conditioners at the psychiatric ward."

Neow said the hospital will receive 10 beds next week through contributions from NGOs and private donors.

But there is a need for almost 100 beds to accommodate the patient volume, Neow said, adding that some beds were far too old.

"They need funding from the Federal Government. I will submit a report to the Health Ministry."

Among others, he said that he would recommend a relocation of the hospital to a new site with sufficient parking lots.

According to the historical facts listed on the Health Ministry website, the Taiping hospital made history when it became the first in the country to be equipped with X-ray facilities not long after it was introduced to the public by its inventor, German scientist Wilhelm Conrad Rontgen.

COMMENT by Dr Khine Pwint Phyu and Dr Ganesh Ramachandran



ACCORDING to the World Health Organisation, one in every 10 babies takes their first breath a little earlier than expected, arriving before their time and before the world is quite ready.

For many families, that early arrival marks the beginning of a journey filled with hope, patience and resilience. Beyond the neonatal intensive care unit, the experience of prematurity can continue to shape a child's development and a family's daily life long after those first fragile weeks.

As we observe World Prematurity Day today, it is a time to honour the quiet courage of families whose babies are born too soon.

Medically, a preterm birth is defined as any birth before 37 completed weeks of gestation, roughly eight months. In Malaysia, the rate of preterm birth stood at 10.7% of live births in 2020.

The two key factors influencing a preterm infant's outlook are how early they are born and how much they weigh at birth.

It is often assumed that premature babies quickly catch up in growth and development, and that the most challenging phase ends after the first year. While many preterm babies go on to thrive, some may face ongoing health or developmental hurdles that require extra care and support along the way.

Complications may include respiratory distress syndrome, necrotising enterocolitis, sepsis (severe infection), retinopathy of prematurity that can affect vision or brain-related conditions such as intraventricular haemorrhage and periventricular leukomalacia. Some of these can result in long-term cognitive, motor or sensory development challenges.

The experience of prematurity extends beyond medical care. For many parents, frequent hospital visits, therapy sessions and specialist consultations can be overwhelming, especially while balancing work and family life. Yet, amid these challenges, countless families describe deepened resilience, stronger bonds and a renewed appreciation for milestones that others may take for granted.

As children grow, some may require continued support, such as speech or occupational therapy or tailored education plans to help them reach their full potential.

Hope for the smallest fighters: Preventing preterm birth

Broader public health challenge

The impact of prematurity stretches beyond individual families. Collectively, it is a public health concern that affects communities and healthcare systems worldwide.

Structured early intervention programmes in high-income countries have shown that timely therapy, follow-up care and family education can significantly improve long-term outcomes.

In Malaysia, advanced neonatal care is available in many urban hospitals but access to ongoing developmental support can still vary, particularly for underserved communities or those living in rural areas.

Recognising this gap, the Health Ministry has unified its strategies under the current national framework, Child Health 2021-2030, which aims to improve continuity of care through strengthened community health services, structured developmental surveillance and enhanced intersectoral collaboration. These initiatives mark encouraging progress towards ensuring every baby receives the right support from the start.

Prevention and early detection

Understanding and addressing the causes of preterm birth are equally vital. Around 75% of preterm births result from spontaneous labour while others stem from maternal or fetal conditions, such as pre-eclampsia, fetal growth restriction, gestational diabetes, placenta praevia or placental abruption.

Many of these situations require early delivery to safeguard the health of both mother and baby, decisions made carefully and compassionately by medical teams.

Early detection and intervention can make a world of difference. Women who have previously experienced preterm birth or are identified with a short cervix

"The impact of prematurity stretches beyond individual families. Collectively, it is a public health concern that affects communities and healthcare systems worldwide."



Understanding and addressing the causes of preterm birth are vital. Early detection and intervention can make a world of difference. — **PIC BY FREEPIK**

during pregnancy may benefit from preventive care, such as hormone therapy or a minor surgical procedure for cervical support.

If preterm birth becomes inevitable, medications such as steroid injections can help strengthen fetal lung maturity while magnesium sulphate can reduce the risk of brain injury. Equally important is maternal education, ensuring expectant mothers recognise early signs of labour and seek skilled care promptly.

Continued efforts from public health authorities and maternal health programmes also play a vital role in extending these preventive services to all communities.

Call to collective action

Behind every tiny heartbeat in an

incubator lies a story of strength, love and determination of parents who never give up and healthcare teams who go above and beyond every day.

Together, we can work towards a future where fewer babies are born prematurely and where every child, no matter how early their journey begins, receives the care, compassion and opportunity they need to thrive.

Dr Khine Pwint Phyu is the head of Learning and Teaching. **Dr Ganesh Ramachandran** serves as the head of the School of Medicine at Taylor's University. Both are associate professors and obstetricians and gynaecologists at the Faculty of Health and Medical Sciences. Comments: letters@thesundaily.com

More should be done for organ transplant

I REFER to the letter published in *The Star* on Nov 7 titled "The unsung heroes behind organ donation in Malaysia" (online at bit.ly/4o37tMS), which rightly honours the donor coordinators who shoulder the operational burden of turning tragedy into the gift of life. Their commitment deserves far stronger support.

But while we celebrate these heroes, we must also confront an uncomfortable reality: Malaysia's system is still failing the majority of people who need it – currently that's 55,000 kidney dialysis patients.

