

New fuel prices
 Oct 30 - Nov 3

RON95	RM1.99
RON95	RM2.60
RON97	RM3.20
DIESEL	RM2.95

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Caught in the pinch

Amid forecasts of 16% medical inflation and a nearly four-fold rise in insurance spending, industry experts are calling for a revision of social protection schemes to shield the struggling middle-income group

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Kurang manis is still bitter for many

Most Malaysians still prefer their sweet drinks despite the rising popularity of reduced sugar beverages, say F&B operators. They add that the proposed mandatory Nutri-Grade labelling system will only work in tandem with more efforts to educate the public on sugar content. > See report on page 3 by FAZLEENA AZIZ

Photo: MUHAMMAD SHAHPEL JOSE/2The Edge

Kurang manis satu, but what's in it?

Despite seeking less sweet drinks, M'sians' sugar cravings remain strong

By **FAZLEENA AZIZ**
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PETALING JAYA: More Malaysians are asking for "kurang manis" (less sweet) drinks, but the nation's sweet tooth is far from cured.

Food and beverage services industry players say that while there is a growing trend of health-conscious consumers, particularly among young Malaysians, working adults and families, most customers still prefer their beverages on the sweeter side.

They believe the Health Ministry should step up public education on sugar content instead of placing more regulatory burdens on small operators.

Malaysian Indian Restaurant Owners Association (Primas) president Datuk J. Govindasamy said the shift towards "less sweet" orders reflects increasing health awareness, but balancing taste, cost and consistency remains a challenge.

"There are alternatives like stevia, monk fruit extract and other low-calorie sweeteners, but they are expensive and can alter the familiar taste customers enjoy.

"Some operators use brown sugar or honey, but those still contain natural sugars," he said.

Govindasamy was commenting after Health Minister Datuk Seri

Dr Dzulkefly Ahmad said the ministry is developing a mandatory Malaysian Nutri-Grade system to classify beverages based on their total sugar content.

Under the proposed system, drinks with more than 10g of sugar per 100ml will be banned from being advertised on all platforms.

Implementation will take place in phases, starting with ready-to-drink products before extending to freshly prepared beverages.

Govindasamy said operators might need to display the sugar grade, from A to D, or sugar content on menus and counters, urging the ministry to provide clear guidelines, transition time and training to help small businesses adapt.

"The mandatory labelling is expected to increase customer awareness and encourage 'less sweet' preferences. It will also motivate businesses to reformulate their drinks. Primas believes this is a positive step but hopes the ministry will collaborate closely with industry associations to ensure practical implementation," he said.

Petaling Jaya Coffeeshop Association president Keu Kok Meng agreed that "kurang manis" requests are becoming increasingly common.

"Many now order drinks like teh si kosong or barley kosong.

The preference for less sugar is clear," he said.

However, Keu believes the Nutri-Grade system will take a long time to reach smaller outlets.

"If the ministry does implement it, it will mostly affect ready-to-drink products. Any additional manufacturing costs will be passed on to consumers," he said, adding that Malaysia should not rush to follow other countries' labelling systems without evidence of their effectiveness.

Pertubuhan Sahabat Tomyam Prihatin SeMalaysia adviser Che Mamad Che Mod said many Malaysians remain unaware of what goes into their drinks.

"That's why it's important for the Health Ministry to educate the public first, instead of burdening food operators," he said.

"Most businesses are struggling to stay afloat.

"The ministry should run more nutrition awareness programmes rather than just carrying out enforcement. Many Malaysians have no idea how much sugar is in the global branded drinks."

Che Mamad urged the ministry to first study the public's level of nutritional awareness before rolling out policies.

"The minister's view may be from an academic or professional perspective, but it doesn't reflect what's happening on the ground," he added.

Content of sugar in your favourite drinks



Source: HealthWorks.my

The Star graphics

'Expand health aid to M40'

Experts: Rising medical costs hitting the 'missing middle'

By DIYANA PFORDTEN

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PETALING JAYA: Free health screenings and subsidised medical insurance for the B40 should be widened to include middle-income families who are also feeling the pinch from rising medical inflation, say stakeholders.

The Federation of Malaysian Consumers Associations' (Fomca) chief executive officer, Saravanan Thambirajah, said many M40 households are now experiencing similar financial pressures as the B40, including stagnant wages, higher medical costs, and limited access to affordable private healthcare.

"They are the 'missing middle' who fall through the cracks of social protection. By widening coverage through a shared-subsidy or co-payment model, the government can ensure more Malaysians are protected against unexpected medical expenses while keeping the schemes financially sustainable," he said.





Saravanan said this in response to Aon's 2026 Global Medical Trend Rates Report that projected Malaysia's medical inflation to hit 16% in 2026, well above the Asia-Pacific region's average of 11.3%.

Current health programmes for the B40 include PeKa B40, which offers free check-ups, medical device aid and early detection incentives for Malaysians aged 40 and above. Complementing the PeKa B40 programme, the mySalam initiative offers cash assistance to B40 Malaysians diagnosed with critical illnesses or those requiring hospitalisation.

Saravanan suggests the government extend eligibility for such schemes to M40 families while continuing to strengthen government hospitals, community clinics and chronic disease services.

Malaysian Medical Association president Datuk Dr Thirunavukarasu Rajoo said with medical inflation outpacing wage growth, many M40 households face the same healthcare affordability issues as the B40.

