

AKHBAR : HARIAN METRO
MUKA SURAT : 18
RUANGAN : LOKAL

Putrajaya: Kementerian Kesihatan Malaysia (KKM) menyerahkan kepada Jabatan Peguam Negara (AGC) untuk tindakan selanjutnya susulan tiga pertubuhan bukan kerajaan (NGO) mengemukakan permohonan kebenaran semakan kehakiman menentang keputusan Menteri Kesihatan mengeluarkan nikotin daripada senarai bahan terkawal di bawah Akta Racun 1952.

Menteri Kesihatan Dr Zaliha Mustafa berkata, beliau tidak boleh mengulas lanjut isu berkenaan kerana ia sudah menjadi kes mahkamah.

"Saya sudah menjawab hal itu, maksudnya sekarang sudah masuk kepada *judicial review* (semakan ke-

TIGA NGO MOHON CABAR KEPUTUSAN KKM

Serah kepada Jabatan Peguam Negara



hakiman), jadi kita tidak akan sebut lebih-jebih maknanya (tunggu) daripada AGC dan sebagainya.

"Sebab sudah masuk kes

mahkamah, jadi setakat ini kita tunggu perjalanan dan proses seterusnya," katanya ditemui selepas menyempurnakan Majlis Pelancaran

Bulan Kebangsaan dan Kibar Jalur Gemilang Peringkat KKM di sini, semalam.

Beliau berkata demikian ketika ditanya pendirian KKM berikutan tindakan tiga NGO kesihatan dan kanak-kanak mengemukakan permohonan kebenaran bagi memulakan prosiding semakan kehakiman untuk mencabar keputusan Menteri Kesihatan mengeluarkan nikotin daripada senarai bahan terkawal.

NGO itu, Majlis Kawalan Tembakau Malaysia (MTCT), Pertubuhan Green Lung Malaysia (GLMA) dan persatuan hak kanak-kanak, Voice Of The Children

(VOC) memfailkan permohonan melalui firma guaman, Kanesalingam & Co dengan menamakan Menteri Kesihatan dan kerajaan sebagai responden.

Ketiga-tiga pemohon menyatakan Menteri Kesihatan Dr Zaliha Mustafa pada 31 Mac lalu, membuat Perintah Racun (Pindaan Senarai Racun) 2023 selepas berunding dengan Lembaga Racun.

Mengulas lanjut, Dr Zaliha berkata, pihaknya mengambil tindakan tertentu di peringkat dalaman untuk melihat langkah sewajarnya supaya dapat memainkan peranan dengan lebih baik. "Akhirnya apa yang kita

harapkan, RUU (Rang Undang-Undang Kawalan Produk Merokok Demi Kesihatan Awam 2023) yang kita bentangkan kali pertama di Parlimen. Insya-Allah dibawa pada sesi akan datang dan dapat diluluskan dan saya rasa itu terbaik untuk menyelesaikan isu terbabit," katanya.

Pada 12 Jun lalu, Dr Zaliha memaklumkan RUU Kawalan Produk Merokok Demi Kesihatan Awam 2023 dirujuk sekali lagi kepada Jawatankuasa Pilihan Khas (JKPK) Kesihatan.

Ia kali kedua RUU yang turut dikenali sebagai RUU Generasi Penamat (GEG) itu dirujuk kepada JKPK berkenaan selepas pertama kali dibentangkan Menteri Kesihatan ketika itu, Khairy Jamaluddin pada tahun lalu.

AKHBAR : KOSMO
MUKA SURAT : 3
RUANGAN : NEGARA



KEBANYAKAN pegawai perubatan muda memilih untuk berkhidmat di klinik kesihatan berbanding hospital besar. — GAMBAR HIASAN

Klinik kesihatan jadi pilihan berbanding hospital

Doktor muda pilih bekerja di bandar

Oleh ABDUL RASHID ABDUL RAHMAN dan ROSMIZAN RESDI

KUANTAN — Golongan doktor muda di negeri ini didapati memilih untuk berkhidmat di bandar besar berbanding pedalaman dengan menjadikan klinik kesihatan sebagai pilihan utama.