The latest data is alarming. After a promising surge in August when 5,345 Malaysians pledged their organs, pledges fell sharply to 1,661 in September, a 70% drop, signalling fragile momentum and structural weaknesses.

In September, an estimated 16,500 Malaysians died. Globally accepted benchmarks indicate that 1% could have been potential deceased donors, which works out to 165 donors, enough for 330 kidney transplants.

Malaysia performed four. This is not merely a missed opportunity, it is a national tragedy. An estimated 21 Malaysians die every single day while waiting for a transplant. That is 630 deaths in September alone. Many of these are young, healthy breadwinners whose families are left devastated.

Meanwhile, only a small minority can travel overseas and pay US\$250,000 (RM1.03mil) for a transplant. The remaining patients, over 99%, spend the last five to 10 years of their lives suffering on dialysis, along with their families and caregivers.

This crisis has enormous financial implications as well: Malaysia already spends RM2bil a year on dialysis, projected to reach RM6bil by 2040 – a burden the country cannot continue to bear.

If we truly want to honour the unsung heroes highlighted in the letter, we must build a system that enables them to save the lives they are trained to save. This requires a fresh, creative, whole-of-nation strategy; stronger structure, digital coordination, and family engagement; professional pathways and resources for donor coordinators; and policies that ensure every pledge becomes a promise fulfilled.

The Health Minister has committed to bringing organ transplantation to next year's Asean Health Ministers' Meeting in Langkawi. There is no time to delay when 21 Malaysians are dying every day while waiting.

RAVINDER SINGH
Petaling Jaya

The writer collaborates with surgeons, patient advocates, and technical solution creators to improve Malaysia's transplant system.

Long-term plan needed to address cash aid for aged

PETALING JAYA: For many of Malaysia's nearly four million senior citizens, ageing with dignity remains a distant dream.

While the government provides some cash aid under the Bantuan Warga Emas programme, only a tiny fraction – about 4% – actually benefit, leaving most older Malaysians to rely on family support or public services.

Universiti Malaya Medical Centre professor in geriatrics and consultant geriatrician Prof Dr Tan Maw Pin warned that the problem goes far beyond numbers.

"Financial insecurity has direct consequences on both physical and mental health. Food insecurity leads to stress, poor nutrition and worsening chronic conditions.

"Older adults who must rely on their children for money lose autonomy, self-respect and independence," she told *theSun*.

She said Budget 2026 allocates RM1.26 billion to the cash aid scheme, enough for roughly 18,000 seniors – a drop in the ocean for a population that already makes up about 10% of the country.

"Most older adults are retired with little or no income. Many either never had EPF savings or have exhausted them.

This amount is tiny – only 0.3% of the national budget," Tan said.

Beyond finances, family structures and social expectations create additional strain. Many seniors live with adult children, but this does not guarantee proper care.

"Adult children often face severe financial, physical and emotional stress, while society and government stand by, ready to criticise but not assist.

Some older adults have no children, or their children are themselves elderly – these seniors are left extremely vulnerable."

Tan urged Malaysia to adopt a broader, long-term approach to support.

"Cash injections are a short-term fix. Developed East Asian countries, including Japan, Taiwan, and Korea, use long-term care insurance rather than taxpayer-funded, needs-tested schemes.

"We need models covering healthcare, housing, and social inclusion that are feasible for low- and middle-income countries. Without them, financial support alone will never address the real challenges of ageing."

While acknowledging government initiatives such as the Private Aged Care Facilities Act, the National Ageing Blueprint and action plans for dementia and older persons' **health**, Tan stressed the need to move from planning to action.

"If we want seniors to age with dignity, we must ensure financial security, social inclusion, and accessible support. Cash alone is insufficient; a comprehensive, legally anchored social protection system is essential," she said. – By **Harith Kamal**



Concern raised over low salaries in media sector

PM orders report on remuneration conditions and says firms earning healthy profits should offer fair wages

KOTA KINABALU: Prime Minister Datuk Seri Anwar Ibrahim has expressed concern over the persistently low salaries of media staff, particularly in Sabah, calling the situation "unacceptable" for journalists who have served the industry for a decade or more.

Speaking at a breakfast *Sembang Santai* session with the Sabah media fraternity yesterday, Anwar said he was surprised such conditions persist despite the rising cost of living and substantial profits earned by some media companies.

"Media now is not like before because there is a lot of competition from social media, but I feel that if someone has worked for 10 years, is already a senior and the salary remains so low, I'm sympathetic. I will do my part to persuade, I will tell media companies to provide something that is fair and just. Some registered media companies secure many contracts and record quite impressive profits, so there is no reason [for low pay]."

"But journalists - I'm surprised and I have just heard that there are cases where after 10 years the salary is around RM2,000. That to me is really not acceptable."

Anwar has instructed Communications Minister Datuk Fahmi Fadzil to prepare a comprehensive report on journalists' pay in Sabah and explore solutions, including the possibility of channeling incentives to media companies to increase salaries or allowances,

reported Bernama.

He noted that the government has set a minimum salary of RM3,100 for employees of government-linked companies such as Permodalan Nasional Berhad, Khazanah and Petronas, while starting salaries for new civil servants must not fall below RM2,000.

"This is meant to signal the private sector to review their salary structures, given the continued increase in prices and the cost of living," he added.

