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NATIONAL STRATEGIES IN MITIGATING COVID-19: CHALLENGES AND WAY FORWARD



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KETERANGAN

Sorotan Darat ialah Jurnal Tentera Darat (TD) yang diterbitkan sejak 1 Mac 1983 bagi mempertingkatkan budaya ilmu di kalangan warga TD. Jangka masa pengeluaran ialah setiap 6 bulan iaitu pada bulan Jun dan Disember. Segala isi kandungannya termasuk sebarang ilustrasi, gambar, jadual dan rajah tidak dibenarkan dicetak semula dalam apa corak sekalipun tanpa mendapat kebenaran Kementerian Pertahanan melalui MK PLDTD terlebih dahulu.

Selaku sebuah Jurnal TD, Sorotan Darat adalah bertujuan mewujudkan satu forum bagi perbincangan perkara yang boleh menimbulkan minat profesional terhadap seorang perajurit. Artikel meliputi pelbagai isu dan tema adalah dipelawa dari segenap peringkat dan sesiapa sahaja yang mempunyai pengetahuan khas atau minat terhadap hal ehwal ketenteraan. Isu-isu kontroversi biasanya menjadi nadi penggerak sesebuah jurnal profesional yang mana ia dapat menimbulkan pemikiran dan perbincangan yang sihat. Artikel-artikel seperti ini akan diberi keutamaan, manakala artikel-artikel mengenai operasi-operasi, idea-idea latihan atau kegunaan peralatan adalah antara topik-topik yang sangat dialu - alukan.

Semua pertanyaan mengenai Sorotan Darat hendaklah dikemukakan kepada Ketua Editor iaitu Kol Doktrin, MK PLDTD.

Semua idea yang dikemukakan oleh penulis melalui artikelnya dalam jurnal ini, sama ada sebahagian atau seluruhnya adalah pendapatnya sendiri. Ianya bukanlah pendapat oleh Kementerian Pertahanan Malaysia atau pihak-pihak lain yang berkaitan.

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FROM CHIEF EDITOR'S DESK

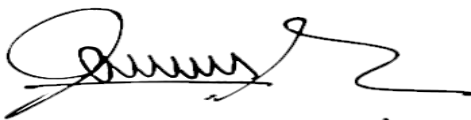
Assalamualaikum Warahmatullahi Wabarakatuh. With the name of Allah, the Most Gracious and the Most Merciful.

Praise to Allah s.w.t, as the first journal of the year 2021, Edition 78 is successfully published to acknowledge the writer's effort in enhancing the readers' mind with informative, useful and meaningful articles. The Editorial Council would like to express our appreciation to all writers who have contributed to the publication of this journal. The commitments given by the thriving writers are certainly a precious aptitude in producing a well-published journal. Nuggets of golden wisdom in thinking and actions come in many forms as they can be extracted from various sources. Therefore, *SOROTAN DARAT* provides such a platform for the readers to extract the ideas shared by the writers to gain knowledge.

"National Strategies in Mitigating Covid-19; Challenges and Way Forward" is the theme chosen for this edition. After experiencing a year of this unforeseen deadly pandemic, the Malaysian Government has to acknowledge the challenges and their impact as well as lessons learnt in managing the situation. This will help in structuring future plans as our way forward in dealing with the uncertainties. This edition will holistically look at the detrimental impact of the said pandemic on our country and the government implementation of the National Strategies to mitigate the pandemic.

The Editorial Council welcomes and encourages more new aspiring writers to contribute articles for future publications. Constructive opinions, dynamics comments, and potential ideas as well as feedbacks from the readers are highly encouraged to improve the quality of the journal published in the future. Thank you.

Reading brings knowledge to inspire.



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MALAYSIAN ARMY SUPPORTING THE WHOLE OF GOVERNMENT APPROACH DURING THE COVID-19 PANDEMIC AND ITS IMPACT

**By BRIG JEN PADMAN BHASKARAN
ROYAL ARMOURED CORPS**

INTRODUCTION

The Malaysian Defence White Paper has clearly stipulated on the employment of the military to support the whole of government and whole of nation strategy during crises management. The Malaysian Army was part of the Malaysian Armed Forces joint force to support the national strategy in mitigating the control of the pandemic. This deployment, especially for medical emergency is not something new as the Army has been involved in such operations in the mid-90s during the Japanese Encephalitis (JE) epidemic. Meanwhile at a global level, the world has experienced such medical calamity with the Spanish flu after WW1 and the H1N1 swine flu pandemic during the 2009/2010 era. The Army support during crises management has been consistent which brings about the attainment of knowledge, experience and skill that is paramount as a learning curve for the organisation. This entire experience with deployment is categorised under the paradigm of Military Operation Other Than War (MOOTW).

After experiencing one year of this unforeseen deadly pandemic, the Army has to acknowledge the challenges and its impact as well as lessons learnt by the organisation. This paper will holistically look at the detrimental impact of said pandemic as the Army has been a part of the national front liners all throughout, playing a pivotal role especially during the current vaccination period. I am sure there were many adjustments made to major programmed activities involving all sectors in the Army. It will be worthwhile to view some of these functionalities and tasking in order to obtain new perspectives and lessons for the future.

National Six Prong Strategy for COVID-19

The country's political charade in early 2020 created shock waves to the country and subsequently the pandemic swept across the globe. Malaysia was also faced with the ripple effects of COVID-19. The government's first strategy was to break the chain of infections by imposing the Movement Control Order (MCO) and

secondly focus on ensuring the resilience of the country's economy. A vast majority of our population faced hardships with many sectors shutting down and jobs lost due to this crisis.

In the month of May of 2020, the third step was activated which was the wide-scale restart of the national economy in a controlled and orderly manner. This initiative was followed by adhering to new standard operating procedures (SOPs) to prevent another wave of infections amongst the population. Subsequently, the fourth step was to implement an economic recovery strategy by accepting the new normal following with an all-inclusive economic revitalisation strategy. This is expected to generate the push factor for a majority of the economic sectors.

Thus, the final strategy is the crafting of a structural economic reform to face a new global landscape post COVID-19. The government intends to utilise this strategy as the will of the people is paramount. Hence, the belief of the whole society is vital when a long-term resolution is pursued by the government.

Malaysian Army Pandemic Strategy and Role

It is a fact that the Army has existing contingency plans in place to meet such emergencies and once a crisis is imminent, then the relevant contingency plan will be reviewed by taking into account contemporary factors of the environment and subsequently develop updated crises management action plan. The establishment of the National Task Force (NTF) with the amalgamation involving the MAF which includes the army and other enforcement agencies such as the PDRM, Immigration, Customs, JPAM as well as others is essential to guarantee a coordinated effort is taken to ensure the national borders are utterly protected and monitored.

The Army has ongoing land operations along our borders and with the inclusion of the demand for new deployments in support of the NTF strategies, this creates additional responsibilities and the dynamics to work concerted with other law enforcement agencies. This also includes the troop deployment at Area of Operations under the Appointed Military Commander (AMC) within the existing various state operational setting. Therefore, the Army had to strategically deploy more boots on the ground from their routine operational deployments that indirectly brings cascading effects and jeopardise the planned training. Also, the Army had to deploy equipments and assets in tandem to support operational and other national needs such as transportation and storage facility for vaccines keeping.

There was additional deployment for personnel and machine as the Emergency Controlled Movement Order was implemented to achieve better outcome with the pandemic situation.

The role played by the Army as part of the whole of government approach includes traditional tasks such as the protection of the border and also new capacity which is to curb the increase of the COVID-19 infections brought by uncontrolled movements of legal and illegal immigrants. This actually brought our porous borders to light and the importance of a concerted effort to coordinate action plans in realisation of the whole of government / whole of society strategy.

The Army Challenges in Supporting MAF and National Strategy

It is important to understand that the entire operation is still conducted under the efforts of joint, although at tactical level all deployments are coordinated through the local AMC headquarters. Indirectly, this implicates the Army as a major contributor to this strategy because naturally it is a land-based operation. There were establishment of new operations like Op Benteng and Op Penawar that were added to the inherent operations involving the Army troops.

Therefore, with extra responsibilities, the Army had to deploy maximum troops and were forced to reschedule to reprioritize and meet operational tasking which also meant that additional assets and equipment were required to meet the new demands. Ultimately, assets had to be rotated rampantly by virtue of the unit rescheduling and operational needs. In addition, the Medical Services were extensively deployed to establish forward hospital to support the Health Ministry and also maintain administration of selected quarantine centres. This was supported by utilising vehicles and additional supporting staff from different specialisation in order to fulfil all deployments. Also, it is important to highlight that with the management as well as nation wide administration of the vaccines, the army was further tasked to provide security, safe keeping and transportation in order to push forward these vaccines to their intended destination. This heavy burden added commitments and predicament for the Army.

In summary, the nation must understand whilst the Army was undertaking all these new specified and implied tasks during the unforeseen pandemic situation, the Army was still maintaining the essential routine operational tasks. The entire layer of protection

especially the outer cordon around our borders is maintained as usual.

The Impact to the Army

The Army realised that with this heavy burden brought by the new operational requirement had repercussions and impacted the Army. Adding to the current predicament, the entire national civil and private sectors were on a major lockdown periodically or even all throughout. All these contributing factors brought new considerations and approaches to be adopted in order to meet the challenges. Some of the areas of concern are as follows:

❖ Army Readiness

The organisation has to conduct continuous training to prepare for war and other emergencies. This includes individual and collective training as it is vital for the core deployment. During the initial outbreak, all planned training activities were forced to be put on halt. Then, with time, individual training especially career courses were slowly conducted to allow the continuity of career progression and human resource management in support of army readiness. This problem was further added with the inability to conduct collective training involving troop tactical and logistics exercise. These were due to the strict nature of the COVID-19 SOP's and travel restrictions. Apart from that, the additional operational tasking was also a contributing factor to the impediment of major training programs. The uncertainties due to the spike in cases will further hinder collective training especially field exercises.

❖ Procurement

Since the pandemic is a global phenomenon, it had a drastic impact on our procurement plan. The current COVID-19 situation is likely to result in our country having to limit its defence procurement plans. The impact of the virus is not only expected to cause the economy to contract but will lead to the government prioritising funding towards mitigating the impact towards Malaysia's populace. The effect on defence will only be seen when the 2021 Defence Budget is unveiled in November together with the 12th Malaysian Plan (2021-2025). There is already a delay in supply of new procurement of assets and the apt delivery of current projects and spares

which creates a detrimental effect towards asset repair/replacement to enhance Army capability. The lead time and down time is beyond control due to this constraint. This also creates a spiral effect on the mission outcome especially on the primary and secondary troop deployment. The trilogy of men, machine and method is affected whereby syntheses of these three interdependent factors become incomplete due to the lack of assets and supporting equipments. All in all, the inefficiency due to inadequate assets and maintenance elevates ineffectiveness to operation objective attainment.

❖ **Bilateral/Multilateral Engagement**

All bilateral and multilateral exercises, meetings and seminars have to be deferred due to the nature of the pandemic. Obviously, our borders have been closed and meetings were conducted virtually which could not involve the dynamics of physical engagement. The training for peace support deployment and roulement had to be conducted in adopting the new normal whereby the entire change over at mission area was delayed. Confidence building measures were adopted to bring up the morale of troops deployed for mission as the pandemic is a global problem.

❖ **Health Services Additional Duties**

The health services staff within the Army has been extensively supporting civilian hospitals and at quarantine centres. These implied tasks supplementing the Armed Forces efforts have actually disrupted the programmed peace time medical services for permanent serving members. Medical appointments and examinations had to be rescheduled to focus on the unforeseen deployment. Majority of the medical career and functional courses has been postponed because of this new commitment.

❖ **New Operational Deployment**

Since the outbreak, the Armed Forces especially assisted the government to control the constant increase or spike in COVID-19 cases. The biggest challenge was to control the movement of immigrants both legal and illegal. Therefore, a few new operations were established by the Army in support of the national and Armed Forces strategy to control the pandemic. This brought about additional deployment of the

elements that were supposedly carrying out collective training based on the calendar. This collective training was cancelled and all concentrations were focused on this new operational deployment. Hence, the reorganising of the new training needs has to be established to allow enhancement of military competency.

❖ **Security for the Vaccines**

The army was also given the task to provide security for the safe keeping and distribution of the vaccines. This brings more responsibility and tasking which needs manpower and equipment to meet all the new dimensions. Reiterating that apart from the ongoing routine border protection operation added with new dimension of operations to curb smuggling of illegal immigrants, the army was also tasked to ensure safe keeping and transportation of the vaccines. All these new deployments have brought upon added rotation for operations and less rest and recovery for the soldiers. This contributes to morale factor towards the organisation due to being overly stressed.

❖ **Army Regimental System (ARS)**

The outbreak of the pandemic has made lifestyle in the military camps to be modified as of the new SOP in the work place. All regimental group activities which develop and enhance military discipline and camaraderie have to be reduced/restructured as social distancing and maintaining general health superseded the ARS. In the long run, this could erode the existing issues pertaining to ARS which hinges on the fundamental of esprit de-corps and the development of teamwork.

Way Forward

The Army overall involvement with the current pandemic provided a real-life experience and perspective in meeting and preparing for future calamities and contingencies. Some of these plans can be documented and converted into training syllabus for the future whilst the shortcomings need a way forward for rectification. Some of the suggestions for way forward are:

- ❖ The running of individual courses can be continued with its implementation strictly adhering to the pandemic SOP.

Additionally, the capacity of each course can be reduced in support of the SOPs while functional courses to be conducted based on criticality and needs.

❖ Collective training can be resumed also abiding to SOP. Exercises should focus by carrying out CPX and selected FTX only. Therefore, there is a need to reanalyse the current training directive. This also includes bilateral and multilateral exercises and training activity for the current and future until the pandemic is controlled.

❖ The procurement plans also need to be realigned taking cognizance of vital contemporary needs. This is due to the intended cut in allocation by the government. Priority also must focus towards existing operational conduct and additional new deployments supporting whole of government strategy. The spares needed to uplift the serviceability level of equipment in the organisation have to be procured to the sustained operational status to be fully operational. OEM and local defence contracted have to look at supporting these needs as clearly mentioned in the Defence White Paper.

❖ Medical facilities in the camps and military hospital must take into account the new experience and knowledge gained and ponders into ways to improve. Development plus improvements should include infrastructure, new training needs and specialised equipments that are critical when encountered with a pandemic such as COVID-19. Possibly the Army through the medical services will consider to establish a responsible subject matter expert to work alongside with the national Disease Control and prevention office that conducts research of potential high-risk epidemic at a national level. This will be useful for the future medical crises and any CBRN operations. Lesson learnt also suggests that any additional tasking of the medical staff must not hamper the routine medical treatment and examinations which has been programmed for the serving members. At the worst, selected medical staff under the retired reservist list can be augmented to handle routine medical emergencies to supplement the regular staff.

❖ The entire knowledge, skill and experience attained from this pandemic must be recorded as knowledge management. This will provide information and lesson learnt for future operation planning at a strategic, operational and

tactical level. It will also provide data for any future procurement taking cognizance of technology that can elevate efficiency and effectiveness. Training in Humanitarian and Disaster Relief (HADR) for other contingencies also need to be conducted by utilising simulation to create situations that will identify niche and gap areas for mitigation of conflict resolution.

❖ The development of a doctrine encompassing aspects on operational, administrative and logistics matters that can assist the methodology to merge men and machine to overcome crises such as the COVID-19 pandemic.

❖ In order to enhance interoperability between military and civilian to develop expertise, it is superlative to formalise a Civil Military Coordination (CIMIC) course to further expound this domain.

CONCLUSION

It is undeniable that the Malaysian Army as an entity of the Malaysian Armed Forces has played a pivotal role in assisting the government to lessen the impact of the current pandemic. Although the Army has some previous experience but a lot of new ideas and lessons have been assimilated from this experience. Although there are many gaps, it is certain that many good outcomes have been identified. CIMIC is certainly a realm that needs to be developed bringing better coordination to the whole government and society approach. Training and procurement are another area of concern if such nature of calamity reoccurs in the future. The military is always prepared for contingencies but the art of transforming the contingency plan to crises course of action will pave the way to a better end state, reduce uncertainties and better management of risk.

REFERENCES

COVID-19 outbreak in Malaysia: Actions taken by the Malaysian government. Retrieve from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7264933/>

COVID-19 Outbreak in Malaysia: Actions Taken by the Malaysian Government. (2020). Retrieve from <https://www.sciencedirect.com/science/article/pii/S1201971220304008>

COVID Adds to Malaysian Defence Funding Problems. (2021). Retrieve from <https://asianmilitaryreview.com/2021/02/covid-adds-to-malaysian-defence-funding-problems/>

Lam Sai Kit. (2020). Pandemic Action Plan Activated for the Coronavirus. Retrieve from <https://www.thestar.com.my/lifestyle/health/2020/03/16/COVID-19-malaysia>

Liew Chin Tong. Need Whole of Government Effort to Defeat COVID-19 Pandemic. Retrieve from <https://www.malaysiakini.com/news/520025>

Maimunah Omar. The Impact and Challenges Towards Defence and Security. Retrieve from <http://midas.mod.gov.my/gallery/publication/midas-commentaries/203-cov-19>

National Task Force to Continue Even After COVID-19 Pandemic Ends. (2020). Retrieve from <https://www.malaymail.com/news/malaysia/2020/12/14/national-task-force-to-continue-even-after-COVID-19-pandemic-ends-says-defence/1931867>

National Task Force Should be Maintained Post COVID-19. (2020). Retrieve from <https://selangorjournal.my/2020/12/national-task-force-should-be-maintained-post-COVID-19/>

Responding to Coronavirus COVID-19. (2020). Retrieve from <https://www.grantthornton.com.my/campaigns/coronavirus-COVID-19/>

COVID-19 – MALAYSIAN ARMY INVOLVEMENT AS CRISIS RESPONDER

**By BRIG JEN HASANUDIN BIN AB GHANI
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INTRODUCTION

The first Malaysian declared as positive for COVID-19 was on February 4, 2020. From this citizen, the cases had subsequently increased to 22 positive cases by February 15, 2020 (Elangoe, 2020). The second wave of the outbreak that happened in early March which was traced to a mass gathering of a religious event in Kuala Lumpur, held from February 27 to March 1, 2020. The event resulted in an exponential increased in the number of positive cases and contributed to the biggest cluster of COVID-19 in Malaysia at that point of time.

The Malaysian Government, albeit late in its effort to curb the spread of COVID-19, has implemented various comprehensive efforts and strategies including the Movement Control Order (MCO) which commenced on March 8, 2020. This effort quickly broke the chain of COVID-19 and ensured no further spread of the disease. The Military has been assisting the Royal Malaysian Police in the enforcement of MCO. In addition, the government has also created a National Task Force (NTF) to contain the COVID-19 outbreaks from spreading through the illegal immigrants' entrance to Malaysia by land and the sea routes along the country's border. This task force led by the Laksmana Madya Datuk Aris Adi Tan RMN is established to coordinate all relevant enforcement agencies within Malaysia to curb COVID-19.

Under the umbrella of NTF, OP BENTENG is introduced. It is comprised of personnel and assets from the Royal Malaysian Police, Malaysian Armed Forces, Malaysian Maritime Enforcement Agency, and all land and maritime enforcement agencies. The mission was to tighten border control and prevent illegal immigrants from sneaking in.



Chart 1: Statistic COVID-19 In Malaysia (John Hopkins University & Medicine, 2021)

The Conduct of Operation

OP PENAWAR is the reinforcement operation provided by the Malaysian Armed Forces (MAF) to the Royal Malaysian Police to enforce MCO throughout the country. It involves deployment of roadblocks and joint patrols at strategic locations, 24 hours a day (Faizie, 2021). The roadblocks also involve the deployment of police, military and RELA personnel. It aims to restrict interstate and inter-district movement throughout the country. Meanwhile, the joint patrol involves personnel of the Police and the Army monitoring the public compliance to Standard Operating Procedures (SOP) during MCO.




Picture 1: Malaysian Army And Police Personnel Conducting Road Block

OP BENTENG is established to prevent the infiltration of illegal immigrants into Malaysia. Thus, it requires the cooperation between agencies by conducting layers of responsibility area. The deployment of OP BENTENG can be divided into two sectors in Peninsular of Malaysia; the Northern dan the Southern, while in the East of Malaysia, it covers the coastal and border areas. The deployment of OP BENTENG strengthens the framework operation that previously conducted in silos. At the same time, with closer cooperation between Malaysia and neighbouring countries, cross border crimes such as smuggling, human trafficking and other illegal activities can be reduced (Defence White Paper, 2021). The implementation of OP BENTENG, by placing human resources throughout the country's borders, acts as a comprehensive deterrent.

To strengthen the implementation of this operation, MAF assets such as naval vessels that patrol Malaysian waters are complimented with personnel and assets from the army, police, naval police, Malaysian Royal Customs and others. The deployment of the Armour Surveillance Troops using the latest army inventory – AV8 GEMPITA surveillance vehicles has contributed to the success in tracking illegal immigrants and providing information to other agencies.

For the record, the implementation of OP BENTENG and OP PENAWAR has had positive impacts in curbing the COVID-19 pandemic in Malaysia. During the implementation period of OP BENTENG up until 8th February 2021, notable increment of illegal immigrant arrests was recorded. According to the Chief of Armed Forces, in the seven months since OP BENTENG was activated in 2020, 9,677 illegal immigrants, 831 human traffickers and 374 smugglers have been successfully detained (Angkatan Tentera Malaysia, 2020). Meanwhile, the study on the effectiveness of OP PENAWAR shows the compliance rate for MCO was at 95%. This indicates that the presence of MAF, especially the Army, able to affect the mindset of the citizens and ensure compliance, resulting in a higher success rate of stopping the spread of COVID-19. However, the success of these two operations is not something that comes easily. It requires continuous commitment and collaboration from all agencies involved. Each involved agency must continuously share their information and expertise to ensure that the information obtained is channelled to the respective units located at the border, so raids and arrests can be carried out successfully.



	<i>Tangkapan</i>	<i>Pengusiran</i>	<i>Penglihatan</i>	<i>Rompakan Laut</i>	<i>Jumlah</i>
Tekong	891	9	-	-	900
PATI	11,642	1,168	97	-	12,907
Penyeludup	481	-	-	-	481
Kapal/Bot	302	593	18,547	3	19,445
Kenderaan Darat	1,340	-	41	-	1,381
Lain-lain	2,714	169	146	-	3,029
JUMLAH	17,370	1,939	18,831	3	38,143


INFOGRAFIK 

Table 1: Statistic of OP BENTENG (National Task Force, 2021)

CHALLENGES

In its execution, various challenges and obstacles are faced by the units deployed to the operational area. In this context, the challenges faced can be categorised into two; positive and negative. The intended positive challenges include building and forming good relationships between agencies, sharing experiences and knowledge, force integration training and skill development.

Building and Forming Relation between Agencies

As the border area of Malaysia and its neighbouring countries span a large distance, it requires the involvement of many agencies. If we look at the concept of defence as a whole, the challenges include the need for the Malaysian Army and other agencies to maintain their responsibility simultaneously. This requires excellent cooperation and collaboration between the agencies involved. Based on the Defense White Paper, Comprehensive Defense involves the synergistic application of both whole of government and the whole of society approaches to defend the nation in line with the concept of HANRUH (Defense White Paper, 2020). The process encompasses a continuous effort to build internal cohesion, enhance defence preparedness, improve inter-agency coordination, strengthen nation-building, and boost economic capacity and other aspects of national resilience thoroughly and sustainably. The nation's defence is also enhanced through KESBAN that emphasises on pursuing security and development simultaneously.

Sharing Experience and Knowledge

The government's efforts to create inter agency collaboration require high level of experience and knowledge from each agency involved to execute the tasks. The challenge now is to create a platform that allows them to share their experience and knowledge so more effective operations can be planned. This requires trust from every agency involved and requires high integrity. For example, the involvement of members in OP PENAWAR requires a clear understanding and scope of duties so that the personnel involved are not faced with the possibility of performing duties without following the provisions of the law. It is worth noted that the implementation of OP BENTENG comes with greater challenges which are the personnel's lack of knowledge in their scope of work and the lacking ability of other agencies in providing information or performing tasks. "Knowledge is Power" is an advantage for the frontline personnel to

carry out their duties effectively, if they can tap the knowledge and experience available in other agencies.

Force Intregation Training and Skill Development

Due to the challenges faced with the implementation of OP BENTENG and OP PENAWAR, force integration training is held to ensure that all operations are carried out without any problems. This challenge requires coordination between each agency involved. Jurisdiction and legal provisions are clarified in this exercise to provide insight to each staff and develop quality skills. Given the young age of OP PENAWAR and OP BENTENG, members of these reinforcements need joint training to improve their competence and skill development. The challenges involved in training in operating conditions are the sacrifice of time, human resources and logistics. At the same time, each agency has its own primary task. Although these skills do not come in a short period, ongoing training allows those involved to always be ready to be deployed to the area of operations.

The negative challenges faced by the formations and teams involved with OP PENAWAR and OP BENTENG are disrupted training cycle, multi-tasking, preparation for other operation and high exposure risk to COVID-19.

Disrupted Training Cycle

The involvement of the army in these two operations, to some extent, has disrupted the training cycle. The Army has a set training cycle which is divided into two, namely the 24 months cycle and the 12 months cycle that have been designed for individual and collective training purposes. The COVID-19 pandemic has forced the army to divert its previous attention from training for war to assisting other agencies in maintaining national security in peacetime. The training schedule is disrupted and has to be partly postponed due to the assignment of OP PENAWAR and OP BENTENG since it requires huge human resources from the Malaysian Army. For example, the assignment of OP PENAWAR requires the commitment and presence of military personnel to carry out patrols and roadblocks 24/7. Although it is implemented according to the planned assignment schedule, the assigned soldiers still have to sacrifice their daily tasks and training cycle. This does not mean the army ignores its priorities but rather prioritise the country's prime issue. This is in line with the Chief of Army Fifth Pillar-Improving TDM's Relations with the Public, which involves the People's Recognition and Confidence in the Malaysian Army (Ruzaini, 2020). In order to gain recognition and

confidence of the nation, the Malaysian Army also needs to establish cooperative relationships with the Non-Government Organisations (NGOs) and Other Government Agency (OGA) through Civil-Military Cooperation (CIMIC). Besides, the Malaysian Army also needs to take advantage of its cooperation with the government and the public in the Military Operation Other Than War (MOOTW). Thus, the Army's priority during the pandemic of COVID-19 can be seen as leaning towards MOOTW.

Multi-tasking

In addition, the units involved in the reinforcements also face problems with their assignments due to additional burdens in the unit administration, assignment priorities and logistics. Multiple assignments have forced the directly involved formations to plan logistical assistance simultaneously to the units involved in the implementation of OP BENTENG and also OP PENAWAR. This needs to be done so that the logistical support planned for the training can be balanced with the requirement of OP PENAWAR and OP BENTENG. A balance of logistical and administrative assistance for operational and training purposes must be obtained despite having limited resources. Aware of the challenges faced, the Malaysian Army has taken a very smart short-term step, focusing on building up its vehicle assets, for the implementation of OP BENTENG with the acquisition of All Terrain Vehicles (ATVs) and scrambler motorcycles to increase patrols' effectiveness (Tentera Darat Malaysia, 2021). Despite these challenges, duties and responsibilities remain unfulfilled. The commitment of the army and its members has been proven from the arrest of illegal immigrants and the reduction of citizen violations during the MCO.

Preparation or Other Operation

Another challenge includes disruption of preparation for the United Nation (UN) joint mission since the implementation of OP PENAWAR, and OP BENTENG involve large scope of MAF's assignment. This comes in the form of human resources challenges and personnel training for overseas missions. MAF has been involved in various missions abroad, such as at UNIFIL in Lebanon, and TPA Mindanao, Philippines. Malaysia, having an excellent record in overseas deployment, needs to maintain a good image and create confidence across the world by showing its capability to support the UN's mission despite facing the COVID-19 pandemic. Although the current priority is towards MOOTW, the implementation of humanitarian missions should also be considered as a steppingstone

at a strategic level. This is because it will show that Malaysia is capable of tackling COVID-19, and the government can administer and address current issues simultaneously.

High Risk to COVID-19

Apart from that, personnel involved in OP BENTENG and OP PENAWAR face the imminent threat of the COVID-19 virus. Personnel taking turns in carrying out patrols and roadblocks for OP PENAWAR face the risk of being infected by this virus. Meanwhile, the personnel assigned to OP BENTENG face the possibility of infection from illegal immigrants infected with COVID-19, indirectly placing them in the high-risk category to be infected by COVID-19.



Picture 2: Illegal Immigrants Detained In OP BENTENG

WAY FORWARD

Every challenge must be addressed by having a smart and organised action plan. As the world grapples with COVID-19, the Malaysian Army should consider rearranging the previously planned training cycle. If we look at the frequency of deployment faced by the units in operations, planning for training takes backstage. This justified a new arrangement for training implementation based on task rotation. The Malaysian Army should revise the current 12 months and 24 months arrangements and adjust them to the COVID-19 deployment. This is optimal as it allows the focus on the implementation of the operations and avoids deterioration of training quality. The fact is, adequate rest contributes to work quality and training performance. In addition, the revised form of training should

focus on practicality and conduct in small groups, as a given guarantee to reducing the risk of being infected by the COVID-19 virus. Practical exercises can be considered online, either one-to-one or in groups. Although this new norm limits the training at the formation and unit level, it should be considered as an alternative at times of high infection risk.

Scheduling and Replacement

Also, for long term planning of OP PENAWAR and OP BENTENG, the Army needs to plan the replacement and scheduling in detail to avoid burnout of personnel and decreased operational momentum. This is to ensure the effectiveness of the operation at the highest level. The balance trilogy of man, machine and method must be implemented accordingly to avoid limited human resources and logistics, especially in the border areas of the country that are exposed to various direct or indirect threats. Considerations that need to be planned for are the composition of the deployment, taking into account the broad national border and the overall defence concept. Cross – rotation of personnel also needs to be arranged regularly, especially for OP BENTENG, which requires continuous commitment, perseverance and patience. All of these are intangibles issues that cannot be measured with the naked eye. All administration levels at the formation and unit-level need to plan appropriate replacements and rotations to avoid the emergence of disciplinary issues, fatigue, stress and dissatisfaction among personnel involved with the operations. The welfare of personnel and their family should also be given priority in line with the Chief of Army 3rd Pillar, welfare, a priority for every Army member (Ruzaini, 2020). Every personnel involved needs to be given support and attention to produce effective operational quality without neglecting the safety and welfare left behind while carrying out operations.

Inter Agencies Colaboration

Competencies and skills must keep up with the latest technology available. Therefore, course planning and training need to be meticulously planned. This justification is based on collaboration between agencies, especially in the implementation of OP BENTENG, which involves 19 agencies in Malaysia under the umbrella of the NTF led by the MAF. Therefore, to increase collaboration between the agencies requires joint training and courses that focus on the duties and responsibilities, expertise and ability of each agency to contribute in arresting illegal immigrants in OP BENTENG and the percentage of citizens compliance in OP

PENAWAR. For example, the joint source of intelligence and information assessment enables mobilised personnel to act quickly and accurately. Joint training and courses also help each agency to understand in depth the capabilities of other agency, especially the MAF and Royal Malaysia Police, in curbing the entry of illegal immigrants into the country. The assets of each agency should be used equally as a source to obtain information. This is evidenced by the effectiveness of drones from the Defence Intelligence Service Department (DISD), armoured surveillance vehicles and CL 415 MP aircraft from APMM that have been used successfully for the last six months to arrest illegal immigrants and deter illegal boats from entering Malaysian waters. For the record, in an interview with the Commander of the Bukit Aman PDRM Marine Police Force, he stated that "The integrated concept of the NTF through land, sea and air border control is seen to be very effective. This is evidenced by the 35% decrease in the total seizure value of the Marine Police Force, RM 180 million in 2019 compared to RM 115 million in 2020 (Tentera Darat Malaysia, 2021).

Clear Authority and Legal Empowerments

Long-term plans in the assignment of OP BENTENG and OP PENAWAR should also be seen from the legal scope and authority, especially in the jurisdiction of arrest and interrogation. This authority must also be communicated to the public to ensure no confusion and issues such as provocation in the implementation of the operations, especially to members of the deployed armed forces. Currently, the Emergency Ordinance (12th January 2021 until 1st August 2021) approved by the Yang di-Pertuan Agong can empower the MAF deployed in OP BENTENG to combat illegal entry of immigrants at national borders. From the proclamation of the Emergency, individuals committing cross border crime, be illegal entry or smuggling, can be arrested, detained and interrogated by the Malaysian Army personnel on duty (Nurulhuda, 2021). The provisions of this legislation protect the Malaysian Army personnel on duty. In addition, the OP BENTENG Standing Operating Procedure (SOP) signed on 14th December 2020 acts as a guide and reference for OP BENTENG up to the tactical level to ensure a positive impact on the implementation of operations in land, sea and air components under the NTF. Therefore, the appropriateness of the study on the jurisdiction of the agencies involved in the operations of OP PENAWAR and OP BENTENG must be implemented if the period of these two operations is extended in the future to avoid legal action against personnel on duty later.

