

AKHBAR : BERITA HARIAN  
MUKA SURAT : 6  
RUANGAN : NASIONAL

## Nasional

Jumaat, 15 November 2024 **BH**

Sidang Dewan Rakyat

# Lebih RM150,000 kos rawat setiap pesakit akibat vape

**Perbelanjaan dijangka melonjak sehingga RM369j setahun menjelang 2030 jika tiada kawalan**

Oleh Suzalina Halid  
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**Kuala Lumpur:** Kerajaan dianggarkan terpaksa menanggung kos rawatan RM150,892.11 untuk kes EVALI atau kecederaan paru-paru berkaitan vape atau e-rokok bagi setiap pesakit yang dimasukkan ke hospital selama 12 hari.

Menjeri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad, berkata jika tiada langkah kawalan diambil terhadap penggunaan rokok elektronik atau vape, kos rawatan ini dijangka melonjak sehingga RM369 juta setahun menjelang 2030.

"Bermula 2019 sehingga 30 September lalu, sebanyak 41 kes EVALI dilaporkan kepada Kementerian Kesihatan (KKM).

"Selain EVALI, notifikasi kejadian akibat pendedahan kepada cecair rokok elektronik atau vape yang diterima Pusat Racun Negara mencatatkan 111 kes antara 2015 hingga 2023," katanya me-



Dr Dzulkefly

lalui jawapan bertulis di siarkan di laman web Parlimen.

Beliau berkata demikian menjawab soalan Datuk Dr Alias Razak (PN-Kuala Nerus) yang meminta menteri kesihatan menyatakan statistik penyakit baharu disebabkan penggunaan rokok elektronik dan kos rawatan yang terpaksa ditanggung kerajaan untuk merawat kes EVALI ini sejak

2020.

### Kuat kuasa Akta 852

EVALI adalah satu penyakit berkaitan kerosakan pada dinding salur pernafasan dalam paru-paru akibat penggunaan rokok elektronik.

Pada masa sama, Dr Dzulkefly berkata, kerajaan menguatku-

sakan Akta Kawalan Produk Merokok Demi Kesihatan Awam 2024 (Akta 852) sejak 1 Oktober lalu bertujuan melindungi kesihatan awam dengan menguatkuasakan undang-undang yang lebih ketat.

Beliau berkata, ia meliputi larangan pengiklanan, promosi dan tajaan produk merokok, larangan penjualan serta penggunaan produk merokok termasuk rokok elektronik dan vape dalam kalangan orang belum dewasa (OBD).

"Pelaksanaan akta ini dapat melindungi golongan kanak-kanak dan remaja daripada terpengaruh dan terjebak dengan tabiat merokok.

"Seterusnya dapat mengurangkan risiko penyakit yang berkaitan dengan penggunaan produk merokok, selain dapat mengurangkan kos rawatan terpaksa ditanggung kerajaan," katanya.

AKHBAR : KOSMO  
MUKA SURAT : 10  
RUANGAN : NEGARA

Kosmo JUMAAT 15 NOVEMBER 2024

## Cukup-cukuplah beri muka kepada perokok

**SIKAP** keras kepala segelintir perokok tegar yang enggan menerima teguran arahan larangan merokok di dalam premis membuatkan ramai pengusaha premis makanan hilang sabar.

Disababkan kedegilan perokok, rata-rata pengusaha mendakwa mereka berdepan satu lagi situasi mencabar menghadap kebadiran pelanggan 'istimewa' selain isu kenaikan harga barang keperluan.

Para pengusaha mendedahkan mereka terpaksa menahan telinga apabila diajak berdebat dengan perokok, malah situasi tersebut jika dibiarkan dikatakan boleh mencetuskan ketegangan yang mungkin berakhir dengan pergaduhan besar.

Pegawai Pendidikan Persatuan Pengguna Pulau Pinang (CAP), M. V. Subbarow mengakui masih ramai perokok yang masih berkeras untuk tidak mematuhi arahan larangan merokok yang dikuatkuasakan sejak 1 Oktober lalu.

Menurutnya, hasil tinjauan CAP di beberapa premis di George Town turut mendapati perokok tegar bukan sahaja dalam kalangan penduduk tempatan, malah warga asing.

