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BRIEF

MALAYSIA HEALTHCARE SUMMIT 2026

Aligning Private Sector Growth with National Health Priorities

10th September 2026, Berjaya Times Square Hotel, Kuala Lumpur



The Malaysia Healthcare Summit (MHS) 2026 focused on aligning private-sector growth with Malaysia's national healthcare priorities by addressing rising healthcare costs, an ageing population and the need for more accessible and sustainable care. The discussions highlighted the role of AI, digital health and data interoperability in improving healthcare delivery while maintaining patient privacy and professional oversight. Speakers also emphasised value-based healthcare, stronger public-private partnerships, sustainable healthcare financing and the development of a skilled workforce. Greater attention was given to preventive care, mental health, community-based services and long-term support for older Malaysians. Overall, the summit called for a more integrated, preventive, inclusive and patient-centred healthcare system supported by innovation, collaboration and long-term planning.

Welcome Speech

Tan Sri Micheal Yeoh, President KSI Strategic Institute for Asia Pacific

Trust, Innovation and Strengthening Healthcare Systems: Tan Sri Michael Yeoh emphasised the importance of building trust in healthcare delivery and strengthening cooperation between healthcare professionals, technology providers and the private sector. He highlighted the growing need for doctors, nurses, specialists and medical researchers, alongside the role of digital health and artificial intelligence (AI) in improving early detection and healthcare services. The remarks also addressed rising medical costs, healthcare financing and the need for affordable access to care. In addition, he highlighted mental health, traditional and complementary medicine, and Malaysia's ambition to become a regional healthcare hub. He further supported the establishment of a National Health Commission to strengthen coordination among public, private and community stakeholders, while encouraging innovation, prevention and healthy ageing to improve the country's healthcare system.

Special Address:

"Reimagining Health Systems: Access, Equity and Resilience in a Time of Change"

Dr Rabi Abeyasinghe, WHO Representative and Head of the WHO Country Office to Malaysia, Brunei Darussalam and Singapore (**Represented by Dr. Deepa Gamage**, Public Health Specialist - Team Lead for Division of Health Promotion, Disease Prevention and Control (DPC), WHO Representative Office for Malaysia, Brunei Darussalam and Singapore)

Reimagining Health Systems for a Changing Healthcare Landscape: The Special Address emphasised the need to rethink how healthcare is planned, financed and delivered in response to population ageing, chronic diseases, rising healthcare costs, workforce pressures, rapid digitalisation and lessons from recent health emergencies. Rather than focusing solely on expanding healthcare capacity, health systems must become more accessible, affordable, equitable and resilient. Reforms should also respond to changing public expectations while ensuring that healthcare remains high-quality, sustainable and capable of meeting both current and future health needs.

Strengthening Access, Equity and Healthcare Affordability: Access and equity were highlighted as essential principles that should guide healthcare reforms, investments and innovations. Healthcare development should reduce barriers to essential services, particularly for communities that face difficulties in obtaining timely and appropriate care. Equity should therefore be incorporated into financing arrangements, workforce policies, digital platforms and service delivery models from the beginning. The address also stressed the importance of addressing medical inflation through sustainable financing, prevention, early detection, strong primary healthcare and more efficient use of healthcare resources.

Building a Skilled and Future-Ready Healthcare Workforce: Healthcare workers remain the foundation of a resilient health system despite advancements in infrastructure and technology. Workforce planning must prepare for increasing demand in areas such as chronic disease management, rehabilitation, geriatric care, mental health, public health and coordinated healthcare services.Greater investment is therefore needed in staff retention,

health and coordinated healthcare services. Greater investment is therefore needed in staff retention, wellbeing, professional development and multidisciplinary teamwork. Technology should support healthcare professionals by improving decision-making and allowing more meaningful interaction with patients, rather than creating additional complexity or increasing inequalities between healthcare settings.

