

Governing the Establishment and Licensing of Private Healthcare Facilities in Sarawak: A Multi-Level Regulatory Pathway Analysis

Dr. Ammal Dzulfikar Bin Ismail

Cawangan Kawalan Amalan Perubatan Swasta (CKAPS), Sarawak State Health Department.

DOI: <https://doi.org/10.47772/IJRISS.2026.100800992>

Received: 06 September 2026; Accepted: 11 September 2026; Published: 22 September 2026

ABSTRACT

Private healthcare facilities should incorporate regulations aimed at protecting the public and ensuring the quality and growth of services. The regulations should be based on the nation's and the zones' land use. In Malaysia and Sarawak particularly, the construction of healthcare facilities is subject to a multi-jurisdictional regime consisting of health, planning, and local authorities. This study aims to assess the contemporary regulatory regimes for the establishment of private healthcare facilities in Sarawak.

The regulatory process has been analyzed within the qualitative framework by determining the existing standards held by health, state planning, and local councils' authorities when dealing with particular projects. The focus is on the approvals, the roles of institutions, and the mechanisms of the process from business registration to the granting of operating license.

The analytical framework of private healthcare facilities states that the regulatory process is constituted of four successive and interrelated stages. The first stage is the registration of a business and entity. The second stage is the approval of the pre-establishment planning. The third stage is approving the development and construction of the facility. The last stage is the approval of the facility's licensure. Amongst the four stages, the second stage, pre-establishment planning approval, has a double regulatory gate. This means that the facility undergoes a healthcare-related clearance and a land use planning approval process. There are predominant state-level planning approvals and inter-agency coordination, specifically within healthcare, environment, and infrastructure, which integrate and coordinate the approvals. A risk-benefit approach is employed to integrate various approvals, and the final licensure is granted after the facility has been constructed.

While the public and the regulatory system stand to benefit from the current state of regulatory frameworks, challenges remain for private healthcare service providers. Specifically, the challenges that pertain to the timing of approval for private medical service providers are more pronounced. Especially for expensive medical services such as dialysis centers, diagnostics, and medical services that are not provided on a continuous basis, the effect is more pronounced. The paper emphasizes that the integration of health regulation in the planning of health services and simultaneously adapting the health regulation to assessment criteria would improve health regulations. The paper provides some useful ideas to improve the health regulation of services in a fragmented regulatory system.

Keywords: private healthcare facilities; licensing; planning approval; regulatory governance; Sarawak

INTRODUCTION

Regulations for private healthcare facilities protect patients and shape the growth of health services that need to be responsible and of high quality. There are regulations dedicated for health care services but there are also other related factors like land use, controlling development, and managing the environment. In a system of decentralized management, how well health regulatory systems function depends on how well the health authorities collaborate with other non-health regulatory authorities.

The regulation of private health care is one part of a more complex governance of the health system within which responsibilities are spread across several institutions and various administrative levels. It has been investigated in health governance how formal regulations interact with relationships and responsibilities of system participants as well as how different actors are connected. Effective health regulation is not merely about the presence of laws. Coordination across multiple levels of governance is especially critical when the authority is distributed between national and regional/local levels. Fragmentation and weak coordination among different governance levels may lead to a breakdown in policy implementation.

Private healthcare is similarly affected by these governance issues. Research show that contemporary healthcare systems rely more and more on regulation to govern providers, yet such systems exhibit diverse challenges and institutional arrangements in the context of healthcare regulation (Masseria et al., 2012). In market-based healthcare systems, multiple actors may carry out multiple regulatory activities and build a dispersed regulatory system compared to healthcare ministries or regulatory agencies (Hutchinson et al., 2023).

In Malaysia, regulatory design further illustrates the importance of private healthcare regulations in market-based systems. According to Lee et al. (2018), private hospitals in Malaysia implement Act 586 (Private Healthcare Facilities and Services Act 1998) to address the challenges of governance, compliance, regulatory capacity, and quality of care in the private healthcare sector. The implementation of private healthcare regulations requires institutional capacity and a focus beyond statutory requirements. Current literature focuses on the nexus of health-sector regulations, planning, development, and environmental control of private healthcare facilities. This study reviews a different kind of public-private partnership related to healthcare regulation in Sarawak.

