



COVID-19 outbreak in Malaysia: Actions taken by the Malaysian government



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ABSTRACT

Background: Coronavirus disease 2019 (COVID-19), a novel pneumonia disease originating in Wuhan, was confirmed by the World Health Organization on January 12, 2020 before becoming an outbreak in all countries.

Outbreak situation: A stringent screening process at all airports in Malaysia was enforced after the first case outside China was reported in Thailand. Up to April 14, 2020, Malaysia had reported two waves of COVID-19 cases, with the first wave ending successfully within less than 2 months. In early March 2020, the second wave occurred, with worrying situations.

Actions taken: The Government of Malaysia enforced a Movement Control Order starting on March 18, 2020 to break the chain of COVID-19. The media actively spread the hashtag #stayhome. Non-governmental organizations, as well as prison inmates, started to produce personal protective equipment for frontliners. Various organizations hosted fundraising events to provide essentials mainly to hospitals. A provisional hospital was set up and collaborations with healthcare service providers were granted, while additional laboratories were assigned to enhance the capabilities of the Ministry of Health.

Economic downturn: An initial financial stimulus amounting to RM 20.0 billion was released in February 2020, before the highlighted PRIHATIN Package, amounting to RM 250 billion, was announced. The PRIHATIN Package has provided governmental support to society, covering people of various backgrounds from students and families to business owners.

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Introduction

The world is currently experiencing a deadly infectious disease caused by severe acute respiratory syndrome coronavirus

2 (SARS-CoV-2), called coronavirus disease 2019 (COVID-19). The Director General of the World Health Organization (WHO), Dr. Tedros Adhanom Ghebreyesus, in his opening remarks at the media briefing on COVID-19 on April 10, 2020, announced that the COVID-19 outbreak had affected 213 countries, with 1,524,162 confirmed positive cases and 92,941 deaths. COVID-19 is caused by a novel coronavirus (SARS-CoV-2) that infects the respiratory tract. About 80% of patients experience mild infections and recover. The remaining patients have severe infections with dyspnoea and low blood oxygen saturation, or

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may be in a critical state with respiratory or multiple organ failure (WHO, 2019).

Starting in early December 2019, this disease spread rapidly among the residents of Wuhan City, Hubei Province, China. This was an unusual situation, with pneumonia cases of unknown cause being reported. The Chinese government reported the virus to the WHO on December 31, 2019 (Secon et al., 2020; WHO, 2020c). In-depth investigations were conducted immediately, as the number of cases increased each day. A Management Incident Support Team (MIST) was set up by the WHO on January 1, 2020 at all three levels of the organization, putting it on an emergency footing to deal with the outbreaks (Gralinski and Menachery, 2020).

Quick early findings showed that a number of patients had been exposed to the disease at the Huanan seafood market in Wuhan City. Besides seafood, various exotic foods can easily be found in this market, such as bats, snakes, marmots, and birds. It is generally known that exotic animals are highly susceptible to and act as high potential carriers of various viruses and bacteria, due to their eating habits and habitats. Therefore, environmental samples from these animals sold in Huanan market were analysed to identify the possible source of the bacterium or virus causing this pneumonia disease (Gralinski and Menachery, 2020). The market was closed starting on January 1, 2020, once the outbreak was announced (Secon et al., 2020).

On January 7, 2020, the Chinese authorities identified a novel coronavirus (nCoV) as the cause of this severe pneumonia disease, and the identification of nCoV was confirmed by the WHO on January 12, 2020 (Secon et al., 2020; Abdullah, 2020a). The nCoV found in the animals in the market had caused an acute respiratory infection in humans. Several studies have strongly suggested that bats were the main host of this nCoV, as the whole genome-wide nucleotide sequences of the nCoV were 96% identical to bat coronavirus (Li et al., 2020). Various coronaviruses are found in animals that cause not only respiratory diseases, but also liver, gastrointestinal, and neurological diseases. However, there are only seven coronaviruses that can cause disease in humans reported to date (Tesini, 2020). Middle East Respiratory Syndrome coronavirus (MERS-CoV) and severe acute respiratory syndrome coronavirus (SARS-CoV) are previously identified coronaviruses causing human disease, with severe effects including fatality and respiratory infections. These two viruses have caused major outbreaks of deadly pneumonia, severe acute respiratory syndrome (SARS) and Middle East Respiratory Syndrome (MERS), and were identified in 2002 and 2012, respectively (Tesini, 2020; WHO, 2020d).