Mendedahkan perkara itu, Pengarah Kesihatan Pahang, Datuk Dr. Nor Azimi Yunus berkata, berdasarkan rayuan yang diterima, rata-rata mereka memilih untuk bertugas di bandar raya Kuantan berbanding daerah-daerah lain di negeri ini.

Selain Kuantan, kumpulan doktor muda itu juga mahu ditempatkan di klinik kesihatan berbanding berkhidmat di Hospital Tengku Ampuan Afzan di sini yang memerlukan lebih ramai pegawai perubatan.

"Sudah tentu sekali rayuan datang (disertai) dengan pelbagai alasan antaranya anak masih kecil dan lain-lain.

"Tetapi pernah tak doktor muda bayangkan jika ramai (pegawai) hendak berpusat di Kuantan, siapa yang akan bekerja di Lipis, Raub dan Jerantut?"

"Takkan hendak membiarkan dua tiga kerat doktor muda bekerja di pedalaman. Kasihan mereka bukan selamanya mahu kekal (bertugas) di pedalaman, mereka juga mahu keluar (dari

Bekerja di pedalaman bukanlah seteruk mana dan doktor-doktor muda seharusnya bersedia berkhidmat di mana juga mereka ditempatkan."

NOR AZIMI

pedalaman)," katanya kepada *Kosmo!* di sini baru-baru ini.

Nor Azimi memberitahu, beliau memahami rayuan yang dibuat oleh doktor muda dan ia perlu diperhalusi dengan melihat keperluan perkhidmatan di seluruh Pahang bukannya daerah tertentu sahaja.

Justeru, beliau berharap doktor muda yang ditempatkan di negeri ini memahami situasi tersebut memandangkan Pahang merupakan sebuah negeri besar dan mempunyai banyak kawasan pedalaman.

"Bekerja di pedalaman bukanlah seteruk mana dan doktor-doktor muda seharusnya bersedia berkhidmat di mana juga mereka ditempatkan.

"Kita perlu bersikap positif, tanam niat bekerja untuk mencari pengalaman, menimba pengetahuan dan kemahiran di ka-

wasan pedalaman.

"Percayalah pengalaman ini yang akan mematangkan doktor muda baik pengetahuan mahupun kemahiran," katanya.

Sementara itu, di **Kota Bharu**, Pengarah Kesihatan Negeri Kelantan, Datuk Dr. Zaini Husin memberitahu, penempatan pegawai perubatan adalah tertakluk kepada kekosongan jawatan dan kepentingan perkhidmatan di satu-satu kawasan.

"Pemilihan penempatan itu biasanya dibuat sendiri oleh pegawai perubatan semasa menerima tawaran tetap secara online. Bagaimanapun masih ada segelintir pegawai yang mengemukakan rayuan memilih untuk tidak mahu ditempatkan di kawasan pedalaman.

"Namun, peratusannya (rayuan) sedikit iaitu di bawah 10 peratus. Malah, permohonan dan rayuan itu sudah ada sejak dulu lagi yang mana pegawai boleh mengemukakan rayuan memilih tempat bertugas termasuk berpindah dan sebagainya," katanya.

Dr. Zaini berkata, pihaknya juga perlu bersikap adil dan mengambil kira pegawai yang telah lama berkhidmat di kawasan tertentu yang turut memohon pertukaran ke tempat lain.

"Biasanya mereka memohon sebab menjaga ibu bapa, isteri dan anak-anak," katanya.

AKHBAR : SINAR HARIAN
MUKA SURAT : 8
RUANGAN : NASIONAL

KKM tetapkan SOP sama sempena PRN

PUTRAJAYA - Kementerian Kesihatan (KKM) menetapkan prosedur operasi standard (SOP) Covid-19 yang digunakan semasa Pilihan Raya Umum ke-15 (PRU15) sebagai garis panduan pilihan raya negeri (PRN) bulan depan.



