DAP POLICY POSITION PAPER

GEARING MALAYSIA TOWARDS LIVING WITH COVID-19

INDEX

BACKGROUND & THE 'NEW NORMAL'

Malaysia is experiencing a prolonged period of simultaneous healthcare and economic crises. The Covid-19 pandemic and its repercussions have not only triggered a multitude of challenges to everyday Malaysians, businesses and the wider population but also exposed deep cracks in our public healthcare and socioeconomic systems.

Confronting this monumental challenge, the Perikatan Nasional (PN) administration did not only fail to grasp the broad spectrum of areas it needed to address as the government of the day, but had demonstrated its overreliance on a sole 'lockdown and vaccination' strategy.

Since PN took power in March 2020, Malaysia has had to endure several iterations of lockdowns with various degrees of stringencies. While the first Movement Control Order (MCO 1.0) was initiated to enhance capacities of the country's public healthcare infrastructure, extensions and subsequent lockdowns were conducted with the misguided belief that virus transmissions could be stemmed entirely by movement restrictions.

Lockdowns since March 2020	Start Date
Nationwide Movement Control Order (MCO 1.0)	18 Mar 2020
Conditional Movement Control Order (CMCO)*	4 May 2020
Recovery Movement Control Order (RMCO)*	10 Jun 2020
Movement Control Order (MCO 2.0)*	13 Jan 2021
Movement Control Order (MCO 3.0)*	12 May 2021
Total Lockdown / Full MCO (FMCO)	1 Jun 2021
National Recovery Plan (NRP) - Phase 1**	15 Jun 2021
Enhanced Movement Control Order (EMCO)*** in major Selangor Sub-Districts and KL localities	1 Jul 2021

Note:

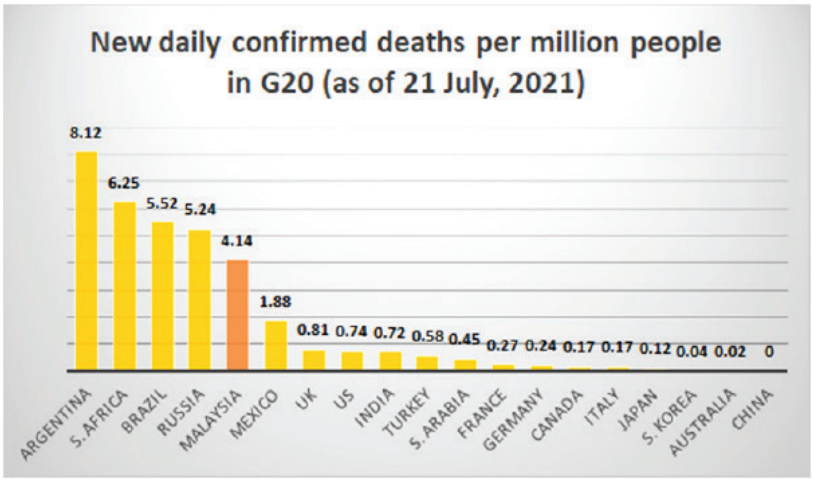
* *CMCO and RMCO initially started on a national level. Over time, states and districts would revert to MCO and transition to CMCO, RMCO and back to MCO supposedly based on recorded daily cases. For instance, most of Peninsular Malaysia and Sabah transitioned from RMCO to CMCO in October 2020 until MCO 2.0. In Feb 2021, all states except Selangor, Johor, Penang and FT KL transitioned from MCO 2.0 to CMCO or RMCO, with these 4 remaining states exiting MCO 2.0 on 5 Mar 2021. Finally, for at least a week before MCO 3.0, several areas, including most of Selangor, FT KL, all of Kelantan and parts of Johor, implemented state-level MCOs.*

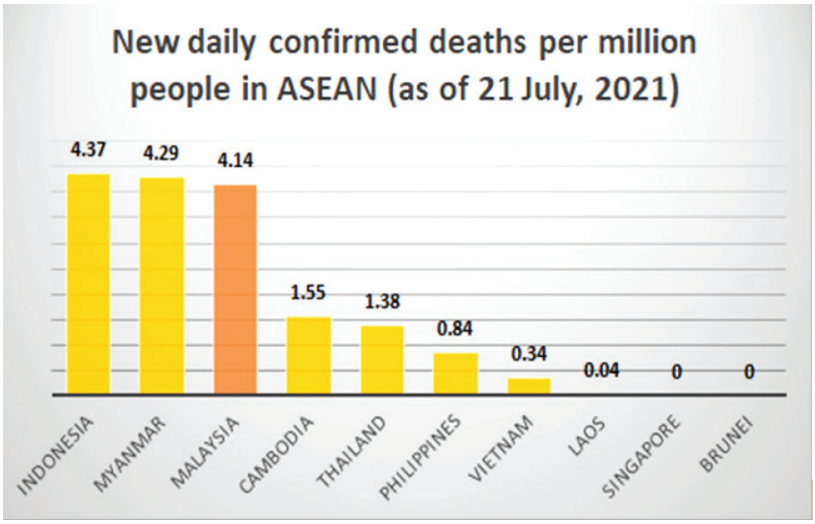
** *On 5 Jul, several states started to transition to NRP Phase 2. Phase 1 is characterised by largely the same conditions as the FMCO.*

*** *To be differentiated in comparison to the more targeted and stricter local-level EMCOs (or TEMCOs). The EMCO ended on 17 Jul in most of the affected sub-districts and localities.*

Yet, these intermittent lockdowns have not succeeded in dealing with the health crisis, having failed to prevent the emergence of new clusters, stem community transmission and reduce the overall number of COVID-19 cases.