SARS-CoV-2, the novel coronavirus that originated in Wuhan, has now been added to the list of viruses threatening humans. Figure 1 shows an image of SARS-CoV-2. This virus has caused severe outbreaks of a pneumonia disease around the world, named COVID-19 (WHO, 2020d). Compared to the earlier reported cases of COVID-19, namely those occurring in the patients who visited the Huanan market, the later cases had no similar history. This was an alarming situation, as the number of cases in this second group increased significantly. The situation then became more complicated, as some of the new cases were detected in patients with no travel history to Wuhan (Chan et al., 2020). From these observations, it was suggested that human-to-human transmission could have occurred (Li et al., 2020).

The WHO has suggested that SARS-CoV-2 has an incubation period of 14 days and can be transmitted within this period (Rothe et al., 2020; Quilty et al., 2020). The transmission of SARS-CoV-2 can occur easily through respiratory droplets and direct or indirect contact with the mucous membranes of the eyes, mouth, and nose. People with a compromised immune system, such as the elderly and infants, as well as people with a background history of other diseases, are more likely to be severely affected after being

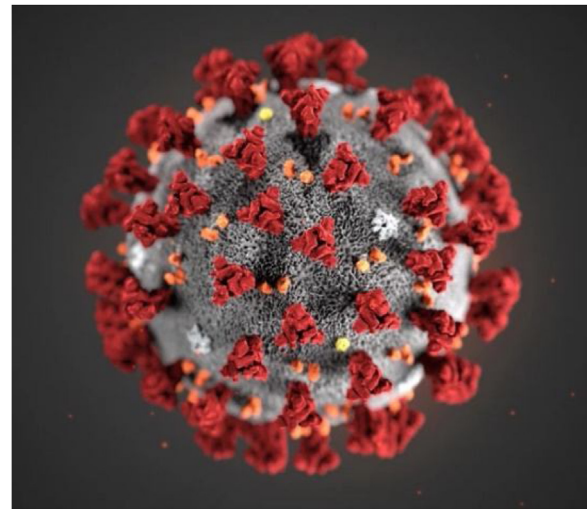


Figure 1. Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which has caused coronavirus disease 2019 (COVID-19) (Powell, 2020).

diagnosed with COVID-19 (Lu et al., 2020; Carlos et al., 2020; Xia et al., 2020). The symptoms of COVID-19 include a fever, dry cough, fatigue, nasal congestion, headache, diarrhoea, sore throat, and vomiting (Wang et al., 2020; Huang et al., 2020).

Status of the COVID-19 outbreak situation globally

The first COVID-19 case outside China was reported in Thailand on January 13, 2020, 2 days after China reported its first death on January 11, 2020 (WHO, 2020c). This case led to more stringent screening processes for passengers with a fever at airports in Thailand, Hong Kong, South Korea, and Singapore (Secon et al., 2020). On January 20, 2020, the first case was reported in the United States, in a person with a history of returning from Wuhan (Secon et al., 2020). The US declared nCoV as a Public Health Emergency on January 31, 2020, the day after the WHO declared the outbreak as a Global Public Health Emergency (Secon et al., 2020; WHO, 2020c; Worldometer, 2020).

On January 31, 2020, the first cases were reported in Sweden and Spain, while Russia and the United Kingdom reported their first two cases respectively (Worldometer, 2020; Department of Health and Social Care, 2020; Sofychuk, 2020). At the time of writing, 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 at April 11, 2020 (Worldometer, 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. Many factors have affected the

Table 1

Top 10 countries with the highest numbers of COVID-19 cases as at April 11, 2020 (Worldometer, 2020).

No.	Country	Total cases	Total deaths	Total recovered
1	USA	502,876	80,747	27,340
2	Spain	158,273	16,081	55,668
3	Italy	147,577	18,849	30,455
4	Germany	122,171	2736	43,913
5	France	124,869	13,195	24,932
6	China	82,003	3342	77,525
7	Iran	68,192	4232	35,465
8	UK	73,758	8958	344
9	Turkey	47,209	1006	2423
10	Belgium	26,667	3019	5568
34	Malaysia	4346	70	1830

growth in number of cases, such as the size and population of the respective countries. It would not be appropriate to judge the capabilities of the authorities in handling disease cases based on the number of total deaths and total recovered cases alone, as the groups of infected cases are different in each country. As discussed earlier, those groups of people with a compromised immune system, the elderly, and individuals with a background of other disease are more susceptible to COVID-19, including fatality (Lu et al., 2020; Carlos et al., 2020; Xia et al., 2020). A cold environment is another factor that can make this deadly virus survive longer and spread actively and faster. Therefore, countries with a higher population of elderly people and those with cold climates have reported higher numbers of deaths and lower numbers of recoveries. As at April 11, 2020, Malaysia had reported a total of 4346 cases and a total of 1830 recovered. One major point that can be discussed here is that Malaysia is a tropical country with temperatures of up to 40°C; this climate may help to limit the spread of this deadly virus, which cannot survive long at such temperatures.

