JILID 1

DR 13 TAHUN 2021

DEWAN RAKYAT YANG KEEMPAT BELAS

PENGGAL KEEMPAT

LAPORAN JAWATANKUASA PILIHAN KHAS

JAWATANKUASA PILIHAN KHAS KESIHATAN, SAINS DAN INOVASI

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GLOSARI

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2.1 OBJEKTIF

COVID-19 di Malaysia dijangka memasuki fasa endemik mulai akhir Oktober 2021, apabila kadar imuniti kelompok negara mencapai 80 peratus. Sehingga kini Wilayah Persekutuan Labuan dan negeri Sarawak sudah mencapai fasa endemik, selaras dengan negara lain yang kebanyakannya sudah beralih ke fasa endemik dan pengenalan kepada norma baharu untuk hidup dengan lebih sihat serta selamat. Sehubungan dengan itu Malaysia perlu membuat persediaan sewajarnya agar pelbagai sektor dalam negara boleh dibuka semula dan kehidupan penduduk Malaysia kembali berfungsi seperti sedia kala dalam norma baharu semasa dan selepas transisi pandemik COVID-19 kepada endemik COVID-19.

Selaras dengan kuasa memanggil yang termaktub dalam Peraturan Mesyuarat Majlis Mesyuarat Dewan Rakyat, Jawatankuasa Pilihan Khas Kesihatan, Sains dan Inovasi telah memanggil Kementerian Kesihatan Malaysia (KKM), Kementerian Sains, Teknologi dan Inovasi (MOSTI), Majlis Keselamatan Negara dan Kumpulan Pakar Penasihat Kesihatan dan Sains COVID-19 (EAG), bertujuan untuk mendengar dan berbincang mengenai beberapa isu berkaitan situasi penularan COVID-19 di dalam negara. Secara khususnya, objektif bagi setiap mesyuarat adalah seperti berikut:

2.1.1 Mesyuarat Jawatankuasa Pilihan Khas Kesihatan, Sains Dan Inovasi Bil.1

Objektif Mesyuarat Jawatankuasa Pilihan Khas Kesihatan, Sains dan Inovasi Bilangan 1 Tahun 2021 bertujuan untuk mendengar perkembangan semasa tentang isu penularan virus COVID-19 dalam negara yang semakin membimbangkan oleh KKM. Mesyuarat juga bertujuan untuk membincangkan pelan-pelan yang telah dilaksanakan dan persiapan awal KKM dalam menghadapi peningkatan penularan virus COVID-19 di negara ini.

2.1.2 Mesyuarat Jawatankuasa Pilihan Khas Kesihatan, Sains Dan Inovasi Bil.2

Objektif Mesyuarat Jawatankuasa Pilihan Khas Kesihatan, Sains dan Inovasi Bilangan 2 Tahun 2021 ini diadakan sebagai mesyuarat susulan daripada mesyuarat pertama pada 23 Julai 2021. Mesyuarat ini bertujuan membincangkan isu berkaitan

dengan penularan virus COVID-19 dalam negara dan perkembangan program - program pemulihan yang telah dilaksanakan. Mesyuarat turut mendengar penerangan daripada EAG mengenai isu yang dibincangkan.

2.1.3 Mesyuarat Jawatankuasa Pilihan Khas Kesihatan, Sains Dan Inovasi Bil.3

Jawatankuasa Pilihan Khas Kesihatan, Sains Dan Inovasi Bilangan 3 Tahun 2021 telah memanggil KKM bagi pembentangan mengenai perkembangan semasa perkhidmatan kesihatan dan pengurusan pandemik COVID-19. Antara perkara yang turut dibincangkan adalah pelan perancangan dan perlaksanaan penambahbaikan aplikasi MySejahtera.

2.1.4 Mesyuarat Jawatankuasa Pilihan Khas Kesihatan, Sains Dan Inovasi Bil.4

Mesyuarat Jawatankuasa Pilihan Khas Kesihatan, Sains dan Inovasi Bilangan 4 Tahun 2021 ini diadakan untuk membincangkan isu-isu yang berkaitan dengan kesihatan, sains dan inovasi. Objektif mesyuarat ini adalah untuk mendengar dan berkongsi hasil kajian dan cadangan oleh EAG.

2.1.5 Mesyuarat Jawatankuasa Pilihan Khas Kesihatan, Sains Dan Inovasi Bil.5

Mesyuarat Jawatankuasa Pilihan Khas Kesihatan, Sains Dan Inovasi Bilangan 5 Tahun 2021 telah memanggil KKM dan EAG. KKM dipanggil bagi memberikan pembentangan dan seterusnya penerangan kepada Jawatankuasa mengenai perkembangan dan perancangan transisi ke arah endemik. Manakala EAG adalah untuk membentangkan cadangan di hadapan KKM diikuti sesi perbincangan.

2.1.6 Mesyuarat Jawatankuasa Pilihan Khas Kesihatan, Sains Dan Inovasi Bil.6

Skop Mesyuarat Jawatankuasa Pilihan Khas Kesihatan, Sains Dan Inovasi Bilangan 6 Tahun 2021 meliputi penerangan tentang usaha-usaha yang dijalankan oleh MOSTI, khususnya melalui agensi iaitu *Malaysian Institute of Microelectronic Systems (*MIMOS) Berhad tentang fasa peralihan kepada endemik dengan beberapa kaedah teknologi seperti *contact tracing* dan MySejahtera.

2.2 SKOP DAN METODOLOGI

2.2.1 Mesyuarat Jawatankuasa Pilihan Khas Kesihatan, Sains Dan Inovasi Bil.1

Skop mesyuarat Jawatankuasa Pilihan Khas Kesihatan, Sains dan Inovasi Bilangan 1 meliputi hal-hal yang berkaitan dengan penularan virus COVID-19 semasa gelombang ketiga sehingga 22 Julai 2021, trend dan kluster mengikut kategori pesakit COVID-19, status kapasiti hospital swasta yang sedang merawat pesakit COVID-19, data aplikasi MySejahtera, klasifikasi virus COVID-19, jangkitan COVID-19 kepada petugas KKM yang telah mengambil vaksin, analisis situasi COVID-19 di Wilayah Persekutuan Labuan, Pelan Pemulihan Negara dan pelaksanaan Program Imunisasi COVID-19 Kebangsaan (PICK).

2.2.2 Mesyuarat Jawatankuasa Pilihan Khas Kesihatan, Sains Dan Inovasi Bil.2

Skop mesyuarat Jawatankuasa Pilihan Khas Kesihatan, Sains dan Inovasi Bilangan 2 ini menjurus kepada isu-isu intervensi kecemasan menjelang gelombang ke-empat COVID-19, pendigitalan sepenuhnya melalui FTTIS (*Find-Test-Trace-Isolate-Support*), vaksin dan program vaksinasi serta pelan atau program memperkasakan pengurusan tenaga kerja COVID-19 (*frontliners*).

2.2.3 Mesyuarat Jawatankuasa Pilihan Khas Kesihatan, Sains Dan Inovasi Bil.3

Skop perbincangan mesyuarat Jawatankuasa Pilihan Khas Kesihatan, Sains dan Inovasi Bilangan 3 ini meliputi isu-isu perkembangan semasa pandemik COVID-19, Perkembangan Program Imunisasi COVID-19 Kebangsaan (PICK), aplikasi MySejahtera dan perkembangan serta pelan rancangan kepada kapasiti kesihatan.

2.2.4 Mesyuarat Jawatankuasa Pilihan Khas Kesihatan, Sains Dan Inovasi Bil.4

Skop mesyuarat Jawatankuasa Pilihan Khas Kesihatan, Sains dan Inovasi Bilangan 4 meliputi pembentangan dan perbincangan fasa peralihan pandemik kepada

endemik dan pembangunan aplikasi MySejahtera. Mesyuarat merupakan perbincangan susulan daripada mesyuarat Bilangan 2 yang turut menjemput EAG.

2.2.5 Mesyuarat Jawatankuasa Pilihan Khas Kesihatan, Sains Dan Inovasi Bil.5

Skop mesyuarat Jawatankuasa Pilihan Khas Kesihatan, Sains dan Inovasi Bilangan 5 meliputi pembentangan dan perbincangan berkaitan fasa peralihan pandemik kepada endemik dan pembangunan aplikasi MySejahtera. Mesyuarat ini merupakan perbincangan susulan daripada mesyuarat bilangan 4 yang turut menjemput EAG.

2.2.6 Mesyuarat Jawatankuasa Pilihan Khas Kesihatan, Sains Dan Inovasi Bil.6

Skop mesyuarat meliputi penerangan dan menjawab kepada beberapa soalan yang diutarakan oleh Pihak EAG dalam mesyuarat sebelumnya. Perbincangan seterusnya berbincang mengenai penyediaan laporan Jawatankuasa.

3 LATAR BELAKANG

Mesyuarat Jawatankuasa Kesihatan, Teknologi dan Inovasi diadakan untuk membincangkan isu-isu berkaitan COVID-19 di Malaysia yang terdiri daripada beberapa perkara:

i. Status terkini kes penularan dan pengurusan COVID-19 dalam negara.

ii. Perkembangan program vaksinasi negara.

iii. Perancangan dan strategi untuk transisi kepada endemik COVID-19.

4 PERBINCANGAN DAN PENEMUAN

4.1 Mesyuarat Jawatankuasa Pilihan Khas Kesihatan, Sains Dan Inovasi Bil.1

4.1.1 Pembentangan dan Perbincangan oleh Kementerian Kesihatan Malaysia

1. Jumlah kes dan kadar insiden kes COVID-19 bagi setiap 100,000 penduduk di Malaysia berdasarkan minggu epid semasa bagi gelombang ketiga minggu epid ke-39 tahun 2020 sehingga minggu epid ke-29 tahun 2021 iaitu sehingga 22 Julai 2021 didapati meningkat.

2. Sehingga 22 Julai 2021 sebanyak 13,034 kes telah dilaporkan menjadikan jumlah keseluruhan kes yang dilaporkan ialah sebanyak 964,918 kes.

3. Kes baharu yang dilaporkan dibahagikan mengikut kategori iaitu berdasarkan keadaan klinikal pesakit semasa baharu didiagnosis COVID-19. Terdapat kes di mana pesakit kekal dikategori yang sama sepanjang tempoh jangkitan.

4. Pada 22 Julai 2021, 55.08 peratus kes iaitu sejumlah 7,719 kes dilaporkan adalah dari kategori 1, diikuti dengan 4.32 peratus daripada kategori 2 iaitu sebanyak 5,646 kes, 0.94 peratus dilaporkan daripada kategori 3 iaitu sebanyak 124 kes, kategori 4 sebanyak 72 kes dan kategori 5 sebanyak 13 kes.

5. Laporan kadar penggunaan katil dan kadar penggunaan katil guna semula di Pusat Unit Kawalan Rapi (ICU) yang diperuntukkan untuk COVID-19 sehingga 22 Julai 2021 adalah tinggi iaitu sebanyak 100 peratus.

6. Turut dilaporkan, sehingga 22 Julai 2021, status kapasiti hospital swasta yang sedang merawat pesakit COVID-19 adalah:

    i. Penggunaan katil wad yang khusus untuk COVID-19 adalah 913 iaitu 71 peratus.

    ii. Penggunaan katil ICU yang khas untuk COVID-19 adalah sebanyak 99 peratus.

Kesimpulannya, bilangan pesakit adalah melebihi katil yang dikhususkan oleh hospital tersebut.

Sebanyak 112 hospital swasta telah bersetuju untuk menyediakan rawatan COVID-19. Jumlah ini termasuk sebuah hospital pakar wanita dan kanak-kanak yang merawat pesakit pediatrik COVID-19 dan dua buah hospital pakar kardiologi.

Tenaga kerja perubatan tambahan

1. Pengambilan tenaga kerja tambahan daripada kalangan pelajar-pelajar sarjana perubatan dan pelajar praktikal perubatan serta pengambilan kakitangan di bahagian-bahagian perubatan yang tidak/kurang aktif.

Kluster-kluster jangkitan

1. Dari tempoh 25 Januari 2020 sehingga 22 Julai 2021, kluster jangkitan yang tertinggi adalah daripada kluster tempat kerja dengan 53,574 kes jangkitan dilaporkan pada tahun 2020, manakala 149,012 kes dilaporkan pada tahun sehingga 22 Julai 2021.
2. Kluster pendidikan juga meningkat dengan ketara, sebanyak 785 kes dilaporkan pada tahun 2020 (dari Januari 2020). Manakala pada tahun 2021 (sehingga 22 Julai 2020) sebanyak 46,928 kes dilaporkan. Kluster pendidikan adalah termasuk KPM, bukan KPM dan institusi latihan.
3. Terdapat penurunan kes bagi kluster import bagi tahun 2020 (dari 25 Januari 2020) iaitu sebanyak 2000 kes kepada 103 kes sahaja dilaporkan bagi tahun 2021 (sehingga 22 Julai 2021).

Varian Delta

1. Varian Delta boleh merebak melalui *air-borne* (udara). Seseorang yang

dijangkiti varian Delta boleh menjangkiti 5 hingga ke 8 orang di sekitarnya berbanding dengan rengangan asal.

Kadar insiden kes berdasarkan data umur

1. Kadar insiden kes COVID-19 di Malaysia bagi setiap 100,000 penduduk yang berumur diantara 20 ke 59 adalah tinggi. Pembahagian kes berdasarkan umur adalah seperti berikut:

    i. Umur 20-29: 214,882 kes.

    ii. Umur 30-39: 241,184 kes.

    iii. Umur 40-49: 109,881 kes.

    iv. Umur 50-59: 75,346 kes.

Kadar jangkitan petugas-petugas KKM

1. Jangkitan COVID-19 kepada petugas KKM yang telah mengambil 2 dos vaksin atau telah lengkap vaksin masih boleh berlaku. Namun begitu, kadar jangkitan adalah rendah. Dilaporkan pada 24 Februari 2021 sehingga 22 Julai 2021, 1.59 peratus petugas KKM yang dijangkiti COVID-19 menunjukan gejala ringan atau tidak bergejala.

Analisis situasi COVID-19 di Wilayah Persekutuan Labuan

2. Wilayah Persekutuan Labuan mencatatkan sebanyak 7,496 kes dari 1 Januari 2021 sehingga 22 Julai 2021. Peningkatan kes jangkitan ini adalah berikutan dengan jangkitan COVID-19 varian Delta semasa penerbangan dari KLIA ke Wilayah Persekutuan Labuan.

3. Laporan harian Program Suntikan Vaksin Wilayah Persekutuan Labuan yang bermula pada 22 Julai 2021 adalah sebanyak 114,323. Ini merangkumi 10.9 peratus bukan warganegara dan sebanyak 82.3 peratus

adalah warganegara. Menurut data, terdapat penurunan kes dari 1 Jun 2021 sehingga 21 Jun 2021.

4. Jangkitan pertama varian Delta adalah dari kes import yang tiba di Labuan pada 23 April 2021. Penularan tersebut berlaku semasa bulan Ramadan dan sambutan Hari Raya Aidilfitri. Tindakan kerajaan melalui perancangan terancang dan kawalan sistematik didapati berjaya mengawal peningkatan.

<u>Pelan Pemulihan Negara</u>

1. Pelan Pemulihan Negara terbahagi kepada 4 fasa yang bermula dari bulan Jun sehingga Disember 2021 iaitu:

    i. Fasa 1 (bulan Jun): mengadakan PKP secara menyeluruh, hanya perkhidmatan yang perlu sahaja dibuka.

    ii. Fasa 2 (bulan Julai sehingga akhir Ogos): terdapat peningkatan senarai positif dan sektor sosial kekal ditutup.

    iii. Fasa 3 (bulan September sehingga akhir Oktober): pelan pendekatan kepada senarai negatif dan sektor sosial dibuka secara berperingkat.

    iv. Fasa 4 (bulan November sehingga Disember): pembukaan penuh termasuk sektor sosial.

4.1.2 Perbincangan dan Pembentangan oleh Kementerian Sains, Teknologi dan Inovasi.

1. Jawatankuasa Khas Jaminan Akses Bekalan Vaksin COVID-19 (JKJAV) telah diluluskan pada 14 Oktober 2020. Fungsi jawatankuasa adalah seperti berikut:

    i. Memastikan bekalan vaksin cepat, selamat dan lengkap.

ii. Memantau pengurusan logistik.

iii. Mengkoordinasikan gerak kerja antara negeri dan agensi.

iv. Mempunyai pasukan yang dipanggil Jawatankuasa Petugas Khas Imunisasi COVID-19 (CITF).

v. Membantu KKM untuk memberi tumpuan kepada perkhidmatan berkaitan kesihatan yang berhubungkait dengan virus COVID-19.

2. Program Imunisasi COVID-19 Kebangsaan mempunyai empat objektif utama iaitu:

i. Melindungi petugas barisan hadapan daripada jangkitan COVID-19 dan sistem kesihatan negara di tahap optimum.

ii. Melindungi kumpulan risiko tinggi daripada morbiditi dan kematian disebabkan jangkitan virus COVID-19.

iii. Mencapai sasaran imuniti 80 peratus daripda populasi negara khusus untuk memulihkan sektor ekonomi dan sosial.

iv. Menguruskan kawasan pandemik berisiko tinggi bagi meminimumkan kadar penularan jangkitan COVID-19 dalam masyarakat.

<u>Vaksinasi dan fasa vaksinasi</u>

1. Menyasarkan 80 peratus populasi Malaysia iaitu 26.3 juta daripada 32.7 juta divaksinasi dalam tempoh setahun. Vaksinasi ini dilakukan melalui empat fasa.

i. Fasa 1: Vaksinasi Petugas Barisan Hadapan. Tempoh yang disasarkan ialah dua ke empat bulan, iaitu dari bulan Februari hingga Mei 2021.

ii. Fasa 2: Kumpulan Berisiko Tinggi. Tempoh yang disasarkan

adalah tiga ke lima bulan iaitu dari bulan April hingga Ogos 2021.

iii. Fasa 3: Golongan Dewasa. Tempoh yang disasarkan adalah enam ke sembilan bulan, iaitu dari bulan Jun hinggga Disember 2021.

iv. Fasa 4: Pengurusan Wabak. Tiada had masa yang dinyatakan.

2. Sehingga 21 Julai 2021, jumlah dos yang telah diberikan kepada penduduk adalah 15,517,866. Jumlah ini merangkumi dos pertama dan dos kedua. Dos pertama sebanyak 10,584,885 dan dos kedua sebanyak 4,932,981.

3. Jumlah populasi yang telah menerima sekurang-kurangnya satu dos meningkat sebanyak 199.5 peratus daripda 1,927,861 pada bulan Mei 2021 kepada 5,774,667 pada akhir bulan Jun 2021. Manakala jumlah populasi penduduk yang telah menerima vaksin sepenuhnya atau dua dos meningkat daripda 1,080,568 pada Mei 2021 kepada 2,309,018 pada akhir bulan Jun 2021.

4. Peningkatan keupayaan Pusat Pemberian Vaksin (PPV) adalah antara faktor peningkatan jumlah pemberian vaksin. Faktor ini meningkatkan keupayaan untuk memberi lebih daripada 500,000 dos vaksin sehari. Sebanyak 2,204 PPV aktif beroperasi. Senarai PPV adalah seperti dibawah:

i. 300 buah PPV Awam.

ii. 5 buah PPV AZ.

iii. 33 buah PPV Integrasi.

iv. 23 buah PPV IPT.

v. 5 buah Industrial PPV.

vi. 1,374 buah *General Practitioner and Specialist Clinic* PPV.

vii. 153 buah *Private Hospital* PPV dan *Ambulatory* PPV.

viii. 279 buah Klinik Kesihatan dan *Special* PPV.

5. Vaksin di bawah pemantauan PICK dan sasaran liputan populasi penduduk adalah seperti berikut:

   i. COVAX Facility (Astrazeneca) kepada 3.2 juta penduduk.

   ii. Pfizer dan BioNTech (BNT162b2) kepada 22.4 juta penduduk.

   iii. Astrazeneca / University of Oxford (AZD1222) kepada 3.2 juta penduduk.

   iv. Sinovac Biotech Ltd/Pharmaniaga Lifescience Sdn Bhd (Coronavac) kepada 6.2 juta penduduk.

   v. CanSino Biologics Inc (AD5-nCOV) kepada 3.5 juta penduduk.

   vi. Gameleya (Sputnik V) kepada 3.2 juta penduduk. Perolehan vaksin ini adalah tertakluk kepada kelulusan pendaftaran vaksin yang diterima daripada NPRA dan PBKD.

6. Sehingga 21 Julai 2021, bekalan vaksin yang ada adalah sebanyak 18,900,559 dan jumlah vaksinasi adalah sebanyak 15,517,866. Masih terdapat vaksin-vaksin yang belum lengkap diterima, senarainya adalah seperti dibawah:

   i. AstraZeneca (AZD1222) sebanyak 7,722,300 masih belum diterima daripada 9,200,00 yang akan dihantar.

   ii. Pfizer (Cominarty) sebanyak 38,572,560 masih belum diterima daripada 45,799, 650 yang akan dihantar.

   iii. Sinovac (CoronaVac) sebanyak 3,048,640 masih belum diterima daripada 15,900,00 yang akan dihantar.

4.1.3 Perkara-perkara lain yang dibincangkan dan dibangkitkan oleh Ahli Jawatankuasa.

i. Pembahagian dan kos bagi menyediakan Pusat PPV.

ii. Meningkatkan kapasiti PPV di Lembah Klang kepada 272,000 sehari, jumlah terkini adalah 163,000 sahaja.

iii. Mencapai imuniti 80 peratus populasi dewasa lebih awal bagi kawasan wabak dan industri. Menyasarkan Wilayah Persekutuan Labuan pada Julai 2021, Selangor, Kuala Lumpur, Putrajaya dan Sarawak pada Ogos 2021 dan pantai timur bermula Oktober 2021.

iv. Semua populasi dewasa disasarkan selesai menerima lengkap 2 dos vaksin mulai Oktober hingga November 2021.

v. Penduduk yang tidak mempunyai MySejahtera boleh *walk-in* dan mendaftar secara manual di pusat vaksin.

vi. Penyelarasan vaksinasi di negeri-negeri perlu lebih jelas dan data perlu dikeluarkan.

vii. Bagi pemberian dos pertama kepada masyarakat adalah lebih mudah untuk dilakukan, namun terdapat kekangan untuk dos kedua, iaitu penerima dos pertama perlu untuk hadir sendiri untuk menerima dos kedua.

4.2 Mesyuarat Jawatankuasa Pilihan Khas Kesihatan, Sains Dan Inovasi Bil.2

4.2.1 Pembentangan dan perbincangan oleh Pengerusi Kumpulan Pakar Penasihat Kesihatan dan Sains COVID-19 (EAG), YBhg. Tan Sri Dato' Dr. Abu Bakar Suleiman dan YBhg. Profesor Dr. Rosmawati Mohamed.

1. Pada 8 Februari 2021, sebuah Kumpulan Pakar EAG Penasihat Kesihatan dan Sains COVID-19 (EAG), yang dianggotai oleh enam orang

wakil dari perubatan telah dilantik untuk melengkapkan proses penetapan strategi dan operasi Kementerian Kesihatan bagi pengurusan COVID-19 di Malaysia seperti berikut:

i. Tan Sri Dato' Dr Abu Bakar Suleiman (Pengerusi).

ii. Profesor Dr. Rosmawati Mohamed.

iii. Datuk Dr. Kuljit Singh.

iv. Dato’ Dr. Fadzilah Kamaludin.

v. Datuk Dr. Christopher Lee.

vi. Dr. Mary Cardosa.

2. EAG berperanan dan disokong sepenuhnya oleh rangkaian Kumpulan Kerja Teknikal (TWG) membantu penetapan strategi dan operasi KKM dalam aspek seperti:

i. Perkongsian awam-swasta (penjagaan berasaskan hospital).

ii. Perkongsian awam-swasta (penyedia penjagaan primer).

iii. Kesihatan awam (Cari, Uji, Jejak, Isolasi dan Sistem Sokongan) (*Find-Test-Trace-Isolate-Support*) atau FTTIS.

iv. Data dan teknologi.

v. Vaksin.

vi. Komunikasi Strategik.

vii. COVID-19 *frontliners* dan Kesejahteraan Pekerja Penjagaan Kesihatan.

3. Perkara yang telah diangkat kepada YAB Perdana Menteri adalah:

i. Campur tangan kecemasan (21 April 2021).

ii. Gabungan alat ramalan risiko di semua tahap respons COVID-

19.

iii. Kajian respons pandemik dari aspek tindakan segera dan pilihan raya yang selamat (15 Jun 2021).

iv. Kajian dan cadangan EAG.

4. EAG berpendapat bahawa terdapat keperluan untuk memberikan perhatiankepada isu-isu seperti berikut:

i. Respon kepada pandemik berdasarkan bukti, telus dan inklusif.

ii. Pengurusan penularan COVID-19 berpandukan pelan tindakan/strategi pemulihan. Merujuk kepada *Strategic Preparedness and Response Plan* oleh *World Health Organization* (WHO) 2021 untuk COVID-19, EAG telah menetapkan tindakan utama yang diperlukan. Antara isu yang memerlukan perhatian segera adalah penghantaran vaksin COVID-19, langkah-langkah keselamatan bagi yang terdedah melalui vaksinasi dan mengurangkan risiko kematian daripada semua punca.

5. Menurut kajian EAG, terdapat beberapa kekangan yang dihadapi oleh negara dalam proses pemulihan ini iaitu:

i. Strategi pengujian semasa tidak mencukupi untuk pengawasan komprehensif dan pemetaan penyebaran COVID-19 di Malaysia.

ii. Jejak kontak manual - kaedah yang digunakan ketika ini mengunakan tenaga kerja yang ramai dan ia memerlukan masa yang panjang untuk memperolehi maklumat.

iii. Kawasan risiko tidak divisualisasikan dengan baik dan tidak mempunyai pengkhususan.

4.3 Mesyuarat Jawatankuasa Pilihan Khas Kesihatan, Sains Dan Inovasi Bil.3

4.3.1 Enam teras utama sasaran 100 hari Kementerian Kesihatan Malaysia.

1. Sasaran 100 hari Jemaah Menteri mengandungi 6 teras utama iaitu menstruktur semula ekonomi, menjamin keselamatan dan ketenteraman negara, meningkatkan kesejahteraan sosial, mempertingkatkan infrastruktur menyeluruh, memperkukuhkan penyatuan dalam acuan Keluarga Malaysia.

2. Usaha membendung penularan jangkitan virus COVID-19 diperkasakan dengan pelbagai inisiatif dan strategi berterusan. Tindakan ini menjadi keutamaan KKM dalam perkhidmatan kesihatan serta pengurusan COVID-19. Strategi dan inisiatif tersebut adalah seperti dibawah:

    i. Mencegah dan mengawal penyakit COVID-19.

    ii. Memantapkan polisi vaksinasi COVID-19 berkaitan dos penggalak (*booster*).

    iii. Meningkatkan literasi dan kesedaran kesihatan.

    iv. Meningkatkan perlindungan kesihatan bagi golongan rentan dan B40.

    v. Menangani isu kesihatan mental.

    vi. Menangani isu beban berganda tuna pemakanan.

    vii. Meningkatkan capaian kit ujian kendiri COVID-19.

    viii. Meningkatkan ketepatan dan perkongsian data kesihatan.

    ix. Meningkatkan kebolehcapaian perkhidmatan penjagaan kesihatan.

    x. Memperkasakan penyampaian perkhidmatan kesihatan berintensifkan teknologi digital.

xi. Memantapkan pengurusan sumber manusia untuk kesihatan.

xii. Memantapkan polisi rawatan berkaitan impak jangka panjang COVID-19.

4.3.2 Situasi terkini COVID-19 dan perkembangan semasa pandemik COVID-19.

1. Bagi kadar insiden kes COVID-19 di Malaysia bagi setiap 100,000 penduduk mengikut kumpulan umur, umur 20-29 tahun merupakan kumpulan umur yang paling tinggi kadar jangkitan, diikuti oleh kumpulan umur 30-39 tahun, 40-49 tahun dan 50-59 tahun.

2. Selangor merupakan negeri yang mempunyai kadar insiden kes COVID-19 tertinggi dengan kadar sebanyak 8,905 kes, diikuti oleh Wilayah Persekutuan Kuala Lumpur sebanyak 8,633 kes.

3. Semua kes jangkitan adalah mengikut negeri dan jenis saringan. Negeri Sembilan melaporkan kes tertinggi sebanyak 22.03 peratus iaitu sebanyak 426 kes. Perlis merupakan negeri yang terendah dengan 0.05 peratus iaitu sebanyak 1 kes sahaja.

4. Kes baharu mengikut kategori keadaan kritikal dilaporkan di antara kes pesakit yang kekal di kategori yang sama sepanjang tempoh jangkitan. Walau bagaimanapun, terdapat juga kes di mana pesakit berubah status sama ada bertambah baik atau merosot ke kategori yang lebih tinggi. Kebanyakan kes adalah di antara mereka yang tidak mengambil suntikan vaksin COVID-19. Data bagi kategori ini diperolehi daripada laporan teknikal dan program indikator.

5. Sebanyak 307,000 pesakit menjalani pemantauan di rumah dan dirujuk ke Pusat Kuarantin dan Rawatan COVID-19 Berisiko Rendah (PKRC) atau hospital sejak 4 Ogos 2021 hingga 4 September 2021. Bagi pesakit yang menjalani pemantauan di rumah, mereka akan dirujuk ke PKRC bagi

pesakit kategori 3 dan hospital bagi kategori 4 dan 5.

6. Kes-kes yang dilaporkan dalam tempat kerja dapat menular di kalangan kontak-kontak rapat dalam komuniti seperti ahli keluarga serta mereka yang tinggal di kawasan kediaman yang sama. Sebanyak 2,619 kluster tempat kerja telah dilaporkan dengan jumlah kes sebanyak 229,155 kes dan 1,349 kluster adalah melibatkan sektor pengilangan.

7. Pada 12 September 2021 telah dilaporkan kes Kluster Sawit Sarian yang melibatkan pekerja-pekerja di sebuah kilang pemprosesan minyak kelapa sawit di daerah Sarian, Sarawak. Kes ini bermula daripada seorang pekerja lelaki pada 11 Ogos 2021 hasil daripada saringan individu bergejala. Sehingga 12 September 2021, sebanyak 45 kes positif dikenalpasti, 23 kes adalah generasi pertama dan 21 adalah generasi kedua.

4.3.3 Perkembangan Program Imunisasi COVID-19 Kebangsaan (PICK).

1. Satu jawatankuasa khas telah ditubuhkan dan dipengerusikan oleh YB Timbalan Menteri Kesihatan 1. Program vaksinasi remaja telah bermula di Sarawak bagi remaja berumur 16 hingga 17 tahun dan remaja berumur 12 hingga 15 tahun yang mempunyai komorbiditi.

2. Jangkitan positif COVID-19 di kalangan petugas KKM yang telah menerima vaksinasi lengkap adalah seramai 275,615 petugas. Bilangan kes COVID-19 dalam kalangan petugas kesihatan pada tahun 2020 ialah seramai 2,258 orang petugas dan bagi tahun 2021 seramai 21,153 orang.

3. Dos Penggalak (*booster*) diberi keutamaan kepada golongan yang berisiko tinggi untuk mendapat jangkitan COVID-19 termasuk:

    i. Individu yang mempunyai daya imuniti yang lemah.

    ii. Orang dewasa yang berumur 60 tahun dan ke atas dan mempunyai masalah kesihatan.

iii. Individu yang tinggal serta berkerja di fasiliti penjagaan jangka panjang.

iv. Petugas-petugas kesihatan barisan hadapan yang berisiko tinggi terdedah kepada jangkitan.

v. Golongan seterusnya yang akan diberikan keutamaan adalah individu berumur 18 tahun dan kurang daripda 60 tahun serta mempunyai masalah kesihatan yang berisiko tinggi untuk mendapat jangkitan COVID-19 semula.

vi. Petugas barisan hadapan.

4.3.4 Pelan tindakan, COVIDNOW dan penambahbaikan MySejahtera

1. Sistem ramalan awal bagi tindakan awalan di sesuatu lokasi titik panas melibatkan 4 peringkat iaitu:

   i. Pendaftaran masuk (*check-in*) individu positif COVID-19.

   ii. Pengesanan ke hadapan dan pengesanan ke belakang.

   iii. Mengenal pasti kontak rapat.

   iv. Amaran titik panas akan dikeluarkan. Kelewatan melakukan ujian akan memberikan kesan kepada sesuatu ID MySejahtera termasuk kelewatan pengenalpasti titik panas.

2. Pengesanan kontak rapat turut ditambahbaik dengan memperkasakan dengan penambahan bilangan petugas melalui mobilisasi daripada lain-lain agensi. Perkhidmatan "*Robocall*" turut diperluaskan ke negeri-negeri lain. Pengesanan kontak digital terkini mengunakan sistem teknologi *bluetooth*.

3. Inisiatif meningkatkan vaksinasi di kalangan pekerja kilang diperluaskan dengan menyediakan Pusat Pemberian Vaksin Industri (PPVIN). Daripada jumlah yang telah mendaftar di bawah MySejahtera, sebilangan besar pekerja-pekerja kilang telah menerima vaksin iaitu sekitar 2.1 juta dos.

Namun masih terdapat pekerja-pekerja kilang bukan warga negara yang tidak mempunyai dokumen yang sah dan masih belum divaksinkan.

4. Bagi individu yang telah menerima dua dos atau dos lengkap, kadar kematian adalah 0.0096 peratus. Daripada 19,369 kes kematian semenjak 31 Mac 2021, 71.2 peratus kes kematian bagi mereka yang tidak divaksinkan telah dilaporkan, 3,937 kes kematian bagi mereka yang telah menerima dos pertama, 531 kes kematian bagi yang menerima dua dos suntikan vaksin dan sebanyak 1,112 kes bagi yang telah lengkap divaksinkan.

5. Bagi mendapat sokongan dan peyelarasan di peringkat kerajaan negeri, ianya dilakukan melalui Jawatankuasa Pengurusan Bencana Negeri dan Daerah. Sokongan diperluaskan ke kerjasama awam-swasta dengan penggunaan perkhidmatan kesihatan di fasiliti kesihatan swasta melalui arahan Ordinan Darurat dan Sistem *Reimbursement.* Pengamal perubatan swasta disarankan untuk membantu menjalankan pemantauan status kesihatan harian kes COVID-19 sepanjang tempoh kuarantin.

6. Peralihan ke fasa endemik, usaha untuk melandaikan keluk COVID-19 perlu diperluaskan. Usaha ini merangkumi enam perkara seperti di bawah:

    i. Putuskan rantaian transmisi.

    ii. Mengurangkan morbiditi dan kematian.

    iii. Memperkukuhkan diagnostik dan survelan.

    iv. Mencapai imuniti meluas.

    v. Meningkatkan kesedaran dan pembudayaan norma baharu.

    vi. Memperkukuhkan sokongan kesihatan mental dan psikososial.

    vii. Memperkenalkan COVIDNOW sebagai pelaporan harian. COVIDNOW ini telah diperbaharui agar lebih tepat dan penambahbaikan pada proses pelaporan.

7. e-COVID akan ditambah baik dengan input data pesakit dimasukkan ke e-COVID semasa interaksi pertama oleh individu disyaki COVID-19 di CAC, Klinik Kesihatan, klinik swasta dan sebagainya. Pengesahan maklumat pesakit akan dibuat sebelum ujian dihantar. Apabila keputusan ujian dimuatnaik ke sistem e-COVID, ia akan terus dipadankan dengan kes yang disaring. Kesimpulannya, sistem ini ditambahbaik agar lebih mesra pengguna.

4.3.5 Belanjawan 2021 untuk COVID-19.

1. Peruntukan pembangunan KKM berkaitan COVID-19 ialah sebanyak RM362,627,369.00 bagi tahun 2020 dan RM332,269,154.00 bagi tahun 2021. Bagi tahun 2021, peruntukan pembangunan KKM ini sehingga September 2021 sahaja. Perbelanjaan ini melibatkan naik taraf, ubah suai dan penambahbaikan fasiliti kesihatan, perbelanjaan mendapatkan peralatan perubatan, peralatan bukan perubatan dan kenderaan.

4.4 Mesyuarat Jawatankuasa Pilihan Khas Kesihatan, Sains Dan Inovasi Bil.4

4.4.1 Pembentangan oleh YBhg. Tan Sri Dato' Dr. Abu Bakar Suleiman, Pengerusi Kumpulan Pakar Penasihat Kesihatan dan Sains COVID-19 (EAG) dan YBrs. Prof. Dr. Rosmawati Mohamed, wakil Akademik Perubatan Malaysia.

1. YBhg. Tan Sri Dato' Dr. Abu Bakar Suleiman, Pengerusi EAG menekankan perkara berkaitan dengan kesiapsiagaan Malaysia dalam proses peralihan daripada fasa pandemik kepada endemik dan manfaat digitalisasi khususnya penambahbaikan aplikasi MySejahtera.

2. YBrs. Prof. Dr. Rosmawati Mohamed, wakil Akademi Perubatan Malaysia melalui pembentangan beliau membangkitkan beberapa perkara berkaitan seperti berikut:

i. Dapatan data dan kajian punca kematian iaitu jumlah kematian yang disahkan mungkin bukan jumlah yang tepat dari jumlah kematian sebenar disebabkan oleh virus COVID-19.

ii. Majoriti kes dan kematian COVID-19 baru di Malaysia adalah *sporadic* dan tidak berkaitan dengan kes atau kelompok yang sedia ada. Penularan virus COVID-19 adalah dalam komuniti termasuk di kompleks membeli-belah, tempat kerja dan sebagainya. Jumlah kes seperti ini adalah tinggi dari 30 Mei 2021 hingga 5 Jun 2021, jumlah ini merangkumi 52,040 kes atau 84.3 peratus daripada jumlah kes baru yang dilaporkan. Daripada 641 kematian pada minggu tersebut, 559 jangkitan tidak berkaitan dengan kes sebelumnya.

iii. Merujuk kepada Carta *COVID-19 Deaths and* BID-2021 (Selangor), jumlah kematian di Selangor adalah 7,453 kes. Peratusan *Brought-in-Dead* (BID) dari keseluruhan kematian di Selangor adalah 18.9 peratus.

iv. Peratusan kematian BID tersebut berdasarkan status COVID-19 sebelum dan selepas kematian adalah 64 peratus selepas kematian dan 36 peratus sebelum kematian. Majoriti 64 peratus BID tidak didiagnosis dengan COVID-19 sebelum kematian, walaupun 89 peratus mempunyai gejala.

v. Sarawak dan Pulau Pinang merekodkan kes tertinggi, masing-masing sebanyak 17.7 peratus dan 13.8 peratus kes. Manakala bagi kes kematian bagi setiap 100,000 orang, Pulau Pinang dan Johor adalah antara negeri yang mempunyai rekod kematian yang tinggi.

vi. Epidemiologi adalah bersifat dinamik, terutama apabila ia didorong oleh tindak balas kesihatan awam yang berubah-ubah.

vii. Langkah-langkah kesihatan awam dan sosial perlu menitik

beratkan perkara-perkara seperti berikut:

a. Berdasarkan risiko;

b. Kajian berkala kecerdasan kesihatan awam;

c. Waktu yang tepat;

d. Komunikasi secara berkesan; dan

e. Aktif dengan langkah-langkah yang disasarkan untuk memperbaiki kesan sosioekonomi.

viii. Laporan mengenai keupayaan Malaysia untuk IHR menerusi *The Joint External Evaluation* (JEE) mencadangkan agar diberi perhatian utama. Antara penekanan yang disarankan adalah seperti berikut:

a. Meningkatkan lagi koordinasi untuk memastikan pelaksanaan rancangan kesiapsiagaan dan tindak balas di pelbagai peringkat.

b. Meningkatkan lagi MyCPRC dilengkapi dengan keupayaan untuk ramalan dan memberikan pandangan mengenai kejadian penyakit.

c. Mengautomasikan perkongsian data antara sistem berasaskan petunjuk (eNotification) dan (eWabak) dan mempertimbangkan pemakluman keputusan kajian makmal secara automatik.

d. Mengembangkan keupayaan sistem notifikasi elektronik KKM untuk membolehkan analisis data dan pelaporan secara automatik.

4.4.2 Perkongsian pengalaman pengurusan COVID-19 di India

1. WHO melaporkan bahawa Mumbai, India berdepan dengan gelombang kedua penularan dan jangkitan COVID-19 pada bulan Mac 2021. Mumbai mencatatkan kadar positif yang tinggi iaitu 20 - 24 peratus, peningkatan ini adalah dari 8 - 9 peratus pada bulan-bulan sebelumnya.

2. Dalam tempoh sebulan, Mumbai berjaya menurunkan kadar positif kepada 6 peratus pada 12 Mac 2021 menjadi 1.79 peratus sahaja pada minggu pertama bulan Julai. Pelbagai inisiatif dilaksanakan dan membolehkan Mumbai membendung lonjakan kadar jangkitan. Berikut adalah tindakan pantas yang dilaksanakan oleh Mumbai mendepani penularan tersebut:

    i. Tindak balas desentralisasi di lima pusat COVID-19 dan 69 pusat kesihatan yang dikursuskan untuk kes-kes berkaitan COVID-19.

    ii. Pengurusan sumber yang cekap dan pantas.

    iii. Memanfaatkan teknologi untuk penyebaran maklumat yang cepat dan pemantauan masa sebenar.

4.4.3 Menjawab kepada pertanyaan:

1. Pertanyaan Yang Berhormat Dr. Kelvin Yii Lee Wuen kepada EAG berkaitan dengan mekanisme yang diambil oleh India dalam mendepani penularan tersebut dan adakah ia sesuai dengan Situasi COVID-19 di Malaysia.
   Jawapan:

    i. Penyebaran maklumat COVID-19 yang dipandu oleh teknologi komunikasi.

    ii. Pemantauan 24 jam.

    iii. Keputusan ujian COVID-19 perlu dilaporkan termasuk keputusan ujian yang negatif bagi mendapatkan statistik penularan yang lebih tepat dan kadar penurunan atau kenaikan kadar penularan

jangkitan. Farmasi perlu melaporkan setiap keputusan kit Ujian Kendiri COVID-19 yang dilakukan.

iv. Pesakit dirawat segera.

2. Pertanyaan Yang Berhormat Tuan Haji Wan Hassan bin Mohd Ramli, Ahli Parlimen Dungun kepada ahli mesyuarat berkenaan laporan *World Bank* mengenai *Malaysia Digital Readiness* kepada EAG.
Jawapan:

i. Malaysia didapati tidak mengunakan sepenuhnya manfaat digitalisasi. Aplikasi MySejahtera dilihat sebagai ketinggalan dari aspek pembangunannya.

ii. Aplikasi pemantauan COVID-19 (MySejahtera) perlu ditambahbaik. Mengambil contoh Aplikasi Selangkah yang mempunyai ciri-ciri yang tidak ada pada Aplikasi MySejahtera.

iii. Aplikasi MySejatera telah ditambahbaik dengan beberapa ciri-ciri baharu seperti fungsi *check-out* (maklum balas daripada MOSTI).

iv. Pemilihan aplikasi MySejahtera adalah keputusan yang dibuat selaras dengan peruntukan undang-undang (maklum balas daripada MOSTI).

3. Pertanyaan Yang Berhormat Tuan Haji Wan Hassan bin Mohd Ramli Ahli Parlimen Dungun berkaitan dengan program suntikan penggalak (*booster*) vaksin kepada ahli mesyuarat:
Jawapan:

i. Vaksin Penggalak (*booster*) menyasarkan golongan umur 50 ke atas, *frontliners* dan orang awam yang terpilih dan memerlukan suntikan tersebut sahaja.

4.4.4 Cadangan Ahli Mesyuarat:

1. Yang Berhormat Dr. Kelvin Yii Lee Wuen telah mencadangkan tiga perkara seperti dibawah:

    i. Aplikasi-aplikasi yang digunakan diperingkat tempatan dan kebangsaan diselaraskan agar ia tidak menimbulkan kekeliruan pada orang awam dan data-data berkaitan dapat dimanfaatkan bagi tujuan laporan dan kajian seterusnya.

    ii. *National* Tes*ting Plan:*

        a. Dasar-dasar yang berkaitan diselaraskan.

        b. Strategi di peringkat tempatan yang selaras (kit ujian kendiri COVID-19).

        c. Harga pasaran bagi kit ujian kendiri COVID-19 yang tidak membebankan orang awam dan mudah untuk didapati.

    Penglibatan pelbagai pihak dalam merangka dasar-dasar yang berkaitan.

2. Yang Berhormat Datuk Seri Panglima Abdul Azeez bin Abdul Rahim, Ahli Parlimen Baling mencadangkan agar agensi-agensi kerajaan bekerjasama dalam merangka dasar-dasar yang diperlukan.

4.4.5 Cadangan EAG kepada Jawatankuasa

EAG mencadangkan beberapa perkara perlu diberi penekanan dalam isu peralihan kepada fasa endemik iaitu:

1. Mengurangkan kes berpunca daripada *sporadic* dan kluster ke tahap yang dapat dikendalikan oleh sistem kesihatan berdasarkan kemampuan perawatan kesihatan penggunaan *Bed Occupancy Rate* (BOR) dan ICU.

2. Sistem kesihatan disediakan untuk membolehkan peralihan dan tenaga kerja

kesihatan awam dari peringkat mengesan dan merawat kes-kes yang serius mencukupi, tanpa mengira peringkat jangkitan dan sama ada terdapat penularan atau pengimportan tempatan.

3. Menyeragamkan dasar kebangsaan mengenai kit ujian kendiri COVID-19, antara perkara yang perlu ditambahbaik adalah seperti berikut:

    i. Ujian yang disasarkan menggunakan RTK-Ag (tanpa pengesahan PCR);

    ii. Mencapai kadar positif kes kurang daripada 5 peratus;

    iii. Pengesanan kontak dalam 24 jam;

    iv. Pengasingan kendiri segera untuk kontak rapat dengan arahan/SOP yang seragam; dan

    v. Sistem digital yang lengkap sebagai solusi sokongan dan bantuan kepada pelbagai agensi berkaitan.

    vi. Risiko wabak dalam pengaturan kerentanan tinggi dan tempat kerja perlu diminimumkan dengan langkah-langkah yang sesuai untuk memaksimumkan jarak fizikal dan meminimumkan risiko wabak baru. Usaha ini memerlukan semua pemacu utama dikenal pasti.

4. Memperkukuhkan kerjasama awam-swasta kesihatan.

    i. Sektor kesihatan swasta sama pentingnya dengan sektor kesihatan kerajaan dalam memberikan perkhidmatan kesihatan kepada orang awam. Sektor kesihatan swasta terdiri daripada 7,571 buah klinik kesihatan am dan 200 hospital swasta dengan 14,799 katil.

    ii. Kerjasama awam-swasta berkaitan kesihatan diperlukan dalam inisiatif menyepadukan antara penjagaan kesihatan *primary*,

secondary dan *tertiary*. Kerjasama ini juga penting dalam meningkatkan pengurusan klinikal, sumber tenaga manusia untuk COVID-19 dan perkhidmatan kesihatan penting lain.

Melengkapkan usaha KKM dalam pengurusan & *Fully Digitise Find-Test-Trace-Isolate-Support* (FTTIS) COVID-19	**Pelancaran program vaksinasi**	**Sokongan kepada sistem kesihatan awam**
– Bidang tanggungjawab dan keperluan yang ditentukan. – Mekanisme pembayaran kos perubatan. – Pautan merentasi sempadan organisasi. – Inisiatif yang berpusat di peringkat tempatan berfokuskan koordinasi penjagaan.	– Integrasi program vaksinasi COVID-19 Klinik-klinik Perubatan Am (GP). – Sistem komunikasi yang diperbaiki terutamanya bagi mendepani isu maklumat palsu dan maklumat yang salah.	– Pengesanan awal dan pengurusan Penyakit Tidak Berjangkit (NCD). – Penjagaan bersepadu melalui digitalisasi.

4.5 Mesyuarat Jawatankuasa Pilihan Khas Kesihatan, Sains Dan Inovasi Bil.5

1. YB Menteri Kesihatan Malaysia, Tuan Khairy Jamaluddin Abu Bakar, melalui pembentangan beliau menekankan empat perkara seperti berikut:

    i. Memperkasakan Sistem Perkhidmatan Kesihatan Awam.

    ii. Strategi Pengujian Kebangsaan.

    iii. Vaksinasi berterusan.

    iv. Peralihan fasa pandemik ke fasa endemik.

4.5.1 Memperkasakan Sistem Perkhidmatan Kesihatan Awam

1. Malaysia melaporkan kurang daripda 300 kes per 100,000 penduduk dalam masa 13 hingga 19 September 2021. Negara yang melaporkan kes jangkitan COVID-19 tertinggi ialah Amerika Syarikat, India, United Kingdom, Turki, Filipina.

2. Malaysia melaporkan kurang daripada 6 kes kematian per 100000 penduduk dalam tempoh 13 hingga 19 September 2021. Amerika Syarikat, Rusia, Brazil, Mexico dan Iran merupakan negara yang mencatatkan rekod kes kematian tertinggi.

3. Kes baharu di rantau *Western Pacific* menunjukkan negara Filipina mencatatkan sebanyak 129.1 kes per 100,000 penduduk, Malaysia mencatatkan kes sebanyak 378.1 kes baharu bagi per 100,000 penduduk dan Vietnam dengan 77.7 kes baharu per 100,000 penduduk. Walau bagaimanapun, Malaysia telah menunjukkan penurunan sebanyak 10 peratus berbanding dengan laporan pada minggu sebelumnya.

4. Objektif Pelan Strategik KKM dalam menangani Pandemik COVID-19 melalui sains, data dan kesihatan awal adalah untuk melandaikan keluk pandemik COVID-19 di Malaysia dalam tempoh kurang daripada 6 bulan agar kehidupan dan kelangsungan ekonomi dapat dipulihkan bagi menjamin kesejahteraan rakyat Malaysia. Antara tindakan yang telah diperkasakan ialah:

    i. Meningkatkan kapasiti sumber dalam melaksanakan aktiviti pencegahan, kawalan dan rawatan COVID-19. Meningkatkan pelaksanaan aktiviti pencegahan, kawalan dan rawatan COVID-19 secara komprehensif bagi mengawal penularan jangkitan COVID-19 di dalam komuniti.

    ii. Memperluaskan pelbagai program untuk melandaikan keluk COVID-19. Usaha ini merangkumi 12 perkara seperti dibawah:

iii. Putuskan rantaian transmisi.

iv. Mengurangkan morbiditi dan kematian.

v. Memperkukuhkan diagnostik dan survelan.

vi. Mencapai imuniti meluas.

vii. Meningkatkan kesedaran dan pembudayaan norma baharu.

viii. Memperkukuhkan sokongan kesihatan mental dan psikososial.

ix. Memperluaskan kerjasama multisektoral.

x. Mengkaji dan menambahbaik SOP dan peguatkuasaan, polisi dan ordinan yang berkaitan.

xi. Memperkasakan aspek sumber manusia, logsitik dan peralatan perubatan dan bukan perubatan yang berkaitan.

xii. Memperkukuhkan sokongan dari aspek sumber kewangan.

xiii. Pemantauan dan evaluasi yang berterusan.

xiv. Capaian yang lebih efektif melalui digitalisasi.

4.5.2 Strategi Pengujian Kebangsaan

1. Ujian makmal untuk mengesahkan diagnosis adalah komponen penting dan utama bagi keseluruhan strategi pencegahan dan kawalan berjangkit. Antara Strategi Pengujian Kebangsaan SARs-COV-2 dan kapasiti pendiagnosan adalah memperluaskan diagnosis SARs-COV-2, meningkatkan kapasiti dan keupayaan makmal, mengukuhkan program survelan makmal SARs-COV-2 dan meningkatkan pendigital pengurusan data.

4.5.3 Vaksinasi berterusan

1. Bagi status liputan imunisasi COVID-19 mengikut negeri bagi semua penduduk, seramai 26,125,290 (80 peratus) daripada 32,657,400.00 penduduk telah menerima vaksinasi lengkap pada 24 November 2021.

2. Bagi status liputan imunisasi COVID-19 mengikut negeri untuk penduduk dewasa 18 tahun ke atas, seramai 23,409,620 penduduk telah menerima vaksinasi lengkap pada 30 Oktober 2021.

3. Bagi status liputan imunisasi COVID-19 mengikut negeri untuk penduduk remaja 12 hingga 17 tahun, seramai 2,518,000.00 daripada 3,147,500.00 penduduk telah menerima vaksinasi lengkap pada 30 Disember 2021.

4. Strategi pelaksanaan untuk dos tambahan terdiri daripada dua kategori:

    i. Dos ketiga bertujuan untuk meningkatkan tahap imuniti dalam kalangan individual berisiko tinggi terhadap jangkitan COVID-19, di mana dos kedua tidak mencukupi untuk meningkatkan tindak balas imuniti terhadapan jangkitan.

    ii. Dos penggalak atau *booster* diberikan kepada semua individu untuk meningkatkan tahap imuniti yang menurun dalam tempoh tertentu selepas dos lengkap. Pemberian dos ketiga bagi memenuhi keperluan regulatori contohnya visa umrah, pelajar dan petugas ke luar negara akan dilaksanakan bermula Oktober 2021.

5. Sasaran liputan vaksinasi ditingkatkan kepada 90 seratus daripada sasaran asal 80 peratus supaya lebih ramai penduduk mendapat perlindungan optimum.

6. Berdasarkan tinjauan KKM, faktor utama penolakan vaksin ialah berkaitan keselamatan dan keberkesanan vaksin. Perkongsian maklumat AEFI dan keberkesanan vaksin melalui GitHub dan COVIDNOW.

4.5.4 Peralihan fasa pandemik ke fasa endemik.

1. Kini negara dalam proses persediaan kepada peralihan status COVID-19 daripada pandemik kepada endemik. Di peringkat pandemik COVID-19, program-program pemulihan dilaksanakan dengan melonggarkan sekatan sosial dan ekonomi. Bagi tujuan itu, SOP disemak semula dan dipermudahkan. Langkah persediaan kepada peralihan kepada endemik, sekatan sosial dan ekonomi dikurangkan.

2. Malaysia perlu membuat persediaan awal untuk beralih daripada pandemik COVID-19 kepada fasa endemik COVID-19. Strategi utama yang perlu dilaksanakan untuk transisi kepada endemik COVID-19 adalah seperti berikut:

    i. Respon kesihatan awam dan vaksinasi

    ii. Pengujian dan survelan

    iii. Pengurusan kes

    iv. Pemerkasaan komuniti

    v. Kawalan sempadan

3. Tahap pencapaian endemik bergantung kepada keupayaan dan tempoh perlindungan imuniti daripada vaksinasi dan jangkitan semula jadi, corak perhubungan antara satu sama lain yang membolehkan penyebaran virus dan kebolehjangkitan virus terutamanya jika terdapat virus yang baharu.

4. Fasa endemik memperlihatkan jumlah kes harian COVID-19 kekal berada pada tahap yang disasarkan dan tidak membebankan sistem kesihatan awam. Secara umumnya fasa endemik tidak diisytiharkan oleh sesuatu negara sebaliknya tindakan yang diambil bersesuaian dengan fasa endemik.

4.6 Mesyuarat Jawatankuasa Pilihan Khas Kesihatan, Sains Dan Inovasi Bil.6

4.6.1 Pembentangan dan Perbincangan oleh Kementerian Sains, Teknologi dan Inovasi

1. *Contact Tracing Framework* dilaksanakan oleh Malaysian Institute of Microelectronic Systems (MIMOS Berhad) dengan kerjasama Jabatan Ukur dan Pemetaan Malaysia (JUPEM), Kementerian Kesihatan Malaysia (KKM) dan MySejahtera.

2. Data diperolehi daripada QR *code check-in.*

3. MySejahtera telah memperbaharui sistem dengan penambahan fungsi *check-out.* Fungsi baharu ini bertujuan untuk merekod data mengenai tempoh masa pengguna berada di lokasi bagi tujuan pengesanan kontak rapat. Fungsi ini turut disertakan dengan fungsi *Privacy Concern.*

4. Jawatankuasa menyaran agar kajian perbandingan dibuat dengan sistem-sistem yang digunakan di negara-negara luar seperti China, Singapura, Korea Selatan dan sebagainya.

5. Data yang dikumpul melalui sistem MySejahtera di simpan di AliBaba Cloud yang dipantau oleh Kerajaan Malaysia (KKM). Data tersebut dalam proses untuk dipindahkan ke Pusat Data Sektor Awam (PDSA) yang diletakkan dibawah Unit Pemodenan Tadbiran dan Perancangan Pengurusan Malaysia (MAMPU). Pelan pelaksanaan kerja masih di peringkat kajian oleh syarikat dan sehingga kini pemindahan data masih belum dilaksanakan kerana terpaksa ditangguhkan bagi memberi laluan kepada Program Imunisasi COVID-19 Kebangsaan.

6. Kerangka pembangunan sistem *Contact-Tracing* adalah seperti berikut:

    i. *Data sourcing* bagi tujuan analisis interaksi.

    ii. Analisis untuk menilai risiko penularan dan penyebaran virus.

    iii. *Dashboard* dibekalkan kepada pihak yang bertanggungjawab

untuk pengesanan kontak.

iv. Aktiviti sokongan untuk pengesanan hubungan kontak rapat.

5 RUMUSAN

Jawatankuasa merumuskan terdapat beberapa perkara yang perlu diberi keutamaan khusus dalam Sistem Pengurusan COVID-19 terutamanya ketika negara sedang dalam peringkat peralihan pandemik COVID-19 kepada endemik. Antara perkara yang dirumuskan adalah seperti berikut:

1. Adalah penting untuk meningkatkan kapasiti sistem Kesihatan Awam negara dan menitikberat isu kesihatan dalam setiap pembangunan dasar-dasar kerajaan di semua kementerian.

2. Pengurusan ke arah endemik perlu melibatkan semua pihak selari dengan konsep Keluarga Malaysia iaitu melibatkan kerjasama semua kementerian dan agensi serta pihak swasta (*Whole-of-Nation and Whole-of-Government approach)*.

3. Pelan Jangka Panjang untuk memastikan transisi negara kita ke endemik COVID-19 adalah selamat haruslah melibatkan keberkesanan program imunisasi COVID-19 dan peningkatan kapasiti sistem kesihatan awam kita.

4. Adalah penting untuk memperkasakan intergrasi teknologi dan pangkalan data berkaitan pengurusan COVID-19 negara.

5. Adalah penting untuk menyediakan strategi komunikasi yang berkesan supaya matlamat penyampaian komunikasi berkaitan pengurusan COVID-19 adalah tepat dan cepat.

Berdasarkan parameter kesihatan awam yang sedia ada, jawatankuasa merumuskan bahawa negara kita belum bersedia untuk transisi secara penuh ke endemik COVID-19 buat masa ini dan sebelum syor dan rekomendasi diimplementasikan secara berkesan.

6 SYOR

Jawatankuasa mengesyorkan perkara-perkara seperti berikut:

1. Memperuntukkan bajet untuk sistem kesihatan yang lebih komprehensif sebagai persiapan negara mendepani pandemik dan persediaan ke arah endemik. Kami mengesyorkan bahawa kerajaan memperuntukkan lebih kurang 4% daripada KDNK negara untuk kesihatan bagi belanjawan yang akan datang.

2. Kerajaan perlu memperhalusi dan menambahbaik strategi pengurusan pandemik COVID-19 berdasarkan sains dan data termasuk memperhalusi operasi standard (SOP) supaya lebih jelas, spesifik dan teratur dan memupuk pembudayaan norma baru untuk semua yang tinggal di negara kita.

3. Pengurusan COVID-19 ke arah endemik wajar melibatkan semua pihak termasuk pakar-pakar dari sektor swasta, akademia, NGO dan semua pemegang taruh yang berkaitan selari dengan konsep “Keluarga Malaysia”. Menitikberat kesihatan di dalam setiap pembangunan dasar-dasar dan keputusan kerajaan di semua kementerian dan agensi-agensi kerajaan (*Whole-of-Nation and Whole-of-Government approach*).

4. Meningkatkan kapasiti dan memperkukuhkan kesihatan awam negara berdasarkan pendekatan penjagaan bersepadu melalui digitalisasi *Find-Test-Trace-Isolate-Support* (FTTIS) dan MySejahtera.

    i. Kenal Pasti (F)

    Meningkatkan kapasiti dan fungsi Aplikasi Pengecaman Lokasi Panas untuk Libat Urus Dinamik (HIDE) dalam membuat ramalan ke atas lokasi yang berpotensi menjadi titik panas penularan COVID-19 dengan lebih tepat dan cepat.

    ii. Ujian Saringan (T)

    Memperluaskan dan menambahbaik Strategi Ujian Saringan

Kebangsaan (*National Testing Strategy*) berdasarkan ujian saringan COVID-19 secara bersasar sebagai persediaan endemik dan memperhalusi SOP yang diselaraskan di peringkat negeri dan daerah. Strategi Ujian Saringan Kebangsaan mesti dilakukan berdasarkan kepada penilaian risiko yang menitikberatkan faktor masa sebenar, bagi memastikan kes dapat diturunkan pada kadar lima peratus seperti yang disarankan oleh *World Health Organization* (WHO). Memberikan insentif kepada rakyat untuk melaporkan keputusan ujian kendiri RTK di MySejahtera.

iii. Pengesanan Kontak Rapat (T):

Menambahbaik sistem pengesanan penularan COVID-19 dan kontak rapat dengan mengunakan intergrasi teknologi supaya setiap pengesanan kontak rapat boleh dilakukan segera atau dalam tempoh masa 24 jam. Perkara ini penting untuk dilaksanakan terutamanya untuk mengesan kes penularan COVID-19 yang melibatkan perhimpunan berskala besar atau ramai.

iv. Pengasingan (I):

Memperkemaskan SOP Pemantauan Kendiri di rumah bagi mengurangkan risiko BID dengan penambahbaikan berikut;

- Memperkasakan proses pemantauan dan pengawasan pesakit secara maya (*Virtual COVID-19 Assessment Centre*) dengan kerjasama dengan pihak swasta termasuk doktor GP kita.
- Menyediakan fasiliti pengangkutan bagi proses pergerakan pesakit COVID-19 lebih cekap dan mencukupi.
- Menyediakan keperluan asas pemantauan pesakit COVID-19 di rumah seperti kit ujian kendiri COVID-19

dan oximeter kepada golongan yang memerlukan terutama B40 dan ke bawah.

- Menyediakan sumber manusia khusus yang mengendalikan pemantau tersebut.

v. Sokongan (S):

Memperkukuhkan sokongan daripada pelbagai yang sedia ada, terutamanya:

- Membekalkan oximeter, kit ujian kendiri, termometer dan pelitup muka terutamanya kepada golongan B40 dan M40.
- Sokongan fizikal untuk golongan B40 dan komuniti berpendapatan rendah yang berada dalam kuarantin haruslah diutamakan.
- Memperkasakan Sokongan Sosial Psikologi dan Kesihatan Mental (MHPSS).

5. Penambahan katil Unit Rawatan Rapi (ICU) di setiap hospital besar sebagai persediaan untuk menghadapi sebarang peningkatan mendadak pesakit baru COVID-19 tanpa menjejaskan kualiti rawatan terhadap pesakit bukan COVID-19. Ini juga merangkumi satu strategi terperinci untuk mewujudkan "*modular* ICU" atau hospital medan secepat mungkin jika terdapat pertambahan secara mendadak.

6. Menambahbaik fungsi aplikasi MySejahtera melalui integrasi teknologi supaya aplikasi ini dilengkapi dengan fungsi-fungsi yang diperlukan terutamanya untuk pengesanan kontak rapat (*contact tracing*), dan notifikasi untuk kekal relevan dan sebagai persediaan di masa hadapan untuk pengawalan yang lebih efektif jika berlaku wabak. Penambahbaikkan ini perlu melalui penyelidikan dan kajian perbandingan yang berterusan.

7. Ketelusan dan sumber terbuka yang lebih baik untuk data granular COVID-19 bagi setiap daerah atau mukim. Ini termasuk juga kerjasama yang lebih

baik dengan kerajaan negeri dan pihak berkepentingan dan memperkasakan mereka untuk membuat keputusan dalam pengurusan COVID-19 di tempat mereka sendiri berdasarkan pengetahuan setempat yang lebih mendalam.

8. Mengenal pasti komuniti yang terdedah dan berisiko tinggi termasuk warga asing, gelandangan, banduan dan lain-lain dan memastikan mereka tidak disisihkan tetapi mendapat sokongan yang secukupnya termasuk vaksinasi, dan sokongan kesihatan awam.

9. Menyediakan satu strategi yang komprehensif untuk mengawal wabak setempat atau penularan mendadak di sesuatu tempat secara pantas dan cekap tanpa bergantung kepada strategi "*total lockdown*" atau Perintah Kawalan Pergerakan Penuh di seluruh negeri ataupun negara.

10. Maka secara dasarnya, untuk memastikan proses transisi pandemik kepada endemik tidak mengabaikan isu kesihatan awam jangka panjang, perkara-perkara berikut perlu dilaksanakan:

    i. Pendekatan tindakan melalui digitalisasi yang menitikberatkan faktor masa sebenar dan *Speed-Scale-Equity*.

    ii. Integrasi program vaksinasi COVID-19 di seluruh kemudahan rawatan kesihatan yang ada.

    iii. Kerjasama awam-swasta yang lebih efektif & tindakan untuk penjagaan kesihatan *primary.*

    iv. Memperkukuhkan strategi komunikasi untuk memupuk kebergantungan dan kepercayaan kepada dasar-dasar kerajaan berkaitan COVID-19. Ini penting untuk menambah keyakinan rakyat yang meningkatkan kadar pematuhan SOP dan juga kebertanggungjawaban bersama untuk menangani pandemik ini.

DISEDIAKAN OLEH:
JAWATANKUASA PILIHAN KHAS KESIHATAN, SAINS DAN INOVASI

GLOSARI

	Singkatan
Advisory Group of Experts	EAG
Antigen Rapid Test Kits	RTK-Ag
Aplikasi yang dibangunkan oleh Kerajaan Malaysia untuk membantu dalam pengawasan penularan wabak COVID-19 di dalam negara.	MySejahtera
COVID-19 Assessment Centre	CAC
Cooperation with non-government Organizations	NGO
Coronavirus disease	COVID-19
COVID-19 Immunisation Taskforce	CITF
Epidemiologi	EPID
Indikator Pemantauan Makmal	KPI
Industri Kecil Sederhana	IKS
Influenza-Like Illness	ILI
Jawatankuasa Khas Jaminan Akses Bekalan Vaksin COVID-19	JKJAV
Kementerian Kesihatan Malaysia	KKM
Kementerian Kewangan (*Ministry of Finance*)	MOF
Kementerian Sains, Teknologi dan Inovasi (*Ministry of Science, Technology and Inovation*)	MOSTI
Kenal Pasti, Ujian, Kesan, Kuarantin dan Sokongan *Find, Test, Trace, Isolate and Support*	FTTIS
Kesan Advers Susulan Imunisasi (Adverse event following immunization)	AEFI
Kesihatan Primer *Primary Health Care*	PHC
National Pharmaceutical Regulatory Agency	NPRA
Organisasi Berasaskan Komuniti *Community-Based Organization*	CBO
Pendatang Asing Tanpa Izin	PATI
Perintah Kawalan Pergerakan	PKP
Perintah Kawalan Pergerakan Bersyarat	PKPB
Perintah Kawalan Pergerakan Pemulihan	PKPP
Perintah Kawalan Pergerakkan Diperketatkan	PKPP
Pertubuhan Bukan Kerajaan *Non-Government Organization*	NGO
Pihak Berkuasa Kawalan Dadah	PBKD
Program Imunisasi COVID-19 Kebangsaan	PICK
Projek Management Team	PMT
Pusat Pemberian Vaksin	PPV
Pusat Simpanan Vaksin	PSV
Rapid Convenience Monitoring	RCM
Rapid Test Kit	RTK
Severe Acute Respiratory Infection	SARI

Severe Acute Respiratory Syndrome Coronavirus 2	SARS-CoV-2
Sistem Informasi Makmal Kesihatan Awam	SIMKA
Tatacara Pengendalian Piawai *Standard Operating Procedure*	SOP
Technical Working Group	TWG
Test Frequency and Turnaround Time	TAT 2
Ujian Real-Time Reverse Transcription-Polymerase Chain Reaction	PCR
Unit Kawalan Rapi *(Intensive Care Unit)*	ICU
Virtual COVID-19l Assessment Centre	VCAC

GAMBAR MESYUARAT

Mesyuarat Jawatankuasa Pilihan Khas Kesihatan, Sains Dan Inovasi Bil.1

Mesyuarat Jawatankuasa Pilihan Khas Kesihatan, Sains Dan Inovasi Bil.2

Mesyuarat Jawatankuasa Pilihan Khas Kesihatan, Sains Dan Inovasi Bil.3

Mesyuarat Jawatankuasa Pilihan Khas Kesihatan, Sains Dan Inovasi Bil.4

Mesyuarat Jawatankuasa Pilihan Khas Kesihatan, Sains Dan Inovasi Bil.5

Mesyuarat Jawatankuasa Pilihan Khas Kesihatan, Sains Dan Inovasi Bil.6

LAMPIRAN

MESYUARAT JAWATANKUASA PILIHAN KHAS KESIHATAN, SAINS DAN INOVASI PARLIMEN KE-14 BIL. 1 TAHUN 2021

MESYUARAT JAWATANKUASA PILIHAN KHAS
KESIHATAN, SAINS DAN INOVASI
PARLIMEN KE-14 BIL.1/2021

Tarikh	:	**23 Julai 2021 (Jumaat)**
Masa	:	**10.00 pagi**
Tempat	:	**Bilik Jawatankuasa 2, Aras 2, Bangunan Blok Utama, Parlimen Malaysia**

AGENDA MESYUARAT

1. Perutusan Pengerusi
2. Pembentangan oleh Setiausaha Dewan Rakyat
3. Pembentangan oleh Kementerian Kesihatan Malaysia
4. Pembentangan oleh Kementerian, Sains, Teknologi dan Inovasi
5. Hal-hal lain

TERHAD

MALAYSIA

DEWAN RAKYAT

LAPORAN PROSIDING

JAWATANKUASA PILIHAN KHAS KESIHATAN, SAINS DAN INOVASI

MESYUARAT MEMBINCANGKAN SITUASI PANDEMIK COVID-19 DAN PERKEMBANGAN PROGRAM IMUNISASI

BIL. 1
JUMAAT, 23 JULAI 2021
PENGGAL KE-3, PARLIMEN KE-14

MESYUARAT JAWATANKUASA PILIHAN KHAS KESIHATAN, SAINS DAN INOVASI (JPKKSI) – Bil.1
BILIK MESYUARAT JAWATANKUASA 2, BLOK UTAMA BANGUNAN PARLIMEN, PARLIMEN MALAYSIA

JUMAAT, 23 JULAI 2021

AHLI-AHLI JAWATANKUASA

Hadir

YB. Dr. Kelvin Yii Lee Wuen [Bandar Kuching] - *Pengerusi*
YB. Tuan Haji Yamani Hafez bin Musa [Sipitang]
YB. Tuan Haji Wan Hassan bin Mohd Ramli [Dungun]
YB. Dato' Dr. Xavier Jayakumar a/l Arulanandam [Kuala Langat]
YBrs. Tuan Dr. Nizam Mydin bin Bacha Mydin - *Setiausaha*

Tidak Hadir (Dengan Maaf)

YB. Datuk Seri Panglima Abdul Azeez bin Abdul Rahim [Baling]
YB. Dato' Sri Bung Moktar bin Radin [Kinabatangan]
YB. Tuan Lukanisman bin Awang Sauni [Sibuti]

URUS SETIA

Encik Amisyahrizan bin Amir Khan [Setiausaha Bahagian (Bahagian Pengurusan Dewan Rakyat), Parlimen Malaysia]
Encik Mohd Sukri bin Busro [Penolong Setiausaha Kanan Seksyen Perundangan dan Prosiding (Bahagian Pengurusan Dewan Rakyat), Parlimen Malaysia]

HADIR BERSAMA

Kementerian Kesihatan Malaysia
YBhg. Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah [Ketua Pengarah Kementerian Kesihatan Malaysia]

Kementerian Sains, Teknologi dan Inovasi (MOSTI)
YBhg. Dato' Parang Abai @ Thomas [Timbalan Ketua Setiausaha (Perancangan dan Pembudayaan Sains)]
YBrs. Prof. Madya Dr. Chan Chee Seng [SUB Data Strategik dan *Foresight* Teknologi]
Puan Ruziah binti Shafei [SUB Perancangan Strategik]
Puan Nordina binti Idris [SUB Teknologi Strategik dan Aplikasi S&T]
Puan Nor Azlina binti Ahmad Zaini [Pegawai Kewangan CITF]
Encik Gobinath a/l Muniandy [Pegawai Penyelaras Parlimen MOSTI]
Cik Hasniza binti Mohd Hadzir [Pegawai Penyelaras Parlimen MOSTI]

Ex-Officio
YBrs. Encik Thean Ming Fatt [Setiausaha Bahagian (Bahagian Khidmat Pengurusan) Kementerian Kesihatan Malaysia]

Parlimen Malaysia
Cik Munirah binti Muhamed Padzil [Penasihat Undang-undang I (Pejabat Penasihat Undang-undang), Parlimen Malaysia]
Puan Nurrul Saffida binti Kusaini [Pegawai Penyelidik]
Puan Rozana binti Abdullah [Pegawai Penyelidik]
Puan Sayani binti Umar [Pegawai Penyelidik]

LAPORAN PROSIDING

MESYUARAT JAWATANKUASA PILIHAN KHAS KESIHATAN, SAINS DAN INOVASI PARLIMEN KEEMPAT BELAS, PENGGAL KETIGA

Jumaat, 23 Julai 2021

Bilik Jawatankuasa 2, Tingkat 2 Blok Utama, Parlimen Malaysia, Kuala Lumpur

Mesyuarat dimulakan pada pukul 9.38 pagi

*[Yang Berhormat Dr. Kelvin Yii Lee Wuen **mempengerusikan Mesyuarat**]*

Tuan Dr. Nizam Mydin bin Bacha Mydin [Setiausaha Dewan Rakyat]: Okey izinkan saya Tuan Pengerusi saya—boleh ini ya, okey. *Assalamualaikum warahmatullahi wabarakatuh* dan salam sejahtera kepada Tuan Pengerusi Jawatankuasa Pilihan Khas Kesihatan, Sains dan Inovasi dan Yang Berhormat Bandar Kuching, Ahli Parlimen Sipitang, Ahli Parlimen Dungun, Ahli Parlimen Kuala Langat, dan juga sekretariat-sekretariat.

Okey, terima kasih kerana kita dapat berbuat mesyuarat inilah, Jawatankuasa Pilihan Khas kali yang pertama. Sebelum itu, izinkan saya akan buat *slide presentation* mengenai dengan fungsi jawatankuasa ini dan apakah kuasa-kuasanya. Sebelum itu, saya ingin kita buat pengesahan di mana Yang Berhormat Bandar Kuching telah dipilih sebagai Pengerusi Jawatankuasa Pilihan Khas Kesihatan, Sains dan Inovasi semasa tempoh darurat, dan kita sahkanlah pelantikan Yang Berhormat sebagai Pengerusi.

Okey dengan ini kita sahkan. Izinkan saya Tuan Pengerusi, saya akan *go through the slide* ya. Okey, berkenaan dengan penubuhan jawatankuasa ini, ia dibuat melalui usul dalam Dewan pada 11 November dan juga ahli-ahlinya di *endorsed* pada 17 Disember. Keanggotaannya ada 7 Ahli termasuk Tuan Pengerusi dan tempoh pengesahannya adalah selama 2 tahun iaitu dua penggal. Terma rujukannya telah pun ada iaitu hendak meneliti rang undang-undang, menyiasat, melaporkan apa-apa perkara yang telah dirujuk oleh Dewan atau Menteri, apa-apa cadangan mengenai isu-isu berkenaan sains, inovasi dan kesihatan di bawah tanggungjawab Kementerian Kesihatan dan juga Kementerian Sains, Teknologi dan Inovasi dan juga agensi-agensi di bawahnya. Okey, kita buat prosiding, dan prosiding-prosiding tersebut kita akan bentangkan hasilnya melalui penyata Dewan di dalam Dewan, di mana Jawatankuasa ini akan memberi *findings* dan juga cadangan. Okey, kita akan bentangkan.

Ahli-ahlinya, sepertimana yang saya sudah maklumkan, yang tidak dapat hadir hari ini ialah Yang Berhormat Kinabatangan, Yang Berhormat Sibuti dan Yang Berhormat

Baling. Saya ingin menarik perhatian beberapa isu peraturan mesyuarat untuk pengetahuan Ahli-ahli. Peraturan Mesyuarat 85 yang menyatakan ialah Mesyuarat ini yang pertama oleh Tuan Pengerusi dan mesyuarat-mesyuarat kemudian hendaklah diadakan pada tempat dan masa yang seperti mana yang ditetapkan oleh jawatankuasa. *Next meeting* semua kita hendaklah membuat ketetapan bersama. Mesyuarat pertama, kuasa Tuan Pengerusi.

Peraturan Mesyuarat 33(3) – kuorum adalah 3. *So, the dynamic about* PAC dengan yang ini, PAC ialah ahlinya 14 orang. *So, actually* masalah kuorum tidak ada masalah, 3 itu tidak ada masalah. Jawatankuasa Pilihan ini kalau kata kuorum 3, kita kena pastikan 3. Jika tidak cukup kuorum, kita kena *adjourn the meeting.*

Seorang Ahli: *According to* Peraturan 3?

Tuan Dr. Nizam Mydin bin Bacha Mydin: 3. Termasuk Tuan Pengerusi. Satu lagi saya hendak bawa perhatian ialah Peraturan Mesyuarat 85. Peraturan Mesyuarat 85 ialah apa-apa keterangan yang telah diambil dalam prosiding ini, tidak boleh dibuat kenyataan atau disiarkan sehingga penyata itu di *table* kan sebab akan ada pelanggaran. Akan tetapi saya tengok macam Tuan Pengerusi PAC atau pengerusi-pengerusi lain, mereka akan membuat *press statement* menyatakan siapa di panggil, apa isu dibentangkan dan mungkin- boleh kata kami akan meneliti dan akan memberi cadangan ataupun kami berpuas hati secara *general* sahaja. Kita tidak boleh hendak *commit because* kita ada Peraturan Mesyuarat 85.

Seorang Ahli: Kalau kita *inform to the public* isu yang dibincangkan tapi kita tidak berikan jawapan… *[Bercakap tanpa menggunakan pembesar suara]*

Tuan Dr. Nizam Mydin bin Bacha Mydin: Selalunya *very general,* siapa dipanggil, apa isunya, sama ada berpuas hati tetapi akan meneliti ataupun kami pun ada berikan cadangan atau penambahbaikan, *just general* supaya kita tidak... Okay, kita ada wakil tetap Jawatankuasa *Ex-Officio* iaitu Kementerian Kesihatan Malaysia dan Kementerian Sains, Teknologi dan Inovasi. Fungsi mereka ini adalah untuk memastikan kerahsiaan setiap maklumat dan fakta dari Mesyuarat prosiding dan juga *housekeeping* ini sehingga laporan dibentangkan di Dewan Rakyat. *So,* kita akan membuat prosiding dan dalam prosiding, kita akan ada keterangan-keterangan daripada saksi dan Ahli-ahli Jawatankuasa akan bertanyakan soalan. Pada masa itu juga mungkin boleh berikan sebarang cadangan dan semua itu. *So,* then kita akan membuat *draft report.*

Draft report itu kita akan bermesyuarat dalam *housekeeping,* di mana kita akan *go through the draft report* dan kita akan bagi *findings and the recommendations.* Masa itu *ex-officio* akan ada sebab kita hendak pastikan apa-apa yang kita buat ini adalah dari segi terma, dari segi polisi dan dari segi *legal* nya, kita ada *ex-officio* untuk nasihat kita. *Last* sekali, kita ada *verification. Verification process* itu adalah *internal* kita. Kita tidak hendak *ex-officio* ada, kita tidak hendak *any influences. We will make the decisions.* Kita ada dua proses, *housekeeping and verification* untuk memastikan tidak ada pertikaian dan percanggahan maklumat, fakta dan kuasa dalam penyediaan laporan Jawatankuasa di Dewan Rakyat. *Next,* Ahli Sekretariat. Ini Ahli Sekretariatnya, Encik Amisyahrizan (Setiausaha Bahagian) dan Encik Mohd. Sukri. Encik Mohd. Sukri boleh bangun. Encik Mohd. Sukri akan *lead the host* semua jawatankuasa inilah.

Seorang Ahli: *He is in the group… [Bercakap tanpa menggunakan pembesar suara]*

Tuan Dr. Nizam Mydin bin Bacha Mydin: *He is in the group.* Juga dibantu oleh Sekretariat-sekretariat. Jawatankuasa ini juga ada Penasihat Undang-undang Parlimen, Puan Munirah untuk memberikan apa-apa isu berbangkit berkenaan dengan isu undang-undang. Dengan izin, itu sahajalah pembentangan mengenai fungsi-fungsi Jawatankuasa Pilihan Khas. Saya serahkan kepada Tuan Pengerusi.

Tuan Pengerusi: Terima kasih Dato', terima kasih kepada semua Ahli Jawatankuasa yang telah datang. *Thank you for coming all the way.* Jadi, sebenarnya kita hendak memulakan tugas kita secepat mungkin. Bagi saya, banyak isu yang kita hendak bincangkan adalah satu isu yang mustahak. Inilah rangka ataupun pelan yang saya ingin cadangkan kepada *committee.* Kita akan bincangkan dan tetapkanlah selepas ini. *Is the DG ready?*

Seorang Ahli: *[Bercakap tanpa menggunakan pembesar suara]*

Tuan Pengerusi: *Okay, inform him.* Akan tetapi mungkin selepas prosiding dengan DG dan dengan MOSTI, baru kita akan bincang kita punya pelan masa depanlah. Apa yang saya cadangkan, fokus kita buat masa ini adalah *approach* yang kerajaan ambil untuk COVID-19 dan juga Program Imunisasi Kebangsaan. Kita bukan sahaja hendak bagi satu… tetapi kita hendak komen, iaitu kita hendak puji mana-mana *good practices of the government.* Saya percaya ini akan memberikan satu *public confidence* yang penting. Kedua, kita hendak memberikan input, *recommendations* kepada kerajaan supaya *to fill in the gaps* kalau ada apa-apa yang perlu dilakukan. *So,* saya *propose* sebab ini satu isu yang

mustahak. Saya hendak siapkan satu laporan pertama secepat mungkin. Saya tahu *next week* kita ada *Parliament sitting,* jadi kita di sini, saya hendak mencadangkan jika boleh kita lakukan Mesyuarat kedua pada minggu depan. Oleh sebab hari ini kita akan ada prosiding dengan pihak kerajaan, kementerian. Saya cadangkan bahawa *next week,* saya sudah bincang dengan SUDR, kita akan panggil *external group of advisors* (EGA).

Mereka satu *group* rasmi yang diketuai oleh Prof Dr. Abu Bakar. Mereka telah menasihati Perdana Menteri dan kita hendak dengar pandangan mereka. Selepas itu, kita ada dua pandangan daripada pihak kerajaan dengan dari pihak luar, pakar luar. Selepas itu, kita hendak cuba siapkan secepat mungkin *first report.*

Sebenarnya, saya *got this ambition* lah, kalau kita boleh siapkan secepat mungkin, mungkin dalam satu dua minggu ini. *So, this is just preleminary report* yang kita akan bentangkan. *Whether table in Parliament in this session or not* lah, *but I think this is our way forward. The two focus should be approached towards COVID-19* dan Program Imunisasi Kebangsaan. *After this, we can discuss when we want to have the next meeting and for now, we have DG. So, now DG,* kita akan sekarang dengar dia punya *presentation,* dia akan cakap *for about half an hour and after that, we open to question and answer. Okey? Any questions?* Ada soalan? *For now, according to SUDR,* saya minta– *actually I am writing a letter to Speaker to allow us to* buat *hybrid, because I think it is better, even for Yang Berhormat Sipitang and myself,* kita hendak terbang sini susah. *It is not only good for us, but also for civil servants* yang kita hendak panggil sebab mereka akan datang ke Parlimen, mereka akan mengambil masa yang lama. *I think with hybrid, it is a better option, especially if we want to do it frequent.*

Saya akan cadangkan kepada DG Hisham nanti, kita hendak buat ini *something* yang *regular and consistent*. Mungkin setiap bulan sekali dia akan berikan kepada kita *update* tentang COVID-19. *I think it is good, because we want to do live troubleshooting.* Kalau *troublesooting* selepas tiga, empat bulan, memang tidak sempatlah. *So, I think this is something I am going to propose to DG, even MOSTI and we will see how we work from there. I hope that is okay.* Jika ada apa cadangan, ada nasihat, sila kemukakan.

Seorang Ahli: *I want to listen to... [Bercakap tanpa menggunakan pembesar suara] Whereby we can help out in certain areas, then after that, the ideas about what, how it is going to happen, and how we are going to approach the whole thing in the next… We are on a time limit. I think, our whole modus operandi has to be in between the next two months.*

Of course after that, will be whatever it is going to be done in order to bring it back… [Bercakap tanpa menggunakan pembesar suara]

Tuan Pengerusi: *Thank you. I think we will take note on that. That is important.* Selamat pagi DG Hisham. Sihat semua?

Tuan Dr. Nizam Mydin bin Bacha Mydin: Satu lagi perkara, kalau ada Ahli yang bercakap tanpa *mic*, kalau ada benda-benda yang kita hendak rekod… *[Bercakap tanpa menggunakan pembesar suara]*

Tuan Pengerusi: *[Bercakap tanpa menggunakan pembesar suara]* …yang diberikan disini, *is it confidential or are we allowed to– because this is public knowledge. [Bercakap tanpa menggunakan pembesar suara]*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah [Ketua Pengarah Kementerian Kesihatan Malaysia]: *[Bercakap tanpa menggunakan pembesar suara]*

Tuan Dr. Nizam Mydin bin Bacha Mydin: Dengan izin Tuan Pengerusi, terima kasih banyak Yang Berhormat Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah kerana sudi menghadirkan diri untuk sesi *briefing* mengenai isu-isu semasa mengenai COVID-19 dengan vaksin dan juga kepada Ahli-ahli Jawatankuasa Pilihan Khas Kesihatan Sains dan Inovasi. Tanpa melengahkan masa, saya dengan izin Yang Berhormat, *I leave the floor to Tan Sri* untuk memberikan *briefing.* Sebelum itu Tan Sri, sama ada kita hendak panggil wakil-wakil di kementerian yang lain duduk bersama dengan Tan Sri? Boleh ya? Okey. Saya akan jemput merekalah. Okey.

Seorang Ahli: *[Bercakap tanpa menggunakan pembesar suara]*

Tuan Dr. Nizam Mydin bin Bacha Mydin: Untuk makluman Yang Berbahagia Tan Sri, inilah mesyuarat kali pertama Jawatankuasa Pilihan Khas Kesihatan, Sains dan Inovasi akan membuat mesyuarat. Dengan izin Tuan Pengerusi, Tan Sri pada pukul 11.00 pagi ada mesyuarat Jawatankuasa Dewan yang sangat penting untuk tentukan mengenai beberapa isu yang perlu diputuskan untuk minggu depan. *So,* pandangan Tan Sri sangat penting. *So,* itu yang saya dengan izin minta izinlah.

Tuan Pengerusi: Terima kasih. Selamat pagi. Selamat datang Tan Sri. Terima kasih kerana sudi datang ke prosiding kami. Jadi saya akan bagi ruang kepada Tan Sri. Kita buat satu *frank and informal discussion*-lah. Lepas ini mungkin dalam masa *maybe* 20 to *half an hour* punya *presentation*, lepas itu saya akan bagi Ahli Jawatankuasa lain untuk tanya soalan. *We want to have a frank discussion and to move forward*-lah*. Thank you so much* Tan Sri.

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Bismillahir Rahmanir Rahim. Assalamualaikum warahmatullahi wabarakatuh.* Salam sejahtera dan selamat pagi, Yang Berhormat Pengerusi, Ahli Parlimen yang lain dan ahli sidang sekalian. Saya akan menggunakan masa yang singkat ini untuk memberikan gambaran. *Just an overview of COVID-19 in our country.*

So, World Health Organization (WHO) has reminded us in regard to this virus. This virus continues to evolve. More importantly, it is becoming a more perfect virus in terms of transmitting as well as fatality. But it spreads very fast but decelerate very slowly. So, it's very important for us to be careful not to open up too quickly during this time.

Now this is the scenario. Jumlah kes dan kadar insiden kes COVID-19 bagi setiap 100,000 penduduk di Malaysia berdasarkan minggu epid semasa gelombang ketiga. *So, we started our* gelombang ketiga *after* PRN Sabah*. So, initiatives have been done. Basically, to contain the infections in Sabah. So at one point of time, after the election, those returning back from Sabah will be swabbed and when they are negative, they would be quarantined for 14 days, negative. Positive* itu masuk ke Pusat Kuarantin dan Rawatan COVID-19 (PKRC) *or hospital.*

So, during the election in Sabah, *the R-naught, the spread of the infection is 2.2. Meaning 100 people get the infection, they will spread to 220 people and it continues to escalate.*

Then, that's where I think we see the cases we did on 10 October, CMCO. Whereby we allowed the economic sector to function, to run but we limit the restriction to mainly social, education et cetera. So, at that point of time, it was a decision whether we should go for MCO just like what we did on 18 of March. 18 of March we did it right. MCO 1.0 we call it. Within four weeks, we managed to contain the infection. Why? Because it is a short, sharp and hard lockdown. Within four weeks, because two cycles, we can see that the cases were going down. But the cost per day was very high.

So, on the 14 of October, we need to justify in terms of in the Klang Valley. The spreads are mainly in the Klang Valley. So, this discussion was made, then we opted for CMCO. That means the economic sector, we allow to function.

But here, we can see that some question whether CMCO works or not. So, we managed to bring down the R-naught from 2.2 to about 1.1 and 1.2. So, with 1.1 and 1.2, which means there will be a gradual increase of 10 percent or 20 percent in every cycle.

So, you don't see an exponential spike like you see vertical cases going up but it's well-contained. So that's what we did.

Then during October and November, you can see a lot of infection that occurs in the workplace because the economic sector is functioning. So, we try to contain the infection at the workplace, and we saw some issues with regards to the quality and accommodation of the workers et cetera. So spreads mainly occurs in that area.

After December 7, the government decided that we give the onus to the public to comply with the SOP and then, also to look into how we can consider the domestic tourism et cetera. So, I think that was the decision that we allowed interstate and inter-district travel.

However, when we see during the vertical line is a new year, there's a lot of movement. Basically, our public health measures are to contain movement and to avoid a gathering. We saw the R-naught increasing.

So, what we did on the 13 of January, is MCO 2.0. Again, MCO 2.0, allows the economic sector to run but we also contain, limit the movement of social, sports and even education sector. So then it went up to a peak 5,725 cases on the 30th of January.

Then, we can see the improvement in February, cases are going down because of the MCO 2.0, cases coming down. It ends on March 5th, and that's where cases went down to 1,000 cases a day and also 960, if I'm not mistaken, the lowest in March. And that's when we decided to open up other sectors because of education sectors and social sectors.

Once we open up the education and social sectors, you can see the cases continue to rise. Although the caveat of opening up is that you are compliant to the SOP, it is very important, plus the enforcement.

Then you see during the Ramadan, *cases continue to rise and this is where we suggested MCO 3.0, a day before* Hari Raya Aidilfitri. *Certainly, we see the public already mentally fatigued, physically fatigued, and compliance was an issue. Many of them still* balik kampung *despite there's restriction not to have interstate or inter-district travel.*

So the cases spike until 9,020 on the 29th of May. After the 29th of May, we decided a total lockdown on the 1st of June. Within 10 days, we see flattening of the curve. Otherwise, it will continue to go vertically upwards.

This is what we have seen in Thailand as well as Vietnam. Vietnam, I think is a country that…Thailand and Vietnam, both countries are the benchmark of a controlled of public health for COVID-19 last year. But this year I think cases went vertically up. So, when we did the lockdown, you can see the cases came down nicely. In terms of 9,000, 5,000,

4,000 and gone down until 24th of June. On 24th of June, suddenly it went up. Despite that, we are still implementing, three weeks implementation of the total lockdown.

So, there are a few issues here that we try to analyse whilst the lockdown is still on-going. Perhaps there were compliance issue, but something is happening here because we can see it's the acceleration phase again. So normally acceleration phase is something to do, probably. Is it our compliance, or is it the virus that has evolved?

At this point of time, it is actually now that we have data and genomics to show that this is in the influence of Delta variant in our community. So, the Delta variant…the R-naught for Delta variant is five to eight. Which means 100 people infected, they will infect 800 people within short period of time and it is airborne as well as…

Dato' Dr. Xavier Jayakumar a/l Arulanandam [Kuala Langat]: Tan Sri, *it's airborne?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Yes. This is published in The Lancet. Those days we were talking about droplets and touch but now, data have shown that it's airborne and also from China, as well as Sydney. A flight steward came back, quarantined for 14 days and after 14 days he was free, and he went to a mall. He went to the mall and can see the infection, a lady was drinking her coffee from a distance and got infected. It was captured in the CCTV. Basically, reports from…*

Tuan Pengerusi: Tan Sri, *just to clarify, this airborne is it mainly Delta or all variants as well?*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Alpha is not airborne.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Alpha is the variant of concern (VOC). So now the thing is airborne – before that was aerosolization. You know when you do procedures et cetera, it grows to drop there. That's right. But now, the report from The Lancet is basically airborne, especially the variants of concern (VOC). And the exposure time, when we say close contact, close contact means you have at least fifteen minutes of exposure before that, and less than one metre. So that is actually the definition of close contact. But now, we do know that within five to fifteen seconds you can get infected. So it's no more fifteen minutes. More than fifteen minutes to a person then our definition—previously was a "close contact." But now, with this new virus, you can get infected within five to fifteen seconds, plus the distance is not one metre. Even you have more than one metre, so you still can get infected. So the definition is changing now, so because this is a new virus, definition is changing.*

What about quarantine time? So quaratine time nornally we thought it's a fourteen days before, and this is what reported by the World Health Organization (WHO), and then we looked in the data of fourteen days and ten days, then...basically we have seen there's not much difference between ten to fourteen days. That's why our quarantine is ten days. The reason being is that, infectivity and positivity is different thing. Infectivity is two days before you get symptoms, you are infective; then five days, or five to seven days, so seven and five is about nine days. That's reason why we continue to have the quarantine ten days, right? From fourteen days, we cut down ten days because there's not much difference between fourteen to ten days, for the old virus.

For the new virus, this is where we are worried. Because the first case of Delta variant detected in early 7th of April. This man, foreign worker from India, he went back to India, came back, quarantined. He quarantined day one, negative, swabbed negative, and then second swab also negative. Then obviously after fourteen days, we released—sixteen and seventeen days, came back with symptoms, admitted to the hospital and succumbed to the illness.

Then the MERCY flight we took Malaysians back from India. So those positives we disallowed them to take the flight, but those negative took the flight back, and then at KLIA when they arrived we screened them, four of them positive. So they were isolated, then we quaratined, that's where we decided to quarantine for twenty-one days. There was a lot of objections, you know because they said that—we should not be quarantined twenty-one days, only fourteen days. But we insisted twenty-one days. Day eighteen, twenty of them positive. So which means, if we were to take fourteen days, we would have allowed these twenty people back home, so that's the reason why know we are putting five—twenty-one days for five countries. There's this one from India, Nepal, Bangladesh, Pakistan and, Sri Lanka.

But now, hundred countries already have community transmission of Delta variant. So that's where, I think new virus...we need to look into the behaviour of the new virus before we can adapt what to do, what not to do.

Tuan Pengerusi: *Sorry Tan Sri, any plans for restrictions on Indonesia, because there is a current epicentre for Delta variant?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah [Ketua Pengarah Kementerian Kesihatan Malaysia]: *Now it is actually everywhere, it's not only Indonesia. Look at Thailand, Thailand was the benchmark country, you know, cases were very low. Two days*

ago, they reported thirteen thousand cases now in Thailand. So Vietnam is the same thing. So...

Dato' Dr. Xavier Jayakumar a/l Arulanandam [Kuala Langat]: *But it is also happening in America and the UK as well, and Europe.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah [Ketua Pengarah Kementerian Kesihatan Malaysia]: *Yeah, that's right. Delta variant is the dominant variant now. So it is replacing the old virus. Our virus we started with Wuhan, all related to Wuhan Type B, and then Type C, when the Tabligh group came in from Indonesia it was the same strain, but by Type C. Then it was replaced by Sivagangga virus, D614G Mutation, whereby, we are supposed to quarantine in a centre, we quarantined at home, and then he opened the restaurant and started to spread the infection to Sivagangga Cluster, Tawar Cluster, Sungai Cluster and all that in Kedah. Then eventually this Sivagangga has replaced Wuhan virus in our country. So from Perlis to Sabah is full of the Sivangangga D614G Mutation.*

But now, initially the VOC that we see is actually Beta variant, that is South African variant. Every state we have South African variant, started from Selangor, KLIA. We think it is KLIA because linked to the catering services from the plane. So just like Singapore also, they detected mainly from the airport. Then it is straight to the electronic companies because of the... [tidak jelas]. We think there is a link because the catering services was in Bangi, I mean it is in Bangi, and electronic companies also nearby. So it went straight to few electronic companies. Then now in every state you already have Beta variant.

But now, lately for the last one or two months, we are seeing after the replacement of the Beta variant, with the Delta variant coming in. Sarawak reported seventy-one cases of Delta variant recently. I think this is where the progress...the virus is changing, so destructing our plan, our preparation, not only Malaysia, but the whole world. It is like...so this is, so the question is what we are going do with it? Next slide. So this is our projection...

YB. Tuan Haji Wan Hassan bin Mohd Ramli [Dungun]: Tan Sri, soalan. Adakah bila *people get infected* dengan varian baru ni, dia ada simptom ke tidak?

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah [Ketua Pengarah Kementerian Kesihatan Malaysia]: Simptom pun berbeza. Sekarang ini kalau kita lihat varian lama, atau, varian lama, virus yang lama—Wuhan dan sebagainya, jangkitan dia biasa dia di *upper respiratory tract,* iaitu kalau kita ada selesema, ada sakit tekak dan juga hilang deria bau, dan juga rasa, dan sebagainya. Tapi sekarang ni dengan virus baru ni, didapati, kadang-kadang kita lambat dapat mengesan dia, sebab dia terus ke *lower respiratory tract.*

So they go to the lower respiratory tract, and be there, and they attack, in terms of bila dia dijangkiti, dia akan masuk ke sel paru-paru kita, *the lower respiratory tract*, dan dia akan membiak, iaitu, *replication*. *The more replication happens, then we can see the more mutation will happen.* Jadi bila simptom dekat paru-paru bawah ni, bawahan, iaitu *lower respiratory tract*, kadang-kadang dapat batuk dan dah ke peringkat yang lewat. Ini yang kita kadang-kadang susah nak mengesan pada peringkat yang awal. Itu yang *symptom wise*-lah daripada Delta variant.

So yang ni, kita lihat *projection* kita, warna biru dan warna merah. Jadi kita lihat, kita melaksanakan PKP 1 hari bulan Jun, kes menurun dengan cantik sampai 24 Jun, dan kita jangkakan dia akan turun lagi, tetapi dengan tindakan kita, iaitu yang sebagaimana kita laksanakan pada bulan Mac 2020, dia tak turun, lepas tu dia meningkat pula pada 24 Jun, dia ikut unjuran garisan warna merah. Ini yang kita bimbangkan, *because* dia punya *R-naught* meningkat balik kepada 1.2. Sekarang ni, kalau dia ikut unjuran merah, kes akan mencacak lima belas ribu, tiga belas ribu, lima belas ribu, dua puluh ribu, empat puluh ribu dan sebagainya.

Tapi sekarang ni kita lihat untuk tujuh hari kebelakangan ni, walaupun kes ada meningkat, tapi ada sekarang ni nampak macam sampai puncak. *Then this is where* dia tidak akan ikot garisan merah lagi. *So there is a hope there that we may achieve in terms of the peak and then probably it will go down. So we are hoping for the next one or two weeks, maybe this is because two factors, one we are still complying to the SOP. Stay-at-home is a very important tagline that we use and also implementation. So if you are positive, you stay at home then you are not infecting the community. Maybe you are infecting your family members but not community. But you are negative, you are not out in the public, then you do not get infected. So regardless the test positive or negative, you stay at home. So you break the chain of infection exactly what we did for Sabah. Sabah, because the testing was an issue, because* kita ada 2500 RT-PCR, lepas itu *testing* tidak mencukupi di situ, kita banyak hantar spesimen ke Semenanjung. *By the time the result* dah balik dah sepuluh hari. *So*, lewat. *But what we did right then was is that everybody stayed at home. Then we focused targeted in* kampung *and then we do the testings. Targeted mass testings. At one point of time, in Semporna, ten people we swabbed, eight will be positive. So our stand there was everyone is positive in Semporna until proven otherwise. So everybody stayed at home.*

Tuan Pengerusi: Tan Sri, *just want to—Sorry. Can I ask, clarify. What parameters you used to calculate the R-naught?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah [Ketua Pengarah Kementerian Kesihatan Malaysia]: *R-naught actually, this is a formula. You look into the population, potential population to be infected, the infected, and the recovered. So there was like you can go to YouTube and they will teach you how to calculate R-naught. So in terms of the population get infection, potential of the population get infection, those infected and those recovered. There, the calculation...*

Tuan Pengerusi: *So, I mean, I roughly know. However, I am just curious because recently you annouced, I think yesterday you said that R-naught has reduced even absolute cases so high. What is the reason for that, is it due higher immunisation because the population...*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah [Ketua Pengarah Kementerian Kesihatan Malaysia]: *Yes. That is what I am coming to. Apart from our Public Health measures, R-naught is affected by immunisation. So now, we need to step up the immunisation, then you can flatten the R-naught. So maybe, what you are seeing is because of the stepped-up immunisation, we are almost reaching the peak, rather than vertically. In Vietnam and in Thailand, we are seeing a vertical, still continued exponential rise, vertically. So, we also will be following the red zone, but now there is a flattening because of the immunisation. So, R-naught is affected by immunisation. Ok, next slide.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: Tan Sri, *if that is the case, what is the period of time from the first jab of immunisation, for this airborne virus now, to infect people as a… What is the window period, that people…after the first injection…*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Okay...*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *So, the mentality now is, I got injected, I can go out. But I think we have to tell them that from the first injection, what sets the immunity to…*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Alright.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *...what time period?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: Ya. *So, there are two doses; first and second. Now, if you were given the first dose, your immunity or efficacy of antibodies are about 33 percent. It is as good as not been given. So, which means you still can get infections and you still can be affected by the infections. Then, three weeks apart,*

second dose. Second dose, upon given second dose, it is still not good enough. You need 14 days for the optimisation of the antibody in your body. So, 14 days after second dose, then you are optimised. You still can get infections, but maybe less severe and need not to be admitted to the hospital. So… but this is only for Pfizer and those vaccines that have two doses. We also have vaccines, single dose, like CanSino and Janssen. CanSino and Janssen, 28 days, from the first injection. So, it takes about 28 days to get your optimum antibody, in your body.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *28 days?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *28 days for CanSino, the single shot injection, and Janssen & Janssen… Janssen, from Johnson & Johnson.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *We have these single doses already?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: Ya, ya. *We bought about 3.5 million. This is where…we are going to give it to Sabah, to the interior and those undocumented migrants et cetera. Use single dose. That's it.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *And* Orang Asli?

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *And* Orang Asli*, interior. That's what we're using it for, for them. Okay, now we are looking into the projection again, using efficacy. Now, vaccine,* ia punya *efficacy, for example Pfizer 95 percent, AZ 91 percent, then you have Astra… Sinovac about 65 percent, so varied.* Ia punya *efficacy, variable.* Berbagai *efficacy. But more importantly is that, at the end product is that, severity of the cases, less. Admission to the hospital is less. Also, death is less. So, that is the outcome. Endpoint of why we give the vaccines. Not based on efficacy only. So, if you were to take the average efficacy that we have, because we have a portfolio of five or six vaccines now. We have Pfizer, we have AstraZeneca, we have Sinovac. Then recently, we also approved Sinopharm and then, we got CanSino and Janssen & Janssen. Six vaccines now. Plus, also Moderna is coming in. Moderna, Pharmaniaga has submitted the dosage for Moderna. I think next month, we will approve Moderna. So, we have seven portfolios of vaccines.*

So, we take the average vaccine at 75 percent. Now, if we are able to give more than 150 thousand vaccines a day, second dose, then we follow the blue projection. So, which means we may be able bring down the cases to less than 1,000 probably by end of October. Now, our rate now is much higher than 150,000. So, yesterday…

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Both the doses?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Second dose. We are talking about second dose only. So, if we can... Because protection is second dose, not the first dose. So, first dose, you still can be infected and the outcome is almost the same that as if that you have no vaccine at all. So, two weeks after the second dose, that is where you get the maximum protection.*

Next. Yesterday we had 13,034 cases, but more importantly, active cases 142,000. Now, 142,000, those days when we have active cases, we admit to the hospital. We cannot admit 142,000 in the hospital, neither can we admit to PKRC. So, we use what we have seen in the UK, when they have positive cases category 1, 2, 3 – all stay at home. So now, I think majority category 1 and 2, stay at home, then self-monitoring and then, we follow up to their… from time to time, using MySejahtera. Those admitted to ICUs - 938, needed ventilation - 459, our deaths at the moment is, yesterday was 134 cases. Next. You can see in terms of doses, first dose - 10.6 million, second dose - almost reaching 5 million at the moment. Today, I think the cases will continue to increase lah. *So, about 5 million plus population in Malaysia already received second dose.*

Next. These are the categories. So again, because we just announce the number, everybody thought it's all category 5. So, it's not fair, right? Because category 5 you… 13,000 category 5. So, we are saying that at point of the diagnosis, category 1—7,179, we have about 55 percent. Category 2—43 percent which is 5,646. Category 3, 4 and 5; this is a concern. Because 3, 4 and 5 may need hospitalisation and our capacity to respond in the hospitals is important. But, at… this is not final. Category 1 can become category 2. Category 2 can actually progress to 3 and 4. Likewise, 3 can actually progress, I mean, improve and be category 2 and 1. So, this is the whole thing. But…

Tuan Pengerusi: Tan Sri, *sorry. Can I ask… First and foremost, I want to congratulate and affirm you; thank you for releasing these data. I think these data is very important for people to understand, even the efficacy, I mean the reason for vaccines. But, my concern as* Tan Sri *has mentioned just now, it may give a false picture in the sense that this is at moment of diagnosis. At moment of admission. But then, there are patients that desaturate from category 1 to category 3. So, I was wondering, do you have data for how many patients actually desaturate, how long normally, within how many days, they desaturate to category 3, category 4, category 5…*

[Seorang Ahli bercakap tanpa pembesar suara]

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *…but this is a dynamic data that we have. So, we only captured those admitted to hospitals, right. So, if they do not come back to the hospital, we don't have the data, in that sense* lah. *Because the desaturation may be category 1 and category 2. So, this is one group. So, we focus on the category 3, 4 and 5.*

Now, look at category 4 and 5, for example. At the moment, if you mix together, probably 1.5 percent or 0.6 percent. But, their hospitalization, category 4 takes about average of 14 days. Category 5 takes about 21 days or even more. So, the accumulation of the cases, as seen in hospitals. So, now hospitals we are seeing, those days only 5 percent. But now, about 15 percent. 10 to 15 percent of the cases. Why? Because the accumulation of the cases. So, that's why in hospitals we can see only category 5—how many category 4 and 5, how many percent, et cetera. So, this is only the data that we have as a guide. So, what more important is that, this is not the final, it can progress or it can regress back to… Some have improved. Category 3, they improved to category 2. Category 2 probably no more symptoms, for example. They improved back again. So…

Tuan Pengerusi: *Do you feel- my concern again. It gives a false sense of security to a certain extent. Do you feel it will kind of downplay the severity of the issue?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *No. On the other hand, it's how you strike the balance. If we do not release these data, everyone's fear- the fear of everyone is that all cases are category 5.*

Tuan Pengerusi: *Fair enough.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *So, you look into the extreme part. You also look into both sides. It's not that we say that the severity… This is the fact of the day, of first encounter. So, this is the reality of first encounter, but we need to understand the data. So, if we do not release these data, everyone, I mean the public anxiety and fear is that they think that every 13,000 cases, all in category 5.*

Tuan Pengerusi: *[Ketawa]*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *It's not true. So, we need to share these data.*

Tuan Pengerusi: Ya*, understand.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *So that, you know the data that—category 1 and category 1, not to downplay, but also not to create an unnecessary*

fear. Because people, in their mindset is that, "Oh, 13,000 all category 5", for example or category 4. It's not true.