Instead, daily cases have exceeded 10,000 since July 13. They showed no signs of receding, alongside a positivity rate that remains well above the WHO's 5% threshold. More worryingly, the daily death rate also hovers at or near record highs, reaching a 7-day average of 133.9 on 21 July. Adjusted for population, Malaysia now ranks 22nd in the world in terms of daily confirmed COVID-19 deaths at 4.14 per million people, far exceeding the G20 and ASEAN averages (see below)[1].





1. *CMCOOur World in Data. Malaysia: Coronavirus Pandemic Country Profile.* https://ourworldindata.org/coronavirus/country/malaysia

The healthcare system has been stretched to its limit, with insufficient capacity forcing COVID-19 patients to be treated on the floor or in corridors of some hospitals[2].

The situation on the economic front is no better. With economic activity in the majority of sectors deemed non-essential coming to a halt, the crisis has battered livelihoods[3], supply chains[4] and investor confidence[5]. Though vaccination rates have picked up, the country's pandemic management continues to rely on sweeping lockdowns that have been a lose-lose situation for the economy, lives and livelihoods.

The Ministry of Finance has already announced that the original GDP growth forecast of 6.0% to 7.5% will be revised downwards to around 4%[6]. The economy will likely take a bigger hit without a systematic plan to get the country out of these intermittent lockdowns.

This approach is fuelled by the current administration's misplaced, outdated and unsustainable aim of eradicating COVID-19 and "flattening the daily transmission curve". It stands in stark contrast to many countries like the UK and Singapore, which are already looking to the future and coming up with strategies to live with the virus, albeit each choosing their own distinct paths.

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2 *AP News. Death rates soar in Southeast Asia as virus wave spreads. https://apnews.com/article/business-health-asia-coronavirus-pandemic-southeast-asia-742d432d930641bd5f3dd7f33d471579*

3 *Research for Social Advancement. Projek Muhibah Strategy #3 : Continued and Targeted Economic Assistance to Employers and Employees. https://refsa.org/projek-muhibah-strategy-3-continued-and-targeted-economic-assistance-to-employers-and-employees/*

4 *The Edge. The State of the Nation: Supply chain disruption impedes economic rebound. https://www.theedgemarkets.com/article/state-nation-supply-chain-disruption-impedes-economic-rebound*

5 *The Edge. Foreign trade groups in Malaysia warn of investor flight, call for targeted Covid-19 SOPs. https://www.theedgemarkets.com/article/international-chambers-warn-foreign-investor-flight-calls-targeted-COVID-19-sops*

6 *The Edge: Malaysia to cut 2021 GDP growth outlook, likely close to 4% — Tengku Zafrul https://www.theedgemarkets.com/article/malaysia-cut-2021-gdp-growth-outlook-likely-close-4—-tengku-zafrul*

While other countries work towards a semblance of normalcy, international indices suggest that Malaysia fares poorly in terms of building pandemic resilience, with the country ranking 51st out of 53 countries on Bloomberg's COVID Resilience Ranking [7]and last among 50 major economies on The Economist's Return to Normalcy Index[8].

It is time PN accepts that the virus is not going away. The pandemic has evolved in complexity, both in terms of health and socio-economics, from the early days of celebrating 'chicken egg'[9] case numbers during the RMCO last year to a situation where the virus is expected to coexist within the community in the long haul, especially with the existence and increasing dominance of mutating COVID-19 variants.

As we have seen, health and the economy are intertwined, so it is counterproductive to base decision making on a false tradeoff between lives and livelihoods.

7 *Bloomberg. The Best And Worst Places to Be as The World Finally Reopens. https://www.bloomberg.com/graphics/covid-resilience-ranking/*

8 *The Economist. The global normalcy index. https://www.economist.com/graphic-detail/tracking-the-return-to-normalcy-after-covid-19*

9 *https://www.bernama.com/en/general/news_covid-19.php?id=1858702*

Transitioning to the ‘New Normal’

In line with these global developments, Malaysia must change its pandemic management aim from “Zero COVID-19” to one of “Living with COVID-19”.

The ‘new normal’ is not about living with perpetual lockdowns in their various forms. The ‘new normal’ is how Malaysia can adopt measures to minimise and mitigate the presence and impact of COVID-19 within our community while reopening most, if not all of our social and economic activities.

Malaysia must prepare itself by drawing from the experiences of other countries, learning from their successes while being mindful not to repeat their and PN’s past mistakes.

DAP therefore proposes a comprehensive strategy for pandemic mitigation to enable “Living with COVID-19”:

A. **Control and mitigate** the current wave of infections;

B. **Readiness** to meet future outbreaks;

C. **Open up** the social and economic sectors with safety catches.

D. **Putting in place** medium term strategies on dealing with COVID19

In addition to addressing the nation’s immediate health and economic concerns by presenting a concrete exit strategy from the disruptive continuous lockdowns, these recommendations also serve as essential building blocks to pave the way ahead for longer term structural reforms that Malaysia urgently needs. If we plan carefully and strategically, the country can emerge stronger and better than before having **‘build back Malaysia better’.**

A) CONTROL & MITIGATE THE CURRENT WAVE OF INFECTIONS

With the number of positive cases exceeding 10,000 per day and a positive rate in the region of 10%, the immediate priority of the government is to bring the current wave of infections under control. This is especially for the serious cases (Category 3 to 5) which have the direct impact of putting our public healthcare system under tremendous pressure.