The total number of cases reported globally at the time the data were retrieved for Table 1 was 1,699,632, with 102,734 deaths and 376,330 recovered. Figure 2 summarizes the fraction of the total number of active and closed cases around the world.

Status of the COVID-19 outbreak situation in Malaysia

In Malaysia, the threat of COVID-19 became increasingly apparent when neighbouring Singapore reported its first imported COVID-19 case from Wuhan, China on January 23, 2020, which was also the first positive case in the republic. From this first case, eight close contacts were identified as being in Johor, Malaysia (Abdullah, 2020b).

Within less than 48 h of the first case reported in Singapore, Malaysia reported its first COVID-19-positive case on January 25, 2020. This was an imported case from Wuhan, China (Abdullah, 2020c). A total of eight positive cases were reported within 6 days, starting from the first case. All of these cases were imported cases from China (Abdullah, 2020d). The first Malaysian testing positive for COVID-19 was reported on February 3, 2020; this person had a history of travel to a neighbouring country for a business meeting, which was also attended by a delegation from China (Ahmad, 2020).

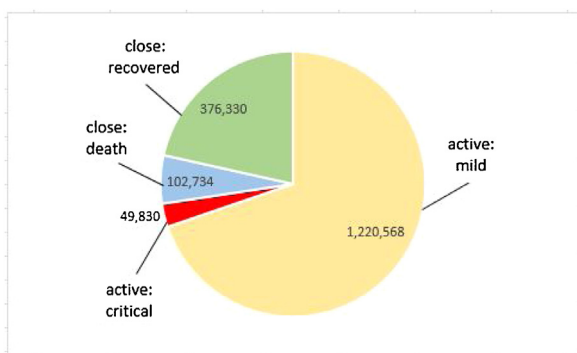


Figure 2. The numbers of active and closed COVID-19 cases around the world, as at April 11, 2020 (Worldometer, 2020).

Table 2
COVID-19-positive cases in the first wave in Malaysia, based on nationality (Abdullah, 2020e).

Date	Chinese citizen	Malaysian	Other	Total recovered
January 25, 2020 to February 27, 2020	15	7	1	22

Overall, reported cases in Malaysia, as at March 31, 2020, can be divided into three waves. The first wave was successfully handled by February 27, 2020, with all 22 previously reported cases being discharged from hospital. Most cases reported in the first wave were imported cases from China and their contacts. Only two cases were found to have resulted from local transmission (Abdullah, 2020e). Table 2 shows the numbers of cases in the first wave of COVID-19 in Malaysia.

A sudden significant increase in the number of positive cases was reported on March 4, 2020, with a slightly lower number the day before (Abdullah, 2020f,g). These new cases were found to have been in contact with case number 26, who had attended at least five different meetings or gatherings. The alarming high number of cases reported originated from the cluster of case number 26, with a history of travel to Shanghai, China. The cases reported within this period consisted of Malaysians (Abdullah, 2020g).

The situation became worse on March 11, 2020 after the International Health Regulations (IHR) Malaysia was informed by IHR Brunei, that one positive case in Brunei was found to have attended a religious gathering in Seri Petaling Mosque, Selangor, Malaysia from February 27 to March 1, 2020. This gathering was attended by more than 10,000 participants from different countries, with at least half of them coming from Malaysia (Abdullah, 2020h).

The consequences of the religious gathering in Seri Petaling Mosque 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 IHR 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 (Abdullah, 2020i). This new cluster marked a bigger threat of COVID-19 in Malaysia.

The number or critical cases in the intensive care unit (ICU) increased each day, with the first two critical cases being reported on March 9, 2020 (Abdullah, 2020j). Malaysia reported its first fatal case on March 17, 2020, a case related to the religious gathering in Seri Petaling. Another death was also reported on the same date from a case in Sarawak (Abdullah, 2020k). Figure 3 shows the numbers of cases from March 10 to March 31, 2020, which involved the biggest cluster for the COVID-19 outbreak in Malaysia.

As at March 31, 2020, a total of 2766 positive cases had been reported to the Ministry of Health (MoH), with 537 recovered cases and 43 deaths. This points to a total of 2186 active cases currently being treated in hospitals and 580 closed cases (Abdullah, 2020i). The Malaysian government together with the MoH, as the key player, has made tremendous efforts to face and handle the outbreak during this period and beyond.

This paper discusses the actions taken by various institutions in Malaysia, including governmental and non-governmental organizations (NGOs), as well as its citizens. The actions covered in this paper are limited to the period up until March 31, 2020. The COVID-19 outbreak in Malaysia is currently still ongoing, with high numbers of cases reported each day to date.