Tuan Pengerusi: *How about the "brought-in-dead" (BID)? I think the numbers are quite concerning.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Ya, BID's, we are also seeing it. Because, one factor is because of the new variant we are seeing. The symptoms, you may be alright. They are a few cases they may be alright. But suddenly, you get the infection, in terms of lungs. Maybe your phlegm stuck, difficulty in breathing, you collapse straight away. So, that's why we need them to monitor their situation. If you have deterioration, difficulty in breathing, so forth, you have to come to the hospital. We look into the cases of BID's. Some of the- 50 percent of them – BID's, they have not even seen a doctor or COVID Assessment Centre (CAC), for example. So, they've stayed, for example, they just did not report to the health authorities. So, that's the other factor. So now, if those cases have been quarantined at home, we make sure that their vital signs, they monitor their vital signs. Probably better if they can invest in pulse oximeter. So, with pulse oximeter, they can see if the oxygenation is low, then they come to the hospital.*

Tuan Pengerusi: *Tan Sri, I want to ask you. How do you classify BID's or even death by COVID-19? Is it…I mean, what if they die at home due to other reasons, just so happened they are positive COVID-19. How do you classify?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Yeah. Initially, during the second wave, anyone who died and positive from COVID-19, we considered them as COVID-19 cases. For example, they hang themselves or motor vehicle accident, but they are positive, so we consider them positive. Until WHO came up with the guidelines, how do you classify? So we follow the WHO guidelines, in terms of the cause of death. If the cause of death is due to hanging, for example, or drowning or other things, then although it is still positive, we do not classify their cause of death because of COVID-19.*

Tuan Pengerusi: *But that would take time because you will take autopsy and investigation ...*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *That is right.*

Tuan Pengerusi: *How do you real-time classify?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *That is why we look into the cause of death. So because sometimes, say they die from heart attack, but they also have*

COVID-19. So is it the COVID-19 or heart attack? That is where sometimes it is not very clear. If very clear cut, it is like hanging.

Tuan Pengerusi: *Of course ...*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *So obviously die from hanging, very clear-cut. So those days, we admit, we consider them as COVID positive, as well, in our census. But now, we exclude that.*

Tuan Pengerusi: *How about ...*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *If it is very obvious, we exclude them.*

Tuan Pengerusi: *How about like multi-organ failure and everything?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Yeah.*

Tuan Pengerusi: *You will never know what is the [Ketawa] ...*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *So if multi-organ failure, due to what? What is the cause of death? So we try to, say for example, they are admitted to hospital with positive and multi-organ failure because of COVID-19, we know, then we classify as COVID-19. But if, say for example, they got a heart attack, is it COVID-19 or not? So it is difficult because COVID-19 can also cause blood clots and then that also can result to heart attack, indirectly. So the thing is that, we classify direct, very clear. You know, sometimes it is not the cause of death but indirect measurements, so that is where the decision has to be made*-lah.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: Tan Sri, *I agree with most of your calculation. Now the uniqueness of Malaysia is, we are so purely divided between urban and rural. The amount of knowledge in terms of what urbanites have compared to what the people who stay, for example,* Yang Berhormat Dungun, *are two different categories by itself. Oximeter is impossible for people in the rural area to own one, or even to have oxygen...That is purely a bubble in Klang Valley or maybe in Selangor. But how do we advise people with Category 4, 5, or even Category 3, when we say that you are home-isolated?*

What I hear is, correct me if I am wrong DG, there is no advice on medication given to them, except that you are supposed to stay at home and take Panadol *and that is it. But of course, treating themselves with a lot of other natural homeopathic medication as well as scientific medication. Is there a possibility that the Health Ministry could bring out a simple regime at home for people who are categorised as 4 and 5, and maybe also the beginning*

of Category 3, to do? Because to me, what I hear outside is, there is no communication. Because once you are, say, in Category 3, you go home, you isolate yourself, and if ada *fever, you* ambil Panadol. Kalau masalah bernafas, *you* tidak ada, datang balik terus. *Basically, that is what is being said* lah. *I understand the workload and also the mechanism and the logistics that we are facing at present in these centres. Can we do that or not?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *[Bercakap tanpa menggunakan pembesar suara] Before, we placed them in the hospital, not at home. Category 3, 4 and 5, they cannot be at home. They must be in the hospital. Only Category ...*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara]*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: Ya, *Category 1 and 2.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara]*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *That's right. Yeah. So Category 1 and 2, mainly if that, for example, Category 1, they can actually monitor the pulse rate, their respiratory rate and all that so the vital signs, that can be done and they feel. If they think that they have difficulty in breathing, straight away they have to come and consult the doctor. For example, in the rural areas, obviously if they have pulse oximeters, it would be better. But if they don't have that, if the symptoms worsen, I mean,* tercungap-cungap hendak bernafas, *better you come to the hospital.* Itu memang *what we advise them. So advisory – And also we call them, in terms of their progress daily. We use the general practitioners (GP) to actually monitor them at home, we also call them at home, to see their progress. So if they have symptoms, straight away they come to the hospital.*

Tuan Pengerusi: Tan Sri. *Sorry, sorry.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara]*

Tuan Pengerusi: *Sure, sure, go ahead.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *If I may just suggest,* Tan Sri, *I think we are doing what we can best in order to bring down the* COVID, *especially Category 1 and 2. I think especially in the rural areas*, *it is not so much in the urban areas, maybe the semi-rural areas. Can we, in any way, connect them to the local GP's, anybody else, in order to make a call and tell them? You get immediate assistance and reply from them, rather than waiting for the hospital. I'm sorry to say,* Tan Sri, *hospitals are a mess. Okay.*

That, you know very well. I mean, going into hospitals now might be a problem for us. So if that can be done, then we make it more simplistic and then...

Tan Sri, *one more thing before I forget, I know you are rushing for time, make use of the Parliamentarians in that area, through your* Pejabat Kesihatan Daerah (PKD) *and your* Pengarah Kesihatan*. They have got a better connection on the ground and all to make sure that this message goes through. I think, we are at present, a bit digressed in the sense that, it is all coming from you all. But when we go in, suddenly we find this problem. Sorry, you guys either support me or say I am wrong* lah*. I find...*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *You are right,* Yang Berhormat. *Spot on. So we need to use the community. That is why one of our factors is actually community empowerment, using the Parliamentarians,* ADUN *in that area.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Now you are telling me because it is airborne, I really am ...[Tidak jelas]...it's now out there...specifically that it is airborne. Because if you can say specifically that it is airborne, I think you will frighten about 60 percent of the population.*

Tuan Pengerusi: *I think DG has mentioned it before.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Yeah, I have been...*

Tuan Pengerusi: *The 15 seconds has frightened a lot of people [Ketawa].*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *So whatever you said* Yang Berhormat*, is we are engaging the GPs. So the GPs are monitoring them, actually. So,* Klinik Kesihatan. *So that is why we set up the CAC. CAC is out of the – basically to cater for this group of patients,* buat Penilaian Risiko. *Anything that actually, they have problems, they will call the CAC and also the private GPs, who are also being allocated to them.*

Tuan Pengerusi: Tan Sri...

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *So this is how they consult* lah. *So the system is already in place, but certainly I think your point is right. We have to actually empower the community. I will show you an example of how we empower the community and how we settle.*

Tuan Pengerusi: Tan Sri, Tan Sri, *sorry, before– Just on this slide, because this is the statistics on admission. Do you have statistics of active cases in each category?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Yeah we do have, but then the thing is that, it is very dynamic for every hospital and every state. So to get the data– Things change by the second. Today, for example one hour, it was reported ...*

Tuan Pengerusi: *Yeah, yeah. This is actually ...*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *The next hour it is already different.*

Tuan Pengerusi: *Okay.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *So that is why it is very difficult for us to report.*

Tuan Pengerusi: *How about statistics of...Of course, normally, CAT 5 or CAT 4 ideally is in ICU. But we know ICU now is to the brim. Do you have statistics of how many even CAT 4...*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Yeah, yeah. We have...*

Tuan Pengerusi: *Outside of ICU's?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Yeah, we show you in terms of the beds.*

Tuan Pengerusi: *Yeah.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *See, the CAT 4 and 5, majority of our patients actually in CAT 4, need oxygenation.*

Tuan Pengerusi: *Yup.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *But CAT 5, we created, repurposed the area and all that, so we can actually ventilate not using the ICU beds. ICU beds we have only about 500 initially, but now we already ...*

Tuan Pengerusi: *Nine, nine ...*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Increased the ICU beds to 1,300.*

Tuan Pengerusi: *[Tidak jelas]*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Say, for example,* Labuan *is a small hospital, 130 beds and then they only have 10 ICU beds. But we created 22 ICU, repurposed the space et cetera, for facilities like ventilation and all that. So ICU is not a space but basically whatever we can do to the patient. So we have actually done that in terms of creation of a space, ventilators and all that. We have bought the ventilators, beds and all that during the second wave, you know when we had a lot of orders at that point of time. But now we are using it* lah.

Tuan Pengerusi: *But my curiosity is how many of such CAT 4 and CAT 5 – not CAT 5, CAT 4 patients are outside ICU, even in quarantine centres, how many of them even died outside of the ICU before they [Tidak jelas]...?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Now the issue is that, when we repurpose the ICU beds for example, I mean ward to become an ICU, like emergency ward, observation ward, so it becomes an ICU. So we still consider that as ICU. It is not out of ICU. Certainly, if you want to look into the ICU only that we have, we only have 400 and 500 beds. But now we have increased the ICU beds to 1,300. So we consider that as ICU as well. Alright.*

So this is the usage of the ICU beds. You can see the 100 percent utilisation, more so in Klang Valley. Other places probably the ICU also limited, maybe 10 beds only. For example, in Labuan, only 10 beds. Not enough. So if you have a surge of cases, then that is where we need to have mobile ICU, or even field hospital we convert to ICU, as well as repurposed area to become the ICU.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Talking about ICUs. It is easy to say that we are going to increase the beds from 400 to 1,000. But do you have the manpower?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Exactly, that is the point. In terms of the ICU, we need the manpower. It's not the beds, we can create the beds, we can give you the ventilators, but the manpower. So now, 1,300 is based on the capacity of a manpower. Not really the beds, beds you can continue to increase, ventilators you can increase, but the limitation in terms of the manpower.*

So what are we doing now is mobilization. For example, now 70 percent of the cases are in Klang Valley, 70 percent of positive cases are in Klang Valley, so the demand is mainly in the Klang Valley. So we have actually 3 hospitals now, fully COVID. During those day and second wave, we have only Sungai Buloh. Now we have Sungai Buloh, we have Ampang and then Selayang Hospital, fully COVID.

For non-COVID cases, we refer to the private hospitals or even to district hospitals and other hospitals. So mainly to cater for the group in Klang Valley, and we mobilize those from phase 2 like Perlis, Kelantan, Terengganu, Penang, Perak—their ventilators, their staff, all mobilized to Klang Valley. Like exactly what we did for Sabah, so in Sabah there was outbreak there, we sent our staff from Kelantan, Terengganu, all to Sabah for six weeks to help them. Now we are doing it for Klang Valley.

Tuan Pengerusi: *I want to ask about non COVID patients that are ICU dependent, how did you transfer them, or they are still in those ICU?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *So we transfer them mainly to non-COVID hospital*-lah, *so we also have non-COVID hospital. So we treat them all, we send them, now majority like cancer cases, semi emergency we send them to private hospital. I think more thank 800 patients, non-COVID have been referred. We also refer to district hospital like Slim River, Kuala Kubu, as well as Bentong hospital, you know…so they have capacity there, so we refer the non-COVID cases to them.*

Tuan Pengerusi: *Correct me if I'm wrong. There was a certain hiccup between patient transfer from public to private, initially. Right? What was…*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *It was actually more towards in terms of negotiations of the price-lah. In terms of how much to charge for ICU, how much you charge, so the negotiation took a bit of time, because the audit et cetera. But now, I think we already finalized the negotiation, and then the patient is…more patients are being referred to the private hospitals now. Okey next…*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Tan Sri, sorry ya. The first meeting, too many questions for you. What about equipment, Tan Sri? There is a dire need for equipment in hospitals—the normal wards as well as in ICU. Simple*-lah*, infusion pumps. What I know is there is huge lack of infusion pumps. I know you are going to procure them and send them to hospitals. How long does it take for the Ministry of Health to procure these things in order to make it as soon as possible? Is there a gap for one week, two weeks?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *[Bercakap tanpa menggunakan pembesar suara] From now I think there is no issue with the equipment. Reason is that all preparation for second wave, we brought along the equipment. When the second wave ended in June or July, the equipment is all available. Then we stock up 20 percent extra without the equipment in our power. Now if we need the equipment, we are mobilizing from other state you know…because now the war is, the battle now is… [Tidak jelas].*

So in Perak, Penang…they are also having the equipment, and that's all, if there's a need…so, obviously the cases will continue to rise but then again, in the process also we are looking into getting new procurement et cetera. So, we have emergency … is very fast now to actually to secure.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Because I'm supplying their hospital with … lifesaving, that's right.*

Tuan Pengerusi: *Not cheap. Ya, ya.*

Tuan Haji Wan Hassan bin Mohd Ramli: Tan Sri, KKM ini ada tiga isu utama. Yang pertama, penguatkuasaan. Kerana akta kita Akta Kawalan Penyakit Berjangkit 1988. Itu adalah satu keperluan tenaga, yang itu satu. Kalau polis tahan pun, dia akan terpaksa panggil pegawai KKM untuk hendak caj atau apa sahajakan. Kedua, *swab testing* yang sekarang ada dalam kategori satu, kategori dua, dan kemudian *infection* yang berlaku ini. Perlu ada tenaga yang isu *manpower* ini. Ada isukah atau tidak kepada KKM?

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: Perlu ada isu *manpower* bila kes meningkat, jadi *manpower* punya isu kita pun terkesanlah. Akan tetapi sekarang ini kita pun *mobilize,* contohnya *manpower,* kita gunakan pelajar-pelajar *post-basic*, pelajar-pelajar *masters* dan juga *nurses-nurses* yang dalam sekolah latihan kita yang boleh bantulah dalam itu. *So we are also using…maximize our resources*-lah. Sekarang ini ialah *maximize* ataupun *optimization of our resources*. Itu *mobilization* daripada...dan kerahkan...dan juga sekarang ini kita pun ada...apabila kita tutup dewan bedah dan sebagainya, tutup wad lain, jadi staf pun ada juga. Jadi kita kerahkan staf itu untuk bantu dalam kita punya kawalan penyakit berjangkit inilah.

So okey, this is private hospital, so we look into the private hospital. Initially, private hospitals offer us 1,288 beds and then 128 ICU beds. This is only for COVID-19 patients. So now, even in private hospitals, the utilization of ICU beds are already 99 percent, and the COVID-19 beds is about 71 percent. So private hospital utilization is actually very high. Next, so this complements the Ministry of Health. Death rate is 0.8 percent, so far accumulative is 7,574, again 85 percent is at stage 4 and 5 in ICU. 86 percent of them have co-morbidities such as diabetes, hypertension…so the immunity is maybe compromised. Male 59 percent, 84 percent of them aged 50 and above, and 93 percent Malaysian. This is cumulative from day 1 until today.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Tan Sri, the private hospitals…from what I hear, some of the patients in public hospitals have been transferred to private hospitals right?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Yup.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *The cost is borne by the Ministry of Health, isn't it?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *That's right, that's right.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Even if ICU is needed.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *That's right. This is non-COVID, non-COVID.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Oh, non-COVID. Not for COVID patients?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Not for COVID. The COVID patients, we manage ourselves. So, when we refer the non-COVID cases to them, then we have beds for COVID.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Okay.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *So that's…private hospital treating COVID patients just now, ICU beds just 128. Before the slide…*boleh undur sikit? *This is the one. ICU beds are given by the private hospital for COVID is 128, and now utilization 99 percent. So these are those who can afford, they want to go to private hospitals. They pay for themselves.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *This not borne by…*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Not borne by us because COVID not borne by us. Non-COVID borne by us. Okay next.*

Tuan Pengerusi: *Tan Sri, to your next slide, in terms of…I think I remember, in the beginning of the pandemic, you released more granular data in terms of age groups' death. Why is there a change in a policy? Why now you do not review?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *No, the thing is that, data just like* tadi itu, orang kampung *to* orang bandar *data that we give, sometimes will confuse a lot of people. So we try to analyze the data, make it simplified. We understand that some university or some parties wanted more granular data to look into it. So what we have done now is that, for example vaccination. You go to CITF GitHub and get all the information there.*

The date sets are there. What we release every day to be there. So you can use the data actually, to analyze et cetera. Ours is MOH Malaysia GitHub. So you also can get the data set. For example, epidemiology data, My Sejahtera data, and then static data are all available there. So we hope that you know, that data will be used globally for them to analyze the data that we release daily. Okay so next, this is third cluster so you can see that cluster so far 3,361 cluster, and then kes dalam kluster *is about involving 330,000 people, and active cluster now is 646, and* kluster yang tamat ialah 2,415.

So majority are cluster…the blue one 2020, the orange is 2021. You can see tempat kerja *is the one that is highly infected…basically very high. In 2020, high 53,000 people involved and then in 2021, 149,000 people.*

Tuan Pengerusi: *Tan Sri, Tan Sri sorry. You mention your previous statement that almost 85 or 86 percent per cases are sporadic.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *70 percent, less than 70 percent, about 69 to 70 percent sporadic. Sporadic means that we do not have the link in terms of how you get infection.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *It's in the community.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *It's in the community. For example, you are drinking a coffee you got infection, but you don't know who infected you. But for the cluster, we know the link. That means we can trace the links, that's right.*

Tuan Pengerusi: *Okay.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *So we are using My Sejahtera also to track those who have the link.*

Tuan Pengerusi: *Again this is a question of contact tracing and testing.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *I have the slide after this. So you can look into this community, we...also in the second wave, we have infection in the prisons. So you know…very high all…practically all prisons are very congested prisons. So what we did is we took over 13* Program Latihan Khidmat Negara (PLKN) *camps and 6* Kem Wawasan Negara, *so all the new prisoners will be transited in the PLKN for two weeks, and then we test them negative, then only they go to the proper prisons.*

By doing so, we can bring down the cases. Next slide. So, you look into this chart, the present is the yellow bar. Yellow column is actually decreasing, but lately there was an outbreak in Sungai Udang Prison as well as in Sungai Buloh, the green one. The light blue is basically education sector. Now, you can see the education sector in March, April is quite high, but after we implemented the PKP, the education sectors, I mean the closure of schools and universities, you can see it is less now. Then, the red is actually community transmissions. So, community sectors, that is what we are actually seeing now. Basically, in community, the red ones. The dark blue is the workplace. So, workplace and the dark blue– dark blue, the workplace and the community, the rates are still contributing to our cases daily. Okay, next.

This is the cluster that we see. As an example, we monitor the cluster from April until 22nd July 2021. So, lately we can see there are 409 clusters of which 106 from communities. Communities like masih ada ziarah, masih ada pengebumian *and gathering and all that in the community. Birthday celebrations etc.* Ada lagi walaupun PKP. *Then, community 248 workplaces now. Out of 242 from workplaces, 105 is from manufacturing,* pembuatan. *From* peruncitan *is 30 clusters and* pembinaan 21 kluster. Okey, *next.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Now,* pembinaan *is completely stopped right?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *No, they still proceed. They are still allowed, but they have to be tested and follow the SOP and all that.*

Tuan Pengerusi: *Every two weeks.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Every two weeks they have to do the testings.*

Tuan Pengerusi: *This is Rapid Test Kit (RTK) testing?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *RTK, because now we have increased– I will show you the RTK testing has increased tremendously for screening purposes.*

Tuan Pengerusi: *That is good.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Okay, next slide. This is where we used MySejahtera, as you can see 13 million people have registered in MySejahtera and businesses registered is 2.4 million and 19 million average daily check-ins for MySejahtera. MySejahtera managed to…the number of positive cases detected through health assessment under MySejahtera is 61,872 cases, about 3.2 to 7.1 percent. Using MySejahtera to detect whether you are positive or not. For number of positive cases traced using MySejahtera is 380,000, about 45.8 percent. So, we can trace the person if you have the barcode etc., so MySejahtera helped in contact tracing. Next.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Tan Sri, I am sorry. Your figure uses the dependent of MySejahtera is getting weird. Malaysian population is 32 milllion. You said our registration is 90 over percent…*

Tuan Pengerusi: *This is MySejahtera only. It is not vaccinations. It is only usage of MySejahtera.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *95 percent of the population?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Yeah.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Including children?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *I mean, this is the registration. That means, you have MySejahtera, registered sometimes your dependents and all that comes in and all that.*

Tuan Pengerusi: *There are also non-citizens that uses MySejahtera.*

Tuan Haji Wan Hassan bin Mohd Ramli: Takut dia berulang-ulang… *[Bercakap tanpa menggunakan pembesar suara]*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: Tidak, tidak. Ini *fixed users.* Kalau ulang itu tidak masuk sini.

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: Ulang yang *check-in* ialah 19 juta setiap hari, yang daftar 30 juta.

Seorang Ahli: Daftar dengan MySejahtera 30 juta

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: 30 juta tetapi yang *check-in,* penggunaan setiap hari ialah 19 juta.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Citizens and non-citizens.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Citizens and non-citizens, that is right. Foreigners as well, they also used MySejahtera. Okay, next. This is the testing. Look into testing, a lot of issues with regards to testing. So, we use RTK-PCR as well as Antigen Rapid Test Kit (RTK-Ag). RTK-Ag is for screening. RTK-PCR is for confirmation. So, this is the daily testing that we have, depending on the cases. When cases are– benchmark of testing obviously is 5 percent. That is actually the average acceptable benchmark. The minumun requirement is 10%, but the maximum is probably the best, 3 percent or 3.3 percent. That is from the rough World Health Organization (WHO) guidelines.*

We can obviosly improve the testing. Next, slide. So, you look into the testing now, the RTK-PCR basically warna *purple. Purple color is actually the RTK-PCR and then the green RTK-Ag. Yellow, look at the yellow. It is the combination of RTK-PCR and RTK-Ag. When last year, we can see that majority we are using RTK-PCR. In March, April and May, we started to use RTK-Ag. Towards the end, you can see the high usage of RTK-Ag in Sabah. Then, the red line is actually the new year. You can see that since new year, we are doing a lot of screening at the ground. One point of time, the yellow bar RTK-Ag– yellow lines. RTK-Ag and RTK-PCR, less than 4 percent. Basic is 3 percent. At that point of time, that is actually in February, March and April, 3 months. I think our success rate is very good in terms of meeting the maximum benchmarking of WHO. Less than about 2-3 percent.*

When the cases goes up now, you can see the requirement of RTK-Ag has also increased. We can certainly do more. Our capacity for RTK-PCR is 116,000 and RTK-Ag is basically depending on the ground. So, we have the test kit now and also we have the saliva self-testing test kit. But, more important is to increase the screening. We were assisted during February, March and April by Social Security Organization (SOCSO). SOCSO was doing also for the workers, about 619,000 within the three months. Once it stopped, that is where you can see our testing has decreased a bit now, obviously. Now, is about nine percent or 10 percent. So, eight to nine percent. That is what our testing.

Tuan Pengerusi: *Tan Sri, I just want to clarify. We know testing is an important issue, even in infectious disease control. Daily numbers of testings like you said, 100,000. Like yesterday I think about 100,000. Does that include both RTK-PCR and RTK-Ag? Or purely RTK-PCR?*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Both.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Because the yellow line is both actually. So, RTK-Ag and RTK-PCR.*

Tuan Pengerusi: *What is the current testing policy? Is it just closed contacts?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Testing policy's- the criteria, we have the WHO criteria to test– not to test everyone in the population. As an example, in Selangor they did- I also discussed with Yang Berhormat Menteri Besar Selangor. When they did population testing, everyone they tested, the outcome is only 0.7 percent. That means, the yield of the testing is 0.7 percent. In Kuala Lumpur also they did a population testing. That means, everyone can come in and test. Again, less than 1 percent. During the second wave, Selangor also did in Shah Alam, testing for everyone. 0.5 percent. So, it is very low. So, we advised them. They bought about 60 million RTK-Ag test kits. That test kit should not be population based. It should be targeted to which group, then you get the yield higher. Then only you can focus.*

If you do a population test, probably your yield is 0.7 percent. It is better than the benchmark. Highest benchmark of WHO is three percent. So, I think targeted testing for example factory workers, hotspot areas, that is where we can indentify and catch the...

Tuan Pengerusi: *I fully agree with targeted testing. My concern is, how targeted is the targeted? This is because WHO has set a benchmark of five percent. How do we achieve that with still the targeted strategy? I think that is my question.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Targeted strategy, the link. Closed contacts is number one, then epidemiology link. As an example, now you can use HIDE. In terms of hotspot areas identification. So, you target in the hotspot areas in the population or cases or clusters in that area. So, then we target the area. There is a whole criteria of inclusion.*

Tuan Pengerusi: *That comes my question. Are you going to revise the definition for closed contacts? In view of Delta variant?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *That is where– very good question Yang Berhormat, because now there is a lot of uncertainties with the Delta variant. Whether the quarantine should be 14 days or 21 days, whether testing is adequate and all these questions needs to be answered. We do not have the data at the moment. So, we hope that WHO will come up with the data with regards to the Delta variant. So, things like– we have been treating well for- our strategies mainly for the previous virus, but now with new virus, what is our new strategy? That is what we are waiting for, but we still have to rely on public health measures, as well as vaccinations.*

Tuan Pengerusi: *Okay, Tan Sri I know you have 10 minutes, but whether my committee has any questions, but I got one. Maybe one general question to sum up* lah. *What is the common– what is the main strategy now?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Okay, can I go on Yang Berhormat?*

Tuan Pengerusi: *Before that, and your future strategy.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Yea, because we have not reach the point, this is all history. You guys talk about the future.*

Tuan Pengerusi: *[Ketawa] Okay, okay. Please, please.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *So, okay now we can see, to increase the strategy testing, now we have self-testing. That means, like urine pregnancy test, you can do it at home. So, we already have three companies now but there are another 14 companies under evaluation now. Once if we passed the evaluation – And all these testing is all very good because more than 90 percent of accuracy. So, you can do it at home. You can buy. I was informed one company, like Gmate, they are selling about RM38 or something like that. So, you can actually do the test at home. If you're positive, then you come to the PKD or come to the CAC and then bring the result to us. Then we can enter in the system.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *It is flying off the shelves, Tan Sri. Frankly. These kits are flying off the shelves. The demand is so high.*

Tuan Pengerusi: Tan Sri, *I am for self-test kits. I think that is the new normal. But then there must be a comprehensive SOP in case of a positive case and how to…*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *We do have the guidelines all in place because Medical Device Authority (MDA) has already created the guidelines. Now we are trying to link this positive, key in the information in MySejahtera. We are also putting that in process. So that we can identify and then we can trace.*

So, this is the variant now. Everyone knows about this. Alpha, Beta, Gamma, Delta variants. We do not have Gamma variant, but we have all the other variants.

Tuan Pengerusi: *How's Lambda?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Lambda in Peru. Not detected in* Malaysia *yet. But it's not under variants of concern (VOC). It is under variant of interest (VOI) at the moment. But although there are concerns, Lambda detection is actually compromised but also may not be resistant to the vaccine etc. So, it's detected in South America, and lately also in UK but we have not detected any Lambda.*

Then this is the original. Look into the original strain. Wuhan strain, the infectivity is 2.4 to 2.6. Meaning 100 people infected, one cycle they infect 240 people. But Delta is 5 to 8. 100 people infected; they can infect 800 people. This is why the transmissivity is very high. But the fatality, the virulence of the virus depends on the individual. If your immunity is not good, probably you'll succumb to the virus but the virus virulence is not that high.

Okay, this is what the data that we have. Total screening – This is randomised screening. We have 409 VOC's of which 14 are Alpha and then 206 are Beta because Beta was the dominant virus for the last couple of months. But now within Delta now, within short period of time, two months, you can see is already 189. Soon, we believe that the Delta will be the dominant virus replacing the Beta.

Okay. This is the age group. Majority of age group infected now is 20 to 59. This is the age group of we are concerned.

This is a very important slide Yang Berhormat*. Look into the* Program Imunisasi COVID-19 Kebangsaan (PICK)*. The* Program Imunisasi Kebangsaan *Phase 2. We started with Phase 1, all healthcare workers and then Phase 2, elderly and then comorbid. Now, when we started Phase 2 now, we are seeing the age 60 and 79, the green line, is decreasing now in the hospital admission. Which shows that the vaccine works. Now we*

are vaccinating 40 to 59 but it is still plateauing. But the increasing trend is that 20 to 39. So, this is why we need to speed up, accelerate our vaccination.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *That's the roaming population?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Yes, that's the roaming – Active workers, roaming population. That's why we need to – Public health measures, restrict movement, and then restrict gathering and then probably you can control the movement population.*

This is the healthcare workers. We have given the healthcare workers the first line, PICK Phase 1 for all frontliners. So, 245,000 healthcare workers have been vaccinated and remember they have completed their vaccination and they get infection two weeks after the second dose, 3,916 now, 32 percent. So the infection rate of healthcare workers is 1.59 percent.

But 32 percent at stage one, 67 percent at stage two, CAT 2. CAT 1 and CAT 2 are the majority and CAT 3, only five patients and CAT 4 only three patients. None of them admitted to ICU. So, you see…

Tuan Pengerusi: *This is admission, right?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *This is admission into ICU.*

Tuan Pengerusi: *Did it desaturate after?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *No, this is admission. We look into the admission of the healthcare workers. Because why? Healthcare workers we continue to have periodic screening for them, and we monitor them. We know them because we monitor them. So overall now, this is not only for the day of testing but also the whole picture. We do not have for the whole population but only healthcare workers because we have the records of them. So, you can see that vaccination works in terms of you get an infection but not severe. Not severe means majority in Category One or Two. If that's the case, we can live side by side with the virus and hospital admission will be less.*

Tuan Pengerusi: *My question is there progression of those KKM staff that from Category One…*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *This is the complete. It is not the day of admission. This is the whole…*

Tuan Pengerusi: *This is complete? Okay.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Okay, next. You look into Labuan. Labuan is our test case for the country. Now, Labuan was actually the highest in*

terms of cases per 100,000 population. 7,496. Highest followed by Negeri Sembilan, Kuala Lumpur and Selangor. The average is 2,488 for the whole country.

What we do right in Labuan? Now, Labuan infection was Delta variant. Because there are seven of them in the crewmen from the shipping industry flew from India to KLIA. They were supposed to be quarantined in KLIA, but they transited in KLIA 24 hours and took the domestic flight to Labuan. During that flight you can see the four patients in yellow, and then the three patients in light blue. So, seven of them. They infected the green, five of them and one blue. So, six of locals have been infected during the flight.

So, this happened during the 23rd of April. Then you can see Labuan, the cases spike. So, I was worried for Labuan because they have 1,344 cases. The hospital facilities were very limited, small hospital, ICU also limited. So, what we did? We did is actually increase the PKRC stadium to 650 beds. We also created 22 ICU beds and then we have a few hospitals from Angkatan Tentera Malaysia *assisting us. So that was the public health measures. We lockdown nine* kampung *and we continue to do basically no movement and gathering. Then we decided that we allowed the vaccination.*

So, we start up the vaccination. We look into Labuan. Within three weeks, we step up the vaccination because there are about 100,000 population. We sent the vaccine down. So now almost 78 percent of the population have already have two doses of vaccine. So, this is why when we increase the vaccination, even after 40 percent we will see the improvement. Now the ICU beds, for example of 22 ICU beds for COVID-19 patients, we only have nine patients. 650 beds for PKRC, now we only have 200 patients. We already closed down the field hospital. Within three weeks we see the effects of the second dose, you know.

Look into the orange line is basically the first dose. The blue line is second dose. The dotted blue line going down is the cases going down. Within three weeks, this is the impact.

So, the conclusion that we can say is the future is that you need to step up on the vaccination. That's the reason why Greater Kuala Lumpur, we have to step up the vaccination. Not increasing the beds, not increasing the ICU because that is not the solution. That is actually a stopgap measures only to cater for the patients.

But once you start your vaccination, reduce the cases then you can see the admission to hospitals also reduced. Like healthcare workers, you get infected. Yes fine, but not severe form, you can be managed at home and ICU beds will be less. So, this trend

has been seen in UK. UK for example, last two days they have 50,000 infections but ICU utilisation and ward utilisation is not like before in January. They have a lot of problems with NH system cannot cater for the patients. 46 deaths only in UK. Despite 46,000.

So that is our strategy for the future. Basically, vaccination plus SOP. I mean compliance to the SOP. UK and Israel, Israel is the first country in the world to achieve herd immunity. But then after they let their guard down in terms of no more compliance to the SOP. But now cases going up again. So, you have to put on the mask, you have to continue social distancing, etc.

So, we in our country, we plan that we have to use both strategies. You know? External protection from public health measures and internal protection from vaccination. So, this is the strategy that we have. Hopefully within two months, we can bring down the cases as been projected.

So, this is the Phase 1, 2, 3 and 4. So, from Phase 1 to 2, about 4,000 cases. Then Phase 2 to 4, about 2,000 cases, less than 2,000 and Phase 3 to Four, about 500. So, the vaccination 10 percent, 40 percent and 60 percent. If you have 40 percent, then you can see the outcome. Obviously it is important is to see our capacity in the hospital to respond in terms of adequate...limited, adequate, or moderate or adequate. So we are looking into the cases. But, when we look into the cases, initially our plan last year was to have zero cases, which we did before. We managed to bring down to zero. But now we have to admit that we cannot bring down to zero but we need to live with the virus but through vaccination. So now our strategy narrative is to live side by side with the virus rather than bringing the cases to zero.

So, 1st of July 2020, we had zero case, three days in a row—we have zero case. But I think that target only can be met by, even Australia and New Zealand, they are finding a hard time in Australia to contain to zero case.

Tuan Pengerusi: *It's is imposible...*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah [Ketua Pengarah Kementerian Kesihatan Malaysia]: *New Zealand probably isolated, but how long can you isolate yourself from the world?*

Tuan Pengerusi: *Close border.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah [Ketua Pengarah Kementerian Kesihatan Malaysia]: *Yes that is right, close border. So we think that vaccination is a key. Once vaccination the key, then probably we open up in terms of we know the infection is*

there, but we need to basically live with the virus but less severity. If your capacity can handle ICU patients, category 4 and 5, and then just like in Labuan, now Labuan actually already closed down the ICU beds. Twenty-two ICU beds have already been closed down from the field hospital. So we are managing in our own small hospital.

YB. Dato' Dr. Xavier Jayakumar a/l Arulanandam [Kuala Langat]: *Tan Sri, I am glad that we are aiming towards vaccination for 80% of the population. But I am afraid that when I see the figures about the number of people who have registered in My Sejahtera, is roughly about thirteen to fourteen million people. The other half is not registered under My Sejahtera.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah [Ketua Pengarah Kementerian Kesihatan Malaysia]: *Yes.*

YB. Dato' Dr. Xavier Jayakumar a/l Arulanandam [Kuala Langat]: *So what is the role and how are we looking at those who are not registered under My Sejahtera?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah [Ketua Pengarah Kementerian Kesihatan Malaysia]: *Now there is seventeen million have registered under My Sejahtera, five million already got the two doses. So, the waiting list is there. So now we need to clear the waiting list, first. Once we clear the waiting list, but the good thing is that, now we have seven portfolio of vaccines. Australia, they do not accept Chinese vaccine. They do not accept Astra Zeneca. They only have one option, Pfizer. So that will be a mistake. We have portfolio of Pfizer, Astra Zeneca, Sinovac, CanSino, and then Sinopharm, and Janssen and now, also...*

Tuan Pengerusi: *Moderna.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah [Ketua Pengarah Kementerian Kesihatan Malaysia]: *And now also Moderna. Seven vaccines now. So, purchasing order already been done. But the delivery is actually delayed. Now we are getting the vaccine now, for Pfizer, for example, Pfizer we have forty-eight million doses of Pfizer already purchased but getting the supply in stages. So we hope that we can increase and you are right, some...I mean, probably the urban people register in My Sejahtera, the rurals....so, what we planned is that we go to the* kampung *like CanSino we have one single shot, we have 3.5 million in Sabah, we go to the* kampung, *we registered everybody then we straight away, and the one shot and then we come out.*

Tuan Pengerusi: *Jab first then register.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah [Ketua Pengarah Kementerian Kesihatan Malaysia]: *Jab first and then we registered. So what we...*

YB. Dato' Dr. Xavier Jayakumar a/l Arulanandam [Kuala Langat]: *I agree, Tan Sri. I am all for that. The carrot and stick issue. You also have a certain number of population that is anti vax.*

Tuan Pengerusi: *[Gelak]*

YB. Dato' Dr. Xavier Jayakumar a/l Arulanandam [Kuala Langat]: *Okey, I mean YB from Dungun, I must bring this up very seriously. We can pull them in, we can drag them in to inject but there is going to be this person, they got people, I dont know whether among you guys, or anybody anti vaxxers are here, because it is also an urban issue, but I think there has to be a stick. I think this has to be brought up...*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah [Ketua Pengarah Kementerian Kesihatan Malaysia]: *Before use the stick, let voluntary vaccination done for everyone first before you tackle the... So now for example, I want to use the stick but even those who volunteer to have the vaccination are still waiting.*

Tuan Pengerusi: Belum dapat.

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah [Ketua Pengarah Kementerian Kesihatan Malaysia]: *So clear them first, once you clear them, the waiting list...no more waiting list then it will be a walk-in.*

YB. Dato' Dr. Xavier Jayakumar a/l Arulanandam [Kuala Langat]: *I agree, Tan Sri. But this has to be two-pronged because we are fighting with time. The stick has to cut out in statements, so that we will get those who are spreading this news about the vaccine outside in other terms...*

Tuan Pengerusi: *Are you proposing mandatory?*

YB. Dato' Dr. Xavier Jayakumar a/l Arulanandam [Kuala Langat]: *Oh yes. If you are asking I will.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah [Ketua Pengarah Kementerian Kesihatan Malaysia]: *No. No.*

Tuan Pengerusi: *[Ketawa]*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah [Ketua Pengarah Kementerian Kesihatan Malaysia]: *We are looking into carrot rather than stick. So the carrot now...if you are vaccinated, so you get privileges for example, probably interstate travel, whatever-*lah*. You get the privileges.*

Tuan Pengerusi: *You know in Phillipines they offer a cow for people? I mean they...*

YB. Dato' Dr. Xavier Jayakumar a/l Arulanandam [Kuala Langat]: *In Malaysia if threaten a guy that he is not going to go back to factory to work, or he is not going to get a license from the local council, he is not going to work if he doesn't have the vaccine passport with him, that is a deterrent.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah [Ketua Pengarah Kementerian Kesihatan Malaysia]: *That is what we are thinking. I mean once you are not vaccinated, you cannot come to the hall for example, you cannot come to the factory. So we make sure everyone comply to the stick...I mean, to the carrot. So we do not want to use that. But again, we not aiming for hundred percent vaccination...*

YB. Dato' Dr. Xavier Jayakumar a/l Arulanandam [Kuala Langat]: *[Bercakap tanpa menggunakan pembesar suara]*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah [Ketua Pengarah Kementerian Kesihatan Malaysia]: *But then, there will be five percent probably anti vax and et cetera. But our intention is eighty percent or ninety percent, is good enough already. So they cover the whole population. So let's do it for those already registered. Now register* pun tak dapat lagi, kita nak guna *the stick* dekat tak kena lagi.

Tuan Pengerusi: *Okay Tan Sri, I know that you have to go right now, and I think we as a comittee we thank you so much for your commitment and all that you have done for the country*-lah. *I would like to propose if possible and we can formalise this with the committee and the secretariat, that you can...if possible come to this committee at least once a month to update us. I think this information has been very helpful for us to understand even to explain to our constituents.*

But my final comment and maybe a question, I do not know if you have time to answer, is a I am very supportive of the future strategy in terms of vaccination. But I still think we should not be foresaking the general Public Health measures which is the find, test, trace, isolate, support (FTTIS). So my question is, how are we increasing the capacity for that? For now, Klang Valley, no point FTTIS, I know we have to jab. But then other areas and preparation for future outbreak, example Israel, UK. How do we increase the capacity for that arm, beside vaccination?

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah [Ketua Pengarah Kementerian Kesihatan Malaysia]: *Our strategy is not to neglect Publich Health measures. Public Health measures will continue but how to improve the Public Health measures further. So*

we are...once like KL...Klang Valley different, because we are almost in a mitigation phase. So we vaccinate everybody. Then once everything is well controlled, we will use a technology in terms of Hotspot Identification for Dynamic Engagement (HIDE), looking into...preemptively which area is a hotspot, then Public Health measures will come in before the outbreak. That is a way to protect. So I think that is where, we have to use vaccination and improve the Public Health measures using technology and the system is already in place. So...but now because we have to deal with the mitigation phase as well as containment phase, so I think the strategy is to use both Public Health measures improvement using technology, plus a vaccination.

Tuan Pengerusi: *And the final comment is I am very happy to hear that you are talking about living with COVID-19 because that has not been communicated. I think a lot of public still feel that...*

YB. Dato' Dr. Xavier Jayakumar a/l Arulanandam [Kuala Langat]: *[Bercakap tanpa menggunakan pembesar suara] I hear that all the time a lot of...*

Tuan Pengerusi: *But the general public still...because the focus so much is on absolute numbers now. So people are still seeing that eradication kind of mindset which is not...*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah [Ketua Pengarah Kementerian Kesihatan Malaysia]: *That's the reason why we share the Category, eventually we only shared Category 3, 4 and 5 whereby we managed in the hospital.*

Tuan Pengerusi: *So you remove away from data?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah [Ketua Pengarah Kementerian Kesihatan Malaysia]: *We removed away from data figures.*

Tuan Pengerusi: *That is good. Okay thank you so much Tan Sri.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah [Ketua Pengarah Kementerian Kesihatan Malaysia]: *All right, thank you. I mean the call and...*

Tuan Pengerusi: *Okay thank you, thank you Tan Sri.*

YB. Dato' Dr. Xavier Jayakumar a/l Arulanandam [Kuala Langat]: *[Bercakap tanpa menggunakan pembesar suara] See you at the Parliament on the 26th.*

[Ahli-ahli mesyuarat ketawa]

Tuan Pengerusi: *Thank you Tan Sri. Okay, any other feedback* ke, ada yang nak tambah sebelum kita beralih ke Kementerian Sains, Teknologi, dan Inovasi (MOSTI).

Tuan Haji Yamani Hafez bin Musa [Sipitang]: *Mr. Chairman, I think another thing that we are...I did not have to...I did not have the opportunity to talk to the Director of...DG of Health is about the speed on how are we going to do it...because* pandemik ni*, it also creates fatigue, mentally and all that and our suicide rate going up, people are stressing out, divorce, all these things also huge issues socially. So...*

Tuan Pengerusi: *Domestic violence.*

Tuan Haji Yamani Hafez bin Musa [Sipitang]: *Domestic violence, you are right.*

YB. Dato' Dr. Xavier Jayakumar a/l Arulanandam [Kuala Langat]: *[Bercakap tanpa menggunakan pembesar suara] I am sorry, I keep hearing about mental health, hearing about suicide rates, I keep hearing about infections and things like that, yes, but when we say suicide rates, what is the number of suicide...actual figures?*

Tuan Pengerusi: *I think...*

YB. Dato' Dr. Xavier Jayakumar a/l Arulanandam [Kuala Langat]: *[Bercakap tanpa menggunakan pembesar suara] What is the number of suicide—actual figures? Because of Covid people have, and suicide? I mean...I think we as lawmakers, we tend to fall into category of what is being published outside rather than having actual figures here. Yes there is suicide cases, that stupid idiot one fellow, on radio, husband,wife and child. He...killing himself in front of everybody, I mean so called, but he did...police reporting and said that this case is bogus. So I think...I would argue with a point that I really don't think suicide case is a problem or things like that in Malaysia but we are making it a problem.*

YB. Dato' Dr. Xavier Jayakumar a/l Arulanandam [Kuala Langat]: *[Bercakap tanpa menggunakan pembesar suara] What we...*

YB. Dato' Dr. Xavier Jayakumar a/l Arulanandam [Kuala Langat]: *[Bercakap tanpa menggunakan pembesar suara] We think that it is a number...*

Tuan Pengerusi: *I think...with all due respect-l*ah *YB, how we measure is by the rate, so we know suicide happens on a daily basis. So we compare it from last year, the year before and this year. Is there an increase of incident of suicides?*

YB. Dato' Dr. Xavier Jayakumar a/l Arulanandam [Kuala Langat]: *[Bercakap tanpa menggunakan pembesar suara] But is it due to COVID-19 or is it due to other problem?*

Tuan Pengerusi: *Yes, there is.*

Tuan Haji Yamani Hafez bin Musa [Sipitang]: *[Bercakap tanpa menggunakan pembesar suara] Okay let me rephrase this thing-*lah, *maybe suicide is too extreme. I am*

just saying, over time, people are not becoming more compliant, more lax over time. That is what I meant. Suicide, among these things, side effects-lah tapi *in general all of us, most of us, over time, our compliance to the SOP is becoming less and less and less and less.*

Tuan Pengerusi: *It is fatigue*-lah.

Tuan Haji Yamani Hafez bin Musa [Sipitang]: *[Bercakap tanpa menggunakan pembesar suara] Yes, it is fatigue.*

Tuan Pengerusi: *It is certainly fatigue*.

Tuan Haji Yamani Hafez bin Musa [Sipitang]: *[Bercakap tanpa menggunakan pembesar suara] So this thing is real.*

YB. Dato' Dr. Xavier Jayakumar a/l Arulanandam [Kuala Langat]: *[Bercakap tanpa menggunakan pembesar suara]* Mereka tak kisahlah...

Tuan Haji Yamani Hafez bin Musa [Sipitang]: *[Bercakap tanpa menggunakan pembesar suara] This thing is real problem.*

Tuan Pengerusi: *Yes, yes. But, we cannot deny the impact of COVID-19 and I'm not just saying of COVID-19. Because, COVID is far-reaching. So, COVID-19 impacts economy, then they lose their income. That is the main, core issue why suicides, depression and anxiety. This is a study, by UM…*

[Seorang Ahli mencelah]

Tuan Pengerusi: ...*has increased* lah. *So, I think- of course it's multi-factorial. But, we cannot deny that the rate has gone up lah. So, I mean with that, any further comments? If not, we pass to our distinguished colleagues of MOSTI. Because, they have a very important role.* Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah *has already thrown the eggs in that basket of vaccinations, so now lets hear from them.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa pembesar suara] Let's see who's in control* lah, MOSTI *or who?*

Tuan Pengerusi: *[Ketawa] In* Malaysia, *it is very unique. Because, in most countries, it's under* MOH. *But in* Malaysia*,* MOSTI *is given the responsibility. So, to you,* Timbalan Ketua Setiausaha*.*

Dato' Parang Abai @ Thomas: Terima kasih Tuan Pengerusi. Yang Berhormat Dr. Kelvin Yii Lee Wuen - Pengerusi (Ahli Parlimen Bandar Kuching), Yang Berhormat Tuan Haji Yamani Hafez bin Musa (Ahli Parlimen Sipitang), Yang Berhormat Tuan Haji Wan Hassan bin Mohd Ramli (Ahli Parlimen Dungun) Yang Berhormat Dato' Dr. Xavier Jayakumar a/l Arulanandam (Ahli Parlimen Kuala Langat) dan tuan-tuan, puan-puan yang

saya hormati sekalian. Terlebih dahulu saya, Thomas Parang Abai - Timbalan Ketua Setiausaha MOSTI, merakamkan setinggi-tinggi penghargaan dan terima kasih kepada Jawatankuasa ini menjemput MOSTI untuk berkongsi berkenaan dengan status terkini pelaksanaan Program Imunisasi COVID-19 Kebangsaan (PICK). Sebelum itu Yang Berhormat, saya ingin sampaikan salam Yang Berbahagia Datuk Ketua Setiausaha, Datuk Ir. Ts. Dr. Siti Hamisah binti Tapsir kerana beliau tidak dapat hadir bersama-sama pagi hari ini sebab beliau masih lagi dalam tempoh kuarantin.

Tuan Pengerusi: Aduh, kenapa?

[Beberapa orang Ahli ketawa]

Dato' Dr. Xavier Jayakumar a/l Arulanandam: Bukan macam Shafie lah, Shafie hari-hari dalam kuarantin bila ada kes.

[Beberapa orang Ahli ketawa]

Dato' Parang Abai @ Thomas: Jadi, bersama-sama saya hari ini Yang Berhormat, ada beberapa orang pegawai daripada Kementerian Sains, Teknologi dan Inovasi (MOSTI). Pertamanya, Puan Ruziah binti Shafei, Puan Nor Azlina binti Ahmad Zaini dan juga Yang Berusaha Prof. Madya Dr. Chan Chee Seng. *So,* mereka ini akan bantu saya menjawab soalan nantilah, Yang Berhormat.

Seorang Ahli: *[Bercakap tanpa pembesar suara]* Sediakan Ahli Parlimen untuk jawab soalan jugalah.

[Beberapa orang Ahli ketawa]

Dato' Parang Abai @ Thomas: Okey, *next.* Baik, secara ringkas ini isi kandungan yang akan saya kongsikan pada hari ini. Okey, *next.* Untuk makluman Ahli-ahli Yang Berhormat, Mesyuarat Jemaah Menteri pada 14 Oktober 2020 telah bersetuju untuk mewujudkan Jawatankuasa Khas Jaminan Akses Bekalan Vaksin COVID-19 (JKJAV), yang mana jawatankuasa ini dipengerusikan bersama oleh Yang Berhormat Menteri Kesihatan - Dato' Sri Dr. Adham Baba dan juga Menteri MOSTI - Yang Berhormat Tuan Khairy Jamaluddin, untuk membincangkan mengenai proses bekalan vaksin yang cepat, selamat dan lengkap. Lanjutan daripada itu, pada 4 Februari 2021, Yang Amat Berhormat Perdana Menteri - Tan Sri Dato Haji Mahiaddin Haji Md. Yasin juga mengumumkan keputusan yang telah dibuat oleh Jemaah Menteri yang bersidang pada 3 Februari 2021 untuk melantik Yang Berhormat Menteri MOSTI sebagai Menteri Penyelaras untuk menerajui Program PICK. Ini adalah bertujuan untuk memberi ruang kepada Yang

Berhormat Menteri Kesihatan fokus kepada aktiviti-aktiviti yang melibatkan JKJAV dan juga membantu Kementerian Kesihatan untuk fokus pada program-program rawatan COVID-19.

Okey, *next.* Berikut ialah struktur tadbir urus yang melibatkan JKJAV dan juga Badan Bertindak Imunisasi COVID-19 (CITF), di mana JKJAV ini adalah fokus kepada polisi dan perancangan yang melibatkan perolehan vaksin dan juga perkara-perkara yang berkaitan dengan kesihatan. Manakala CITF akan fokus kepada pelaksanaan program imunisasi untuk populasi Malaysia, di mana CITF ini juga merangkumi dua pasukan yang penting yang melibatkan pasukan kesihatan dan juga pasukan bukan kesihatan. Yang Berhormat Menteri MOSTI selaku penyelaras juga dibantu oleh Timbalan Ketua Pengarah Kesihatan (Kesihatan Awam) - Datuk Dr. Chong Chee Keong dan juga Timbalan Panglima Tentera Darat - Leftenan Jeneral Datuk Mohammad Ab Rahman.

Okey, *next.* Jadi Yang Berhormat, objektif program imunisasi ini adalah merangkumi empat perkara penting. Pertamanya, untuk melindungi petugas barisan hadapan. Keduanya, melindungi kumpulan yang berisiko tinggi daripada *morbidity* dan disebabkan oleh COVID-19. Ketiga, mencapai saranan imuniti 80 peratus populasi negara dan yang keempat, adalah untuk mengurus kawasan pandemik yang berisiko tinggi.

Okey, *next.* Secara umumnya Yang Berhormat, program imunisasi ini adalah berbentuk sukarela, belum ada lagi paksaan, Yang Berhormat. Ia melibatkan program yang percuma, merangkumi semua warganegara dan bukan warganegara yang berumur 18 tahun ke atas. Kerajaan meletakkan prinsip di mana tiada yang selamat sehingga semuanya selamat. Oleh sebab itulah kita memberikan vaksinasi ini kepada semua populasi, baik yang warganegara dan bukan warganegara di Malaysia. Sasaran kita ialah 80 peratus daripada 32.7 juta orang penduduk Malaysia. Program ini akan berlangsung dalam tempoh satu tahun iaitu sehingga Disember 2021 dan meliputi empat fasa. Di mana Fasa 1 telah pun berakhir yang melibatkan petugas barisan hadapan. Sekarang ini Fasa 2 dan Fasa 3 telah pun bergerak. Fasa 4 ini melibatkan fasa kawalan, pengurusan wabak yang bergerak sepanjang tempoh, Yang Berhormat.

Semasa pelaksanaan program ini, pada masa Fasa 1 yang lepas, program imunisasi ditempatkan di pusat-pusat kesihatan Kementerian Kesihatan dan juga fasiliti perubatan Angkatan Tentera Malaysia serta Hospital Universiti. Bagi pelaksanaan Fasa 2 dan Fasa 3 ini, ia meliputi fasiliti perubatan kerajaan dan juga pusat-pusat vaksinasi yang telah ditetapkan.

Tuan Pengerusi: Okey, *sorry* Timbalan Ketua Setiausaha. Oleh sebab masa kita terhad, kita kena buat *swab test* nanti sebelum pukul 12. Saya cadangkan jika boleh, mungkin kita ambil *maybe 10 to 15 minutes break,* kita pergi buat *swab test,* yang belum buat *swab test.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa pembesar suara] You haven't done your swab test?*

Tuan Pengerusi: *I haven't done my swab test.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa pembesar suara] I've done mine.*

Tuan Pengerusi: *Done ah? Oh you're done? So*, mungkin 10 minit, lepas itu kita akan sambung. Akan tetapi saya juga nak cadangkan, sebab *I think this* pengenalan kita sudah- *I think we are quite familiar. I think* apa yang kita nak tahu adalah kadar penggunaan vaksin di setiap negeri *and also moving forward* lah. *So, is it okay if we* berehat untuk sepuluh minit? *Allow me to rush there,* kena cucuk *and I'll rush back, okay? Sorry* ya. Sila, sila makan, ada...

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa pembesar suara] You have to cut the line, both of you.*

Tuan Pengerusi: *[Ketawa] Okay I'm sorry. So,* terima kasih ya. *Thanks* ya. *Sorry*.

[Mesyuarat ditangguhkan pada pukul 11.18 pagi. Mesyuarat disambung semula pada pukul 11.30 pagi]

Tuan Pengerusi: Jadi Dato' TKSU, mungkin kita terus sahaja kepada kadar vaksinasi.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara]... I think the question that is going to be bombarded in Parliament in five days as far as MOSTI is concerned, this perception of disparity between the amount that was … [Tidak jelas] in the last … [Tidak jelas] compare to your increase to buy another two billion, 2.3 billion something like that, for clearance …[Tidak jelas]. I think the public, is one thing you know that around us made with procurement of vaccines. I think they want to know the breakdown of the costing, number one.*

Though they have given us a sum… [Tidak jelas] different, and also, what is the dosses that we have already done with vaccine, the doses that we have ordered, and what is the timeline the doses are arriving?

Tuan Pengerusi: *I think we can start with page 10*-lah, tetapi kita tunggu dulu Yang Berhormat Dungun.

Dato' Parang Abai @ Thomas: *I think, we go start from slide number* 9, Yang Berhormat.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: Ya, *I think 9*-lah.

Tuan Pengerusi: Sputnik belum sampai ya, belum *approve? I heard we lost 2.6 million initial booking.*

[Pembesar suara dimatikan]

Dato' Parang Abai @ Thomas: *Sputnik not yet Tuan Pengerusi. It is still under study by Malaysian …[Tidak jelas], maybe next month.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *We never post-diligent for their bio.*

Dato' Parang Abai @ Thomas: *I think they came and gave their proposal to KKM* Yang Berhormat.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *But if you are selling the vaccine, or they stop for being …?*

Dato' Parang Abai @ Thomas: *No they still – they have their product also.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara]*

[Ahli-ahli berbincang sesama sendiri]

Tuan Pengerusi: Okey terima kasih Dato' TKSU, kita boleh mula.

Dato' Parang Abai @ Thomas: Okey, terima kasih Tuan Pengerusi. Ini adalah kedudukan kadar vaksinasi *peak* sehingga pada 21 Julai di mana jumlah dos yang telah diberikan adalah dalam 15.5 juta yang meliputi dos pertama 10 juta, dos kedua 4.9 juta. Semalam Yang Berhormat, kita telah mencapai satu pencapaian yang terbaharu di mana sebanyak 507,000 dos telah diberikan kepada populasi Malaysia. *So* ini adalah satu pencapaian yang tertinggi setakat ini.

Kalau kita tengok kedudukan keseluruhan negeri, kebanyakannya telah mencapai lebih daripada 10 peratus berbanding dengan populasi untuk mendapatkan dos kedua. Daripada segi populasi dewasa 18 tahun ke atas, setakat ini kita sudah mencapai 45 peratus dos 1 dan 21 peratus dos 2.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *I am sorry Mr. Chairman, the pages are different.*

Tuan Pengerusi: Ya.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *You are actually will think nine pages, ours is number 11.*

Tuan Pengerusi: *Number 11*. Jadi kita balik ke dua. *Which one do you want to – You want to go back to 11, to our page 9.* Mungkin balik – Cuba muka surat ketujuh dalam slaid, sebab kita muka surat 9, kita portfolio vaksin di bawah PICK. Mungkin kita *start* dari sinilah.

Dato' Parang Abai @ Thomas: Okey, boleh *yup, page 7* ya*. Sorry for that* Yang Berhormat. *Maybe some changes this morning.*

Tuan Pengerusi: *[Ketawa]* Tidak mengapa, tidak mengapa.

Dato' Parang Abai @ Thomas: Okey, berikut ialah portfolio vaksin yang telah diperolehi oleh kerajaan. Di mana buat masa ini, kita hanya menggunakan tiga vaksin iaitu Pfizer, AstraZeneca dan juga Sinovac. Walaupun CanSino telah diluluskan oleh National Pharmaceutical Regulatory Agency (NPRA), penghantarannya atau ketibaannya dijadualkan pada bulan depan Yang Berhormat.

Tuan Pengerusi: Oh, Ogos sahaja?

Dato' Parang Abai @ Thomas: Ogos ya.

Tuan Pengerusi: Ogos bila?

Dato' Parang Abai @ Thomas: Ogos *either first week or second week.*

Tuan Pengerusi: Ini *fill and finish* atau *direct* dari China?

Dato' Parang Abai @ Thomas: *Sorry.*

Tuan Pengerusi: Ini *fill and finish*– CanSino Duopharma 'kan, CanSino bukan.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: CanSino dari mana? Dari China kah atau dari Thailand?

Tuan Pengerusi: CanSino Solution Berhad bukan?

Dato' Parang Abai @ Thomas: *CanSino is China.*

Tuan Pengerusi: Ia *direct from* Chinalah?

Dato' Parang Abai @ Thomas: Ya. *This one is single dose.*

Tuan Pengerusi: Ia ada *fill and finish* atau tidak?

Dato' Parang Abai @ Thomas: *No*.

Tuan Pengerusi: Oh, semua *direct* dari China.

Dato' Parang Abai @ Thomas: Ya.

Tuan Pengerusi: Jadi, Solution Group Berhad, mereka tidak membuat *fill and finish?* Cuma, *direct*-lah?

Dato' Parang Abai @ Thomas: Ya. *So,* kalau *this vaccine* sampai *next month,* banyak membantu kita *especially* untuk kawasan-kawasan luar bandar di Sabah, Sarawak, Kelantan, Terengganu dan juga untuk pendatang tanpa izin, Yang Berhormat.

Tuan Pengerusi: Daripada golongan gelandangan? *Homeless.*

Dato' Parang Abai @ Thomas: Ya.

Tuan Pengerusi: *Focus very important.* Susah hendak cari mereka ini. *[Ketawa]*

Dato' Parang Abai @ Thomas: Okey, *next.* Dari segi bekalan, setakat ini kita telah terima 21.5 juta dos vaksin dan masih lagi berbaki dalam 49 juta, Yang Berhormat. Ini hanya untuk tiga vaksin tadi, Yang Berhormat.

Tuan Pengerusi: Dari 21 juta kita telah guna pakai…?

Dato' Parang Abai @ Thomas: *As per* semalam, 16 juta.

Tuan Pengerusi: Sudah diguna pakai?

Dato' Parang Abai @ Thomas: Ya. Telah divaksinkan 16 juta. *So, baki* itu telah di *roll out*-lah*,* Yang Berhormat. Okey, *next.* Ini saya sudah bentangkan tadi. Okey, dari segi kadar penggunaan vaksin, Yang Berhormat ya, secara umumnya keseluruhan negeri puratanya adalah 82% daripada vaksin yang kita agihkan di setiap negeri.

Pada masa sekarang ini, bekalan vaksin kita banyak diberikan kepada Selangor, Sarawak, dan Wilayah Persekutuan.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: Ini…bekalan vaksin ini ialah dari pembelian terus dari Kementerian, kan?

Dato' Parang Abai @ Thomas: Ya.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *That means* nanti beli dari kuota ini ke, atau kalau dia diberi peluang beli macam Pulau Pinang, Selangor, dan Sarawak. Dia beli dari kuota ini atau dia beli dari luar?

Dato' Parang Abai @ Thomas: Luar kuota ini, Yang Berhormat.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *So,* itu tidak masuk sini?

Dato' Parang Abai @ Thomas: Tidak masuk.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Oh, you do not have the figure either?*

Dato' Parang Abai @ Thomas: Ya, yang itu kita tidak ada ini lagi.

Tuan Haji Yamani Hafez bin Musa: Sebab kita ada dapat aduan daripada…di Sabah yang menyatakan yang pengagihan vaksin di Sabah itu agak kurang. Bagaimanakah pembahagian vaksin sebenarnya? Ia melalui *registration* atau dari segi keperluan ke, atau dari segi… macam mana *you do the logistic* pembahagian vaksin?

Dato' Parang Abai @ Thomas: Okey, Yang Berhormat. Peringkat awalnya pengagihan vaksin ini kita agihkan mengikut kadar pendaftaran. Kalau kita tengok di Sabah ini, kadar pendaftaran My Sejahtera itu masih sangat rendahlah.

Tuan Haji Yamani Hafez bin Musa: Sangat rendah, ya?

Dato' Parang Abai @ Thomas: *Yes.*

Tuan Haji Yamani Hafez bin Musa: Tapi, Tuan…*some of the places* yang *remote area* ini…dia orang telekomunikasi pun ada *problem* sikit, macam mana itu? Dia orang buat manuallah, tapi dia orang buat manual pun kepada Pejabat Daerah dan sebagainyalah. *I don't know whether* Pejabat Daerah ada hantar kepada MOSTI *all these data, because* banyak juga yang *apply* tapi dia orang tidak pakai My Sejahtera, dia pakai manual. Macam mana kita hendak selesai isu ini? *This is the issue* sekaranglah, *that is why* banyak orang menunggu. Ada juga Yang Berhormat di sana *complain* kenapa tidak cukup *supply* vaksin.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: Saya ingat soalan dia, adakah tugas MOSTI untuk orang-orang yang telah *register* sahaja di dalam My Sejahtera, ataupun soalan yang dibangkitkan oleh Yang Berhormat tadi, kepada keperluan orang-orang yang tidak ada alat komunikasi itu, tetapi di pinggir bandar dan dalam kawasan pedalaman?

Orang-orang ini adakah mereka di bawah MOSTI, atau MOSTI ada *any other separate agency* yang *tackle* ini? Tidak ada?

Tuan Pengerusi: Saya cuma hendak tambah soalan. Soalan pertama, saya hendak tahu siapa yang membuat keputusan dasar berkenaan sama ada hendak hantar beberapa vaksin kepada sesebuah negeri *based on the My Sejahtera's registration.* Siapa yang buat keputusan berapa hendak hantar? MOSTI ke atau KKM?

As an example, how many vaccines I want to send to a state? Siapa yang membuat keputusan tersebut? Dan *I think for special states* macam Sabah *even* Sarawak. Bagi saya tidak adil jika kita hanya berdasarkan jumlah *registration* My Sejahtera, kerana *certain cases* di kawasan pedalaman.

The strategy should be jab first register later, sebab mereka tidak dapat *register. So, in order for that to do the stock must be sufficient.* Sekarang, saya nampak Sabah memang kurang, dan keadaan di Sabah memang berlainan mereka ada pendatang tanpa izin (PTI)

semua ada. *So,* siapa boleh membuAT keputusan untuk menukar dasar ini? *Is it MOSTI or KKM?*

Dato' Parang Abai @ Thomas: Okey, Yang Berhormat. Pada masa pelaksanaan awal Program Imunisasi COVID-19 Kebangsaan (PICK) ini, pengagihan vaksin itu adalah berdasarkan kepada pendaftaran My Sejahtera, sebab PPV yang beroperasi pun berdasarkan kepada pendaftaran My Sejahtera di satu-satu lokasi. Akan tetapi, pada masa sekarang, kita tidak hanya fokus kepada pendaftaran My Sejahtera, sebab kita faham sesetengah kawasan ada masalah dari segi akses My Sejahtera. *That is why,* kita hibrid. Ada yang pergi *on the ground,* cucuk, daftar.

Dan sekarang ini, apa yang kita tengok adalah berdasarkan kapasiti Pusat Pemberian Vaksin (PPV) berkenaan. Kalau PPV itu boleh melaksanakan bilangan vaksinasi yang tinggi dalam satu-satu masa, walaupun kadar pendaftaran My Sejahtera itu rendah, pengagihan vaksin itu akan diagihkan mengikut kapasiti PPV. Sebab kita faham, sesetengah PPV, walaupun kadar pendaftaran itu rendah, tetapi *outreach programme* itu banyak. Dia punya *on the ground* keluar daripada kawasan PPV itu, untuk menjangkau rakyat-rakyat yang tidak memiliki My Sejahtera.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: Itu di bawah siapa? MOSTI ke Kementerian Pembangunan Luar Bandar?

Tuan Pengerusi: *PPV would be KKM.*

Dato' Parang Abai @ Thomas: PPV, Kementerian Kesihatan Malaysia.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: Kawasan pedalaman ada PPV?

Tuan Pengerusi: *Not, it is a mobile PPV.* Macam Sarawak *they got flying doctors.*

Dato' Parang Abai @ Thomas: Mungkin PPV itu di pekan…satu pekan. *So,* dia akan bergerak *outreach* ke kawasan-kawasan kampung.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Jab first, register later*-lah?

Dato' Parang Abai @ Thomas: Yes.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: Itu sudah mula ke?

Dato' Parang Abai @ Thomas: Sudah mula, sudah mula Yang Berhormat. Sebab kita difahamkan di Sabah ini, dia ada banyak buat program macam itu, Yang Berhormat. Dia *jab* dulu, *register.*

Tuan Pengerusi *That should be the way.*

Dato' Parang Abai @ Thomas: Ya. Sekarang ini, kita *for the last two weeks,* kadar di Sabah sudah meningkat. So semalam sudah buat 30 ribu. *So, before* ini memang rendahlah, Yang Berhormat.

Tuan Haji Wan Hassan bin Mohd Ramli: Kalau yang sudah daftar My Sejahtera, boleh *walk-in?* Tadi yang *jab* dulu baru kita daftar. Ini kita daftar My Sejahtera, kalau boleh ada *walk-in?* Yang dia pergi sahaja boleh *jab?*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Walk-in* sudah mula, Yang Berhormat. Ogos sudah mula *walk-in,* kan?

Dato' Parang Abai @ Thomas: *Walk-in,* Yang Berhormat sekarang ini kita galakkan yang *walk-in* itu adalah untuk di Lembah Klang.

Beberapa ahli: Oh.. Lembah Klang *[Ahli berbincang sesama sendiri] [Ketawa]*

Dato' Parang Abai @ Thomas: Ya, di Lembah Klang. *So,* apa bezanya daftar My Sejahtera dengan yang bukan My Sejahtera itu tadi, Yang Berhormat, yang ini mereka pergi keluar daripada PPV.

Mereka melaksanakan vaksin itu di luar kawasan PPV, dia pergi ke kampung-kampung. *So,* yang daftar *My Sejahtera* itu dia datang ke PPV-lah

Tuan Haji Wan Hassan bin Mohd Ramli: *The issue is,* kadang-kadang orang *waiting list.*

Dato' Parang Abai @ Thomas: Ya.

Tuan Haji Wan Hassan bin Mohd Ramli: Dia pergi hari itu, yang orang daftar ini tidak datang, dia masuk. Jadi orang yang daftar kata sebab apa dapat awal? Sebab dia tunggu. Sebab bila sudah keluar vaksin, dia mesti cucuklah. Jadi, dia untunglah.

Jadi, isunya boleh dilihat sedikit polisinya, biar *walk-in* yang boleh yang sudah daftar My Sejahtera. Supaya begitu. Supaya kita selesaikan banyak isulah.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *This is the program I am doing tomorrow in my* kawasan. *First come, first served basis. That is under MySejahtera we will give out within between 500 to 800 doses.*

Tuan Pengerusi: *They approve?*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Approved. I think that is the best way to make it much faster.*

Tuan Pengerusi: *Of course, there is two sides of a coin. I have an opinion. Again, this is open for discussion, when the demand is more than the supply, you do walk-in, it will be messy because poeple will start queueing.*

I mean if you said first come, first serve, where do you cut-off the lines?

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *500.*

Tuan Pengerusi: *If 500, and then the rest* okey, *you* boleh balik. *A lot of people…everybody will start waiting and everything. So, I feel walk-in only should happen when the supply is more than the demand. Now, the demand is more than the supply*. *[Ketawa]*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *August. 1st of August, all of Selangor has walk-ins.*

Tuan Pengerusi: *Selangor and Klang Valley is different, because they have their Operation Surge Capacity policy. They need to. They have to cover all high risks now. Because the assumption is, Selangor and Klang Valley, everybody is exposed to COVID-19. So, they have to search it. But, if you do it in a nationwide walk-ins now, it will be a bit messy.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] If you have a* Pusat Pemberian Vaksin (PPV)*, you have enough vaccine on standby, you should be able to handle it. Because, all vaccine centres must close within a certain number. You cannot have open-ended vaccination. You work at 5 o'clock or you work at 8 o'clock.*

Puan Ruziah binti Shafei: YB, mungkin saya boleh bantu di sini untuk menjawab. Berkenaan dengan *walk-ins,* sebenarnya kita ada satu polisi yang kita sediakan *standby list* untuk *each and everyday. So,* setiap PPV, sehari sebelum mereka melaksanakan operasi, mereka akan ada satu senarai sama ada mereka ini akan datang ataupun tidak. *So based on that,* biasanya akan ada *confirmation pending. Confirmation pending* ini ia akan buat panggilanlah untuk mengesahkan sama ada *they will come or not on that particular day. If not, they will come with a standby list, they will call or they will post the appointment earlier on* lah*, for that day. These are the…*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara]*

Puan Ruziah binti Shafei: *Usually on the day itself.*

Tuan Pengerusi: *My question is this, I understand the mechanism on the ground. The control and the one that makes decision is* KKM? Betulkan? *Or* MOSTI?

Puan Ruziah binti Shafei: *Okay, in terms of…*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Who controls the* MySejahtera, Puan?

Puan Ruziah binti Shafei: KKM. *The supply and distributions also* from KKM.

Tuan Pengerusi: *So, that's my understanding. Who makes the decisions? I understand you are in tough positions, you're more towards procurement and delivery* lah*, lets's put it this way.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] And also opening up PPV's.*

Tuan Pengerusi: *And opening PPV's.* Oleh sebab KKM *controls who to give... Opening PPV's is* MOSTI *or* KKM?

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara]* MOSTI.

Puan Ruziah binti Shafei: *But usually, the* jabatan kesihatan negeri *will come up with their requirements. How many doses they want for that particular area.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Who decides on the PPVs?* MOSTI *or* Kementerian Kesihatan?

Tuan Pengerusi: *PPVs is from* MOSTI. *But, the proposal is from* COVID-19 Immunisation Task Force (CITF) negeri *based on the requirements that they need*-lah *for that particular place.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] It comes from Ministry of Health. They are the ones who knows actually where the people are. Where the concentration.*

Puan Ruziah binti Shafei: Jabatan kesihatan negeri *knows better, because they are the ones who knows where the people is, where to vaccinate and they will propose to us the* PPV's *and then we will bring to the* CITF *meeting* lah *for the opening of the* PPV's. *That's where we do the coordination with the numbers of doses that we require from the* KKM.

Tuan Pengerusi: *But basically, the decision by* MOSTI *is only… if I approve of this* PPV, *I need to have certain amount of dosage sufficient for that* PPV 'kan?

Puan Ruziah binti Shafei: *Yes. Definitely. Even before we do open it, we make sure that there is a supply…*

Tuan Pengerusi: *So, your decision is supply* lah?

Puan Ruziah binti Shafei: *Yes.*

Tuan Pengerusi: *But, mechanism is* KKM. *I understand you're tight…*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] All manpower is* KKM. *They just only supply the vaccines. Your job is just to supply the vaccines. You don't interfere with the health process.*

Tuan Pengerusi: *But, decisions on diversifying of* PPV's. Macam ada yang *mega*, ada yang *middle*, ada yang *mobile*, *who makes those decisions?*

Puan Ruziah binti Shafei: *That is done by* CITF.

Tuan Pengerusi: *Okay.* CITF *is under?*

Puan Ruziah binti Shafei: CITF *is under* MOSTI, *but the members we have* KKM, *we have pharmacies, we have everyone inside there. It's not only MOSTI's decision. It's not.*

Tuan Pengerusi: *I see. Okay, need to understand the chain of decisions.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Never have two ministries working on a big project like this. If you ask me, as an ex-minister, I tell you. Never have. We have one ministry controlling the whole process.*

[Bercakap tanpa menggunakan pembesar suara]

Tuan Pengerusi: *Anyway, move forward.*

Dato' Parang Abai @ Thomas: *Sorry,* Yang Berhormat. *Just to… Actually on the procurement,* MOSTI *involved on the negotiations* sahaja. *The process is still under* KKM. *The agreement signed is still under…*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] You just get the money and buy. The advice mostly comes from* KKM?

Dato' Parang Abai @ Thomas: *Even the budget also direct to* KKM, Yang Berhormat. *For* MOSTI, *we only have the budget to run the PPV's*.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] The vaccine also comes from* KKM?

Dato' Parang Abai @ Thomas: *Yes, that's why the technical part, done by* KKM. Yang Berhormat Tuan Khairy Jamaluddin *only assist them on the negotiations. The agreement is signed by MOF.*

Tuan Haji Wan Hassan bin Mohd Ramli: PPV rasmi, cadangan KKM. Sukarelawan punya? Kadang-kadang NGO yang pergi buat? Macam PPV masjid, contohnya?

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara]* Syarikat-syarikat yang buat, bukan NGO.

Tuan Haji Wan Hassan bin Mohd Ramli: Tidak apa. Akan tetapi maksudnya, daripada macam…

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara]* PPV ini semua syarikat.

Tuan Haji Wan Hassan bin Mohd Ramli: Contoh ISMA, Terengganu…

Dato' Parang Abai @ Thomas: Yang Berhormat, untuk melaksanakan PPV ini, ada PPV yang dilaksanakan oleh KKM. Di mana kakitangan perubatannya adalah KKM. Ada juga PPV yang kita panggil PPV industri atau PPV integrasi. Kakitangan kesihatannya adalah dari PHCorp. Bermakna, ini adalah pada swasta. Swasta, Yang Berhormat.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara]* PIKAS ya?

Dato' Parang Abai @ Thomas: PHCorp. PIKAS *is an industry,* Yang Berhormat. PHCorp ada ia punya syarikat-syarikat, klinik-klinik kesihatan yang berdaftar di bawah PHCorp…

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Healthcare management companies and GPs.*

Tuan Pengerusi: *Protect Health.*

Dato' Parang Abai @ Thomas: *Yes, Protect Health.*

Tuan Pengerusi: *Protect Health is under* KKM?

Prof. Madya Dr. Chan Chee Seng: Yang Berhormat, boleh saya celah sedikit? PHCorp *is our* anak syarikatlah, *under* KKM. *It's a non-profit company.*

Tuan Pengerusi: *I know, I know.* PeKa B40 *also went through* PHCorp.

Prof. Madya Dr. Chan Chee Seng: *It's under* KKM. *Protect Health. It's under* KKM…

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] It's a company 100% owned by* KKM?

Prof. Madya Dr. Chan Chee Seng: Anak syarikat, *but it is not profit oriented. We do the* PeKa *Program last time, but since this COVID-19 has happened, we use the experience* lah.

Tuan Pengerusi: *I fully agree, because I think Protect Health has experienced dealing with GP's. Under our* PeKa B40 *last time, under the previous government. So, that*

is why when it comes to this, they deal directly with GPs to help them for vaccinations. So, for PIKAS, *the decisions to have* PIKAS *is* MOSTI *or* KKM? *For example, if I have a company and I applied…*

Dato' Parang Abai @ Thomas: Itu PIKAS. Kita sebenarnya lantik beberapa kementerian untuk melaksanakan Program PIKAS ini. Contoh, MITI untuk industri, MOT untuk *transportations* dan sebagainya. Mereka inilah yang akan bergerak dengan persatuan-persatuan industri. *So, once ia identify* PPV yang dicadangkan *and they they will* bawa kepada CITF *for the approval* lah.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] ...Ministry of Transport also they have?*

Dato' Parang Abai @ Thomas: *Yes,* KPDNHEP *for retails*…

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] But, they control* lah? *They have to go to* CITF.

Dato' Parang Abai @ Thomas: *Yes. They have to go to* CITF. CITF *endorsed, only they* boleh ni… Oleh sebab kita perlu selaraskan. Buka PPV *and then,* selaraskan dengan bekalan vaksin itu, Yang Berhormat.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] So,* bila ia sudah selaraskan dengan vaksin dengan CITF, PIKAS dan kementerian ini semua datang, selepas itu tanggungjawab ia untuk *set up* PPV ini, jatuh balik kepada MOSTI atau KKM?

Dato' Parang Abai @ Thomas: *Set up, back to* MITI.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Set up back to* MITI *to provide all the necessary*?

Dato' Parang Abai @ Thomas: *Yes.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara]* Akan tetapi *you* jaminkan berapa dos kena diberilah?

Dato' Parang Abai @ Thomas: *Our task only supply the vaccines,* Yang Berhormat.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara]* Melalui KKM ke…

Dato' Parang Abai @ Thomas: KKM. *All the vaccines through* KKM.

Tuan Pengerusi: *About this* PIKAS, *correct me if I'm wrong,* banyak yang PIKAS ini, *Protect Health also provides the services* kan? *So, this* syarikat-syarikat, *they will pay*

Protect Health a certain amount of money, they will provide the doctors semua, *first vaccine is free* lah. *Is that true? It means, Protect Health is involved in most* PIKAS *Program?*

Dato' Parang Abai @ Thomas: Semua PIKAS *is under* PHCorp yang *involved,* Yang Berhormat. *Payment for one dose is* RM14.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Paid by the company, right?*

Dato' Parang Abai @ Thomas: *Paid by the company.*

Tuan Pengerusi: *But, now a lot of the companies they put RM30 per dose. Because they want to cover the tent* la*, the distributions, whatever.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] That comes under the package?*

Tuan Pengerusi: *Yes, the package.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Correct me if I'm wrong, whoever is from* Kementerian Kesihatan. *The package ranges between RM45 to RM90?*

Dato' Parang Abai @ Thomas: *Yes.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] That's the package out there. So, this packages like RM45, RM15 or RM14 goes to…*

Prof. Madya Dr. Chan Chee Seng: *GPs*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] …Protect Health?*

Dato' Parang Abai @ Thomas: *GPs.*

Prof. Madya Dr. Chan Chee Seng: *Protect Health only take RM1 for the system.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Outside is RM14.*

Prof. Madya Dr. Chan Chee Seng: *RM14 is to pay the GPs.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] That is GPs. I'm talking about* PIKAS *in terms of setting up a* PPV. *That's a different costing, right?*

Dato' Parang Abai @ Thomas: Okay, Yang Berhormat, untuk *the setting up of* PIKAS—*for the setting up for* PIKAS, amaun yang dia bayar *for one person is RM30*.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Thirty?*

Tuan Pengerusi: *Cost*-lah.

Dato' Parang Abai @ Thomas: RM30. *Three zero, for vaccination*. *[Disampuk] Not just for vaccination, cross the board*. *Vaccination*. *RM14 to the GP, and RM1 tu PIKAS*.

Tuan Pengerusi: *To PH Corp.*

Puan Ruziah binti Shafei: *To PH Corp.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] That is in thirty dollars* ya*?*

Dato' Parang Abai @ Thomas: *Oh, sorry—to PH Corp. Yes.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] That is in the RM30?*

Dato' Parang Abai @ Thomas: *Yes, in the RM30. So RM2 to PH Corp*, bukan?

Tuan Pengerusi: *RM1, RM1.*

Dato' Parang Abai @ Thomas: *And then the other cost, maybe another RM30, or RM40 is for the operation cost, for the organizer.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] What are the total cost there, per dose total cost comes to what?*

Dato' Parang Abai @ Thomas: *That one they called per head.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Hah, how much?*

Tuan Pengerusi: *Have you estimated* berapa kos kalau kita tambah semualah*?*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] These are the questions that are going to be asked in the Parliament ...*

Tuan Pengerusi: Mungkin GP, kos *tent*-lah, kos semualah, agak-agak satu ...

Dato' Parang Abai @ Thomas: *Maybe that the cost for GP is RM30.*

Tuan Pengerusi: *Fourteen,* bukan? *GP is fourteen.*

Puan Ruziah binti Shafei: *Thirteen plus one, Dato'. Dia ...*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Basically clinic that vaccinates about hundred patients per day which is RM14.*

Tuan Pengerusi: *Per patient.*

Puan Ruziah binti Shafei: Yang lain itu kos pengoperasian.

Dato' Parang Abai @ Thomas: *For* dua dos, tiga puluhlah*.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] RM14, right. That's all. Okay, that is settle. That I understand. I know that mechanism very well. I am talking about when we set up the PIKAS PPV, or set up another PPV,* oleh orang awam*, the costings of these two is different, right?*

Dato' Parang Abai @ Thomas: Ya.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Now, the GP is RM14 plus one, that is okay, I now understand. That is the clinic, the GP is clinic, the number that given by MySejahtera, appointment given, they go there, they inject and the GP charges that amount.*

For PIKAS, say, you put for PPV for one thousand doses per day. I mean—that is how the business plan—number of doses per day. So what is the charge for that one thousand doses per day?

Tuan Pengerusi: *I think have you calculated the cost*-lah*, average cost,* kalau kita tambah semua*, per person, per dose, how much is it?* Agak-agak*.*

Dato' Parang Abai @ Thomas: Dia *charged per person* Yang Berhormat, *they say for PIKAS* tadi *is RM30 to cover up the GPs. RM30 per head.*

Puan Ruziah binti Shafei: Dua dos.

Tuan Pengerusi: *Oh, double dose. Okay.*

Dato' Parang Abai @ Thomas: *Two doses. For two dose* Yang Berhormat*. RM30 for two doses.* Dia ada *extra charges, maybe RM30 or RM40 is for the administrative cost for the* ...

Puan Ruziah binti Shafei: *Setting up the PPV*.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Per person, per dose?*

Dato' Parang Abai @ Thomas: *No, for two doses.*

Tuan Pengerusi: *About RM30, RM40?*

Dato' Parang Abai @ Thomas: *So that's why the cost is maybe within for one person is RM60 for ...*

Tuan Pengerusi: *For two doses* lah*?*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] So RM60 or RM90 is for two doses?*

Dato' Parang Abai @ Thomas: *Two doses.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Two doses?*

Dato' Parang Abai @ Thomas: *Two doses.*

Puan Ruziah binti Shafei: *Yes.*

Tuan Pengerusi: *Estimate*-lah*. Okay, then comes to my second question. Are there plans to regulate? Because* kita tidak mahu mana-mana pihak yang mengambil kesempatan *to profit from this.*

Dato' Parang Abai @ Thomas: *That's why our policy* Yang Berhormat*, we give advise to the Ministry, make sure the cost is below RM100.*

Tuan Pengerusi: *Oh.*

Dato' Parang Abai @ Thomas: *Yes. Below RM100.*

Tuan Pengerusi: *But if the...*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Per person?*

Dato' Parang Abai @ Thomas: *Per person.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] But if we give them only RM60 they running at lost who wants to do the work?*

Tuan Pengerusi: *RM60 is cost*-lah*. But again, vaccination is not for profit in my personal view.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] No. No. You have to ...*

Tuan Pengerusi: *Of course, of course.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Let me tell you how this —You all are ... [Tidak jelas]. The PPVs are set up according two doses per day, right? The PPVs are set up from 3,000 doses per day, 2,000 doses per day and 1,500 and 1,000 doses a day. I was told that every dose per day, depending on the numbers of doses that are given, so prices can vary from RM60 to RM90 per dose, per patient that are walk-in for per dose. Is it true?*

Puan Ruziah binti Shafei: *No.*

Dato' Parang Abai @ Thomas: *No. PPV run on a capacity per day. That is why we call it a let say 1,000 doses per day. That is the capacity,* Yang Berhormat. *So the charges I mentioned just now, RM30 is fixed for PH Corp and the GPs. The balance maybe RM50,*

RM40 is to the organizer. So that is why we remind all the Ministries, make sure the cost should not be not more than RM100.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] So the organizer or the PPV doesn't see the RM30? The RM30 goes to ...*

Dato' Parang Abai @ Thomas: *Goes to —yes.*

Puan Ruziah binti Shafei: *Yes and the GPs.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] The organizer gets anywhere between RM50 and RM60? Per dose, per injected patient per day?*

Tuan Pengerusi: *Double dose, double dose.*

Puan Ruziah binti Shafei: *Not daily. The cost is not daily,* Yang Berhormat.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Yes?*

Puan Ruziah binti Shafei: *Because the setting up of the PPV, it will take maybe around two months for them to finish two doses. If they take Pfizer for example, it takes that interval time of twenty-one days. So for example, two months. So that one person is paying RM100—for example, the maximum RM100 is for this two months* punya *duration*-lah maksudnya.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] So the first dose—lets say the first dose, because the second dose is now two weeks time—*

Puan Ruziah binti Shafei: *Yes.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Every two weeks for the second dose. So there is—this patient who comes in and goes off.*

Puan Ruziah binti Shafei: *[Bercakap tanpa menggunakan pembesar suara] Yes. Definitely.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] So, second dose, they will—the people will go to PPV, will charge on the first dose, so when your calculation goes into the second dose—they come for the second dose, they got no charges?*

Puan Ruziah binti Shafei: *No. Just one time charge.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] You understand or not?*

Tuan Pengerusi: *Again, again it is an estimate, understand. So the cost between different factories and everything will be different, based on how many they do. So that is why my question is they have to be some kind of a guideline given to this company, so that there is not profiteering*-lah *in that sense. So if it is—they say not more than RM100, my calculation is the cost for double dose is at least RM60 to RM80*-lah*, depending. So normally the people that handle this PPVs, some say that is handled by private sector*. Ada yang *handle by Doctor2U* kah*, Docs on call* lah*. So how much do they—are they profitting from handling these PPVs?*

Dato' Parang Abai @ Thomas: *So that one is under the PH Corp* punya program *on the* PPV Integrasi*. So the same cost* yang dia dapat *...*

Tuan Pengerusi: *Fourteen.*

Dato' Parang Abai @ Thomas: *RM14 per dose* itu.

Tuan Pengerusi: *So no additional for them to handle?*

Puan Ruziah binti Shafei: *[Bercakap tanpa menggunakan pembesar suara] No. No.*

Tuan Pengerusi: *So it is for them to get their brand out*-lah, *basically.*

Puan Ruziah binti Shafei: *In fact* Yang Berhormat*,* kalau kita melihat kepada pembukaan PPV awam*, the big ones,* ataupun *even smaller PPV is even more expensive, actually on operational part. Because when we are opening* PPV awam *for example, one—okay, for example* sebelum ini kita ada satu di Desa Tasik, *so we used PH Corp. So PH Corp. So that RM14 the government will pay direct to PH Corp. But the operational cost will bond by the goverment, same goes to what happen to PIKAS. So the only thing is that the government is not paying them, but the industry is paying them.*

Tuan Pengerusi: *Yes.*

Puan Ruziah binti Shafei: *So, in terms of average cost, for us to setting up the PPV, is between for one person without including the cost for* sukarelawan*, what not, bla bla bla and it will cost us around RM30.*

Tuan Pengerusi: *RM30?*

Puan Ruziah binti Shafei: *RM30. RM30 is just the simple one but for the ...*

Tuan Pengerusi: *This is* PPV awamlah*?*

Puan Ruziah binti Shafei: *Yes. But for the PIKAS, they have to prepare the* sukarelawan*, they have to pay for that, so it will be even more. So ...*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Who pays for that?* Sukarelawan *and anything else.*

Puan Ruziah binti Shafei: *The industry. Within that RM90 or RM60 that they charge.*

Dato' Parang Abai @ Thomas: *The organizer,* Yang Berhormat*.*

Puan Ruziah binti Shafei: *The organizer will pay. For PIKAS.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] I am just confused on your this thing about two doses for RM60, because the cost in the market outside goes by daily doses of RM60 per person.*

Puan Ruziah binti Shafei: *[Bercakap tanpa menggunakan pembesar suara] No,* Yang Berhormat*.*

Dato' Parang Abai @ Thomas: *No,* Yang Berhormat*.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] I am sorry. That is what ...*

Tuan Pengerusi: *Again*-lah*, I understand why is it happening. Because I know some private PPVs does that. They use this to justify because they need to make it worth their time and value to do it*. *So they say for me to do one day, I need to charge RM60.*

Puan Ruziah binti Shafei: *Maybe* Yang Berhormat *can differentiate between the PIKAS under CITF and the SelVAX.*

Tuan Pengerusi: SelVAX, *yes*.

Dato' Parang Abai @ Thomas: *That one is different,* Yang Berhormat.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] SelVAX is state.*

Dato' Parang Abai @ Thomas: *Yes, Selangor.*

Puan Ruziah binti Shafei: *Yes, that one is state. We do not interfere with them. Whatever charges they want to give, it is up to them.*

Tuan Pengerusi: *So SelVAX the prices—the vaccine is not free? It is paid by the state government*-lah. *It is higher cost, actually. It is higher than the Federal level.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Something RM300.*

Tuan Pengerusi: *Yes, RM300. Yes, yes, it is high. Because they bought Sinovac direct from Pharmaniaga at more and higher price. I know the price but it is okay. [Ketawa] But again—okay I lost my train of thought. But, nevermind, continue first. [Ketawa] Okay, I remember now.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Just sorry* ya*, don't think that we are grilling you.*

Puan Ruziah binti Shafei: *No, it is okay.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Nothing compared to what you are going to face—just be careful ...*

Tuan Pengerusi: I *just remember what I want to ask. Because now five billion was allocated for the whole thing, okay? I think three billion or two biilion is on vaccine alone*, 'kan?

Puan Ruziah binti Shafei: *[Bercakap tanpa menggunakan pembesar suara] Four.*

Tuan Pengerusi: Ha? *Vaccine* empat bilion?

Dato' Parang Abai @ Thomas: KKM*, four.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Sorry ah. In amount that was budgeted and approved in Parliament—*

Tuan Pengerusi: Three.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] During the previous Parliament sitting just before budget—*

Tuan Pengerusi: *Three.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Three billion, right?*

Puan Ruziah binti Shafei: *[Bercakap tanpa menggunakan pembesar suara]* 3.5*.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Three point?—*

Puan Ruziah binti Shafei: *[Bercakap tanpa menggunakan pembesar suara] Five.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Open your mic please.*

Puan Ruziah binti Shafei: 3.5.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] 3.5 billion, right? That was in Parliament last year. Then subsequently after that there was another allocation that was given.*

Tuan Pengerusi: *Announcement.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Announcement made, how much is that?*

Puan Ruziah binti Shafei: *The maximum now is four billion.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Total is four billion?*

Tuan Pengerusi: *I thought five b...?*

Puan Ruziah binti Shafei: *For vaccine.*

Tuan Pengerusi: *Okay.*

Puan Ruziah binti Shafei: *For vaccine purchase.*

Tuan Pengerusi: *But this 3.5 that was initially announced is everything,'* kan*? Not only vaccine '*kan*? It's even the—*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] I think it was also part of logistics and everything—*

Puan Ruziah binti Shafei: *No. Separate.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Look at the hansard—*

Tuan Pengerusi: *No. No. I debated. I am very sure. It is—*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] The hansard was clear for this—there is—because I remember your Minister saying that—amount of this 3.5 billion—both towards setting for logistics...*

Tuan Pengerusi: *Everything. Distribution. Yes I am very sure. I debated it.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] I was in...*

Tuan Pengerusi: *Yes. We debated it. But either sense right now, how much is being used for vaccine purchase alone?*

Puan Ruziah binti Shafei: *For the recent decision, four billion is meant for the purchase of vaccine.*

Tuan Pengerusi: *How many percent of the population it covers?*

Puan Ruziah binti Shafei: *It goes up to...*

Tuan Pengerusi: *Is this the additional, Pfizer?*

Puan Ruziah binti Shafei: *I don't have the figure for that, I am sorry.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Four billion that was announced last year plus 3.5 plus another four billion? Total from last year to this year is RM4 billion was approved?*

Puan Ruziah binti Shafei: Ha, ah.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Talking about an extra of RM500,000.*

Puan Ruziah binti Shafei: *I am talking about the allocation for KKM, for under* MOH *is four billion.*

Tuan Pengerusi: *For vaccine, alone?*

Puan Ruziah binti Shafei: *Because we have a separate allocation, which is...*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] What is your—oh you have a separate...*

Puan Ruziah binti Shafei: *Yes, allocation.*

Dato' Parang Abai @ Thomas: *[Bercakap tanpa menggunakan pembesar suara] Budget is allocated directly for the...*

Tuan Pengerusi: *So messy.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] So messy. Before, your Minister is the one who once said this in Parliament.*

Tuan Pengerusi: *Ya. Ya. This is why two Ministries' bereaucracy— [Gelak] But I'm going to preempt you—you mentioned that four billion is vaccine alone. This is not what is communicated in public or in Parliament. People will question,* eh tiba-tiba *you* cakap dulu *cover everything, suddenly now why only vaccine? Extra money. How can the cost went up?*

Puan Ruziah binti Shafei: *Okay, for the approval...*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] What your Minister stand up and said in Parliament as far as the budget is concerned...*

Puan Ruziah binti Shafei: *Okay, the approval by MOF, 3.5 billion previously, I am talking about the previous one. 3.5 billion is meant for* perolehan vaksin *and* logistik vaksin.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Ha, okey there we go.*

Tuan Pengerusi: *Logistic. That is* logistik.

Puan Ruziah binti Shafei: *Then, for* MOSTI *we have 800 million.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] 800 million?*

Puan Ruziah binti Shafei: *Million. Million.* Ha. *For the setting up of* PPV's, *paying for the* sukarelawan.

Tuan Pengerusi: *Okay.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] So this will be for the set up of the PPV's and* sukarelawan*, that is 800 million? This was approved when?*

Puan Ruziah binti Shafei: *24th of March.*

Tuan Pengerusi: *This year.*

Puan Ruziah binti Shafei: *This year.*

Tuan Pengerusi: *Okay, again, I am going to ask vaccine questions, I want to clarify. You mentioned just now that cost includes logistics and everything.*

Puan Ruziah binti Shafei: *Yes.*

Tuan Pengerusi: *I want to know now exactly cost for vaccines alone. Purchase and procurement of vaccines alone.*

Puan Ruziah binti Shafei: *Okay, I don't have it here. Because the one that we have is...*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] 3.5 billion for procument and logistics, right? Can you break that down on how much was spent for logistics and how much was spent for procurement?*

Tuan Pengerusi: *The reason why I am getting to that question is when the government announced the five billion—and they said they take it from* Kumpulan Wang Amanah Negara (KWAN), *they say this will cover the whole program including vaccine purchase, implementation, distribution and so on and so forth. Then suddenly came in a parallel program which is* Program Imunisasi Industri Covid-19 Kerjasama Awam-Swasta (PIKAS). *But then the cost now is borne by the private sector. So there will be questions, you already allocated five billion for this, why now are you getting the private sector to pay for it? So what happens to the extra money? So I am preempting you for this question, and I also want to know where did money go? If it's that five billion...*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Where did you get five billion from?*

Tuan Pengerusi: *The government announced five billion from...*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] From where? Apart from 3.5 billion?*

Tuan Pengerusi: *No. No. We approved in Parliament, 3.5. Then they increased it, there was a public statement. I think Prime Minister ke atau siapa made it, and then Tengku Zafrul came and said this money will come from* KWAN*.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] That's why I remember, the announcement total was five billion.*

Tuan Pengerusi: *Five billion, correct. So the expectation, this five billion it covers everything. So now with* PIKAS *coming in, and the private sector bearing some of the cost. The question is, number one, is the five billion insufficient? And number two, if really is there any additonal savings*-lah*, from this five billion? If you understand where I am going*-lah*. [Ketawa] I understand the...Sorry, sorry to put you on the spot. [Ketawa].*

They took five billion from KWAN*. It is because last Parliament, they approved 3.5 billion. Approved, but* belum dapat *the money yet. So this year when they* mahu cari itu duit, *they found they don't have other money, the only way they can get that total five billion is from* KWAN.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] When they announced in Parliament 3.5 billion...*

Tuan Pengerusi: *It was projection. It was projection by Ministry of Finance. But after that when they went and search, they cannot find the money, so they had to dip into the* KWAN*. Total five billion. Tengku Zafrul announced it all five billion was from* KWAN.

Dato' Parang Abai @ Thomas: *Based on the letter that we received from MOF on 24th March. The budget allocated for* KKM, Kementerian Kesihatan Malaysia *is 4.2 billion.*

Tuan Pengerusi: *Okay*.

Dato' Parang Abai @ Thomas: 4.2 *billion for* Kementerian Kesihatan. MOSTI *is 800 million.* Kurang daripada...

Tuan Pengerusi: *So basically five billion*-lah.

Dato' Parang Abai @ Thomas: *Five billion*-lah. But if YB asked our team, how much we will spend for the vaccine? We don't have that figure. That is under KKM.

Tuan Pengerusi: *It is interesting because* MOSTI *is the one negotiating with the supplier. Why wouldn't you have the figures of how much...*

Puan Ruziah binti Shafei: *[Bercakap tanpa menggunakan pembesar suara] We don't do the purchase...*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] YB, Minister, MOSTI had a briefing to all Parliamentarians about procurement of the vaccine. With costings and also amount. I attended the meeting in Putrajaya. But now you are saying that you are not involved in payment for the vaccine.*

Dato' Parang Abai @ Thomas: YB *involved on the negotiation*, YB. *But the detail, the process procument is under* MOH. *We are not involved*.

Tuan Pengerusi: *Okay* lah. *I think we are not getting anywhere now because you don't have the information. Maybe* kita minta jawapan bertulis, *if possible a breakdown* [Ketawa] *on that five billion*. *Most importantly, I think we want to know how much exactly is cost for vaccine alone, total, and then the rest are additional costs*. *And then what I want to know is now,* PIKAS *is in the picture, does it reduce this cost? Because five billion is a cap only*, *doesn't mean we have to spend five billion. With* PIKAS, *with the private sector now contributing into it, does it reduce the cost? If it does not reduce the cost, how do you explain what is this additional cost of that five billion*-lah? *If you can come back to us*. *Maybe next meeting* ke *or* jawapan bertulis ke atau apalah*. Is that okay? Any other question?*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] [Bercakap kurang jelas] The Committee is interested in knowing, when the Minister announced 3.5 billion allocation for procurement and logistics. We need to know the breakdown of that 3.5 billion. How much is spent for logistics? This is the thing that I hear a lot outside... [Bercakap kurang jelas]*

Tuan Pengerusi: *Yes. The five billion will be your sticking point, because people will question the spending. It is natural. So what you spent and on is it justifiable? Who are the contractors you gave? Of course the common question, open tender* ke, tak *open tender? Even Call Center for example. Call Centre who do you give? Is it open tender? And we know how bad the service was especially at the beginning, Call Center* teruk*. So how do you keep accountable? If possible,* ada *breakdown* macam itulah*. If it is under non-disclosure agreement (NDA) ke, confidential, we can even have an agreement within this committee that...as long as we keep certain level of accountability, we will not reveal to public*-lah*. But you have to at least furnish some info—we can sign whatever NDA. But we need to give some accountability and oversight and... YB Sipitang is in PAC so he would know all these lah...[Ketawa].*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara]*

Tuan Haji Yamani Hafez bin Musa: *I think next week also they have the PAC on the vaccine procurement.*

Tuan Pengerusi: *Yes, next week. Correct*.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara]*

Tuan Pengerusi: *So, I think from this Meeting, one thing we learnt is jurisdiction. So, we are in a unprecedented times where two Ministries are in charge of a very important program.* Yang Berhormat *will understand the bureaucracy of double* Menteri. *So, in the next meeting facing forward, I think we can just summarise today. I looked through some of the slides are quite general* lah, *but if the Committee has any other questions towards PICK, please ask. You can ask now, but I think moving forward, we will try to have both MOF and MOSTI together. Because, I think the whole approach for Covid is not just silo Ministry, a single Ministry* lah. *It has to be both. So, it is better to have both answers, I agree with you on that. So, before we conclude* lah, *any*– Yang Berhormat Timbalan Ketua Setiausaha, ada apa-apa *you* hendak tegaskan? *Maybe something you want to focus, before we summarise and my Committee* mungkin hendak tanya ada apa-apa soalan?

Dato' Parang Abai @ Thomas: *[Bercakap tanpa menggunakan pembesar suara]*

Tuan Pengerusi: Okey, boleh.

Dato' Parang Abai @ Thomas: *For the way forward* Yang Berhormat, *actually start from the 26th of July onwards, we are trying to increase our PPVs capacity to 500,000 doses per day.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] For the whole country?*

Dato' Parang Abai @ Thomas: *Yes, for the whole country.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa pembesar suara]*

Dato' Parang Abai @ Thomas: *Yes. For Klang Valley, we increase it to 270 starting from next week.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara]*

Dato' Parang Abai @ Thomas: *Yes, all* Yang Berhormat. *So, our target is* Labuan, *this month they will complete 80% of their vaccinations.* Selangor, KL, Putrajaya, Sarawak,

by August and Pantai Timur *October, because we are focusing on the* masalah banjir *already, towards the end of the year.*

Tuan Pengerusi: *Yes, yes.*

Dato' Parang Abai @ Thomas: *That is why we are trying to complete* Pantai Timur *by October and the rest of the states by October, we forecast that 80% completed with one dose.*

Tuan Pengerusi: *80% by one dose, October?*

Dato' Parang Abai @ Thomas: *Yes, 80% one dose by October and the remaining two doses will be completed by end of the year.*

Tuan Pengerusi: *So, single dose 80% by October, that means averagely from now on, how many jabs per day* kena*? 500,000?*

Dato' Parang Abai @ Thomas: *500,000.*

Tuan Pengerusi: *Starting from 26th July* lah?

Dato' Parang Abai @ Thomas: *Yeah.*

Tuan Pengerusi: *Starting from next week* lah, *basically.*

Dato' Parang Abai @ Thomas: *Yes.*

Puan Ruziah binti Shafei: *[Bercakap tanpa menggunakan pembesar suara] We already achieved it yesterday.*

Tuan Pengerusi: *Yes, yes. Actually, a few days- I remember it is 500,000.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara]*

Puan Ruziah binti Shafei: *Including all.*

Dato' Parang Abai @ Thomas: *All,* Yang Berhormat.

Puan Ruziah binti Shafei: *Outreach, mobile.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Yes, yes, but all* MySejahtera lah?

Dato' Parang Abai @ Thomas: *No, no.*

Puan Ruziah binti Shafei: *[Bercakap tanpa menggunakan pembesar* suara*] Not necessarily.*

Dato' Parang Abai @ Thomas: Ada juga yang ini–

Tuan Pengerusi: Ada yang *jab* dulu, *register. Jab, register.* Sarawak banyak.

Tuan Haji Wan Hassan bin Mohd Ramli: Ini yang *two dose vaccines.* Kalau sampai yang dos vaksin esok, lain pula ia punya...

Dato' Parang Abai @ Thomas: Kalau yang *one dose vaccine* itu kita terima Yang Berhormat, kita mungkin lagi percepatkan ia punya inilah.

Tuan Pengerusi: *[Bercakap tanpa pembesar suara]* Tak payah dua kalilah?

Dato' Parang Abai @ Thomas: *Yes. Then, the most challenging is in* Sabah, Yang Berhormat.

Tuan Pengerusi: *My question is this,* 80% ini kita tahu hampir 30% populasi kita di bawah 18 tahun. Semalam CITF baru keluarkan satu kenyataan, bahawa *below 18* mereka tidak akan beri vaksin, kan? Untuk Pfizer, disebabkan kerisauanlah, *myocarditis. I have a different opinion, it is very low percentage, benefits still, I do not know why* CITF *cannot hand out, but it is not your answer.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara]*

Tuan Pengerusi: *Either way, how does this change your plan for this 80% by October?* Bolehkah capai? Oleh kerana *30%* kita punya *population under 18. [Ketawa] How do you get this 80%?*

Dato' Parang Abai @ Thomas: *This 80%* termasuk yang bukan warganegara, Yang Berhormat.

Tuan Pengerusi: Okey.

Puan Ruziah binti Shafei: *[Bercakap tanpa menggunakan pembesar suara] 18 and above.*

Tuan Pengerusi: *18 and above* lah.

Dato' Parang Abai @ Thomas: Ya.

Tuan Pengerusi: *So, you are estimating 32 or 33 million population?*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara]*

Tuan Pengerusi: *Big question.*

Dato' Parang Abai @ Thomas: *Based on 32 million.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara]*

Tuan Pengerusi: Banyak, banyak. *A lot of questions. [Ketawa]*

Dato' Parang Abai @ Thomas: *Legal and illegal, refugees. That is our challenges* lah. *We have to vaccinate them also.*

Tuan Pengerusi: *Who makes the decision to vaccinate them or not? Illegal and undocumented,* MOSTI *or* KKM?

Dato' Parang Abai @ Thomas: JKJAV.

Tuan Pengerusi: JKJAV.

Dato' Parang Abai @ Thomas: Ya.

Tuan Pengerusi: JKJAV, *committee* ia, dalam *both Ministries* ada?

Dato' Parang Abai @ Thomas: *Almost all Ministries–*

Tuan Pengerusi: *Home Ministry* pun ada?

Puan Ruziah binti Shafei: *[Bercakap tanpa menggunakan pembesar* suara*] Even the* Mesyuarat Jemaah Menteri *also agreed on that.*

Tuan Pengerusi: *OK.*

Puan Ruziah binti Shafei: *[Bercakap tanpa menggunakan pembesar* suara*] From the very beginning, to jab the* bukan warganegara.

Tuan Pengerusi: *This is a complicated issue.* Di Sabah Sarawak, *undocumented, born in Malaysia* tetapi tidak ada *IC*.

Puan Ruziah binti Shafei: *[Bercakap tanpa menggunakan pembesar* suara*] Including that one.*

Dato' Parang Abai @ Thomas: *Yes, that one also...*

Puan Ruziah binti Shafei: *[Bercakap tanpa menggunakan pembesar suara] We came up with the SOP yesterday.*

Tuan Pengerusi: Oh, *yesterday* baru keluar?

Dato' Parang Abai @ Thomas: Ya. *[Tidak jelas]*

Tuan Pengerusi: *What is the SOP?*

Puan Ruziah binti Shafei: *[Bercakap tanpa menggunakan pembesar suara] Just* garis panduan *on how to register them when they come, or during the outreach, to register them to get the ID and put under* MySejahtera. *So that, we can track them, that they are vaccinated.*

Tuan Pengerusi: *So, how–*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara]*

Puan Ruziah binti Shafei: *[Bercakap tanpa menggunakan pembesar suara]*

Tidak ada.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara]*

Puan Ruziah binti Shafei: *[Bercakap tanpa menggunakan pembesar suara]*

Yes.

Tuan Pengerusi: *Where do they–*

Puan Ruziah binti Shafei: Nama, negara–

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara]*

Puan Ruziah binti Shafei: *Yes.*

Tuan Pengerusi: *Where do they register?* Mereka *walk-in* ke atau apa?

Puan Ruziah binti Shafei: *It is either walk-ins* atau *outreach.*

Dato' Parang Abai @ Thomas: *Walk-ins.*

Tuan Pengerusi: *Walk-in* ke PPV?

Puan Ruziah binti Shafei: *[Bercakap tanpa menggunakan pembesar suara]*

Outreach, outreach.

Tuan Pengerusi: *Any* PPV?

Puan Ruziah binti Shafei: *[Bercakap tanpa menggunakan pembesar suara]*

Yes.

Tuan Pengerusi: Oh, okey. *That is good.*

Puan Ruziah binti Shafei: *[Bercakap tanpa menggunakan pembesar suara] That is the idea of doing it* lah.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara]*

Yesterday, you launched yesterday?

Tuan Pengerusi: *I was not aware* lah, *but it is okay. I mean, it is a good thing. I think this is a good way forward* lah. *Okay. Any questions? Anything* Dato' Timbalan Ketua Setiausaha, *anything else you want to focus on?*

Tuan Haji Yamani Hafez bin Musa: *[Bercakap tanpa menggunakan pembesar suara]*

[Ahli-ahli berbincang sesama sendiri]

Tuan Pengerusi: CITF *has to make a decision. I am– Okay, honestly– [Bercakap tanpa menggunakan pembesar suara]*

[Ahli-ahli berbincang sesama sendiri]

Dato' Parang Abai @ Thomas: *On this decision* Yang Berhormat, bukan keputusan CITF. Keputusan ini adalah keputusan JKJAV atas nasihat Kementerian Kesihatan. CITF *just announce* ia punya keputusan. Ia buat pengumuman.