"Hasil pemerhatian kami di gerai-gerai makan termasuk 'port' berkumpul warga tempatan dan asing, mereka seolah-olah tidak takut dengan tin-



### Analisis Semasa

Bersama  
**NOOR HASLIZA NUSI**

dakan yang bakal dikenakan. Mereka tidak hirau dengan teguran, malah selamba menghisap rokok dan menghembus asap termasuk dalam premis.

"Ada pekedai mengaku mereka takut berdepan dengan perokok kerana bimbang diserang atau barangan dalam premis dirusakkan.

"Walaupun ada pekekat larangan merokok, usaha itu tidak berhasil, malah ada yang membuang puntung rokok di laluan masuk premis," katanya.

Subbarow memberitahu, pihaknya memandang serius situasi melibatkan perokok tegar, malah sudah berkali-kali memberi penerangan mengenai implikasi terhadap diri dan masyarakat.

"Sukarlah perokok hendak terima teguran? Nanti yang dikenakan tindakan adalah pengusaha premis bukannya si perokok.

"Jadi CAP menyoru pihak berkuasa supaya menjalankan operasi penguatkuasaan pada setiap masa, bukannya secara

berkala. Jangan bagi muka dan maafkan perokok," katanya.

Jelas beliau, CAP yakin tindakan yang lebih serius dan secara berterusan akan memberi kesan positif dalam usaha kerajaan menguatkuasakan Akta 852 yang merangkumi peraturan pendaftaran, penjualan, pembungkusan, pelabelan serta larangan merokok di tempat awam.

Baru-baru ini, Kosmo melaporkan pengusaha premis makanan di Pulau Pinang pering kepala memfitirkan sikap degil dan keras kepala sesetengah pelanggan yang tidak mengendahkan teguran larangan merokok di dalam premis.

Ternyata, situasi tersebut masih berlaku meskipun pengusaha restoran telah menampal pekekat larangan merokok di setiap penjuru premis sejak penguatkuasaannya dilaksanakan 1 Oktober lalu.

Bagi penulis, perbuatan si perokok tegar itu sememangnya akan menyusahkan bukan sahaja pelanggan lain tetapi pengusaha premis makanan yang bakal berdepan dengan tindakan oleh pihak berkuasa.

Menghormati dan menerima teguran oleh para peniaga itu lebih baik daripada menangkalkan sikap ego yang sememangnya sedikitpun tidak memberi sebarang keuntungan.

AKHBAR : UTUSAN MALAYSIA  
MUKA SURAT : 13  
RUANGAN : DALAM NEGERI

## Dalam Negeri

# Bina banyak kemudahan bukan jaminan selesai isu kesihatan

Oleh CATHERINE IRENE MILTON  
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**PETALING JAYA:** Langkah penambahan fasiliti kesihatan terutama hospital dipersoal kerana diihatir tidak dapat menyediakan kakitangan untuk berkhidmat.

Presiden Persatuan Pakar Perubatan Awam Malaysia, Prof. Dr. Jamalludin Ab. Rahman berkata, pembinaan banyak hospital dan klinik sememangnya membawa manfaat kepada penduduk tetapi persoalannya bagaimana Kementerian Kesihatan (KKM) mahu mengistiharkan hospital serta klinik baharu.

Kata beliau, ketika ini KKM sedang menghadapi kekurangan kakitangan dan jika lebih banyak hospital serta klinik dibina, ia memerlukan lebih ramai tambahan kakitangan.

"Perlu dipersoalkan apakah kakitangan kesihatan mencukupi untuk bertugas di setiap pusat kesihatan negara, ekoran negara ini masih mempunyai masalah tidak cukup staf perubatan."

"Kekurangan kakitangan akan lebih mendorong kepada kelebihan rawatan diberikan kepada pesakit, pada masa sama keadaan pesakit mungkin semakin kritikal," katanya kepada Utusan Malaysia.

Dalam Belanjawan 2023, KKM menyetujui peruntukan kedua tertinggi iaitu RM43.3 bilion berbanding RM41.2 bilion pada tahun ini.

RM1.35 bilion daripada peruntukan tersebut adalah bagi menyelenggara prasarana kesihatan termasuk membaiki tandas hospital yang usang dan wad-wad pesakit yang usang.

Selain itu, kerajaan akan terus memisik taraf klinik-klinik di seluruh negara dengan peruntukan RM900 juta.

Dr. Jamalludin berkata, pertambahan pusat kesihatan seperti hospital dan klinik secara tidak langsung turut menyebabkan pertambahan penyelenggaraan.

