

BASIC HEALTH ECONOMIC WORKSHOP

30 OCTOBER 2026
8AM-5PM

AUDITORIUM PERDANA,
HOSPITAL TUNKU AZIZAH
KUALA LUMPUR

Speaker: Prof. Mohd Rizal Bin Haji Abdul Manaf

He is a distinguished academic and researcher from Department of Public Health Medicine, Universiti Kebangsaan Malaysia (UKM) specialising in Public Health and Health Economics, with more than 70 academic publications in Health Management and Health Economics.

ORGANIZED BY:



**CLINICAL RESEARCH
CENTRE (CRC)**
HOSPITAL TUNKU
AZIZAH
KUALA LUMPUR

IN COLLABORATION WITH:



**MALAYSIAN
THORACIC
SOCIETY**



TENTATIVE PROGRAM

0830 - 0900	Registration and breakfast
0900 - 1000	Overview of Cost Accounting in Healthcare
1000 - 1030	Morning break
1030 - 1130	- Cost Analysis in Healthcare - Tutorial: Cost Analysis
1130- 1230	- Stepdown and Activity-Based Costing - Specific Disease Costing
1230 - 1430	Lunch/Friday Prayer
1430-1530	- Cost-Effectiveness Analysis & Cost-Utility Analysis - Tutorial: Cost-Effectiveness Analysis
1530 - 1630	- Measurement of Healthcare Outcomes - Decision Modeling in Healthcare - Practical on Reviewing Economic Evaluation Articles Using CHEERS guidelines
1630-1645	- Question & Answer - Tea Break
1645-1700	Closing ceremony

REGISTRATION FORM

Basic Health Economic Workshop

Registration	Fee	8% SST	Total Fee	Please choose/tick
MTS Member or MOH staff	RM 100.00	RM 8.00	RM 108.00	
Others	RM 150.00	RM 12.00	RM 162.00	

On-site registration WILL NOT be accepted. Places are limited. Registration will close once all places are taken.

All payments by cheques should be issued in favour of "**Malaysian Thoracic Society**"
Payments can be made via telegraphic transfer to the following account:

Account Name : Malaysian Thoracic Society
Account Number : 873-1-0420229-5
Name of Bank : Standard Chartered Bank Berhad
Address of Bank : Publika Branch Solaris Dutamas, Jalan Dutamas 1, 50480 Kuala Lumpur

(Please return the remittance advice note along with this form either by fax or email. Document image by email is also acceptable)

Each registration per participants

All Information is required

Name : _____ Dr / Ms / Mr
Phone Number : _____ Personal Email : _____
IC No. : _____ Designation: _____
Department/Klinik Kesihatan : _____
Hospital/Pusat Kesihatan Daerah : _____
MTS Member ? : Yes / No Dietary Preference : Non-Vegetarian / Vegetarian
Payment Amount : _____ Date of Payment : _____
Payment Reference Number : _____
Please include attachments as below :
1. Proof of Payment

Any enquiries please contact :

Clinical Research Centre (CRC),
Hospital Tunku Azizah
Email : researchwchkl@moh.gov.my
Tel : 03-2600-3000 (ext 2120)