Digital Transformation and Integrated Care for an Ageing Population: Digital health and artificial intelligence were identified as important tools for improving healthcare quality, efficiency and continuity of care. Better interoperability and information sharing can reduce duplication and delays while supporting safer clinical decisions and stronger coordination. At the same time, Malaysia's ageing population and growing burden of chronic diseases require a shift from hospital-centred treatment towards integrated and continuous care. Primary care, specialist services, rehabilitation, mental health, long-term care, home-based care and community services should work together to support healthier ageing, dignity and independence.

Strengthening Resilience through Preparedness and Partnerships: The address emphasised that a resilient health system must be capable of anticipating risks, responding to emergencies and continuing essential services during periods of disruption. This requires stronger public health capacity, surveillance, preparedness and partnerships to address emerging diseases, climate-related health threats and supply disruptions. Malaysia's development as a regional healthcare destination should also progress alongside domestic accessibility, public trust and long-term sustainability. Cooperation among government, private healthcare providers, professionals and communities is therefore essential to achieve stronger and more inclusive health outcomes

Keynote Address:

"Transforming Healthcare, Strengthening Economies: Navigating AI and an Aging Nation"

YB Dato' Sri Mohd Shahar Bin Abdullah, Deputy Minister of Economy, Malaysia

Healthcare as Economic Infrastructure: The keynote address highlighted the importance of recognising healthcare as a form of economic infrastructure rather than merely a government budget item. A strong and efficient healthcare system contributes to a healthier and more productive population, creates high-skilled employment, supports innovation and attracts investment. Under the Thirteenth Malaysia Plan (13MP), healthcare reform and preparations for an ageing nation are important components of Malaysia's wider development agenda, as the strength of the healthcare system will influence the country's wellbeing, resilience and economic capacity in the future.

Addressing Malaysia's Ageing Population: The keynote address discussed Malaysia's demographic transition and the economic challenges associated with an ageing population. Malaysia became an ageing society in 2021, and is expected to become an aged society by 2048. The address emphasised that the focus should not only be on extending life expectancy, but also on ensuring healthier, financially secure and independent lives for older persons. It highlighted the need for stronger healthcare financing, workforce capabilities, preventive care

and long-term care systems to support the country's ageing population while enabling older Malaysians to remain economically and socially engaged.

Artificial Intelligence and Healthcare Innovation: Artificial intelligence (AI) was presented as a strategic enabler for improving healthcare delivery and responding to the needs of an ageing nation. The keynote outlined its applications in AI-assisted screening, diagnostic support, disease forecasting and targeted population-health interventions. It also highlighted Malaysia's digital transformation efforts, including the expansion of the Total Hospital Information System and the development of the National Health Interoperability Platform. Through collaboration between local industries and researchers, AI and healthcare technology can support the development of medical devices, assistive equipment and innovative solutions that strengthen Malaysia's healthcare system and regional economic position.

Strengthening Public-Private Partnerships for Sustainable Healthcare: The keynote address emphasised the importance of cooperation between the government, private healthcare providers, insurers, investors, technology companies and employers in achieving sustainable healthcare development. Four key priorities were highlighted: healthcare financing reform, secure and interoperable health data, integrated care services and support for healthy longevity through workforce and social participation. The address called for private sector initiatives to create sustainable economic value while strengthening healthcare access and outcomes for the rakyat. Through a whole-of-nation approach under the Ekonomi MADANI framework and 13MP, Malaysia can build a healthcare system that promotes inclusive growth, resilience and better quality of life.

Session One: Managing Cost, Value and Trust: The New Business Reality For Private Healthcare

Speaker: Datuk Dr AT Kumararajah, Vice President, National Chamber of Commerce and Industry of Malaysia (NCCIM); **Mr. Hazwan Najib**, Chief Executive Officer, ProtectHealth Corporation Sdn. Bhd.; **Mr. Azrul Mohd Khalib**, Founder & Chief Executive Officer, Galen Centre for Health and Social Policy; **Dr. Ginsky Chan**, Value Based Healthcare Country Lead (VBHC), IHH Healthcare Malaysia
Moderator: Dato' Dr Fadhlullah Suhaimi Abdul Malek, Director, MRIC Healthcare Executive Director, YTL Communications Former Executive Chairman, Malaysian Communications and Multimedia Commission (MCMC)