Tuan Pengerusi: *[Bercakap tanpa menggunakan pembesar suara]*

Puan Ruziah binti Shafei: *[Bercakap tanpa pembesar* suara*] Both Ministers.*

Dato' Parang Abai @ Thomas: *Both Ministers.* MOSTI dengan Kesihatan.

[Ahli-ahli berbincang sesama sendiri]

Tuan Pengerusi: *Increasing to 500,000, what are the main challenges you foresee and what are your proactive contingencies to address those issues moving forward?*

Dato' Parang Abai @ Thomas: Okey, Yang Berhormat. Cabaran utama kita untuk mencapai sasaran 500,000 *doses* satu hari ini adalah satunya, *because* sekarang ini kita masih lagi- pendaftaran MySejahtera masih rendah. 19 juta yang baru daftar sekarang ini. Walau bagaimanapun, kita akan gunakan hibrid, *inject* dan daftar. Keduanya adalah kumpulan anti-vaksin, masih lagi wujud.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] 8%, is it? 8% or 9% anti-vaccines? Percentage* itu. Apa saya baca itu, *anti-vaxxers out of the total population, I think it is about–*

Dato' Parang Abai @ Thomas: *Currently,* berapa *percent* dah?

Puan Ruziah binti Shafei: *[Bercakap tanpa menggunakan pembesar suara]* Tidak tahu, Dato'. Saya tidak ada data.

Dato' Parang Abai @ Thomas: Dia tidak ingat data itu, Yang Berhormat. *Sorry.* Satu lagi cabarannya Yang Berhormat, *on the* penduduk yang tidak mempunyai *access,* terutamanya pendaftaran. Kita panggil pendatang tanpa izin, penduduk di kawasan Sabah, yang di kawasan perairan laut Sabah dan juga pedalaman. *So,* itu satu ini. Akan tetapi kita beranggapan *once* kita dapat CanSino punya vaksin, itu banyak membantulah sebab vaksin ini kalau dia yang *first dose* mungkin kita boleh bagi, *second dose* tidak mungkin dia akan datang. dia hilang ya. *So* itu *the most challenging.*

Then satu lagi Yang Berhormat, kita *increase* kan kapasiti PPV. *At the same time,* kita kena jaga SOP untuk mengelakkan penularan wabak COVID. *So* itu satu cabaran yang agak setiap hari kita dapat laporan PPV ini sesak, kita kena ini. PPV kosong pun kita juga kena, sesak, kena juga Yang Berhormat, bukan.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Don't have PPV for 3,000, 4,000 doses per day, because you are waiting. There is a huge mistake in that number because* orang hendak datang bukan datang satu orang, dia datang dua orang.

Dato' Parang Abai @ Thomas: *Yes.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *We have 2,000 doses we are paying. You are getting 3,000 to 4,000 people coming to the PPV. It's a mess outside.*

Tuan Pengerusi: *But to be fair, look, I personally have expressed this opinion publicly. I think crucial we do focus on mega PPVs. But I did the numbers, without the mega PPVs, we can never do 5,000. We cannot do. [Ketawa]*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: Ya, *we cannot. Two PPVs at a strategic point that you want to come, he said if you are agreed to jab first and register later. Because the fine areas where do you do 500 doses a day you do 1,000 doses a day or mobile you do 300 doses a day, if you have acombine all this together ...*

Tuan Pengerusi: *The other issue I foresee is a* bekalan stok *because now we are still at the mercy of the suppliers,* bukan.

Dato' Parang Abai @ Thomas: Ya.

Tuan Pengerusi: Kita baru dapat 12 juta bukan? Sudah dapatkah dua bulan ini 12 juta stok yang dikatakan?

Dato' Parang Abai @ Thomas: *Yes, for* Julai kita sudah dapat 12 juta.

Tuan Pengerusi: Okey. Itu boleh tahan sampai bila?

Dato' Parang Abai @ Thomas: *So has another issue* Tuan Pengerusi, stok bekalan vaksin ini ia tidak konsisten. Dia bukannya *fixed the date delivery* itu tidak ada.

Tuan Pengerusi: Oh, dengan *supplier* tidak ada *agreement* macam *delivery date* semua tidak ada?

Dato' Parang Abai @ Thomas: Dia *by week* punya ini, *the second week, third week and then most...*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara]* Yang *you* buat *procurement* dari Thailand dan ada masalah untuk diterima, bayaran sudah buat tetapi *date* dia sudah sekarang berapa lama? *Next cases, how long? Thailand? The warrant that you make concurrent.*

Dato' Parang Abai @ Thomas: Saya ingat itu *this month* sudah sampai lah, bukan.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: Sudah sampai?

Dato' Parang Abai @ Thomas: AstraZeneca ya. Apa ini Yang Berhormat, setiap kali Yang Berhormat KJ terpaksa merayulah dengan semua *supplier* ini untuk cepatkan dia punya *delivery*. Kalau tidak kita punya *delivery* ini kebanyakannya *third quarter, fourth quarter.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Pharmaniaga is not producing their own Sinovac already?*

Tuan Pengerusi: *No, fill and finish.*

Dato' Parang Abai @ Thomas: They *fill and finish* Yang Berhormat*.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Fill and finish work up.*

Dato' Parang Abai @ Thomas: *Fill and finish.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *We never went out for further – not given?*

Dato' Parang Abai @ Thomas: Belum, belum ini lagi.

Tuan Pengerusi: *The government never buying from Pharmaniaga. So they have fulfill their contraction obligation for 12 million. I think government not buying from Pharmaniaga. [Ketawa]*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara]*

Tuan Pengerusi: *No that's why Pharmaniaga diversifying to private sector.*

Dato' Parang Abai @ Thomas: *So* sekarang ini Pharmaniaga akan selesai dia punya kapasiti untuk *supply government. So* selepas itu dia buka untuk *private state government* hendak beli lah Yang Berhormat.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: Dia *sole agent* untuk Sinovac.

Dato' Parang Abai @ Thomas: Ya.

Tuan Pengerusi: *Moderna, just now I just found out DG Hisham* bercakap tadi *Moderna is…Pharmaniaga is submitting the dossier, that is the data. What that means is, Pharmaniaga "pow" two vaccines. Okay that's another conversation. Okay…*

Tuan Haji Yamani Hafez bin Musa: *[Bercakap tanpa menggunakan pembesar suara] I think we open up this vaccine purchase…*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Are you restricting two companies or you opening it up?*

Encik Thean Ming Fatt: Yang Berhormat*, I think impossible* kita hendak realistik, bukan. *That's depends on the producer who they want to sign with. If the private company*

manage to get producer, willing to sign and supply them, thats find. But they need to submit the document for our NPRA to approve it. I think that is the procedure.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *NPRA is already approved once the Sinovac is approve as a vaccine.*

Encik Thean Ming Fatt: *Okay.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Then any complete and bring in with the same approval license, right? Any company that producing who bringing it …*

Encik Thean Ming Fatt: *Depends on the agreement meeting Sinovac signed with Pharmaniaga before, whether they allow…*

Tuan Pengerusi: *The supplier and the company. Okay, I can explain a little bit. So basically, under the Malaysian Law, NPRA to approve any jab, they need to have a local supplier. That means a local importer, for example. So that's why Pharmaniaga and all these companies come. They negotiate with … Sinovac, okay. For that negotiation to happen and for Pharmaniaga to have the infrastructure to fill and finish they need to put a huge investment and they make a business decision. If I want to invest in Sinovac and invest this, make sure I got exclusified,* kalau tidak saya tidak untung. *I put in hundreds of million and then you open up the market to so many people, I'm not saying is right,* ya. *But this a business consideration that this company have. Of course I'm a more free market kind of person. I think we should open up to everybody or which* ada *company have the capacity to purchase those infrastructures to fill and finish is another question* lah.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *No, do we do to import only fill and finish or we can import the product by himself without having to go through fill and finish?*

Tuan Pengerusi: *Okay, that's another conversation. Of course that is a pro and cons. If you do the fill and finish, that's a knowledge transfer to the local companies. So hopefully, I'm hoping at least Pharmaniaga is starting to build capacity for them to even produce the vaccine in the future.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *I'm not agree with that vaccine…*

Encik Thean Ming Fatt: *For your information* Yang Berhormat*, but in the process doing, maybe take two to three years to complete it.*

Tuan Pengerusi: *So the local knowledge transfer is important. I understand if you want things fast, just import and distribute.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *I would look at things fast now chairman because I want to get overcome the COVID situation.*

Tuan Pengerusi: *And I lean towards your argument as well. Any other question from the committee before we conclude, Dato'?*

Tuan Haji Yamani Hafez bin Musa: *I think the outreach program is very important* lah *especially for Sabah and Sarawak, waiting for the CanSino to come in that will drop to result a lot. Getting…*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *That one I'm hearing now, jab person, registration later is good. I think that's something we must just push ahead.*

Dato' Parang Abai @ Thomas: *Mostly* macam *Sarawak* Yang Berhormat*, outreach program* ini memang banyak membantulah digunakan dia punya *flying doctor service to give* dalaman *even the military* bantu pergi pedalaman.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Sarawak is doing about 30,000 per day now right?*

Tuan Pengerusi: *Ya, we register.*

Dato' Parang Abai @ Thomas: *50 Yang Berhormat.*

Encik Thean Ming Fatt: *30 or 50?*

Dato' Parang Abai @ Thomas: *50.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Our population is 3 million 50…*

Tuan Pengerusi: *Our first dose already covered 75 percent of populations. That's why I see all cases are dropping. If our cases are high but our hospitalization is very low, so that's the power of vaccine. I think my question, I don't know if you have a data today,* sebab kita sudah hampir habis Fasa 2, sepatutnya kita sudah *cover* kebanyakan orang *high risk* lah iaitu *60 and above and comorbidities. How many percentages of those people having vaccinated,* berapa peratus lagi yang belum dapat dalam Fasa 2 *because these are the main people high risk?*

Dato' Parang Abai @ Thomas: *Dr. Chan, do you have the figure?*

Prof. Madya Dr. Chan Chee Seng [SUB Data Strategik dan Foresight Teknologi]: *I'm checking now.*

Tuan Pengerusi: *And how many percent of Phase 3 people that you* sudah *start vaccinating?* Kalau boleh *you breakdown. I'm sure Phase 1* sudah 100 peratus, *Phase 2 is actually the main one,* orang tua dengan *comorbidities and which state is the slowest* kalau *you* ada data.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *What is the reason Kelantan stop* sangat banyak?

Dato' Parang Abai @ Thomas: *Actually, they want* pada masa itu Yang Berhormat stok sudah habis di Kelantan. Bukannya dia tidak terima Sinovac*.* Stok pada masa itu habis di Kelantan.

Encik Thean Ming Fatt: *Actually, I mean* sudah cukup dah stok *12 million. Then you have to spare for second dose. That's all* lah. *I mean I don't know how come this Pengarah…*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Why you did such a public announcement like that…*

Tuan Pengerusi: Yang Berhormat*, I'm fully agree it was a non-issue due to PR's failure it became a huge issue. Has it Tan Sri was upset when Yang Berhormat MK make an announcement in that manner. I like to come on, I want to see better. But in anyway, is a non-issue. Hopefully people can understand. But any data that we quested? Any other question on the committee?* Yang Berhormat Dungun ada soalan?

Tuan Haji Wan Hassan bin Mohd Ramli: *One main concern YB Chairman,* oleh kerana kita varian Delta yang baharu, vaksin ini boleh – itu isu yang penting. Vaksin...

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *The question from Yang Berhormat is Delta variant?*

Tuan Haji Wan Hassan bin Mohd Ramli: *Delta varian*.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Efficacy? At the present, vaccine that is being given, is it standing up?*

Encik Thean Ming Fatt: *Oh! Roughly DG also say*...ya lah, *I mean we cannot – not 100 percent but there is some form of protection* sudah ada*. I think for a more complete data,* belum ada lagi kot. *How many percent is the efficacy*-lah, kan? *That is the only way forward, the vaccine that is available in the market and we just use it*-lah *until there is…new vaccine comes…then we may have to purchase.*

Tuan Pengerusi: Biasa kalau ada orang tanya saya, sebab saya tahu. *I mean* – macam Pfizer kalau dengan Delta varian, dia dapat memberikan perlinduangan hampir 92 peratus untuk *severe symptoms* dan *hospitalization.* Kita tidak lihat *efficacy* untuk mendapat virus itu. Kita sudah lihat *severe symptoms. So, Pfizer 92 percent, AZ 82 percent, Sinovac* itu saya tidak berapa tahu sebab data dia masih samar-samar. *Any people that ask me, I would say this*-lah. Pergi dapat Sinovac dulu, walaupun 50 peratus. 50 peratus itu lebih baik dari *zero percent. Some form of protection is always better than no protection at all.*

So, if there is new data seperti yang Dr. cakap tadi, *maybe* kita *need a new booster* ke *third booster shot and everything, then they will do it. Now, they are studying the heterogeneous,* bermaksud kita campur vaksin. *First one, Sinovac. Second one, Pfizer* ke. *Now the study is AZ* dengan Pfizer. *MRNA*-lah, *Pfizer or Moderna*.

Tuan Haji Wan Hassan bin Mohd Ramli: *The reason I said this is because* kita ini lihat dari atas.

Tuan Pengerusi Ya.

Tuan Haji Wan Hassan bin Mohd Ramli: Kita melihat semua data dari atas. Tetapi, rakyat ini di bawah. Paniknya, di bawah. *So,* kalau kita boleh *confirm*-kan bahawa pengambilan vaksin ini, walaupun varian Delta itu ada, dia tetap akan boleh jadi satu kesan untuk menahan varian Delta ini.

Itu penting sebab kita lihat atas. Itu yang kita nampak. Paniknya dibawah, rakyat. Jadi, akhirnya timbul *hesitancy* tidak mahu pergi, kan. Tengok dua, tiga orang mati…dia tidak mahu pergi. Itu isu kita ini. Itu yang saya hendak...

Dato' Dr. Xavier Jayakumar a/l Arulanandam: Kita kena buat perbezaan yang mati itu adakah vaksin atau tidak dapat vaksin?

Tuan Haji Wan Hassan bin Mohd Ramli: *No, no, no. Not my issue. The issue is,* rakyat di bawah ini panik. Panik.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: Ya.

Tuan Haji Wan Hassan bin Mohd Ramli: Panik ini, patut dia daftar tidak datang sebab dia takut. Itu isu kitanya. Jadi, supaya kita kata, walaupun varian Delta ini mengganas, dahsyat tetapi, bila awak ambil vaksin awak ada *precaution* sekurang-kurangnya untuk...

Tuan Pengerusi: Ada perlindunganlah sekurang-kurangnya. *As I always said, some form of protection is always better than no protection.*

Tuan Haji Wan Hassan bin Mohd Ramli: *Yah, thank you.*

Tuan Pengerusi: *Any other data?*

Encik Thean Ming Fatt: *Yes, Yang Berhormat Pengerusi. So, based on the data that I have now, the total registration the total phase two that have been vaccinated at least one dose at the moment that is 92.5 percent.*

Tuan Pengerusi: *92.5 percent, two doses?*

Encik Thean Ming Fatt: *Two dose is... I do not have that at the moment, but what have been centralized on the data is that for…in phase two those have received appointment up until now is 96 percent.*

Tuan Pengerusi: *Okay. So, that is four percent that is still…we have hunt them down*-lah? *[Ketawa]*

Encik Thean Ming Fatt: *Yes, but based on what we understand from each date, I mean, the balance of those five to 10 percent eventually is quite hard for them to hunt it down because of…they might be in remote area, or they might be anti-vaccine or other reasons. So, that is why...*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *All?*

Encik Thean Ming Fatt: *No, no. In total for Malaysia.*

Tuan Pengerusi: *Okay, thank you. So, I think we can conclude*-lah. Terima kasih saya ucapkan kepada Dato' TKSU dengan rombongan beliau. Terima kasih atas pencerahan yang telah diberikan. Seperti yang saya beritahu DG tadi, saya harap kita ini *will be something to be continuous*-lah.

Maybe in every month, you can come and give us update. I think I will appreciate-lah. *Maybe we can send you letter, maybe two weeks before to list down the different data that we want. So, I think this can target our discussions.*

My proposal for next meeting, is the breakdown for the 5B. I think it will be very important and it is a very important question that we need to ask. If you can, even next week, if they are ready. I think, we should meet next week.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Because we need to answer in parliament on 26th is…*

Encik Thean Ming Fatt: *I think, Yang Berhormat 26TH is Prime Minister.*

Tuan Pengerusi: *Prime Minister is 26th?*

Encik Thean Ming Fatt: *27th is MOH, I think followed with MOSTI*-lah.

Tuan Pengerusi: *But do you know what is the format, Yang Berhormat? Can we question and can we answer and everything?*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *I think, you can debate as well.*

Tuan Pengerusi: *Okay.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Allow for speeches to carry on*-lah.

Tuan Pengerusi: *Okay. I think with that thank you so much.*

Encik Thean Ming Fatt: *[Bercakap tanpa menggunakan pembesar suara] I think, Yang Berhormat sorry back to your proposal* tadi…data *for*…itu MOSTI yang…

Tuan Pengerusi: *It is MOF*-lah. *I will ask secretariat to write both to… Okay, we can write.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Even the logistic also under MOF?*

Encik Thean Ming Fatt: *Under KKM.*

Tuan Pengerusi: *So, breakdown of the 800 million that you have, how you spent the 800 million? I think, both sides*-lah. *Just a breakdown so we can better understand of it*-lah. *I think, just update us on state-by-state basis how much vaccines have been given.* Berapa yang telah digunakan, berapa yang dalam stok. *State to state basis.* Fasa dua, fasa tiga, *which how many been coverage. I think this is important information we look forward. Okay, thank you so much.*

Tuan Pengerusi: Terima kasih. *Maybe, the committee* kita *stay for 15 minutes, we plan the next meeting and thank you so much for MOH and MOSTI. Thank you.*

[Mesyuarat ditangguhkan pada jam 12:45 petang]

STATUS TERKINI PELAKSANAAN PROGRAM IMUNISASI COVID-19 KEBANGSAAN (PICK)

LINDUNG DIRI, LINDUNG SEMUA.

MESYUARAT JAWATANKUASA PILIHAN KHAS KESIHATAN, SAINS DAN INOVASI BIL 1/2021
23 JULAI 2021

ISI KANDUNGAN

PUNCA KUASA PICK

TADBIR URUS PICK

PORTFOLIO VAKSIN

KADAR VAKSINASI

PENCAPAIAN VAKSINASI

KAPASITI VAKSINASI HARIAN PPV

DATA SUKARELAWAN

PERUNTUKAN PELAKSANAAN PICK

WAY FORWARD

PUNCA KUASA PENUBUHAN PROGRAM IMUNISASI COVID-19 KEBANGSAAN

Keputusan Strategik Pelaksanaan Program Imunisasi COVID-19 Kebangsaan (PICK)

1

14 Oktober 2020: Kabinet bersetuju untuk mewujudkan **Jawatankuasa Khas Jaminan Akses Bekalan Vaksin COVID-19 (JKJAV)** untuk memastikan bekalan vaksin cepat, selamat dan lengkap yang **dipengerusikan bersama oleh YB Menteri Kesihatan dan YB Menteri MOSTI.**

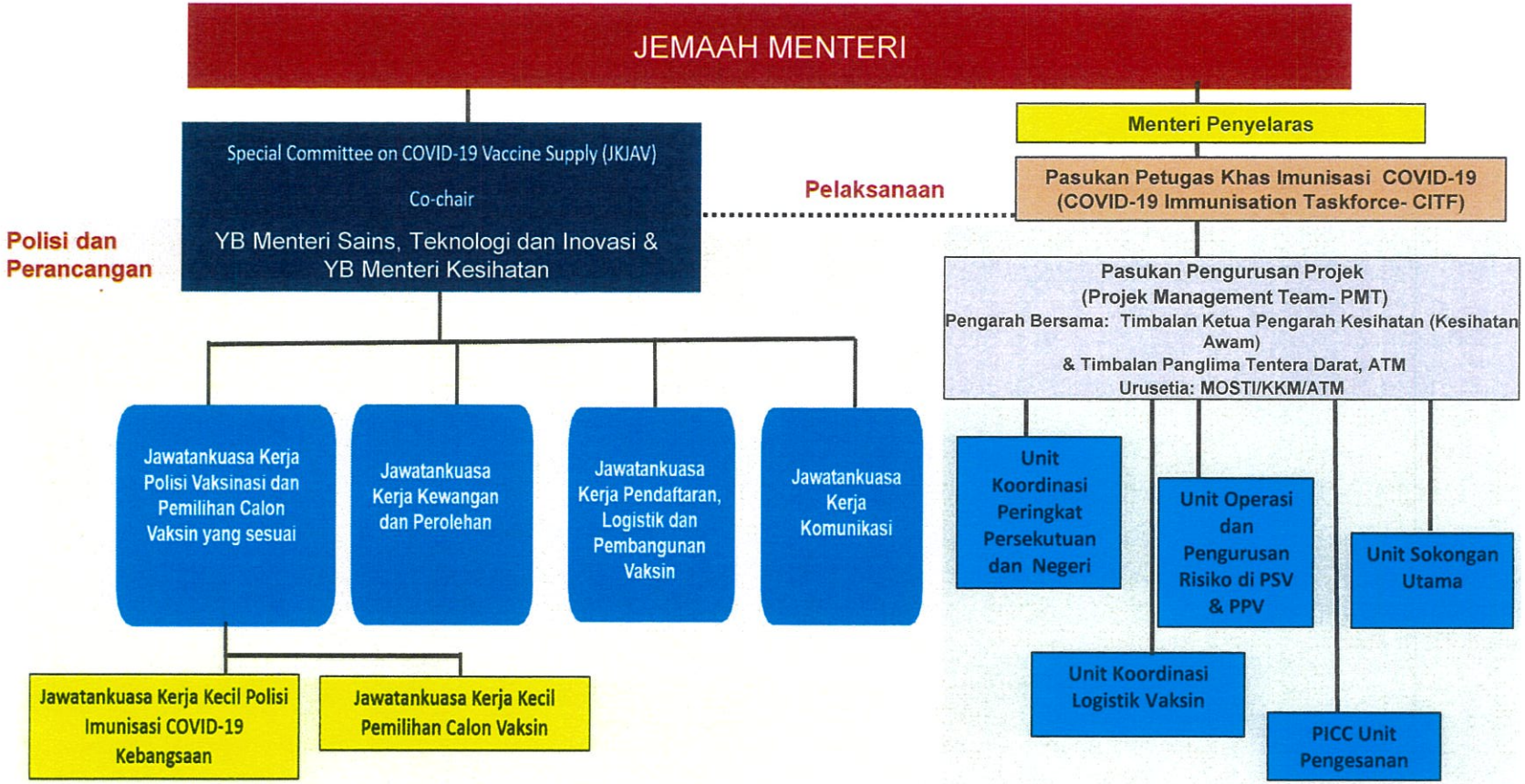
2

4 Februari 2021: YAB PM mengumumkan keputusan kabinet untuk melantik YB Menteri MOSTI sebagai Menteri Penyelaras untuk menerajui Program Kebangsaan Imunisasi COVID-19 melalui Pasukan Petugas (CITF).

- Menteri Penyelaras perlu **memantau pengurusan logistik dan mengkoordinasi gerak kerja antara negeri dan agensi**.
- Ini akan **membantu Kementerian Kesihatan untuk memberi tumpuan kepada perkhidmatan berkaitan kesihatan** untuk membendung wabak COVID-19.

STRUKTUR DAN TADBIR URUS

Penubuhan Task Force Yang Memfokuskan Pelaksanaan dan Pengoperasian Sambil Mengawal Selia JKJAV daripada Aspek Perancangan dan Dasar



OBJEKTIF PROGRAM IMUNISASI COVID-19 KEBANGSAAN

Objektif 1

Melindungi petugas barisan hadapan daripada jangkitan COVID-19 dan memastikan sistem kesihatan negara di tahap optimum;

Objektif 2

Melindungi kumpulan berisiko tinggi daripada *morbidity* dan kematian yang disebabkan oleh jangkitan COVID-19;

Objektif 3

Mencapai sasaran imuniti 80% populasi negara demi memulihkan sektor ekonomi dan sosial; dan

Objektif 4

Menguruskan kawasan pandemik berisiko tinggi bagi meminimumkan kadar penularan COVID-19 dalam komuniti.

FASA VAKSINASI
Kumpulan Sasaran

Umum

- Imunisasi adalah program secara **sukarela**
- **Percuma untuk semua warganegara dan bukan warganegara**
- Kumpulan umur: **18 tahun dan ke atas**

Sasaran

- **80% populasi Malaysia (26.3 juta daripada *32.7 juta), Tempoh Pelaksanaan-: 1 tahun**

Fasa

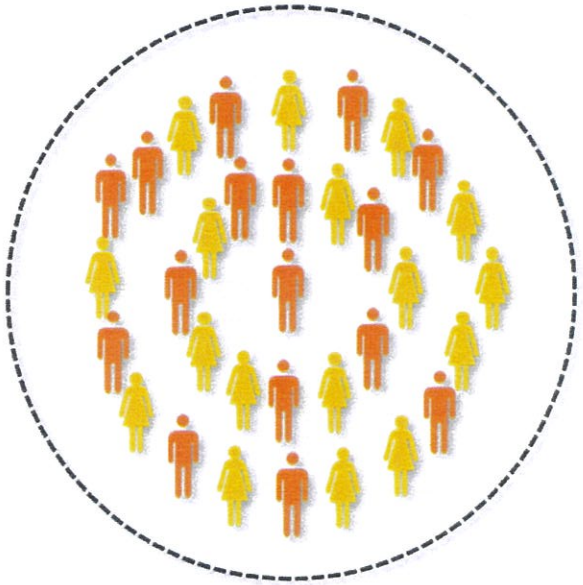
Fasa 1	: **Petugas Barisan hadapan (0.5 juta; 1.9%)**
Fasa 2	: **Kumpulan berisiko tinggi (9.4 juta; 35.7%)**
Fasa 3	: **Dewasa (16.4 juta.; 62.4%)**
Fasa 4	: **Pengurusan Wabak**

Tempoh

Fasa 1 : 2 - 4 bulan	**(Feb - Mei 2021)**
Fasa 2 : 3 - 5 bulan	**(April - Ogos 2021)**
Fasa 3 : 6 - 9 bulan	**(Jun 2021 – Disember 2021)**
Fasa 4 : Berterusan	**(Tiada had masa)**

Pusat Vaksinasi

Fasa 1: **Fasiliti perubatan Kerajaan** (KKM, fasiliti perubatan tentera, hospital universiti)
Fasa 2: **Fasiliti perubatan Kerajaan + pusat vaksinasi lain yang ditetapkan Kerajaan**
Fasa 3: **Fasiliti perubatan Kerajaan + pusat vaksinasi lain yang ditetapkan Kerajaan**



Sumber: *DOSM 2020, **MOHA

PORTFOLIO VAKSIN DI BAWAH PICK

BIL.	PENGELUAR	BIL. DOS	LIPUTAN POPULASI*
1.	**COVAX Facility** • AstraZeneca	**6.4 juta** (2 dos/seorang)	**10%** (3.2 juta penduduk)
2.	**Pfizer & BioNTech** (BNT162b2)	**44.8 juta** (2 dos/seorang)	**70%** (22.4 juta penduduk)
3.	**AstraZeneca** / University of Oxford (AZD1222)	**6.4 juta** (2 dos/seorang)	**10%** (3.2 juta penduduk)
4.	**Sinovac** Biotech Ltd./Pharmaniaga Lifescience Sdn. Bhd. (CoronaVac)	**12.4 juta** (2 dos/seorang)	**19.375%** (6.2 juta penduduk)
5.	**CanSino** Biologics Inc. (AD5-nCOV)	**3.5 juta** (1 dos/seorang)	**10.9%** (3.5 juta penduduk)
	JUMLAH	**73.5 juta dos**	**120.275%**
6.	***Gamaleya** (Sputnik V)	**6.4 juta** (2 dos/seorang)	**10%** (3.2 juta penduduk)

***Perolehan vaksin Gamaleya adalah tertakluk kepada kelulusan pendaftaran vaksin yang diterima daripada NPRA dan PBKD.**

VAKSIN DITERIMA DAN BAKI BEKALAN VAKSIN BELUM TERIMA

AstraZeneca, Pfizer dan Sinovac

Vaksin Diterima dan Baki Belum Terima (Sehingga 21 Julai 2021)

Jenis Vaksin	Jumlah Vaksin Yang Akan Dihantar	Jumlah Vaksin Diterima	Baki Belum Terima
AstraZeneca (AZD1222)	9,200,600	1,478,300	7,722,300
Pfizer (Cominarty)	45,799,650	7,227,090	38,572,560
Sinovac (CoronaVac)	15,900,000	12,851,360	3,048,640
JUMLAH KESELURUHAN	**70,900,250**	**21,556,750**	**49,343,500**

Sumber:
(1) Jumlah vaksin yang **akan dihantar** adalah berdasarkan data yang diberikan oleh Unit 4 CITF sehingga 14 Julai 2021
2) Jumlah vaksin **diterima** adalah berdasarkan data yang diberikan oleh Bahagian Farmasi, KKM sehingga 21 Julai 2021

Nota: Bekalan yang akan dihantar tidak termasuk vaksin CanSino, Janssen, Sputnik V dan Novavax.

KADAR VAKSINASI

Program Imunisasi COVID-19 Kebangsaan

JUMLAH VAKSINASI
(TERKINI SEHINGGA 21 JULAI 2021)

Jumlah dos: 15,517,866
Dos 1:10,584,885 (45.2% *)
Dos 2:4,932,981 (21.1% *)

VAKSINASI HARIAN TERTINGGI

15 JULAI 2021
11:59 MALAM

PEMBERIAN DOS 1 & DOS 2

460,158

DOS 1	304,807
DOS 2	155,351

SUMBER: CITF

JUMLAH KUMULATIF PEMBERIAN DOS VAKSIN

JUMLAH PEMBERIAN DOS 1 & DOS 2

15,517,866

NEGERI	DOS 1	DOS 2	JUMLAH POP (%) DOS 1	JUMLAH POP (%) DOS 2	DEWASA (%) DOS 1	DEWASA (%) DOS 2
MALAYSIA	10,584,885	4,932,981	32.4	15.1	45.2	21.1
W.P. LABUAN	60,245	46,585	60.5	46.8	87.9	68.0
SARAWAK	1,607,722	1,009,637	57.1	35.8	78.7	49.4
PERLIS	90,258	66,154	35.4	26.0	49.8	36.5
SELANGOR + WP*	4,279,720	1,400,155	50.8	16.6	69.4	22.7
NEGERI SEMBILAN	463,740	177,356	41.1	15.7	56.9	21.8
MELAKA	255,119	130,646	27.4	14.0	37.7	19.3
TERENGGANU	276,809	148,422	22.0	11.8	34.2	18.4
PAHANG	337,233	209,924	20.1	12.5	28.7	17.9
PULAU PINANG	547,773	233,374	30.9	13.2	40.1	17.1
KELANTAN	334,697	210,517	17.6	11.0	27.1	17.0
PERAK	600,627	311,793	23.9	12.4	32.2	16.7
KEDAH	440,401	230,600	20.2	10.6	28.6	15.0
JOHOR	758,264	386,298	20.1	10.2	28.0	14.2
SABAH	532,277	371,520	13.6	9.5	19.3	13.5

* PERATUSAN VAKSINASI BAGI W.P. KUALA LUMPUR, W.P. PUTRAJAYA DAN SELANGOR TELAH DIGABUNGKAN UNTUK MENUNJUKKAN LIPUTAN DI SEKITAR LEMBAH KLANG.

SUMBER: CITF

KADAR PENGGUNAAN VAKSIN

Bil	Negeri	Bekalan vaksin Sehingga 21 Julai	Jumlah vaksinasi sehingga 21 Julai	Kadar Penggunaan Vaksin (%)
1	Selangor	3,567,676	3,080,729	86.4
2	Sarawak	3,303,556	2,617,359	79.2
3	W.P. Kuala Lumpur	2,697,799	2,482,448	92.0
4	Johor	1,439,520	1,144,562	79.5
5	Perak	1,200,770	912,420	76.0
6	Sabah	1,040,280	903,797	86.9
7	Pulau Pinang	1,026,990	781,147	76.1
8	Kedah	867,200	671,001	77.4
9	Negeri Sembilan	823,258	641,096	77.9
10	Pahang	714,466	547,157	76.6
11	Kelantan	610,684	545,214	89.3
12	Terengganu	520,850	425,231	81.6
13	Melaka	418,020	385,765	92.3
14	W.P. Putrajaya	340,830	116,698	34.2
15	Perlis	184,460	156,412	84.8
17	W.P. Labuan	144,200	106,830	74.1
	Jumlah	**18,900,559**	**15,517,866**	82.1

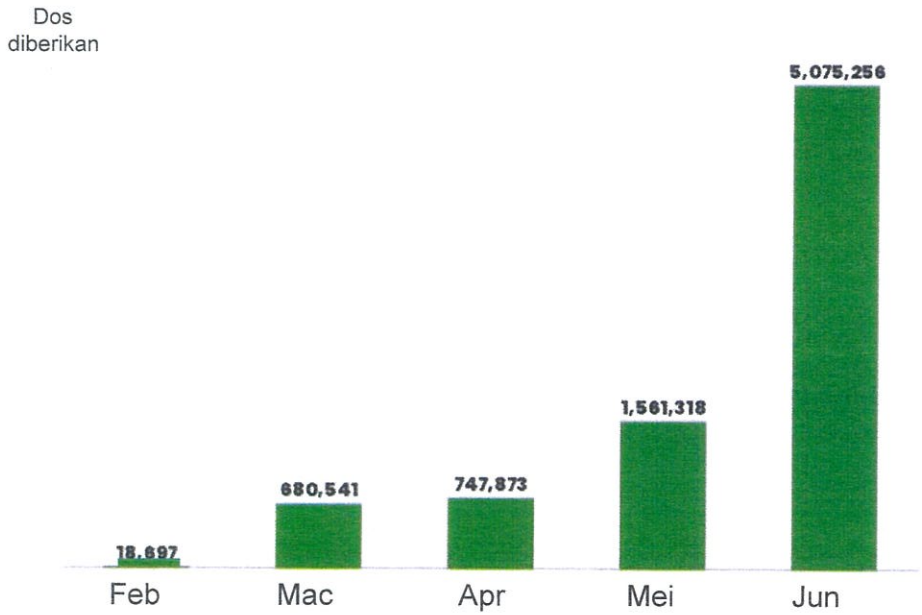
Sumber : Bekalan Vaksin dan Jumlah Vaksinasi daripada CITF Covid-19 Vaccination Dashboard sehingga 21 Julai 2021.

PENCAPAIAN BULAN JUN 2021

PROGRAM IMUNISASI COVID-19 KEBANGSAAN

Sasaran: 8 juta dos vaksin diberi secara kumulatif.

Bulan Jun 2021 menyumbang **63%** daripada jumlah dos yang diberikan.



Sumber: Unit Data Analitik & Janji Temu, CITF (30 Jun 2021)

Pada bulan Jun 2021, **5,075,256** dos telah diberikan menjadikan dos kumulatif kepada **8,083,685.**

Purata kadar vaksinasi pada bulan **Jun 2021** adalah **169,175 dos sehari** berbanding bulan **Mei 2021** iaitu **52,043 dos sehari**. Ini adalah **kenaikan** sebanyak **225%**.

Jumlah populasi yang telah menerima sekurang-kurangnya **satu dos meningkat** sebanyak **199.5% dari 1,927,861 (5.9%) pada bulan Mei 2021** kepada **5,774,667 (17.7%) pada akhir bulan Jun 2021**.

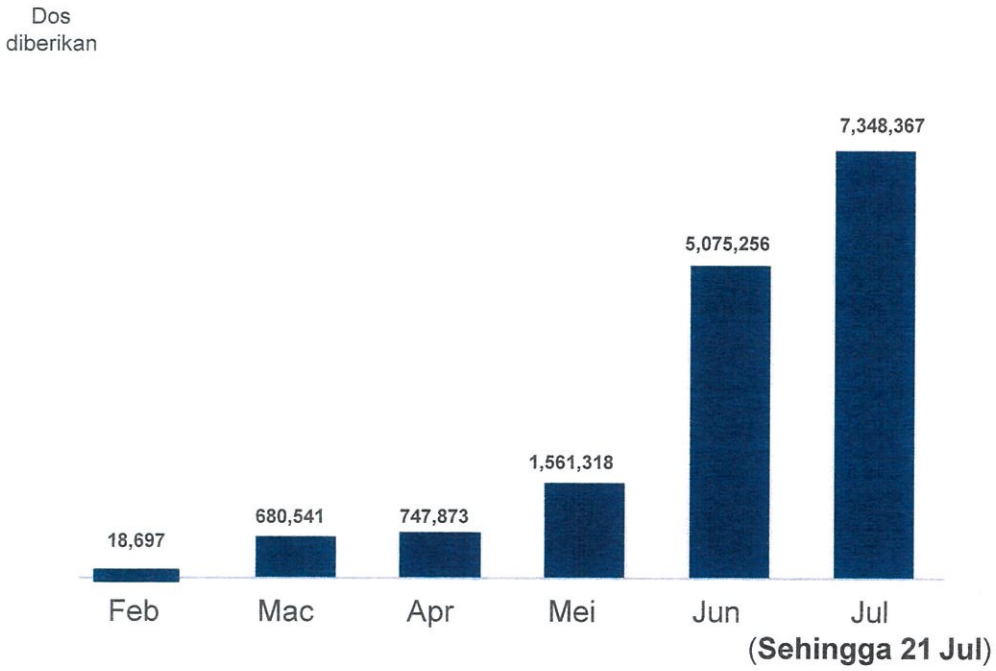
Jumlah populasi yang telah **divaksinasi sepenuhnya meningkat** dari **1,080,568** pada bulan **Mei 2021 (3.3%)** kepada **2,309,018 (7.1%) pada akhir bulan Jun 2021.** Ini adalah **kenaikan** sebanyak **113.7%**

34% daripada mereka yang **mendaftar untuk vaksin COVID-19** telah menerima **sekurang-kurangnya satu dos**.

PENCAPAIAN TERKINI BULAN JULAI 2021

PROGRAM IMUNISASI COVID-19 KEBANGSAAN

Sasaran: 18 juta dos vaksin diberi secara kumulatif.



Sumber: Unit Data Analitik & Janji Temu, CITF

Pada bulan **Julai 2021**, dijangka sebanyak **12 juta dos vaksin akan diterima** oleh Kerajaan Malaysia.

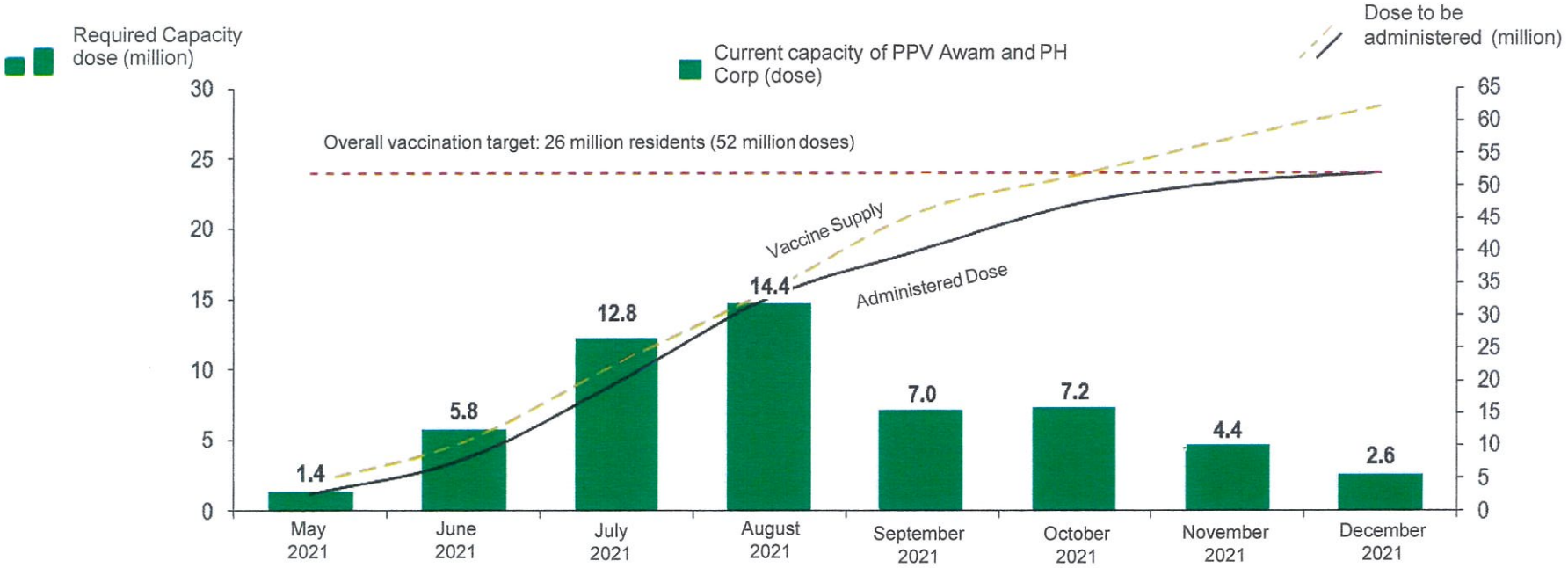
Sehingga **21 Julai 2021**, **7,434,181** dos telah diberikan menjadikan dos kumulatif kepada **15,517,866.**

Purata kadar vaksinasi pada bulan **Julai 2021** setakat ini adalah **354,009 dos sehari** berbanding bulan **Jun 2021** pada kadar **169,175 sehari**. Ini adalah **kenaikan** sebanyak **112%**

Sehingga kini, **54.95%** daripada mereka yang **mendaftar untuk vaksin COVID-19** telah **menerima sekurang-kurangnya satu dos**.

PENINGKATAN KAPASITI PPV

Pemacu Utama Kadar Vaksinasi Sehingga Disember 2021



KEUPAYAAN UNTUK MEMBERI LEBIH DARIPADA 500,000 DOS SEHARI

Berdasarkan kapasiti PPV yang sedang beroperasi

No.	Type	Total	Maximum Daily Capacity
1	PPV Awam	300	214,680
2	PPV AZ	5	33,600
3	PPV Integrasi	33	145,200
4	PPV IPT	23	41,000
5	Drive-through PPV	5	2,400
6	Industrial PPV	32	35,060
7	General Practitioners and Specialist Clinic PPV	1,374	47,530
8	Private Hospital PPV and Ambulatory PPV	153	35,270
9	*Klinik Kesihatan* and Special PPV	279	64,000
	Total	**2,204**	**618,740**

DATA SUKARELAWAN

Petugas Bukan Kesihatan

		DATA PETUGAS BUKAN KESIHATAN DI PPV			
Bil	Negeri	Sukarelawan Bukan Kesihatan	Anggota Keselamatan - Angkatan Pertahanan Awam (APM)	Anggota Keselamatan - RELA	Anggota Keselamatan - ATM / PDRM
1	W.P. Putrajaya	62	17		3
2	Kedah	527	308	385	21
3	Terengganu	516	286	584	12
4	Melaka	200	77	235	10
5	Pahang	580	121	694	16
6	Negeri Sembilan	315	104	397	17
7	Kelantan	472	358	509	16
8	Perak	656	243	612	26
9	Johor	599	333	641	124
10	Pulau Pinang	266	131	205	109
11	W.P. Kuala Lumpur	396	152	667	137
12	Sabah	558	298	2,061	54
13	Sarawak	1573	331	1,902	142
14	Selangor	794	390	1715	172
15	Perlis	52	106	120	
	Jumlah	**7,566**	**3,255**	**10,727**	859

Sumber: Data Unit 1 (19 Julai 2021)

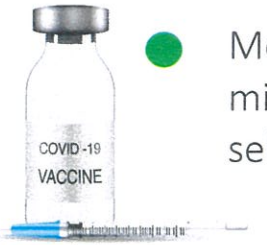
WAY FORWARD

Memperhebat Program Imunisasi COVID-19 Kebangsaan

- Pembukaan lebih banyak PPV dengan **sasaran dipertingkatkan melebihi 500,000 dos sehari** mulai **26 Julai 2021**.;

- Meningkatkan kapasiti **PPV Lembah Klang** daripada 163 ribu (setakat 15 Julai 2021) kepada 272 ribu sehari;

- **Kawasan wabak dan industri akan mencapai imuniti 80% populasi lebih awal**:
  - Labuan pada **Julai 2021**;
  - Selangor, Kuala Lumpur, Putrajaya dan Sarawak pada **Ogos 2021**; dan
  - Pantai timur bermula **Oktober 2021**.

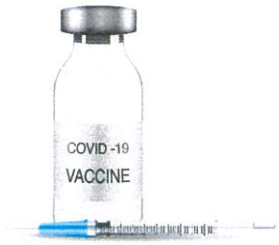


- Merancang vaksinasi remaja berumur 12 tahun ke atas setelah data klinikal mengenai miokarditis/ perikarditis (radang jantung) mencukupi bagi membuktikan vaksinasi COVID-19 selamat;

WAY FORWARD

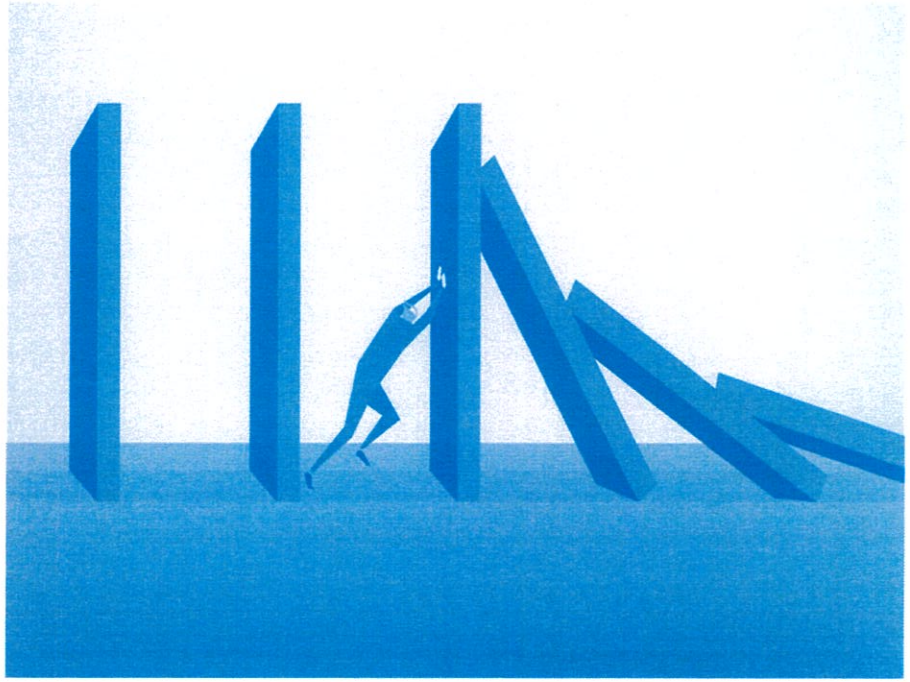
Memperhebat Program Imunisasi COVID-19 Kebangsaan

- 100% populasi dewasa berumur 18 tahun ke atas negeri Selangor dan W. P. Kuala Lumpur akan menerima sekurang-kurangya satu dos menjelang Ogos di bawah Operasi Peningkatan Kapasiti;
- Hampir semua negeri akan mencapai kadar vaksinasi 50% menjelang akhir Ogos 2021;
- Semua negeri akan mencapai kadar vaksinasi sebanyak 70% menjelang September 2021; dan
- Semua populasi dewasa di Malaysia selesai pemberian lengkap 2 dos vaksin mulai Oktober hingga November 2021



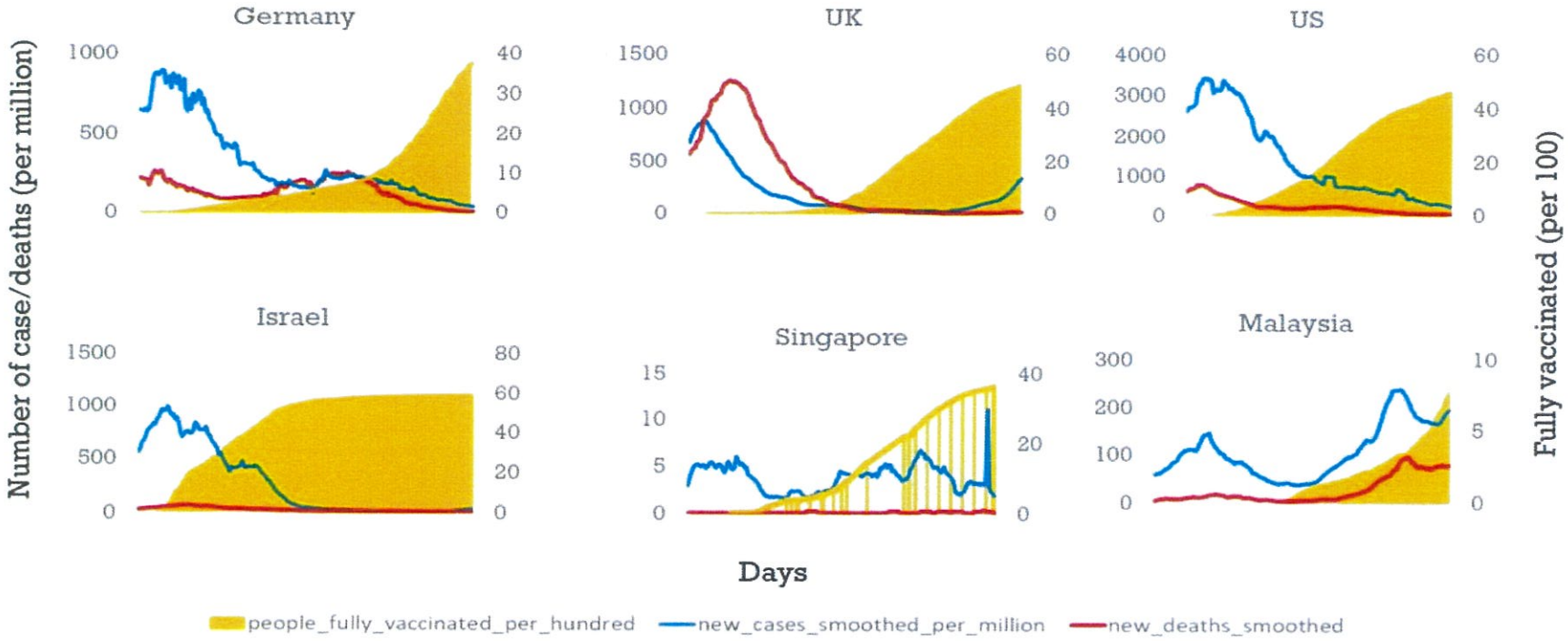
CABARAN PELAKSANAAN PICK

- Keraguan mengenai vaksin & kumpulan anti vaksin
- Bekalan vaksin mencukupi dalam tempoh masa ditetapkan
- Pendaftaran vaksinasi secara sukarela yang rendah
- Maklumat dikunci masuk ke MySejahtera semasa mendaftar untuk vaksinasi yang tidak tepat bagi tujuan janji temu
- Pekerja asing / bukan warganegara
- AEFI / pemantauan
- Berita palsu

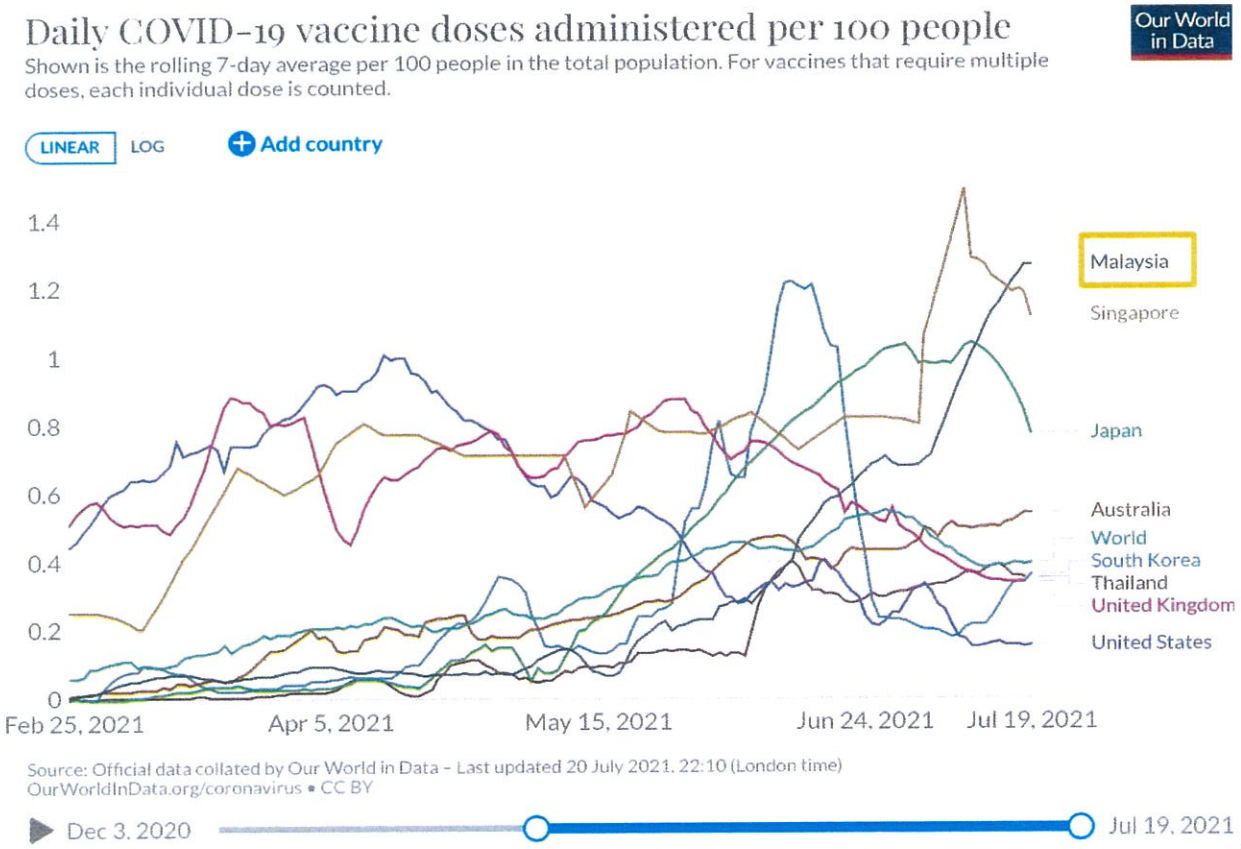


VAKSINASI SANGAT PENTING KEPADA PELAN PEMULIHAN

Menurunkan kadar kematian dan kes COVID-19 menerusi vaksinasi



Kadar vaksinasi Malaysia lebih tinggi daripada negara-negara jiran dan dunia



PELBAGAI PENDEKATAN UNTUK PELAKSANAAN PICK

Mega PPVs

Government Clinics

Mobile Vaccination Unit

Community Outreach Programmes

Private Clinics

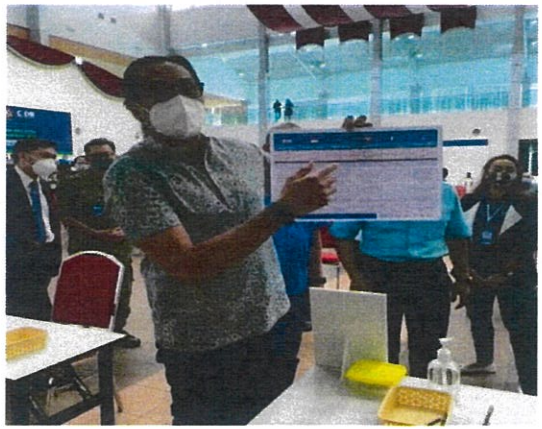
Drive-Through

PROGRAM VAKSINASI PIKAS

Up to the 21st of July, 123 PPV Industry Programmes have commenced.

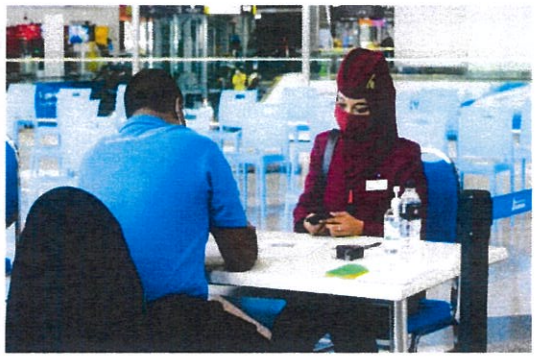
445,615 doses have been administered to date.

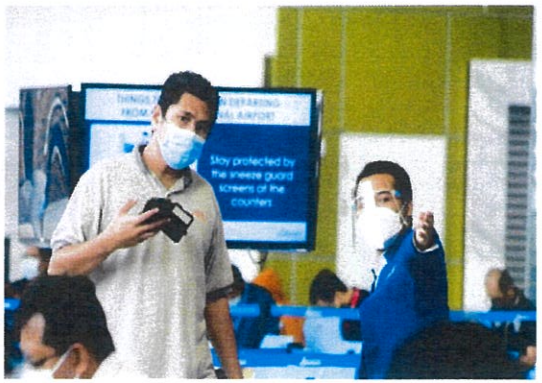
VAKSINASI SEKTOR PEMBINAAN



Has commenced via CIDB, involving more than 40,000 workers

VAKSINASI INDUSTRI PENGANGKUTAN





Has commenced in KLIA, involving more than 20,000 workers

PROGRAM OUTREACH KOMUNITI

National Cancer Society's House-to-House Vaccination Programme

House-to-house vaccination for patients who are severely ill, bedridden or disabled. More than 672 doses were administered last week.

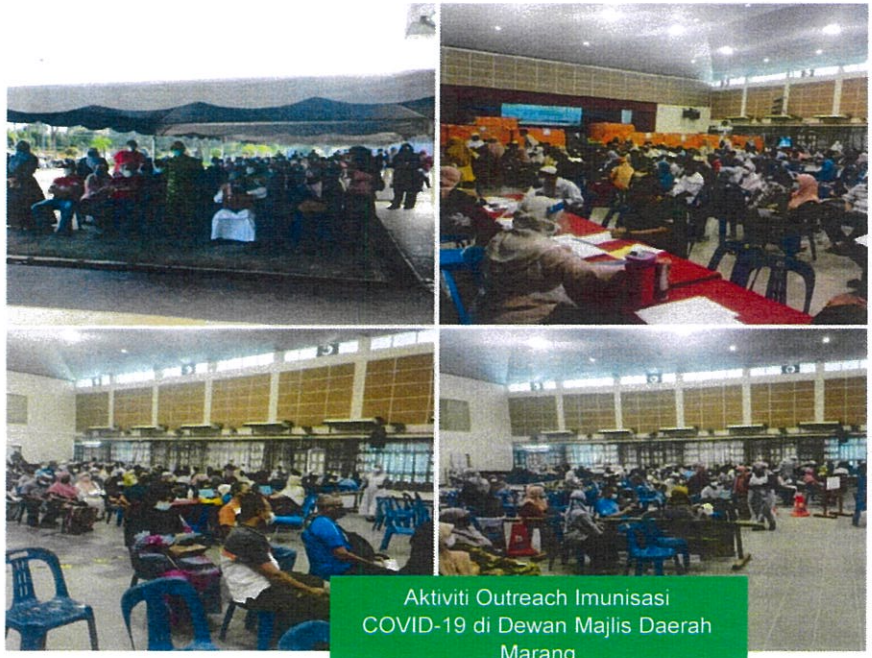
PROGRAM OUTREACH KOMUNITI

Pusat Jagaan Warga Emas Murni

Melaka Tengah, 24 June, 20 people (senior citizens and carers)

PROGRAM OUTREACH KOMUNITI

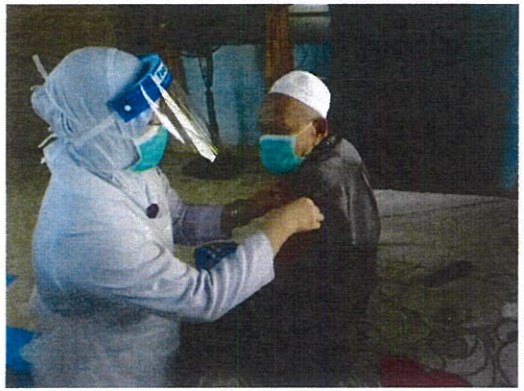
Marang, Terengganu

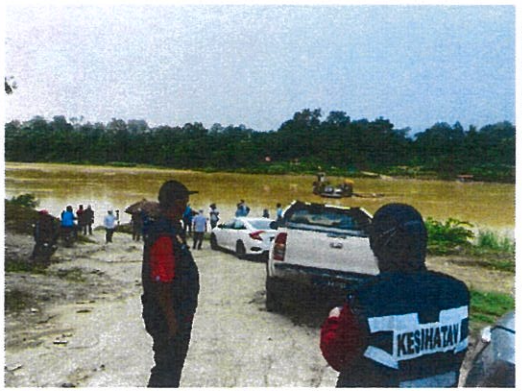


Aktiviti Outreach Imunisasi COVID-19 di Dewan Majlis Daerah Marang 3/7/2021

Aktiviti Outreach Imunisasi COVID-19 di Dewan Taman Rahmat Marang 3/7/2021

PROGRAM OUTREACH KOMUNITI





Location : Pasir Kelang Kuala Krai, Kelantan
Vaccination : 548 (15 OKU and Bedridden)
Date : 16 Jun 2021 (Thursday)

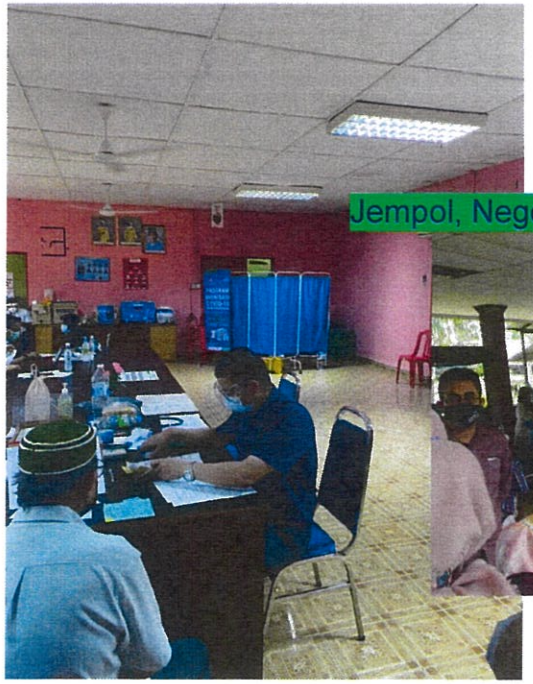
PROGRAM OUTREACH KOMUNITI

PPV Dewan Masyarakat Sg Asap dan di Rumah Panjang, Kapit, Sarawak

PROGRAM OUTREACH KOMUNITI

Estet Pahang, Kinabatangan

Danau Ria, Kinabatangan



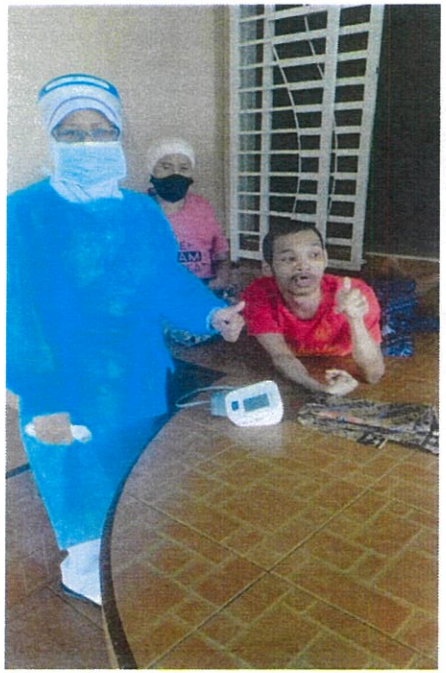
Jempol, Negeri Sembilan

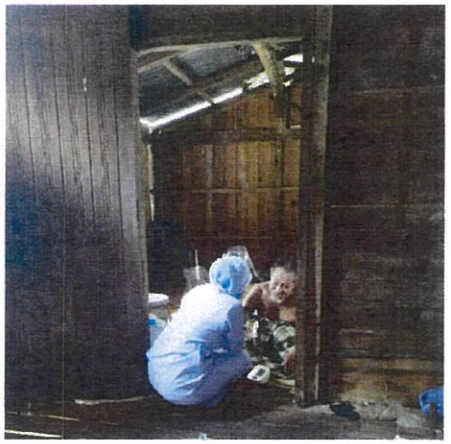
PROGRAM OUTREACH KOMUNITI

Kawasan Pinggiran Orang Asli, Kuala Lipis, Pahang

PROGRAM OUTREACH KOMUNITI

PROGRAM OUTREACH KOMUNITI

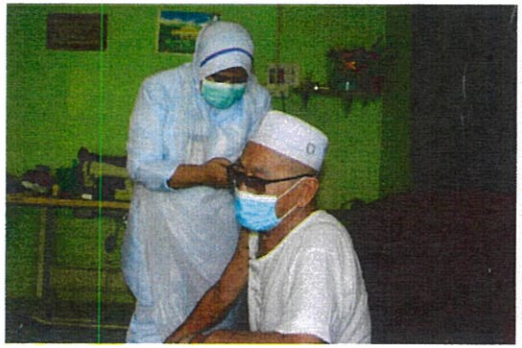


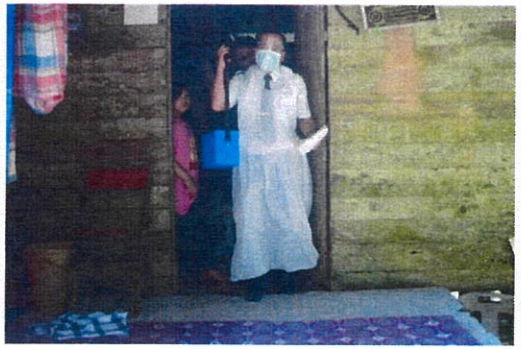


Kg Paya Ular dan Kg Bechah Panas Hulu
Pasir Mas, Kelantan

PROGRAM OUTREACH KOMUNITI

Kg Bahagia, Kelantan





PROGRAM OUTREACH KOMUNITI

Masjid Attaqwa Durian Burung, Kuala Terengganu

PROGRAM OUTREACH KOMUNITI

Masjid Attaqwa Durian Burung, Kuala Terengganu

PROGRAM OUTREACH KOMUNITI

Pondok Falahiah, Kerandang, Besut

PROGRAM OUTREACH KOMUNITI

Warga emas di daerah Timur Laut, Pulau Pinang

TERIMA KASIH

LINDUNG DIRI, LINDUNG SEMUA.

MESYUARAT JAWATANKUASA PILIHAN KHAS KESIHATAN, SAINS DAN INOVASI PARLIMEN KE-14 BIL. 2 TAHUN 2021

MESYUARAT JAWATANKUASA PILIHAN KHAS
KESIHATAN, SAINS DAN INOVASI
PARLIMEN KE-14 BIL. 2 TAHUN 2021

Tarikh	:	**27 Julai 2021 (Selasa)**
Masa	:	**1.00 tengah hari**
Tempat	:	**Bilik Jawatankuasa 2, Aras 2, Bangunan Blok Utama, Parlimen Malaysia**

AGENDA MESYUARAT

1. Perutusan Pengerusi
2. Pembentangan oleh Kumpulan Pakar Penasihat Kesihatan dan Sains COVID-19 (EAG)
3. Hal-hal lain

TERHAD

MALAYSIA

DEWAN RAKYAT

LAPORAN PROSIDING

JAWATANKUASA PILIHAN KHAS KESIHATAN, SAINS DAN INOVASI

MESYUARAT MEMBINCANGKAN SITUASI PANDEMIK COVID-19 DAN USAHA KERAJAAN MENANGANINYA

BIL. 2
SELASA, 27 JULAI 2021
PENGGAL KE-3, PARLIMEN KE-14

MESYUARAT JAWATANKUASA PILIHAN KHAS KESIHATAN, SAINS DAN INOVASI (JPKKSI) – Bil.2
BILIK MESYUARAT JAWATANKUASA 2, BLOK UTAMA
BANGUNAN PARLIMEN, PARLIMEN MALAYSIA

SELASA, 27 JULAI 2021

AHLI-AHLI JAWATANKUASA

Hadir

YB. Dr. Kelvin Yii Lee Wuen [Bandar Kuching] - *Pengerusi*
YB. Tuan Haji Yamani Hafez bin Musa [Sipitang]
YB. Tuan Lukanisman bin Awang Sauni [Sibuti]
YB. Tuan Haji Wan Hassan bin Mohd Ramli [Dungun]
YB. Dato' Dr. Xavier Jayakumar a/l Arulanandam [Kuala Langat]

Tidak Hadir (Dengan Maaf)

YB. Datuk Seri Panglima Abdul Azeez bin Abdul Rahim [Baling]
YB. Dato' Sri Bung Moktar bin Radin [Kinabatangan]

URUS SETIA

Encik Mohd Sukri bin Busro [Penolong Setiausaha Kanan Seksyen Perundangan dan Prosiding (Bahagian Pengurusan Dewan Rakyat), Parlimen Malaysia]

HADIR BERSAMA

Kementerian Kesihatan Malaysia
YBhg. Datuk Dr. Hishamshah bin Mohd Ibrahim [Timbalan Ketua Pengarah Kesihatan (Penyelidikan dan Sokongan Teknikal)]

Kementerian Sains, Teknologi dan Inovasi (MOSTI)
YBhg. Dato' Parang Abai @ Thomas [Timbalan Ketua Setiausaha (Perancangan dan Pembudayaan Sains)]
YBrs. Prof. Dr. Shamala Devi A/P K.C. Sekaran (Felo Akademi Sains Malaysia)
YBrs. Dr. Nor Azfa Johari (Pemangku Pengarah Institut Genom Malaysia)

Ex-Officio
YBrs. Encik Thean Ming Fatt [Setiausaha Bahagian (Bahagian Khidmat Pengurusan) Kementerian Kesihatan Malaysia]

Kumpulan Pakar Penasihat Kesihatan dan Sains COVID-19 (EAG)
YBhg. Tan Sri Dato' Dr. Abu Bakar bin Suleiman [Pengerusi Kumpulan Pakar Penasihat Kesihatan dan Sains COVID-19 (EAG)]
Prof. Dr. Rosmawati Mohamed [Akademi Perubatan Malaysia]
YBhg. Datuk Dr. Kuljit Singh [Persatuan Hospital Swasta Malaysia]
Prof. Dr. Roslina A. Manap [Setiausaha EAG, Timbalan Dekan Fakulti Perubatan UKM]

Jemputan Khas
YBhg. Tan Sri Dr. Jemilah binti Mahmood [Penasihat Khas YAB Perdana Menteri mengenai Kesihatan Awam]
YBrs. Pen. Prof. Dr. Mohammad Farhan bin Rusli [Pengarah Operasi Pasukan Petugas Selangor (STFO)]

Parlimen Malaysia
Encik Mohd Sukri bin Busro [Penolong Setiausaha Kanan Seksyen Perundangan dan Prosiding (Bahagian Pengurusan Dewan Rakyat), Parlimen Malaysia]
Puan Nurrul Saffida binti Kusaini [Pegawai Penyelidik]
Puan Rozana binti Abdullah [Pegawai Penyelidik]
Puan Sayani binti Umar [Pegawai Penyelidik]
Nurul Syakirah binti Ibharim [Pegawai Penerbitan]
Julia binti Johari [Pegawai Penyelidik]
Nik Muhammad Ismail bin Karim [Pegawai Penerbitan]
Siti Fatimah Nurain binti Mohamad [Pegawai Penerbitan]

LAPORAN PROSIDING

MESYUARAT JAWATANKUASA PILIHAN KHAS KESIHATAN, SAINS DAN INOVASI PARLIMEN KEEMPAT BELAS, PENGGAL KETIGA

Selasa, 27 Julai 2021

Bilik Jawatankuasa 2, Tingkat 2 Blok Utama, Parlimen Malaysia, Kuala Lumpur

Mesyuarat dimulakan pada pukul 1.12 petang

*[Yang Berhormat Dr. Kelvin Yii Lee Wuen **mempengerusikan Mesyuarat**]*

Tuan Pengerusi: Silakan makan. Kita boleh *start* sambil kita makan. Terlebih dahulu saya ingin mengucapkan terima kasih kepada semua Ahli-ahli Jawatankuasa saya kerana sudi datang ke mesyuarat kedua untuk Jawatankuasa Pilihan Khas Kesihatan, Sains dan Inovasi ini. Memang hala tuju untuk beberapa mesyuarat ini adalah kita hendak tahu tentang pertama sekali keadaan COVID-19 di negara kita apa yang telah dilakukan dan apa yang perlu dilakukan untuk masa hadapan.

Yang kedua, untuk mendapat *progress report*-lah untuk program imunisasi negara kita. Jadi, pada petang ini, kita memang *very honoured*-lah, *to have a very distinguised panel of doctors, specialists, and experts of the field* dari *different disciplines. I think they will really enrich our conversations, our discussions, and of course* Tan Sri Dr. Jemilah binti Mahmood*, special advisor to the Prime Minister,* Tan Sri Dato' Dr. Abu Bakar bin Suleiman *that is leading the* EAG, *which is the external advisory group* yang telah ditubuhkan untuk menasihati Kementerian Kesihatan Malaysia (KKM) dan juga Perdana Menteri sejak bulan Januari kalau tidak silap saya.

Jadi, saya tidak akan mengambil masa lama, tetapi saya cuma hendak *set the tone* untuk *discussion*-lah. *I think in order to extract as much constructive information, I think we do not want to go too much on a finger pointing and everything but, we want to extract information because we want to get the right diagnosis if there is an issue and from them, we can properly plan for the treatment.*

So, I think the main issue now is of course accountability and of course transparency. I think this is the main thing. So, I believe even if there were some mistakes made, even there were discussions that not been done earlier, it is okay to bring out for discussion but the spirit for that is for us to make a right step forward.

Again, I want to set the tone. I think the angle we want to discuss today, and I am looking forward for the presentation by the committee, even Tan Sri Dr. Jemilah binti Mahmood or anyone else. I got Pen. Prof. Dr. Mohammad Farhan bin Rusli who is in charge of Selangor to hear issues on the ground, and of course, public health experts as well and to get his views on this.

I think, the three main angles we want to focus for discussion is number one, apa yang telah dilakukan – *what has been done. What was good, what was not so good and the reasons for that, justifications for those decisions that been made and maybe why we did not fill that gap, I think, and of coruse the way forward.*

So, dengan itu mungkin kita mulakan dengan Tan Sri Dato' Dr. Abu Bakar bin Suleiman, terima kasih kerana datang *and please introduce your committee. Thank you.*

Tan Sri Dato' Dr. Abu Bakar bin Suleiman [Pengerusi Kumpulan Pakar Penasihat Kesihatan dan Sains COVID-19 (EAG)]: Assalamualaikum warahmatullah hiwabarakahtuh *and good afternoon Mr. Chairman. Thank you so much for inviting our group to meet with your select committee. I think it is good opportunity for us to give some input on the work we have done and the experience that we have had over the last few months.*

Now, this group started with an open letter, in which all of us signed. An open letter to the Prime Minister. Following that, the Prime Minister agreed to the formation of this Expert Advisory Group (EAG). *This group represents various professional societies. Academia of medicine, Malaysian Medical Association (MMA), public health, specialist physicians, associations private hospitals, and so forth.*

This group is supported by a number of technical working groups which are expert in different areas in data science and analytics, public health, healthcare welfare, public-private collaboration, strategic communications, as well as one group on COVID-19 vaccinations.

Now, our first meeting with the government was with the Prime Minister, 21st of April 2021, and we submitted our recommendations. At that meeting, the Minister of Health (MOH) and *Tan Sri Dr. Jemilah binti Mahmood was present with me to brief the Prime Minister. I go through that quickly later.*

Now, we had a series of meetings with MOH. We had two meetings with the Minister, DG Hisham and KSU. One, immediately after our briefing to Prime Minister. The second time was after we prepared our second set of recommendations to Prime Minister. We

discussed this with the minister, DG Hisham and KSU and then we submitted again through Tan Sri Dr. Jemilah binti Mahmood who brought it to Prime Minister's attention.

We had meetings with the people within the MOH, as well as with the directors of MOH and their team from Wilayah Persekutuan, Selangor, Sarawak, and Kelantan. With the formation of the greater COVID-19 taskforce, which is very positive development, all members in our group are now working in that different working parties in the group taskforce.

One thing that I think we must acknowledge is the fact that after stuttering initially, the vaccine roll-out has been really good, has been very promising and I think, that is something really hopeful for the whole country.

Now, can I just quickly go through our discussions with Prime Minister? The papers are here, but I will just go to the point. The main point was to focus on navigating spread of COVID-19 to avoid severe illness and death and further deterioration of lives and livelihood.

Now, that was in April 2021. Well, obviously, since that time things have gone very very bad. Much worse than we thought could have happened, because we did very well in 2020, you know. So, the thrust of our briefing to Prime Minister was number one, avoid blanket Movement Control Order (MCO). *Focus on highly targeted MCO where it is necessary.*

To be able to do this, we need to collect all the relevant data to create risk maps of all the areas within the country. So, we need to improve data management and analytics at the local level. And we need to empower data driven decision making at the local level, at the district, Pusat Kesihatan Daerah, at the state. They are the ones who know the local situation best. So, based on the data, they should be able to act properly for the needs of the locality. That is the issue. To do that, we must expand the testing strategy really massively. You must be able to do a lot of targeted mass testing according to the risk maps.

We must fully digitize the find, test, trace, isolate, and support (FTTIS), and we must use technology to support…the collating of data and to push for better, effective contact tracing is done manually. It takes too slow; it is too late, we got to digitize the whole process and then, use artificial intelligent tools to promote predictive components of the risk. So, in other words, you can identify different areas where the risks are higher, and actually Bank Negara was able to do that.

But, I think the people did not know how to use the… because you don't close down the place, because in two weeks' time, you predict that there will be a problem. You take

your time to clamp down and prevent the problem from arising. So that's the problem. There's a need to integrate all the ecosystem, all the data bases, so that you can integrate and get a far greater national pandemic preparedness and response with the support of technology. I think this is important now, as well as for the future.

So, I mentioned about artificial intelligent tools. Now, we also said you must optimize MySejahtera for whom assessment and for real time telemonitoring of people at home. The technology is there, but can we please use it appropriately? We have not done well there. So, that was the thrust of our presentation to the PM. Now, I would like to invite Prof. Dr. Rosmawati to talk on the second set of recommendations, plus the other policy brief we have, as well as the work we are doing now with the task force.

Prof. Dr. Rosmawati Mohamed [Akademi Perubatan Malaysia]: *Assalamualaikum and a very good afternoon to everyone. So, what I'll do is actually just review what we've done and then, look at the progress going forwards. So, I will start with the first slide, just to highlight that our terms of reference include complementing the work of the Ministry of Health in this strategy setting and operation process. So, that is what we do as advisory, and what we actually had to do was the first formal engagement with Ministry of Health that occurred end of March. And really, what was emphasized in the recommendations on managing the outbreak was focusing mainly on building resilient. This was in March when the cases were still a bit more controlled. So, we were actually really looking at real time digital solutions on the way of moving forward.*

I just would like to remind everyone that this occured one week after Yang Amat Berhormat Prime Minister announced that there should be no more blanket MCO, but the targeted approach based on science and data to control spread of COVID-19. So, a month later we actually had put these recommendations to Prime Minister on the need for urgent re-evaluation on the National Pandemic Response. This is really looking at making sure that what the recommendations are doing is; must be evidence based, transparent and inclusive both in the strategies, in the policy as well as in the practice. So, the main challenges identified revolves around three areas. One is on the testing strategy. Secondly, as mentioned already is on the contact tracing, because we find that it is the main issue around then and even now. Third is lack of visibility and specificity on the risk areas that Tan Sri mentioned. So, we cannot do targeted intervention and effective risk communication without this being known. So, what actually I will show in the next few slides, just picking up

from some of the recommendations proposed around the priority actions and the first is really on strengthening crisis preparedness and response.

I think what we actually highlighted as number one is to leverage upon the existing networks, both at the national level, but also at the state and even local level. What is the main thing that needed, because it cannot been done just by one organization alone, it needs to invite experts from outside the Minister of Health to provide support and also provide improve integration and cooperation with all the stakeholders, including even NGOs. Second, is on the expanded testing and this must be targeted. I think what we already know that, we need to actually really optimize the mass testing using the rapid test. What I also want to highlight is on the safety at work, because the data even then showed that seven other ten largest cluster since the pandemic began in Malaysia originate from workplace. So, this was at the beginning. We also have shown data and one of them is shown in yellow at the bottom. In Slovakia, just by doing them expanded testing alone, they actually observed reductions in the prevalence of COVID-19 by nearly 60 percent within one week.

That is because they had together rapid contact tracing done with the mass testing. So, this was the gist of this priority action revolves all around the FTTIS. What needs to be done and I must add that, the TWG for this group is actually headed by Pen. Prof. Dr. Mohammad Farhan himself. So, we are working together very well to actually really put forward what are the optimize strategies needed and of course, digitization of the full process is needed to really make it optimize and utilize existing contact tracing applications available, because we understood even then that My Sejahtera was not ready yet at that time, and it needs to be integrated when it is ready.

I think that is one of the things that is currently being done which I will highlight later. Last thing I put there is that, the optimization on the home assessment real time telemetrics is really crucially needed. Particularly now, with such a high number of cases. So ultimately, this will be laying the foundation for future pandemics as well. The fourth thing here, we also wanted to highlight from the beginning is the need to have this targeted MCOs. We have data to show that if we do that, then you can minimize economic disruption on top of reducing the spread of COVID-19. Therefore, really balancing the wellbeing and what is known as balancing lives and livelihoods.

So, the fifth which is actually crucial, is actually strengthening risk communications. I think this has even up to now, may not be still optimize. The messaging that actually has

to come out would not just focus on the action plans, but it must be follow up with real simplified way of communicating to the public on what is needed to ensure compliance on SOP and reducing transmission. So, this is also related to the vaccine and this risk communication. I think as highlighted, there are definite positives in the vaccine inside, particularly reaching more than 300,000 per day, which will able us to get the herd immunity achieve much faster.

So, really what has happened a month later was actually, again meeting with the Minister and the Director General of Health – KSU. Looking at what is needed after who have met the key departments and the four states' health departments as shown here. Because, we were able to understand at the ground level and how to move forward and guided. So, guided with the WHO Strategic Preparedness and Response Plan for COVID-19 were able to set up the key actions needed in this three areas. How to suppress COVID-19 transmissions, how to protect the vulnerable, particularly through vaccinations and reducing mortality and morbidity from all causes. I put 'all' here highlighting that we not only need to actually focus on COVID-19, but we must ensure that essential health services are provided.

So, the recommendations revolves around these five areas. I have actually highlighted four of these already. At that time, we saw a vertical surge in the death and that was very concerning. So, the actual focus now really, really have to be on enhancing management and manpower resources. Next…

So, I'm not going to go through this. Because it's in your write-up already, but what I want to highlight here is the greatest progress that has happened within the last week or so. I mean, although the Greater Klang Valley taskforce was established two weeks ago, the working groups or the classes, they call it now, really has started to work and managed to have daily meetings on how to move ahead.

And what is highlighted from this is the real true collaboration which we've seen, which involves not just the Minister of Health, the army, the EAG, the universities as well as the NGO's. And I think it is great, because we have seen just within two days, we were able already see there is really light at the end of the tunnel, in terms of adopting of the virtual CAC's, the digital death board, and this has started by the way, since Friday.

And then, we also saw that although the main focus now is in Klang Valley, it's in mitigation phase. Pen. Prof. Farhan *will also add here because in our last meeting, last*

Sunday, we also said the rest of the country still needs to be harmonised in terms of the FTTIS and also has to be standardised in terms of what to be need to put forward.

So, contact tracing now is not yet quite happening, must be a lot quicker, and I think that's further discussions I heard from Tan Sri Jemilah *that this will be actually done by another team all together, but it will be discussed greater with the taskforce as well. In terms of the data, that's one of the things that we were lacking at the beginning, there's already a launch of the public repository of the COVID-19 data since 23rd July. Next…*

Again, I'm not going to go through with this in expanded testing strategy. At last, there is uptake on Rapid Test Kit-Antigen (RTK-Ag) already, and there is no need to have confirmation, which was what was previously highlighted, because we can move ahead on isolating all those who are positive, and really focusing on testing the symptomatic cases. But there's still a need for regular surveillance for high-risk population. Next…

On the boosting the COVID-19 vaccine rollout, I think the progress as mentioned, is tremendous. But there's also still work needs to be done on establishing mechanisms for the adverse effects for the immunisation reporting and surveillance. There is still distrust among the public in the transparency in the certain aspects of the vaccine, and also, we have seen the hesitancy persists, with only about 50% of people registering for the vaccine. Next…

We also saw in the clinical management what has happened is increased number of beds being made available and increased decanting, and Datuk Dr. Kuljit has been one of the key persons looking at the public-private partnership in trying to get this done, but it's slow. But it has begun. Let's look at the positive side and say that this definitely can be enhanced further.

The other thing that goes around the manpower resources again, there's a lot more urgency needed in getting a lot of the manpower on the ground level, but that has currently been addressed. In the second last slide…Next…

Looking at risk communications, I think definitely still need to be improved. We have seen in the few days ago, how it is out of syncs still, and there are ways here in red that shows we can do this better.

It has been backed up by data, it has been done by a group, and we are fortunate because two of us here are part of the risk communication for the task force, and we can see that will be happening very soon. Next…

So, I use this slide to show that from the beginning this was one of the slides I used for the engagement with Minister of Health, and we actually mentioned even then, that the guiding principles for getting ahead of the pandemic curve includes…next…

So, I will only highlight these three things. That's the urgent need for digitalisation, automation in most of the things that we do in COVID-19 which has started to be in place. We must still employ the full gamut of the FTTIS, currently still lacking particularly in contact-tracing and lastly, we really have to…really empower everyone to have the true hold of government and society approach, and making sure trust is actually the main thing that we need to focus on in the risk communication. With that, thank you.

Tuan Pengerusi: Okey, terima kasih Tan Sri. *Thank you*, Doctor, *for your presentation. I think that maybe before to others that may want to share, including* Dr. Farhan *and* Tan Sri Jemilah *would like to chip in the discussion, but my committees, anybody got any questions to the EAG?*

They actually have come out with a very comprehensive advice and also recommendations. I think there are 10 of them. I actually read before. And I was actually personally hoping that the government responded to the recommendations earlier, but it's good to see that progress has been made. Before that, committee members, ada apa-apa soalan? Boleh tanya. Tak apa, silakan…

Dato' Dr. Xavier Jayakumar a/l Arulanandam [Kuala Langat]: *Thank you. Can I just ask? We are at the stage where the virus is actually in the community now. It's widespread. It's not in any local situation. So much so that now the numbers of cases that we see are rising is mostly in the community spread, rather than industrial spread as such.*

Having that, how effective is contact tracing going to be when you have such a situation now, where it is widespread in the community? And we have overwhelming patients coming into the CAC in order to do their routine medical check-ups. And so, I find that one of the problems that we are facing at the present is the non-compliance of having self-motivated quarantine.

Because we say by word, Category One and Two, we said "You balik rumah, *you self-quarantine*-lah*. And that's the end of it, you know. Nobody actually monitors the self-quarantine people and even medication wise, they are self-medicating themselves rather than any medication given to them.*

My worry at present is this whole group of Category One and Two who was sent home. Category Three is being sent to a place to have a bed then monitor. If they go into

Category Four and Category Five, they go into the hospitals. How do we make sure that these Category One and Two will be compelled to stay at home and follow quarantine according to rules that we have in place?

Yes, some of them are going into hotels. Hotels are now charging for 10 days for RM2,000 for you to stay in the hotel, and those are people who can afford it. But my question is the number in the B40 group is…how do we contain that?

I find something lacking in the communication between the CAC and us as the parliamentarians here. My suggestions that I will tell them is that the CAC itself should have data of people who are positive and being sent home, and that data should be sent to the Members of Parliament. And Members of Parliament then will know the address of these people who are staying there. And we can then monitor them.

Number one. Number two, the Ministry of Defence could help out. I don't know how many of their personnels are on the ground apart from those I see standing on roadblocks. But if they have enough personnel, why not the Ministry of Defence deploy 20 to 30 personnel in each parliament, just to take care of those who are in home quarantine. It gives them a bit of sense of…let's say…rules to follow when you see a uniform person coming into your house.

I tell you, my example. I had a family who was quarantined. There were three families in a house. And I went to give food to them. When I arrived in that house, two of them were attending a wedding and one was going to the pajak gadai *to put in a gold bracelet to get some money. And both of them are positive. So, I don't know whether they are Alpha or Delta variant, but they would be completely spreading the virus, and there's nobody checking on these people. So, I think since it is already in the community, I agree with all that* Dr. Jemilah *and all the saying about AI and to make it digital and to have the system to improve* My Sejahtera, *and I'm sure those things are in place and happening but for me, practicality in terms of keeping these Category One and Two in place, I think will also reduce the infection. As far as the Delta variant is concerned, I know all of you know how ferocious the infections are from this.*

I think this is something I would like to suggest that we put forth in order to check and balance. Because we don't know. As a parliamentarian, if you tell me, how many people are in home quarantine in your constituency? I wouldn't know. But if I get the list, I can guarantee you that my people and my staff will be there in front of their houses in order to make sure that they are in quarantine and we will be able to send food parcels or even

financially support the family if need be. I think this coordination is lacking from the CAC and this is something that needs to be corrected. So, I find that it is something that we have to get done.

Tuan Pengerusi: *Yes, thank you.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Yes, I congratulate on the exposure of vaccinations at present. It is really ramping up. Ramped up to such an extent that people are– Because, these big PPVs have opened up with 1,000 to 2,000 doses per day, they have a running formula, right? You have to finish so much, so much and all that. They are calling people from all over the place. People are travelling all over Selangor to go to a PPV that is miles away from their neighbourhood. The* MySejahtera *gives them a "ping" and they have to go, like from my area to go to Mines, can you imagine? To get an injection. But, people are going. People are desperate, in the sense that I opened a small PPV in my constituency, people queue up at 3 o'clock in the morning, to get an injection. They are so desperate. Then, you have this whole problem. I think the task force should tell us how we should tackle the foreign labour force which is legal and illegal in this country.*

Tuan Pengerusi: *Okay.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *I think that is a large number. You are talking about roughly, I might be wrong. Some people might argue with me, but I think you are talking about 6 million people in this. We do not tackle those people. We are still open to infections. Then, the other sectors that I would like to mention is, what do we do? We have 13 odd million Malaysians who are not registered under* MySejahtera. 13 *million and I do not know how big a number of this are anti-vaccines group. 13 million is a big number that is not registered under* MySejahtera. *So, I do not know what is the mechanism that we can have in order to get these people involved.*

Tuan Pengerusi: *Yes.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *I mean, I have a few suggestions. I believe in using the carrot and the stick. In this case, the stick has to be quite pertinent in the sense that it has to be effective to make sure that people come out to get vaccines. Otherwise, we are in trouble. So, I think this is something that I would like some suggestions from the Committee, if possible.*

Tuan Pengerusi: *Thank you* Yang Berhormat Kuala Langat. *I think that is very pertinent questions, I think something, especially moving forward in the future. Home-quarantine SOPs will be very pertinent, especially now we are promoting home-testing kits.*

What happens next? I think KKM *did come up with an SOP, but then, there has to be a more comprehensive, especially dealing with B40s that may not be able to home-quarantine. So, we would like to hear your suggestions, but before that, maybe some of the Committees have any other questions? Of course, dealing with foreign labours and of course, non-registrants on* MySejahtera. Ada sesiapa ada soalan lain untuk tanya kepada mereka? *No? Okay, please.*

Tan Sri Dato' Dr. Abu Bakar bin Suleiman: Yang Berhormat, *I would like to make one or two comments to your response and then I would like to ask Pen. Prof. Farhan to make some comments and suggestions. Now, when I met the Prime Minister, one of the issues I mentioned to him was just this point, about monitoring the people at home or wherever they are. In Singapore, they were using bluetooth.*

Tuan Pengerusi: *Yes.*

Tan Sri Dato' Dr. Abu Bakar bin Suleiman: *Now, in Singapore and I told PM that, issues about human rights came up, because you are being monitored.*

Tuan Pengerusi: *Yes, yes, monitored.*

Tan Sri Dato' Dr. Abu Bakar bin Suleiman: *But look, this is like an emergency situation. We need to be able to accept it, we need to handle it, we need to inform the public about it. So, that technology is available to do that. So, how to apply that? I think there were discussions along that line. That is number one. Number two, the issue about using the neighbourhood watch. Now, I know for example, I live in* PJ, Seksyen 5. Seksyen 5 *is very big, but they got different watchers within* Seksyen 5 *and we- I live with my wife, received information. Somebody in that place is positive, something like this. Then, they are saying to advise different people, "...do this about the vaccination..." and so forth. It was really very good. So, I think the public are willing to respond, to cooperate.*

Tuan Pengerusi: *Yes.*

Tan Sri Dato' Dr. Abu Bakar bin Suleiman: *So, the issue now becomes, how do we get the technology to support us in terms of reporting? Just like you are saying now, you do self-testing. Like for example now, I did my PCR test, I went to Prince Court. Automatically in* MySejahtera*– Automatically it is recorded. But, if you do not do that, then it is lost. So, this has been discussed. But, before I ask Dr. Farhan to make the comment, I think in terms of the structure of the Task Force, there are two major issues that I have concerns about. Because the focus on the care part, emergency care, the beds, the equipment, very, very important. Absolutely no doubt. But, the prevention part. We do not*

have working groups on public health, epidemiology and prevention. I am very disturbed about this part. That is one. The other part is the genomic surveillance of the virus. We are not doing enough, we have been saying this from the beginning. Because now, the variants are so dangerous and we do not know what is the extent of the spread, and we are very worried. So I think, I hope the Task Force can handle that. Now, Dr. Farhan.

Tuan Pengerusi: *Yes.*

Tan Sri Dr. Jemilah binti Mahmood [Penasihat Khas YAB Perdana Menteri mengenai Kesihatan Awam]: *[Bercakap tanpa pembesar suara]*

Tuan Pengerusi: *Yes, yes. Please.*

Tan Sri Dr. Jemilah binti Mahmood: *I want to acknowledge the presence of the Deputy Director General -* Dato' Dr. Hishamshah *here. So, I will not speak on behalf of* KKM, *but I am advisor to the Task Force now, so I will just maybe take up some of the points that you mentioned. The Task Force has a very clear terms of reference and that is to manage the acute situation in the Greater Klang Valley. The larger long-term issues are with* KKM. *So, it has a very specific task, to bring down the case numbers, to make sure that anyone who is sick has access to the beds, the oxygen and so on and so forth. There is an epidemiology group headed by* Dato' Dr. Venu *and* Prof. Lokman. *So, they are looking at the testing issues, the surveillance, but also pushing for a national strategy on testing and FTTIS.*

Tuan Pengerusi: *Yes, thank you.*

Tan Sri Dr. Jemilah binti Mahmood: *So, we need to have that. Your points are spot on. The CAC was– You will remember the very, very disturbing images of thousands of people thronging to...*

Tuan Pengerusi: MAEPS.

Tan Sri Dr. Jemilah binti Mahmood: ...Stadium Malawati. *Some children are crying and people fainting and so forth. That is why we set up the CAC group to decongest the CAC, because people who come may not even be positive. They are coming to cut their bands and then they are exposed to positive people, right? So I think that, right now, what we are doing now, the CAC is really bringing together a– I wish I brought my slide, but there is a very clear flow of movement. This is where we also- and I am glad that* Datuk Kuljit *is here, the GP's are going to be very critical, because they can help the monitoring of 1 and 2. The aim is to send the list to the MP's. This is already in the plan for the CAC, because I think the MPs know their constituencies very well. Now, whether or not we can deploy the*

military, I will find out whether it is possible. I would be surprised. It is quite difficult to deploy the military anyway, but anyway the other thing is do not forget there are–

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa pembesar suara]*

Tan Sri Dr. Jemilah binti Mahmood: *[Ketawa] Yes. We also have neighbourhood watch groups. We have the* Rukun Tetangga *sort of groups, right? So, I think we can leave it to the creativity of the MPs as well, because they know their constituencies. So, I think your point will be something we implement. On the issue of automation. I think Pen. Prof.* Farhan *will build on this. I think one of the things is that, you have* Selangkah, *which is a good application. It has a home assessment tool, which Pen. Prof.* Farhan *will talk about. Then you have* MySejahtera *and* e-Covid. *So, what we are aiming to do now, is to bring it together and stop saying that it is just, "you must use this" or "you must use that", but "what is convenient for you at that point?".*

Tuan Pengerusi: *Yes.*

Tan Sri Dr. Jemilah binti Mahmood: *Some CAC's and* PKD'*s*, *they are familiar with* SELANGKAH. Selangor *is using* SELANGKAH, *all the* PKD'*s and all that.* PKD'*s are also* KKM, *but even in the* Wilayah, *some are also comfortable with the* SELANGKAH. *So, we say fine, do not limit yourself. But, how can we now optimise? Because, this is not the end. You have other states now, you see the cases rising. So, we have to make sure that all the lessons we learnt now from the Klang Valley*, *we have to make sure that other states will benefit from this. So, the National Testing Strategy becomes very, very critical at this point. On the genomic sequence, completely agree. This is something that we have to do. I think* KKM *is trying very hard, but I am also quite empathetic to* KKM. *It has got a barrage of cases to deal with and test.*

*I think the revolution would be the home testing. But, home testing and RTK-Ag we all know is very accurate when the incidents are high. When the incidents are low, the RTK-Ag does not become so sensitive. That is the reality, right? So, I think that at this current moment, this is why KKM has introduced the saliva testing and all that. Sometimes you see the numbers are rising, because people now able to go and buy the kit from the pharmacy and test themselves and enter it into informed the Public Health Laboratory Information System (*SIMKA) *and all that.*

In every country in the world that I have worked in and lived in, nobody is isolated in a place if you are Category 1 (CAT 1) *and Category 2* (CAT 2). *It is our rakyat* lah. *At the end of the day, you have to be also responsible. You cannot blame them; they are very*

poor, they have to go out and find money. They have to earn a living. So, I think this is a vicious cycle that we have to go through. I just wanted to make…

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *When you say home testing kits, who is going to pay for the home testing kits?*

Tan Sri Dr. Jemilah binti Mahmood: *At the moment, I do not think that– but, I think Datuk Dr. Hishamshah bin Mohd Ibrahim will be able to tell better. A lot of people are already buying it. I think we have to– I can tell you about the practices overseas. The costs of the test kits, because it is used so widely and it is so cheap, it is like RM5 each. In some of the Western countries, they give it to you. Each household gets a number of kits, you test yourself…*

Seorang Ahli: *Singapore as well…*

Tan Sri Dr. Jemilah binti Mahmood: *…at number of times. RM5 a kit in Germany. Its RM5.*

Tuan Pengerusi: *But, in Malaysia it is higher.*

Tan Sri Dr. Jemilah binti Mahmood: *Because, they buy millions and they give away. So, I think we have to find a way. The burden of cost to the government is very high if you are going to give out a RM30 kits. I think, we have to find ways for example, in the industry, it is very true. Like, in Slovakia and everywhere else, that the companies have to test their staffs and so forth. On top of vaccination as well. When you got the double vaccination of this year, it is already so much.*

Tuan Pengerusi: *Okay, we invite Pen. Prof. Dr. Mohammad Farhan bin Rusli to give not just his thoughts, but if he has any suggestions, then we will move forward from there.*

Pen. Prof. Dr. Mohammad Farhan bin Rusli [Pengarah Operasi Pasukan Petugas Selangor (STFO)]: *Thank you. Assalamualaikum warahmatullaahi wabarakaatuh* dan salam sejahtera kepada semua Ahli Mesyuarat. Izinkan saya berbahas dalam bahasa Inggeris.

Tuan Pengerusi: Boleh

Pen. Prof. Dr. Mohammad Farhan bin Rusli: *First of all, thank you for the invitation. I am very thankful that I am not part of MOH, because I am very empathic about the burden and the weight that has been placed on the ministry for the past one and a half years. At the same time, we have to look forward on how we can actually improve and find a way out of this pandemic crisis. Now, when a surgeon approaches a case, there is a step-*

by-step rule on how he has to approach the case, to diagnose and to actually operate on. So, if you talk about an appendectomy, you go multiple layers of skin before you reach the appendix and remove it and close it in certain steps. Now, that is exactly what it is. One, two, three, four and so on. When you talk about public health response, there is no step one, two, three and four. It is a holistic approach in actually managing the crisis and you cannot choose one over the other. Now, this is the most important thing about public health response. That is why, when you talk about the Greater Klang Valley taskforce whose emphasis is full on mitigation and trying to push for the increment of beds and ICU numbers. There is no such way for you to abandon the other public health strategies that you must actually utilize at the exact same time. Now, Tan Sri Dato' Dr. Abu Bakar bin Suleiman has mentioned about resume the sequencing and all those things and also support. These things do not come one after the other, you cannot do that. It must be at the exact same time all in one go.

Now, this is actually what has been our problem from the very beginning. I would like to state here that I am non-partisan. The only thing I am really pushing is for us to bring our county out of the pandemic. Now, this is the most important and critical role. There is no such thing as trying to be inclusive, but not including everybody. Menggunakan KKM, ini adalah tanggungjawab KKM, Kementerian Perdagangan Antarabangsa dan Industri (MITI), Kementerian Sains, Teknologi dan Inovasi (MOSTI). *It is actually everybody's responsibility and they have to come together. Up until today, we still do not have this sort of coordination done even until today. This is the biggest problem, because it is the failure in the governance in how we actually approach the pandemic response. In this part, everybody is responsible, regardless of whether you are government, opposition, state government, Federal government, even in the MOH or private general practitioners* (GP's).

The private GP's were saying things where they wanted to make sure of the acts on how much money should be paid. So, these are all issues that centers on one thing. It was poor coordination in managing the pandemic response. Note my word, the pandemic response. Not managing pandemic, but the response itself. Whatever has happened in Greater Klang Valley, if we do not change our strategy in moving forward, will happen in every states outside of the Greater Klang Valley. The reason being, because we put all of our hopes into the vaccine's basket. Knowing that the vaccines are only acts amount protective in emerging new variants. Yes, they might reduce the numbers of people getting

into hospitals by 88 percent in ICU care, but they only prevent the transmission of COVID-19 up to 28 to 33 percent.

Even countries such as Israel and United Kingdom (UK) *which has gone as close to reaching herd immunity or is close to reaching it, is now even ramping up even more testing strategies and they are finding more cases. Now, why is this important? The fundamental rule that we must learn together is that everybody in this room, the amount of COVID-19's knowledge that we have is exactly the same. You sir, me, KKM, Tan Sri Dr. Jemilah binti Mahmood, Tan Sri Dato' Dr. Abu Bakar bin Suleiman, our knowledge on COVID-19 is exactly the same. Why? This is because it is exactly a new virus. That is the same knowledge that we have on the COVID-19's vaccines.*

Now, the reports that are coming out of China, has said that the Sinovac two doses' vaccines is only effective up to six months, which means that they are now susceptible to infections and it is only effective up to 22 percent after six months of two doses of Sinovac. Now, we are dabbling over who is getting the first and second dose, while countries are thinking what they are going to do for the next six months, one year, one and a half years, which we are not discussing. So, this is what I mean by when I say, when we see a problem, we try to tackle it and then, we wait for the next one, wait for the next one, next one. This is where we will ultimately fail. This is because our objectives have always been to lessen the curve, it was never been about trying to get the ahead of the curve.

In public health pandemic, it is important that we must completely do the find, test, trace, isolate, support and vaccine (FTTISV)*. These things are not one step after the other, they all must go in one throng. Now, the Greater Klang Valley taskforce, it should be implemented in all the other states as well. Now, our projection has shown that Kedah, Penang and Perak would be the next hotbeds of infections. Why? This is because we have centered vaccinations into the Greater Klang Valley and reducing the vaccination rates for the Northern and Southern states. We have also not comprehensively done the testing strategies for the Northern and Southern states. This will be a big problem.*

So, this is what I mean the pandemic response it cannot just be "Oh, Selangor and Kuala Lumpur (KL) nampak macam teruk. Kita *tackle* situ," *and then we forgo Sarawak and Sabah. Yes, I know all the states are doing whatever they can, but what I am saying is that, this is the coordination on the pandemic response which is extremely important. If I go to Pahang, I need to know that this is the flow of what happens if I am a closed contact. Let me tell you, every state has different flows of how to deal with testing. Who should get tested*

and who should be quarantined? Some pakai gelang *even if they are closed contact.* Dekat KL, *if you are not closed contact, you* tidak *symptomatic you do not even get tested, right?*

So, this is what is horribly and extremely problematic with the way we are dealing with this. This is because in the end, people move around. Okay? When they see discoordination among states, they see discoordination of governance. Which means, they start to not trust the system. So, this becomes a bigger problem, because we are unable to actually transfer our risk communication to the people well. So then, that is where you have people flouting the Standard Operating Procedures (SOP's). *People who are not following what we are saying, because they think that we are discoordinated. Because of discoordination, they believe that whatever that we plan or whatever that we are saying is not even thought-off well and not extremely laid out. That is the big problem in our public health response. Thank you.*

Tuan Pengerusi: *Thank you so much Pen. Prof. Dr. Mohammad Farhan bin Rusli. Thank you so much for the honest and…*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Pen. Prof. Dr. Mohammad Farhan bin Rusli, I think there is one of the biggest problems that we have not touched on, if I may, Dato' Parang Abai @ Thomas, Timbalan Ketua Setiausaha* (TKSU) *is here, even KKM is here. I am hearing different things.*

The issue of Greater KL and Selangor is being paid attention to now because the numbers in Selangor and KL is huge. I have calls from Perak, saying "what are you guys doing?" "Why are you not concentrating in Perak?" Because you are going to have the same problem in Perak. Kedah, the same thing they are saying. My only question in Parliament in the next to three days is "have we got enough vaccine to tackle not only Selangor and Greater Klang Valley?" "Do we have enough vaccine to go to states that you mentioned as well?"

I think that is the question that needs to be answered.

Tuan Pengerusi: *Yup. But that just one part of the arm*-lah*…*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Ordering vaccine is different and having the quantity is different. This is not being answered properly, openly. That is my whole take on this, because a present, the whole energy is being based on the needs of Selangor to get well in order for the economy to pick up. But we are not paying attention to the other side, I agree with you Prof. Dr. Mohammad Farhan. We have our problem,*

because I already got calls from Perak, Penang, Kedah and about the situation that's going to take place there.

It would take place because we not doing it…at the rate that we are doing in…

Tuan Pengerusi: *Greater Klang Valley.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Greater Klang Valley.*

Pen. Prof. Dr. Mohammad Farhan bin Rusli: *Sir, sorry. Just touching on your point. My biggest worry is not we are doing it. My biggest worry is that the problem is already here, is already there. It's just that we are not testing to actually find out what the problem is. That is my biggest worry. Whatever is happening in Selangor did not happen overnight, it was months in brewing, and whatever we find in Kedah, in Penang, in the coming months, is not something that will happen next month. It's already there, it's just that we are not finding it.*

Tuan Pengerusi: *Okay, thank you so much. Any other question on the committee? If not, I have a question.* Ya, Yang Berhormat Sipitang ada?

Tuan Haji Yamani Hafez bin Musa [Sipitang]: *I think Dr. Mohammad Farhan is correct*-lah*, because you are saying that a lot of these places are going be a ticking time bomb if we don't manage it properly. And then, I want to touch about the public trust on the system. You know, in here, the Chairman and myself, and Yang Berhormat Dato' Dr. Xavier, we are very civil. But if you look at the Parliament…*

Seorang Ahli: *[Ketawa]*

Tuan Haji Yamani Hafez bin Musa: *This is your people*-lah *also.*

Seorang Ahli: *[Ketawa]*

Tuan Haji Yamani Hafez bin Musa: *You don't focus on the thing, you focus on changing the leadership. What is this? We should get together now, in here we get together,* akan tetapi nanti dekat sana, *they will…you know, they will do their movie*-lah*, do this, do that, all this nonsense. True or not? This…we have to get together*-lah, *not only in here. How can you expect the people below, our ministry* apa semua *to respect us and follow* kita punya *example, if you guys create all this mess?*

Yang Berhormat Dato' Dr. Xavier, betulkah? *So, I'm addressing that elephant the room*-lah 'kan. *I'm a frank person, because when I'm young. He's also younger than me,* tetapi *you know, you are following the bad example of the…*ada *senior leaders. So, we should breakaway from those. We should get together and show to them the future leaders*

are doing this differently. That's what we should do. Sorry, this is just an honest discussion-lah 'kan.

Tuan Pengerusi: Ya *we appreciate it, thank you. I think we are modelling in this…like I said, we want to get down to view issues and the policies rather than rhetoric* lah*. Anyway, Yang Berhormat Tuan Lukanisman any issues?* Okey, Yang Berhormat ada? Yang Berhormat Dungun?