Actions taken by the Government of Malaysia and Ministry of Health to overcome COVID-19

Malaysian citizens did not initially realize how deadly the virus is. On January 25, 2020, Malaysia showed no intention of banning travellers from China, although China had already quarantined the

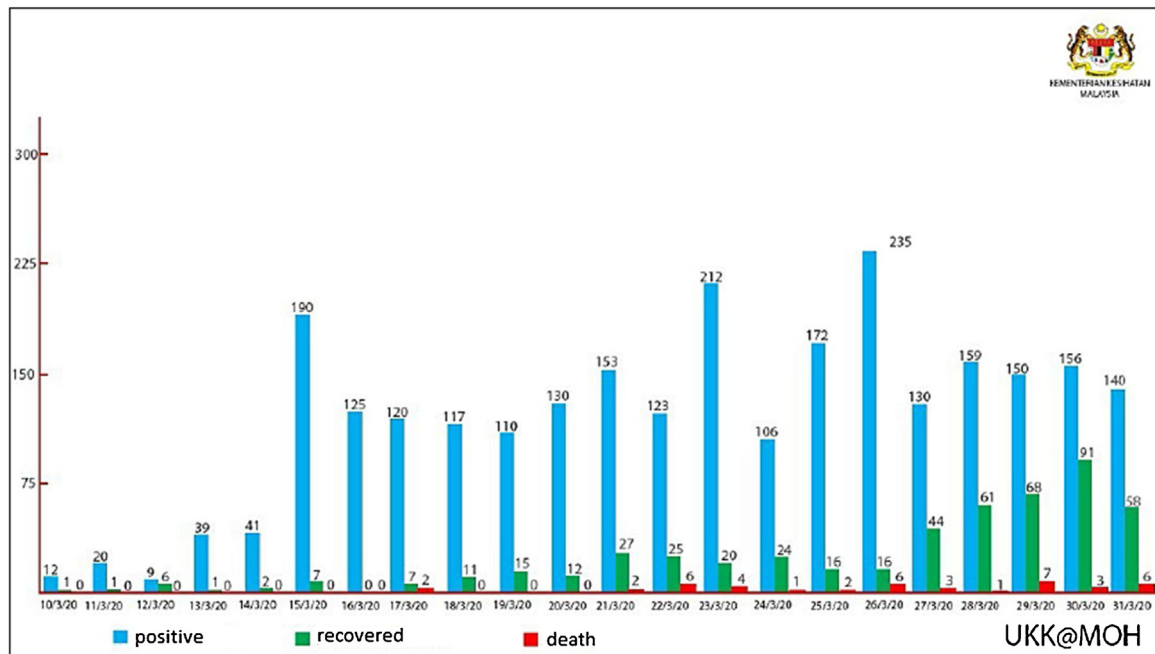


Figure 3. Total new cases, recovered cases, and deaths reported daily from March 10 to March 31, 2020 (Abdullah, 2020i).

entire population of 11 million in Wuhan due to the deadly virus (The Star, 2020a). Malaysians were also not well prepared to fight the pandemic, mainly because of the political crisis that was happening at the same time and also because they were assured that the virus would not spread easily in Malaysia. However, with the number of positive COVID-19 cases in Malaysia increasing in less than a week from 99 on March 8 to 200, with the first two deaths reported in mid-March, Malaysians began to panic (Majid, 2020). Consequently, the government took many steps to alleviate the mass panic and protect the health of Malaysian citizens.

The MoH 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 Datuk Dr. Noor Hisham Abdullah, one of the strategies was the placement of thermal scanners (Bernama, 2020a). This was done to further enhance the detection of fever amongst tourists and/or locals returning from abroad. Malaysians who returned from Wuhan were screened, identified, and isolated in special quarantine areas for COVID-19. This measure also involved airline crews as well as the staff of the MoH (Kaos, 2020).

The subsequent key step taken by the MoH along with the government to overcome the spread of COVID-19 was to increase 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 (The Edge Markets, 2020).

To enhance the MoH efforts in keeping the spread and mortality under control, a Movement Control Order (MCO) was implemented on March 18, 2020. The MCO related to the restriction of movement of people into or out of an area. The Director-General of the MoH emphasized that the order enforced came under the Prevention and Control of Infectious Diseases Act 1988 and the Police Act 1967 and would help to control the spread of the virus (Bernama, 2020b). This step was significant, as the situation in China had proved that by isolating the infected group of individuals and practicing social distancing, the pandemic could be contained (WHO, 2020a).

Moreover, an alliance involving 38 professional medical societies was established on March 1, 2020 to support the MoH in the area of healthcare (Malaysia Health Coalition, 2020). The intention of this coalition was to keep the community well-informed and to ensure that information made available was true and accurate.