Rising Healthcare Costs and Changing Patient Needs: The panel discussed the increasing cost of healthcare in Malaysia, which is influenced by longer life expectancy, the growing prevalence of chronic diseases and the wider use of advanced medical technologies. Although Malaysians are living longer and benefiting from improved healthcare services, they are also experiencing more age-related illnesses and non-communicable diseases, placing additional pressure on both public and private healthcare systems. The speakers highlighted that healthcare is not truly free, as public services are heavily subsidised by taxpayers, while private healthcare costs continue to rise due to staffing, medical equipment, operational expenses and treatment requirements. The rising cost of insurance premiums and higher deductibles has also created additional financial difficulties for patients and employers.The panel therefore

stressed the importance of developing a healthcare system that can manage increasing demand while ensuring that patients continue to receive affordable, accessible and quality medical treatment.

Patient Value, Treatment Outcomes and Cost Effectiveness: The panel emphasised that healthcare costs should be assessed based on the value and outcomes received by patients rather than focusing only on the price of individual services. Patients should be able to receive effective treatment, recover within a reasonable period and avoid unnecessary medical procedures or additional expenses. The speakers highlighted the importance of ensuring that patients receive comparable treatment outcomes regardless of the hospital or clinic they attend, particularly when similar services are charged at different prices. The discussion also stressed the need to align the interests of healthcare providers, insurers and patients so that treatment decisions are guided by patient recovery and quality of care. This would help reduce unnecessary testing, overprescribing and excessive medical charges. Overall, value-based healthcare was presented as an important approach to improving cost effectiveness, strengthening patient confidence and ensuring that healthcare resources are used responsibly.

Private Partnerships and Healthcare Financing: The speakers recognised that Malaysia's public and private healthcare sectors are closely interconnected and must work together to address rising demand, limited resources and congestion in public hospitals. Public hospitals continue to provide heavily subsidised services, while private hospitals contribute additional capacity, specialist expertise, advanced technology and treatment facilities. However, the discussion raised concerns regarding increasing insurance premiums, high deductibles, limited employer medical benefits and the growing financial burden placed on patients. Employers are also facing difficulties in maintaining comprehensive healthcare coverage for their workers while managing the rising cost of doing business. The panel therefore supported stronger cooperation between the government, private healthcare providers, insurers and employers. This includes outsourcing selected procedures to private hospitals, improving access to specialist services and reducing waiting times. Such partnerships were viewed as necessary to ensure that healthcare delivery remains efficient, affordable and sustainable.

Healthcare Reform, Insurance Models and Strategic Purchasing: The panel called for broader healthcare reforms to make Malaysia's financing system more sustainable, equitable and responsive to the changing needs of patients. Suggested approaches included developing a national health insurance framework, strengthening strategic purchasing, introducing more suitable payment mechanisms and exploring co-payment arrangements based on income and ability to pay. The speakers also highlighted the importance of standardising insurance products, improving transparency in medical charges and considering payment models such as Diagnosis-Related Groups and pay-for-performance systems. These approaches could help control medical inflation while encouraging healthcare providers to focus on quality outcomes and responsible spending. At the same time, the panel acknowledged that successful reform would require political commitment, public education and careful implementation to prevent disruption to patients and providers. A coordinated national approach was therefore considered essential to maintaining healthcare quality, accessibility and continued investment in technology.

Session Two: Digital Health, AI and Interoperability: From Technology Adoption To Strategic Advantage

Speakers: Professor Dr. Patrick Then, Chief Executive Officer, Sarawak Artificial Intelligence Centre; **Prof. M Nazri Muhd,** Chief AI Architect & Advisor AI & Design-Thinking (AIDT) Lab, KSI Strategic Institute for Asia Pacific; **Dr. Mohammad Reza Beikzadeh,** Chief Scientific Director & Co-Founder, Board of AI Hub

Moderator: Professor Dr. Wong Chee Piau, Professor of Paediatrics, Consultant Paediatrician and Child Neurologist, Ara Damansara Medical Centre, Professor, Universiti Tunku Abdul Rahman (UTAR), President, Digital Health Malaysia