In Sarawak, private healthcare facilities are opened and operated under the authority of a multi-agency and multi-level approval system. Health approvals and licenses are issued by the Ministry of Health Malaysia, whereas the state and local planning authorities issue development and planning approvals.

Though there are formal regulatory provisions at both the national and state levels, the actual process of establishing a healthcare facility in Sarawak involves integrating healthcare regulatory approvals with planning approvals and building permits. This study aims to examine the regulatory process for approving and licensing private healthcare facilities in Sarawak.

This study examines the regulatory pathway for the setting up and licensing of private healthcare facilities in Sarawak. It looks at the key regulatory phases and the participating organizations and the approval dependencies and inter-agency coordination gaps and the consequences of those gaps on regulatory management. It uses three anonymous case studies to illustrate the pathway.

METHODS

Study Design and Scope

This study employed a qualitative analysis of the regulatory process in order to describe the private health care facility establishment and licensing process for Sarawak, Malaysia. This analysis focused on the regulatory pathway in the sequencing of regulatory demands, institutional responsibilities, and the approval dependencies and points of agency cooperation leading from the initial establishment request to the permission to operate.

In analyzing the regulations and processes pertinent to the year 2026, the author describes the regulatory pathway as it is in operation at the time of the study. The scope of this study was limited to the establishment and licensing pathway of private health care facilities in Sarawak and did not assess individual regulatory decisions, enforcement, the outcome of the process, time to complete the process, and the compliance of individual health care facilities.

Documentary Sources

The regulatory pathway for private healthcare facilities in Sarawak was constructed by analyzing the primary legal, regulatory and administrative requirements. The main source materials were the Private Healthcare Facilities and Services Act 1998 (Act 586) and its relevant subsidiary laws; the approval, establishment and licensing of private healthcare facilities as regulated by the Ministry of Health Malaysia; the Sarawak planning and development-control order requirements administered by the concerned state and local government authorities; as well as the requirements related to the use of land, building and development approvals, environmental management, infrastructure and utility services, and other related clearances.

Documents were incorporated only if they specified a regulatory requirement, the relevant authority, an approval or decision, a precedent or a procedure related to the establishment and licensing of private healthcare facilities in Sarawak. Hence, the review was purposive and concerned a process of the regulatory pathway. It was not intended to be a review of all healthcare related and development related acts and administrative documents of Sarawak.

Analytical Approach

We considered documents and procedures and applied regulatory process mapping. For each requirement, this analysis noted: the associated regulatory body; the regulatory step and approval; the place of the step in the establishment pathway; prerequisites and/or dependencies; and where interactions among the healthcare, planning, local government, environmental, and infrastructure-related, and other technical, services were required.

We then positioned these requirements in the establishment process based on their function and established four primary regulatory phases: (a) registration of business and entities; (b) pre-establishment and planning approval; (c) development and construction approval; and (d) application for an operational license. We focused on the regulatory checks that established the authority to progress to the next phase of the process, once an earlier approval was completed or finalized.

We then reviewed the regulatory-governance process map to identify the different levels of government involved in the process and where parallel approvals and multiple authorities were required. Our analysis was descriptive and interpretive; we did not collect data by surveys, did not sample participants, did not use statistical modeling, and did not assess regulatory performance in a quantitative format.

Illustrative Cases

To demonstrate how the mapped regulatory pathway functions, we describe three case studies. We include two different private haemodialysis centers and one case study of an ophthalmology ambulatory care center where non-compliances were found during the licensing inspection. We selected these cases because they demonstrate the diversity of issues found along the establishment pathway. The case studies illustrate inter-agency relationships, the timing of regulatory processes, the preparation of applicants, and the outcome of final licensing inspections. The case studies should not be viewed as a formal case series or a representative sample. Facility and applicant names were not included in the case studies, and all case studies were anonymous.