Targeted initiatives to reduce healthcare costs

 <p>1 PeKa B40 (Skim Peduli Kesihatan untuk Kumpulan B40)</p> <ul style="list-style-type: none"> ■ B40 Malaysians aged 40+ receiving Sumbangan Tunai Rahmah (STR) or spouses of STR recipients, with automatic registration. 	<ul style="list-style-type: none"> ■ Free health screening for NCDs (heart disease, diabetes, cancer risks), follow-up consultations, financial aid for medical devices and cancer treatment.
 <p>2 Skim Perubatan MADANI</p> <ul style="list-style-type: none"> ■ STR recipients from B40 group in pilot districts (eligibility is automatic). 	<ul style="list-style-type: none"> ■ Free acute primary care at registered private GPs.
 <p>3 mySalam (Skim Perlindungan Takaful B40)</p> <ul style="list-style-type: none"> ■ B40 Malaysians aged 18–65, including family members (automatic enrolment via national STR database). 	<ul style="list-style-type: none"> ■ RM8,000 critical illness payout (50 types of critical illnesses), hospitalisation allowance.
 <p>4 Perlindungan Tenang (Life insurance/Family takaful)</p> <ul style="list-style-type: none"> ■ B40 Malaysians ■ Lump sum death/disability payout, hospitalisation cash benefit for 	<ul style="list-style-type: none"> accidents, stamp duty exemption (including for other low-cost insurance plans) extended until 2028.

Source - mySalam, Protect Health, Bank Negara Malaysia, Budget 2026

The Stargraphics

"It's time to revise outdated B40 and M40 definitions and expand schemes like PeKa B40 and Perlindungan Tenang to include lower-M40 households. This isn't charity; it's protection for working families struggling to afford basic healthcare," he said.

Financial planner Felix Neoh said expanding health coverage for M40 households must go hand in hand with improving awareness and using existing schemes among the B40.

Figures from the Health Ministry's KKMNow portal show that the screening rate for PeKa B40 among eligible participants was highest in Kelantan at 48.5%, followed by Kedah at 40.1% and Perlis at 38.7%.

Screening rates are lowest in Kuala Lumpur (14.4%), Labuan (15.1%) and Selangor (22%).

Neoh said some states have their own schemes, such as

Selangor's Skim Peduli Sihat, Penang's i-Sejahtera, and Sarawak's Health Assistance Scheme for rural communities.

"Combined with federal programmes, this can form a comprehensive safety net for low-income families," he said.

Financial planner Gunaseelan Kannan said such programmes can ease the financial strain on low-income households if fully used.

"Schemes like mySalam and Perlindungan Tenang, which offer stamp duty exemptions on affordable insurance, make protection more accessible for both lower- and middle-income groups. With ongoing investments to upgrade hospitals and clinics, preventive and non-urgent care can often be managed effectively through public facilities," he said.

Saravanan also advised all

Malaysians to be proactive in managing healthcare costs.

"Consumers should participate in screenings, use public-health facilities and always request itemised billing when seeking treatment," he said.

He said the government on its part must ensure affordability and transparency in healthcare pricing to prevent excessive profit-taking in the private sector.

"Without effective oversight, medical inflation will continue to burden ordinary Malaysians and widen the gap between those who can and cannot care," he said.

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KKM laksana kempen TOBaTS tingkat kesedaran mengenai risiko produk tidak berdaftar

Oleh SAIFULLAH AHMAD
 IPOH

Hampir 300 jenis produk kesihatan tidak berdaftar termasuk kosmetik tidak bernotifikasi bernilai kira-kira RM1.5 juta dirampas dalam satu operasi penguatkuasaan di tiga lokasi sekitar bandar raya ini.

Serbuan dijalankan Cawangan Penguatkuasaan Farmasi (CPF), Jabatan Kesihatan Negeri Perak (JKNP) di Bercham, Meru Raya dan Jelapang pada 23 Oktober lalu dilakukan hasil aduan orang awam dan pemantauan pihak berkuasa terhadap aktiviti pengilangan serta penjualan produk tidak sah di pasaran.

Menurut JKNP, rampasan

membabitkan pelbagai ubat tradisional, produk berjenama luar negara yang tidak berdaftar serta kosmetik tanpa notifikasi selain tiga peranti digital digunakan bagi tujuan jualan dan promosi.

"Penjualan produk tidak berdaftar dan kosmetik tidak bernotifikasi menyalahi Peraturan 7(1)(a) dan 18A(1)(a) Peraturan-Peraturan Kawalan Dadah dan Kosmetik 1984.

"Kesalahan ini boleh dikenakan tindakan mengikut Seksyen 12(1) Akta Jualan Dadah 1952 yang memperuntukkan denda maksimum RM25,000 atau penjara hingga tiga tahun atau kedua-duanya sekali bagi kesalahan pertama.

"Manakala bagi kesalahan berikutnya boleh didenda sehingga RM50,000 atau penjara

Lebih 300 produk kesihatan bernilai RM1.5 juta dirampas



Antara produk kesihatan diperiksa susulan serbuan JKNP di salah sebuah premis di Ipoh.

maksimum lima tahun atau kedua-duanya sekali," katanya dalam satu kenyataan menerusi Facebook pada Selasa.

Jelasnya, bagi syarikat pula,

denda boleh mencecah RM50,000 bagi kesalahan pertama dan RM100,000 bagi kesalahan seterusnya di bawah Seksyen 12(2) akta sama.

"Tindakan penguatkuasaan adalah sebahagian usaha berterusan pihaknya membanteras penjualan dan pengedaran produk kesihatan tidak sah di pasaran tempatan," ujarinya.

