

**TEKS UCAPAN YAB PERDANA MENTERI: CRM TRIAL CONNECT  
CONFERENCE 2025**

By : DATO' SERI ANWAR IBRAHIM  
Venue : NEXUS @ CONNEXION CONFERENCE & EVENT CENTRE  
BANGSAR SOUTH 1  
Date : 08/05/2025

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**KEYNOTE ADDRESS**

**YAB DATO' SERI ANWAR IBRAHIM**

**PRIME MINISTER OF MALAYSIA**

**OFFICIATION OF**

**CRM TRIAL CONNECT CONFERENCE 2025**

**8TH MAY 2025 | THURSDAY | 10:00 A.M**

**NEXUS @ CONNEXION CONFERENCE & EVENT CENTRE  
BANGSAR SOUTH 1**

Assalamualaikum warahmatullahi wabarakatuh dan salam sejahtera,

**Saudara YB Datuk Seri Dr. Dzulkefly bin Ahmad,**

Menteri Kesihatan;

**YB Datuk Amar Professor Dr. Sim Kui Hian,**

Timbalan Premier Sarawak merangkap Menteri Kesihatan Awam,  
Perumahan dan Kerajaan Tempatan Sarawak;

**YBhg. Dato' Sri Suriani binti Dato' Ahmad,**

Ketua Setiausaha;

**YBrs. Dr. Akhmal bin Yusof,**

Ketua Pegawai Eksekutif, Clinical Research Malaysia (CRM); dan

Tetamu yang saya muliakan.

1. Hari ini tentunya satu perkembangan yang memberangsangkan bagi kita di Malaysia dan juga rantau ini, kerana kita akan menyaksikan perbentangan dan juga laporan tentang kejayaan clinical research yang tentunya merupakan di antara keutamaan kita.
2. Apa dia masalah bidang kesihatan? saya tidak mempunyai kepakaran, ini bukan ucaptama, it is not the keynote address. Tapi ialah untuk melontarkan beberapa idea untuk kita fikir dan renung bersama. Hubungan saya dengan kesihatan ini kerana saya dibesarkan di kuarters hospital Bukit Mertajam dengan ayah bertugas sebagai medical assistant di hospital dan isteri sebagai doktor, itu sahaja kepakarannya.
3. Tetapi tentunya saya dapat menyaksikan profesional dari jururawat, technician, doktor dan kepakaran yang bertugas dengan passion, dengan keprihatinan yang kuat dan bekerja dengan komitmen yang luar biasa. Kerana latihan itu adalah latihan bekerja, bertugas mendampingi rakyat dan terutama rakyat yang dalam kesakitan dan derita. Jadi, itu yang saya lihat amat mengesankan, tentunya tidak mewakili semua, tapi hampir ramai sekali golongan dalam profesion perubatan yang dianggap punyai sikap yang sedemikian.
4. Jadi bila bicara soal ihsan, soal rahmah, soal mendekati masalah rakyat, mengurangkan kos, memastikan rakyat mendapat kemudahan terbaik, itu tentunya sesuatu yang mudah kita bicarakan dengan keluarga masyarakat perubatan. Jadi, saya kata cabaran kita di antara lain ialah memastikan kos perubatan itu tidak melambung kerana industri perubatan ini juga boleh membebankan sepertimana

saudara lihat dan baca dan nilai dari syarikat-syarikat besar, keuntungan itu terlalu tinggi tanpa mengingat bahawa ia membebankan pengguna. Bukan sahaja Kerajaan tetapi pesakit.

