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Dzulkefly: Prevention beats treatment

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HULU LANGAT: With tens of billions of ringgit spent on non-communicable diseases (NCDs) annually, the Health Ministry is shifting its focus towards prevention through healthcare programmes aimed at keeping Malaysians healthy before they fall ill.

Health Minister Datuk Seri Dr Dzulkefly Ahmad said the cost of managing NCDs has surged to RM64.3bil annually, far exceeding the ministry's RM46.52bil allocation for 2026.

"We can no longer rely purely on sick care. We must move towards prevention and empower the rakyat through health reforms.

"We want Malaysians to be health-literate and capable of making wise decisions for their own well-being.

"As Health Minister, it is my responsibility to ensure this becomes a reality," he said after opening the Health Ministry's latest Wellness Hub here yesterday.

The Wellness Hub is a community-based health centre focused on prevention, healthy lifestyles and early intervention to help keep illness at bay.

Dzulkefly said five new Wellness Hubs have opened this year, bringing the total to 38 nationwide.

Apart from weight-loss and smoking cessation programmes, the hubs also address issues such as stunting and child malnutrition through nutrition counselling, educating parents on balanced diets from early pregnancy through the first 1,000 days of a child's life.

"These targeted interventions aim to ensure future generations grow optimally and free from the burden of malnutrition.

"Our approach is grounded in behavioural science. We no longer simply issue instructions; instead, we offer choices and guidance to encourage voluntary behavioural change. People want to live healthier lives, but they need to know how, and these centres will guide them," he said.

Dzulkefly added that the hubs are deliberately located in suburban areas to improve access, particularly for residents living far from major healthcare facilities in urban centres.

Healthy start: Dzulkefly (front row, centre) visiting The Wellness Hub Hulu Langat during its launch. — LOW BOON TAT/The Star

Other programmes offered include health and fitness assessments, gardening and creative arts. He said the hubs have recorded positive outcomes, with many participants achieving success in fitness and weight-loss programmes.

Dzulkefly noted that heart disease remains the leading health condition among Malaysians, followed by pulmonary-related illnesses and cancer.

Meanwhile, he said individuals with pre-existing health conditions will be eligible for the proposed affordable Base Medical and Health Insurance/Takaful (MHIT) plan, subject to specific terms.

The Base MHIT plan would be offered to individuals with stable and controlled pre-existing conditions, including mental health conditions. The plan will adopt a "no look back" approach, providing a fair and transparent assessment of pre-existing conditions while keeping premiums affordable and sustainable.

"The plan is designed to make health coverage accessible to all Malaysians without excluding those with pre-existing conditions. By providing a consistent underwriting guarantee, we hope to support individuals while ensuring the long-term stability of the scheme," he said.

Dzulkefly said the framework for the base plan is currently being refined ahead of a pilot launch later this year.

"With this plan, we want Malaysians to be supported by both public and private healthcare. More details will be announced around the middle of the year," he said.

The Base MHIT plan, announced last month, aims to expand basic health coverage amid rising medical costs and insurance premiums.

It will offer standardised annual coverage of RM100,000, with premiums determined by age and health status.

The voluntary scheme is intended to serve as a safety net covering 99% of essential treatments, with a full roll-out expected early next year.

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Malaysia, India to explore joint health initiatives

PUTRAJAYA: Malaysia and India yesterday reaffirmed their partnership in healthcare and traditional medicine, committing to explore joint health initiatives to address critical needs.

Prime Minister Datuk Seri Anwar Ibrahim and his Indian counterpart Narendra Modi said the collaboration reflected both countries' shared aspiration to advance affordable, accessible and people-centric healthcare.

"Malaysia remains committed to addressing the necessary arrangements to enable the future deployment of Traditional Indian Medicine (TIM) experts to Malaysia under the Indian Technical and Economic Cooperation (ITEC) Programme, and is engaging in active consultations with India," said the joint statement issued by the Foreign Ministry here yesterday.