"Keadaan ini membuatkan peruntukan yang diberi pada tahun-tahun seterusnya memberi fokus besar kepada penyelenggaraan

**“Perlu dipersoalkan apakah kakitangan kesihatan mencukupi untuk bertugas di setiap pusat kesihatan negara, ekoran negara ini masih mempunyai masalah tidak cukup staf perubatan.”**

PROF. DR. JAMALLUDIN  
AB. RAHMAN

yang mengambil kos tinggi, sehingga kesihatan rakyat terabai," kata beliau.

Sementara itu, pakar perubatan Kesihatan Awam Fakulti Perubatan Universiti Kebangsaan Malaysia (UKM), Prof. Dr. Sharifa Ezat Wan Puteh berkata, selain memfokuskan fasiliti kemudahan kesihatan awam, kerajaan sepatutnya mengambil jalan serius untuk membendung penyakit kronik atau tidak berjangkit seperti obesiti, diabetes dan hipertensi.

Menurutnya, tahap kesihatan negara pada masa kini membimbangkan kakitangan perubatan yang mana penyakit tidak berjangkit dalam golongan masih tinggi semakin meningkat saban tahun.

"Justeru, sebagai kementerian yang menerima peruntukan tertinggi dalam Belanjawan, disarankan lebih memfokuskan kegunaan bajet tersebut memperbaiki kualiti kesihatan masyarakat dan mengurangi ketergantungan pada rawatan hospital."

"Antaranya, menyelesaikan masalah kekurangan pakar kesihatan keluarga yang mana mereka melaksanakan tugas di luar bandar dan terpaksa menggunakan tiga klinik kesihatan awam di kawasan tempat mereka bertugas."



AKHBAR : UTUSAN MALAYSIA  
MUKA SURAT : 28  
RUANGAN : KOMUNITI KITA

28 Utusan Malaysia  
JUMAAT - 15 NOVEMBER 2024

Harikan gambar aktiviti bersama klik entri ke [utusannews@mediamulla.com.my](mailto:utusannews@mediamulla.com.my)

Komuniti Kita

### 300 Jayakan Hari Kesedaran Penyakit Jarang Jumpa

KIRA-KIRA 300 peserta menjayakan Sambutan Hari Kesedaran Penyakit Jarang Jumpa di Auditorium Hospital Canselor Tuanku Muhriz, Cheras, Kuala Lumpur, semalam.

Mereka terdiri daripada pemain industri, jururawat dan kakitangan hospital serta pesakit, pelajar dan pensyarah Universiti Kebangsaan Malaysia (UKM).

Program anjuran Fakulti Perubatan UKM dan Unit Neurologi Hospital Canselor Tuanku Muhriz itu dirasmikan oleh Timbalan Menteri Kesihatan, Datuk Dr. Lukanisman Awang Sauni.



■ LUKANISMAN Awang Sauni (baris depan, enam dari kiri) bersama para peserta yang menghadiri Sambutan Hari Kesedaran Penyakit Jarang Jumpa di Hospital Canselor Tuanku Muhriz, Cheras, Kuala Lumpur, semalam.

AKHBAR : NEW STRAITS TIMES  
MUKA SURAT : 7  
RUANGAN : NEWS / NATION

FOR PRIVATE HOSPITALS

## 'Medical inflation rate could be inaccurate'

**KUALA LUMPUR:** The widely-cited 12.5 per cent medical inflation rate for private hospitals may not accurately reflect the actual rise in healthcare costs, according to the Association of Private Hospitals Malaysia (APHM).

Its president, Datuk Dr Kuljit Singh, highlighted the critical distinction between general healthcare cost increases and medical inflation.

He said that this frequently referenced statistic did not account for year-on-year inflation of inefficiencies but rather reflected a broader increase in healthcare expenses.

"Notably, costs associated with specific medical technologies, such as X-rays, typically rise by only three to five per cent per annum — comparable to the Consumer Price Index and annual inflation rates observed globally.

"This increase is primarily influenced by rising electricity tariffs, maintenance costs, staff salaries and the increasing financial burden from medico-legal court judgments."

Dr Kuljit said rising costs were largely driven by new technologies, such as robotic surgery and advanced cancer treatments, alongside investments in systems like electronic medical records and artificial intelligence.

He said these initiatives might lead to higher overall medical costs due to substantial investments in technology, specialised staff training and related expenses.