Proper Personnel Protective Equipment

In the duration of the operation, addressing the issue of COVID-19 is a must as well. It is a fact that personnel deployed are not immune and is at risk of being infected by the COVID-19 virus. Malaysian Army move to prioritise personnel in the red zone and deployed for operations to be given priority in receiving vaccines is a wise move. Beginning 8th March 2021, 26,000 army personnel will be vaccinated in stages to reduce infection of the COVID-19 virus (Zakaria, 2021). However, in the long run, it is desirable to consider the procurement of level 2 personnel protective equipment for use at OP BENTENG areas to ensure arrests and investigations does not pose a high risk of COVID-19 infection. Currently, each personnel is only provided with a face mask and hand sanitiser as preventive measures to avoid this virus.

CONCLUSION

In conclusion, the Malaysian Army has made a significant contribution to supporting national strategies in curbing the spread of the COVID-19 in Malaysia. The implementation of OP PENAWAR and OP BENTENG has had a significant impact on MCO enforcement and preventing illegal immigrants from entering the country. Despite the challenges in the implementation of operations, the Malaysian Army is seen to be able to balance its ability in supporting the government and the country with limited personnel, assets and supporting logistics. For a long-term plan, the Malaysian Army needs to consider its training cycle, composition and scheduling of formations, units involved in operations and better collaboration between agencies to ensure its readiness, effectiveness and relevance.

REFERENCES

- A. Elangoe. (2020). COVID-19 Outbreak in Malaysia [Online]. *Osong Public Health and Research Perspectives* 2020, 11(3),93-100. Retrieved from <https://doi.org/10.24171/j.phrp.2020.11.3.08>
- Angkatan Tentera Malaysia (2020, December 14). *Majlis Menandatangani Prosedur Tetap Operasi OP Benteng, Nasional Task Force (NTF)*. Retrieved from <https://www.facebook.com/468681313203236/posts/4803507909720533/>

- Johns Hopkins University & Medicine. (2021). *COVID-19 Dashboard by the Center for Systems Science and Engineering (CSSE)*. Retrieved from <https://coronavirus.jhu.edu/map.html>
- M.Faizie. (2021). Anggota Keselamatan Sanggup Berhujan dan Berpanas. *Airtimes News Networks*. Retrieved from <https://www.airtimes.my/2021/02/01/anggota-keselamatan-sanggup-berhujan-berpanas-demi-nyawa-rakyat-ismail-sabri/>
- National Task Force. (2020, Disember 10). OP Benteng: Memperkasa Kedaulatan Negara. Retrieved from https://web.facebook.com/pagemkatm/posts/4789896561081668?_rdc=1&_rdr
- National Task Force. (2021, March 2). *OP Benteng Berkesan Halang PATI*. Retrieved from <https://m.facebook.com/NTFpage/posts/212368684012569>
- Nurulhuda. (2021, February 27). Proklamasi Darurat: Pertambahan Kuasa anggota ATM Perkasa OP BENTENG. *Airtimes News Network*. Retrived from <https://www.airtimes.my/2021/02/27/proklamasi-darurat-pertambahan-kuasa-anggota-atm-perkasa-op-benteng/>
- Ruzaini, N. (2020, July 11). Perintah Ulung PTD ke-28. *Berita Tentera Darat Malaysia*. Retrieved from <https://btdm.my/index.php/2020/07/11/perintah-ulung-ptd-ke-28/>
- Tentera Darat Malaysia. (2021, February 22). *Aset OP Benteng Tentera Darat di Malaysia Timur Diperkasa*. Retrieved from <https://www.facebook.com/TenteraDaratMY/posts/3798384836865300>
- Zakaria, M.K. (2021, March 2). TDM Perlu Tambah Aset Tingkatkan Kesiapsiagaan. *Berita Harian Newspaper*.
2020. Defence White Paper (3rd Edition). Kuala Lumpur: Ministry of Defence

NATIONAL STRATEGIES IN MITIGATING COVID-19 CHALLENGES AND WAY FORWARD

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INTRODUCTION

The world has succumbed to the influenza pandemic for the past hundred years. According to the data taken by the World Health Organization (WHO), from the year 1918 until 2020 around 20-50 million people have died globally because of the influenza pandemic that devastated the world with its long-term consequences. Scientifically, the influenza virus can transmit from human-to-human with ease and create a severe global pandemic, unlike H5N1, Nipah, and Ebola that caused only regional epidemics.

The worse influenza virus that the world has encountered during past was a Severe Acute Respiratory Syndrome (SARS) (2002-2003) and Middle East Respiratory Syndrome (MERS) (2012) outbreaks which are transmitted from bats via palm civets (Guangdong Province) and dromedary camels (Saudi Arabia), respectively. The virus has caused lower respiratory tract disease along with fever and cough often ending up relying on supportive respiratory care and assistance. According to the records made by the WHO, the virus SARS has reported nearly 8,000 cases and 800 deaths across 29 different countries.

As the technologies and healthcare systems have developed tremendously around the world, these influenza viruses have shown a passive transmission growth among people. However, on 12th December 2019, Chinese authorities have reported to the WHO a rapid spread of disease was infected the Wuhan City residents. In depth, investigations were conducted immediately as the number of cases increased each day. Quick early findings showed that many patients have been exposed to the disease were originated from Huanan Seafood Market in Wuhan City. On the 7th January 2020, Chinese scientists have identified an unknown novel coronavirus (nCoV) from an infected person which the virus had 96.3% genetic similarity with a Yunnan bat coronavirus RatG13 and 70% homology with Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV).

The identification was confirmed by the WHO on 12th January 2020 and stated only seven coronaviruses that can cause disease in humans which are SARS and MERS. Further investigation was conducted later and this novel coronavirus originated in Wuhan known as SARS-CoV-2 was added to the list of viruses threatening humans. This virus has caused severe outbreaks of a pneumonia disease around the world, named COVID-19. Compared with the earlier reported cases of COVID-19, most of the patients were the person who visited the Huanan Market, the later cases had no similar history. The situation then became more complicated, as some of the new cases were detected in patients with no travel history to Wuhan. From this observation, it was suggested that these viruses can be transmitted through human-to-human transmission. The virus has shown a very rapid transmission and spread which was at the end of March 2020, the virus has affected about 600,000 people and caused 20,000 deaths globally. As of third week of March 2021, more than 125 million people had been infected with more than nearly 3 million deaths.

COVID-19 Outbreak Globally

The first COVID-19 case outside China was reported in Thailand on 13th January 2020, two days after China authorities reported its first death case. This has case led to a more stringent screening process for passengers with a fever at the airports in Thailand, Hong Kong, South Korea, and Singapore. On 20th January 2020, the first case was reported in the United States of America (USA) in a person with a history of returning from Wuhan. The US declared nCoV as a Public Health Emergency on 31st January 2020, the day after WHO declared the outbreak as a Global Public Health Emergency. On the same day, the cases were reported in Sweden and Spain, while Russia and the United Kingdom reported their first two cases respectively. It was reported that SARS-CoV-2 was continuing to spread globally. **Table 1** shows the top 10 countries with the highest numbers of COVID-19 cases reported as of 11th April 2020. Many websites present the latest updates on the number of COVID-19 cases worldwide. Five countries have exceeded the number of cases in China, where the virus outbreak started as shown in the table.

No.	Country	Total Cases	Total Deaths	Total Recovered
(a)	(b)	(c)	(d)	(e)
1.	USA	508,876	80,747	27,340
2.	Spain	158,273	16,081	55,668
3.	Italy	147,577	18,849	30,455
4.	Germany	122,171	2,736	43,913
5.	France	124,869	13,195	24,932
6.	China	82,003	3,342	77,525
7.	Iran	68,192	4,232	35,465
8.	UK	73,758	8,958	344
9.	Turkey	47,209	1,006	2,423
10.	Belgium	26,667	3,019	5,568
34.	Malaysia	4,346	70	1,830

Table 1: Top 10 Countries With The Highest Numbers Of COVID-19 Cases As Of 11th April 2020

COVID-19 Outbreak in Malaysia

The first case of COVID-19 was confirmed in Malaysia on 25th January 2020 which was the first wave of infection in the country that lasted for about three weeks according to the Ministry of Health (MOH). These cases were traced from the three Chinese nationals who previously had close contact with an infected person in Singapore. They had travelled into Malaysia via Singapore on the 24th January 2020. The patients were then treated at the Hospital Sungai Buloh, Selangor. In order to control the spread of these pandemics, the MOH has taken a quick response by devising standard guidelines for the management of COVID-19 cases by classifying 34 hospitals and screening centers into specifically designated response centre in each state of Malaysia such as Hospital Kuala Lumpur, Hospital Sungai Buloh (Selangor), Hospital Tuanku Jaafar (Negeri Sembilan), Hospital Sultanah Aminah (Johor), Hospital Miri (Sarawak) and Hospital Tawau (Sabah). The total number of cases for the first wave outbreaks was still under control with only 22 cases confirmed infections, 20 of which were imported and have no fatalities.

On 27th February 2020, the country was facing the second wave after 11 days without new cases. On 11th March 2020, Brunei has reported its first case which the infection was traced to be from a large religious gathering in Kuala Lumpur, Malaysia. The religious gathering which was organized from 27th February until 1st March 2020 was attended by about 14,500 participants from a different country. Approximately two weeks after the gathering on 15th March

2020, Malaysia COVID-19 cases were suddenly spike and recorded the first three-digit numbers in a day with 190 new cases. The consequences of the religious gathering at Kuala Lumpur in terms of COVID-19 cases were very significant. An alarmingly high number of new cases were reported immediately after the news was received from International Health Regulations Brunei. More than 100 cases were reported each day, with more than 50% of cases having a history of attending or contact with the new cluster from the religious gathering in Seri Petaling.

This new cluster marked a bigger threat of COVID-19 in Malaysia. The number of critical cases in the Intensive Care Unit (ICU) increased each day with the first two critical cases being reported on 9th March 2020. Malaysia reported its first fatal case on 17th March 2020, a case related to the religious gathering in Seri Petaling Mosque, Kuala Lumpur. Another death was also reported on the same date from a case in Sarawak. Until 31st March 2020, a total number of 2,766 positive cases has been reported to the MOH with 537 recovered cases and 43 deaths. It was also explained that a total of 2,186 active cases were being treated in hospitals and 580 closed cases. As of the third week of March 2021, there were more than 330,000 cases had been reported with 1,200 deaths. The Malaysian government together with all the ministries has made tremendous efforts to face and handle the outbreak during this period and beyond.

National Preventive Measure

In order to control the spread of the pandemics among Malaysians, the Prime Minister of Malaysia, Tan Sri Muhyiddin bin Yassin with all the ministries have established several preventives measure to ensure that the spread of this pandemic is controlled as well as the safety and welfare of Malaysians is also well maintained. The MOH has played a crucial role in ensuring maximum readiness to contain the spread of the virus. Among the earliest efforts taken by the MOH to prevent disease transmission was the enforcement of health screening at all points of entry. According to the Director-General of the MOH, Tan Sri Dr. Noor Hisham Abdullah, one of the strategies was the placement of thermal scanners.

It was done to further enhance the detection of fever amongst tourists and locals after returning from abroad. Malaysians who returned from Wuhan will be screened, identified, and isolated in the designated quarantine area for a certain period. This measure also involved airline crews as well as the staff of the MOH. To support the accommodation for the COVID-19 patients, the MOH has taken a

subsequent step by increasing the number of hospitals that could treat COVID-19 cases. There was also a group effort between public and private hospitals to accommodate the growing numbers of cases of infection, comprising university hospitals and Ministry of Defence hospitals. On 16th March 2020, the Prime Minister has announced a Movement Control Order (MCO) to all Malaysians including Sabah and Sarawak. This control order was made under the Prevention and Control of Infectious Diseases Act 1988 and the Police Act 1967.

However, on 25th March 2020 the number of positive cases reported by the MOH still remains relatively high. Due to that, the government has announced tighter measures to contain the spread of COVID-19 in the country. The Prime Minister with the consultancy of National Security Council (NSC) and MOH has made announcement through mass-media, the states with daily cases remaining at four-digits of late would go under the Enhanced Movement Control Order (EMCO), Administrative Enhanced Movement Control Order (AEMCO), or Targeted Enhanced Movement Control Order (TEMCO) while other states with the low rate of COVID-19 cases would go under the Conditional Movement Control Order (CMCO) or Recovery Movement Control Order (RMCO).

Movement Control Order (MCO)

More commonly known as 'nationwide lockdown', this MCO was implemented from 18th March to 3rd May 2020. The immediate goal was to break the COVID-19 infection link, thus social and physical contact had to be minimized. Under MCO, only essential services including food supplies and services, pharmacies, medical and healthcare institutions, petrol stations, hypermarkets, and grocery stores were allowed to operate. Industries that are not listed under essential services were ordered to close. Although restaurants and food services were allowed to open, its operations were strictly limited to takeaways and deliveries only and dine-in was not allowed.

Inter-state and inter-district travels were strictly prohibited, except for essential workers, food or essential grocery shopping, and in cases of emergency. All tourism, cultural, religious, or social activities that involve the gathering of large crowds were strictly prohibited, evening curfew was set at 2200 hours, the public were ordered to stay home, and only the head of the family was allowed to leave home for essential shopping. The MCO period was implemented in four phases with different levels of restrictions as the number of infections nationwide slowly decreased.

Conditional Movement Control Order (CMCO)

CMCO was implemented from 4th May to 9th June 2020, with a relaxation of regulations from the MCO phases. Its main goal was to reopen and 'recover' the national economy in a controlled and conditional manner. Under CMCO most economic sectors were allowed to open and the public's movement was more relaxed, subjected to specific conditions. Two persons from each household were allowed to leave the home, though activities or operations that require mass gathering in enclosed spaces, such as theatres, schools, gyms, beauty and hair salons, religious activities, weddings, and conferences were still not allowed.

Interstate and inter-district travels were still prohibited, and any work or emergency traveling required a written letter from the employer or the relevant authorities. Dining-in regulations were relaxed as well, and two-persons per table were allowed, yet still not encouraged for high-risk groups. The public was continually urged to utilize contactless payment, takeaway, delivery, and drive-thru services to ensure minimize social and physical contact contamination. CMCO was also implemented in Sabah (13th to 26th October 2020), Selangor, KL, and Putrajaya (14th to 27th October 2020), students who were sitting for international examinations were allowed to travel, with a written letter from their respective educational institutions required.

Recovery Movement Control Order (RMCO)

RMCO has been implemented starting from 10th June to 31st December 2020, to gradually reopen and recover the economic and social sectors of the country. Under RMCO, interstate and inter-district travels have resumed. All sectors were allowed to open subject to the strict standard order procedures and measures. Sectors that were allowed to reopen under RMCO include theatres, education, religious, social, and cultural activities except for nightclubs.

Although Malaysia's international borders are still closed to foreign travellers, a certain group of travellers can travel into and out of Malaysia under specific conditions such as for work, study, or medical purposes but it is subjected to the necessary passes and approval from relevant authorities. Those who have entered Malaysia (locals and foreigners) are also required to undergo COVID-19 testing and mandatory quarantine upon arrival.

Enhanced Movement Control Order (EMCO)

EMCO is the strictest movement control order and is a kind to a 'total lockdown' to lock down specific localities that have been identified as high risk. All activities are ceased during the implementation of the order and no movement in and out of the EMCO areas is allowed during the EMCO period. Residents at the affected EMCO areas are not allowed to leave their homes, except for emergency purposes, and food items will be sent to them by the respective authorities. All residents within the EMCO are also subjected to compulsory COVID-19 testing by the government. In April 2020, EMCO was imposed in Simpang Renggam, a district in Johor where an infection cluster had affected hundreds of confirmed COVID-19 cases.

Targeted Enhanced Movement Control Order (TEMCO)

TEMCO is a sub-type of EMCO that applies to a much smaller space instead of entire districts or areas. It involves locking down individual residential complexes or office buildings with tighter restrictions. Similar to the EMCO, residents of the affected premise are ordered mandatory quarantine at home, while only the head of the family is allowed to leave the house to buy food or essential grocery items. All social activities within that targeted premise are prohibited and screening tests are also compulsory for all residents. A prison in Alor Setar, Kedah where a new cluster that contributed to a third of the recent wave of confirmed COVID-19 cases was one of the latest to be locked down under TEMCO.

Administrative Enhanced Movement Control Order (AEMCO)

AEMCO is another sub-type of EMCO that applies to specific high-risk areas, but with fewer restrictions. Residents in these areas are allowed to travel within and beyond the affected area subjected to clearance by the officials stationed there. Similar to the EMCO areas, compulsory COVID-19 screening and testing were applied to all residents. But these orders have certain differences from the EMCO order, all food and essential services in the AEMCO area can operate as usual.

In order to ensure implementation of the MCO is successfully implemented, the Malaysian Government has established a special committee of ministers to coordinate the implementation of the Movement Control Order in the government's efforts to address the COVID-19 pandemic. Defence Minister, Dato' Seri Ismail Sabri

Yaakob said the committee involved 19 ministers, the Chief Secretary to the Government, National Security Council (NSC), Inspector General of Police, the Chief of Defence Forces, the Attorney General, and the Ministry's Secretary-General. This special committee was established to facilitate any issues related to the ministry can be addressed to the relevant ministries so that the answer is clear because the ministries know more about the related matter as of their respective ministries.

State of Emergency Nationwide

On 12th January 2021, the Yang di-Pertuan Agong Al-Sultan Abdullah Ri'ayatuddin Al-Mustafa Billah Shah has announced a State of Emergency nationwide from 12th January 2021 to 1st August 2021 to contain further spread of the COVID-19 pandemic. That was because the transmission of COVID-19 in Malaysia was at a critical stage and there was a need for a declaration of the Proclamation of a State of Emergency under Article 150 of the Federal Constitution. To ensure that the implementation of the State of Emergency is applied effectively throughout the nation, Yang di-Pertuan Agong also consented to a government proposal to set up an independent committee comprising government and opposition MPs as well as health experts to manage the COVID-19 situation.

This Independent Committee will make recommendations to His Majesty if it deems fit that the emergency can be withdrawn much earlier than 1st August 2021. The Prime Minister also explained that under the proclamation of a State of Emergency, the government would continue to function and economic activities will operate as usual but subject to Standard Operation Procedure SOPs. He highly emphasized that Malaysia is open for businesses. The government will remain committed to the Six Phase Economic Recovery Plan (6Rs) in place since last year for economic recovery.

Movement Control Order 2.0 (MCO 2.0)

In response to the COVID-19 pandemic, the Malaysian government reviewed the implemented measure which is the Movement Control Order (MCO) from time to time, based on the current COVID-19 situation in the country. As of 19th February 2021, Malaysia has recorded 274,875 total COVID-19 cases, of which 38,763 were hospitalized, 235,082 recovered and 1,030 deaths. Due to this, the government has implemented Movement Control Order (MCO) 2.0 in Selangor, Kuala Lumpur, Johor, and Penang until 4th March 2021, with relaxation for the micro economy. Other states are

under Conditional Movement Control Order (CMCO) until 4th March 2021, except Perlis under Recovery Movement Control Order (RMCO). MCO 2.0 aims to stem the spread of the COVID-19 pandemic and the Malaysian Ministry of Health informed that cases are on a downward trend from the second week after MCO 2.0 was enforced in general. Interstate travel is still not allowed. With a tightening of the current Standard Operating Procedure (SOPs), most businesses are permitted to operate during MCO 2.0.

Deployment of Malaysian Armed Forces in Mitigating COVID-19

Once the government has announced the MCO to be implemented in Malaysia to curb the COVID-19 since 18th March 2020, all agencies have been urging to give a vigorous response to contain this communicable disease. After three days of MCO implementation, the statistics show that only 60 percent of the Malaysian followed the SOP's which led to an increase in cases every day. Due to this, the involvement and support from the MAF are crucial to support the other agency during the MCO. Upon all that, on 20th March 2020, the Defence Minister has announced the involvement of MAF to support the other government agencies during the implementation of MCO. In response to that, on 22nd March 2020, Chief of Defence Forces, Jeneral Tan Sri Affendi Buang TUDM has launched an operation named Operation PENAWAR (OP PENAWAR) to support the Royal Malaysian Police (RMP) in the implementation of MCO.

Operation PENAWAR (OP PENAWAR)

OP PENAWAR is a joint operation between the MAF and RMP to break the virus chain COVID-19 from continuing to spread and infect faster to the community. The role of MAF during Op PENAWAR is to assist RMP in holding patrols, roadblocks, control hospitals, and borders, outdoor areas cities, and public areas which is a high-risk area for COVID-19 transmission. The MAF from three different services which are from Army, Navy, and Air Force are assigned to establish a roadblock location also known as Sekatan Jalan Raya (SJR), and vehicle patrol locations throughout the country every day. Besides that, the MAF is also responsible for cordoning the area which has been identified by the MOH as EMCO area as per **Picture 1**. The overall strength of MAF members deployed to assist RMP is about 7,500 members.



Picture 1: The Army Monitoring EMCO Area Surrounded By Barbed Wire - Source From Mohamad Shahril Badri Saali (NSTP)

Humanitarian and Disaster Aids

While the country is still facing the threat of the COVID-19 pandemic, the MAF's important role as front liners is undeniable as they have been among the first to send aid to flood victims in several states, especially on the east coast and southern part of the country. On 7th January 2021, the country was shocked by a severe flood disaster in which some villages lost contact due to road infrastructure damage. With the information obtained from the National Security Council, the MAF has mobilized the Royal Engineer Regiment (RER) to help in the construction of the bridge infrastructure which was damaged due to floods.

According to Chief Engineer of Royal Engineer Regiment (RER), Mejar Jeneral Dato' Pahlawan Ir Hj Chapiti bin Hj Redzwan said the installation of the temporary bridge panels involved 50 members from 91 Support Regiment RER. Apart from distributing food aid to the affected residents, a team of military personnel spent over 15 hours continuously building a temporary bridge for the convenience of over 500 residents in Kampung Lechar, Ulu Dong, Pahang, as per **Picture 2**.



Picture 2: Military Personnel From 91 Support Regiment RER Installing Panel Bridge To Substitute The Existing Bridge That Destroys Due To The Flood - Source From Mohd Sadri Zamli (Astro Awani)

Operation BENTENG (OP BENTENG)

The establishment of the National Task Force (NTF) led by the MAF in collaboration with other enforcement agencies is a continuation of border control operations in preventing the entry of illegal immigrants (PATI) through national borders. MAF as the coordinator of integrated operations known as Operation BENTENG (Op BENTENG) together with the RMP, Malaysian Maritime Enforcement Agency (MMEA), and other security agencies to strictly control the country's borders from being violated by illegal immigrants to curb cross-border crime as well as block the transmission of COVID-19 pandemic that was reported was brought by the illegal immigrants.

It also involves enforcement and security agencies such as the MOH, the Malaysian Civil Defence Force, the Malaysian Immigration Department, and the Malaysian Volunteer Department. The NTF Commander, Admiral Dato 'Aris Adi Tan Abdullah said NTF was tasked to coordinate security and enforcement operations using all agencies in an integrated manner. The selection of MAF as the leader of this team is based on the threats we face and use as well as the capacity of the MAF that can use the three land, sea and air space. Through Op BENTENG, the government has waged a war in the transmission of the COVID-19 pandemic with excellence. With the economic recovery of the country much better in other countries, it becomes one of the demands for illegal immigrants in time to come to Malaysia. Due to this, Op BENTENG is implemented for all time and

covers all the contents to ensure that no entry of illegal immigrants can pass it specifically in the illegal road.

MySejahtera Application

All Malaysians and foreigners who wish to enter Malaysia are compulsory to download and install the MySejahtera application on their mobile phones. MySejahtera is an application developed by the Malaysian government to assist in managing the COVID-19 pandemic in the country. It also allows the users to perform health assessments and also monitor their health progress throughout the COVID-19 pandemic. Besides that, MySejahtera also enables the MOH to monitor users' health conditions and take immediate actions to provide the treatments required. Moreover, this application also assists the users in getting treatment if they are infected and locate the nearest clinics for COVID-19 screening and treatment. Currently, the Prime Minister has launched the vaccination program through the MySejahtera application to facilitate the implementation of the immunization process to all Malaysian.

National COVID-19 Immunisation Programme

The vaccination implementation process under the National COVID-19 Immunisation Programme covers the enrolment process of the target groups based on the priorities of each phase right up to the vaccination and monitoring of adverse effects. The process will be carried out through the MySejathera application, website or be done manually for those who do not have access to the MySejahtera application. The administration of the COVID-19 vaccine is voluntary but highly encouraged to achieve significant coverage of the population. Registration for the vaccine which starts on 1st March 2021 will be implemented through the MySejahtera application, Hotline, outreach programs for rural and interior areas, website, and registration at public and private health facilities.

In February 2021, Malaysia has secured 66.7 million doses of COVID-19 vaccines through the COVAX Facility and advance purchases from five vaccine manufacturers. Out of the five manufacturers, the Pfizer-BioNTech vaccine has obtained conditional approval from the Drug Control Authority (DCA) and the National Pharmaceutical Regulatory Agency (NPRA) on the 8th January 2021. The remaining four COVID-19 vaccine candidates are still pending approval from NPRA. The supply of vaccines from these five suppliers will be received in stages by Malaysia starting February

2021 but it is subjected to NPRA approval. **Table 2** shown the supply of COVID-19 vaccines that have been acquired by Malaysia.

Item/Vaccine	Pfizer	Astra Zeneca (including COVAX Facility purchases)	Sinovac	CanSinoBIO	Sputnik V
(a)	(b)	(c)	(d)	(e)	(f)
Types of Vaccines	mRNA	Viral vector	Inactivated virus	Viral vector	Viral vector
Manufacturer's Country	The United States of America	United Kingdom	China	China	Russia
Number of doses	2	2	2	1	2
Efficiency	95%	62% - 90%	50.4% - 91.25%	65.7%	91.6%
Storage Temperature	-75%	2% - 8%	2% - 8%	2% - 8%	-20%
Number of doses (Million)	50%	20%	18.75%	10.9%	10%
Countries that have used the vaccines	United States of America, Singapore, UK, Bahrain, Canada, Mexico, Switzerland, the European Union	UK, South Africa, Ukraine, Brazil, the European Union, Canada, India	China, Indonesia, Turkey, Chile, Hong Kong, Brazil, Cambodia	China, Mexico, Pakistan	Russia, Argentina, Brazil, South Korea, Belarus

Table 2: Supply Of COVID-19 Vaccines That Have Been Acquired By Malaysia - Source From The Special Committee For Ensuring Access To COVID-19 Vaccine Supply (JKJAV), 2021

The COVID-19 vaccination is a voluntary program and will be provided free of charge to all those living in Malaysia either citizens or non-citizens. The age limit is 18 years and above but it will be evaluated from time to time. The approach by the Government is to ensure that at least 80% of Malaysia's adult population receive vaccines by February 2022 in order to reduce infections, hospitalization, and death. For vaccines that require two doses, each individual will get a vaccine of the same type and the duration of

receiving the second dose will depend on the type of vaccine allocated to them. For example, the interval between the first and second dose for the Pfizer and Sputnik V vaccine is 21 days, the AstraZeneca vaccine is 28 days and the Sinovac vaccine is 14 days. The vaccines will be distributed in stages nationally based on supplies and deliveries from vaccine manufacturers. The vaccine distribution strategy and target groups are as shown on **Table 3**.

Phase	Action Period	Target Group	Estimated People
(a)	(b)	(c)	(d)
Phase 1	February to April 2021	<p>Priority 1 - Frontliners comprising of public and private healthcare personnel</p> <p>Priority 2 - Frontliners comprising of essential services, defence and security personnel</p>	500,000
Phase 2	April to August 2021	<p>Priority 1 - Remainder of healthcare workers as well as those in essential services and defence and security personnel</p> <p>Priority 2 - Senior citizens (those aged 60 and over), high-risk group with chronic diseases such as heart disease, obesity, diabetes and high blood pressure and people with disabilities</p>	9.4 million
Phase 3	May 2021 to February 2022	<p>Priority</p> <p>Adult population aged 18 years and above (citizens & non-citizens)</p> <p>Priority will be given to those in the red zones, followed by those in yellow zones and finally those in green zones</p>	13.7 million or more

Table 2: Vaccine Distribution Strategy And Target Groups - Source From The Special Committee For Ensuring Access To COVID-19 Vaccine Supply (JKJAV), 2021

Pandemic Effects on Malaysian

This pandemic has caused devastating effects on the Malaysian economy from both external factors (global supply and demand shocks) and domestic factors. This disproportionate impact has given a critical impact on smaller businesses and vulnerable

groups such as lower-income individuals and workers. According to the Prime Minister, Malaysia's economy is losing an estimated RM 2.4 billion daily during the MCO, a total of RM 63 billion due to all business activities were suspended. This economic downturn was also explained by the Malaysian Ministry of Finance which stated that Malaysia's Gross Domestic Product (GDP) is expected to contract by 4.5% in 2020, before regaining its growth in 2021 of 6.5% to 7.5%.

The implementation and subsequent extension of the MCO have greatly affected Malaysia's economic performance. The broad-based travel restrictions and travel risk aversion have affected all tourism-related sectors. The global supply chain disruptions also have pressured the production and trade activities of the manufacturing sector. The cumulative losses incurred by the Electrical and Electronics (E&E) sector are estimated at RM 7.28 billion of GDP, while the impact on exports is estimated at RM 29.12 billion. Private consumption and investment are also declined due to the reduction in household spending. The increase in financial market volatility due to ongoing external uncertainties has led to tighter domestic financial market conditions. According to the Department of Statistics Malaysia (DOSM), as of 1st May 2020, 67.8% of the total 4,094 Malaysian companies responded that no sales or revenue during the MCO period. The companies' main challenges are the financial source for salary and rental payment and low customer flow. Moreover, the unemployment rate is expected to rise to 4.2% in 2020 due to the closure of business operations during MCO.

However, according to the Finance Minister, Tengku Datuk Seri Zafrul Abdul Aziz, the online sales of fast-moving consumer goods have grown rapidly by 40% due to the pandemic. This might be because of the Malaysian consumer behaviour which has possibly changed due to the COVID-19 pandemic and making the new normal permanent. They have become more comfortable buying online and cashless or contactless payment transactions. Postal and Courier Services are recognized as one of the sectors least impacted by the COVID-19 pandemic. Apart from the pandemic, the domestic economy will also be affected by the sharp decline and volatile shifts in crude oil prices and continued supply disruption in the commodities sector due to unfavourable weather conditions, continued maintenance works, and to a certain extent, reduced operating capacity due to the MCO.

CONCLUSION

COVID-19 has caused major effects world wide, nowadays more than 124 million positive cases had been recorded globally after it was discovered in China. Malaysia was ranked 45th in the world based on the number of positive cases. Perceiving the alarming trend shown in other countries, constructive actions and effective measures to overcome this pandemic became the main agenda of the Malaysian government in the early stage of its emergence in the country. Specific hospitals were assigned to handle COVID-19 cases as a measure to isolate the patients and prevent them from affecting others. The MCO which was enforced by the government shown the seriousness of the government to break the chain of COVID-19 in the community. This tough decision has affected all sectors, especially the economy, from the smallest scope of individual income to the largest of international trade.

However, all Malaysians have shown their full support of the MCO enforcement to ease the burden of frontliners in handling the increasing numbers of cases each day. To lessen the effects of the MCO, the Malaysian government has granted a huge budget to various sectors to lessen the effect of this pandemic, initiate people-based economic growth, and encourage quality investments. Currently, the government has announced a budget 2021 themed "Stand United, We Shall Prevail" with the allocation of RM 322.5 billion expenditure to revive the economy and help Malaysians whether the COVID-19 pandemic. The 2021 Budget has three key areas of focus which are ensuring the wellbeing of the people, business continuity, and resilience of the economy. Almost 73.30% of the total budget is allocated for operating expenditure, 21.40% for development expenditure, and a special allocation of 5.30% for the COVID-19 fund. The budget 2021 is established to support the earlier announced economic stimulus packages.

The Malaysian government also has plans to revive the economic activities by formulating a comprehensive Short, Medium, and Long Term Economic Recovery Plan which will complement the various announced economic stimulus packages. On 27th March 2020, the Prime Minister has announced a Prihatin Rakyat Economic Stimulus Package (PRIHATIN) worth RM 250 billion to preserve Malaysian's welfare (RM 128 billion), support businesses including small and medium-sized enterprises (SMEs) (RM 100 billion), and strengthen the economy (RM 2 billion) and support implementation of measures announced under the first Economic Stimulus Package (RM 20 billion).