The statement said the move was expected to facilitate the resumption of TIM services at selected hospitals under Malaysia's Health Ministry.

The leaders also noted the bilateral cooperation in affordable healthcare and medicine, and welcomed discussions to strengthen collaboration in drug regulation, mutual recognition of pharmacopoeia standards and recognition of nursing services.

"In this regard, the leaders welcomed the signing of a Memorandum of Understanding between India's Central Council for Research in Homoeopathy and University of Cyberjaya in October 2025, which is aimed at promoting research collaboration, training and academic exchanges in homoeopathy," it added.

The statement said Malaysia and India had agreed to further streamline the mobility of workers and professionals between the two countries, reflecting the strong and enduring people-to-people ties that underpinned bilateral relations.

Anwar also reaffirmed Malaysia's commitment to remain a reliable supplier of sustainable palm oil to India.

In this regard, Anwar and Modi encouraged deeper collaboration in cultivating the crop.

The statement also stated that the two leaders emphasised the importance of the Malaysia-India Comprehensive Economic Cooperation Agreement (Miceca) and the Asean-India Trade in Goods Agreement (Aitiga) in facilitating trade between the two countries.

It said Anwar and Modi welcomed the review of Aitiga to make it mutually beneficial and relevant to current global trading practices. **Bernama**

Zoom out

'NO LOOK BACK POLICY'

'INSURANCE COVER FOR THOSE WITH AILMENTS'

Illnesses must be well-managed, not require complex interventions, says Dzulkefly

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INDIVIDUALS with pre-existing medical conditions are expected to be covered under the basic medical and health insurance/takaful (MHIT) plan, as long as their conditions are stable and well-managed.

Health Minister Datuk Seri Dr Dzulkefly Ahmad said this aligned with the Health White Paper, where coverage would also extend to patients undergoing treatment but not in emergency medical situations.

"The basic MHIT plan adopts a more standardised underwriting approach and a 'no look back' policy, meaning past medical records are not reviewed, which is usually a factor in insurance application rejections.

"This basic MHIT plan will cover more than 90 per cent of routine medical claims, most of which involve costs below RM100,000 and do not require complex interventions, such as cardiothoracic surgery or heart bypass," he said after the Wellness Hub Hulu Langat opening ceremony and open day in Bandar Seri Putra yesterday.

Dzulkefly added that for individuals seeking higher coverage, a "standard plus" programme would be offered. The basic plan is estimated at around RM80 per month.

More than 340,000 insurance policyholders had cancelled or returned their policies between January 2024 and June 2025 due to rising costs, said the Basic MHIT Plan White Paper, which was presented last month.

Datuk Seri Dr Dzulkefly Ahmad

Dzulkefly stressed that the implementation of MHIT was not a shift towards privatisation, and the government was committed to the public health system.

"Fees as low as RM1 for doctor consultations and RM5 for outpatient specialist treatment will continue.

"The private sector is important to complement the healthcare system so that public hospitals are not overburdened."

He added that the development of the plan involves collaboration among various stakeholders, including the Finance Ministry, Bank Negara Malaysia, Health Ministry, insurance and takaful companies, and academics.

However, he said the full details of the plan were still being refined by the Joint Ministerial Committee on private healthcare costs, to ensure it meets the public's needs.

"The ministry is also in the process of improving the basic MHIT plan to make it more robust and attractive, especially for those in the middle-income group."

On the proposed use of Employees Provident Fund savings to pay for insurance or takaful plans, he said this was not under the ministry's jurisdiction, but under the Finance Ministry, and participation in the plan is voluntary.

On the location of wellness hubs in suburban areas, he said the minisry aimed to expand access to wellness facilities, particularly for communities with limited fitness amenities.

"The wellness hub is not a treatment centre.

"Instead, it offers health education, weight management programmes, mental health support, and smoking cessation clinics to help the public reduce risk factors for non-communicable diseases (NCDs).