Another measure taken by the MoH to cushion the impact of COVID-19 was the setting up of a special fund known as the COVID-19 Fund, to raise money to be channelled to patients, particularly those affected financially due to the quarantine procedure. This fund initially received RM 1 million from the government and private sectors. NGOs and individuals were welcomed and encouraged to direct their contributions too. Through this fund, RM 100 was given daily to those who had no source of income throughout the quarantine and treatment processes. In addition, the money collected was used to cover medical expenses such as buying crucial equipment and other supplies. To further encourage contributions, the Inland Revenue Board (IRB) took up the initiative of offering tax deductions for cash and item donations to help the affected communities in meeting their basic needs and help build their resilience (The Star, 2020b).

With regards to funding, The MoH and Tenaga Nasional Berhad (TNB) established an action coalition to obtain financial aid from corporate companies, government-linked companies (GLCs), and other organizations in Malaysia in the move to fight the outbreak. The funds collected were used by the MoH to restock medical supplies as well as necessary healthcare items to curb COVID-19 (New Straits Times, 2020a).

The MoH in its effort to counter COVID-19 infection also set up a provisional hospital in the Agro Exposition Park Serdang (MAEPS) in coordination with The National Disaster Management Agency. This makeshift hospital, which was initially Malaysia's largest convention centre, is equipped with computers, televisions, Wi-Fi connection, a lounge area, and some other basic facilities for use by patients and medical staff. This hospital is to be used as a quarantine and treatment centre for low-risk patients, and 604 beds have been prepared to cater for confirmed cases with or without symptoms of COVID-19, as there is a possibility of cases peaking in the middle of April. Furthermore, as part of the MoH

action plan, public halls and indoor stadiums will also be utilized if cases hit 1000 per day. Three thousand retired nurses will return as volunteers to fight COVID-19 along with the country's frontliners (Ang, 2020).

Apart from that, to further reduce transmission of the disease, the MoH urged the remaining participants who attended the tabligh gathering at Seri Petaling mosque to come forward for tests and/or screening. To make the detection process a success, the MoH has been taking aggressive measures by closely working with the police to locate possible carriers of the virus, identifying them, carrying out testing, and imposing a 14-day self-quarantine (Bernama, 2020d). These efforts can also be seen through the collaboration of the MoH with certain participating healthcare service providers that offer swab testing and the collection of samples from individuals and companies within their premises, as well as drive-through test sites (Landau, 2020).

One of the initiatives agreed after the Economic Action Council meeting held on March 23, 2020 was the allocation of RM 600 million to the MoH to battle COVID-19. According to Prime Minister Tan Sri Muhyiddin Yassin, RM 500 million would be utilized to buy ventilators and personal protective equipment (PPE) and another RM 100 million would be used to appoint 2000 nurses on a contract basis (Yusof, 2020).

On March 27, 2020, when announcing the RM 250 billion PRIHATIN Package to support micro, small, and medium-sized enterprises struggling to retain their employees, the Prime Minister announced an additional budget of RM 1 billion to cater for medical needs, such as the purchase of equipment and services to overcome COVID-19. The Ministry also received support from the insurance sectors, both conventional and Islamic insurance, whereby a RM 8 million fund was set up to bolster COVID-19 testing. Each policyholder could go for a screening test worth up to RM 300 in private hospitals and laboratories. Other than that, policyholders with financial problems and disruption to their income as a result of the MCO and coronavirus outbreak were given a 3-month deferment on their policy payments. The government also showed its gratitude to healthcare employees by increasing their monthly allowance from RM 400 to RM 600 per month beginning April 1, 2020, to be continued until the epidemic ends (Sunil, 2020).

In addition, the MoH arranged various disinfection activities to be conducted by the Ministry of Housing and Local Government, local authorities, and the DBKL (Kuala Lumpur City Council). This procedure has been conducted mainly in high-risk areas (Bernama, 2020e).

The MoH has also sought to be transparent in handling the pandemic by providing sufficient and up-to-date information to the public through three major platforms including the Official Portal of the MoH, creation of a special Facebook user account called the Crisis Preparedness and Response Centre (CRPC), Kementerian Kesihatan Malaysia (KKM), and CRPC KKM Telegram (My Government, 2020). The Ministry has provided awareness programmes on basic protective and hygiene measures to minimize transmission of SARS-CoV-2 in simple diagram form to reach the public easily. This includes hand-washing techniques and the use of hand sanitizers and face masks. In addition, various infographics associated with COVID-19 have frequently been prepared and uploaded onto the website. The MoH has also conducted daily press briefings, conference recordings, and has published relevant news on COVID-19 to increase public engagement and ensure public awareness and access to accurate information.