Earlier, Sabah Journalists Association president Mariah Dekail raised concerns over low pay, particularly for media employees earning on a per-assignment basis. On media freedom, Anwar stressed that journalists are free to critique the government but must also fairly report its responses.

"Sometimes the problem is you attack us, but when we reply you leave it out and then you give your own views. That's the problem - I feel it is not fair, but even then, we do not have the power to instruct the media," he said, adding that a healthy, balanced media space is crucial for all parties, including the government, opposition and the public, especially in an era dominated by social media.

Anwar also highlighted government efforts to improve digital connectivity in Sabah, announcing an allocation of RM2 billion through the Malaysian Communications and Multimedia Commission (MCMC).

The funds will be used to expand internet coverage, prioritising colleges, universities and government offices, to enhance education services and government administration across the state.

"MCMC has set aside RM2 billion for this purpose. I have already announced it in the Budget. It will take a bit of time to complete."

Sabah is already reaping substantial benefits from the RM2 billion Madani Submarine Cable Connection (Salam) project, unveiled during Budget 2025.

Under the National Digital Network (Jendela) plan, 4G coverage in Sabah has increased to 96.81% since 2022, up from 73.41%, benefiting an additional 877,500 residents. As of September, 5G coverage of populated areas had reached 69% through joint efforts with Digital Nasional Berhad, with further rollout by U Mobile targeting 80% state-wide coverage.

Through the Universal Service Provision initiative under Jendela, 608 out of 703 new communication towers have been completed and are operational, while 5,200 out of 5,208 existing transmitter stations have been upgraded.

A total of 309,342 premises in Sabah are now equipped with fibre-optic connectivity and all 138 planned locations for broadband using satellite technology are operational. Jendela 2, Batch 1 in Sabah is expected to involve 150 sites at a projected cost of RM120 million.

Also present were Bernama editor-in-chief Arul Rajoo Durar Raj, Broadcasting Department director-general Datuk Subaimi Sulaiman, Daily Express editor-in-chief Datuk James Sarda and Utusan Borneo Sabah editor-in-chief Datuk Lichong Angkai.



Anwar sharing a light moment with media employees during the *Sembang Santai* session yesterday.

- BERNAMAPIC

PETALING JAYA: The Grievance Mechanism Committee (GMC), a platform bringing together medical professionals, hospitals, insurers and takaful operators and regulators to address systemic claims challenges, has been reactivated with the support of Ministry of Health (MoH) and Bank Negara Malaysia (BNM).

This marks a renewed commitment by the healthcare and insurance/takaful sectors to strengthen collaboration, transparency and fairness in medical claims management.

The GMC aims to provide a structured, consultative channel for dialogue, to advise and recommend solutions to common industry issues, and to promote mutual trust and respect between the medical profession and the insurance industry.

The reactivated GMC held its first meeting on Nov 10. It was attended by five member organisations - Malaysian Medical Association (MMA), Association of Private Hospitals Malaysia (APHM), Life Insurance Association of Malaysia (LIAM), Persatuan Insurans Am Malaysia (PIAM) and Malaysian Takaful Association (MTA). Officials from MoH and BNM joined as observers.

At the meeting, the GMC committed to improving communication among all members and agreed to cooperate on developing transparent claims protocols for the management of claims that are payable under medical and health insurance/takaful products.

The claims protocols will be co-developed by specialists and payers and are intended to provide clearer guidance to medical practitioners, insurance and takaful operators (ITO) and hospitals on treatment costs that can be claimed under

Grievance Mechanism Committee **reactivated**

➤ Revival backed by Health Ministry and Bank Negara Malaysia, reflects renewed commitment by healthcare and insurance/takaful sectors to strengthen transparency and fairness in medical claims management

medical insurance and takaful policies. This in turn aims to reduce delays in the claims process and minimise disputes.

The GMC serves as a consultative body, tasked with identifying systemic challenges, keeping a database of complaints, and recommending solutions for adoption by its members.

While it does not adjudicate individual disputes or impose punitive action, it reviews complaints received through medical professional bodies and industry associations with the objective of resolving differences by bridging knowledge gaps between the medical and insurance sectors and providing broad guidance consistent with the fair treatment of policyholders and ethical management of patients.

As an immediate priority, the GMC, which will meet regularly, will prioritise claims protocols to deal with common claims pain points, forming the foundation for the GMC's continued work towards practical best practices.

MMA president Datuk Dr R Thirunavukarasu, said: "We welcome the revival of the GMC and value the open, constructive dialogue it fosters between the medical profession and the insurance sector. This collaboration is crucial in ensuring that patient welfare remains the top priority while improving mutual understanding and trust across the healthcare ecosystem."

APHM president Datuk Dr Kuljit Singh said, "The GMC provides an important platform for private hospitals and insurers to work together in a spirit of partnership and transparency. By aligning practices and addressing issues collectively, we can enhance efficiency, strengthen trust, and ultimately deliver better outcomes for patients."

Speaking on behalf of members representing the ITO industry, Mark O'Dell, CEO of LIAM, said: "We are pleased to re-engage in this renewed, regulatory endorsed platform that allows insurers, takaful operators and

medical professionals to work alongside regulators to find practical, transparent and sustainable solutions. Our focus is on protecting policyholders, improving claims clarity, and ensuring access to fair, efficient, and timely medical coverage.