"At least three million Malaysians suffer from three of the four major chronic diseases, such as hypertension, high cholesterol, diabetes and obesity, which is estimated to cost the national economy RM64.2 billion."

Dzulkefly said the country can no longer rely solely on treating NCDs and must instead focus on prevention strategies.

Federation of Malaysian Consumers Associations chief executive officer Saravanan Thambirajah says many consumers have been locked out of health insurance because of their medical history. NSTP

FILE PIC FOR ILLUSTRATIVE PURPOSES ONLY

Fomca: Make sure claims rules are clear

KUALA LUMPUR: The Federation of Malaysian Consumers Associations (Fomca) said Health Minister Datuk Seri Dr Dzulkefly Ahmad's assurance that individuals with stable, well-managed pre-existing conditions would be covered under the basic Medical and Health Insurance/Takaful (MHIT) plan was encouraging.

"Many consumers have been locked out of health insurance because of their medical history, so this signals an important shift," its chief executive officer, Saravanan Thambirajah said.

However, he acknowledged that the plan was still under development and had yet to undergo pilot testing.

"It is too early to assess how this will work in practice or whether it will provide meaningful protection."

Saravanan added that not reviewing past medical records may reduce barriers to entry, but also creates uncertainty around how insurers will assess claims in the future.

He warned that without clear and legally binding rules, insurers could still contest claims later, particularly if they argue that a condition was not properly disclosed or was not considered "stable" at the time of enrolment.

"Consumers may believe they are protected, only to face complications when they actually need treatment," he said to the *New Straits Times* yesterday.

Saravanan said this was why Fomca was highlighting the need for strong regulatory safeguards to accompany the policy.

"Terms such as 'stable', 'well-managed', and 'no look back' must be clearly defined in policy documents, not just explained in public statements."

He added that both Bank Negara Malaysia and the Health Ministry must ensure standardised definitions, transparent underwriting rules and "a robust dispute resolution mechanism so that consumers are not left vulnerable to differing interpretations by insurers".

"Without this clarity and enforcement, consumer protection against future disputes remains uncertain, despite the positive intentions behind the announcement."

Berita Harian M/S 4

Individu ada penyakit boleh langgan MHIT Asas

Pelan guna penjaminan seragam, tanpa semakan rekod kesihatan lampau

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Dr Dzulkefly meninjau fasiliti selepas merasmikan Hari Terbuka Wellness Hub Hulu Langat di Bandar Seri Putra, semalam. (Foto Hari Anggara/BH)

Hulu Langat: Pelan insurans asas di bawah inisiatif Pelan Insurans/Takaful Perubatan dan Kesihatan (MHIT) Asas dijangka memberi perlindungan kepada individu mempunyai penyakit sedia ada, selagi keadaan kesihatan mereka stabil dan terkawal.

Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad, berkata seperti digariskan dalam Kertas Putih Kesihatan, akses perlindungan turut akan dibuka kepada pesakit yang sedang menjalani rawatan, namun tidak berada dalam situasi kecemasan perubatan.

"Pelan MHIT Asas menggunakan pendekatan penjaminan yang lebih seragam serta polisi *no look back*, iaitu tanpa semakan rekod kesihatan lampau yang lazimnya menjadi faktor penolakan permohonan insurans.

"Pelan asas ini meliputi lebih 90 peratus tuntutan perubatan biasa, kebanyakannya membabitkan kos di bawah RM100,000 dan tidak memerlukan intervensi kompleks seperti pembedahan kardiotorasik atau pintasan jantung," katanya selepas merasmikan Hari Terbuka Wellness Hub Hulu Langat di Bandar Seri Putra di sini, semalam.

Dr Dzulkefly berkata, bagi individu yang menginginkan perlindungan lebih tinggi, program 'Standard Plus' akan ditawarkan sebagai pilihan tambahan, manakala pelan asas berharga kira-kira RM80 sebulan.