Tuan Haji Wan Hassan bin Mohd Ramli [Dungun]: Kalau kita lihat Tuan Pengerusi, Jawatankuasa yang memberi nasihat kepada Perdana Menteri. *Outcome* dalam tempoh ini, kita lihat agak mencabar kerana angka itu. Yang dilihat oleh rakyat ialah angka. Jadi apabila angka itu agak tinggi, jadi apakah kesan-kesan yang dicadangkan itu akan membawa kepada perubahan penurunan angka? Akan tetapi, sampai kepada satu tahap, *public trust* ini hilang. Dia sudah hilang sekarang ini, jadi apa yang berlaku ialah sudah tidak dianggap sebagai satu pandemik. Jadi jangkitan-jangkitan yang...saya pun terkejut kawasan sekecil Dungun sudah ada berapa kampung yang PKPD, yang kluster-kluster baru yang timbul.

Jadi menakutkan. Jadi itulah sebabnya, apa kesan daripada *outcome* nasihat kita kepada pemasaran pandemik ini yang mungkin akan melibatkan seluruh negara termasuk negeri-negeri, yang peningkatan yang berlaku sekarang. Jadi, bagaimana...yang pertama, saya rasa perlu adanya kalau kita hendak buat satu pembangunan kecil di mana-mana pun ada *One Stop Centre (OSC)*. Jadi kalau menangani pandemik sebesar ini, seperti yang Pen. Prof. Dr. Mohammad Farhan sebut tadi, bermakna ini isu besar bukan kecil. Saya rasa *finding*-nya ialah mesti *coordinate* semua jabatan, semua Kementerian, semua Menteri. Ini yang sangat penting.

Kedua ialah *Emergency Response Team* itu mesti benar-benar berfungsi. *So* kalau banjir ada ERT, ini pandemik yang mungkin akan jadi lebih berbahaya kepada...aset yang kita ada ialah rakyat, aset yang kita ada adalah nyawa rakyat, aset yang kita ada adalah kesihatan rakyat, aset yang kita ada adalah *livelihood* rakyat, yang semua ini adalah kitaran ekonomi penting kepada...apabila mereka boleh keluar daripada pandemik ini, maka ekonomi mereka akan pulih dibina. Jadi itu saya rasa sangat perlu kepada ada ERT yang sangat penting, *Emergency Response Team* kepada pandemik ini.

Kemudian yang ketiganya ialah yang sangat-sangat penting kepada saya dalam mendengar penerangan-penerangan ini, ialah kita mesti membina ketahanan masyarakat yang sangat kritikal. Ketahanan masyarakat. Jadi saya cadangkan supaya kalau boleh

penerangan bukan lagi melibatkan bentuk data dan sebagainya, tetapi mesti ada kalau boleh pada setiap malam di televisyen itu, sentiasa ada penerangan berkait dengan sesiapa sahaja yang mempunyai apa-apa kepakaran kesihatan, mesti memberikan penerangannya sehingga sampai kepada rakyat. Mereka rasa takut seperti mana kita rasa takut. Mesti ada rasa itu, kalau tidak ada rasa itu, maka tidak akan berlaku.

Tuan Pengerusi: *[Ketawa]*

Tuan Haji Wan Hassan bin Mohd Ramli: Jadi saya haraplah, *insya-Allah* terima kasih banyak.

Tuan Pengerusi: Okey, terima kasih Yang Berhormat Dungun. *Before any short response,* ya silakan.

Tan Sri Dr. Jemilah binti Mahmood: Yang Berhormat, *first of all, I think that you know… thanks to Pen. Prof. Dr. Mohammad Farhan for eloquently describing an ideal pandemic response. I've worked 20 over years in crisis and I guarantee you there is no ideal pandemic response at the moment. Even countries that are more advanced than us are also struggling, so let's also be pragmatic and realistic. I also want to correct the perception that nothing is being done. On the* Jawatankuasa Khas Jaminan Akses Bekalan Vaksin (JKJAV) *side, we have Dato' Dr. Zulkifli Ismail now from the EAG on the JKJAV which is for…we are already looking at the data on when to give a third booster dose, whether or not to mix vaccine. All these have been done, so I think to assume that nothing is being done is bit unfair. Also looking at children, we brought all the top pediatric cardiologists and pediatricians around from Sarawak, from* Institut Jantung Negara (IJN), *and others to discuss you know…all the science behind it, whether it is safe.*

Because we have to make sure it is safe, it is selamat untuk anak-anak kita 'kan, *to give the vaccine. So I think, I just want to you know…I'm also completely nonpartisan. I'm a scientist, but I'm also crisis expert, right. I will tell you now, that every country is struggling, otherwise we would have come out of this pandemic in six months like Ebola. It is not like that, right? But let's look ahead. The Greater Klang Valley Special Task Force is the first time we are seeing multistakeholder collaboration. I mean, be honest. And it has taken a long time to get to this point, and you know, the expert advisory group was something that I personally pushed for the PM to have the benefit of all the experts also speaking to him.*

So, I think, everyone is trying their best. KKM is working so hard, our frontliners are struggling on the ground. You know, the military is in full force helping with the bed management. Trying to automate, we brought in the private sector. This is something very

different, we brought the private sector in. Not just health; we are bringing telcos in to have us look at the system, how do we develop a CAC system that is more automated and so forth. I'm definitely going to make sure they will inform all the MP's. That is my number one today that I'm going to do, because it is so importance that everybody works together. So terima kasih Yang Berhormat Tuan Haji Yamani.

You know, kita penat sebenarnya. Saya fikirkan senang untuk kita *blame other people* tetapi kita semua ada peranan yang penting. *So, I think this- I hope the outcome of this is that we have more such meetings, where we get to learn new ideas, how to handle it. But I think the great example set by* Yang Berhormat Khairy Jamaluddin *to work with* Yang Berhormat Dr. Ong Kian Ming *and* Selangor*; it's a great signal to everybody.* Kita kena kerjasama. Oleh sebab *we can't settle this on our own. So, thank you for having this discussion today.*

Tuan Pengerusi: *Thank you so much Tan Sri Jemilah. I think we all in agreement* lah*, I think this is the spirit that this PAC wants to demonstrate.* Mereka nak main- *whatever they want to play in the plenary, that's beyond our control. But, what* kita boleh kawal, kita kawal*. So again, I've got a few questions to the EAG as a whole, because… and then, I always say this. PAC's main role is to comment and recommend. Comment itu* jika ada *good practices,* kita nak *comment.* Oleh kerana *this builds public's confidence and transparency. If there are gaps,* kita nak *recommend*. *So, when I am asking these questions*, *don't take it in a wrong way. But, I want to diagnose the real issue and how we move forward*-lah*.*

Tan Sri Abu Bakar, you mentioned that you have met the Prime Minister and then, you have come out with a very good, comprehensive report. But, do you feel the EAG has played its role optimally? If not, why are they so? What are the hurdles that you have to face and address? Because, I see from timeline, as I said the Government is doing much better now. But, there was a gap between January to July. What happened in there? What are the hurdles that we can address especially moving forward? What is the model you propose for EAG, to have more bite lah, *maybe in certain decisions, even by the Government? Do you think the model that Singapore has- they also have their external expert panels, how do they function? Do they- how do- I mean, where the* punca kuasa *comes from? Who makes the final decision? Because, there are actually many task forces. The other question that's in my mind, there are so many task forces. What are the dynamics, conversations and communications between them? Finally, who makes that final decision?*

What do you think EAG can play a role even more effectively, moving forward? Not just to deal with Greater Klang Valley now, but to manage future waves, future pandemics and moving forward. To you, Tan Sri.

Tan Sri Dato' Dr. Abu Bakar bin Suleiman: *Well,* Tuan Pengerusi, *you're asking me a very complicated question. You know that our culture of the Government, for example, very top-down. That is very important to understand. The fragmentation of the Government, unnecessarily, is a big barrier to effective teamwork. Health, for example, is very large. But, the components at the Ministry of Health, is so small. That is unnecessarily also. Because, if you go to the U.S., you've got Health and Human Services, everything under there. So, integration, it is so much easier. But for us, it's so difficult. It's in different components. During my time, I retired 20 years ago, it was not as bad as now, it was bad enough. When I had minister from this party, deputy minister from another party. Secretary, from another party, in the same ministry. Headache*-lah*. But actually, the people there were good. They could communicate. Yes. So what if you have differences? But, we discussed on the table. So, now with fragmentation of the ministry and they work in silos. These become so difficult.*

The same thing of the culture of the civil service. Before, for example, we were part of the social sector. So, I would work with EPU's Director General, Deputy Director General and Director of the Social Sector. There, we had human resource, education, welfare. Things they discussed together, for example. So, is it not easier? But again, our EPU, the ability to put things together, is no longer there. That is from my observation, from outside. The coordination is no longer there. So, it has become quite difficult. So for example, like the Ministry of Health trying to handle the outbreak for one and a half year. They've got this burden. You've got barriers within the civil service and I don't want to talk too much about it. Because, between the professionals and the PTD's, major issues. Major, major issues.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa pembesar suara] This contract doctor thing has been going on for a long time Dr., I know very well, because I was there. [Ketawa]*

Tan Sri Dato' Dr. Abu Bakar bin Suleiman: *Mountains to climb. So, these are the major issues. But, also there's this issue about the human issue. The people in the Government don't know how to talk with the people in the private sectors. They don't trust each other.*

Tuan Pengerusi: *[Bercakap tanpa pembesar suara] Exactly.*

Tan Sri Dato' Dr. Abu Bakar bin Suleiman: *You must understand. I'm not saying that I'm different. But, I was the President of Malaysian Medical Association (MMA), for example. I was myself at the Academy of Medicine. I tell you, the minister, the Ketua Setiausaha got very angry. When they went there, they saw me there. Because, I was in the Ministry of Health and I was sitting on the other side of the table. But, I went there as a profesional. In fact, when I worked in there, I gave the input from the Ministry of Science to the others, which they didn't understand. So... but, they shouldn't- private sectors ought to learn, to interact with the Government. The Government has got to learn to interact with the private sectors. This is still a problem from my observation.*

Tuan Pengerusi: *That's true.*

Tan Sri Dato' Dr. Abu Bakar bin Suleiman: *Because, we don't trust each other. So, sorry* lah.

Tuan Pengerusi: *No*. Silakan. Silakan.

Tan Sri Dato' Dr. Abu Bakar bin Suleiman: *But, the human issues. It can be overcome. Because, the importance of a network. The whole point of all of the networks, it is so powerful. It can overcome a lot of issues.*

Tuan Pengerusi: *I agree. Thank you so much,* Tan Sri. *I mean, this leads up to my next question and I would love to direct it to Datuk Dr. Kuljit Singh. Because moving forward, at least, I mean you can disagree or even give feedback to me. I believe in a unified healthcare network. I think this pandemic has catalysed a huge need for this. We have shown gaps between communications, between the whole healthcare system. I would love to hear Datuk Dr. Kuljit, what were the issues that have been faced, especially addressing with the private sectors? Even yesterday, I was on BFM and they asked me this question. Now with the Emergency Ordinance being lifted, what would stop the private sectors from just suddenly packing their bags and leave? I told them, 100 percent they will not do that. Because, patient care is the utmost importance. The fact of the matter, they are on the table helping not because of the Emergency Ordinance, but due to negotiations, discussions and of course, understanding. I believe that is the way forward. But, I would love to hear from you, Datuk Dr. Kuljit. What do you think?*

Datuk Dr. Kuljit Singh [Persatuan Hospital Swasta Malaysia]: *Thank you. First and foremost, from the private hospitals' side, we didn't need- we never needed the Emergency Ordinance to get us to help the Government. We've always been working together. All of us, especially doctors, we are all byproducts of the Government sector. We*

have friends, we were trained by the Government and this way, we are today. So, we work very closely in the sense that we send patients over to them during the good days, when we can't manage them or the patients can't afford it. Reciprocally, they do send patients to us who wants probably comfortable care. I'm not saying better care, comfortable care in the private sectors.

I always say private and public, our level of care is actually the same. There is no such thing as in another part of the world, you can say that the Government sector's care may not be so good, so you go to private. There's no such thing. So, we never- at no time we required the Emergency Ordinance to force us to treat patients. Last year, when they wanted ventilators because they were short of ventilators, even though they only had 200 patients. Of course, it's laughable right now, but at that point of time, when patients were about 200 in their hospitals, we gave them 75 working ventilators. KKM received donated ventilators which probably may not- they did not know whether they work, but we gave them working ventilators, valued at RM100,000 to RM150,000 of ventilators. Almost like writing it off, we didn't expect to get it back. But of course, they returned it back to us.

So, at the drop of a hat, we actually helped them. The same goes this time around when they told us, please start seeing COVID-19 patients. Those who are able to pay, we took them upon. So, there was a bit of a resistance, because there is always a fear when you try to do something new among the doctors. They never treated COVID-19 before in private hospitals, they were fearful. They got over it. Today, we are decanting. We have given 1,000 beds from 44 private hospitals in Klang Valley. This is just Klang Valley. We have prepared 1,000 beds. The last I heard from the army, they have already decanted about 200 beds. The process is occurring in stages, because there are issues on both sides sometimes. But, everyday we are decanting more. We managed to clear up Hospital Selayang, because of course, some of the patients of Hospital Selayang have gone to other government hospitals. Now, we are working on Hospital Serdang.

So, collaboration is well. Even the Emergency Ordinance is off, this is going to continue. We are not going to stop. There is no bearing as far as Emergency Ordinance is concerned, on us in the private sector.

Tuan Pengerusi: *Yup, I am fully confident of that. I think we do not really have much time, we have to go back to* Dewan *to debate, but I would love to summarise with this*-lah. *Because as I said, we want to make the right diagnosis. If moving forward, what is the one thing, or even two things you think that we need to address right now? Whether it is, I mean,*

on public health measures, whether it is organisation leadership, cooperations with the private sector and not on just...different, the whole ecosystem, what is that one thing that you feel we need to address or is focusing right now? And anybody can start. Before we summarise. Sometimes the easiest questions are the hardest to answer. [*Ketawa*] Okey, silakan.

Dr. Nor Azfa Johari [Pemangku Pengarah, Institut Genom Malaysia]: *I am sorry, but I am just a representative from MOSTI. So I am* Azfa *from Malaysia Genome Institute, which is one of the institutes from the National Institute of Biotech. So based on your question,* YB, *I would like to say that maybe the cooperation between public and private is the most important thing at this moment. I would like to share some of our experience, when we were involved in the COVID-19 screening test with some of the targeted groups, and we found out that actually, when we explain further with this group of people, they can understand. But they emphasise on the right things that are being explained to the public or the private institutions must be the correct information. I saw one of the suggestions, the last one, emphasising on the strengthening risk communication. Yes, we need to deploy one government spokesperson, whom is very influential and has the capacity to explain in, I mean, easier manner for the public to understand.*

And then, in terms of monitoring, I think during one of the meetings of the strategic group, we heard about the real-time monitoring offered by private company. But of course, this kind of service will definitely need a lot of investment, and that could be one of the hurdles, because I did not see it being realised at this moment. But given the status of the MySejahtera *right now, it performed better because we can see that the result from the screening lab has been updated in almost a prompt manner. So it can be used quickly by the customer.*

And then, as part of the targeted testing strategy, I would say targeted MCO is a good strategy, but what about a functional MCO? Which means, we do not keep people inside their house anymore. For example, industries which do not have the capacity to suspend their operation, rather than keeping the workers at their homes, why don't let them stay in their working area? For at least two weeks or a month. Definitely there will be cost involved for their staying area. Because Singapore did that previously, and this can at least help to lessen the burden of the industry. So they can choose to function even during the MCO. For every two to four weeks, the workers get tested and those with one, I mean the

lower category of COVID-19*, can be isolated in the sick bay, but for those with higher category, they can be transferred to the hospital or other private healthcare facilities.*

Regarding the vaccination, to boost COVID-19 *vaccine roll-out. I realise there is also one suggestion to engage with the NGO's. Yes, that is one good suggestion but maybe what we can do is just vaccinate everyone including all these* PATI *and refugees, but in return maybe the government can use this as a point for reimbursement with the country of origin. We help vaccinate their people, whether they are coming as illegal workers or not. Maybe we can come up with some sort of strategy to get return from this indirect investment. That is just a few suggestions that we can think about. That is all, thank you.*

Tuan Pengerusi: *Thank you so much for your input. I think that is very pertinent. Yes,* Dr. Farhan.

Pen. Prof. Dr. Mohammad Farhan bin Rusli: *I have one last one, just to conclude. I think it is time that we actually utilise whatever finances that we have. I think the country is not in a very financially-savvy mode to keep spending. At the same time, I think we have to look at where the priority areas are. So looking at the mega PPV's, and you are looking at all the TV screens, the numbering counters, it looks extravagant, and I am sure there is a lot of money being poured in. But please remember, money diverted to there is money taken from somewhere else in the public health response.*

And like I said, it must be equal in all senses. I know that there are private partnerships there and all that is coming in, but as much as you want to vaccinate, it is a simple process. Yes, it is a mass testing, I mean it is a mass number, but at the same time, you have to use the money as well on the support services. On the mental health that is happening, on the suicide rates, on the financial burden of the people. There is so much that is going on, even beyond what we see on the TV and is being reported.

So the money punya *allocation* itu, *we must be very smart.* Kita kena bijak berbelanja kerana itu sahajalah duit yang kita ada. Jadi kita tidak boleh menghabiskannya dekat satu tempat sahaja dan kita tidak ambil endah benda-benda yang lain, *because that is a very dangerous road to go down. OK, thank you.*

Tuan Pengerusi: Okey, terima kasih, Dr. Farhan. Ada sesiapa...Dr. Kuljit?

Datuk Dr. Kuljit Singh: *I think on the private hospital side, we are managing the decanted patients according to what the Circular is from the government. With the 45,000 upper limit for surgery and 25,000 for the medical cases. But we are managing within it at this point of time, because when we want to decant our hospital, we do not really calculate*

what is going to be the upper limits. At this point of time, I think the Ministry of Health is quite sensitive to it, so they are appropriately sending the right kind of patients for the private sector to manage. So that we do not go to a situation that we cannot afford to keep the patient for too long, either.

So I think, that part of it, financially is going on quite well. We are giving out a lot of staff to mega centres and I think that is actually quite useful. So I think, moving forward, to answer your question, that I think we can, public and private, we can always sit down together and contain costs together. There are always resources that we can actually share, on both sides. This has never been done before and I think COVID-19 *has taught us to sit together and start discussing such kind of way forward, which we never did it before. Because before we always had this border, you know, "I am private, you are public, we cannot talk to each other."*

Tuan Pengerusi: *Yup, that is good. Thank you so much.* Prof.?

Prof. Dr. Shamala Devi A/P K.C. Sekaran [Felo Akademi Sains Malaysia]: *Yeah, just to– The question I am going to send to you is actually just from the perspective of someone in the public. There are two questions basically, alright? Being someone in the field of research and diagnostics and in immunity, I ask this question, alright. I have done the* RTK *or I have done the* PCR *test, so what do I do with the result? So when you start putting this out to the public, they must know what to do with the test result.*

If I am positive, what does it mean? If I am negative, what does it mean? Am I still clean, either way? No, OK. The same thing to the vaccine. Now that I am vaccinated, the question they ask, so I am protected. So you will be able to tell them. So these are the answers you must give to the public. Then they will understand what they are doing. Then you put out all these kits, they will do it, but they must know how to interpret it. OK, if you are negative, are you really clean? No, you have to do another test again.

You are vaccinated, are you fully protected? No. Like any other vaccine, you will get sick, but your dose of virus is low. Teach them these kind of things, in very simple terms. And as what you have said, every day you put it on the news, on the TV. And put it in bullet forms, do not put it in sentences, they are not going to read. And in simple terms. Because these are the questions I get as a consultant diagnostics from people who call me up, "What does my test result mean? So what now? I do not know." And I think this is part of the risk mitigation that needs to be done, clearly. Then I think the rest will work.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *I just want to comment on what Dr. Farhan said and also the young lady from MOSTI. I think it is very important we understand that when we want to have herd immunity, you include all your workers in place, foreigners, whether legal or illegal. The most important thing is that you have herd immunity with them in place. Stop about asking them to be compensated, it is not going to happen.*

But for your own security, for the nation's security, they have to be vaccinated. And our whole economy is held by the foreign workers. I am sorry to say that. If you remove them, this whole cycle of industry chain is going to be broken and you will not make it happen. We have this problem that we have to– at this present moment, that is what we need to do. I agree with Pen. Prof. Dr. Mohammad Farhan bin Rusli. I do feel that the way the mega pusat pemberian vaksin (PPVs) *are being handled is extravagant. I think, we have to get down to the ground. You got to get more smaller PPVs centralized in congested areas. 1,000 doses a day, you do three or four. You got to have those things done. I am sorry, Pen. Prof. Dr. Mohammad Farhan bin Rusli. Also, mobile vaccination centers to be done on the ground. It is not going to cost you so much Dato' Parang Abai @ Thomas. I will send you the paper on mobile vaccination…*

Tuan Pengerusi: *Okay, sorry Pen. Prof. Dr. Mohammad Farhan bin Rusli. Yes, yes.*

Prof. Dr. Rosmawati Mohamed: *I think, lessons learnt between what actually-when Tuan Khairy Jamaluddin Abu Bakar was giving recommendations and not taking up is because of lack of collaborations that existed. I think, when you want to actually have a similar taskforce in the future, we have to learn what the Greater Klang Valley has done. I think, it has worked. So, we must make sure that it is not about just giving advice. It is actually the implementing part that must come together.*

Tuan Pengerusi: *Perfect. Tan Sri…*

Tuan Haji Wan Hassan bin Mohd Ramli: *Last one, last.*

Tuan Pengerusi: Boleh, boleh.

Tuan Haji Wan Hassan bin Mohd Ramli: *Based on science and data, all informations coming in. Other than vaccines,* ada ke ubat lain yang boleh digunakan? Ini disebabkan *layman,* bawah ini semua dihantar *informations* sahaja. *[Ketawa]*

Tuan Pengerusi: *[Ketawa]* Jangan minum ketum saja.

Tuan Haji Wan Hassan bin Mohd Ramli: Atau *natural remedy?*

Tuan Pengerusi: *No, no, no.*

Tuan Haji Wan Hassan bin Mohd Ramli: *I just want to know*

Tuan Pengerusi: *Anyone would like to answer that?*

Prof. Dr. Rosmawati Mohamed: *I think to be honest, scientifically not at the moment. Scientifically not at the moment.*

Tuan Pengerusi: Masih dalam *trial,* ada beberapa ubat yang masih dalam *trial. Yes, Tan Sri Dato' Dr. Abu Bakar bin Suleiman*. *No, it is okay. We will conclude.*

Tan Sri Dato' Dr. Abu Bakar bin Suleiman: *Yang Berhormat, I think what has happened for the last one and a half year in the history of mankind is unprecedented.*

Tuan Pengerusi: *Yes.*

Tan Sri Dato' Dr. Abu Bakar bin Suleiman: *The level of knowledge accelerations during this period is fantastic. The way research was done is fantastic. The way people have responded is just fantastic. Now in Malaysia, if you look at the way the people on the ground have responded to help each other and so forth, really fantastic. We need to bill on them.*

Tuan Pengerusi: *Yes.*

Tan Sri Dato' Dr. Abu Bakar bin Suleiman: *You know what I am saying? For us professionally, yes. But for the politicians, I am telling you now, I came from a family of politicians. My grandfather's portrait is there. He was the first president of the Senate and two of his kids were in the first Cabinet, pre and after. So, what I am trying to say, look, we have gone back in so many ways, okay. What COVID-19 has done, has pulled us down in terms of humility. But, there is so much for us to learn to go forward. Now, the Klang Valley taskforce I think is something that is very positive to build on, but we do not have the time. We have got to build it on very, very quickly. To me, that is a critical message I would like to deliver.*

Tuan Pengerusi: *Okay, thank you so much Tan Sri Dato' Dr. Abu Bakar bin Suleiman and I think Tan Sri Dr. Jemilah binti Mahmood can round it up, because it is important to have the woman to have the final say. [Ketawa]*

Tan Sri Dr. Jemilah binti Mahmood: *The first thing I would say is that, if one thing that we all have to embrace now, is a bit of humility.*

Tuan Pengerusi: *…and kindness.*

Tan Sri Dr. Jemilah binti Mahmood: *…And kindness, empathy. Everyone who thinks they are an expert, actually does not know everything. We all can learn from each other. My big ask is, for the politicians to show the way and really come together. Please. We are suffering because we need very clear, united way of handling this terrible situation*

right now. I think, there is no way but– we live in the 21st century world where collaboration is going to be the only way forward. So, I think that this is how we do it. The other thing is, whatever we have now, build and move forward. I think that the Greater Klang Valley taskforce is just one instrument, but we need a national approach to the taskforce, right? Which means, you need to have- for me, a priority is a national FTTIS strategy must be done tomorrow, must be presented somewhere. Right? I have been asking this for ages. I mean, we cannot make the same mistakes. We need to have a clear FTTIS.

Number two, embrace technology and automation. Brings the experts who are good in this. It may not be doctors.

Tuan Pengerusi: *Yes.*

Tan Sri Dr. Jemilah binti Mahmood: *Number three, it is recognized that you cannot just say health and economy. You do not have economy, you do not have health either. This is why you have suicides. So, it is not one or the other, but if you get the health right, you get the economy right as well. Number four, I would push for a real after-action review. Which means, if we come out of this, we need to study what we did that was right, what we did that was wrong and build our pandemic preparedness playbook again and recognize that you have to be adaptable in doing this. I have been tasked as my part of my terms of reference to look into health reform. The pandemic was a real opportunity to look at our health system at large through that lens as well. There are many things that we have discovered and I hope that- I have presented my report to the Prime Minister- that there will be a follow-up phase and so forth.*

One thing I can say about the key findings of my report is that, health is– does not only belongs to the MOH. It is a multi-agency, multi ministerial issues that requires every ministry to play its role. So, I think that– I see that we are going to come out this very painful pandemic. I hope, stronger. We must come out stronger. There is no other choice and we need to rebuild our health's system.

Tuan Pengerusi: *Thank is good. Thank you so much Tan Sri Dr. Jemilah binti Mahmood and thank you so much for all your inputs. I mean, just to round up. I came here actually with six main issues that is in my mind. I mean, we do not elaborate, but I am so excited to hear your views, inputs. Of course, moving forward I think, number one as I said, one of my main concerns of course, clearly the shape and coordinations. I think this has been a core of our issue. This is why I threw the questions on the EEG. How can the EEG plays an even more effective role in terms of even influencing and decision making, because*

now there is a gap, a drag. A lot of time this decisions has been made. I fully agree with Tan Sri Dr. Jemilah binti Mahmood. We need to re-think health care and it is not just MOH's responsibility, but it has to be a health ecosystem that we need to move forward from this pandemic.

Number two is focus on public health of measures. My big concern right now, especially the current narrative, we give credit where credit is due. The government is doing great in vaccinations, but now again, the perception is all eggs are in that basket and that is the danger. My debate later is about my concern of the tragedy of Klang Valley expanding beyond, which is the Greater Malaysia. This is because, ada *hidden clusters, maybe FTTIS has not been strengthen. I mean, we can go on and that* lah. *Of course, number three is hospitals capacity. How do we increase infrastructure, human resource? Contract doctors is just one small systematic issue that we need to address. Number four, public private healthcare integration. So important moving forward. Please, I hope that the barriers and walls are being broken down after this pandemic.*

Number five, something that hopefully this Committee is going to model its transparency, accountability in all decisions and reasoning. Now, it is very top-down and we do not understand a lot of justifications, but if every decision is explained properly, people will comply better. I think, one of the issue is strategic communications, breakdown in understanding. That is one of the main issues that we do. Number six is my main concern. Mid-term and long term. What are we going to do moving ahead? How will this be a catalyst to change and reform our healthcare system and also addressing even long term COVID-19? What is the cost to our healthcare system and so on and so forth? With that, I thank you so much. Thank you for having, allowing to come here and we would love to hear from you again. Especially Tan Sri Dr. Jemilah binti Mahmood. I am excited to hear your presentation to the Prime Minister. Maybe we can call you to present to the Committee as well and we can learn from each other.

Terima kasih semua dan salam sejahtera *and God bless you all.*

[Mesyuarat ditangguhkan pada 14.40 petang]

HEALTH AND SCIENCES COVID-19 ADVISORY GROUP OF EXPERTS

15 June 2021

Pandemic Response Review: Immediate Actions for a Safe Exit and Elections

Introduction

Since the formation of the Health and Sciences Covid-19 Advisory Group of Experts (EAG), the Group has met with leaders from the Ministry of Health (MOH)—i.e. the Minister, Secretary-General and Director-General—twice; three key departments within the MOH; and four state health departments, namely Kelantan, Sarawak, Selangor, and Wilayah Persekutuan. In addition, the EAG held discussions with healthcare stakeholders operating on the ground as well as experts on the economy to gain holistic insight to the progress of the national Covid-19 response strategy thus far.

In the months following the Sabah state election, an unprecedented Emergency Ordinance was gazetted to prevent further volatility that could bring irreversible consequences to the health system. As a result, Sarawak's state election has been postponed until after the Ordinance expires on 1 August 2021. While no election date has been set, the EAG recognises that democratic processes must eventually take place. It is critical that adequate public health measures are in place and clear health indicators are met before any election is called, whether at the state or federal level. Otherwise, the efforts of the past six months will be for moot.

The following brief contains key learnings and takeaways, with emphasis on critical areas of intervention for successfully exiting the pandemic.

Ground Scan: Overview of pandemic response on the ground

The EAG acknowledges that over the past sixteen months in fight against Covid-19, the government has deployed a whole host of public health responses to save lives and limit transmission. While some of the EAG's past recommendations may have been attempted or initiated, the current wave that is overwhelming our health system indicates limited progress has been made. The vertical surge in deaths from Covid-19 (Malaysia has the highest deaths per million people[1]) underscores the need for an urgent re-evaluation of the national pandemic response with evidence-based, transparent, and inclusive strategies, both in policy and practice.

The World Health Organisation's (WHO) 2019 Joint External Evaluation (JEE) report on Malaysia's emergency preparedness and response capacities recommended the following:

i. Enhance MyCPRC by incorporating machine learning to forecast, predict and provide insights on disease occurrence.

ii. Use of electronic tools to automate data sharing, analysis and reporting.

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[1] Ritchie et al. (2021) "Malaysia: Coronavirus Pandemic Country Profile" Our World in Data. https://ourworldindata.org/coronavirus/country/malaysia#what-is-the-daily-number-of-confirmed-deaths

Countries with low Covid-19 per-capita mortality rates have adopted digital technologies in pandemic management and response, with an urgent focus on public health capacities, particularly on FTTIS.[2]

After more than one year in operation, the crisis preparedness response centre (CPRC) should be reviewed and evaluated with the aim of further strengthening its terms of reference and function as the country's Covid-19 nerve centre. An independent group comprising experts in medicine, public health, epidemiology, infectious diseases, and data science from within and outside MOH will provide a holistic understanding of our national performance thus far as well as reinforce public trust in the government's pandemic response, consequently improving compliance across the board.

Our ground scan reveals that there are challenges in policy implementation and systemic gaps that prevent a true whole-of-government and whole-of-society approach. Guided by the WHO's 2021 strategic preparedness and response plan for Covid-19, EAG calls for immediate action with particular emphasis on the targeted support required to implement an effective and balanced public health response:

A. **Move pandemic management to mitigation strategies and balance economic and social dislocation.**

B. **Suppress transmissions, protect the vulnerable through large scale vaccination, and reduce mortality and morbidity from ALL causes.**

C. **Strengthen health systems by combining digital technologies with epidemiological strategies in pandemic management and response to build resilience and readiness for the future.**

[2] Whitelaw, Sera, Mamas A Mamas, Eric Topol, and Harriette G C Van Spall. 'Applications of Digital Technology in Covid-19 Pandemic Planning and Response'. *The Lancet Digital Health* 2, no. 8 (August 2020): e435–40. https://doi.org/10.1016/S2589-7500(20)30142-4.

Immediate Actions for an Effective and Balanced Public Health Response

A. **Move pandemic management to mitigation strategies and balance economic and social dislocation**		
Current Practice	**Urgent Recommendation**	**Limitations**
Current public health policies suggest that we are in "late containment" phase of the pandemic, which is still focused on limiting community transmission.	Move into mitigation phase to minimise the impact of the pandemic on society and equip the health system with sufficient support to maintain essential services while battling Covid-19. Comprehensive re-opening and operational policies that are connected to the digital FTTIS as necessary resilience measures to be implemented for the following societal sectors: • Various types of workplaces – revisit and update Safe@Work to be more specific to different verticals' needs • Schools • Other education support organizations • Tertiary education • Community support centres • Healthcare organizations • Travel and commute network	Insufficient manpower and manhours for robust FTTIS conducted manually (This is addressed in strategy C below).
Find Test Trace Isolate Support (FTTIS) practices on the ground are inconsistent with federal policies. MySejahtera functionality is inadequate for efficient and robust end-to-end FTTIS. (Further details on MySejahtera limitations discussed in strategy C below). For eg.: PCR tests are required to validate RTK-Ag positive test results, despite MOH circulars which may indicate otherwise; positive RTK-Ag is not considered confirmative of SARS-COV-2 detection in many PKDs.	***FTTIS, particularly contact tracing and mass targeted testing using RTK-Ag need to be reformed and revamped*** to test, trace and isolate infected persons and contacts in a timely and effective manner. Robust execution of end-to-end FTTIS requires closer alignment between central authorities and PKDs. RTK-Ag should be used for expanded targeted testing to obtain a swift response, and as a confirmatory test irrespective of the prevalence or positivity rate. PCR test should be reserved for those requiring hospital admission and other specific circumstances. The current PCR result interpretation needs review.	

PKDs are expected to run the gamut of Covid-19 management from testing and contact tracing to Covid-19 care and vaccination, results in many local health offices being stretched beyond their resources with limited autonomy.	Decentralise decision-making and empower local health authorities to manage and make decisions that impact their respective populations, including the freedom to collaborate with local experts (eg. universities and NGOs) and create bottom-up systems for operations. This has been introduced in theory but severely lacks in practice as states and districts are heavily reliant upon federal authorities for guidance and resources.	
Surveillance practices in high-vulnerability and high-risk settings are irregular and insufficient.	Preventive measures in communities with high risk of transmission such as confined workplaces, schools, old folks' homes and malls must include more robust surveillance, i.e. wider testing using RTK-Ag, swifter tracing, isolation and support.	
Prolonged movement control measures are exacerbating pandemic fatigue and declining SOP compliance, as well as putting heavy strain on the economy.	Each stage of pandemic management must be made transparent to the public to enhance understanding of rationale behind public health measures and improve compliance. All individuals and organisations—whether in public or private sector—must be held accountable for their role in pandemic response. For eg.: There must be full transparency of the fund allocation and utilization for the entire vaccination programme, from procurement to distribution.	

B. **Suppress transmissions, protect the vulnerable through large scale vaccination, and reduce mortality and morbidity from ALL causes.**

Current Practice	Urgent Recommendation	Limitations
Current vaccination target of 150,000 per day will only achieve a vaccination coverage of 13.5 millions people in 6 months which is less than 50% of the population.	**Ramp up Covid-19 vaccinations to at least 300,000 per day, assisted with automation** to rapidly achieve herd immunity to reduce severe infections, ICU admissions and deaths from Covid-19 Mobilise whole of government (the armed forces and the civil service) and whole of society (NGOs, communities) to help with vaccine registration and rollout and deploy as many centres as possible within the community, **including mobile vaccination trucks/centres** to vaccinate rural populations, outbreak areas and areas with limited internet access or digital literacy.	Supply of vaccines is limited and subject to delivery from manufacturers.

Limited resources on the ground to combat vaccine hesitancy, boost registration and vaccinate populations, especially in rural and interior areas.	Compel political parties to deploy their grassroots machinery which is typically used for election campaigns, for vaccination drives	
Individuals prioritised for vaccination according to age group and comorbidities.	Prioritise vaccinating adult populations in outbreak areas, regardless of co-morbidities and age. Similarly, entire communities in rural and interior areas, such as in the longhouses of Sarawak, should be vaccinated simultaneously rather than at various intervals according to priority groups.	
Vaccine registration must use MySejahtera and District Health Offices (PKD) cannot input line lists compiled by community leaders directly into MyVac. The two systems are not integrated.	Sync MySejahtera with MyVac system to meet operational needs.	

C. **Strengthen health systems by combining digital technologies with epidemiological strategies in pandemic management and response** (as recommended by JEE) **to build resilience and readiness for the future.**

Current Practice	Urgent Recommendation	Limitations
MySejahtera is functionally limited as it does not back up user data and does not automate FTTIS processes. i. There is a lack of analysis from AI for FIND (apart from HIDE). ii. It is not used on the ground for contact tracing for TRACE, nor HOME MONITORING for ISOLATION & SUPPORT.	The entire FTTIS work process should be digitised and integrated with MySejahtera, with selected functionalities (FIND, TRACE, HOME MONITORING) automated with real-time analysis. Currently not available at district level – analysis of e-notis and e-covid.	

Increasing number of Covid-19 deaths are brought-in-dead (BID). The causes of this are unclear; however, it is indicative of limitations and gaps in the health system.	**Deploy digital dashboard and e-home surveillance.** Leverage existing automation systems used for the involvement of GPs for testing and clinical assessment of cases. This can be piloted at any PKD and CAC, and consequently expanded across the country. Distribute home-monitoring tool kits to all on home quarantine; this includes masks, hand sanitizers and pulse oximeters, together with monitoring guidelines and contact points if deterioration occurs at home. Provide food assistance to those who need it.	
The SOP for assessing patients brought into quarantine centres is unclear, resulting in patients that do not undergo examination. There is an increasing number of Category 3 patients who are being brought to low-risk quarantine centres.	Urgent need for digitization of the entire work process from registration to closure of the case, including an automated monitoring system.	

Pivoting Towards an Exit Strategy

The current total movement control order must be lifted in phases according to clear comprehensive criteria, prioritising the health of all residents of Malaysia and health care capacity. The Ministry of Health has in the past referred to the WHO exit strategy. However, the current surge in deaths from Covid-19 show that the late containment strategies employed are insufficient to keep transmission under control. Transmission must be monitored closely using automation and digital technologies to prevent the emergence of spread of more lethal variants.

Below is the EAG's recommended guide for emphasis areas and indicators according to the WHO lockdown exit strategy in the Malaysian context. While the original set of WHO recommendations did not include vaccinations as there were no vaccines available at the time of publication, vaccines have since proven a critical and sustainable component of protecting the population. Ramping up vaccination as well as deploying holistic digital infrastructure which includes automation and real-time risk analysis capabilities is crucial to reducing positive cases, hospital and ICU admission, and deaths.

The following recommendations are also imperative for a safe election. Prior to any election planning, there must be true whole-of-government and whole-of-society support in maintaining low transmission rates, high vaccination rates and an overall safe economic and social space for managing the pandemic. The upsurge in cases after the Sabah state elections showed that all public health measures must remain robust and durable even if community transmission is low. Further recommendations for how to conduct safe elections are found in Appendix 1.

Should any of the following recommendations already be in place, they must be comprehensively evaluated to identify areas for improvement.

WHO's Lockdown Exit Strategy	Recommended Emphasis Areas
1. Covid-19 transmission is controlled to a level of sporadic cases and clusters of cases, all from known contacts or importations; at a minimum, new cases would be reduced to a level that the health system can manage based on health care capacity.	Shift focus from daily new cases to keeping ICU admissions, and deaths to a minimum, with clear indicators of the following: • Unlinked cases (which signifies undetected reservoirs in the community), i.e. low community and education clusters • ICU utilisation • Case Fatality Ratio or Rolling 7-day average of new confirmed Covid-19 deaths • **Vaccination rate of at least 300,000 per day until herd immunity is achieved** • **% of population fully vaccinated**
2. Sufficient public health workforce and health system capacities are in place to enable the major shift from detecting and treating mainly serious cases to detecting and isolating all cases, irrespective of severity and whether there is local transmission or an importation.	• Mass targeted testing using RTK-Ag • Case positivity rate of less than 5% • Contact tracing within 24 hrs
3. Outbreak risks in high-vulnerability settings are minimised, which requires all major drivers or amplifiers of Covid-19 transmission to have been identified, with appropriate measures in place to maximise physical distancing and minimise the risk of new outbreaks.	Clear public health and social measures for high-vulnerability close-contact settings, i.e. mass gatherings for religious/faith reasons, foreign workers quarters, indoor work and education. Replicate manufacturing sector's Safe@Work model for other settings such as Safe@Community, Safe@School, Safe@Prison.
4. Preventive measures are established in workplaces.	Empower companies to establish best practices to prevent outbreak. Provide support for overcoming mental health and anxieties as well a better social safety net considerations for various workplaces needs.
5. Manage the risk of exporting and importing cases from communities with high risks of transmission.	Clear framework for cluster management and border restriction with a **fully connected digital system to provide clear pathways for support and assistance by multiple agencies.**

6. Communities are fully engaged and understand that the transition away from large-scale movement restrictions and public health and social measures – from detecting and treating serious cases to detecting and isolating all cases – is a 'new normal' in which prevention measures would be maintained, and that all people have key roles in preventing a resurgence in case numbers.	Coordinated approach to mobilise NGOs, grassroots, and community leaders to influence wider behaviour change. Qualify locals to perform hyper-vigilance of active case finding; rapid termination of transmission chains within the targeted hotspot communities; as well as neighbourhood vaccine stations that are endorsed by communities buy-in and partnership to end vaccine hesitancy.

Conclusion

Over the past sixteen months, the government has deployed a range of policies and public health responses, including some of the proposed solutions listed above. However, the current data indicates that there must be an urgent reevaluation of the national pandemic response strategy. This reevaluation and strengthened response must come into effect before the expiry of the Emergency Ordinance on 1 August 2021.

The national Covid-19 response requires a targeted basket of solutions informed by granular, risk-stratified epidemiological data and utilizing real-time digital solutions to monitor and assess risk. This also means continuous progress assessments and the ability to adapt as necessary. Let this be Malaysia's final MCO as containment strategies are no longer practical. Only with evidence-based approaches can we rally the nation's support and inspire true whole-of-government and society responses.

Appendix 1

Considerations for elections in the time of the Covid-19 Pandemic

Herd immunity is dependent on not only on percentage of population immunised, but also the degree of protection by the vaccines to prevent transmission (which may vary with different vaccines and many still unknown), and transmissibility of the virus (which vary with the type of viral variant). In practical terms, the country would immunise as many people as possible until the number of cases come down and do not go up when other public health measures are lifted. However, pockets of unimmunised groups may be still at risk. Even those who are immunised may have risk of getting infected and even disease. Therefore, while trying to get everyone to be immunised and waiting for the number of cases to come down, it is still important to ensure all public health measures are still employed to reduce the risk of an outbreak.

The Sabah elections highlighted the importance of public health measures even if community transmission is low. Depending on the condition of the outbreak and immunisation status of the population at the time of the elections, ensure the following:

- Have rapid antigen testing for voters (especially if people who are suspected to have Covid-19 turn up) and other methods for screening.
- Consider separate queues for those who are not immunised and offer immunisation after voting (note that this would not prevent voters from getting infected during the elections but is useful for the country).

Ensure preventive steps are taken throughout the process (including before/after the voting)

- Prioritise electronic means of communication for campaigning. Ban house-to-house visits, closed indoor *ceramah*, rallies and mass gatherings (i.e. more than 10 people). Innovate for drive-in rallies (but people in the car must be limited to those from the same household).
- Avoid crowds awaiting results and large celebrations.
- Strongly encourage all potential voters to be immunised (preferably completed their immunisation at least 1 month before the voting).
- Politicians and their staff should be tested regularly.
- Use Covid-19 neutralising antibody rapid tests to verify that individuals participating in elections have been vaccinated and have sufficient immune protection as reflected by this test.

The following are suggested guidelines for voting day:

- Encourage postal votes for everyone (with processes which do not result in crowding of post offices)
- Establish secure electronic voting system (if feasible)
- Allow transfer of location of voting, if justified
- Very well-ventilated spaces for voting without crowding
    - Drive through voting
    - Outdoor tents with fans
    - Large halls with minimum people inside
    - Learn from our mass immunisation programs in crowd management – avoid overcrowding, ensure smooth process, minimize numbers but having time slots.
    - open multiple voting centres to reduce total number of voters per station.

    - For small centers without centralized air handling unit type of air-conds, open windows wide, consider using exhaust fans
- Staggered voting
    - Have extended days and open for longer hours for voting to allow maximum spacing of voters
    - Schedule voting time to stagger voters (where possible)
- Have alternatives which could be easily implemented for individuals who suddenly become symptomatic around the day scheduled for voting
    - Total days allowed for voting exceed quarantine duration where possible
    - Allow sudden changes to postal voting/electronic voting for those who planned for physical in-person voting but suddenly developed symptoms
    - Have properly protected staff and dedicated place/line to collect paper ballots from those who have no other alternative
- Special arrangements for voting of those in high risk groups
    - Those aged 50 years and older (shown to have higher death rates in national figures)
    - Those with co-morbidities or immunocompromised (immunodeficient or on immunosuppressives)
- Ensure SOP is practiced at voting centres
    - Encourage voters to bring their own pens
    - Have well protected observer booths for observers
    - Those working at polling stations should ideally be immunised and tested regularly for Covid-19

Guidelines and sources:

https://journals.plos.org/ploscompbiol/article?id=10.1371/journal.pcbi.1008959

https://www.cdc.gov/coronavirus/2019-ncov/community/election-polling-locations.html

https://apps.who.int/iris/handle/10665/337570

https://www.idea.int/news-media/multimedia-reports/global-overview-covid-19-impact-elections

https://www.abingdonhealth.com/what-are-covid-19-neutralising-antibody-rapid-tests/

HEALTH AND SCIENCES COVID-19 ADVISORY GROUP OF EXPERTS

26 July 2021

Progress Review of EAG Recommendations

Overview

The Health and Sciences COVID-19 Advisory Group of Experts (EAG) was established by YAB Prime Minister Tan Sri Muhyiddin Yassin in February 2021 to support the Ministry of Health (MOH) in its pandemic management and response. Since then, the EAG held repeated meetings with MOH leadership, three key departments within MOH, and four state health departments, namely Kelantan, Sarawak, Selangor, and Wilayah Persekutuan. In addition, the EAG held discussions with healthcare stakeholders operating on the ground as well as experts on the economy to gain holistic insight to the progress of the national COVID-19 response strategy thus far.

Recommendations

It is becoming increasingly evident that COVID-19 is here to stay and will become an endemic disease. This means that even as case numbers begin decreasing once more and the population inches towards herd immunity, we must not relent on our public health and social measures (PHSM). As such, the EAG has consistently recommended a basket of solutions requiring whole-of-government and whole-of-society coordination.

Below are the EAG's recommendations according to five emphasis areas:

1. Fully digitise FTTIS (Find-Test-Trace-Isolate-Support)
2. Expand the targeted testing strategy
3. Boost COVID-19 vaccine rollout
4. Enhance clinical management and manpower resources
5. Strengthen risk communications

Emphasis Areas	EAG Recommendations	Progress and Remaining Gaps
1. Fully digitise FTTIS (Find-Test-Trace-Isolate-Support)	• The entire FTTIS work process should be digitised and integrated with MySejahtera, with selected functionalities (FIND, TRACE, HOME MONITORING) automated with real-time analysis. • Deploy digital dashboard and e-home surveillance. Leverage existing automation systems used for the involvement of GPs for testing and clinical assessment of cases. This can be piloted at any PKD and COVID-19 Assessment Centre (CAC), and consequently	MOH launched a public repository of COVID-19 data on 23 July 2021. The Greater Klang Valley Special COVID-19 Task Force (GKV STF) has adopted Virtual CACs and digital dashboards for home surveillance of mildly symptomatic and asymptomatic COVID-19 patients. The Greater Klang Valley is in mitigation phase but FTTIS in the rest of the country still needs to be

	expanded across the country. • Distribute home-monitoring tool kits to all on home quarantine that include masks, hand sanitizers, monitoring guidelines and mini pulse oximeters. • Allow selected data to be on open source to crowd-source support to enable mass resources for a digitalised FTTIS.	harmonised and standardised. Contact tracing must happen much quicker; there is still no mechanism for self-reporting as a close contact and self-screening. The Support aspect of FTTIS is inadequate as there is limited mental health support, basic needs support, child support, and financial aid.
2. Expand the targeted testing strategy	• Regularly scheduled surveillance of high-risk setting, at a frequency of every 2-4 weeks. • All workers, including locals, should undergo regular scheduled surveillance testing. • Begin isolation and support with positive rapid antigen test (RTK-Ag) test, without requiring PCR confirmatory test. • Clear PHSM for high-vulnerability close-contact settings, i.e. replicate manufacturing sector's Safe@Work model for other settings such as Safe@School, Safe@Prison, Safe@nursing homes, etc.	MOH conditionally approved two rapid antigen self-test kits which are now available for purchase. MOH released a circular endorsing the use of RTK-Ag as confirmatory tests; however, there is limited and inconsistent practice on the ground. The GKV STF endorsed the use of RTK-Ag tests. There is still no regular surveillance for high-risk populations.
3. Boost COVID-19 vaccine rollout	• Mobilise whole of government (the armed forces and the civil service) and whole of society (NGOs, communities) to help with vaccine registration and rollout. • Deploy mobile vaccination centres to vaccinate rural populations in outbreak areas that have limited internet access	Most recommendations regarding the national vaccination rollout have been adopted and implemented, exceeding the EAG's recommended 300,000 daily vaccination rate. However, there has been limited progress in

	or digital literacy. • NPRA to expedite vaccine registration, for eg., the Moderna vaccine has also been shown to be efficacious. • Prioritise vaccinating adult populations in outbreak areas, regardless of co-morbidities and age. • Sync MySejahtera with MyVac system to meet operational needs. • Engage with NGOs to vaccinate marginalised populations such as Orang Asli, migrants, and refugees. • Conduct transparent adverse event following immunisation (AEFI) surveillance and reporting to strengthen public trust and combat anti-vax narratives.	establishing mechanisms for AEFI reporting and surveillance.
4. Enhance clinical management and manpower resources	• Urgent need for digitization of the entire work process from registration to closure of the case, including an automated monitoring system. • Establish more dedicated COVID-19 hospital in the Klang Valley. Non-COVID-19 cases from this hospital must be decanted ASAP. • Recruit Clinical Masters students who recently completed their specialist training to assist in COVID-19 hospitals. • Expedite the recruitment of recent medical, nursing, and allied health graduates who are awaiting postings. • Formalise volunteers from non-	The fourth dedicated COVID-19 hospital in the Klang Valley was recently established and decanting of non-COVID-19 patients to private hospitals and university hospitals in the region has begun. The GKV STF is digitising its work process for CACs, patient monitoring and GP partnership. This should be extended to the rest of the country. There are still qualified graduates awaiting placement who could support the health system. The hiring process must be expedited in a crisis.

	government organisations (NGOs) to support CACs. • Mobilise trained counsellors and virtual consultation, arranged by Malaysian Board of Counsellors. Mirror efforts by UK NHS Mental Health Hub.	There is insufficient mental health support for frontliners in non-urban and smaller hospital settings.
5. Strengthen risk communications	• Deploy one government spokesperson to address all issues relating to the COVID-19 response. • Every policy announcement to be accompanied with scientific rationale and comprehensive standard operating procedures (SOP) for every affected sector to adequately prepare the *rakyat* and maximise compliance. • The potential endemic nature of COVID-19 must be adequately communicated and explained to the public. • Shift focus from absolute numbers (i.e., daily infections and vaccinations) to minimising community transmission, ICU admissions, and deaths (Joint assessment of the transmission scenario and the health system response capacity – which will inform whether and how to adjust PHSM)	Risk communications is often out of sync between various ministries and government agencies, creating confusion among the public and damaging public trust. Public trust must be upheld to maximise compliance and understanding of SOPs. There has not been a shift from the narrative of absolute numbers to a more nuanced understanding of community transmission and the health system's capacity to cope.

Conclusion

The EAG acknowledges that MOH has deployed a whole host of public health responses to save lives and limit transmission since COVID-19 arrived on our shores. However, the EAG's ground scan and engagements revealed challenges in policy implementation as well as systemic gaps that prevent a true whole-of-government and whole-of-society approach. While some of the abovementioned recommendations may have been attempted or initiated, the current wave that is overwhelming our health system indicates that limited progress was made until recently when the GKV STF with its eight working clusters were established with true collaborative efforts between MOH, the armed forces, EAG, the universities and civil societies. Unfortunately, calls for a re-evaluation of our overall pandemic response strategy were not met with sufficient urgency. Still, there is significant room for progress to be made and lead the country towards long-term recovery.

Emergency Intervention Ahead of Covid-19 4th Wave

Introduction

Since March 2021 there has been an uptick of Covid-19 infections in Malaysia, threatening a fourth wave of the pandemic. In fact, the current number of positive cases is over 1000% higher than the number of cases reported this time last year.[i] As community transmission is still occurring after over one year of Covid-19 in Malaysia, containment strategies, i.e. broad based movement control orders (MCO), aimed at reducing cases to zero are extremely impractical. The focus now must be on mitigating spread ahead of the Hari Raya Aidilfitri celebrations to avoid cases of severe illness and death as well as further devastation to lives and livelihoods. Therefore, the Health and Sciences Covid-19 Advisory Group of Experts (EAG) underscore the following gaps and recommendations for the government's consideration.

Challenges

1. Risk areas are not well-visualised and lack specificity, i.e. they are not mapped to the smallest reasonable unit (eg. neighbourhood or *kampung*) for targeted intervention and effective risk communication.
2. The current testing strategy is insufficient for comprehensive surveillance and mapping of Covid-19 spread in Malaysia.
3. There is no uniformity in Covid-19 data collection, collation, and analysis on the ground. Currently, various methods are being used by District Health Offices (PKD) to organise their data, including excel sheets and Google forms.
4. Manual contact tracing—the method employed currently—is time-consuming and a poor use of human resources.
5. There is a perceived lack of authority from the Crisis Preparedness and Response Centre (CPRC).

Potential Solutions

1. Strengthen crisis preparedness and response authority.
    a. Invite experts from outside the Ministry of Health (MOH) to provide analytical support. Leverage upon existing networks at the national, state, and local levels as data experts from various fields, ministries and universities can provide analysis and inform data-driven decision-making at the national, ministry, state, and district levels.
    b. Train, equip and ensure that PKDs conduct data analysis for Covid-19 surveillance and rapid response at the local level.
    c. Decentralise data-driven decision-making and empower health authorities at the state and district level to manage and make decisions that impact their respective populations. In the immediate term, this also includes prohibiting interstate travel for the upcoming Hari Raya celebrations.
    d. There needs to be improved integration and cooperation with non-government organisations (NGO) for operationalising pandemic response strategies at the state and district levels.
2. Expand testing.

a. Mass testing using antigen rapid test kits (RTK-Ag) should be promptly deployed. RTK-Ag tests should be used due to its rapid result turnaround time.
b. Current testing guidelines which still require fulfilling persons-under-investigation (PUI) and close contact criteria, may result in undetected sporadic cases in the community.
c. Conduct widespread targeted screening according to predictive risk ranks, to ensure preventive measures can take place even before an outbreak occurs.
d. Perak state conducts broader RTK-Ag testing than required in the national guidelines, i.e. tests are based on epidemiological data rather than according to close contact criteria. As a result, transmission levels remained low and many zones which were Yellow in mid-January became green by mid-March.
e. Ensure Safe@Work is being implemented at all SMI and manufacturing industries.
f. Set up 'pop-up' test centres at areas of potentially high incidence, such as Ramadan bazaars, shopping malls and office buildings, and collaborate with NGOs to conduct testing. These 'pop-ups' can also double as vaccine registration centres. Of the 10 largest clusters since the pandemic begun in Malaysia, seven originate from workplaces.
g. "Slovakia conducted multiple rounds of population-wide rapid antigen testing for SARS-CoV-2 in late 2020, combined with a period of additional contact restrictions. Observed prevalence decreased by 58% (95% CI: 57-58%) within one week in the 45 counties that were subject to two rounds of mass testing, an estimate that remained robust when adjusting for multiple potential confounders. Adjusting for epidemic growth of 4.4% (1.1-6.9%) per day preceding the mass testing campaign, the estimated decrease in prevalence compared to a scenario of unmitigated growth was 70% (67-73%)."[ii]

3. Fully digitise Find-Test-Trace-Isolate-Support (FTTIS).
   a. Digitisation of contact tracing and FTTIS will reduce the need for manual labour and make more healthcare workers available for other essential tasks such as Covid-19 vaccination, other serious disease care, and data analysis.
   b. Utilise existing contact tracing applications at the state and local levels to allow for localised data analysis and contact tracing automation. Simultaneously utilise MySejahtera for home-assessment and real-time patient tele-monitoring. Meanwhile, integrate all ecosystems and databases for greater national pandemic preparedness and response.
   c. Utilise artificial intelligence tools for predictive pandemic risk modelling and assessment. All pandemic response measures that follow should be based on risk ranked epidemiological data.
   d. Lay foundation for digital mega-ecosystem for future pandemic preparedness.
4. Only introduce highly targeted movement control orders (MCO) moving forward.
   a. With targeted mass testing in areas of high predicted risk, there can be targeted MCOs in small geographic areas, i.e. in specific localised area of a district or mukim.
   b. Establish clear thresholds, such as a common cut off index that is transparent for all, for when an area should be placed under MCO and communicate this to the public. The thresholds should be determined by state and district health

authorities according to population density, number of cases and geo-characteristics of the area (i.e. travel patterns of workforce).

c. Extremely targeted MCOs will minimise economic disruption, on top of reducing the spread of Covid-19, balancing the wellbeing of both lives and livelihoods.
d. All MCO areas must also employ the full gamut of FTTIS, which includes targeted mass testing based on risk-ranked epidemiological data.

5. Strengthen risk communications.
    a. All communications from the MOH and its officials should be vetted by a designated risk communications team.
    b. Covid-19 messaging from MOH should pivot to focus on improving health literacy and transmission risk factors over SOP compliance. For example, the general public should have a better understanding of the risks of indoor dining and socialising compared to visiting a Ramadan bazaar.
    c. Launch national community engagement programmes for combatting vaccine hesitancy among vulnerable and marginalised populations such as the elderly, Orang Asli, migrants, and digitally illiterate.
    d. All of government must aligned on vaccine communications to encourage registration and combat hesitancy.
    e. Improved risk communications will reinforce trust in government policies around Covid-19, consequently improving compliance and vaccination rates.
6. Boost vaccine supply while combatting vaccine hesitancy.
    a. Expedite the conditional registration of vaccines submitted to the National Pharmaceutical Regulatory Agency (NPRA) for review, to urgently increase the national supply of vaccines.
    b. Enable non-national stakeholders such as private hospitals and state governments to procure vaccines.
    c. Increase public awareness on the process of adverse events following immunisation (AEFI) reporting in MySejahtera.
    d. Make AEFI reports public via a central online repository for all vaccination data, including total vaccines administered and types of vaccines. Ensure that the reports are updated regularly to prevent sensationalist coverage of one-off or rare cases of vaccinated individuals who experience adverse effects.

Conclusion

To avoid an impending fourth wave, there must be a consistent strategy focused on mitigating virus spread. Containment is no longer an option for Peninsular Malaysia as economic activity must continue for the sake of Malaysian livelihoods. However, containment may still be possible in Sabah and Sarawak due to its geographic characteristics. The key is that states must be empowered to conduct their own data-driven decision-making and manage the pandemic response for their respective populations; there should be no interstate travel for the foreseeable future.

It is imperative that the government act swiftly to collaborate with external experts in epidemiology, public health, and data analysis, strengthen its mitigation strategies as well as its long-term Covid-19 Control Programme. The focus must not be on achieving zero cases but on preventing severe illness and deaths by improving data management and analysis at

the local level; expanding the testing strategy; and pivot toward highly targeted MCOs according to epidemiological data of mass testing. The central authority must simultaneously strengthen its risk communications and boost vaccine supply strategies to ensure that as many Malaysians as possible are vaccinated by the February 2022 target.

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[i] Roser, Max, Hannah Ritchie, Esteban Ortiz-Ospina, and Joe Hasell. 'Coronavirus Pandemic (COVID-19)'. *Our World in Data*, 26 May 2020. https://ourworldindata.org/coronavirus/country/malaysia.

[ii] Pavelka, Martin, Kevin Van-Zandvoort, Sam Abbott, Katharine Sherratt, Marek Majdan, CMMID COVID-19 working group, Inštitút Zdravotných Analýz, et al. 'The Impact of Population-Wide Rapid Antigen Testing on SARS-CoV-2 Prevalence in Slovakia'. Preprint. Epidemiology, 4 December 2020. https://doi.org/10.1101/2020.12.02.20240648.

MESYUARAT JAWATANKUASA PILIHAN KHAS KESIHATAN, SAINS DAN INOVASI PARLIMEN KE-14 BIL. 3 TAHUN 2021

MESYUARAT JAWATANKUASA PILIHAN KHAS
KESIHATAN, SAINS DAN INOVASI
PARLIMEN KE-14 BIL. 3 TAHUN 2021

Tarikh	:	**14 September 2021 (Selasa)**
Masa	:	**2.30 petang**
Tempat	:	**Bilik Jawatankuasa 2,** **Aras 2, Bangunan Blok Utama,** **Parlimen Malaysia**

AGENDA MESYUARAT

1. Perutusan Pengerusi
2. Pembentangan oleh Kementerian Kesihatan Malaysia
3. Perbincangan bersama Yang Berhormat Menteri Kesihatan Malaysia
4. Hal-hal lain

TERHAD

MALAYSIA

DEWAN RAKYAT

LAPORAN PROSIDING

JAWATANKUASA PILIHAN KHAS KESIHATAN, SAINS DAN INOVASI

MESYUARAT MEMBINCANGKAN SITUASI PANDEMIK COVID-19 DAN USAHA KERAJAAN MENANGANINYA

BIL. 3
SELASA, 14 SEPTEMBER 2021
PENGGAL KE-4, PARLIMEN KE-14

MESYUARAT JAWATANKUASA PILIHAN KHAS KESIHATAN, SAINS DAN INOVASI (JPKKSI)
BILIK MESYUARAT JAWATANKUASA 2, BLOK UTAMA
BANGUNAN PARLIMEN, PARLIMEN MALAYSIA

SELASA, 14 SEPTEMBER 2021

AHLI-AHLI JAWATANKUASA

Hadir

YB. Dr. Kelvin Yii Lee Wuen [Bandar Kuching] - *Pengerusi*
YB. Datuk Seri Panglima Abdul Azeez bin Abdul Rahim [Baling]
YB. Tuan Haji Wan Hassan bin Mohd Ramli [Dungun]
YB. Dato' Dr. Xavier Jayakumar a/l Arulanandam [Kuala Langat]
YB. Tuan Lukanisman bin Awang Sauni [Sibuti]

Tidak Hadir (Dengan Maaf)

YB. Dato' Sri Bung Moktar bin Radin [Kinabatangan]
YBrs. Tuan Dr. Nizam Mydin bin Bacha Mydin - *Setiausaha*

URUS SETIA

Encik Mohd Sukri bin Busro [Ketua Penolong Setiausaha, Seksyen Perundangan dan Prosiding (Bahagian Pengurusan Dewan Rakyat), Parlimen Malaysia]

HADIR BERSAMA

Kementerian Kesihatan Malaysia

YB. Tuan Khairy Jamaluddin Abu Bakar [Menteri Kesihatan Malaysia]
YBhg. Dato' Mohd Shafiq bin Abdullah [Ketua Setiausaha Kementerian Kesihatan Malaysia]
YBhg. Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah [Ketua Pengarah Kesihatan Malaysia]
YBrs. Encik Thean Ming Fatt [Setiausaha Bahagian (Bahagian Khidmat Pengurusan) Kementerian Kesihatan Malaysia]

Kementerian Sains, Teknologi dan Inovasi (MOSTI)

YBrs. Dr. Nagulendran a/l Kangayatkarasu [Timbalan Ketua Setiausaha (Perancangan dan Pembudayaan)]
Puan Nordina binti Idris [SUB Teknologi Strategik dan Aplikasi S&T]

Parlimen Malaysia

Cik Jackie Mary Fernandis [Penasihat Undang-undang I (Pejabat Penasihat Undang-undang), Parlimen Malaysia]
Puan Nurrul Saffida binti Kusaini [Pegawai Penyelidik]
Puan Rozana binti Abdullah [Pegawai Penyelidik]
Puan Sayani binti Umar [Pegawai Penyelidik]

LAPORAN PROSIDING

MESYUARAT JAWATANKUASA PILIHAN KHAS KESIHATAN, SAINS DAN INOVASI PARLIMEN KEEMPAT BELAS, PENGGAL KEEMPAT

Selasa, 14 September 2021

Bilik Jawatankuasa 2, Tingkat 2 Blok Utama, Parlimen Malaysia, Kuala Lumpur

Mesyuarat dimulakan pada pukul 2.34 tengah hari

*[Yang Berhormat Dr. Kelvin Yii Lee Wuen **mempengerusikan Mesyuarat**]*

Tuan Pengerusi: Okey, terima kasih. Kita akan mulakan secepat mungkin, kita sudah ada Ahli Jawatankuasa di sini dan ada beberapa yang akan datang dengan lebih lambat lagi tetapi kita tak perlu tunggu mereka. Jadi selamat tengah hari, selamat sejahtera. Terima kasih kerana datang pada Mesyuarat Jawatankuasa Pilihan Khas Kesihatan, Sains dan Inovasi. Terima kasih kepada semua kehadiran wakil-wakil kementerian, ahli-ahli mesyuarat jadi saya memang mengalu-alukan kehadiran Yang Berhormat Menteri Kesihatan.

Tahniah atas lantikan terbaru dan juga Tan Sri Ketua Pengarah Kesihatan dan juga KSU pada petang ini. Jadi, tujuan mesyuarat pada hari ini adalah untuk membincangkan mengenai situasi terkini pandemik COVID-19 di Malaysia yang akan dibentangkan oleh Kementerian Kesihatan. Seperti yang telah dimaklumkan oleh Tuan Yang di-Pertua Dewan Rakyat pada pagi ini, pengurusan Parlimen Malaysia telah membuat penambahbaikan bagi meningkatkan kualiti udara dalaman dan memasang sistem yang dapat membasmi virus COVID-19 ini.

Antara langkah yang telah diambil adalah seperti berikut dan ini untuk kebaikan kita semua. Saya tahu Tan Sri DG telah memberikan nasihat beliau kepada speaker. Sebenarnya pada sesi lalu saya telah bertanya sama ada kita boleh buka tingkap bilik ini atau tidak, tetapi diberitahu tak boleh buka. Akan tetapi mereka telah memasang dan juga menukar penapis udara kepada jenis HEPA dan memasang sistem *Ultraviolet Germicidal Irradiation* (UVGI) di ke semua *air handler unit,* sistem penyaman udara berpusat atau *centralized aircon*-lah.

Selain itu, mereka juga membekalkan kepada Ahli Parlimen peralatan mudah alih *portable* (UVGI). Selain itu, mereka juga memasang *Nano Air Generator* di ruangan yang menggunakan sistem penyaman udara jenis *Variable Refrigerant Flow* (*VRF*) dan juga keempat, Ahli-ahli Yang Berhormat juga dibekalkan dengan alat disinfeksi sendiri *mini dismac* yang menyahkuman barang harian dengan lebih efektif. Alat ini adalah kegunaan Ahli-ahli Yang Berhormat semasa persidangan dewan dan mesyuarat-mesyuarat jawatankuasa pilihan khas ini berlangsung.

Jadi, mana-mana Ahli Yang Berhormat belum dapat, di atas meja di dalam Dewan Parlimen. Jadi saya berharap, dengan penambahbaikan dan dalam meningkatkan kualiti udara dalam bangunan Parlimen Malaysia dan pematuhan ketat terhadap SOP Parlimen, kita semua dapat menghadiri lebih banyak mesyuarat dan dilindungi daripada wabak penyakit ini. Saya sebenarnya telah memberikan satu syor kepada speaker juga untuk membeli CO2 *monitor because I think that it is very important to monitor the ventilation quality*-lah. *So* tetapi kita lihat dan *I will follow up with the speaker.*

Dengan itu saya memberi ruang kepada Yang Berhormat Menteri Kesihatan untuk memberikan penjelasan beliau, terima kasih.

2.37 ptg.

Tuan Khairy Jamaluddin Abu Bakar [Menteri Kesihatan Malaysia]: *Bismillahir rahmanir rahim, assalamualaikum warahmatullahi wabarakatuh* dan salam sejahtera. Yang Berhormat Dr. Kelvin Yii Lee Wuen; Pengerusi Jawatankuasa Pilihan Khas Kesihatan, Sains dan Teknologi, Ahli-ahli Yang Berhormat dan Ahli Jawatankuasa Pilihan Khas. Bersama dengan saya daripada Kementerian Kesihatan Malaysia adalah Dato' Mohd Shafiq bin Abdullah; Ketua Setiausaha dan Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah; Ketua Pengarah Kesihatan Malaysia.

Yang Berhormat, saya telah sediakan satu *presentation* untuk dibentangkan kepada Jawatankuasa Pilihan Khas. Saya minta kebenaran untuk mulakan dan selepas itu boleh kita ada perbincangan. Akan tetapi Yang Berhormat, kalau sekiranya ada apa-apa soalan sewaktu *presentation, please fill free to interject. Next,* isi kandungan pembentangan ini Yang Berhormat, memberi tumpuan kepada sasaran awal Kementerian Kesihatan Malaysia. Situasi terkini COVID-19, kapasiti sistem kesihatan, *update* berkenaan dengan PICK, pengurusan pandemik, seperti HIDE, ujian saringan

pengesanan kontak, dan juga *way forward* untuk kita *exit* daripada COVID-19 ini atau pandemik.

Next, next. Ada enam teras utama yang telah ditentukan oleh Jemaah Menteri sebagai *key focus areas.* Yang pertama adalah menstrukturkan semula ekonomi, menjamin keselamatan, meningkatkan kesejahteraan sosial, infrastruktur, keluarga Malaysia, dan yang keenam, memperkasakan penyampaian perkhidmatan. Kementerian Kesihatan Malaysia terlibat dalam dua daripada ini, iaitu nombor 3 dan nombor 6 secara umumnya.

Next, jadi, teras dan strategi peringkat KKM Yang Berhormat adalah mencegah dan mengawal penyakit COVID-19, kedua, memantapkan polisi berkenaan dengan *booster* yang saya akan maklumkan kemudian, meningkatkan literasi kesihatan *especially* dalam fasa endemik, meningkatkan perlindungan kesihatan bagi golongan rentan dan B40 dalam peralihan ke fasa endemik nanti, menangani isu kesihatan mental, dan melihat kepada *Double Burden of Malnutrition especially amongst the young Malaysians.*

Dari segi *health-specific*, meningkatkan ketepatan dan juga perkongsian data, *as you know we have been releasing more* data. Dua, memperkasakan penyampaian perkhidmatan kesihatan *on HIDE digital technology*, meningkatkan kebolehcapaian perkhidmatan penjagaan kesihatan, memantapkan pengurusan sumber manusia untuk kesihatan, meningkatkan capaian kit ujian kendiri, dan memantapkan polisi rawatan berkaitan impak *long* COVID-19.

Secara spesifiknya Yang Berhormat, *next. We are long at some key indicators*— peratus vaksinasi dewasa, warga emas, di kalangan remaja, pengurusan penggunaan katil bagi COVID-19, pengurangan kes *Brought in Dead* dan juga bekalan vaksin yang mencukupi untuk populasi sasaran.

Keduanya adalah berkenaan dengan dos penggalak. Kajian ke atas *neutralizing antibodies* sedang dilaksanakan. Akan tetapi, semalam JKJAV telah memutuskan untuk kita mulakan dos penggalak dan juga *third dose* secepat mungkin kepada kumpulan-kumpulan tertentu. *Elderly with comorbidities as well as certain high-risk healthcare workers will start getting their third dose soon.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *You said somebody above 60 years old, as we know, being recommended the third dose after six, seven or eight months also. Is the private sector able to do that as well?*

Tuan Khairy Jamaluddin Abu Bakar: *So, we will have the guideline out soon. For the moment,* kita *expert working group is looking at the type of the vaccines to be allowed, so whether or not we allow the heterologous vaccination. So, those guidelines should be ready soon.*

Tuan Pengerusi: *Is there a target timeline for the implementation?*

Tuan Khairy Jamaluddin Abu Bakar: *We would like to start as soon as possible but there are certain issues with regards to the clinical guidelines and also with regards to...*

Seorang Ahli: *Stock?*

Tuan Khairy Jamaluddin Abu Bakar: *Stock is okay. With regards to the regulatory approval because the present* permohonan daripada *Pfizer and all the other companies is for two doses. So, it has to get NPRA approval for the third dose. So, that ongoing right now. We are negotiating, talking to the Pfizer, AstraZeneca and Pharmaniaga to put in the dossier for the third dose.*

Okey, menangani isu kesihatan mental. *So, apart from, of course increasing the capacity for psychosocial assistance, one of the targets that we want to do is to decriminalize suicide and that would require the assistance from KDN as well as AGs Chambers.*

Of course, double burden malnutrition. Looking at the adding number of minuman dalam *sugar tax* kita dan juga jawatankuasa khas untuk melihat kepada *stunting amongst children.*

Next, kawalan harga ujian kendiri COVID-19. Kita sudah letakkan sebanyak RM19.90. Akan tetapi, apa yang kita hendak buat, Ahli-ahli Yang Berhormat, adalah untuk meminta MDA luluskan banyak lagi. *So, once more is in the market, we can bring down the ceiling price. So, now I think there is under RM16 will be approve. Once there are more, and then* kita banyakkan tempat yang mereka boleh beli. Sekarang ini boleh beli dekat farmasi dengan fasiliti kesihatan sahaja. *So, now, we are going to increase but does not mean that you can buy at, you know,* kedai mamak *or whatever. It will be high quality convenience store where you can reduce the fake and kits that are not licensed* lah.

Tuan Pengerusi: *Any...*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Can we fix the price? Now at RM19.90 bucks, right?*

Tuan Khairy Jamaluddin Abu Bakar: *RM19 bucks.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *RM19.90*.

Tuan Khairy Jamaluddin Abu Bakar: *RM19.90.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Is there any chance of possibility on bringing it down further?*

Tuan Khairy Jamaluddin Abu Bakar: *Yes, yes. Like I said, when we get more in the market, there is more competition, then I have discussed* dengan Yang Berhormat Dato Sri Alexander Nanta Linggi *to bring it down even more. We even looking at maybe RM15 or even less than that.*

Tuan Pengerusi: *My question will be— I mean, I feel the government. Are there any plans for the additional steps of subsidy? Because, as much as we encourage competition, how much it will drive down is of course the question especially if you want to encourage it for the new normal. Any ways to subsidize it even below RM10? At least for the time being.*

Tuan Khairy Jamaluddin Abu Bakar: Ya, *we can look into that. I will discuss* dengan Kementerian Kewangan *on subsidizing for certain group* lah*, for certain group.*

Tuan Pengerusi: *How about a regulation? My question now is, now they are selling online. People are importing it from China for different thing and they are selling it online. How do you regulate?*

Tuan Khairy Jamaluddin Abu Bakar: *So, we have had a discussion with Medical Device Authority (MDA). They have set up a taskforce with the KPDNHEP because Customs has told us that a lot of people are trying to bring in unlicensed kits. Same brand but does not go through the license distributor. So, that is more* penguatkuasaan, *but the MDA is a part of the taskforce.*

Tuan Pengerusi: *Okay, I understand the logic of having an exclusive license distributor so and so forth but with that in a way contributes to the higher prices of the kits?*

Tuan Khairy Jamaluddin Abu Bakar: *Well, it should not because— I understand what you are trying to say. Liberalizing, so that many different people can bring in the same brand. But I think what we do is to try to have many different brands, so at least that competition will be able to lower the price.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *How long does it take to get license to one product they were bringing in?*

Tuan Khairy Jamaluddin Abu Bakar: Pengerusi MDA?

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah [Ketua Pengarah Kementerian Kesihatan Malaysia]: Yang Berhormat, *we are looking at the competitive market pricing. So, now RM14 and then RM16 is coming. So, evaluation is important. You can bring it in but sometimes, the quality of the testing, you know, we want it to be more than 90 percent and above. So, if it is very low, then we will not approve it. Not only MDA. We are sending to the universities, IMR and a few centers for the testing. So, they take time for it to test.*

Tuan Pengerusi: *Is there...*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Now we have the patient, we can test it very fast.*

Tuan Pengerusi: *Is there continuous monitoring in term of quality like random checks, random...*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *They would do— MDA would do it. So, the random sampling and then send it to the universities or the IMR, they would do the testing, periodically*.

Tuan Pengerusi: *Do you have statistic for false positive or even false negative in comparison with PCR and everything?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *When we started initially last year, with the China brand, we tested the RTK-Antigen, it was only about 40 percent. So, I say for 40 or 50 percent is just like costing a coin. So, we only approved on 14th of April 2020, 84.5 percent. That is actually from Biosensor from Korea.*

So, we have to do the periodic assessment of the accuracy. So far now, all these RTK-Antigen are more than 90 percent. We are very happy with it. But the best is still breath analyzer is about 98 percent. Nanyang Technological University and IMR has done the study and now they are using it in Singapore Changi Airport. So, we have two brands that have been submitted. We are doing the evaluation and hopefully breath analyzer can be part of it as well.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Is it cheaper than the...*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *It is up to— the price, we do not determine the price, but we have not approved it yet. So, we hope that KPDNHEP can approve it in time to come.*

Tuan Khairy Jamaluddin Abu Bakar: *So, for certain getaways, we will use breath test. It is easier.*

Tuan Pengerusi: *So, for the social events and everything...*

Tuan Khairy Jamaluddin Abu Bakar: *Social events and all that.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Schools.*

Tuan Khairy Jamaluddin Abu Bakar: *Schools. Yeah, for sure.*

Tuan Pengerusi: *That lead to my second question* lah*, the breath analyzer. Because I just speaking to the Singapore High Commission few days ago in term of their implementation in Singapore and they are very optimistic about it. They are saying it is almost 98 to 99 percent.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *[Bercakap tanpa menggunakan pembesar suara]*

Tuan Pengerusi: *But the cost will be the big question* lah*.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *[Bercakap tanpa menggunakan pembesar suara] So, that is something that we have to deal with the cost later on.*

Tuan Khairy Jamaluddin Abu Bakar: *But we have been talking to the Singaporean since they launched it, while I was at MOSTI already. We will start over to get this.*

Okey, Tuan Pengerusi, boleh? Okey. *Next is* perkongsian data. *As you know, we will continue to increase the number of data sets that we made it available on GitHub.*

The other things are kebolehcapaian perkhidmatan penjagaan. *This is the backlog of elective surgeries...*

Tuan Pengerusi: *Okay, before that, we go to GitHub. I mean first and foremost, I thank you so much for having this with open attitude. But with open attitude, of course, the con is there is misinterpretation of data. I think even there was somebody release the* jadual *on the Sinovac and Pfizer's death which is misrepresentation of the data. Do you have a specific team to extra explanation in case of such things?*

Tuan Khairy Jamaluddin Abu Bakar: *So, we have recently appointed a Head of Data, Dr. Mahesh Appannan and his team is in charge of providing the correct insights so to speak. So, we realize it after one week of releasing it. Transparency is good but of course, people do not know what to do with these data. So, they are interpreting it in*

many different ways. So, what I have asked is to beef up our data team. Not to just dump the data but to also interpret and provide insights lah*. That is it.*

Tuan Pengerusi: *Are you paying for the guys that did Malaysian...*

Tuan Khairy Jamaluddin Abu Bakar: *We offered. We offered, Tuan Pengerusi, but they do not want to take. It is not that we did not offer. We offered. We offered to pay. They say, "No, we do it for the country".*

Tuan Pengerusi: *That is good.*

Tuan Khairy Jamaluddin Abu Bakar: *But I do not want to say in public that we offered and all that* lah*. So, it is okay, we take the hit for that.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *But Pharmaniaga came out very strongly against the data...*

Tuan Khairy Jamaluddin Abu Bakar: *Yeah, that is why we have to provide the proper insight. You know, even though Sinovac seems to be the least effective, it still protects. It still provides protection, good protection.*

Tuan Pengerusi: *We will come to that later.*

Tuan Khairy Jamaluddin Abu Bakar: *Yeah, okay. So, backlog. So, we received the funds from the* Perbendaharaan untuk membuat *outsourcing of surgery in the* fasiliti swasta*. Of course, making sure ICU capacity is enough. They have been sending oxygen cylinder across the countries...*

Seorang Ahli: *[Bercakap tanpa menggunakan pembesar suara]*

Tuan Khairy Jamaluddin Abu Bakar: *Elective surgeries, Tan Sri, which department? What kind of the surgeries?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Surgical cases, surgical cases.*

Seorang Ahli: *Automatic?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah*: Semi. Emergency and semi emergency cases. Like cancer and etcetera. So, you know, waiting for surgery. Then, we sent them to private hospital. Chemotherapy sometimes we also send them depending on the location as well. Most of the cases are in the Klang Valley but private hospitals* lah*. So, we are actually working closely with private hospital. Dato' KSU?*

Seorang Ahli: *[Bercakap tanpa menggunakan pembesar suara]*

Dato' Mohd Shafiq bin Abdullah [Ketua Setiausaha Kementerian Kesihatan Malaysia]: Ya, betul.

Tuan Khairy Jamaluddin Abu Bakar: *We do have budget. Dato' KSU?`*

Dato' Mohd Syafiq bin Abdullah [Ketua Setiausaha Kementerian Kesihatan Malaysia]: *It is not that* Yang Berhormat *we get the RM100 million to spend. So this time, we are asking more for future because a lot of backlog cases that need to send to private hospitals.*

Tuan Pengerusi: *Don't mind me asking, what is the price negotiation with the private sector?*

Tuan Khairy Jamaluddin Abu Bakar: *We get a better price.*

Dato' Mohd Syafiq bin Abdullah: *Capping for maximum RM45,000.*

Tuan Pengerusi: *What kind of surgeries?*

Dato' Mohd Syafiq bin Abdullah: *For example, heart issue…*

Tuan Pengerusi: *Open cardiac surgery, RM45,000 for the…*

Dato' Mohd Syafiq bin Abdullah: *Actually, it is very good rate compared to normal cases.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Not all hospitals… [Bercakap tanpa menggunakan pembesar suara]*

Tuan Khairy Jamaluddin Abu Bakar: *Not all. Not all. But, we continue to work together with APHM to discuss. Those which have big pipeline, maybe they're reluctant to take, those who are missing out on the health tourism and all that, they might…*

Tuan Pengerusi: *Are private hospitals in all states that do this?*

Dato' Mohd Syafiq bin Abdullah: Ya. *I think mostly they give a good collaboration, cooperation, but still… [Disampuk]* Sabah, Sarawak, ya.

Tuan Pengerusi: *Do you have data for total backlogged cases?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: Ada. *For second wave, we have about more than 27,000 cases. Second wave. Now, coming the third wave, we think that estimated about 60,000 plus.*

Tuan Pengerusi: *So, since second wave, now 60,000?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Twenty-seven thousand, we reported in World Journal of Surgery. But now, I think the third wave coming into it, I think we will have about 60,000 cases.*

Tuan Pengerusi: *What are the most common elective surgeries that been postponed?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Cancer cases you know, so and then AV fistula. These are the simple cases and other procedures that need to be done, so we do it in private hospitals.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara]*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Private. We refer to the private hospital. Vascular surgeons are doing it. Gallbladder surgery. These are the things, elective, okay.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Why AV fistula not available in government hospitals?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *We do. We do AV fistula, but now…*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara]*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: Ya, *because our volume now, the OT that have been used, we have used it for other things now. But now, we have started the Saturday list or Sunday list whereby we pay our specialists and our medical officers to do the extra list from 8.00 o'clock to 5.00 o'clock in the Saturday. So, these are their off days, but we pay them like internal locum.*

Tuan Pengerusi: Ya, *27,000 okay*-lah*. You know better, 27,000 sounds a bit low for me. I mean I think if I am not mistaken, few months or a few weeks ago, I read the study, they said there are 150,000 estimated.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Emergency and semi-emergency. We excluded elective operation. Elective lumps and bumps, [Tidak jelas] and all that, there are long queue.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara]*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Breast cancer, the lap chole and all that.*

Tuan Pengerusi: *So, might any study on the effects of postponement of elective? For example, the prognosis of cancer patient. Any study on that or preparations?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Priority. This is why the cancer cases will be given priority. But, some elective lumps and bumps and all that, so we postpone that. We don't… [Disampuk] That elective you can wait, but the emergency and semi-emergency, we are giving that priority. That is about 60,000. So, if we include the lumps and bumps, I think the numbers will go up to 150,000 to 200,000.*

Tuan Pengerusi: *Has there been a trend of increase of mortality due to the postponement of any of the treatment and other things?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *There were delays, but the impact of mortality, we are doing the study whether there's a clear impact. But now, we are focusing on emergency, semi-emergency. So, we hope that we can clear that to minimize the mortality. But the elective cases, that's fine because lumps and bumps, you can queue, wait.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] The waiting days for bypass surgery itself is quite late…*

Tuan Pengerusi: *Before. [Ketawa]*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: Ya. *But now, we also refer to IJN and private hospitals. So, all this bypass, we refer them to private hospitals.*

Tuan Pengerusi: *How much cost are you predicting for all this extra private sector?*

Tuan Khairy Jamaluddin Abu Bakar: *No. For next year,* kita minta berapa KSU?

Dato' Mohd Syafiq bin Abdullah: RM200 juta.

Tuan Khairy Jamaluddin Abu Bakar: *RM200 million.*

Dato' Mohd Syafiq bin Abdullah: *Not only on sending the patients, we also want to rent the OT to send our specialists to run… [Disampuk] Yes. So, it will be cheaper.*

Tuan Khairy Jamaluddin Abu Bakar: *So, we had an issue in Penang the other day, where...because Penang GH, we had to close down the OT and convert into COVID ward. So, the private hospitals don't want to do the high-risk surgeries. So, what we said is can we rent the OT, send our surgeons there? They said okay. So, that is what we are doing in Penang.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *We already have a circular, full paying patient…*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] The long standing issue of remuneration for the medical sector.*

[Ketawa]

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *We already have a circular to allow our surgeons to do private. So now with the patient, they can do it in private hospitals. So, using the OT and et cetera. So…*

Tuan Pengerusi: *So far, how much has been spent already for this?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: Dato' KSU.

Dato' Mohd Syafiq bin Abdullah: *RM100 million.*

Tuan Pengerusi: *RM100 million?*

Dato' Mohd Syafiq bin Abdullah: Ya.

Tuan Pengerusi: *How many – you have…*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] The RM100 million is a part from what* Yang Berhormat *has just said an extra, but…*

Dato' Mohd Syafiq bin Abdullah: *We have already spent RM100 million so far. We are asking another RM200 million for outsourcing the patients, another RM100 million.*

Tuan Khairy Jamaluddin Abu Bakar: *For next budget.*

Tuan Pengerusi: *That is next year. You have a breakdown of the…*

Tuan Khairy Jamaluddin Abu Bakar: *We can provide you a breakdown in writing. All right. So, that's outsourcing and to try to reduce the backlog. That is one of our KPI, then of course* penambahan ICU. *Virtual CAC, we are adding more virtual CAC. So, eventually most of it will be done virtually. Then, digital HSO.*

Tuan Pengerusi: *I know Penang is exploring that now.*

Tuan Khairy Jamaluddin Abu Bakar: Ya.

Tuan Pengerusi: *My question is this, from the lessons of Klang Valley for virtual CAC, what is the main lesson? What is the improvement that you think can…*

Tuan Khairy Jamaluddin Abu Bakar: *I think the one of the key lessons is of course making sure that there is good monitoring of cases that are at home, home quarantine cases. We feel that will require not just the robocall and all that, but certain personal call monitoring. So in Penang, what Steven wants to do and what CM wants to propose, also is that the GPs take over some of the CAC monitoring, home monitoring*

and the state government will subsidize. So, the GPs are charging RM5 per consultation, teleconsultation.

Tuan Pengerusi: *I thought the GPs were roped in Klang Valley or they are not?*

Tuan Khairy Jamaluddin Abu Bakar: *They were, not enough..*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] This whole question was discussed in the previous meeting. The suggestions that came is that if an area, one Parliament area, if the CAC is – if the Parliament is informed of those are under quarantine, then the* Yang Berhormat, *the Parliamentarian will be able to check on this area now. In term of manpower, I did say this at that time, Abu Bakar Suleiman was here as well, is that why can't they rope in the army? If one area to place 15 to 20 of them, to just monitor these people who are under home quarantine and what they are doing.*

The problem is home quarantined people are going around because they don't have any symptom and they think that they are free. So, this monitoring is what is lacking in the ground. It is because like my office, we don't know who are those under quarantine because you don't give us a copy. You know. It is so easy to just forward the copy to the Parliament office. Then, our volunteers will be able to go and see those who are quarantined and what their needs be. They stay at home and then we will supply whatever their needs be. I think…

Tuan Khairy Jamaluddin Abu Bakar: *So, that's what we are trying to correct in Penang now. So, we are working together with* wakil rakyat*. So, they can also get some data on who is being quarantined in that area. I can't speak for before this, I wasn't there. I am now – so…*

Tuan Pengerusi: *Sorry. The question, I think for CAC, they feel - we have to breakdown on the response. I think my main concern now is the response upon diagnosis to CAC and also, isolation. How long is the general…*

Tuan Khairy Jamaluddin Abu Bakar: *Yes. So, if you do virtual CAC, then it is immediate. What we had the problem with in KL and Klang Valley in July, when we had – before the surge capacity vaccination is, it took three to five days. This one we admitted. It took three to five days between the test, the test being confirmed and then* pakai gelang*, it took three to five days. You had a lot of people who were sick already by then walking around and transmitting the virus.*

Tuan Pengerusi: *That comes to the second question I want to bring, is the* gelang*. Okay, because the Klang Valley if I am not mistaken, they decided – I know, understand not feasible to* gelang *everybody especially on virtual. But then that gives the risk that there's no security. So, how do we move forward on that?*

Tuan Khairy Jamaluddin Abu Bakar: *So, moving forward from that, inner situation where we are already in mitigation where the cases are not high and the resources permit, then you can still get the PKD to* pasangkan gelang*. But, I feel that this* pasangkan gelang *also is you know,* tidak akan kita hendak buat selama-lamanya*. What we can do is to improve the monitoring of home quarantine.*

There are two things in monitoring home quarantine. One is the health status. The other one is whether they are moving around or not. Two different things. So health status, we are improving because we want to make sure the BID comes down. But, it is moving around, without the pink gelang*, then it is difficult to tell. So, what we do? We have a new geofencing app that we have. It is not perfect, it is not 100 percent, but I would say that it is better than nothing. So, with the geofencing app, the army presented it to me yesterday, we are seeing how we can scale it up quickly.*

Tuan Pengerusi: *We are talking about bluetooth contact*?

Tuan Khairy Jamaluddin Abu Bakar: *No. We are talking about GPS. You have to switch on your GPS on your phone and we know if you move 100 yards out of your house.*

Tuan Pengerusi: *Do they require certain law or amendments in terms of privacy*?

Tuan Khairy Jamaluddin Abu Bakar: No.

Tuan Pengerusi: *Okay, that's good. I'm for it*.

Tuan Khairy Jamaluddin Abu Bakar: *It's your* GPS.

Tuan Pengerusi: *Bluetooth*.

Tuan Khairy Jamaluddin Abu Bakar: *Absolutely. That one* MOSTI *is working on*. *They presenting to us next week, but the Geofencing apps is ready already. We also piloting this wrist band. But that one is a bit expensive, it's a bit chunky. So, this one is quite good.*

Tuan Pengerusi: *The other option*... *[Disampuk]*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Tagging them with traceable tools*.

Tuan Khairy Jamaluddin Abu Bakar: Ada. *Like a*—

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *That is again, you have to look at the law, right*?

Tuan Pengerusi: *That is why I'm asking about law amendments.*

Tuan Khairy Jamaluddin Abu Bakar: *Like a parole*. *[Ketawa]*

Tuan Pengerusi: *I think under* Akta 342 *it does provide this—*

Tuan Khairy Jamaluddin Abu Bakar: *But the other thing is* Yang Berhormat, *rather than having to stay in the quarantine hotel, they are willing to do that. So, they don't really complaint. It's okay. Give me that parole band, I'll stay in the house rather than having to stay in the hotel.*

Tuan Pengerusi: *Actually, another lower lying fruit is, have you considered to use* MySejahtera? *In the sense if the person is detected positive*... *[Disampuk]*

Tuan Khairy Jamaluddin Abu Bakar: *They cannot check-in*. *We are working on it already. So, I have asked* MySejahtera *team if you are under* HSO, *you cannot have the check-in feature, then the gate-keeping, the guard will ask you, you cannot check-in. That one I have.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *But that one, check-in is pink or red right*?

Tuan Khairy Jamaluddin Abu Bakar: *It will be red. But sometimes you can't even scan. It's not really red, you cannot even scan. Block the scanning.*

Tuan Pengerusi: *The other way is if there is a pink* gelang. *I mean like—* okeylah. *Basically, I have been helping YB Steven Sim with Penang*. *But the other suggestion is can you get non*-KKM *staffs to send this pink* gelang *house to house*? *Because this actually does not require medical staffs. Just get some… [Disampuk]*

Tuan Khairy Jamaluddin Abu Bakar: Peraturan macam mana Tan Sri?

Tuan Pengerusi: *Is there a law*? *Is there a law*, punca kuasa *or anything*?

Tuan Khairy Jamaluddin Abu Bakar: *So, I have to sign a lot of* turun kuasa or *he have to sign* a lot of turun kuasa. Bolehlah. *I mean, you know.*

Tuan Pengerusi: *What is the con of that, if too much power given*?

Tuan Khairy Jamaluddin Abu Bakar: *I mean, it means—* okey Yang Berhormat. *At the moment, we have 180,000 people quarantine at home. Of course, that just doesn't happen in one day, but you are still talking about* 100 *of peoples having to go to the houses and* pakaikan gelang*. It's resource.*

In looking forward to endemic situation next year, takkan kita hendak pakai gelang *pink* ini. *I think we should devolve the responsibility to a person to have a geotagging, have* MySejahtera *should be enough.*

Okay. So that was the virtual CAC, of course MySejahtera *to be improved. We have this prototype Cough Apps which an AI run again this is to test, testing of Covid-19, better contact tracing, the last two is to sort out contract officers. So, just to…just a bit if details about that. The two plus four has been offered. Now, what we want to try to do is to talk to JPA to see whether or not they can be absorbed, but under KWSP scheme and not pension scheme. But again, is up to JPA as well as MoF, to see whether we can do it. But what they also asked for is the* Hadiah Latihan Persekutuan (HLP), *the scholarship. So that one is about* 60 *million. We asked MoF, if they approve, then we can announce that one.*

Tuan Pengerusi: *Why* 60 *million*?

Tuan Khairy Jamaluddin Abu Bakar: RM60 *million* ringgit.

Tuan Pengerusi: *From my understanding*, HLP *is basic— if you open, for example, not only permanent people can apply for it. Why can't we open up to anybody*? *The quota is still the same. Basically, just give a fair playing field for anybody to apply that. Why do you need that extra* 60 *million.*

Tuan Khairy Jamaluddin Abu Bakar: KSU?

Dato' Mohd Syafiq bin Abdullah: *We have calculated the number of our officers who tend to go further studies for specialized master's degree. So, we calculated that we need about* 57 *million additional as HLP. Because HLP, those are for permanent staffs. For the contract staffs is to be more* 56 *million a year.*

Tuan Pengerusi: *But the quota for master's program is the same right*? Or are you increasing it?

Dato' Mohd Syafiq bin Abdullah: *We have a parallel pathway*.

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: MRCP *exam and…So, they also have to pay for the fees et cetera. Sometimes, they go to the* UK *to sit for the exam*.

Tuan Pengerusi: *So*, HLP *will*... *[Disampuk]*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Sit for the exam now, right*?

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: Ya, *that's right*.

Tuan Pengerusi: *Apparently, depends on discipline*. *So, this* HLP *will pay even for parallel pathway*.

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *That's right*. 15 *disciplines so far. One five.*

Tuan Khairy Jamaluddin Abu Bakar: *Alright. Last one is of course, along* COVID-19, *we'll try to monitor through* MySejahtera, symptoms self-reporting.

Okey, *next. You're familiar with this* Yang Berhormat, *this is the dashboard that we come up with every day. Next, this is the case and incident rate. So, today* Yang Berhormat, *we are reporting…we'll be reporting today, 15,672 out of 131,000 tests done.*

Tuan Pengerusi: Sarawak *still champion*?

Tuan Khairy Jamaluddin Abu Bakar: Sarawak *is still up there*— no. *Today*, Sarawak *is not champion. Today,* Selangor *is champion*.

Tuan Pengerusi: *[Ketawa]*

Tuan Khairy Jamaluddin Abu Bakar: Sarawak *has come down a bit. So, we are…hopefully seeing the peak. But again, I don't want to speak to soon because of the variants and things like that. We hope that we have seen the peak and that it's coming down. Next.*

Cuma Yang Berhormat, *because of the mobility, we are seeing that a lot of those who are a positive are those who are young. Because they move around a lot. Elderly are less now.*

Tuan Pengerusi: *Don't mind me asking. Now that the Prime Minister has announced lesser restrictions, and we are opening Langkawi and everything without…in my view, without a national testing plan. At least not yet. What is your projection in terms of…and preparations for a surge after that?*

Tuan Khairy Jamaluddin Abu Bakar: *We had a long discussion today about opening up. There were lots of thing that the MKN had already approved, which we asked for a delay too. For instance, MKN had already approved* rentas negeri *for* FASA 3 *states. We asked them to hold first. Because we want to put in place the testing strategy and everything before we start opening up more. On Langkawi, we had a last minute's intervention because MOTAC already announced. We were not happy about it. So, we've reinstated the testing requirement.*

Tuan Pengerusi: *That comes to the big question that actually I wanted to ask the Prime Minister this morning. It's the whole national testing plan.*

Tuan Khairy Jamaluddin Abu Bakar: Ya.

Tuan Pengerusi: *Because without that in place, how can we open the economy*?

Tuan Khairy Jamaluddin Abu Bakar: *So, we are developing the national testing plan, and within two weeks they will be tabling it to me.*

Tuan Pengerusi: *Any hints of how is it like, to be used*?

Tuan Khairy Jamaluddin Abu Bakar: *Okay, so certain high-risk activity, we are going to suggest testing, for instance conventions, conferences, things like that. We'll be testing. There will be a scheduled or regular rostered testing for certain sectors. So, sectors like construction. Sectors like manufacturing, we'll do rostered testing, trying to work out cost implication—who's paying for it, employers pay for it or the government subsidise it? So these are all the thoughts that have been put into place.*

Tuan Pengerusi: *So, basically you are going to recategorise the industries and things to from high risks to lower risks rather than the essential and non-essentials. And then come up with a specific plan. And does this include school events and everything?*

Tuan Khairy Jamaluddin Abu Bakar: *Correct. Yes, school. So, schools, for instance, the minister has announced or probably will announce. So, for* sekolah asrama contohnya, bila balik ke sekolah *and university as well, we require testing once at the point of going back, and five days after, 14 days after and some routine testing.*

Tuan Pengerusi: *Comes to my next questions. I mean* ada sesiapa yang ada soalan sila tanya. *My next question on this national testing plan is, targeted groups of unvaccinated, antivax, and everything. Of course, I know, my colleague, it's full mandatory, but what is the government's directions on this*?

Tuan Khairy Jamaluddin Abu Bakar: *So, for the national testing plan, the thinking is, if you are unvaccinated by choice, then you will have to test regularly for many many different things.*

Tuan Pengerusi: *How regularly*?

Tuan Khairy Jamaluddin Abu Bakar: *That we are working it out, and they have to pay for it themselves. Because they don't want to get vaccinated.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *There is no provision for, you are all not thinking of any provision for the anti-vaxxers, for those who are not vaccinated.*

Tuan Khairy Jamaluddin Abu Bakar: *So*, Yang Berhormat, *short of a federal mandate, we are encouraging sectoral mandates now. So, for instance,* Datuk Seri Noraini, Yang Berhormat Menteri KPT *has announced, if you are not vaccinated, you can't go back to campus. So, we encourage the sectoral ones.*

Tuan Pengerusi: *Is there any preparation for lawsuits*? *Because I have been speaking… [Disampuk]*

Tuan Khairy Jamaluddin Abu Bakar: *Yesterday, we got sued already*.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Where has it come*?

Tuan Khairy Jamaluddin Abu Bakar: Saya— DG *and I sued yesterday*.

Tuan Pengerusi: *For*?

Tuan Khairy Jamaluddin Abu Bakar: *Parents sued us for making the children vaccinated. So, we referred this to civil division at AGC, they will be busy defending DG and me.*

Tuan Pengerusi: *The use of...I mean*...

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *I think for future references, it's good to suggest to all universities and schools where children are going to go into,* asrama *or into university, to add a clause in the regulation for universities now.*

Tuan Pengerusi: *Yes*.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *So, without the clause, we can be sued. But with the clause, you cannot be sued. So, this is across the board for even all other sector as well.*

Tuan Khairy Jamaluddin Abu Bakar: *KSU, take note* ya.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *You add the clause now for new deployment to put in a regulation, then you are quiet under the clause, then you cannot go to the court.*

Tuan Pengerusi: *My concerns is…*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *We also using the Act 342 whether we can actually enforce Act 342 for the vaccine and etcetera.*

Tuan Pengerusi: *My concern…*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *What is the act, please?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *So, the Act 342 so now— it vetting that high-risk group need to be given the vaccine, then we try to enforce it. So now we also studying whether we can put under…*

Tuan Khairy Jamaluddin Abu Bakar: *Under public health risk.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Public health*, ya.

Tuan Pengerusi: *But that is stretching the interpretation of high-risk groups. Because if people say children, I mean technically they really high risk also. But it is another question.*

But my concern is the whole argument of discrimination and also the whole constitutional— because I deal with so many of them and they are scolding me for my stand. I was called nazist, racist for asking our kids to be vaccinated. But these will come. So, I think…

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Even the Angkatan Tentera now are dealing with their taking the case to court.*

Tuan Pengerusi: Ya*, interesting. But we have to be prepared for that* lah. *[Ketawa]*

Tuan Khairy Jamaluddin Abu Bakar: *Okay, next. This is a snapshot of the state. You are familiar of this, Yang Berhormat. Next. This is a reinfection based on state and also…*

Tuan Pengerusi: *Separate through cases or… [Tidak jelas]*

Tuan Khairy Jamaluddin Abu Bakar: *Reinfection.*

Tuan Pengerusi: *Reinfection.*

Tuan Khairy Jamaluddin Abu Bakar: *Reinfection. Breakthrough, we have later.*

Tuan Pengerusi: *These reinfection with or without vaccine?*

Tuan Khairy Jamaluddin Abu Bakar: *These is all. All* ya*.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *You have a breakdown with vaccine and non-vaccine?*

Tuan Khairy Jamaluddin Abu Bakar: *Breakthrough.*

Tuan Pengerusi: *Why do you have these two statistics, breakthrough and this?*

Tuan Khairy Jamaluddin Abu Bakar: *It different,* Tuan Pengerusi*. These includes those who are not vaccinated at all.*

Tuan Pengerusi: *Okay, so it is overall.*

Tuan Khairy Jamaluddin Abu Bakar: *Okay, next, next. This is the usual SEIR model. Plateau, we are not sure. Next. This is our projection. So, you know, again, through the peak, I am not sure. Next.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *According to the literature that came out a few months ago… [Tidak jelas] The peak was supposed to be in September*

and then it supposed to lockdown. That what was written at that time if I am not wrong, DG ya.

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *We projected to come down, but on 24th of July, event exponentially up. So that was where I think the Delta variant was spreading very fast.*

Tuan Khairy Jamaluddin Abu Bakar: *So, we are hoping that works out* lah. *I mean we really praying lah.*

Next. Okay, this is the famous category lah. *So, as you know, we announce that most of the cases are category 1 and 2. Now I think what is in the interest of the committee is how many deteriorate to category 2, 3, 4 and 5. So, we don't have details per patient because that will cost a lot of monitoring data collection. Every single patient, you have to have the clinical report from the doctor, you know.*

So, what we did is we ask for proxy indicators. I will show you next. So, these is proxy indicator of patient from the 4th of August to the 4th of September who are after penilaian *CAC said that they can stay at home.* Ya*, 307. And then the proxy indicator to 3 is how many of them will referred subsequently to PKRC. The proxy indicator 4 and 5 is how many of them was subsequently referred to hospitals. So, out of this 307,000, 5,020 will referred to PKRC and 1,951 will referred to hospital. So that is what we take as proxy indicator of deterioration* lah*.*

Tuan Pengerusi: *These is a good way to make it easy* lah*.*

Tuan Khairy Jamaluddin Abu Bakar: Ya, *we did not know how because we cannot follow each single patient. So, I ask the KKM give me a proxy indicator as well.*

Tuan Pengerusi: *Last time we have the same discussion with DG, I was requesting for active reporting on active cases.*

Tuan Khairy Jamaluddin Abu Bakar: Susah, Tuan Pengerusi. *That one* susah*. But hopefully this one at least is better than nothing* lah*.*

Tuan Pengerusi: *Its better than nothing. Yes, it's a good way.*

Tuan Khairy Jamaluddin Abu Bakar: *So, we continue to watch this.*

Next. So, the other way of looking at this, Yang Berhormat*, is step-up care. So, from PKRC and MAEPS— and you have to remember that this is at the high of the pandemic in July. Nine percent went from MAEPS to the step-up care in the hospital. So, this is another proxy that we can see* lah*. Okay.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: Yang Berhormat*, we are not saying— it is also a reverse. Those categories 4 may improve and go to category 1 and 2. So, that's also. But we have not catch it the data.*

Tuan Pengerusi: Ya*, I think that will be good.*

Tuan Khairy Jamaluddin Abu Bakar: *Next. Okay,* Yang Berhormat*, these is the clusters. I want to bring your attention to this graph where it shows that cluster* tempat kerja *is still dominant. It is still dominant. And we have some thought about this* lah. *As you know, we give you index case which started at the plantation and it resulted in community transmission. So, to say that* tempat kerja *is not responsible for community transmission is not true at all. We at KKM believe that you know…*

Tuan Pengerusi: *Tell your colleague.*

Tuan Khairy Jamaluddin Abu Bakar: Ya, ya. *We have a long discussion today,* Tuan Pengerusi*. [Ketawa]*

So, next. And of the cluster tempat kerja, Yang Berhormat, *half are at the factory and slightly than half are at the* asrama*,* hostel pekerja. *This is still the case. Perhaps the next one is more interesting. So,* Yang Berhormat*, yes, the cluster* tempat kerja sudah kurang tetapi kalau Ahli-ahli Yang Berhormat tengok kepada PPN *1st to 11th of September, there still 4,000 cluster* tempat kerja *for manufacturing, there is still 2,887 in construction. So, we discussed just now,* jadi Menteri Kanan Dato' Seri Hishammuddin *who is in charge of MKN would be calling both ministers to say, you know, the measures are still not being dealt to. The safe at work measures.*

Otherwise, how can you answer this? Dan kalau kita hendak *transition towards endemic,* Yang Berhormat*, this sector must be more responsible. You know, for community spread, there is not much you can do. But for this cluster, they are not doing enough,* Yang Berhormat.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Who are this against foreign workers versus local employment?*

Tuan Khairy Jamaluddin Abu Bakar: *For* pembinaan, *of course, it involves the foreign workers quarters. But for manufacturing, for instance, both foreign workers as well as local.*

Tuan Pengerusi: *This safe at work, what are the parameters that we have it?*

Tuan Khairy Jamaluddin Abu Bakar: *So, the safe at work, the MNC are very-very good at compliance. Big company is good complying. Physical distancing, they*

have good ventilation, rostered testing and things like that. They patuh kepada ini. *But the things that bringing this manufacturing down is the more smaller companies that they do not have financial resources perhaps.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *There is no testing in those company either?*

Tuan Khairy Jamaluddin Abu Bakar: *Well, we insist on testing everyone within two weeks. Once every two weeks.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *But whether it has been done, you not sure yet?*

Tuan Khairy Jamaluddin Abu Bakar: Adalah pematuhan itu kita *check* lah.

Tuan Pengerusi: *But, so far, is only recommendation? Is there any enforcement?*

Tuan Khairy Jamaluddin Abu Bakar: *Enforcement,* ya. *Enforcement, yes.*

Tuan Pengerusi: *Under Act 342?*

Tuan Khairy Jamaluddin Abu Bakar: *Yes.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Under Act 446. There is accommodation act under Human Resource. They should provide the accommodation. Compliance in the factory, I think we already have the rules and regulation but when we go back to the home or hostel, that's where the accommodation under the Act 446.*

Tuan Pengerusi: *That's my concerns* lah. *I mean my view is we should increase testing. I think once in two weeks to fulfilled…*

Tuan Khairy Jamaluddin Abu Bakar: *So, next slide.* Ini kluster pembinaan yang terus berlaku, Ahli-ahli Yang Berhormat. Satu di tempat tinggal pekerja yang meningkatkan risiko penularan COVID-19. *Secondly is* polisi saringan. *You see, the industry has asked us to stop testing and only testing the symptomatic, but KKM will—they, even once in two weeks, they didn't want to do,* Yang Berhormat*. So, we refuse, we said no. You must test once in two weeks. But if* Yang Berhormat *thinks that we should test more, then we can ask them to do so. But we insisted that they keep on testing once in two weeks. They want to drop that. If we drop that, of course it will result in…*

Tuan Pengerusi: *But, again, that policy need to come in some form of subsidy* lah *especially to help the smaller company. I understand it is out of your jurisdiction but the…*

Tuan Khairy Jamaluddin Abu Bakar: *Maybe* Yang Berhormat boleh buat *recommendation to* Perbendaharaan lah.