"By working closely with doctors,

hospitals and regulators, we can foster greater trust between the industry and the medical community, while safeguarding the interests of our policyholders and participants, and delivering on our promise of timely protection and commitment to fairness and mutual assistance."



The reactivated Grievance Mechanism Committee held its first meeting on Nov 10.

Post-stroke care urgent as always

COMING TOGETHER FOR W.H.O.'S WORLD CERVICAL CANCER ELIMINATION DAY

Teal Asia, the nation's first survivor-led cervical cancer movement, has joined forces with Watsons Malaysia and the R.O.S.E. Foundation to commemorate the World Health Organisation's (W.H.O.) World Cervical Cancer Elimination Day in Malaysia. Founded by Selina Yeop Jr, a W.H.O. recognised patient advocate, Teal Asia is a movement born from lived experiences with a mission to normalise conversations about cervical cancer by meeting people where they already are through fashion, fitness, retail and community. Throughout November, Watsons outlets nationwide will feature teal-themed awareness materials and pharmacists will wear Teal Asia's signature button badges on their coats and engage customers in conversations about cervical cancer prevention, the importance of HPV screening and how early detection can save lives.

EARLY PROSTATE CANCER DETECTION THROUGH PROJECT BLUE DOT

Pharmacy chain, Big Caring Group signed a tripartite memorandum of understanding with the Rotary Club of Kuala Lumpur (RCKL DiRaja) and the National Cancer Society of Malaysia (NCSM) to join RCKL DiRaja's Project Blue Dot, an initiative to expand access to early screening and detection of prostate cancer for Malaysian men, especially those from the B40 community and high-risk groups. RCKL DiRaja subsidises prostate-specific antigen (PSA) screenings and coordinates follow-up support for individuals who require further investigation after testing. NCSM is the clinical lead, providing medical personnel, screening protocols and laboratory analysis. Big Caring Group will extend the initiative's outreach by providing convenient screening locations through its Big Pharmacy and Caring Pharmacy network. Project Blue Dot will provide 3,000 free prostate cancer screenings available to Malaysian men aged 45 and above from B40 and high-risk groups.

EVERY second counts when it comes to a stroke. For every minute that passes after the onset, 1.9 million neurons are lost. Globally, stroke remains the second leading cause of death, with over 12.2 million new cases reported in 2019. In Malaysia, the numbers are equally concerning, with 47,911 new stroke cases and nearly 20,000 deaths recorded that same year.

The first 72 hours after a stroke is critical to recovery. Also important are rapid intervention, careful monitoring and a multidisciplinary approach to improving outcomes and reducing long-term disability.

Why every minute matters after stroke

While public awareness campaigns focus on recognising stroke symptoms through the BE FAST acronym, what happens after a patient reaches the hospital is equally crucial.

The first 72 hours can determine whether a person recovers fully or faces long-term disability. When a stroke strikes, the brain is deprived of oxygen and damage starts immediately. Quick interventions, such as clot-busting drugs or thrombectomy, can save lives and preserve brain function, but these must happen fast.

Studies show that patients receiving thrombolytic therapy within the first 4.5 hours from the onset of stroke symptoms have a much higher chance of functional recovery. This golden hour dramatically improves the likelihood of a full recovery.

Importance of first 72 hours

A multidisciplinary team ensures immediate and effective treatment once a stroke patient arrives at the hospital. The first 72 hours, often referred to as the "crucial window", can mean the difference between life and death or between full recovery and permanent disability.

In these 72 hours, doctors will focus on preventing complications such as secondary strokes or brain swelling and after treatments such as thrombolysis or thrombectomy, they will closely monitor the patient, often repeating brain scans within the first 24 hours to check for bleeding or other complications.

During this time, key health factors such as blood pressure, blood sugar and hydration are stabilised, as they play a pivotal role in reducing brain damage.

Early rehabilitation is also vital where the sooner therapy begins – usually within 48 and 72 hours – the better the patient's chances of regaining mobility and independence. The urgency of immediate stroke care is underscored by success stories of patients who benefited from rapid treatment and care.

Harmful misconception about strokes

One harmful misconception is that a mini stroke, or transient ischaemic attack (TIA), is not serious. Doctors warn against this false sense of security, as even with a TIA, the risk of having a full-blown stroke is very high, particularly in the first 48 hours.

Patients with a TIA will need to seek medical attention immediately, even if symptoms resolve quickly. Up to one in five patients with TIA will have a major stroke within the first 90

First 72 hours crucial to long-term recovery

days, with half occurring in the first 48 hours.

Stroke rising among younger people

Strokes are increasingly affecting younger people in Malaysia, largely due to lifestyle factors such as poor diet, obesity, smoking and lack of physical activity.

Studies have shown a 53.3% and 50.4% increase in stroke among men and women between the age of 35 to 39 years old. Doctors are seeing more metabolic syndromes in younger people, which are major contributors to strokes, but this same group often fails to recognise early symptoms or delay seeking treatment.

Holistic, multidisciplinary approach to stroke recovery

Effective stroke care goes beyond immediate emergency interventions. A comprehensive, multidisciplinary approach is key to a patient's recovery. Teams of neurologists, physiotherapists, occupational therapists and

speech therapists work together to guide patients through recovery.