The Finance Minister also mentioned that the PRIHATIN had helped to relieve Malaysia's economic pressures in the past few months. On 5th June 2020, the Prime Minister again have announced the Short Term National Economic Recovery Plan which is PENJANA (Pelan Jana Semula Ekonomi Negara). Malaysia is currently in the fourth phase which is the recovery phase under the Six Phase Plan (6Rs): Resolve, Resilience, Restart, Recovery, Revitalise, and Reform. PENJANA has 40 initiatives worth RM 35 billion which are focusing on three key thrusts which are to empower people, propel businesses and stimulate the economy. PENJANA is expected to stimulate Malaysia's economy, save over 2.4 million jobs, reduced the cash flow burden of around 10 million people, and support over 300,000 companies.

Furthermore, on 23rd September 2020, the government have announced Kita Prihatin Economic Stimulus Package which is a special initiative aimed at helping micro-entrepreneurs, the country's workforce, and those from the lower and middle-income groups. Under the Kita Prihatin Package, the government has allocated RM 600 million for the Special Prihatin Grant that is expected to benefit 200,000 micro-entrepreneurs in Malaysia, RM 2.4 billion for Wage Subsidy Programme 2.0 and RM 7 billion for the Bantuan Prihatin Nasional (BPN) 2.0 in cash aid for the eligible Malaysians. With all the strategies that have been established by the government, the most important thing to ensure that the strategy can be successfully achieved is through the effectiveness of the vaccination program that has been planned and the support from the community. Therefore, all Malaysian must play a role in rebuilding the country to be free from COVID-19 effects.

REFERENCES

- Ahmed Zainul Abideen, Fazeeda binti Mohamad and Mohd Rohaizat Hassan (2020), Mitigation Strategies to Fight the COVID-19 Pandemic-Present, Future and Beyond. Journal of Health Research.
- Ain Umaira Md Shah, Syafiqah Nur Azrie Safri, Rathedevi Thevadas, Nor Kamariah Noordin, Azmawani Abd Rahman, Zamberi Sekawi, Aini Ideris, Mohamed Thariq Hameed Sultan (2020), COVID-19 Outbreak in Malaysia: Actions Taken by the Malaysian Government. International Journal of Infectious Diseases.

- Air Times News Network (2020, Jun 7) Op BENTENG Perkasa Kedaulatan, Keselamatan Negara, Kuala Lumpur, Malaysia.
- Bernama. (2020, December 25). MCO: How Malaysia Manage COVID-19 Crisis with Discipline, Kuala Lumpur, Malaysia.
- Chan, A. P. (2020, June 7), Back to MCO if COVID-19 Cases Spike. Kuala Lumpur, Malaysia.
- Chris Fook Sheng Ng, Xerxes T. Seposo, Meng Ling Moi, Muhammad Abdul Basit Ahmad Tajudin, Lina Madaniyazi, Mazura Sahani, (2020). Characteristic of the COVID-19 Epidemic and Control Measures to Curb Transmission in Malaysia. International Journal of Infectious Diseases.
- Dharmendra Kumar, R. M. (2020). Corona Virus: A Review of COVID-19. Eurasian Journal of Medicine and Oncology.
- Elengoe, A. (2020), COVID-19 Outbreak in Malaysia. Osong Public Health and Research Perspectives.
- Ministry of Health (MOH) (2021, January 21). Prevention and Control of Infectious Diseases (Measures In The Local Area of Infection)(Movement Control)(No. 2) Regulations 2021. Retrieved from <https://MOH.gov.com.my>.
- Ministry of International Trade and Industry (MITI) (2021, January 16), Economic Sectors that Allowed to Operate Throughout MCO Period. Retrieved from <https://MITI.gov.com.my>.
- Report 12: The Global Impact of COVID-19 and Strategies for Mitigation and Suppression. London: Imperial College.
- Saiful Fazly Rusli (2020, Disember 31) OP PENAWAR: RISIKO DAN TANGGUNGJAWAB. BERITA TENTERA DARAT MALAYSIA (BTDM).
- The Special Committee for Ensuring Access to COVID-19 Vaccine Supply (JKJAV) (2021), *National COVID-19 Immunisation Programme*, Malaysia: THE SECRETARIAT OF THE SPECIAL COMMITTEE FOR ENSURING ACCESS TO COVID-19 VACCINE SUPPLY (JKJAV).

MALAYSIA'S STRATEGY: ADOPTING THE WHOLE OF GOVERNMENT AND THE WHOLE OF SOCIETY APPROACH TO FIGHT COVID-19

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INTRODUCTION

The year 2020 is a year that has shaped contemporary times, affected the livelihood of billions worldwide and created a state of chaos across the globe. This pandemonium is largely caused by the biggest outbreak in modern human history with the COVID-19 pandemic. The coronavirus 2 (SARS CoV 2) outbreaks occurred over a year ago, with the first cases recorded in Wuhan, China around December 2019. To date (6 March 2021), 116,625,367 cases were recorded with a total of 2,590,606 deaths caused by this virus. The sheer percentage of fatalities (2.2%) recorded by this virus prompted the World Health Organisation to declare a pandemic in early 2020. The world has struggled to cope with this sudden emergence of a virus considered to be highly contagious and with a high fatality rate.

In the initial stages of this pandemic, nations across the globe implemented many measures to curb the rapid spread of this virus and to flatten the infection curve. This was to ensure that the current health care system in various countries was not overburdened to handle this crisis. Measures include implementation of total lockdowns, movement restrictions, travel bans and enacting laws requiring the public to wear face masks in crowded and public areas. These measures were somewhat effective in flattening the curve and reducing the rate of the virus spreading. However, a year has gone by and the virus is still here to stay. Much progress has been made in creating a vaccine that is able to increase immunisation to the virus which will then enable herd immunity to be achieved. At the time of this article, the vaccination process has already begun, and it may take a year or two to fully see the effects of the vaccines emerge. Nonetheless, the virus has also been growing and evolving throughout that same time. Emergence of new variants of the virus may render current vaccines ineffective and require further development of newer vaccines. However, this issue is still being studied by health care professionals worldwide.

In Malaysia, the virus first came to light in January 2020. The Malaysian government at the time controlled the spread of the virus by isolating positive cases and close contacts of those identified to be positive. In March 2020, the number of cases increased significantly to three-digit numbers. This prompted the government of Malaysia to introduce the Movement 2 Control Order (MCO) to restrict inter-state travel and enacted laws that required the general populace to stay at home. All workplaces were ordered to shut down immediately and workers were required to work from home. Schools and Higher Learning Institutions were also closed, and students were required to continue their education via e-learning platforms from their respective homes. This was to avoid people being in close contact with others as the virus was a complicated one whereby the symptoms may develop late within a time frame of 10 to 14 days. Besides that, those without any symptoms (asymptomatic) could very well spread the virus as fast and equal to those who were showing symptoms. Hence, the nature of this virus provoked governments to implement stricter and unprecedented measures in order to curb the spread of the COVID-19.

In light of this pandemic, initial measures by the Malaysian government managed to reduce the number of cases daily to zero by June 2020. However, complacency and opening of the economic and social activities soon after the curve was flattened saw a steady increase in cases again in Malaysia. The cases rose steadily reaching to thousands of new cases recorded daily in the end of 2020. This increase in cases forced the government of Malaysia to once again introduce the MCO early December 2020. At present, the government's implementation of the MCO has managed to reduce the number of cases recorded daily, however the problem has not been eliminated entirely. This is because more recent conditional MCOs do not put the nation in total lockdown as it was done previously. The reason for this comes down to economic stability and livelihood of the Malaysian people. More recently, schools have been reopened with strict Standing Operating Procedures to be adhered to including physical distancing, wearing of face masks and contact tracing using the MySejahtera application. All this is done in conjunction with the vaccination process that will be conducted in several stages for over a year. In view of all these developments in combatting the COVID-19, there is a need to revisit the current national strategies in mitigating COVID-19, identifying gaps and weaknesses in the current strategies and recommending improvement of newer strategies to face such pandemics in the future. This essay will discuss this and the way forward for Malaysia in overcoming challenges faced by the COVID-19 pandemic.

Impact and Challenges of COVID-19 and Initial National Strategies in Mitigation

The COVID-19 has significantly impacted our daily lives. Among the impacts from the spread of this virus is the strain on the current health care system. The number of cases recorded 3 on a daily basis has been increasing steadily over the past year. These cases have seen the number of hospital beds, ventilators and other facilities being used for treating COVID-19 patients increase significantly. The effect of this is that other health cases not related to this virus was not being prioritised. In January 2021, the rise in cases caused many hospitals to be operating at nearly 90-100% capacity. The lack of health care professionals, nurses, doctors and medical facilities to handle a pandemic of this nature became apparent. Hence, the government of Malaysia then begun to use public halls and other public facilities to build makeshift hospitals in anticipation of more COVID-19 related cases in the future. This required a Whole-of-Society approach whereby the entire administrative system was in collaboration with the public and private sectors to combat this crisis. Coordination was done at a national and state level through the available mechanism of the National Security Council for such crises.

Besides that, the pandemic forced a total lockdown in the initial stages of this crisis. This meant that non-essential services and businesses were shut down. Travel restrictions and bans affected the airline industry significantly. Many people lost jobs and had no monthly income for several months. People were only buying essential items like food and groceries. Businesses suffered tremendously. The tourism industry completely collapsed momentarily with no one allowed to travel for pleasure and non-essential reasons. A loss of approximately RM 3.37 billion was estimated during the first two months of year 2020 before the total lockdown was even implemented (Dzulkifly, 2020). The nation faced an economic crisis unprecedented in modern times with profound impact on the financial markets and economy. This required the government of Malaysia to introduce several measures to ease the burden of its people and develop the economy again. Among measures implemented included the introduction of a RM 250 billion financial stimulus package intended to support small businesses, reduce the burden of the general populace and allow for businesses to sustain during this trying period. Three strategies were outlined for implementation of this stimulus package namely Lessen the Effect of COVID-19, People Based Economic Growth and Encourage Quality Investments.

Apart from Health Care Strain and Economic Recession, the pandemic has also affected our daily livelihood and social connectivity. This pandemic forced the general populace to stay at home, work from home and socialise from home. In the beginning people did not feel the brunt of being at home and unable to socialise with friends and family. However, over time, the effects of staying at home led to many other issues such as obesity from lack of exercise, depression from being alone, mental fatigue from less interaction with the outside world and much more. The livelihood of the people was never the same again since the beginning of this pandemic. Within this context, the government is unable to do much besides communicating with the people through mass media and other communication and social media platforms available. Helplines/Carelines were enacted to enable those undergoing stressful conditions to seek medical and professional help. Nevertheless, the lack of face-to-face interaction still made this difficult to overcome.

In the beginning of this pandemic, panic buying became a common occurrence across groceries and food outlets nationwide. People were buying to sustain for weeks not requiring leaving their respective homes of fear of contracting this virus. This panic buying caused a major disruption in the food supply chain. Many people were left fighting for essential food items such as bread and vegetables. However, the government quickly reacted by asking the public to calm down and guaranteeing that the food supply will not be affected if everyone sticks to buying only required amounts of provisions during this period. Stock keeping was prohibited and rationing of essential items was introduced to avoid people from buying food items and stock not required. The quick reaction by the government managed to stabilise the food supply chain throughout this pandemic.

The Ministry of Health (MoH) plays a vital role in dealing with pandemics and epidemics. During the beginning of this pandemic in Malaysia, The Malaysian MoH played a pivotal role in ensuring the readiness of the current health care system to avoid it being overburdened by positive cases. Among the first step that MoH did was to conduct health screenings at all entry points to the country. Director General of Health at the time, Dr. Noor Hisham Abdullah ordered the placement of thermal scanners to scan travellers entering Malaysian borders and also to study the travel history of these people. Those who met the criteria were then placed in isolation in special quarantine areas for 14 days before being released. In addition to that, the MoH then took steps to increase the number of hospitals capable in both facilities and medical professionals that

could treat COVID-19 cases. Initially, public government hospitals were the main centres for treating COVID-19 cases. As cases began to increase, the government collaborated with other private hospitals to join in the fight against the pandemic. This close collaboration with all medical agencies required a Whole of Government and Whole of Society approach for it to be effective and efficient. On top of 5 implementing medical related measures, the MoH was the focal point and agency that became responsible for advising the National Security Council on all COVID-19 related measures and actions taken. This included the need to implement the MCO, restrict movement, lockdown places with high number of cases and advice on the need to impose travel bans from neighbouring and other countries.

Adopting the Whole of Government and Whole of Society Strategy to fight COVID-19

The Malaysia government adopted the Whole of Government (WoG) and Whole of Society (WoS) approach to fight COVID-19 in Malaysia. However, the effective use of WoG and WoS in combatting the COVID-19 depends on a variety of factors such as the Legal, Economy, Technical and Operational aspects of its execution. The COVID-19 pandemic has not only affected livelihood but has also become a major threat to national security; threatening the socio-economic, health, food and human security aspects of Malaysians; similar to other health crises such as the Ebola Epidemic. In fact, the WoG approach was also adopted by West Africa in dealing with the Ebola Epidemic due its complexity (Williams, 2015, p. 3). In addressing the COVID-19 pandemic, the Malaysian government announced several measures which include a Movement Control Order (MCO) restricting movement of citizens and allowing only essential services to operate in an attempt to contain the virus from spreading. Among the ministries involved in a WoG approach to combat this threat include the Ministry of Health, Ministry of Finance, Ministry of Home Affairs, Ministry of Defence and Ministry of Foreign Affairs.

- ❖ **Legal.** Within the legal context, The RMP was entrusted to enforce the MCO during this pandemic. However, several days later, MAF personnel were deployed to assist the RMP in enforcing the orders foreseeing increased workload and longer periods of MCO. The deployment of MAF personnel in internal security operations would require them to be protected legally and granted the authority to enforce the MCO without violating existing laws. In line with this, the Ministry of

Health as the leading ministry in this crisis granted authority to the MAF through Section 5 of the Prevention and Control of Infectious Diseases Act 1988. This is an example of how the WoG approach is feasible legally and hence should be used more often in dealing with crises including the current COVID-19 pandemic. However, separately, the MAF in border operations do not have the authority to enforce the Border Security Act 2017. This is an area that requires remedial action to ensure the feasibility of WoG 6 in protecting the borders from illegal migration that could increase the number of COVID-19 cases in Malaysia. At present, the establishment of the COVID-19 Special National Task Force (NTF) in April 2020 led by the Malaysian Armed Forces has managed to coordinate efforts and measures taken by all security agencies in the country to deter, detect and deny illegal encroachment of Malaysian territory.

❖ **Economy.** The economy condition of the nation will dictate the effectiveness in the implementation of WoG and WoS approach. That said, the government should be able to allocate budget sufficiently across the agencies to enable them to execute their role and task. In the case of COVID-19 Pandemic, operations undertaken by government are well funded and coordinated. The Cabinet is allocating funds to fight one enemy and knows exactly who is getting what and what they are supposed to do with it. For example, the government introduced an economic stimulus package (RM 250 billion) to ensure that all ministries all well equipped to perform their functions, protect the economy from collapse and ensure that the livelihood of the populace is not affected. However, the problem is in relation to other security challenges whereas each ministry is planning, training, purchasing equipment and undertaking operations in silos due to lack of coordination by NSC. This leads to duplication of effort and is not economical for the government as a whole. One method to overcome this is by adjusting priorities between defence and security to obtain a higher budget contribution for the overall security of the nation (Leahy, 2010, p. 3). In short, a balanced economical approach is required for enabling the effective and efficient implementation of WoG and WoS approach in fighting the COVID-19 pandemic.

❖ **Technical.** Technology is another area important for the effective implementation of the WoG and WoS approach. For example, the availability of wireless and satellite communication systems provides the required platform for sharing real time information across agencies. This is an important element for the effective execution of the WoG and WoS approach. In the COVID-19 pandemic case example, awareness and information update on the crisis was disseminated to all agencies and populace via formal and informal channels including messaging and social media. This guaranteed a coordinated approach in responding to the crisis. Other technical aspects include the customisation of assets to suit a variety of operational requirements. To elaborate further, the assets of the MAF for example should be able to be used for operations against non-traditional threats such as and not limited to fighting pandemics. This includes the capabilities to conduct internal security control assisting the 7 police and to deploy medical Battalions to assist the public hospitals cope with rising cases. However, interoperability of equipment/assets between government agencies is questionable since procurement occurs in silo and is based on specific needs of respective agencies. For example, to ensure effective communication the procurement of compatible radio sets across agencies is one area that probably requires attention. Therefore, WoG and WoS efforts need to be coordinated from the very basic level including doctrine and SOPs, equipment and training required by all agencies to be able to handle all possible crisis scenarios in future.

❖ **Operational.** The feasibility of the WoG and WoS in combatting the pandemic would also depend on the mechanisms in place. In Malaysia, for handling of crises purposes such as the COVID-19 pandemic, the mechanism in place is the NSC. This council is chaired by the Prime Minister and has representatives from all other relevant agencies such as the RMP, the MAF, ministers of defence, health, home affairs and also foreign affairs. In the case of COVID19 pandemic, the NSC convened and decided on measures to address the pandemic. These measures are then passed on to the lower levels, which include state, district and local levels for implementation. The effectiveness of this mechanism would require leadership and commitment from top management all the way to the agencies enforcing the order. For the most effective outcome, NSC has to coordinate WoG and WoS

requirements from the foundation level encompassing doctrine, training, personnel, equipment and others to ensure compatibility and interoperability between government agencies. Besides that, other mechanisms in place include the High-Level Committee that discusses borders security operations at state level. This mechanism would alleviate the difficulties of implementing the WoG and WoS approach and induce a horizontal organisation structure in favour for vertical silos. Furthermore, this mechanism will render the NTF's main task of curbing illegal encroachment of Malaysian territories more effective and efficient.

Enhancing National Strategies in Mitigating COVID-19 Impact

There are many ways to better prepare the nation for combatting future pandemics of such nature including improving the command structure of agencies to enable better interaction among agencies and handling of crises situation such as the COVID-19 pandemic. Information sharing among agencies, increasing competition, accountability, policy coherence, economy of effort, Training and Equipment are areas that can be improved further.

❖ **Command and Organisational Structure.** The WoG and WoS approach create a horizontal structure that caters for across agencies coordination thereby eliminating in silo work processes. This will lead to a more efficient, coordinated and focused approach in dealing with security issues. One example of this is the establishment of COVID-19 National Task Force (NTF) to coordinate the operational efforts conducted by various agencies in dealing with the pandemic especially with a particular focus on illegal border crossing matters. Through this task force, each agency is allocated a specific area and focus of operation thereby guaranteeing a more effective outcome through an efficient process.

❖ **Information Sharing.** This approach encourages close cooperation among agencies in addressing security issues. Close cooperation will lead to agencies exchanging and sharing information among one another thereby resulting in better coordination of effort. This can be achieved by having all stakeholders to participate in decision making processes to enable information sharing and coordination between agencies to take place. This will ensure that decision taken is able to solve the problem at hand. The number of assets available to detect and identify potential threats is very limited and scarce.

Therefore, through sharing of information, all agencies are keeping abreast of current situational awareness and are afforded with required intelligence to perform their respective functions more effectively.

❖ **Competitiveness.** Working in tandem with other agencies builds healthy competition whereby security agencies will try to outdo one another by equipping itself with the required capabilities and resources to execute any given task effectively. Enhanced capabilities would lead to increased readiness and reduced response time. For example, the Malaysian Armed Forces will continuously seek to improve its capabilities and resources to deliver outcomes comparable to other enforcement agencies in conducting internal security and control.

❖ **Accountability.** This approach entails working in an environment that is transparent and known to all other government agencies. Therefore, all actions and decision are under intense scrutiny which would make decision makers at agencies and top management accountable for their decisions. For example, the decisions made by the NSC would make every representative in that council responsible and accountable for the decisions that they make. This includes decisions made to procure different types of vaccines from various different states and the reason behind that decision. Keeping the public informed will lead to a more efficient vaccination program being carried out.

❖ **Policy Coherence.** The most important benefit of the WoG and WoS approach is that it attempts to safeguard national interests first by adopting the most comprehensive solution possible where the people's best interests is placed above all else. A comprehensive solution requires policy coherence across government agencies including Acts, Directives and SOPs released by higher authorities which will supersede existing agency level policies. In this sense, WoG and WoS help to navigate the complex policy environment (Baechler, 2016, p. 2). For example, the Border Security Act of 2017 stipulates the role and function of every agency in border security operations. The government should now introduce a newer policy that caters on the role and responsibility of various agencies in dealing with a pandemic. This would ensure a better and more coordinated approach in dealing with

the COVID-19 pandemic and prepare these agencies for handling such a crisis in the future.

❖ **Economy of effort.** The efficiency of this approach will depend on the optimisation and sharing of resources among government agencies. This requires agencies to do more with less, or by multi-tasking considering the financial constraints for capability or asset procurement. The use of MAF personnel for conducting border operations and roadblocks during the COVID-19 pandemic in Malaysia is an example of economy of effort by reducing the requirement to increase the capacity of other border enforcement agencies. Besides that, the government can also optimise the use of limited and scarce resources by adopting this approach. As mentioned earlier, the sharing of limited assets can lead to more situational awareness and better decision making across all agencies.

❖ **Training.** Training is an important prerequisite that enables all agencies to be more prepared to face such a crisis. Most agencies are trained for their specific role and function. However, in order to increase readiness and preparedness, training must also encompass the non-traditional roles and non-specific roles that these agencies must play during an unprecedented crisis such as the COVID-19 pandemic. Only then will these agencies be better prepared to face these situations in the future.

❖ **Equip.** Finally, all agencies must be equipped with the adequate amount of personnel and the right type of equipment to be able to perform capabilities needed during a pandemic as and when required. For example, the Malaysian Armed Forces Medical Battalions must be equipped with state-of-the-art assets and qualified medical professionals to be able to support public hospitals in dealing with a pandemic. Only then can the Malaysian Armed Forces assist as required to do so. However, careful balance must be ensured by conducting a cost benefit analysis to ensure that no wastage occurs and to ensure that value for money is obtained whenever procurement of assets is made.

CONCLUSION

The COVID-19 pandemic has significantly affected the livelihood of billions across the globe. Impacts of this pandemic have been unprecedented, leading to unimaginable strain on health care systems, economic recessions, loss of lives and much more. Responses by nations have varied significantly. There were some nations who took drastic measures early on which helped curb the spread of this virus. Others were much slower to respond due to lack of awareness and weak leadership of its government. Malaysia has been neither but managed to stabilise the pandemic crisis in the country since first arriving here back in January 2020.

Malaysia's strategies revolved around the WoG and WoS approach, engaging with all agencies and the vast majority of the general populace to enable an efficient and effective approach in fighting the pandemic. This approach has not only been the nation's main strategy in fighting the pandemic, but it has also opened doors to the nation's capability in fighting future similar disaster and crisis. Nevertheless, there are many areas for improvement while adopting this approach, including how the government can make it more effective with proper training, equipping agencies, economy of effort, policy coherence, accountability, increasing competition, information sharing and improving the command and organisational structure. All these areas can be further enhanced in ensuring the national strategies adopted in fighting the COVID-19 pandemic can mitigate its impact towards society.

REFERENCES

- Abdullah NH. Kesiapsiagaan dan respons KKM dalam menghadapi potensi penularan novel Coronavirus, Wuhan, China [Press release]. (2020). Retrieved from http://www.moh.gov.my/index.php/database_stores/store_view_page/21/1296 [Accessed 6 March 2021].
- Ain Umaira Md Shah, Syafiqah Nur Azrie Safri, Rathedevi Thevadas, Nor Kamariah Noordin, Azmawani Abd Rahman, Zamberi Sekawi, Aini Ideris, Mohamed Thariq Hameed Sultan. (2020). COVID-19 outbreak in Malaysia: Actions taken by the Malaysian government, *International Journal of Infectious Disease*, Volume 97, pp.108-116

- Baechler, J. (2016). Operationalizing “Whole of Government” as an Approach to State Fragility and Instability: Case Studies from Ottawa, Canada and London, United Kingdom. Dalhousie University.
- Baumann, A. (2013). Whole of Government: Integration and Demarcation. *CSS Analysis in Security Policy*, 129(March), 1–4.
- Bernama. Coronavirus: Health Ministry beefs up screening at entry points into Malaysia. Bernama; 2020 Retrieved from <https://www.theedgemarkets.com/article/coronavirushealth-ministry-beefs-screening-entry-points-malaysia> [Accessed 1 April 2020].
- Blannin, P. (2018). The Good Operation: Notes on A Whole-of-Government Approach to National Security. Modern War Institute. Retrieved from <https://mwi.usma.edu/goodoperation-notes-whole-government-approach-national-security/>
- Colgan, A., Kennedy, L. A., & Doherty, N. (2014). A Primer on Implementing Whole of Government Approaches.
- Doyle, B. (2019). Lessons on Collaboration from Recent Conflicts: The Whole-of-Nation and Whole-of-Government Approaches in Action. *InterAgency Journal*, 10(1), 105–122.
- Dzulkifly D. Muhyiddin: tourism industry hit hardest by Covid-19, faces RM3.37b loss. Malay Mail; 2020 Retrieved from <https://www.malaymail.com/news/malaysia/2020/03/13/muhyiddin-tourism-industry-hit-hard-by-covid-19-to-lose-rm3.37b-while-gdp-s/1846323> [Accessed 5 March 2021].
- Ho, P. (2017). The future-of-government approach is important, but not easy to execute. Today Online. Retrieved from <https://www.todayonline.com/singapore/futuregovernmentapproach-important-not-easy-execute>
- Hunt, S. (2005). Whole-of-Government: Does Working Together Work? APSEG Discussion Papers: Policy and Governance 05-01, 1–32. Retrieved from <http://apseg.anu.edu.au>
- Leahy, P. (2010). Shifting Priorities in National Security: More Security Less Defence. *COMMENT Security Challenges*, 6(2), 1–8.

Percy, J. L., & Fellows Jr, T. A. (2009). *A Whole of Government Approach for National Security*. Monterey, California.

Williams, B. (2015). Whole-of-Government Approach to the Ebola Epidemic. *Hampton Roads International Security Quarterly*, 67, 10–13.

MALAYSIAN ARMED FORCES IN ASSISTING NATIONAL RECOVERY PLAN TO ELIMINATE COVID-19 PANDEMIC

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ROYAL ARTILLERY REGIMENT

INTRODUCTION

The world has been shocked by a very serious situation, especially in the life of civilization in general and universal health in particular. By the end of 2019, the world has been alarmed by an outbreak of an epidemic that is believed to have erupted from the wildlife wet market in Wuhan, Hubei Province, China (Huang et al. 2020). The results of the investigation by the National Health Commission have found a new outbreak of a novel coronavirus family. Results and research from the Laboratory of Virology, Chinese Centre for Disease Control and Prevention on January 7, 2020 (The State Council of The People's Republic of China 2020) has confirmed that the outbreak of the disease is carried by a virus known as Corona Virus Disease 19 (COVID-19). The epidemic of COVID-19 has spread throughout China so rapidly that the China government has to temporarily close the road linking Wuhan with another China province (Yue et al. 2020). As of 20 March 2020, China has recorded 80,967 patients with 3,340 deaths (National Security Council 2020).

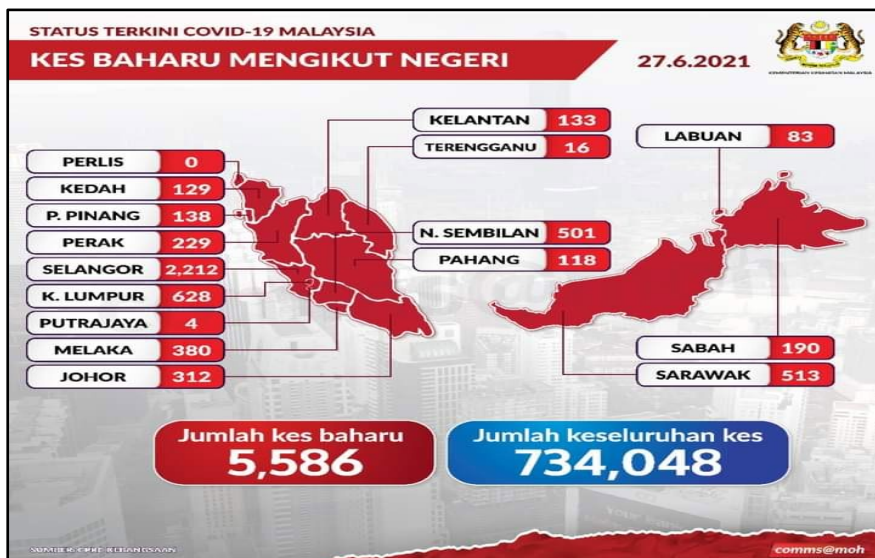


Figure 1: COVID-19 Cases In Malaysia (27 June 2021)

From the above data, it has been shown that the COVID-19 outbreak has hit nearly every continent in the world. The worldwide

statement of infections and deaths due to COVID-19 ended June 27, 2021 was 181,653,524 cases and deaths totalled 3,935,008 people. Of these, a total of 166,166,471 people has successfully recovered from this epidemic. Taking into account the increasing number of cases in Malaysia (ending 27 June 2021) daily COVID-19 infection is still high at around 5,000 to 6,000 cases per day, for example 5,586 cases (**Figure 1**). This matter is of great concern to the country and the people of Malaysia. Furthermore, the death toll has also reached a total of 4,944 people (Ministry of Health, 2021).

This critical challenge has had a huge impact on Malaysians, especially the physical, mental and psychological stress. The people have felt a very heavy pressure from what has happened. The hope that this pandemic can be overcome and everything ends quickly has become a responsibility by the government. Some people still believe in the government's ability to deal with this epidemic, but many have also begun to doubt the government's ability. To date, this epidemic has forced the government to implement the Movement Control Order (MCO) 3.0 which has started from 1 June 2021 and until now it has been continued given the situation of the epidemic which is still unstable.

In addition, now, the Malaysian government has introduced the National Recovery Plan (**Figure 2**) which includes four main phases. This plan is a carefully designed guide based on data and science to enable us all to return to normal daily life or back to normalcy. In addition, the increase in the supply of vaccines of 16 million doses at the end of this July as well as the increase in the rate of daily vaccination makes us more confident in the success of the National Recovery Plan. The strategy of the National Recovery Plan consists of four phases and will involve a phase transition plan of the MCO in stages. (Prime Minister's Office, 2021). Each phase of this recovery plan is based on data based on three main thresholds indicators or thresholds to move from one phase to the next. The First Indicator is the state of COVID-19 transmission in the community based on the number of daily cases of infection. The second indicator is the capacity of the public health system based on the rate of bed use in the ICU Ward and the third indicator is the level of the population covered based on the percentage that has completed receiving two doses of vaccine injection.

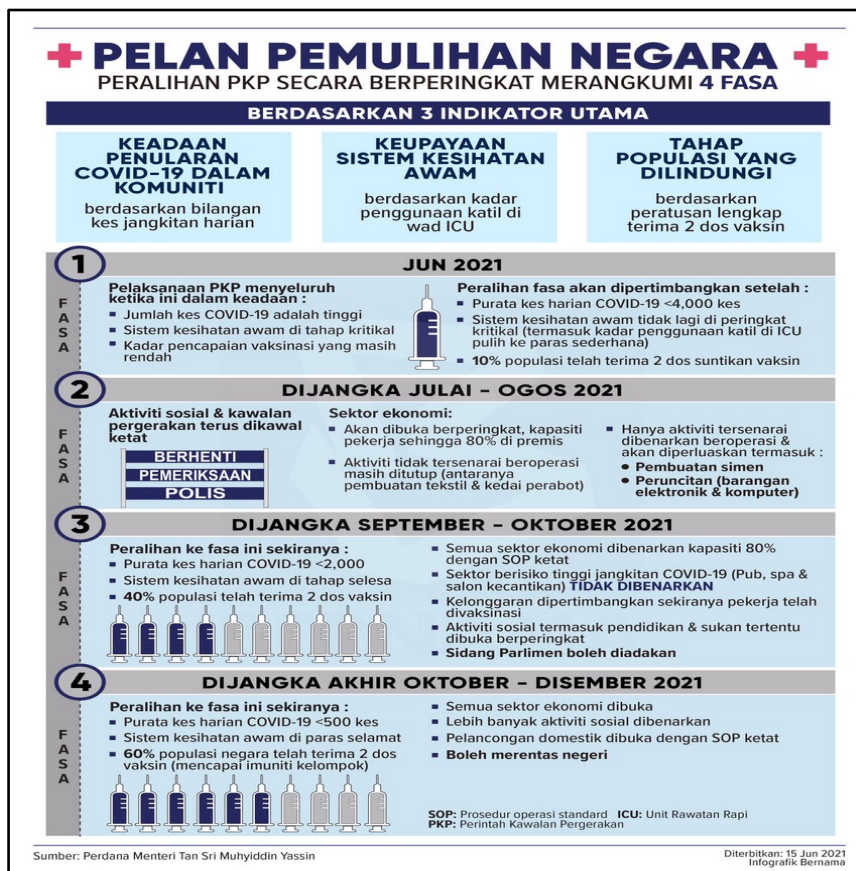


Figure 2: National Recovery Plan

Looking at these latest developments, it is important to look at the success of the achievements to stop COVID-19 infection among the people. Therefore, this paper aims to look at from the aspect of the role of the military during this epidemic, in particular the involvement of the Malaysian Armed Forces in carrying out its role to reduce the threat of COVID-19. The role of the military in supporting the National Recovery Plan announced by the Prime Minister. The involvement of the military in tackling this problem is very important so that this pandemic does not continue to spread and threaten the whole country at this time.