Tuan Pengerusi: *[Tidak jelas]*

Tuan Khairy Jamaluddin Abu Bakar: *Thank you. Next.* Ini kadar *positivity* untuk *COVID but I think it came down slightly today. Today, the positivity rate is 11.9 percent. So, hopefully it is on downward trend.*

Tuan Pengerusi: *On your KPI of 100 days that you mentioned about, one of it is this? Do you aim or is there a target to reduce the positive rate at a certain range moving forward?*

Tuan Khairy Jamaluddin Abu Bakar: *We hope that it goes below 10 percent-*lah *for sure. Yeah. The international standard is five percent, but we target to go below 10 percent-lah.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *We met the international standard better in March whereby SOCSO started testing. So, there –I mean it is less than three percent now, in ongoing time but now I think with the self-testing, we hope that they will register. Sometimes, they tested but they do not register in MySejahtera and we cannot capture the denominator. So, we hope that now with fourteen RTK-Antigen test kits available, they can actually step up the testing. Employers and also organizations can continue do testing.*

Tuan Khairy Jamaluddin Abu Bakar: *But the reporting is important.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Reporting.*

Tuan Khairy Jamaluddin Abu Bakar: *So, I am discussing with the MySejahtera team, how to get it easier for them to report. So, the denominator increases and of course, the positive rate will calm down.*

Tuan Pengerusi: *Okay, I mean, are we going to endemic discussion later?*

Tuan Khairy Jamaluddin Abu Bakar: *Yes.*

Tuan Pengerusi: *Okay. Then, I'll ask my question then.*

Tuan Khairy Jamaluddin Abu Bakar: *Okay, next. [Merujuk kepada pembentangan slaid] I have a 100 slides,* Tuan Pengerusi. *We are only at page 27. [Ketawa] Sorry but we try to do as quickly...*

Tuan Pengerusi: *We can stay here the whole day. See you tomorrow. [Ketawa]*

Tuan Khairy Jamaluddin Abu Bakar*:* *Okay,* slaid nombor 27 *is variant. I know you are interested in this* Tuan Pengerusi*. So, the dominant variant now is Delta in Malaysia.*

Tuan Pengerusi: Delta.

Tuan Khairy Jamaluddin Abu Bakar: Kita sudah Delta-*kan.. [Tidak jelas*] *lah* ya. *Next.*

Tuan Pengerusi: *So, any monitoring on the other VOCs? New...*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *The working VOCs at the moment, there are four identified but only three have been identified locally-lah. So, four have been recognized by WHO...*

Tuan Pengerusi: *[Bercakap tanpa menggunakan pembesar suara] All the three...*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Only the Brazilian VOC we do not have. Lambda, we are still monitoring on Lambda and other VOIs as well, but the thing is that we are also stepping up our genomic testing-lah.*

Tuan Khairy Jamaluddin Abu Bakar: *That is the next slide.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *The next slide but the more important the RT-PCR, now we are looking into the CT value. If the CT value is low, that means the volume is high. So, in the VOC for example, Delta is about more than 1,200 times compared to the circulating non-VOC. So, that gives us the indication.*

Once you get the CT value of 18 or 14, I've never seen 14 or 12 CT value before, until the last Parliament we saw about 12, 13 CT value. So, we got a shock with that and sure enough seven cases were proven to be the Delta variant. Here, the prescreening, 18 cases diagnosed as Delta variant and one Beta variant just before the pre-Parliament session.

Tuan Pengerusi: *On Friday?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: Ya, *the Friday. 18 cases of Delta and one Beta variant.*

Dato' Mohd Shafiq bin Abdullah: *Beta?*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Were they symptomatic or non-symptomatic?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Some symptomatic and some non-symptomatic.*

Tuan Khairy Jamaluddin Abu Bakar: *Some, some.*

Tuan Pengerusi: *What is the clinical presentation of the other VOCs like new, in terms of effectiveness and…*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *They are less symptomatic in clinic because you know, then they do not have anosmia, taste. So, the virus goes directly to the lung, and they incubate in the lung and then straightaway you get the symptoms, becomes severe symptoms rather than those circulating virus, they have anosmia, fever and et cetera. So, this variant, they do not have that kind of symptoms. So, many of them are asymptomatic until the later part and then become very severe.*

Tuan Khairy Jamaluddin Abu Bakar: *Okay, next slide.*

Tuan Pengerusi: *Sorry, genomic studies.*

Tuan Khairy Jamaluddin Abu Bakar: Ya. Jadi, kita sudah buat *3,244 whole genomic sequencing* di KKM, MOSTI dan juga KPT. *We have a consortium of ministry, KKM, MOSTI and KPT.* Kita dapat *budget* daripada Perbendaharaan *and MOSTI has been given budget also to do the genomic sequence. So, we have done 3,244 so far. Next...*

Tuan Pengerusi: *How to increase the capacity? Money* lah?

Tuan Khairy Jamaluddin Abu Bakar: *To increase the capacity is money. Next. This is just to give a benchmark, regional benchmark on our genomic surveillance. So, we are not that great*-lah *regionally. Singapore does, they sequenced nine percent, 9.5 percent of their positive cases. The Philippines also quite high, 2.34 percent. This is the function of the budget-lah.* Kalau Tuan Pengerusi boleh juga minta.. *[Ketawa]...*

Tuan Pengerusi: *Besides, budgeting and equipment, you need manpower as well.*

Tuan Khairy Jamaluddin Abu Bakar: Ya.

Tuan Pengerusi: *I think one thing I get..*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] The expertise wise?*

Tuan Khairy Jamaluddin Abu Bakar: *We have, we have. The universities we have the equipment, we just need the fund.*

Tuan Pengerusi: *Okay, my question now, Sarawak is doing well in terms of genomic studies. Why in comparison, why Sarawak can do it? Why?*

Tuan Khairy Jamaluddin Abu Bakar: *I think they have the additional support from the state government also.*

Tuan Pengerusi: *In terms of funding?*

Tuan Khairy Jamaluddin Abu Bakar: *Yes, in terms of funding.*

Tuan Pengerusi: *How about manpower?*

Tuan Khairy Jamaluddin Abu Bakar: *Manpower as well. Immediately, you know, they...*

Tuan Pengerusi: *[Tidak jelas].. so low. [Tidak jelas] ...is getting the whole Semenanjung Malaysia, , the population density here is so much bigger.*

Tuan Khairy Jamaluddin Abu Bakar: *Yeah, we need the funding.*

Tuan Pengerusi: *Funding.*

Tuan Khairy Jamaluddin Abu Bakar: *Yeah, okay. Now just to go into the system* kesihatan Ahli-ahli Yang Berhormat. *Next, you are familiar with snapshot* kadar penggunaan ICU. *Next. [Merujuk kepada pembentangan slaid] So this one Tuan Pengerusi, you know, it fluctuates also, the denominator fluctuates because we have some field ICU, modular ICU that we added and then we dismantled when no longer necessary. So, what I've instructed KSU is to – the Greater Klang Valley Special Task Force is now repurposed to National Rapid Response Task Force.*

So, wherever we have a surge of cases, which will inevitably result in kenaikan kemasukan ICU dan sebagainya, *we will have a standing unit* yang kita boleh *deploy* kepada mana-mana yang boleh bawa *a modular ICU, yang* boleh bawa *extra oxygen regulators and cylinders and also manpower. I have asked KSU to identify a team of MO, nurses and medical assistants that can be on roster to be deployed at quick notice. Next. So, the ICU –Next.*

Tuan Pengerusi: *Do not mind me asking...*

Tuan Khairy Jamaluddin Abu Bakar: Ya.

Tuan Pengerusi: *What is the time frame of setting up for example the modular ICU?*

Tuan Khairy Jamaluddin Abu Bakar: *Modular ICU, KSU?*

Dato' Mohd Shafiq bin Abdullah: *About 35 days.*

Tuan Pengerusi: *35 days?*

Dato' Mohd Shafiq bin Abdullah: Ya.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara]*

Dato' Mohd Shafiq bin Abdullah: *About 10 days. With all the...*

Tuan Khairy Jamaluddin Abu Bakar: *Depends. The one that we...*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] With all the equipments as well?*

Tuan Khairy Jamaluddin Abu Bakar: *The one that we are doing in Sabah, is a 10 beds.*

Dato' Mohd Shafiq bin Abdullah: *So far, we have given more than eight, the modular ICU.*

Tuan Pengerusi: *How much it costs again Dato'?*

Dato' Mohd Shafiq bin Abdullah: *About RM6 million to RM7 million this year.*

Tuan Pengerusi: *For 10 beds?*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] For 10 beds?*

Dato' Mohd Shafiq bin Abdullah: *For ten beds.*

Tuan Pengerusi: *For how long?*

Dato' Mohd Shafiq bin Abdullah: *So, you can use for...*

Tuan Khairy Jamaluddin Abu Bakar: *You can use it for a couple few years. Yeah.*

Dato' Mohd Shafiq bin Abdullah: *So, you can use for about five years and so on.*

Tuan Pengerusi: *Okay, my question is we have to be proactive in the sense that if there is a surge and we only decide to do it now and we need to wait 30 days to build another 10 beds is too long. What are the parameters that catalyze okay, we need to do it now.*

Tuan Khairy Jamaluddin Abu Bakar: *Yeah. So, we are looking at leading indicators now already.*

Tuan Pengerusi: *The leading indicators?*

Tuan Khairy Jamaluddin Abu Bakar: *So, leading indicators will be admission to the ICU. Once it starts creeping up then, we know that we have to start immediately.*

Tuan Pengerusi: *Do you have a threshold that you have started?*

Tuan Khairy Jamaluddin Abu Bakar: *We are working it out. We are working it out now. Yeah.*

Dato' Mohd Shafiq bin Abdullah: *We have repurposed the existing ward to be ICU ward. So, additional, we put the modular ICU outside. So, we do all these [Tidak jelas] what he said...*

Tuan Khairy Jamaluddin Abu Bakar: Apa yang Tuan Pengerusi tanya *is the leading indicators. We try to work out now and what trigger point that we start sending. Yeah. That is part of this Rapid Response Task Force team* punya protokollah. *Okay? Next.*

So, all ICU capacity is under 100 percent apart from Kedah and Kelantan. So, we are seeing a bit of a problem there. Hopefully we can bring that down with more vaccination in Kedah and Kelantan. Any update on Kedah and Kelantan, Yang Berbahagia Tan Sri Dato' Seri Dr. Noor Hisham?

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *I think we are still trying to step up our mobilization of patient and the vaccination. So, we see that when you have a high vaccination rate, the cases are less but there is actually a lack of three to four weeks. This is because less admission, but discharges are still delayed for three to four weeks. So, that is why I think we are still seeing cases in Kedah and Kelantan.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] But the number of antivaxxers in Kelantan and Kedah, is it high?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *I think in every state, there is about five percent of them, these antivaxxers. It is like our...*

Tuan Khairy Jamaluddin Abu Bakar: Tuan Pengerusi, *Kedah, actually we are seeing a bit of a problem. This is because now supply is no longer the issue. Supply is quite ample.* Akan tetapi di Kedah, dalam kalangan *adult population,* hanya 80 peratus sahaja yang terima *first dose. So, there is 20 percent there that still* tegar yang tidak hendak *vaccine. That is quite a lot for 20 percent. We want to try to get above 90 percent. This adult population* ya.

So, of the 81 percent, about 55 percent has been fully vaccinated. Macam Yang Berbahagia Tan Sri Dato' Seri Dr. Noor Hisham katalah, *there will be a slight lag. Once that comes up to about 80 percent, then, you'll start seeing it comes down.*

Akan tetapi, Yang Berhormat Baling, macam *this 20 percent* ini, ia tegar juga dekat Kedah ini. Tidak hendak vaksin. *So,* saya tidak tahu. Di Kelantan, *about 76 percent*

have received their first dose. So that is, you know, again, about 23 percent yang belum, belum lagi.

Tuan Pengerusi: *Very high, very, very high.*

Tuan Khairy Jamaluddin Abu Bakar: *So,* sekarang ini soal bekalan sudah tidak jadi isu lagi sudah.

Tuan Pengerusi: *What is the population percentage for below 18 years old in Kedah and Kelantan, do you know?*

Tuan Khairy Jamaluddin Abu Bakar: *Population percentage of below 18 years old...*

Tuan Pengerusi: *Adolescents lah.*

Tuan Khairy Jamaluddin Abu Bakar: *I can get that for you* Tuan Pengerusi*. Yeah. So, I can work it out. Total population of Kelantan for instance that have –adult population at least one dose is about 76 percent. Total population is 50 percent. So, the rest is about 20 percent lah. Under.*

Tuan Pengerusi: *This is worrying. [Ketawa]*

Tuan Khairy Jamaluddin Abu Bakar: *So, you can have 20 percent under 18 years old, plus 20 percent of unvaccinated, that is 40 percent.*

Tuan Pengerusi: *That is worrying.*

Tuan Khairy Jamaluddin Abu Bakar: *So...*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: Yang Berhormat Baling, kena buat sesuatulah itu.

Tuan Khairy Jamaluddin Abu Bakar: Macam mana Yang Berhormat di Baling?

Dato' Dr. Xavier Jayakumar a/l Arulanandam: Kena keluar dari Kedah.

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *[Bercakap tanpa menggunakan pembesar suara]*

Tuan Pengerusi: Boleh tekan *mikrofon? I think you on your mic. So, it's recorded.*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *I think specifically for Baling, I have no issue. My vaccine program is very much ahead this week than another Parliament. But overall for Kedah, I think I will definitely take this back, discuss with the MB as well as* Perhubungan Negeri, *we will try to do something. I will check back whatever the Minister said just now on this one, I think we will work something out as soon as possible.*

Tuan Pengerusi: *It is concerning.*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *Yes. As far as Baling is concerned, I have done more than 57 percent double doses. After* Yang Berhormat Menteri *step in, I think we got a lot of vaccines. Before that, yes they were have some problem because they have said rural area* tak apa, tunggu dulu*. He came in and I wrote him a letter immediately. So, we are getting like per day, per day, we are doing like 3,800 pax per day now. We are almost…*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: Baling?

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: Baling. *We have three vaccines. One in Kuala Ketil, one in Kupang and one in Bayu. We have to vaccine about 160 thousand people. It is because I got 200 over thousand, 160 thousand. So we have done almost now…first dose almost 85 percent, second dose almost 53 percent, which is very fast. They are doing it very fast.*

Tuan Pengerusi: *The one in terms of vaccine stock, you mentioned that it is not a problem, that we have ordered, you mentioned, 130 percent…*

Tuan Khairy Jamaluddin Abu Bakar: Ada Yang Berhormat. Cuma *one more state that I have to flight* Yang Berhormat, *is Sabah. Sabah at least one dose is 67 percent. I called Sabah the other day and said they are now walk-in and they don't have anybody else to vaccinate. So, if it is only at 67 percent, then 33 percent are…we don't know where they are. So, I have asked Sabah to go and look for them.*

Tuan Pengerusi: *What is this 33 percent? Are those we know of…in Sabah has a lot of people who do not…*

Tuan Khairy Jamaluddin Abu Bakar: *Unknown.*

Tuan Pengerusi: *So, that is why.*

Tuan Khairy Jamaluddin Abu Bakar: *So, Sabah is a big danger there that we are not going to get to the vaccination target in Sabah. Now* bekalan cukup. Dulu Sabah bising fasal bekalan. *Now enough, but nobody to vaccinate. Not many people left to vaccinate. Next.*

So, ICU hopefully on the downtrend. Of course, we are watching certain states like Sarawak. Sarawak has picked up again. So, we are watching it closely. Talking to Datuk Douglas almost on a daily basis. Next.

Utilization of beds coming down overall. Next. Again, the states that we are concerned about is Kelantan, Johor. But, hopefully will start seeing a downturn. Sarawak as you know, has gone up again. So, we are looking at that closely. Next.

Of course, the big thing that has resulted in the plateau is a Klang Valley. Klang Valley is noticeably much, much better in terms of category four, five, ICU usage, beds utilization. So, I think the reason we did not burst up to 30 thousand is because of Klang Valley punya*…*

Tuan Pengerusi: *What is the positive rate again in Klang Valley?*

Tuan Khairy Jamaluddin Abu Bakar: *Klang Valley positivity rate now is* – Mana dia tadi? *Those in earlier slide* kan*?*

Tuan Pengerusi: Ya.

Tuan Khairy Jamaluddin Abu Bakar: *Get the positivity rate for Klang Valley please. Here, this. We have the national positivity rate.* Nanti *we'll get it for you.*

Tuan Pengerusi: *Twenty-six percent.*

Tuan Khairy Jamaluddin Abu Bakar: *Twenty-six percent, no. It must be lower than that. It is lower than that. We will get it for you,* Yang Berhormat ya. Okey. *Next.*

This is to show the effectiveness of the vaccine. This is Hospital Sungai Buloh which is a reference point for us. Next. So, this is a case of Sarawak where we are starting to see admission in category four, five amongst 60 to 79 years old has shot up. So, this has become the reference for our booster dose recommendation. So, we will focus on those who are 50 years old and above with comorbidities. That is the start.

Tuan Pengerusi: *Don't mind me asking again because it is my interest. What do you feel is the reason? I have my own theories, but…*

Tuan Khairy Jamaluddin Abu Bakar: *So, there are two reasons. There is one reason that is not vaccine related. That reason is that Sarawak opened up a bit too early. Sarawak opened up before more than 50 percent of the population had a second dose.*

Tuan Pengerusi: *Yes, talking about the economy.*

Tuan Khairy Jamaluddin Abu Bakar: *Yes. Okay. That contributed towards the cases – Of course, mobility resulted in—and of course, the second thing is of course, Sarawak has high proportion of a certain type of vaccine. That type of vaccine still reduces the serious outcomes of COVID, but it is less effective in cutting transmission. We have data to suggest that breakthrough transmission for this particular vaccine is*

higher than the other vaccine. But, in terms of the ultimate objective of preventing death and serious cases, it is still effective as a vaccine. I think Yang Berhormat *knows.*

Tuan Pengerusi: Ya. *My other theory and I would love to hear your discussion is, Sarawak actually has been under testing chronically for many months. This could be resulting in hidden clusters that we have not discovered, and now we are ramping up testing, we are basically discovering them more. Of course, in comparison in Labuan, besides the type of vaccine, Labuan's public health intervention has been of course better in compare. Of course, it is very hard to compare direct to direct. What is your view on it, DG?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Basically, number one is public health measures. I think we trusted the vaccine than we let the public health measures, and we will inform some do not put off your mask et cetera. That is one. Just like* Yang Berhormat *mentioned earlier, when their second dose is at 25 percent, they reopened up. So, that has also contributed. And obviously, the virus. Because the virus in Sarawak now is actually a Delta variant, spreads like wildfire. In Langkawi, we do not have any Delta variant yet diagnosed in Langkawi. So, this is why…where we are worried, because this Delta variant is spreading up.*

Tuan Pengerusi: *They are reopening up. Correct. But, Sarawak opening up that you are mentioning is* rentas daerah *right? Because, our* rentas negeri *is still strict. Do you have data of those coming in through Kalimantan or Indonesia?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *That is why we suspected, you know, coming from the border and then also from other states. Sometimes they are negative but then, the incubation period. We are not very sure about this new virus. It is because there are more than 14 days. Like those Malaysians returning from India, we quarantined them for 21 days and then, 20 of them positive on doing day 18. So, it has been prolonged – Although quarantine for 14 days in Sarawak, but sometimes you missed it, and then they go back to community and start to infect others. So, that may also be one factor in terms how it is spreads. But the public health measures must be stepped up. We cannot depend on vaccine only. So, these are the two approaches that we need to embrace.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *The variant from India you said is 21 days. Is it also the Delta variant?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Delta variant. The first Delta variant came in from the port*, *for example on 23rd April, seven sea crews from India came to KLIA, they took the local flight. Doing the local flight, they infected six local passengers and then, from there onwards, they spread to Labuan.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *India's Delta variant different from the Malaysia's Delta variant?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *India's Delta variant initially is a double mutation, and the infectivity is about five to eight. When one person is infected, they can infect five to eight. Then, CDC reported now, Delta variant's infectivity is eleven to twelve. So which means, it spreads like wildfire in Sarawak. So now, Sarawak I think, they did a lot of genomic study, they peaked up. The Delta variant is spreading fast in Sarawak.*

Tuan Pengerusi: *I mean – Okay, I have to declare my interest purposes.* Yang Berhormat Sibuti *and myself are in Sarawak. Besides we have identified some of the issues talk about public health dimension, any additional things that KKM is going to support state government in Sarawak to – I don't know, increase the capacity of public health?*

Tuan Khairy Jamaluddin Abu Bakar: *For testing, you mean?*

Tuan Pengerusi: *Testing, isolation, and everything.*

Tuan Khairy Jamaluddin Abu Bakar: *Well, we are having a meeting this week with them, we will…*

Tuan Pengerusi: *The reason why is I think the* Pengarah JKNS*, I forgot—it's two days ago, he mentioned that – I understand, when you talk about full endemic strategy, one school of thought is you don't test the asymptomatic. You only focus on the symptomatic. My strong concern is we are way too early to talk about that right now. So, what is KKM's direction in terms of endemic, and for Sarawak especially?*

Tuan Khairy Jamaluddin Abu Bakar: *Okay*, *I can answer that,* Yang Berhormat. *We need a granular database on district and locality where the cases are just too much. Then, you have to move towards testing the symptomatic cases and mitigating the situation. Where the situation improved, then you can increase testing and to try flush out anyone else or the pocket that have not been identified and isolated them. So, in Sarawak, I discussed with Dr. Sim, they are doing a hybrid where they need to mitigate. They only do as the JKNS Director wants to do, test the symptomatic where*

they can still try to flush out the clusters which are not been identified. They can boost testing there.

Tuan Pengerusi: *Boosting testing on RTK's*?

Tuan Khairy Jamaluddin Abu Bakar: *On RTK's*.

Tuan Pengerusi: *I mean, symptomatic, then you just double confirm with PCR versus RTK.*

Tuan Khairy Jamaluddin Abu Bakar: *Yes*.

Tuan Pengerusi: Ya. *My concern is this. The reason in Sarawak is, even though we have high adult populations coverage, the next delta wave will be the children and unvaccinated because the transmission is so high. So, my personal request is can it be ops search capacity for children in Sarawak in view of this high transmission?*

Tuan Khairy Jamaluddin Abu Bakar: *I just getting the data on the latest data. So,* Yang Berhormat, *in Sarawak, they have already done 62,000 vaccinations over the last few days alone. They are going fast. So, we will definitely make the vaccine available to them and Sarawak have shown that they have a very rapid vaccinations rate. They are doing well now.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: Yang Berhormat, NPRA *already approved Pfizer vaccine for 12 to 17 years old. Although in JCVI in UK, they still very reserved for 12 to 15 years old, but we already have approved that now implementation is 16 and 17 years old.*

Next is actually a breakthrough infection among the comorbid as well as the 60 years old and above. So, I think this group we need to look and we are reconsidering a booster dose as well. That is the group we are looking in place.

Tuan Khairy Jamaluddin Abu Bakar: Okey, *briefly just quickly.* Melaka, Negeri Sembilan, *these are states where more than 50 percent— you can see. So, Negeri Sembilan is doing very well in the reduction in term of hospitalization. It is not just on the report. I am on the ground and it is true.*

Next. Some people have been asking about status capacity hospital swasta yang sedang merawat pesakit COVID-19. *So, you can see,* Yang Berhormat, *that they have half capacity. This are for paying patient who want to go to the private hospital.*

Tuan Pengerusi: *Very rich patients*. *[Ketawa]*

Tuan Khairy Jamaluddin Abu Bakar: Ya. *This is a snapshot for Penang because I was recently there. We managed to decanted about 189 COVID-19 patients*.

Next. So, this is what you are asking just now. So, in Penang, the pembedahan kompleks *to do at the* hospital swasta. *So*, *four hospitals*. *There are many more hospital but those who are willing and keen to be involved are four hospitals in Penang. That is the case study.*

Tuan Pengerusi: *You talking to more* lah*. I am going to Penang this weekend*.

Tuan Khairy Jamaluddin Abu Bakar: *Oh, good*. *Next*, perkembangan semasa vaksinasi. *I think CITF is also here from MOSTI and can help us out.*

Next. This one you know, Sir. Next. Okey, of course, Yang Berhormat, KL *of course is more than 110 percent because of the inaccurate census but also is because of migration from other states. So, on the ground, some areas are saying that* kita tidak ada orang lagi dah untuk vaksin. *So,* Bentong, *for instance,* Bentong *is the case in point where 80 percent has been vaccinated and I checked with* Pengarah Pahang, *and he said* sudah tidak ada siapa hendak *vaccinate* di Bentong. *So, what we can only surmised is that they cross to be vaccinated in KL or they moved to KL because Bentong is so close. So, we have to reconcile later the percentage where people asked, "Oh, how come the state is 100 plus, how come the state* belum lagi *100 percent?"*

Next. This, of course you know, Yang Berhormat. *Next. Okey. So, this is the latest portfolio and the Russian one we don't need at the moment. So we are probably going to drop it.*

Tuan Pengerusi: *Any financial commitment*?

Tuan Khairy Jamaluddin Abu Bakar: *No. Because* memang syaratnya *they have to get regulatory approval which they have not gotten.*

Next. This is the pending, the one you asked just now, Yang Berhormat. *So*, baki *still 31 million doses. So, more than enough for booster program.*

Tuan Pengerusi: *For this booster, of course, I assume it will be targeting high risk. That means in terms of phase two and also frontliners. Is it enough?*

Tuan Khairy Jamaluddin Abu Bakar: *It is enough.*

Tuan Pengerusi: *Okay.*

Tuan Khairy Jamaluddin Abu Bakar: *It is enough for teenagers, enough for the booster program.*

Tuan Pengerusi: *It means, for teenagers we need at least 200 percent as we need to vaccinate the population again twice. Enough for the whole*?

Tuan Khairy Jamaluddin Abu Bakar: *Twice*. *Teenagers*. Ya. *Because teenagers is three million and times two is six million.*

Tuan Pengerusi: Okey. Ya. *Sorry I got confused*. *Carry on*.

Tuan Haji Wan Hassan bin Mohd Ramli [Dungun]: *Booster* pun dua kali?

Tuan Khairy Jamaluddin Abu Bakar: Sekali sahaja.

Tuan Pengerusi: Sekali.

Tuan Khairy Jamaluddin Abu Bakar: Akan tetapi, remaja dua kali. *Booster* sekali. *So, MoF has agreed that the first booster program is entirely government will pay. But if there is annual booster, then we have to— then we are not sure*.

Tuan Pengerusi: *That count next question*. *[Ketawa]*

Tuan Khairy Jamaluddin Abu Bakar: MoF kata *if it is every year thing, then we need a guidance and policies decision.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *You don't have the budget.*

Tuan Pengerusi: *So, we are looking at two to three billion annual boosters.*

Tuan Khairy Jamaluddin Abu Bakar: *Yes*.

Tuan Pengerusi: *Wow*. *[Ketawa]*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim [Baling]: *Regarding to this booster,* ada juga di kalangan rakyat kita*, they are requesting they don't mind paying for it for the booster. It is just that they wanted you give a dateline* bila *you* hendak *start booster* itu *and* adakan di pasaran*. I think it will help the government. They willing to pay.*

Tuan Khairy Jamaluddin Abu Bakar: Ya. Kita akan keluarkan *guideline* sebab vaksin yang dia boleh beli hanya dua sahaja*. Sinovac* dengan *now Sinopharm. Pfizer is only government. So, even if you want to pay, you can't because they only sell to government.*

Tuan Pengerusi: *And you wait to break that to allow the private sector to— I mean, actually the private can bring Moderna and everything.*

Tuan Khairy Jamaluddin Abu Bakar: *Moderna, they are discussing but they only delivery next year.*

Tuan Pengerusi: *Because, like for Sarawak case, we need the mRNA*.

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: Lagi satu, Yang Berhormat Menteri, ada juga persoalan yang ditanyakan ini. *If they took Pfizer, can they take Sino*? *This is also they worried*. Dia takut.

Tuan Pengerusi: *Can they take*?

Tuan Khairy Jamaluddin Abu Bakar: *Guideline* itu kita akan keluarkan mungkin minggu depan.

Tuan Pengerusi: *So, next week the guideline will come out*?

Tuan Khairy Jamaluddin Abu Bakar: *We have agreed in principle to give the booster. Yesterday* dalam mesyuarat JKJAV*,* kita setuju *booster is on. Booster and what we called third dose and booster. There's a clinical differentiation to that.*

Tuan Pengerusi: *So, have you come out with a timeline or implementation when to start*? Sarawak *start* dahulu kah *or whatever*?

Tuan Khairy Jamaluddin Abu Bakar: *Yes, that is what we going to come up next week*. *So*, *PM will announce that the booster program will start this week and then by next week will have the* jadual*.*

Tuan Pengerusi: *But when he announces it, will he announce whether it is heterologous?*

Tuan Khairy Jamaluddin Abu Bakar: *Hopefully they can get me the recommendation quickly.*

Tuan Pengerusi: *This is NPRA, is it?*

Tuan Khairy Jamaluddin Abu Bakar: *No. NPRA is of course the regulatory—we have the expert committee.*

Tuan Pengerusi: *It has to be*.

Tuan Khairy Jamaluddin Abu Bakar: Ya. Okey. *I also told them that in term of not just effectiveness but in term of supply, it has to be heterologous. Otherwise, to match the supply is difficult. Then, you have to buy a whole round of Sinovac again. No need. Okay.*

So, this is sumbangan vaksin daripada luar negara. Kita sudah terima daripada US, China, UK, Jepun *and outstanding is from Saudi and Singapore. Saudi is giving us equivalent of one million AstraZeneca and Singapore sending 100,000 to Johor the Pfizer.*

So, targets, Yang Berhormat, *you know we are on target for this.*

Tuan Pengerusi: *Sorry. Just to ask for adolescent vaccination. Back in Sarawak, some places they are doing it in school, some they are doing it in special PPVs. How is the plan nationwide*? *Are you going to plan to use school*? *Data from school.*

Tuan Khairy Jamaluddin Abu Bakar: *The target. So*, ini vaksinasi remaja. *So,* untuk vaksinasi remaja, Yang Berhormat, *we've broken down into the categories. So*, *two million students at KPM under* Kementerian Pendidikan Malaysia *and those students will be done mostly at school. So, we already spoken to* Kementerian Pendidikan Malaysia dan sekolah-sekolah akan menjadi PPV. *So, they will come to their school with their parents, the consent form and they get jab.*

Tuan Pengerusi: *Any safeguard to capture the dropouts*?

Tuan Khairy Jamaluddin Abu Bakar: *So, we will say that once if you cannot get vaccinated on that day at your school, then we will refer them to the nearest GP to go and get vaccinated.*

Tuan Pengerusi: *I'm talking about school dropouts.*

Tuan Khairy Jamaluddin Abu Bakar: *Oh, school dropouts?*

Tuan Pengerusi: *School dropout.*

Tuan Khairy Jamaluddin Abu Bakar: Ya, *sorry*. *For school dropouts, what we will do is we will open certain PPV's and we will inform the public that these PPV's are open for walk-in vaccination.*

Tuan Pengerusi: *I mean a working adolescents PPV's if you want to.. [Tidak jelas].*

Tuan Khairy Jamaluddin Abu Bakar: *Yes, yes, or go to we are thinking of GP's, you can go to GP and get vaccinated as well.*

Tuan Haji Wan Hassan bin Mohd Ramli: Tuan Pengerusi…

Tuan Khairy Jamaluddin Abu Bakar: Ya.

Tuan Haji Wan Hassan bin Mohd Ramli: Yang khusus 18 tahun ini bagaimana?

Tuan Khairy Jamaluddin Abu Bakar: Macam mana?

Tuan Haji Wan Hassan bin Mohd Ramli: 18 tahun.

Tuan Khairy Jamaluddin Abu Bakar: Ya.

Tuan Haji Wan Hassan bin Mohd Ramli: Sebab mereka akan jadi pengundi kalau ada keperluan itu.

Tuan Khairy Jamaluddin Abu Bakar: 18 tahun sudah boleh sudah Yang Berhormat sekarang.

Tuan Haji Wan Hassan bin Mohd Ramli: *I* faham tetapi hendak mendapatkan dia punya *information* itu sebab sini kita ada *information* yang ini yang hendak sebab bila dia masuk dalam pilihan raya, ia akan timbul isu kalau kita tidak tekankan kepada yang

umur 18 tahun. Sebab ini ada *information* daripada 16, 17 daripada sekolah, daripada apa. Jadi bagaimana hendak mendapatkan kepastian bahawa mereka kalau boleh *hundred percent* lah kalau boleh.

Tuan Khairy Jamaluddin Abu Bakar: Kalau yang 18 tahun ini Yang Berhormat kita ambil melalui pendaftaran MySejahtera lah.

Tuan Haji Wan Hassan bin Mohd Ramli: *[Bercakap tanpa menggunakan sistem pembesar suara]*

Tuan Khairy Jamaluddin Abu Bakar: Oh, okey ya. *So* ini lebih kepada operasi *mop up* lah kepada mereka yang belum dapat vaksin. Itu memang sedang dilaksanakan.

Tuan Haji Wan Hassan bin Mohd Ramli: Saya rasa kita mungkin perlu juga dapatkan data-data daripada parlimen-parlimen ataupun kita berikan informasi itu supaya kita dapat ambil tindakan khusus untuk 18 tahun ke atas kerana ia akan melibatkan undi.

Tuan Khairy Jamaluddin Abu Bakar: Satu lagi langkah yang kita sedang buat adalah untuk *match with the* Jabatan Pendaftaran data, kita tengok siapa yang belum lagi. *So we can have* Jabatan Pendaftaran punya datalah. *We're just connecting with them* lah.

Tuan Pengerusi: *That's good, that's the way forward.*

Tuan Khairy Jamaluddin Abu Bakar: *So we can clean the list to see who else has not been vaccinated.*

Tuan Pengerusi: *Have all the prisons been vaccinated?*

Tuan Khairy Jamaluddin Abu Bakar: *Prisons starting now, starting now.*

Tuan Pengerusi: *And the I hope the booster dose also cover them as well.*

Tuan Khairy Jamaluddin Abu Bakar: *Yeah, later* lah *the prisons.*

Tuan Pengerusi: *How about the PTI and everything?*

Tuan Khairy Jamaluddin Abu Bakar: *So PTI is ongoing, we have no wrong door policy at PPVs, they can just come and get, no issue. Prisons, we just recently approve that CITF, the SOP for prison vaccination. So either KKM will go or GP will go and vaccinate lah.*

Next, so this is unjuran dia lah Yang Berhormat *that you asked for just now, 3.2 million broken down in states lah, the 12 to 15, 16 and 17. So,* keutamaan sekarang kita bagi kepada 16 hingga 17 tahun dan juga 12 hingga 15 tahun yang ada *comorbidity* ataupun risiko tinggi.

The only exception that I've made Tan Sri is that untuk kawasan pedalaman jauh kita bagi *one shot* lah*. So* dia tak payah pergi masuk dua kali.

Tuan Pengerusi: *How far is the discussion on below 12? I know Pfizer is releasing a report in next few months.*

Tuan Khairy Jamaluddin Abu Bakar: Belum ada data lagi Tuan Pengerusi. *As soon as we get the data, we'll ask Pfizer to give the dossier to NPRA.*

Tuan Pengerusi: *Has Sinovac given their dossier?*

Tuan Khairy Jamaluddin Abu Bakar: *Sinovac gave the dossier* tetapi *it was rejected because* tak lengkap *so we are asking them to resubmit the dossier. They did submit and then it was rejected because not complete.*

Tuan Pengerusi: *In what sense* tak lengkap?

Tuan Khairy Jamaluddin Abu Bakar: *I'm not sure technically why but it was not complete. But I advised them to resubmit because* Yang Berhormat *even though Sinovac effectiveness is much discussed,* ramai yang selesa dengan *Sinovac for children because as you know it is inactivated so it is…*

Tuan Pengerusi: *Myocarditis.. [Tidak jelas].*

Tuan Khairy Jamaluddin Abu Bakar: *Myocarditis less and then anaphylaxis less so they are more comfortable with that. So we have a standing agreement with Pharmaniaga. The moment we need more, they will prioritize government order.*

Tuan Pengerusi: *Any – in terms of monitoring for those adolescents that have been vaccinated now, any cases of myocarditis?*

Tuan Khairy Jamaluddin Abu Bakar: *So far none but it's a bit early, I will get back to you* Tuan Pengerusi*. Okay, next.*

Ini adalah lebih kepada *implementation, one team goes to the* sekolah *and then hopefully* dalam tempoh masa sehari dia boleh selesailah. Jumlah pasukan yang diperlukan, jumlah petugas *about 2,000* yang diperlukan untuk *adolescent* program ini. Ini kadar kita Yang Berhormat, *of course Malaysia, we are very happy that the rate has gone up.*

Next, okay. So this is just to show that the reduction of category 3, 4, 5 of about 14 percent within 3 weeks for states with more than 50 percent vaccination and of course reduction of 10 percent in states which are lagging. It goes to show that it is effective lah*.*

Next, this is your pasukan petugas kesihatan. *So 5.28 percent has seen breakthrough of vaccination but that's the breakdown of the category. But more*

interestingly, and this is data that's relevant for booster dose. Next. We saw most of the breakthrough in August.

Tuan Pengerusi: *Waning, waning…*

Tuan Khairy Jamaluddin Abu Bakar: *So waning, it suggests possible waning. We are still looking into it whether it was more exposure because of August* banyak kes dekat *hospital, or is it waning? It could be either two, Tan Sri. It could be because there were more cases that they were attending, a surge in August or waning. So, we are studying this.*

Tuan Pengerusi: *You compare this with the general population because we are looking at types of vaccine as well.*

Tuan Khairy Jamaluddin Abu Bakar: *The breakthrough* ya, *we have to map it against the general population later. So I ask for these data to be presented today, the time series of the breakthrough.*

Okay next, so this is the breakthrough based on the status of the vaccine lah*. Next, so this is again to show you that it is spiking up towards now either it is because of more cases that they have to deal with or because of weaning.*

Next, okay Tuan Pengerusi, *this is the presentation that you have been asking for just now, which is our policy on booster, third dose. So the committee had decided that* keutamaan kepada golongan yang berisiko tinggi untuk mendapat dos penggalak.

Di antaranya adalah individu yang mempunyai daya imuniti yang lemah *(immunocompromised),* orang dewasa yang berumur 60 tahun ke atas yang mempunyai masalah *comorbidity*. Individu yang tinggal di – serta bekerja di *long-term care facilities*, petugas-petugas kesihatan yang berisiko tinggi terdedah kepada jangkitan. *We won't give all the healthcare workers the booster vaccine for now. We will categorize those who are most at risk, direct at risk and – sorry, the last one is a mistake. So that's the advisory now* Tuan Pengerusi. *I'll stop here just in case you have a new question.*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *[Bercakap tanpa menggunakan sistem pembesar suara] All MP's direct Yang Berhormat.*

Tuan Khairy Jamaluddin Abu Bakar: *MP?*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *All Members of Parliament.*

Tuan Khairy Jamaluddin Abu Bakar: *Member of Parliament okay.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: Yang lebih dari 60 tahun lah.

Tuan Pengerusi: *Why you discriminate me? [Ketawa]*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: Yang Berhormat Tuan Pengerusi tak dapat, kasihan.

Beberapa Ahli: *[Ketawa]*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *But this comorbidity category, this one? High blood pressure, normal diabetes but those who are under control also we include them as well* lah, *as long as you have the basic comorbidities, you put them in* lah.

Tuan Khairy Jamaluddin Abu Bakar: Ya*, next. So this will be the recommendation for the booster dose. Next, so* tempoh masa Yang Berhormat kita sarankan tempoh masa dos penggalak adalah *six months after the first vaccination.*

Tuan Pengerusi: *How do you want to implement this? Is it going to be a MySejahtera thing all over again?*

Tuan Khairy Jamaluddin Abu Bakar: *Yes but they will be sent to GPs, we won't erect these PPVs no more.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan sistem pembesar suara] ...the third dose.*

Tuan Pengerusi: *So the same arrangement with ProtectHealth?*

Tuan Khairy Jamaluddin Abu Bakar: *Yes, the same arrangement ProtectHealth with the GPs.*

Tuan Pengerusi: *RM14 was it?*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan sistem pembesar suara]*

Tuan Pengerusi: *No, I'm talking about cost for government. Yup.*

Tuan Khairy Jamaluddin Abu Bakar: *So* jenis vaksin yang digunakan setakat ini *we are recommending Pfizer and AZ lah under* ini*. Unless of course you have allergies then we can consider.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Bercakap tanpa menggunakan sistem pembesar suara] Sinovac, approve of Sinovac.*

Tuan Pengerusi: *There should …[Tidak jelas]*

Tuan Khairy Jamaluddin Abu Bakar: *That's why we are discussing with the heterologous to get…*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *[Bercakap tanpa menggunakan sistem pembesar suara]* Boleh *integrate*... *[Tidak jelas]*

Tuan Pengerusi: *I mean there is one paper that says it is better to mix because your body can build resistance towards a certain mechanism. I'm for mixing.*

Tuan Khairy Jamaluddin Abu Bakar: *Okay next. So for the healthy people Yang Berhormat our expert working committee is still* masih lagi kaji *whether or not it is necessary and will make a recommendation on that point* lah.

Tuan Pengerusi: *Okay, now this is question and this is happening on the ground. Even though there is no policy for booster dose, the private sector is selling it illegally to certain people. Of course they don't register it to MySejahtera and everything. Can KKM come out with an advisory for that and how to regulate.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan sistem pembesar suara] ... got Pfizer.*

Tuan Pengerusi: *No, for example – okay.*

Tuan Khairy Jamaluddin Abu Bakar: *No, you're taking three Sinovac lah, you've taken two from the government, you take another one.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan sistem pembesar suara]*

Tuan Pengerusi: *The issue now, it's all right. The issue now I think about Yang Berhormat Menteri, the last session is because a lot of labs are promoting this antibody testing and because there are two types of IGG and also neutralizing so* banyak *orang they go, they see, they realize that, "Eh! Kenapa tidak ada." So they* aturlah *with GPs to give them jabs and everything.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan sistem pembesar suara] We take the third one.*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *The third one, the test is 250 dapat…*

Tuan Khairy Jamaluddin Abu Bakar: *Three Sinovac,* tinggi kah?

Tuan Pengerusi: *The people, they are willing to pay for this test are willing to pay for the vaccine.*

Tuan Khairy Jamaluddin Abu Bakar: *We'll come up with the advisory, okay next.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan sistem pembesar suara] ...expensive in the private sector.*

Tuan Khairy Jamaluddin Abu Bakar: *So, we have discussed this yesterday, but we are going to discuss with KPDNHEP to have a ceiling price.*

Tuan Pengerusi: *Pharmaniaga will flip. [Ketawa]*

Tuan Khairy Jamaluddin Abu Bakar: *It is not so much Pharmaniaga. It is the reseller. So, Pharmaniaga appoints all these Antah Health Care Group and all that. They are the ones who jack it up. Okay, sorry, before that. Before. So, there is another one. This one is* keperluan *dose booster* untuk mereka yang hendak pergi haji dan sebagainya. *This is because* dengar kata, *Arab Saudi,* kalau *Sinovac,* ia kena ada *booster dose. So, we will accommodate that as well*-lah.

Tuan Pengerusi: *Okay. The other question I want to ask, I do not know whether it is under your jurisdiction, but it is about mutual recognition, international mutual recognition. How is that?*

Tuan Khairy Jamaluddin Abu Bakar: *So, international mutual recognition is something that we are handling with* Wisma Putra. *So, for instance, I do not mind sharing confidentially with the Jawatankuasa. For Singapore, we are already in talks, we have mutually recognized each other digital certificates. It is just a matter of opening up the border. We are ready already. We are talking to all…most bilateral partners about their recognition.*

The only thing is like UK ya, Tuan Pengerusi. *United Kingdom,* ia hanya *recognised* vaksinasi daripada *EU and the US, and that is their policy. We have been talking to them. Why not country like Malaysia or even Singapore, you do not recognise, even Japan and Australia? So, they said, you know, it is just a matter of time, I do not know.*

Tuan Pengerusi: *[Tidak jelas]...international politics,* ya.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] But Singapore is also recognising, apart of China vaccine, Pfizer and Sinovac as well?*

Tuan Pengerusi: *No, not yet.*

Tuan Khairy Jamaluddin Abu Bakar: *Singapore? No, so, so, no. Our understanding with Singapore is that, they do recognise Sinovac. They do not recognise it for their program officially, but if a traveller is fully vaccinated with Sinovac, or even if a*

the Singaporean is fully vaccinated with Sinovac, they can enjoy the same privileges as any other vaccine now.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Singapore gives Sinovac? I thought they [Tidak jelas]...for private sector...*

Tuan Khairy Jamaluddin Abu Bakar: *No. They give it in a carve-out. They have a carve-out program where Singaporeans who want to take the Sinovac, they can take so…but it is not officially in their program*-lah*. It is a carve-out program for them.*

Tuan Pengerusi: *I heard for the majority, they take what the PRC is taking*-lah*. Not really the Singaporeans. The Chinese nationals staying in Singapore. This is because, to go back to China, the understanding is that they only want Chinese vaccines. Again, this is geopolitics.*

Tuan Khairy Jamaluddin Abu Bakar: *Okay. Next. [Merujuk kepada pembentangan slaid] Hold on a second,* Tuan Pengerusi. *I'll just see if I have the latest…*

Tuan Pengerusi: *No, no. Please, please.*

Tuan Khairy Jamaluddin Abu Bakar: *...If I have the latest. Okay. So, Tuan Pengerusi, you wanted to know about HIDE.*

Tuan Pengerusi: *Yes.*

Tuan Khairy Jamaluddin Abu Bakar: *As of 12th September, there are 40 large clusters, 721 small clusters and the total clusters is 761. Sorry, not clusters, but HIDE hotspots.*

Tuan Pengerusi: *HIDE hotspots.*

Tuan Khairy Jamaluddin Abu Bakar: *The question is Tuan Pengerusi, whether or not we still use HIDE? Yes, we still use HIDE, but we do not publish it. Rather we…once we have the list,* kita pergi jumpa dengan *premise owner* dan kita buat *intervention with them*-lah.

Tuan Pengerusi: *So, there is a meeting after*-lah?

Tuan Khairy Jamaluddin Abu Bakar: *Yes, yes. It is still ongoing.*

Tuan Pengerusi: *What are the parameters used for HIDE to detect?*

Tuan Khairy Jamaluddin Abu Bakar: *So, it is…the parameter is it does backward and forward contact-tracing based on people who have visited a particular place, and project that in the next two weeks, that can be a cluster and there is no intervention.*

Tuan Pengerusi: *Has there been—what is the success rate per se in terms of that? Is there a statistic for that?*

Tuan Khairy Jamaluddin Abu Bakar: *Success rates…I have to get back to you Tuan Pengerusi,* ya *but it is…for instance, right now, let me give you an example. Sarawak for example, a cluster that has come up on HIDE system on the 12th September is Aiman Mall, shopping mall.*

Tuan Pengerusi: *It is in my…it is not in my* kawasan *but nearby.*

Tuan Khairy Jamaluddin Abu Bakar: *Majma Event & Convention Centre.*

Tuan Pengerusi: *That is in my area. [Ketawa]*

Tuan Khairy Jamaluddin Abu Bakar: *So, that has come up. So, it is likely that in the last couple of days, somebody who is positive has been there or is repeatedly going there. Okay, so that is the HIDE system Tuan Pengerusi. Next.*

Tuan Pengerusi: *Is there effort to improve it or upgrade it and everything, to be more specific, to be more…to capture better?*

Tuan Khairy Jamaluddin Abu Bakar: *I think that…it is the utilization of the data Tuan Pengerusi. I mean, now we have the data, whether or not we get compliance from the premise owners. That is the challenge.*

Tuan Pengerusi: *Again, that you mentioned to me, most of the premises are shopping malls.*

Tuan Khairy Jamaluddin Abu Bakar: Ya.

Tuan Pengerusi: *But then, we are seeing from the clusters, majority are from the factories and things. So, why is it not capturing those data, or is it capturing those things?*

Tuan Khairy Jamaluddin Abu Bakar*: It is capturing those data. Factories are also in HIDE.*

Tuan Pengerusi: *So, it is in HIDE? Then, intervention happened?*

Tuan Khairy Jamaluddin Abu Bakar: *Yes.*

Tuan Pengerusi: *But then you still see high numbers. How to improve it?*

Tuan Khairy Jamaluddin Abu Bakar: *Right, yeah. So, I think again, compliance*-lah *Tuan Pengerusi. Once we intervene, they have to follow all the compliance. But I understand where your question is getting at. Give me a bit of time to get into it.*

Okay. So, this is the seven-day average of HIDE. As you can see Tuan Pengerusi, during the MCO went down, then, of course, after kita *relax* balik, *it is going up*-lah*. So, a lot more clusters now. We have to monitor this. Next.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Did you see the video from Melaka and some of the resorts, resorts?*

Tuan Khairy Jamaluddin Abu Bakar: *Did you send me the video last night?*

Tuan Pengerusi: *I* takut.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] People are so frustrated...*

Tuan Pengerusi: *I'm scared of Langkawi. [Ketawa]*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Resort PD by the sea, in my area, Morib by the sea, my God. It is unbelievable.*

Tuan Khairy Jamaluddin Abu Bakar: *So, I think the message I came up with in the* kenyataan media hari ini *is that, we have to tell people, if they want to enjoy this and continue to enjoy this in endemic...*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Enjoy it with responsibilities.*

Tuan Khairy Jamaluddin Abu Bakar: *They have a personal responsibility* Yang Berhormat. Tidak akan kita hendak, *we cannot monitor them for 24 hours.*

Tuan Pengerusi: Ya, *I understand.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] But then, my worry is that, this is going to give rise to another surge with the possibility of… [Ketawa] It is just…I think it will happen you know.*

Tuan Pengerusi: *But I fully understand, we cannot just close down all the time as well. There is a social responsibility element to it, and it is hard to control.*

Tuan Khairy Jamaluddin Abu Bakar: *Okay, next. Some thoughts on the testing, Tuan Pengerusi. Maybe you have some thoughts on this…it is of course, there is a hybrid between containment and mitigation as I mentioned just now.* Kekangan kelewatan keputusan apabila terdapat peningkatan bilangan sampel yang perlu diuji. *That is a bit of a backlog as you know,* Tuan Pengerusi, dan impak ke atas pengurusan kes dan pengesanan kontak.

So, contact-tracing has to be automated as much as possible, because otherwise we are inundated.

Tuan Pengerusi: *So, how is that being done? That is my next question. How much is captured under MySejahtera and so on?*

Tuan Khairy Jamaluddin Abu Bakar: *We got the things on contact-tracing.*

Tuan Pengerusi: *Okay.*

Tuan Khairy Jamaluddin Abu Bakar: *Then, of course* pemerkasaan Penggunaan *Rapid Test Kits, this is part of the National Testing Strategy.* Menggalakkan penggunaan ujian kendiri, *and report that,* mengurangkan harga ujian kendiri *and* meningkatkan *capacity surveillance genomics. So, that is the plan going forward*-lah, *and we covered that already.*

Tuan Haji Wan Hassan bin Mohd Ramli: Yang Berhormat Pengerusi...

Tuan Khairy Jamaluddin Abu Bakar: Ya.

Tuan Haji Wan Hassan bin Mohd Ramli: *Private hospital* ataupun *private clinic* ini, kalau buat ujian saringan, ini harganya kita tidak ada siling ya?

Tuan Khairy Jamaluddin Abu Bakar: Ya. Tan Sri DG, *was there any discussion about PCR test's ceiling price?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *We do have before,* semasa *Emergency Ordinance* itu ada. Akan tetapi, apabila sudah tidak ada, mungkin *this is where we need to look back to* KPDNHEP untuk dapatkan *ceiling price. So...*

Tuan Khairy Jamaluddin Abu Bakar: Saya akan bincang KPDNHEP, Yang Berhormat.

Tuan Haji Wan Hassan bin Mohd Ramli: *Situation* yang berlaku dekat dengan *public hospital* ini, ia melibatkan isu. Akan tetapi, apabila beri harga mahal, orang tidak buat *testing* pula. Itu isunya.

Tuan Pengerusi: *Actually, if I am not mistaken, the previous* Yang Berhormat Menteri Kesihatan *did announce a capping on price, but it is still very high. It is RM150, and in* Semenanjung *and* Sarawak, *it is different.*

Tuan Khairy Jamaluddin Abu Bakar: *So it was capped, yeah.*

Tuan Pengerusi: *It was capped but...*

Tuan Khairy Jamaluddin Abu Bakar: *But we will look at it, trying to bring it down, yeah*, Tuan Pengerusi.

Tuan Pengerusi: *Bring it down, yeah.*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *[Bercakap tanpa menggunakan pembesar suara]* Ia sampai RM 300 sekarang.

Tuan Pengerusi: Ya, ya *correct.*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: Lagi satu Yang Berhormat Menteri, saya, *since we are talking this RTK* ini, saya dapat banyak makluman, maklum balas daripada orang kawasan saya di Baling, contohnya. Mereka bekerja di banyak kilang-kilang di Pulau Pinang.

Adakah wajar, Tan Sri DG, ini pandangan saya hendak tanya, adakah wajar untuk mereka memberikan RTK itu, suruh ia bawa balik rumah, esok pagi ia datang siap *test and* lapor balik. Itu saya nampak akan menjadi ketirisan, Tan Sri DG. Kemungkinan besar apa yang berlaku, dia tidak hendak buat dan dia suruh orang lain buat, pun boleh. Dia bukan ada *test* atau ada rekod apa semua. Jadi, itu satu perkara yang apatah lagi kepada mereka yang datang daripada warga asing, lagi dahsyat.

They give back because they said, pagi itu kalau datang, masa terbuang. Dia punya KPI, hendak *start* dia punya *plant* itu. Jadi, mereka sampai pukul 7.00 pagi, ia kena *start* pada pukul 7.00 pagi...

Tuan Khairy Jamaluddin Abu Bakar: *So,* kena buat depan mata dialah, *you are saying?*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: Sepatutnya, dia buat. Ini tidak, dia bawa balik, esok dia bawa datang *RTK test.* Itu *I think* yang saya dapat maklum balas.

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: Daripada panduan kita ialah saringan berkala itulah, iaitu yang dua kali seminggu itu, di kilang itu. Bukan dia saring dekat rumah. Dekat kilang itu. Jadi, *at least* kita monitor. *But in Sarawak,* Yang Berhormat, *Emergency Ordinance is still on. So, actually, their* kawalan harga *in terms of the testing, just like I mentioned much earlier.*

Tuan Pengerusi: *Actually, I mean, like for example* Yang Berhormat Baling tadi cakap, *of course ideally is we monitor them during the* saringan*. But the problem, my view…*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *[Bercakap tanpa menggunakan pembesar suara]*

Tuan Pengerusi: *For me, ideally, it should done at home. Because if you* kawalan— *when you monitor a lot of people, you congregate people. And if there is*

positive, it will spread among them rather than… [Disampuk] I said, ideally we test at home. We sick, we positive, we don't go to the… [Disampuk] Can we trust MPs? That is the question. [Ketawa] Joking.

[Ahli-ahli berbincang sesama sendiri]

Tuan Khairy Jamaluddin Abu Bakar: *Okay, next. This is of course we spoken about this late containment mitigation test. This is what in progress,* Yang Berhormat*. So, I think we are skipped this because the national testing plan is not ready yet.*

Tuan Pengerusi: *You mentioning about target is two weeks to announced, is it?*

Tuan Khairy Jamaluddin Abu Bakar: *Yes.*

Tuan Pengerusi: *I do hope can be rush. It is not to be rush, it must be comprehensive.*

Tuan Khairy Jamaluddin Abu Bakar: *Yes. We will make sure. Next. Okay. So, this is the contact tracing,* Yang Berhormat*. As you know, manual contact tracing takes too many people in a search situation is impossible. So, what we want to do is, of course, try to— where the case is manageable, we can still do the questioning in person to check. Now, we ask them to do the contact tracing on MySejahtera. List down the number of contacts that they have. But, what we are looking at is still the Bluetooth application. So, MIMOS is supposed to get back to us by end of this month about that.*

Tuan Pengerusi: *Okay.*

Tuan Khairy Jamaluddin Abu Bakar: *That is the only way,* Tuan Pengerusi*. Singapore used the token as well. So, we feel that apart from the MySejahtera check-in, we also need that.*

Tuan Pengerusi: *You have data how much it captured at least now? The contract tracer, how much?*

Tuan Khairy Jamaluddin Abu Bakar: *MySejahtera, I have to give that to you,* Yang Berhormat*. Okay, next. This we spoke of earlier, the geofencing of the isolation. That's the best way forwards.*

Tuan Pengerusi: *How much will it cost?*

Tuan Khairy Jamaluddin Abu Bakar: *The geofencing? The geofencing is done in-house by the army. The ATM develop it in-house. But to create the app, we might have to get the proper developer to come in. They done the prototype. I saw that yesterday they run in-house.*

Next. This is to reduce the number of BID by trying to increase ambulance capacity. One big complaint that we had during the search in Klang Valley was we couldn't get the ambulance. So, we have berapa, KSU, *for this year and next year*?

Dato' Mohd Shafiq bin Abdullah: *There are additional 45 ambulances on leasing around Klang Valley, now we are going for another 100.*

Tuan Khairy Jamaluddin Abu Bakar: Kita punya RFP tender *recently* berapa?

Dato' Mohd Shafiq bin Abdullah: *Tender 490.*

Tuan Khairy Jamaluddin Abu Bakar: Ha?

Dato' Mohd Shafiq bin Abdullah: *Four hundred and ninety.*

Tuan Khairy Jamaluddin Abu Bakar: *Four hundred and ninety. The one that we got from MOF yesterday for next year leasing* berapa*?*

Dato' Mohd Shafiq bin Abdullah: *Four hundred.*

Tuan Khairy Jamaluddin Abu Bakar: *Four hundred.*

Tuan Pengerusi: *I just want to…*

Dato' Mohd Shafiq bin Abdullah: *Five hundred, sorry.*

Tuan Pengerusi: *I just want to throw a thought and get your views and everything. Actually, the reason for a lot of the delays is due to ambulance, people sending to PRC and everything. What is your advice in terms of— actually I don't know, it is just a plain idea, overt, even in Penang to has specific van. That mean, you know, those industry they used those vans, we train the drivers, of course we give them a special allowance and dress them in PPE, then they can send this too. Is it possible? Is it safe? What is needed in those vans?*

Tuan Khairy Jamaluddin Abu Bakar: *It is safe,* Yang Berhormat*, for COVID patient. Because for COVID patient, if you use ambulance, it is inefficient. First of all, they can sit-down. They don't need to lie-down. You can sit-down. So, Penang, we are trying to assist Penang also. They asked for some assistance. They have these vans which are equipped with oxygen cylinders and you can put in four or five of them and then transport them. So, this is doable, we can support that.*

Tuan Pengerusi: *Okay.*

Dato' Mohd Shafiq bin Abdullah: *Ambulance buses, we already transform.*

Tuan Khairy Jamaluddin Abu Bakar: *Okay, next. This is granular data on vaccination in factory workers and our PIKAS record. So, it is quite high, about 81 percent in KL and 83 percent in Selangor. We will be trying to mop-up the rest. Next.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara]*

Tuan Khairy Jamaluddin Abu Bakar: *So, what we plan to do is to refer them to the GPs.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *GP?*

Tuan Khairy Jamaluddin Abu Bakar: *Yes.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Any walk-in to GPs?*

Tuan Khairy Jamaluddin Abu Bakar: *We are working that out now. We are working with finding out where they are and working together with the employers to liaise them and send them to GPs.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *That is free also?*

Tuan Khairy Jamaluddin Abu Bakar: *Free. Still free.*

Tuan Haji Wan Hassan bin Mohd Ramli: Kita tak *classify* yang kilang yang haram atau halal, tak *classify* kan? Kita pakai ambil...

Tuan Khairy Jamaluddin Abu Bakar: Macam mana, Yang Berhormat?

Tuan Haji Wan Hassan bin Mohd Ramli: Kita ambil kira semua, asal ada kilang sahaja. Tidak ada isu kilang halal, kilang haram itu tak ada isulah?

Tuan Khairy Jamaluddin Abu Bakar: Tak ada isu. *Okay, next. Okay.* Ini pengurusan kes kematian. Saya rasa boleh kita *skip* yang inilah ya. *Next*.

Tuan Pengerusi: *I want to ask a technical question, Tan Sri. In term of handling of the death, I think there a lot of mental health issues when the family members are not allowed to see. Scientifically, I mean— correct me if I am wrong. The person is dead. It is already a dead host. So, the virus is all in the lungs. But then, you double wrap him with plastic. Technically he is contained, right? Why are the family members not allowed to see or even be part of it since technically is already contained?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Dead person, the virus will try to exit the body. So, what we did is that we did a study and we swab the skin. Even the skin is positive. So, which mean it is very high transmissivity in the dead body. So, that is why I think any BID comes to the hospital, first thing is you must test first. Otherwise, all our healthcare workers will be infected as well. So, because of that, that is why they have to wrap it up. In Indonesia for example, they wrap him up and send back to the* kampung*, they open it up and then they try to touch the body, and then the whole* kampung *spread the infection. It is just like Ebola. So, this is why I think we*

already have a SOP in place where infection deceased put in the bag, you cannot open it up anymore. So, this is precaution. So, that is why we are very careful about spread of infection from BID and etcetera.

Tuan Pengerusi: *I am fully supportive on wrapping the person. My argument is if you already wrapped the person, can you allowed certain family members to have certain closure since it is already wrapped?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Because it is airborne now, I think the issue now is airborne, so we allowed the family members to the grave, for example, from a distance until we done everything. Otherwise, the possibility of infection is still there. So, I think we try to minimize as much as possible. In fact, now, we also getting the family members to be involve in term of putting on with PPE and all that and then to take part to manage the body now.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *How long is the virus in the host when he dead?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *They said that the virus in airborne now even can last for about eight to 12 hours in air. So, this is why the ventilation is important. Plus, if you touch the body, the virus is already in the skin and the virus trying to get out of the body. So, that is why we have to actually wrap it up and make sure that there is no infection elsewhere.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *What is the time period from the time the body of dead person and go to the burial place?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Within 24 hours they can do it.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *You doing it 24 hours?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Twenty-four hours because they are doing mass burial. For the non-Muslim, it took sometimes and also cost comes in especially in HKL. There are so many funeral parlors and operators. So, we need to engage with them and then— now, we cut down the time to less about 72 hours for the burial.*

Tuan Pengerusi: *Before I forget, I want to ask one question on SOP for factories. In the event of the detection of positive, what is the SOP? Because KKM's circular is still 10 to 14 days closure. But in reality, in factories, some factories closed*

one day, some closed three days. Who makes those decision? What is the set SOP if…

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Quarantine?*

Tuan Pengerusi: *No, no. If for example, my… [Disampuk] If there is a cluster. If a factory got a positive case, if a market got positive case, a shop, what is the SOP now?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *So, I think, once you have a case detected in the market and etcetera, they will do a reassessment in term of the potential people that are infected and the space and et cetera. So, they will come out with reassessment by the PKDs and then they put up a suggestion. So, normally we do the cleanup, but if it is actually a very rampant infection, then the period will be longer. It is just like school. We can close the school for two days or longer. It depends on the how many sections are infected and et cetera.*

Tuan Khairy Jamaluddin Abu Bakar: *So recently* Yang Berhormat *we had a discussion with a Ministry of Education* (KPM). *The old policy was immediate, two days shutdown. So, we moved away from that to say PKD will do the risk assessment how many were positive, whether they were isolated quickly and then they will decide.*

Tuan Pengerusi: *I mean logically, I don't think the virus can last outside of a host for too long. I mean maybe a few hours physically or so not so much. If you just close for maybe 48 hours and sanitization or whatever necessary, would not it be safe to open*?

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *It depends on how many people have been infected in a small… [Disampuk]*

Tuan Pengerusi: *You mean isolated.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: Ya*. So, if we can mend isolate them early, that's fine. But sometimes we come late, and they already have spread to contacts or to others. So, we are not sure the incubation period. Say ,incubation period maybe 14 days for example. Like in Parliament for example on the 29th already swabbed, only 11 cases were positive. But then, you know* Yang Berhormat Sri Gading *was positive as well. Then,* Yang Berhormat Sik *was positive. So, and then the infection – they are already exposed to the virus, but they have not had the symptoms yet. So, it takes time. This is why the time is that maximum is about two weeks for us to close down the center.*

So, we have to do the risk assessment before we make any decision.

Tuan Pengerusi: *But two weeks is a bit too destructive for markets and for workplaces. So, I think you need to come up with a clear guideline. Before this, I understand of giving autonomy to the PKD to decide but then it is not consistent. So, I think on the ground at least my* kawasan *markets are saying, "Why this one this market close seven days and why I close one day." and stuff and so on.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Depends on what type of market. If it is actually an open space market than it is much better. But if it is confined to one area and then the recommendation will be different. So, I think we have to look into all factors before we make a decision.*

Tuan Pengerusi: *Thank you.*

Tuan Khairy Jamaluddin Abu Bakar: Yang Berhormat.

Tuan Pengerusi: *I think we can sum it up maybe to 10 to 15 minutes. I know they are tired already.*

Tuan Khairy Jamaluddin Abu Bakar: *Yes. Next. This is a breakthrough death* Yang Berhormat. *I think quite important.*

Tuan Pengerusi: Ya*. Very important.*

Tuan Khairy Jamaluddin Abu Bakar: *So*, penembusan kematian lengkap vaksinasi adalah sebanyak 5.7 *percent* Yang Berhormat. *Most of them I think 80 percent if I'm not mistaken were elderly comorbidities.*

Tuan Pengerusi: *Do you have a breakdown on the types of vaccines*?

Tuan Khairy Jamaluddin Abu Bakar: *We have a breakdown next. There you go* Tuan Pengerusi.

Tuan Pengerusi: *Okay, but then the question is when was the data captured. Is it two weeks after dose two or…*

Tuan Khairy Jamaluddin Abu Bakar: *Yes, fully vaccinated. So, 82 percent were comorbidity and as you can see most of it was Sinovac. But which is not to say Pfizer also no breakthrough death, there is. AZ also.*

Tuan Pengerusi: *I mean this is for me is not accurate data because Sinovac is given a lot to those with high risk and everything.*

Tuan Khairy Jamaluddin Abu Bakar: *Yes, of course.*

Tuan Pengerusi: *So it is natural it has death majority.*

Tuan Khairy Jamaluddin Abu Bakar: *This is just a data*.

Tuan Haji Wan Hassan bin Mohd Ramli: Cuma Yang Berhormat Menteri, isunya kadang-kadang semua kematian sekarang ini dikaitkan dengan COVID-19. Itu isu sikitlah. Jadi, kena ada satu penilaian cepat dibuat supaya pengurusan jenazah itu boleh dibuat dengan cepat. Itu yang ada isu sedikit.

Tuan Khairy Jamaluddin Abu Bakar: Baik Yang Berhormat. *Next*. *This is another* one Tuan Pengerusi, BID Tuan Pengerusi. Sebanyak 86 *percent of* BID are *not under healthcare provider, care at all. Only 14 percent of BID at home are those who are under care of CAC or the PKRC or whatever it is. So, our strategy now is how to make sure that people who are not symptomatic,* belum *test or whatsoever. The moment they deteriorate, they seek help. I think* Tuan Pengerusi *is aware of the happy hypoxia phenomenon, it deteriorates very quickly.*

So, PM will be making an announcement on us providing oximeters to 3.2 million households.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *How many of those any* BID *or vaccinated patients fully vaccinated or not*?

Tuan Khairy Jamaluddin Abu Bakar: Tan Sri, *do you have or remember* BID *fully vaccinated*, tidak ramaikan? BID *mostly unvaccinated. We can get you the details*. *Mostly unvaccinated*.

Tuan Pengerusi: *Foreign workers*.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Not even the first dose*?

Tuan Khairy Jamaluddin Abu Bakar: Ya. *Mostly* tidak.

Tuan Pengerusi: *Hello, foreign workers also*.

Tuan Khairy Jamaluddin Abu Bakar: *We can get you the data* Tuan Pengerusi. Okey, *next*. *Parameters for endemic. I think we can end on this* Tuan Pengerusi. *So, we concluded by saying that we are not ready yet.* Walaupun liputan vaksinasi *but we have to look at other parameters as well. Hospitalizations, ICU, death rates and read together then we can start thinking about the* peralihan *endemic*.

So, this is the strategy Tuan Pengerusi, *of course to cut the transmission,* kurangkan *the mortality, diagnostic in surveillance must be in place. We have to have a strong surveillance program, immunity* yang luas *of course* SOP, *we cannot stress enough of this. Psychosocial and mental support or mental health support is necessary for us to move towards and of course all the stuff like logistics,* kewangan*, digitalization*, *contact tracing, digital contact tracing and all that.*

We are starting to signal the move towards endemic by replacing this horror charts with something more simple but we take notes Tuan Pengerusi *points just now that some data needs to be interpreted. Next, we are adding more data* Yang Berhormat. *So, again this is the issue that we spoke about just now.*

We are also cleaning up our data Yang Berhormat. *This is the problem. We have backlog of deaths because previously it took a long time to confirm the death. So, we are still dumping the death numbers that are backlogged every day. So, it is coming down actually.*

So because of the bac log and the data pelaporan harian *that is why you get variants between the real picture and the what's happening.*

This is more on what we have done. [Merujuk kepada slaid] Next, In endemic phase, Tuan Pengerusi, *more about self-care, virtual CAC. We spoke about this just now, digital HSO, Geofencing, home assessment tools and* pemantauan *by KKM through the virtual CAC. So, this is going forward even when people get sick then we will just do it virtually.*

Tuan Pengerusi: *So, again can I repeat in terms of the testing strategy during endemic. How would the government go ahead*?

Tuan Khairy Jamaluddin Abu Bakar: *We have to get back to you,* Tuan Pengerusi, *we are developing it now*.

Tuan Pengerusi: Okey.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *But the virtual thing in rural area will be*?

Tuan Khairy Jamaluddin Abu Bakar: *Rural areas, we will still continue to do it physically. That one hopefully the resources we can manage. This is more on urban areas.*

Tuan Pengerusi: *[Tidak jelas].. Density*.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Populated*.

Tuan Khairy Jamaluddin Abu Bakar: *Populated areas. So, a bit just the last few slides* Tuan Pengerusi, *this is our* belanjawan. *So*, peruntukan untuk berkaitan rawatan dan saringan COVID-19, *we've spent about* 73 *percent already*. *This is what we spent on reagents, consumables, outsourcing, this all the extra budget we received from treasury.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *The total budget we received from treasury was*?

Tuan Khairy Jamaluddin Abu Bakar: KSU.

Dato' Mohd Shafiq bin Abdullah: *On the budget* ini *about* 1.7 *billion*. *We've spent* 73 *percent and also for the other budget for procurement of vaccines and other logistics under the* Kumpulan Wang COVID-19 *about* 4.8 *billion additional*.

Tuan Pengerusi: *The spending of the 5 billion from* KWAN, *is it under* MoF?

Tuan Khairy Jamaluddin Abu Bakar: *About 4.8 billion was* MOH *and the remainder was* MOSTI. MOSTI *is one*. *So it is actually 5.8 billion*

Tuan Pengerusi: Okey.

Tuan Khairy Jamaluddin Abu Bakar: *This is the— sorry this is the* perbelanjaan vaksin. *There is a typo at the top. This is* MOH punya perbelanjaan *for vaccines the rest which paid for the PPV and all that. That one was* MOSTI *under* CITF.

Tuan Pengerusi: *So, will there be a – moving forward will it be incorporated under* MoF *fully or—*

Tuan Khairy Jamaluddin Abu Bakar: *So, after we finish at the end of October,* CITF *will be disbanded and* MOSTI *will wrap up the* CITF *program and the remainder which is adolescent vaccination booster all be done by* MOH. *So*, MOSTI *still running the* CITF *the public* PPV *and all that for now.*

Dato' Mohd Shafiq bin Abdullah: Yang Berhormat*, under DE government budget for the B6 for upgrading and all the facility, health facility and also B11 for medical devices and non-medical and vehicles we have spent about— in 2020 about RM362 million. For year 2021, about 332 million to date.*

Tuan Pengerusi: Okey.

Tuan Khairy Jamaluddin Abu Bakar: Itu sahaja Tuan Pengerusi, pembentangan daripada KKM. *Thank you*.

Tuan Pengerusi: *Thank you so much*. Terima kasih. Jadi, ada soalan daripada Ahli Jawatankuasa. Yang Berhormat Dungun ada soalan?

Tuan Haji Wan Hassan bin Mohd Ramli: Saya hendak tanya kalau melibatkan harga kit ujian kendiri itu kita sudah fokus tadi. Cuma, kalau ada yang berlaku penipuan. Ada penguatkuasaan atau tidak?

Tuan Khairy Jamaluddin Abu Bakar: Ada Yang Berhormat. Sebab itu saya sebut tadi kita sudah ada tubuhkan *task force* iaitu *custom*, KPDHNEP dengan KKM

medical devices authority, kita akan buat pemantauan berkala di pelabuhan dan juga di tempat-tempat penjualan kit dan kita akan *make sure that the* kit ini adalah kit yang tulen.

Tuan Haji Wan Hassan bin Mohd Ramli: Kemudian yang kedua iaitu yang akhir. Guru-guru yang tidak mahu divaksin ini macam di Terengganu ada sejumlah 100 orang. Jadi, bagaimana isunya untuk kita tangani?

Tuan Khairy Jamaluddin Abu Bakar: Yang Berhormat, kita belum lagi wajibkan vaksin tetapi kita serahkan kepada KPM untuk membuat keputusan berkenaan dengan perkara ini.

Tuan Pengerusi: *Who is making the decision*?

Tuan Khairy Jamaluddin Abu Bakar: *KPM will have to make the decision*.

Tuan Pengerusi: KPM?

Tuan Khairy Jamaluddin Abu Bakar: Ya.

Tuan Pengerusi: Okey, selain guru, *what about other categories? Will there be – okay, I am in favour not for full mandatory, but for certain groups—health care workers, frontliners, teachers, elderly care—these are probably mandatory. The rest, we do the national testing. How far is that discussion?*

Tuan Khairy Jamaluddin Abu Bakar: *It's a discussion that's ongoing right now. We will raise it again cabinet this week. I will refer to our conversation today. We will make the decision on which sectors that we, you know, we want to make it compulsory.*

Tuan Pengerusi: *Kalau cikgu tak hendak vaksin?*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *I would like to go back, in terms of making it compulsory, yes it's a legal process. As far government is concerned, okay. You will have to change a lot of you written laws, if you want to make it a legal process. But if you move the onus to the private sector in order to make it mandatory, then you don't have to answer for them. So, it is better for the government agencies to push the private sector to make it mandatory.*

Tuan Khairy Jamaluddin Abu Bakar: *Ya.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *In their own premises and their own…*

Tuan Khairy Jamaluddin Abu Bakar: *That's what we are doing* Yang Berhormat*. But this particular case is teachers, that one we have to make a decision. Government has to make a decision.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Ya, the teachers … 4,500…*

Tuan Pengerusi: Kita hantar mereka ke TMJ.

Beberapa Ahli: *[Ketawa]*

Tuan Khairy Jamaluddin Abu Bakar: *Ya, that's why I said.*

Tuan Pengerusi: Ya, Yang Berhormat Sibuti.

Tuan Lukanisman bin Awang Sauni: Yang Berhormat Menteri *and chairman, and* Mr. DG. Saya hendak minta pandangan berkenaan tentang *the current situation, how Sarawak is handling* penduduk yang balik ke Sarawak. *Is it necessary that we go through this kind of 3 days before we have to have a PCR test, and then 14 days?* Saya melihat dari sudut sektor *oil and gas, because I come from Northern region of Sarawak, Bintulu and Miri. It is giving us a big headache especially* pegawai-pegawai, ataupun *oil and gas workers from Petronas, Shell based in Kuala Lumpur, Terengganu, that has to go through 14 days' quarantine. Sign in and sign off. Is there any suggestion to State Government to implement* sebelum kita masuk ke platform. *We only go for PCR test dan* tak perlu *go through for 14 days' quarantine.*

Sebab apa yang berlaku di platform*, that is a bubble area. It is a platform, and then we are understand what is happening in Bintulu,* kita tidak dapat hendak tutup L&G, kita tak dapat nak tutup *the whole platform in Bintulu. That's why I think, Dato*' *Seri Tiong King Sing implement PCR test to everybody. But* dia menyusahkan rakyat, dan juga *people expect, after getting two doses of vaccine especially the essential group--oil and gas*—dia orang dapat masuk *without having to go through the quarantine of 14 days.* Ini kerana saya nampak sekarang, dia sudah pergi ke arah *mental health issues, 28 days* dia orang kena *go through quarantine.*

So, is there any suggestion from the federal level to the State Disaster Management Committee (SDMC) untuk mempermudah *especially* perjalanan warga Sarawak yang ingin balik, yang kehilangan kerja, *and then under sector oil and gas?* Ini kerana, *sector oil and gas is giving us income for the country.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: Yang Berhormat, kita sudah ada perbincangan dengan CEO Petronas Tengku Muhammad Taufik, hari itu bila kita ada visi yang sama, kita lihat...sebab ramai pekerja ini bukan di Sarawak sahaja, tetapi di luar Sarawak. Akan tetapi apabila dia sudah datang, kalau kita tak kuarantin dan ada jangkitan di pelantar gas...di Kemaman pun ada, di Bintulu dekat situ pun ada. Jadi apa yang kita perlukan, yang 14 hari kuarantin itu, tetapi bila sudah kuarantin 14 hari, tempoh inkubasi 14 hari. Selepas itu, dia pergi dekat pelantar minyak. *Then* bila dia balik itu, tak

payah kuarantin sebab dekat sana sudah okey. Jadi, tidak payah kuarantin 14 hari lagi kalau *sign off.*

Sign on itu kena. Kalau perkapalan, dua-dua kena. *Sign on* dan *sign off,* sebab dia ada singgah di pelabuhan-pelabuhan dan sebagainya. Itu setakat ini, kita perlukan lagi kuarantin itu, tetapi...kalau...kita juga galakkan mereka semua divaksinkan. Tetapi, kita belum ada lagi satu dasar mereka yang divaksin tidak payah kuarantin. Kita tak sampai dekat situ lagi, tetapi kita masih perhatikan keadaan ini dengan sebenar. Satu lagi Yang Berhormat, kalau kita lihat negara-negara India, UK dengan Indonesia, kesnya semakin berkurangan.

Salah satu sebab ialah mereka...*they already paid the price because fatality is very high in UK, in Indonesia and in India. Then there have a natural antibody already infected, natural antibody. Natural antibody is 27 times much better than vaccination that we are giving. So now, we know that they do not need a booster, but we have about RM1.9 million people who have already been infected, recovered, and get natural antibody which is much better than the vaccination that we are giving. So, this is a protection.*

Tuan Khairy Jamaluddin Abu Bakar: Sebab itu di UK kita tengok dia pergi stadium pun penuh, *we suspect that most of them have been infected already.*

Tuan Pengerusi: *So then the booster policy, we need to take into account and then...*

Tuan Khairy Jamaluddin Abu Bakar: *Yes, yes.*

Tuan Pengerusi: *Interesting, and I have fully agree with* Yang Berhormat Sibutilah*. I understand the caution we want to have with more testing and quarantine, but this is affecting mental health, economy, and too much things*-lah*. In my view, the Bintulu restriction is redundant because Delta is already everywhere in Sarawak.*

Tuan Khairy Jamaluddin Abu Bakar: *Ya, agree.*

Tuan Pengerusi: *So anyway,* Yang Berhormat Baling*.*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: Cuma saya hendak tambah sedikit berkaitan dengan RTK *test* ini, *how is the accuracy of RTK test* ini. Sebab pengalaman saya sendiri, *my pilot* di rumah dan sebagainya buat RTK, dia ada dua jenis. Satu saliva, satu lagi masuk *swab* dalam tepi gusi kiri, kanan dan sebagainya. Kita buat negatif, selepas itu hari yang sama, saya tak puas hati sebab dia *complain* sakit kepala.

Buat dia punya PCR, tiga-tiga orang positif. Orang yang sama pagi itu dia buat dua, *concurrently.* Buat dekat rumah negatif, hantar pergi klinik buat, positif.

Jadi saya hendak tengok macam mana, kita kena teliti balik dia punya *accuracy on* RTK walaupun *90 percent* ya.

Tuan Khairy Jamaluddin Abu Bakar: *More than 90 percent Yang Berhormat, more than 90 percent.* Kita *insist more than 90 percent.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: Kajian kita *more than 90 percent* itu air liur itu sensitif. Akan tetapi, bila kita buat *swab, whether the oropharyngeal swab* ataupun *nasopharyngeal swab,* kadang-kadang *swab* itu, yang *sampling* itu tak tepat.

Tuan Khairy Jamaluddin Abu Bakar: Tak cukup dalam kadang-kadang.

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: Tak cukup dalam dia korek itu. Jadi, yang itu kadang-kadang keputusan itu tak berapa tepat.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara]* Bila dia masuk, *is just like staying forever.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *[Ketawa]*

Tuan Pengerusi: *Mining activity.*

Tuan Khairy Jamaluddin Abu Bakar: *But I think it is a good point Yang Berhormat Baling. Because* bila kita *develop there is no testing policy* nanti, kita kena cakap bahawa *the rapid test and saliva test is 90 percent.* Kalau masih lagi *persist symptoms, then you should do the PCR test.*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *I also educate them how to utilize the RTK test*-lah*.* Satu lagi, saya hendak...sajalah saya hendak ingatkan, walaupun *booster* ini esok akan jadi mandatori atau tidak, waktu itu menteri akan putuskanlah macam mana. Cuma sekarang ini, ramai orang sudah ambil *booster* dekat luar. Macam mana kita hendak *integrate* dengan My Sejahtera itu, kena fikirkanlah. Bila dia dapat...kalau dia panggil, kali keempat pula dia ambillah kan...

Tuan Pengerusi: *Are they willing to disclose? This is another issue.*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *So, they must be honest. I mean the government have to open up*-lah. Ramai.

Tuan Khairy Jamaluddin Abu Bakar: *I know,* tetapi Yang Berhormat, kita...Yang Berhormat, buat masa inilah, kita tidak akan *review* balik SOP dengan

menyatakan bahawa hanya mereka yang dapat *booster* boleh melakukan...cukup dengan *fully vaccinated* lah.

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: Esok kalau macam MySejahtera itu hendak daftar, *so* dia kena pergi...dia takutlah, dia kan...dia kata dia beli *illegally*. Sekarang ini *considered illegal* sebab menteri tak *announce* lagi...

Tuan Khairy Jamaluddin Abu Bakar: Faham, faham.

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: So ramai, *I* minta maaflah ya, *especially Chinese.* Dia orang memang *concerned* pasal *health* sahaja, dia pergi bayar ambil *the booster* itulah. Jadi, kalau buka esok, bukakan untuk mereka *voluntary* daftar ke dalam My Sejahtera. *Thank you.*

Tuan Pengerusi: Saya setuju, dekat *Chinese community* yang takut mati sebenarnya. *It is true and it happens on the ground. Actually, one of the…Yang Berhormat Baling* cakap tadi, *I think one of the thing that the ministry can look at is, aggressively promoting how to use those self-test kits.*

Tuan Khairy Jamaluddin Abu Bakar: *Okay, right.*

Tuan Pengerusi: *I think a lot of people do not know. I saw a few videos on KKM and everything. Maybe, once a national testing plan comes out, we have to be very aggressive.*

Tuan Khairy Jamaluddin Abu Bakar: *Okay Tuan Pengerusi.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *The video, you see, every test kit is different, you know. So, we have to come out with a video of every test kit, you know. It is not the same.*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *Tan Sri.*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: Ya, dia *Google.*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: Bila dia tengok Youtube itu, saya tengok *my children* dia tengok Youtube sahaja. Dia tengok ikut apa yang Youtube ajar.

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *That's why Youtube*. Kita pun guna Youtube juga, tetapi *brand…*ada *test* kit yang berbeza itu, cara dia pun berbeza juga.

Tuan Pengerusi: Ya, Yang Berhormat Kuala Langat.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: No, no.

Tuan Pengerusi: Okey terima kasih. *I think we just summed it up. Thank you so much* Yang Berhormat Menteri Kesihatan, *and also thank you DG, thank you KSU,* atas penjelasan dan pembentangan tadi. *I hope these continues to be something consistent, if I hope to get at least a commitment, at least hopefully*-lah*…at least once a month. I was speaking to Datuk Speaker whether they can amend the standing order for us to do this hybrid. So, you* tak perlu datang sini, *you don't have to do PCR and everything.*

But he says he is for it, but I think certain amendment has been done. But I'm pushing hard for it, so at least we have hybrid, we can have every monthly…we think…from KKM and other meeting, because we understand your schedule is very tight.

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: Tambah kami ini yang lima orang ini boleh jadi *backbenchers* untuk kementerian *you*-lah.

Tuan Pengerusi: Ya *we will. [Ketawa]*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: Kalau ada apa-apa, kami *will stand up for you, because we know what's happening* 'kan. Kita ada mesyuarat ini untuk *enhance*-kan *information* yang ada, untuk kita *protect* kementerian *that is doing the right thing.*

Tuan Pengerusi: *Definitely. So, thank you so much.* Terima kasih semua *and have a good evening. Thank you.*

[Mesyuarat ditangguhkan pada 4.40 petang]

KEMENTERIAN KESIHATAN MALAYSIA

MESYUARAT JAWATANKUASA PILIHAN KHAS KESIHATAN, SAINS & TEKNOLOGI

14 September 2021

Bersama Hentikan Wabak COVID-19

ISI KANDUNGAN

1. Indeks Prestasi Utama (KPI) 100 Hari KKM
   - Sasaran 100 Hari dan Keutamaan KKM dalam Perkhidmatan Kesihatan serta Pengurusan COVID-19

2. Situasi Terkini COVID-19
   - Perkembangan Semasa Pandemik COVID-19

3. Kapasiti Sistem Kesihatan
   - Kapasiti dan Penggunaan Sumber

4. Vaksinasi
   - Perkembangan Program Imunisasi COVID-19 Kebangsaan (PICK)

5. Pengurusan Pandemik
   - HIDE, Ujian Saringan, Pengesanan Kontak, Kuarantin Diri, Kes Kematian

6. Way forward
   - COVIDNow dan Penambahbaikan MySejahtera

7. Belanjawan 2021 untuk COVID-19

PETUNJUK PRESTASI UTAMA (KPI)
100 HARI
KEMENTERIAN KESIHATAN

Bersama Hentikan Wabak COVID-19

6 TERAS UTAMA KPI 100 HARI JEMAAH MENTERI

01 MENSTRUKTUR SEMULA EKONOMI

02 MENJAMIN KESELAMATAN DAN KETENTERAMAN NEGARA

03 MENINGKATKAN KESEJAHTERAAN SOSIAL

04 MEMPERTINGKAT INFRASTRUKTUR MENYELURUH

05 MEMPERKUKUH PENYATUAN DALAM ACUAN KELUARGA MALAYSIA

06 MEMPERKASA PENYAMPAIAN PERKHIDMATAN

KPI 100 HARI KEMENTERIAN KESIHATAN (TERAS & STRATEGI)

03

MENINGKATKAN KESEJAHTERAAN SOSIAL

1. Mencegah dan mengawal penyakit COVID-19
2. Memantapkan polisi vaksinasi COVID-19 berkaitan dos penggalak (*booster*)
3. Meningkatkan literasi dan kesedaran kesihatan
4. Meningkatkan perlindungan kesihatan bagi golongan rentan dan B40 dalam fasa endemik
5. Menangani isu kesihatan mental
6. Menangani isu beban berganda malpemakanan (Double Burden Malnutrition)

06

MEMPERKASA PENYAMPAIAN PERKHIDMATAN

1. Meningkatkan ketepatan dan perkongsian data kesihatan
2. Memperkasa penyampaian perkhidmatan kesihatan berintensifkan teknologi digital
3. Meningkatkan kebolehcapaian perkhidmatan penjagaan kesihatan
4. Memantapkan pengurusan sumber manusia untuk kesihatan
5. Meningkatkan capaian kit ujian kendiri COVID-19
6. Memantapkan polisi rawatan berkaitan impak jangka panjang COVID-19

** *Melibatkan Kerjasama Bersama Kementerian lain*

STRATEGI DAN INISIATIF KKM

Strategi	Inisiatif KKM
Mencegah dan mengawal penyakit COVID-19	• Peratus vaksinasi COVID-19 dalam kalangan penduduk dewasa • Peratus vaksinasi COVID-19 lengkap bagi warga emas • Peratus vaksinasi COVID-19 dalam kalangan kanak-kanak 12 hingga 17 tahun • Pengurangan penggunaan katil bagi pesakit COVID-19 • Pengurangan Kes Brought in Dead (BID) COVID-19 • Bekalan Vaksin yang Mencukupi Bagi Populasi Sasaran
Memantapkan polisi vaksinasi COVID-19 berkaitan dos penggalak (booster)	• Kajian aras Neutralizing Antibody dalam kalangan petugas kesihatan pada 6 bulan setelah menerima dos lengkap vaksin Pfizer
Meningkatkan literasi dan kesedaran kesihatan	• Memperkukuhkan dan memperluaskan kempen media ANMS bagi mencapai objektif mendidik rakyat bagi menyesuaikan kehidupan dengan COVID-19 sebagai endemik dalam masyarakat
Meningkatkan perlindungan kesihatan bagi golongan rentan dan B40	• Pemberian kit pemeriksaan kendiri kepada golongan B40 mengharungi kehidupan dalam Era Endemik Covid-19
Menangani isu kesihatan mental	• Peningkatan bilangan NGO yang terlibat dalam aktiviti/ program advokasi kesihatan mental • Meningkatkan kapasiti perkhidmatan bantuan psikososial • Meningkatkan kesedaran Kempen Media Lets TALK bagi mencapai kesejahteraan mental yang lebih baik • Nyahjenayah cubaan bunuh diri (*Decriminalisation of Suicide Attempt*)
Menangani isu beban berganda malpemakanan (Double Burden Malnutrition)	• Peluasan Pengenalan Duti Eksais ke atas minuman Pra-Campuran (premix) • Pembentukan Jawatankuasa Khas bagi Menangani Masalah Bantut dalam Kalangan Kanak-Kanak di Malaysia

STRATEGI DAN INISIATIF KKM

Strategi	Inisiatif KKM
Meningkatkan capaian kit ujian kendiri COVID-19	• Kawalan harga kit ujian kendiri COVID-19 • Memudahkan pembelian kit ujian kendiri COVID-19 • Meluluskan lebih banyak kit ujian kendiri COVID-19
Meningkatkan ketepatan dan perkongsian data kesihatan	• Meningkatkan capaian data melalui *Github Open Source* dan lain-lain platform
Meningkatkan kebolehcapaian perkhidmatan penjagaan kesihatan	• Pengurangan backlog bagi pembedahan am (elektif) melalui outsourcing ke fasiliti swasta di seluruh negara • Memastikan akses katil Unit Rawatan Rapi (ICU) mencukupi • Peratus fasiliti kesihatan yang mempunyai silinder oksigen yang mencukupi • Peratus Klinik Pergigian (KP) menjalankan prosedur seperti tampalan dan pembersihan gigi yang menghasilkan semburan (aerosol)
Memperkasa penyampaian perkhidmatan kesihatan berintensifkan teknologi digital	• Peluasan Virtual COVID Assessment Centre (VCAC) • Peningkatan bilangan e-konsultasi (telekonsultasi) di klinik kesihatan yang dipilih • Menambahbaik kefungsian dan pengalaman pengguna dalam My Sejahtera • Membangunkan Prototaip Cough Apps (versi Beta) untuk mengesan penyakit COVID-19 • Menambah baik sistem pengesanan kontak untuk kes positif COVID19
Memantapkan pengurusan sumber manusia untuk kesihatan	• Tempoh pelantikan kontrak tambahan (2+4 tahun) selepas melengkapkan tempoh kontrak khidmat wajib • Permohonan tajaan pengajian kepakaran yang setara dengan Hadiah Latihan Persekutuan (HLP) • Peratus Jururawat Berdaftar yang berjaya mengikuti modul latihan penjagaan pesakit kritikal COVID-19
Memantapkan polisi rawatan berkaitan impak jangka panjang COVID-19	• Kajian kes COVID-19 jangka panjang (Long COVID-19) melalui MySejahtera

SITUASI TERKINI COVID-19

Bersama Hentikan Wabak COVID-19

SITUASI TERKINI COVID-19

Kes

Kes Aktif COVID-19

Data untuk Malaysia

Data setakat 13 Sep 2021, 11:59 pm

COVIDNOW Malaysia

Kes Aktif
228,124 -9,153

Kes Tempatan
1,991,126 +16,052

Kes Import
4,645 +21

Kuarantin di Rumah
188,563 82.7%

PKRC
25,350 11.1%

Hospital
12,910 5.7%

ICU (tidak perlu ABP)
614 0.3%

ICU (perlu ABP)
687 0.3%

Sembuh
1,746,523 +24,813

Kematian (termasuk BID)
21,124 +413

BID
3,958 +176

Sistem Kesihatan

Data setakat 13 Sep 2021, 11:59 pm

Kadar Penggunaan

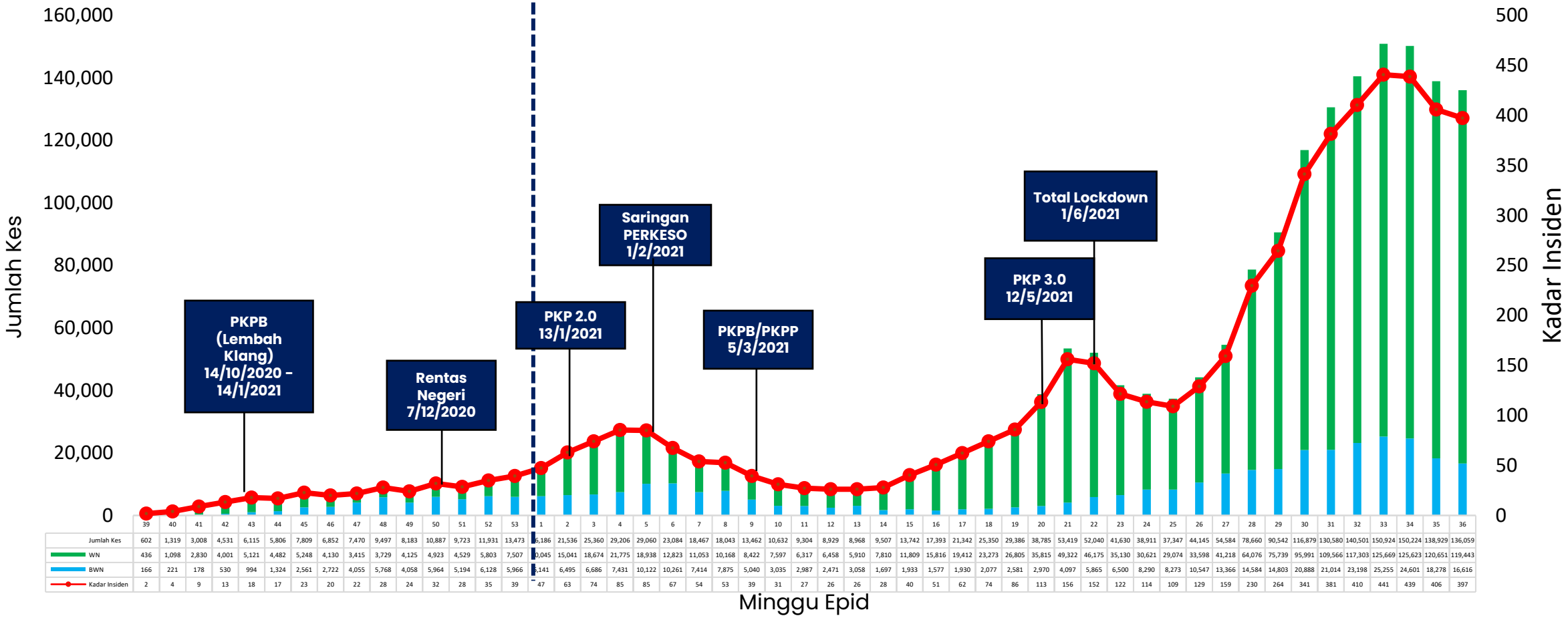
Data untuk Malaysia

Alat Bantuan Pernafasan	Katil ICU
53.1%	84.8%
Katil di Hospital	**PKRC**
72.7%	64.3%

Taburan – Kes Aktif

- Kuarantin di Rumah 188,563 / 82.7%
- PKRC 25,350 / 11.1%
- Hospital 12,910 / 5.7%
- ICU (tidak perlu ABP) 614 / 0.3%
- ICU (perlu ABP) 687 / 0.3%

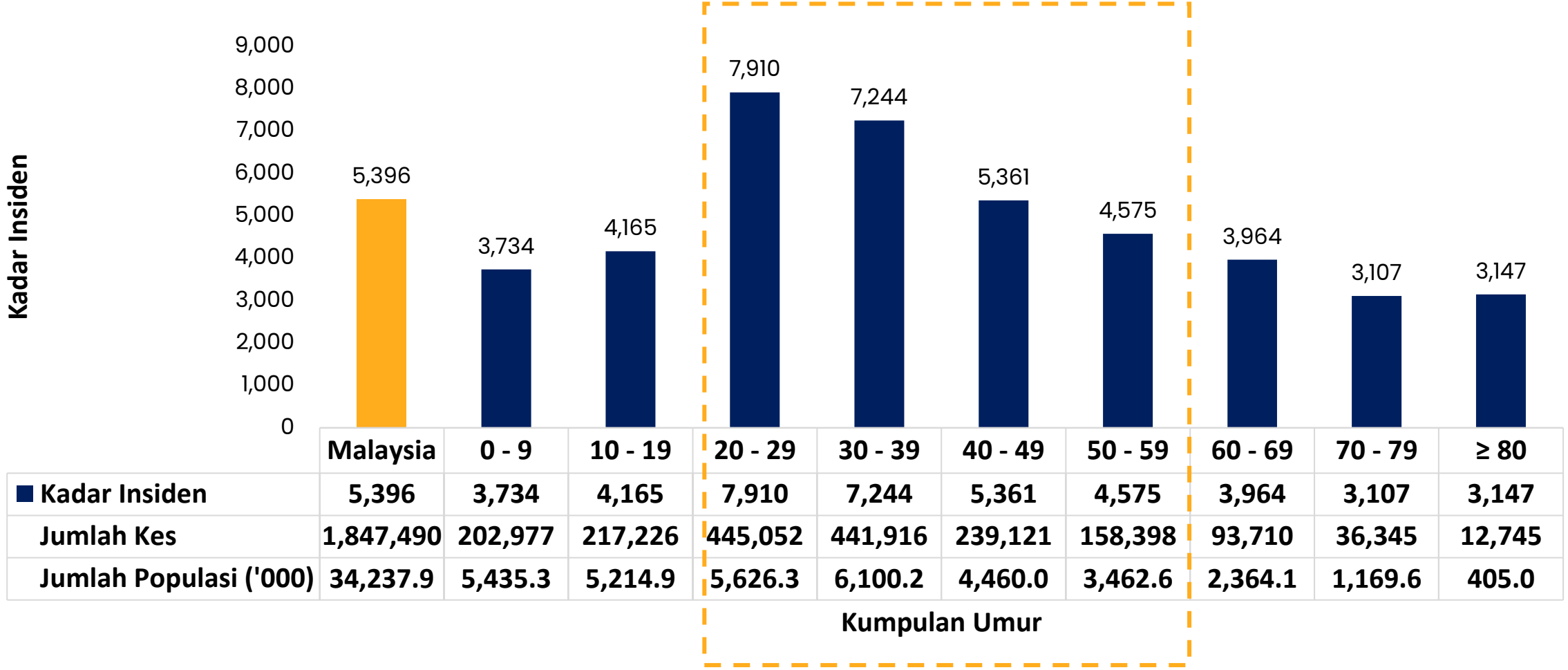
JUMLAH KES & KADAR INSIDEN BAGI SETIAP 100,000 PENDUDUK



Minggu Epid	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
Jumlah Kes	602	1,319	3,008	4,531	6,115	5,806	7,809	6,852	7,470	9,497	8,183	10,887	9,723	11,931	13,473	16,186	21,536	25,360	29,206	29,060	23,084	18,467	18,043	13,462	10,632	9,304	8,929	8,968	9,507	13,742	17,393	21,342	25,350	29,386	38,785	53,419	52,040	41,630	38,911	37,347	44,145	54,584	78,660	90,542	116,879	130,580	140,501	150,924	150,224	138,929	136,059
WN	436	1,098	2,830	4,001	5,121	4,482	5,248	4,130	3,415	3,729	4,125	4,923	4,529	5,803	7,507	10,045	15,041	18,674	21,775	18,938	12,823	11,053	10,168	8,422	7,597	6,317	6,458	5,910	7,810	11,809	15,816	19,412	23,273	26,805	35,815	49,322	46,175	35,130	30,621	29,074	33,598	41,218	64,076	75,739	95,991	109,566	117,303	125,669	125,623	120,651	119,443
BWN	166	221	178	530	994	1,324	2,561	2,722	4,055	5,768	4,058	5,964	5,194	6,128	5,966	6,141	6,495	6,686	7,431	10,122	10,261	7,414	7,875	5,040	3,035	2,987	2,471	3,058	1,697	1,933	1,577	1,930	2,077	2,581	2,970	4,097	5,865	6,500	8,290	8,273	10,547	13,366	14,584	14,803	20,888	21,014	23,198	25,255	24,601	18,278	16,616
Kadar Insiden	2	4	9	13	18	17	23	20	22	28	24	32	28	35	39	47	63	74	85	85	67	54	53	39	31	27	26	26	28	40	51	62	74	86	113	156	152	122	114	109	129	159	230	264	341	381	410	441	439	406	397

Minggu Epid 39/2020 – Minggu Epid 36/2021 (sehingga 12 September)

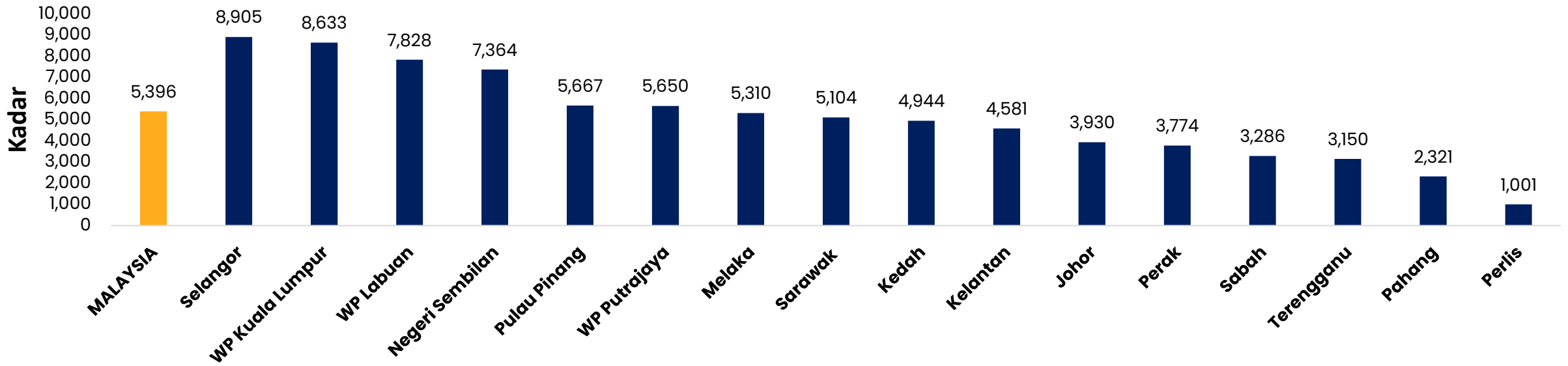
KADAR INSIDEN KES COVID-19 DI MALAYSIA BAGI SETIAP 100,000 PENDUDUK MENGIKUT KUMPULAN UMUR



	Malaysia	0 - 9	10 - 19	20 - 29	30 - 39	40 - 49	50 - 59	60 - 69	70 - 79	≥ 80
Kadar Insiden	5,396	3,734	4,165	7,910	7,244	5,361	4,575	3,964	3,107	3,147
Jumlah Kes	1,847,490	202,977	217,226	445,052	441,916	239,121	158,398	93,710	36,345	12,745
Jumlah Populasi ('000)	34,237.9	5,435.3	5,214.9	5,626.3	6,100.2	4,460.0	3,462.6	2,364.1	1,169.6	405.0

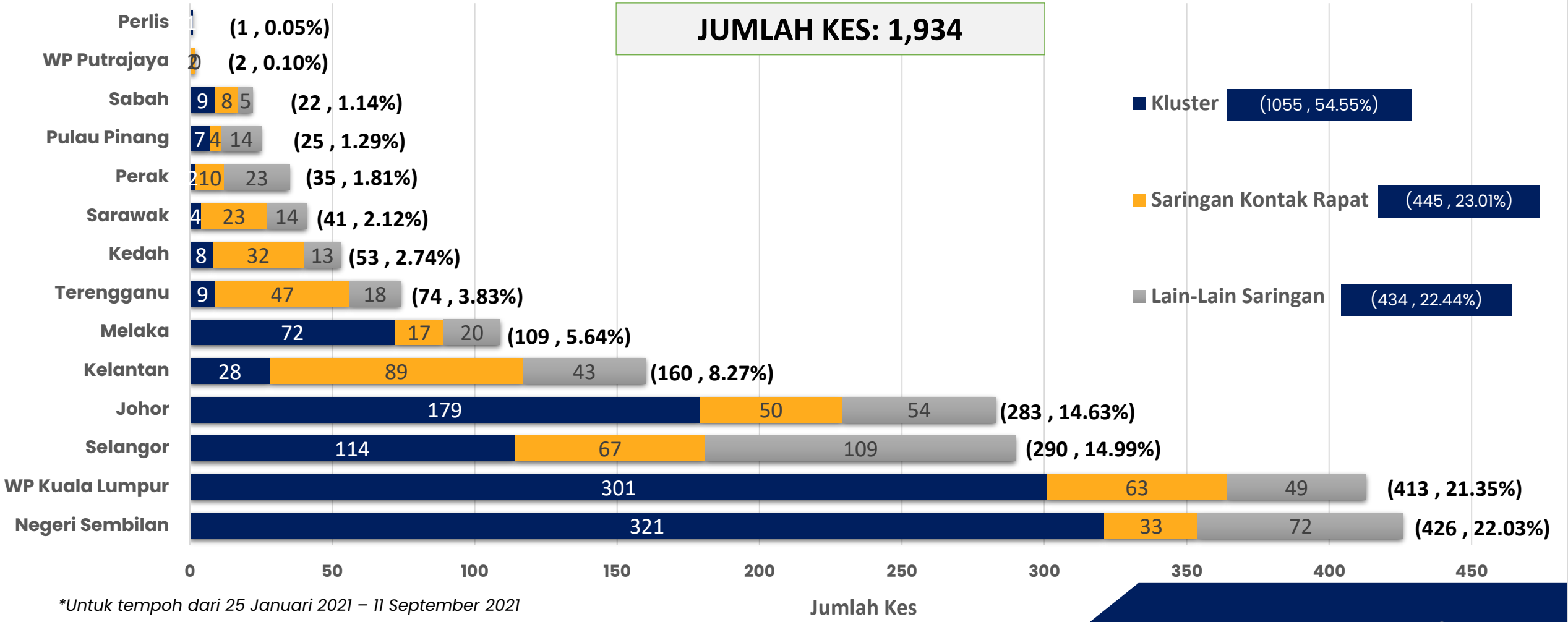
**Untuk tempoh dari 1 Januari 2021 – 11 September 2021*