DR ZALIHA

Menterinya, Dr Zaliha Mustafa berkata, perbincangan bersama Suruhanjaya Pilihan Raya (SPR) dan Majlis Keselamatan Negara (MKN) akan dilakukan jika terdapat keperluan untuk pelaksanaan SOP baharu.

"Setakat ini, kalau kita ikut kepada trend kes yang diterima kita ambil maklum dan SOP yang kita lakukan ialah apa yang sedia ada.

"Perbincangan bersama MKN, SPR dan beberapa agensi bagi membincangkan jika ada atau jika perlu melakukan langkah lebih berbeza daripada SOP biasa," katanya semasa Majlis Pelancaran Bulan Kebangsaan dan Kibar Jalur Gemilang Peringkat Kementerian Kesihatan Tahun 2023 pada Khamis.

Menurut Dr Zaliha, KKM akan meneliti pelbagai aspek keselamatan kesihatan bagi memastikan PRN di enam negeri berjalan lancar.

"Prosedur sedia ada, contohnya semasa PRU15 yang lepas, mereka yang positif dibenarkan untuk mengundi tetapi dengan bilangan-bilangan tertentu kita ambil," katanya.

AKHBAR : NEW STRAITS TIMES
MUKA SURAT : 8
RUANGAN : NEWS / NATION

REMOVAL FROM POISONS ACT

NICOTINE ISSUE 'UP TO A-GC'

Zaliha won't comment on judicial review application by three entities

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THE Health Ministry will leave it to Attorney-General's Chambers to determine the next course of action following a judicial review filed by three entities to challenge the government's directive to remove nicotine from the Poisons Act (PA) 1952.

Health Minister Dr Zaliha Mustafa said: "I have answered the issue (on the removal of nicotine from the Act).

"Now that there is a judicial review, we will not mention it further, meaning (we will wait) for the A-GC and so on.

"It is now a court case, so let the due process run its course."

She said this after attending the ministry's National Month and Fly the Jalur Gemilang celebration launch.

On July 3, the Malaysian Council for Tobacco Control, Malaysian Green Lung Association and Voice of the Children Sdn Bhd filed the suit at the High Court and named the health min-



Health Minister Dr Zaliha Mustafa flagging off a convoy at the ministry's National Month and Fly the Jalur Gemilang celebration launch. PIC BY MOHD FADLI HAMZAH

ister and the government as the first and second respondents, respectively.

The statement of claim by the three applicants had said that Dr Zaliha's action was disproportionate as she failed to protect public health and instead prioritised tax revenue collection.

"It is contended that the Poisons Board unanimously voted against the impugned exemption

on medical and health grounds.

"Nonetheless, the minister did not properly consider and engage the Poisons Board's decision, but proceeded to make the impugned order.

"The impugned exemption allows electronic cigarettes and vape products with nicotine to be sold openly and legally to anyone, including children and adolescents aged below 18 years,

without any form of regulation or control, as there is currently no regulation or legislation regulating electronic cigarettes and vape products with nicotine," read the statement of claim.

On April 1, the Health Ministry published a gazette notice stating that nicotine liquids and gels used in e-cigarettes and vape products had been granted exemption from poisons control.

AKHBAR : THE STAR
MUKA SURAT : 4
RUANGAN : NATION



Setting off with pride: Dr Zaliha (in the background holding a Malaysian flag) launching the national month and the 'Fly the Jalur Gemilang 2023' ministry-level event in Putrajaya. — Bernama

Existing Covid-19 SOP recommended

PUTRAJAYA: The Health Ministry will recommend to the Election Commission (EC) that the existing Covid-19 prevention standard operating procedure (SOP) be adopted in the elections in six states and the Kuala Terengganu parliamentary by-election, says its minister Dr Zaliha Mustafa.

She said her ministry will also hold discussions with the relevant agencies and departments including the EC if the SOP for preventing the spread of Covid-19 needs to be improved or revised based

on the current situation, Bernama reported.