He said that although Malaysia's healthcare remained among the most affordable in the region, costs for newer technologies appeared proportionately higher due to a lower cost base, which needed to be considered when assessing the overall medical inflation rate.

"The introduction of innovative technologies results in higher percentage cost increases in Malaysia when compared with established markets where healthcare costs are already two to three times higher.

"This reality must be taken into account when evaluating claims of medical inflation."

He also said that while models like Diagnostic-Related Groups might help mitigate medical inflation, they had yet to show any consistent effectiveness in any of the healthcare systems worldwide.

Through the release of its factbook, APHM has called for a re-examination of the narratives surrounding medical inflation and urges all stakeholders to focus on understanding the true factors influencing healthcare costs in Malaysia.



Datuk Dr. Kuljit Singh

AKHBAR : THE STAR  
MUKA SURAT : 6  
RUANGAN : NATION



AKHBAR : THE STAR  
MUKA SURAT : 11  
RUANGAN : NATION

THE STAR, FRIDAY 15 NOVEMBER 2024

Nation 11



AT THE  
DEWAN RAKYAT

Reports by TARRENCE TAN, RAGANANTHINI VETHASALAM and BENJAMIN LEE

# Cutting salt to save billions

Dzulkefly: Up to RM60 ROI for each ringgit spent on reduction programmes

FOR every RM1 spent by the government on salt reduction programmes, there will be over RM60 in economic returns for the country over the next 15 years, says Datuk Seri Dr Dzulkefly Ahmad.

The Health Minister said the return of investment (ROI) from such programmes came from the potential savings and economic contribution created by the public from avoiding salt-consumption related health issues.

"This includes any avoided heart attacks, strokes and work absenteeism due to hypertension.

"Measured financially, this

means every RM1 invested in salt reduction programmes yields a return of up to RM60 for the country and the people," he said in a speech at the launch of the Prevention and Control of Non-communicable Diseases (NCD) in Malaysia: The Case for Investment report in Parliament yesterday.

He added that the ROI of salt reduction programmes also far exceeded the RM6.84 ROI generated from physical activity programmes and RM5.93 ROI from tobacco control programmes per RM1 spent.

Speaking on NCDs, Dzulkefly said that such diseases caused RM64bil in economic loss for the country in 2021 with many sufferers either unable to work or worse.

He said this massive hit to the economy was based solely on only four most common NCDs of cardiovascular diseases, cancer, diabetes and chronic respiratory diseases.

This included direct economic losses of RM12.4bil to provide health care for NCD patients and while indirect costs amounted to a massive RM51.8bil.

"The indirect costs are mostly related to absenteeism and presenteeism which arise as a result of NCD complications such as fatigue, blurred vision and increased risk of infection.

"It is estimated that the country's economy lost RM1.8bil to absenteeism and RM30bil to presenteeism," he said.

Absenteeism due to NCD refers to when a working age adult is unable to work or contribute to the economy due to NCD complications.

Presenteeism due to NCD refers to a working age adult being able

to work but at a significantly lower level of productivity or efficiency due to having an NCD.

The report also outlined a number of key interventions that gave the highest ROI since 2021.

He added that his ministry was also looking to launch a new initiative called the "Lung Health Initiative Malaysia 2025-2030" to combat respiratory NCDs that are caused by smoking.

"This initiative will look to strengthen our prevention, screening, treatment, and control of lung-related diseases across the country," he said.

## The extremely high cost of treating vape injuries

It costs over RM150,000 to treat vaping-related injuries for a patient who is warded for 12 days in hospital, the Dewan Rakyat has heard.

Health Minister Datuk Seri Dzulkefly Ahmad warned that the cost of treating e-cigarette and vaping product use-associated lung injury (EVALI) could spike further if nothing was done.

"If no regulatory steps are taken towards the use of smokers or vapes, the treatment cost is expected to spike up to RM368mil a year by 2030," he said in a written reply dated Nov 13.

According to Dzulkefly, there have been 91 EVALI cases reported from 2019 till Sept 30 this year.

He was responding to Datuk Dr

Alias Razak (PN-Kuala Nerus), who had asked about the latest figures on diseases caused by e-cigarettes and vaping.

Dzulkefly said the Control of Smoking Products for Public Health Act 2024 that was enforced beginning Oct 3 is aimed at ensuring stricter laws against the promotion, advertisement, sale and consumption

of smoking products in public places.