RESULTS

Staged Regulatory Structure

The analysis considers four linked stages in the process for the permission to establish a private healthcare facility in Sarawak: (1) business and entity formation, (2) planning and pre-approval, (3) approval for construction and development, and (4) request for operational permission. The process divides the legal and commercial formation and the control of the development and authorization of the provision of healthcare.

While the stages are distinct, the completion of one of the stages may form a basis for subsequent regulatory decisions.

The registration of a business or company, and taxation, should be differentiated. In accordance with the nature of the client, company or business registration may comprise the Companies Commission of Malaysia, and, in Sarawak, the Sarawak business or trade name license, and Sarawak trade license, as applicable. Tax registration in Malaysia is a separate administrative process and, in no way, should be considered the agency responsible for incorporation or business registration.

Dual Pre-Establishment Regulatory Control

This illustrates the relationship between regulatory requirements within the establishment pathway by mapping the regulatory process in Figure 1. The flowchart shows the relationships among the state and local planning requirements that occur prior to establishing a healthcare facility; healthcare regulatory approval; and, finally, the convergence of the requirements for development, construction, and operational licenses.

Figure 1. Flowchart of the Dual Approval Process for Establishing a Private Healthcare Facility in Sarawak

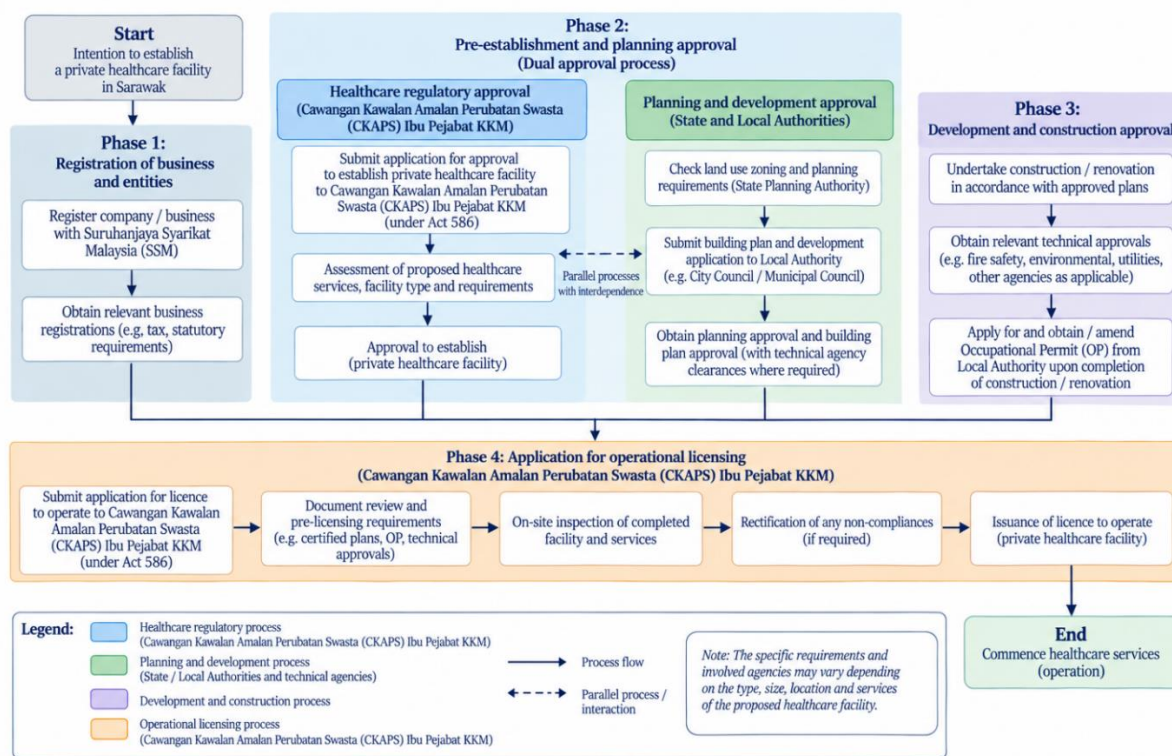


Figure 1. Flowchart of the dual approval process for establishing a private healthcare facility in Sarawak.