The existing SOP, which was applied in the 15th General Election last November, includes allowing individuals who have been infected to vote, subject to certain rules, she told the media after launching her ministry-level national month and the "Fly the Jalur Gemilang 2023" event here yesterday.

"So far, if we look at the trend of the cases we are receiving, we take note and the SOP is already in place.

"But we will discuss if it is necessary to carry out measures that are different from the normal SOP, and will discuss this with the EC, the National Security Council and the agencies involved if there needs to be other procedures," Dr Zaliha added.

The elections in Kedah, Kelantan, Terengganu, Penang, Selangor and Negri Sembilan as well as the Kuala Terengganu parliamentary seat by-election will be held simultaneously, with the EC setting Aug 12 for polling and July 29 as nomination day.

AKHBAR : THE SUN
MUKA SURAT : 1
RUANGAN : MUKA HADAPAN

Bracing for aged population

BY RAJVINDER SINGH
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PETALING JAYA: Malaysia needs to prepare to deal with its ageing population, which could affect its economy and gross domestic product (GDP) in the next 10 to 15 years.

Sunway University professor Yeah Kim Leng and Universiti Tun Abdul Razak economist Dr Barjoyai Bardai were both of the view that with an ageing population, there would be a drop in productivity.

They also felt there would be a drop in consumption as the elderly tend to spend less and are more cautious on how they spend their money.

Yeah said the country could see a shift as the elderly spend more on healthcare and senior lifestyle needs.

"The ageing population will change their consumption patterns. Leisure and travel will see an uptake. This will indirectly lead to an increase in productivity in this sector. The economy will have to make a shift to serve this segment."

➤ Exit of seniors from workforce, reduced spending and hike in govt healthcare costs could impact GDP: Experts

He said healthcare costs will see the government having to spend more to help the less well-off elderly and reduce old age poverty.

Yeah added that there would also be a drop in government revenue and lower income tax collection as there will be fewer people working.

He also said a main challenge will be to raise revenue and improve GDP, with one possible option being to increase the retirement age to allow more people to remain in the employment market, adding that automation and digitalisation will have a role to play in improving productivity to help economic growth.

"The nation has at least 10 years before Malaysia is seen as an ageing nation. The government will have to come up with policies to deal with this to minimise its

impact on the economy and GDP. At present, about 7% of the population is in the ageing category and by 2030 or 2035, it would be 15%."

EPF head of strategy management Balqais Yusoff said the average life expectancy has risen from 54 years in 1957 to about 75 in 2000.

It has been estimated that there were nine working age adults supporting one elderly person last year. This is projected to drop to just three working age adults supporting one elderly dependent by 2060.

Balqais said there is a potential decline of 5.5% in GDP growth for every 10% increase in the elderly population.

In addition to that is a potential 9% decline in revenue from income tax with every 10-percentage-point increase in the old-age dependency ratio, with a 33% increase in health spending attributed to ageing-related health problems by 2030.

Barjoyai said as the population ages, people will be spending less as they consume less and this will have an impact on the economy.

He added that as people get older, more money will have to be allocated for healthcare and their consumption will be inclined towards such needs.

"The elderly are less productive and it will lower their contribution to the economy and this will have an impact on GDP. Turning to automation and digitalisation will help reduce the impact."

"Those who are (skilled) and more knowledgeable will benefit from this and it will help them improve their productivity somewhat."

He said in Japan, where the ageing population is at 30%, the elderly are facing problems in promoting growth to improve their economy and GDP, adding that Malaysia must be prepared to adjust government policies to deal with the issue.

Barjoyai also said Malaysia could adopt the United States model, in which individuals work until the age of 75 and continue to contribute to economic activity.

He said the government still has time to plan for this, while cautioning that waiting too long would harm the economy and national growth.



RIDE OF PATRIOTS ... Health Ministry staff cruising in a Merdeka-themed car during the launch of the National Month and Fly the Jalur Gemilang campaign in Putrajaya yesterday. —BERNAMAPIC

AKHBAR : THE SUN
MUKA SURAT : 8
RUANGAN : SPEAK UP

Improving healthcare for all

IN 2015, almost all heads of government in the world committed to the United Nations' Sustainable Development Goals, including universal health coverage (UHC).

