Reports by The Star Team

Healthcare gets RM40bil injection

Anwar: Funding is intended to reduce public out-of-pocket wellness costs

KUALA LUMPUR: Building new public hospitals and clinics and upgrading present ones are part of the RM40bil allocation for the healthcare sector under the 13th Malaysia Plan (13MP), says Datuk Seri Anwar Ibrahim.

The Prime Minister said this includes work on several current hospitals, such as Hospital Tuanku Ja'afar 2 in Negri Sembilan; Hospital Sultanah Aminah 2 in Johor; the Sabah Heart Centre; the Sarawak Cancer Centre and the Northern Region Cancer Centre in Kedah.

The aim is to reduce the out-of-pocket expenses by the public for healthcare, Anwar said.

Health	2022/23	2030
1. Mortality rate due to non-communicable diseases	19.2% 2022	18%
2. Share of health cost paid directly by patients	36% 2023	32%

The Star graphics

He added that "pro-health" taxes will be expanded to cover tobacco, vape and alcohol to further manage the burden of non-communicable diseases.

"This is not merely for revenue. It is to encourage behavioural changes and curb the worrying rise of non-communicable diseases," he said when tabling the 13MP in the Dewan Rakyat yesterday.

A similar tax was previously only imposed on sugar.

The Prime Minister said a national-level professional development framework for human resources in the healthcare sector will also be developed.

"This will comprise pre-service training, licensing and registration, intakes, placements and career development to ensure talent retention in the healthcare sector," he said.

Anwar also said medical record management would be strengthened as part of healthcare digitalisation efforts.

"This will contribute to generating high-impact healthcare analytics that can be further empowered through artificial intelligence as part of efforts to improve the rakyat's healthcare," he said.

Anwar added that domestic drug manufacturing will be encouraged alongside the use of generic medicines by both the public and private sectors.

This, he said, is intended to enhance the security of medical supplies.

"Healthcare reforms are an integral part of government efforts to ensure sustainable healthcare financing.

"It will also ensure comprehensive access to healthcare alongside ensuring affordable and high-quality healthcare services," he said.

The Star m/s 4 Nation 1/8/2025 (Jumaat)

Address manpower shortage in health sector, govt urged

PETALING JAYA: The RM40bil allocation under the 13th Malaysia Plan (13MP) comes as a relief to the healthcare sector. But stakeholders say a solution to manpower issues plaguing the public healthcare sector must be resolved.

They lauded the expansion of pro-health taxes to include tobacco, vape and alcohol, as this would reduce the use of such substances while at the same time increase the government's coffers.

Malaysian Medical Association (MMA) president Dr Kalwinder Singh Khaira welcomed the RM40bil allocation for the health sector under the 13MP and the government's commitment to strengthen the public health system.

However, he said addressing the critical shortage of healthcare workers must be prioritised, as this continues to be one of the biggest challenges facing public healthcare facilities.

"We welcome the 13MP initiatives and plans for a national framework for development in the health sector to address human resource needs.

"We hope that these efforts will encompass all healthcare professions in the healthcare ecosystem," he said.

"We note the government's plans to upgrade over 1,700 dilapidated public health clinics and build more healthcare facilities across the country.

"These are timely and necessary steps, but there must be clear timelines for the implementation of each initiative to ensure accountability.

"Planning of human resources must also follow for any new facilities being planned.

"MMA strongly supports the move to strengthen digitalisation, including improvements in health record management and the use of artificial intelligence (AI) to enhance healthcare delivery.

"These efforts are crucial to improving continuity of care and enabling data-driven health planning," he added.

Dr Kalwinder said the expansion of pro-health taxes to include tobacco, vape and alcohol is a step in the right direction in curbing the rise in non-communicable diseases (NCDs).

"However, MMA maintains its firm position that a total ban on vaping and vaping products is necessary to protect public health, especially the health of our youth," he said.