Artificial Intelligence and the Future of Personalised Healthcare: The panel discussed the growing role of artificial intelligence (AI) in transforming healthcare delivery and supporting more personalised treatment. The speakers explained that AI can assist healthcare professionals by analysing large amounts of medical data, identifying potential health risks and supporting earlier detection of diseases such as cancer, cardiovascular conditions and diabetes. The discussion also highlighted the importance of wearable devices, the Internet of Things and continuous monitoring technologies in collecting information about an individual's health condition. These developments could allow healthcare providers to move beyond traditional diagnosis towards predictive, preventive and more personalised care. AI was also viewed as a useful tool for patients, parents and practitioners by helping them monitor health conditions, understand medical information and identify suitable treatment options. However, the panel stressed that AI should support, rather than replace, professional medical judgement.

Data Quality, Accuracy and Trustworthy AI Systems: The speakers emphasised that the effectiveness of AI depends heavily on the quality, accuracy and reliability of the data used to develop and operate its systems. Incorrect, incomplete or poorly organised information may produce inaccurate predictions and unsatisfactory results, particularly in the healthcare sector where decisions can directly affect patients' lives. The panel highlighted the need to collect relevant data, ensure proper data cleaning and establish clear standards for storing, managing and connecting information. Concerns were also raised regarding AI hallucinations, where systems may generate information that appears convincing but is not supported by facts. To address this issue, the speakers suggested using controlled and specialised AI models that rely on verified medical knowledge and clearly defined boundaries. Such systems should be transparent, traceable and regularly evaluated so that users can understand how information is produced and determine whether the results can be trusted.

Interoperability, Data Sharing and Patient Privacy: The panel identified interoperability as one of the major challenges in applying AI across Malaysia's healthcare system. Different public hospitals, private hospitals, clinics and healthcare organisations often use separate digital platforms and legacy systems, making it difficult to consolidate information into one complete patient record. The speakers explained that effective data exchange requires common standards, compatible systems and proper coordination between healthcare institutions. At the same time, patient privacy and data protection must remain important considerations because medical information is highly sensitive. The discussion therefore

proposed approaches such as obtaining patient consent, anonymising personal information and limiting access to data according to clearly defined purposes. By protecting patients' identities while allowing relevant medical information to be shared, healthcare providers may improve continuity of care, reduce repeated procedures and support more accurate treatment decisions. Public confidence and trust were considered essential to encouraging wider participation in such systems.

AI Adoption, Human Oversight and Organisational Transformation: The speakers stressed that AI should not be treated as a temporary project or a single technological tool, but as a continuous movement requiring long-term commitment and organisational change. Healthcare organisations must regularly evaluate, improve and update their AI systems because technology, data and patient needs continue to develop. The panel also encouraged professionals to become creators and active contributors rather than remaining passive users of AI. This involves incorporating professional knowledge, industry standards and practical experience into AI platforms while ensuring that the systems remain aligned with national regulations and organisational policies. Human oversight was highlighted as necessary, particularly when AI is used to support medical, legal or other high-impact decisions. The final decision should remain with qualified professionals who can assess the context and consequences of AI-generated recommendations. Overall, the panel viewed AI as a new workplace culture that requires investment, strategic planning, training and responsible implementation.

Session Three: Beyond The Hospital: New Growth Opportunities in Geriatric, Wellness, Preventive and Chronic Care

Speakers: Dr. Noraryana binti Hassan, Director, Disease Control Division, Ministry of Health Malaysia, **Kol. Bersekutu (PA) Prof. Dr Murallitharan Munisamy,** Managing Director, National Cancer Society of Malaysia (NCSM); **Pn. Anita Abu Bakar**, Founder & President, The Mental Health Inclusion, Awareness, Support and Advocacy Association Malaysia (MIASA); **Dr. Parathythasan Rajaandra,** Head of Operations, Maaedicare Charitable Foundation

Moderator: Professor Dato' Dr Syed Mohamed Aljunid, Professor of Health Economics, Policy and Management - Department of Public Health and Community Medicine, School of Medicine, IMU University.