Sebelum ini, media melaporkan tekanan kos penjagaan kesihatan swasta semakin ketara apabila lebih 340,000 pemegang polisi MHIT Asas dibatal atau diserahkan semula oleh pemegang polisi dalam tempoh Januari 2024 hingga Jun 2025.

Situasi itu didedahkan dalam Kertas Putih Pelan Asas MHIT yang dibentangkan bulan lalu menunjukkan pembatalan berlaku susulan semakan semula premium oleh syarikat insurans dan pengendali takaful (ITO) bagi menampung peningkatan kos tuntutan perubatan.

Bagaimanapun, Dr Dzulkefly menegaskan pelaksanaan MHIT tidak bermaksud kerajaan beralih kepada penswastaan, sebaliknya kekal komited terhadap Liputan Kesihatan Sejagat (UHC) dengan mengekalkan perkhidmatan teras di fasiliti awam.

"Bayaran serendah RM1 untuk berjumpa doktor dan RM5 bagi rawatan pakar pesakit luar akan terus dikekalkan.

"Sektor swasta pula penting bagi melengkapi sistem kesihatan agar hospital awam tidak menanggung beban berlebihan," katanya.

Perincian masih diperhalusi

Beliau berkata, pembangunan pelan itu membabitkan kerjasama pelbagai pihak termasuk Kementerian Kewangan (MoF), Bank Negara Malaysia, Kementerian Kesihatan (KKM), industri insurans dan takaful serta ahli akademik menerusi pendekatan *whole of nation*.

Bagaimanapun, beliau mengakui perincian penuh pelan masih diperhalusi oleh Jawatankuasa Bersama Menteri berhubung kos kesihatan swasta bagi memastikan ia benar-benar memenuhi keperluan rakyat apabila dilancarkan kelak.

Mengenai cadangan penggunaan simpanan Kumpulan Wang Simpanan Pekerja (KWSP) katanya, ia bukan berada di bawah bidang kuasa KKM, sebaliknya membabitkan MoF dan menegaskan penyertaan dalam pelan itu adalah secara sukarela.

"Sektor awam dibiayai melalui percukaian umum, membolehkan rawatan diberikan pada kadar sangat rendah atau hampir percuma, manakala sektor swasta dibiayai melalui insurans, majikan dan bayaran sendiri pesakit," katanya.

Dalam perkembangan berkaitan, Dr Dzulkefly berkata, penempatan Wellness Hub di kawasan pinggir bandar adalah bertujuan untuk memperluaskan akses kepada kemudahan kesejahteraan, khususnya bagi komuniti yang kurang mempunyai fasiliti kecergasan.

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KANSER DALAM KALANGAN KANAK-KANAK

Berlaku 1:10,000 setahun

Subang Jaya

"Kanser kanak-kanak memang menakutkan tetapi dengan ilmu yang betul, diagnosis awal dan rawatan sesuai, harapan untuk sembuh itu sangat nyata," kata pakar pediatrik, Dr Nisa Khalil.

Dr Nisa berkata, secara global, kanser kanak-kanak adalah jarang iaitu sekitar satu dalam 10,000 kanak-kanak setiap tahun.

"Menurut Pertubuhan Kesihatan Sedunia (WHO) dan *International Agency for Research on Cancer* (IARC), kanser kanak-kanak menyumbang kurang daripada satu peratus daripada keseluruhan kes kanser.

"Namun, ia adalah antara punca utama kematian akibat penyakit kronik dalam kalangan kanak-kanak," katanya ditemui di Parkcity Medical Centre di sini, baru-baru ini.

Menurutnya, kanser boleh berlaku seawal bayi baru lahir dan ada kes tertentu yang dikesan semasa dalam kandungan melalui pemeriksaan antenatal.