Former Health Ministry director Datuk Zainal Ariffin Omar said the RM40bil allocation for health and the upgrade works for 1,776 dilapidated clinics will improve healthcare accessibility, especially in rural and underserved areas, therefore reducing overcrowding in major hospitals.

However, he said the government must ensure the funds are used efficiently, avoid delays and maintain quality amid expansion.

"The health proposals under 13MP are ambitious and yet necessary. It addresses infrastructure gaps, preventive care, and digital transformation. However, execution efficiency, equitable access, tech adoption and adequate staff will determine its success.

"The pro-health taxes align with global best practices but require complementary policies to avoid burdening vulnerable groups," he said.

The higher taxes, he said, discourage unhealthy consumption and generate revenue for the government's coffers, adding that the success depends on strict enforcement and public awareness campaigns.

He said this must also be coupled with subsidies for healthy alternatives.

Public priority: Stakeholders welcome the RM40bil health allocation that reinforces the government's commitment to public health system.

Dr Zainal said while the use of AI can improve diagnostics, predict outbreaks and personalise treatment, it comes with some barriers, which include high costs, the need for trained personnel, and ethical concerns.

He said the RM40bil allocation over the period of five years is reasonable for the underfunded healthcare sector, considering that this is on top of the allocation under the annual budget.

Prof Dr Sharifa Ezat Wan Puteh, dean of Universiti Kebangsaan Malaysia's School of Liberal Sciences Public Health Medicine Specialists, said while the initiatives are good, pertinent issues such as low wages for doctors were not addressed.

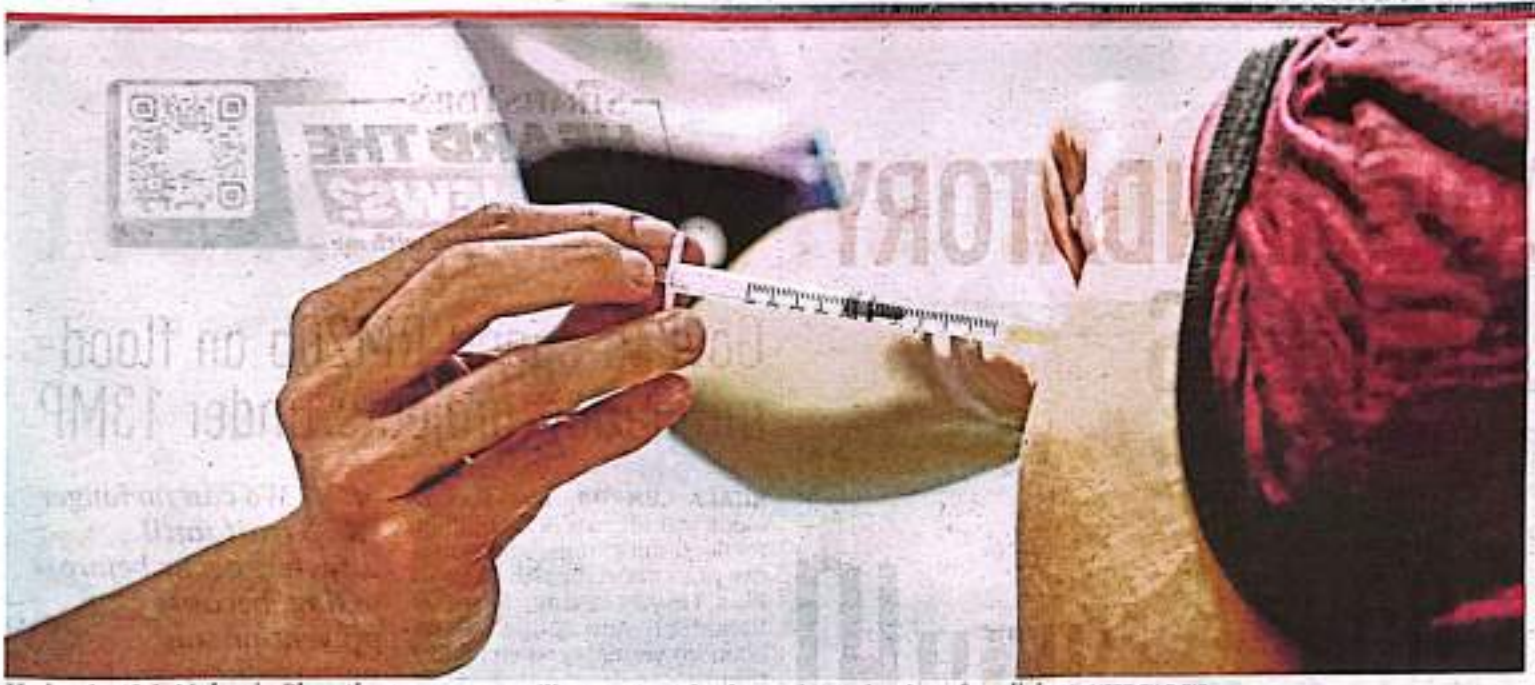
This, she said, is the cause of doctors leaving the service.