5. Sebab itu CRM punyai tugas besar. Pertama untuk pastikan CRM bertugas dalam bidang penyelidikan, clinical trial dan ada sinergi dengan semua institusi pendidikan. Dalam mesyuarat Akademi Sains Negara dan Majlis Sains Negara, saya telah memberi arahan yang sangat jelas. Tidak ada satu institusi yang bekerja secara berasingan daripada sinergi dengan semua institut pendidikan. Bermakna, keberkesanan CRM itu mestilah sepertimana yang dilakukan, terima kasih Akhmal, dengan kerjasama semua institusi penyelidikan dalam negara dan universiti-universiti tempatan. Setiap Fakulti Perubatan mesti dirangkul bersama supaya semua kegiatan itu dapat dijalankan secara bersama.
6. Dengan cara ini kita akan pastikan hasilnya itu jauh lebih berkesan. Kita ada lihat hasilnya sekarang, tetapi kita mahu dalam strategi kerjasama ASEAN supaya kerjasama itu lebih dekat dan mantap. Bermakna pusat-pusat pendidikan utama dari Phnom Penh ke Vientiane, ke Singapore, ke Jakarta, ke Bangkok dan Manila dan sekitarnya itu dapat bekerjasama untuk sama-sama berusaha menjayakan siasatan dan penyelidikan ini mengurangkan kos mendapat penemuan-penemuan baru dan jenis perubatan baru yang boleh diperkenalkan sesuai dengan iklim kita.
7. Saudara tahu dalam tahun 70-an atau 60-an, umpamanya yang mana ketika itu Institut Medical Research. Bila mendapat pendampingan

dengan pendedahan pakar-pakar antarabangsa di barat itu keutamaan mereka itu penyakit yang biasa dengan mereka. Jadi apa yang disebutkan Industri Sponsored Clinical Research itu terbatas kepada keperluan di barat. Dan saya masih ingat almarhum Profesor Doktor Ungku Umar masa itu mengatakan kita harus lihat masalah kita dahulu. Apa masalah kita dahulu? cacing kerawit, malaria, batuk kering. Jadi dia pun alihkan pemusatan IMR itu kepada pesakit-pesakit sekitar rantau ini, sementara bicara soal lain yang penting di dunia, tetapi tumpukan tentang masalah yang dihadapi oleh majoriti rakyat di negara kita.

8. Jadi bila orang baca masalah IMR masa itu, cacing kerawit, malaria, dan batuk kering. Itu saya fikir adalah kebijakan dia, kebijaksanaan dia menangani masalah yang relevan pada masa itu. Tentunya saudara harus berfikir juga hal-hal ini bersama dengan permasalahan lain. Dan saya ke Kementerian Kesihatan beberapa ketika lalu untuk menekankan keperluan reformasi, anjakan dalam pemusatan kita, pertama penyelidikan. Keduanya, keutamaan perubatan ubat-ubat. Dan ketiganya memastikan jenis ubat generik yang dikemukakan dan tidak bergantung dengan syarikat-syarikat utama dunia yang mengenakan kos yang keterlaluan tingginya. Dan saya ucap terima kasih kerana Kementerian cepat mengambil langkah untuk mengurangkan masalah ini.
9. Now, ladies and gentlemen, of course, this is a, to me an exciting venture. It is critical for this nation. We have to ensure that the public, society at large, benefit from the best facilities. I can be called that some of us if we are ill, will be given the best treatment in the best centers. That many of us, those in the remote areas are in

Kelantan, remote Sarawak or Pahang will not have that such opportunity.

10. The challenge for us which this passion, is to ensure that the vast majority benefit from the facilities. So, to me, CRM role is not just a Centre for Research, in isolation is a part and parcel the whole MADANI framework. A Research, they must collaborate with all Research centres in the country and within ASEAN. And a capable competitive research ecosystem.
11. Now, of course the challenges, of course to new findings reduced substantially the cost. Because as you know, we look at the micro economic policies. I always alert D YB Datuk Seri Haji Dr. Dzulkefly bin Ahmad, please alert your staff, not only to know about diseases, but also to understand economic disease. Micro economic policies, every ministry, every department every research center would want, of course, in rightfully so more allocation, so is the nation.
12. But we have to look at the schools, rural infrastructure, clinics and hospitals. And these challenges must be met fairly, equally after understanding the limitations. We can disburse more funds, but we have to tax more. Once we tax more, it becomes a burden not only the general public but also the doctors, and the doctors are very sensitive group of professionals. I think from the experience of Azizah, I would know that.