Dalam pada itu, Kementerian Kesihatan Malaysia (KKM) turut melaksanakan kempen 'Tolak Ubat Tidak Sah' (TOBaTS) bagi meningkatkan kesedaran masyarakat mengenai risiko penggunaan produk kesihatan menyalahi undang-undang.

"Peniaga dan pengedar diingatkan supaya mengendalikan produk kesihatan berdaftar dan mempunyai nombor pendaftaran MAL serta pelekat keselamatan hologram.

"Orang ramai turut dinasihatkan menyemak status pendaftaran produk melalui laman sesawang rasmi KKM," katanya.

Average health insurance spending up four-fold

PETALING JAYA: Malaysia's average household spending on health insurance has gone up nearly fourfold in just two years, reflecting the extent of rising healthcare costs in the country.

The Department of Statistics Malaysia's (DOSM) Household Expenditure Survey Report 2024, which was released on Oct 8, stated that the average monthly household expenditure on health-related insurance rose by 283% from RM24.13 in 2022 to RM92.46 in 2024.

Economists say the sharp rise in average spending for medical-related insurance is due to several reasons, from rising medical costs and higher premiums to greater health awareness among Malaysians.

HELP University economics expert Prof Dr Chung Tin Fah said the trend showed that more households were becoming health-conscious and increasingly risk-averse, opting for multiple types of coverage such as health, life, motor and home insurance.

"People want protection against illness and unforeseen circumstances. Rising premiums have also contributed to higher household expenditure on insurance.

"In the past, many relied on government healthcare and assurances of state protection for the rakyat. However, more are now turning to private insurance for quicker access to medical services," he said.

DOSM's data also showed that average monthly spending on health insurance in rural areas shot up nearly sixfold, from RM3.74 in 2022 to RM18.28 in 2024. In urban areas, the average monthly spending nearly quadrupled, from a monthly average of RM30.29 to RM114.41.

Selangor recorded the steepest increase, with average spending climbing from RM34.51 to RM254.03, followed by Penang, which more than tripled from RM57.45 to RM169.18.

Sabah and Sarawak also saw notable increases, rising from a low base – Sabah from RM3.83 to RM44.44, and Sarawak from RM2.63 to RM10.73.

In contrast, Kelantan (RM6.57) and Terengganu (RM22.97) posted the lowest monthly average health insurance spending in 2024.

Economist Prof Geoffrey Williams said insurers have justified the increase in premiums by citing higher treatment costs, medical inflation and a surge in claims after years of relatively flat rates.

He noted that there have also been complaints about the over-prescription of medicine and unnecessary charges by private healthcare providers.

Prof Williams also noted that some private hospitals continued to use branded medicines instead of cheaper generic alternatives, further inflating treatment fees and insurance payouts.

Kempen WCare tingkat kesedaran wanita proaktif jalani saringan

Program perkukuh keberanian lawan penyakit, pengesanan awal kanser payudara

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Kempen Kesedaran Kanser Reproduksi Wanita (WCare) yang dianjurkan Lembaga Penduduk dan Pembangunan Keluarga Negara (LPPKN) dilihat platform penting, memperkasa wanita lebih proaktif menjalani saringan awal kanser payudara.

Kempen WCare juga dilihat bukan sekadar acara tahunan, sebaliknya medan untuk menyemai kesedaran dan memperkukuh keberanian wanita melangkah ke depan kerana dalam perjuangan melawan kanser, pengetahuan serta pengesanan awal perisai terbaik.

Tambahan, data menunjukkan, kanser payudara dilaporkan penyakit paling utama dalam kalangan wanita di seluruh dunia, merangkumi 24.2 peratus daripada kes kanser baharu.

Laporan Kementerian Kesih-

tan (KKM) menyatakan, jumlah ini dijangka meningkat kepada tiga juta kes baharu dan satu juta kematian menjelang tahun 2040 dengan insiden mula meningkat seawal usia 25 tahun dan memuncak sekitar 60 hingga 64 tahun.

Menyedari situasi membimbangkan itu, LPPKN Negeri Sembilan tampil ke hadapan dengan pelbagai inisiatif mendekati komuniti bagi meningkatkan kesedaran dan menggalakkan pemeriksaan berkala.

Pengerusi Jawatankuasa Wanita, Keluarga dan Masyarakat Negeri Sembilan, Datuk Noorzunita Begum Mohd Ibrahim, berkata sejak 2020 hingga September tahun ini, 11,128 wanita di negeri ini sudah menjalani pemeriksaan mamogram di bawah perkhidmatan LPPKN, dengan 100 kes disahkan positif kanser payudara.

"Usaha bagi meningkatkan kesedaran masyarakat terhadap pengesanan awal kanser payudara dan rawatan segera amat penting bagi menyelamatkan nyawa wanita.

"Ini susulan kanser payudara kekal sebagai jenis kanser paling kerap didiagnosis dalam kalangan wanita, merangkumi 32.1 peratus daripada keseluruhan kes kanser wanita di negara ini," katanya selepas program WCARE, di LPPKN, baru-baru ini.



Noor Zunita Begum (lima dari kiri) bersama sebahagian wanita yang menyertai program WCARE di LPPKN Negeri Sembilan.

(Foto Mohd Amin Jalil/BH)

Jadikan sebagai budaya

Beliau berkata, ramai wanita terpaksa berdepan pembedahan dan rawatan sukar akibat lewat dikesan. Justeru, pengesanan awal dan pemeriksaan berkala perlu menjadi budaya.