Our proposal to achieve this goal includes the following steps:

1. Put in place a comprehensive "Find, Test, Trace, Isolate, Support+Vaccination" (FTTIS+V) national strategy
2. Adjust the processes and procedures at the Covid Assessment Centers (CACs)
3. Adjust current vaccination strategies as new information becomes available
4. Target vulnerable communities for testing and vaccination

1. Put in place a comprehensive "Find, Test, Trace, Isolate, Support+Vaccination" (FTTIS+V) national strategy

Establish a holistic framework to streamline processes, data collection, and regulations that enables comprehensive identification, isolation and mitigation of positive cases.

The 'Find, Test, Trace, Isolate' elements of this strategy have pretty much collapsed over the past six to nine months as the Ministry of Health (MoH) could not cope with the task load and have more or less given up on the exercise. If MoH could not cope with the number of daily recorded positive cases being around 2,000, what more today when daily cases are exceeding 15,000.

On the assumption that the vaccination programme will achieve a degree of success by August or September, the total number of daily positive COVID-19 cases should be reduced significantly to more manageable levels.

What this strategy intends to achieve is to ensure that the number of daily cases remains at these manageable levels in the future. This is extremely relevant if Malaysia intends to control and mitigate the number of positive cases, especially in the future due to potential outbreaks in the light of evolving COVID-19 variants without having to return to painful 'lockdown' strategies.

a. Implement a **systematic and comprehensive "FTTIS+V" national strategy** to control community spread[10] :

   i. **Increase testing** - Via a combination of RTK Antigen tests for rapid screening and Rt-PCR.

      We should not hesitate to increase the number of tests for fear of increasing the number of detected cases. It must be asserted that we have no disagreement with the 'targeted testing' approach adopted by MoH, but we must highlight that 'targeted testing' is NOT equivalent to 'limited testing'. The increase in the number of daily tests carried up must be correlated with the number of positive cases and positivity rate.

      Failure to carry out sufficient test sampling via a comprehensive testing strategy risks higher probability of community spread due to undetected positive cases and hidden clusters[11].

      We take note that the MOH has increased the number of tests in recent days even as the number of cases have increased. However, we are of the opinion that this increase is grossly insufficient to address the current positivity rate of around 10% and have not been done in a consistent manner.

   ii. **Systematic roll out** - Testing can be made even more effective through large-scale preventive testing programmes empowered by AI-enabled hotspot detecting technology (which was supposed to be the purpose of HIDE), especially targeting high-likelihood populations such as foreign workers living in dense dormitories, or residents of high-density housing blocks.

10 *Research for Social Advancement. #ProjekMuhibah Strategy 1 – FTTIS+V https://refsa.org/projekmuhibah-strategy-1-fttisv/*

11 *The Rocket. PN must drastically increase Covid-19 targeted testing and implement a National Testing Plan. https://www.therocket.com.my/en/pn-must-drastically-increase-covid-19-targeted-testing-and-implement-a-national-testing-plan/*

iii. **Better reporting** of testing, data results and processes - The current reporting of the daily number of positive COVID-19 cases needs to be improved with the provision of the total number of tests, the overall % positive rate, the number of tests done at each state, the breakdown between RTK Antigen and PCR tests, those done by the private sector versus those done by MOH, the breakdown in the type of COVID-19 cases (Category 1 to 5), just to name a few. This would improve information access and also allow a better understanding of the testing processes and the positive rate over time.

iv. **Subsidy & regulation** - Accelerate the move towards self-testing, with appropriate regulation and subsidisation of RTK antigen test kits and self testing kits. Cultivate a culture of testing throughout the community. This can enable testing at the "point of interaction," e.g. a factory floor or office, and even allow self-administered home testing, as is now possible in several countries.

v. **Hire and increase designated contact tracers** - Relieve healthcare workers from contact tracing duties to ensure they can focus on the much more crucial role of treating patients. This contact tracing process can actually be outsourced to external providers instead of putting the burden on the MOH staff.

   Experts in call center management, data management and related fields can be called in to provide inputs and expertise. A transparent tender process can be done quickly to one or two vendors with the ability and flexibility of scaling up and down their operations subject to the total number of cases in the country.

vi. **Digital contact tracing** - Use robust IT infrastructure with near-real-time alerts to citizens. MySejahtera should be equipped with an automated case notification system linked to epidemiological investigation, home case monitoring and HC facility response planning and preparedness (e.g. number of ICU beds required)[12].

12 *Dr Amar Singh, Dr Khor Swee Kheng, Prof Dr Lokman Hakim Sulaiman, Dr Zainal Ariffin Omar. Health Emergency Action Plan. https://drive.google.com/file/d/1MtM6m35luAoYbRi6k__Fy35KDKRiInUj/view*

vii. **Decentralise quarantine process** - Clarify post-testing SOPs to reduce uncertainty to encourage more people to come forward for screening.

SOPs should reflect the profile and severity of cases. For instance, it should be possible for Category 1 and 2 patients to self-quarantine with regular virtual consultations aided by necessary medical devices as opposed to attending a physical COVID Assessment Centre (CAC).

