

AKHBAR : BERITA HARIAN
MUKA SURAT : 25
RUANGAN : BISNES

25

Belanjawan kesihatan pacu industri farmaseutikal

Duopharma Biotech Bhd melihat potensi yang sihat dalam kenaikan peruntukan sebanyak 10 peratus untuk Kementerian Kesihatan yang diumumkan dalam Belanjawan 2025 baru-baru ini.

Pengarah Urusan Kumpulan Duopharma Biotech, Leonard Ariff Abdul Shatar, berkata ia mencerminkan komitmen kuat kerajaan dalam membiayai penjagaan kesihatan awam.

"Ini seterusnya akan mendorong permintaan berterusan bekalan perubatan dan peluang bagi industri farmaseutikal," katanya dalam satu kenyataan.

Lima surat tawaran baharu diterima oleh dua anak syarikat milik penuh Duopharma Biotech daripada Pharmanlaga Logistics Sdn Bhd untuk membekalkan produk farmaseutikal dan bukan farmaseutikal ke kemudahan milik kerajaan sehingga 31 Disember 2026, dengan nilai gabungan anggaran RM87.86 juta.

Ini adalah tambahan kepada 11 surat tawaran terdahulu yang diterima dan diterima oleh kedua-dua anak syarikat pada suku kedua 2024, menjadikan jumlah nilai sekitar RM665.76 juta.

Ia merangkumi hampir 100 produk, semuanya akan dibekalkan sehingga 31 Disember 2026.

Duopharma Biotech terus merekodkan pertumbuhan kukuh pada suku ketiga berakhir 30 September 2024.

Pada tempoh dikaji, pendapatan Duopharma Biotech adalah sebanyak RM208.73 juta, menjadikan jumlah pendapatan terkumpul untuk 2024 setakat ini kepada RM620.02 juta.

Leonard Ariff berkata, prestasi kewangan kukuh pada suku dikaji mengukuhkan lagi nilai portfolio produk Duopharma Biotech.

AKHBAR : KOSMO
MUKA SURAT : 16
RUANGAN : NEGARA

KOSMO ISNIN 11 NOVEMBER 2024

Masih ramai pelanggan degil, sesuka hati merokok di kedai makan 'Mereka tidak boleh ditegur'

Oleh NOOR HASLIZA NUSI

GEORGE TOWN - Sikap degil dan keras kepala sesetengah pelanggan yang tidak mengindahkan teguran larangan merokok di premis makanan di negeri ini membuat ramai pengusaha pusing kepala sehingga ada yang membawa kepada pertengkaran.

Situasi masih berlaku meskipun pengusaha restoran telah memasang pelekat larangan merokok di setiap penjuru premis sejak penguatkuasaannya pada 1 Oktober lalu.

Pengusaha Hazi Kandar Sulaiman, Mirzan Mohamad Yasin berkata, masih ada dalam kalangan pelanggan "yang sesuka hati merokok di dalam restoran walaupun sudah dimaklumkan berkali-kali.

Menurutnya, pelbagai pendekatan juga sudah dilakukan termasuk memberi teguran secara baik.

"Memang ada beberapa pelanggan yang tidak mahu ikut peraturan merokok. Mereka masih mahu menghisap rokok di dalam kedai dan ada juga yang ajak berdebat.

"Apabila ditegur, mereka ma-

rahkan kami. Mereka tidak mahu dengar cakap sehingga kami terpaksa tahan telinga setiap kali berdepan situasi ini.

"Kami cuma minta mereka faham, di dalam kedai ada pelanggan kanak-kanak, wanita dan warga emas. Tidak susah pun kalau ikut peraturan demi kebaikan semua," katanya kepada Kosmo di sini semalam.

Sementara itu, Pengusaha Tea Kadal, Mohamed Rizwan Abdul Ghafor Khan mengakui ramai pelanggan mula menerima arahan larangan tersebut.

"Peraturan pelanggan yang ingkar arahan semakin berkurangan berbanding sebelum penguatkuasaannya pada 1 Oktober lalu.

"Kami tegur dan biasanya mereka akui. Selain itu, ramai juga yang mula berjaga-jaga kerana takut dikenakan tindakan oleh pihak penguat kuasa berkuasa," ujarnya.

Terdahulu, Kementerian Kesihatan (KKM) telah menguatkuasakan Akta 852 yang merangkumi peraturan pendaftaran, penjualan, pembungkusan, pelabelan serta larangan merokok di tempat awam bermula 1 Oktober.



PEKERJA di Restoran Hazi Kandar Sulaiman, George Town memasang pelekat larangan merokok di premis tersebut baru-baru ini.