This was consistent with the World Health Organisation's commitment to Health for All.

The Covid-19 pandemic exposed most countries' under-investment in public healthcare provisioning and other weaknesses.

Clearly, health system reforms and appropriate financing are needed to improve populations' well-being.

Instead of helping, more profit-seeking investments and market solutions in recent decades have undermined UHC.

Health markets the world over rarely provide healthcare for all well.

Instead, they have increased costs and charges, limiting access.

Worse, public funds are being diverted to support profits rather than patients.

Health inequalities growing

Recent decades have seen healthcare in many developing countries trending towards a perceived two-tier system – a higher quality private sector and lower quality public services.

Many doctors, especially specialists, have been leaving public service for much more lucrative private practice.

This brain drain has worsened already deteriorating public service quality, increasing waiting times.

Hence, more of those with means have been turning to private facilities.

As private medical charges are high in developing countries, many who can afford private health insurance buy it.

If unchecked, the gap – in charges and quality – between private and public health services will grow, increasing disparities between the haves and have-nots.

Social solidarity implies cross-subsidisation in health financing, with the healthy financing the ill and the rich subsidising the poor.

Social solidarity also enables universal coverage and equitable access.

Better healthcare for all

Most governments need to strengthen the public provisioning of comprehensive health protection with adequate financing.

Meanwhile, healthcare costs have gone up due to more ill health, the rising costs of new medical technologies, privatisation and less public procurement.

Everyone – nations as well as families – faces more unexpected health threats, worsened by rising catastrophic and other medical expenses, more economic vulnerability, greater income insecurity, declining public provisioning and costlier coping strategies.

Premature death, disability and illness have meant losing billions of years of healthy life, primarily due to preventable non-communicable diseases (NCDs).

Although they cause many health losses, relatively little public health spending goes to NCD prevention.

Spending and outcomes

Most countries, including the developing world, have seen rising healthcare spending.

But there is no direct relationship between health expenditure and well-being. Hence, more spending does not ensure better outcomes, whereas appropriate public healthcare provisioning does.

Although health spending has been rising in many developing countries, it has generally remained low in relation to income.

Government health services were already facing fiscal constraints before the pandemic.

To cope with Covid-19, public health expenditure in many middle-income countries spiked.

Chronic underinvestment in public services has undermined healthcare overall.

Many underfunded systems have nonetheless improved health conditions, reducing morbidity and mortality.

Decent health outcomes, despite relatively low health spending, imply greater public expenditure cost-effectiveness or efficiency.

Nonetheless, more could be achieved with better policies, increased spending and more appropriate priorities.

Thus, reducing child and maternal mortality, besides improving sanitation and water supplies, has significantly raised life expectancy in developing countries.

Improving policy

To enhance well-being, health systems must better protect people from current and future threats and challenges.

Better public healthcare financing – with absolutely and relatively more, but also more appropriate funding – seems most important.

Developing country governments are often fed off-repeated, but doubtful claims that current government healthcare spending is too high and health insurance is necessary to fill the funding gap.

Instead, official revenue should mainly fund health budgets to ensure efficiency and equity.

Health promotion should involve more preventive efforts.

By mainly focusing on curative interventions, most government spending and policy priorities neglect determinants of well-being, including inequities.

Some WHO-recommended policies deemed most cost-effective target tobacco products, harmful alcohol use and unhealthy diets.

Policy coherence

To better address overall well-being, a more comprehensive and integrated approach should integrate health with related public policies.

Affordable healthier food options, physical exercise and healthier lifestyles deserve far greater emphasis.

For example, a cheap but nutritious, safe and healthy daily school feeding programme in Japan – introduced a century ago, when it was still quite poor – has ensured life expectancy in the archipelagic nation has been the world's highest for decades.

An all-of-government approach should ensure meals are planned by dietitians, mindful not only of good nutrition but also of local food cultures, costs, safety and micronutrient deficiencies.