Private facilities such as budget hotels or other hotels who are willing to apply to become low risk quarantine centers for COVID-19 patients can also be part of the solution especially for families with older parents or grandparents and younger unvaccinated children who do not want to expose these vulnerable groups to COVID-19 positive family members.

viii. **No one left behind** - In line with WHO guidelines, ensure outbreak investigations focus on vulnerable groups and areas with potential superspreaders. If there is limited testing capacity, prioritise testing of suspected cases among people at risk of developing severe disease, health workers, inpatients and people in closed settings (e.g. prisons and detention centers).[13]

ix. **Vaccinate communities in high COVID-19 outbreak areas** - Now that the vaccination strategy can be added to tools available to combat COVID-19, areas where an enhanced movement control order (EMCO) have been put in place should also see targeted vaccinations taking place among the residents in these areas. Thus far, there has been limited evidence that this strategy has been implemented in any of the EMCO areas.

13 *WHO. An update on testing strategies for COVID-19. https://www.who.int/docs/default-source/coronaviruse/risk-comms-updates/update62_testing-strategies-for-covid-19.pdf?sfvrsn=ae363d76_4&download=true*

2. Adjust the processes and procedures at the Covid Assessment Centers (CACs)

Use past and current experiences to improve the COVID-19 assessment processes especially learning from the medical frontliners who have run these centers

COVID-19 Assessment Centers (CACs) were set up throughout the country at the beginning of this year to cope with the increase in the number of positive cases. During the past month or so, as the number of cases has shot up to more than 10,000 cases per day, the CACs, especially those in the Klang Valley, have been put under tremendous strain.

Pictures of overcrowding in the Melawati CAC together with social media posts and reports of medical frontliners suffering from exhaustion have been widely reported. COVID-19 patients are also often left in a lurch as it often took days to receive a response from the CACs.

It is with some relief that the processes at these CACs have been recently changed with the implementation of virtual assessment for non-serious (Category 1 and 2) cases. [14]This move will decrease the pressure and the demands on the CAC medical frontliners.

The processes associated with these virtual assessments need to be examined and enhanced over time but making the assessment for Category 1 and 2 cases which comprise more than 90% of new cases is a step in the right direction.

Inputs from medical experts, especially those who have experience running and manning the CACs need to be taken into account since they have the 'frontline' knowledge of what works and what doesn't.

14 *The Star: Virtual Covid-19 Assessment Centres to manage Category One, Two cases, says Deputy Health DG* https://www.thestar.com.my/news/nation/2021/07/15/virtual-covid-19-assessment-centres-to-manage-category-one-two-cases-says-deputy-health-dg

3. Adjust current vaccination strategies as new information becomes available

As of midnight, 23rd of July 2021, approximately 16.5 million doses of the vaccine have been administered with 11.2 million first doses and 3.3 million second doses. This represents 34.4% and 16.1% of the total population respectively. More importantly, this means that 48% of adults in the country have gotten at least their first dose and 22.5% of adults have been fully vaccinated with two doses. The total number of daily vaccinations has also increased significantly over the past month with the opening up of new public vaccination centers (PPVs) as well as industry specific vaccination centers.[15]

With more than half of the new COVID-19 cases being concentrated in the Klang Valley, the recent implementation of Operation Surge Capacity (OSC) in the Klang Valley (Selangor, Kuala Lumpur and Putrajaya) is apt, but should have been sooner. The purpose of this operation is to have all residents in the Klang Valley receive at least one vaccination dose by the 1st of August 2021 and fully vaccinated by the end of August. As it stands, on the 23rd of July 2021, a total of 4.6 million first doses have been administered (74% of the adult population) and 1.5 million second doses have been administered (25.0% of the adult population).

However, as the bulk of the MySejahtera registered population receive their vaccination by early September, new strategies - moving away from mega-PPVs, need to be put in place to ensure that the large proportion of the population who are not registered or had problems with registration get vaccinated. These would include, but are not limited to:

a. **"Walk-in" appointments** to existing large and small PPVs

b. **Aggressively redeploy PPV resources to mobile vaccination units** for the unregistered residents, particularly in the rural and semi-rural areas.

c. A **vaccination policy for undocumented migrants**, which are a high-risk group due to living conditions, must be implemented to minimise the risk of outbreaks in our community.

d. The **lessons learned from OSC in the Klang Valley** should be used to update vaccination policies in other states especially in states with a higher number of cases such as Johor or Sabah.

15 *For a list of PPVs, please refer to https://www.vaksincovid.gov.my/ppv/*

e. **Vaccination policies must be customised** to meet the needs and circumstances of individual states and regions. For example, Sabah residents who have registered for the vaccine are still very low. As of the 23rd of July, only slightly more than 1 million residents in Sabah (or 37.1% of the adult population) have registered for the vaccine under MySejahtera compared to 2.4 million or almost 90% of adults in Johor.

4. Target vulnerable communities for testing and vaccination

Finally, vulnerable communities must be targeted for testing and vaccination even as the larger testing and vaccination policies are being carried out.

Prisons and detention centers have been major sources of COVID-19 outbreaks but to date, there have been no concrete policies announced to vaccinate the people at these places.

Accommodation for factory workers, either onsite at the factories or at dormitories and hostels, is also another source of clusters as are the low cost apartments with many undocumented migrants and low income residents.

These are areas where mobile vaccination must be explored. For effective outreach to the undocumented migrant community, a temporary amnesty from being arrested by the immigration authorities must be announced by the Ministry of Home Affairs.