Actions taken by the media, NGOs, and public institutions

Malaysia was one of the first countries to come out with various quick responses to protect its citizens from COVID-19. The main aim was to minimize economic and social impacts, limit its spread,

and provide care for its citizens. Many contributions were made by the citizens to overcome this pandemic, and this section discusses the responses from other organizations and communities.

Mainstream and social media

COVID-19 has caused fear, anxiety, and confusion. The media, celebrities, and other influencers have appealed to the public to stay at home and avoid mass gatherings. The media has started to use the hashtag #stayhome. This hashtag has been used widely in the media, and it is hoped that important messages to stop the spread of COVID-19 can reach all levels of society.

NGOs

The MCO has affected Malaysia's economy. Most companies have their employees working from home, and some workers have had to stop working. NGOs have been actively helping those who are affected by this pandemic. They have been providing food, shelter for the homeless, and have even given out money to help those in need. Some NGOs have helped by providing protective masks, disinfection chambers (Bernama, 2020c), and helping to educate citizens on COVID-19 (The Star, 2020c). All frontliners are required to wear PPE. However, due to the rapid increase in COVID-19 cases, there have been shortages in PPE equipment. This shortage could have endangered the health of frontliners. Therefore, several NGOs and public figures have helped to sew PPE for medical frontliners. For example, several Malaysian fashion designers associated with the Malaysian Official Designers Association (Moda) have produced PPE for local medical staff (Cheong, 2020). Prison inmates have also been involved in sewing protective gear for frontliners regardless of their current situation (Chalil, 2020). Volunteer tailors have helped to prepare PPE for frontliners.

Public institutions

Educational institutions, schools, and higher education institutions have had to close due to COVID-19. However, this has not stopped researchers from various universities from helping citizens in fighting COVID-19. Universiti Putra Malaysia (UPM) for example has produced an instant hand sanitizer (Sinar, 2020) and face shields (New Straits Times, 2020b). Universities and colleges have also raised funds in order to help students affected by the virus; for example, UPM, Universiti Teknologi Malaysia (UTM) (Rohizai, 2020), and Universiti Malaysia Kelantan (UMK) (Nor Fazlina, 2020).

Individual self-precautions

SARS-CoV-2 shares similar characteristics with SARS-CoV, and both viruses pose a global threat. Therefore, several measures have been taken to halt the spread of SARS-CoV-2. This 'new normal' life has had an impact on Malaysian lives. For example, most people have started working from home (New Straits Times, 2020c). Malaysians have even stated a preference to stay at home for future protection from germs and viruses, due to fear and anxiety when going to the supermarket, on public transport, or traveling. They have also practiced wearing protective masks when out in public, frequent hand-washing, and avoiding mass gatherings. As stated earlier, this virus can spread easily by direct transmission from symptomatic individuals to someone who is in close contact via respiratory droplets, by direct contact with infected individuals, or through contact with contaminated objects and surfaces. The WHO (WHO, 2020b) has suggested that humans avoid consuming meat from regions affected by COVID-

19, avoid direct contact with symptomatic people, and avoid travelling to high-risk areas.

Malaysian researchers

This pandemic has created opportunities for Malaysian researchers to play their part by developing different technologies to help Malaysians facing the pandemic. Examples of these developments include COVID-19 rapid test kits (Gomes, 2020), the creation of face shields using 3D printing, laser cutting, or DIY builds (Tariq, 2020), and the manufacture of sanitizing tunnels (Mohamad, 2020). All of these creative ideas show that Malaysians are acting together to battle against COVID-19.

Measures to overcome the economic downturn due to COVID-19

In Malaysia, the massive and ongoing outbreaks of this virus have become a serious threat with profound consequences for the economy and financial markets as a whole. The financial market is predicted to collapse, with the chance of a new global recession (Majid, 2020). The sudden enforcement of the MCO by the government put various sectors of the economy in jeopardy. According to AmBank Group chief economist Anthony Dass, direct damage caused by the virus can be seen in the tourism and travel industries, manufacturing, construction, mining, and agriculture, with many workers being laid off and others being placed on unpaid leave (Murugiah, 2020). The Prime Minister of Malaysia Tan Seri Muhyiddin Yassin has particularly stated that the nation's tourism industry has been crippled, with an estimated loss of RM 3.37 billion in the first 2 months of the year (Dzulkifly, 2020). The forced closure of small businesses, mainly the small and medium-sized enterprises (SMEs) and services, could probably lead to permanent shutdowns and many losing their jobs, as well as individuals going bankrupt (Cheng, 2020).