Overview of COVID-19 Crisis

The outbreak of the disease known as COVID-19 has led the World Health Organization (WHO) to take steps to respond to crisis management worldwide and to the level of the countries involved. WHO Director-General Dr Tedros Adhanom Ghebreyesus has chaired a committee of over 400 countries around the world to

discuss the course of action (COA) on crisis management aspects to deal with this dangerous outbreak. The spread of the COVID-19 outbreak that has threatened global human lives has prompted the WHO to declare COVID-19 as a worldwide pandemic on March 11, 2020 (Dr Y.L.M 2020).

Crisis management in response to this outbreak has begun to be implemented by countries that have been affected earlier by the declaration made by WHO especially by Asian countries. Countries such as China, South Korea, Japan, Singapore and even Malaysia have begun to implement crisis management measures in their respective countries (Heyden, L.V. 2020). They used the last SARS epidemic as a guide for them to formulate and plan strategically to develop their country's crisis management plan.

In Malaysia, the threat of COVID-19 is increasing apparently when neighbouring Singapore reported the first COVID-19 case imported from Wuhan, China on 23 January 2020, which was also the first positive case in the republic. From this first case, eight close acquaintances were identified to be in Johor, Malaysia (Abdullah, N.H., 2020). The first Malaysian positive test for COVID-19 was reported on 3 February 2020. This person has a history of traveling to neighbouring countries for business meetings, which were also attended by delegations from China (Ahmad, D., 2020).

Number of critical cases in the intensive care unit (ICU) increased daily, with the first two critical cases reported on 9 March 2020 (Abdullah, N.H., 2020). The situation worsened on 11 March 2020 after Malaysia's International Health Regulation (IHR) was notified by IHR Brunei, that a positive case in Brunei was found attending a religious gathering at Masjid Seri Petaling, Selangor, Malaysia from 27 February to March 1, 2020. The gathering attended by more than 10,000 participants from various countries, with at least half of them being from Malaysia (Abdullah, N.H., 2020). Malaysia reported the first fatal case on March 17, 2020, a case related to a religious gathering in Seri Petaling. Other deaths were also reported on the same date from the case in Sarawak.).

The Ministry of Health Malaysia (MOH) plays an important role in ensuring maximum preparedness to prevent the spread of the virus. Among the initial efforts made by the MOH to prevent the spread of disease is the implementation of health checks at all entry points. According to MOH Director General Datuk Dr. Noor Hisham Abdullah, one of the strategies is the placement of thermal scanners (Bernama, 2020a). This is done to further increase the detection of

fever among tourists and/or locals returning from abroad. Malaysians returning from Wuhan were screened, identified, and segregated in a special quarantine area for COVID-19. To enhance the MOH's efforts in keeping the spread and deaths under control, the Movement Control Order (MCO) was implemented on 18 March 2020. The MCO deals with the restriction of the movement of people in or out of an area. The Director General of MOH emphasized that the enforced order was under the Prevention and Control of Infectious Diseases Act 1988 and the Police Act 1967 and would help control the spread of the virus (Bernama, 2020).

Overview of National Strategies

Importantly, since the emergence of COVID-19, the Malaysian government has taken serious and comprehensive nationwide measures set by the WHO. Experts across the country are working to prevent the widespread spread of the virus. For this reason, the Malaysian government has achieved positive results. The most rapid and direct impact of COVID-19 is on health and healthcare, and it will certainly have a huge economic impact. Malaysia began its plan to prepare for the epidemic earlier. Prior to the first case, on January 20, 2020, the Malaysian Minister of Health announced that the ministry was currently in the process of collecting data on influenza cases that were 'previously unknown' following the emergence of the Wuhan virus. Initially, the health ministry took public health preventive measures. Hospitals were identified to be able to handle patients, rapid reverse transcriptase-PCR tests on patients and contacts were developed, used and distributed to several government hospitals and medical laboratories, and management protocols were developed.

The government imposed a two-week MCO starting from March 18 to 31, which was extended to April 14 and then to April 28. The main purpose of this MCO is to curve the indentation of the new case. Prohibitions on mass movements and gatherings cover religious, business, educational, sports, cultural and social activities except for supermarkets, public markets, grocery stores and shops selling basic necessities.⁷ For community-based control measures, external prohibition measures are also enacted, where only one resident of a family is allowed out at a time and within 10 km of the place of residence. Checkpoints were set up to check temperatures at the entrances of residences, supermarkets and food outlets. For better prevention, Malaysian citizens are prohibited from leaving the country, and foreigners are also not allowed to enter the country.

Malaysia's rapid response to this global pandemic is also an example for countries with insecure borders, low-income and vulnerable populations, and larger households in denser living conditions. In a study conducted by Singapore's research agency, Malaysia ranked fourth in the world out of 105 countries in terms of people's satisfaction with the government's efforts in tackling the COVID-19 epidemic. By 10 May 2020, out of 1178 zones around the country, only 0.34% were in the red zone, which is a signal of Malaysia's victory against COVID-19 (Ashley Tang, 2020). 'Resolving, resilient, restarting, restoring, revitalizing and reforming' is a new thing for Malaysians (The Straits Time, 2020). It is a six-step plan by the Malaysian government to address the effects of COVID-19 and ensure that the country emerges stronger despite the presence of this virus. Using this six-step plan, Malaysians are working to adhere to the new standard operating procedures (SOPs) to prevent another wave of infections in the country and to gradually revive the economy. Despite the multi-million dollar losses, they are still implementing conditional MCOs, where economic sectors are allowed to open up with enforced guidance. However, interstate travel is still prohibited. The red zone area is closely monitored.

The impact of COVID-19 on the world economy as a whole is terrible. According to the Organization for Economic Co-operation and Development (OECD), the COVID-19 pandemic has caused social problems around the world, as well as significant economic disruption (OECD, 2020). The massive spread of the virus has affected the stock market, and the enforcement of MCOs, lockouts and travel restrictions have significantly disrupted business activities in various sectors, affected public income and caused economic turmoil in the country. To mitigate the economic impact of this epidemic, Malaysia has taken several actions to revive the economy. Initially, at the end of February 2020, the former Prime Minister of Malaysia, Tun Dr. Mahathir Mohamad announced a RM 20.0 billion financial stimulus package aimed at reducing the impact of COVID-19 based on three key strategies, namely (1) reducing the impact of COVID-19, (2) people-based economic growth, and (3) encouraging quality investment (The Star, 2020). Following the recent changes in the governance of the Malaysian government, an Economic Action Council was established to address various economic problems (Bernama, 2020f). The Council has reviewed and revised the stimulus package announced by the previous Prime Minister, Tun Dr. Mahathir Mohamed, announced several initiatives aimed primarily at alleviating monetary problems as cases increased.

After recording single and double digit cases from July to September 2020, Malaysia entered the third wave of epidemics in early October with the highest number of cases coming from Sabah (8,082), Selangor (3,357), Kuala Lumpur (2,853), and Kedah (1,940). from 1 September to 19 October (The Star, 2020). A large number of cases were recorded in Sabah, where several groups of cases have been identified. This wave is becoming more volatile and endangering Malaysians so much so that it has forced the government to implement MCO 3.0 again starting on 1 June 2021. The Malaysian Armed Forces, which has been involved from the beginning, has once again been given the responsibility to jointly implement efforts to reduce and overcome this pandemic. Op Benteng through the establishment of the National Task Force (NTF) is a catalyst to the role of MAF in playing a role in curbing the spread of COVID-19 from the aspect of national security control, especially with border control. The Malaysian Armed Forces along with other security forces have been mandated by the Prime Minister of Malaysia to tighten control along the country's borders.

Role of Malaysian Armed Forces

In April 2020, the government formed the National Task Force (NTF) to manage illegal entry into Malaysia. The Malaysian Armed Forces (MAF) is mandated to coordinate integrated operations with other security enforcement agencies in the NTF. The main elements that drive this task force are the MAF, the Royal Malaysian Police (RMP), and the Malaysian Maritime Enforcement Agency (APMM). In addition to the three major security enforcement agencies, close cooperation and strong collaboration with other government agencies, such as the Malaysian Immigration Department, Royal Malaysian Customs, Civil Defence Agency, Ministry of Health, and Malaysian Border Security Agency, have been implemented. The NTF was formed as an integrated operation to carry out the tasks assigned by the government. He is responsible for developing the plan by gathering all information, coordinating security measures, and monitoring the intrusion of undocumented immigrants and undocumented foreign workers at all entrances and border areas of the country, both by land and sea. Managing and implementing remedial actions promptly and effectively during a COVID-19 pandemic is critical. With a newly established task force, it is clear that Malaysia is working to implement new mechanisms to tackle illegal border crossings as part of its disease control response. This makes that the role of MAF has become increasingly important in combating the COVID-19 pandemic along with other government agencies.

With the country continuing to fight the COVID-19 virus, there has been little procurement or large-scale expansion done for the Malaysian Armed Forces (MAF). Several procurements have been made or tendered by the previous government and continued by the current government to pursue procurement related to the operation of the National Task Force (NTF) established in April 2020. NTF is led by MAF to manage integrated multi -agency response to prevent the entry of illegal immigrants. permission to Malaysia. The issue of preventing illegal immigrants from entering the country is a priority given concerns that immigrants could contribute to the spread of COVID-19. As a result, NTF -related procurement is a priority, where equipment purchased is items such as 4 × 4 vehicles, all -terrain vehicles, motorcycles, rigid hull inflatables, small drones and surveillance equipment, optics and lighting equipment, all required for border patrols and for interception. immigrants who enter by land or sea by small ship. This acquisition has been able to further enhance the capacity of MAF in carrying out the responsibilities given by the government to curb the spread of COVID-19 from abroad. This has proved that the MAF is still relevant to carry out the task of maintaining the internal security of the country apart from defending the country from the threat of external enemies.

Apart from carrying out the responsibility of controlling the security of the country's borders through Operation Benteng, MAF remains ready to perform any task for the welfare of this beloved country. The Malaysian Armed Forces (ATM) will continue to enhance cooperation in assisting the Ministry of Health (MOH) to face the wave of the COVID-19 pandemic in the country. The cooperation is as a commitment of the ATM in secondary tasks to ensure the well-being and health of the people is always a priority. To ensure the continuity of this cooperation, the current logistics facilities in carrying medical aid and medical equipment will also continue to use ATM assets as needed, especially air delivery involving Royal Malaysian Air Force (RMAF) aircraft. This assistance will be able to accelerate the preparation for health aspects by the MOH and make the role of the MOH in addressing this pandemic can be further enhanced, especially in rural areas.

Now the role of MAF in helping government agencies to curb the spread of COVID-19 is still given priority and it is becoming increasingly important. The announcement by the Yang Amat Berhormat Prime Minister on the National Recovery Plan (NRP) which was announced on 15 June 2021 has indicated that there is a need to further enhance more effective order and control (Prime Minister's Office, 2021). The National Recovery Plan (NRP) is a

strategy implemented by the government as a phased exit from the COVID-19 pandemic crisis. To ensure the success of this NRP can be achieved, the MAF can also be a government agency that can contribute to this success. Therefore, it needs to be seen what other action plans still need to be implemented or strengthened by the MAF so that the achievement of the success of this NRP will be successful according to its plan.

The National Recovery Plan strategy covers four phases and will involve a phase transition plan of the MCO in stages. Each phase of this recovery plan is based on data based on three main threshold indicators or thresholds to move from one phase to the next. The three indicators are:

- ❖ The First Indicator is the state of COVID-19 transmission in the community based on the number of daily cases of infection.
- ❖ The Second Indicator is the capacity of the public health system based on the rate of bed utilization in the ICU Ward.
- ❖ The third indicator is the level of the population covered based on the percentage that has completed receiving two doses of vaccine injection.

Looking at the indicators that have been listed through the NRP, it can be said that the main focus is to control the spread of COVID-19 cases and improve public health needs through the use of beds in ICU wards and the percentage of Malaysians who have received two doses of vaccine injections. Through these two indicators, the question that arises now is whether the role of MAF so far is still insufficient or still needs to be reviewed for its effectiveness. This is a question that needs to be looked at not only by the MAF but by other government agencies. Many efforts have been made by the MAF and other government agencies but they are still not effective. Are all the efforts, energy and money that have been used and spent before not successful and effective. This is what the MAF needs to think about in helping the government to solve this problem.

The protracted COVID-19 crisis has prompted the Government to implement a broader expansionary fiscal policy. The immediate and proactive response to address COVID-19 involves a series of economic stimulus packages amounting to RM295 billion covering fiscal and non-fiscal measures. Of the total, RM45 billion is a direct

fiscal injection. The package includes the Economic Stimulus Package (ESP) announced in February followed by the People Caring Economic Stimulus Package (PRIHATIN) in March 2020. This is aimed at helping the people during the previous MCO 1.0. Additional measures for the Prihatin Rakyat Economic Stimulus Package (PRIHATIN PKS+) in April and the National Economic Regeneration Plan (PENJANA) in June were continued as the country's economic situation was still declining.

Apart from that, KITA PRIHATIN with an allocation of RM10 billion was announced in September to continue to improve the existing measures, namely Bantuan Prihatin Nasional (BPN), PRIHATIN Special Grant and Wage Subsidy Program (PSU). The measures under this economic recovery package and plan are one-off and aim to protect the lives of the people, support business and boost the country's economy. All this and more has been done by the government but to date economic development is still modest. This causes a sector of the economy that requires a large workforce and it is quite difficult to control. In addition, the economic sector in Malaysia is highly dependent on foreign workers. The problem that arises is that these foreign workers do not make hygiene factors as their main guide to prevent the problem of COVID-19 transmission. When the outbreak occurs and the Movement Control Order is enforced then this is where the involvement of MAF in assisting the Royal Malaysia Police (RMP) begins.

Having looked at the implementation of the economic sector that has been and is being carried out, the impact on it and the need for enforcement to curb the spread of COVID-19, it can be concluded that all actions have been taken by all parties but there is one obvious shortcoming that is lack of coordinated planning. Coordinated planning between security agencies and other ministries is significantly lacking. Although the National Security Council (NSC) has issued a Standard Operating Procedure (SOP) but follow-up instructions from the Minister and ministry officials sometimes cause confusion in its implementation. This leads to overlapping instructions and implementation that are not in line with the SOPs issued. Therefore, the need to have coordinated planning between all agencies needs to be given serious attention by the NSC and assisted by other enforcement agencies. Therefore, it is recommended that the MAF can play a role to constantly remind and ensure the need for coordinated planning between agencies as a mandatory requirement and it is made a top priority for any implementation of directives in the future.

To ensure the achievement of the indicators outlined in the NRP by the government, which is to achieve the implementation of vaccines among the people, the MAF can play its own role. One of its roles is to be the coordinating agency in providing assistance for the success of the National COVID-19 Immunization Program. MAF is responsible for coordinating movement control assistance and logistics such as vaccine movement control assistance from Vaccine Storage Centres (PSV) to Vaccine Delivery Centre (PPV) locations nationwide. The role of MAF in terms of logistical assistance includes storage, delivery and distribution as well as security control in each phase of program implementation. This will enable the National COVID-19 Immunization Program to be implemented in a fast, orderly, planned and safe manner. The implementation of the program can maintain the capacity and alertness of MAF to ensure the well-being and sovereignty of the country is always preserved and achieve the objective of 'herd immunity' (Harian Metro, 2021).

Another role that can be carried out by the MAF is to help the government to achieve the next NRP indicator by ensuring that the public health system is no longer at a critical level including the rate of bed use in the ICU recovers to a moderate level. The MAF is found to be very serious in helping the government to achieve this indicator. Among the steps taken by the MAF is to set up field hospitals in selected hospitals that are found to be facing this crisis. The MAF remains committed in helping the country deal with the spread of the COVID-19 pandemic through the establishment of the 6th ATM Field Hospital in the Federal Territory of Labuan which commenced operations on 27 June 2021. The field hospital was housed at Labuan Municipal Hall and used to treat patients who infected with COVID-19 who experienced symptoms of categories 3, 4 and 5. The MAF has also opened its field hospital operations in 5 other government hospitals, namely in Kapit in Sarawak, Penang, Tawau in Sabah, Pokok Sena in Kedah and also the 5th field hospital at Tuanku Sultanah Aminah Hospital Johor Bahru (HSAJB) on 17 June 21. This proves that the MAF is ready to help the government to fight COVID-19.

Take Away

Looking at the role that has been fulfilled by the MAF in carrying out its responsibilities well in assisting the government during the COVID-19 pandemic, the MAF has managed to achieve 2 major achievements that can be used as a valuable take away. First, the MAF has been successful in helping the government deal with the COVID-19 pandemic, especially in the security and health sectors.

The second take away is that the MAF has succeeded in proving to the people of Malaysia that the role of the MAF which has not been considered important by the community before is wrong. The MAF will always uphold its loyalty and carry out its responsibilities without fail for the sake of the nation, religion and country.

The MAF has been successful in assisting the government in dealing with the COVID-19 pandemic, especially in the security and health sectors. This is undeniable, the MAF is always ready and remains loyal to the ruling government. The involvement of the MAF involves the MAF's top officers, namely the involvement of the Chief of Defence Force (CDF), Commanders and the entire ATM staff. Operation Benteng, joint operations with the RMP through Roadblocks and patrols of pandemic areas are roles played in the national security sector. Involvement in the health aspect of the country is through the military health assets, namely the MAF Health Services Division through continuous health support to government hospitals. The establishment of field hospitals and the assistance of military health personnel have been found to be successful in reducing the stress that government hospitals are facing. This has been able to help the national health sector to curb the spread of COVID-19 to a more dangerous level as has happened to other neighbouring countries.

The attitude of Malaysians who have a negative perception of the role of MAF all this while which is considered as a waste of government allocation is completely wrong. The current pandemic has opened the eyes of Malaysians as a whole that the role of the MAF in ensuring stability, security and national interests cannot be denied. The involvement of the MAF, especially in dealing with pandemics or disasters in the country is vital. The ability of the MAF's role in playing any task whether to ensure national security and health services assistance with the available assets is highly valued and needed by the government. In fact, it can be said that the trust of Malaysians in the MAF, especially in the face of this growing health disaster. This is a very meaningful achievement for MAF citizens in proving to the community that the role of MAF is still relevant and needed by the country. The MAF at all times regardless of time and atmosphere is always ready to serve the country and the Malaysian community to ensure that the country is always awake and protected. The MAF will always ensure that the primary and secondary duties and roles will always be a guide in providing its services to the country. It is in line with MAF's motto of 'SENTIASA BERSEPADU' (ALWAYS INTEGRATED).

CONCLUSION

The role of MAF has never changed in ensuring the security, stability and well-being of the country in any situation. MAF will ensure that all the government's plans, especially in achieving success through the NRP can be achieved and in turn can help the government to return the country to normal. All the ongoing threats and allegations from this COVID-19 pandemic will be fully opposed along with other government agencies. The main mission and purpose of MAF in assisting the government against COVID-19 will continue to be upheld along with other government agencies. The MAF will continue to carry out the task entrusted to it honestly, sincerely and in accordance with all the laws that have been revealed to it for the sake of our beloved country.

REFERENCES

- Abdullah, N.H., 2020. Kesiapsiagaan dan respons KKM dalam menghadapi potensi penularan novel Coronavirus, Wuhan, China [Press release]. Retrieved from http://www.moh.gov.my/index.php/database_stores/store_view_page/21/1296 (Accessed 8 July 2021).
- Ahmad, D., 2020. Situasi terkini jangkitan 2019-nCoV dan pengesahan kes baharu di Malaysia [Press release]. Retrieved from https://www.penerangan.gov.my/japenv2/wpcontent/uploads/2020/02/Kenyataan-Akhbar-KPKSituasi2019-nCoV-4-FEBRUARI-2020_edited-2.pdf. (Accessed 07 July 2020).
- Alex Tan & William Mah 2020. In Managing the COVID-19 Outbreak, Have You Considered These? PwC Malaysia 2020. <https://www.pwc.com/gx/en/issues/crisissolutions/COVID-19-preparedness-checklist.pdf> (Accessed on 07 July 2021).
- Ashley Tang, 2020. Malaysia announces movement control order after spike in COVID-19 cases. Retrieved from <https://www.thestar.com.my/news/nation/2020/03/16/malaysia-announces-restricted-movement-measure-after-spike-in-COVID-19-cases>. (Accessed on 07 July 2021).

- Bernama, 2020. Coronavirus: Health Ministry beefs up screening at entry points into Malaysia. Bernama; 2020 Retrieved from <https://www.theedgemarkets.com/article/coronavirus-health-ministry-beefs-screening-entry-points-malaysia> (Accessed 1 July 2021).
- Deshwal, V.K. 2020. COVID 19: A Comparative Study of Asian, European, American Continent. International Journal of Scientific Research and Engineering Development. Volume 3. Issues 2. Mar- Apr 2020.
- Dr Y.L.M 2020. COVID-19: What to Do When a Pandemic is Declared. The Star 26 March 2020. <https://www.thestar.com.my/lifestyle/health/2020/03/26/what-to-do-when-a-pandemic-is-declared>. (Accessed on 2 July 2021).
- Heyden, L.V. 2020. A Crisis Management Blueprint for COVID-19. INSEAD. The Business School for the World. <https://knowledge.insead.edu/operations/a-crisis-management-blueprint-for-COVID-19-13716>. (Accessed on 2 July 2021).
- Huang, Chaolin, Yeming Wang, Xingwang Li, Lili Ren, Jianping Zhao, Yi Hu, Li Zhang, Guohui Fan, Jiuyang Xu, Xiaoying Gu, and et al. 2020. Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. The Lancet 395: 497–506. doi:10.1016/S0140-6736(20)30183-5.
- Ministry of Health, 2021. Situasi Terkini COVID-19 Di Malaysia 27 Jun 2021. <http://COVID-19.moh.gov.my/terkini>. (Accessed on 27 June 2021).
- National Security Council 2020. Corona Virus Disease 19 Statistic dated 12 April 2020. <https://twitter.com/KKMPutrajaya/status/1248940119517589506/photo/1>. (Accessed on 3 July 2021).
- Organisation for Economic Co-operation and Development (OECD), 2020. New OECD outlook on the global economy. Organisation for Economic Co-operation and Development (OECD); Retrieved from <https://www.oecd.org/coronavirus/en/>. (Accessed 1 July 2021).

- Prime Minister's Office, 2021. Teks Ucapan Pelan Pemulihan Negara: Peralihan Fasa PKP Secara Berperingkat. <https://www.pmo.gov.my2021/06/teks-ucapan-pelan-pemulihan-negara-peralihan-fasa-pkp-secara-berperingkat/> (Accessed on 27 June 2021).
- The Star, 2020. Turning the Tide on Malaysia's Third COVID-19 Wave. Retrieved from <https://www.thestar.com.my/news/nation/2020/10/14/turning-the-tide-on-malaysias-third-COVID-19-wave>. (Accessed on 3 July 2021).
- The Straits Time, 2020. Malaysia on the Path to Recover, Revitalise and Reform. <https://www.nst.com.my/opinion/letters/2020/12/651780/malaysia-path-recover-revitalise-reform>. (Accessed on 27 June 2021).
- The State Council of The People's Republic of China. 2020. Li Keqiang Went to China CDC to Inspect the Scientific Research of Novel CORONAVIRUS infection Pneumonia Prevention and Control. Available online: http://www.gov.cn/guowuyuan/2020-01/30/content_5473244.htm (Accessed on 2 July 2021).
- Yue, Xiao-Guang, Xue-Feng Shao, Rita Yi Man Li, M. James C. Crabbe, Lili Mi, Siyan Hu, Julien S. Baker, and Gang Liang. 2020. Risk Management Analysis for Novel Coronavirus in Wuhan, China. *Journal of Risk Financial Management* 13: 22.

THE USE OF MOBILE INSTANT MESSAGING IN THE ARMY WORKPLACE DURING COVID-19 PANDEMIC SITUATION

**By LT KOL DR SAIFUL AZUWAR BIN ABD HALIM
ROYAL ORDNANCE CORPS**

INTRODUCTION

The rapid development in mobile internet technology such as Mobile Instant Messaging (MIM) has transformed the way people communicate in organizations, including in military organizations. MIM has become an important communication for modern military personnel, particularly for sharing information and chatting with multiple users simultaneously. Communication channels such as WhatsApp and Telegram are becoming more popular and have become the favourite medium for people to communicate (Walker, 2017).

With the Malaysian Army's wide distribution of different commands and formations, communication between officers and personnel is crucial to meet the Army's objectives. In formal settings, Army personnel communicate through their chain of command in the organization. The commander regularly communicates verbally through telephone, radio network, and face-to-face interactions or written through official letters and e-mails. The same mode of communication applies when subordinates communicate with their superiors. Meanwhile, in the modern military, social platforms such as instant messaging and chat groups are used in informal or casual settings, mainly to share or disseminate information and ideas.

Pandemic Outbreak

When the World Health Organization (WHO) recognized COVID-19 as a pandemic since 11 March 2021, the challenges in Army communication started. Almost all countries in the world have been affected by COVID-19. Most governments responded to the exponential increase in cases of COVID-19 by placing restrictive sanctions on public gatherings and social activities in an attempt to keep people from infecting one another. Social distancing is currently used as the term to describe the desired outcome of these restrictions. Many countries have declared full or partial lockdown, or using movement control order to control their population during the outbreak. People are advised not to leave their homes unless

necessary. This is to control and contain the spread of COVID-19 in the community.

In Malaysia, Prime Minister has announced the first Movement Control Order on 18 March 2020. Since that, a series of movement control mechanisms, with different versions have been implemented as one of the control measures to contain the virus among the public. This is a difficult time not only for the public but the borne consequences also felt by various sectors. In this difficult time, the government has announced a list of essential services and types of workers who will remain active and serve the society during the lockdown. Besides healthcare workers, government workers, and few essential professions, the military also has been put on the list.

Roles of Military

In the military doctrine, the assistance to the public during peace-time is spelled out in the Civil-Military Cooperation (CIMIC) under Military Other Than War (MOOTW) operation. With that, the specified role of the military during the pandemic situation is to assist the government agencies through CIMIC. Some of the tasks given to the Malaysian Army are to assist in maintaining roadblocks during Op PENAWAR, to assist in fixing the barricade and wire obstacles for Enhanced Movement Control Order (EMCO) requirements, and to safeguard the Malaysian territory from illegal immigrants who potentially will become the virus carrier though Op BENTENG. It started end of February 2021, when the roles of the Malaysian Army were enhanced and it was announced and blanketed under National Security Council under the law. In the current situation, the Malaysian Army is becoming an important government machinery when the responsibilities were expanded in another crucial task; the execution of a national vaccination program.

As assisting the government during the pandemic situation becomes the priority in this crucial time, the Malaysian Army is still required to perform its primary responsibilities. In the Army working environment, there are specified and implied tasks they need to perform. Nevertheless, the core business of the Army requires the troops to remain in the position to defend the countries under operational tasks. At the same time, the training still needs to be resumed for competencies development and the logistics tasks continue to support all the activities conducted. In the context of working communication, each activity and task demand different approaches in using communication media based on interoperability, working environment, and security requirements (Suri et al., 2016).

Communication Requirements During Controlled Situation

Communication is an interactive process to improve collaboration among members of an organization. The selection of an appropriate communication platform contributes significantly to an organization's success. It can help superiors, managers and employees perform better. Good communication can become a vital source of ideas and options which is being generated through the people's interpersonal relationship in a work setting. Communication satisfaction creates a positive attitude and encourages employees to engage in their jobs. Additionally, the selection of an appropriate communication platform can enhance the superiors-subordinates relationship.

However, the selection of an appropriate communication platform presents a huge challenge to organizations (Marlow, Lacerenza, Paoletti, Burke & Salas, 2018). In an uncertain environment, the use of formal communication medium in the organization is sometimes distracted. In the case of a controlled situation in the pandemic environment, the use of face-to-face communication is almost impossible in many activities. The organization needs to find alternatives to handle brief, discussion, and face-to-face meetings. In this crucial situation, the sharing of data and information is significant in the decision-making process. With that, when social media is used to communicate, they have to balance the need for good communication behaviour among employees while ensuring that organizational goals are reached.

This coronavirus pandemic kept people from staying close to each other. The lockdowns kept people indoors either at home or at their workplace if they are front liners. People sought the most reliable communication channel to communicate as an alternative to face-to-face interaction. At this crucial time, whatever channels are available could become an option. The consideration was made based on under-friendly characteristics, availability, handling cost, and adaptability with working requirements. As observed, one of the ways to stay in touch with friends, families, co-workers, and customers in this pandemic situation is through mobile calls and instant messaging besides other options such as teleconferencing and video conferencing.

Maintaining social distancing has also becoming an important issue at the workplace including in the Army organization. Keeping the distance during communication and controlling the crowd numbers becoming the concerns in the organization setting. In public

health definition, social distancing, also called physical distancing, is a set of non-pharmaceutical interventions or measures intended to prevent the spread of a contagious disease by maintaining a physical distance between people and reducing the number of times people come into close contact with each other. There are also the things that need to be carefully addressed by the Army since most of the military tasks require face-to-face interaction.

In this pandemic controlled situation, reliability, availability, and resilience of the cellular network are very important. Text messaging through mobile becoming the reliable technology since it is operating mostly on the smartphone and mobile devices. In our contemporary society, smartphones tend to be the most used devices (Silver, 2019). The role of wireless telecommunications and the smartphone during the COVID-19 pandemic becoming bigger since many have to stay at home, at the office, and maintain social distancing during work.

In the Army, the officers and soldiers are justifiable to work from different places using internet-based technologies. The ubiquitous nature of mobile communication makes it possible to rely on smartphones for myriad communicative, informational, and entertainment activities anywhere, anytime. Therefore, the average amount of smartphone use per day has steadily increased over the past few years and significantly during the pandemic situation. The exceptional situation during the outbreak of COVID-19 creates questions about the specific opportunities and challenges mobile connectivity brings.

Mobile Technology and Mobile Instant Messaging

Instant messaging is the communication mode that replaced the traditional Short Messaging Services (SMS) in enabling users to exchange messages with one another quickly. With the advancement and the decrease in the cost of mobile platforms, Mobile Instant Messaging (MIM) has been the tool of choice for users to exchange messages. There are several reasons for MIM's popularity. Its interface was well-designed for convenience and interactivity. The technology also has temporal and multimodal features. Besides text chats, there are voice and video calls, images, emojis, and audio/video messages, and often they are used in combination. The available languages, figures, and symbols enable users to express meaning, thus enhancing mutual understanding. MIM has also included the ability to share real-time information with users' contacts individually or in groups.

One of the most popular MIM in the market is WhatsApp. WhatsApp users numbered about 2 billion users in 180 countries and 1.6 billion active monthly users. In some countries, WeChat also is the choice for reliable and affordable channels. WeChat users numbered about 1 billion active users. Many people have begun using instant messaging apps to connect with others before the pandemic, and the number has increased during the lockdown periods.

MIM in the Army Workplace During Pandemic

In the Malaysian Army, the use of MIM for working communication is allowed but it is subject to the rules and regulations. Besides the common rules by the Malaysian Communication and Multimedia Commission (MCMC), the Malaysian Army also sets several guidelines on the usage of internet communication and social media at the workplace. Anyhow, the guidelines are merely on the restrictions on the usage to prevent the abuse which reflects the information security. There is a lack of guidelines and policy on the right use of that technology in specific situations and environments. We like it or not, MIM is widely used in the Malaysian Army working environment and the usage was increased in the pandemic's-controlled environment. Almost all Army personnel possess a smartphone installed with a MIM application and they are using it extensively for work and social.

❖ Dissemination of Ideas and Knowledge.

The use of MIM has moved from the social to the work realm. Many organizations including the military found that MIM can be an effective platform for ideas and knowledge dissemination. Meanwhile, Army personnel use the technology to keep records of their work such as messages, reports, and files for future reference, effectively making it a working diary. This is a form of text-based communication whereby individuals can contribute to conversations at their convenience.

❖ **Increases Interaction and Collaboration.** MIM has increases interaction and collaboration in the workplace during the pandemic. It has become the communication platform of choice in the 'social distance condition' because it reduces the need for face-to-face interaction. Technology brings the casual communication present in the social realm to the workplace. As a result, users are can freely express themselves compared to other platforms that are considered more formal. The average

daily use of smartphones is expected to increase when social distancing measures are in place, as their smartphone screens function as windows to the world through which they can keep in touch with their social networks and society at large using various applications.