AKHBAR : SINAR HARIAN
MUKA SURAT : 10
RUANGAN : NASIONAL

HDK puas hati 3,950 kakitangan KKM diberi lantikan tetap

SHAH ALAM - Keputusan kerajaan memberikan lantikan tetap kepada 3,950 kakitangan Kementerian Kesihatan (KKM) yang terdiri daripada pegawai perubatan, perigiian dan farmasi membuktikan kesungguhan untuk membantu kumpulan itu.

Harta Doktor Kontrak (HDK) berkata, pengumuman itu juga memberi kata-kata besar kepada petugas kesihatan khususnya doktor terbit yang menanti sejak sekian lama.

"Kami berpuas hati dan berterima kasih kepada Perdana Menteri, Datuk Seri Anwar Ibrahim, Menteri Kesihatan, Datuk Seri Dr Dzulkefly Ahmad dan semua pihak yang terlibat.

"Kami juga berharap mereka yang mendapat penempatan tetap akan memberikan perkhidmatan terbaik kepada rakyat," katanya pada Ahad.

KKM menarisi kenyataan pada Sabtu memaklumkan, seramai 3,950 kakitangannya diberikan lantikan tetap oleh Suruhanjaya Perkhidmatan Awam (SPA) pada 21 Oktober lalu.

Jumlah itu membahagikan 3,200 pegawai perubatan diikuti pegawai perigiian (300) dan pegawai farmasi (400) yang memohon lantikan kontrak (termim) di Kementerian berkenaan.

Manutnya, tarikh lantikan tetap calon adalah mengikut tarikh kua-kua melapor diri bertugas iaitu 30 Disember ini atau tarikh baharu diluluskan ketua jabatan, jika memohon penangguhan lapor diri bertugas.

Sementara itu, HDK turut menggesa kerajaan menyatak semula kadar elaun tugas atas pangkalan yang tidak disatak lebih sedekad lalu bagi mengekalkan kemampuan sistem penjagaan kesihatan negara.

Manutnya, meskipun ada penyelarasan gaji untuk kakitangan awam yang diumumkan, terdapat keperluan mendesak menyatak semula elaun atas pangkalan untuk doktor.

Jelasnya, ia masih tidak mencukupi memandangkan peningkatan tanggungjawab dan tekanan infeksi kadagapi oleh profesional perubatan.

AKHBAR : SINAR HARIAN
MUKA SURAT : 11
RUANGAN : NASIONAL



AKHBAR : THE STAR
MUKA SURAT : 4
RUANGAN : NATION

Generic drugs 'safe and effective'

IJNSB assures heart patients covered by govt that branded drugs not the only option

By RAGANANTHINI VETHASALAM
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PETALING JAYA: Generic drugs prescribed for heart patients covered by the government are as safe and effective as branded drugs, says National Heart Institute Sdn Bhd (IJNSB) chairman Tan Sri Dr Noor Hisham Abdullah.

He said there should be no concern as such drugs are also approved by international regulatory bodies like the Food and Drug Administration (FDA) and the Medicines and Healthcare products Regulatory Agency (MHRA), as well as the local National Pharmaceutical Regulatory Agency (NPRA).

He said, despite usually costing less, generic prescription drugs have the same active-ingredient formula as brand-name varieties.

The former Health director general explained that all generic drugs had to go through bio-equivalence studies, where two drugs or two sets of formulation of the same drug was compared to show that it had nearly equal bio-availability and PK/PD (pharmacokinetics-pharmacodynamics) parameters.

"These studies are often done for generic drugs or when a formulation of a drug is changed during development. There is no

"It is particularly important to ensure that the generic drugs are sourced from reliable companies with good quality control."

Dr John Chan Kok Meng

issue on safety," he told *The Star*, adding that IJNSB is only complying with the government's circular on prescribing generic drugs.

On Nov 8, the Pharmaceutical Association of Malaysia (PhAMA) said its statement on generic drugs was taken out of context by a health news portal which erroneously implied that it could compromise safety in the treatment of patients.

PhAMA said its views were in specific reference to IJN's patient list, which mostly comprised critically ill patients and many with comorbidities, adding that it recognised that generics and biologics had an equally impor-

tant role to play in the healthcare system.

In a meeting with the Health Ministry recently, PhAMA members were provided more clarity on the government's future direction, with assurance that treatment safety and efficacy would remain the topmost priority, while balancing financial considerations.

The ministry had said that unsubstantiated claims could raise concerns among patients, whether in its facilities or private healthcare, and could encourage them to reject treatment regimens.

Meanwhile, several senior medical practitioners came out in defence of generic drugs, saying they are produced by reputable pharmaceutical companies with good quality control and widely used in treatment.

Malaysian Association for Thoracic and Cardiovascular Surgery (MATCVS) honorary secretary Dr John Chan Kok Meng said there is generally no concern with the use of generic drugs produced by well-established companies.

The consultant cardiothoracic surgeon at CYSRL Hospital said the key thing is to ensure that generic drugs are sourced from reliable companies which have gone through the necessary accreditation and quality assurance process.