"This Act will protect children and teenagers from being influenced into smoking and at the same time, reduce smoking-related risks and also treatment costs borne by the government.

"We also hope to spread awareness regarding the dangers of smoking and encourage positive

changes in lifestyle and habits for better public health," he added.

The new Control of Smoking Products for Public Health Act makes it illegal to sell cigarette or vape products to anyone below 18, and requires anyone selling such products to register with the Health director-general within six months from Oct 1.



**AKHBAR : THE STAR**  
**MUKA SURAT : 17**  
**RUANGAN : VIEWS**

DIABETES has reached a global epidemic level, affecting over 420 million people worldwide, with numbers expected to rise beyond half a billion by 2030.

In Malaysia, according to the National Health and Morbidity Survey 2023, 15.6% of Malaysian adults – that's approximately 3.6 million people – have diabetes. Surprisingly, two out of five of these adults discovered their condition only through medical check-ups, and more than half of those diagnosed (56%) struggled to keep blood sugar in check.

Yesterday was World Diabetes Day, and a timely reminder to learn about the latest medical advancements that can support

## Beyond finger pricks – a better way to manage diabetes

better diabetes management.

Common diabetes care focuses on lifestyle changes, pharmacotherapy, regular monitoring, and addressing other health conditions to maintain healthy blood sugar levels and prevent complications. One breakthrough in diabetes technology is continuous blood glucose monitoring (CGM), which allows for real-time tracking of glucose levels.

A CGM device includes a tiny sensor inserted just under the skin, which monitors blood glucose levels continuously and sends the blood sugar reading to

a smartphone or receiver. This tool has transformed diabetes management, providing users with detailed insights into how their blood sugar levels change throughout the day and night.

The benefits of CGM are remarkable. By providing a blood sugar reading every one to five minutes, users can see trends in their blood sugar levels and receive alerts if their level is too high or low, allowing them to make better decisions to avoid dangerous fluctuations.

Research shows that CGM users often achieve better blood

sugar control, reducing their HbA1c levels and experiencing fewer episodes of low blood sugar. (The HbA1c is a blood test that shows an average blood sugar level over the past two to three months.)

CGM has also been shown to improve quality of life by helping people feel more secure and less anxious about their levels.

CGM is an exciting step forward in diabetes management, empowering people with real-time insights into their blood glucose levels. Whether you're newly diagnosed or have man-

aged diabetes for years, consider learning more about CGM or discussing it with your doctor.

By taking advantage of this tool, you can take an active role in managing diabetes, embracing technology to lead a healthier, more secure life.

**DR TAN CIA VEL, DR RUTHASHINI R. SELVASINGAM, and PROF DR MOY FOONG MENG**  
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AKHBAR : THE SUN  
MUKA SURAT : 4  
RUANGAN : NATIONAL

4 FRIDAY | NOV 15, 2024  
NATIONAL



## Cancer society pushes on with education campaign

➤ Efforts to focus on countering negative beliefs about breast screening among Malaysian women to increase uptake and reduce late diagnosis

BY JOSHUA PURUSHOTMAN  
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**PETALING JAYA:** The National Cancer Society of Malaysia (NCSM) is determined in its aggressive public education campaign to halt the growing incidents of the disease.

Its managing director Dr M. Muralidharan told theSun that one in 10 men and one in nine women are at risk of developing cancer, with the five most common variants being breast, colon/rectum, lung, nasopharynx and liver in that order.

"This is a serious issue and it needs all parties to work together to bring about public awareness, especially since in 2020, Malaysia reported 40,639 new cases. Cancer incidence in the country is predicted to double by 2040."

He cited a study titled "Breast Cancer and Breast Cancer Screening Use - Beliefs and Behaviours in a Nationwide Study in Malaysia", co-authored by Min Min Tan, Amnatul Saadiah Abdul Jamil, Roshidi Ismail, Michael Donnelly and Tin Tin Su, and published on July 10, 2023.

In the study, the authors said many upper-middle income countries including Malaysia, continue to face low breast cancer screening rates and patients with delayed presentation of the disease.

Muralidharan said the study investigated whether beliefs about breast cancer and the use of screening reduced the possibility of patients dying from the disease.

He said 813 women aged about 40 were randomly selected and surveyed using the validated "Awareness and Beliefs about Cancer" measure.