KADAR INSIDEN KES COVID-19 DI MALAYSIA BAGI SETIAP 100,000 PENDUDUK MENGIKUT NEGERI



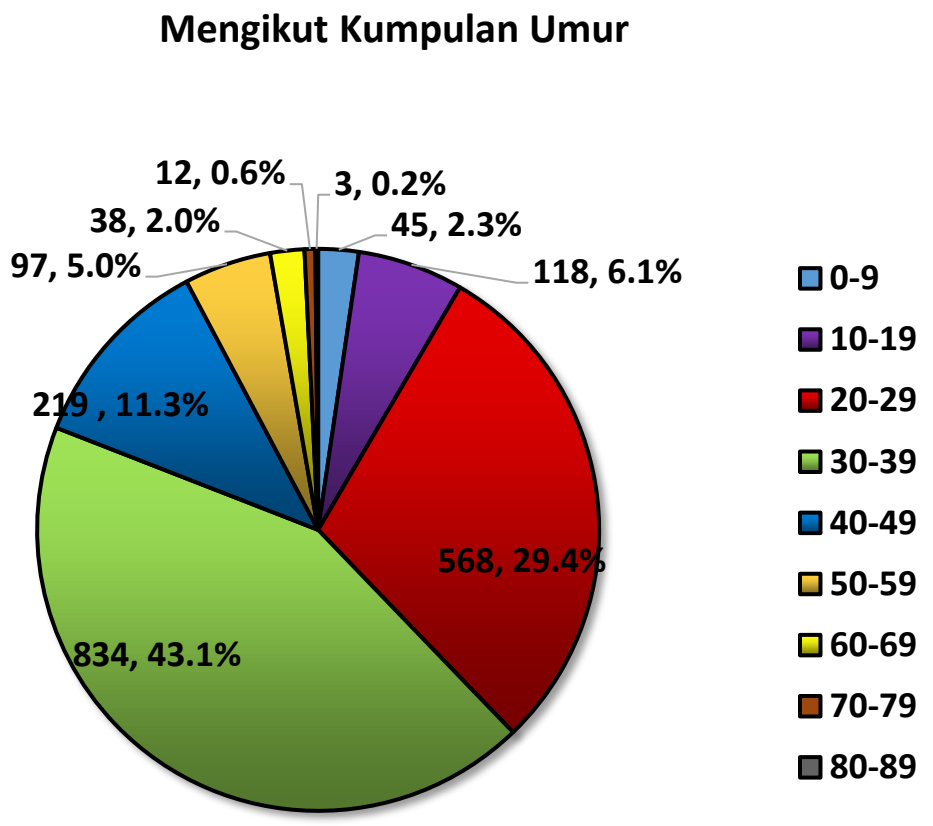
Negeri	MALAYSIA	Selangor	WP Kuala Lumpur	WP Labuan	Negeri Sembilan	Pulau Pinang	WP Putrajaya	Melaka	Sarawak	Kedah	Kelantan	Johor	Perak	Sabah	Terengganu	Pahang	Perlis
Kes Harian	**19,550**	2,416	555	2	198	1,865	24	490	3,743	1,390	1,320	2,282	1,354	2,163	953	722	73
Kumulatif Semasa	**1,847,490**	606,893	166,203	8,172	86,356	103,465	5,418	51,678	150,390	113,647	91,541	156,377	66,929	135,106	41,546	61,091	2,678
Populasi Penduduk 2021 ('000)	**34,237.9**	6,815.2	1,925.2	104.4	1,172.7	1,825.8	95.9	973.2	2,946.4	2,298.5	1,998.2	3,978.7	1,773.6	4,111.7	1,318.8	2,632.5	267.4

KES-KES JANGKITAN SEMULA (REINFECTION) MENGIKUT NEGERI DAN JENIS SARINGAN

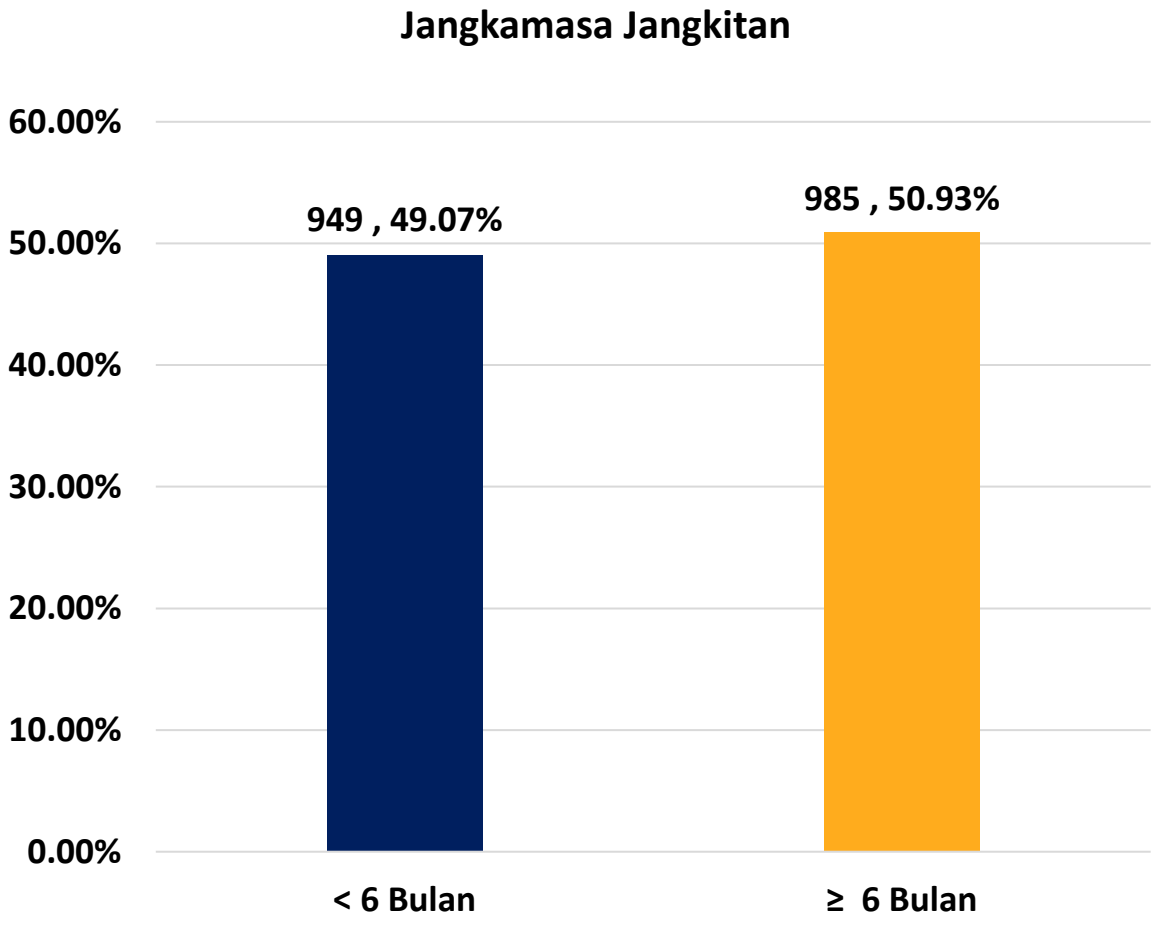


*Untuk tempoh dari 25 Januari 2021 – 11 September 2021

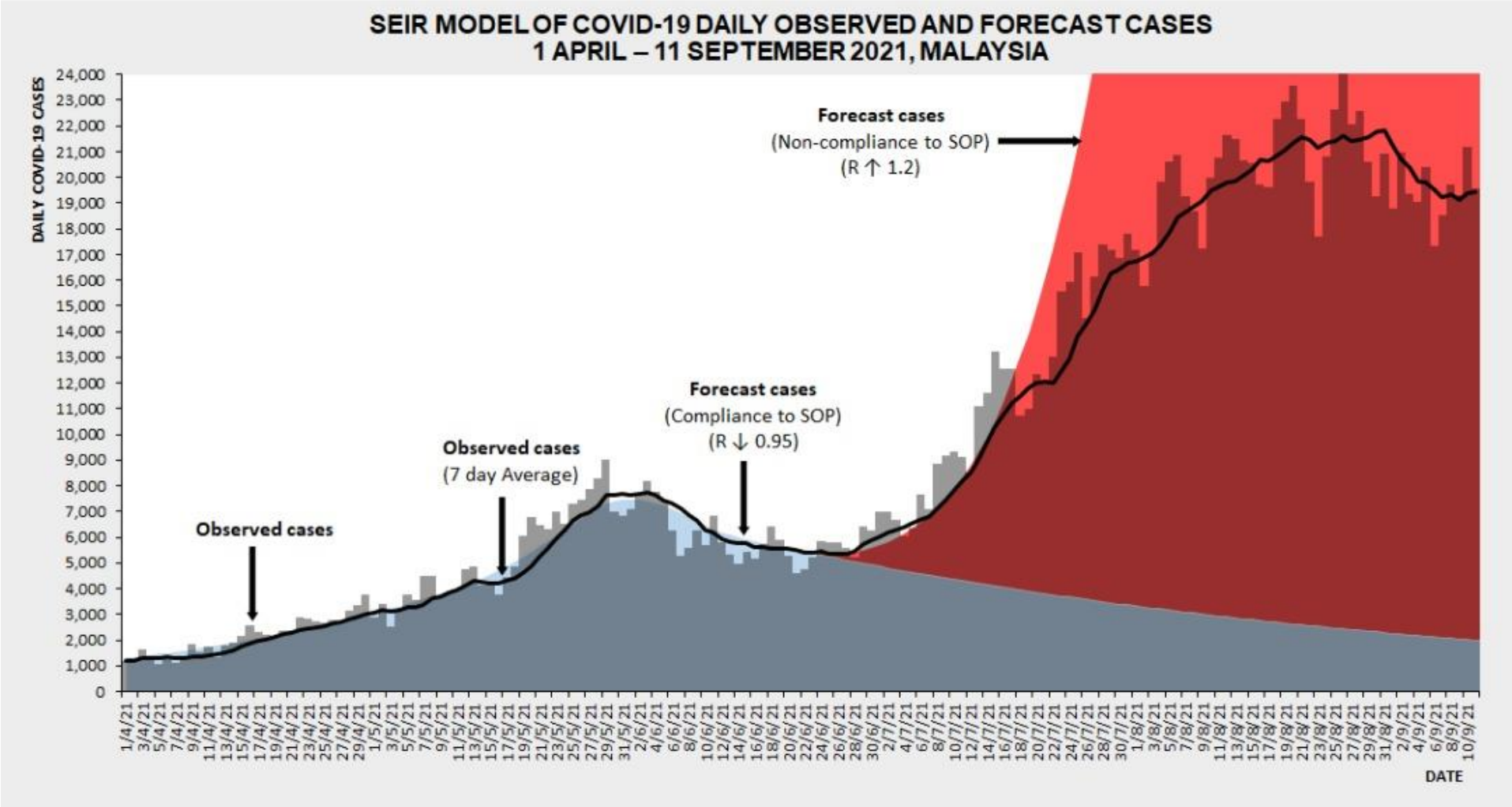
KES-KES JANGKITAN SEMULA (REINFECTION) MENGIKUT KUMPULAN UMUR DAN JANGKAMASA JANGKITAN



Untuk tempoh dari 25 Januari 2021 – 11 September 2021

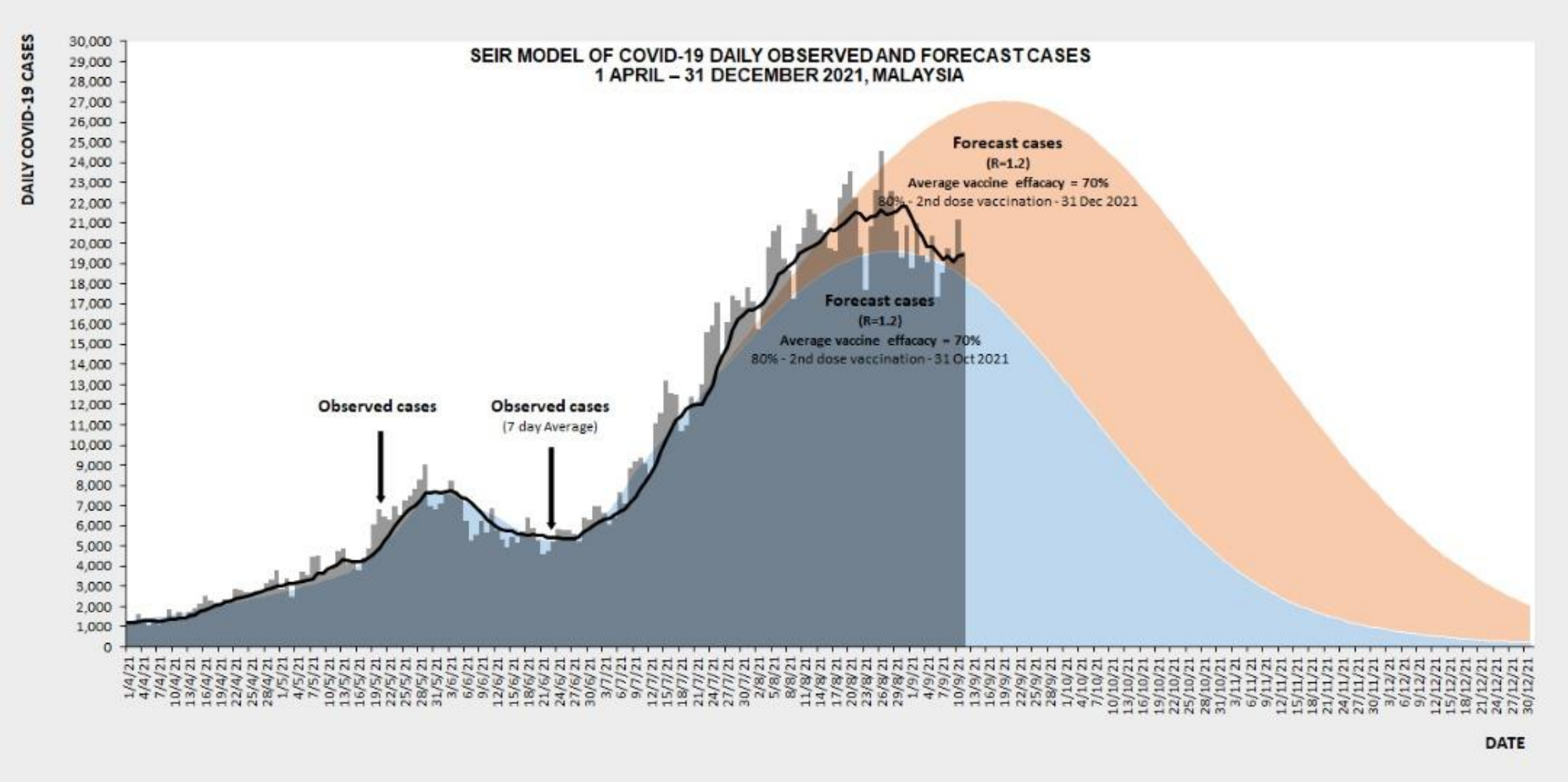


NILAI Rt = 0.99 SEHINGGA 12 SEPTEMBER 2021



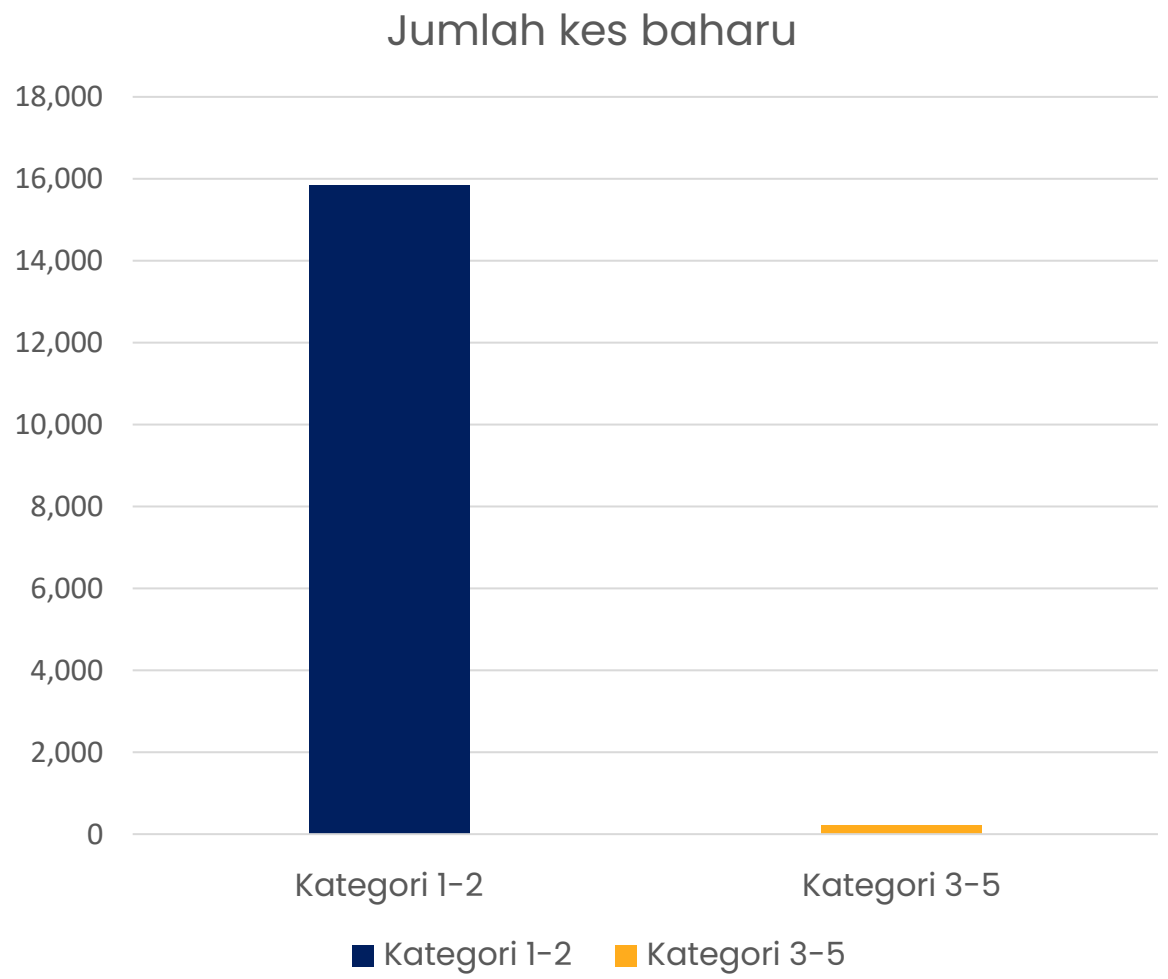
Source: *Institute for Medical Research (IMR), National Institutes of Health (NIH), MOH Malaysia*

UNJURAN KES PADA KADAR R=1.2 & PURATA KEBERKESANAN VAKSIN 70%



Source: *Institute for Medical Research (IMR), National Institutes of Health (NIH), MOH Malaysia*

KES BAHARU MENGIKUT KATEGORI KEADAAN KLINIKAL



- Pecahan kes baharu mengikut kategori adalah berdasarkan keadaan klinikal mereka semasa baharu didiagnosa COVID-19
- Ada di antara mereka kekal di kategori yang sama sepanjang tempoh jangkitan
- Namun, ada juga yang berubah status sama ada bertambah baik, atau merosot ke kategori lebih tinggi

**Data kes harian baru 13 September 2021*

PESAKIT YANG MENJALANI PEMANTAUAN DI RUMAH & KEMUDIAN DIRUJUK KE PKRC ATAU HOSPITAL (4 Ogos 2021 – 4 Sept 2021)

PESAKIT YANG DINILAI DI CAC DAN LAYAK MENJALANI PEMANTAUAN DI RUMAH

Kategori Umur	<2 tahun	2-17 tahun	18-39 tahun	40-59 tahun	>=60 tahun	Jumlah
Jumlah Pesakit	10,434	77,288	146,892	59,413	12,973	307,000

PESAKIT SEDANG MENJALANI PEMANTAUAN DI RUMAH DAN MENGALAMI KEMEROSOTAN GEJALA

DIRUJUK KE PKRC (proksi: Kategori 3)

<2	2-17	18-39	40-59	>=60	Jumlah
151	1,071	2,130	1,182	486	5020

1.64%

DIRUJUK KE HOSPITAL (proksi: Kategori 4 &5)

<2	2-17	18-39	40-59	>=60	Jumlah
62	128	799	696	266	1951

0.64%

PETUNJUK PROKSI KES-KES MEROSOT ("DETERIORATE") KE KATEGORI KLINIKAL YANG LEBIH TINGGI

BULAN	BILANGAN KES KEMASUKAN KE PKRC MAEPS	BILANGAN KES "STEP-UP CARE" KE HOSPITAL	PERATUSAN
Mei 2021	22,455	1,410	6.3%
Jun 2021	19,915	1,519	7.6%
Julai 2021	11,209	1,032	9.2%
Ogos 2021	12,421	970	7.8%
September (sehingga 12.9.2021)	4,178	303	7.3%

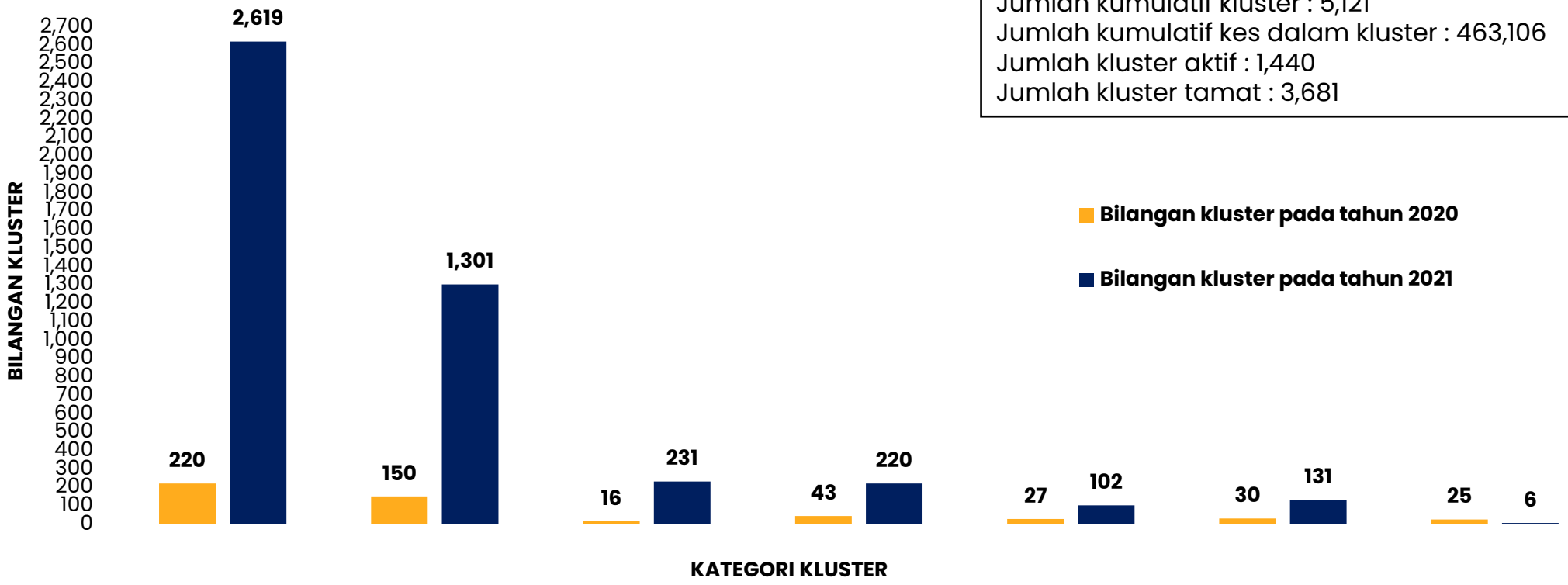
*Data ini diambil daripada Kemasukan pesakit secara bulanan di Pusat Kuarantin dan Rawatan COVID-19 MAEPS, Serdang dan "step-up care" merujuk kepada rujukan ke hospital KKM di sekitar Lembah Klang

Source: Sistem CPRC Hospital, CPRC Hospital, Program Perubatan

RUMUSAN KLUSTER MENGIKUT KATEGORI

Untuk tempoh 25 Januari 2020 – 12 September 2021

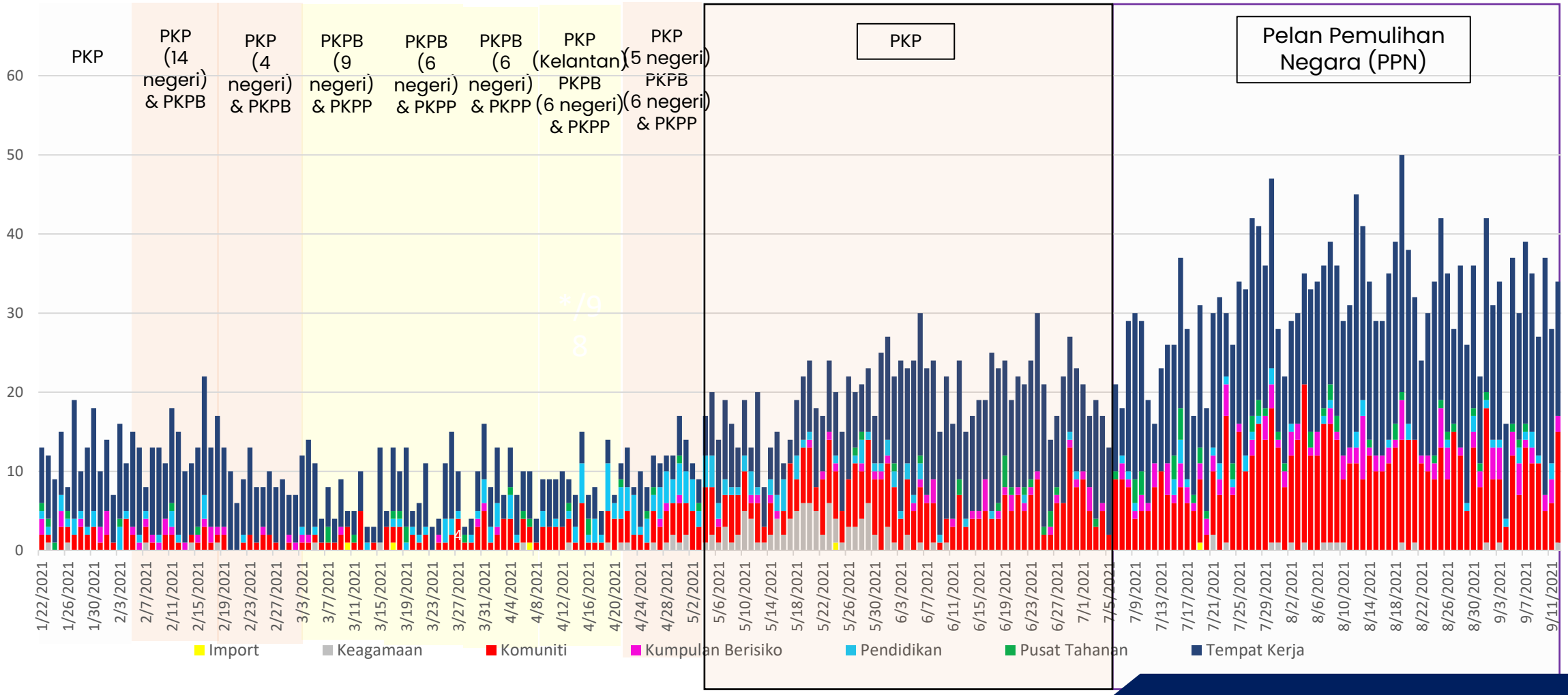
Jumlah kumulatif kluster : 5,121
Jumlah kumulatif kes dalam kluster : 463,106
Jumlah kluster aktif : 1,440
Jumlah kluster tamat : 3,681



	Tempat Kerja	Komuniti	Pendidikan	Kumpulan Berisiko	Pusat Tahanan	Keagamaan	Import
Jumlah Kes 2020	53,574	9,908	785	1,631	19,039	4,693	2,000
Jumlah Kes 2021	229,155	86,357	14,802	9,856	20,731	10,462	113

RUMUSAN KLUSTER MENGIKUT KATEGORI

Untuk tempoh 25 Januari 2020 – 12 September 2021



Nota: *Pendidikan semua kategori – KPM, Bukan KPM, Institusi Latihan*

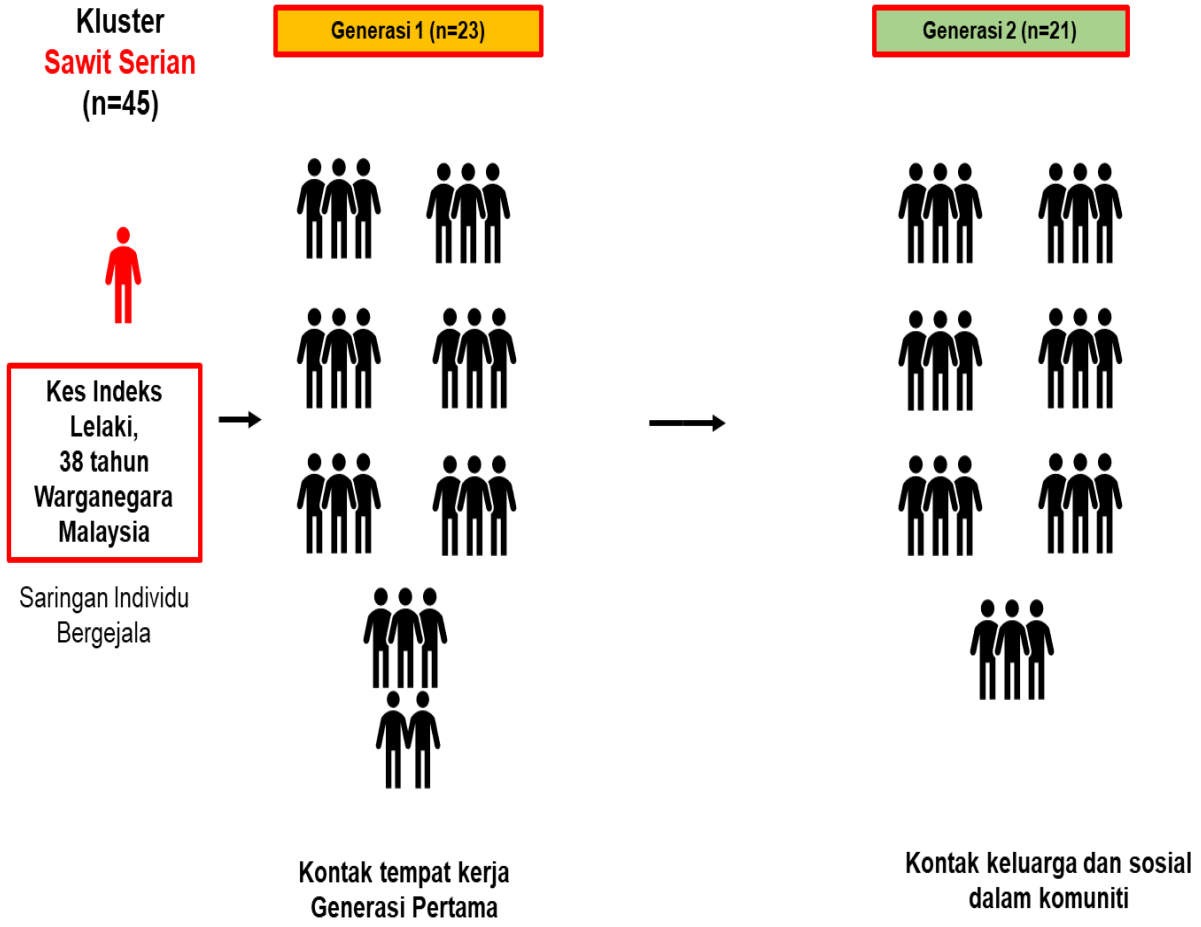
PENULARAN KES DARI KLUSTER TEMPAT KERJA KE KOMUNITI

1. Kes-kes yang dilaporkan dalam tempat kerja dapat menular di kalangan kontak-kontak rapat dalam komuniti seperti ahli keluarga serta mereka yang tinggal di kawasan kediaman yang sama.

2. Contoh: Kluster Sawit Serian melibatkan pekerja-pekerja sebuah kilang pemprosesan minyak kelapa sawit di daerah Serian, Sarawak yang dilaporkan pada 12 September 2021.

3. Kes indeks bagi kluster ini merupakan seorang pekerja lelaki yang dilaporkan positif COVID-19 pada 11 Ogos 2021 hasil saringan individu bergejala.

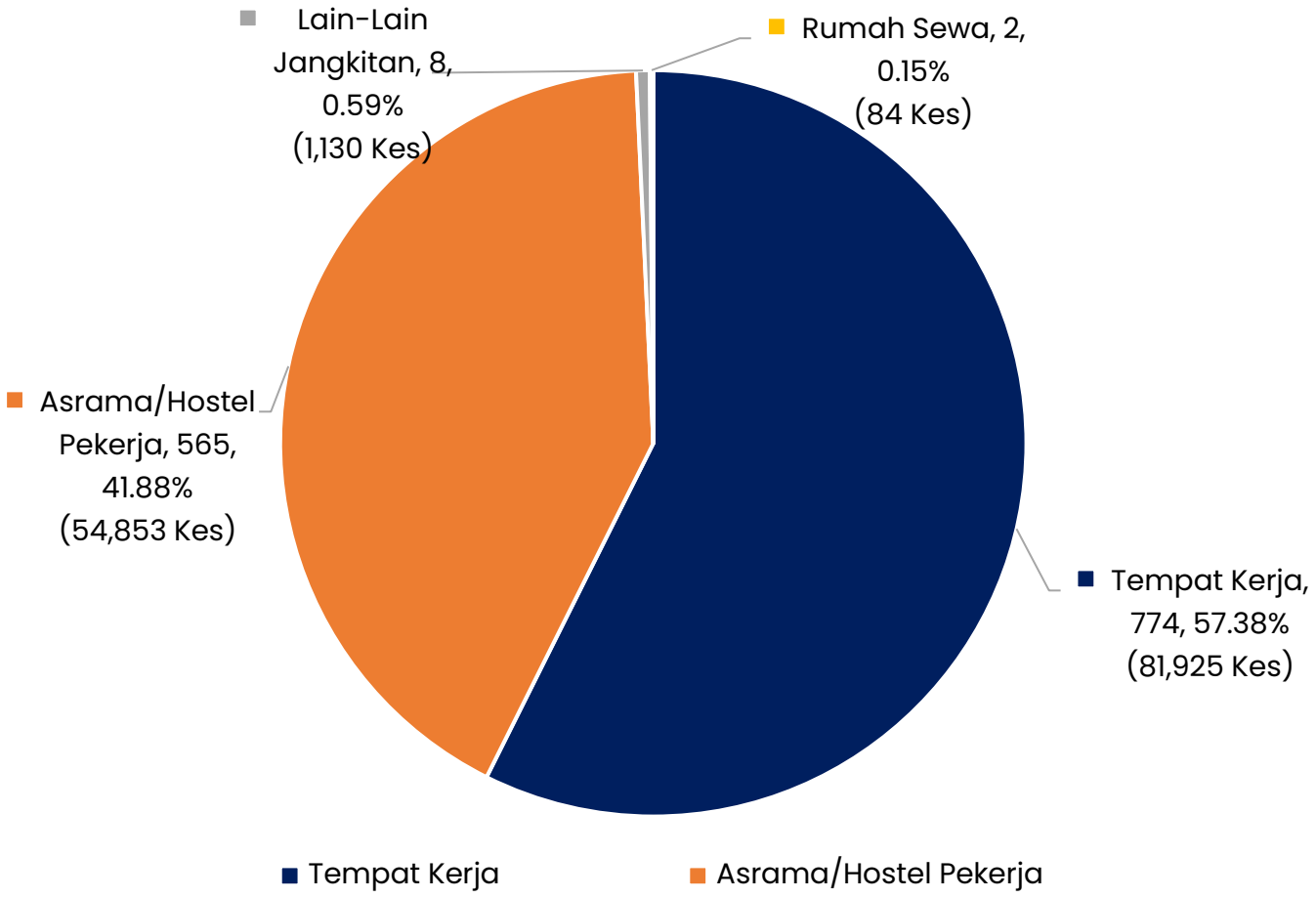
4. Sehingga 12 September 2021, sebanyak 45 kes positif COVID-19 telah dikenalpasti dalam kluster ini melibatkan 23 kes dari generasi pertama yang merupakan rakan sekerja kes indeks manakala 21 kes adalah dari generasi kedua yang merupakan kontak keluarga dan sosial kepada kes-kes di tempat kerja.



PUNCA PENULARAN KLUSTER
(1 JANUARI 2021 SEHINGGA 12 SEPTEMBER 2021)

1. 2,619 kluster tempat kerja telah dilaporkan dengan jumlah kes sebanyak 229,155 kes.

2. 1,349 kluster (51.51%) adalah melibatkan sektor pengilangan (137,992 kes, 60.2%).



KEJADIAN KLUSTER MENGIKUT TEMPOH PKP DI MALAYSIA

PKP	PKP 3.0 (B)	PKP 3.0 (C)	PKP 3.0 (DD)	PKP 3.0 (E)	PPN (A)	PPN (B)	PPN (C)	PPN (D)
Tarikh	**26 MEI – 8 JUN**	**9 - 22 JUN**	**23 JUN – 6 JUL**	**7 JUL – 20 JUL**	**21 JUL - 3 AUG**	**4 – 17 OGOS**	**18 – 31 Ogos**	**1 – 11 Sep**
JUMLAH KLUSTER	325	281	286	285	359	504	571	766
Bil Kluster Import	0	0	0	1	1	0	0	0
Bil Kluster Keagamaan	26	1	0	2	3	3	7	4
Bil Kluster Komuniti	93	62	86	78	93	196	198	220
Bil Kluster Kumpulan Berisiko	10	13	11	17	25	26	33	38
Bil Kluster Pendidikan	17	4	2	3	11	10	8	17
Bil Kluster Pusat Tahanan	4	9	7	9	10	10	12	20
BIL KLUSTER TEMPAT KERJA	175	192	180	175	216	259	313	467
Pembuatan	10960	12597	11166	11827	10649	11488	10929	4401
Perkhidmatan (kawalan keselamatan, logistik, kurier)	666	1571	1391	1647	1344	2517	1410	412
Pentadbiran Awam	688	117	213	91	148	226	220	350
Pembinaan	1674	2808	4774	1912	4803	4813	3472	2887
Perniagaan (kedai emas, jualan bundle dll)	135	57	67	108	0	111	120	124
Perladangan	1054	986	193	1254	1516	451	1445	1132
Peruncitan	562	1011	2725	2041	1335	847	604	231
Perlombongan/Kuari	0	0	0	0	0	0	0	0
Perbankan	0	0	16	26	0	65	0	0
Rekreasi & Sukan	0	0	17	0	24	0	53	25

KLUSTER SEKTOR PEMBINAAN TERUS BERLAKU

Bilangan Kluster Sektor Pembinaan Mengikut Negeri dan Bulan Kluster Dilaporkan, Tahun 2021

NEGERI	Feb	Mac	Apr	Mei	Jun	Julai	Ogos	Sept (Sehg 11hb)
Selangor	82	55	48	95	155	137	192	53
Johor	89	53	40	88	98	154	175	79
Kelantan	4	10	23	47	57	104	239	64
Sarawak	19	27	49	48	71	50	86	30
Pahang	10	5	12	33	25	40	72	22
WP KL	31	3	15	37	54	82	41	7
Pulau Pinang	12	13	17	35	34	42	62	31
Perak	19	4	11	27	23	41	56	24
Sabah	21	17	26	32	43	57	26	9
Melaka	5	3	11	28	20	37	29	10
Kedah	6	9	12	28	24	36	33	7
N. Sembilan	10	10	8	13	33	27	18	8
Terengganu	11	0	6	16	12	21	19	11
WP Putrajaya	1	3	4	0	7	4	1	1
Perlis	0	1	0	1	0	0	3	0
WP Labuan	0	20	0	5	1	1	0	0

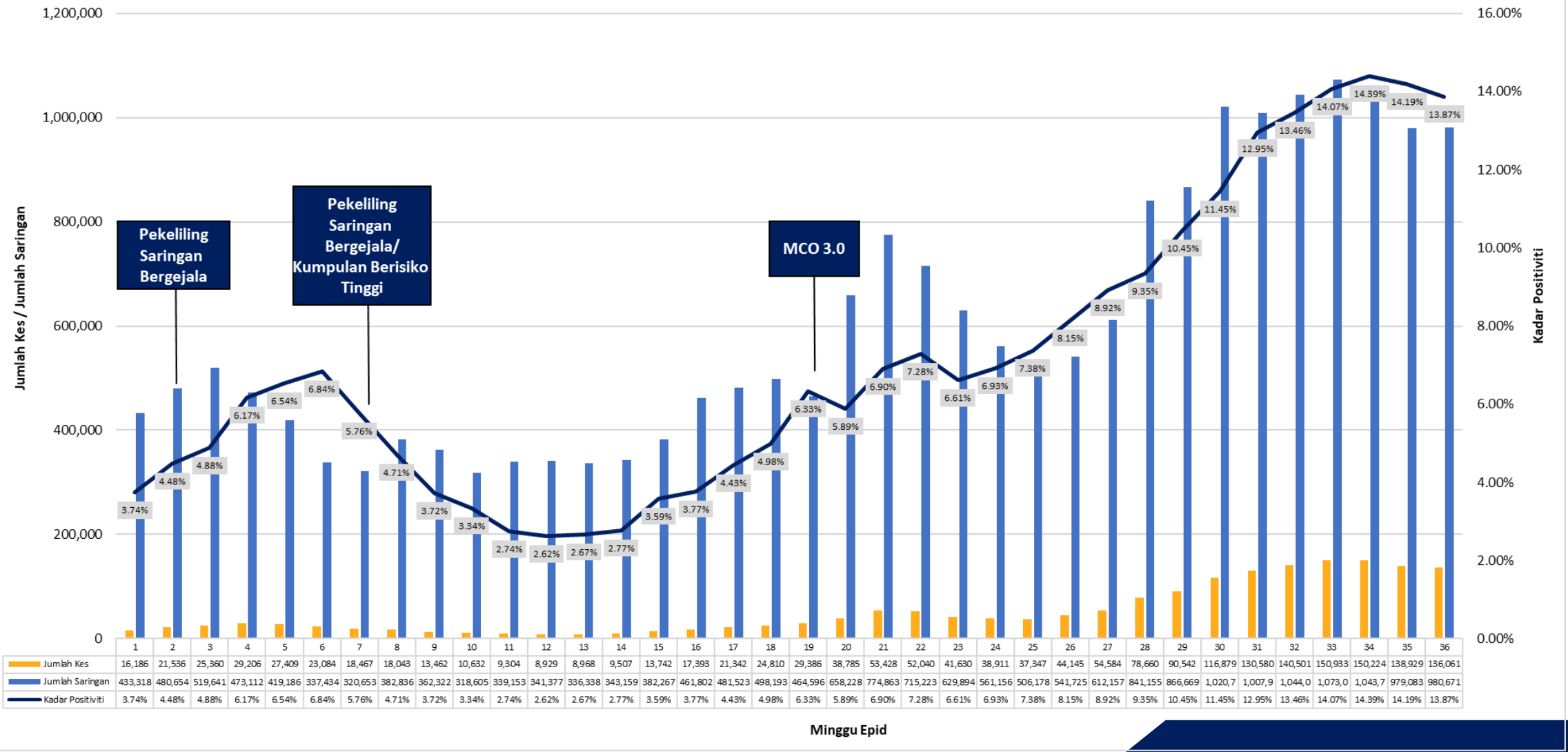
Punca kenaikan kes dalam sektor pembinaan disumbang oleh:

i. tempat tinggal pekerja yang meningkatkan risiko penularan jangkitan COVID-19.

ii. polisi saringan pekerja setiap 2 minggu di bawah SOP Pelan Pemulihan Negara (PPN) – Fasa 1

Mesyuarat Jawatankuasa Khas Pengurusan Pandemik Bilangan 54 Tahun 2021 (Siri 116) pada 8 September 2021 Perkara 2.1 (ii) (45) mengekalkan polisi saringan setiap 2 minggu ke atas semua pekerja pembuatan dan pembinaan

KADAR POSITIVITI KES COVID-19 MENGIKUT MINGGU EPID



Minggu Epid	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
Jumlah Kes	16,186	21,536	25,360	29,206	27,409	23,084	18,467	18,043	13,462	10,632	9,304	8,929	8,968	9,507	13,742	17,393	21,342	24,810
Jumlah Saringan	433,318	480,654	519,641	473,112	419,186	337,434	320,653	382,836	362,322	318,605	339,153	341,377	336,338	343,159	382,267	461,802	481,523	498,193
Kadar Positiviti	3.74%	4.48%	4.88%	6.17%	6.54%	6.84%	5.76%	4.71%	3.72%	3.34%	2.74%	2.62%	2.67%	2.77%	3.59%	3.77%	4.43%	4.98%

Minggu Epid	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36
Jumlah Kes	29,386	38,785	53,428	52,040	41,630	38,911	37,347	44,145	54,584	78,660	90,542	116,879	130,580	140,501	150,933	150,224	138,929	136,061
Jumlah Saringan	464,596	658,228	774,863	715,223	629,894	561,156	506,178	541,725	612,157	841,155	866,669	1,020,7	1,007,9	1,044,0	1,073,0	1,043,7	979,083	980,671
Kadar Positiviti	6.33%	5.89%	6.90%	7.28%	6.61%	6.93%	7.38%	8.15%	8.92%	9.35%	10.45%	11.45%	12.95%	13.46%	14.07%	14.39%	14.19%	13.87%

*Untuk tempoh ME 1/2021 - ME 36/2021

VARIAN VOC & VOI LOKAL DAN KES IMPORT UNTUK KES POSITIF

Negeri	VOC						VOI						Jumlah		
	Alpha B.1.1.7		Beta B.1.351		Delta B.1.617.2		Kappa B.1.617.1		Theta P.3		Eta B.1.525				
	Import	Tempatan	Import	Tempatan	Import	Tempatan	Import	Tempatan	Import	Tempatan	Import	Tempatan	Import	Tempatan	Jumlah Keseluruhan
Sarawak	-	-	1	46	1	695	-	-	-	13	1	-	3	754	757
Selangor	2	6	-	48	3	110	1	-	-	-	-	-	6	164	170
Johor	-	-	-	10	1	56	3	-	-	-	-	-	4	66	70
Kedah	-	-	-	14	-	38	-	-	-	-	-	-	-	52	52
WP Kuala Lumpur	3	-	-	9	6	25	-	-	-	-	2	-	11	34	45
Pulau Pinang	-	-	-	8	1	31	-	-	-	-	-	-	1	39	40
Pahang	-	-	-	2	-	38	-	-	-	-	-	-	-	40	40
Kelantan	-	-	-	25	-	13	-	-	-	-	-	-	-	38	38
Sabah	-	3	-	6	-	26	-	-	-	-	-	-	-	35	35
Melaka	-	-	-	7	-	24	-	-	-	-	-	-	-	31	31
Perak	-	-	-	16	-	14	-	-	-	-	-	-	-	30	30
Negeri Sembilan	-	-	-	3	-	21	-	-	-	-	-	-	-	24	24
Terengganu	-	-	-	9	-	12	-	-	-	-	-	-	-	21	21
WP Labuan	-	-	-	0	4	10	-	-	-	-	-	-	4	10	14
Perlis	-	-	-	4	-	5	-	-	-	-	-	-	-	9	9
WP Putrajaya	-	-	-	3	-	6	-	-	-	-	-	-	-	9	9
Jumlah	5	9	1	210	16	1,124	4	0	0	13	3	0	29	1,356	1,324
	14		211		1,140		4		13		3		1,385		
Jumlah Keseluruhan	1,365						20								

** Data sehingga 13 September 2021*

STATUS JUJUKAN GENOM PENUH

- Sehingga kini, KKM dan universiti telah lengkap menjalankan ***3244*** jujukan genom penuh

UNIVERSITI	JUJUKAN PENUH GENOM
IMR	851
UNIMAS	1595
UiTM	94
UMMC	298
UMBI UKM	82
TIDREC	60
MGI	155
Lain-lain	109
TOTAL	**3,244**

** Data sehingga 13 September 2021*

RANCANGAN PNEJUJUKAN GENOM PENUH & KEDUDUKAN MALAYSIA

Rancangan Penjujukan Genom Penuh (WGS) untuk Tempoh 3 Bulan Akan Datang

Kerjasama KKM-MOSTI-KPT merancang untuk menjalankan 3,000 WGM untuk tempoh 3 bulan akan datang (bermula Ogos 2021)

Kedudukan Serantau dalam WGS

Jumlah WGS yang dijalankan berbanding jumlah keseluruhan kes positif COVID-19 mengikut negara.

1) Singapura = 6808, Jumlah kes positif = **71,687 (9.5%)**
2) Indonesia = 6274, Jumlah kes positif = **4,167,511 (0.15%)**
3) Filipina = 5329, Jumlah kes positif = **2,227,367 (2.34%)**
4) **Malaysia = 3244, Jumlah kes positif = 1,979,698 (0.16%)**
5) Thailand = 3035, Jumlah kes positif = **1,394,756 (0.22%)**
6) Vietnam = 361, Jumlah kes positif = **613,375 (0.06%)**

KAPASITI SISTEM KESIHATAN

KADAR PENGGUNAAN TERKINI DI MALAYSIA

COVIDNOW Malaysia

Alat Bantuan Pernafasan **53.1%**

Katil ICU **84.8%**

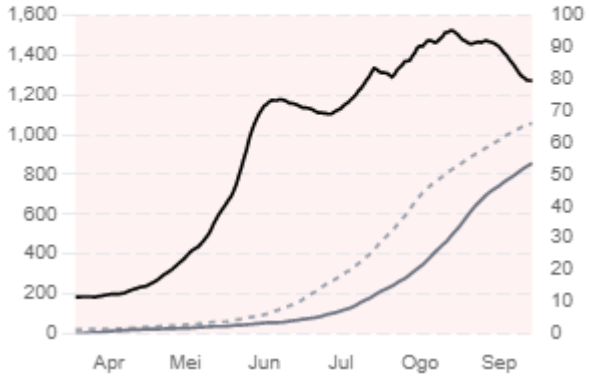
Katil di Hospital **72.7%**

PKRC **64.3%**

Malaysia

Aktif - ICU **1,301**

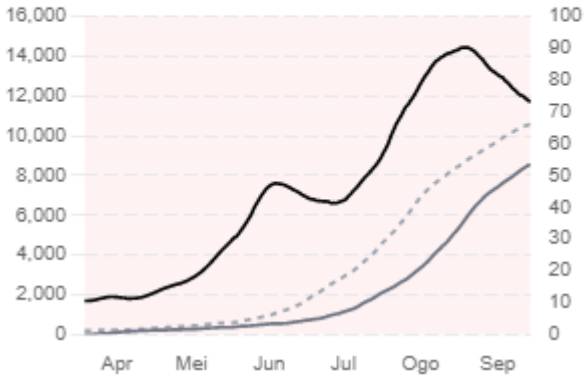
Kadar Penggunaan **84.8%**



Malaysia

Aktif - Di Wad **12,910**

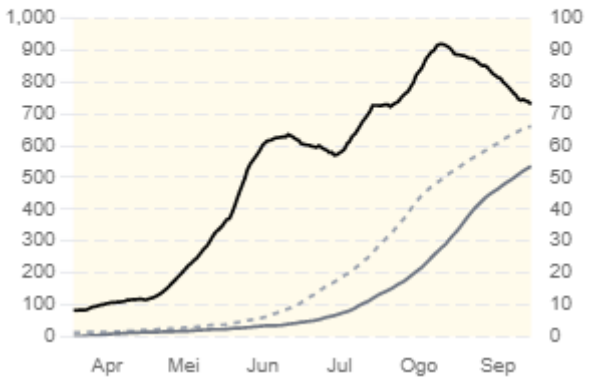
Kadar Penggunaan **72.7%**



Malaysia

Aktif - Memerlukan ABP **687**

Kadar Penggunaan **53.1%**



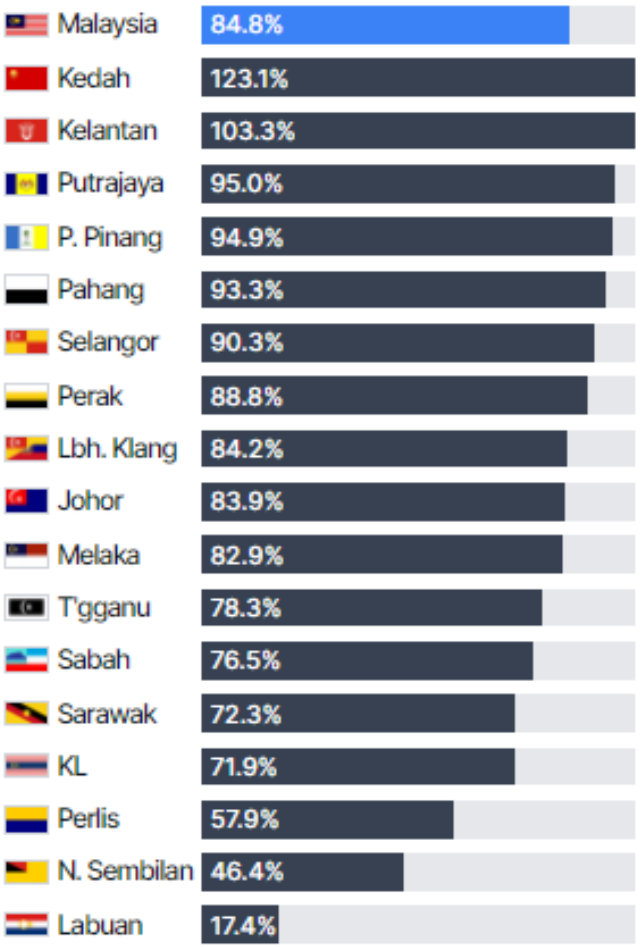
** Data setakat 13 September 2021*

KADAR PENGGUNAAN ICU DI MALAYSIA = 84.8%

Sistem Kesihatan — Data setakat 13 Sep 2021, 11:59 pm

Kadar Penggunaan ICU

Kematian | ABP | ICU | Hospital | Kes

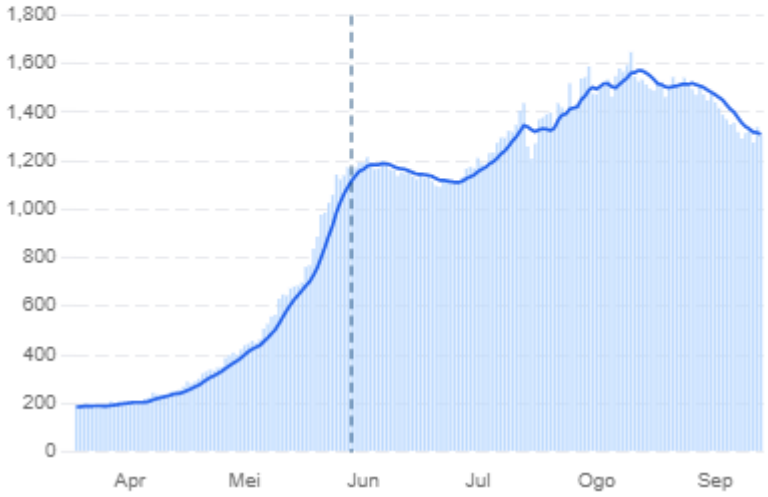


Sistem Kesihatan — Data setakat 13 Sep 2021, 11:59 pm

Pesakit COVID-19 di ICU

Data untuk Malaysia

Aktif - ICU	Kadar Penggunaan (Keseluruhan)	Kadar Penggunaan (COVID)
1,301	84.8%	84.8%

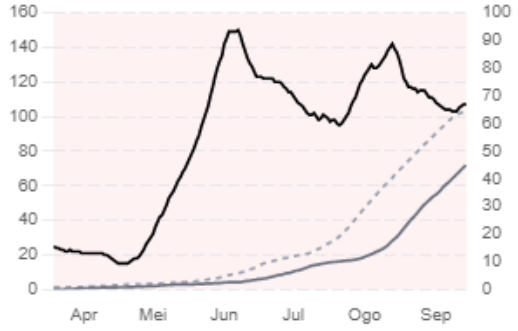


KADAR PENGGUNAAN ICU MENGIKUT NEGERI

Johor

Aktif - ICU **101**

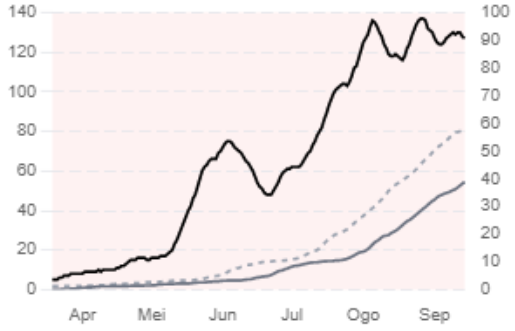
Kadar Penggunaan **83.9%**



Kedah

Aktif - ICU **123**

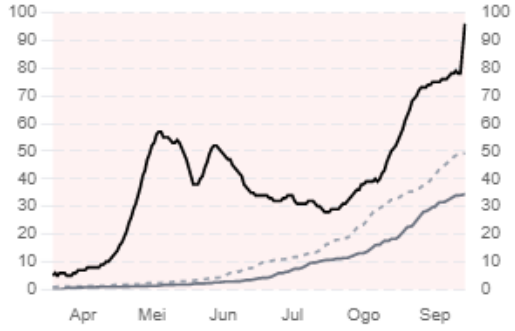
Kadar Penggunaan **123.1%**



Kelantan

Aktif - ICU **144**

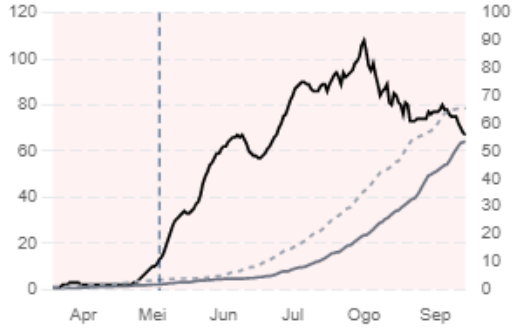
Kadar Penggunaan **103.3%**



Melaka

Aktif - ICU **60**

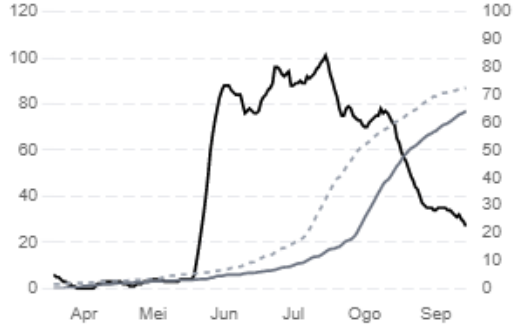
Kadar Penggunaan **82.9%**



Negeri Sembilan

Aktif - ICU **21**

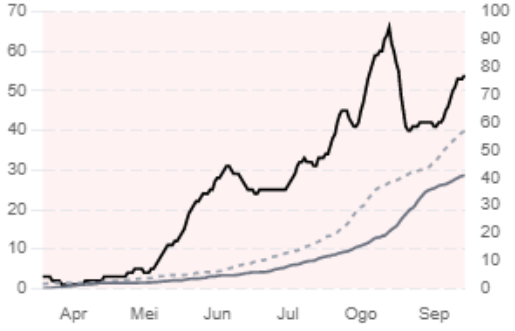
Kadar Penggunaan **46.4%**



Pahang

Aktif - ICU **60**

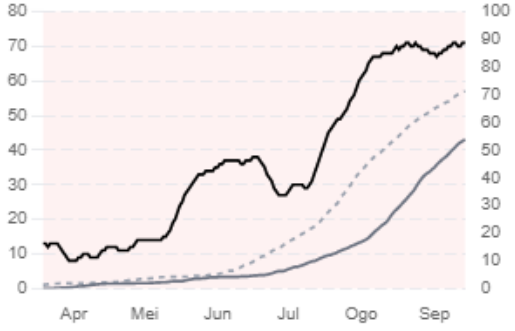
Kadar Penggunaan **93.3%**



Pulau Pinang

Aktif - ICU **71**

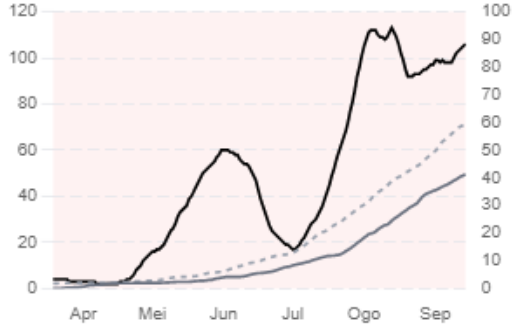
Kadar Penggunaan **94.9%**



Perak

Aktif - ICU **101**

Kadar Penggunaan **88.8%**



Pesakit COVID-19 di ICU berbanding % Liputan Vaksinasi

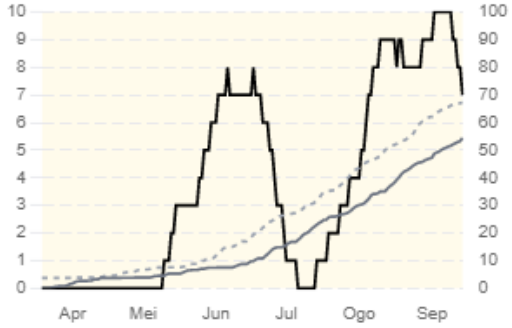
- ICU (Purata 7 hari)
- Belum Lengkap Divaksinasi (% pop)
- Lengkap Divaksinasi (% pop)
- Kadar Penggunaan 50% ke atas
- Kadar Penggunaan 70% ke atas

KADAR PENGGUNAAN ICU MENGIKUT NEGERI

Perlis

Aktif - ICU **8**

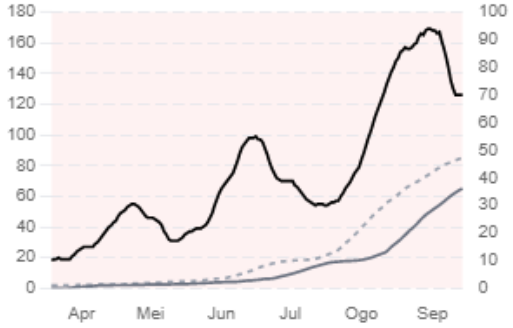
Kadar Penggunaan **57.9%**



Sabah

Aktif - ICU **124**

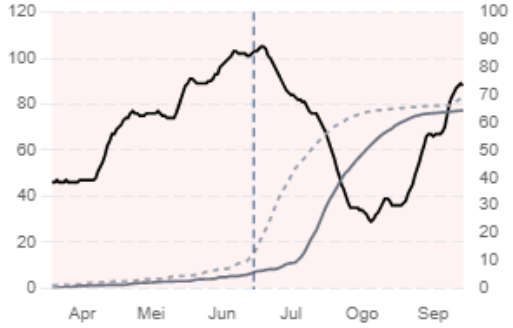
Kadar Penggunaan **76.5%**



Sarawak

Aktif - ICU **90**

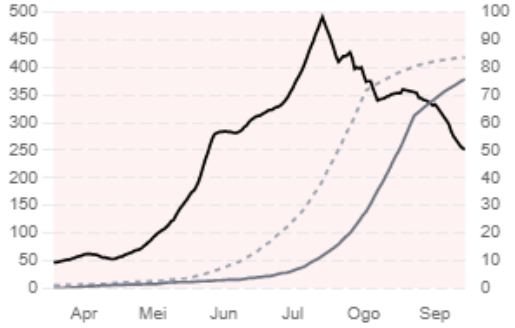
Kadar Penggunaan **72.3%**



Selangor

Aktif - ICU **288**

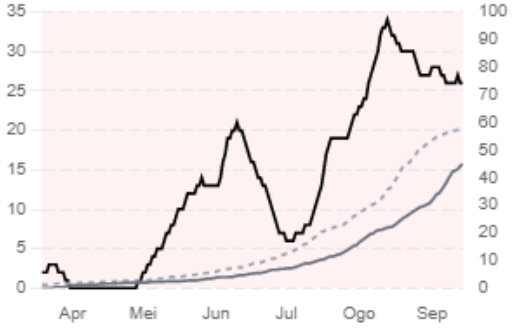
Kadar Penggunaan **90.3%**



Terengganu

Aktif - ICU **27**

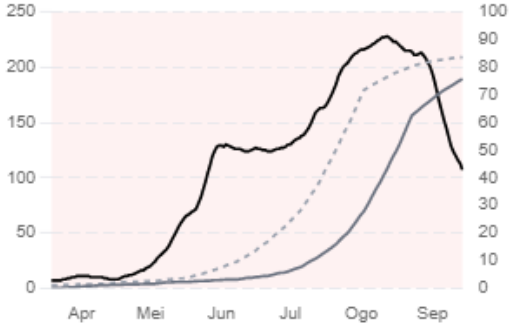
Kadar Penggunaan **78.3%**



W.P. Kuala Lumpur

Aktif - ICU **78**

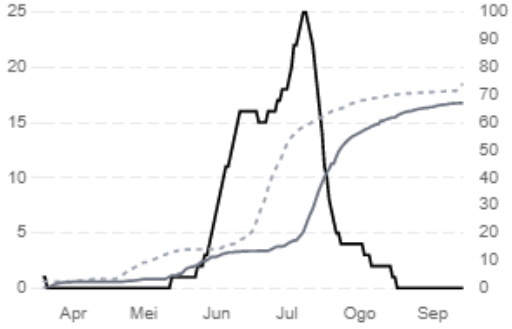
Kadar Penggunaan **71.9%**



W.P. Labuan

Aktif - ICU **0**

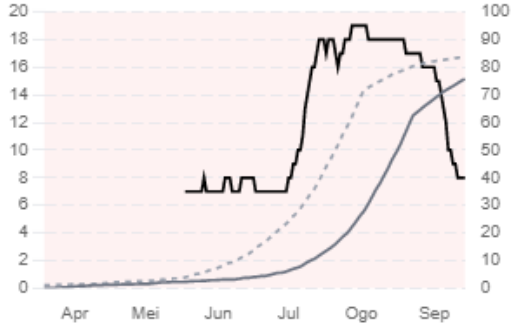
Kadar Penggunaan **17.4%**



W.P. Putrajaya

Aktif - ICU **5**

Kadar Penggunaan **95.0%**



Pesakit COVID-19 di ICU berbanding % Liputan Vaksinasi

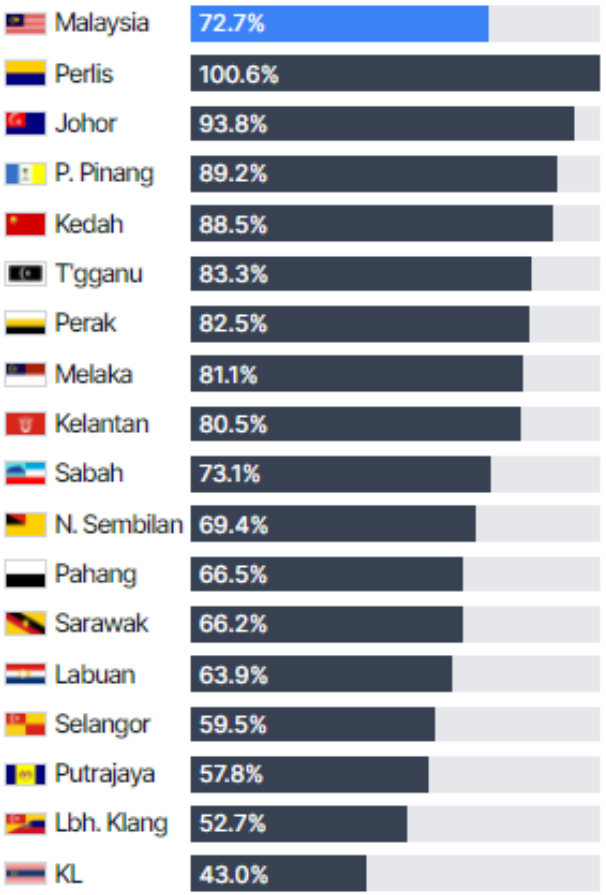
- ICU (Purata 7 hari)
- Belum Lengkap Divaksinasi (% pop)
- Lengkap Divaksinasi (% pop)
- Kadar Penggunaan 50% ke atas
- Kadar Penggunaan 70% ke atas

KADAR PENGGUNAAN KATIL DI MALAYSIA = 75.4%

Sistem Kesihatan — Data setakat 13 Sep 2021, 11:59 pm

Kadar Penggunaan Katil

Kematian | ABP | ICU | **Hospital** | Kes



Sistem Kesihatan — Data setakat 13 Sep 2021, 11:59 pm

Pesakit COVID-19 Diwadkan

Data untuk Malaysia

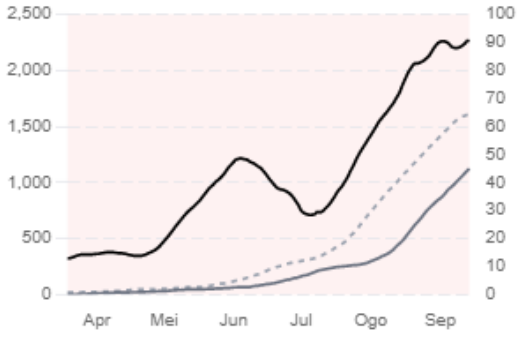
Aktif - Di Wad	Kadar Penggunaan (Keseluruhan)	Kadar Penggunaan (COVID)
12,910	72.7%	75.4%

KADAR PENGGUNAAN KATIL MENGIKUT NEGERI

Johor

Aktif - Di Wad **2,508**

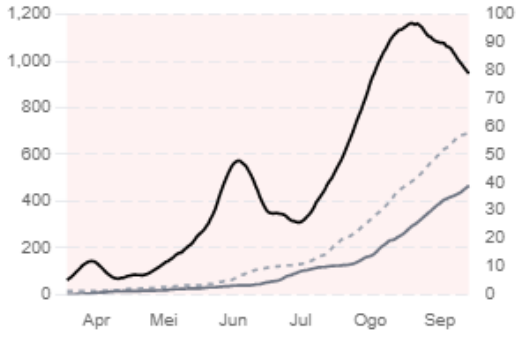
Kadar Penggunaan **93.8%**



Kedah

Aktif - Di Wad **959**

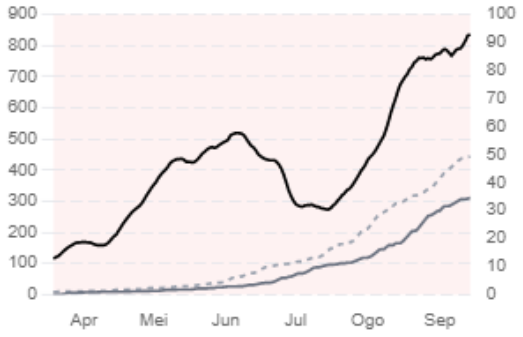
Kadar Penggunaan **88.5%**



Kelantan

Aktif - Di Wad **915**

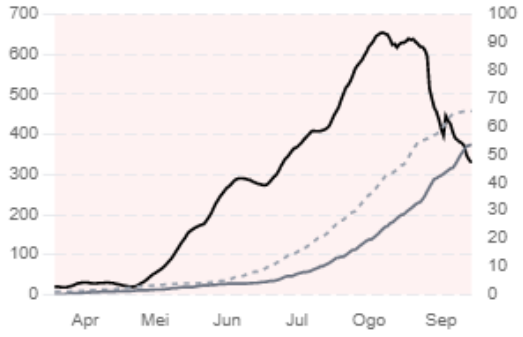
Kadar Penggunaan **80.5%**



Melaka

Aktif - Di Wad **367**

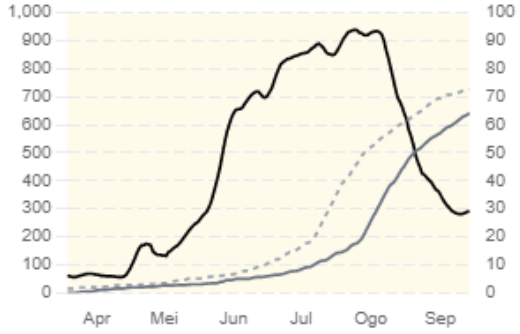
Kadar Penggunaan **81.1%**



Negeri Sembilan

Aktif - Di Wad **361**

Kadar Penggunaan **69.4%**



Pahang

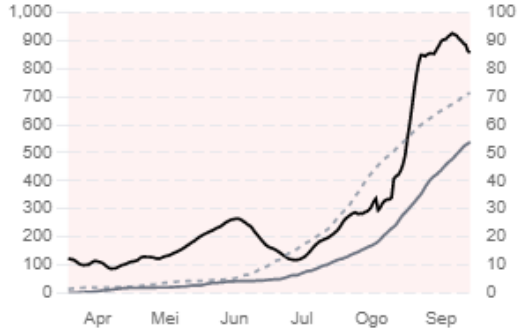
Aktif - Di Wad **514**

Kadar Penggunaan **66.5%**

Pulau Pinang

Aktif - Di Wad **877**

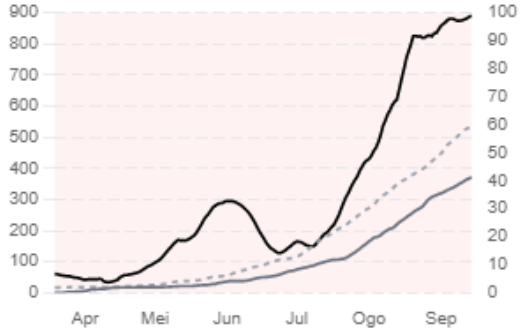
Kadar Penggunaan **89.2%**



Perak

Aktif - Di Wad **929**

Kadar Penggunaan **82.5%**



Pesakit COVID-19 Diwadkan berbanding % Liputan Vaksinasi

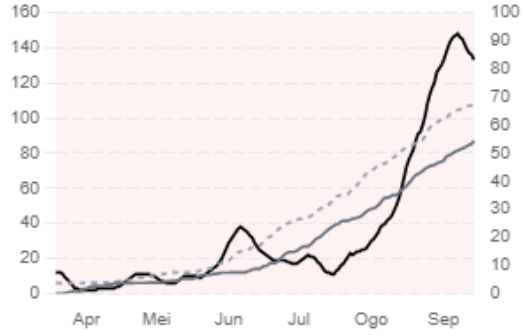
- Di Wad (Purata 7 hari)
- Belum Lengkap Divaksinasi (% pop)
- Lengkap Divaksinasi (% pop)
- Kadar Penggunaan 50% ke atas
- Kadar Penggunaan 70% ke atas

KADAR PENGGUNAAN KATIL MENGIKUT NEGERI

Perlis

Aktif - Di Wad **174**

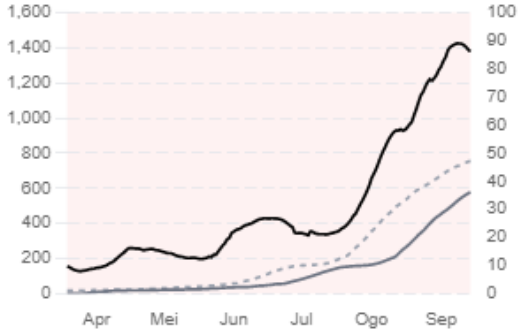
Kadar Penggunaan **100.6%**



Sabah

Aktif - Di Wad **1,487**

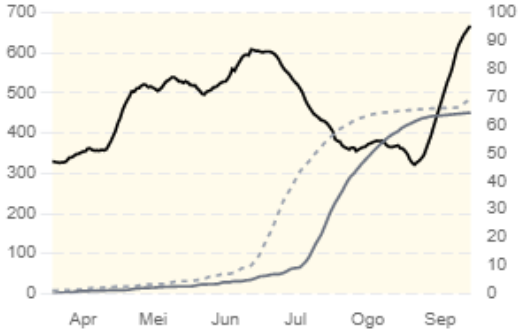
Kadar Penggunaan **73.1%**



Sarawak

Aktif - Di Wad **856**

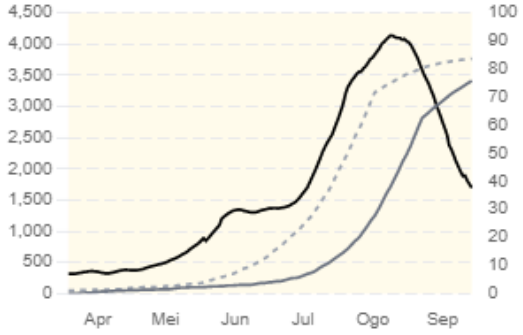
Kadar Penggunaan **66.2%**



Selangor

Aktif - Di Wad **1,917**

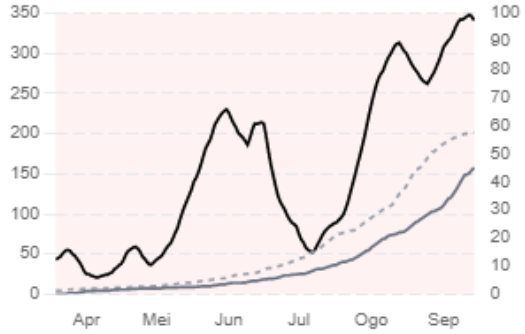
Kadar Penggunaan **59.5%**



Terengganu

Aktif - Di Wad **373**

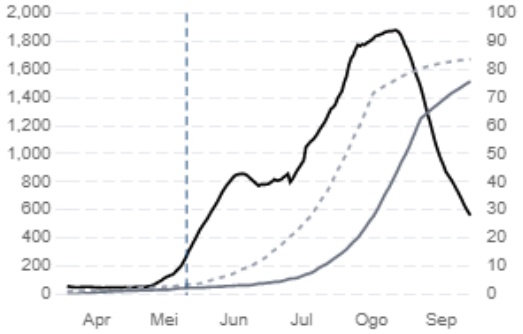
Kadar Penggunaan **83.3%**



W.P. Kuala Lumpur

Aktif - Di Wad **587**

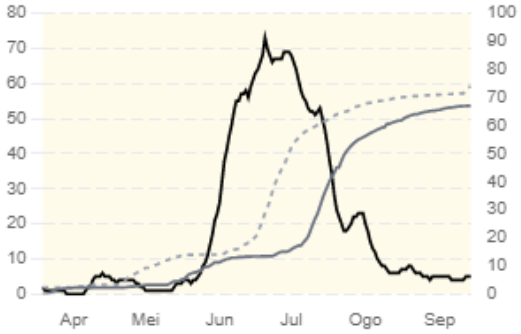
Kadar Penggunaan **43.0%**



W.P. Labuan

Aktif - Di Wad **7**

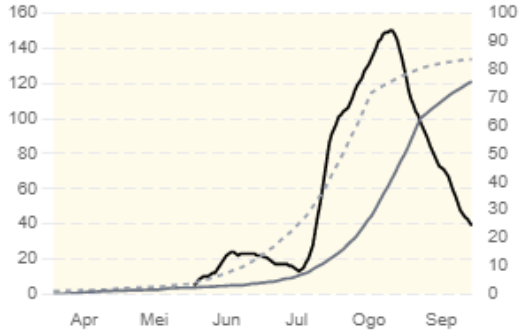
Kadar Penggunaan **63.9%**



W.P. Putrajaya

Aktif - Di Wad **79**

Kadar Penggunaan **57.8%**

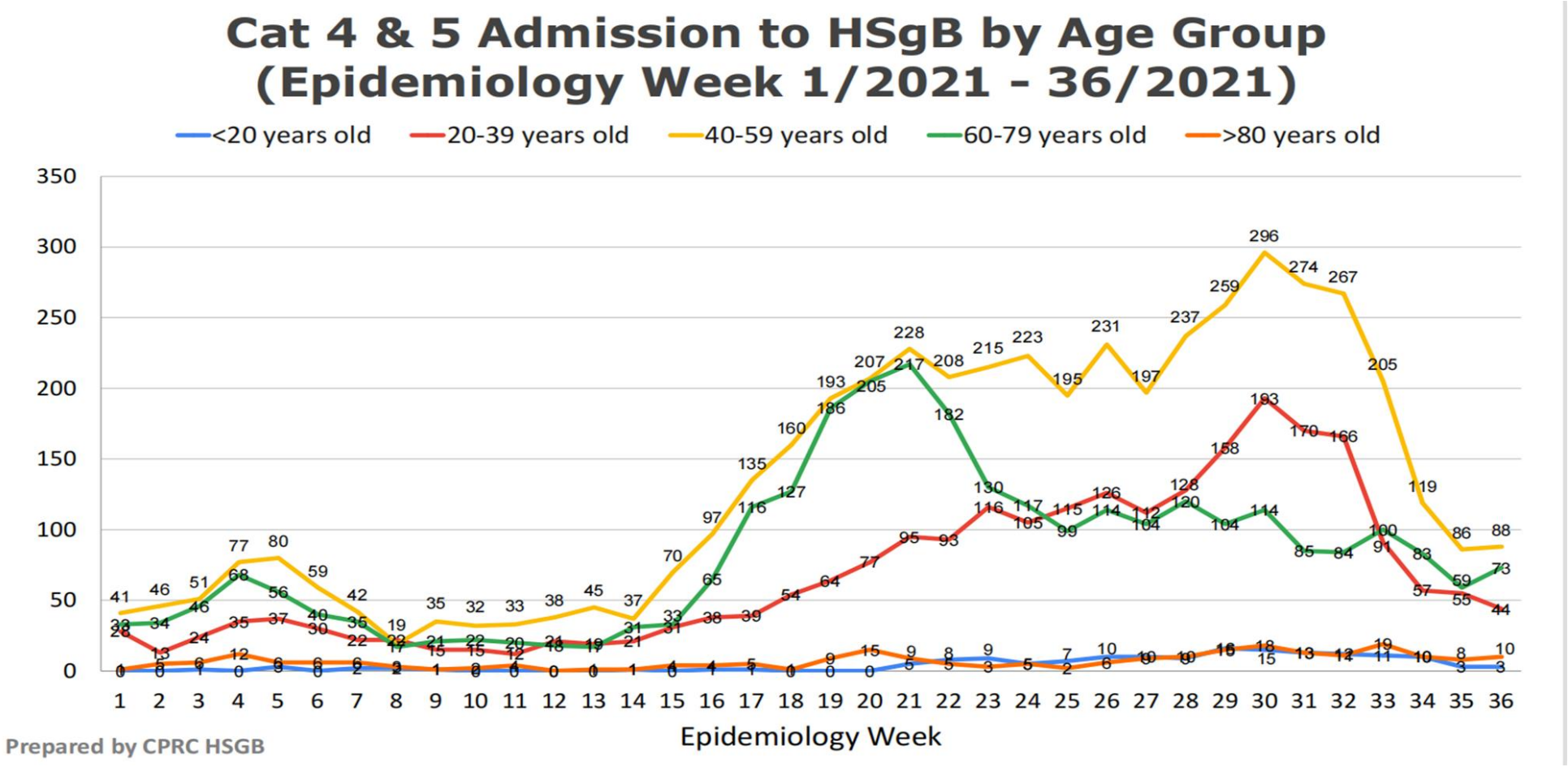


Pesakit COVID-19 Diwadkan berbanding % Liputan Vaksinasi

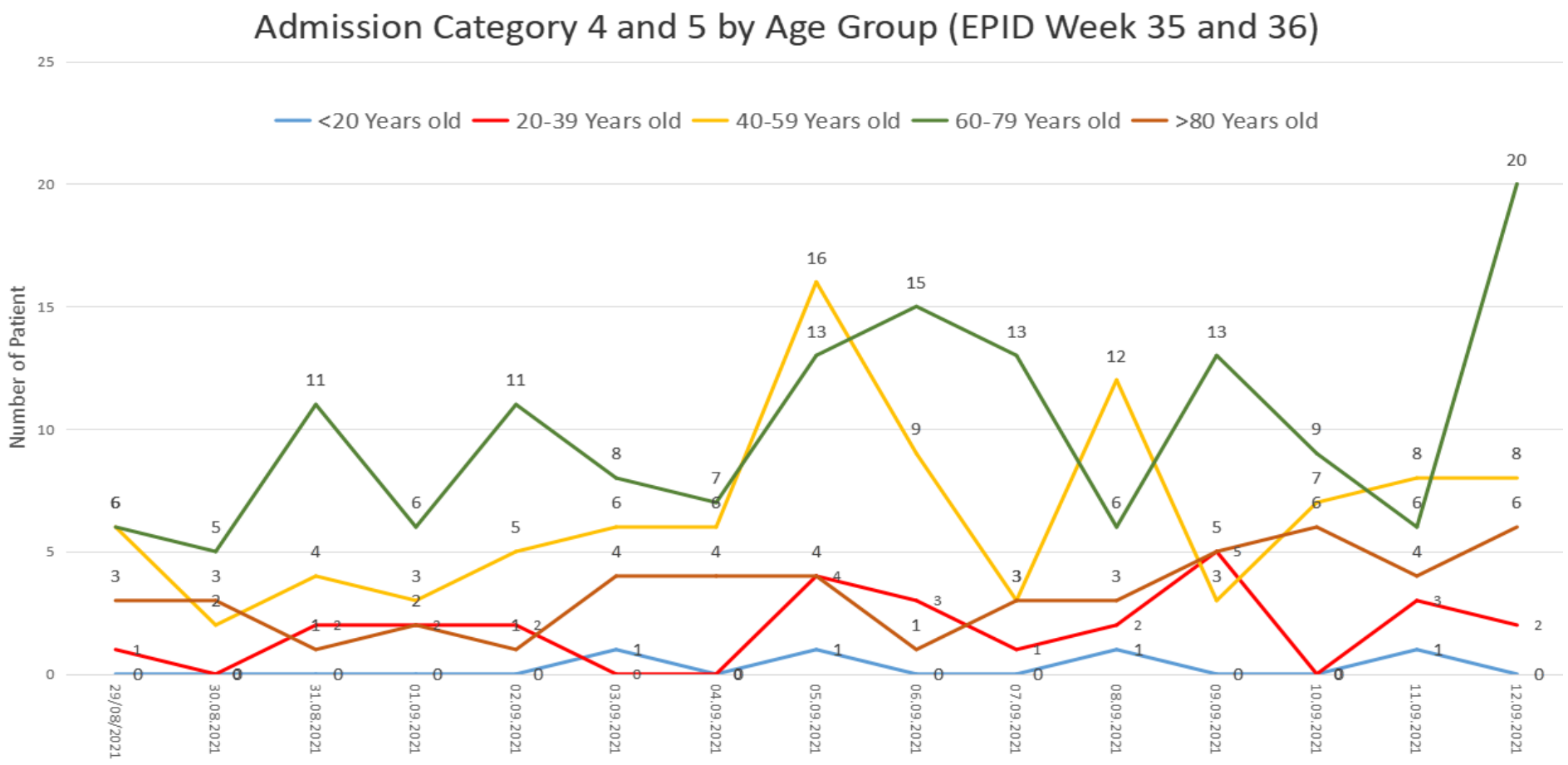
- Di Wad (Purata 7 hari)
- Belum Lengkap Divaksinasi (% pop)
- Lengkap Divaksinasi (% pop)
- Kadar Penggunaan 50% ke atas
- Kadar Penggunaan 70% ke atas

KEMASUKAN PESAKIT KATEGORI 4 – 5 DI LEMBAH KLANG MENUNJUKKAN TREND PENURUNAN

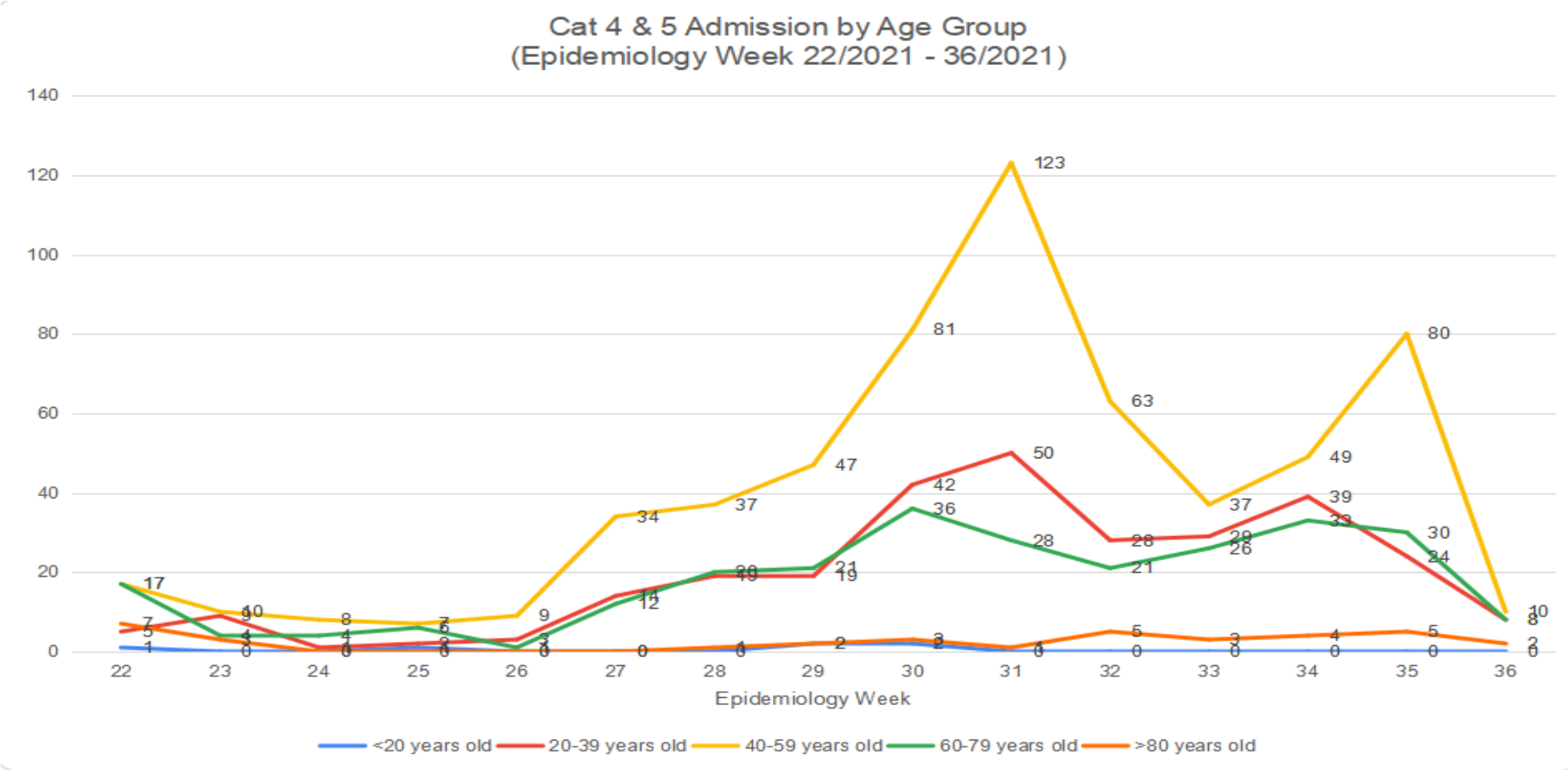
NEGERI DENGAN KADAR VAKSINASI LENGKAP >50% – HOSPITAL SUNGAI BULOH DI LEMBAH KLANG



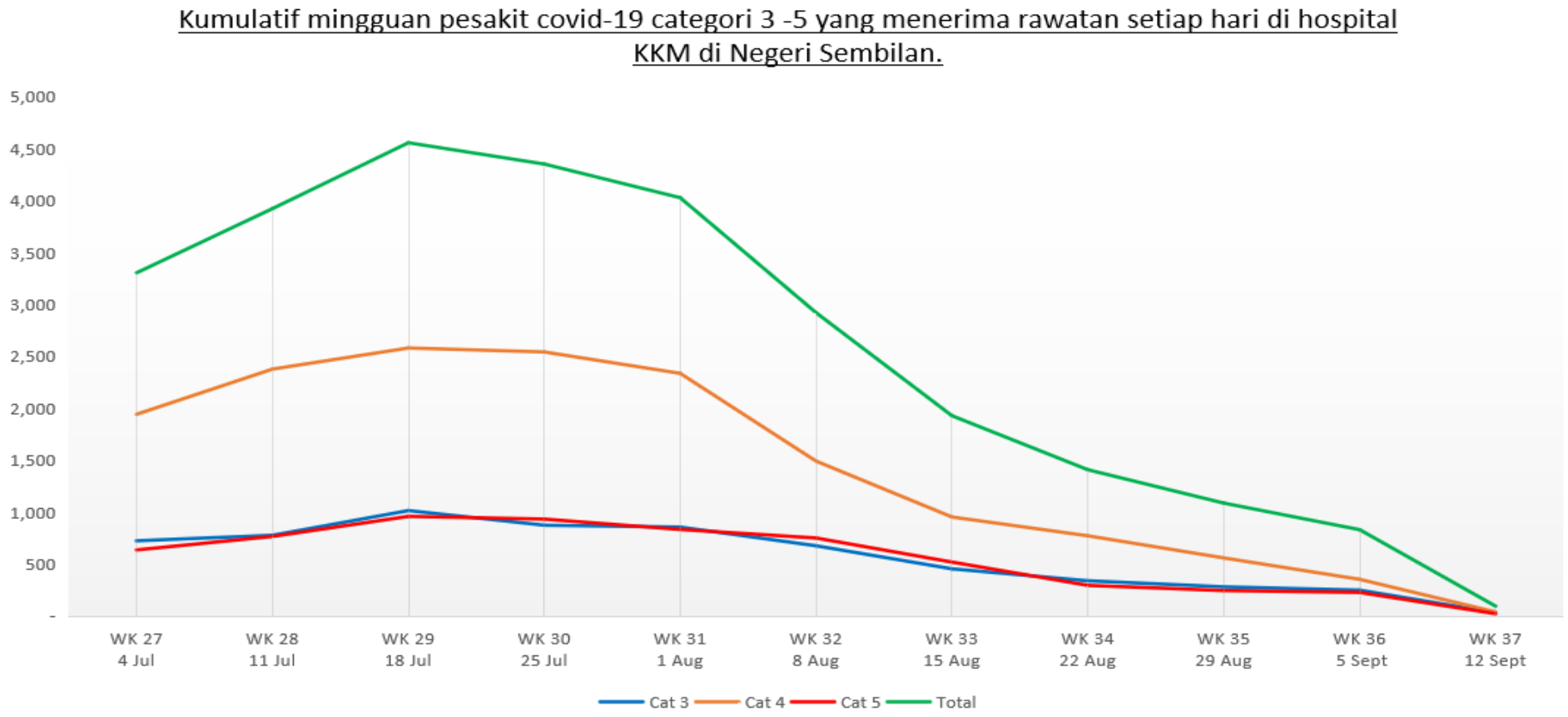
NEGERI DENGAN KADAR VAKSINASI LENGKAP >50% – SARAWAK



NEGERI DENGAN KADAR VAKSINASI LENGKAP >50% – HOSPITAL MELAKA



NEGERI DENGAN KADAR VAKSINASI LENGKAP >50% – NEGERI SEMBILAN



STATUS KAPASITI HOSPITAL SWASTA YANG SEDANG MERAWAT PESAKIT COVID-19

JENIS KATIL	BILANGAN	BILANGAN PESAKIT COVID-19	BILANGAN PESAKIT SUSPECTED / PROBABLE	JUMLAH PESAKIT	KADAR PENGGUNAAN KATIL
Katil Wad (Khas untuk COVID-19 / suspected / probable)	1287	384 + (24)*	147 + (79)*	634	**49%**
Katil ICU (Khas untuk COVID-19 / suspected / probable)	139	43 + (20)*	4	67	**48%**

Nota: ( ) bilangan pesakit melebihi katil yang dikhususkan oleh hospital*

Hospital Swasta yang berlesen dengan perkhidmatan bidang kepakaran Perubatan Dalaman : 130
Hospital Swasta yang bersetuju untuk menyediakan rawatan COVID-19 : 112**

*** Termasuk sebuah hospital pakar wanita dan kanak-kanak yang merawat pesakit pediatrik COVID-19 & dua buah hospital pakar kardiologi*

** Data setakat 12 September 2021*

PENGLIBATAN HOSPITAL SWASTA DI PULAU PINANG

Kemasukan Kes COVID-19 di Hospital Swasta sejak bermulanya wabak sehingga Ogos 2021:

KEMASUKAN PESAKIT SWASTA	
JUMLAH	1,217

Kes Penyumberluaran kes bukan COVID-19:

	SEJAK 2020	DIJANGKA	JUMLAH
JUMLAH KES	644	79	723

Jumlah katil terkini untuk pesakit COVID-19

KATIL BIASA	KATIL ICU	JUMLAH
167	22	189

***Decanting* Pesakit Hospital Pulau Pinang:**
Katil dikhususkan untuk pesakit bukan COVID-19 daripada Hosp Pulau Pinang

KATIL BUKAN COVID-19	JUMLAH
Wad Biasa	235

CADANGAN : PESAKIT KKM UNTUK MENJALANI PEMBEDAHAN KOMPLEKS DI HOSPITAL SWASTA

CADANGAN 1:

- Pakar bedah Hosp Pulau Pinang jalankan pembedahan di Dewan Bedah Hosp Swasta
- Jagaan *post op* di Hosp Swasta dan diurus sepenuhnya oleh pasukan pembedahan Hosp Pulau Pinang termasuk Dr dan jururawat (sewa OT dan wad/katil)

CADANGAN 2:

- Pakar Bedah Hosp Pulau Pinang menjalankan pembedahan di Dewan Bedah Hosp Swasta
- jagaan *post op* di Hosp Swasta diurus oleh jururawat Hosp Swasta tersebut
- Pakar Pembedahan Hospital Pulau Pinang menjadi pasukan Doktor yang menguruskan pesakit, termasuk konsultasi *post op* pesakit dalam dan menjalankan prosedur berkaitan

	CADANGAN 1	CADANGAN 2	JUMLAH
Jumlah hospital	1	3	4

**Main concern is limitation of vacant/ licenced ICU bed to support post-op care*

PERKEMBANGAN SEMASA VAKSINASI

FASA VAKSINASI

Kumpulan Sasaran

Umum

- Imunisasi adalah program secara **sukarela**
- **Percuma untuk semua warganegara dan bukan warganegara**
- Kumpulan umur: **18 tahun dan ke atas**

Sasaran

- **80% populasi Malaysia (26.3 juta daripada *32.7 juta), Tempoh Pelaksanaan-: 1 tahun**

Fasa

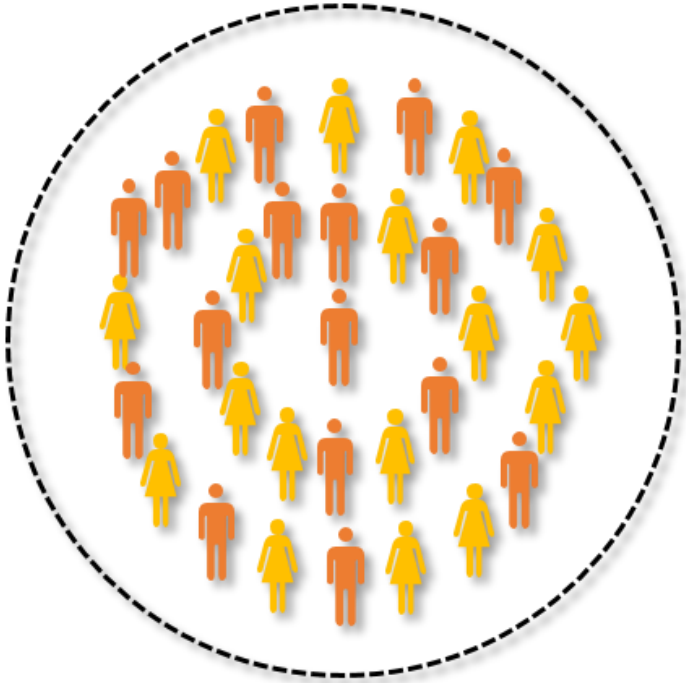
Fasa 1 : **Petugas Barisan hadapan (0.5 juta; 1.9%)**
Fasa 2 : **Kumpulan berisiko tinggi (9.4 juta; 35.7%)**
Fasa 3 : **Dewasa (16.4 juta.; 62.4%)**
Fasa 4 : **Pengurusan Wabak**

Tempoh

Fasa 1 : 2 - 4 bulan **(Feb - Mei 2021)**
Fasa 2 : 3 - 5 bulan **(April - Ogos 2021)**
Fasa 3 : 6 - 9 bulan **(Jun 2021 – Disember 2021)**
Fasa 4 : Berterusan **(Tiada had masa)**

Pusat Vaksinasi

Fasa 1: **Fasiliti perubatan Kerajaan** (KKM, fasiliti perubatan tentera, hospital universiti)
Fasa 2: **Fasiliti perubatan Kerajaan + pusat vaksinasi lain yang ditetapkan Kerajaan**
Fasa 3: **Fasiliti perubatan Kerajaan + pusat vaksinasi lain yang ditetapkan Kerajaan**



Sumber: *DOSM 2020, **MOHA

KADAR PENDAFTARAN MENGIKUT NEGERI BERBANDING POPULASI

Setakat 12 September 2021

	Statistik Penduduk *(sumber DOSM)*		Pendaftaran	Pendaftaran per kapita	
Negeri	**Jumlah Penduduk**	**Penduduk > 18**	**Pendaftaran >18**	**Pendaftaran >18 per jumlah penduduk**	**Pendaftaran >18 per jumlah penduduk >18**
Kuala Lumpur	1,773,700	1,348,600	1,954,076	110%	145%
Putrajaya	110,000	67,700	88,487	80%	131%
Selangor	6,538,000	4,747,900	5,114,276	78%	108%
Negeri Sembilan	1,128,800	814,400	856,908	76%	105%
Johor	3,781,000	2,711,900	2,782,951	74%	103%
Melaka	932,700	677,400	653,661	70%	96%
Pulau Pinang	1,773,600	1,367,200	1,345,259	76%	98%
Labuan	99,600	68,500	63,370	64%	93%
Perlis	254,900	181,200	167,992	66%	93%
Sarawak	2,816,500	2,042,700	1,712,452	61%	84%
Perak	2,510,300	1,862,700	1,599,165	64%	86%
Kedah	2,185,100	1,540,600	1,325,766	61%	86%
Pahang	1,678,700	1,175,800	980,718	58%	83%
Terengganu	1,259,300	808,400	700,805	56%	87%
Kelantan	1,906,700	1,236,200	887,358	47%	72%
Sabah	3,908,500	2,758,400	1,552,936	40%	56%
Total	**32,657,400**	**23,409,600**	**21,786,180**	**67%**	**93%**

Source: *(1) Population and registration statistics provided by CPRC and DOSM as at 12 September*

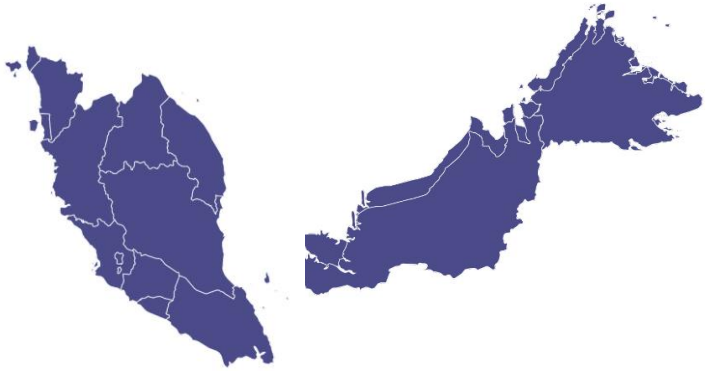
KADAR VAKSINASI

Setakat 12 September 2021

Jumlah vaksinasi sehingga 12 September 2021

Jumlah Dos: 227,476

Dos 1: 76,346
Dos 2: 151,130



Kadar Vaksinasi Tertinggi (29 Julai 2021)

Jumlah Dos: 556,404

Dos 1: 343,530
Dos 2: 212,874

Negeri	12 September	Jumlah
Perlis	1,106	305,969
Kedah	18,705	2,076,536
Penang	14,976	2,201,765
Perak	18,564	2,495,857
Selangor	21,291	7,785,516
KL	23,622	5,207,638
Putrajaya	0	247,869
Negeri Sembilan	4,771	1,527,910

Negeri	12 September	Jumlah
Melaka	2,573	1,104,687
Kelantan	7,482	1,553,132
Terengganu	14,403	1,271,045
Pahang	15,379	1,622,618
Johor	42,962	4,089,782
Sabah	26,216	3,129,524
Labuan	983	138,185
Sarawak	14,443	3,730,018

JADUAL PENERIMAAN VAKSIN

AstraZeneca, Pfizer, Sinovac, CanSino

A Jadual Ketibaan Vaksin Setakat 10 September

Jenis vaksin	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
AstraZeneca (AZD1222)	-	-	268,800	559,200	-	1,585,100	974,240	1,114,300	1,149,000	610,000	610,000	2,330,000
Pfizer (Cominarty)	312,390	687,960	712,530	1,038,960	2,223,000	6,429,150	6,885,450	13,343,850	4,985,920	4,315,220	4,865,220	-
Sinovac (CoronaVac)	-	400,000	-	609,800	5,509,120	8,927,880	3,953,200	1,500,000	-	-	-	-
CanSino (CanSinoBIO)	-	-	-	-	-	-	200,000	300,000	3,000,000	-	-	-
Jumlah	312,390	1,087,960	981,330	2,207,960	7,732,120	16,942,130	12,012,890	16,258,150	9,134,920	4,925,220	5,475,220	2,330,000
Jumlah Terkumpul	312,390	1,400,350	2,381,680	4,589,640	12,321,760	29,263,890	41,276,780	57,534,930	66,669,850	71,595,070	77,070,290	79,400,290

B Bekalan Vaksin Yang Telah Diterima Setakat 12 September

Jenis Vaksin	Jumlah vaksin yang akan dihantar	Jumlah Vaksin Telah Diterima (sehingga 12 Sept)	Baki
AstraZeneca (AZD1222)	9,200,640	3,387,340	5,813,300
Pfizer (Cominarty)	45,799,650	23,784,930	22,014,720
Sinovac (CoronaVac)	20,900,000	20,900,000	-
CanSino (CanSinoBIO)	3,500,000	200,000	3,300,000
Jumlah	**79,400,290**	**48,272,270**	**31,128,020**

Source: *(1) Total vaccines to be delivered based on data provided by Unit 4 CITF as of 10 Sept (2) Vaccines delivered based on data provided by Bahagian Farmasi, KKM as 12 Sept*
Note: **Supply to be delivered excludes Janssen, Sputnik V and Novavax vaccines **Supply to be delivered and delivered includes donations*

SUMBANGAN VAKSIN DARI NEGARA LUAR

AstraZeneca, Pfizer, Sinovac

A Sumbangan Vaksin *Telah Selesai*

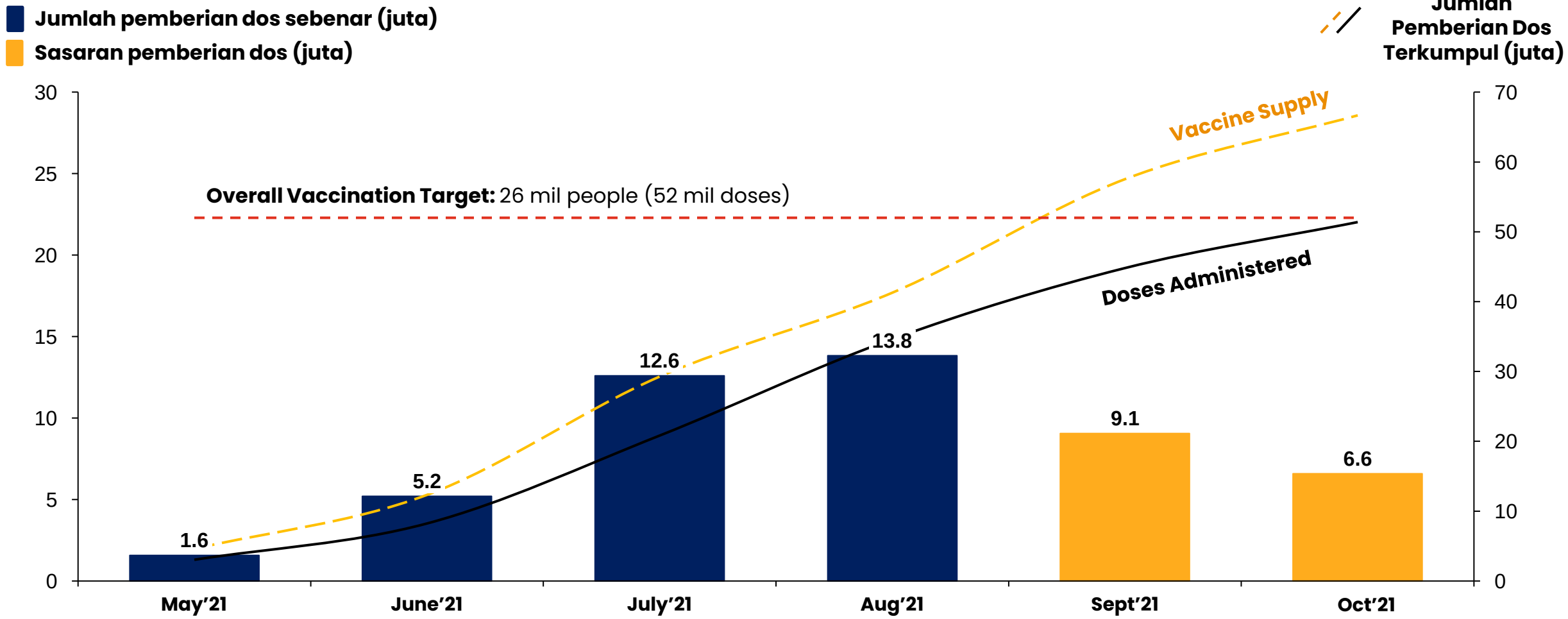
BIL.	NEGARA	JENIS VAKSIN	JUMLAH DOS	KOS LOGISTIK	TARIKH PENERIMAAN
1.	Jepun	AstraZeneca (AZD1222)	998,400	RM2,307,444.18 (Pharmaniaga Logistics Sdn. Bhd.)	1 Julai 2021
2.	Amerika Syarikat	COMIRNATY® (PFIZER-BIONTECH)	1,000,350	Ditanggung oleh Pfizer (Malaysia) Sdn. Bhd.	5 Julai 2021
3.	China	SinoVac (CoronaVac)	500,000	RM2,800,000.00 (Pharmaniaga Logistics Sdn. Bhd.)	16 Julai 2021
4.	United Kingdom	AstraZeneca (AZD1222)	415,000	RM659,850.00 (Pharmaniaga Logistics Sdn. Bhd.)	3 Ogos 2021
JUMLAH			**2,913,750**	**RM5,767,294.18**	