"Building and improving facilities is good, but what if we do not have the manpower for them?" she said.

"I have some reservations on tobacco and vape taxes. While increasing taxes will lead to reduced demand, data has shown that the black market makes up for almost 50% to 60%. This means that most of these products are not taxed.

"Hence, illicit tobacco will be sold cheaper to the consumers. So, increasing the tax on legal products will push smokers to continue buying black market products instead," she said.

Consumers Association of Penang education officer N.V. Subbarow said the pro-health taxes should be branded as "cancer tax".



Under the 13th Malaysia Plan, the government will encourage the domestic production of medicines. NSTP FILE PIC

BEHAVIOURAL CHANGE

SHOT IN THE ARM FOR HEALTH

Higher taxes on cigarettes, liquor to curb NCDs; RM40b to be spent on healthcare

KUALA LUMPUR

THE government will expand "pro-health" taxes, including those on tobacco, electronic cigarettes (vape) and alcoholic beverages, to curb the rise in non-communicable diseases (NCD).

"We must be firm in addressing health risks," Prime Minister Datuk Seri Anwar Ibrahim said when tabling the 13th Malaysia Plan (13MP) in the Dewan Rakyat yesterday.

"Pro-health taxes will be expanded beyond sugar to include products, such as tobacco, vape and alcohol, not merely for revenue, but to drive behavioural change and curb the worrying rise in NCDs," he said.

Anwar said RM40 billion would be channelled to the healthcare sector in the next five years.

He said the sum was also to reduce people's out-of-pocket spending for health services.

He said the government would encourage the domestic production of medicines and increase the use of generic drugs in the public and private health sectors.

"More construction and upgrading projects for government hospitals and clinics will be carried out.

"Among them: Tuanku Ja'afar Hospital 2, Seremban, Negri Sembilan; Sultanah Aminah Hospital 2, Johor Baru; Northern Region Cancer Centre, Sungai Petani, Kedah; Sabah Heart Centre at Queen Elizabeth Hospital 2, Kota Kinabalu, Sabah; and Sarawak Cancer Centre," he said.

The Consumers Association of Penang welcomed the pro-health taxes, calling them bold and much needed.

Its senior education officer, N.V. Subbarow, said the move sent a strong signal that Malaysia was serious about protecting its youth and reducing cancer-causing habits.

"These taxes will discourage smoking, vaping and alcohol consumption, especially among the younger generation," he said.

Subbarow praised the government's political will in proposing the taxes, adding that Malaysia had been battling a rise in NCDs, such as diabetes, heart disease and cancer.

While lauding the move as a step in the right direction, Universiti Kebangsaan Malaysia's Professor Dr Sharifa Ezat Wan Puteh said that taxation was not a silver bullet.

"The intent is good and we applaud efforts to reduce NCDs through behavioural change.

"But tax measures must be complemented by real investment in the primary healthcare system.