B) READINESS TO MEET FUTURE OUTBREAKS

We expect the number of COVID-19 positive cases, especially the serious ones, will come under control as the number of vaccinated Malaysians reach a critical mass. The strain on the public healthcare system will then be correspondingly reduced.

However, the authorities must make use of this breathing space to prepare for potential outbreaks that will still occur from time to time in different places across different states due to various reasons such as COVID-19 variants, tourism activities or unvaccinated undocumented migrants in states with porous borders like Sabah.

The Government must not make the same mistake again as it did with the earlier MCOs last year where there were no steps taken to improve the state of readiness to meet bigger and more serious outbreaks in the country, as we are facing today. They rested on their laurels and were forced to impose the sweeping lockdown policies with diminishing effectiveness and highly damaging economic outcomes.

The following are some of the strategies which must be undertaken to prepare for such outbreaks as part of the process of 'living' with the COVID-19 virus which will likely be endemic for the foreseeable future, even after the population is more or less fully vaccinated:

1. Strengthen existing healthcare facilities and capabilities
2. Targeted testing and lockdown in high risk areas
3. Smarter SOPs at workplaces according to the type of workplace and accommodation quarters
4. Better use of data and COVID-19 detection systems
5. Better working relationship and sharing of resources between the federal, state and local governments
6. Including the elected representatives as part of the strategy to control potential outbreaks

1. Strengthen existing healthcare facilities and capabilities

A holistic plan to expand the public health service capacity while efficiently integrating private players into the pandemic response is needed to deal with the current and future load arising from COVID-19, its potential variants, and future infectious diseases.

a. Ramp up **healthcare infrastructure** and **manpower**:

i. **Increase ICU hospital capacity** by increasing the number of beds and wards and even specialised hospitals for COVID-19 related cases which require ICU attention.

ii. **Quickly purchase and deploy medical equipment** needed for serious COVID-19 related cases such as oxygen tanks and ventilator units.

iii. Considerations should also be made for **purpose-built COVID-19 treatment centres** in densely populated cities to alleviate the load on existing hospitals. The same approach has been taken before with the establishment of purpose-built leprosy and tuberculosis centres.

iv. **Address plight of contract doctors** - Ensure permanent postings for 35,216 contract health officers comprising 23,077 medical officers, 5,000 dental officers and 7,139 pharmacists, offering equal benefits and clear career progression.[16]

v. **Expand the pool of frontliners** to include medical graduates to relieve the burden on exhausted frontliners, leading to more sustainable manpower management through a rotation system. Work towards a minimum of one full-day of day rest for healthcare workers in a week.

16 *Dr Amar Singh, Dr Khor Swee Kheng, Prof Dr Lokman Hakim Sulaiman, Dr Zainal Ariffin Omar. Health Emergency Action Plan. https://drive.google.com/file/d/1MtM6m35luAoYbRi6k__Fy35KDKRiInUj/view*

b. Improve coordination and integration with **private healthcare providers**:

i. In the meantime, the Government should **co-opt more players from the private healthcare sector** as part of a "United Healthcare Network" strategy against the disease.

ii. Designate certain **general hospitals as COVID-19 wards**, ensuring they have buffer capacity in advent of rise in cases.

iii. Concurrently, designate selected **private hospitals as non-Covid-19 hospitals** and transfer these cases out of public hospitals, avoiding last minute arrangements.[17] This will decrease the overall demands put on the public healthcare system.

2. Targeted testing and lockdown in high risk areas

Past data on where clusters have broken out must be analysed and used as indicators for areas where potential clusters may appear in the future. This is not rocket science. For example, as highlighted previously, prisons and detention centers have all of the necessary features of a potential hotspot - large numbers of people in small crowded spaces where hygiene and air circulation is poor. At the same time, the locations of past and current clusters need to be interpreted carefully. For example, the so-called 'factory clusters' do not necessarily point to the factory locations as sources of outbreaks but may be linked to the accommodation quarters in hostels and dormitories near these factory clusters.

Once these potential hotspot areas have been identified, targeted testing should be done on the residents in these areas and the costs of these tests should be borne by their employers with the federal government subsidizing some of these tests, especially for the SMEs who have already been badly hit in this COVID economy.

Any lockdown that takes place should be confined to these hotspot areas and not be so broad as to affect one entire district, for example. This is in line with the objective of opening the economy safely and responsibly which will be discussed in detail in the next section.

17 *Malaysiakini. Non-Covid patients will be transferred to private hospitals immediately. https://www.malaysiakini.com/news/583926*

3. Smarter SOPs at workplaces according to the type of workplace and accommodation quarters

Rather than coming up with SOPs which are not science based or data driven (e.g. operating capacity of 60% at certain factories which are allowed to be open), the National Security Council (NSC) should allow the industries themselves to propose workable SOPs at their respective workplaces which can be refined and updated by health and other occupational safety experts such as those with expertise in air circulation and building design, for example.

Factories must propose and implement their SOPs for testing such as RTK-Antigen testing once every two weeks for factory workers which are divided into two or more workstreams and daily self-testing for floor managers which interact more regularly with the factory workers, sometimes across work streams.

Similarly, contractors who operate in different construction sites should be tested more regularly compared to construction workers who work only at one site.

Best practices used by certain workplaces can be highlighted publicly and used as reference points for other workplaces to use and emulate.

Accommodation quarters which are hotbeds of COVID-19 infections should also be improved so that the possibility of COVID-19 spread can be minimized.