B Sumbangan Vaksin Yang Masih Dalam Perbincangan

BIL.	NEGARA	JENIS VAKSIN	JUMLAH DOS
1.	Singapura	COMIRNATY® (PFIZER-BIONTECH)	100,000
2.	Arab Saudi	AstraZeneca (AZD1222)	1,000,000
JUMLAH			**1,100,000**

SASARAN PICK

Selesai menjelang akhir Oktober 2021



Source: *(1) As per the supply schedule as of 7 Sept 2021 provided by Unit 4 of CITF and the Bahagian Farmasi, KKM.*
Note: **Percentage of total population completed vaccination is at national level ** Vaccine delivery based on existing stock, vaccine storage capacity and regulatory approval***Months of May, June, July and August displays the actual doses administered while September and October displays the planned doses to be administered ****Vaccine supply considers Pfizer, Sinovac, AstraZeneca and CanSino *****Target in Oct will be dependant on progress in Sept and future considerations to vaccinate under 18*

ANGGARAN PENCAPAIAN MENJELANG OKTOBER 2021

	Anggaran pencapaian	Sasaran
1 % Populasi Dewasa Menerima Dos Lengkap (Malaysia)	menjelang 16 September	>70%
	menjelang 30 September	>80%
	menjelang 30 October	~100%
2 % Populasi Dewasa Menerima Dos Lengkap (Negeri)	menjelang 16 September	>50% di setiap negeri
	menjelang 30 September	>60% di setiap negeri
	mejelang 30 October	>80% di setiap negeri

Pencapaian:		
10%	40%	60%

UNJURAN VAKSINASI LENGKAP MENGIKUT NEGERI – PENDUDUK DEWASA

		Unjuran Vaksinasi Lengkap mengikut Negeri (%)				
No	State	Jun	Jul	Ogos	Sep	Okt
1	Selangor + WP	7%	36%	92%	100%	
2	Sabah	7%	14%	40%	73%	100%
3	Johor	9%	17%	48%	92%	100%
4	Sarawak	12%	64%	87%	100%	
5	Perak	12%	25%	48%	76%	100%
6	Kedah	12%	19%	46%	83%	100%
7	Kelantan	11%	20%	45%	89%	100%
8	Penang	9%	22%	57%	85%	100%
9	Pahang	12%	22%	52%	79%	100%
10	Terengganu	11%	26%	49%	84%	100%
11	Negeri Sembilan	12%	35%	79%	89%	100%
12	Melaka	10%	27%	58%	83%	100%
13	Perlis	23%	42%	66%	94%	100%
14	Labuan	24%	80%	94%	100%	

PROGRAM VAKSINASI UNTUK REMAJA

- Satu Jawatankuasa khas telah ditubuhkan dan dipengerusikan oleh YB Timbalan Menteri Kesihatan 1
- Program vaksinasi remaja telah bermula di Sarawak bagi remaja berumur 16-17 & remaja 12-15 tahun yang mempunyai komorbiditi

16 – 17 Tahun:
1.13 juta

12- 15 Tahun:
2.07 juta

Jumlah: 3.2 juta
9.8% penduduk Malaysia

Anggaran Populasi	Jenis Institusi Pendidikan	Agensi Penjaga
• 2.0 juta berdaftar dengan KPM • 36,000 : MRSM • 504: MYD	• 2,444 Sekolah menengah kerajaan dan bantuan kerajaan (Harian, asrama Harian, Asrama Penuh) • 55 MRSM • 1 MTDR	KPM MARA ATM
• 500,000 murid	SMA kerajaan dan swasta, Maahad Tahfiz, Skolah Agama Rakyat, Madrasah/ Kolej Tahfiz berdaftar	JAKIM, JAN, Swasta, persendirian
• 130,000	• 523 sekolah swasta, Antarabangsa, berdaftar	KPM, Persendirian
• Data sedang dikumpul	• Agensi perlindungan, pemulihan, tahanan yang berdaftar	JKM, Jabatan Penjara, AADK
• Hanya diketahui selepas pendaftaran institusi	• Institusi Pendidikan. Bukan pendidikan tidak berdaftar	NGO, Persendirian
• Tidak diketahui	• Remaja kumpulan rentan	JHEOA, NGO, UNHCR

VAKSINASI REMAJA

Negeri	12-15 Tahun	16-17 Tahun	Jumlah Remaja
Johor	236,280	128,880	365,160
Kedah	142,060	77,120	219,180
Kelantan	142,600	73,880	216,480
Melaka	56,700	30,240	86,940
Negeri Sembilan	69,520	40,760	110,280
Pahang	115,760	59,080	174,840
Pulau Pinang	94,020	51,120	145,140
Perak	151,300	88,880	240,180
Perlis	15,840	8,040	23,880
Selangor	379,380	192,840	572,220
Terengganu	92,780	48,280	141,060
Sabah	274,340	174,760	449,100
Sarawak	189,380	104,080	293,460
W.P. Kuala Lumpur	94,740	50,040	144,780
W.P. Labuan	7,000	3,320	10,320
W.P. Putrajaya	7,880	2,920	10,800
Jumlah	**2,069,600**	**1,134,280**	**3,203,880**

Source: *(1) KKM - BPPK under 18 presentation as at 26 Aug 2021 (2) DOSM - total adolescent population aged 12 - 17*

JANGAAN SUSURMASA DAN KEPERLUAN SUMBER MANUSIA BAGI VAKSINASI KEPADA 12-17 TAHUN

1 **Andaian**

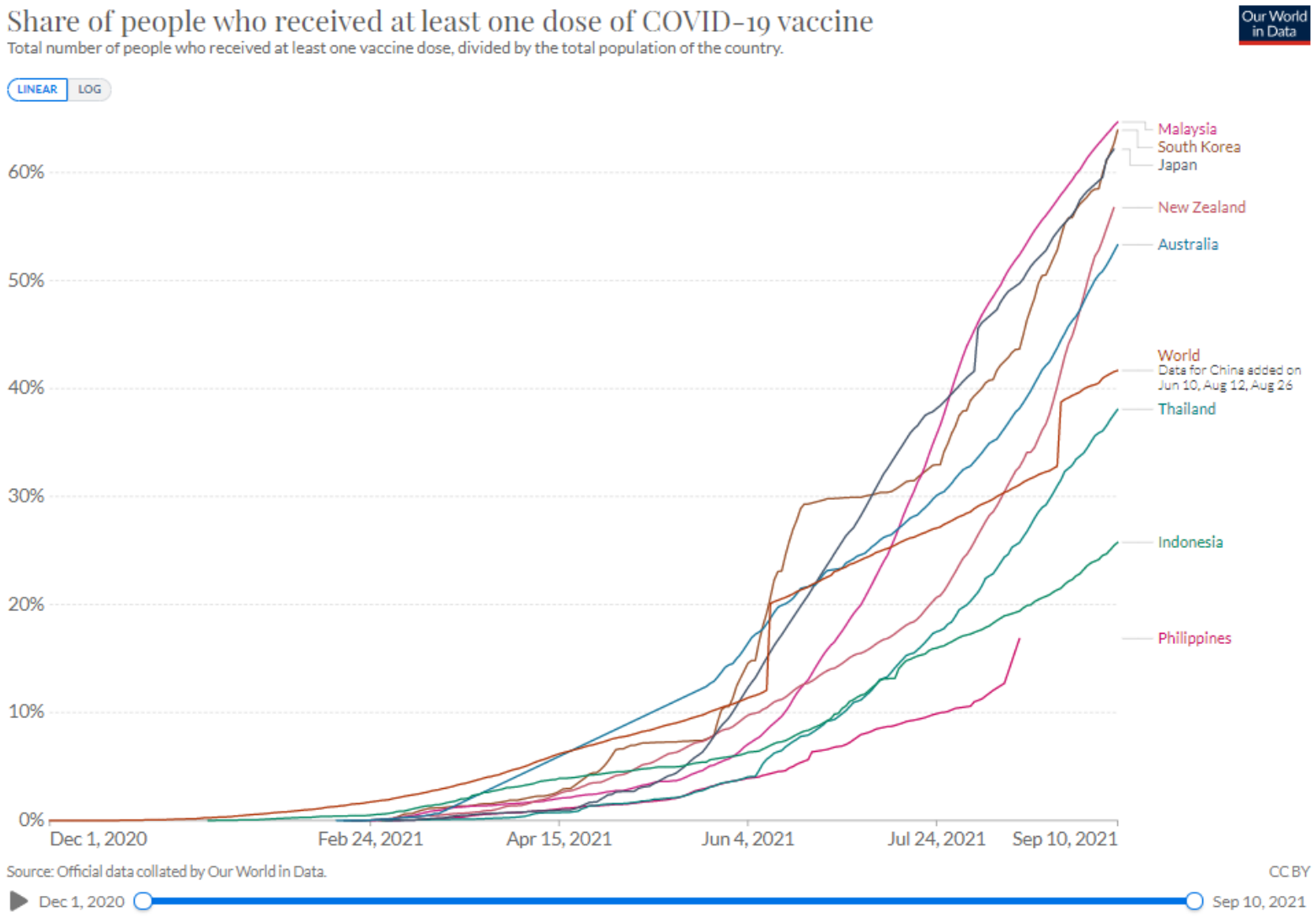
- Jumlah petugas diperlukan adalah berdasarkan jumlah sekolah dan jumlah pelajar berjumlah 2.1 juta orang
- **Maksimum 15 hari bekerja bagi setiap kitaran** (berdasarkan selang masa 21 hari)
  - Kitaran pertama vaksinasi: Dos Pertama
  - Kitaran kedua vaksinasi : Dos Kedua
- **1 pasukan akan menyelesaikan vaksinasi di sebuah sekolah sehari.**
- Setiap kohort pelajar akan divaksin dalam satu sesi

2 **Keperluan Tenaga Kerja**

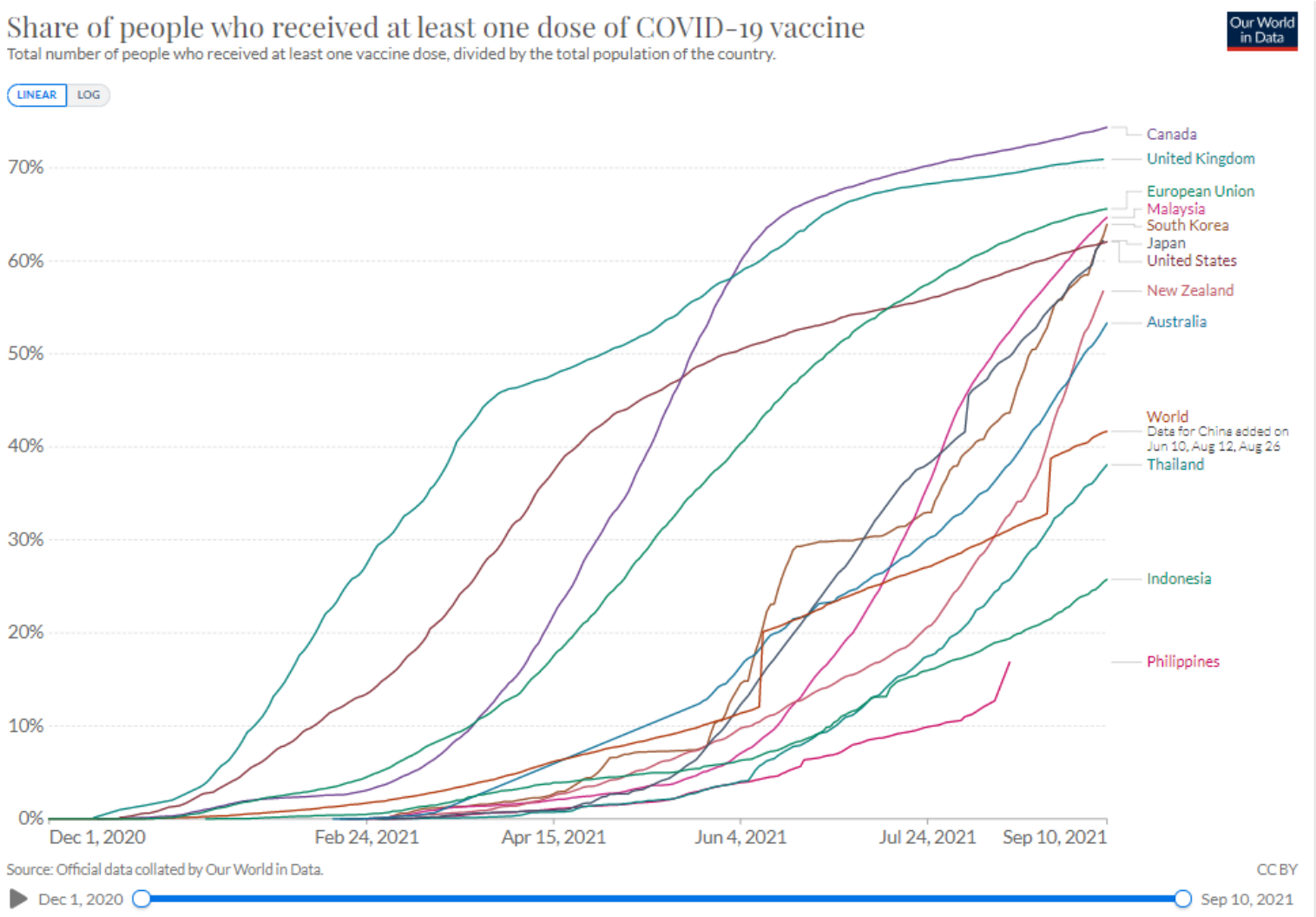
- Jumla pasukan diperlukan: **243**
- Jumlah petugas bagi setiap pasukan: **8**
- Jumlah keseluruhan petugas diperlukan: **2,089**

Source: *(1) KKM - BPPK under 18 presentation as at 26 Aug 2021 (2) DOSM - total adolescent population aged 12 - 17*

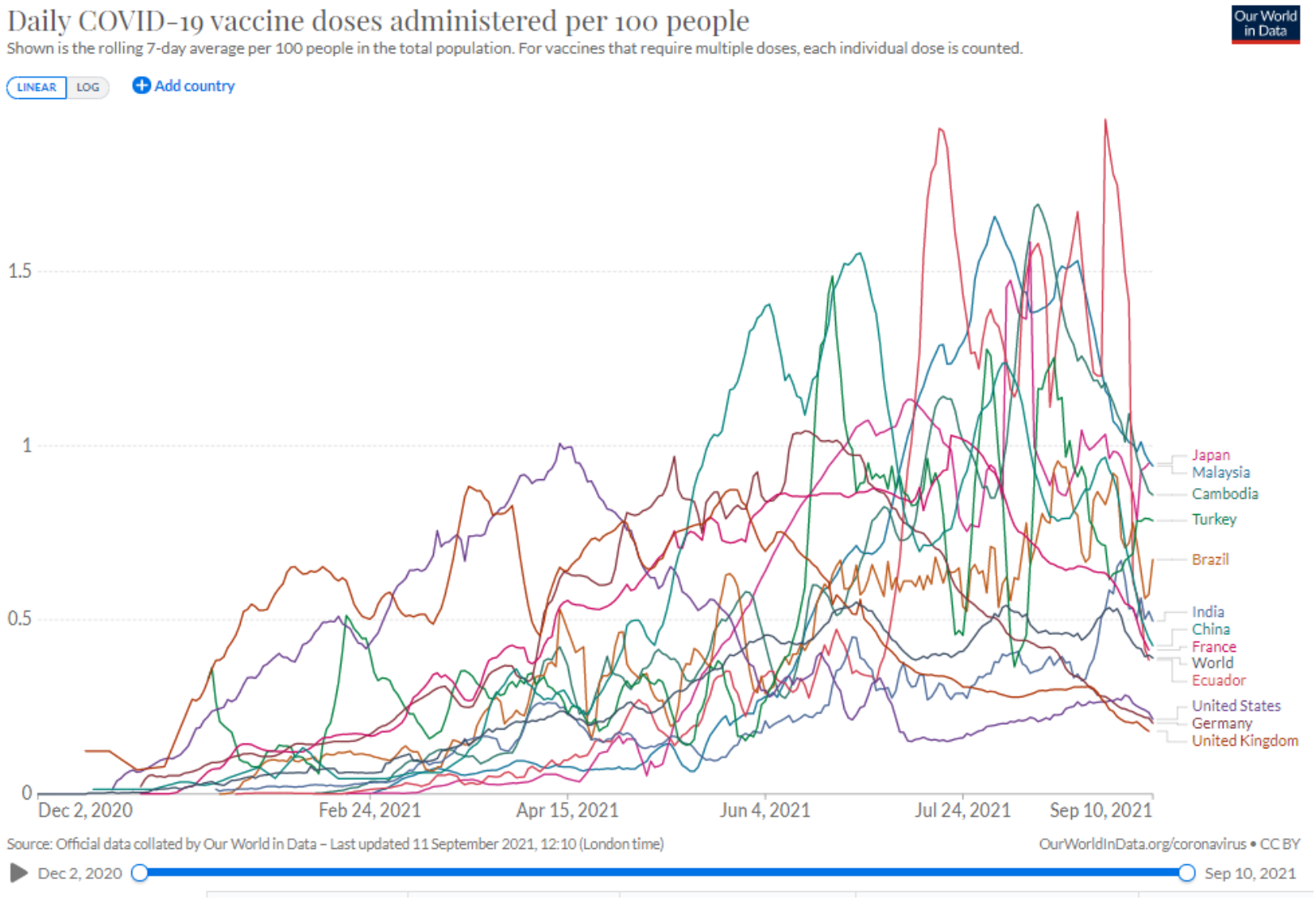
KEDUDUKAN PEMBERIAN VAKSIN DI MALAYSIA BERBANDING NEGARA JIRAN



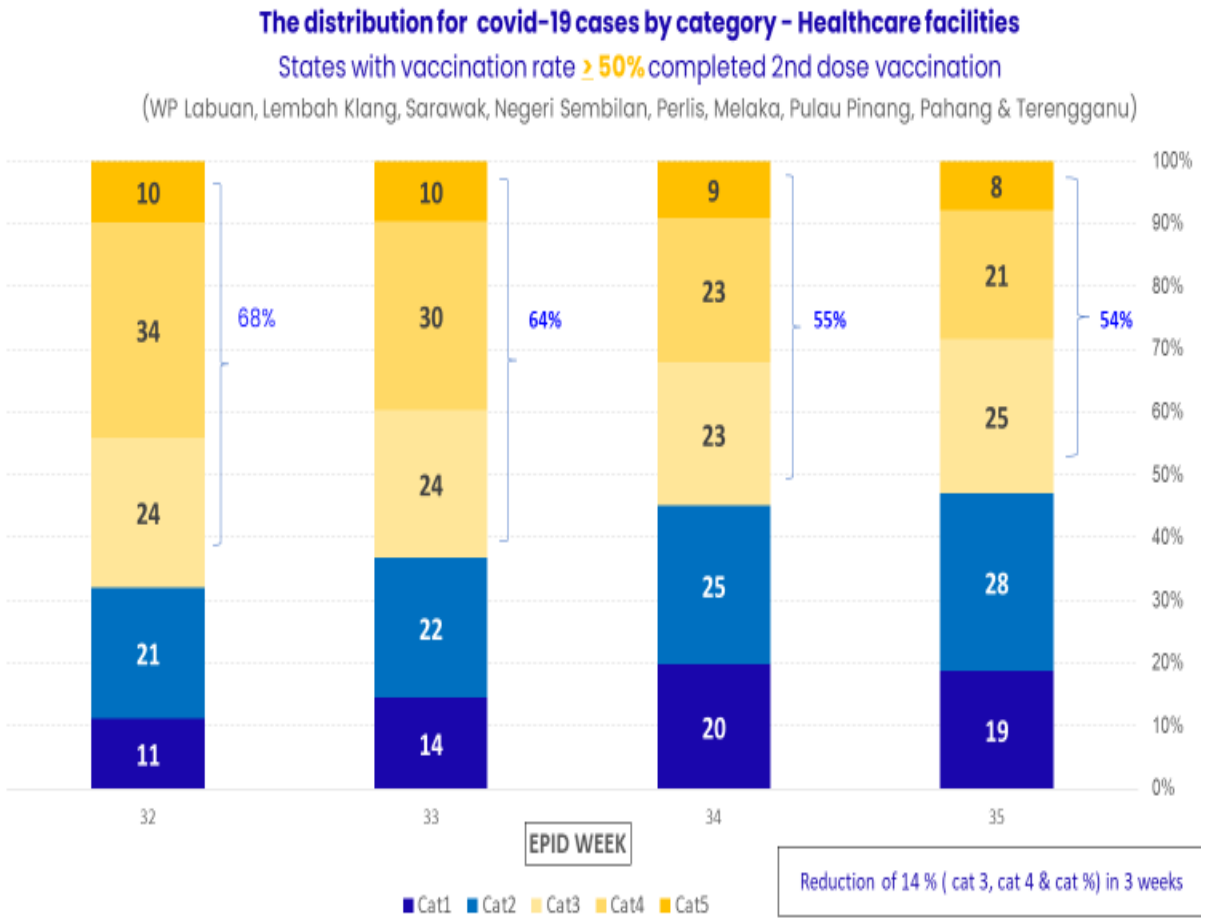
KEDUDUKAN PEMBERIAN VAKSIN DI MALAYSIA BERBANDING NEGARA PENGELUAR VAKSIN

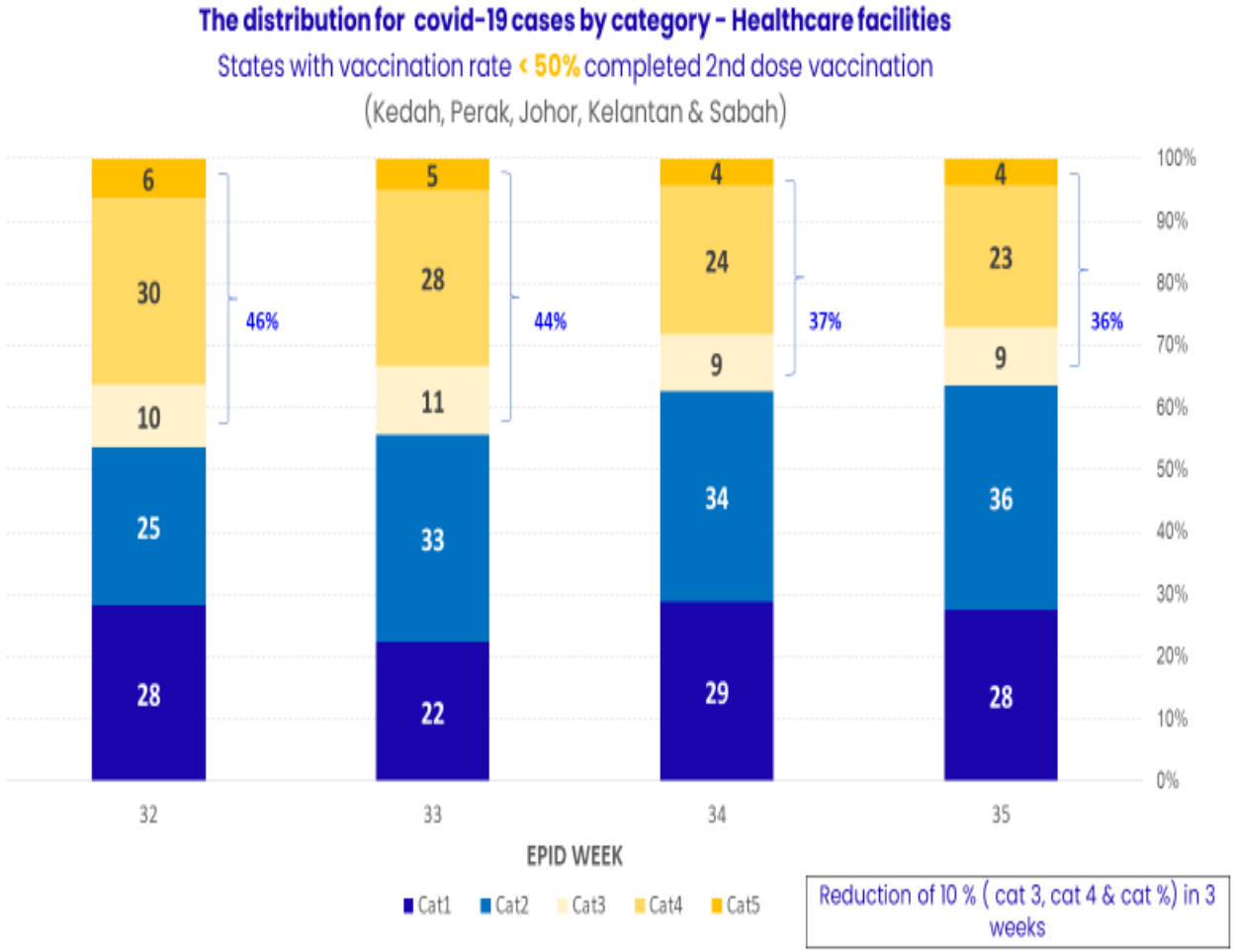


KEDUDUKAN KADAR VAKSINASI DI MALAYSIA ADALAH TINGGI

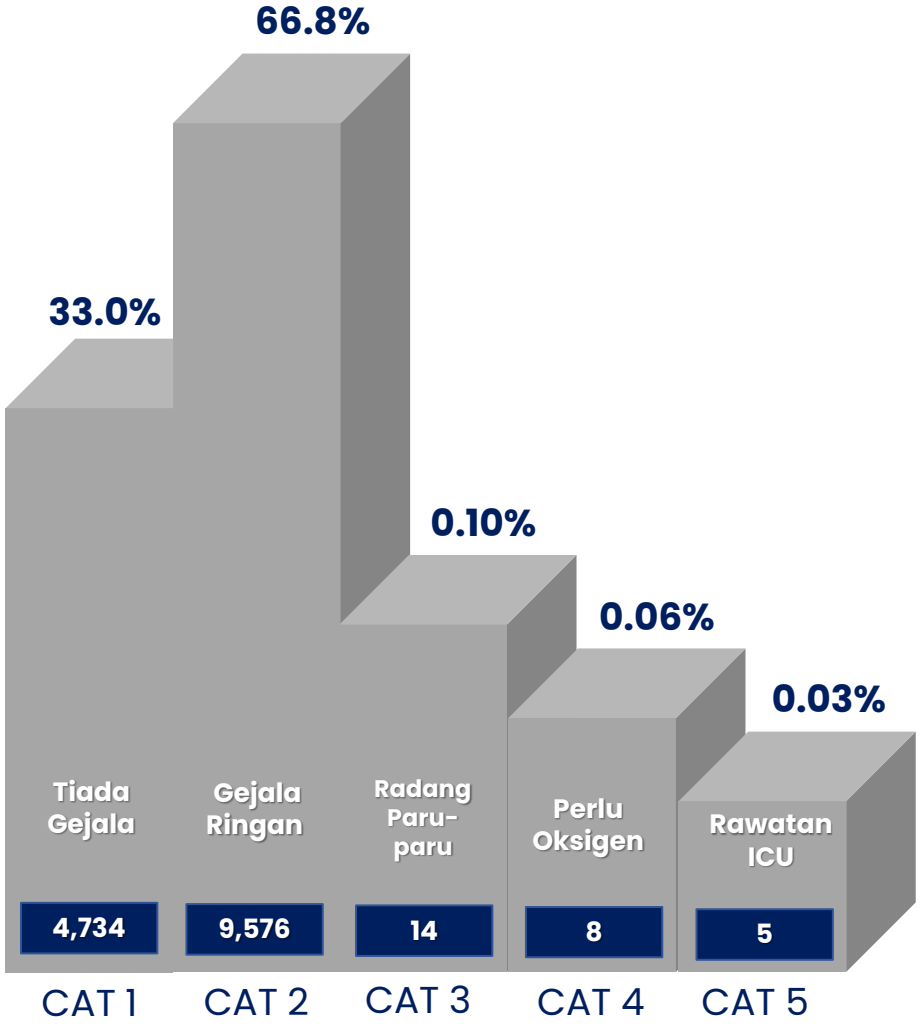


KESAN VAKSINASI KEPADA KEMASUKAN KES COVID-19 KATEGORI 3, 4 & 5





JANGKITAN POSITIF COVID-19 DIKALANGAN PETUGAS KKM YANG TELAH MENERIMA VAKSINASI LENGKAP



Hanya

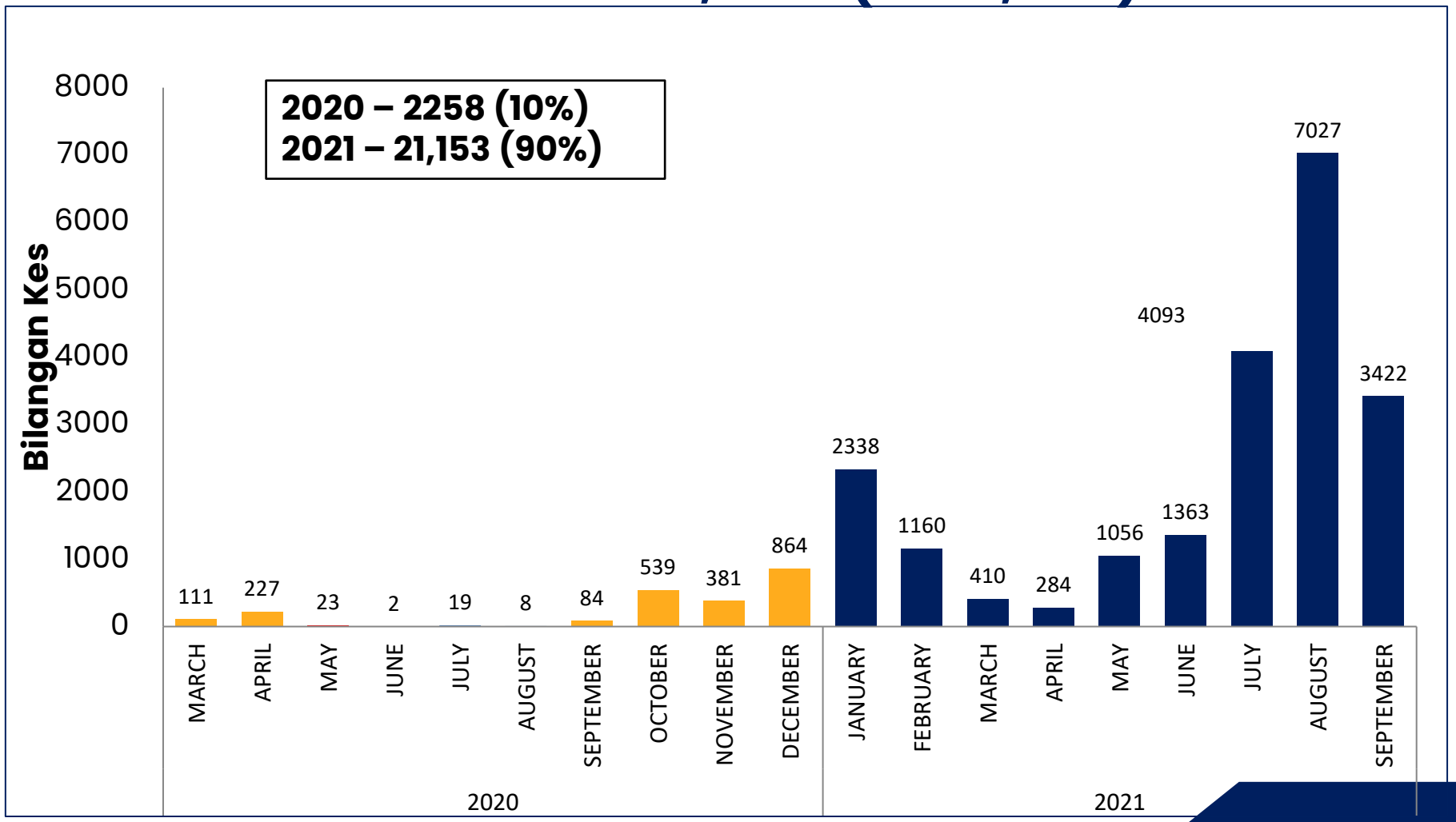
5.28%

(14,554 petugas)

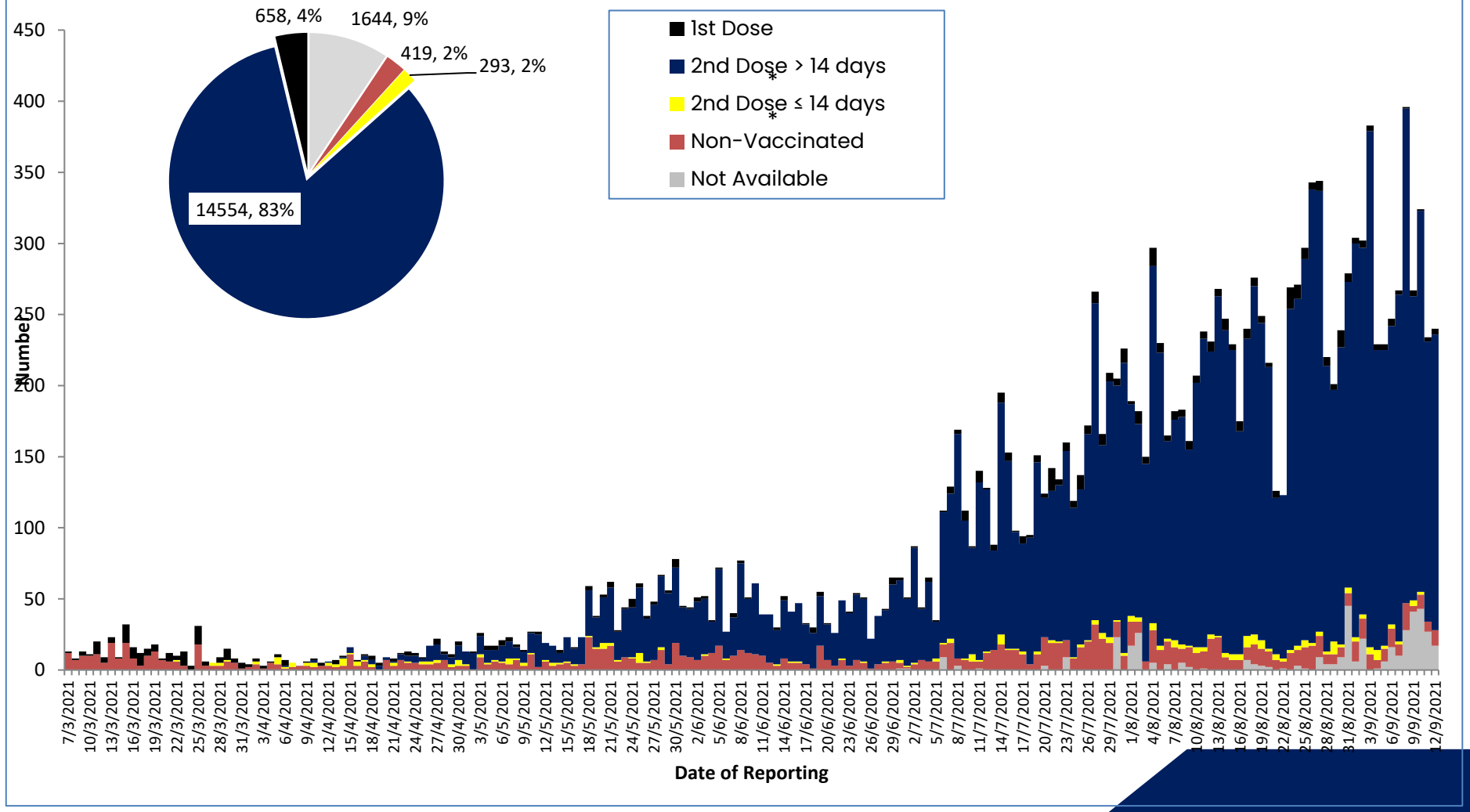
Kebanyakan yang telah dijangkiti ***tidak bergejala atau menunjukkan gejala ringan***

**Untuk tempoh 24 Februari – 11 September 2021*

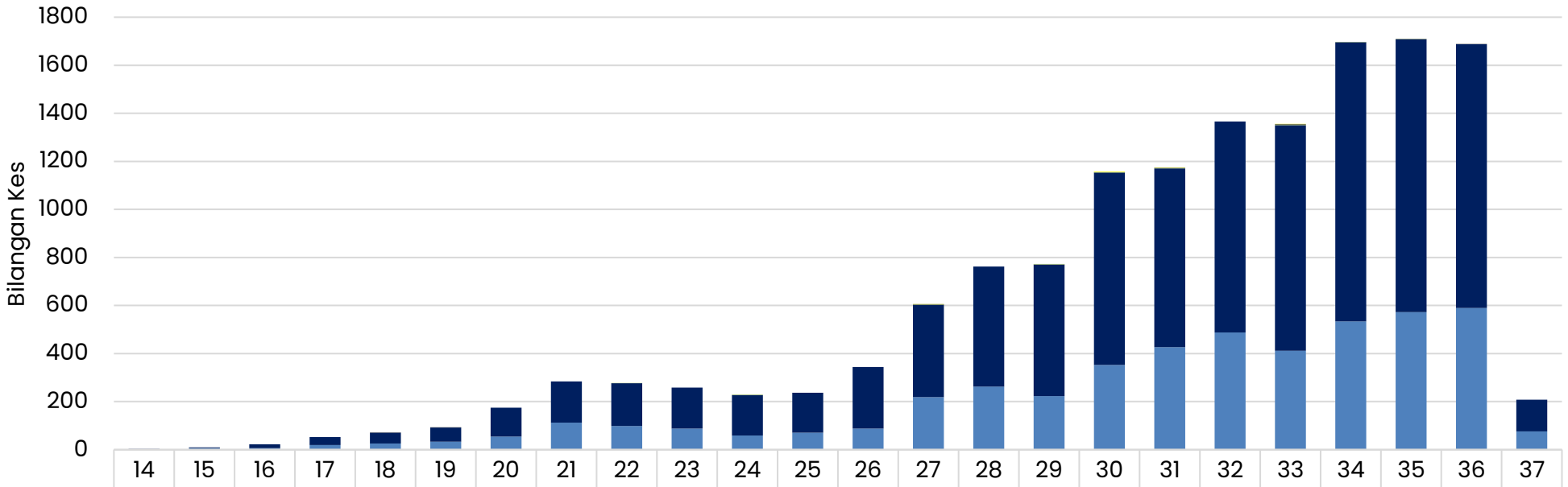
BILANGAN KES COVID-19 DALAM KALANGAN PETUGAS KESIHATAN MENGIKUT BULAN KES DILAPORKAN, 2021 (N=14,554)



BILANGAN KES COVID-19 DALAM KALANGAN PETUGAS KESIHATAN DENGAN STATUS VAKSINASI, MENGIKUT TARIKH LAPORAN KES, 2021 (N=14,554)



BILANGAN KES COVID-19 DALAM KALANGAN PETUGAS KESIHATAN LENGKAP VAKSINASI MENGIKUT KATEGORI DAN MINGGU EPID, 2021 (N=14,554)



	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37
CAT 5														1			2	1		1				
CAT 4					1	1								1				1		2		1	1	
CAT 3									1		2			1		2	2	2		2	1	1		
CAT 2	2	3	16	33	45	59	120	172	178	170	168	167	256	385	500	548	801	745	878	939	1162	1136	1099	132
CAT 1	1	6	6	19	26	33	54	112	98	88	59	70	88	218	262	223	353	426	488	412	534	572	589	76

SARANAN DOS PENGALAK (BOOSTER)

GOLONGAN BERISIKO TINGGI

1. Liputan vaksinasi di kalangan populasi dewasa mencapai **nilai ambang lebih daripada 80% seperti yang ditetapkan**

2. Dos Penggalak *(booster)* diberikan **keutamaan kepada golongan yang berisiko tinggi** untuk mendapat jangkitan COVID-19 termasuk:

   - **Individu yang mempunyai daya imuniti yang lemah *(immunocompromised).***
   - **Orang dewasa yang berumur 60 tahun dan ke atas dan mempunyai masalah kesihatan (co-morbid)**
   - **Individu yang tinggal serta bekerja di fasiliti penjagaan jangka panjang (Long Term Care Facilities)**
   - **Petugas-petugas Kesihatan barisan hadapan yang berisiko tinggi terdedah kepada jangkitan**
   - **COVID-19 dan telah menerima vaksin yang lengkap pada fasa 1 PICK.**

GOLONGAN SASARAN

Golongan seterusnya yang diberikan keutaman bagi dos penggalak (booster) adalah:

1. Individu berumur **18 tahun dan kurang daripada 60 tahun serta mempunyai masalah kesihatan (Co-morbids) yang berisiko tinggi** untuk mendapat jangkitan semula COVID-19

2. **Petugas barisan hadapan yang lain**

TEMPOH MASA DAN JENIS VAKSIN

- Tempoh masa disarankan untuk mengambil **dos penggalak (booster) bagi kedua-dua golongan tersebut adalah 6 hingga 8 bulan** setelah menerima dos vaksin yang lengkap.

- Manakala jenis vaksin yang digunakan bagi kedua-dua golongan tersebut adalah vaksin jenis Comirnaty atau AZD1222.

INDIKASI DAN LAIN-LAIN

Individu sihat :

- JKPCV sedang **memantau data-data saintifik berkaitan dengan keperluan untuk memberikan dos penggalak (booster) kepada individu yang sihat** memandangkan data yang sedia ada masih terhad.
- Keputusan jenis vaksin bagi golongan tersebut akan diperhalusi setelah lebih data diperolehi.

- **Keperluan untuk dos penggalak (booster) bagi tujuan seperti menunaikan haji, umrah, belajar ke luar negara** dan lain-lain diteliti selaras dengan **polisi dan saranan negara- negara yang terlibat.**

- Satu jawatankuasa khusus panel pakar di **peringkat kebang**saan telah dibentuk bagi merangka pelan serta strategi dos penggalak (booster) diketuai oleh Pengarah Bahagian Kawalan Penyakit KKM. **Jawatankuasa ini juga bertanggungjawab untuk mengeluarkan garis panduan berkaitan dengan dos penggalak (booster) di Malaysia**

PENGURUSAN PANDEMIK

HIDE*: SISTEM RAMALAN AWAL BAGI TINDAKAN AWALAN (PRE-EMPTIVE) DI SESUATU LOKASI TITIK PANAS

Pendaftaran masuk (check-in) individu positif COVID-19

1. **Individu positif COVID-19** mendaftar masuk ke sesuatu lokasi
2. **Individu menjalankan ujian, dan mendaftar masuk** dan disahkan positif pada hari yang sama
3. **Mendaftar masuk, menjalankan ujian** dan disahkan positif pada hari yang sama

Backward & Forward Tracing + Machine-Learning: *Location-Specific Tracing Windows*

Pengesanan Kehadapan Forward tracing membolehkan pengesanan kontak dibuat bagi individu positif yang telah dikenal pasti

Pengesanan Kebelakang membolehkakan pengesanan kontak dibuat bagi mengenalpasti individu yang telah menyebabkan jangkitan berlaku termasuklah individu yang lain

Mengenal pasti kontak

Individu yang **mungkin terdedah kepada COVID-19** menerusi daftar masuk MySejahtera

Amaran Titik Panas Dikeluarkan

Titik Panas Besar
≥ 50 jangkitan

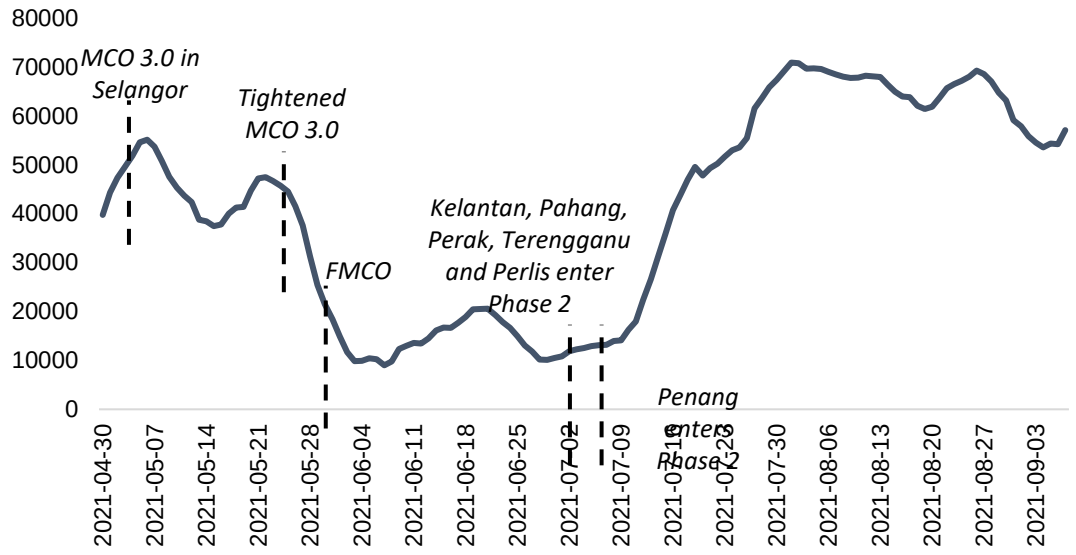
Titik Panas Kecil
< 50 jangkitan

***Hotspot Identification for Dynamic Engagement (HIDE) bergantung kepada data ujian COVID-19. Kelewatan melakukan ujian atau kelewatan keputusan ujian akan memberi kesan kepada sesuatu ID MySejahtera termasuklah kelewatan pengenalpastian titik panas**

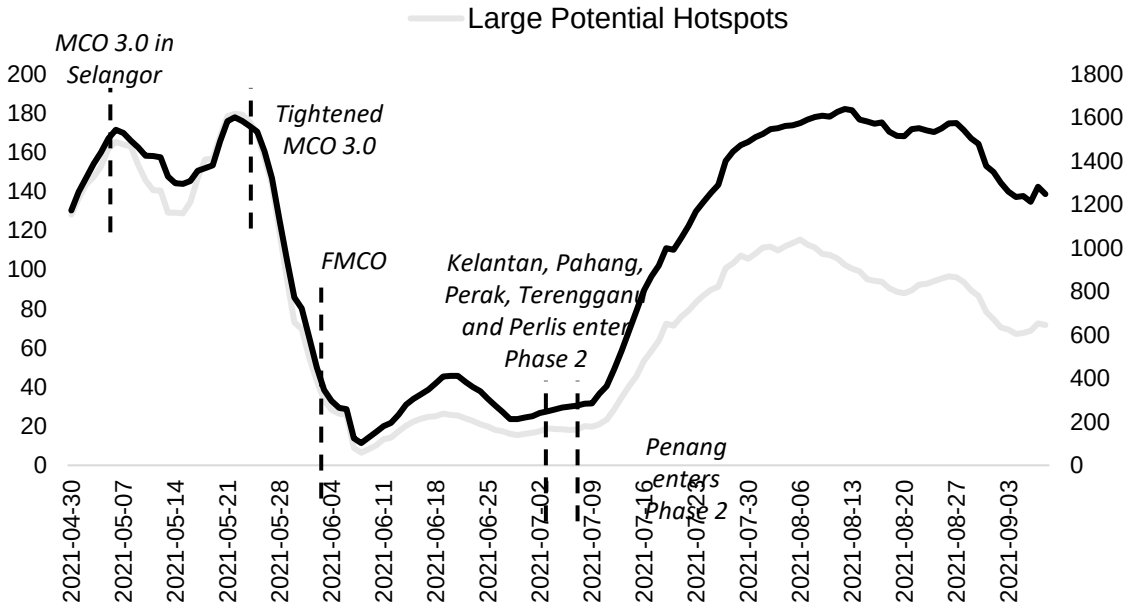
Nota:
1. Tidak termasuk lokasi dengan penggunaan MySejahtera yang rendah seperti sekolah, asrama pekerja dan kawasan perumahan
2. Kluster yang diumumkan oleh KKM dibuat dengan mengambil kira pelbagai faktor. Ini termasuklah jumlah kes dan jenis lokasi; kluster tidak terhad kepada lokasi jangkitan dan turut merujuk kepada generasi jangkitan

KONTAK KASUAL DAN TITIK PANAS HIDE MENUNJUKKAN TREND PENURUNAN TETAPI MASIH LAGI TINGGI

Kontak Kasual (Purata Pergerakan 7 Hari)



HIDE: Potensi Titik Panas (Purata Pergerakan 7 Hari)



	Titik Panas Kecil	Titik Panas Besar
Kadar Positif Sebenar	**75.9%**	**97.3%**
Kadar Positif Palsu	**20.2**	**1.5%**

- Nota: Pengesahan menerusi MySejahtera dan ujian COVID-19

PENGUJIAN

Semasa

- Kapasiti Kebangsaan
  - 31,485 di makmal kerajaan (KKM, KPT, ATM, MOSTI)
  - 90,318 di makmal swasta
- Strategi pengujian untuk fasa “late containment” dan “mitigation”
- Sampel dari P.Pinang dihantar ke Hospital Pulau Pinang dan Makmal Kesihatan Awam Ipoh
- Kajian genomik dijalankan oleh Konsortium Survelan Genomik

Kekangan

- Kelewatan keputusan apabila terdapat peningkatan bilangan sampel yang perlu diuji
- Impak ke atas pengurusan kes dan pengesanan kontak
- Penyumberluaran perkhidmatan telah mencapai tahap maksimum bajet yang diperuntukkan bagi sebahagian makmal

Hala tuju

- Pemerkasaan penggunaan rapid test kit (RTK) antigen (Ag)
- Menggalakkan penggunaan ujian kendiri dan memperkasa kes untuk menotifikasi keputusan ujian dan isolasi kendiri
- Mengurangkan lagi harga ujian kendiri
- Meningkatkan kapasiti survelan genomik

STRATEGI PENGUJIAN SARS-CoV-2 MENGIKUT FASA

BIL	AKTIVITI	LATE CONTAINMENT	MITIGATION
PENGESANAN AWAL MELALUI UJIAN COVID-19:		RT PCR ± RTK Ag **(professional use)**	RTK Ag **(professional use/Kendiri)** ± RT PCR
i.	Di komuniti	Bergejala & tidak bergejala	Bergejala sahaja
ii.	Kepada kontak rapat	Bergejala & tidak bergejala	Bergejala sahaja
iii.	Individu terlibat dengan pengurusan tempat tumpuan ramai seperti kedai, masjid, pasar dll	Ujian pengesanan COVID-19 dilakukan	Ujian pengesanan COVID-19 TIDAK dilakukan
iv.	Sampling 10% penduduk tidak bergejala bagi lokaliti PKPD	Ujian pengesanan COVID-19 dilakukan	Ujian pengesanan COVID-19 TIDAK dilakukan
v.	Individu berisiko tinggi, i.e. komorbid	Bergejala & tidak bergejala	Bergejala & tidak bergejala
vi.	Pengoperasian sektor ekonomi	RTK Ag ujian kendiri KECUALI ujian RT PCR bagi Sektor Pelancongan ke atas pengembara dari luar negara	
vii.	MICE (Meetings, Incentives, Conferences, Exhibitions)	Bergejala sahaja	Bergejala sahaja

Nota: Penggunaan RTK-Ag sebagai pengesahan status kes digunakan di lokaliti prevalens melebihi 10% atau ujian concordance dengan sensitiviti sekurang-kurangnya 85% dan spesifisiti 100%

PENGESANAN KONTAK

Semasa

- Lawatan ke rumah kes dan kontak
  - 15 – 30 kes/kontak rapat sehari dapat dikesan oleh satu buah pasukan
  - Di peringkat daerah, kira-kira 5 buah pasukan boleh mengesan 45-150 kes/kontak rapat sehari
- Melalui panggilan telefon kepada kes dan kontak rapat
  - 30 – 40 kes/kontak sehari oleh seorang pegawai
- Notifikasi MySejahtera:
  - "Automated" untuk kes positif
  - Kes positif menotifikasi kontak rapat mereka melalui MySejahtera
  - Pengesanan kontak "automated" mengenalpasti kontak kasual melalui MySejahtera (Notifikasi "Exposure")
- RoboCall di Lembah Klang

Kekangan

- Aktiviti yang memerlukan penggunaan sumber yang intensif
- Kapasiti terhad di kawasan dengan beban kes COVID-19 yang tinggi

Hala Tuju

- Memperkasa kesemua di atas dengan bilangan petugas yang optimum melalui mobilisasi daripada lain-lain agensi
- Perluasan perkhidmatan "RoboCall" ke negeri-negeri lain
- Pengesanan kontak digital melalui teknologi Bluetooth

ISOLASI

Semasa

- Mengamal isolasi kendiri di rumah:
  - Virtual
    - Isolasi kendiri sebaik sahaja menerima notifikasi virtual melalui MySejahtera
      - Sangat bergantung kepada disiplin kendiri
  - Fizikal
    - HSO diserahkan apabila petugas kesihatan bertemu secara bersemuka dengan pesakit

Kekangan

- Persepsi risiko mereka untuk menjangkiti orang lain
- Kepatuhan yang lemah kepada arahan
- Kapasiti katil COVID-19 ICU dan bukan ICU yang terhad di hospital / PKRC di Kawasan yang mempunyai beban kes COVID-19 yang tinggi
- Keberkesanan “risk communication”

Hala Tuju

- Pemerkasaan penguatkuasaan dengan teknologi “geofencing”
- “Risk communication” dan promosi/pendidikan kesihatan yang efektif

ISOLASI KES COVID-19

SITUASI SEMASA

- Isolasi kes COVID-19 di PKRC/hospital
  - Jangkaan tempoh masa daripada pesakit dirujuk sehingga pesakit diambil untuk dihantar ke hospital/PKRC adalah 12 ke 24 jam
  - Kes diambil oleh ambulan atau pengangkutan yang disediakan oleh lain-lain agensi atau syarikat swasta

KEKANGAN

- Pesakit lambat diambil menyebabkan risiko penularan dalam keluarga
- Jumlah ambulan yang terhad – 877 di klinik kesihatan
- Terdapat pesakit yang menolak untuk dirujuk

HALA TUJU

- Penyumberluaran pengangkutan

VAKSINASI DALAM KALANGAN PEKERJA KILANG

- KKM menyimpan data granular kilang dan dan pekerja
- Kerajaan berkeupayaan untuk mengambil tindakan ke atas kilang yang gagal mematuhi keperluan rekod vaksinasi

Analysis of 66,756 pikas_wpkl records

category	count	prop
Vaccinated (dose 1)	5,554	8.3
Vaccinated (dose 2)	54,398	81.5
Has appt	1,160	1.7
No appt (registered)	1,000	1.5
No appt (unregistered)	4,644	7.0

Analysis of 49,659 pikas_wpp records

category	count	prop
Vaccinated (dose 1)	3,315	6.7
Vaccinated (dose 2)	39,099	78.7
Has appt	2,210	4.5
No appt (registered)	1,699	3.4
No appt (unregistered)	3,336	6.7

Analysis of 158,346 pikas_selangor records

category	count	prop
Vaccinated (dose 1)	10,307	6.5
Vaccinated (dose 2)	132,502	83.7
Has appt	4,050	2.6
No appt (registered)	2,029	1.3
No appt (unregistered)	9,458	6.0

KAEDAH MENINGKATKAN VAKSINASI KEPADA GOLONGAN PEKERJA KILANG

- Di bawah Program Imunisasi Covid-19 Kebangsaan (PICK), Pusat Pemberian Vaksin Industri (PPVIN) telah diwujudkan sebagai satu usaha memberi vaksin di kalangan pekerja industri pelbagai sektor.

- Daripada jumlah yang telah mendaftar di bawah MySejahtera, sebilangan besar pekerja-pekerja kilang ini telah pun menerima vaksin (sekitar 2.1 juta dos)

- Namun terdapat sebilangan pekerja bukan warga negara yang tidak mempunyai dokumen yang sah dan masih belum mendaftar di aplikasi MySejahtera dan belum divaksin.

- Mereka yang tidak mendaftarkan diri ini diyakini adalah disebabkan ketakutan akan dikenakan tindakan undang-undang. Golongan ini adalah berisiko untuk dijangkiti dan perlu divaksin bagi mengekang penularan wabak COVID-19 terutamanya di lokasi pengoperasian industri.

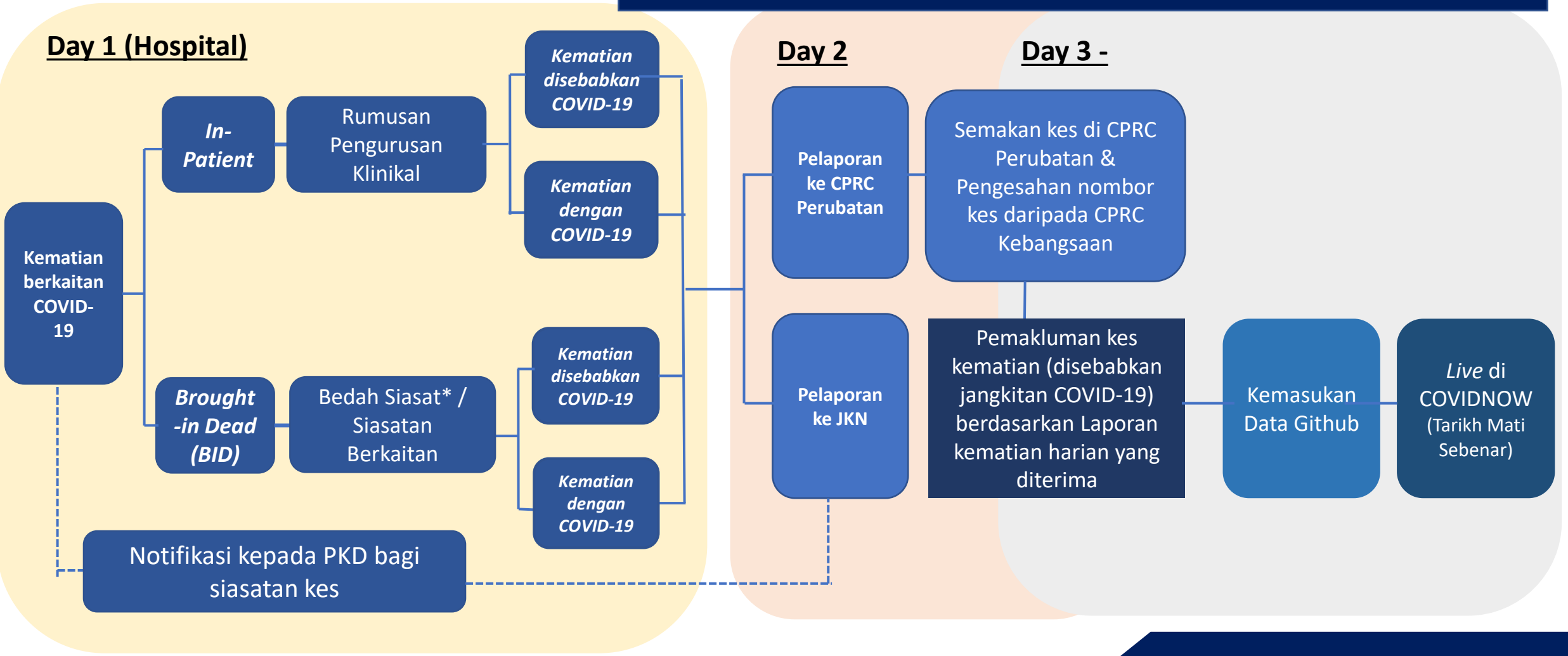
STRATEGI YANG DICADANGKAN

- Penglibatan klinik-klinik pengamal perubatan swasta di kawasan bandar memandangkan terdapat kekangan daripada segi tenaga kerja KKM melalui Klinik Kesihatan yang lebih tertumpu kepada pengendalian kes COVID-19.

- Penglibatan majikan adalah amat diperlukan bagi membiayai kos vaksinasi golongan ini bagi memastikan imuniti meluas di Malaysia dapat dicapai

PENGURUSAN KES KEMATIAN

Berkuat kuasa 1 November 2020, selaras dengan Garis Panduan Klasifikasi Kematian COVID-19 yang dikeluarkan oleh Pertubuhan Kesihatan Sedunia (WHO) pada 16 April 2020, kematian COVID-19 di Malaysia diklasifikasikan sebagai "**Kematian Disebabkan oleh COVID-19**" *(Death due to COVID-19*) atau "**Kematian Dengan COVID-19**" *(Death with COVID-19*) untuk memastikan ketepatan pelaporan di peringkat antarabangsa agar setaraf dengan negara-negara lain.



*Sekiranya bedah siasat dijalankan akan mengambil masa lebih 72 jam

PENEMBUSAN KES KEMATIAN (BREAKTHROUGH DEATH)

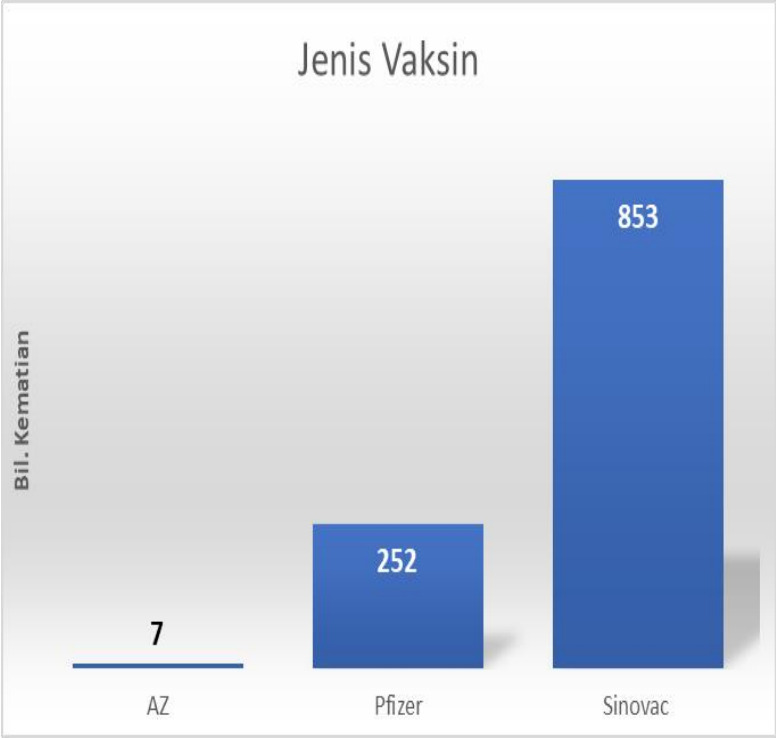
- Daripada keseluruhan jumlah kematian yang dicatatkan:
  - Individu yang telah menerima dua dos = 1,643
  - Individu tidak divaksin dan hanya menerima satu dos = 17,816
  - Sehingga 12 September 2021= 17,177,911 orang telah menerima dua dos.
  - Bagi individu yang telah menerima dua dos, kadar kematian adalah **0.0096%** atau bersamaan

96 orang bagi setiap 1,000,000 populasi

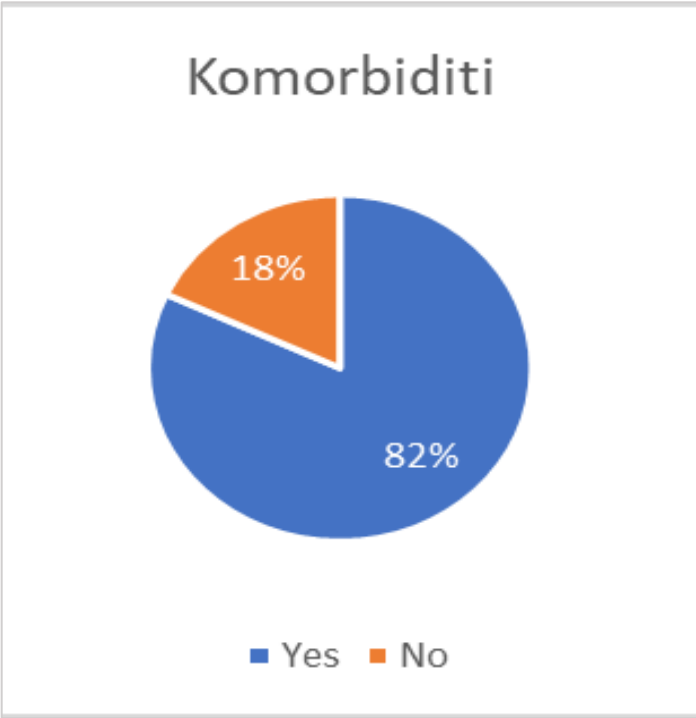
- Daripada 19,369 kes kematian semenjak 31 Mac 2021:
  - Tidak divaksin: 13,789 (71.2%)
  - Dos pertama: 3,937 (20.3%)
  - Dose kedua (< 14 hari): 531 (2.7%)
  - Lengkap divaksinasi: 1,112 (5.7%)

Penembusan Kematian: 5.7%

KEMATIAN MENGIKUT JENIS VAKSIN DAN KOMORBID



Kematian di kalangan "Fully Vaccinated" mengikut jenis vaksin:
Aztra Zeneca: 0.001%
Pfizer 0.004%
Sinovac : 0.012%



Kematian di kalangan "Fully Vaccinated" **82%** mempunyai komorbiditi.

Prepared by: Clinical Audit Unit, MDD, MOH

PENGURUSAN BID COVID-19

- BID COVID-19 dibahagikan kepada 2 kategori:-
  - Under Health Care Provider Care – 14% daripada jumlah BID
  - Not Under Health Care Provider Care – 86% daripada jumlah BID

1. **BID Under Health Care Provider Care (HCPC)**
   - Mortality Review setiap minggu oleh Bahagian Pembangunan Kesihatan Keluarga
   - Kenalpasti kelemahan dalam pengurusan pesakit dan faktor penyumbang
   - Kemudahan logistik seperti katil di hospital dan perkhidmatan ambulan untuk kes-kes kecemasan, sumber manusia di peringkat PKD dan CAC, pengurusan kes di peringkat PKD, CAC hospital awam dan swasta serta pengamal perubatan swasta.

2. **BID Not Under Health Care Provider Care (HCPC)**
   - BPKK sedang dalam proses untuk menjalankan Verbal Autopsy
   - Penyiasatan kematian melibatkan wawancara dengan waris menggunakan soalselidik berstruktur dan menjurus kepada kejadian sebelum kematian akibat COVID-19 berlaku
   - Membantu meningkatkan survelan dalam kesihatan awam

SOKONGAN

KERAJAAN NEGERI:

- Dilakukan melalui Jawatankuasa Pengurusan Bencara Negeri & Daerah
  - Dianggotai oleh berbagai agensi
  - JK diterajui oleh Menteri Wilayah / Setiausaha Kerajaan Negeri (SUK) / Pegawai Daerah (DO)

PUBLIC-PRIVATE PARTNERSHIP (PPP):

- Penggunaan perkhidmatan kesihatan di fasiliti kesihatan swasta melalui arahan Ordinan Darurat & sistem *reimbursement*
- Pegamal Perubatan swasta membantu menjalankan pemantauan status kesihatan harian kes COVID-19 sepanjang tempoh kuarantin

HALA TUJU:

- Pindaan Akta Pencegahan dan Pengawalan Penyakit Berjangkit 1988 [*Akta 342*] untuk membolehkan penggunaan sumber di fasiliti kesihatan swasta
- Terus memperkasakan Kerajaan Negeri dan Wilayah untuk penglibatan dalam menguruskan kes COVID-19 di negeri masing-masing

PARAMETER UNTUK BERALIH KE FASA ENDEMIK COVID-19

- Berdasarkan pengalaman pandemik flu, kehadiran virus SRAS-CoV-2 dalam kehidupan tidak dapat dielakkan TETAPI impaknya boleh diminimakan dengan
  - Mematuhi SOP, mengamalkan dan membudayakan norma baharu
  - Sentiasa memantau status kesihatan diri
  - Menjalankan penilaian risiko kendiri apabila berhadapan situasi harian
  - Menjalani ujian pengesanan COVID-19 sekiranya bergejala
- KKM sedang meneliti beberapa parameter dengan nilainya sebagai nilai ambang
  - Bilangan kes harian
  - Bilangan kes dimasukkan ke hospital
  - Bilangan kes dimasukkan ke ICU
  - Bilangan kematian harian
  - Liputan vaksinasi penduduk Malaysia di semua lokaliti dalam Negara

Malaysia BELUM BERSEDIA untuk beralih ke fasa endemik. Walaupun liputan vaksinasi di Malaysia >60% TETAPI kapasiti untuk respon masih terhad dan kemasukan ke hospital serta kes kematian masih tinggi

WAY FORWARD

Bersama Hentikan Wabak COVID-19

PERALIHAN KE FASA ENDEMIK – HIDUP BERSAMA COVID-19

UNTUK MELANDAIKAN KELUK COVID-19

Putuskan Rantaian Transmisi

Menurunkan kes harian kepada kurang daripada 500 kes dan mengurangkan kes sporadik

Kurangkan Morbiditi dan Kematian

Mengelakkan kes kematian di kalangan golongan berisiko tinggi dan memastikan semua perkhidmatan kesihatan berjalan lancar

Memperkukuh Diagnostik dan Survelan

Memastikan keupayaan untuk menjalankan aktiviti pencegahan dan kawalan COVID-19

Mencapai Imuniti Meluas

Pemberian vaksin kepada 70 peratus penduduk di Malaysia

Tingkatkan Kesedaran & Pembudayaan Normal Baharu

- Masyarakat membudayakan normal baharu & pematuhan kepada SOP
- Memulihkan keyakinan & kepercayaan rakyat kepada kerajaan

Memperkukuhkan sokongan Kesihatan Mental & Psikososial

Memberi sokongan psikososial dan memperkasakan petugas barisan hadapan dan masyarakat dalam penjagaan kesihatan mental kendiri

KERJASAMA MULTISEKTORAL (*PUBLIC PRIVATE PARTNERSHIP*)

PERUNDANGAN, ORDINAN, POLISI, SOP & PENGUATKUASAAN

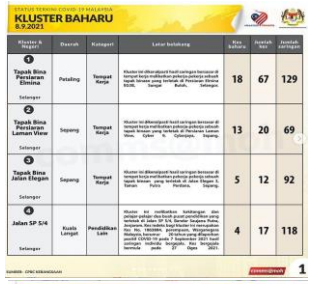
SUMBER MANUSIA, LOGISTIK & PERALATAN

KEWANGAN

DIGITALISASI (MySejahtera, SIMKA, eCOVID)

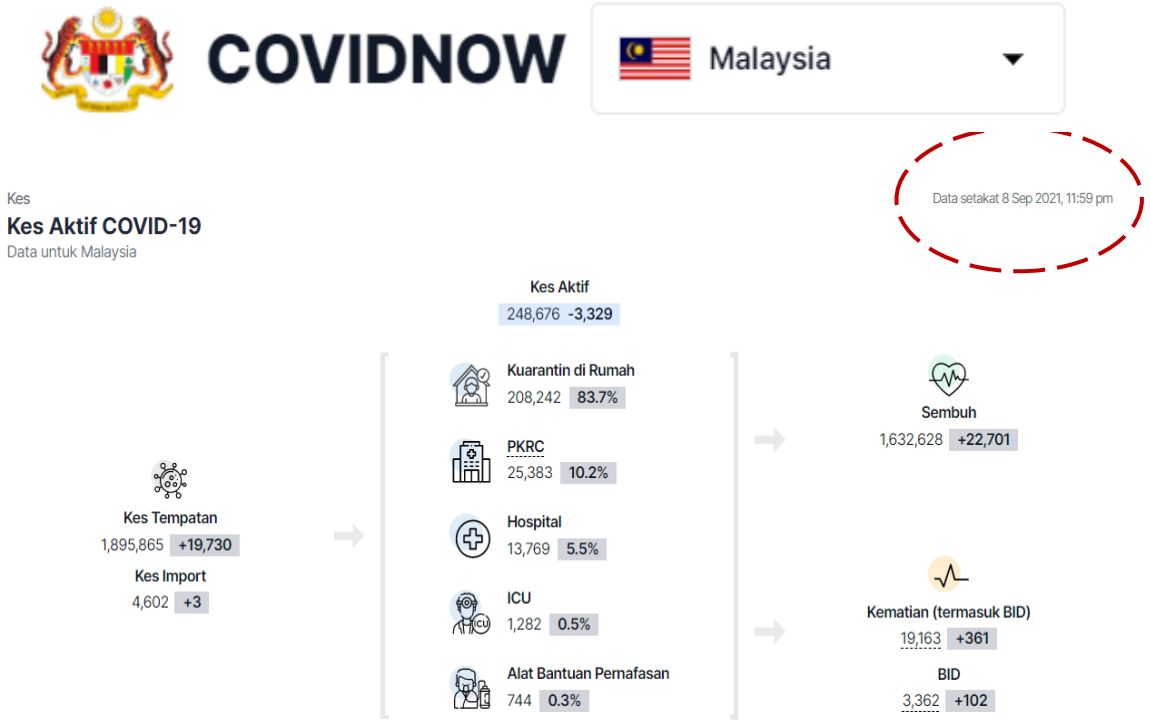
PEMANTAUAN DAN PENILAIAN

COVIDNOW: PELAPORAN HARIAN MENGGUNAKAN COVIDNOW



Laporan yang dilaporkan:

- Kes baharu
- Pecahan carta alir termasuk kadar vaksinasi
- Kluster baharu
- Peratusan kategori 1 dan 2
- Ringkasan kes kematian
- Ringkasan Kluster Baharu



PEMBAHARUAN DAN TAMBAHAN YANG DIBUAT

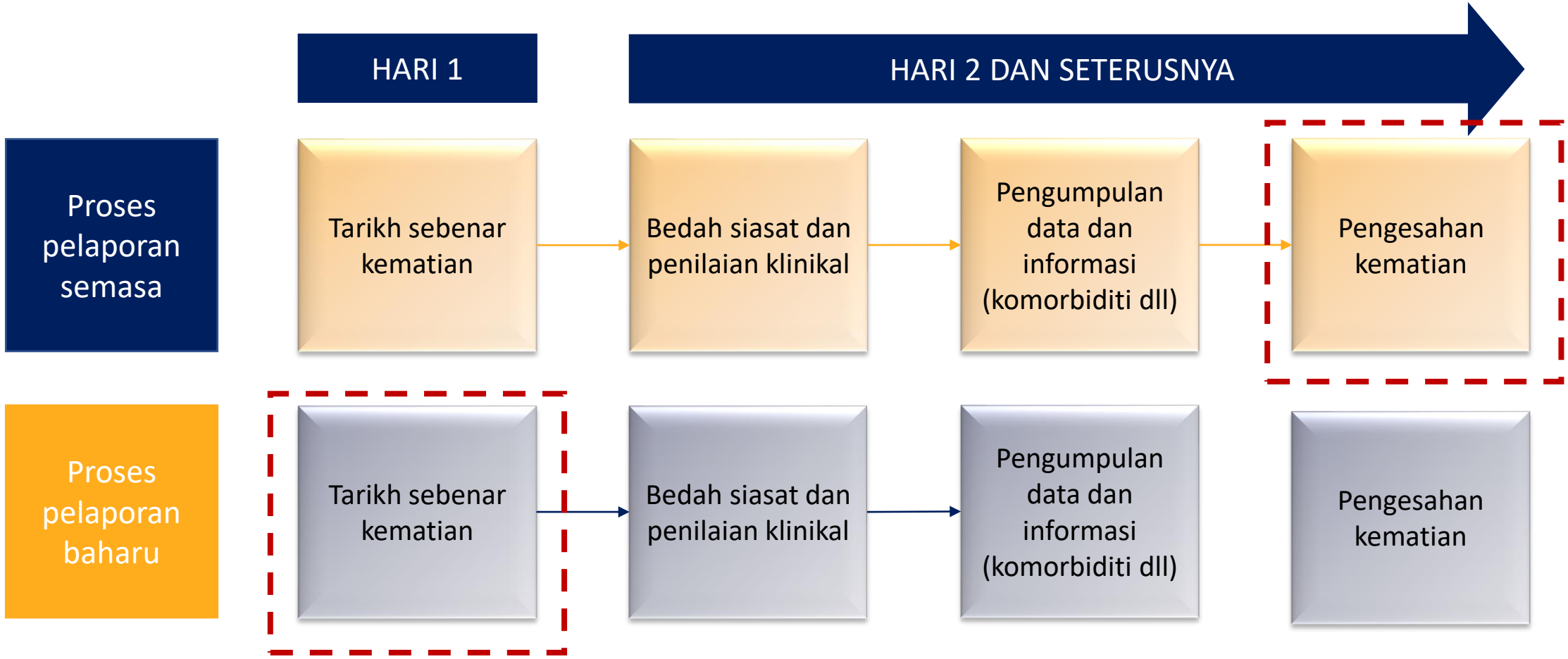
Set Data Tersedia

- Kes mengikut negeri dan jumlah ujian saringan
- Kes mengikut kluster
- Kadar kematian mengikut negeri
- Kadar penggunaan alat bantuan pernafasan, ICU, hospital di fasiliti kesihatan awam
- Data mobiliti (pergerakan) peringkat negeri (Daftar masuk MySejahtera)

Set Data Yang Ditambah

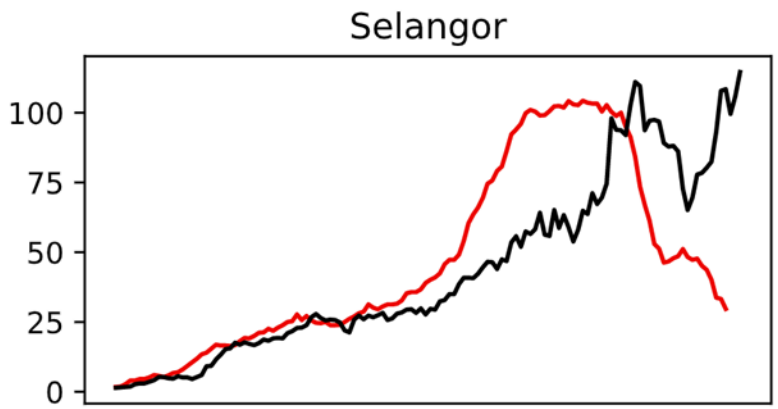
- Perincian kes baharu beserta status vaksinasi dan jenis vaksin
- Perincian kes kematian beserta status vaksinasi dan jenis vaksin
- Kapasiti katil, alat bantuan pernafasan dan ICU mengikut jenis hospital (awam dan swasta) di setiap negeri
- Data kesan buruk (AEFI) mengikut jenis vaksin

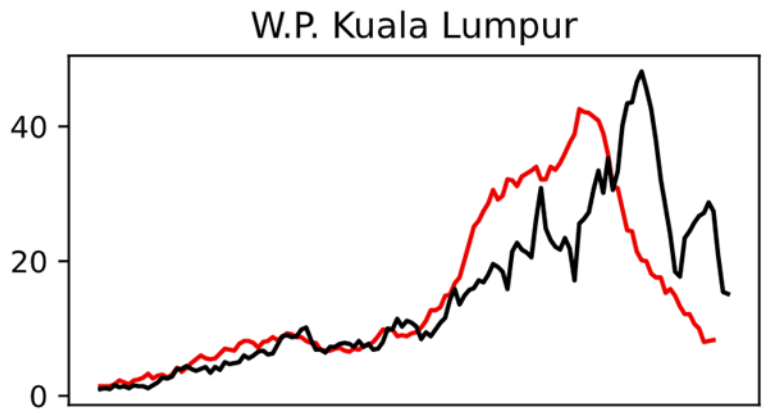
PELAPORAN YANG LEBIH TEPAT DAN PENAMBAHBAIK PROSES

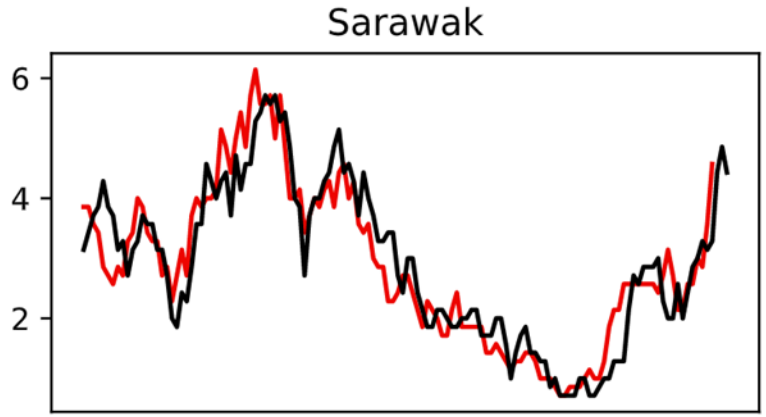


Tarikh pengumuman kes akan dibuat

BAGAIMANAKAH KESANNYA KEPADA PELAPORAN HARIAN



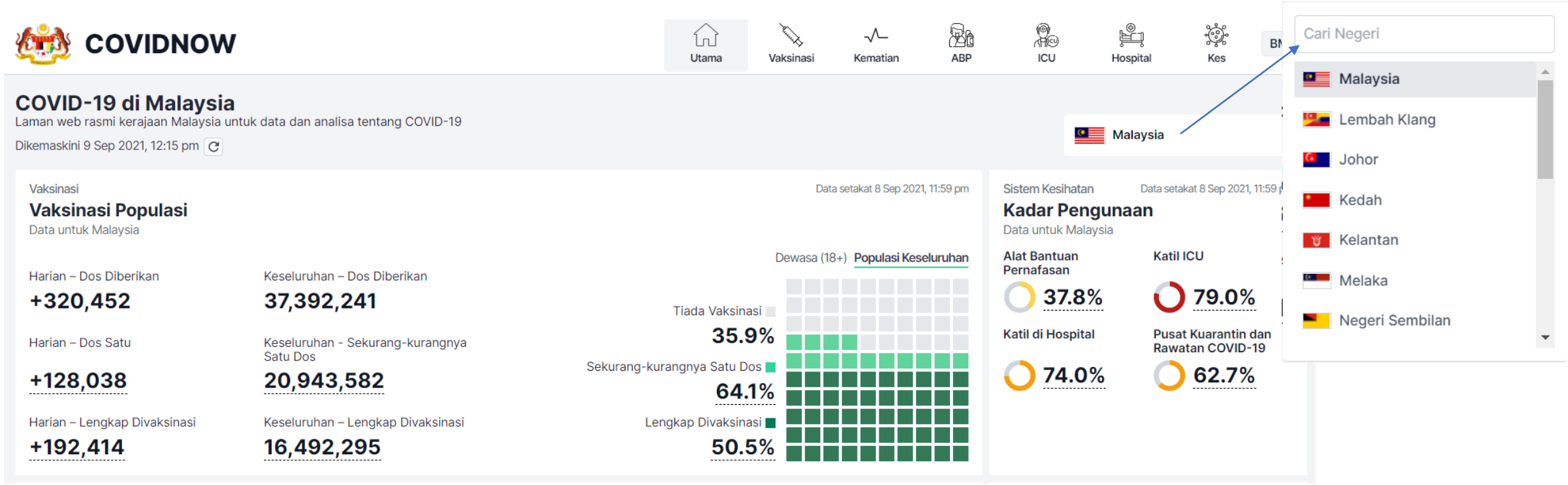




Nota:

- Perbezaan dan percanggahan antara kadar kes sebenar dengan kadar kes yang diumumkan adalah disebabkan prosedur klinikal yang perlu dilaksanakan bagi mengesahkan setiap kes

COVIDNOW



- Data sebenar daripada sumber utama
- Berstruktur dan dikemas kini
- Berfokus kepada penterjemahan data berbanding statistik semata-mata

MYSEJAHTERA

Statistik MySejahtera (Dikemas kini 12 Sept 2021)

Pengguna & tanggungan
40,499,529

Premis perniagaan
2,546,555

1,099,583
Bantuan kepada pengguna

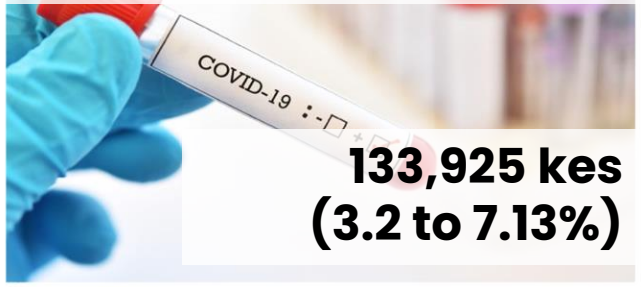
27.4m Purata *check-in* harian
7.81 Jumlah check-in

4.6 & 4.4
STAR Rating di Apple & Google Play Store

Jumlah kes positif yang berjaya dikesan

776,380 kes
(15.13 to 45.88%)

Jumlah kes positif dikesan melalui penilaian kesihatan



133,925 kes
(3.2 to 7.13%)

E-COVID

- Akan ditambahbaik di mana input data pesakit dimasukkan ke e-COVID semasa interaksi pertama oleh individu disyaki COVID-19 di CAC, Klinik Kesihatan, klinik swasta dsb.
- Pengesahan maklumat pesakit dibuat sebelum ujian dihantar
- Apabila keputusan ujian dimuatnaik ke sistem e-COVID, ia akan terus dipadankan dengan kes yang disaring
- Sistem yang lebih mesra pengguna

CAC SECARA MAYA (VIRTUAL CAC)

Peralihan dari pandemik ke endemik

Pengurusan pesakit positif COVID-19

Digital HSO diberi melalui aplikasi MySejahtera

Pesakit menjalani isolasi kendiri

Pesakit menjalani *Home Assessment Tool* (HAT) harian melalui MySejahtera

Pemantauan kes oleh KKM melalui Virtual CAC

Hala Tuju Virtual CAC

- Pesakit patut digalakkan untuk menjalani *self-care* di mana:
  - Ujian kendiri diberikan kepada pesakit dan pesakit boleh melakukan ujian sekiranya bergejala;
  - Pesakit memantau penyakit tidak berjangkit secara kendiri; dan
  - Pesakit menjalani kehidupan sihat.

JILID 2

DR 13 TAHUN 2021

DEWAN RAKYAT YANG KEEMPAT BELAS

PENGGAL KEEMPAT

LAPORAN JAWATANKUASA PILIHAN KHAS

JAWATANKUASA PILIHAN KHAS KESIHATAN, SAINS DAN INOVASI

MESYUARAT JAWATANKUASA PILIHAN KHAS KESIHATAN, SAINS DAN INOVASI PARLIMEN KE-14 BIL. 4 TAHUN 2021

MESYUARAT JAWATANKUASA PILIHAN KHAS
KESIHATAN, SAINS DAN INOVASI
PARLIMEN KE-14 BIL. 4 TAHUN 2021

Tarikh	:	**21 September 2021 (Selasa)**
Masa	:	**2.30 petang**
Tempat	:	**Bilik Jawatankuasa 2,** **Aras 2, Bangunan Blok Utama,** **Parlimen Malaysia**

AGENDA MESYUARAT

1. Perutusan Pengerusi
2. Pembentangan oleh Kumpulan Pakar Penasihat Kesihatan dan Sains COVID-19 (EAG)
3. Hal-hal lain

TERHAD

MALAYSIA

DEWAN RAKYAT

LAPORAN PROSIDING

JAWATANKUASA PILIHAN KHAS KESIHATAN, SAINS, DAN INOVASI

MESYUARAT MEMBINCANGKAN SITUASI PANDEMIK COVID-19 DAN USAHA KERAJAAN MENANGANINYA

BIL. 4
SELASA, 21 SEPTEMBER 2021
PENGGAL KE-4, PARLIMEN KE-14

MESYUARAT JAWATANKUASA PILIHAN KHAS KESIHATAN, SAINS DAN INOVASI (JPKKSI)
BILIK MESYUARAT JAWATANKUASA 2, BLOK UTAMA
BANGUNAN PARLIMEN, PARLIMEN MALAYSIA

SELASA, 21 SEPTEMBER 2021

AHLI-AHLI JAWATANKUASA

Hadir
YB. Dr. Kelvin Yii Lee Wuen [Bandar Kuching] - *Pengerusi*
YB. Datuk Seri Panglima Abdul Azeez bin Abdul Rahim [Baling]
YB. Tuan Haji Wan Hassan bin Mohd Ramli [Dungun]
YB. Dato' Dr. Xavier Jayakumar a/l Arulanandam [Kuala Langat]
YB. Tuan Lukanisman bin Awang Sauni [Sibuti]

Tidak Hadir (Dengan Maaf)
YB. Dato' Sri Bung Moktar bin Radin [Kinabatangan]
YBrs. Tuan Dr. Nizam Mydin bin Bacha Mydin - *Setiausaha*

URUS SETIA

Encik Mohd Sukri bin Busro [Ketua Penolong Setiausaha, Seksyen Perundangan dan Prosiding (Bahagian Pengurusan Dewan Rakyat), Parlimen Malaysia]
Encik Amirul Ashyraaf bin Zulkifle [Penolong Setiausaha, Seksyen Jawatankuasa Pilihan Dewan Rakyat]

HADIR BERSAMA

Kumpulan Pakar Penasihat Kesihatan dan Sains COVID-19 (EAG)
YBhg. Tan Sri Dato' Dr. Abu Bakar Suleiman [Pengerusi]
YBrs. Prof. Dr. Rosmawati binti Mohamed [Ketua Akademi Perubatan Malaysia (AMM)]
YBrs. Prof. Dr. Roslina binti Abdul Manap [Pakar Perubatan Akademi Perubatan Malaysia (AMM)]
YBrs. Asst. Prof. Dr. Mohammad Farhan bin Rusli [Pakar Perubatan Kesihatan Awam]

Kementerian Kesihatan Malaysia (KKM)
YBhg. Datuk Dr. Hishamshah bin Mohd Ibrahim [Timbalan Ketua Pengarah Kesihatan (Penyelidikan dan Sokongan Teknikal)]
YBrs. Encik Thean Ming Fatt [Setiausaha Bahagian (Khidmat Pengurusan)]

samb/-

HADIR BERSAMA *(samb/-)*

Kementerian Sains, Teknologi dan Inovasi (MOSTI)
YBrs. Dr. Nagulendran a/l Kangayatkarasu [Timbalan Ketua Setiausaha (Perancangan dan Pembudayaan)]
Puan Nordina binti Idris [Setiausaha Bahagian (Teknologi Strategik dan Aplikasi S&T)]

Parlimen Malaysia
Cik Jackie Mary Fernandis [Penasihat Undang-undang II (Pejabat Penasihat Undang-undang), Parlimen Malaysia]
Puan Nurrul Saffida binti Kusaini [Pegawai Penyelidik]
Puan Sayani binti Umar [Pegawai Penyelidik]

LAPORAN PROSIDING

MESYUARAT JAWATANKUASA PILIHAN KHAS KESIHATAN, SAINS DAN INOVASI (JPKKSI)
PARLIMEN KEEMPAT BELAS, PENGGAL KEEMPAT

Selasa, 21 September 2021

Bilik Jawatankuasa 2, Blok Utama, Parlimen Malaysia, Kuala Lumpur

Mesyuarat dimulakan pada pukul 2.39 petang

*[Yang Berhormat Dr. Kelvin Yii Lee Wuen **mempengerusikan Mesyuarat**]*

Tuan Pengerusi: Okey, *thank God, we got the quorum.* Yang Berhormat Sibuti *from* Sarawak *and also* Yang Berhormat Kuala Langat *from* Selangor.

Dato' Dr. Xavier Jayakumar a/l Arulanandam [Kuala Langat]: *[Bercakap tanpa menggunakan pembesar suara]* Tidak ada kuorum *lah* dalam Dewan yang mulia.

Tuan Pengerusi: *Yeah, both, both* tidak ada kuorum. *[Ketawa]* Okey, terima kasih. *Thank you, so much and good afternoon.* Salam sejahtera *to everybody and my fellow committee members* dan juga pegawai-pegawai dari Kementerian Kesihatan Malaysia dan juga MOSTI. Terima kasih kerana datang kepada mesyuarat *Parliamentary Select Committee* ini, dan hari ini kita pakar-pakar daripada Kumpulan Pakar Penasihat Kesihatan dan Sains COVID-19 (EAG) yang diketuai oleh Yang Berbahagia Tan Sri Dato' Dr. Abu Bakar Suleiman, dan bersama beliau adalah Yang Berusaha Prof. Dr. Rosmawati binti Mohamed, Yang Berusaha Prof. Dr. Roslina binti Abdul Manap dan Yang Berusaha Asst. Prof. Dr. Mohammad Farhan bin Rusli.

Jadi, pada petang ini, kita akan membincangkan satu topik yang sangat penting, dan kita semua tertanya-tanya dan rakyat juga tertanya-tanya. Setiap kerajaan tertanya-tanya di seluruh dunia, bagaimana kita boleh transisi kepada endemik COVID-19 dan apakah parameter yang kita harus ada, dan bagaimanakah kita dapat transisi secara selamat dan lestari?

Jadi tanpa melengahkan masa lagi, untuk membuat satu *–Just for your information, this, as we can see, we have HEPA filter in this room. We make sure that the ventilation is –Of course it is not ideal, but it is as ideal as it can be. I have requested for the windows to be opened but apparently, they cannot open the windows.* Takut orang lompat keluar *kot. But we try our best and then –So, these are the few arrangements that we have met. So, with that, to you,* Yang Berbahagia Tan Sri Dato' Dr. Abu Bakar.

To my committee members, the committee has given us a free book. Ada buku yang telah ditulis dua orang doktor yang sangat terkemuka, dan di sini mereka menceritakan tentang isu-isu dalam sistem kesihatan kita dan juga cadangan mereka. Jadi, boleh baca. *It is a very comprehensive book. So, with that, without further ado* Yang Berbahagia Tan Sri Dato' Dr. Abu Bakar.

Tan Sri Dato' Dr. Abu Bakar Suleiman [Pengerusi]: Okey. *Assalamualaikum warahmatullahi wabarakatuh and good afternoon. Thank you*, Tuan Pengerusi. *That book is…what do we call…a production by the group of doctors but you might find some interest in it. This committee has prepared the last report from our committee because we are stepping down after this.*

Today, I thought we will discuss the report and any issues you want to bring up, but the focus, I think, we want to go is, how to deal with the short-term, the middle term and prepare for the medium and longer term. This is because, actually it is together. I just mentioned just now, under the Global Security Index, most countries were found wanting in terms of preparation and responses, including the developed countries. But the indicators they use for that particular tool is probably too narrow but, it gives you a measure of comparability.

So, here, we give our recommendation as we exit the pandemic, as we surely will, and painful as it has been. We got to prepare for the next outbreak. It may not be a pandemic, but it can be equally bad. If you look at the last 20 years, we had quite a lot where there were HIV, AIDS, SARS, Nipah virus, hand-foot-and-mouth disease, you know, and it was very damaging. So, with all of this, put aside all the other countries, we are always caught unprepared.

So, going forward for the future, I think, we must learn from this experience and get ourselves ready for the future outbreaks. I invite Yang Berusaha Prof. Dr. Rosmawati *to read the presentation. Thank you.*

Prof. Dr. Rosmawati binti Mohamed [Ketua Akademi Perubatan Malaysia (AMM)]: *Assalamualaikum warahmatullahi wabarakatuh and a very good afternoon to everyone. So, my presentation will focus on the current challenges, the remaining gaps, and our recommendations going forward as we transition to COVID-19 endemic phase. I chose this set of the first slides is really to see the impact of what COVID-19 has done of late. Really, according to* Our World in Data*, as you can see on the far left, oops, not yet. Can we go back? [Merujuk kepada pembentangan slaid]*. Ya.

The Malaysia has the highest rate of confirmed accumulative COVID-19 deaths per million people in this region. It is still one of the highest in the world, but in this region, definitely we have been in [Tidak jelas] for at least the last few weeks. If you look at the start when the vertical surge in deaths occurred, the press statement here stated by Yang Berbahagia Tan Sri Dato' Dr. Abu Bakar *has actually focused on looking at the sporadic or unlinked cases and that became the majority as earliest in June this year.*

So, what is alarming, as you can see here, is that up to 84 percent of the total new cases are unlinked, suggesting there is widespread community transmission of COVID-19 even in June and possibly even before that as well. Next.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *If I may...may I just ask from the figure in comparison to Indonesia, Thailand, Philippines, and Thailand. Could that be also the underreporting on the part of Indonesia, India, Philippines compared to Malaysia?*

Prof. Dr. Rosmawati binti Mohamed: *The underreporting possibly in the cases but when we come to death, it is very high. It is harder to hide those with deaths. Even if there is a backlog on the reporting of the cases eventually because these are the cumulative death, it is unlikely. It was highlighted about two months ago that we have surpassed India. At that time, it was quite obvious that it is…the real data is the mortality rate. Not so much in the cases per 100,000 cases, because that may not be true in the sense…because it depends on testing, but the death are captured quite well.*

So, the next one. Okay, so here, what I'm actually showing is that there is reducing weekly trend. That's good news in a sense, in the COVID-19 death and brought in dead in the Greater Klang Valley. If you just focus on Selangor, which actually has the highest death rate and here nearly 7,500 deaths were reported, and you can see that the Case-Fatality-Rate is actually extremely high at 1.1 percent and that is nearly three times higher compared to the rate last year of 0.4 percent.

So, next. [Merujuk kepada pembentangan slaid]. So, if you look at amongst those brought- in-dead, that constitutes about nearly 20 percent or one fifth in Selangor. The far right shows that the majority of BID's were not even diagnosed at the time of death. Although up to nine percent of them had symptoms before they died but never seek medical treatment. So that is the worrying trend we still are seeing, although it is much less compared to previously.

Next. So, the top graph shows the reducing weekly trend of the number of COVID-19 cases in Greater Klang Valleym starting from about peak week 31, we saw

that proportion is less. The two bottom graphs show the reducing weekly trend of admissions to hospital and to PKRC at around the same time. What you can see here is that, this reducing trend from the two lower graphs, you can see that it is actually observed even prior to when the majority of the adult population received the full dose of vaccination. Next.

So, you can see from here, in the dark colour line here, in black, that these are representing the vaccination of the adult population. [Merujuk kepada pembentangan slaid]. You can see that, of course, the impact of COVID-19 vaccination was clearly demonstrated once the majority of the total population received full dose. The current understanding of this is that, you need to actually achieve at least 90 percent before you actually see a drastic effect at the population level.

Next. So, what is actually also striking as you come to the end of August is that, the increasing proportion of COVID-19 cases now are happening outside the Greater Klang Valley. So, this is actually quite widespread now in other states while the Greater Klang Valley has actually achieved reduction and possibly related to the policies that have been in place in the Greater Klang Valley, with the Greater Klang Valley Taskforce. Next, but here, this is what is more recent.

So, of late, the highest cases are seen in Sarawak and Penang, but I think what is the impact, it is seen clearly on the right in terms of the highest number of deaths, and you can see that that is happening in Penang and Johor and the lowest in Sarawak despite having the highest number of cases. So, clearly underscoring the positive impact of high vaccination rate amongst the Sarawakian and that has helped to reduce the impact. Also, what is striking here is the high death rate seen in Penang and Johor. It is possibly related to the healthcare systems being overwhelmed in these states.

Next. So, this possibly that…what should be highlighted is that the policies that had been in placed for Greater Klang Valley has worked and perhaps, the other states which are having the same stressed situation in their health system should adopt and adapt some of these policies that already been put in place. Really what its shows is that bringing together coalition of partners can certainly help to actually address and find solutions to reduce the impact of COVID-19 in Greater Klang Valley.

Next. So here, as we transition to endemic phase, I would just like to highlight several key lessons and challenges which I have taken from the WHO Strategic Preparedness and Response Plan 2021. The first is on the epidemiology.

Next. You can see here that what written or what been stressed is the epidemiology is really dynamic. If you look at the left here, you can see that there are four distinct patterns in the epidemic curve. This are actually really driven merely by variations in the implementation of public health and social measures. But this also further complicated by the variants of concern as you all are aware.

So, a critical component here is really to suppress COVID-19 transmission using all available tools to prevent resurgent of cases. What is actually really is going to happens is that we would like to strive towards having just the transmission cap of this sporadic cases and classes which are rapidly controlled. This can only be achieved—we have two main things in place which is one, a comprehensive surveillance system and the other is a public health and social measures. The WHO recommended that these measures must be risk-based, regularly reviewed on the basis of robust and timely public health intelligence must be effectively communicated. And then, you can see some ability to really has targeted measures to make sure thus less impact on socioeconomic.

Next. So here, what I have highlighted here are just recommended emphasis areas in public health with their related key performance index on the right. Now, let just to focus very briefly on the first one, being COVID-19 transmission must be controlled to a level of sporadic cases and classes of cases and at the minimum, the new cases should be reduced to a level that the healthcare system can manage based on capacity.

One of the things to highlight here is not so much the KPI, but what is really needed immediately is to increase the ICU capacity. That has been highlighted by Professor Dr. Lokman Hakim Sulaiman in the recent press release because even prior to the COVID, it was highlighted that number of ICU beds is grossly inadequate.

The second is under sufficient public health workforce and health system capacities. Here, our focus must be to detect and isolate all cases regardless of the severity. What is needed in this regard is a national policy on testing including all the gamut of the FTTIS in place. So, one of the things I would like to highlight here is that this recent study by Dr. Dhesi Baha Raja and team on the impact of efficient contact tracing on COVID-19 transmission. What he highlighted was vaccines alone is really not the silver bullet. But, the effective contact tracing is the critical component in COVID-19 control to turn off the tap, if you like.

The third is on the outbreak risks in high valuable setting and workplaces which have to be minimised. And clearly this has to be related to some form of clear public

health and social measures in this setting and replicating this Safe@Work and the other model for this setting similar to Safe@Work. All this are adapted from the WHO exit strategy.

Next. So, the key lessons and challenges I like to highlight are two more. One is on the healthcare system and here what is needed is really about building resilience as Tan Sri has mentioned. This is really not just to make sure that you mitigate impact of COVID-19, but also to ensure a readiness for other concurrent and future health emergencies.

Next. So now, I think it is a question we asked, where are we in term of emergency preparedness and also response? This is why I have taken this. This is from the International Health Regulations as provided a legal framework that defined country's rights and obligations in handling public health events and emergencies. What is released here in November last year was the JEE report on Malaysia's core capacities for IHR and what was found was that there is tremendous progress in strengthening capacities to response to health emergencies and disasters in the last decade. But what WHO, Dr. Lo added was that there are opportunities for further investment in health security system, working with private sector and ensuring multisectoral implementation of the IHR.

Next. So, there are two areas which actually has been recommended for priority actions. One is the emergency preparedness, the need to furthers strengthen coordination to ensure multisectoral implementation of preparedness and response. And the other is incorporate machine learning to forecast, predict and provide insight on disease occurrence.

Next slide. So, the other area is actually really on the use of electronic tools and recommended at priority actions included the automation and daily sharing data analysis and automated reporting. So, based on the JEE report, the proposed way forwards really is to harness digital solutions to reform and build resilience against public health emergency.

Next slide. So, another key lesson is really to ensure the continuity of essential health services and that has not been stressed enough, because the focus always been merely on COVID-19 cases. What WHO has highlighted here is, this is necessary because based on experiences with prior emergencies, indirect mobility and mortality from other causes may in the end exceed that from COVID-19 itself. We don't have data on this, but it will be interesting or rather important to actually seek this data.

Next. So here when we talked about transitioning or rather treating COVID-19 as endemic, it is must until decentralizing COVID-19 knowledge and care management to the primary healthcare that is within the community setting. So, what actually I would like to highlight is that for years I think, there has been an effort to look at how to transform primary healthcare. Perhaps, the last one year has shown us a way to do this by embracing technology.

Here, these examples are used is referred to as supercharging primary care. What this has done in University of New Mexico model is that using video conference technology to train, advice and support primary care providers. Project ECHO which stand for Extension for Community Healthcare Outcomes has brought COVID-19 knowledge and quality improvement to over 9,000 primary care locations across US in the last one year.

Next. There might be one more slide before this. Yes. So, here I would like to share lesson learned from India because I think this has really pointed out to not just about decentralization, but the need to has public trusts in making sure your public health measures are actually adhered to. So, the Mumbai story as it showed that the record high positivity rate of 20 to 24 percent in a few months earlier. Within a month, the positivity rate declined to six percent and a further 1.8 percent two months later. The strategy they use include decentralization of the response and also leveraging technology for rapid information dissemination and real time monitoring.

The second is actually in the state of Kerala being resource-constrained, but they managed to preemptively formulate comprehensive public action which included rigorous contact tracing strategy and mass quarantine to really, actually end the wave that had happened earlier this year. This was achieved by reinforcing the citizens' public trust in the State.

Tuan Pengerusi: *Sorry, can I ask a question?*

Prof. Dr. Rosmawati binti Mohamed: Ya.

Tuan Pengerusi: *I mean, the lessons of India is really, very beneficial, of course by decreasing their positive rate to 6 percent. That's quite massive. What was the strategy used besides the decentralisation or it mass using of RTK's and everything? What was the contact-tracing mechanism did they shift to that allowed all this to happen?*

Prof. Dr. Rosmawati binti Mohamed: *Actually, it's all being very much efficiently done because they use technology, everything was really technology-driven. Even the monitoring of patients were all done in a 24-hour system, and which included that all the*

sites of where patients are treated as well as the contact-tracing were all being— having using technology. So, I think that was the main message that we got from here.

Tuan Pengerusi: *Okay, forgive my ignorance but what is the demographic like in Mumbai and this Kerala? Does everywhere has internet access for such issues to be done? Okay.*

Prof. Dr. Rosmawati binti Mohamed: *In Mumbai, yes. In Kerala, it is not and in Kerala, it is interesting because they have this system where the village council themselves were empowered to take the Government's decisions on what needs to be done at their level. So, they were the ones who enforced a very stringent contact-tracing strategy and also the quarantine. They have done it themselves in the community setting with a lot of support given. So they have managed to control things very much at the very district level.*

Tuan Pengerusi: *So, you have— Sorry,* Dr. Farhan.

Pen. Prof. Dr. Mohammad Farhan bin Rusli: *At the same time, you have to know that how the millions of kits of saliva we have sold in Malaysia, a lot of it is being reported* yang positif sahaja, yang negatif itu kita tidak *capture*. Bila kita tidak *capture* negatif, *denominator* kita itu semestinya kecil. Bila dia kecil tinggilah *positivity rate,* 18 peratus. *So* dekat situ kita ada *this big discrepancy* bila orang beli 10 *test kit,* sembilan dia guna negatif dia tidak *report,* satu dia guna yang positif yang itu dia *report*, yang itu kita *capture one-to-one.*

Tuan Pengerusi: *How do we capture that— I mean, that was my after question. How do you— When you're talking about national testing plan, home test kit will be the new normal. How do you incentivise people to report? Is there an example?*

Pen. Prof. Dr. Mohammad Farhan bin Rusli: *It's very easy, you— Malaysians* suka benda percuma dan mereka suka duit. Orang Malaysia memang suka macam itu. *If you have a ceiling price of RM20 for your RTK kit, you* jual RM25*, you incentivise* dia, dia kata kalau *you report* benda ini negatif ataupun positif, *that reporting* kita akan pulangkan balik RM5 ke dalam akaun *you* supaya *you* akan ada insentif untuk me-*report. So* sebenarnya masih lagi RM20, tetapi kita macam depositkan RM5 dia dahulu. Bila dia *report* kita bagi balik RM5 kepada dia.

It's simple, kan? Kita guna untuk Grab dan insentif PRIHATIN semua untuk kita bagi *e-online* punya *money. We do that. If you think RM5 is not enough, you* buat RM30*. You charge* dia RM30, dia *report* dia punya *test* positif atau negatif, *you* pulangkan balik RM10 kepada dia. *So they know that if I report whether it is negative or positive, I get*

back my 10 bucks and we get the data berapa ramai sebenarnya yang negatif. Baru kita boleh kurangkan *denominator* kita *because I can guarantee you, positivity rate* kita 18 *percent* ini memang tidak betul*, because we are reporting only the positive cases and then we are not recording the negative cases and that is why we look really bad on the charts.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *I'm sorry, how would anyone with the incentive that you, report back the negative when you don't have…*

Pen. Prof. Dr. Mohammad Farhan bin Rusli: *Same way they report their positive cases on* MySejahtera*.*

Prof. Dr. Rosmawati binti Mohamed: *Yeah, on* MySejahtera *you can do both, in fact what we can do is also what Asst. Prof. Dr. Mohammad Farhan said, is actually start from the beginning. You must insist that the pharmacy, when they actually buy the kits you actually will record the code or something and then you must make sure that that's recorded.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *The pathway towards recording this is not clear. Sorry to say, my office does testing every three days...*

Pen. Prof. Dr. Mohammad Farhan bin Rusli: *It's not that it's not clear sir, it is absent.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Yeah. It is not there, so you know we do testing like in my office every three days we test all the staff, but they all come negative so we have to— we carry on working. I agree with you, I don't report it anywhere, you see.*

Tuan Pengerusi: *I'm guilty as charged, as well. [Ketawa]*

Pen. Prof. Dr. Mohammad Farhan bin Rusli: *So, and because of this the denominator of the country will never drop.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *So I don't know the pathway of how I can report where and how?*

Tuan Pengerusi: MySejahtera.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *No.*

Prof. Dr. Rosmawati binti Mohamed: *On* MySejahtera *there is a* COVID-19 *test self-reporting and you can do that.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *I must check the...*

Tuan Pengerusi: *Okay but my question is contact-tracing— So in the case of India, how did they do it specifically? What was the technology that they used? Was it like* MySejahtera*, was it like geofencing? I mean what are the technology that they used?*

Pen. Prof. Dr. Mohammad Farhan bin Rusli: *What we have from India is that, there are two different things. You have to know that India actually, as much as you think they are a backward country, they are very well-advanced in terms of technology. So they have multiple users and the way that India is broken up, it is actually being done in different—* kita panggil apa macam *sub*, *sub*, *sub— It's not like a national thing but they have a strategy where they all follow according to their regions. So, some regions do it— do manual, some regions do it electronically* tetapi *they get to capture that data. Yes, we cannot say that it's perfect data but they understand the need to capture even the negative data. That's why it's very, very important and this part is something that I think will touch later on the national testing strategy also.*

Tuan Pengerusi: *Okay,* terima kasih. Yang Berhormat, *on* mikrofon. Yang Berhormat boleh *on* mikrofon? Oleh sebab rekod.