❖ **Updating Work Routines.** Besides interaction with others, MIM assists users in daily routines such as updating information with others, managing work, and coordinating activities. The emergence of mobile technology offers flexibility and convenience for mobile users where the users can engage in many activities simultaneously. They can communicate with others anywhere in real-time by using the same free-of-charge applications in their smartphones. MIM fulfills people's interests and needs. The "new normal" will see most Army workplaces use instant messaging solutions to meet their work demands.

❖ **Allowing Flexible Workforce.** In today's digital media environment, the spread of information has become highly dynamic. News updates are published immediately, as a result of accelerated information cycles in journalism enabled by growing digitalization (Stroud, Peacock & Curry 2020). The Army officers also have established information routines that are built on real-time information they can access on their smartphones anywhere, at any time. MIM allows Army personnel to be more flexible with their working hours, especially when working remotely. Most organizations shifted to MIM to accommodate their requirement at the workplace. Malaysian Army has also adjusted its activities and increased its use of MIM channels for its remote commanders, officers, and soldiers.

Is MIM the Rich Media in the Army Workplace?

One of the approaches to assess the suitability of media usage in the organization is through media richness theory. Media richness is judged by using four dimensions: the ability to facilitate rapid feedback, handle multiple cues simultaneously, utilize natural language, and establish a personal focus (Daft & Lengel, 1986). In the media richness theory, face-to-face interaction ranked the richest media compare to other channels such as telephone, video-conferencing, e-mail, newsletter, or broadcast. The dimensions in media richness are shown in **Chart 1**.

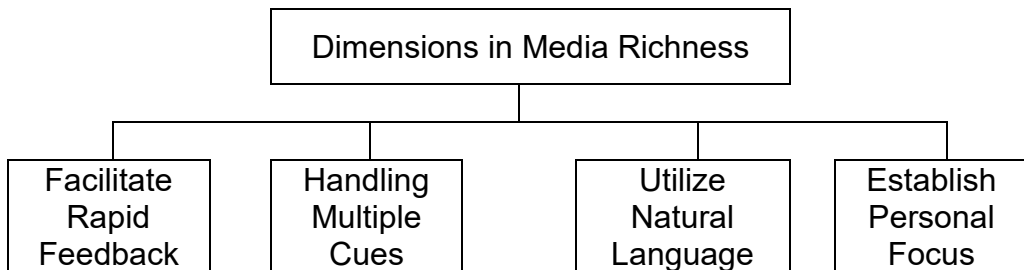


Chart 1: Dimensions In Media Richness Theory

Facilitating Rapid Feedback

In a pandemic situation, MIM is useful in getting instant feedback from subordinates working on the ground either in operational or administration activities in the Army. MIM provides effective two-way communication because the staff can stay connected and actively respond to one another in a pandemic situation. The integration and cooperation with other agencies involved in the operation are important. Consequently, they can collaborate and coordinate their tasks to solve problems online. For example, in the deployment of troops in the roadblocks, officers at formation headquarters created group discussion for the purpose to send fast information to the commanders at the lower level and getting feedback from them. MIM was found to be effective in facilitating immediate requirements for management and logistic activities. The information about the logistics such as the personal equipment, medical supplies, or protective equipment was quickly communicated to the lower headquarters.

MIM group discussions are used for instant interaction among Army personnel in separate locations. Interactive discussions through MIM group discussions are useful for work coordination for troop embarkation, discussing administrative matters, coordinating operational requirements, and sharing the work progress. This is useful when the troops operating from far locations. The process of recording and updating the tasks from separate locations becomes easier since each work team will update their completed work tasks to other teams. The progress can be monitored by all teams and that was effectively conducted by using the MIM group discussion. MIM allows quick responses and questions from subordinates to their superiors. Subordinates using MIM to ask for the clarification and give a response about their tasks.

However, MIM is difficult to be used to ask for quick clarification of any dispute in some Army working environments. It was difficult for Army users to retrieve immediate clarification of the messages posted on the platform when they are on duty such as at roadblocks, patrols, and during handling the civilian. Army personnel also experienced difficulty in presenting the facts and complete explanations in MIM conversation. The face-to-face brief still the best way to present important orders, facts, and explanations. Furthermore, in MIM communication, the users may intentionally or unintentionally leave the discussion according to their situation at their workplace. Some users avoid long conversations and will not respond.

Handling Multiple Cues

In terms of handling verbal cues, text and visuals are the most important used by the Army personnel in their MIM communication at the workplace. The volume of visual and graphic used in the MIM conversation are increasing during the pandemic situation. In the use of voice and videos, even though it is not advisable and restricted in some situations, but it is useful when typing the text is impossible. As we realize, Army works involve a lot of administration tasks, work coordination, and organizing logistics matters. The sharing of critical information within Army organizations or inter-agency becomes easier through MIM since it can transfer various types of files.

In terms of handling non-verbal cues, gestures and body language could not be provided by the MIM channel even though they are important in the Army works. The facial expression in face-to-face communication shows the attitude and acceptance of the decision made especially among commanders. Even though the MIM application provides a variety of symbols to represent facial expression; known as emojis or emoticons, but in the context of usage in Army activities, it is not recommended for formal communication. As an example, the use of emoticon by the company commander together with the messages delivered to the subordinates in the operational area relating to their tasks, will show a low level of seriousness and looks informal. The messages sent by the superior are supposed to be bold and formal.

In the Army environment especially during the pandemic situation, the technology was able to handle certain verbal cues such as text and visuals well but was inadequate for voices. The voice's command and direction still more reliable by using telephone or radio conversation. Whilst MIM is suitable for carrying meanings through

text and symbols, its application in the Army is limited because it is deemed casual and informal, thus, inappropriate especially when involves higher ranks officers and other agencies. Furthermore, voice and facial expression are highly valued in the Army because they can express more range of emotions of the speaker which non-verbal alternatives in MIM such as emoticons and photos have difficulty achieving the meaning.

Utilizing Natural Language

MIM is capable of explaining thoughts and ideas to other members of the organization by using the preferred languages that are available in the channel. In the Malaysian Army environment, Malay language and English are the two common languages used in the conversation and it is comfortably utilized in the MIM. The operational commander uses MIM to send his thought about the operational objective to their subordinates by using the English or Malay language since the language can be easily written in the channel.

Besides explain the concept and ideas, MIM is capable and used to deliver instruction to the Army personnel. However, the orders or instructions are limited to short and simple instructions to facilitate easier understanding. Long and complex instructions through MIM may lead to ambiguity and confusion. As a result, the use of face-to-face or other official channels is encouraged to deliver long and complex instruction. MIM has limited ability to deliver a lengthy explanation of ideas, orders, and instructions. Instead, the technology is only able to deliver brief, simple and short content. This limitation makes it difficult for Army commanders to express their thoughts, opinions, and feedback on certain phenomena or issues. Consequently, they will still rely on written documents to communicate the more serious issues in the pandemic situation. Meanwhile, MIM is relegated to a working dairy and records for future reference.

Establishing Personal Focus

The user focus during conversation can be established in many ways. One of the ways is through the customization of the message. Through MIM, the Army officers in all activities customized the MIM messages to share the reports. The customization is important to ease the acceptance by the recipients. It is preferable to use the private message in discussing personal information such as medical information, training reports, and confidential matters. According to the rules stated in the service, the classified contents

should not be shared through MIM. The message content in the MIM can be customized to suit the rules.

The second way to create focus is through the way of using the language. The use of simple language, proper words, and a structured way of writing become a common practice when MIM is used for a formal occasion. The technology allowed the users to customize the message to suit the receiver and the Army's requirements. This ability is especially useful when the messages can be short and simple, easy to understand, and meet the users' needs. The third way, establishing personal focus is made easier through technology's ability as an enjoyable platform that is casual and friendly. Even though Army working in a stressful environment during the pandemic, they are motivated by the social interaction feature provided by the technology. The motivation will keep the users engage in their communication with other organization members. However, the overuse of MIM at work also gives the impact in term of distraction and deviate them from the work focus. As an example, the use of MIM to communicate with the soldiers patrolling at the strategic operational area will distract their focus since they need to frequently monitor their mobile devices. The instructors and trainees at the training location also need to focus on the training module rather than concentrating on answering MIM messages.

Challenges

There are several challenges in the use of MIM in the Army working environment during the pandemic situation. Firstly, the use of MIM has changed the nature of communication among commanders, officers, and soldiers. Commanders may instantly distribute important documents to troops through smartphone and internet media. There are also innumerable non-tactical methods communicated through text messages with seniors. MIM demolishes the barrier in the military hierarchy when the information can flow in various directions, not through the chain of command.

There is also concern about the work socialization impact through the use of MIM in the organization which also affected the Army environment. Despite the fast transmission of messages, MIM raises the issue of work efficiency, smartphone addiction, and non-work-related activities. MIM also distracts focus at the workplace. The technology may interrupt employees' focus because it can be used simultaneously with non-work-related activities. As a result, productivity is affected as tasks will take longer to complete. The huge number of messages received led to information overload that affects

job satisfaction. The long hours spent on the smartphone could lead to smartphone addiction.

During the pandemic, large databases of military and non-military information are created which includes the restricted and open data. This may give threats to information security. The potential unintended use of this technology should be considered and the Army personnel should not excessively or unnecessarily abuse the use of available technology. The extensive use of MIM at the workplace makes users susceptible to information leakages. In the Army, confidentiality and security are vital to meet the intelligence requirement of the organization.

The pandemic forced Army personnel to be reliant on messaging apps to connect with other Army members or their superiors. There's been a significant spike in volume on mobile calls, WhatsApp, and WeChat usage due to the coronavirus pandemic. The number of mobile calls increased significantly with similar cases in both WhatsApp and WeChat. Anyhow, there is a lack of guidelines and procedures to dictate how MIM should be applied in this specific environment. This may lead to ramifications such as conflict with military doctrines and values. Some of the practices in the communication also contradict Army values and staff duties.

CONCLUSION

Even though MIM is considered a rich medium due to the fulfillment of all media richness dimensions, in the actual application during the pandemic situation, it is bound by the practices and environment in each activity. It is also true that MIM is the most valuable channel in this situation, but the Army should realize that MIM is only partially suitable in certain situations. Different activities use different approaches in communication to achieve the objectives. With that, the recognition of MIM as a communication channel in an organization should be carefully implemented to guarantee the best return in terms of the Army's performance and productivity.

REFERENCES

- Army to Use WhatsApp for Orders* (March 18, 2020). Retrieved from <https://forcescompare.uk>
- ComSoc Technology News (CTN) (April, 2020). Retrieved from <https://www.comsoc.org/>
- Daft, R. L., & Lengel, R. H. (1986). Organizational information requirements, media richness and structural design. *Management Science*, 32 (5), 554-571.
- Deep, J. (2020). *Instant Messaging – The Role It Will Play in the Post-Coronavirus Workplace*. Retrieved from <https://www.telemessage.com>
- Marlow, S. L., Lacerenza, C. N., Paoletti, J., Burke, C. S., & Salas, E. (2018). *Does team communication represent a one-size-fits-all approach?: A meta-analysis of team communication and performance*. *Organizational Behaviour and Human Decision Processes*, 144, 145-170.
- Silver, L. (2019). *Smartphone Ownership Is Growing Rapidly around the World, but Not Always Equally*. Retrieved from <https://www.pewresearch.org>
- Stroud, Natalie Jomini, Peacock, Cynthia, Curry, Alexander L. (2020). *The Effects of Mobile Push Notifications on News Consumption and Learning*, *Digital Journalism* 8(1):32–48.
- Suri, N., Tortonesi, M., Michaelis, J., Budulas, P., Benincasa, G., Russel, S., Stefanelli, C., & Winkler, R. (2016). *Analyzing the applicability the internet of things to the battlefield environment*. International Conference on Military Communications and Information Systems (ICMCIS), Brussels, Belgium, IEEE Conference Publication.
- Walker, L. (Producer). (2017). *The 10 Best Mobile Messaging Apps*. Lifewire. Retrieved from www.lifewire.com
- World Health Organization website (2020). Retrieved from <https://www.who.int>

MITIGATING COVID-19: THE NATIONAL STRATEGIES, CHALLENGES AND WAY FORWARD

**By LT KOL HADEY MADERA BIN A. KHAMID
ROYAL RANGER REGIMENT**

INTRODUCTION

Coronavirus Disease 2019 (COVID-19) or previously known as pneumonia of unknown cause disease is the latest global health, climate and economic crisis in the world (UNICEF Malaysia, 2020). The disease resulting severe effects including death and respiratory infections. On March, 12th 2020, the World Health Organisation (WHO) declare COVID-19 as a pandemic after the disease has spread worldwide involving more than 180 countries (Aziz, NA, Othman, J, Lugova, H, Suleiman, A, 2020). This COVID-19 was then confirmed by WHO, caused by novel Coronavirus (nCoV) - a severe acute respiratory syndrome coronavirus (SARS-CoV-2) that infects the respiratory tract (Shah, AU, Safri, SN, Thevadas, R, Noordin, NK, Rahman, AA, Sekawi, Z, Ideris, A, Sultan, MTH, 2020). According to Elengoe, A (2020), genome of the unknown viral was sequenced by using the next gene sequencing tool and resulting 96.3 percent similarity with Yunnan bat coronavirus RaTG13 and 70 percent homology with SARS-CoV-2. However, the origin of this SARS-CoV-2 is still mysterious.

In the earlier stages of transmission, China's authorities in Wuhan City, Hubei Province faced unusual pneumonia cases of unknown cause (Wahad, A, 2020). A death that caused by infection to the respiratory tract, or severe infections with dyspnoea and low blood oxygen saturation or critical state with multiple organ failure (Shah, AU, et, al, 2020). After in-depth investigations with WHO, the Chinese authorities identified that most of the patients had been exposed to a virus that was found in one of the seafood markets in Wuhan City. Environmental samples were taken from the animals sold in the market and the analysis identified the nCoV as the cause of this pneumonia disease and the studies strongly believes that bats were the main host of this nCov. According to Shah, AU, et al, (2020), there are only seven coronaviruses that can cause diseases to human but only two that can cause a deadly pneumonia namely severe acute respiratory syndrome (SARS) and middle east respiratory syndrome (MERS).

The first case outside China was reported in Thailand (Thailand Emergency Operation Centre, 2020), when a traveller arriving from Wuhan, was scanned with high fever while passing through the thermal scanner at Suvarnabhumi International Airport and the laboratory result was then confirmed and identified as nCoV. **Figure 1** below shows how the transmission of the coronavirus occurred.

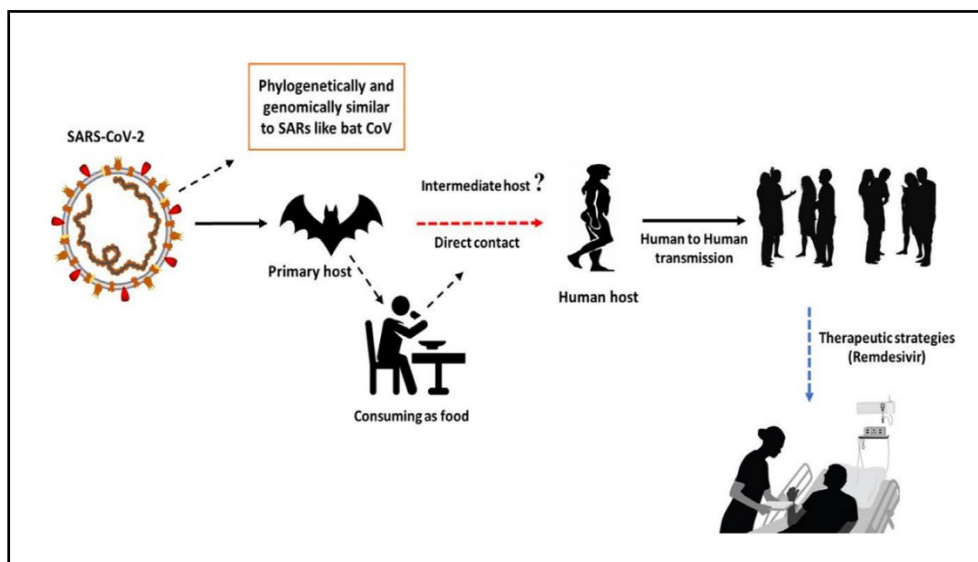


Figure 1: Transmission Of The Coronavirus

This virus may spread through droplets of saliva or discharge from the nose especially when sneezing or coughing or during talking. According to Rabin, RC and Anthes, E, (2021), the virus may airborne and transmitted via inhaling very fine respiratory droplets and aerosolized particles. Elderly population, individuals with low immune system and individuals with a background of other disease are more prone to be infected including fatality. Moreover, very little for those who infected aware that they do have the virus due to experiencing mild to moderate respiratory illness and recover with minor treatment. Amongst common symptoms are cough, fever and tiredness, but apparently, COVID-19 affect different people in different ways such as one might have aches and pains or sore throats or diarrhoea or maybe loss of taste or smell.

However, since COVID-19 virus can only survive longer and spread actively faster in cold environment, therefore it may help to limit the spread in Malaysia due to the fact that Malaysia is a tropical country with temperatures of up to 40-degree celcius (Shah, AU, et al, 2020). There are five clinical stages of COVID-19 namely

asymptomatic, symptomatic and no pneumonia, symptomatic and pneumonia, symptomatic, pneumonia and supplemental oxygen required and lastly critical illness with multi organ failure. **Table 1** below showed top ten countries with the highest numbers of COVID-19.

#	Country, Other	Total Cases	New Cases	Total Deaths	New Deaths	Total Recovered
	World	152,991,566	+195,443	3,209,263	+3,118	130,939,737
1	USA	33,147,656	+1,641	590,733	+26	25,777,927
2	India	19,614,661	+65,005	216,003	+480	16,046,195
3	Brazil	14,725,975		406,565		13,242,665
4	France	5,642,359		104,706		4,590,376
5	Turkey	4,849,408		40,504		4,405,199
6	Russia	4,823,255	+8,697	110,862	+342	4,443,922
7	UK	4,418,530		127,524		4,218,172
8	Italy	4,035,617		121,033		3,484,042
9	Spain	3,524,077		78,216		3,206,273
10	Germany	3,420,083	+7,710	83,790	+88	3,024,600
43	Malaysia	415,012	+3,418	1,533	+12	383,140

Table 1: Top Ten Countries With Highest Numbers Of COVID-19 (Worldometer, 2021)

The earliest COVID-19 case in Malaysia was confirmed on 4th Feb 2020 when a 41 years old man returned home after a business meeting in Singapore with fever and cough (Elengoe, A, 2020). Prior to that, on early January 2020, Ministry of Health (MOH) through National Crisis Preparedness and Response (CPRC) received two reports from Sabah dan one from Selangor suspected to be infected with 2019 nCoV and later confirmed the cases in Sabah were 2019 nCoV negative. In end of January 2020, the Health Minister announced a confirmed 2019 nCoV case involving three Chinese

citizens arrived via Singapore. Due to that, MOH founds that there is a necessity to have thermal scanners at entry points, and hospital nationwide need to prepare measure as to handle suspected nCoV cases that need further examination and treatment. Malaysia first fatal case was announced by MOH on March 17, 2020 involving with two deaths related to the religious gathering in Seri Petaling and a case in Sarawak with regard to chronic disease history (Shah, AU, et al, 2020).

The spreading of COVID-19 had shocked the world. As of today, there are 155 million world confirmed cases, 130 million survivors from this disease and 3.3 million world deaths, whilst Malaysia, current numbers of confirmed cases reaching to 412,000 cases, 390,000 total recovered patient and 1521 total death (Government of Malaysia, 2020). The pandemic has brought a systematic change on how people interact and live their life. At this moment, the COVID-19 pandemic situation still remains uncertain. To date, Malaysian Government has taken significant precautions and measurement to prevent COVID-19 transmission when the first case outside China was reported in Thailand. In the early stages of the outbreak, the Ministry of Health (MOH) is the only entrusted agency to manage the outbreak without assistance from other government agencies (Aziz, NA, Othman, J, Lugova, H, Suleiman, A, 2020). But as of now, all agencies including the Non-government Organisation (NGO) are collaborating to mitigate this pandemic.

Singapore and Malaysia agreed to establish a Special Working Committee on COVID-19 as to propose and coordinate a joint mitigation plan as to ensure the safe and sustainable movement of goods, people and services between both countries during a telephone conversation on second week of March 2020 by both leaders, the Prime Minister Muhyiddin's and Prime Minister Lee (Singapore Ministry of Foreign Affairs, 2020). Furthermore, on early February 2020, in addition to the current collaboration between the two countries, a Joint Committee was established and headed by both Deputy Health Minister following the spread of 2019-nCoV. Amongst of this committee objectives are to strengthen ongoing cross border efforts, shared information in the public health sector, medicine and to manage and tracing person identified with the coronavirus (Yusof, TA, 2020). This committee too is to address this pandemic effectively by conducting research and studies.

Moreover, on Nov 2020, a Joint Committee on Information and Communications Cooperation between Malaysian Communications and Multimedia Ministry and Singapore Ministry of Communication

and Information was conveyed during their 4th virtual meeting (The Star, 2020). This committee is to foster stronger cooperation in communications and information sharing due to this pandemic especially on digital information and communications, digital economy, cybersecurity and respective governments' public communications and engagement efforts to deal with the pandemic.

Apart of that, during 37th ASEAN Summit hosted by Vietnam on mid of November 2020 via video conferences, Prime Minister Tan Sri Muhyiddin Yassin through the 15th East Asia Summit (15th EAS) urged all participating countries to continue cooperating and to jointly address the devastating effects of the COVID-19 pandemic specially to find vaccines and anti-viral medicines as to prevent the virus from further spreading (PMO, 2020). On early Apr 2021, a Memorandum of Understanding (MoU) on the establishment of a high-level Committee to Promote Cooperation in the post COVID-19 era between Malaysia and China government was signed. This committee will act as an overarching bilateral mechanism, overseeing the implementation of all understandings and provide policy guidance for all aspects of both countries including pandemic preparedness and response, trade and investment commodity, food security, science, technology and innovation and others (Malay Mail, 2021).

Since early 1950s, vaccines have been given out through the National Immunisation Programme as to protect the Malaysian citizens from vaccine-preventable diseases (JKJAV, 2021). As to date, there are 11 types of vaccine. As to name a few such as tuberculosis, hepatitis B, tetanus pneumococcal, polio, rubella and others. The need to get supplies and efficient vaccine is at priority as to ensure the National COVID-19 Immunisation Programme can be implemented to mitigate the outbreak. Currently Malaysia did not have facilities or capacity to manufactured vaccine thus need to get supplies of vaccines from other countries. A Special Committee for Ensuring Access to COVID-19 Vaccine Supply (JKJAV) co-chaired by The Malaysia Ministry of Science, Technology and Innovation (MOSTI) and Ministry of Health (MOH) was established with main objective is to ensure access to the COVID-19 vaccine immediately, safely, perfectly and effectively for the country. This committee is to play an important role as the main committee in planning, implementing and monitoring the entire National COVID-19 immunisation programme. Furthermore, this committee is not only looked at the technical aspect such as durability, development, methods, stability, safety, effectiveness dosage, access (JKJAV, 2021) of the vaccine but to the commercial aspect to such as pricing,

refunds, delivery schedule as well as logistics requirement matters. **Figure 2** below showed types of vaccines available in the world.


Types of vaccines	mRNA	Viral vector	Inactivated virus
Primary content and how it reacts 	mRNA sequence which enters the individual cell to produce the specific virus protein	Contains modified (vector) virus to transport the antigen genetic code. The human cell will produce the targeted protein	Virus that have been killed using high heat, chemical or radiation
Function 	Uses the mRNA molecule to stimulate the immunity in order to recognise the targeted virus protein	A safe viral vector is used to deliver the genetic material of the targeted virus and stimulating the human immune response	Virus that has been killed and used to stimulate the human immune response
Advantages 	<ul style="list-style-type: none"> • Simple and quick to produce • Does not require living component and synthetically produced. • Triggers an adaptive immune response 	<ul style="list-style-type: none"> • Proven technology • Triggers an adaptive reaction for a more effective immune response 	<ul style="list-style-type: none"> • Proven technology • Suitable for those who have a weak immune system • Easy to produce
Challenges 	<ul style="list-style-type: none"> • Some mRNA vaccines require extremely cold storage conditions • Used as a vaccine for the first time in medical history 	<ul style="list-style-type: none"> • Complex manufacturing process • Important to ensure the virus vector is safe to be used 	<ul style="list-style-type: none"> • High manufacturing cost
Example	None	Ebola, Vaccines for livestock	Polio, Japanese Encephalitis & Rabies
Vaccine candidate	<ul style="list-style-type: none"> • Moderna • Pfizer/BioNTech 	<ul style="list-style-type: none"> • AstraZeneca • CanSino Biologics • Johnson & Johnson • Sputnik V 	<ul style="list-style-type: none"> • Sinovac

Figure 2: Types Of Vaccines (JKJAV, 2021)

On early November 2020, Malaysia officially signed on the COVID-19 Vaccines Global Access (COVAX) facility and Coalition for Epidemic Preparedness Innovation (CEPI) as a multi-pronged approach to facilitate Malaysia not only focusing on bilateral efforts but had a diversity option to procure COVID-19 vaccines. The participation in COVAX guarantees the supply of vaccines for 10 percent of those living in Malaysia. Moreover, Malaysia and China had signed an agreement of cooperation to provide Malaysia a priority to access the two safe and affordable vaccines types of Chinese

made vaccines called SinoVac and CanSino (Malaymail, 2021) and facilitating an expertise, knowledge sharing, cooperation in science and technology fields between the two countries. Moreover, as to increase the number of COVID-19 vaccines doses in Malaysia, government is also had discuss with Russian Government about research and development (R&D) and manufacturing of the Sputnik V vaccine (JKJAV, 2021). Malaysia announced a COVID-19 vaccination programme in three phases starting with frontliners including medical personnel, second phase will be involving senior citizens, vulnerable groups and people with disabilities whilst the third phase involving individuals above 18 years old and non-citizens.

CHALLENGES

After WHO declared COVID-19 as a pandemic, the efforts for testing, contact tracing, quarantine and treatment become crucial. Moreover, the outbreak, the enforcement of MCO and declaration of an emergency, has changed the economic landscape especially on production level, household spending, investment and labour market. Large company struggling to survive, depreciation in Malaysia Ringgit against United States Dollars, unemployment rates increase, financial problems, disrupting the supply chain and upending businesses, increasement of poverty and hardships. Psychologically, the outbreak affected the mental health to either individual with positive COVID-19 or individual under investigation or individual under surveillance or those health care workers or the law enforcer (Elengoe, A, 2020). Thus, the discussion will focus on the following elements namely political, economic, social, technology, environment, legal and security pillars as to give more understanding on the challenges faced by Malaysian Government.

❖ **Politic**

Previously, Malaysian politics has been relatively stable since 1957. Unfortunately, the general election in 2018 was seen as a historic turning point when the party in which in power for more than 60 years outcast by multi-ethnic coalition and multi-party. But, within 22 months, a sudden change of this government with the Prime Minister Tun Mahathir Mohamad was outcast lefty the country with a void in good governance. Throwing back the fall of this seventh Prime Minister governments was compelled by its internal contradictions between Mahathir's Coalition, Alliance of Hope (Pakatan Harapan) engaged with a mixture and differences of interests and ideologies. A dinner gathering at Sheraton Hotel in

Petaling Jaya dubbed as a Sheraton Move and the resignation as Prime Minister by Dr Mahathir's triggering the toppled of Pakatan Harapan coalition. Upon receiving a list of potential candidates' names, representation from all partimes representatives and independent Members of Parliament (MPs), Yang di-Pertuan Agong, appointed Tan Sri Muhyiddin Yassin as the eighth Prime Minister. This result ended the intensified tug of war between Dr Mahathir and Datuk Seri Anwar Ibrahim with both claiming they had the majority. Moreover, this internal power struggle arrived amid to the COVID-19 pandemic outbreak. Upon sworn as the eighth Prime Minister on March 1st, 2020, Tan Sri Muhyiddin Yassin facing 24 cases of COVID-19 recorded in Malaysia as reported by WHO (Greenlees, D, 2020).

❖ Economic

The economic landscape has changed due to the pandemic especially on production level, household spending, investment and labour market (Department of Statistics Malaysia, 2021). This pandemic clearly and intensely damaging both Malaysian marco economy as well as on the economic welfare of the rakyat. This outbreak had created a wide range of supply and demands shock all around the world. Since China is Malaysia number one trading partner especially source of foreign investment and tourism, this pandemic deeply effecting Malaysian economy. Smaller businesses, individuals with lower income and workers gets affected the most with this outbreak. Critically, the disproportionately economic distribution among them creating businesses insolvent, individuals bankrupt and the financial system saddle with non-performing loans (Cheng, C, 2020). The government approach as to address to this situation focuses on three pillars namely to safeguard the rakyat, support businesses and strengthen the economy (Ministry of Finance Malaysia, 2020).

An initial financial stimulus amounting 20 billion of ringgit was released by interim Prime Minister Tun Mahathir Mohamad on Feb 27th, 2020 as to mitigate the economic impacts due to the COVID-19 outbreak (Channel News Asia, 2020). After the new government ruling the country, the selected Prime Minister, Tan Sri Muhyiddin Yassin announced economic stimulus package such as tax measures and government reliefs in response to COVID-19, wages subsidies for employees, reduction of the foreign workers levy, additional

allocation for the micro credit scheme, moratorium of loans, financing repayments, a special grant and enhance financing scheme as to support the society, covering people of various background especially the Bottom 40 percent income group (B40), Middle 40 percent income group (M40), local workers in various fields and up to small and medium enterprises (SMEs).

❖ **Social**

According to United Nations Department of Economic and Social Affairs (2021), the outbreak continuously affects the populations especially people living in poverty, older persons, person with disabilities, youth and indigenous peoples. Upon imposing the MCO, all activities namely business, interstate travel, mass gathering, tourism, stay at home orders, close border, banned outdoor activities, work from home were introduced as to slowing and preventing the virus transmission. Moreover, this COVID-19 outbreak may increase inequality, discrimination and decrease employment opportunities. Furthermore, Government imposes a new norm of public health measures such as social distancing, wearing mask, isolate own self from other if feeling unwell and seek care if needed, covering coughs and sneezes, frequent handwashing, avoid touching own faces and avoid crowded places and limit time in enclosed spaces. These new norms and all security measures in preventing COVID-19 had affected the relationship among people and their perception of empathy toward others. In addition, this pandemic too lead to dramatic consequences due to separation from the loved ones, loss of freedom, uncertainty of the disease and feeling of helplessness (Valeria,S., Davide, A., Vincenzo, A., 2020)

❖ **Technology**

Maximal used of mass media and technology shorten the time to distribute an information. Wider public coverage has been able to be reaching in disseminating public health information including social distancing, self-hygiene, health advertising, regular media announcements on fake news and other initiative (International Labour Organization, 2020). Unfortunately, false information too does happen. Overabundance of information, some true and some false resulting hard for people to find trustworthy sources and reliable guidance when they needed. False claiming pertaining government policies resulting confusion and potentially complicating compliance and affecting compliance rates.

Moreover, a mislead population might demand governments to adopt disproportionate and misguided policy option. False information during this pandemic can lead to excessive panic among society resulting panic buying and increment of essential goods price such as face masks, sanitisers, personal protection equipment (PPE), creating an anti-vaccination propaganda and many more.

COVID-19 too manages to change the mindset of Malaysian entrepreneurs and educations towards digital transformation effort. Companies are upgrading their technology and system to ensure employees can connect. Large and listed companies engaging suppliers through video conference session on supply chain issues. Educator used the internet medium for their online classes as a teaching mode.

❖ Environment

The positive impact of COVID-19 during the implementation of MCO such as sizeable improvement in air quality, reduction of water pollution, reduction of greenhouses gases and reduction of noise emission due to fewer numbers of motor vehicles on the roads and the suspended of industrial activities (Abdullah, S, Mansor, AA, Napi, NNL, Mansor, WN, Ahmed, AN, Ismail, M, Ramly, ZTA, 2021). According to Mofijur, M., et al (2021) the particulate matter (PM) emission especially PM₁₀ (inhalable particles with a diameter of 10 µm or less) emission in most of the regions reduce by around 30 to 53 percent and around 35 to 56 percent thus reducing relative severe health problems such as asthma, heartbeat irregularity, non-fatal heart attacks or premature death. A study showed that the reduction of human activities gives a significant impact of air pollution rates, increase human health and has made the rivers cleaner and clearer than before (Othman, M and Latif, MT, 2021). Moreover, the daily global carbon dioxide emission decreased by 11 to 25 percent as compared in 2019 and the Air Pollutant Index (API) analysis conducted in Malaysia between March 1st and Apr 28th 2020 showed a 26 percent increment of API number of clean days as compared to before the implementation of the MCO (Ujang,Z, 2021). In addition, forestation and ban on wildlife trade might play a significant role in reducing the spread of different viruses.