It has been recorded that stroke patients benefit enormously from early rehabilitation. Whether regaining the ability to walk, swallow or speak, starting therapy as soon as the patient is stable maximises their chances of regaining independence.

Family involvement also plays a critical role. Stroke survivors supported by loved ones throughout their recovery journey tend to experience better outcomes.

With the rising prevalence of strokes in Malaysia and worldwide, awareness of early symptoms and the importance of post-stroke care is more critical than ever.

This article was contributed by
Sunway Medical Centre
emergency medicine consultant
Dr Aaron Lai Kuo Huo
and consultant neurologist
Dr Mohamad Imran Idris.



Specialists emphasise that the first 72 hours after a stroke are critical for recovery, rehabilitation and long-term quality of life.

Post-stroke care urgent as always

COMING TOGETHER FOR W.H.O.'S WORLD CERVICAL CANCER ELIMINATION DAY

Tel Aviv, the nation's first survivor-led cervical cancer movement, has joined forces with Watson Malaysia and the R.O.S.E. Foundation to commemorate the World Health Organisation's (W.H.O.) World Cervical Cancer Elimination Day in Malaysia. Founded by Selma Nepp, a W.H.O. recognised patient advocate, Tel Aviv is a movement born from lived experiences with a mission to normalise conversations about cervical cancer by meeting people where they already are through fashion, fitness, retail and community. Throughout November, Watson's custom-nationwide will feature teal-themed awareness materials and pharmacists will wear Tel Aviv's signature button badges on their coats and engage customers in conversations about cervical cancer prevention, the importance of HPV screening and how early detection can save lives.

EARLY PROSTATE CANCER DETECTION THROUGH PROJECT BLUE DOT

Pharmacy chain Big Caring Group signed a tripartite memorandum of understanding with the Royal Clin of Kuala Lumpur (RCKL Dita) and the National Cancer Society of Malaysia (NCSM) to join RCL Dita's Project Blue Dot, an initiative to expand access to early screening and diagnosis of prostate cancer for Malaysian men, especially those from the B40 community and high-risk groups. RCL Dita's sub-study, prostate-specific antigen (PSA) screenings and coordinates follow-up support for individuals who require further investigation after testing. NCSM is the clinical lead, providing medical personnel, screening protocols and laboratory analysis. Big Caring Group will extend the initiative's outreach by providing convenient screening locations through its Big Pharmacy and Caring Pharmacy network. Project Blue Dot will provide 3,000 free prostate cancer screenings available to Malaysian men aged 45 and above from B40 and high-risk groups.

EVERY second second when it comes to a stroke, but every minute that passes after the onset, 1.9 million neurons are lost. Globally, stroke remains the second leading cause of death, with over 11.2 million new cases reported in 2019. In Malaysia, the numbers are equally concerning, with 41,311 new stroke cases and nearly 28,000 deaths recorded last year.

The first 72 hours after a stroke is critical to recovery. Also important are rapid intervention, careful monitoring and a multidisciplinary approach to improving outcomes and reducing long-term disability.

Why every minute matters after stroke

While public awareness campaigns focus on recognising stroke symptoms through the BE FAST acronym, what happens after a patient reaches the hospital is equally crucial.

The first 72 hours can determine whether a person recovers fully or faces long-term disability. When a stroke strikes, the brain is deprived of oxygen and damage starts immediately. Quick interventions, such as clot-busting drugs or thrombectomy, can save lives and preserve brain function, but time counts.

Studies show that patients receiving thrombolytic therapy within the first 4.5 hours from the onset of stroke symptoms have a much higher chance of functional recovery. This golden hour dramatically improves the likelihood of a full recovery.

Importance of first 72 hours

A multidisciplinary team response, immediate and effective treatment once a stroke patient arrives at the hospital. The first 72 hours, often referred to as the "critical window", can mean the difference between life and death or between full recovery and permanent disability.

In these 72 hours, doctors will focus on preventing complications such as secondary strokes or brain swelling and other concerns such as thrombolytic or thrombectomy, they will closely monitor the patient, often repeating brain scans within the first 24 hours to check for bleeding or other complications.

During this time, key health factors such as blood pressure, blood sugar and hydration are monitored, as they play a pivotal role in reducing brain damage.

Early rehabilitation is also vital when the acute therapy begins - usually within 48 and 72 hours - the better the patient's chances of regaining mobility and independence. The urgency of immediate stroke care is underscored by success stories of patients who benefited from rapid treatment and care.

Harsh realisation about strokes

One harrowing microcosm is that a man stroke, or transient ischaemic attack (TIA), is not serious. Therein lies the danger. This false sense of security, as even with a TIA, the risk of having a full-blown stroke is very high, particularly in the first 48 hours.

Patients with a TIA will need to seek medical attention immediately, even if symptoms resolve quickly. Up to one in five patients with TIA will have a major stroke within the first 90

First 72 hours crucial to long-term recovery

days, with half occurring in the first 48 hours.

Stroke rising among younger people

Stroke are increasingly affecting younger people in Malaysia, largely due to lifestyle factors such as poor diet, obesity, smoking and lack of physical activity.

Studies have shown a 55.3% and 58.4% increase in stroke among men and women between the age of 35 to 59 years old. Doctors are seeing more noticeably symptoms in younger people, which are major contributors to strokes, but this same group often fails to recognise early symptoms or delay seeking treatment.