13. So, that's why the understanding of the macroeconomic policies, limitations must be there. Every single province, every single town, every single village, would demand what they consider as fair. But no country, particularly in this state, is able to disburse. So, the research, the policymakers in the ministry, has to be fully able to grasp what we can, what we can't within the limited resources to implement or effect change in the most efficient, economically efficient manner.
14. Now, since 2012, clinical research in Malaysia has contributed over 1.5 billion Ringgit to our Gross National Income. And this is, of course impressive and more than 3000 highly skilled jobs. That's what Dr. Akhmal gave in this report. I'm not sure you can verify from him later.
15. So, every trial conducted here has generated ripple effects, undeniably so, from hospitals to development centers to data hubs and logistic networks. And now, of course, with digitalization, AI, we need to enhance clinical research. And the collaboration within ASEAN is to me, extremely remarkable. We are facing somewhat uncertainty with the latest President Trump's pronouncements on tariffs.
16. So, we have a choice just to wait or do whatever is necessary within our means. Which means, therefore to collaborate research to ensure that we affect this change and implement this reform as fast as possible. I gave an example yesterday or day before when meeting the ECRL personnels, there was a decision to clamp basically by imposing high tariffs to solar panels from Malaysia. Then we checked if the

solar panels are made in Malaysia but through Chinese investors. So, what do we do? Do we wait? Okey, we negotiate. We send teams, MITI Minister led by ministry minister to negotiate. But meanwhile, there are things that we can do, for example, all new hospitals, which is being implemented by the Ministry of Health. All new schools, government buildings and encourage private sector use solar panels made in Malaysia. And don't just wait until we face or encounter this problem.

17. Similarly, in the context of medical policies and programs, we need to do likewise. How do we then ensure that there is no waste? How do you ensure that we have the best medicine, cheapest possible that can reach every single citizen in this country? We allocate more funds? Yes. As you know, since I presented the Budget MADANI, I've given priority to two sectors, education and health. Isn't sufficient? It is not. But the increase is to me meaningful and formidable because within our limited resources we have given these priorities, then is up to the Ministry of Health and the fraternity to be able to wisely plan and ensure that money is well spent.
18. Times we have to table this huge problem about inheriting the old structures and systems to give the same contracts, not competitive, the same cartels and I've been fighting hard to allow for very competitive through our own ingenuity to try reduce this cost. So, we are working with other countries with be more, reality more successful in terms of research and drugs, not only United States or Europe, Japan or China, but also new markets, India, Brazil, Turkiye, for example, where we can collaborate.

19. We are fortunate in Malaysia because we have now taken some measures to first strengthen Intra-ASEAN collaboration and understanding, which to my mind's unprecedented, not only is a one of the most peaceful regions in the world, economically most vibrant, but you have this fraternity comradeship among leaders which can ultimately decide on some very critical benches, including the most sensitive issues. So, please utilize these resources and continue with your trials, extending beyond Malaysia to ASEAN to Asia, but try reflect on this issue, how to emerge as a source of medical innovations.
20. Of course, as I've said I need to reiterate, it requires deeper collaboration and stronger regional networks to develop new solutions.
21. So, I wish you well Akhmal and the team and the Ministry and thank you for the support and thank you for being patient in listening, it is not keynote address, is an attempt to try and convince you the need to support any initiative for reform affect change at a speed that is unprecedented.
22. I always say this in the last two years, we are the Post-Normal Times. Post Normal Times means precisely what? Is chaotic. It is full of contradictions and it requires human ingenuity to sees the opportunity in this sort of relative distruction that is taking place due to the remarkable progress in technological innovation, including AI and digitalization, climate change, civil wars and the chaos which

requires us to undertake measures with more courage and tenacity and conviction.

Terima kasih.

Assalamualaikum warahmatullahi wabarakatuh.

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