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EDISI 2026



IMPROVING PUBLIC HEALTHCARE EFFICIENCY BEYOND DIGITALIZATION

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In his National Day Address which was delivered roughly nine hours before the arrival of this year's National Day, Prime Minister Dato' Seri Anwar Ibrahim reflected on the spirit of independence forged by the nation's founders, alongside the contemporary challenges Malaysia must collectively confront. Central to his 35-minute speech were six government initiatives aimed at easing the pressing economic and social burdens facing the public.



Picture 1: The promotional poster of PMX's 2026 National Day Address

One of these six initiatives, or more specifically, the fourth initiative, addressed the digitalisation of the public healthcare sector, including the implementation of electronic medical record systems at public healthcare facilities. The primary objective of this initiative is to reduce waiting times for treatment at 150 hospitals and more than 2,000 existing government health clinics.

Undoubtedly, this initiative deserves recognition, as it is expected to provide some relief to millions of Malaysians who depend on government clinics and hospitals for medical treatment, either because they are unable to afford private healthcare or because they have greater confidence in the expertise of public healthcare professionals. However, a crucial question remains: can digitalization alone solve the problem of long waiting times?

While digital infrastructure undoubtedly enhances operational efficiency, it does not address the root causes of systemic congestion. Left unaddressed, these foundational bottlenecks will prevent digitalization from ever achieving its full potential.

Official data and public sentiment alike point to two most significant contributors to the long queues: severe manpower shortages and inadequate infrastructure, including hospital beds, facilities, and diagnostic equipment. Therefore, these two factors must also be addressed urgently and effectively.

Given that these two issues warrant substantial funding to address, the government must adopt an innovative, measured approach that would be minimizing fiscal strain without jeopardizing its popularity.



Picture 2: A congested public hospital (AI-generated)

The logical first step is a comprehensive large-scale study to establish a reasonable, publicly accepted adjustment to public healthcare charges. Most Malaysians recognize that nominal fees of RM1 for outpatient visits and as low as RM10 for surgeries, are disproportionately low relative to actual operational costs. A modest, rational increase would be broadly accepted, provided it stays within the threshold concluded by the aforementioned study.

Increasing the outpatient charge to even RM3 would yield a 200% increase in outpatient revenue. While far from fully offsetting total operational costs, it would offer immediate, meaningful fiscal relief to the government.

For inpatient care, many people turn to public healthcare facilities because they cannot afford private health insurance plans. As an alternative, the government could introduce a specialised public-hospital-only insurance or takaful scheme. Under such a scheme, insurers would reimburse the government for the actual cost of treatment, thereby shifting the financial burden away from the public coffers.

Since charges at public hospitals do not include profit mark-ups, insurance premiums could be kept extremely affordable. If private insurers are hesitant to participate, the government could task SOCSO with managing the initiative by leveraging its existing framework and contributor base.

Another possible strategy involves establishing a dedicated public healthcare waqf (endowment) fund, leveraging the well-documented generosity of the Malaysian public. Provided that its financial management is fully transparent, such a fund could directly finance essential equipment, such as hospital beds, X-ray machines, and CT scanners, or even the construction of new hospitals.

These financial measures, once successfully implemented, could save the government billions of ringgit. These savings could then be channelled directly into recruitment and staff retention. After all, state-of-the-art facilities are of little use without adequate personnel, as demonstrated by recent staffing crises, such as the one at Pasir Gudang Hospital.

We must acknowledge that many healthcare workers choose to leave the public service due to uncompetitive pay structures and precarious contract positions. This staff attrition then triggers a vicious cycle: departures increase the workload of the remaining personnel, leading to burnout, emotional strain, and further resignations.

To break this cycle, healthcare staffing should be overseen by a dedicated commission composed of public health professionals and empowered by ground-level data. By addressing wage structures, working hours, specialist career pathways, and leave allocations, the commission could reduce worker-to-patient ratios and significantly shorten waiting times.

Only when these two foundational pillars: infrastructure and human capital, are secured will digitalisation yield its full potential, maximising taxpayer investment, clinical efficacy, and patient satisfaction.