Note. The flowchart is an example of a main regulatory pathway identified in this study. Specific requirements and technical agencies may vary for varying types, sizes, locations, and services of healthcare facilities.

Centralized Planning and Inter-Agency Coordination

Approval for planning and development is managed by the State Planning Authority Sarawak, with the help of inter-agency review and coordination.

This approach centralizes coordination and integrates sectoral needs. Therefore, it creates a comprehensive view for making decisions. Due to consolidation, land use development, the construction of service of the community including utilities and the protection of the environment and safety of the community are

considered.

Integration of Environmental and Technical Approvals

Requirements and approvals for environmental impact assessments for utilities, building services, and infrastructure connections happen during the development approval process. If an environmental assessment is needed, it becomes a separate regulatory sub-process that takes longer for approval.

This precautionary regulatory approach is more applicable to licensed private healthcare facilities with radiological services, clinical waste, and a high infrastructure demand.

Operational Licensing as the Final Regulatory Gate

After development and construction approvals, the applicants will apply to the Ministry of Health to receive a license to operate. A license to operate is the last regulatory step before health care services can open.

Separating development approvals from authorizations to provide healthcare services emphasizes that construction approvals do not allow the provision of healthcare services.

Illustrative Cases

Case Example 1: Private Haemodialysis Centre—Retrospective Compliance with Building Requirements

An example of the intermingling of healthcare licensing requirements and local planning constraints is the creation of a private haemodialysis center. Prior to regularization, one applicant renovated a shophouse. For the renovation, an amended Occupational Permit (OP) from the relevant local authority was required. However, the applicant did not apply for the amended OP prior to the renovation.

During the healthcare licensing process, the unregularized OP became an issue, and the applicant was required to amend the building permits and obtain the amended OP from the local authority. Because the applicant submitted the OP application after the renovation, the amended OP took a considerable amount of time to obtain, and prior to the completion of this study, the amended OP was still pending. As a result, the haemodialysis centre could not open.

This study demonstrates the impact of one regulatory requirement affecting another. Though the requirement was outside the healthcare licensing system, delaying completion of the requirement impeded the applicant from completing the last step of the healthcare regulation. This study exemplifies the effect of not complying with planning and building requirements at the outset, and the result, after expense and considerable time, is regulatory delays.

Case Example 2: Private Haemodialysis Centre—Early Regulatory Engagement and Sequential Compliance

Something different happened with another private hemodialysis center creation. Before starting this process, the applicant visited the Sarawak State Health Department in order to understand what the health department requirements and approvals in the right order would be for creating the facility. The applicant was given a brief description of the health services regulation process, after which the applicant prepared everything in the required order.

Full documentation helped speed up the processing of the application for approval to create a hemodialysis center. After approval of health services regulation, the applicant started the local authority approval process, including approval of the proposed floor plan, before starting the renovation of the premises. After the completion of the renovation works, the applicant submitted an application for the amended Occupational Permit (OP) to the local authority. The amended OP was received in a timely manner, allowing the applicant to continue with the application for a license to operate.

The hemodialysis centre became operational after the completion of the licensing process. Among other activities observed during the study period, this facility came into operational status in a relatively shorter time frame after approvals were granted.

This case demonstrates that early regulatory involvement, completeness of documentation, and compliance with the required sequence of healthcare and local authority services, may reduce the time taken to traverse a lengthy and intertwined regulatory process, when compared with Case Example 1, the local authority approvals did not become a downstream barrier to health service licensing because the adequacy of the development control measures were maintained at the required stages of the creation process.

Case Example 3: Ophthalmology Ambulatory Care Centre—Non-compliance Identified at Licensing Inspection

An example of how one instance of compliance at a single facility level can impede operational readiness is exemplified with the development of an ambulatory care centre for ophthalmology. Progress was made on 'licensing' inspections for this facility, yet several of the 'final' licensing inspections found discrepancies which required resolution prior to a license being granted.

There were both administrative and physical discrepancies. The facility name on the approval sign was different than the name on the sign board. There were many privacy issues observed. Most of the rooms used glass panels which did not fully obstruct the glass. The treatment room did not have a curtain track to ensure privacy during treatment. A CCTV camera in the day care ward created a privacy concern.