Reliable, multidisciplinary approach to stroke recovery

Effective stroke care goes beyond immediate emergency interventions. A comprehensive, multidisciplinary approach is key to a patient's recovery. Teams of neurologists, physiotherapists, occupational therapists and

speech therapists work together to guide patients through recovery.

It has been recorded that stroke patients benefit enormously from early rehabilitation. Whether regaining the ability to walk, swallow or speak, starting therapy as soon as the patient is stable maximises their chances of regaining independence.

Family involvement also plays a critical role. Stroke survivors supported by loved ones throughout their recovery journey tend to experience better outcomes.

With the rising prevalence of stroke in Malaysia and worldwide, awareness of early symptoms and the importance of post-stroke care is more critical than ever.

This article was contributed by
Sumayy Medical Centre
emergency medicine consultant
Dr Aaron Lai Kuo Hui
and consultant neurologist
Dr Mohamed Imran Idris.



Specialists emphasise that the first 72 hours after a stroke are critical for recovery, rehabilitation and long-term quality of life.

MDA warns against purchasing unregistered medical devices sold online

THE Medical Device Authority (MDA) has flagged the sale of unregistered medical devices by companies operating without proper licences through online platforms.

In a statement last week, the authority said most sellers operate without verifiable identities or physical addresses, and make exaggerated or questionable health claims to attract buyers.

MDA warned that purchasing and using unregistered medical devices could compromise public safety and pose health risks, as such products do not meet the safety, quality and efficacy standards mandated by

the authority.

"MDA does not encourage the purchase of medical devices through any e-commerce platforms, as doing so may result in the acquisition and use of counterfeit, unregistered or potentially dangerous products."

"We urge the public to remain vigilant and ensure that all medical devices they purchase are registered with MDA and sourced from companies holding a valid licence under the Medical Device Act 2012 (Act 737)," the authority said.

MDA also reminded e-commerce platform

operators of their responsibility to ensure that all medical devices advertised or sold on their platforms are registered and sourced from licensed companies under Act 737.

The authority stressed that any company or individual found selling, distributing or marketing unregistered medical devices will face strict legal action, including fines, product recalls and prosecution.

Members of the public are advised not to have purchases solely on price, as low-cost devices may appear attractive but may not meet the essential standards of registration, quality and effectiveness - really critical

considerations, given the role of these devices in patient care.

Using unregistered or low-quality devices may lead to serious health risks, including device malfunctions, unintended side effects and treatment complications.

To facilitate safe purchases, MDA requires that all advertisements for registered medical devices include the registration number and a statement confirming registration under Act 737.

The public is encouraged to verify device registration and distributor licences via MDA's official portal - Sermewa.

Sistem DERIA MANUSIA

Kenali 5 Deria Ini

MANUSIA ialah makhluk ciptaan Tuhan yang sangat kompleks dan unik. Salah satu sistem yang memainkan peranan penting dalam kehidupan seharian manusia ialah sistem deria. Sistem ini membolehkan kita menerima dan mentafsir rangsangan daripada persekitaran.

Tanpa sistem deria yang berfungsi dengan baik, manusia akan menghadapi kesukaran dalam menjalani kehidupan harian. Oleh itu, penting untuk kita memahami struktur dan fungsi sistem deria manusia.

Secara asasnya, terdapat lima deria utama dalam sistem deria manusia, iaitu penglihatan, pendengaran, sentuhan, rasa, dan bau. Setiap deria ini mempunyai organ khas yang membolehkannya berfungsi secara berkesan. Deria-deria ini bekerjasama dengan sistem saraf untuk menghantar maklumat

ke otak dan membolehkan kita mentafsir rangsangan yang diterima.

Pertama ialah deria penglihatan, yang membolehkan kita melihat. Organ yang bertanggungjawab untuk deria ini ialah mata. Struktur mata terdiri daripada beberapa bahagian penting seperti kornea, kanta, retina dan saraf optik. Cahaya yang masuk ke dalam mata difokuskan ke retina yang mengandungi sel-sel sensitif terhadap cahaya. Seterusnya, isyarat ini dihantar ke otak melalui saraf optik dan ditafsirkan sebagai imej. Deria penglihatan amat penting dalam kehidupan seharian seperti membaca, menulis, dan mengenal pasti objek.

Selain itu, deria pendengaran membolehkan manusia mendengar bunyi dan berkomunikasi. Organ utama bagi deria ini ialah telinga, yang terdiri daripada tiga bahagian utama iaitu telinga luar, telinga tengah, dan telinga dalam. Celombong bunyi ditangkap oleh telinga luar dan dihantar ke telinga dalam melalui gegang telinga dan tulang-tulang kecil. Di telinga dalam, getaran bunyi akan ditukar menjadi impuls saraf dan dihantar ke otak. Deria pendengaran penting dalam pertuturan, pembelajaran, dan juga memberi amaran tentang bahaya di sekeliling kita.

Deria sentuhan adalah deria yang membolehkan kita merasa tekanan, suhu, dan kesakitan. Organ yang bertanggungjawab bagi deria ini ialah kulit, iaitu organ paling besar pada tubuh manusia. Kulit mengandungi banyak reseptor saraf yang sensitif terhadap pelbagai jenis rangsangan. Deria ini membolehkan kita merasa panas, sejuk, kasar, halus, dan juga sakit apabila terluka. Fungsi deria sentuhan penting untuk melindungi tubuh dan memberi maklumat tentang persekitaran fizikal.