"The association between breast cancer screening, sociodemographic characteristics and negative beliefs about screening for the disease were analysed.

"It was shown that seven out of 10 Malaysian women believed that breast cancer screening was necessary only when experiencing cancer symptoms.



Muralidharan said cancer incidence in Malaysia is predicted to double by 2040, and all parties must work together to raise awareness on the issue. - PIC COURTESY OF NCSM

"Women over 50 years old and from households with more than one car or motorcycle were 1.6 times more likely to attend a mammogram or a clinical breast examination, while about 23% expected to feel anxious about attending screening sessions, leading them to avoid it altogether."

He said the study concluded that public health strategies or behaviour interventions targeting negative beliefs about breast cancer screening among Malaysian women may increase uptake and reduce late presentation and advanced-stage cancer.

He also said insights from the study suggested that women under 50 years old, in the lower income group without a car or motorcycle, and of Malay or Indian ethnicity are more likely to hold beliefs inhibiting breast cancer screening.

"This is why NCSM must continue with its awareness campaigns and raise funds to support its work."

Muralidharan thanked UMW Toyota Motor Sdn Bhd (UMWT) for its RM200,000 donation, which was handed to NCSM on Wednesday.

"NCSM's collaboration with UMWT continues to raise awareness about cancer and the impact it has on patients and caregivers. Its commitment towards our cause has positively impacted many lives and we aim to continue the good work together."

He said the funds raised through the partnership would be used to ensure greater mobility for patients by providing them with reliable transport for treatment sessions.

"This would alleviate one of the significant challenges that many face in accessing the care they need. The funds would also help amplify our community outreach programmes, enabling us to extend our services to more areas and reach more individuals in need of support."

UMWT president Danik Ravindran K. said Toyota believes in the power of mobility to improve lives.

"We are honoured to partner with NCSM for the second time to support its fight against cancer and make a difference in the community."

"We have no doubt that our donation would help in its excellent work."

AKHBAR : THE SUN  
MUKA SURAT : 10  
RUANGAN : SPEAK UP

COMMENT by Christopher Lockyear

## Place health at the core of climate change policy

AS leaders gather for the 29th Climate Conference (COP29) in Azerbaijan, they must face the reality that the climate crisis is also a health crisis for millions of the most vulnerable people on our increasingly warmer planet.

To respond effectively, it is crucial to place health at the centre of discussions, policies and funding decisions while also drawing lessons from insights in Southeast Asia.

My colleagues at *Médecins Sans Frontières/Doctors Without Borders (MSF)* work in some of the most climate-vulnerable regions, serving populations who already lack access to basic healthcare or are deliberately excluded from it.

The climate crisis is hitting them the hardest. We see this firsthand, with more and more people seeking care in our clinics. We can see how failures in climate action are creating ripple effects that are worsening healthcare outcomes in humanitarian settings.

Adamo Armando Palame, an MSF health promotion supervisor in Mozambique explains it this way: "Those who wonder what climate change looks like should come to Mozambique. We are bearing the brunt of actions by the world's most polluting countries. We now have malaria all year round and we are struck by cyclone after cyclone."

Climate change increases the risk of illnesses for vulnerable populations, both directly – through harm from extreme weather events or the spread of vector-borne, waterborne and human-to-human communicable diseases – and indirectly, by eroding social and economic enabling mechanisms such as livelihoods, healthcare systems and access to water and sanitation.

Communities most at risk often have the least capacity to adapt to the complex and compounding impacts of climate change while humanitarian responses to their growing needs become increasingly challenging.

In South Sudan, an MSF team observed how unpredictable seasonal patterns and rains forced a usually sedentary community into semi-nomadism for survival, complicating the roll-out of a three round multiantigen vaccination campaign.

Most of the 25 countries most vulnerable to climate change and least equipped to adapt are

also affected by armed conflict.

Recent analysis by the Peace Research Institute Oslo shows that state-based armed conflict is at its highest level in 30 years. With ongoing wars in Burkina Faso, Ethiopia, Gaza, Myanmar, Nigeria, Russia and Ukraine, Somalia, Sudan and Syria, this portends more suffering.

Conflict instability and the politicisation of healthcare are compounding factors for communities already at risk from climate-driven disasters, as they struggle with inadequate infrastructure and limited preparedness and response capacity.