"We do not have enough healthcare personnel, especially in critical specialties like oncology, mental health and cardiovascular care," she said.

BH M/S 18 Nasional 1/8/2025 (Jumaat)

Pegawai perubatan wajib pilih penempatan Sabah, Sarawak

Kuala Lumpur: Kementerian Kesihatan (KKM) mewajibkan pegawai perubatan kontrak yang dilantik ke jawatan tetap untuk memilih sekurang-kurangnya satu daripada tiga penempatan di Sabah atau Sarawak menerusi sistem e-placement 2.0, sebagai langkah menangani ketidakseimbangan agihan tenaga kerja kesihatan antara Semenanjung dan wilayah Borneo itu.

Dr Dzulkefly di Dewan Rakyat, semalam. (Foto BERNAMA)

Menterinya, Datuk Seri Dr Dzulkefly Ahmad, berkata pendekatan itu tidak pernah dilaksanakan sebelum ini dan sebahagian daripada usaha serius kerajaan mengatasi jurang penempatan pakar, doktor dan jururawat di seluruh negara.

"Jadi, mewajibkan satu daripada tiga itu mesti diletakkan pilihan Sabah dan Sarawak. Yang tidak pernah dilakukan sebelum ini," katanya di Dewan Rakyat, semalam.

Beliau menjawab soalan Datuk Dr Richard Rapu (GPS-Betong) yang meminta penjelasan berhubung langkah kerajaan mengurangkan ketidakseimbangan agihan sumber manusia kesihatan di antara Semenanjung, Sabah dan Sarawak, khususnya membabitkan penempatan pakar, doktor dan jururawat.

Dr Dzulkefly berkata, kementerian turut menetapkan kuota penempatan pegawai perubatan lantikan tetap, iaitu 650 orang di Sarawak dan 310 orang di Sabah, menjadikan keseluruhan penempatan di kedua-dua negeri itu 42.7 peratus daripada jumlah keseluruhan 2,248 pegawai perubatan yang ditempatkan baru-baru ini.

Selain itu, Dr Dzulkefly memaklumkan 1,002 pegawai perubatan kontrak sudah ditempatkan di Sabah, manakala 937 di Sarawak hingga 31 Mac lalu, bagi menampung tenaga kerja tambahan di kemudahan kesihatan awam.

Dalam usaha jangka panjang beliau berkata, KKM turut menyokong inisiatif kerajaan negeri menawarkan biasiswa kepada pelajar untuk melanjutkan pengajian dalam bidang perubatan dan kesihatan, serta memberikan merit tambahan kepada mereka yang berkhidmat di Sabah dan Sarawak, khususnya kawasan pedalaman.

"Merit ini dijadikan satu pemberat tambahan dalam skala pemarkahan calon untuk mendapatkan biasiswa ini," katanya.

BERNAMA

RANCANGAN MALAYSIA KE-13

RMK13

Akses penjagaan kesihatan lebih luas, terangkum

Inisiatif kerajaan beri pilihan perkhidmatan berkualiti dan mampu bayar

Oleh Latifah Ariffin
dan Noor Atiqah Sulaiman
bhnews@bh.com.my

Kuala Lumpur: Sepanjang tempoh RMK13, sektor kesihatan akan menerima peruntukan sebanyak RM40 bilion dalam usaha mengurangkan perbelanjaan rakyat atau dalam perkhidmatan penjagaan kesihatan.

Langkah berkenaan turut memberi pilihan perkhidmatan kesihatan kepada pengguna, di samping terus memastikan perkhidmatan kesihatan berkualiti dan mampu bayar.

Perdana Menteri, Datuk Seri Anwar Ibrahim berkata, rangka kerja pembangunan profesional kesihatan peringkat kebangsaan akan dibangunkan dalam menangani isu keperluan sumber manusia dalam sektor berkenaan.