There were also problems with the technology of the sterile processing. There was no interlocking system on the pass boxes that connected the minor operating room to the service lane, and the wash room, packing room, and the autoclave room and the sterile supply room. These issues had to be remedied before a license was granted.

Because of the site visit, the license was not issued immediately. The licensing inspection took place in December. The license was issued in March of the following year after the remaining items were addressed. In this case, completing the construction and advancing to the licensing stage did not guarantee the right to operate. Final licensing is a separate regulator gate that built, operational, patient privacy, any needed safeguards, and compliance verify the technical aspects of the constructed facility. Services can then begin to operate.

Cross-Case Analysis

The three cases show that delays in operational licensing may exist at different stages in the regulatory pathway for distinct reasons. Case 1 describes a barrier due to the need for a local authority operational license that was prematurely constructed. Case 2 describes a sequence that was more efficient due to regulatory engagement, documentation, and compliance. Case 3 describes a sequence that was premature due to an applicant reaching the final stage of licensing when healthcare-related issues were identified at an operational inspection. The cases provide that the regulatory system is more complicated than just the number of approvals, but the sequence of completion and the applicant's preparedness, resolution of requirements at each regulatory gate, and the timing of compliance.

DISCUSSION

The analysis indicates that private healthcare facilities in Sarawak represent an integrated regulatory system, as opposed to a discrete healthcare licensing system. Healthcare regulation involves planning, development control, building, and technical regulations. The complexity of relationships and coordination across different levels of the health system described in the literature on multi-level governance (Abimbola et al., 2014; Wilson, 2004) explains this. It also captures the idea that in policy analysis, one should locate the distribution of authority, compliance, and responsibility across different levels of governance (Schnake-Mahl & Jahn, 2022).

The three case studies provide some insights on how the system accommodates complexity in regulatory systems. The case studies neither confirm nor deny that a large number of regulatory approvals increase the length of time it takes to establish a system. Rather, they describe the importance of the interrelation and order of regulatory obligations on the pathway of establishing a system. The cases dealing with haemodialysis clinics are the most instructive. In Case 1, a local authority approval was completed after the renovation, creating an unmet prerequisite that later prevented the clinic from obtaining a healthcare license. Case 2 illustrated the opposite, in which early planning, complete documentation, and a systematic approach to each of the regulatory requirements resulted in comparatively short delays from approving a request to establish a clinic to the issuance of a healthcare license. Although we cannot be certain, these observations suggest that the multi-agency system should be navigated by applicants with clear plans and a thorough understanding of the regulatory order.

Case 3 demonstrates how the regulatory pathway can serve a different function. The Ophthalmology Ambulatory Care Centre had moved through many of the early setup and development stages. However, the final healthcare licensing inspection identified issues concerning administration, privacy, and the design of patient care system. Operation approval was withheld until administrative issues were corrected. This example illustrates that while a development permit is one of the last steps in the approval process, a final healthcare license is more substantively a regulatory safeguard of healthcare services.

This situation is another example in the context of Malaysia of the regulation of private healthcare. One challenge in the implementation of Act 586 described in the literature is the governance challenges of private hospitals. Wan Abdullah and Lee (2011) discuss the regulatory impact of Act 586 and the 2006 Regulations on the private hospital practice. This study moves the discourse to an earlier phase and looks at the establishment pathway that precedes the first operational phase of a healthcare facility. This study also looks at the relationship between how healthcare regulation may be dependent on the state and local control systems.

The findings show that regulatory approvals are not necessarily equivalent to excessive bureaucracy. Bureaucracy has its place in protecting the public interest, such as the development in law, the construction of needed infrastructure, patient safety, privacy, and operational readiness. Regulatory Assurance would not be maintained if improvements across the processes were not made. The public interest is best served by a more orderly and useful system with better coordination, even if some regulatory approvals were to be removed.