"Kelewatan mendapatkan rawatan boleh membawa padah," tegasnya.

Sementara itu, Pengarah LPPKN negeri, Azlan Mohd Salleh, berkata tahap kesedaran wanita di

Negeri Sembilan terhadap kepentingan pengesanan awal kanser payudara kini semakin meningkat.

Katanya, hasil saringan itu 36 kes berjaya dikesan kes positif kanser payudara tahun lalu, sebelum merekodkan 100 kes positif keseluruhan bagi tempoh lima tahun.

"Perkembangan ini menunjukkan, inisiatif kesedaran dan saringan awal oleh LPPKN serta rakan strategik semakin diterima baik masyarakat," katanya.

Menurut Azlan, LPPKN akan terus komited menjadi agensi peneraju kesejahteraan keluarga dengan menyediakan perkhidmatan menyeluruh merangkumi kesihatan reproduktif wanita, pendidikan dan bimbingan remaja, serta kaunseling kekeluargaan.

Beliau menambah, wanita berusia antara 40 hingga 70 tahun layak menerima subsidi mamogram melalui Klinik Nur Sejahtera LPPKN di seluruh negara.

Sibu council raises concern over increasing dog bite incidents



All dogs must be vaccinated against rabies to prevent a public health risk. — Filepic

By **ANDY CHUA**
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SIBU Municipal Council (SMC) says it is fighting a losing battle against dog bites as the number of cases remain high.

"But we are continuing to fight," said its chairman Clarence Ting.

In his address at the council's full board meeting, Ting said there were 538 reported dog bite cases in town in August.

"About 400 of the cases involved family dogs," he said, noting that 138 cases involved strays.

"This situation is quite serious and seems to be getting worse," he added.

In August, the local council managed to catch 110 dogs, and Ting had ordered SMC's dog-catching team to continue taking action.

However, he admitted that without holding dog owners accountable, these efforts might not be effective as the number of cases would continue to rise.

Ting urged dog owners to be more responsible.

"First, they should not allow their dogs to roam freely.

"Second, if they take their dogs

out, the by-law requires that dogs must be on a leash.

"Third, dog owners must obtain a licence.

"Fourth, dogs should be neutered to prevent over-breeding and to reduce the number of strays.

"Lastly, vaccination is crucial as it prevents rabies," he said.

Ting warned that the virus could spread among residents if left uncontrolled.

"In August, a young girl in Bintulu died from the disease.

"Between Bintulu and Kuching this year, we have already seen several rabies cases," he said.

Medical inflation projected to rise to 16% in 2026

PETALING JAYA: The rising cost of healthcare in Malaysia is showing no sign of slowing down, with the country's medical inflation forecast to accelerate even further next year, according to a new report.

Professional services firm Aon has projected, in its 2026 Global Medical Trend Rates Report, that Malaysia's medical inflation rate will increase from 15% this year to 16% by 2026.

The figures are well above the Asia-Pacific average of 11.1% this year and 11.3% next year.

Among the six Asean countries included in the report, Malaysia's projected 16% gross medical trend rate for 2026 trails only Indonesia, which is at 16.9%, while surpassing Thailand (14.8%), the Philippines (14%), Singapore (13%) and Vietnam (12.2%).

The 16% projection for Malaysia marks the highest rate for the

country since 2021 and breaks a three-year plateau where medical inflation held steady at 15%.

Aon, when contacted, said key medical conditions driving costs for Malaysia in 2026 would be respiratory, musculoskeletal, gastrointestinal and cardiovascular conditions, as well as accidents.

"Risk factors are lifestyle-related, such as high blood pressure, high cholesterol and high blood glucose. They continue to cause plan costs to increase," it said.

Kathryn Davis, vice-president of global benefits at Aon, said higher medical utilisation rates, adoption of new advanced technologies and growing demand for private healthcare services are driving medical inflation globally.

"Ageing populations in Europe, Asia-Pacific and Latin America are also emerging as key drivers of rising medical costs," said Davis.

According to Bank Negara

Malaysia (BNM), the rise in healthcare costs in the country is driven by factors including advancements in medical technology and the increasing prevalence of non-communicable diseases.

Those factors have led to greater demand for healthcare services, with claims paid out by insurers and takaful operators growing faster than the premiums collected. On Dec 20, 2024, BNM stepped in to address complaints by Malaysians about steep hikes in medical insurance premiums.

It told insurance and takaful operators to spread out premium increases over a minimum of three years, limiting premium hikes to not more than 10% per annum.

BNM also said that premiums for people over 60 won't rise in 2025 and that any increase can only happen after their 2026 policy anniversary.

During the tabling of Budget 2026 on Oct 10, Prime Minister Datuk Seri Anwar Ibrahim outlined additional measures that the government would take to address rising medical inflation.

They include RM60mil in joint funding from the government and the private sector to introduce affordable basic insurance products for all Malaysians.

In an Oct 11 statement, BNM said the design of the base medical and health insurance/takaful product is expected to be finalised by the end of this year, with a view to launching it in 2027.

In his Budget speech, Anwar said a Diagnosis Related Group (DRG) payment model would also be implemented.

The framework would standardise healthcare payments and make them more transparent, so patients would not be overcharged.

Aerotrain issues 'now a governance stress test'

KUALA LUMPUR: A transport think tank has urged the Transport Ministry to ensure transparency and accountability over the Kuala Lumpur International Airport's aerotrain, which has been plagued by issues since resuming operations in July.