Ikhtiar itu merangkumi latihan praperkhidmatan, pelesenan dan pendaftaran, pengambilan, penempatan, serta pembangunan kerjaya bagi memastikan pengekalan bakat dalam sektor kesihatan.

"Selain itu, pengurusan rekod kesihatan akan diperkukuh sebagai teras pendigitalan sistem kesihatan. Usaha ini akan memantapkan keupayaan saling kebolehkendalian merentas fasiliti kesihatan.

"Ini akan menyumbang kepada penjanaan analitik kesihatan berimpak tinggi yang diperkasa dengan teknologi kecerdasan buatan (AI) sebagai usaha mempertingkat kualiti penjagaan kesihatan rakyat," katanya.

Dalam pada itu, Anwar berkata reformasi kesihatan adalah ikhtiar penting dalam memastikan pembiayaan kesihatan yang mampan dan akses penjagaan lebih meluas dan terangkum.

Tingkat jaminan bekalan ubat

Ia juga mahu memberi pilihan perkhidmatan kesihatan kepada pengguna, di samping terus memastikan perkhidmatan kesihatan yang berkualiti dan mampu bayar.

"Bagi meningkatkan keterjaminan bekalan perubatan, pembuatan ubat domestik akan digalakkan dan penggunaan ubat generik oleh sektor awam dan swasta akan ditingkatkan.

"Kita juga perlu tegas dalam menangani risiko kesihatan. Cukai prokesihatan akan diperluas daripada gula kepada produk seperti tembakau, vape dan alkohol, bukan sekadar untuk hasil, tetapi bagi mendorong perubahan tingkah laku dan membendung peningkatan penyakit tidak berjangkit (NCD) yang kian membimbangkan.

"Tidak ada sebab mengapa gula harus murah maka akan ada sedikit usaha untuk memberikan mesej yang jelas supaya rakyat tidak terbeban dengan penyakit yang serius," katanya.

Mengenai penambahbaikan infrastruktur, Anwar memaklumkan beberapa hospital dan klinik kerajaan akan dinaik taraf sepanjang RMK13.

Antaranya, Hospital Tuanku Ja'afar 2, Seremban, Negeri Sembilan, Hospital Sultanah Aminah 2, Johor Bahru, Pusat Kanser Wilayah Utara, Sungai Petani, Kedah, Pusat Jantung Sabah di Hospital Queen Elizabeth II, Kota Kinabalu, Sabah dan Pusat Kanser Sarawak.

Harian Metro m/s 11 Lokal 1/8/2025 (Jum)

RM40b reformasi sektor kesihatan

Kuala Lumpur: Sebanyak RM40 bilion diperuntukkan di bawah Rancangan Malaysia ke-13 (RMK13) dalam usaha kerajaan melaksanakan reformasi sektor kesihatan, kata Perdana Menteri Datuk Seri Anwar Ibrahim.

Beliau berkata, reformasi kesihatan adalah ikhtiar penting kerajaan untuk memastikan pembiayaan kesihatan yang mampan serta akses penjagaan kesihatan lebih meluas dan terangkum.

Anwar yang juga Menteri Kewangan berkata langkah berkenaan turut memberi pilihan perkhidmatan kesihatan kepada pengguna di samping terus memastikan perkhidmatan kesihatan berkualiti dan mampu bayar.

"Bagi meningkatkan keterjaminan bekalan perubatan, pembuatan ubat domestik akan digalakkan dan penggunaan ubat generik oleh sektor awam dan swasta.

"Cukai prokesihatan akan diperluas daripada gula kepada produk seperti tembakau, vape dan alkohol, bukan sekadar untuk hasil tetapi bagi mendorong perubahan tingkah laku dan membendung peningkatan penyakit tidak berjangkit (NCD) yang kian membimbangkan," katanya ketika membentangkan RMK13 dengan tema Melakar Semula Pembangunan di Dewan Rakyat semalam.

Anwar berkata, langkah reformasi juga bertujuan mengurangkan perbelanjaan rakyat atau *out of pocket expenses* untuk perkhidmatan penjagaan kesihatan.