RECOMMENDATIONS

According to the results, the reform of regulation should focus more on the alignment of processes and predictability throughout the existing regulatory pathway, rather than reducing the number of regulatory requirements. Although healthcare, planning, local government, and technical authorities all serve the public interest through the administration of regulatory safeguards, the cases illustrate that applicants struggle to understand the order of regulatory requirements, where one approval becomes conditional upon another, or where non-compliance is only discovered once the process is too far advanced. For these reasons, three measures are proposed.

One-Stop Regulatory Portal

A one-stop regulatory portal would let prospective private health service providers in Sarawak apply for licenses all in one place. The portal would provide information about the requirements, the corresponding authorities, the required documents, the order of applications, and the status of approvals along the establishment pathway. Using the portal would let applicants know which approvals they would need for a given health service and determine the relationships between the health, planning, development, and technical services approvals.

This kind of system would be the most useful to the prospective health service providers at the pre-establishment stage. Case 1 illustrates what happens when health service providers go ahead and renovate

their health service before meeting a requirement of the applicable local authority. In Case 2, the health service provider waited for the local authority to approve the health service and iteratively complied with the regulations. A one-stop-shop regulatory system can fulfill the request of health service providers for a system that helps them determine the requirements for a health service and articulate the order of applications rather than just having a system that takes applications.

Statutory or Formally Prescribed Processing Timelines

Having consistent deadlines for key phases of the application process would increase the predictability of the process. If possible, provision of statutory deadlines would set an expectation for how long applications will take. If statutory deadlines cannot be provided, then published administrative service standards may provide comparable transparency.

The timeline that is created must differentiate the time that processes the application from time the applicant is responsible for providing the necessary information or correcting omissions. In case 3, the time between the inspection and licensing included the time of addressing deficiencies in the final licensing assessment. Regulatory time cannot be assessed based on the calendar time it took to receive the application, and time larger than what was needed for the applicant to provide the necessary information or correct the omission. A clear definition on when regulatory time begins and when it pauses, when it resumes and when it concludes would result in a better framework for the time for which the regulatory process is accountable.

Early Health Impact and Regulatory Assessment

A health impact assessment mechanism should be one of the first steps in the planning process for all applicants, prior to significant construction or renovations. During this step, the assessment will identify whether a project's proposed facility, site, services, and preliminary design adequately address health requirements. It will also identify whether the proposed work will need to address health considerations and be addressed in the subsequent project phases.

Prior to consultation with Cawangan Kawalan Amalan Perubatan Swasta (CKAPS), and relevant planning and technical authorities, this assessment can be used to understand the potential of significant barriers that may impact the project. It can also help avoid last-minute discoveries of major project incompatibilities during a construction completion licensing review.

The purpose of the three illustrated cases is to provide further insight into this assessment step. Case 1 reflects the project have the potential to reach the health licensing stage, whereas Case 3 reflects the need to retroactively address health and safety-related design concerns following project completion and construction. It is expected that this assessment step will help minimize costly avoidable redesigns, additional applications, and delays to the project.

These recommendations generally support a more prospective and integrated approach to regulation. In this context, a one-stop-shop for regulatory navigation and information integration would be of benefit. Improved procedural accountability and predictability would result from the introduction of defined timelines. As these reforms would be intended to enhance regulatory safeguards, improve coordination, and enhance the transparency and predictability of the regulatory pathway, they should not be seen as weakening the status quo.

LIMITATIONS

This study has several limitations. First, the focus of the analysis is on the regulatory pathway to establish and license private health facilities in Sarawak. The regulatory system in Sarawak contains state specific planning, development, and local authority systems; therefore, the results should not be extrapolated to represent the regulatory processes in other states of Malaysia or other jurisdictions with different administrative frameworks.

Second, the study adopted a qualitative regulatory process mapping approach and did not measure the performance of regulations. This means that the analysis did not determine the length of time to process a request, the cost of administration, the number of requests that were processed, the number of requests that were approved, or how the various individual regulations impacted the total time required to set up a health facility. Therefore, comments concerning the regulatory delays or regulatory systems that allow smooth and efficient transactions should be interpreted as examples of the regulatory system and pathway and not as estimates of the performance of the regulatory system.

