

GET TESTED TODAY

1 IN 4 NEW HIV INFECTIONS IS AMONG YOUTH
AGES 13-24

1 DEC - WORLD AIDS DAY

Let's educate and not hate to eradicate
the stigma against people with HIV.

(<https://codeblue.galencentre.org/wp-content/uploads/2021/11/WAD-banner-scaled.jpg>)

Looking Back At Two Years Of Covid-19 — Lim Kit Siang

By CodeBlue | 12 January 2022 (<https://codeblue.galencentre.org/2022/01/12/looking-back-at-two-years-of-covid-19-lim-kit-siang/>)

Hold MOH accountable for their power, purchasing decisions, and public health strategies; raise MOH's stature to be on par with other agencies; solve human capital problems with JPA.



Health care workers burying a Covid-19 victim. Picture from Facebook @DGHisham.

After two years, 2.8 million (<https://covidnow.moh.gov.my/cases>) Covid-19 cases, 32,000 (<https://covidnow.moh.gov.my/deaths/>) deaths and 60 million (<https://covidnow.moh.gov.my/vaccinations>) vaccine doses later, all Malaysians are tired and want to put the Covid-19 nightmare behind us. But this pandemic shows no signs of being over.

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Omicron (<https://ourworldindata.org/covid-cases>) is hitting many countries in early 2022, causing re-infections (<https://www.imperial.ac.uk/news/232698/omicron-largely-evades-immunity-from-past/>) in those previously infected with Covid-19 and breakthrough infections (<https://www.cdc.gov/coronavirus/2019-ncov/vaccines/effectiveness/why-measure-effectiveness/breakthrough-cases.html>) in those previously vaccinated. There is no coherent long-term Malaysian strategy against Covid-19, except for emphasising boosters.

The National Testing Strategy (https://covid-19.moh.gov.my/reopeningsafely/nts/MOH_NTS_22112021_EN_v2.pdf) was released on November 26, 2021, placing the legal and moral burden on companies and individuals to test and report honestly, without any clear implementation, enforcement or monitoring mechanisms. And we still don't see any improvement in contact tracing, contract doctors or competent governance after two whole years.

These two years of Covid-19 have exposed three deep gaps in Malaysia's government: a Ministry of Health (MOH) that is increasingly unaccountable; an MOH that is overly-dependent on central agencies like Ministry of Finance (MOF), Prime Minister's Office (PMO) and National Security Council (NSC) for decision-making and resources; and an MOH that cannot resolve human capital issues (like contract doctors) because these decisions are with Jabatan Perkhidmatan Awam (JPA).

Hold MOH Accountable

The MOH is a powerful, relevant and important ministry in Malaysia, and therefore we must hold it to account for its power, purchasing decisions and public health decisions.

MOH is the second largest ministry after the Education Ministry, employing 215,000 health professionals, spending a RM32.4 billion budget in 2022, and deploying extensive powers through the Prevention and Control of Infectious Diseases (PCID) Act 1988.

Throughout the pandemic, the already-extensive powers in the PCID Act were expanded further through the Police Act 1967, National Security Council Act 2016 and the Penal Code, on top of the unnecessary Emergency Proclamation in Jan 2021.

Even with this extensive powers, in December 2021, the government tried to increase MOH powers by proposing amendments to the PCID Act to increase compounds to RM10,000 for individuals and RM1 million for companies.

Fortunately, the public, the Opposition and even some government backbenchers strongly opposed the proposed amendments, and asked MOH to re-propose more reasonable amendments in 2022. We do not see how the MOH will be held accountable for using these powers, when there are so many flagrant instances of double standards of enforcement and inability to coordinate with the Polis Diraja Malaysia.

Power is not the only thing to hold accountable. We must also hold purchasing decisions accountable. For example, while we understand that Big Pharma may force sovereign governments to keep vaccine prices secret, there are many other ways to increase transparency of vaccine purchase prices.

The Parliamentary Select Committee on Health and Public Accounts Committee should be provided regular access to granular data on health spending.

Non-vaccine costs from the National Immunisation Programme should be publicised, especially the costs of mega PPVs and public-private partnerships.

And the *rakyat* deserves to know how the National Trust Fund (<https://www.malaysiakini.com/news/572310>) is being used for vaccine purchases, on top of our Budget 2022 allocations.

We must also hold the government's public health decisions accountable, like the phases of the National Recovery Plan, the decisions for lockdowns and MCOs, and how to handle Omicron.

The paternalistic and Putrajaya-knows-best attitude must change, and data transparency must be provided to the *rakyat* so we know why and how these decisions are made, and also who and based on what data. u=|

Raise MOH's Stature With Other Agencies

Health is an important portfolio, and it only took Covid-19 to give everyone this realisation. But the decisions during the Covid-19 pandemic are largely out of the hands of the MOH. %2

There are four specific examples where central agencies have much more power than MOH. mi

One, MCO decisions are largely made by NSC, although they will ask for perfunctory "advice" from MOH to legitimise NSC decisions.

Two, under the Muhyiddin Yassin government, vaccination was under Ministry of Science, Technology and Innovation (MOSTI), not MOH.