Beliau berkata dalam tempoh itu, lebih banyak projek pembinaan serta menaik taraf hospital dan klinik kerajaan, termasuk yang daif akan dilaksanakan.

Antaranya Hospital Tuanku Ja'afar 2, Seremban, Negeri Sembilan; Hospital Sultanah Aminah 2, Johor Bahru, Johor; Pusat Kanser Wilayah Utara, Sungai Petani, Kedah; Pusat Jantung Sabah di Hospital Queen Elizabeth II, Kota Kinabalu, Sabah; dan Pusat Kanser Sarawak.

Selain itu, Perdana Menteri berkata, rangka kerja pembangunan profesional sektor kesihatan peringkat kebangsaan akan dibangunkan untuk menangani isu keperluan sumber manusia.

"Ikhtiar ini merangkumi latihan praperkhidmatan, pelesenan dan pendaftaran, pengambilan, penempatan serta pembangunan kerjaya bagi memastikan pengekalan bakat dalam sektor kesihatan.

"Pengurusan rekod kesihatan akan diperkukuh sebagai teras pendigitalan sistem kesihatan. Usaha ini akan memantapkan keupayaan saling kebolehkendalian merentas fasiliti kesihatan," katanya.

Anwar berkata, langkah itu juga akan menyumbang kepada penjanaan analitik kesihatan berimpak tinggi yang diperkasakan dengan kecerdasan buatan (AI) sebagai usaha mempertingkat kualiti penjagaan kesihatan rakyat.

Dalam pada itu, Perdana Menteri berkata, kerajaan akan mengenalpasti satu entiti khusus dan menggubal instrumen perundangan bagi menyediakan ekosistem perkhidmatan penjagaan jangka panjang (LTC) yang lebih cekap dan mampan.

Beliau berkata, RMK13 akan memberi penekanan kepada penyediaan ekosistem perkhidmatan LTC yang lebih cekap dan mampan itu.

The misuse of antibiotics can lead to a rise in mortality rates. PICTURE CREDIT: JANNOZNOB — FREEPIK

Sore throats and antibiotic-resistant superbugs

Heal

By Meera Murugesan

IN Malaysia, as in many other countries worldwide, there is growing concern over a silent, yet widespread epidemic caused by the excessive and often inappropriate use of antibiotics.

This issue is particularly evident in the treatment of sore throats, which are usually the result of viral infections and do not require antibiotics.

The widespread overprescription of these medications has serious and extensive consequences, leading to a troubling increase in antibiotic-resistant superbugs that pose a significant threat to public health, says Universiti Sains Malaysia senior consultant, department of otorhinolaryngology — head and neck surgery, Professor Dr Baharudin Abdullah.

The misuse of antibiotics can lead to a rise in mortality rates and exerts a significant burden on healthcare infrastructure and the economy, draining resources and complicating treatment efforts across the board.

"It is more critical than ever to enhance public awareness and promote responsible prescription practices to protect public health and ensure the continued effectiveness of existing antibiotics," says Dr Baharudin.

The World Health Organisation's Global Antimicrobial Resistance and Use Surveillance System has categorised Malaysia as a high-alert nation due to the increasing threat of antimicrobial resistance (AMR).

In comparison to other Asian countries, Malaysia is among the leading nations in terms of antibiotic overuse, akin to Thailand and China, where obtaining antibiotics without a prescription remains a prevalent issue.

The Health Ministry has consistently raised alarms about the escalating issue of AMR, yet the trend of overprescribing antibiotics remains prevalent due to several key factors.

IN DEMAND

Many Malaysians mistakenly believe antibiotics can cure viral infections, and even think they are effective for pain relief.

Antibiotic-resistant superbugs pose a significant threat to public health says Universiti Sains Malaysia senior consultant, department of otorhinolaryngology — head and neck surgery, Professor Dr Baharudin Abdullah. PICTURE CREDIT: USM

Many physicians in both public and private primary care settings are often influenced by patient expectations and diagnostic uncertainty, leading to the prescription of antibiotics even when they are not clinically indicated.