In 2023, *Cyclone Mocha* – the largest to hit Myanmar in a decade – made landfall in Rakhine state, where many people have been internally displaced by ongoing conflict and are living in temporary shelters.

Before the cyclone hit, thousands of people were already grappling with severe seasonal water shortages. Skin diseases, caused by lack of clean water for washing, accounted for 20% of our patient consultations during the dry season. The cyclone damaged essential infrastructure, and the contamination of the already limited water supply quickly followed.

My MSF colleagues prioritised preventing waterborne diseases, distributing drinking water to 9,000 people per week and repairing damaged latrines and water systems.

We also resumed our pre-disaster activities, including mobile primary health clinics and emergency medical referrals. But the response was only a fraction of what was needed and what could have been done. Why?

Weeks after the cyclone, travel authorisations were still blocked, and when they were eventually granted, they were limited to activities pre-approved by military authorities.

The military then demanded that aid groups hand over relief supplies for their own distribution, violating the principles of impartiality and neutrality in humanitarian assistance.

In the past two years alone, my colleagues have responded to widespread flooding in Africa's Sahel region and parts of Asia, severe tropical cyclones in Madagascar and Mozambique, and relentless heat and drought that have pushed millions to the brink of starvation in Somalia and Ethiopia.

During the same period, we also responded to concurrent cholera outbreaks in more than 10 countries where poor access to clean water, inadequate sanitation and weak healthcare infrastructure were exacerbated by rising temperatures and intensifying cycles of floods and drought.

According to the World Health Organisation (WHO), 35 countries experienced cholera outbreaks in 2023 – 13% more than in 2022.

A deadly combination of malaria and malnutrition has kept our paediatric wards full across the Sahel region. In Chad, our teams now provide year-round prevention and treatment for malnutrition, instead of only during the seasonal peaks as we did before.

From Niger to Mozambique, and from Honduras to Bangladesh, we are treating more patients for malaria and dengue as the vectors of these diseases – mosquitoes – adapt to new environmental conditions and migrate to previously unaffected areas due to climate change. This exposes more people to infection for longer periods.

Dengue is the most common and particularly concerning. Today, over 3.9 billion people are estimated to be at risk, with that number likely to increase by another billion by 2050, according to the WHO.

Dengue is already endemic in Southeast Asia, and MSF has successfully replicated some of the innovative vector-control methods trialled in Indonesia, Malaysia, Thailand and Vietnam in other regions.

In Honduras, where more than 10,000 cases of dengue are reported annually, the transmission potential has increased significantly, and MSF teams have responded to seven outbreaks in the past 14 years.

Traditional chemical vector-control methods are less effective now; mosquitoes have become resistant to them.

Last year, MSF and the Honduran Health Ministry launched new vector-control studies, including a pilot of the Wolbachia method, similar to those conducted in Singapore and Southeast Asia. The mosquito population in a district of Tegucigalpa is being replaced with mosquitoes inoculated with the Wolbachia bacteria that blocks dengue viruses from replicating and helps reduce transmission.

Previous studies in other endemic areas have shown that Wolbachia can reduce dengue transmission by up to 95%. The method appears to be environmentally safe, self-sustaining and cost-effective.

I hope that trialling practical solutions in Southeast Asia, in ways that humanitarian groups like MSF can replicate elsewhere, becomes a hallmark of the future humanitarian landscape. This region has the potential to offer solutions for areas where institutions are often weaker or less reliable. Such efforts would be a powerful expression of solidarity through concrete action.

Other steps should include producing and sharing knowledge to fill gaps. An MSF review of the latest assessment reports by the authoritative Intergovernmental Panel on Climate Change highlighted that meningitis, snakebite, leishmaniasis, measles, Ebola and human African trypanosomiasis – all climate-sensitive diseases and humanitarian health problems – were under-reported or absent in the latest edition.

While health does not feature prominently in international decision-making processes, it urgently needs to be at the centre of all multilateral climate negotiations, policies, commitments and action. This means bringing health organisations and stakeholders to the negotiating table. Southeast Asia can also play a significant role.

Finally, coherence in planning for and responding to climate health emergencies is essential since efforts still often remain siloed, with little coordination and coherence across sectors – perhaps most of all, in terms of funding.

A key focus of COP29 will fall on finance, and we already see some countries cheating to cut humanitarian funding and divert that money to climate programming. This should not be.

Coherent climate action must fill gaps and enhance humanitarian and development assistance, not be set up to compete with it.

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