The impact of COVID-19 on the world economy as a whole has been devastating. According to The Organisation for Economic Co-operation and Development (OECD), the COVID-19 pandemic has led to social distress around the world, as well as huge economic disruption (OECD, 2020). The massive spread of the virus has affected the stock markets, and the enforcement of the MCO, lockdown, and travel restrictions have significantly disrupted business activities in various sectors, affecting people's income and causing economic chaos in the country. To minimize the economic impact of this pandemic, Malaysia has taken several actions to recover 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 intended to mitigate the impact of COVID-19 based on three major strategies, namely (1) lessen the effect of COVID-19, (2) people-based economic growth, and (3) encourage quality investments (The Star, 2020d).

Lessen the effect of COVID-19

This strategy aimed to stimulate the travel industry, easing cash flow and providing support to affected individuals. Among the approaches by the then government was to ease the financial burden of the hospitality industry, giving discounts amounting to 15% off electricity bills for travel companies, airlines, hotels, shopping malls, and exhibition and convention centres, a 6% service tax exemption for hotels from March to August 2020, Human Resource Development Fund (HRDF) levies exemption for hotels and companies engaged in travel, reorganising of monthly payments of income tax for the vacation industry and rental premises, landing and parking rebates by Malaysia Airport Holdings Berhad (MAHB), and giving RM 600 one-off payments

to taxi drivers, tourist bus drivers, tourist guides, and registered trishaw drivers. As a form of gratitude and appreciation, frontliners are entitled to monthly critical allowances, for instance RM 400 for medical staff and RM 200 paid monthly to immigration and other related frontliners, to be paid until this contagion ends.

People-based economy growth

Through this strategy, the minimum contribution to the Employment Provident Fund (EPF) was reduced from 11% to 7% effective from April 1, 2020 until December 31, 2020. In addition, an extra RM 100 has been paid to all the Household Living Aid recipients and RM 50 will be given in the form of e-cash. In brief, Household Living Aid is aid given by the Malaysian government to certain categories of receivers who qualify according to a set of criteria that was announced by the government. Furthermore, an allocation of RM 40 million has been provided to SMEs involved in food production and agriculture, RM 1000 grants have been allocated to 10,000 e-commerce entrepreneurs, and RM 20 million has been given to Malaysian Digital Economy Corporation so that rural internet centres (Pusat Internet Desa) can be transformed into e-commerce hubs. Apart from this, the strategy has also focused on reducing the cost of living and improving infrastructure, specifically in rural areas.

Encouraging quality investments

This strategy involves the exemption of import duty and sales tax for 3 years for the purchase of machinery and equipment (imported and local) for port operations starting from April 1, 2020. Bank Negara Malaysia (BNM) is offering a SME Automation and Digitalization Facility of RM 300 million with an interest cost of 3.75%. Another initiative under this strategy is to encourage private investment and partnerships between the public and private sectors. For instance, the Ministry of Energy, Science, Technology, Environment and Climate Change will open bids for a 1400 MW solar power generator in 2020.

After the recent change in Malaysian government, an Economic Action Council was established to address various economic issues (Bernama, 2020f). This council has revisited and revised the stimulus package announced by the previous Prime Minister, Tun Dr. Mahathir Mohamed, announcing several initiatives aimed mainly at easing the monetary problems due to rising cases of COVID-19 and the implementation of the MCO by the government. Among the major initiatives announced are the following (Bernama, 2020g):

- RM 500 monthly withdrawal from the Employees Provident Fund is allowed for members aged ≤ 55 years for 12 months beginning April 1, 2020;
- RM 130 million allocation for all of the 13 state governments to tackle issues related to COVID-19, such as providing assistance to small business owners and hawkers, helping COVID-19 patients and families, as well as frontliners;
- The National Higher Education Fund (PTPTN) loan repayment will be postponed until September 30, 2020; and
- RM 600 million allocation for the MoH.

Additionally, BNM has also taken some drastic measures to reduce the financial impact caused by COVID-19 jointly with the government. On March 24, 2020, BNM offered a moratorium or postponement of payment for all bank loans except for credit card debts. According to the Deputy Governor of BNM, Jessica Chew, the initiative was taken by considering the financial constraints of borrowers (Annuar, 2020).

Table 3
The PRIHATIN Rakyat Economic Stimulus Package (PRIHATIN Package).