Studies show that in Malaysian hospitals, the challenge of AMR is becoming increasingly apparent, with a surge in drug-resistant strains like Methicillin-resistant Staphylococcus aureus and Carbapenem-resistant Enterobacteriaceae.

Dr Baharudin says this predicament results in extended hospital stays, increased healthcare expenses and a greater chance of treatment failures.

"Treating a resistant infection can be up to three times more expensive than a non-resistant one, placing a substantial financial burden on both patients and the healthcare system."

THE ECONOMIC IMPACT

In addition to its effects on healthcare, AMR has major economic and environmental consequences.

According to World Bank estimates, by 2050, AMR may cause the world economy to contract by as much as 3.8 per cent, which might result in the poverty of 28 million people.

The need for more costly second-line therapies and extended hospital stays will drive up prices for the already overburdened healthcare system.

Furthermore, the environmental impact is too great to overlook because overprescribed antibiotics frequently end up in wastewater, contaminating soil and rivers and facilitating the spread of antibiotic resistance in bacterial populations outside of hospital settings.

While the statistics paint a grim picture, Malaysia is not without recourse. The country has already made significant strides in public health, from implementing national antibiotic stewardship programmes to conducting public awareness campaigns.

However, these efforts need to be scaled up and reinforced with a long-term, multi-sectoral approach, says Dr Baharudin.

"Strengthening enforcement of antibiotic sales, improving diagnostic capabilities in primary care settings, and fostering stronger collaboration between healthcare providers, policymakers and the public are critical next steps."

Malaysia has a strong track record of advancing healthcare, which puts it in a unique position to lead efforts domestically and throughout Southeast Asia in the regional fight against AMR, he explains.

Since Malaysia has already made great progress in improving healthcare — from bolstering universal healthcare laws to spearheading programmes for managing infectious diseases — it can support a regional AMR action plan that unites Asean countries in concerted efforts to stop antibiotic abuse.

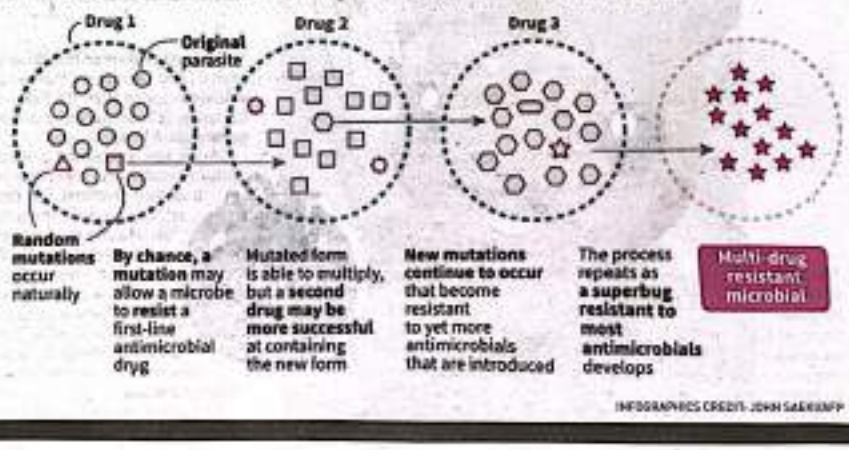
By advocating for stricter cross-border regulations on antibiotic sales, harmonising prescription guidelines and championing large-scale public awareness campaigns, Malaysia can set the benchmark for responsible antibiotic stewardship in Southeast Asia.

↳ meera@nst.com.my

Superbug evolution: natural selection

How use of antimicrobials can give rise to antimicrobial resistance

▸ **Antimicrobial medicines can inadvertently 'select' the mutations that withstand them**



INFOGRAPHICS CREDIT: JOHN SAKKUFF