"In many clinical situations, the effectiveness of the drugs can be measured, for example, by measuring blood cholesterol and blood sugar levels, as well as blood pressure, among others."

"In these cases, there is less of a concern with using generic drugs because we will know if the drugs are not effective and we can then consider changing to alternative drugs," he pointed out.

However, he said there are clinical situations when it is difficult to measure the effectiveness of drugs, for example, blood thinners to treat coronary disease or prevent blood clots in patients with irregular heartbeats.

"In such cases, it is particularly important to ensure that the generic drugs are sourced from reliable companies with good quality control, or to use innovator drugs," Dr Chan said.

Dr Wong Teck Wen, a consultant interventional cardiologist and physician at the IHEAL Medical Centre in Kuala Lumpur, said there might be some difference in the production process of innovator or patented drugs and generics, adding that the formula for innovator drugs are protected with confidentiality during the patented period.

He said while he had personally seen some generic drugs disintegrating after two to three years,

generic drugs are generally safe and effective.

"If the company (manufacturing the generic drugs) is good and can ensure their drug is stable, then I think generic drugs will save the country a lot of money and benefit more patients," added Dr Wong, who had previously served Hospital Serdang.

He said he estimated the cost of original drugs to be between five and 10 times more than the generic versions, adding that even Singapore, the United Kingdom and Australia are using generic drugs.

Dr Wong suggested that doctors give patients the option of using innovator drugs or generics based on affordability.

As for IJN, he said the centre would have to ensure that it monitors its stocks to ensure that it is able to trace back problematic batches of medicine.

Rachel Gan, honorary secretary of the Malaysian Community Pharmacy Guild (MCPG), said the perception that only innovator drugs are effective is not true.

"This has become an issue, especially when certain innovator drugs run out of stock in the market, with patients running around pharmacies to source for what has been prescribed," she said in reassuring that generic drugs are safe.

AKHBAR : THE STAR
MUKA SURAT : 5
RUANGAN : NATION

Safety first:
(From left) Generic drugs will be provided to government patients referred to the IJN. Waiting time for patients at hospitals will also be reduced.
— AZLINA ABDULLAH/
The Star



Govt patients at IJN to get generic drugs

PETALING JAYA: Government patients referred to the National Heart Institute (IJN) will be administered generic drugs used in the Health Ministry's Medicines Formulary (MOHMF), it was revealed.

The ministry said the policy is an administrative reference to control and encourage the dispensing of medicines in a rational manner, while maintaining quality. It said the government would foot the cost of treatment at the heart centre for patients covered by it and subsidise others unable to afford it.

In a recent parliamentary written reply, the ministry said it needs to exercise control on costs payable to IJN Sdn Bhd (IJNSB) for patients covered by the government, as the amount payable is

increasing annually.

The Dewan Negara was told that the ministry spent RM248.97mil to outsource 93,495 heart patients to IJN between January and May this year.

On the government's rationale to refer government-covered patients in IJN back to the ministry's facilities, the ministry said this would enable treatment slots for invasive procedures.

"The ministry will also ensure that there is a ready supply of medication for patients who are referred to our facilities," it said.

The ministry has 10 cardiology centres and 68 hospitals with internal medicine specialists nationwide to accommodate patients referred by IJN.

It said patients referred back to the ministry's facilities from IJN



would be those who are in a stable condition and having completed interventional cardiology treatment or surgery and no longer on active treatment.

"This will reduce the waiting time for treatment and invasive heart procedures at ministry hospitals as more slots for treatment and procedures can be given to new patients," the ministry explained.

It said it is also developing a computerised system to ease the

referral process of government-covered patients in IJN to ministry facilities.

"With the computerised system in place, patients can obtain appointments at government hospitals without having to go there first," it said.

The system would also contain data such as patient history, treatment and current medications at IJN, which the ministry facility could access.

"Cardiology services at the

ministry's cardiology centres are also equipped with cardiology specialists who are on par with IJN and trained paramedics.

"In fact, the infrastructure and equipment in invasive cardiology labs at government cardiology centres are also equipped with advanced technology which are on par with IJN," it said.

Owned by the Minister of Finance Incorporated, IJN, which was founded in 1992, is the largest heart hospital in the country.

AKHBAR : THE SUN
MUKA SURAT : 11
RUANGAN : SPEAK UP

MONDAY | NOV 11, 2024

SPEAK UP 11

Humanising private healthcare

COMMENT
by Dr Paul Selva Raj

It is undeniable that healthcare in Malaysia faces many challenges, which are likely to increase over time. According to the Health Ministry deputy secretary-general, the public healthcare system is nearing the limits of its capacity to meet the country's growing healthcare needs.

He notes that the bed occupancy ratio in approximately 60% of public hospitals has exceeded 100%.