"Contoh kanser yang boleh berlaku pada usia sangat muda adalah neuroblastoma dan leukemia kongenital. Biasanya ia membabitkan jenis kanser tertentu yang lebih berkait dengan perkembangan sel awal.

"Ini menunjukkan bahawa kanser kanak-kanak berbeza daripada kanser dewasa kerana ia boleh berlaku walaupun tanpa pendedahan jangka panjang," katanya.

Berdasarkan kajian saintifik, katanya, kebanyakan kanser kanak-kanak tidak berkaitan dengan pemakanan ibu, gaya hidup atau kesilapan penjagaan.

"Punca utama kanser dalam kalangan kanak-kanak adalah perubahan genetik secara rawak semasa pembahagian sel awal.

"Sebilangan kecil kes kanser ini juga berkaitan faktor genetik diwarisi daripada keluarga selain faktor persekitaran yang hanya memainkan peranan sangat kecil.

DR Nisa

"Adalah penting untuk ditegaskan bahawa kanser berkenaan bukan akibat kesalahan ibu bapa dan mereka tidak patut menyalahkan diri sendiri," katanya.

Mengikut data global, katanya, kanser yang paling kerap dihidapi kanak-kanak adalah kanser darah atau leukemia terutamanya Acute Lymphoblastic Leukemia (ALL).

"Kanser lain yang banyak dihidapi kanak-kanak ialah tumor otak serta sistem saraf pusat; Lymphoma; Neuroblastoma; *tumor wilms* (kanser buah pinggang) dan Osteosarcoma (kanser tulang).

"Jenis kanser ini berbeza daripada kanser dewasa seperti paru-paru atau kolon dan memerlukan pendekatan rawatan yang khusus," katanya.

Menurutnya, rawatan kanser membabitkan kanak-kanak tidak sama sepenuhnya dengan dewasa kerana doktor perlu mengambil kira pertumbuhan, perkembangan otak dan kualiti hidup jangka panjang.

"Dos dan kaedah rawatan kanser perlu disesuaikan dengan umur dan tumbesaran anak. Ia boleh membabitkan beberapa kaedah rawatan.

"Ini termasuk kemoterapi tetapi dengan dos dan rejimen khas bagi kanak-kanak, radioterapi digunakan dengan sangat berhati-hati, rawatan sokongan jangka panjang serta pembedahan," katanya.

HTA terima 183 kes baharu setiap tahun

Kuala Lumpur: Hospital Tunku Azizah (HTA) di sini menjadi antara pusat rawatan utama bagi kanak-kanak yang menghidap kanser dengan 1,830 kes kanser dirawat di hospital berkenaan sejak 2014 hingga 2023.

Pakar Kanak-Kanak Hemato-Onkologi HTA, Dr Nur Atiqah Abdul Rahman ***(gambar)*** berkata, secara purata, hospital itu menerima 183 kes baharu kanser membabitkan kanak-kanak setiap tahun.

"Daripada jumlah itu, kanser darah atau leukemia merekodkan jumlah kes paling tinggi dirawat di hospital ini iaitu sebanyak 30 peratus atau 554 kes.

"Kanser lain merekodkan jumlah kes tinggi dirawat di hospital ini adalah kanser berkaitan tumor sistem saraf pusat (CNS) iaitu sebanyak 14 peratus atau 262 kes," katanya ketika ditemui di HTA di sini, baru-baru ini.

Dr Nur Atiqah berkata, terdapat jenis kanser yang dapat dikesan seawal usia termasuk sejak lahir seperti leukemia serta neuroblastoma.

"Punca kanser membabitkan kanak-kanak bukan disebabkan faktor luaran

atau pemakanan semasa ibu mengandung, namun berlaku disebabkan mutasi genetik.

"Apa yang berlaku adalah sel menjadi tidak terkawal dan tidak normal. Situasi ini boleh jadi secara rawak meskipun tiada sejarah ahli keluarga di sebelah ibu mahupun bapa pernah menghidap kanser.