Unfortunately, throughout this pandemic, huge volumes of domestic and hospital waste have been generated (Mofijur, M., Fattah, I., Alam, M. A., Islam, A., Ong, H. C., Rahman, S., Najafi, G., Ahmed, S. F., Uddin, M. A., & Mahlia, T, 2021). This unusual situation poses new and major challenges for waste collection and recycling groups especially about the possibility of COVID-19 spreading while managing the waste. There is no information available about the retention time of SARS-CoV-2 (Mofijur, M., et al 2021). Failure to collect and managing this domestic waste such as medical waste, food packaged waste, toiletries waste and other related waste will be creating a spread of other diseases.

❖ Legal

The implementation of MCO is being pursuant under the Prevention and Control of Infectious Disease Act 1988 (PCID Act 88) and the Police Act 1967 (POL Act 67). Moreover, His Majesty the Yang di-Pertuan Agong with an advice of the Cabinet was satisfied a need to issue an Emergency Proclamation for the whole Federation effective from 11th January to 1st August 2021 to enable an ordinance to be promulgated under Clause (2B) of Article 150 as to provide the necessary powers to curb and prevent the spread of COVID-19 in the Country (PMO, 2021). Throughout this period of emergency, government may promulgate ordinances relating to the use of private hospital asset and resources for the purpose of treating the COVID-19 patients. Government may to enact an Ordinance to amend the PCID Act 88 as to enhance the effectiveness of the enforcement of this act including increasing penalties or punishments for anyone who violates the laws and regulations relating to the control of the spread of the COVID-19 pandemic. Government too may seek more involvement from private sector, including private healthcare facilities such as testing laboratories, expertise, resources, building, movable asset and utilities in assisting Government agencies especially public hospital. Government may to promulgate enforcement powers to the Malaysian Armed Forces in addition to the existing power as to assist in performing the functions relating to public health and functions performed by the relevant civil servants such as empowering military personnel as well as police and immigration personnel to arrest illegal immigrants and anyone encroaches the national border, manning a road block, joint patrol by using police mobile patrol vehicles (MPV). Government too may

combat economic sabotage, monopolies and excessive increment of prices of goods during the pandemic.

As to date, governments has implemented not only MCO but a series of MCO namely Conditional Movement Control Order (CMCO), Recovery Movement Control Order (RMCO), Enhanced Movement Control Order (EMCO) with six basic restriction such as prohibition of mass movements and gathering across the country, including religious, sports, social and cultural activities, sanctions cover all Malaysian s travelling abroad, restrictions on entry of all tourist and visitors into the country, closures of all child care centres, government and private schools, including other primary secondary and pre university institutions, closure of all public and private higher education institutions and skills training institutes nationwide and lastly closure of all government and private premises except those involved in essential services (Goi, CL, 2020)

❖ **Security**

A Crisis Preparedness and Response Centre (CPRC) was established under the 9th Malaysian Plan as a strategy in preparedness of effective management of disaster, outbreaks, crises and emergencies (DOCE) under the Surveillance Section of the Disease Control Division, Ministry of Health Malaysia (Director General of Health Malaysia, 2014). Previously, CPRC operates passive surveillance mode daily but since the COVID-19 outbreak, CPRC open up its operation room as to monitor in active surveillance mode the development of COVID-19 pandemic situation in Malaysia.

On second week of March 2020, Prime Minister announces a Movement Control Order (MCO) after the positive COVID-19 cases spike up to 553 cases (Bernama, 2020). Due to the fact that the SARS-CoV-2 has an incubation period for 14 days and can be transmitted within this period, therefore under the PCID Act 88 and the POL Act 67, the government had enforced a 14 days MCO starting from 18th to 31st of March 2020 as to curb and break the chain of COVID-19 (Shah et al, 2020). Starting on that too, various stages of the MCO were being enforced until now. Under this act, the Police and Military work closely to enforce MCO and various stages of the MCO especially in the red zones as to flatten the curve of the pandemic. Furthermore, the requirement to keep the first responder such as doctors, nurses, and medical assistance

safe become main priority therefore, any individuals or Company who does not comply against this act commits an offence and shall be liable for a fine or to imprisonment. Moreover, government identified the hot spot and providing reliable information to the communities such as daily update of the numbers and rates of infected people, fatalities and recoveries (Aziz, NA, et al, 2020).

WAY FORWARD

As discussed earlier, Malaysian Government has taken list of actions as to address this COVID-19 pandemic. Enforcement of MCO and series stages of MCO, the emergency proclamation, safeguard the *rakyat*, support businesses and strengthen the economy (Ministry of Finance Malaysia, 2020) are amongst the list. Furthermore, the vaccination program, health screening, special quarantine areas, case detection, risk communication, enhanced surveillance and resumption of the immunisation response are amongst collaboration between MOH with WHO, UNICEF and other partners.

A continued effort to encourage Malaysian society to maintain their precautionary practices need to be considered. Considering the challenges, the political parties need to have mutual toleration. Furthermore, the policymakers should all time to be honest with their decision making and explain the reasons underlaying the public policy to the public. Since COVID-19 outbreak, the need for digital transformation is at priority one therefore, Government needs to improve the infrastructure and followed by financial support for the connectivity of internet and broadband. Since the transmission of SARS-CoV-2 is by direct communication from individual to individual, therefore government must emphasize on avoiding or limiting mass gatherings, increasing on personal hygiene, maintaining physical distancing and avoiding people from travelling from one place to another.

CONCLUSION

Since the outbreak, Malaysian Government has imposed stringent procedures and robust responses as to prevent the transmission of COVID-19. As to date, government has implemented not only MCO but a series of MCO namely CMCO, RMCO, and EMCO. Moreover, a declaration of Emergency was announced by His Majesty, *Yang di-Pertuan Agong* as to curb the pandemic. As to assist the *Rakyat*, Malaysian Government focuses on three pillars namely to safeguard the *rakyat*, support businesses and strengthen

the economy (Ministry of Finance Malaysia, 2020). In addition, the COVID-19 vaccination programme is provided to all residence and non-residence of Malaysia for free. Currently the vaccination schedule is in Phase 2 starting from April to August 2021 involving senior citizens (those aged 60 and over), high risk group with chronic disease such as heart disease, obesity, diabetes and high blood pressure and people with disabilities. But this phase 2 are also prioritise to remainder of healthcare workers, essential services, defence and security personnel. Additionally, this phase too is open for teachers, media personnel, national athletes and official attending the Tokyo Olympics and Paralympics. The society too need to adhere with rules and regulation stipulated by government as to curb this pandemic. Always follow the new norm guidelines such as wearing the masks, avoid handshaking, wash hand frequently by using soap and water or an alcohol-based hand sanitizer, stopped mass gathering, maintain physical distancing, stay at home if has comorbidities and to avoid spreading false information with regards to COVID-19.

REFERENCES

- BERNAMA. (2020, September 30). Peranan ATM hadapi COVID-19 didokumentasi dalam buku 'Nation Call'. Putrajaya, Wilayah Persekutuan, Malaysia.
- Carvalho, M., & Timbuong, J. (2021, April 5). COVID-19: Clinical waste increased by almost 100% since outbreak began. Petaling Jaya, Selangor, Malaysia.
- Fuad, F. (2020, October 10). COVID-19: 1,140 anggota tentera dikerahkan. Kuala Lumpur, Wilayah Persekutuan, Malaysia.
- Guo, Y., Cao, Q., Hong, Z., Tan, Y., Chen, S., & Jin, H. (2020). The origin, transmission and clinical therapies on coronavirus disease 2019 (COVID-19) outbreak - an update on the status. *Mil Med Res*, 11.
- Hodes, R. J. (2020, March 27). Adjusting to the new normal. Kuala Lumpur, Wilayah Persekutuan, Malaysia.
- Izzati, M. (2021, May 23). ICU Medan HKB sudah sedia terima pesakit COVID-19 . Kepala Batas, Pulau Pinang, Malaysia.
- Jun, S. W. (2021, May 18). Parents, Educators call for more streamlined education system as COVID-19 continues to disrupt lesson. Kuala Lumpur, Wilayah Persekutuan, Malaysia.

- Kementerian Kewangan Malaysia. (2020, November 6). *Kementerian Kewangan Malaysia*. Retrieved from Kementerian Kewangan Malaysia:
<https://belanjawan2021.treasury.gov.my/pdf/bajet/ucapan/ub21.pdf>
- L. Rampal. (2021). Malaysia's third CPVID-19 wave a paradigm. *Med J Malaysia*.
- Nazrilla, H., & Koshy, R. (2020). COVID-19 Primary Health Care Initiatives in Malaysia.
- Rathakrishnan, D. (2020, July 13). COVID-19 ubah pengajaran dan pembelajaran dari rumah. Kajang, Selangor, Malaysia.
- Rohana, I. (2021, May 22). Bimbang pesakit COVID-19 warga emas sorok simptom. Kota Bharu, Kelantan, Malaysia.
- The Star. (2020, September 10). Ops Benteng helped prevent Larger COVID-19 outbreak in Lahad Datu. Kuala Lumpur, Wilayah Persekutuan, Malaysia.
- The Star. (2021, April 6). Ministry tackling problem of clinical waste. Petaling Jaya, Selangor, Malaysia.
- Ujang, D. S. (2021, January 13). Impact of COVID-19 on environment. Damansara, Selangor, Malaysia.

THE STRATEGIES UNDERTAKEN BY THE MALAYSIAN GOVERNMENT IN THE EFFORTS OF MITIGATING COVID-19

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ROYAL SIGNAL REGIMENT**

INTRODUCTION

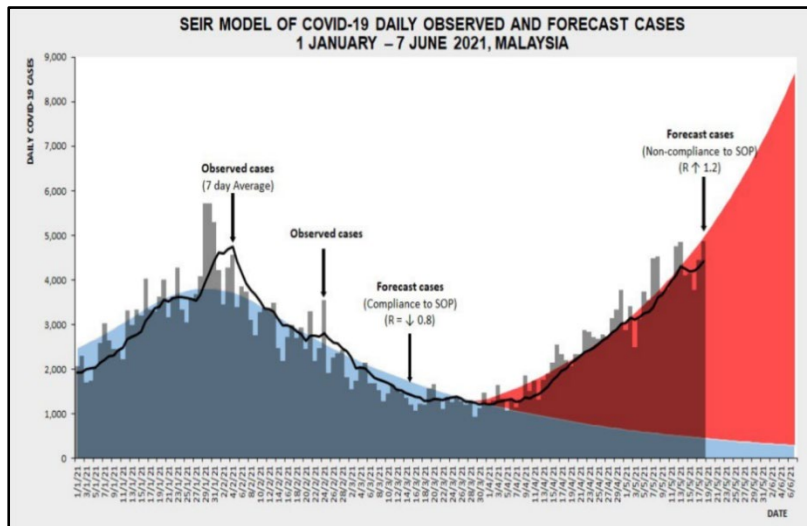
“We do not want to end up like countries, where we have to select who will live and who will die”, one of the sentences from Tan Sri Dr Noor Hisham Abdullah, Director General of the Ministry of Health (MOH). He is urging Malaysians to comply with Standard Operating Procedure (SOP) and not to hold social events. This is to ensure the healthcare system will not be burdened and pressured (DG Hisham, 2021).

The COVID-19 epidemic, which was first discovered in Wuhan, China around mid-December 2019, is the most serious disease being mentioned across the country and around the world. Following the second wave, which resulted in two deaths in March 2021, the disease became Malaysia's most serious issue. Due to the critically of the outbreak, the government took action by enforcing a 14-day Movement Control Order (MCO 1.0) from 18 March to 31 March 2020, to reduce the risk of harm further.

As early as MCO 1.0, the government only ordered people to ‘stay’ in their homes for 14 days and restricting their movement, in addition to protecting personal hygiene as a preventive measure. Not least with that, doctors and nurses are relentlessly appealing for the community to help by not increasing the number of cases in hospitals. The media, either by radio, television, newspapers, or social media, has played a vital role in assisting the government in publicizing the “stay at home” campaign in order to decrease the number of COVID-19 positive cases.

However, until today, the government has declared MCO 2.0 and MCO 3.0 due to increase in cases that are spreading across this country. Arenational strategies in mitigating COVID-19 are ineffective for the people to adhere to? There are still a handful of people who still do not comply with the SOP. Where is our role as caring citizens to support government action in eradicating this virus?

As shown in **Graph 1**, the MOH observed the cases from January 1, 2021 to June 7, 2021. The contagion rate of Covid-19 or R_0/R_t on an expected daily case basis on 18 May 2021 for the whole country was 1.08. This is quite concerning for future cases.



Graph 1: Daily Observed And Forecast Cases 1 January To 7 June 2021(*R-NAUGHT*, 2021)

Based on the current R -naught value of 1.2 for the COVID-19 infectious rate in Malaysia, the daily case projection in the country is expected to reach up to 5,000 cases a day in the third week of May 2021 and will jump to 8,000 cases, a day in the first week of June 2021. Following the rise in the statistics, the National Security Council (NSC) and the Ministry of Health (MOH) have taken a range of steps to mitigate the number of cases and develop national strategies with government approval and agency cooperation.

NATIONAL STRATEGIES IN MITIGATING COVID-19

COVID-19 has infected over 410,000 people in Malaysia, killing over 1500 people by April 2021, according to the global outbreak. Furthermore, the spread of coronavirus infection has affected human life patterns and drastically slowed economic growth. The COVID-19 pandemic had a direct effect on the domestic business eco-system, and including food and beverage sector, construction and manufacturing, tourism, agriculture, and construction and services industries. This in turn resulted in many losing their jobs. In March 2020, total unemployment in Malaysia increased by 17.1% to 610,500 people, increasing from 521,300 in the same month the previous year(Hin, 2020). NSC and MOH have developed national

strategies by phase according to the implemented of MCO. The strategy in addressing the challenges of COVID-19 includes 6 approaches or known as "6R" namely Resolve, Resilience, Restart, Recovery, Revitalize and Reform, as illustrates in **Figure 1**.

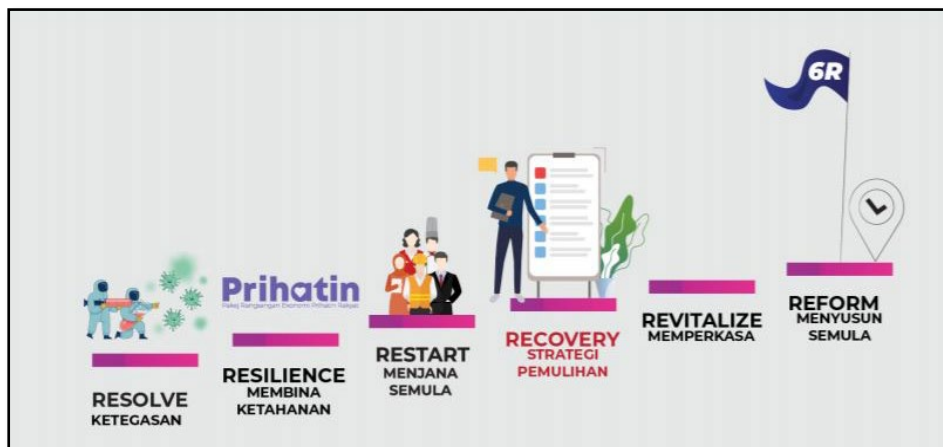


Figure 1: "6R" Strategies In Mitigating COVID-19

❖ **Resolve**

The first strategy entails deciding on measures to curb the spread of the COVID-19 virus, such as enforcing the Movement Control Order (MCO). To that end, the government is set to enforce a nationwide MCO order from 18 March to 31 March 2020. The Control and Prevention of Infectious Diseases Act 1988, and the Police Act 1967, was used to enact this Order. Religious activities, sports, social and cultural gatherings are all subject to a complete ban on movement and assembly throughout the country. In addition, there is a complete travel restriction for all Malaysians traveling abroad, as well as a restriction on foreign visitors and tourists entering Malaysia. All public and private institutions have been closed as well. However, closure of all government and private premises except those involved in essential services (MCO- 2020).

As the situation worsens, it is no longer possible to wait. To stop the spread of this virus, drastic actions such as restricting public movement must be taken right away. This is the only way to save more people from being infected with this deadly virus. Just stay at home and no need to go out anywhere. In this way, they will be spared from COVID-19

infection and the spread of this epidemic can be curbed. This is the real purpose of the Movement Control Order implemented by the government.

Continuous reminders and cultivating should be given to the people regarding the 3W concept which consists of Wash (frequent hand washing with soap and water), Wear (wearing a half face mask in public or if symptomatic) and Warn (warning from MOH which is more conceptual 14 reminders). 3Cs to avoid are Crowded Place (crowded place), Confined Space (narrow place) and Close Conversation (speaking at close range).

The Malaysian government has made a significant effort in response to the pandemic by creating and launching the MySejahtera application, which will aid in the management of the COVID-19 pandemic in the country by providing specific guidance and daily notifications to the public. Responsible members of the public would have a greater understanding of their significant role in helping to improve the country's initiative in combating the progressive significant social phenomenon with the support of the government and health authorities.

❖ Resilience

The second strategy is to build resilience through the PRIHATIN Economic Stimulus Package to improve the capabilities of the people and the economy. It is valued at RM250 billion and will help everyone. Almost RM128 billion will be spent on *rakyat* welfare, RM100 billion on supporting companies, including SMEs, and RM2 billion on economic growths. Meanwhile, the previous stimulus package declared RM20 billion. The PRIHATIN package will offer immediate assistance to people who are struggling. (PRIHATIN, 2020).

The government's immediate priority is to stop the spread of the COVID-19 outbreak by providing equipment and services to contain the virus, including receiving medical expertise from private healthcare providers to assist the MOH's capabilities. The government offered special allowances to doctors, nurses, and medical teams who are directly involved in controlling and stopping the outbreak and are working under severe stress and pressure. At the same time, the government promises to give military, police, customs, civil defense, and

RELA personnel who are directly involved in enforcing the MCO a special allowance.

❖ **Restart**

Regenerate or 'restart' the economy in an orderly and controlled manner. Even now, several sectors of the economy have been opened. After this, the government will consider opening some sectors and other sub-sectors subject to strict conditions. This is to keep the industry competitive and ensure that the employees can work in a safe environment. Investors and the private sector will be given detailed guidelines and standards so that they can start operating their industries.

There has been a comprehensive short-term, medium-term, and long-term Economic Recovery Plan established. The aim is to identify policies and initiatives that will improve short- and medium-term economic development, as well as people's and investors' trust in the country's economy. Among the initiatives being formulated are building the capacity and skills of the people, encouraging domestic spending, enhancing the resilience of industries including SMEs, as well as fostering a more positive investment environment for the future.

A way to achieve a balance between the need to revive the national economy and the priority of mitigating the COVID 19 epidemic is required. The government has agreed to reopen the economic sectors wisely by implementing strict health SOPs, based on the MOH's advice and best practices determined by the World Health Organization or WHO.

❖ **Recovery**

In the face of new normalcy, implement economic growth measures. As a result, the National Economic Recovery Plan, or PENJANA (Pelan Jana Semula Ekonomi Negara), is implemented. The government is taking a comprehensive and inclusive solution to Malaysia's economic recovery, and then everyone must be a part of it. PENJANA will focus on three main thrusts to achieve this: Empower People, Propel Businesses, and Stimulate the Economy. PENJANA includes a total of 40 initiatives worth RM35 billion.

❖ **Revitalize**

At this stage, economic recovery strategies are focused on efforts to revive and revive economic activity, or jump-start the economy. Accordingly, the Government has identified 5 Key Focuses of economic recovery and empowerment programs throughout 2021, namely controlling the spread of COVID-19, driving economic recovery, strengthening national competitiveness, implementing the regional and community inclusion agenda and transforming the economy.

The government will implement the Strategic Program for Empowering the People and the Economy or PEMERKASA worth 20 billion Ringgit, with a new fiscal injection by the Government of 11 billion ringgit. PEMERKASA will focus on 20 strategic initiatives to boost economic growth, support business and continue targeted assistance to the people and sectors that are still affected. This strategy is inspiring, promising, and beneficial, and it deserves the full support. However, this cannot make any progress unless the plan thoroughly considers the above and several other public policy concerns that should be addressed widely with NGOs, academia, industry, and community leaders.

❖ **Reform**

Restructure or 'reform' the economic structure to enable the country and to move into an era of life that has changed with the advent of 'new normal'. For the economic sector, the Government has identified five (5) sectors that are allowed to operate and categorized as essential economic sectors namely manufacturing, construction, services, trade and distribution, as well as plantations and commodities. This sector is able to operate because of its role in ensuring the ongoing supply of essential necessities such as food, drinks, and household goods, as well as personal care; PPE equipment, medical devices, and medicines for health workers; foreign trade activities; ensuring the supply chain is uninterrupted; and supporting vital infrastructure and emergency works. The government encourages civil servants to work from home except for work processes that require being in an office. Meetings are also encouraged to be held online using a secure medium. For those who have difficulty caring for children at home, the government allows employee rotation in addition to implementing flexible working hours.

In combating COVID-19, contact detection or contact tracing is very important. Health workers must know who has ever been close to a person who has tested positive for COVID-19. To facilitate contact tracking, the government has created the MySejahtera and MyTrace applications. Hopefully, who have a smartphone can download this application to help the MOH do contact tracking in the event of a new infection. This is the responsibility of all of us.

- **National COVID-19 Vaccination Program**

The National COVID-19 Vaccination Program in Malaysia also started on 24 February 2021 after the government managed to access the supply of COVID-19 vaccine from several pharmaceutical companies. This program is expected to be carried out in phases until February 2022 to achieve group immunity among the people in an effort to address the spread of COVID-19 in the country. More than 300,000 people have already received the first dose of the vaccine. To achieve the December 2021 community vaccination target, the government will raise the allocation for vaccination programs from 3 billion to 5 billion ringgit, compared to the initial target of the first quarter of 2022.

To achieve this target, a total of 15 thousand staff will be stationed at almost 950 Vaccination Centers or VCs nationwide. Taking into account the increase in duties, the Government has agreed to the COVID-19 Special Assistance at a rate of 200 ringgit per month to be extended to civil servants involved in the vaccination program at the CVs. Since the COVID-19 vaccine will be given to the public, increased public awareness campaigns aimed at fostering new norms are needed to break the COVID-19 chain. "A SILVER BULLET IS NOT A VACCINE." As initial, the vaccines will be given to the frontliners first.

- **Proclamation of Emergency**

The Proclamation of Emergency proclaimed by His Majesty the *Yang di-Pertuan Agong* is intended to give specific jurisdiction to the Government to manage the COVID-19 pandemic more quickly, efficiently and effectively. The government is taking immediate action in accordance with the terms of the Emergency Ordinance. The Proclamation of Emergency by His Majesty the *Yang di-Pertuan Agong* has no other purpose other than to curb the spread of COVID-19 more effectively and protect the lives of the people (PROKLAMASI DARURAT, 2021).

The Federal Government cannot act alone without the involvement of State Governments in dealing with this pandemic situation. There are important matters related to the management of COVID-19 which are under the jurisdiction of the State Government. Therefore, the Federal Government always works with the State Governments to ensure that every action is implemented in an integrated manner.

CHALLENGES OF NATIONAL STRATEGIES IN MITIGATING COVID-19

The COVID-19 pandemic impacted negatively on our country's health sector, as well as the economic growth and employment workforce as a whole. Current developments in COVID-19 have increased the pressures and threats faced by workers, employers, and political parties. This pandemic has posed new challenges in terms of public and government knowledge sharing. The exchange of personal information about patients and the sharing of fake news or misleading information are two types of information sharing on social media that are thought to be potentially problematic and unethical.

❖ Collaboration Between Government and Private Hospital

COVID-19 is indeed challenging the nation's healthcare system. This pandemic not only affected the healthcare infrastructure, but also revealed several system weaknesses such as human resources, logistics, patient care and supply chain. More frequent discussions and cooperation between the public and private sectors will result in fast, smart, and innovative solutions, enabling Malaysia to further reduce the impact of COVID-19 on the well-being of the people, the economy, and the nation.

What differentiate these two services are their financial resources. Government hospitals get full government allocation to run their operations while private hospitals depend on patients and certain allocations from the government such as tax rebates and so on. It will work together in identifying eligible patients to be referred and transferred to private hospitals. Various clinical aspects will be given priority, for example, the critical level of the patient to seek treatment or make the procedure as well as the level of stability of the patient to be transferred. Commenting on the level of preparedness, most private hospital necessary capacity to face any eventuality,

including isolation facilities in the ward and Intensive Care Unit (ICU).

❖ **Unemployment of Employee**

The main issues discussed were strategies for dealing with the economic recession and unemployment that were expected to be worse than the 1997 Asian Financial Crisis and the 2008 Global Economic Crisis. Bank Negara Malaysia projects that unemployment in Malaysia in 2020 will reach 4.0%. The COVID-19 outbreak has certainly exacerbated this situation as unemployment has increased. According to a source from the Malaysian Institute of Economic Research (MIER), the unemployment rate has reached 2.4 million people in Malaysia.

❖ **Spreading False News About Vaccines**

The issue of vaccine rejection by certain groups. The spread of false news about the effectiveness of vaccines to people can interfere with the administration of vaccines according to a set schedule. These anti-vaccine groups are also feared to be confusing the public mind. Legal action against individuals who spread false information about vaccines, especially on social media, is one of the right measures to 'fight' the group. This is because many medial social networks spread misleading information about the anti-vaccine campaign, and the society readily accepts it.

The Government's strategy is to ensure that as many people in Malaysia as possible receive the vaccine to save everyone's lives as soon as possible. This vaccine will be given free of charge to all Malaysian and non-Malaysian citizens. After this vaccination effort is completed, it is hoped that our country's economy will be able to recover and the people's lives will be better although we still need to take precautions to prevent this pandemic from recurring.

❖ **Small and Medium Enterprises (SMEs) Sector**

The challenges to the launch of government assistance to SMEs sector, including the timeliness of assistance, lack of awareness in among SMEs and the practical challenges of accessing assistance. The report also identifies some of the challenges to measures designed to help SMEs adapt to the new norms through digitization and automation. For example,

the hidden costs of moving online, such as commissions and different employee requirements, have constrained the transition to many small retailers. In manufacturing, government grants for automation tend to be diverted to higher-tech projects, while most SMEs focus on the low-tech sector and miss out on the assistance offered. Overall, high rates of businesses and informal employees have access to the assistance offered.

WAY FORWARD OF NATIONAL STRATEGIES IN MITIGATING COVID-19

❖ National Pandemic Management Strategic Plan

The government will launch a National Pandemic Management Strategic Plan in the near future where this plan not only covers the management of the COVID-19 pandemic, but also any other pandemic in the future on a "WHOLE NATION APPROACH". To that end, the Government has established a Pandemic Management Strategic Committee consisting of 10 Focus Working Groups chaired by the Honorable Senior Minister of Defense.

This committee is responsible for ensuring Malaysia reduces the risk of threats and recovers from pandemics through formulating, planning, implementing, monitoring and improving every health security strategy, program and initiative. As well as related matters for the purpose of ensuring the safety of the people is always protected from the threat of pandemic. This working group has successfully developed initiatives that will ideally be implemented within five years.

❖ Effectiveness of Vaccination Program

As to maintain the effectiveness of vaccination program. MOH need to keep up to date and workable the patient records and vaccine recipient records. The government also to supply vaccine focused on demand includes a supply of vaccine injection equipment. Currently, our country is in the process of the first phase of vaccination for frontline personnel and starting next April, the second phase of vaccination to healthcare and other essential services personnel as well as senior citizens aged 65 and above will be implemented. This will be followed by a third phase in May 2021 which targets at least 13.7 million people aged 18 and above to receive the vaccine and some of these groups are students. Therefore, it is

hoped that all communities that meet the criteria need to register to be vaccinated.

❖ **Test, Identify, Isolate and Treat**

It is very important for each individual to know if they have symptoms of COVID-19 infection. Sometimes, they do not care and often wait until their health deteriorates to go to the hospital to receive treatment. If all individuals knew about the measure, it would be able to overcome the problem of shortage of medical center staff as well as existing facilities as well as reduce the pressure on medical facilities. However, the proposed implementation of widespread screening tests does not appear to be done in all states in Malaysia due to lack of allocation.

❖ **Establishment of Task Force Unit**

Establishment of a "Task Force" unit that acts proactively in implementing the COVID-19 test and creating a 'Preventing Outbreak at Ignition Site' (POIS) to reduce cases of outbreak. The effectiveness of this enforcement will not be felt simply by implementing mere roadblocks which instead bring about other cases such as sexual harassment, location boundary disputes and so on. Roadblocks and authority inputs are more effective if placed in high-risk locations. A "Task Force" needs to be established in each state to prevent the spread and increase of COVID-19 cases by taking the example of Selangor which implements appropriate and systematic prevention measures.

❖ **Community as Front Liner**

The role of a community as frontliner is strengthened and enhanced in efforts to address the spread of COVID-19 infection. The move is the best method and approach as the spread of the epidemic is still at an alarming level. The government has mobilized community empowerment measures including the introduction of the Ajen Basmi COVID-19 (ABC-19). These include a Whole-of-Society approach driven by government agencies, community leaders and Non-Governmental Organization (NGO) volunteers across the country. The community leadership that spearheads ABC-19 will also need to be expanded. This includes making announcements on COVID-19 preventive measures as well as assisting in the registration of the National COVID-19

Immunization Program to community members who do not have access.

The move is to ensure that the target of 80 percent immunization of the Malaysian adult population can be achieved. It also emphasized the importance of implementing monitoring activities and monitoring community boundaries as well as the role of community leaders in providing advice, reprimands and guidance on the new norms to local residents. The public should recognize that there is no legitimate need to know a patient's personal details in detail unless the information is given directly to the individual during the contact tracing process by the authorities. To prevent the spread of infection, being a responsible member of the public means respecting the privacy of infected persons and following the advice and directives issued by the responsible health authorities (Yusof et al., 2020).

❖ **“Digital Government”**

The MCO has a major effect on the national economy and the efficient delivery of government services. The government service delivery system, in general, includes services provided by the federal government, state governments, and local authorities (Pihak Berkuasa Tempatan), as well as their agencies. In line with that, in further strengthening the digital government agenda, the Malaysian Administrative Modernization and Management Planning Unit (MAMPU), Prime Minister's Department (JPM) formulates and coordinates the post-COVID-19 government service delivery strategy. The focus is on the digitization of government service delivery by leveraging the Industrial Revolution 4.0 (IR4.0) which is geared towards end-to-end (E2E) online services.

Through this method, citizens no longer need to attend government agencies and services can be obtained completely online from the beginning to the end of the process, accessible anytime and anywhere. As a result, all government agencies should develop a comprehensive digitalization strategy plan that includes cyber network security, the provision of comprehensive ICT infrastructure, and the review of policies and guidelines to enhance management and government data sharing. People's trust in the government's online services in terms of cyber security will be able to develop.

CONCLUSION

The current situation is extremely worrying. Our healthcare system is under more burden now than at any other point since the outbreak began. Unprecedented situations, as predicted, necessarily require unprecedented responses. Although the government has implemented the Movement Control Order (MCO) resulting in a loss to the country of RM2.4 billion a day, but the action must be made for the sake of the people's lives. All Malaysian to continue to abide by all the SOPs that have been set. The most important prevention is to wash our hands with soap regularly, use hand sanitizer if there is no water source nearby, wear a face mask when in public places, keep physical distance and avoid contact. Together, we have the opportunity to curb and break the transmission chain of COVID-19 infection from getting worse. All the advice and warnings will be fully heeded by every walk of life. The government will do its best to provide protection to all citizens although it faced many challenging to break the chain of COVID-19. People need to do their best to protect each other, the community and society. Only by uniting against this virus can we win.

REFERENCES

- Hin, P. D. C. D. T. Y. Y. (2020). *Tinta Minda BERNAMA - Kesan COVID-19 kepada manusia dan alam*. BERNAMA.
- Hisham, D. N. (2021). Sidang Media Khas COVID-19, 8 May 21. *BERNAMA*.
- Penjelasan Terkini Mengenai Pelaksanaan Proklamasi Darurat Dan Pemasyhuran Ordinan Darurat, (2021).
- Prihatin Rakyat Economic Stimulus Package (PRIHATIN), (2020).
- R-NAUGHT MALAYSIA 18_05_2021_COVID-19 MALAYSIA*. (2021). MOH.
- Special Message's on COVID-19, JPM 1 (2020). Retrieve from <https://doi.org/10.5040/9780755610020.0009>
- Yusof, A. N. M., Muuti, M. Z., Ariffin, L. A., & Tan, M. K. M. (2020). Sharing Information on COVID-19: The Ethical Challenges in the Malaysian Setting. *Asian Bioethics Review*, 12(3), 349–361. Retrieve from <https://doi.org/10.1007/s41649-020-001324>

MALAYSIA'S NATIONAL STRATEGIES IN RESPONDING TO COVID-19 PANDEMIC AND ITS WAY FORWARD

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INTRODUCTION

The COVID-19 pandemic in Malaysia is part of the 2019 coronavirus disease (COVID-19) pandemic that is hitting the world due to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The medical response to the outbreak in Malaysia was supervised by the Director General of Health, Tan Sri Dr. Noor Hisham Abdullah under the Ministry of Health two consecutive governments. Preparations to store equipment, track and monitor cases and treat COVID-19 patients were reported to have begun as early as January 6, 2020, following a World Health Organization (WHO) report on an outbreak of "pneumonia of unknown cause" in late December 2019 in Wuhan city, Hubei. The virus was confirmed to be contagious in Malaysia at the end of January 2020 when tourists from China arriving in Johor via Singapore tested positive for the virus on January 25, 2020, following the COVID-19 pandemic in Hubei, China.