4. Better use of data and COVID-19 detection systems

There was a false start when the wrong usage of the HIDE detection system led to an abrupt shutdown of some of the biggest shopping malls in the Klang Valley. Right now, it is believed that HIDE is being used (quietly) to shut down factories where a number of COVID-19 positive cases have been detected.

Without a proper evaluation of the effectiveness of the HIDE system, this may end up punishing those factories which are SOP compliant where they require their factory workers to sign in using MySejahtera and allowing those factories which are non-compliant where workers DON'T have to sign in using MySejahtera the ability to continue to operate even thought a large number of its workers are COVID-19 positive.

Data scientists including those from the private sector should be roped in to provide suggestions on how to improve the HIDE detection system. Consideration should also be made on whether it is practical to use the bluetooth system in mobile phones to detect and trace close contacts of COVID-19 positive patients although care must be taken so that the settings for potential alerts are not overly sensitive which may end up contacting too many people unnecessarily.

It is a positive move that the Health Ministry has recently introduced[18] open-sourcing for COVID-19 data via GitHub.[19] It is too early to tell if this publicly available dataset is actually sufficient and useful for data scientists to analyse so that they can come up with better suggestions and solutions for hidden cluster detection and close contact alerts as well as other uses for this data.

18 *Free Malaysia Today. Health ministry introduces open-sourcing of Covid-19 data. https://www.freemalaysiatoday.com/category/nation/2021/07/23/moh-introduces-open-sourcing-of-covid-19-data/*

19 *The data can be accessed here: https://github.com/MoH-Malaysia/COVID-19-public*

5. Better working relationship and sharing of resources between the federal, state and local governments

The decision by the Federal Government to work with the Selangor state government on OSC was a welcome announcement in many regards but especially in the area of federal, state and local government cooperation to battle the COVID-19 pandemic. Such coordination efforts do currently exist, to varying degrees of cooperation, within the National Security Council state meetings which are chaired by the respective Menteri Besars or the Chief Ministers of each state. At the NSC federal level, the MBs and CMs from the opposition states of Penang, Selangor and Negeri Sembilan are also represented.

However, federal and state cooperation must be enhanced further. Data sharing between the federal and state levels is still not consistent with some district health officers in Selangor, for example, having been given instructions or reluctant to share exact COVID-19 cluster location information with the state government including to the Selangor Taskforce on COVID-19 (STFC) which is led by the former Health Minister and MP for Kuala Selangor, Dr Dzulkefly Razak.

Even as there is cooperation in the rollout of OSC in Selangor, there are still some challenges which are in the process of being resolved such as 'syncing' the back end of the Selangkah COVID-19 health application which is under the Selangor state government and the MySejahtera app which is under the Ministry of Health at the federal level.

Such issues need to be ironed out so that the capabilities to prepare for and control future outbreaks at the local level can be enhanced.

6. Including Elected Representatives as part of the strategy to control potential outbreaks

At the time of writing, it is not clear if elected representatives at the state or the federal level have clearly defined roles in fighting this COVID-19 pandemic. Moving on, there must be more room for elected representatives to play a more proactive role in helping to identify potential hotspots, for example, and to take measures to prevent outbreaks from starting in these places and if outbreaks do take place, he or she should be allowed to play a role to contain such outbreaks.

This could include inviting the local representatives to sit in for weekly briefings at the District Office level to report on the latest measures being taken to fight COVID-19 and the latest relevant statistics in terms of the localities where COVID-19 cases have been identified and where new clusters have been identified.

The federal government should also provide funding to all MPs including those from the opposition block to help fight the COVID-19 pandemic for example to procure self testing kits for certain groups in the community, paying for COVID-19 tests in certain areas and providing food aid in areas with enhanced lockdowns.

C) OPEN UP THE SOCIAL AND ECONOMIC SECTORS WITH SAFETY CATCHES

In conjunction with the opening up of the economy, as the vaccination rate increases and the number of serious COVID-19 cases and related deaths decreases, the following steps should be undertaken:

1. Better and more targeted indicators
2. “Smarter” reopening of the economy
3. Opening up of certain sectors with certain privileges and incentives
4. Bold fiscal measures to boost delivery and recovery
5. Adopt a “whole of society, all of government” approach

1. Better and more targeted indicators

As we shift the “whole of society, all of government” paradigm from ‘Zero COVID-19’ to ‘Living with COVID-19’, there is a need to prioritise focus the right data indicators. We have to recognise a situation with 20,000 COVID-19 positive cases with no ICU patients or deaths, is a far better outcome than 5,000 positive cases with 100 in ICU and 20 deaths.

‘Living with COVID-19’ means the right indicators to focus the public’s attention on as well as the policy makers are:

a. the number and % of serious COVID-19 cases (Categories 3 to 5)

b. the number of deaths and the number in ICU (and capacity in ICU).

These are the indicators which reflect the strain on the public healthcare system. Other indicators which are useful for public monitoring include:

a. the total number of daily tests,

b. the % positive rate and breakdown of serious cases by state and their vaccination status.

All of these indicators should be included in a public live "Dashboard" which is updated on a daily basis so that information can be easily and transparently accessed.

Even if we get cases in the thousands but the % of cases which lead to deaths are only a very very small fraction of the overall number of cases, the economy should remain open for business (subject to continued SOPs) and the public should see COVID-19 as just another disease out there which we should be aware of but not allow the presence of this pathogen to continue to disrupt and upend our lives and the lives of our children and love dones.