Deria rasa pula merupakan deria yang membolehkan kita mengesan rasa makanan dan minuman. Organ utama bagi deria ini ialah lidah. Lidah mengandungi banyak puting rasa yang boleh mengesan lima jenis rasa asas iaitu manis, masam, masin, pahit, dan umami. Deria rasa juga membantu kita menikmati pelbagai jenis makanan dan mengesan makanan yang mungkin rosak atau beracun.

Deria bau juga adalah deria yang membantu kita mengenal pasti pelbagai jenis bau. Organ utama bagi deria ini ialah hidung. Di bahagian dalam hidung terdapat reseptor bau yang akan menghantar maklumat ke otak apabila mengesan bahan kimia dalam udara. Deria bau juga berfungsi bersama deria rasa untuk memberikan pengalaman makan yang lebih menyeluruh. Selain itu, ia juga penting dalam mengesan bahaya seperti bau gas atau asap.

Sistem deria manusia memainkan peranan yang sangat penting dalam membolehkan manusia berfungsi dengan baik dalam kehidupan harian. Setiap deria mempunyai struktur dan fungsi tersendiri yang saling melengkapi. Oleh itu, kita perlu menjaga kesihatan sistem deria dengan baik seperti tidak mendengar muzik terlalu kuat, menjaga kebersihan mata dan telinga, serta mengelakkan pendedahan kepada bahan kimia berbahaya. Kesedaran terhadap kepentingan sistem deria akan membantu kita menghargai nikmat yang tidak ternilai ini.



Zuckerbergs put AI at heart of pledge to cure diseases

THE Chan Zuckerberg Initiative, a nonprofit launched by Mark Zuckerberg and his wife aimed at curing all diseases, is restructuring to use artificial intelligence to achieve that goal.

The move narrows the focus of the philanthropic organisation founded in 2015 with a vow to devote most of the couple's significant wealth to charitable causes, including social justice and voter rights.

Zuckerberg is among the high-profile tech figures who has backed away from diversity, equality and fact-checking initiatives after US President Donald Trump took office in January.

The organisation this year ended its diversity efforts, curbed support of nonprofits that provide housing and stopped funding a primary school that gave education and healthcare to under-served children, according to media reports.

The philanthropic mission created by the Meta co-founder and his spouse, Priscilla Chan, said its current priority involves scientific teams centralised in a facility called Biohub.

"This is a pivotal moment in science, and the future of AI-powered

scientific discovery is starting to come into view," Biohub said in a blog post.

"We believe that it will be possible in the next few years to create powerful AI systems that can reason about and represent biology to accelerate science."

Biohub envisions AI helping advance ways to detect, prevent and cure diseases, according to the post.

The mission includes trying to model the human immune system, potentially opening a door to "engineering human health".

"We believe we're on the cusp of a scientific revolution in biology — as frontier artificial intelligence and virtual biology give scientists new tools to understand life at a fundamental level," Biohub said in the post.

The first investment announced

by the Zuckerbergs when the initiative debuted nearly a decade ago was for the creation of a Biohub in Silicon Valley, where researchers, scientists and others could work to build tools to better study and understand diseases.

Shortly after it was established, the initiative bought a Canadian start-up which uses AI to quickly read and comprehend scientific papers and then provide insights to researchers.

"Our multidisciplinary teams of scientists and engineers have built incredible technologies to observe, measure and program biology," Biohub said of its progress.

Meta is among the big tech firms that have been pouring billions of dollars into data centres and more in a race to lead the field of AI.



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The Chan Zuckerberg Initiative, aimed at curing all diseases, is restructuring to use artificial intelligence to achieve that goal. PICTURE CREDIT: PIKISUPERSTAR — FREEPIK



(Above) The event features yoga among other activities.

(From left) Raja Jesrina, Lian, Yeoh and Chia launching the Women Wellness Festival 2.0 in Subang Jaya.

Healthy women, strong nation

ABOUT 500 people gathered at a women's well-being event in Subang Jaya, Selangor.

The Women Wellness Festival 2.0 at PARC Subang, themed "Wellness in Motion", featured more than 40 workshops, talks, panels and experiential activities supported by 40 wellness brands and partners.

Youth and Sports Minister Hannah Yeoh and event founders Diane Chia, Raja Jesrina Arshad and Sarah Lian launched the event.

Yeoh commended the organisers for contributing to the nation's efforts in building

Wellness festival in Subang Jaya brings together 500 participants

healthier, more resilient communities.

"This festival aligns with our mission at the ministry to champion active lifestyles, mental resilience and holistic well-being.

"When women are empowered to prioritise their health, our families, communities and country become stronger.

"Events like this create a supportive space where women can move, connect and thrive."

Attendees immersed themselves in Connect, Grow and

Elevate sessions, participating in sunrise yoga, sound healing, breathing exercise, journaling and expert-led workshops on self-awareness, longevity and empowerment.

A key highlight was the Founders Chat, where the founders shared their personal reflections on friendship, balance and empowerment and how community plays a transformative role in women's wellness.

The festival ended with "Just Stories", a session led by Jasmine

King reflecting on sisterhood and connection.