MY Mobility Vision said the aerotrain's persistent problems — more than 20 incidents reported in just four months — went beyond technical shortcomings.

"This is now a governance stress test," said chief strategy officer Rahman Hussin.

He said the Transport Ministry should disclose key details about the project to help the public understand whether the failures stem from weak engineering or weak governance.

Among the details Rahman called for were the length of the testing and commissioning period, the Site Integration Test and the Trial Operation Period involving a full passenger load.

"These are critical in detecting systemic issues, communication faults between power, signalling, and rolling stock, as well as reliability problems in real-world conditions," he told the *New Straits Times*.

Rahman also urged the min-

istry to reveal whether the rolling stock successfully completed its Free Fault Run — an internationally recognised benchmark requiring the system to operate continuously, without a single fault, for a defined period before receiving safety clearance.

He added that the Reliability, Availability, and Maintainability parameters set during the system's design and procurement should also be disclosed.

"Such figures are standard performance guarantees in similar airport transit systems worldwide. Were these benchmarks publicly stated, independently verified, and enforced?"

Rahman said disclosing these details would help the public determine whether the aerotrain met its readiness obligations.

"Making such disclosures routine, not exceptional, would show that Malaysia takes governance as seriously as construction," he said, adding transparency would also restore public confidence.

Rahman also called for reforms to the Land Public Transport Agency (APAD), suggesting it be

turned into a semi-autonomous body empowered to act independently, publish findings openly and enforce standards effectively.

APAD, which succeeded the now-defunct Land Public Transport Commission (SPAD) in 2018, absorbed some of SPAD's functions.

Previously, MY Mobility Vision had also called for SPAD's revival, arguing that Malaysia needed an empowered authority to drive long-term transport policy rather than react to crises.

On Tuesday, Malaysia Airports Holdings Bhd (MAHB) confirmed that the aerotrain suffered yet another service disruption.

Earlier this month, Deputy Transport Minister Datuk Hasbi Habibollah revealed that the aerotrain experienced 19 incidents between July 2 and Sept 30, several of which resulted in temporary service suspensions.

MAHB said it was working closely with the Transport Ministry and APAD to ensure corrective actions were implemented promptly. **By Robin Augustin**



Rahman Hussin

COMMENT by Prof Datuk Dr Ahmad Ibrahim

Riding the wave of silver tsunami

We are living longer. This, one of humanity's greatest triumphs, is increasingly being framed as one of its greatest threats.

As birth rates plummet and life expectancies extend, a profound demographic shift is reshaping nations from Tokyo to Turin.

The question now echoing through economic forums and policy circles is a startling one: Is the ageing of our societies an even more imminent and intractable danger than climate change? The comparison is provocative but flawed.

Climate change is an existential, planetary crisis; its unchecked progression threatens the very habitability of the Earth. Ageing, by contrast, is a structural, predictable and human crisis.

The real question is not about ranking these colossal challenges, but about whether we have the foresight and ingenuity to manage the "silver tsunami" before it erodes our economic foundations. How do we prepare?

The concerns are starkly real. An ageing population means a shrinking workforce, directly threatening the engine of productivity and growth. It places an immense strain on public finances, as fewer active workers support a growing number of pensioners and a surge in healthcare costs. The risk is a downward spiral of higher taxes, lower investment and stagnating living standards.

Japan, a front-runner in this demographic transition, offers a preview: a nation of incredible innovation simultaneously grappling with labour shortages and a deflationary mindset. However, to label this inevitability as an insurmountable threat is to succumb to demographic determinism.

Ageing is not a meteor strike; it is a slow-moving tide. And unlike the complex global coordination required to combat climate change, the solutions to an ageing society are largely within our national control. The challenge is not the people living longer, but our failure to

"An ageing population means a shrinking workforce, directly threatening the engine of productivity and growth."



Government should incentivise later retirement, promote flexible and part-time work for seniors and relentlessly combat ageism in the workplace. — MASRY CHE ANI/THESUN

adapt our economies and societies to this new reality.

So, how does the world manage this? The answer lies in a fundamental recalibration of our policies and, more importantly, our mindsets.

First, we must redefine "productive". The notion that one moves from education to work to retirement in a straight line is a relic of the 20th century. We must tear down the regulatory and cultural barriers that push experienced workers into retirement.

This means incentivising later retirement, promoting flexible and part-time work for seniors, and relentlessly combating ageism in the workplace. A 70-year-old today is not the 70-year-old of 1950; our economies must reflect that.

Second, we must embrace technology and automation not as a threat, but as a lifeline. The shrinking workforce makes investment in productivity-boosting technology an economic imperative. AI and robotics can compensate for labour shortfalls in everything from manufacturing to

healthcare, allowing a smaller number of workers to achieve more. This is not about replacing humans; it is about augmenting our capabilities to maintain prosperity with a different demographic profile.

Third, we need a revolution in healthcare. The goal must shift from merely extending lifespans to extending healthspans. Investing in preventative medicine, geriatric care and age-related medical research is not a cost; it is an investment in maintaining human capital and reducing the long-term burden on care systems. A healthier older population is a more active and economically participative one.

Finally, and most critically, we must fix the broken pipeline. An ageing population is a problem compounded by low birth rates. Societies must become genuinely supportive of families through affordable childcare, parental leave policies and housing support.

Furthermore, sensible, well-managed immigration is not a taboo; it is a demonstrably effective tool for

injecting youth, skills, and vibrancy into ageing nations.