Third, the three case studies illustrated the regulatory system and the compliance requirements but were not intended to form a statistically significant sample of private health facilities in Sarawak. Therefore, the varying results achieved by the two haemodialysis services and the ophthalmology ambulatory care service should be interpreted as examples of what might occur, and not definitive results that would apply to other facilities or applicants seeking to operate other services.

Fourth, the analysis is mainly limited to a provider perspective and institutional and procedural aspects of the regulation process. It does not analyze the views of private health care providers, local authorities, planning agencies, patients, or other stakeholders involved in the process. Progression through the process may also be affected by the applicant's regulatory knowledge and experience, level of organization, financial ability, performance of hired consultants, and the applicant's interaction with specific regulatory officials. However, these aspects were not studied in detail for this analysis.

Finally, regulatory requirements and administrative procedures will continue to evolve. The findings are limited to the study period regulatory frameworks and should be considered in this time period. Further research may focus on the studies done within this framework and conduct large scale, comparative studies on different types of private health care providers, establish quantitative studies on the time needed to obtain approvals, and conduct interviews with regulatory officials and health care providers to study the regulation framework in more depth.

CONCLUSION

The licensing of private health care facilities in Sarawak contains a complicated multi-agency, multi-level system of regulatory control that combines health care, town planning and technical regulations control. Although this process contains multiple safeguards, it also creates a dependency among the various approvals administered.

By the illustrative cases, it is clear that progression may be impeded by inter-agency dependency, by the sequencing of regulatory requirements, and by the level of preparedness and compliance of the applicant as found at the final licensing inspection. Regulatory intricacy does not necessarily prolong the process in all cases; rather, the process may be more intricate in coordinating the requirements and navigating the process.

Better governance structures may attempt to reduce complexity and improved regulatory sequencing at an early stage of planning along with integrated information and improved predictability, all of which are balanced by required safeguards. A single regulatory portal with clearly defined time frames for each process and/or service delivery standards, along with a health impact assessment and a regulatory impact assessment, may all be services provided to improve the health and health care system.

DECLARATIONS

Ethics approval and consent to participate

Not applicable. This study is based on analysis of regulatory processes and does not involve human participants, personal data or animals.

Consent for publication

Not applicable.

Availability of data and materials

This study based its analyses on regulatory and administrative requirements and on anonymized case examples. For this study, no individual-level data set was created.

Competing interests

The author declares no competing interests.

Funding

The author received no external funding for this study.

Author contributions

The author conceptualized the study, conducted the regulatory process analysis and prepared the manuscript.

REFERENCES (APA)

1. **Abimbola, S., Negin, J., Jan, S., & Martiniuk, A. L. C. (2014).** Towards people-centred health systems: A multi-level framework for analysing primary health care governance in low- and middle-income countries. *Health Policy and Planning*, 29(Suppl. 2), ii29–ii39. <https://doi.org/10.1093/heapol/czu069>
2. **Lee, K.-H., Raja Ariffin, R. N., & Wan Abdullah, N. R. (2018).** The implications of legislative controls on private hospitals in Malaysia. *Institutions and Economies*, 10(2), 62–94.
3. **Ministry of Health Malaysia. (1998).** Private Healthcare Facilities and Services Act 1998 (Act 586).
4. **Ministry of Health Malaysia. (2019).** Handbook on setting up of private hospital in Malaysia: Requirements and procedures under Act 586.
5. **Schnake-Mahl, A., & Jahn, J. L. (2022).** Considering multiple governance levels in epidemiologic analysis of public policies. *Social Science & Medicine*, 314, 115444. <https://doi.org/10.1016/j.socscimed.2022.115444>
6. **Wan Abdullah, N. R., & Lee, K.-H. (2011).** Impact of the Private Healthcare Facilities and Services Act 1998 (Act 586) & Regulations 2006 on the medical practice in corporate private hospitals in Malaysia. *OIDA International Journal of Sustainable Development*, 2(9), 89–106.
7. **Wilson, K. (2004).** The complexities of multi-level governance in public health. *Canadian Journal of Public Health*, 95(6), 409–412. <https://doi.org/10.1007/BF03403981>