The festival was founded by three friends who were united by their shared passion for wellness.

"Seeing this community show up for one another reminds us that when women support women, incredible things can happen," said Chia, who is Millennia Village co-founder and executive director.

"This festival surpassed all expectations, from the energy to

the turnout to the depth of conversations across every session," said PurelyB founder and chief executive officer Raja Jesrina.

Supparetreat founder Lian said: "Collaborating with our sponsors and partners enabled us to bring a richer, more holistic experience to every individual.

"Together, we are redefining what it means to live well and to show up with intention.

"Being part of Women Wellness Festival 2.0 has been incredibly meaningful."



YOUR OPINION

A dose of health or poison?

MY father was a grocer in Kedah, and I grew up helping him place calcium carbide (CaC₂, commonly known as kabat in Kedah) at the bottom of boxes holding unripe bananas, which he would sell once ripened.

When he sold them, he would disclose to customers which fruits had been treated with CaC₂. My mother didn't like this as she thought it might make it harder to sell some of the fruits. But my father explained that, ironically, some customers would not buy organically ripened bananas because they did not look appealing, and using CaC₂ ensured consistency across every bunch of bananas.

But when I wanted to eat the bananas from the shop, my parents wouldn't let me eat those ripened with CaC₂. When I asked my mother why, she could not explain. It was instinct, a natural sense that CaC₂ was unsafe for consumption. This was 20 years ago.

CaC₂ contains toxic impurities, including arsenic and phosphorus. Direct contact with fruit can leave residue that may have neurological effects, cause respiratory problems, kidney disease, and an increased risk of cancer. Globally, safer alternatives such as ethylene gas or natural ripening methods are widely used, and many countries – including Singapore – have banned the use of CaC₂ as a fruit ripening agent.

Yet CaC₂ is still not banned in Malaysia, leaving consumers exposed to unnecessary and potentially dangerous health risks.

Malaysia does have consumer protection laws. Section 13 of the Food Act 1983 prohibits selling food containing substances that are poisonous, harmful, or otherwise injurious to health.



Photo: YAP CHEE HONG/The Star

However, despite established scientific evidence of the harms caused by CaC₂, its use is not explicitly addressed under the Act, and there is no will or awareness within the government to review the existing regulations and their enforcement.

What is even more disturbing to me is that consumers themselves lack access to information on the use of artificial ripening agents such as CaC₂. Since fruits are mostly sold loose, consumers have no way of knowing whether the bananas they purchase have been treated with CaC₂, as loose fruits are rarely labelled.

Malaysia is certainly not new to regulatory lag and slow policymaking. Take asbestos, a proven

carcinogen: despite Singapore banning all types in 1989 and most European Union and Asian countries following in the early 2000s, Malaysia is still debating a full ban in 2025, with private buildings continuing to use it and many workers remaining unprotected. We cannot afford similar regulatory inertia when it comes to what we put in our food.

The continued use of CaC₂ reflects an insufficient synergy between science, technology, and innovation policy and lawmaking. There must be a continuous and institutionalised bridge between policymaking and Malaysia's science, technology, and innovation ecosystem.

The national science, technolo-

gy and innovation policy should not operate in parallel but in concert with regulatory development, ensuring that decisions are informed by current research, technological capabilities, and empirical evidence. Strengthening this interface would enable more proactive policymaking that safeguards public health, and identifies and mitigates risks before they materialise.

While policymaking and regulation naturally evolve and can be both reactive and proactive depending on context, issues concerning public health and consumption demand foresight. With scientific findings, evidence, and data already before us, our response to CaC₂ should be proactive, not delayed until harm becomes undeniable.

Malaysia must begin aligning its policies and regulations with the knowledge we already possess about CaC₂, not the consequences it has yet to face. Our daily fruits should be a dose of health, not a dose of poison. We cannot continue as a nation built on patchwork policy, waiting for tragedy to prompt legislation.

MAHAMOOD MUBARAK ALI
Sungai Petani, Kedah

The writer is a sustainability specialist with academic credentials in public policy (Universiti Malaya) and environmental technology (Imperial College London).

MOH bans sale of Gluta Genc Glow Gummies

PUTRAJAYA: The Health Ministry has banned the sale and advertisement of the ASGG Gluta Genc Glow Gummies food product after it was found to be non-compliant with the Food Act 1983.

It said the product was found to contain the active ingredient glutathione, which is not listed under Register 1, Schedule 12, Regulation 26 of the Food Regulations 1985.

"As such, this substance is not permitted as an ingredient in food," the ministry said in a statement yesterday.

It said checks found the product was being marketed on several e-commerce platforms.

"As of Nov 10, a total of 121 requests for advertising restrictions on the product have been submitted to the relevant e-commerce platform providers," it said, Bernama reported.

Section 13B(2)(d) of the Food Act 1983 does not allow food to be adulterated with any substance not permitted by the Act or any regulation made under it.

If convicted, offenders could face a fine not exceeding RM100,000, a jail term not exceeding 10 years or both.

It advised all sellers, including those online who still had stock of the product, to immediately stop selling it and contact the nearest district health office for seizure purposes.

"In addition, all advertising media, including e-commerce platforms and social media, must cease the publication of advertisements for the product," it said.

The ministry also reminded those using the product to stop doing so immediately and seek advice and treatment from healthcare professionals.