Three, decisions for the phases of the National Recovery Plan are effectively made by the National Recovery Council (NRC), not the MOH (and the NRC is increasingly behaving (<https://www.malaysiakini.com/news/606402>) like a parallel Cabinet). htt

Four, decisions for public-private partnerships in health care are effectively made by the Finance Ministry, Prime Minister's Office or Economic Planning Unit, not the MOH. url

When decisions for lockdowns, vaccinations, phases of national recovery and health care PPPs are not given to the MOH, we are reducing the role, stature and relevance of MOH. Now to be clear, MOH will be involved in these decisions of course, but is MOH meaningfully involved, or is it just window dressing and lip service to legitimise NSC, NRC, PMO and MOF decisions? -

Part of the problem is that MOH is completely dependent on funding from central agencies.

Another part of the problem is that the power structure concentrates immense power in the central agencies of PMO and MOF.

A third part of the problem is that the government has securitised and militarised the pandemic response, turning a public health issue into an NSC issue.

We must institute urgent action to raise the stature of MOH to be more equal with other government agencies. Only then can we manage the Covid-19 pandemic more successfully.

Solve Human Capital Problems With JPA, Now

The JPA and MOH are in an unusual position.

We need more doctors, nurses, pharmacists and health professionals in the public sector, but we also need to reduce the size of the overall civil service to reduce the salary and pensions bill.

JPA and MOH must balance between these two divergent aims.

The sad real-life implication of these divergent aims is visible in the issue of 23,000 contract doctors (<https://www.malaysiakini.com/news/580874>) since 2016 when Medical Officers are offered short-term 1-2 year contracts, not permanent positions.

Since 2016, only 789 (<https://www.malaysiakini.com/news/580874>) contract doctors have been absorbed as permanent staff, without transparent selection criteria and with social media allegations of inconsistency and unfairness.

This has long-term implications on specialist training and distribution of doctors throughout Malaysia, not to mention the psychological harm to these doctors who fought bravely on the Covid-19 frontlines.

The issue of fairness and long-term career progression is not limited to doctors. Pharmacists, nurses and dentists also offered short-term contracts since 2016, not permanent posts.

This has an implication on morale in the health service, with the hashtag #ExitKKM occasionally trending on social media. If more professionals leave the public service for the private sector or leave Malaysia for other countries, then the health of the Rakyat is at stake during a serious Covid-19 pandemic.

The Academy of Medicine Malaysia (<http://www.acadmed.org.my/news/master.cfm?&menuid=174&action=view&retrieveid=159>), Malaysian Medical Association (<https://www.thestar.com.my/news/nation/2019/11/13/mma-boost-number-of-permanent-doctors-give-equal-treatment-to-contract-docs>), the Malaysian Health Coalition (<https://myhealthcoalition.org/solve-the-contract-situation-for-junior-doctors-and-health-professionals/>) and other societies have called for short-term and long-term solutions to the issue.

These solutions are very reasonable and practical, for example to extend the length of contracts from 2 years to 8-10 years to allow specialist training and job security.

There are also suggestions for better terms of service, equal treatment for contract and permanent posts, and equal opportunities for further education.

These short-term solutions must be implemented immediately, so we can manage Covid-19 better.

But we must also pair these short-term solutions with long-term solutions that overhaul the way we manage human capital for health in Malaysia.

These long-term solutions include creating a Health Reform Commission (<https://www.theedgemarkets.com/article/stethoscope-end-year-living-dangerously>) to supervise overall health reforms for Malaysia (the MOH cannot reform itself as there is a built-in inertia), which should include reforms for how we recruit, train, pay and retain health professionals.

All of this requires a close and win-win partnership between MOH and JPA. Only then can we fight this Covid-19 pandemic and prepare for future pandemics.

Things Must Change For Year 3 Of The Pandemic

There has been much suffering in Malaysia in the last two years. 2.8 million individuals have contracted Covid-19 and 32,000 people have died. Families have suffered. Poverty is higher. Jobs are lost. People are going hungry more often than before Covid-19.

In the last two years, we have seen two governments more interested in power than in saving lives.

Corruption, double standards and incompetence are rife, with the debacle over the flood response further eroding public confidence in the current government's ability to deliver effective public services.

We cannot stand by and watch ordinary Malaysians go hungry, become poorer or suffer indignities or poor health.



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Things must change in 2022.

The pandemic is not over yet, and we must overhaul the MOH to make it stronger for Covid-19, future pandemics, the epidemic of non-communicable diseases, and the ageing tsunami that is already upon us.

We must hold MOH accountable for their power, purchasing decisions and public health strategies.

We must raise MOH's stature with other agencies. And we must solve the human capital problems with JPA now.

Only then will we stand a chance.

Lim Kit Siang is the Member of Parliament for Iskandar Puteri.

- This is the personal opinion of the writer or publication and does not necessarily represent the views of CodeBlue.

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TRENDING

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Malaysia Airlines: MOH Cleared Pink Bracelet Passenger For Flight (<https://codeblue.galencentre.org/2022/01/06/malaysia-airlines-moh-cleared-pink-bracelet-passenger-for-flight/>)

4.8Mil Sinovac Recipients Still Unboosted, Weeks Before Vax Status Lapse (<https://codeblue.galencentre.org/2022/01/13/4-8mil-sinovac-recipients-still-unboosted-weeks-before-vax-status-lapse/>)



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SUDAH TIBA MASANYA KITA TAMATKAN PANDEMIK INI

Ayoh, kita dapatkan vaksin!



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