Initially reported cases remained low and were largely limited to imported cases, until local clusters began to emerge in March 2020; The largest cluster at the time was associated with the Tabligh Congregational religious gatherings held in Sri Petaling, Kuala Lumpur in late February and early March, which led to a massive increase in local cases as well as the export of cases to neighbouring countries. In recent weeks, Malaysia has recorded the largest cumulative number of confirmed COVID-19 infections in Southeast Asia, surpassing 2,000 active cases at the end of March, from under 30 cases at the beginning of the month. By March 16, 2020, the virus had been reported in every state and federal territory in the country.

Following the sharp increase in the number of cases in March, the *Yang di-Pertuan Agong* has expressed great concern over the growing epidemic. Therefore, measures to combat the spread of this epidemic in the country were later announced by the Prime Minister of Malaysia, Tan Sri Muhyiddin Yassin through a nationwide live broadcast on 13 March 2020. On 16 March 2020, the Malaysian government announced that it had decided to implement the Movement Control Order (PKP) which will take effect from 18 to 31 March 2020 nationwide to reduce the spread of COVID-19 through

social incarceration. The Attorney General's Chambers (AGC) also published a federal gazette on March 18, 2020 restricting individuals from crossing states that have been declared coronavirus-affected areas.

On 25 March 2020, there was an announcement from the Prime Minister that the PKP which was supposed to expire on 31 March 2020 was extended for two weeks to 14 April 2020 due to the rate of new infection cases per day which remained consistently high. On April 10, 2020, the government announced that the PKP would be extended until April 28, 2020, while on April 23, 2020, the government also announced that it would be extended again until May 12, 2020. Having seen a decline in daily infection cases, a gradual easing of restrictions was implemented, first with the announcement of the Conditional Movement Control Order (PKPB) on 1 May 2020, which allowed most business sectors to open on 4 May 2020 under Standard Operating Procedures (SOPs) strict, followed by the Rehabilitation Movement Control Order (PKPP) effective June 10, 2020.



Picture 1: The Implementation Of Movement Control Order

Originally, the PKPP was scheduled to end on 31 August 2020, but it was further extended to 31 December 2020, with selected sectors remaining closed as well as the enforcement of strict travel restrictions from several countries due to the continued detection of import cases. The third wave of COVID-19 infection occurred after the Sabah State Election in September 2020, and this situation caused

the whole country except a few states to be subjected to PKPB from 9 November to 6 December 2020 to curb the spread of the virus infection; Sabah originally planned to implement a strict PKP, but instead implemented the PKPB. However, since 21 November 2020, PKPB was terminated for most states gradually, while the rest continued PKPB until 14 January 2021.

On 1 January 2021, Senior Minister, Dato' Seri Ismail Sabri Yaakob announced that PKPP had been extended until 31 March 2021 as daily infection cases were still high. Due to concerns over the worsening situation of the COVID-19 epidemic in the country, as well as the deteriorating national health system, on 11 January 2021, the government announced that PKP will be re-implemented in several states namely Melaka, Johor, Penang, Selangor, Sabah and the federal territories of Kuala Lumpur, Putrajaya and Labuan from 13 to 26 January 2021. Finally, the government coordinated PKP nationwide except Sarawak (which largely implemented PKPB except Sibu), from 22 January to 18 February 2021.

A state of emergency was also declared by the *Yang di-Pertuan Agong* nationwide on 12 January 2021 for the purpose of tackling the spread of COVID-19 infection, causing the postponement of any sitting of Parliament and State Legislative Assembly (DUN) and giving emergency powers to the government until 1 August 2021. On 16 February 2021, the government announced that PKP in Selangor, Johor, Penang and Kuala Lumpur was extended until 4 March 2021. Meanwhile, the remaining states and federal territories switched back to PKPB starting 19 February 2021 due to case trends declining infections, only Perlis switched to PKPP.

The National COVID-19 Immunization Program in Malaysia began on 24 February 2021 after the government successfully accessed the supply of COVID-19 vaccine from several pharmaceutical companies. The program is expected to be conducted in phases until February 2022 to achieve group immunity among the people in order to address the spread of COVID-19 in the country. On 5 March 2021, PKP was terminated in several states as well as Kuala Lumpur which were previously tied to it. Later, the states and federal territories in the country were divided by the government to be placed either under the enforcement of PKPB or PKPP until 28 April 2021 so far.

Initially reporting the highest number of cases in Southeast Asia in March and early April 2020, daily active cases in Malaysia have declined steadily from a peak of nearly 2,600 active cases in

early April 2020 to fluctuations below 250 active cases at the end of June 2020. The number of cases in the country has since been overtaken by the Philippines (on 14 April 2020), Indonesia (on 15 April 2020), Singapore (on 18 April 2020, intercepted by Malaysia on 24 November 2020), and Myanmar (on 28 September 2020, intercepted again by Malaysia on 7 January 2021). Periodic spikes of cases from further clusters in local communities, immigrant enclaves, immigration detention centres, workers' hostels, prisons and health facilities have continued to be reported since the initial outbreak of the epidemic. Since the end of September 2020, there has been a sharp increase in the number of positive cases nationwide following the outbreak of the epidemic among the prison population in Sabah followed by control of the infection chain exacerbated by the recent state elections and the government's failure to impose adequate sanctions immediately.

This situation led to the outbreak of the next wave that was more widespread than the previous wave, which increased the severity of the outbreak more severely than other Southeast Asian countries such as Myanmar, Singapore, Thailand, Vietnam, Cambodia, Brunei, Timor-Leste and Laos. Since early February 2021, with the re-implementation of PKP and cross-state bans, the daily infection rate from the third wave of COVID-19 in the country has shown a decline but is still at a high plateau of between 1,000 to 2,000 cases of infection a day in April 2021, despite there is an expectation from the Malaysian Ministry of Health in February 2021 that double-digit daily cases can be achieved by mid-May 2021.

To date, there are over 370,000 total cases of COVID-19 have been confirmed in Malaysia, which is over 19,000 active cases and over 1,300 deaths. At the same time, Malaysia currently ranks third in the number of COVID-19 infection cases in Southeast Asia after Indonesia and the Philippines and fourth in the number of deaths from COVID-19 in Southeast Asia after Indonesia, the Philippines and Myanmar. As of April 18, 2021, there are a total of 375,054 cases that have been confirmed in Malaysia with a total of 353,822 cases have fully recovered and 1,378 cases of death and 19,854 cases are still active.

NATIONAL STRATEGIES TO RESPOND TO COVID 19

❖ **Coordination and Planning**

Adaptive COVID-19 preparedness and response plans would include widespread participation from all sectors of society, as well as good national and subnational cooperation. National public health disaster management structures, such as a multi-disciplinary national coordinating cell or crisis management system, should be enabled to provide integrated management of COVID-19 preparedness and response, with the involvement of related ministries such as health, international affairs, economy, education, transportation, travel and tourism, public works, water, and sanitation, environment, social protection and agriculture.

In certain cases, this can be accomplished with the assistance of the National Disaster Relief Agency or other crisis management authority. National authorities should implement implementation strategies to solve COVID-19 as soon as possible if they have not already done so. Capacity evaluations and vulnerability analyses should be used in plans to classify high-risk and endangered groups. Plans should include civil society and national NGOs to extend the reach of public health and socio-economic interventions. National plans should also be developed for the prevention and mitigation of the social impacts of the crisis, including areas of the response that disproportionately affect women and girls. For example, many countries that have implemented restrictions on movement outside of households have reported sharp increases in gender-based violence, primarily impacting women. Additionally, women are often most likely to be in insecure work and least likely to be covered by income-protection schemes, which are primarily designed for workers in formal employment.

❖ **Engage and Mobilize Communities to Limit Exposure**

Slowing the transmission of COVID-19 and protecting communities will require the participation of every member of at-risk and affected communities to prevent infection and transmission. This requires everyone adopting individual protection measures such as washing hands, avoiding touching their face, practicing good respiratory etiquette, individual level distancing and cooperating with physical distancing measures and movement restrictions when called on to do so. It is therefore essential that international, national, and local authorities engage through participatory two-way communication

efforts proactively, regularly, transparently and unambiguously with all affected and at-risk populations.

Understanding knowledge, behaviours, perceptions, and identifying the right channels and community-based networks and influencers to promote scientific and public health messages will be a key determinant of the effectiveness of the response. Building the capacity of national, regional, and local stakeholders is essential to establish authority and trust. The role women play in communities needs to be harnessed in community mobilization efforts. Participatory community engagement interventions should include accurate information on risks, what is still unknown, what is being done to find answers, what actions are being taken by health authorities, and what actions people can take to protect themselves.

Ensuring that global recommendations and communications are tested and adapted to local contexts is an essential part of helping countries to empower communities to own the response and control the COVID-19 pandemic. Informed and empowered populations can protect themselves by taking measures at the individual and community level that will reduce the risk of transmission. By contrast, misleading, ambiguous, and false information can have serious negative public health consequences, including by undermining adherence to physical distancing measures and movement restrictions, promoting the hoarding and inappropriate use of essential supplies and equipment, and encouraging the inappropriate use of potentially dangerous or fatal curative and prophylactic measures without any evidence of benefit. In all the above, countries must ensure that communities, including the most hard-to-reach and vulnerable groups, have a voice and are part of the response.

❖ Find, Test, Isolate and Care for Cases and Quarantine Contacts to Control Transmission

Stopping the spread of COVID-19 requires finding and testing all suspected cases so that confirmed cases are promptly and effectively isolated and receive appropriate care, and the close contacts of all confirmed cases are rapidly identified so that they can be quarantined and medically monitored for the 14-day incubation period of the virus. To achieve this, countries and communities must fundamentally increase their capacity to identify suspected cases of COVID-19 in the general population quickly based on the onset of signs or symptoms. This will require a shift from reliance on existing surveillance networks to system of rapid, population-level active surveillance. In addition to active case finding in communities, health

facilities, and at points of entry, it will be necessary to enable the general population to practice self-surveillance, in which individuals are asked to self-report as a suspected case as soon as they have symptoms or signs and/or if they are a contact of a confirmed case.

To achieve this shift, countries will need to rapidly scale up their workforce to find cases, including by looking outside the traditional public health system to train non-public-health workers, and by using innovative technology such as online applications to enable individuals to self-report. Once suspected cases are identified they should be tested immediately to confirm or rule out infection with COVID-19. In contexts where testing is not possible, confirmation of COVID-19 may instead be based on reported symptoms or signs. Confirmed cases – whether confirmed through testing or on the basis of symptoms or signs – should be safely, effectively, and rapidly isolated to prevent onward transmission in the community. Ideally, confirmed cases should be isolated in dedicated facilities to minimize the potential for onward transmission and maximize the provision of any support necessary.

If this is not possible, and cases are instead required to self-isolate in households, there should be appropriate follow-up and support to ensure that individuals are able to self-isolate effectively with no social contact. It is also essential to identify and trace the close contacts of every confirmed or probable case, and quarantine and monitor them for 14 days. This ensures that even pre-symptomatic cases (and potentially asymptomatic cases) that arise as a result of contact with a confirmed case do not mix with the general population. Quarantine can be a stressful experience and a significant imposition and disruption to the life of the quarantined individual and their family. Every effort must be made to support individuals required to undergo quarantine, including through the provision of basic necessities, income support, psychosocial support, and health care as needed.

❖ Provide Clinical Care and Maintain Essential Health Services to Reduce Mortality

One of the defining features of COVID-19 is the huge stress placed on health systems and health workers by the large proportion of COVID-19 patients who can require quality clinical care. Many patients need help to breathe, with outbreaks placing acute burdens on staffing levels, availability of equipment, and crucial supplies such as medical oxygen, ventilators and personal protective equipment (PPE). Frontline health workers have had to put themselves in harm's

way to save lives, and some have lost their own lives as a result. In many countries, women account for up to 70% of the health workforce, and have therefore been disproportionately affected. Even very robust health systems can be rapidly overwhelmed and compromised by an explosive COVID-19 outbreak. Contingency planning should include extreme scenarios, such as the need to rapidly and completely reconfigure and largely repurpose the entire health sector.

In addition to the direct mortality caused by COVID-19, response at the national and sub-national level must also address the risks of indirect mortality posed by the possible interruption of essential health and social services. The acute burden that COVID-19 places on health systems, combined with the disruptive effects of shielding strategies, physical distancing and movement restrictions, must be mitigated in order to minimize the negative health impacts of COVID-19 on individuals who depend on essential, non-COVID-19 related services. Maintaining population trust in the capacity of the health system to safely meet essential needs and to control infection risk in health facilities is key to ensuring appropriate care-seeking behavior and adherence to public health advice. Continuation of primary health care services is essential. Where possible, the use of technological solutions such as telemedicine to monitor patients and remote consultations should be considered, to minimize risk to patients.

Countries will need to make difficult decisions to balance the demands of responding directly to COVID-19, while simultaneously engaging in strategic planning and coordinated action to maintain essential health service delivery, mitigating the risk of system collapse. Many routine and elective services might have to be postponed or suspended. In addition, when routine practice comes under pressure due to competing demands, simplified purpose-designed governance mechanisms and protocols can mitigate outright system failure. Establishing effective patient flow (through screening, triage, and targeted referral of COVID-19 and non-COVID-19 cases) is essential at all levels.

❖ Adapt Strategies Based on Risk, Capacity, and Vulnerability

The ability of countries to engage and mobilize communities; find, test, and isolate cases; provide effective clinical care; and maintain essential health services will differ according to their capacity and context as well as the intensity and prevalence of

COVID-19 transmission. The combination of public health measures that should be implemented at any one time will depend to a large extent on whether there is community transmission, clusters of cases, sporadic cases, or no cases and the capacity of the public health system. Every country must put in place comprehensive public health measures to maintain a sustainable steady state of low-level or no transmission and have the surge capacity to rapidly control sporadic cases and clusters of cases to prevent community transmission from occurring. If community transmission occurs, exceptional measures will need to be taken to suppress transmission as quickly as possible and transition back to a steady state of low-level or no transmission. This approach needs to be applied at the lowest administrative level possible in each country to ensure a tailored and appropriate response depending on the situation and capacities to respond.

❖ **Suppressing Community Transmission**

Even with the proactive implementation of comprehensive public health measures, transmission of COVID-19 can rapidly become established in countries and subnational regions, with explosive outbreaks that grow at an exponential rate. In countries and/or subnational regions in which community transmission has become established, or that are at risk of entering this phase of an epidemic, authorities must immediately adopt and adapt population-level distancing measures and movement restrictions in addition to other public health and health system measures to reduce exposure and suppress transmission, including the following:

- Personal measures that reduce the risk of person-to-person transmission, such as hand washing, physical distancing, and respiratory etiquette;
- Community-level measures to reduce contact between individuals, such as the suspension of mass gatherings, the closure of non-essential places of work and educational establishments, and reduced public transport;
- Measures to reduce the risk of importation or reintroduction of the virus from high-transmission areas, such as limits on national and international travel, enhanced screening and quarantine;
- Measures to ensure the protection of health workers and vulnerable groups, such as through the provision of correct personal protective equipment. Targeted and time-

limited implementation of these measures will potentially reduce mortality by flattening the trajectory of the epidemic and relieving some pressure on clinical care services.

However, these measures are blunt tools with considerable social and economic costs, and should be implemented with the understanding, consent, and participation of communities, and based on the principle of doing no harm. The risks of implementing these measures must be effectively communicated to the affected populations and communities engaged to own and participate in them. Support systems must be in place to ensure communities are able to comply with these measures. Individuals, especially the most vulnerable, must also be supported (and be provided with refuge or safe spaces where necessary) through coordinated economic and social measures that provide incentives to participate, and which mitigate negative social and economic consequences. Food security, mental health, and gender safeguarding issues, including the need to protect women from an increased risk of domestic abuse, are high-priority areas for attention. The precise nature and feasibility of implementing these measures will be heavily dependent on the context of affected communities.

In low-income and crisis settings, physical distancing and movement restrictions are structurally more difficult to implement, and should only be implemented where justified by an analysis of the trade-offs between public health measures against COVID-19 and the necessity for people to meet their basic food and protection needs. During periods of sustained community transmission, diagnostic capacity may be insufficient, and it may be necessary to prioritize testing of vulnerable populations who are at risk of developing severe disease; symptomatic health workers and essential staff; and the first symptomatic individuals in a closed setting (e.g. schools, long term living facilities, prisons, hospitals) to quickly identify outbreaks and implement effective isolation of all confirmed and suspected cases. Innovative solutions to increase clinical care capacity will be required, such as substantially reconfiguring existing health facilities and repurposing existing public and private facilities to provide safe areas for emergency case management, quarantine and isolation – this should be feasible even in remote and low resource areas. Rapid expansion of clinical capacity for life-saving measures should be focused on care for the majority of patients through simple treatments such as providing oxygen. Other essential health and social services and systems must be maintained wherever possible with a focus on primary health care. The necessary duration of physical distancing measures and movement restrictions will be difficult to calculate

accurately before their implementation: it is prudent to plan for the application of such measures for two to three months based on the experiences of the country's first affected by COVID-19.

COVID 19 PANDEMIC: THE WAY FORWARD

❖ Opening Up of Services

It is expected that even if COVID-19 infection rate decreases over next few weeks/months, risk of infection will persist and second surge later this year cannot be ruled out. It is also equally important to understand that due to panic of COVID-19, we cannot afford to neglect non-COVID illnesses, particularly in countries such as India which have a high burden of various diseases, both communicable and non-communicable.

There are certain challenges in opening up the services to non-COVID illnesses. The major issues include: how to maintain social distancing to prevent infections in crowded hospitals and how to protect HCPs. Public hospitals (secondary and tertiary care), in countries like India are very crowded and it is a big challenge to maintain social distancing. Over-crowded hospitals with inadequate infrastructure predispose to cross-infection in all, including high risk groups. This may have a potential risk of increasing the infection in the community.

To decrease over-crowding in hospitals, it is important to resume routine services in phases. In the beginning, we may start consulting patients by appointments only. We should use this opportunity to develop a system of giving appointments in secondary and tertiary care hospitals. Majority of people in our country have mobiles and can be encouraged to seek appointments at secondary and tertiary care hospitals. Staggered appointments may reduce crowding at a time in OPDs; this can be facilitated by information technology platforms. This will also reduce inconvenience to the patients. Before calling patients to the hospitals, a tele-consultation could be used as a filter. Only those who need physical examination may be called to the Outpatient Department (OPD). Patients who need consultation along with some investigations, may be asked to get these investigations before coming to the hospital. This may reduce number of visits to the hospital.

Management of chronic illnesses can be supported by video-/tele-conferencing. Given the high burden of infectious illnesses in countries such as India, there is a need for access to health facilities

for these patients also. We will continue to face the annual up-surges in vector borne diseases (dengue, malaria), typhoid fever, diarrheal illnesses, other respiratory illnesses; we need to prepare the health systems to provide care to those affected by these acute illnesses.

❖ **Striving for Self-Sufficiency in Critical Area of Healthcare**

The current crisis has also highlighted the excessive dependence of the country on other countries for supply of consumables, PPE, and medical devices and equipment such as mechanical ventilators. While India is a major player in the world for generic medicines, most of the raw material is sourced from other countries, mainly China. The policy makers should take a serious view of this and implement policies for attaining self-sufficiency in this vital area. Simultaneously, there have to be efforts for having highest quality products manufactured in India and also strict punitive action against those indulging in manufacture/sale of sub-standard or fake goods.

❖ **Protection of Healthcare Personnel**

Protection of HCP from infections requires strict adherence to standard precautions with emphasis on respiratory protection. To achieve this, there has to be adequate supply of good quality PPE as well as a rationale use. During the initial period of the pandemic, there was a great concern, almost a panic like state in HCPs. Therefore, all efforts should be made to provide highest levels of PPEs. Over a period of time, HCPs will develop confidence and acceptance of COVID-19 as another infectious disease which can be faced using proper precautions and appropriate safety gears. Initially, hospital administration has to work hard to make the appropriate PPEs available to resume the non-COVID healthcare services also. Use of N95 masks along with face shields may become a norm with all patient contacts. Providing optimal PPE to HCPs will also help prevent shortage of the staff in this critical period, by avoiding unprotected exposures to COVID patients and subsequent quarantine.

❖ **Changes in Functioning of Hospitals**

Additionally, ensuring physical distancing of patients/attendants and measures to prevent droplet infection will be a big challenge. Clinicians and administrators need to work together to assess the number of patients that can be managed in OPD depending on available manpower, physical space, etc. Depending

on the number of children with influenza like illness, a separate Acute respiratory infection Treatment Unit (ATU) can be started. The current strategy is to manage COVID patients in a separate hospital/ separate part of a hospital. As the numbers of COVID cases increase in the population, we are likely to face situations where patients without any respiratory symptoms will also test positive for COVID. There may be logistic issues in testing every patient; over a period of time, we will have to assume possibility of infection in every individual; in the same way we should practice standard precautions, and use appropriate PPE. Testing of patients prior to elective surgery is also likely to become a norm- for a couple of reasons: safety of HCPs and potential for higher complications in infected patients.

❖ **Academic Activities**

At present, most of the healthcare facilities are trying to handle COVID related issues. The educational activities in medical schools are also suffering. Usual teaching activities have been suspended due to fear of transmission of infection and there is uncertainty about resumption of teaching/training of medical students and specialists. Routine admissions, elective procedures and surgeries have declined. Evaluations of students have been deferred for few weeks. There are challenges about resuming or continuing teaching and training of medical specialties. Many institutions have resumed educational activities using available technology. Online teaching is one of the strong tools; this may be the way forward. All institutions need to develop facilities for online teaching. For training, case discussions can be conducted by tele-conferencing and that is going to replace some classroom/bedside teaching in future. Practical training and imparting clinical skills will remain a challenge in the coming days. Training by using simulation techniques followed by training in small groups may be a useful alternative. This will need trained teachers and simulation facilities to be developed.

Clinical rounds are the cornerstone of learning clinical medicine and acquiring art of bedside clinical skills. Examination/observation by experienced consultants is considered to be an important tool in identification of clinical problem and progress of sick children. This is likely to change with the current situation. Use of tele/video conference with actual visuals of the patient by using technology may help in utilizing experience of specialists. These technologies are available but not universally. We need to develop these facilities in all the teaching institutions. In current training and teaching of medical specialists, exit exam is an integral part. The exit

exam consists of assessing knowledge and skills of a student by theory and practical examinations.

Theoretical knowledge is assessed by written paper and viva-voce. Theory papers can be conducted with some social distancing. Viva voce can also be conducted by using electronic media. Conventionally, practical clinical examinations are conducted by formal clinical case work-ups and then by assessing student's ability to take proper history, skill of physical examination and then the analytical skill by discussing various clinical possibilities. There will be challenges in conducting clinical case examinations, and also getting examiners from outside of the city because of travel restrictions. Now with changed scenario, there may be some challenges in keeping social distancing or wearing PPEs by each examinee. Use of simulation and electronic/multimedia for assessment of students may be the solution.

❖ **Opportunity to Improve the Healthcare**

COVID-19 pandemic has given us an opportunity to identify our limitations in healthcare and improve it by innovation. In Malaysia, almost 80% of outpatient care and 60% of inpatient care is provided by private sector. However, due to various restrictions and concerns, the main responsibility to deal with the pandemic situation falls upon the already overburdened public health system. This is the time to strengthen our public health systems to provide healthcare to all without financially challenging the population. World has faced a disastrous situation. Many countries have very well-developed disaster management plans. Establishing departments of disaster management in medical colleges may help in adequately dealing with healthcare disasters/ outbreaks as well producing human resources for future to handle similar situations. It may be a virtual department under leadership of a senior person and members from various specialities that play important roles in management.

CONCLUSION

When opposed to the previous two lethal pneumonia diseases, SARS and MERS, a novel coronavirus known as SARS-CoV-2 has triggered massive outbreaks of COVID-19 disease with serious consequences worldwide. Four months after SARS-CoV-2 was first found in China, more than 1.5 million positive cases had been recorded worldwide. Malaysia was ranked 34th in the world based on the number of positive cases at the time of writing this article. Constructive efforts and proactive steps to combat the pandemic

became the key agenda of the Malaysian government in the early stages of its emergence in the region, as a result of the troubling pattern seen in other countries. COVID-19 outbreaks were sent to specific hospitals as a precaution to separate the patients and discourage them from infecting others. To speed up sample testing and the delivery of samples, laboratories capacity and capabilities were increased.

An MCO was implemented as the government's most significant decision to sever the COVID-19 chain within the nation. From the smallest scale of individual income to the largest scale of foreign trade, this difficult decision has clearly impacted all markets, including the economy. However, all Malaysians expressed their unwavering support for MCO compliance in order to relieve the pressure on frontline workers, especially medical staff, who are dealing with a growing number of cases every day. The Malaysian government has allocated a large budget to different sectors in order to mitigate the impact of the MCO, initiate people-based economic development, and stimulate quality investments. One of the government's advantageous policies was the PRIHATIN Package, which was supplemented by dramatic steps such as a 6-month moratorium proposed by BNM to reduce the financial burden. In addition to these joint efforts, all Malaysians have contributed in various ways to assist the country in combating this global outbreak. Each individual has a significant role to play in ensuring that the community and country are free of COVID-19.

REFERENCES

- Abdullah NH. Kesiapsiagaan dan respons KKM dalam menghadapi potensi penularan novel Coronavirus, Wuhan, China [Press release]. (2020). Retrieved from http://www.moh.gov.my/index.php/database_stores/store_view_page/21/1296 [Accessed 25 April 2021].
- Abdullah NH. Tindakan KKM bagi pengesanan kontak (contact tracing) kepada kes pertama positif novel Coronavirus di negara Singapura [Press release]. (2020). Retrieved from http://www.moh.gov.my/index.php/database_stores/store_view_page/21/1300 [Accessed 25 April 2021].

- Abdullah NH. Pengesanan kes baharu yang disahkan dijangkiti 2019 novel Coronavirus (2019-nCoV) di Malaysia [Press release]. (2020). Retrieved from http://www.moh.gov.my/index.php/database_stores/store_view_page/21/1301 [Accessed 26 April 2021].
- Abdullah NH. Situasi terkini jangkitan 2019 novel Coronavirus (2019-nCoV) di Malaysia [Press release]. (2020). Retrieved from <https://kpkkesihatan.com/2020/01/30/kenyataan-akhbar-kpk-30-januari-2020-situasi-terkini-jangkitan-2019-novel-coronavirus-2019-ncov-di-malaysia/> [Accessed 26 April 2021].
- Abdullah NH. Situasi terkini jangkitan Coronavirus disease (COVID-19) di Malaysia [Press release]. (2020). Retrieved from <https://kpkkesihatan.com/2020/02/27/kenyataan-akhbar-kpk-27-februari-2020-situasi-terkini-jangkitan-coronavirus-disease-covid-19-di-malaysia/> [Accessed 25 April 2021].
- Abdullah NH. Situasi terkini jangkitan COVID-19 di Malaysia [Press release]. (2020). Retrieved from <https://kpkkesihatan.com/2020/03/03/kenyataan-akhbar-kpk-3-mac-2020-situasi-terkini-jangkitan-covid-19-di-malaysia-3-mac-2020/> [Accessed 25 April 2021].
- Abdullah NH. Situasi semasa jangkitan penyakit Coronavirus 2019 (COVID-19) di Malaysia [Press release]. (2020). Retrieved from <https://kpkkesihatan.com/2020/03/04/kenyataan-akhbar-kpk-4-mac-2020-situasi-semasa-jangkitan-penyakitcoronavirus-2019-covid-19-di-malaysia/> [Accessed 26 April 2021]
- Dargaville T, Spann K, Celina M. Opinion to address a potential personal protective equipment shortage in the global community during the COVID-19 outbreak. *Polym Degrad Stab*. 2020;176:109162.doi:10.1016/j.polymdegradstab.2020.109162. [PMC free article] [PubMed][CrossRef][Google Scholar]
- Lahariya C. Health & wellness centers to strengthen primary health care in India: concept, progress and ways forward. *Indian J Pediatr*. (2020). In Press. [PMC free article] [PubMed] Ministry of Health and Family Welfare, National Health Policy 2015 (draft), Dec. 2014; Available at: https://www.nhp.gov.in/sites/default/files/pdf/draft_national_health_policy_2015.

- New Straits Time. The work from home revolution. New Straits Time; (2020). Retrieved from <https://www.nst.com.my/news/nation/2020/04/584802/workhome-revolution> [Accessed 20 April 2021].
- Nor Fazlina. COVID-19: UMK peruntukkan RM49,000 bantu pelajar. Berita Harian; (2020). Retrieved from <https://www.bharian.com.my/berita/wilayah/2020/04/672009/covid-19-umk-peruntukkan-rm49000-bantu-pelajar> [Accessed 8 April 2021].
- Organisation for Economic Co-operation and Development (OECD). New OECD outlook on the global economy. Organisation for Economic Co-operation and Development (OECD); (2020). Retrieved from <https://www.oecd.org/coronavirus/en/> [Accessed 21 April 2021].
- Powell A. Coronavirus cases hit 17,400 and are likely to surge. The Havard Gazette; (2020). Retrieved from <https://news.harvard.edu/gazette/story/2020/02/as-confirmed-cases-of-coronavirus-surge-path-grows-uncertain/> [Accessed 30 April 2021].
- Quilty BJ, Clifford S, Flasche S, Eggo RM. Effectiveness of airport screening at detecting travellers infected with novel Coronavirus (2019-nCoV). Euro Surveill 2020;25 (5):1560–7917,doi:<http://dx.doi.org/10.2807/15607917.ES.2020.25.5.2000080>.
- Rauf A, Vijayan A, John ST, Krishnan R, Latheef A. Multisystem inflammatory syndrome with features of atypical Kawasaki disease during COVID-19 pandemic. Indian J Pediatr. 2020. 10.1007/s12098-020-03357-1. [PubMed]
- Rohizai. COVID-19: UTM terus perkasa operasi susulan lanjutan PKP jamin kebajikan pelajar. UTM News Hub; (2020). Retrieved from <https://news.utm.my/ms/2020/03/utm-terus-perkasa-operasi-susulan-pkp-jamin-kebajikanpelajar/> [Accessed 6 April 2021].
- Rothe C, Schunk M, Sothmann P, Bretzel G, Froeschl G, Wallrauch C, et al. Transmission of 2019-nCoV Infection from an asymptomatic contact in Germany. N Engl J Med 2020;382(10):970–1,doi:<http://dx.doi.org/10.1056/NEJMc2001468>.

- Secon H, Woodward A, Mosher D, Business Insider US. A comprehensive timeline of the new Coronavirus pandemic, from China's first COVID-19 case to the present. Business Insider Malaysia; (2020). Retrieved from <https://www.businessinsider.my/coronavirus-pandemic-timeline-history-major-events-2020-3?r=US&IR=T> [Accessed 29 April 2021]
- Singhal T. A review of coronavirus disease. (2019). (COVID-19) *Indian J Pediatr.* 2020;87:281–286. doi: 10.1007/s12098-020-03263-6. [PMC free article] [PubMed] [CrossRef] [Google Scholar] www.channelnewsasia.com/news/asia/malaysia-government-rm600-millionhealth-covid-coronavirus-12566848 [Accessed 28 April 2021].
- Waltz M, Davis A, Cadigan RJ, Jaswaney R, Smith M, Joyner B. Professionalism and ethics: A standardized patient observed standardized clinical examination to assess ACGME pediatric professionalism milestones. *MedEdPORTAL.* 2021;16:10873. doi:10.15766/mep_23748265.10873.[PMCFreearticle][PubMed] [CrossRef] [Google Scholar]
- World Health Organization. WHO Statement regarding cluster of pneumonia cases in Wuhan, China. (2020). Retrieved from <https://www.who.int/china/news/detail/09-01-2020-who-statement-regarding-cluster-of-pneumonia-cases-inwuhan-china> [Accessed 29 April 2021].
- World Health Organization. Coronavirus disease 2019 (COVID-19) situation report-44. (2020). Retrieved from https://www.who.int/docs/default-source/coronaviruse/situationreports/20200304-sitrep-44-covid-19.pdf?sfvrsn=783b4c9d_2 [Accessed 22 April 2021].
- World Health Organization. Coronavirus disease (COVID-19) advice for the public. (2020). Retrieved from <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public> [Accessed 22 April 2021].
- World Health Organization. WHO timeline – COVID-19. (2020). Retrieved from <https://www.who.int/news-room/detail/08-04-2020-who-timeline—covid-19> [accessed 10 April 2021].