Is ageing a greater threat than climate change? It is the wrong framing. Climate change is a battle for the planet's survival; ageing is a test of our social and economic adaptability. One is a threat we must mitigate to avoid a catastrophe. The other is a reality we must manage to secure a prosperous future.

The silver tsunami is coming. We can see it on the horizon. We can either be swamped by it, or we can learn to ride the wave. The choice is ours. It will require courage, innovation and a collective willingness to rethink the very contract between the generations. Let's not fail that test.

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Building a healthier, compassionate healthcare system

Thesun 30/10/2025 ms/11

LETTERS letters@thesundaily.com

THE announcement of Budget 2026 has brought much-needed attention to our healthcare system, with an allocation of RM46.52 billion to strengthen public health services. This increase of about 2.8% from the previous year focuses on much needed infrastructure upgrades, improved on-call allowances and system reform – which are timely and commendable.

However, while figures and facilities matter, it is the people behind the system who determine whether healthcare truly heals. Every national budget must ask a deeper question: How will these investments

sustain compassion, morale and trust within our hospitals and clinics, whether public or private?

We are proud of Malaysia's dedicated healthcare workers, who continue to serve through fatigue, shortages and relentless patient demands. Yet many feel stretched thin, overburdened and stressed. The on-call allowance increase of up to 40% is a positive step, but it only scratches the surface of a much larger issue – how to sustain energy and morale of the workforce while being empathic in a service system under heavy strain.

Already there are questions about

how this marked review of on-call pay would lead to astronomical improvements in productivity and quality – a demand for immediate *quid pro quo*, distracting away from the issues of the actual working conditions and unclear career prospects of public healthcare professionals.

A budget is not the definitive health strategy; it is a commitment to address current priorities. At this point, the system needs to reset to a new baseline in spending – acknowledging the actual costs incurred to maintain a safe work environment and a reasonable, compassionate human capital ecosystem that is effective in ensuring the welfare of the workforce that sustains the service.

Going forward, the focus will

eventually be on implementing actual reform: addressing issues of the supply chain, strengthening the fiscal structure for sustainability and future proofing the system. But this more-global focus must never sacrifice the welfare and rights of the very individuals who deliver the much-needed care for the *rakyat*.

A balanced health budget must always be sought every time, delicately towing the line to ensure both fiscal responsibility and workers' welfare are always treated fairly at a time when the populist view runs supreme.

Budget 2026 reminds us that true healthcare investment must go beyond infrastructure – it must empower the people who make healing possible.

Malaysia should lead with both excellence and empathy. The healthcare profession's true strength lies not just in our knowledge but in our compassion – for our patients, our colleagues and our nation.

In an era of rapid change, the Academy of Medicine of Malaysia stands as the guardian of professionalism, the champion of training excellence and the voice of integrity in Malaysian healthcare.

Our specialists, doctors, nurses and trainees are the backbone of our health system. Strengthen them and we strengthen the nation.

**Prof Datuk Dr Hanafiah
Harunarashid
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Creating sanctuaries for learning

COMMENT by Tan Sri Lee Lam Thye

THE recent tragedies in Malaysian schools are not isolated incidents, but are related to the state of mental health among students.

Earlier this year, a mental health screening showed many students exhibiting signs of depression, stress and anxiety.

Unfortunately, mental health remains a topic many students find hard to talk about for fear of being stigmatised or ostracised.

For every tragedy that makes headlines, there are thousands of students who silently carry emotional scars. Some are close friends of the victims; others may have survived similar events. The pressure cooker environment of modern education exacerbates this silent suffering.

Students today navigate intense academic competition, compounded by the constant social and image-based pressures of digital platforms.

For many, school is not just a learning ground but also a site of profound stress, often stemming from family expectations, bullying or even violence witnessed online or in their communities.

This continuous exposure to high-stress factors creates a state of chronic vigilance, exhausting their capacity for emotional regulation.

Crucially, many students lack the

fundamental emotional literacy required to articulate their distress. They know they feel bad, but they do not have the vocabulary or the cultural permission to identify their feelings as anxiety, depression or trauma.

This failure to communicate turns inward, manifesting as aggression, withdrawal or self-harm.

Breaking the stigma requires more than campaigns; it demands embedding emotional vocabulary and self-awareness into the daily school curriculum, treating feelings as data points, not failures.

Following the fatal Bandar Utama school stabbing, students reportedly struggled to resume classes. Teachers observed an increase in absenteeism and signs of distress among students. Many have reported having trouble concentrating, mood swings and even sudden tears.

Teachers are not immune; many take on the role of a counsellor, mediator or even emotional anchor while dealing with their own shock, guilt and emotional burnout.

Where do we go from here?

If the goal is to rebuild trust and safety in schools, responses must go beyond temporary grief counselling or disciplinary action.

Mental health care must be

continuous, accessible and, more importantly, normalised. As mentioned earlier, the Education Ministry (MOE) has announced five immediate reforms focusing on mental health, reproductive and social health education, child protection policy, teacher care and student voice.

Trauma-informed education should be at the core of this change. Teachers are often the first to notice when something is wrong, yet many lack the proper training to identify trauma or emotional distress.

Combined with the lack of knowledge on how to properly approach someone who may be emotionally volatile, this can lead to cases where a student's mental condition reaches a breaking point.

Workshops and professional development programmes must equip our teachers with the proper knowledge and training to recognise symptoms of mental illness and respond appropriately.

The existing student-to-counsellor ratio is critically off-balance. Counsellors are often overburdened with administrative tasks, leaving minimal time for actual therapeutic intervention or crisis management.