With a whole-of-society approach, involved parents can ensure schoolchildren are fed safe food from farmers not using toxic pesticides.

This can be ensured with the food or agriculture ministry's participation.

Farmer organisations can be contracted to supply needed foodstuff with initial support from government agricultural extension services, not corporate salesmen.

This, in turn, improves the safety of all farm produce, ensuring healthy food for all.

Health reform recommendations should prioritise governments' major commitments – to the people and the international community – of universal health coverage to ensure health for all. – IPS

"To better address overall well-being, a more comprehensive and integrated approach should integrate health with related public policies."

LETTERS letters@thesundaily.com

Regulate vape by learning from others

IN June, the government sent the Tobacco Product and Smoking Control Bill back to the Parliamentary Special Select Committee for further review.

Among others, the committee will look into ways to regulate not just conventional cigarettes, but also tobacco alternatives such as vapes.

This is a move in the right direction considering vaping has become increasingly popular in Malaysia.

The Madani government can learn from other countries on how to regulate vaping.

A vaping epidemic in adolescents has forced some countries to impose strict enforcement on the production, sale and use of e-cigarettes.

Nations such as Thailand, Singapore, India, Iran, Taiwan, Brazil and Argentina have banned e-cigarettes.

Hefty fines are imposed on tourists who bring in e-cigarettes.

But do bans always work? Not necessarily.

Although Saudi Arabia issued a fatwa (religious ruling) against the use of tobacco products, its tobacco black market has seen an estimated 300% rise in the use markup on cigarettes and hookah products.

The Saudi Ministry of Commerce and Investment officially banned the sales of e-cigarettes or vaping products in September 2015.

However, there is no explicit law banning vaping and Saudi youth have been indulging in the activity openly.

Saudi's Public Investment Fund in May instead, set up the Badael Company to

develop and manufacture tobacco-free nicotine delivery products across the kingdom by the end of this year.

Badael's products are expected to help nearly one million people or 25% of all smokers switch from smoking by 2032.

China and some states in the US have banned flavoured vapes that would attract minors, such as bubble gum and fruits.

China has also imposed a sales ban on e-cigarettes on e-commerce sites as well as on live-streaming platforms which are deemed alluring to minors.

Despite the ban, e-cigarettes are still easily accessible to minors.

Meanwhile, the British government encouraged conventional cigarette smokers to swap to a less deadly habit through the 'swap to stop' scheme.

Under this programme, smokers are given vape device starter kits and support to help them quit smoking.

The UK is also offering financial incentives and clinical support for pregnant women to switch to vapes.

Prime Minister Rishi Sunak said the Government will form an "illicit vape enforcement squad" to raid vape stores that sell the devices to minors.

Denmark, Sweden, Norway and Finland allow the sale of vapes, but they are strictly regulating such devices by banning their being advertised.

South Korea on the other hand imposes heavy taxation on e-cigarette products but that has not stopped its youth from vaping.

Australia and New Zealand are

planning to ban disposable vapes, although the sale of vapes is restricted to pharmacies and can only be bought with a prescription in Australia.

Australian authorities remain committed to the idea that e-cigarettes function as tools for smokers to quit.

Our neighbour the Philippines is the first country in Asia to enact legislation that distinguishes combustible tobacco products with those that do not burn i.e. vaporised nicotine and non-vaporised nicotine products.

The Vaporised Nicotine and Non-Nicotine Products Regulation Act allows the Philippine government to regulate the import, sales, manufacturing, packaging, distribution and use of vaping products.

The government enforces vape manufacturers to register with the authorities while prohibiting colourful packaging with various flavours to be sold in the republic. Vapes and vape stores must not operate within 100 meters of schools.

At the end of the day, vaping is getting more popular among minors and global regulations are becoming increasingly ineffective in preventing them from picking up the bad habit.

The energies of government, media and civil society would be better directed at education and providing factual information on the perils of vaping rather than punitive actions such as bans that will not work even in Malaysia.

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