He further states, "As far as public healthcare is concerned, I think in terms of capacity, we are actually on the verge of reaching the end of our capacity."

Two issues likely to pose even greater challenges in the future are the ageing population and the rising prevalence of non-communicable diseases (NCD).

It has been reported that over two million adults in Malaysia already live with three NCDs, including diabetes, hypertension, high cholesterol or obesity.

How do we move forward in this scenario? Certainly, increasing public expenditure could help.

The budget allocation for 2025 is RM45.27 billion, a 9.0% increase from 2024.

However, as the deputy secretary-general mentioned, "there is no way" the government can continue expanding the health budget indefinitely.

He suggests that the way forward could be through partnerships between the government and private sector. Is this viable?

The priority of private hospitals, by their very nature, is to generate profits and increase share value.

Consequently, private hospital pricing is frequently exorbitant and beyond the reach of the common rakyat.

Even insurance companies have raised concerns that the rates charged by private hospitals are excessive.

Medical insurance uptake in Malaysia is low. It has been reported that private insurance remains a small and shrinking proportion of total healthcare financing, falling from 12% to 11% over the last 20 years, as it primarily serves the wealthy.

Furthermore, medical premiums are



Private hospital pricing is frequently exorbitant and beyond the reach of the common rakyat. - REUTERS/SPIC

increasing at an unsustainable rate.

A critical issue impacting insurance premiums is rising medical inflation in Malaysia, which surged to 12.6%, far exceeding the global average of 5.6% and five times Malaysia's general inflation rate.

Why is Malaysia experiencing such high medical inflation? Additionally, due to long waits in public hospitals and low insurance uptake, Malaysians spend a considerable amount on medical expenses from their own pockets.

In fact, out-of-pocket expenses in Malaysia are extremely high, accounting for 36% of total health expenditures. This places significant pressure on low- and middle-income families.

In one recent year, it was reported that the inability to pay medical expenses was the leading reason for consumers seeking counselling and debt management assistance from the Credit Counselling and Debt Management Agency.

Furthermore, an Asian study found that the proportion of previously solvent patients who experienced financial hardship following a cancer diagnosis was highest in Malaysia at 45%, compared with 42% in Indonesia and 16% in Thailand.

With public hospitals at "full" capacity, low medical insurance uptake, high premiums, and substantial out-of-pocket expenses, what is the

way forward?

One area being explored is strengthening the private wing of hospitals, where "full-paying" patients would receive easier access.

In the current situation, where hospitals are already at "full capacity", how can we be sure that "full-paying patients" would not displace the poor and vulnerable who cannot afford to pay? Regulating private hospital prices and medical insurance premiums is one possibility.

However, both the Health Ministry and Bank Negara Malaysia seem reluctant or unwilling to regulate these aspects, in order to avoid "interfering" in the market.

With regulators unwilling to protect consumers' interests, particularly those of the poor and vulnerable, where does this leave the consumer?

Private hospitals, like all private entities, prioritise profits and share value above all else. Federation of Malaysian Consumers Associations (Fomca) strongly believes that it is time to humanise private healthcare.

Several major hospital corporations are government-linked companies (GLC). We should start with these.

Rather than focusing solely on profits and share value, the GLC hospital sector should balance profitability with patient welfare.

Their key performance indicators should prioritise not only profits but also patient needs

and welfare.

"They should contribute to the national interest of reducing the burden on public hospitals.

Currently, these GLC corporations focus heavily on acquisitions and generating profits and high share value.

There are reports of substantial profits, rising share value, and mergers and acquisitions involving these companies.

To them, healthcare is merely another commodity for profit optimisation.

The Madani government should seriously consider changing this.

Previous government policies that aimed to privatise or corporatise healthcare, treating private health as solely a profit-oriented entity without regard for patient welfare, must be halted.

The GLC hospital system needs reform to place patient care at its core while still making "reasonable profits".

Then, the public-private partnership proposed by the deputy secretary-general of the ministry would be more meaningful and genuine.

The Health Ministry, superseding the poor and vulnerable, should have greater influence in the operations of private hospitals.

In many countries, not only are prices regulated, but costs such as salaries are also controlled by the government.

While profit-making is certainly acceptable in the private sector, the role of the government is to ensure that patient welfare is prioritised in healthcare services, whether public or private.

A government focused solely on "data" and "formalism" might find this proposal contradictory to current market-driven norms and practices.

However, a leader and government that genuinely focus on the needs and welfare of the rakyat would give this serious thought as the welfare of the rakyat should be central to all development, not merely macroeconomic metrics such as the gross domestic product and gross national product.

Fomca sincerely hopes that the government will seriously consider humanising private healthcare, starting with the private hospitals under its purview, the so-called GLC.

A caring government should indeed give serious thought to humanising private healthcare.

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