2. "Smarter" reopening of the economy

There are multiple approaches needed so that the process of reopening up the social and economic sectors follow science and data based reasoning and logic.[20]

a. **Certain sectors should be allowed to open with strict SOPs** even if a state or district is still in Phase 1 of the National Recovery Plan (NRP).

   For example, there is no reason why shopping malls cannot be reopened even in Phase 1 states as long as certain SOPs are in place such as limiting the number of people in a mall or a shop based on the size of the mall or shop. Now that stationery shops and shops selling computers and electronic items have been allowed to open in the Klang Valley, preparation should be made to allow for other retail shops to be allowed to open subject to strict SOPs.

b. **Some sectors or companies should be allowed to operate based on vaccination rate.**

   For example, it was announced earlier this week that the National Security Council (NSC) is considering allowing factories where 80% or more of its staff have been fully vaccinated to be allowed to operate even if it is not considered an "essential" sector.

   This is a much welcome move especially since the distinction between what is essential and what is not essential in the economy is not easily defined, given the close linkages in the supply chain.

20 *Research for Social Advancement. Projek Muhibah Strategy #2 : Open Up Sectors Responsibly.* https://refsa.org/wp-content/uploads/2021/07/REFSA_ProjekMuhibah-Strategy-2.pdf

c. **Give Malaysian companies the "first mover" advantage** to help them bounce back better and faster from the COVID-19 pandemic. Examples include:

   i. **Sports and tourism bubbles** in Langkawi and Pangkor among others could be opened up quickly once residents in these places have been fully vaccinated and systems have been put in place to control any possible outbreaks.

      We can start with domestic tourists who are fully vaccinated and then quickly open up to non-Malaysian residents who have been fully vaccinated.

   ii. Position Kuala Lumpur International Airport **(KLIA) as a hub for transit flights** in the short to medium-term.

      This is especially since there are other countries in the region which currently ban flights from certain countries from even transiting through their airports. This could be used as a strategy to regain some of the lost advantages of KLIA to regional competitors such as Bangkok and Singapore.

   iii. **Loosen the restrictions on Malaysians to travel abroad** especially for fully vaccinated residents to travel to low-risk countries with a low number of cases such as Singapore and Australia.

   iv. **Allow non-reciprocal arrangements with Singapore** (and similar countries).

      Singapore residents who are fully vaccinated can travel to Malaysia without quarantine even if Malaysians who are fully vaccinated are not yet allowed to travel to Singapore without quarantine. This will allow the tourism and travel sectors in Malaysia to bounce back faster.

d. Repurpose some of the public spaces in the country with better air circulation devices and flows to 'showcase' the country internationally which will be helpful to rebuild back our reputation after the initial mishandling of the entire COVID crisis.

e. Each Ministry to come up with its own National Recovery Plan for the social and economic activities under its respective ambit in consultation with the relevant sectors so that the entire country can build back better and bounce back faster.

3. Opening up of certain sectors with certain privileges and incentives

The government should also link up opening of certain sectors with certain privileges and incentives especially in states where the vaccination rate is above a certain threshold, say 50%. Examples would include:

a. Dining in for 2 should be allowed in the Klang Valley for those who are fully vaccinated once the % of adults who are fully vaccinated crosses the 50% mark which should take place somewhere in early August.

b. Those who are fully vaccinated in states across the 50% mark should be allowed to travel to other states.

c. Those who are fully vaccinated are allowed to take part in activities where small numbers of people congregate such as non-contact racing or cycling events.

This is part and parcel of a larger and more strategic plan to provide incentives to people who are not vaccinated to get vaccinated as soon as possible, especially in states where the vaccines will be easily available after a certain time.

The Klang Valley can set an example on how to open up strategically with the right incentives and privileges so that other states can follow and perhaps learn from some of the SOPs which need to be enhanced.

4. Bold fiscal measures to boost delivery and recovery

The comprehensive measures must be supported by bold expansionary fiscal policy to shore up the healthcare system and assist households and businesses.[21]As highlighted in DAP's recent proposal to the Ministry of Finance, we call for a RM45 billion recovery and stimulus plan as follows[22]:

a. **At least RM4 billion for the Ministry of Health**

i. To upgrade **hospital capacity** (especially ICU capacity), capability as well as medical equipment and human resources.

ii. To drastically ramp up **manpower in the public healthcare system.**

iii. To accelerate the 3Ts of **testing, tracing and treatment.**

iv. To enhance the **quarantine process.**

b. **RM30 billion Financial Grants & Subsidies for the Economic Sector**

i. RM15 billion investment in pandemic-proofing economic grants and soft loans, matched with appropriate tax incentives to immediately 'pandemic-proof' work places, factories and workers' quarters.

ii. Loan guarantees and credit extensions for small and medium enterprises, construction, retail and the crippled tourism industry

iii. Enhance social protection, especially for those in the informal and gig sectors of the economy.

c. **RM6 Billion in Work Hiring Incentives**

i. Creating and preserving jobs should still be the first line of defence in saving Malaysian livelihoods

ii. Over a period of 2 years, offer wage incentives of RM500 a month to local employees and hiring incentives of RM300 per month to employers, creating employment for 250,000-300,000 Malaysian workers