- World Health Organization. Coronavirus disease (COVID-2019) situation reports. Available at: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>. Accessed 14 April 2021.
- Xia J, Tong J, Liu M, Shen Y, Guo D. Evaluation of Coronavirus in tears and conjunctival secretions of patients with SARS-CoV-2 infection. *J Med Virol* 2020, doi:<http://dx.doi.org/10.1002/jmv.25725>. Yassin MM. Prihatin Rakyat Economic Stimulus Package (PRIHATIN) [Speech text]. (2020). Retrieved from <https://www.pmo.gov.my/2020/03/speech-text-prihatinesp/> [Accessed 8 April 2021].
- Yusof A. Malaysia government allocates additional RM600 million for Health Ministry to combat COVID-19. Channel News Asia; 2020 Retrieved from <https://>

STRATEGIES IN MITIGATING COVID-19: CHALLENGES AND WAY FORWARD BY THE MALAYSIAN GOVERNMENT

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ROYAL SIGNAL REGIMENT**

INTRODUCTION

In December 2019, pneumonia of unknown origin struck Wuhan, Hubei Province, China, quickly spreading across Asia and the world, and the World Health Organization (WHO) declared it a public health emergency of international concern by the end of January 2020. The WHO called a new coronavirus (severe acute respiratory syndrome coronavirus 2 or SARS-CoV-2) COVID-19 as the cause of this disease. Fever, cough, and breathing problems are among the symptoms of COVID-19, which can lead to death. These symptoms resemble those of common influenza, but the spread is much faster.

History of COVID-19

According to Aziz. N. A. et al (2020), the COVID-19 virus first manifested as pneumonia of unknown origin among dealers and tourists to Wuhan's seafood market, which also sold exotic wild animals. The virus has evolved from a zoonotic transmission to person-to-person transmission, with a broadening clinical spectrum ranging from asymptomatic infection to respiratory tract spectrums and mortality. As of 10 April 2020, the COVID-19 outbreak had affected 213 countries with 1,524,162 confirmed positive cases and 92,941 deaths.

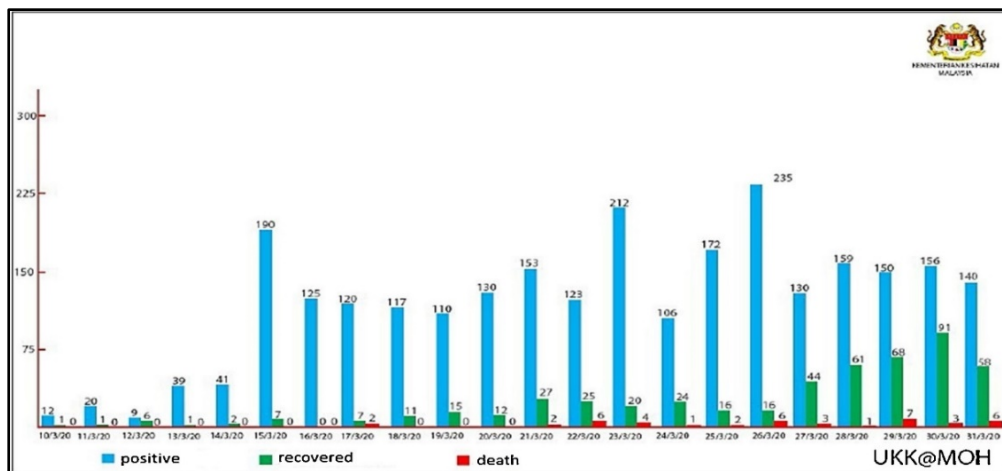
COVID-19 was designated a pandemic by the World Health Organization (WHO) on March 11, citing approximately 118,000 instances of coronavirus disease in over 110 nations and territories around the world, as well as the ongoing risk of global spread. The WHO Director-General Tedros Adhanom Ghebreyesus said at a press conference, "This is not simply a public health disaster; it is a crisis that will affect every sector". As a result, every sector and individual must be active in the battles against COVID-19.

Malaysia reported its first case on January 25, 2020 and was traced back to three Chinese nationals who had previously had intimate contact with an infected person in Singapore. This was a

case that had been shipped from Wuhan, China (Abdullah, 2020). Starting with the first case, a total of eight positive cases were registered within six days. These cases were all brought in from China (Abdullah, 2020).

Until the first wave of cases in late February, the cases in Malaysia remained relatively low. Following the religious gathering in Kuala Lumpur in late February and early March, localised clusters started to appear in Malaysia, and within weeks, Malaysia had the highest cumulative number of confirmed COVID-19 cases in Southeast Asia, and by 13 April 2020, the total number of confirmed COVID-19 cases in Southeast Asia had surpassed the total number of confirmed COVID-19 cases in the world.

The first COVID-19 death in Malaysia being announced on March 17, 2020, a case involving the Seri Petaling religious gathering. On the same day, another fatality was recorded from a case in Sarawak (Abdullah, 2020). **Graph 1** depicts the number of cases from March 10 to March 31, 2020, when the COVID-19 outbreak in Malaysia was at its peak.



Graph 1: Total New Cases, Recovered Cases, And Deaths Reported Daily From March 10 To March 31, 2020 (Abdullah, 2020)

During this time and beyond, the Malaysian government, in collaboration with the Ministry of Health (MOH), has made considerable efforts to confront and manage the outbreak. The Malaysian government issued a Movement Control Order (MCO) on March 18, 2020, in response to the rapid spike in positive cases and the difficulty in identifying the contacts (Aziz. N.A. et al, 2020). Following the MCO enforcement, all businesses and services that

were deemed non-essential were closed. Furthermore, interstate travel was severely restricted. Sporting activities, church gatherings, and other public gatherings have been cancelled (Cheng.C, 2020).

Challenges of COVID-19

By now, it is evident that this pandemic would have severe consequences for both the Malaysian macro-economy and the Malaysian's economic well-being. The main sources of economic loss in Malaysia are two-fold: the first is the spillover effect from the coronavirus's effects abroad, and the second is generated internally as a result of the recently implemented movement control measures (Cheng.C, 2020). Business and service closures, as well as travel and movement restrictions, will have a significant impact on consumer consumption and business investment. It will have far more devastating consequences for individual livelihoods and enterprises.

According to Omar.M. (2020), Malaysia is mostly a maritime nation, having a total coastline of 4,675 kilometres and a land border of 2,669 kilometres. As a result, the most difficult aspect of this COVID-19 is probably the protection of the country's border, as well as the movement and migration of immigrants from neighbouring countries. Some of them would take advantage of this chance because they believe our border security is lax. As a result, they attempt to breach our land and sea borders. There is reason to be concerned that diseases may be transferred as a result of the enormous flow of migrants into our country overland and the COVID-19 could be the reason for their migration.

In a different light, the pandemic has an influence and poses a problem to the defence industry and the supply chain process for military goods and requirements. Countries all around the world are now putting a priority on combatting COVID-19 and suspending other businesses, such as defence. It is expected that supply chain disruptions would occur, affecting production and manufacturing facilities, as well as a significant reduction in demand for defence equipment and related services. Omar. M, 2020 highlighted that all of this will influence on military training and exercise if supply cannot keep up with demand from the primary users.

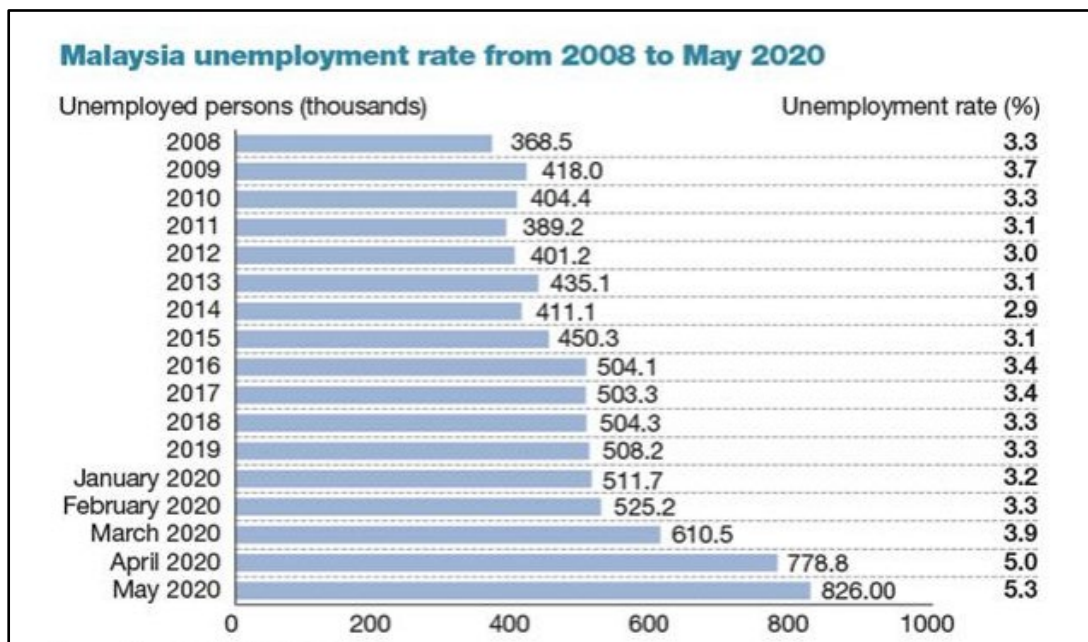
Furthermore, Omar. M (2020) also emphasised that the military has struggled to maintain readiness during the pandemic. Military training and drills are widely known for involving close interaction between one action and another. The military is challenged by the imposition of social distances since the nature of their employment

necessitates a large number of individuals working together, often in cramped areas, under physical stress, and with little personal distance.

Another problem that has emerged as a result of the COVID-19 outbreak is cybercrime or cyber-threats. As of March 25, police had opened 393 investigation papers after the MCO went into effect, with gross losses totaling RM3 million. It included the fraudulent withdrawal of Employees Provident Fund savings as well as the selling of face masks over the internet. Victims were duped into handing over their identity cards and bank account information under the guise of assisting them with an issue.

The present travel limitations and falling demand around the world have put the loss-making carrier at risk of insolvency, according to airline industry players. AirAsia Berhad, Malindo Airways Sdn Bhd and Malaysia Airlines Berhad, Malaysia's three biggest airlines have implemented compensation cuts ranging from 10% to 100%, as well as unpaid leave, depending on the salary range and position (Foo. L. P et al, 2020). The significant loss in income and profit for all three main Malaysian-based airlines, which has resulted in severe risk of bankruptcy, has prompted the airlines to request assistance from the Malaysian government.

COVID-19 has had a negative effect on Malaysia's economy, as shown by the high unemployment rate and weakening of the Malaysian Ringgit against the US dollar. Malaysia's unemployment rate is 3.3% in 2019, implying that 508,200 people are unemployed. The COVID-19 pandemic has had a major effect on Malaysia's economy. This can be shown by comparing Malaysia's unemployment rate to that of the United States. The unemployment rate is 3.2% in January 2020, but it continues to rise until May 2020, when it hits 5.3% as depicted in **Graph 2**. This is a negative trend in labour demand, so this is not a positive occurrence (Shankar, 2020).



Graph 2: Malaysia Unemployment Rate From 2008 To May 2020
(Source: Department Of Statistics Malaysia)

Terrorism, piracy, smuggling, drugs trafficking, human trafficking, and illegal immigration are all key issues that must be addressed during this crisis. Despite the fact that crime rates have fallen as a result of the MCO, there are still ongoing examples of drug smuggling in the country. Drug cartels nowadays use courier and delivery services. According to the statistic from Royal Malaysian Police (RMP) Headquarters Bukit Aman, a total of 3,085 instances were registered between April 10 and April 13, including five large-scale drug trafficking cases, while 3,923 persons were held for drug-related offences nationally between March 18 and April 16.

In addition, social isolation leads a person to stay at home for an extended period of time. Spending extra time at home could be exceedingly stressful if the individual already lives in a toxic home situation. Shanmugam. H et al (2020) explained that after the government issued the MCO, which cites domestic abuse as one of the causes, the Women's Aid Organisation and Talian Kasih reported an increase of 44% and 57% in contacts, respectively. Other than that, staying with the family and having greater contact at home for a patient who suffers from posttraumatic stress disorder as a result of past family trauma could spell disaster. The COVID-19 pandemic therefore blurs the line between safety and necessity.

Actions Taken to Combat the Challenges of COVID-19

Despite the difficulties, the government and the relevant ministry have taken proactive measures to address all the issues. As for border security, the Malaysian Armed Forces (MAF) have tightened the security of our land, maritime, and airspace, and more strict controls will be conducted with the collaboration of other security and enforcement agencies namely *Ops Benteng* (Omar. M., 2020). To combat the smuggling of illegal immigrants, patrols around Malaysian seas would be coordinated with the Malaysian Maritime Enforcement Agency and the navy. Mahadzir. D. (2021) highlighted that the government has allocated funds to the MAF for small-scale procurements of all-terrain vehicles, 4X4 transporters, rigid hull inflatable boats, and quick interceptor vessels, as well as the leasing of two helicopters for the Royal Malaysian Navy.

In terms of the military, one measure that will continue to be implemented is a reduction in large-scale exercises and training. Some extra safeguards have also been taken such as reducing training and deferring a few exercises, to assist in minimising the virus's potential spread (Omar, M, 2020). The MAF have strengthened their command structures, reduced duty travel, and enhanced teleworking across the board. Apart from that, work attendance rotation is also adopted for individuals who served in the headquarters and the physical training can be done while keeping in mind the one-meter distance.

With the help of the International Committee of the Red Cross, the Maritime Security Operations (MASO) 2020 workshop was held to raise awareness about the necessary measures to resolve humanitarian issues while securing state borders during the COVID-19 pandemic and recognising the provision of assistance to all citizens in need. The workshop, which took place from August 25 to 27, 2020 was attended by government officers in charge of maritime security operations.

Moreover, the MOH played a critical role in ensuring maximal preparedness to contain the virus's spread. The implementation of health screening at all ports of entry was one of the first steps done by the MOH to prevent illness transmission. One of the tactics, according to the Director-General of the MOH, Datuk Dr. Noor Hisham Abdullah, was the placement of thermal scanners (Bernama, 2020). This was done to improve the detection of fever in visitors and/or locals returning from vacations abroad. Malaysians returning from Wuhan were examined for COVID-19, identified, and

quarantined in specific quarantine sites. The MOH's staff, as well as airline personnel, were all participating in this step (Kaos, 2020).

The MOH has also attempted to be transparent in its response to the pandemic by releasing sufficient and up-to-date information to the public via three primary platforms: The Official Portal of the MOH, the development of a special Facebook user account named the Crisis Preparedness and Response Centre (CRPC), Kementerian Kesihatan Malaysia (KKM), and the CRPC KKM Telegram (My Government, 2020). In addition, many COVID-19-related infographics have been constantly developed and uploaded on the website. To encourage public involvement and assure public knowledge and access to correct information, the MOH has held daily press briefings, recorded conference sessions, and published relevant news on COVID-19.

The next important measure taken by the MOH and the government to combat the COVID-19 spread was to increase the number of hospitals that could treat COVID-19 cases. In conjunction with the National Disaster Management Agency, the MOH established a makeshift hospital in the Agro Exposition Park Serdang (MAEPS) to combat COVID-19 infection. This improvised hospital, which was once Malaysia's largest convention centre, is outfitted with laptops, televisions, Wi-Fi, a lounge area, and other basic amenities for patients to use (Ang, 2020).

In addition, on March 1, 2020, a coalition of 38 specialist medical societies was formed to support the Ministry of Health in the field of healthcare (Malaysia Health Coalition, 2020). The aim of this coalition was to keep the community updated and ensure that the information provided was reliable and true. Furthermore, the MOH coordinated various disinfection activities to be carried out by the Ministry of Housing and Local Government, local governments, and the DBKL (Kuala Lumpur City Council). This technique has mostly been used in high-risk environments (Bernama, 2020).

According to Liu W, Yue X-G and Tchounwou PB (2020), this pandemic had a major influence on education systems all over the world. Educational institutes were encouraged to start home-based learning using online classes and other creative teaching methods to minimise educational delays. This could aid the development of online educational platforms in the future. Many universities have demonstrated considerable social responsibility by offering food and other necessities to both local and foreign students. For the new year, international schools have issued a reduced charge.

Shah. M.A.U.et al (2020) stressed that the Prime Minister promised an additional budget of RM 1 billion to cater for medical needs, such as the procurement of equipment and services to overcome COVID-19, when introducing the RM 250 billion PRIHATIN Package to support micro, small, and medium-sized firms struggling to retain their staff on March 27, 2020. On another hand, the government also expressed its gratitude to healthcare workers by boosting their monthly payment from RM 400 to RM 600, effective April 1, 2020, and continuing until the pandemic is over (Sunil, 2020).

Malaysia's economy has been impacted by the MCO. Most organisations allow their employees to work from home, and some employees have been forced to leave their jobs. Non-governmental organisations (NGOs) have been actively assisting those who have been afflicted by the pandemic. They have given away food, provided refuge for the homeless, and even given money to individuals in need. Some NGOs have assisted by distributing protective masks and disinfection chambers (Bernama, 2020) as well as assisting in the education of the Malaysian citizen on COVID-19 (The Star, 2020).

Future Directions

On May 13, 2020, an article about community empowerment was published in Kolumnis Awani (a local news channel), with the following proposals for community leaders such as to adhere to the MOH's, National Security Council's, and Prime Minister's Department's Standard Operating Procedures, to be in charge of one's own and the community's health preventative efforts as well as to prevent misinterpretation of government signals or orders by the general public.

Parallel to Omar. M. (2020) cited that the community leaders are to monitor the mental stability of households and the community including assisting those suffering from mental issues for example depression and anxiety. It is also crucial to be aware of any community members in need of necessities, such as food or medical assistance, and to be able to provide such needs.

Physical screening, such as the use of thermal scanners, cameras, and sensors to screen symptomatic individuals at access points and within the workplace, is also important in preventing the spread of the coronavirus (Ammeran. M. Y., 2020). Businesses and building owners can also use data analytics to statistically analyse information collected by e-forms, scanners, sensors, and cameras in

order to limit staff gatherings and detect potential diseases while assuring quick and effective contact tracing.

According to Said. F (2020), the pandemic hastened advancements in healthcare digitization. During Malaysia's fight against COVID-19, Telekom Malaysia Berhad set up 5G base stations at the MAEPS in Serdang and the Health Ministry Training Institute in Sungai Buloh, respectively. Microsoft has also simplified activities and implemented artificial intelligence, machine learning, and other new technologies. While MySejahtera will be mandatory for all Malaysian businesses starting August 3, 2020, this does not imply a uniform contact tracing application market. As a result of the pandemic, the East Malaysian states of Sabah and Sarawak, as well as Selangor, Terengganu, Johor, and Penang, established their own contact tracing applications to supplement those provided by ministries.

A demand-led employment strategy is needed for a longer-term recovery of jobs and incomes, which “includes promoting job creation in strategic sectors, restoring a favourable market climate and reinvigorating productivity growth, diversifying the economy and spurring structural change, and making the best use of technological advancement.” Since customers are likely to be more cautious about spending and businesses have already signalled that they are looking to cut costs, it will be critical for the government to step in to boost demand, efficiency, and jobs.

The then-government took steps to relieve the financial stress on the hospitality industry, including 15% discounts on electricity bills for travel firms, airlines and hotels, as well as a 6% service tax exemption for hotels from March to August 2020. Besides, exemptions for hotels and travel companies and reorganisation of monthly income tax payments for the holiday industry and rental premises are among the measures proposed by the Human Resource Development Fund (Shah. M. A. U. et al, 2020).

Starting April 1, 2020, another approach by the government includes a three-year exemption from import duty and sales tax for the acquisition of machinery and equipment (both foreign and domestic) for port operations. Bank Negara Malaysia is giving a RM 300 million SME Automation and Digitalization Facility with a 3.75% interest rate. Following Shah. M. A. U. et al (2020), the goal outlined in this strategy is to encourage private investment and public-private partnerships. Hence, the approaches worth to be part of ongoing efforts to mitigate COVID-19's impacts.

Malaysia formally joined the COVID-19 Vaccines Global Access Facility (COVAX) Facility on November 13, 2020. The COVAX facility is a multi-pronged plan that will allow countries to diversify their alternatives and lessen the risk of solely relying on bilateral efforts to get COVID-19 vaccinations. Participation in this facility ensures that immunizations are available to 10% of Malaysia's population. According to Yeo. A. (2021), the Malaysian government would be able to undertake a successful vaccination drive by merging different immunisation strategies through public scrutiny, strong alliances, and community involvement in vaccinations. This would increase public confidence in vaccination.

CONCLUSION

SARS-CoV-2, a new coronavirus, has produced a widespread pandemic of COVID-19 disease with devastating consequences all over the world. Since the outbreak of COVID-19, the Malaysian government has implemented WHO-mandated extensive and nationwide steps. Experts from all over the world are working to stop the virus from spreading. As a result, Malaysia's government has seen good progress.

The Malaysian people's new standard is "resolve, resilience, restart, regeneration, revitalise, and change." The Malaysian government has devised a six-step strategy to resolve COVID-19's effects and ensure that the country emerges stronger as a result of the virus. Malaysians are attempting to adhere to new norms of operating procedures (SOPs) using this six-step plan in order to avoid another outbreak of infection (Umair. S, Waqas. U and Faheem. M, 2020).

An MCO was implemented as the government's most significant choice to break the COVID-19 chain within the community. From the lowest scale of individual income to the broadest scale of international trade, this difficult decision has impacted all sectors, particularly the economy. Therefore, Malaysia proposed a post-COVID-19 economic recovery plan that would concentrate on social safety nets, food security, and education for the region's 600 million citizens, in addition to financial aspects. Malaysia, like any other country dealing with the crisis, has been working hard to escape the pandemic and restore the economy. Nonetheless, Malaysia's health response deserves praise for limiting the spread of the disease.

Regardless of the government's efforts and safeguards, it is critical to emphasise self-awareness and self-discipline in every citizen. If everyone takes the government's efforts for granted, all the activities planned to be taken could simply fail. Malaysians should be happy as Malaysia has been recognised as one of the countries in the world that have successfully handled the pandemic issue. Big thanks to the competent and efficient front-liners, foresight stakeholders, and a caring and proactive government. As such, as responsible citizens who care about the country and homeland, everyone bears a duty for ensuring the community and country is free of COVID-19.

REFERENCES

- Ain Umaira Md Shah, Syafiqah Nur Azrie Safri, Rathedevi Thevadas, Nor Kamariah Noordin, Azmawani Abd Rahman, Zamberi Sekawi, Aini Ideris, Mohamed Thariq Hameed Sultan, COVID-19 outbreak in Malaysia: Actions taken by the Malaysian government, <https://doi.org/10.1016/j.ijid.2020.05.093>.
- Ammeran. M. Y. (2020). How Malaysia can thrive in the Post-Covid-19 economy. Retrieved from <https://www.theedgemarkets.com/content/advertise/how-malaysia-can-thrive-in-the-post-covid-19-economy>.
- Ang A. The Star; (2020). Health Ministry prepared to use training institutes for COVID-19 patients. Retrieved from <https://www.thestar.com.my/news/nation/2020/03/29/health-ministry-prepared-to-use-training-institutes-for-covid-19patients>
- Aziz. N. A. et al. (2020). Malaysia's approach in handling COVID-19 onslaught: Report on the Movement Control Order (MCO) and targeted screening to reduce community infection rate and impact on public health and economy.
- Bernama. Bernama: (2020). Coronavirus: Health Ministry beefs up screening at entry points into Malaysia. Retrieved from <https://www.theedgemarkets.com/article/coronavirus-health-ministry-beefs-screening-entry-points-Malaysia>.
- Bernama, (2020). Bernama. COVID-19: nationwide disinfection exercise to start Monday (March 30). The Star (2020). Retrieved from <https://www.thestar.com.my/news/nation/2020/03/30/covid-19-nationwide-disinfection-exercise-to-start-monday-march-30>.

- Cheng C. Institute of Strategic and International Studies (ISIS) Malaysia; (2020). COVID-19 in Malaysia: economic impacts & fiscal responses. Retrieved from <https://www.isis.org.my/2020/03/26/covid-19-in-malaysia-economic-impacts-fiscal-responses/>.
- Kaos J., Jr. The Star; (2020). Health Minister: Malaysians returning from Wuhan to be quarantined for 14 days. Retrieved from <https://www.thestar.com.my/news/nation/2020/02/03/health-minister-malaysians-returning-from-wuhan-to-be-quarantined-for-14-days>.
- Lee-Peng Foo, Mui-Yin Chin, Kim-Leng Tan & Kit-Teng Phuah (2020). The impact of COVID-19 on tourism industry in Malaysia, Current Issues in Tourism, DOI: 10.1080/13683500.2020.1777951.
- Liu W, Yue X-G, Tchounwou. PB. Response to the COVID-19 epidemic: the Chinese experience and implications for other countries. Int J Environ Res Public Health 2020. Retrieved from <http://www.ncbi.nlm.nih.gov/pubmed/32235413>.
- Mahadzir. D. 2021. COVID adds to Malaysian Defence Funding Problems. Retrieved from <https://asianmilitaryreview.com/2021/02/covid-adds-to-malaysian-defence-funding-problems/>.
- Malaysia Health Coalition, (2020). Malaysia Health Coalition, 2020. Retrieved from [https://myhealthcoalition.org/about/New Straits Times \[Internet\]. \[Breaking\] 3 coronavirus cases confirmed in Johor Baru. New Straits Times. 2020 Jan 25; Available from:https://www.nst.com.my/news/nation/2020/01/559563/breaking-3-coronavirus-cases-confirmed-johor-baru](https://myhealthcoalition.org/about/New-Straits-Times-Internet-Breaking-3-coronavirus-cases-confirmed-in-Johor-Baru-New-Straits-Times-2020-Jan-25-Available-from-https-www-nst-com-my-news-nation-2020-01-559563-breaking-3-coronavirus-cases-confirmed-johor-baru).
- Omar. M. (2020). COVID 19: The Impact and Challenges Towards Defence and Security. Retrieved from <http://midas.mod.gov.my/gallery/publication/midas-commentaries/203-cov-19-the-impact-and-challenges-towards-defence-and-security-by-lt-col-dr-maimunah-omar>.
- Said. F. (2020). From the ground up: Malaysia's digital space amidst a pandemic. Retrieved from <https://blogs.lse.ac.uk/seac/2020/11/16/from-the-ground-up-malysias-digital-space-amidst-a-pandemic/>.

- Shankar, A. C. (2020). Malaysia unemployment rate escalates to 5.3% in May. Retrieved on 26th August 2020, from: <https://www.theedgemarkets.com/article/malaysia-unemploymentrate-escalates-53-may>.
- Shanmugam. H. (2020). Impacts of COVID-19 Pandemic on Mental Health in Malaysia: A Single Thread of Hope. Retrieved from <https://www.mjpsychiatry.org/index.php/mjp/article/view/536/415>.
- Sunil P. Human Resources Online; 2020. Malaysia's PM Muhyiddin announces RM250bn 'Prihatin' package to combat COVID-19. Retrieved from <https://www.humanresourcesonline.net/malaysias-pm-muhyiddin-announces-rm250bn-prihatin-package-to-combat-covid-19/>.
- Umair. S. Waqas. U. and Faheem. M. (2020). COVID-19 pandemic: stringent measures of Malaysia and implications for other countries. Retrieved from <https://pmj.bmj.com/content/97/1144/130>.
- World Health Organization. 2020. WHO Statement regarding cluster of pneumonia cases in Wuhan, China. Retrieved from <https://www.who.int/china/news/detail/09-01-2020-who-statement-regarding-cluster-of-pneumonia-cases-in-wuhan-china>.
- Yeo. A. 2021. Multiple immunisation strategy is key to successful implementation. Retrieved from <https://focusmalaysia.my/opinion/multiple-immunisation-strategy-is-key-to-successful-implementation/>.

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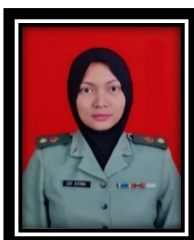
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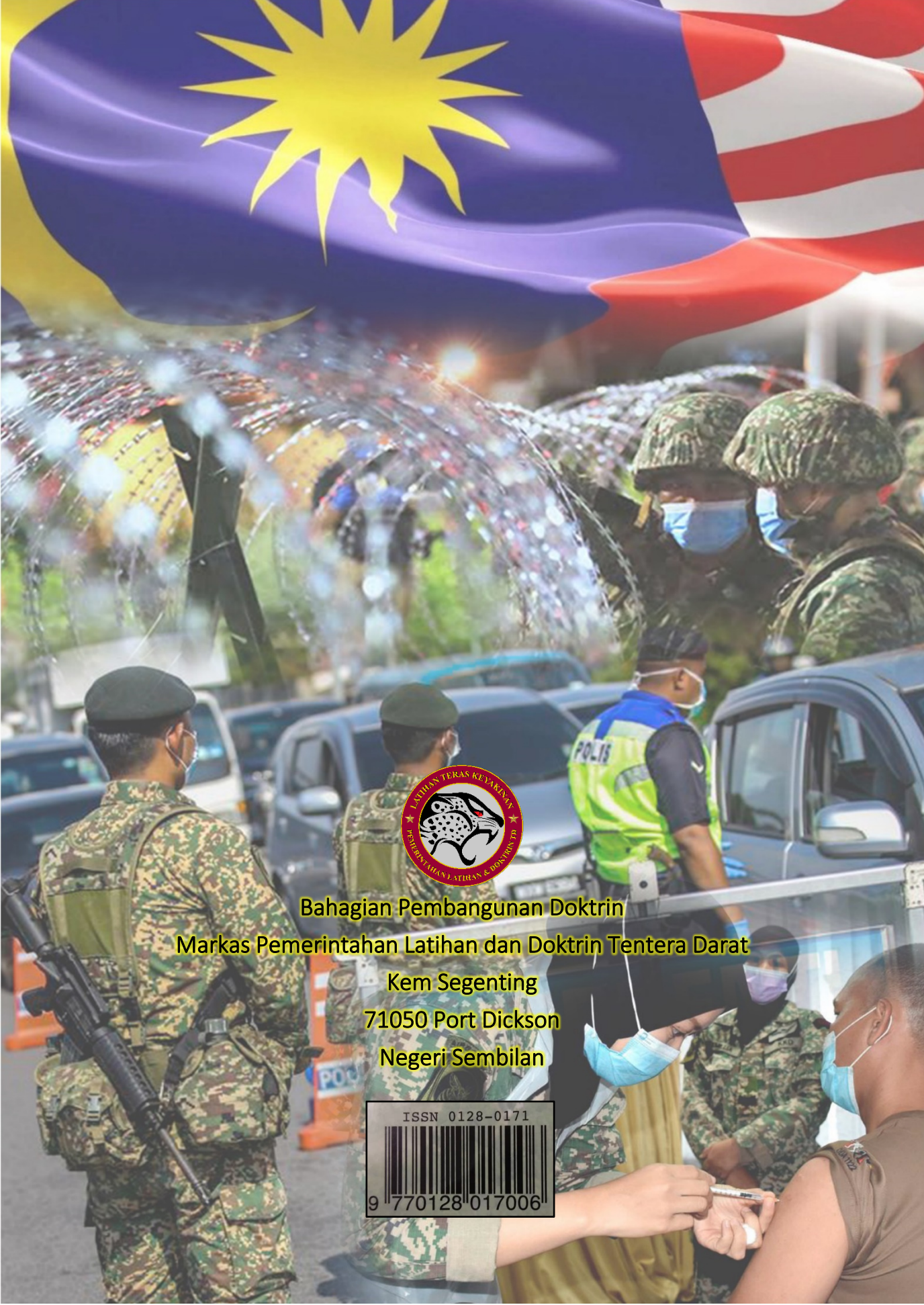
- ❖ Flyod, K. (2009). *Interpersonal Communication: The Whole Story*. New York: McGraw-Hill
- ❖ Mohd Radzi & Jusang Bolong. (2015). Komunikasi Pemimpin. *Jurnal Komunikasi Malaysia* , 45 (3), 89-102
- ❖ Risya Zu. (12 Feb 2014). Etos Kepahlawanan Tentera Darat. *Utusan Malaysia* , ms 9
- ❖ Rozman Malakan, (2011). Pembentukan jati diri insan. [http:// www.open subscribe. com/ worldlibrary /teks /7.html](http://www.open.subscribe.com/worldlibrary/teks/7.html). Capaian pada 30 Mei 2016

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