To truly adopt a trauma-informed system, MOE must allocate significant resources to drastically increase the number of full-time counsellors and ensure they are trained in crisis intervention and post-traumatic recovery.

Another equally important aspect

is the creation of safe reporting systems. Students need to know that if they witness violence or feel unsafe, they can speak up without fear of retaliation.

Anonymous reporting channels, peer-support networks and visible accountability measures would help restore a sense of trust in schools.

A school-wide ecosystem of care plays a crucial role. Counsellors, teachers, administrators and mental health professionals must collaborate as a support network. This ensures that when tragedy strikes, no one is left to process trauma alone.

Parents also play a vital role. Open conversations at home about stress, relationships and boundaries can encourage children to speak up about their issues.

Society needs to put mental health on the same level of importance as academics.

Our school system's next move should not just be about preventing the next tragedy; it should also be to rebuild the culture of care and empathy. Policies will not be sufficient without cultural change and humanity.

Mental health development should be accorded the same importance as academic achievement. Schools should normalise conversations around stress, emotions and relationships through open campaigns.

When students can safely say, "I'm not okay", it becomes the first step towards healing.

MOE's inclusion of "student voice" among its five reform pillars is especially meaningful. It recognises that students themselves understand what makes them feel safe or vulnerable. By involving them in safety policies, awareness programmes and peer initiatives, schools can rebuild mutual trust and accountability.

Teachers must be supported as well. As previously stated, many act as informal counsellors, often absorbing students' emotional burdens while suppressing their own. Teacher-wellness programmes, mental health days, and inter-teacher support groups should be standard practice. An emotionally burnt out teacher cannot nurture emotionally healthy students.

Beyond today's reforms lies the challenge of preparing for tomorrow. MOE's upcoming school curriculum

aims to integrate "character education" as a foundation from preschool onwards – a move designed to imbue empathy, resilience and emotional intelligence directly into the learning process.

Experts suggest expanding this by including digital-wellness education, helping students manage the mental pressures of social media and emotional resilience training. The main goal is to teach them ways to cope with failure and uncertainty.

Another step forward is leveraging data and technology to identify early warning signs of distress. Regular mental health screenings, attendance tracking and feedback surveys can provide schools with insight into the emotional state of their students.

However, progress depends on equitable access. Rural and underfunded schools often lack counsellors or safe spaces entirely due to budget constraints. MOE's collaboration with the Health Ministry and strategic partners must ensure that support reaches every student, not just in urban centres.

Lastly, community partnerships can bridge the gap between school and the real world. Collaborations with NGOs, mental health advocates and youth organisations can create continuity of care beyond graduation.

Healing and growth do not end at the school gate.

The goal ahead is not just to prevent tragedies that may occur; it is to transform Malaysia's schools into sanctuaries of safety for learning and emotional growth. Policies may guide the process, but true change lies in how we treat one another every day with patience, understanding and care.

A student who feels unsafe cannot truly learn, and a teacher who feels unsupported cannot fully teach.

Put both together, and it becomes a recipe for disaster.

However, by enforcing strong policies coupled with genuine compassion, schools can once again become places where both minds and hearts are protected.

The measure of a school's success is not only in grades or rankings but also in how well it protects and nurtures the minds that walk its halls.

Tan Sri Lee Lam Thye is chairman of Alliance for a Safe Community. Comments: letters@thesundaily.com



By enforcing strong policies coupled with genuine compassion, schools can once again become places where both minds and hearts are protected.
— ADIS RAWI YAHYA/THESUN



AT THE DEWAN RAKYAT

Reports by KHOO

Dr Wee: Extra allocation for MOH may still fall short

THE Health Ministry's allocation under Budget 2026 may be insufficient to meet rising medical costs and expanding manpower needs, says Datuk Seri Dr Wee Ka Siong (*pic*).

During the winding-up speech for the Health Ministry for Budget 2026 by Minister Datuk Seri Dr Dzulkefly Ahmad, Dr Wee (BN-Ayer Hitam) said the increase in the ministry's budget was from RM45.7bil for this year to RM46.5bil in 2026.

He added that the RM1.2bil increase would likely be inadequate, given current financial pressures in the healthcare sector.

Dr Wee, who is MCA president, said the government plans to fill 4,500 permanent doctor posts and new nursing positions, on top of a 7% salary increment for civil servants under the Health Ministry.

"This alone could cost at least RM500mil. When we add the wage adjustments for all Health Ministry staff, the amount becomes even higher.

"My concern is that medical inflation is between 12% and 14%. This clearly shows that the additional allocation is not



enough," he said.

Dr Wee expressed worry that financial constraints could push the ministry to look for ways to generate revenue, which might burden the healthcare system and its workforce.

He urged the government to address these issues to ensure uninterrupted health services and protect the access of Malaysians to healthcare.

Responding to Dr Wee's concerns, Dzulkefly said the matter of budget adequacy should be deli-

berated more thoroughly during the Special Chamber session.

He reiterated that the decisions involving allocations were determined by the Treasury based on the consolidated funds.

"I need detailed justification for the claim that the allocation is insufficient. That is under the Treasury, not the Health Ministry," he added.

Dzulkefly said the budget was prepared after full consideration of projected spending needs and suggested that continued engagement would be necessary to refine the ministry's financial planning.

300 pegawai perkhidmatan awam terima HLP lanjut pengajian

BH 30/10/2025 ms/19

Kuala Lumpur: Seramai 300 pegawai perkhidmatan awam diperakukan menerima Hadiah Latihan Persekutuan (HLP) bagi melanjutkan pengajian pada peringkat Doktor Falsafah (PhD) dan sarjana.