Preventive Healthcare and Community-Based Wellness: The panel highlighted the importance of shifting healthcare beyond hospitals by strengthening preventive care, health awareness and early detection within the community. The speakers discussed the increasing burden of chronic diseases such as diabetes, cancer and other non-communicable illnesses, which continue to place pressure on healthcare resources and public spending. Existing community-based programmes were recognised as valuable platforms for encouraging individuals to conduct regular health screenings, practise healthier lifestyles and take greater responsibility for their own wellbeing. However, the panel stressed that these initiatives should be expanded through stronger cooperation between government agencies, private healthcare providers, non-governmental organisations and community groups. By bringing preventive services closer to the public, healthcare providers may identify health risks earlier, reduce avoidable hospital admissions and improve the overall quality of life of Malaysians.

Ageing Population and Long-Term Care Support: The discussion identified Malaysia's ageing population as a major healthcare challenge that requires immediate preparation and long-term planning. Although people are living longer due to improvements in medical treatment and healthcare services, many elderly individuals may experience chronic illnesses, reduced mobility, loneliness and a loss of purpose after retirement. The speakers explained that elderly care should not be limited to hospitals or expensive private facilities, as many older persons require support with daily activities, social connection, mental wellbeing and community participation. The panel therefore proposed the development of a broader care ecosystem involving affordable service providers, community organisations, volunteers, healthcare professionals and social enterprises. Such a system would allow elderly individuals to receive appropriate assistance according to their needs and financial circumstances while remaining in familiar surroundings. This approach was considered important in promoting healthy ageing, independence, dignity and a better quality of life.

Mental Health, Social Connection and Community Support: The panel emphasised that mental healthcare must form an important part of healthcare delivery beyond hospitals, particularly as individuals experience ageing, retirement, bereavement, loneliness and social isolation. The speakers explained that older persons may not necessarily suffer from serious cognitive decline, but can still experience emotional distress due to the loss of identity, relationships, purpose and meaningful activities. Community-based mental health organisations were recognised for providing support groups, social activities, volunteer opportunities and spaces where individuals can rebuild their confidence and maintain social connections. The discussion also highlighted the important role of general practitioners, as many Malaysians seek help from private clinics when experiencing mental health difficulties. However, healthcare professionals may lack the language, confidence or training needed to identify and discuss psychological concerns effectively. The panel therefore called for stronger mental health education, improved GP training and closer cooperation between clinics and community organisations.

Public-Private Partnerships and Sustainable Healthcare Financing: The speakers stressed that sustainable healthcare delivery requires stronger collaboration between the public sector, private healthcare providers, insurers, employers, NGOs and social enterprises. Private healthcare organisations may be encouraged to participate in preventive screening, early cancer detection, elderly care and community-based services if suitable financial incentives and sustainable payment models are introduced. The panel noted that private providers are often motivated either by the opportunity to generate income or by the possibility of reducing future healthcare costs through early intervention. Examples of affordable screening and micro-insurance initiatives were discussed as possible models for improving access to diagnostic services while ensuring that general practitioners and other providers are appropriately compensated. The speakers also proposed national health insurance, shared financing arrangements and strategic partnerships to reduce the financial burden on individuals and employers. These measures were viewed as necessary to ensure that healthcare services remain accessible, affordable and sustainable for the wider population.

Integrated Care, Digital Innovation and Coordinated Action: The panel concluded that healthcare reform should focus on creating an integrated system in which patients can access different services through coordinated and community-based care. The speakers suggested using digital platforms, telehealth, home-based services and care coordinators to connect patients with general practitioners, specialists, nutritionists, mental health professionals, NGOs and other relevant providers. A care coordinator could help individuals navigate the healthcare system, arrange appointments, share relevant information and ensure that support is provided according to each patient's needs. The importance of pilot programmes was also highlighted, with the possibility of testing integrated services among selected groups of elderly patients before expanding successful models nationwide. The panel further stressed that public education, professional training, reliable funding and stronger communication between organisations are essential for successful implementation. Overall, the discussion called for a collective and long-term approach to move healthcare from a hospital-centred model towards a more preventive, inclusive and patient-centred system.

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