"Kebanyakan punca kanser dihidapi bayi serta kanak-kanak tidak diketahui secara saintifik. Namun ia bukan disebabkan faktor pemakanan atau persekitaran ibu ketika mengandung," katanya.

Beliau berkata, rawatan kanser bagi bayi dan kanak-kanak adalah sama seperti golongan dewasa, namun ada sedikit perbezaan dari segi jumlah dos yang diambil bergantung jenis kanser.

"Bagi bayi dan kanak-kanak, jumlah dos yang diberikan adalah berbeza iaitu mengikut berat badan dan usia. Bagaimanapun, kesan rawatan kemoterapi dilalui mereka tetap sama seperti muntah, rambut gugur serta hilang selera makan.

"Rawatan kemoterapi boleh mengganggu emosi pesakit dewasa. Namun bagi bayi dan kanak-kanak pula, mereka masih boleh bermain," katanya.

Menurutnya, kadar peratusan bagi pesakit kanser dalam kalangan bayi mahupun kanak-kanak untuk sembuh adalah tinggi apabila rawatan awal dilakukan.

"Sebagai contoh, pesakit kanser leukemia mempunyai kadar peratusan sembuh yang tinggi iaitu antara 80 hingga 90 peratus apabila menjalani rawatan awal.

"Justeru itu, ibu bapa perlu memahami jenis kanser dihidapi anak-anak dengan mendapatkan maklumat daripada sumber yang betul," katanya.

Kurang 5% disebabkan faktor persekitaran

Kuala Lumpur: Hanya sebilangan kecil iaitu kurang lima peratus kanak-kanak dikesan menghidap kanser disebabkan oleh faktor persekitaran.

Unit Perkhidmatan Obstetrik, Ginekologi dan Pediatrik Kementerian Kesihatan Malaysia (KKM) dalam satu kenyataan kepada Harian Metro memaklumkan pendedahan kepada bahan pengawet dalam makanan iaitu nitrites dan nitrosamines pada usia bayi boleh meningkatkan risiko kanser.

"Ini termasuk kanser tekak atau Nasopharyngeal Carcinoma serta jangkitan virus seperti Epstein Barr Virus dengan meningkatkan risiko Endemic Burkitt's Lymphoma.

"Selain itu, transmisi virus Hepatitis B daripada ibu kepada bayi baru lahir juga boleh menyebabkan kanser hati Hepatocellular Carcinoma," katanya.

Menurutnya, faktor genetik dikenal pasti sebagai faktor risiko untuk penyakit kanser termasuk bahan genetik RB1 yang menyebabkan kanser mata atau Retinoblastoma.

"Sebanyak 40 peratus kes Retinoblastoma didapati berpunca daripada bahan genetik RB1 bermutasi yang diwarisi daripada ibu atau bapa bayi.

"Peratusan pesakit mewarisi bahan genetik RB1 bermutasi adalah sangat tinggi iaitu mencecah 80 peratus untuk bayi yang kurang daripada enam bulan dan mengalami kanser Retinoblastoma yang menjejaskan kedua-dua matanya (Bilateral Retinoblastoma).

"Meskipun begitu, faktor genetik bermutasi yang diwarisi hanya menyebabkan kurang 10 peratus kes dalam kalangan kanak-kanak. Kebanyakan kanak-kanak menghidap kanser tanpa punca sebab yang jelas," katanya.

Katanya, peringkat pertama dalam pengurusan kanser yang berkesan adalah pengesanan awal dan diagnosis tepat.

"Oleh itu, bagi menjamin bahawa pengesanan dan diagnosis berkenaan dapat dibuat seawal mungkin, kesedaran bahawa kanser boleh berlaku dalam kalangan kanak-kanak adalah penting.

"Dengan kesedaran dan indeks syak wasangka yang tinggi, barulah ujian-ujian berkeperluan seperti ujian pengimejan dan biopsi berkualiti tinggi dilakukan," katanya.