PRIHATIN Package	Beneficiary
RM 1 billion fund allocation to the Ministry of Health for medical equipment purchases and to pay for services, in addition to RM 500 million announced earlier.	Ministry of Health
RM 600 allowance for healthcare personnel and RM 200 allowance to frontliners such as police, immigration, and customs personnel.	Healthcare personnel and frontliners such as police, immigration, and customs personnel
RM 10 billion allocation to fund B40 and M40 families under the National Caring Aid (Bantuan Prihatin Nasional), including: <ul style="list-style-type: none"> • RM 1600 one-off payment to 4 million households earning below RM 4000; • RM 1000 one-off payment to 1.1 million households earning between RM 4001 and RM 8000; • RM 800 one-off payment for unmarried persons aged ≥ 21 years earning less than RM 2000; • RM 500 one-off payment for 4000 singles aged ≥ 21 years earning between RM 2000 and RM 4000. 15–50% electricity bill discount beginning on April 1, 2020 for 6 months. Free internet from all telcos from April 1, 2020 until the end of the MCO. People Housing Projects (PPR) and public housing residents are exempted from paying rent for 6 months. The government allows pre-retirement withdrawal from the Private Retirement Scheme (PRS) of up to RM 1500 without tax penalties. Wage subsidy program for workers who earn RM 4000 or less for 3 months. RM 500 one-off payment for civil servants including contract staff (grade 56 and lower). RM 200 one-off payment for all students at higher learning institutions. RM 500 one-off payment for e-hailing drivers. RM 250 one-off payment for government pensioners. Buildings belonging to the government, such as convenience stores, day-care centres, and school canteens will be exempted from rental payment. RM 25 million allocation in collaboration with NGOs to provide food and shelter for senior citizens, Orang Asli, and the disabled. National Health Protection Scheme (MySalam) and COVID-19 quarantine patients are entitled to receive RM 50 per day for 14 days. An allocation of RM 400 million to upgrade the broadband network. Cleaning and catering contract workers at schools, public universities and training institutions, and government agencies will be paid a salary and their terms of service will be extended for another month by taking into account the MCO period. Insurance and takaful sectors will provide a special RM 8 million fund to bolster COVID-19 testing. Each policyholder can go for a screening test worth up to RM 300 in private hospitals and laboratories. TEKUN Nasional, an agency under the Ministry of Entrepreneurial and Cooperative Development and People's Trust Council (MARA), an agency under the Rural Development Ministry, along with other government agencies, will offer a moratorium to small and medium-sized enterprises beginning April 1, 2020. Similar to PTPN loan repayment deferment, the repayment of the Skills Development Fund Corporation (PTPK) loan is also extended from April 1, 2020 to September 30, 2020. RM 1 billion allocation for the Food Security Fund.	Malaysian citizens
	Civil servants
	Students at higher learning institutions
	E-hailing drivers
	Government pensioners
	Business owners
	Senior citizens, Orang Asli, and individuals with disabilities
	COVID-19 patients
	Telco companies
	Contract workers (cleaning and food services)
	Insurance policy holders
	Small and medium-sized enterprises (SMEs)
	PTPK loan holders
	Food security fund

RM, Malaysian ringgit; MCO, Movement Control Order; NGO, non-governmental organization; PTPN, National Higher Education Fund.

On March 27, 2020, the Prime Minister Tan Sri Muhyiddin Yassin announced a new package as part of continuous efforts to reduce the effects of COVID-19. This package is worth RM 250 billion and has been designed to safeguard the people's welfare, support businesses including SMEs, and strengthen the economy (Yassin, 2020). The PRIHATIN Rakyat Economic Stimulus Package (PRIHATIN Package) is an addition to two economic stimulus packages announced earlier, as mentioned above. Table 3 lists the support and assistance announced under PRIHATIN.

Conclusions

A novel coronavirus, named SARS-CoV-2, has caused major outbreaks of COVID-19 disease with severe effects worldwide when compared to the previous two deadly pneumonia diseases, SARS and MERS. More than 1.5 million positive cases of SARS-CoV-2 infection had been recorded globally 4 months after it was first discovered in China. At the time of writing this report, Malaysia was ranked 34th 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 capacity and capability of laboratories were enhanced to speed up sample testing and the provision of results. An MCO was enforced as the biggest decision by the government to strictly and seriously

break the chain of COVID-19 within the community. This tough decision has obviously affected all sectors, especially the economy, from the smallest scope of individual income to the largest of international trade. However, all Malaysians showed their full support of the MCO enforcement to ease the burden of frontliners, especially medical personnel, 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. The PRIHATIN Package has been one of the beneficial initiatives announced by the government, followed by drastic measures of a 6-month moratorium offered by BNM to reduce the financial impact. In addition to these collective measures, all Malaysians have played their role through different channels to help the nation in facing this major outbreak. Each individual is playing a big role in ensuring the community and country become free from COVID-19.

Authors' contribution

A.U.M.S., S.N.A.S, R.T., and M.T.H.S. conceived and planned the study. A.U.M.S., S.N.A.S., and R.T. wrote the paper with input from all authors. M.T.H.S. and A.I. led the study. All authors contributed to discussions and the writing of the manuscript.

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Ethical approval

Approval was not required.

Conflict of interest

The authors declare no competing interests.

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