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21 *Research for Social Advancement. Projek Muhibah Strategy #3 : Continued and Targeted Economic Assistance to Employers and Employees.* https://refsa.org/projek-muhibah-strategy-3-continued-and-targeted-economic-assistance-to-employers-and-employees/

22 *The Edge. MOF gets RM45b proposal from DAP in rare meeting on National Recovery Plan.* https://www.theedgemarkets.com/article/rare-move-mof-invites-dap-lawmakers-national-recovery-plan-meeting

d. RM5 Billion for Households

i. More than double the monthly welfare payments to carry households affected by the lockdown until the end of the year. This proposal acknowledges the difficulties M40 families (as well as the overall middle class that transcends the M40 classification) face, and will require upgrading payments announced in the recent Pakej Perlindungan Rakyat Dan Pemulihan Ekonomi (PEMULIH) as specified below:

Households	PEMULIH payments	Proposed
Hardcore poor	RM1,300	RM2,500
B40	RM800	RM1,900
M40	RM250	RM1,100

Ultimately, we need bold, targeted spending to implement the bold, comprehensive measures we have highlighted. We must act quickly and decisively to get Malaysia on the right track towards living with the virus. Any delay will result in inadequate capacity to achieve our strategic priorities as well as deepening the health and economic crises, making recovery much more elusive.

5. Adopt a "whole of society, all of government" approach

Many people have used the "whole of society, all of government" approach towards fighting the COVID-19 pandemic. The same phrase can be applied to the approach towards getting the COVID-19 pandemic under control and reopening the social and economic sectors safely and responsibly.

However, not many countries have demonstrated this approach in a comprehensive and strategic manner. When the government fails to plan and coordinate carefully, it is hard for society as a whole to respond and partner effectively with each other and with the government.

It is not too late for us to adopt this approach. The manner in which society has stepped up in its volunteer efforts to feed and help those in need during the MCO 3.0 lockdown is testament of how resilient Malaysian society is and how cohesive we can be in times of crisis. Now, all we need is for the government to step up and do its part in this path towards living life with COVID-19 as part of the new normal.

D) MEDIUM TERM STRATEGIES ON DEALING WITH COVID19

Moving ahead, beyond this year and even next, the following policies need to be discussed and implemented, as part and parcel of the ongoing process of understanding, managing and mitigating the effects of COVID:

1. Infrastructure and policies for mass inoculation of the adult population with COVID19 vaccines and booster shots.

2. Comprehensive studies and monitoring on the impact of Long Covid.

3. Decentralize management of COVID19 to the respective state governments and to include more experts in the decentralized decision-making processes.

1. Infrastructure and policies for mass inoculation of the adult population with COVID19 vaccines and booster shots

Even with most of the adult population fully vaccinated in Malaysia, there needs to be ongoing efforts to vaccinate those who turn 18 years of age who have not yet been previously vaccinated and providing booster shots to those who may require them (subject to advice from the medical authorities at the Ministry of Health).

This would require the participation of private health care providers such as clinics and hospitals in addition to those provided by the public sector via community clinics, mobile health facilities for the rural areas and hospitals.

There may be a need for mass inoculation to take place at schools if the vaccination of children is approved by the Ministry of Health. Foreign workers who are coming to work in Malaysia may have to undergo compulsory vaccinations too.

2. Comprehensive studies and monitoring on the impact of Long Covid

There have already been studies launched in other countries to investigate, understand and hopefully treat the effects of LONG Covid especially for those who have experienced serious cases of the virus (Category 3 to 5).

Similar studies need to be undertaken in Malaysia. This effort needs to be led by the Ministry of Health but should also involve public and private universities and researchers in the private sector including pharmaceutical companies and also international institutes such as the International Institute for Global Health (UNU-IIGH) which is part of the United Nations University (UNU) which is housed at the UKM Medical Center in Kuala Lumpur.

The long term economic impacts of LONG Covid should also be studied by the relevant Ministries (MOF, MOHR for example) in collaboration with research centers in public and private universities as well as international agencies such as the World Bank's Development Economics Research Group (DECRG) which is based in Kuala Lumpur.

3. Decentralize management of COVID19 to the respective state governments and to include more experts in the decentralized decision making process

The management of this COVID19 crisis has revealed many points of contention between the federal and state governments such as which level of government actually has the authority to close down factories during such a health pandemic and who can determine the SOPs by which operations of certain sectors can continue.

To resolve some of these areas of contention, certain federal laws would need to be amended to allow for example, state governments to have more say in determining which sectors can be allowed to remain open or have to close under what circumstances.

A more flexible approach to dealing with future health pandemics is needed in order to cater for the different circumstances which exist in each state.

E) CONCLUSION

Now is the time to act by implementing the comprehensive pandemic mitigation strategy highlighted above. The strategy focus must shift from case eradication to safely living with Covid-19 as an endemic. The existing modus operandi of endless lockdowns in pursuit of 'Zero COVID-19' with unclear SOPs clearly does not work.

In combating this invisible and pervasive enemy, it is important to follow the science while mobilising a cohesive whole-of-government response across its many ministries and agencies. Concurrently, the current administration should put aside Ministerial egos and partisan considerations by continuously consulting and including opposition policymakers, wide ranging experts, business stakeholders, members of civil society and non-governmental organisations in formulating streamlined pandemic management measures as well as serving the people effectively and efficiently. Quick, decisive action would give us a fighting chance to weather the twin health and economic crises that we are currently in, setting the stage for us to learn to live with the virus for the next year or so and likely, beyond 2022.