Jabatan Perkhidmatan Awam (JPA), dalam kenyataan semalam berkata, program HLP antara inisiatif utama JPA untuk memperkasa keupayaan, kepakaran serta profesionalisme pegawai awam melalui latihan akademik yang dirancang secara strategik dan berimpak tinggi.

“Penawaran HLP Sesi 2026 ini mencerminkan usaha berterusan JPA memperkukuh budaya pembelajaran sepanjang hayat dalam kalangan pegawai awam.

“Melalui pelaksanaan program berprestij ini, JPA komited melahirkan pegawai awam yang berpengetahuan, inovatif dan berdaya saing, seiring keperluan semasa serta cabaran persekitaran global yang semakin dinamik,” katanya.

Menurut kenyataan itu, JPA menerima 782 permohonan daripada pelbagai skim perkhidmatan di seluruh kementerian dan jabatan bagi sesi 2026, termasuk 331 permohonan peringkat PhD (42.3 peratus) dan 451 permohonan peringkat Sarjana (57.7 peratus).

Katanya, 60 pegawai dipilih bagi pengajian peringkat PhD, manakala 240 pegawai bagi peringkat sarjana.

“Secara keseluruhan, 285 pegawai akan mengikuti pengajian dalam negara, manakala 15 pegawai akan melanjutkan pengajian ke luar negara,” katanya.

Selain itu, JPA berkata, inisiatif ini turut menyokong aspirasi Kerajaan MADANI untuk melahirkan pegawai awam yang berdaya tahan, berkemahiran tinggi dan menjadi pemacu utama kepada sistem penyampaian perkhidmatan awam yang berkualiti serta berintegriti.

“Pendekatan ini sejajar dengan dasar kerajaan yang mengutamakan pengajian dalam negara bagi memperkukuh ekosistem pendidikan tinggi tempatan serta memperluas kolaborasi strategik antara perkhidmatan awam dan institusi pengajian tinggi,” katanya.

JPA berkata, dengan pelaburan berterusan dalam pembangunan ilmu, program ini akan terus memperkukuh landskap perkhidmatan awam negara kekal relevan dan responsif terhadap cabaran semasa.

New labelling system to help curb sweet drink intake

KUALA LUMPUR: A new Nutri-Grade labelling system that bans the promotion of beverages with more than 10 grammes of sugar per 100ml will be used to curb sweet temptations in the country, says Datuk Seri Dr Dzulkefly Ahmad (pic).

The Health Minister said the upcoming mandatory grading system aims to push Malaysians toward healthier



choices and encourage the beverage industry to cut back on sugar.

The system will be implemented in phases, initially focusing on ready-to-drink products, before it is expanded to include freshly prepared beverages sold at outlets.

"The implementation of this grading system takes into account the need to amend the Food Act 1983 and the Food Regulations 1985.

"Through the implementation of the Nutri-Grade labelling system, beverages categorised as Grade D (>10g total sugar/100ml) will be prohibited from being advertised on any platform," he said in a written reply at the Dewan Rakyat yesterday.

He said the labelling system is a "plus point" to further strengthen control over the advertising of high-sugar beverages.

It will also encourage the beverage industry and operators to reformulate products to reduce sugar content, he added.

Dzulkefly also compared the move with Australia and New Zealand, which implemented front-of-pack nutrition labelling based on the assessment of various nutrient components.

He said the mandatory Nutri-Grade system currently focuses on the sugar content in beverages.

Brazil's Lula gets serenaded on his 80th birthday

PETALING JAYA: Brazilian President Luiz Inacio Lula da Silva received a warm surprise at the 47th Asean Summit and Related Summits gala dinner when leaders broke into song to celebrate his 80th birthday.

The atmosphere turned festive as Prime Minister Datuk Seri Anwar Ibrahim took Lula by the arm and led him to the stage on Monday night, prompting applause and a cheerful rendition of the birthday song from guests.

Clad in a purple batik shirt, Lula was joined by his wife, Rosangela da Silva, as he cut a specially decorated cake – marking a memorable milestone during his first official visit to Malaysia as President.

Earlier in the day, Lula shared with the media his joy over reach-

ing a birthday milestone.

"I just turned 80 today, and I feel really great. I hope to live until 120. I am a bit sad because I did not see anyone bringing me presents," he quipped at a press conference.

Several Malaysian Cabinet ministers were among those congratulating the Brazilian leader during the gala dinner.

They include Plantation and Commodities Minister Datuk Seri Johari Abdul Ghani, Transport Minister Anthony Loke, Communications Minister Datuk Fahmi Fadzil, Health Minister Datuk Seri Dr Dzulkefly Ahmad and Housing and Local Government Minister Nga Kor Ming.

The event also featured performances by Malaysian music

icons Datuk Seri Siti Nurhaliza, Datuk M. Nasir and Dayang Nurfaizah, which added to the lively atmosphere.

Lula later took to social media platform X to thank his Asean counterparts for the surprise tribute.

"I wrap up today among new friends and old companions whom I met here in Malaysia.

"Heads of state from South-East Asia and invited countries paid a beautiful tribute for my birthday. To all of them, my deepest gratitude," he wrote.

WATCH THE
VIDEO
TheStarTV.com



Joyous evening: Anwar singing to Lula (centre) during the 47th Asean Summit and Related Summits gala dinner in Kuala Lumpur. — Bernama