Tuan Haji Wan Hassan bin Mohd Ramli: *As digitally-advanced country with high digital readiness— Where is our big data, will come under IR4.0?* Bila kita dalam pandangan World Bank ini mengesahkan kita ini adalah *digitally-advanced country with high digital readiness.* Jadi dalam IR4.0 ini, di mana *big data* yang boleh kita *complement* bersama dengan pandangan World Bank?

Pen. Prof. Dr. Mohammad Farhan bin Rusli: Akan tetapi apa saya rasa yang disebutkan oleh World Bank ini adalah kesiapsiagaan negara kita sebenarnya, tetapi kita tidak menggunakan kesiapsiagaan yang sudah sedia ada itu. Itulah sebenarnya kita punya *gap* sebenarnya yang ada dekat negara kita. Kalau kita hendak ceritakan tentang *penetration of internet is almost 95 percent* kan? *Then* kita punya pergerakan kepada 5G, ia menunjukkan kita bersedia. Akan tetapi mekanisme untuk menggunakan infrastruktur yang sedia ada ini masih lagi belum digunakan dengan sepenuhnya.

Itulah sebenarnya kenapa kita tidak menggunakan *digitalisation* untuk kesedaran awam semasa pandemik ini. Itulah sebab apa yang kita laksanakan sebulan lepas dengan MySejahtera, itu adalah setahun lambat. Benda-benda begitulah kita mengatakan kenapa benda itu berlaku. Itulah saya rasa kenapa dia mengatakan begitu. Kita tidak menggunakan sepenuhnya apa yang ada.

Tuan Haji Wan Hassan bin Mohd Ramli: Untuk kita bina *big data* punya *information* kesihatan rakyat. Itu sahaja.

Prof. Dr. Rosmawati binti Mohamed: *One of the things yang recommended for priority action and machine-learning artificial intelligence (AI)* memang diperlukanlah*. Can we go to the next one? So, I think one of the areas that we have not really optimised is public-private partnership. Really, when we talk about the private healthcare sector consisting of nearly 7,571 General Practitioner (GP) clinics and also 55 percent of the hospitals, you really can actually see that they play an important role in devilling healthcare services in Malaysia. So really, strengthening the primary care with just the GP alone can really complement what Ministry of Health efforts and also to enhance the manpower resources, not just for* COVID-19 *but other essential healthcare services and ultimately to reduce morbidity and mortality from all causes.*

Next, so based on the gaps and also the remaining things that we need to move forward, these are the four main priority actions we recommend to transition to endemic COVID-19 *and provide long term sustainable public health solution fund. One is of course the real-time digital solutions for every aspect which involves the public health, particularly. Really looking at second, the* COVID-19 *vaccination* [*Tidak jelas*] *is good, but now we have to move it to become the mainstream programme that means integrate the* COVID-19 *vaccination programme across existing healthcare facilities, because the mega PPVs and all that are not sustainable. The third is to strengthen risk communication to reinforce trust in government and this is actually instilled, very important to improve compliance to public health measures and also the vaccination. The last of course, is the stronger PPP and revitalise action for primary healthcare.*

My last slide here really what we have done here is actually really looked at what WHO has actually proposed on a way forward. But what is drastically needed at the national level is really the shift to make sure now, we mount a proactive coordinated national plan rather than what's been done of late is just a reactive response mode. What is needed, really, is a dynamic multistakeholder collaboration, similar to what has been done in the greater Klang Valley with the special taskforce to translate the national plan into action. And this must drive delivery at the national level to build resilience.

So, here we posed a question, could COVID-19 be the source of strength we need to help find and make our health system for the better and certainly, yes and as we transition to endemic phase, what needs to be done is really a call for reset of our healthcare systems. And really, all in all, to make sure that we do strive to be ready for future pandemic as well. So, I think that's all. I would like to put this.

Tuan Pengerusi: *Okay, thank you so much.* Ada apa-apa soalan dari Ahli Jawatankuasa? *Any questions*? *If not, I want to ask a few questions. I mean, this*…bagi saya, ini...*this is the most important question we need to ask in terms of how can we transition into endemic, and I fully agree in terms of the principles that have been presented, and I share those sentiments as well. But I think the devil is always in the details, and how we actually are supposed to do it.*

I mean, for example in Malaysia, we have technically most of the things that have been said, but in terms of implementation it will be an issue. For example, for me there are three main things when it goes to pandemic. Number one is of course public health capacity. We have to strengthen. Number two, the national testing plan which we have been asking and pressuring KKM for it, and they have said that within seminggu hingga dua minggu. *The was last week*. *Of course, number three is how do we incorporate vaccination into the mainstream. That is another huge budget issue.*

But then, my question is on FTTIS*. Their performance proposes the same endemic* kita tidak perlu FTTIS*, we just vaccine and leave with it.* Kita tidak perlu *test asymptomatic and so and so forth. And this coming even from KKM and some of the states. But I disagree. I think we need to still continue that. But how do we strengthen, for example— okey, just now you talked about testing. Talking about how do we strengthen MySejahtera for reporting. How do you incentivise people to report. But the other one, I think, is how do you think we can strengthen the notifications. Because by right, MySejahtera is supposed to be the main contact-tracing app. I put a question to Parliament, how many of our contact tracing is achieved by MySejahtera*? *I haven't got an answer. I don't know whether KKM has the statistics or data. Are we still doing it manually or hybrid, or how is it like?*

But the other one that "F," the find. We have the HIDE *system, which in principle is a good system. But again, I do not know how extensively it is being used, but do you have recommendations? How can we improve, even the* HIDE *system, MySejahtera, and all this, and also…how to enhance the national testing plan? Yes.*

[Ahli-ahli berbincang sesama sendiri]

Tuan Pengerusi: Ya. *But ma'am from behind. Maybe she wants to share as well.*

Puan Nordina binti Idris [Setiausaha Bahagian (Teknologi Strategik dan Aplikasi S&T)]: Saya Nordina dari MOSTI. Saya hendak *update* tentang apa yang kita telah buat. *Exactly the contact tracing.*

Tuan Pengerusi: Okey.

Puan Nordina binti Idris: Sebagai makluman Yang Berhormat, tuan-tuan dan puan-puan semua. Sebenarnya, kerjasama di antara MOSTI, KKM, MAMPU dan NACSA, kita telah pun akan membangunkan *contact-tracing apps* menggunakan MySejahtera. Kita akan gunakan GPS dan *Bluetooth*. Kita hendak menggunakan data-data *telco*. Akan tetapi, pihak MCMC memaklumkan kita kena pinda undang-undang PDPA. Jadi, kita gunakan GPS dengan *Bluetooth* dan melepasi dasar pematuhan *privacy policy Google Play Store dan Apple App Store* telah dipersetujui.

Kemudian, kita akan memasukkan ciri-ciri *check out*. Sekarang ini kita *check in* sahaja. Kita buat *check out*. Okey.

Tuan Pengerusi: Akan tetapi, banyak lupa *check out*. Banyak masa tidur di Parlimen semalam. *[Ketawa]*

Puan Nordina binti Idris: Okey, kemudian tuan-tuan, Yang Berhormat kita...*the second step,* kita ada *analysis to determine granular risk of epidemic strike.* Maknanya, kita akan gunakan *big data analytics*. Maklumat-maklumat kita ada itu, untuk kita menentukan strategi bagaimana untuk mengawal *spreadness*. Itu kita mendapat kerjasama dengan Akademi Sains Malaysia.

Kemudian kita juga— *step* ketiga, kita ada *dashboard to assist healthcare workers for contact-tracing*. Kita membangunkan *dashboard* untuk paparan data laporan dan akses kepada pengesan kontak untuk mempercepatkan proses pengesanan kontak. Ini kita telah memohon kepada JPA sejumlah 200 *contact-tracer* yang akan kontak. *So*, *all in the pipeline.* Itu sahaja*.*

Tuan Pengerusi: Okey, terima kasih. Ya, Dr. Farhan.

Puan Nordina binti Idris: Segera. Kita mohon segera peruntukan pada MoF. Sebenarnya dah lulus. Memang perlu segera sebenarnya.

Tuan Pengerusi: Sebelum Dr. Farhan. Saya hendak tanya. Mungkin nanti boleh komen selepas penjelasan. Akan tetapi, saya hendak tanya. Semua yang dilakukan tersebut adalah baik. Akan tetapi, ada *timeline* tidak untuk ia dilakukan? Ini kerana, *contact-tracing* ini, kita sebenarnya kita tidak boleh tunggu. Ada *timeline* atau jangkaan yang diletakkan terutamanya tentang *Bluetooth* teknologi itu, bagaimana kita hendak tambah baik MySejahtera semua?

Puan Nordina binti Idris: Yang Berhormat, sepatutnya semalam sudah kena siap. Jadi, *we are working very hard. All the teams*—KKM, MOSTI, dan semua pihak segera sebenarnya. *So*, pihak MoF telah pun meluluskan peruntukan walaupun kita tidak

nyatakan berapa. Dia kata *blanket*, dia kata lulus. Akan tetapi, itulah kita kena *work out. I'm not in the position to* bagi *timeline* tetapi arahannya kena segera.

Tuan Pengerusi: Okey. *I mean, sorry to asking this.* Akan tetapi, apakah masalah yang dihadapi dalam masa *these whole years*?

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *What are your constraints*?

Tuan Pengerusi: *What are your constraints*?

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *What do you see* sekarang? Apa dia yang *you* lihat sekarang?

Puan Nordina binti Idris: *First thing first*, kita mesti mendapatkan data-data, PDPA. Itu nombor satu kita kena *clear* dahulu. Rakyat tidak suka 'kan. Kita *track and trace* mereka. *So*, mesti *clear* PDPA. Kedua, *Google Store* dengan *AppStore* mesti *clear*. Boleh tidak? Kita akan menggunakan mereka punya platform untuk *download*. Ketiga, dari segi *manpower* untuk memastikan bahawa orang-orang yang kita hendak *employ*—bukan *employ*-lah, JPA untuk *contact-tracer* itu *ready* atau tidak. Seterusnya, *is working. Apps* itu — satu lagi maklumat-maklumat semua mesti menggunakan *cloud* MAMPU. MAMPU memberi kerjasama yang bagus.

So, the big stumbling block is privacy itulah dahulu. Maklumat privasi itu.

Tuan Pengerusi: Saya mungkin hendak tanya satu soalan perundangan. *I don't know whether we can get the answer here*. *Does* Akta 352 *cover this privacy issue when it comes to public health*?

Asst. Prof. Dr. Mohammad Farhan bin Rosli: *Actually, it doesn't*. Akan tetapi, sebenarnya kalau...izinkan saya untuk menceritakan atau memberikan gambaran sedikit. Semua yang telah diceritakan oleh pihak MOSTI itu—dan saya ingin mengatakan bahawa saya neutral. Saya bukan pihak negeri atau Persekutuan. Semua ciri tersebut telah dibangunkan setahun lepas oleh Kerajaan Negeri Selangor menggunakan aplikasi SELANGKAH dan ia telah dibangunkan dengan menelan kos hanya RM3.5 juta sahaja, dan ia telah lolos semua kelulusan *Apple Store, Google Play Store*. Ia sekarang digunakan di semua CAC di dalam negeri Selangor. Ia boleh melaksanakan *contact-tracing*. Ia boleh melaksanakan *close proximity,* bermakna ia menggunakan *telco tower* dan menunjukkan siapakah *close contact* dan siapakah tidak.

Jadi, di sini, saya ingin menyatakan bahawa pihak kerajaan negeri Selangor telah berulang kali mengetuk pintu Kementerian Kesihatan Malaysia untuk melibatkan mereka dan mengambil semua ini, dan menggunakan benda yang telah sedia ada supaya tidak melibatkan kos tambahan kepada Kerajaan Persekutuan. Ini akan diberikan secara

percuma dan ia hanya melibatkan kos *data storage* menggunakan Amazon Cloud Services.

Semua yang telah dinyatakan oleh pihak MOSTI tadi, kita sebenarnya sudah laksanakan dekat Selangor sudah setahun lepas. Jadi, di sinilah apa yang kita mengatakan bahawa apabila kita tidak ada kerjasama di antara agensi dan *multigovernmental sectors, we waste a lot of the people's money.* Kerajaan Negeri Selangor kah*,* Kerajaan Persekutuan kah*, in the end, it is* duit rakyat. *So,* kenapa kita hendak *reinvent the will?*

Macam pihak MOSTI tadi, dia mengatakan dia hendak tunggu *Apple's App Store* bagi *clearance, PDPA* bagi *clearance.* SELangkah sudah ada *clearance and Apple has one of the strictest PDPA regulations.* Kita boleh sahaja menggunakan SELangkah untuk melaksanakan *CAC contact tracing and also reporting mechanism for screening and it has been proven to actually be good.* Ia ada memberikan akses kepada semua, di mana apabila kerajaan ada melaksanakan HIDE oleh Bank Negara, sebenarnya benda itu kita sudah ada sudah dalam SELangkah. *You* boleh buka dia punya *map, you* boleh tahu *you* punya *risk metrics.* Kalau *you* masuk negeri ini, ia merah kah, ia hijau kah, ia kuning.

Kenapakah kita hendak membina dan menghabiskan lagi dana sedangkan benda itu sudah ada? Jadi, di situlah kita tanya— sudah setahun kita tunggu, bukan? Benda ini setahun lepas sudah ada. Jadi, kalau kita *put all our ego aside, all our pride aside, we can get this done even one year ago.* Ya, *and it is still on the table, right? We can still work together.* Sebab itu saya mengatakan bahawa kenapakah hendak buat *everything* balik *over and over again?* Membazir masa sahaja.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: Ada pegawai kesihatan di sini?

Asst. Prof. Dr. Mohammad Farhan bin Rusli: Ya.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *May I get some feedback* mengenai perkara ini?

Datuk Dr. Hishamshah bin Mohd Ibrahim [Timbalan Ketua Pengarah Kesihatan (Penyelidikan dan Sokongan Teknikal), Kementerian Kesihatan]: Saya Dr. Hishamshah ya. *With regards to either SELangkah or MySejahtera, this one I am not going to dwell into the details because* sebenarnya, *this one is under* MKN dari segi data dan sebagainya ya.

With regards to methodology, akta dan sebagainya, *it is actually under the advice of* MKN, NACSA dan sebagainya. Ada *certain things* yang SELangkah buat *that is*

actually not selari dengan ia punya *legal provision. So, there is what I was made to understand. So, that is why* kita kena gunakan *advise* daripada— menggunakan platform data MAMPU dan sebagainya *which is in compliance to* apa yang *data regulations* sedia ada. *That is one thing* ya.

Dari segi *whether* Google dan sebagainya itu, *it is depending on whether* kita hendak bagi *the* kebenaran. Memang kita bagi kebenaran tetapi *it must be in compliance with existing law* lah. *That is number one. You must do things according to* apa yang *provision of the law.* Kalau hendak tukar *law,* boleh. Sejak dari dulu pun kita pun boleh gunakan *telco data* untuk *investigate* siapa yang *close contact* dan sebagainya. Boleh *and it is known. Everybody knows where people are going and then who they are in contact with. They are choosing a telco data.* Memang *from the outset* tetapi kita tidak dibenarkan *because of* ia punya *provision of the law.*

So, you have got to resort to certain other avenues. Macam *Singapore,* dia gunakan *Bluetooth but it has actually gone out of fashion because* orang tidak hendak pakai *Bluetooth.* Sebelum ini *I think* MOSTI sudah buat *MyTrace*. *MyTrace* gunakan *Bluetooth* tetapi orang *download Bluetooth* itu tidak banyak dan tidak ramai. *Because* apabila kita pakai *Bluetooth, your battery out* cepat, *so on and so forth.* Ada lah *some* isu dan sebagainya. Oleh sebab itulah, sekarang*, I think a lot of countries, they are still using QR code, in the end.* Ia tidak boleh gunakan *Bluetooth.* Kalau *you* suruh guna *Bluetooth, you on the Bluetooth,* ada isu *with acceptance of people by using the Bluetooth.*

So that is why kita gunakan *methodology* yang berubah dari segi *acceptance of people* dan sebagainya. *At the moment,* MySejahtera punya *acceptance has actually penetrated actually very high. So, when you are at that stage, you* tidak boleh ada dua platform digunakan. Daripada segi kalau *from the outset* kita guna SELangkah, *it is okay.* Akan tetapi, apabila *you have* dua platform, *then, there will be a problem*. Kalau *you* ada dua platform itu hendak *integrate* dan sebagainya, *there is a problem.*

Oleh sebab itu, daripada dulu, *from the outset,* MKN, NACSA, MAMPU semua *put their* apa itu, gunakan MySejahtera. *So, that is why* ia gunakan *that single platform and the legal provisions* dan sebagainya, *we are in compliance with provision of MySejahtera*.

Asst. Prof. Dr. Mohammad Farhan bin Rusli*: I completely agree.*

Datuk Dr. Hishamshah bin Mohd Ibrahim: *Then, again, I am not going to say SELangkah or MySejahtera is* bagus dan sebagainya dan *this is you* boleh— *I think you*

are not going to actually have an answer. That is actually bukan *the solution that we are looking forward now.*

At the moment, MySejahtera have been accepted. I think we have got close to 27 million users. Kalau ada apa itu kekurangan dan sebagainya, *I think SELangkah* dengan *the technical people* dekat MAMPU dan sebagainya, *they can actually discuss. But,* ada isu fasal *competitor* pula yang dia ini tidak hendak kerjasama. *That is actually beyond us. We are the user, we are not the technical people.*

Asst. Prof. Dr. Mohammad Farhan bin Rusli: *I completely agree.* Akan tetapi, itulah yang saya mengatakan bahawa apa yang MOSTI ingin membangunkan *and it should have been done yesterday* ini, sudah ada dalam SELangkah. Kita bukan hendak mengatakan bahawa SELangkah patut *replace MySejahtera* atau *it should be in competition with each other.* Tidak.

Kita boleh gunakan MySejahtera. Di dalam situ, *incorporate* yang sudah ada atau sedia ada dekat *SELangkah into the MySejahtera. It is simple.* Kita buka API *on the technical ground and you can use all the function without having the need to rebuild. So, this should be the forward thinking of how we collaborate amongst different parties* supaya kita tidak menghabiskan duit *over and over again* lah.

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim [Baling]: Datuk Dr. Hishamshah, terima kasihlah. Rakan-rakan yang lain, saya Ahli Parlimen Baling, Azeez Rahim.

Tujuan utama Jawatankuasa ini diwujudkan adalah untuk memudahcarakan segala *red tapes,* ya. Kalau kita lihat hari ini, ada DAP, ada pembangkang, ada kerajaan semua. *We can get united.* Takkanlah agensi kerajaan tidak boleh hendak bersama? *I mean,* kita sebagai penggubal dasar undang-undang negara, *we can get sit together for the sake of the purpose of the* rakyat. Jadi, saya melihat— saya dengar saudara yang hujung tadi itu, beliau mengatakan, dan Puan Nordina yang belakang itu. *So,* saya nampak, *you all* tidak bercakap satu *language* ya.

Ada masa Selangor boleh— maknanya Selangor, saya tidak akan malu untuk sebut dalam Dewan yang mulia, *"Kerajaan Negeri Selangor malah lebih hebat daripada Kerajaan Persekutuan". I can say that.* Kalau cara apa yang dimaklumkan tadi, Kerajaan Negeri Selangor lebih hebat. *They can handle this. And the* Kerajaan Pusat tidak boleh *because of I* nampak tadi ada sedikit dengar bunyi *competitor. At the end of the day, dollars-and-cents.* Semua sibuk hendak cari duit dan hendak berniaga. Orang ini tidak boleh, orang ini tidak boleh. *This is not it.*

Akhir sekali, yang akan bermasalah dan yang jadi mangsa adalah rakyat. *That is why* kami duduk ini untuk bincang dan kami ingin menyatakan kepada dewan yang ini, yang kita bermesyuarat kepada rakan-rakan bijaksana semua ini, *we are here to support you all.* Apa masalah *you all,* beritahu kami. Saya di antara orang yang lantang dalam Parlimen. Yang Berhormat Dr. Xavier dan sahabat saya dari Bandar Kuching, dua kali dia sendiri mangsa pesakit COVID-19 dua kali.

Tuan Pengerusi: Sekali, sekali, sekali.

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: Sekali saja. *Second time you* kuarantin sahajalah? Ini doktor, *medical doctor.* Jadi, kita ini ada pengalaman.

Saya, kawasan Baling saya, COVID-19 ini 250 kes itu normal di sana. *You* boleh *check,* kan*?* Jadi, sebab itu saya amat dekat dengan KKM. PPV saya, PKRC *centre* saya, semua saya *100 percent finance them.* Saya hendak pastikan kawasan saya, rakyat saya terselamat. Jadi, kalau di atas ini masih ada lagi tidak ada kebersamaan, saya fikir benda ini akan gagal, Dr..

Saya harap kalaulah boleh, kita bincang, kita buanglah titik yang lain-lain itu kita ketepikan. *Whatever* Dr. hadapi masalah, katalah *now we have problem, this problem, this company does not want to share because they have interest, you* beritahu kita. *You* tidak payah jadi budak nakal. Kami jadi budak nakal. *We will speak up* dalam Parlimen itu. Kami ada imuniti. Kami boleh cakap apa. Pastikan benda yang kami cakap itu benar. Bukan *hearsay*. Kalau betul-betul benda ini ada di antara pegawai kerajaankah, malahan MKN-kah*,* MAMPU-kah*,* sesiapa saja dalam hal ini tidak memberikan kerjasama, *we will question the minister* yang berkaitan dalam Dewan yang mulia itu.

Itulah hasrat kami yang datang seminggu dua kali ini. Minggu sudah dengan Yang Berhormat Menteri. Hari ini dengan Datuk Dr. Hishamshah *and* kawan-kawan kan*?* Jadi, kita hendak tolong suarakan apakah sebenarnya kekangan tanpa segan silu. *Tell us the truth because all of us are here to help the* rakyat yang tidak berdosa dekat luar sana. *Thank you.*

Tuan Pengerusi: *Thank you* Yang Berhormat Baling. Okeylah, *this is my opinion*. *I do believe that we need a singular integrated system. So, I understand there is a SELangkah,* dekat Sarawak kita ada *our own also, we got— I forgot what it call it.* Yang Berhormat Sibuti, *what does it call it,* yang Sarawak punya? *Penang* ada *Penang Contact Tracer* semua. *I believe in a singular. I believe we need integrated data. But with that said, ego should be put aside. We will find ways to integrate* lah.

For me, PDPA is a sticky issue. I fully understand. That is why whether Akta 352 *somehow overruled PDPA especially when it comes to a public health crisis. I guess the consensus is it does not. But then, beg the next question, how do we get across that hurdle together? My grievances is that all this was recognised as important since last year. That is why I want to ask, what are the steps that the Ministry— whether from Ministry of Science, Technology and Innovation* (MOSTI)-kah*, I mean,* Kementerian Komunikasi kah, atau *Ministry of Health, have they proposed to amend the law? How far are we to amend the law because I think when we are talking about living with* COVID-19 *endemic, this is a huge issue that we need to address, have that conversation in the public. I think if we explain properly, strategic communications, they would understand. So, anyone maybe from* Kementerian MOSTI atau Kementerian Kesihatan*, is there really an effort to amend that law or we are just talking about it and there is no tangible effects? Anybody can respond to that? So far, no?*

Datuk Dr. Hishamshah bin Mohd Ibrahim: Tuan Pengerusi*, I think* masa Darurat itu kan, kita *can overcome some of the provision of the Personal Data Protection Act* (PDPA) itu 'kan, *in a sense.* Akan tetapi bila Darurat tidak ada, kita tidak ada *that power to amend*. *As it is* pun masa Darurat itu *I think provision* kita, kita tidaklah menggunakan *provision* Darurat itu untuk *bulldoze a lot of things*. Kita *still* gunakan yang berpadanan dengan apa yang kita perlukan. *So, that is what I mean to say*. Akan tetapi *in future I think, maybe* kita kena *look into— because this one is very complex when you talk about* PDPA*,* kalau kita tukar, ubah *in certain scenario, then there is a knock-on effect* dan sebagainya. *I think* kita kena *very careful*. Oleh sebab itu kita tidak *propose to change* PDPA *law* ini. Kita *try to work* dengan *existing provision* yang sedia ada. Akan tetapi*, I agree. I think this thing can be settled* sekiranya kedua-dua pihak ini boleh *just decide on* satu sistem sahaja. Ini sebab sebelum MySejahtera, SELangkah, *every state has got their own tracing* punya *mechanism*. Banyak, ada beberapa. Akan tetapi *at the end,* MySejahtera dan SELangkah *becomes the preeminent* dan sekarang ini MySejahtera *is the most widely used.*

I think untuk *enhance further, I think these two groups* kena *work together because technical people,* kan? Kita, *we are just end user*. Kita kata *this is our requirement and then at the back end, they should work together*. Itu *I think probably* yang masih belum dapat diselesaikan*. I think* kita boleh— *I think they are working, coming together, whether* dari segi dia punya— *because the language* yang mereka gunakan itu berbeza, Yang Berhormat*. I am not sure. I am not the technical people*. Akan

tetapi kalau satu orang ini dia gunakan bahasa lain, *Amazon. The other one* ini dia gunakan bahasa *cloud* lain, susah nak *integrate* juga. *It is going to inter…*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *I am sorry to interfere.* Akan tetapi, saya nampak kita bagi alasan. Saya tidak boleh terima sudah alasan-alasan ini semua. *All these things can be overcome if you just sit together and get it coordinator and done.* Ini bukan *rocket science*-lah, *for God's sake and this can be done. I don't know— Actually, I'm sorry, I don't want to hear excuses,* tetapi saya dengar SELangkah kah MySejahtera kah, Pulau Pinang ada apakah, *those things have to stop, and we have to get our people back together in one room and get it done*. *That is it. If you have a problem with the law, tell us. Attorney-General's (AG) Chambers bring it to Parliament for us to do it immediately on the ground, we do it immediately because there is a need to be done. I think this cannot be going on because at present, we don't know where we are. You have the finances that has been approved by the Ministry of Finance* (MOF), tetapi *we don't have the willpower in order to make it work. I think that is where I am trying to get to. I think it is high time, we all sit down as professionals and get this done.* Sebelum ini MOSTI lain, Kementerian Kesihatan lain. Sekarang saya dengar semua ini di bawah Kementerian Kesihatan dan *power* dia. *Now,* MOSTI *is saying that they have a different platform according to the spread. So, this is confusing. It is confusing for me. I don't know how it will be confusing for [Tidak jelas] out people on the ground*-lah. Itu yang saya katakan.

If this needs to be done, I think Chairman, the report from this sitting today should go very strongly out even to the Prime Minister (PM)*, saying that there is still disconnection between the Ministries. They are not sitting down to see what is happening or not happening. During the Emergency also we couldn't get it done and should have been prepared ourselves because we were getting out of the Emergency and what the scenario would have been like. So, this is where the weaknesses are appearing in our system. So, this is something that we can overcome. I am sorry, but all officers across the board in the different Ministries, have a to sit along with the AG. AG's office. If there is a problem in the law, we do it. How did India do it? You think India is a backward country? I don't think so. Their technology system...*

Tuan Pengerusi: *Their IT system...*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: ... *They are far ahead of us and their population in Bombay is 25 million people. It is one city and we are 32 million people throughout the country and we are having problems. We proudly say our internet*

penetration is 95 percent. We are not using the Ketua Kampung-s. *We are not using the* ketua *villages, Chinese villages people, we are not educating these guys in order to go down. You know India you said, how fast they can do because they got the system called Panchayati system, you know, the village head and that guy is not even educated, but they will run the whole system on the ground.*

So, please-lah*. I think this thing has to be solved once and for all if we are going to go into a— from a pandemic to endemic situation and we have the possibility of it re-emerging as a pandemic at present, you know, that is the writings of the world by the World Health Organisation* (WHO) *and those health experts, we got to get our act together.*

Tuan Pengerusi: *Agreed. Actually I was getting to that, the fact that I can— I think this is my suggestion and whether my committee members has any input. Now* MySejahtera *is under* MOSTI *or* KKM*? [Disampuk] So many bureaucracies*. *Okay. Our suggestion and we will put it in our report, is that this has to be* seragamkanlah, *whether a team from* MOSTI, MKN *or* KKM *has to sit with* SELangkah *and everything, get this done and then, even to deal with the* PDPA*. This is a huge hurdle that I actually hope that it will be tabled this session because we are moving to endemic.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *I hope other states are not opening up their own systems again.*

Tuan Pengerusi: *No. [Ketawa]*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *It will complicate things. I mean, then you have multiple platforms which is not going to work.*

Tuan Pengerusi: *So I think, moving forward*-lah*. This is what we need to do. I hope that the different Ministries take note. We will put in our report to pressure the Federal Government and also for the State Governments to come together*-lah*. That is number one. I think my next question is this the national testing plan, which is so vital. What is your recommendation for the national testing plan?*

Asst. Prof. Dr. Mohammad Farhan bin Rusli: *Okay. I like when* Yang Berhormat Dato' Dr. Xavier *actually, touched on are they going to create more things,* ya*. So you know,* Johor *I think last week,* Tunku Mahkota Johor (TMJ) *suddenly became the Chairman of the* Johor *Task Force,* ya*. So, he created it out of thin air, he made it happen and now they are sitting*-lah*. So,* Penang *also has one and then some of the other states have one. Okay. There is no issue about them trying to solve things* di dalam negeri masing-masing. Akan tetapi masalah dia berlaku apabila garis panduan itu tidak

sama ataupun tidak diselaraskan. Kenapa saya cakap begini, ya. Kalau Sarawak ya, daripada pihak Jabatan Kesihatan Negeri Sarawak mengatakan bahawa mereka tidak akan lagi melaksanakan apa-apa *testing* kepada mereka yang *asymptomatic*. Akan tetapi kalau *you are a close contact*, *you* terus kuarantin-kan diri sendiri. Okey. Akan tetapi di negeri lain, cara dia lain. Di negeri lain, caranya lain.

Jadi di sini, kita harus melaksanakan satu strategi yang sebenarnya ada sehaluanlah. Bermakna kalau kita pergi negeri di mana-mana— Malaysia ini kecil. Saya pergi Perak dengan Negeri Sembilan, lain. Saya pergi dari Kuala Lumpur (KL) ke Pahang lain. Kuarantin di Pahang 14 hari, kuarantin di Selangor 10 hari, lain. Negeri sebelah-sebelah, kita *cross* setengah jam sudah sampai negeri lain di Malaysia ini. Jadi, di situlah apabila kita hendak melaksanakan *National Testing Policy* ataupun Polisi Saringan Kebangsaan, kita harus melaksanakannya dengan rapi dan tepat. Mengapa saya mengatakan rapi dan tepat? Ini kerana *testing strategy* ini sepatutnya dua bulan lepas kita sudah ada. Bukan lagi dua minggu kita hendak tengok, baca kerana kita sudah buka Langkawi. Bila kita buka Langkawi hari itu, tiga hari sebelum orang terbang, Menteri kata apa? Okeylah, *you* kena *test* pula. Jadi di situ kita kena tanya, apakah *testing* itu berdasarkan data dan sains atau pun ia hanya untuk sesuatu yang popular ataupun nak bagi orang rasa selamat kita buat. Akan tetapi, kita tidak boleh *go on this path,* tahu*.* Kalau kita *go on this path, which means that all our decision-making is based— ad hoc, ad hoc, ad hoc. It doesn't have a clear pathway.*

I understand that KKM *under* Dr. Noorliza Mohd Noordin *and also* Dr. Hani Mat Hussin— *from* Makmal Kesihatan Awam Kebangsaan (MKAK)*, they are doing this National Testing Strategy.* Akan tetapi, strategi ini kita tengok daripada peringkat awal *already* sudah ada *certain caveat*. Kalau you tengok di *Kuala Lumpur International Airport* (KLIA), dia sudah ada *lounge* untuk buat *swab under* BP Healthcare, *right? So* dekat situ, dia ada PCR, *and* kita dapat dengar cerita mengatakan bahawa semua yang hendak masuk ke Malaysia akan dilaksanakan PCR *testing* kerana mereka menggunakan istilah yang lebih *accurate.* Akan tetapi, kalau kita tengok di UK, di United Kingdom, kita kena tengok UK-lah. Kita ini dulu dijajah oleh mereka, semua anak-anak pun dihantar ke UK untuk belajar. Jadi kenapa sekarang kita tak hendak ikut cakap mereka pula kan? Bermula 4 Oktober, semua orang boleh masuk ke United Kingdom, sudah vaksin ataupun tidak divaksin.

Kalau sudah vaksin, *you land,* hari kedua *you* boleh pilih mana-mana kedai di United Kingdom, *you* buat *self-test, you report* sendiri. Harga 10 paun, ibarat RM10.

Kalau *you* tidak divaksinasi, *you* melalui protokol kuarantin. Itu semua sudah di *lay out, open for people to see so that we know what to do when we go there.* Jadi di negara kita, kita harus...semua ini harus diperincikan dengan betul. Kalau kita hendak fikirkan macam mana kita hendak laksanakannya, *you have to be based on data and science, and you have to go back to RTK saliva.*

You kena turunkan harga, kos pembuatan RTK *test kit,* paling mahal oleh syarikat adalah RM6.50. *This is manufacturing cost,* ini adalah harga yang paling mahal *and this is fully imported, not even the one that is made in the country. So, the cost in the country is much cheaper than one that is imported.* Kita letak siling harga RM19.90, kalau *wholesale* RM16. Kalau kita hendak turunkan dia ke RM10, boleh, sebab ia untuk kepentingan rakyat. *Then,* kita kena fikir, kenapa kita masih lagi hendak mempertahankan PCR, sedangkan negara telah beralih kepada RTK, 10 minit, 15 minit sudah dapat *test.*

Can you imagine, if you open up the country and all these influxes are coming in, you want them to go under PCR? Tunggu 3 jam, *you* nak letak dia dekat mana? 'Kan? *So, is not about just doing the right thing, is about doing things right, and doing things right is based on data and science, and you have to go back to what is easy, but at the same time is safe for the people to open. So,* inilah sebab *testing strategy* ini, kita kena tengok macam mana, *and before you can have a national testing strategy, the MySejahtera and all this contact tracing* semua ini, *everything must in line.* Baru you boleh laksanakan. Kalau tidak, nanti minggu depan dia buat *national testing strategy,* tetapi *apps* tak siap lagi.

Dekat Langkawi, yang pergi semua negatif itu. Dia simpankan data. Adakah kita *fully report?* Dia buat RTK saliva, kenapa hendak pergi Langkawi RTK saliva, tetapi kalau hendak masuk, *you* kena PCR? Kenapa yang ini PCR, yang itu saliva? Macam...*it doesn't tally because you don't have a systematic body thinking about what the plan is, because as of now, I'm telling you there is no plan.* Perancangan itu tidak ada. Dari situlah kita gagal, *alright.*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *You* daripada mana?

Prof. Dr. Mohammad Farhan bin Rusli: Alamak ini tak boleh cakap ini.

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: Daripada mana?

Prof. Dr. Mohammad Farhan bin Rusli: Daripada UIAM.

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: Nama *you?*

Prof. Dr. Mohammad Farhan bin Rusli: Farhan.

Tuan Pengerusi: *It's here. Associate Professor.*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *You* cakap itu tepat, *you* cakap macam orang politik. Lepas itu, ada orang politik bercakap macam *you,* sebab semua *yes sir, yes sir* sahaja, benda-benda macam ini sekarang ini. Saya setuju dengan *you,* tetapi ada sedikit saya tak setuju itu, saya rasa untuk orang datang dari luar negara masuk ke Malaysia—maaflah ya, *don't get me wrong*—khususnya daripada negara-negara India dan negara-negara yang datang dengan macam-macam. *Lambda*-lah, apalah, dan sebagainya itu, kita wajibkan PCR. Akan tetapi, sekarang ini ada satu teknologi, *you* boleh *check*, UK guna pakai. PCR test ini 40 minit sahaja.

Okey, *from* Korea. *I checked* benda ini, I Google. Daripada Korea. Kalau 40 minit, Tuan Farhan, boleh. Orang itu datang, *by the time* dia *check in*, ambil barang itu ini, hendak pergi ke imigresen, 40 minit itu *just nice.* Kalau jadi apa-apa, terus kita hantar hotel Tabung Haji. Contohlah, paling dekat...

Beberapa Ahli: *[Ketawa]*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: ...untuk kita letakkan mereka kuarantin. *I mean, that is the nearest* hotel dengan airport itu 'kan? Bagi Tabung Haji hidup, bagikan dia buat kes – *I mean, this is my* contoh. Akan tetapi, memang *you* betul, *you* cakap itu, saya sendiri saya sudah cakap dengan menteri baru ini, RTK ini bukanlah *60 percent.* Untuk diri sayalah, 30 *percent* dia punya *accuracy.* Untuk diri saya, *30 percent* sahaja sebab saya sudah *test* sendiri ke atas anak saya, pemandu saya, *guard* saya, *bodyguard* saya, semua *test* pagi yang sama buat RTK. Ada dua, bukan satu Dr Hisham ya, ada dua. Satu saliva, okeylah, kata saliva itu tak berapa betul—dia negatif ini mungkin hinguslah ini. Tidak apa, ambil satu lagi yang letak celah gusi ini naik atas. Ingat tak?

Dua saya beli, bagi buat dua-dua, negatif. Pada masa yang sama, saya buat juga PCR. Doktor *standby* dekat rumah, buat. Selepas itu ialah anak. Orang muda-muda, "ahh negatif, papa ini sibuklah. Tak ada apalah." Dia keluar. Dia keluar petang itu, PCR *test* positif. *You* tahu tak, dia keluar rumah pukul 9 pagi, dia balik pukul 8 malam, 17 orang kawan-kawan dia kena, daripada anak saya. Kawan-kawan baik dia yang dekat *office* dia, 70 orang kena—positif. *So,* kuarantinlah 14 hari. Nasib baiklah boleh. Dia ada dua vaksin, kuarantin kendiri di rumah. *But this is what I said. I personally* tak bersetuju dengan RTK. Pembaziran duit. Betul, Malaysia boleh buat RM5.25. *You* kata tadi RM6 itu betul, Malaysia boleh. Tetapi *still, you* keluar RM20, RM30. Kita tekankan PCR ini tadi, tanyalah negara-negara yang buat ini kira betul.

How, what is you cost? Tell us your cost. Kalau tidak, *we don't deal with it.* Ini *government deal, government deal.* Kalau ada yang kata, *cost* dia boleh buat RM110 maksimum dia punya kos, okey, kita kata kepada *supplier,* "kau ambil RM10 sahaja untung. ini kalau hendak, tak hendak tak payah buat." RM120 *anybody* boleh buat. *After all, user pay* sekarang ini kalau datang ke mana-mana. Saya baru ini pergi Gaza 'kan, saya pergi Jordan untuk masuk ke Al-Aqsa, saya keluar, saya datang ke Mesir, hendak pergi ke Rafah dan masuk ke Gaza.

Empat kali saya buat PCR *test* dalam masa 3 hari. Semua itu kena bayar, saya bayar USD14, tetapi *prepaid*-lah. *You prepay* pakai kad, sampai sana dekat *airport* dia tunggu. PCR di Jordan. Hebat-hebat negara Jordan itu, 30 minit dia suruh tunggu. *Within one hour, you can go, you negative.* Itu Jordan itu, Mesir pun boleh buat macam itu. Akan tetapi kita ini, lagi semua 100 juta lebih rakyat dia. Kita masih lagi ini...*so* saya setuju, cari kaedah *national* punya *test* ini, kita kena syorkan kepada kerajaan, you buat satu sudah untuk jaga rakyat. Kita tidak hendak rakyat kita jadi mangsa. Mereka datang dengan bawa macam-macam punya kluster ini, akhirnya rakyat kita jadi mangsa.

PCR, yang minimum *time frame*-nya keputusan kita boleh dapat, *and then* kita beli satu yang terbaik. Siapa yang *you* hendak bagi, 10 *company* dekat 10 *airport,* bagilah. Tetapi produk yang sama. Bukan produk yang boleh...BP bawa satu, orang ini bawa satu, selepas itu MYEG-lah, apalah. Semua ada satu-satu, macam-macam, yang buat masing-masing punya produk. Itu yang tidak boleh selesai. Ada yang boleh buat dua hari, selepas kena tekan-tekan, boleh buat sehari pula. Ada tekan, tekan, tekan, sekarang boleh buat dua jam pula. Tekan, tekan, tekan, sekarang boleh buat satu jam pula.

I dont know which is which now. Ini...*you* betullah apa *you* cakap itu. Saya setuju. Perkara ini, saya akan tanya soalan kepada Yang Amat Berhormat Perdana Menteri. Di antara kami tiga orang ini, kami akan berbincang kalau boleh *by next week* kita akan tanya soalan kepada Yang Amat Berhormat Perdana Menteri. *I think for MQT, we ask this question. We have to* selaraskan. *Dato' Dr. Xavier, either one of us we ask this question to clear this, because we have a lot of information from them. These people, they are telling us the truth,* dekat atas itu banyak *yes sir. I mean, you like it or not, you were there then as minister.* Semuanya *yes sir, yes sir,* sebab hendak cakap banyakkan nanti masalah pula. *So, this what we are going to bring. Thank you.*

Tuan Pengerusi: Ya, *you want to response to the PCR?*

Prof. Dr. Mohammad Farhan bin Rusli: Okey, penyelarasan macam PCR semua itu, *this is why I think we should include all these other stakeholders inside* jugalah. Macam mana hendak buat? *And then* kita kena ingat, apa yang kita hendak bentangkan di dalam kertas, tak semestinya benda itu boleh dilaksanakan *on the ground. So that's why you* kena...*that gap* itu kena *bridge, and that's why policymakers must involve the ground people into policymaking.* Apa yang kita tengok, banyak *policymaker* dia tabur kertas, bila sampai dekat bawah, tidak boleh dilaksanakan *because it's just not practical,* tak boleh dibuat. Jadi, itu isu tentang...datang orang-orang yang datang ke Malaysia untuk melawat, untuk *business*-kah, apakah...akan tetapi, *national testing strategy* harus juga merangkumi *testing strategy* di dalam negara kita.

Kita tahu kadar vaksinasi kita makin lama makin tinggi. *Now we have to decide as a country, as Malaysia, not let individual states decide. As Malaysia, do we start testing people who are fully vaccinated? Do we not do this?* Apakah kita hendak buat, adakah kita hanya *test only the symptomatic? And this has to be in tandem to all the states to follow.* Tak *jealous*-kah kita buka EPL hujung minggu tengok Liverpool tengah main, semua orang tengah *cheering* tak ada *mask*, tak ada apa. *And you don't hear the pre-casters in the football stadiums, right?*

There must be an onus of where we want to move as a direction, and that is why, touching on the issue of endemic dengan *pandemic.* Kita hari-hari kita dengar orang sebut, kita hendak masuk ke endemik, kita hendak masuk ke endemik. Akan tetapi, cara kita adalah lebih kepada kita konon-konon masih lagi hendak *containment*, masih lagi hendak mengejar benda ini. *So,* kita kena pilih sebenarnya. *You* nak *contain*-kah, you nak endemik? Kalau you hendak endemik, *you* buat betul-betul macam endemik. Jangan hendak buat endemik, tetapi semua ini *strict* lagi, hendak keluar KL ke Pahang tak boleh. Sedangkan, kita tahu daripada laporan hari itu, sebanyak 1.7 peratus sahaja kadar yang pergerakan dari negeri ke negeri. *So*, benda-benda ini bila *you* tidak selaras, *people on the ground— because I am on the ground*. Saya ini rakyat biasa sahaja. *We don't have trust in the policy because policy* itu...

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Flip flop*.

Asst. Prof. Dr. Mohammad Farhan bin Rosli: *Flip flop* itu okey lah. *Flip flop, flip flop* okey jugalah. Akan tetapi, bila kita ada berpuluh-puluh polisi dan semua itu *flip flop,* baru masa itu kita *start* jadi juling.

Tuan Pengerusi: *[Ketawa]*

Asst. Prof. Dr. Mohammad Farhan bin Rosli: Tidak tahu mana hendak ikut dan mana hendak pergi. Dekat situlah kita datangnya masalah. Kerana apa? Saya bagi contoh. Minggu lepas kita ada mesyuarat dekat dalam *Grand Hyatt,* kita didudukkan di restoran berdekatan. Semua orang di dalam itu adalah *fully vaccinated*. Sampai masuk waktu solat, dia kata surau tutup tidak boleh solat kerana tidak dibenarkan oleh MOTAC.

Tuan Pengerusi: Apa hal pula?

Asst. Prof. Dr. Mohammad Farhan bin Rosli: MOTAC kata boleh makan duduk sebelah tetapi *you* tidak boleh solat dekat sebelah. Ini kerana virus *transmit* masa solat tetapi kalau *you* makan, virus itu tidak akan kena. Mungkin sebab kita minum air suam kah atau apa, kita tidak tahu.

Tuan Pengerusi: *[Ketawa]*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *[Bercakap tanpa menggunakan pembesar suara]* ...MOTAC pergi buat umrah, taubat. Dia akan tanggung dosa orang tak sembahyang itu.

Asst. Prof. Dr. Mohammad Farhan bin Rosli: Isu-isu beginilah yang sebenarnya yang mengelirukan dan ia berlaku apabila terlampau ramai badan yang mengeluarkan interpretasi-interpretasi yang masing-masing. Bila ini berlaku, kita akan ada kekeliruan. *And you are going through this pandemic fatigue with our people. The pandemic fatigue is at the most terrible. About 1.2 million jobs* dah hilang, kan? Rakyat daripada M40 lebih daripada 60 peratus M40 dah masuk kepada pinggiran B40 *and yet, you don't have a clear pathway out of living* dengan COVID-19 secara selamat.

Kita macam seolah-olah main kejar-kejar yang kita tidak sampai pun penghujungnya. Di situlah saya rasa *we need to sit properly. Is not about me trying to say we are better or KKM is bad or KKM is better, or* Selangor *is better. Is not. Because in the end, we are trying to do what's right. So, if we all sit together, I am sure we can come out with the best solution.* Ya, kena ingat ya yang daripada EAG, Dr. Fadzilah, *she is advising the country of Lao, Myanmar and Cambodia. Dr. Yap Wei Aun is advising the WHO Asia Pacific*. Orang-orang ini, negara luar semua dengar. Dalam Malaysia, semua tak nak dengar.

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: Panggil dia orang bagi taklimat tak?

Asst. Prof. Dr. Mohammad Farhan bin Rosli: Kita dah panggil. Kita dah memberikan banyak *recommendation* tetapi...

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: Dia dah jumpa Yang Berhormat Rembau kah belum?

Asst. Prof. Dr. Mohammad Farhan bin Rosli: Yang Berhormat Rembau belum lagi.

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: Saya aturkan.

Tuan Pengerusi: *[Ketawa]*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: Sebab ini semua— sebab itu kita bagi peluang kepada Yang Berhormat Rembau. *He just took over. To be fair on his side*.

Asst. Prof. Dr. Mohammad Farhan bin Rosli: Betul, saya setuju.

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: Saya yakin dengan dia. Ini kerana *we all grow together* dalam sistem. *So, I know his capabilities.* Dia orang yang suka mendengar. *I think* kalau benda betul, dia akan guna pakai. *You* boleh atur dengan saya. Secepat mungkin saya aturkan berjumpa dengan Yang Berhormat Rembau. Biar Yang Berhormat Rembau dengar dia orang.

Asst. Prof. Dr. Mohammad Farhan bin Rosli: *Because in the end,* macam kita punya Datuk Dr. Lokman kan, *he is the previous Deputy DG of Ministry of Health Malaysia, right*? *So, sometimes even his ideas get sideline. Even a person who is from the system itself. Right? We have the ex-DG of Health of Malaysia with us*. *So, how many times has he met the Minister of Health and the Prime Minister during the eight months?* Satu kali atau dua kali. *So*, benda-benda inilah sebenarnya yang menjadi *hindrance to our recovery plans* sebenarnya. *That is why* kalau *you* tidak ambil *the views of all these experts who are here,* kita tidak akan ke mana. *I'm sorry*.

Tuan Pengerusi: *What is the system or what is the structure that you are propose*? *I know that Singapore* mereka ada satu panel *expert*. *I mean technically it is model— I mean EAG was model after that. But then, Singapore experts panel have so much power to decide on this policy and they decide on all from vaccination to testing and everything, so that everything is uniform. Of course, we cannot compare Singapore to Malaysia directly because is apple and orange— demographic* semua lain. *But what is the structure that you propose that we can move forward?*

Asst. Prof. Dr. Mohammad Farhan bin Rosli: *Something like this Parliamentary Select Committee is a very good structure for you to follow already. Inside this room, you have a panel of experts who actually can give you advise on the national health plans for the country.* Macam ini pun dah cukup*. Let the politician do the politics.*

You guys can go for the media and the fame. It doesn't matter to us. But take the advice from the experts on a neutral platform. Which means that both the Ministry of Health have representative and also the experts— and these experts are actually government servants.

UKM, UiTM, UM semua daripada universiti-universiti Malaysia juga. *These are civil servants* sebenarnya. Dia orang bukannya *magic appear* dari tempat lain kah apa. *They are in our system. You just need to incorporate them into your strategic planning and then they can give it to you, so that you can present it to the public. Because the public listens to the politician. I hope so. But you need to have that direction. That is why…*

Tuan Pengerusi: *Depends on which politician. [Ketawa]*

Asst. Prof. Dr. Mohammad Farhan bin Rosli: *You need to have a structure of a privy council. So, the privy council is powerful within the room. You don't want the privy council to overstep.* Tidak adalah *privy council* yang melangkah Yang Berhormat Menteri Kesihatan, melangkah Perdana Menteri seolah-olah dia oranglah orang yang paling hebat— *no*. *Leave that to the politician. You need to have that privy council that is inclusive and holistic*. Baru *you* boleh *push through*. *Then, you can feed whatever information that you need.*

Tuan Pengerusi: *That's good. I mean* apa yang kita bincangkan pada hari ini, semua rekomendasi yang diberikan, kita akan buat satu laporan di mana kita bukan sahaja akan harap-harap boleh bentang di Parlimen tetapi kita bagi terus kepada Yang Amat Berhormat Perdana Menteri dan Yang Berhormat Menteri Kesihatan.

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: Saya rasa kalau betul apa yang Saudara Farhan sebutkan tadi, *if you don't mind,* Tuan Pengerusi, kita ada *another meeting quickly— I don't mind on next week. I don't mind. We can have every two days. Call all the doctors, we listen to them. What I will do— this one, I will assist you…*

Tuan Pengerusi: *Bring* Yang Berhormat Rembaulah.

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *No. I will bring* Yang Berhormat Rembau, Yang Amat Berhormat Perdana Menteri *and* Yang Berhormat Tenggara. *I bring all three and then we get the MKN. I mean, this is our initiative. We are helping. We are the Parliament. We are helping the country. So, we get them onboard. Everyone does it…*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Tidak jelas] Who chairs the MKN?*

Asst. Prof. Dr. Mohammad Farhan bin Rosli: Yang Berhormat Sembrong sekarang.

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: Yang Berhormat Sembrong tetapi MKN itu dia *standalone*. Walaupun dia *report* kepada Yang Berhormat Sembrong tetapi dia *standalone*. Menteri ini selalu dapat laporan *and* macam dia sebut tadilah, akan mengumumkan sahaja. *We get MKN*...

Dato' Dr. Xavier Jayakumar a/l Arulanandam: Siapa yang ketua MKN?

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *This guy, the deputy* dahulu *from* Sabah. *The short guy*.

Seorang Ahli: *Army.*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: Siapa? Rodzi. Betul, Rodzi. *Yes, I call Rodzi*. *I know him. I call them. I think what happen*— tetapi sebelum kita panggil mereka, kita dengar yang nama-nama Saudara Farhan sebutkan tadi, *all the doctors* yang *advising* Lao dan sebagainya. *Then after that, three of us go and see PM. I will tell him. He will minute, "Yes, saya setuju jemput all this minister". Then, we get the presentation. And we have to do it fast.*

Ini kerana MySejahtera ini, Dr. Hisham, pada hemat saya, kalau kita *enhance* dia sahaja pun sudah cukup dah. Tidak payah— hari itu ada Yang Berhormat Rembau sebut, dia kata sekarang ini pakai *apps* sudahlah. Kalau ada satu *apps,* senang boleh monitor. Dia ada sebut dalam bilik ini *last weeks*. Kita tanya dia. Dia kata, kalau ada, *easy.* Tetapi kata masih lagi orang kampung tidak pakai *android phones* ini. Dia masih lagi pakai— kalau tidak ada, susah. Kalau ada *apps* itu. Akan tetapi, MySejahtera *to me is still the best* sebab rakyat telah di-*educate* dengan MySejahtera ini. Mak saya pun sekejap-sekejap, *"Ini tidak update lagi ini mak punya ini"*. Ada dia suruh cucu dia *update everyday now. My mother. Even though she is staying in the house everyday, she wants to update everyday.* Itu orang yang 86 tahun.

So, I think MySejahtera itu orang dah kenal. Jadi, *if you ask me, why don't we enhance like what you say just now*? Kita pergi uniformkan. *Unified it. The whole country* pakai satu MySejahtera *as long as we have something*. Naratif dia sekarang ini, kita pakai satu benda untuk seluruh negara dan tidak ada *flip flop* punya *decision*. Hari ini kata begini, tiba-tiba, *I mean another minister will say something, another minister*—

dah jadi bercanggah. *I think that one* kita tidak mahu pada kali ini. *So, I hope Dr., you try to organise one meeting.*

Asst. Prof. Dr. Mohammad Farhan bin Rosli: Boleh, boleh.

Tuan Pengerusi: *I think what we can do* mengikut *our* punca kuasa *to call everybody including the PM but I think when it comes to PM, you have more protocol. So, I think we can arrange that maybe from the side of EAG. I know EAG after passing this— actually after passing this report, they are deciding to resign, is it? Am I correct*?

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Disbanding*. *Not resign*.

Tuan Pengerusi: *Sorry, disbanding.*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: Jangan dahulu. Ini baru hendak mula ini. Farhan, ini baru hendak mula. *I know if I do something, I will finish it*.

Asst. Prof. Dr. Mohammad Farhan bin Rosli: Bukan, Yang Berhormat. *The appointment is by* Yang Berhormat Pagoh.

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: Tidak apa. *You* bagi surat itu dekat saya. *You WhatsApp* sahaja surat itu dekat saya. Saya akan jumpa Yang Amat Berhormat Perdana Menteri.

Asst. Prof. Dr. Mohammad Farhan bin Rosli: Itu keputusan Pengerusi saya, Tan Sri Abu Bakar. *[Ketawa]*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: Okeylah. Tidak apalah. Tolonglah, ini untuk negara.

Tuan Pengerusi: *I think it is good because EAG is an official advisory body to* Yang Berhormat Pagoh.

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *Is okay*. *You can adopt.*

Tuan Pengerusi: *So, I think we can adopt*...

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *No problem.*

Tuan Pengerusi: ...*Or even transition of my proposal to* Tuan Pengerusi, Dato Sri. *We will try to arrange a meet up with* Yang Berhormat Menteri Kesihatan *and also* Yang Amat Berhormat Perdana Menteri. *We can. And even to* Ketua MKN *and everything within the limits of Parliamentary Select Committee. I think this is the model of bipartisan and cooperation. I think we want to learn from the mistake the years before. So, this is our proposal to you. But of course, once you meet the Prime Minister, there has to be a clear proposal on what has to be done and I'm sure you are more than equip and more than competent to do that.*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: Dia umpama kapal ini dah masuk bergelora, Dr. Farhan. Takkan *you* hendak tukar dia punya Kapten? Biarlah kapten yang ada ini selesaikan kapal itu sampai bawa berlabuh sampai ke...

Asst. Prof. Dr. Mohammad Farhan bin Rusli: *You, lobby*-lah, Yang Amat Berhormat Perdana Menteri untuk *allow...*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *I will help you...*

Seorang Ahli: *[Bercakap tanpa menggunakan pembesar suara] I will help you.*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *This is because* benda ini untuk negara dan untuk rakyat. *No issue. I think the current Prime Minister,* ia tidak ada *personal interest* kalau tidak, tidak akan Yang Amat Berhormat berlapang dada panggil semua duduk sekali dengannya termasuk saudara Dr. Kelvin Yii Lee Wuen and all of us. Maknanya, Yang Amat Berhormat tidak ada kepentingan peribadi. *Trust me.*

Tuan Pengerusi: *So, the way that we can target timeline is based on* Yang Amat Berhormat Perdana Menteri punya *schedule*-lah.

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *No problem. For this one, for this one, I think, if* Yang Amat Berhormat ada *appointment* lain pun, Yang Amat Berhormat akan *cancel because this is more important. Very important,* kita jumpa dulu doktor-doktor itu, *then,* kita dengar mereka. *Maybe on that meeting*, kalau kita hendak panggil seorang boleh, MKN *join us* terus.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] For the next, next meeting* yang kita hendak panggil *–Next meeting* kita hendak panggil *researcher* semua itu, *include the AG's Chambers as well.*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *[Bercakap tanpa menggunakan pembesar suara] AG's Chambers and MKN.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: MKN *and asked the secretariat to do them and then...*

Tuan Pengerusi: *Secretariat, please take note. Maybe* Asst. Prof. Dr. Mohammad Farhan dan Yang Berbahagia Tan Sri Dato' Dr. Abu Bakar...

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *We follow up with the paper that is –I need, need support from everyone on this after we have a paper. Then, the Prime Minister has to come in with the paper in front of them*-lah...

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *[Bercakap tanpa menggunakan pembesar suara] Exactly, exactly.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *That he can implement on certain issues.*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: Kita siap syorkan, kepada Yang Amat Berhormat Perdana Menteri, apakah tindakan yang harus dilakukan sebagai Yang Amat Berhormat Perdana Menteri? Kita syorkan. Syor ini siapakah yang beri? Bukan Yang Berhormat Dato' Dr. Xavier Jayakumar, Yang Berhormat Datuk Seri Panglima Abdul Azeez atau Yang Berhormat Dr. Kelvin Yii Lee Wuen bagi. Pakar-pakar dekat bawah itu, mereka yang beri. *This is what we have to* dapatkan.

Tuan Pengerusi: *So, I think, let us take this as the first step*-lah. *Why do not you give us the list of experts sitting in Malaysia...*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Are they here? There is two people [Tidak jelas]*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: Asst. Prof. Dr. Mohammad Farhan boleh uruskan *lah?* Boleh *kan?* Panggil mereka itulah. Cakaplah, kita minta. Kita Melayu, you cakap.

Prof. Dr. Rosmawati binti Mohamed: *There is part of the team because we also have got other than the six members, is also the Technical Working Group which are actually headed by Asst. Prof. Dr. Mohammad Farhan, for the epidemiology. So, we have seven other Heads. So, so...*

Tuan Pengerusi: *So, the whole EAG*-lah.

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *[Bercakap tanpa menggunakan pembesar suara] So, they have already in the system. No issue.*

Tuan Pengerusi: *So...*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *Monday?*

Tuan Pengerusi: *PM, PM's timing...*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *No, no. This is not PM brother. This, I will* –Kita jumpa dulu.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] No, no. We will have a meeting first. Do not forget* ya.

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *We will invite AG, with AG's Chambers, we will invite* MKN dulu. *After that,* baru kita ada satu *blueprint the* laporan *with three of us will gives to the PM that we have done this. Okay, you come this time and you summon the other Ministers. So, you summon other Ministers. So, PM will*

summon the other Ministers to come along with him. Then, we will dengar *full presentation. Then for him to decide* sahaja selepas itu.

Tuan Pengerusi: Okey.

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: Kita mudah kerja. *When we brief him, we said, we have done A, B, C, D, E, F, for you. Just for you to just* umum sahaja. Dengar, kalau *you believe in it,* you umum. *That is it.*

Tuan Pengerusi: Okey. *So, are we ready for our Monday meeting? I mean all the proposals, would it be similar to— this is the main proposal, EAG right?*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Monday. I call it Monday* ini, *[Tidak jelas] Monday is got the 12th Malaysia Plan in the morning.*

Tuan Pengerusi: Ya. *Tueday*-lah.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Then, in the afternoon is the briefing.*

Tuan Pengerusi: Okey. *We do Tuesday or is there any specific or special* laporan *you think you can give to the PM?*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *[Bercakap tanpa menggunakan pembesar suara] Tuesday afternoon* ada *briefing. Lunch.*

Tuan Pengerusi: *Monday afternoon. So, from my understanding this is your report, right? This is the report that you're finally writing. So, actually basically this is the report that they can present and they're already meeting with us today. I think they already ready to meet the PM. So, I think in that sense, I do not know. My suggestion, do not need another meeting for them to meet the PM.*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *[Bercakap tanpa menggunakan pembesar suara] No, Asst. Prof. Dr. Mohammad Farhan told us, we are to meet the doctors* Tuan Pengerusi...

Tuan Pengerusi: *Actually, they are a bunch of these two.*

Prof. Dr. Rosmawati binti Mohamed: *[Bercakap tanpa menggunakan pembesar suara] They are part of the group.*

Tuan Pengerusi: *They are part of the group. This is the EAG's committee members.*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *[Bercakap tanpa menggunakan pembesar suara] Okay.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *But I would like to meet the* MKN*'s people and the AG's Chambers...*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *[Bercakap tanpa menggunakan pembesar suara]* Ya betul. *I think better.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *To find out the hiccups that* Yang Berbahagia Datuk Dr. Hishamshah *said just now.*

Tuan Pengerusi: *Okay.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *As far as the legal process is concern. I need to find out that...*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *[Bercakap tanpa menggunakan pembesar suara]* Saya rasa *kan,* kita jangan pergi –Maaf cakaplah ya. Separuh masak dengan Yang Amat Berhormat Perdana Menteri, tidak boleh. Kita pergi ini dengan betul-betul konkrit, tembak betul-betul, *zoom* dekat sini. Tidak ada tepi-tepi punya.

So, we get the whole thing. They write and AGC ada, MKN ada. Apabila kita *brief* Yang Amat Berhormat Perdana Menteri *and* kami bertiga pergi, *AG's Chambers* ada, MKN pun setuju dan dia dengar taklimat ini, *"Oh, ya 'kah?" So*, bukan *Members of Parliament* saja, kita bawa dia bersama-sama. *Then, an ex-DG* Kementerian Kesihatan, *so, we mention* semua itu. Barulah ada kekuatan untuk panggil mereka untuk mendengar taklimat.

Tuan Pengerusi: *Okay. Who do you suggest you want to speak for before the PM? We are talking about* MKN*. We are talking about AGC. Who else do you want to speak for?*

Asst. Prof. Dr. Mohammad Farhan bin Rusli: Yang Berhormat Tuan Khairy Jamaluddin.

Tuan Pengerusi: Yang Berhormat Tuan Khairy Jamaluddin?

Asst. Prof. Dr. Mohammad Farhan bin Rusli: *You need to because it is health.*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *[Bercakap tanpa menggunakan pembesar suara] Of course.*

Asst. Prof. Dr. Mohammad Farhan bin Rusli: *Of course.*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *[Bercakap tanpa menggunakan pembesar suara]*

Tuan Pengerusi: *Okay. I will tell you what, let's,* cuba Sekretariat, *you note down all of these names that we have mentioned. Let us target for next Tuesday. Okay? We*

will invite the Committee back and we give you Yang Berbahagia Tan Sri Dato' Dr. Abu Bakar, other of course, the decision who you want be invited from your Committee because you Chair the Committee but we will try our best to get Yang Berhormat Tuan Khairy Jamaluddin, MKN*...*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] AGs.*

Tuan Pengerusi: *AGs to be here. Then, we go one round first of discussion*-lah. *Cordial discussion. We can disagree. It is fine but this is how we get things done. After that, the next we target PM. Is that a workable plan forward,* Yang Berbahagia Tan Sri Dato' Dr. Abu Bakar*?*

Tan Sri Dato' Dr. Abu Bakar Suleiman: Tuan Pengerusi. *You know, we are here to serve. We are professional technical people. If you need our help or our support, of course, we will provide it.*

Tuan Pengerusi: *Okay.*

Tan Sri Dato' Dr. Abu Bakar Suleiman: *To us, there is no issue.*

Tuan Pengerusi: *Tell us what to do and we are here to serve the best for the country and also...*

Tan Sri Dato' Dr. Abu Bakar Suleiman: *I would like to just make one point because, you know, our discussion has been wide-ranging and at present, we need to use the experience we have gone through to prepare ourselves for the future.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] Yes. That I totally agree with you* Yang Berbahagia Tan Sri Dato' Dr. Abu Bakar.

Tan Sri Dato' Dr. Abu Bakar Suleiman: *So, if you want, then, this is part of it but we can go in-depth a bit deeper based on the experience of the Greater Klang Valley* COVID-19 *Task Force. No, you need for example, a system that is always on. You are prepared all the time, for example. The digital technology is the supporting issue. We must have that.*

For example, if you are talking about MySejahtera*, or whatever, what are the functionalities? What performance do you expect? Must be clear. How long does it take to identify a cluster? From our research here, we want to do it in one day.*

Tuan Pengerusi: Ya.

Tan Sri Dato' Dr. Abu Bakar Suleiman: *With technology it is possible. At present, how long does it take? One week? Two weeks?*

Tuan Pengerusi: Lama.

Tan Sri Dato' Dr. Abu Bakar Suleiman: *It is disaster. So, to me, the integration issue is very important. The –what do we call, preparing for the surge of demand, it must be crystallised and predefined. The collaboration with private sector with other government agencies with federal and state, you know, it must be predefined.*

In other words, we have it already. If it happens, we go. That is what we mean. It is actively ready all the time. That type of approach. The investment, the investment for example, if you look at it will be significant but what has been the loss when we do not do it? Issues. If you want us to take that approach, holistic approach, we can do it. Just for your information, there is an independent panel for pandemic preparedness and response under WHO*, they have just presented the report to the* UN*, not to* WHO*. To* UN *in June. We can look it up.*

One major issue is actually how to integrate the preparedness in terms of disease surveillance and diagnoses between local, state, federal and regional. At present, it is actually already in place for different diseases, but this must be put on the national basis that ready to be used at any time.

Tuan Pengerusi: *[Tidak jelas]*

Tan Sri Dato' Dr. Abu Bakar Suleiman: *So, if you want us to take that approach, we can but I just want to remind you, we have just submitted our resignation to the PM's office...*

Tuan Pengerusi: *It can be* koyak *one*. *No problem. [Ketawa]*

Tan Sri Dato' Dr. Abu Bakar Suleiman: *[Tidak jelas] but we can fill in heartbeat if it for everyone.*

Tuan Pengerusi: Okey. Sekretariat. Tambah lagi. *I think we need the DG here as well,* Yang Berbahagia Tan Sri Dato' Seri Dr. Noor Hisham.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara]*

Tuan Pengerusi: *The DG will come. So, I think we will...*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *Even the* Yang Berbahagia KSU *will come normally. It is okay.*

Tuan Pengerusi: *So, we will...*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *You just put in* sahaja *lah. Put in* sekali.

Tuan Pengerusi: *We will target next Tuesday. From there, we take it one step at the time and as fast as possible with the PM lah. So,* Yang Berhormat Baling *who has direct contact, direct cable,* senang *lah.*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *[Bercakap tanpa menggunakan pembesar suara]* Lagipun Tuan Pengerusi, *for your information, the Ministry of Finance, they are very, very kind on as far as this pandemic is concerned. So, we can see that even though,* ia kena belasah kiri dan kanan, *the Minister but he always fights and get all the money.* Akan tetapi, tempat lain Yang Berbahagia Tan Sri Dato' Dr. Abu Bakar, *they have no money.* Ada idea, ada *brain.* Kita ini Yang Berbahagia Tan Sri Dato' Dr. Abu Bakar, idea *and brain* tidak digerakkan bersama. *That is our issue, integration. We have a lot of smart people there,* tetapi semua ego, Tan Sri. Dia nak buat cara dia, dia nak buat cara dia. Aku lebih hebat, aku ini. Selepas itu, bawa anak raja, anak itu, anak ini, semua nak masuk. Benda ini tak perlu, kita boleh buat dari bawah. *No issue* sebenarnya. Jadi, saya harap kita kena – *I am very proud and happy that all of us are here in this* jawatankuasa. *I think, this is a proper way to drive this issue* bawa naik ke atas, lagi mudah. *Thank you.*

Tuan Pengerusi: *Okay. Any…*

Tuan Haji Wan Hassan bin Mohd Ramli: Tuan Pengerusi.

Tuan Pengerusi: Ya.

Tuan Haji Wan Hassan bin Mohd Ramli: Kalau kita lihat daripada topik kita, tajuk kitalah, peralihan kepada endemik COVID-19. Jadi, nasihat siapa yang diberikan kepadanya, oleh jawatankuasa mana, pandemik kepada endemik? Itu isu dulu, sebab kita nak *landing* jadinya. Jadi *airliner* itu mungkin berbagai-bagai, tetapi bila nak sampai ke *airport*, mesti ada *landing protocol, SOP landing protocol.* Jadi, kalau ini hendak jadi jawatankuasa yang akan jadi *airport* itu, tidak ada isu. Tidak ada isu, tetapi mesti ada...bila kita masuk ke transisi endemik ini, protokol dia mesti cukup menyelesaikan masalah. Kalau sekarang, tak perlu ada SJR di semua negeri dalam negara kita. Maknanya, itu mesti cukup dia punya SOP dia. Jadi, itu akan memudahkan. sebab kita, tujuan pindah endemik kerana isu ekonomi. Jadi nak menghidupkan ekonomi balik, maka timbullah *bubble* pelancongan dan sebagainya. Jadi, itu yang saya rasa, kena perketatkan semua itu, supaya kita masuk dalam endemik itu, kita sudah sedia. Itu maksud saya. Akan tetapi saya hendak tahu, nasihat daripada mana kepada Menteri Kesihatan yang umumkan pandemik kepada endemik. Daripada siapa?

Asst. Prof. Dr. Mohammad Farhan bin Rusli: Sebenarnya, itu adalah soalan kami kepada pihak tuan sebenarnya. *[Ketawa]* Kami pun ingin tahu jugalah sebenarnya. *[Ketawa]*

Tuan Pengerusi: Yang Berhormat Sibuti ada soalan.

Tuan Lukanisman bin Awang Sauni [Sibuti]: *Very agree* dengan apa yang disampaikan oleh Prof. Dr. Mohammad Farhan dan juga saya berharap agar jawatankuasa ini pun dapat memanggil *the provider* atau pun pembekal RTK, atau pun macam Yang Berhormat Baling tadi cakap, *this is alternative of immediate result on* PCR, memandangkan kita memang memerlukan penurunan harga. Juga, *I hope this* jawatankuasa dapat sampaikan di dalam bentuk laporan dan tegas berkenaan tentang penurunan harga. Juga, *yes I agree* berkenaan tentang...kadang-kadang saya pun *confused,* berkenaan tentang *where are our directions actually*. Nak menyekat atau pun *living with COVID-19*. Saya bimbang bahawa COVID-19 ini akan menjadi *something like seasonal in future*. Mungkin tiba-tiba ada musim COVID, *so we are not ready. So*, kita kena ulang balik lagi.

So, I hope we have another foresight untuk lebih pergi jauh berkenaan tentang pengurusan pandemik *in the government*. Juga, berkenaan tentang perundangan. Berkenaan data-data itu, saya *quite agree*, *but* kita kena tengok pandangan timbalan tadi berkenaan tentang...*this is going to have an effect*. Bukan setakat kita tengok untuk kegunaan MySejahtera dan selebihnya...*yes, like us in Sarawak also*, kita ada banyak masalah dan juga kita pun dipandu oleh pakar-pakar di negeri, Profesor Dr. Andrew, *everything. But somehow*, kita tengok keadaan di Sarawak sangat mengelirukanlah bagi saya, dengan kadar jangkitan yang banyak selepas vaksinasi dan *suddenly we are going to endemic*. Juga *yes, we stop our application* kerana memandangkan kita kena guna selari dengan MySejahtera.

Satu juga pandangan saya, di peringkat negeri-negeri ini Tuan Pengerusi, sepatutnya kita mempunyai satu platform. *We are using MKN* dan juga kalau dalam Perlembagaan pun jelas bahawa kesihatan adalah *under Federal list* dalam *schedule*. Akan tetapi, pelaksanaan, *we can see for example, my state, Sarawak. Sometimes we are overruled. Something* yang saya rasa kadang-kadang tidak selari dengan keadaan, *especially of people are going back to Sarawak, there are* sekatan, *PCR test, everything. So*, menyebabkan keadaan sukar. Juga, pembukaan macam Langkawi, *I have been to Langkawi last week* bersama dengan Yang Berhormat Menteri. Juga, dalam pada masa yang sama, kita bukan hanya untuk nak *contain* atau pun nak menyekat pergerakan

rakyat. Akan tetapi, dalam pada masa yang sama, rakyat di Langkawi pun dari sudut kehidupan, sangat-sangat terjejas, sehinggakan pemandu yang bawa kami itu, *I am asking him, what happened for the past years*. Dia cakap Yang Berhormat, kita jual cucur pisang, pasembur, sehari dapat RM30 hingga RM40. Itu pun kena bahagi dua. *So, we are happy people are coming back. But, at the same time, decision government* itu*,* masuk kena buat *test* atau tidak? *Last minute decision. So,* itulah yang menyebabkan rakyat rasa tak senang hati. *So, I hope* jawatankuasa dapat membawa satu...

Dato' Dr. Xavier Jayakumar a/l Arulanandam: Yang Berhormat, *if I may say, there was no coordination between the ministry of* pelancongan dengan *Ministry of Health.*

Tuan Lukanisman bin Awang Sauni: Ya, betul.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Sorry to say, you didn't have a discussion before you decided on…*

Tuan Lukanisman bin Awang Sauni: Dia macam *the Cabinet* tak ada *WhatsApp group. That is the joke the people always do. Okay, thank you Chairman.*

Tuan Pengerusi: *Thank you so much.* Kalau tak ada soalan, *actually I got one more question, because one issue that endemic is very important is the vaccination.* Sekarang kementerian ada mengumumkan tentang polisi *booster dose. I understand both sides of the argument in terms of equity, but then their certain indication that we need a booster dose, especially Sarawak is a big indication. What are your views on this policy, and how do we implement it better? Which are the target groups, and so on so forth? And we can summarise with that.*

Asst. Prof. Dr. Mohammad Farhan bin Rusli: Okey. *Actually,* kalau lepas itu saya nak tiga minit untuk *touch on something else* boleh 'kan? Okey. Untuk vaksin *booster* ini, untuk makluman, ia telah dilaksanakan di beberapa negara. Di Israel, dua juta rakyat dia telah menerima *third dose* atau pun *booster*. Sesetengah negara memanggil dia *third dose* kerana mereka menjangkakan mungkin perlukan *fourth dose, fifth dose, six dose* dan sebagainya. Sesetengah negara memanggilnya sebagai *booster*. Di Germany dan France, mereka laksanakan untuk *specific group of people*. Mereka yang berumur 50 tahun ke atas dan mereka yang ada di barisan hadapanlah, *medical doctors and everything*. *But the data and science show that the different types of vaccine give different types of results requiring different type of booster* atau pun *third dose.*

Kita mengatakan, kita telah tengok data yang masuk daripada Thailand, mereka telah mengumumkan bahawa mereka yang menerima Sinovac dua dos, kemungkinan besar perlukan *booster* selepas enam bulan. Mereka yang telah mendapat mRNA vaksin seperti Pfizer dan Moderna, memerlukan *booster dose* selepas lapan bulan. Ada juga yang telah mengatakan bahawa apabila penerima Sinovac, Sinovac-Sinovac, dia punya antibodi di dalam badan turun sehingga ke 28 peratus sahaja, *efficacy* dialah. *Neutralising antibody* yang ada di dalam badan, dan *booster dose* menggunakan *mixed vaccine* seperti AstraZeneca. *So*, Sinovac *one*, Sinovac *two*, ketiga adalah AstraZeneca, *quadruple the immunity back to almost 86 percent after they have received this booster dose.*

Akan tetapi, mengatakan tentang *booster dose* atau pun *third dose* ini di negara kita, perancangan ini...kita tidak boleh mengumumkan tanpa perancangan holistik. Ini kerana, bila kita mengatakan bahawa yang akan menerimanya adalah *frontliner*, definisi *frontliner* itu pun kita kena *define* balik, sedangkan kita tahu ramai lagi populasi di negara kita masih lagi belum menerima dos yang pertama. Walaupun di negeri Selangor atau pun di Kuala Lumpur yang telah melaporkan lebih 140 peratus orang yang dah divaksinasi di Kuala Lumpur. Akan tetapi bila kita buka PPV *mobile*, ramai lagi yang tengah beratur sebab ada *refugee*, ada *migrant* yang masih lagi kita tidak vaksinasikan lagi.

Jadi, ini menunjukkan bahawa, *third dose* ini bila kita nak laksanakan, kita kena betul-betul fikir macam mana kita nak buat dan siapa yang patut menerimanya. Ini kerana, dia tak boleh buat sebab kita rasa benda itu popular. Kita kena buat kerana ia adalah sesuatu yang diperlukan. Apabila kita kata diperlukan, kita tak boleh *take the onus on us to see who should get and who should not get. Because the data is saying, that Sinovac-Sinovac has the lowest neutralizing antibody*. Kita sudah tahu, kita sudah bagi 14 juta orang Sinovac. *So*, kalau *you* nak bagi *booster dose, you* kena sediakanlah untuk 14 juta ini. *Then, now the government has to decide*. *Booster dose* ini*, are you going to pay for it? What if suddenly COVID becomes a vaccine that you have to use every single year?* Setiap tahunkah kerajaan nak buat? Kalau *you* nak buat macam itu, *you* kena *include*-kan *in the National Immunization Program, and it has to be budgeted every year according to it. Then, you have to know that* banyak vaksin ada di negara kita. *So, it plays a big role.*

It's not just about announcing tetapi bila kita hendak laksanakan, *it has become a very big headache. Because you know that the ex-Prime Minister, he took vaccine*

dose on the 24th of February, he completed his second one in the first week of March. So, he is actually due in about six weeks kalau *you* gunakan *data and science.*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: Lapan bulan ya?

Asst. Prof. Dr. Mohammad Farhan bin Rusli: Ya, lapan bulan kalau mRNA. *[Disampuk] Yes. So, in eight months. Now, when you give him, are you going to give me? And if you give me, who else is going to be determined to be given? So,* benda inilah kita kena *actually…*

Tuan Pengerusi: Rangka betul-betul.

Asst. Prof. Dr. Mohammad Farhan bin Rusli: Rangka macam mana, *and the* rangka kena ada sebelum kita umum. Kalau kita umum rangka tak ada, *we are going back to the same place when we were starting*-lah. Semua orang pening kepala baliklah macam mana hendak laksana. Benda itulah sebenarnya *one of the biggest issues that we have to sit and discuss— who should get, when should they get, and what should they get. And it must be based on data and science.*

Tuan Pengerusi: Okey, ada soalan tentang vaksin?

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *[Bercakap tanpa menggunakan sistem pembesar suara]*

Asst. Prof. Dr. Mohammad Farhan bin Rusli: Sebenarnya secara jujur...

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *[Bercakap tanpa menggunakan sistem pembesar suara]*...Sudah masuk MySejahtera. Kalau esok kerajaan bagi, yang keempat dia sudah dapat. *[Ketawa]*

Asst. Prof. Dr. Mohammad Farhan bin Rusli: Betul. Secara jujur, ramai yang kerja *expat oversea* bila dia balik MySejahtera kosong, dia register sahaja, dia dapatlah *third dose.* Saya tahu ada yang dekat luar dia ambil Sinopharm, Sinopharm, masuk sini dia ambil Pfizer, Pfizer. Sebab dia perlukan MySejahtera punya data itu untuk masuk ke— *so,* ini adalah sedikit kelemahan yang kita nampaklah daripada...

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *[Bercakap tanpa menggunakan sistem pembesar suara]* ...*Must be honest and transparent.* Hendak jual, jual. *The third dose* hendak jual, jual. Siapa mampu beli, beli tetapi laporkan. Yang mana yang kerajaan hendak bagi B40, ada caralah. Kita kena *be specific* lah apa yang kita hendak buat.

Asst. Prof. Dr. Mohammad Farhan bin Rusli: Betul, kerana— kenapa ini penting, Yang Berhormat? Adakah kita akan menggunakan MySejahtera untuk orang *check-in* untuk *the next 10 years, the next 20 years? What is the plan?* Sampai bila *you*

hendak *check-in? You* panggil endemik tapi *are you going to be endemic with a police state or how? All these things we need to discuss before we* umum. Sebab, *once you* umum, *you* tak boleh *back track.* Kalau *you backtrack...*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: Dan *you* takkan lari—*you never* akan lari dari yang ada pula *imitation* punya MySejahtera.

Asst. Prof. Dr. Mohammad Farhan bin Rusli: *Correct.*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: Orang itu tak ada *injection* langsung, tak ada vaksin langsung, dia pergi tunjuk sahaja. Kawan dekat situ yang *check* itu Nepal punya *guard, "Ha, sudah okey dua. Okey, okey. Jalan."*

Asst. Prof. Dr. Mohammad Farhan bin Rusli: Betul. *Because the problem is you may have a good policy, but you can have poor enforcement. So, in the end, you don't actually get an outcome.* Nampak cantik di atas kertas tetapi *in reality you* tak ada apa-apa *solution* pun pada penghujungnya. Tak ada apa-apa hasil daripada apa yang kita sudah buat *and* kita berbelanjakan berjuta-juta ringgit untuk melaksanakan benda itu. *That is why the problem is going to come.*

So, we have to sit and decide now. MySejahtera sampai bila kita hendak guna? *Third dose* hendak rekod kah tidak? Sampai bila *you* hendak rekod? *And* sampai bila *you* nak *prevent* orang yang tak nak vaksin daripada akses kepada benda-benda yang diperlukan seperti *supermarket* seperti itu? Sebab dekat UK, siapa yang tak vaksin boleh masuk ya. Dekat US, *they have access to all these places. We have to start discussing all those things.*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *Next week you* datang boleh bagilah cadangan. Okey.

Asst. Prof. Dr. Mohammad Farhan bin Rusli: Macam itu.

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: Cadangan apa yang *you* rasa terbaik, *you* bawa datang.

Tuan Pengerusi: *Final summary* sebelum kita habiskan. Ya.

Tuan Haji Wan Hassan bin Mohd Ramli: Oleh kerana bila kita lihat COVID-19 ini sudah jadi macam musuh utama yang kita tak dapat kalahkan, jadi kita kena hidup dengan dialah. Cuma, dalam jangkaan akan datang, adakah tidak lagi virus-virus lain yang akan...

Tuan Pengerusi: Ya, memang, memang.

Tuan Haji Wan Hassan bin Mohd Ramli: Itu kena siapkan.

Tuan Pengerusi: Dengan *climate change* sekarang, *it will be more and more.*

Tuan Haji Wan Hassan bin Mohd Ramli: Ya, kena siapkan supaya bila kita masuk, kita sudah ada persiapanlah, *preparedness* lah, *insya-Allah.* Terima kasih.

Tuan Pengerusi: Okey. *So, maybe Dr. Farhan, you want to summarise this issue?*

Asst. Prof. Dr. Mohammad Farhan bin Rusli: *Yes. I wanted to just touch— because I think our aim is 4.30 pm* kan untuk tutup? *I just need two minutes, so 4.26 pm.*

Saya ingin menyentuh dan saya ingin mencadangkan kepada Jawatankuasa ini untuk membawa naik isu tentang penggunaan fasa di dalam pandemik— Fasa 1, Fasa 2, Fasa 3 dan Fasa 4. Saya ingin mencadangkan bahawa fasa ini sebenarnya tidak membawa apa-apa makna lagilah kepada negara kita. Sebenarnya fasa ini adalah sesuatu yang *arbitrary which means that only one way forward. You cannot go back. And we know that all the states* yang sudah di Fasa 2 dan Fasa 3 sekarang adalah negeri-negeri yang paling teruk. *Positivity rate* di Pulau Pinang nombor satu dan di nombor sembilan ialah Selangor tapi Selangor *recording the highest number of cases.*

Jadi, indikator-indikator ini sebenarnya memainkan peranan yang penting kerana apabila kita meletakkan gambaran kepada rakyat bahawa fasa ini adalah indikator-indikator menunjukkan kita ini *good to go or performing really bad, it gives a misdirection. Because, as of today, yesterday 1,100 plus in category 4 and 5 and then 960 requiring ICU and ventilation. So, you are actually at the worst critical part now, when you are saying to the people that is actually getting better. So, this thing needs to be addressed.*

And kita tak boleh menggunakan nisbah mutlak *total amount of positive case per day to show the people that we are on the downward trend. Media report we are downward trend* tetapi sebenarnya secara realiti*, facility* kesihatan kita masih lagi kekangan *especially in the northern region and the southern region. Because the number of cases is increasing, it is not decreasing. And then number of BID is actually very alarming.* Walaupun kita kata ini *backlog,* kalau *you* kata *backlog* pun, orang itu sudah mati. *So,* jumlahnya masih lagi kekal ya. Orang itu masih lagi mati. Bukannya *backlog* itu dia hidup balik.

So, benda-benda inilah sebenarnya kita kena berikan tumpuan. *And I think that you should actually bringing up how the phases actually is something that you have to do away from.* Dia tidak lagi mendatangkan apa-apa manfaat kepada kita.

Tuan Pengerusi: *Okay*, *thank you so much.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *I just want to say about the phases. I agree completely because it's a misgiven perception that you are on Phase 2 and things are okay but the way I look at Klang Valley and Greater Klang Valley, phases don't make any sense anymore, to me. So, can you imagine the man on the street as well? So, I think it is timely that we have to relook at this so-called phases and what it is actually means and how do we want to go into stage of endemic with having to remove the so-called phases and give the people a better picture about what is going to happen in future. I think that is quite accurately said. Thank you.*

Tuan Pengerusi: *Thank you so much. Any other summary from Tan Sri? You want to give last words* sebelum kita berakhir?

Tan Sri Dato' Dr. Abu Bakar Suleiman: *First, thank you for this opportunity. Of course, we will do whatever we can to help. The issue that we are grappling with now is, how to exert and prepare for the future? To my mind that the future is actually going to be very soon. But probably in terms of the public, they need reassurance which we are going now. But opening about the economy and how safe can we be.*

But they also want to know, how are we going to prevent the next outbreak? What are you doing? For example, there is pictures of patient on the floor in the toilet outside. How are we going to prevent that, for example? I think these are type of issues we need to come up very clearly.

It is not something that is easy to do. I give you an example from my own experience. Nearly 30 years ago, I requested my director of planning— his predecessor lah… *[Merujuk kepada seorang ahli] Just one example. Can we plan for 10 percent of hospital beds to be ICU or stepdown care? The deputy director came to see me and told me this is impossible. It is too expensive. Okay, to what level? Five percent? Six percent? This became very, very difficult. But you got to address it now. Because even though we prepare for research, you still got to treat the other people suffering from other diseases.*

Tuan Pengerusi: *Fully agree.*

Tan Sri Dato' Dr. Abu Bakar Suleiman: *Let me show you one other example in terms of complexity. About 30, 40 years ago, the hospital bed to population ratio, the target was two per thousand. Year 2019, Ministry of Health have instead 2.2 per thousand. The achievement now is about two. If you go to the developed countries, how many bed per thousand? Around five beds per thousand.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Is this inclusive of private sector?*

Tan Sri Dato' Dr. Abu Bakar Suleiman: *Total, total.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *No? You are just talking about public hospital?*

Tan Sri Dato' Dr. Abu Bakar Suleiman: *We are talking about total.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Total?*

Tan Sri Dato' Dr. Abu Bakar Suleiman: *Total beds.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Okay.*

Tan Sri Dato' Dr. Abu Bakar Suleiman: *So, what I'm trying to say— The gap between where we are now and what we would like if we are a developed country is huge. It's huge. That means then, what do we call it, we got to look at how best to use the facilities that we have. You cannot use your hospitals for convalescence anymore. No more. If they can manage at home or in a hotel, manage them there, but you've got to restructure the type of services to support them.*

So, what I'm trying to say now—you try to call from two beds to four beds for a thousand population is impossible. The cost is too high. You cannot afford it, but there are other ways of using technology to go about doing it, and I think COVID-19 *has shown that. Let me remind you, before because I was working on the National Telehealth Project before. Telemedicine in the United States* (US) *has gone up to about 70 percent of all patient interaction, but now it has come down to 30 percent. Worst still, what they have found because of teleconsultation, delays in diagnosis of cancer has come up. You should not be doing telemedicine on a person that you have not examined. For chronic patients, no problem. So, there are types of issues that you've got to overcome.*

To my mind, if you want to look at— holistically, going forward, to prepare for the surge, apart from the diagnosis, the surveillance, the integration and so forth, the healthcare side has got to do something about it. It is not just building more hospitals. You must have innovation and smart use of technology.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *If I may, the last...*

Tan Sri Dato' Dr. Abu Bakar Suleiman: *What we will do— We will have to prepare some of these issues… [Disampuk]*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *I think from what Tan Sri has said, it is quite clear that we have to have a two-pronged action plan that we have to put into focus. The first one I would say, is the focus now is how we are going to against this*

endemic situation if this present circumstances that we have and all available means that is in front of us. The second phase is what Tan Sri said, is true. I think we would have to have a working group looking at the future about what is going to happen and how we would react to it. I think this— Though they are both related but we cannot have both working together because we have more prior needs that need to be attended to at present, compared to what we need to do in the future, and when the future is going to come, we are not very sure.

So, I think there has to be two phases. There must be a committee already working towards the future about what is expected of the healthcare system in this country if there is another pandemic, and also how do we propose this 2.2 or 2 bed per thousand or four beds per thousand? What has gone wrong in those things in terms— I think that is a different discussion, Tan Sri. I know we will be going to that. We know we are going backwards and arguing on the dental healthcare expenditure as far as the budget is concerned. So, but I think this is where the two phases have to come in-lah*. They have to go hand in hand, but it has to be separately looked into in order for it…then we can amalgamate or we can integrate them both for the future.*

Tuan Pengerusi: *Thank you so much*. Terima kasih Tan Sri. Terima kasih semua.

Dr. Nagulendran a/l Kangayatkarasu [Timbalan Ketua Setiausaha (Perancangan dan Pembudayaan)]: *Chairman, sorry. Could I take the— Just a short one*.

Tuan Pengerusi: *Please, please. Go ahead*.

Dr. Nagulendran a/l Kangayatkarasu: *I'm* Nagu *from* MOSTI. *I'm quite new to* MOSTI *about three weeks old but I would just like to respond a bit to what I've heard in this meeting. Just on the booster dose and all that. Just to* beri jaminan pada Yang Berhormat kan *We got* Jawatankuasa Jaminan Akses Vaksin. *The discussion that I've been to which* Yang Berhormat Rembau *chairs*. *So*, hendak beri *booster dose* kah, tidak mahu beri *booster dose* kah. *I think* perbincangan itu sangat rapi dan *I think the Ministry of Health has got experts to also advise the Minister*. *So, I'm glad that you all are organising a meeting next week where the experts could have a dialogue. Here it seems like EAG is saying nothing is going on and no science-policy interface*, *but rest assured, from what I've witnessed* Yang Berhormat, di Jawatankuasa Jaminan Akses Vaksin, perbincangan *is very robust. We've got experts to advise the Minister. That's number one*.

Number two, I think this will help COVID-19 *advisory group. So, I think we are all talking about symptomatic solutions. What caused* COVID-19 *in the first place? It was because* kerakusan kita dengan alam. *We unleashed virus in the nature. I think the future's pandemics will be from nature and cause zoonotic diseases. You know* Malaysia *being blessed with amazing biodiversity, some of the potential cures for these diseases is there as well.*

So, saya harap— *I don't know what is the terms of reference of the Health and Sciences* COVID-19 *Advisory Group of Experts* (EAG), *but you must also address what's the root cause— of course it didn't happen in* Malaysia *but future diseases could also come out from our rainforest and future cures as well. So, if we are not paying attention to that, that's a bit of worry to me, taking from what* Yang Berhormat Kuala Langat *said you know. That is something we need to address.*

Third point, I think I agree. You know this whole PDPA *thing. I'm a being on the cautionary side because we do not want the* PDPA *then*— kita buat longgar untuk COVID-19, nanti jadi *precedent* untuk benda lain. Perkara-perkara begini kita kalau hendak buat pindaan pada PDPA, kita kena *very, very clear what are we really doing. I'm also a believer that technology cannot solve everything*-lah *you know. Technology is there but it's as good as how much you can use it. So, I've worked with* Orang Asli. *for them you know, using a smartphone is beyond affordability for some of them. So, I think we really need to be careful when we want to implement technological interventions. There are other interventions that we can use as well.*

I think some good points about MySejahtera *and* SELangkah— *I will talk to the team why the integration didn't happen. I'm sure* Yang Berhormat, saya rasa *there are always discussions and* saya rasa mungkin saudara Dr. Farhan tidak terlibat mungkin dalam perbincangan-perbincangan itu *but I will check and maybe in the dialogue* yang kita ada minggu depan, akan lebih terserlah *because we want this to be a national approach* dan kita tidak boleh hanya memberi *solution* s*which are symptomatic, because that is what* Yang Berhormat Kuala Langat *said. This not going to be today*. Banyak lagi penyakit yang saya rasa akan menjelma di masa depan*, but we hope there's some divine intervention that that doesn't happen. Thank you* Yang Berhormat. *Sorry to take…*

Tuan Pengerusi: *No, thank you so much. That is a good input to the whole discussion.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Just to say this*-lah*. Whatever said and done, we don't work in silos. Whether it a Ministry or non-Ministry, anybody, it*

is not to say the Ministry got experts and they don't listen to other experts. Not wrong. That, I don't agree. I think we cannot work in silos. We've got to get everybody on board, whichever the expert group is, to in order to listen to one another. That is important.

Dr. Nagulendran a/l Kangayatkarasu: *That's why. You see, I was just talking to my colleague here, was asking does* EAG *also speak to the Ministry of Health? I'm new, I'm only three weeks old, so it's surprising that these things are surfacing here* macam seolah-olah EAG tidak ada interaksi dengan *Ministry of Health*.

Prof. Dr. Rosmawati binti Mohamed: *Yes, we have. Many times*.

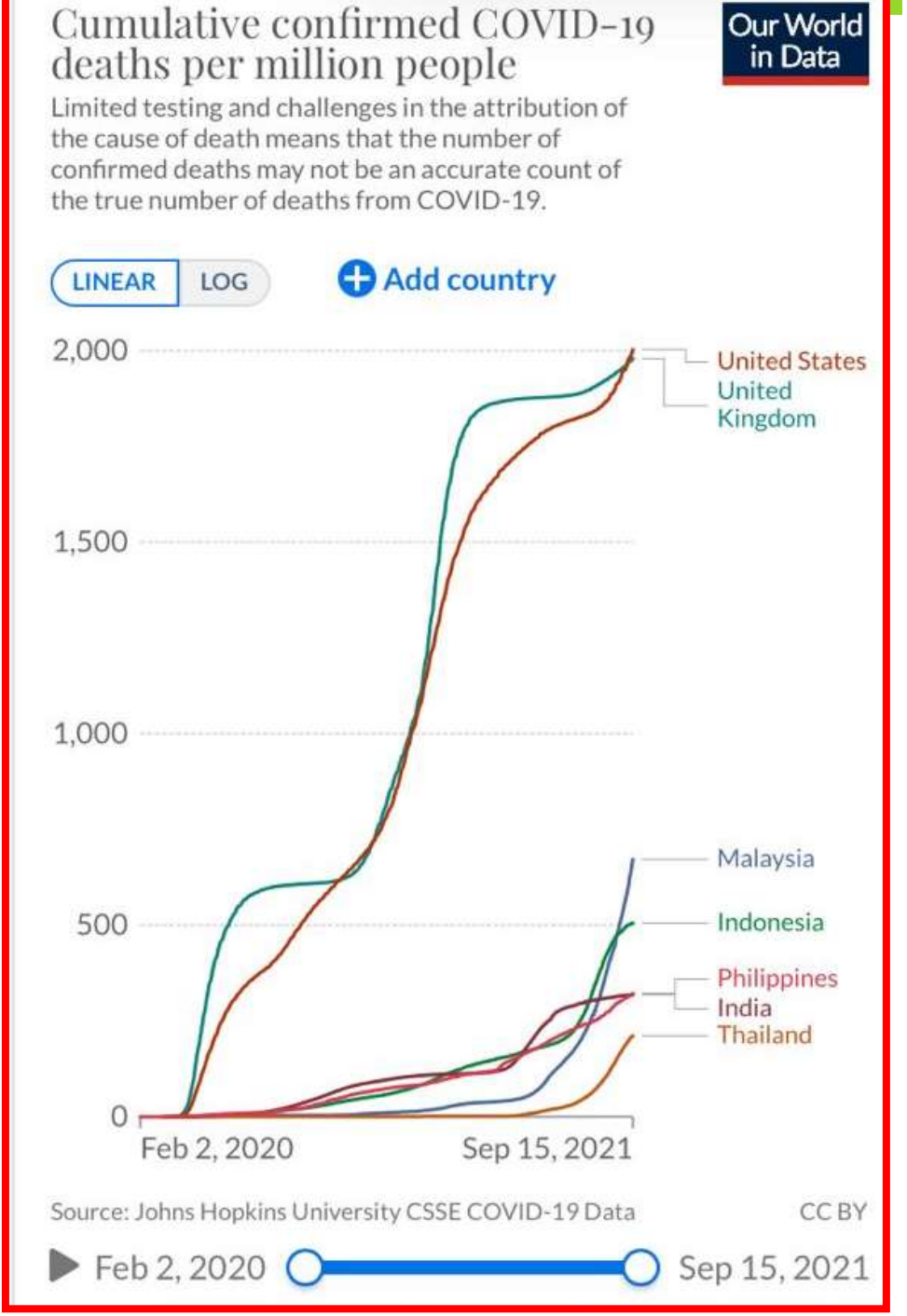
Tuan Pengerusi: Ya, *I think the biggest lesson that we must learn from this pandemic is that we cannot work in silos*. *I think inter-ministry, is a buzzword*-lah, *whole-of-society, whole-of-government, but then sometimes the simplest things are the hardest to implement. That's something we need to overcome. Thank you so much. It has been a very robust discussion.* Kita *target* untuk *next Tuesday*. *Secretariat will send out the invitation and let this be a platform*-lah *that we move forward. Thank you so much and God bless you all.*

[Mesyuarat ditangguhkan pada 4.38 petang]

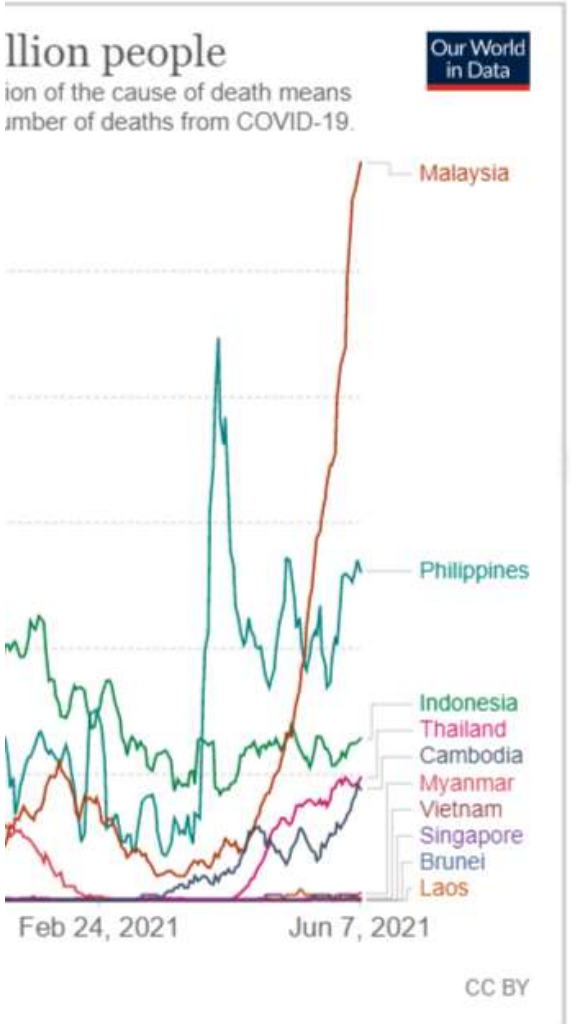
Transitioning To COVID-19 Endemic Phase With Stakeholder Collaborations And Digital Solutions

Health and Science Covid-19 Advisory Group of Experts (EAG)

21 September 2021



Vertical surge in deaths, majority (87%) are "sporadic"/unlinked cases



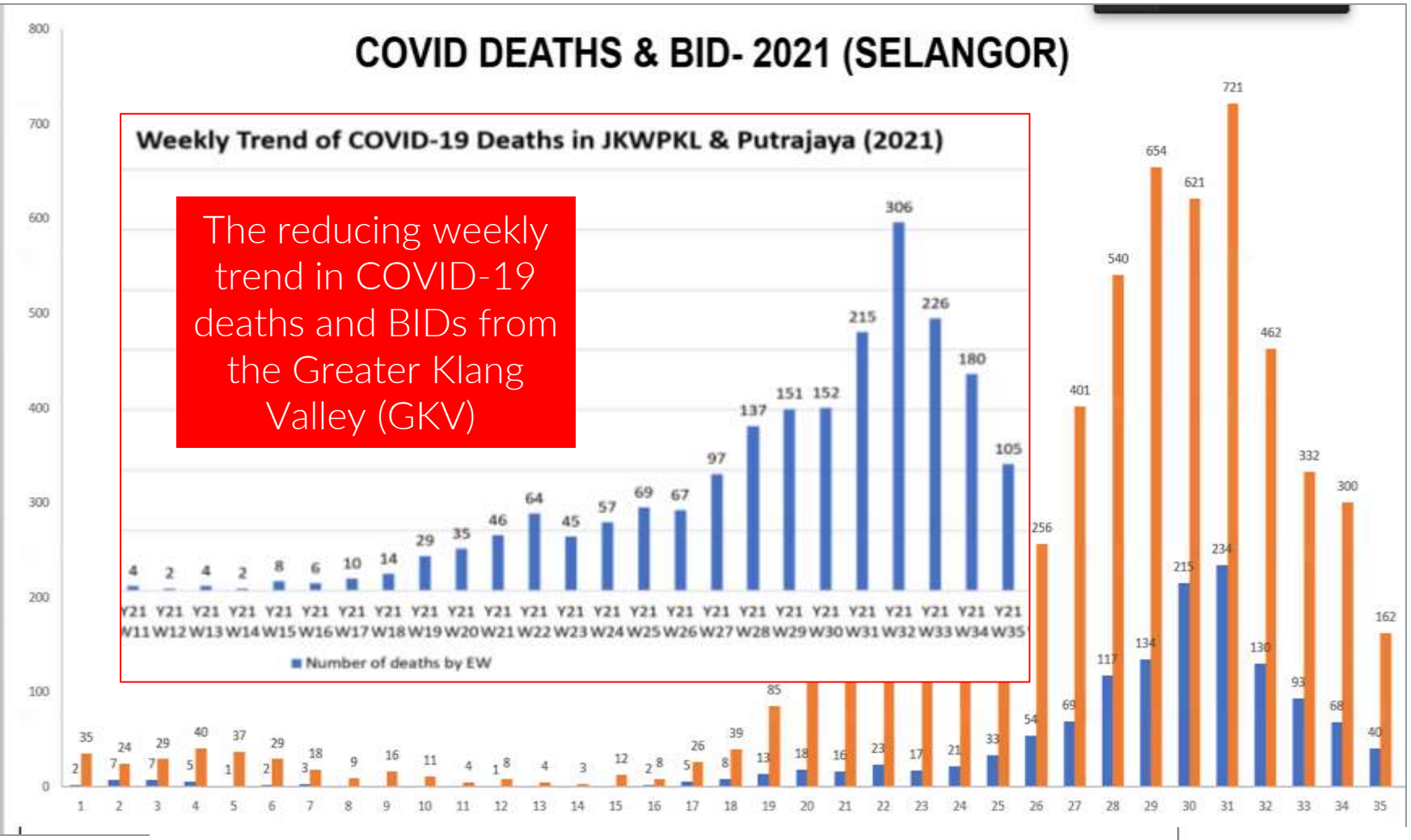
https://www.channelnewsasia.com/asia/malaysia-new-covid-19-cases-below-6000-unlinked-vaccine-1838151

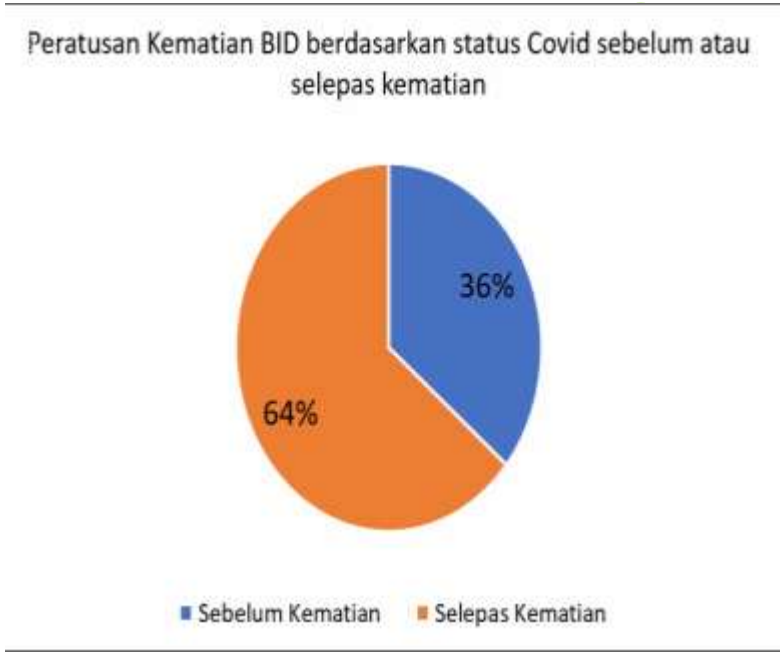
07 Jun 2021

The majority of new COVID-19 cases and deaths in Malaysia have **been "sporadic" and unlinked to existing cases or clusters,** said Malaysia's health director-general Noor Hisham Abdullah on Monday.

"This is very worrying," he said in a Facebook post. "The Ministry of Health is urging the public to take this situation seriously as the spread of COVID-19 is within communities including at the shopping complexes, workplaces and so on," said Dr Noor Hisham.

The number of such unlinked cases remained high **in the week from May 30 to Jun 5,** accounting for 52,040 or **84.3 per cent of the total new cases** reported that week, he said. **Of** the 641 deaths that week, 559 infections **were unlinked to previous cases.**





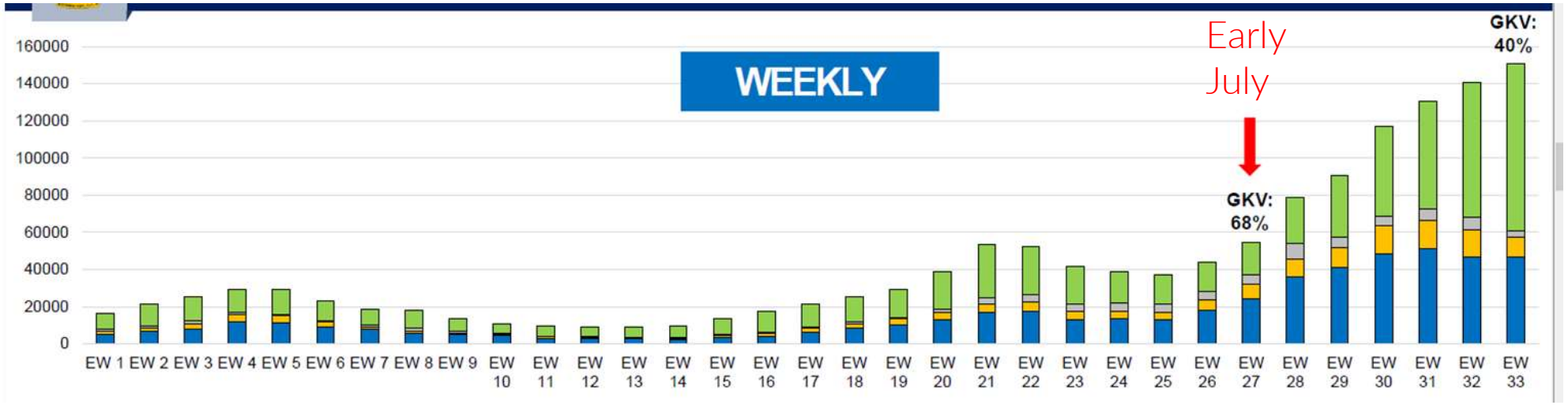
Majority (64%) of BIDs were not diagnosed with COVID-19 prior to death, although 89% had symptoms

- Jumlah Kematian di Selangor: **7,453**
- Case-Fatality-Rate (CFR): **1.1%** (CFR in 2020: 0.4%)
- Data BID hanya didapati bermula Januari 2021
- Jumlah BID: **1,411 kes**
- Peratusan BID dari keseluruhan kematian di Selangor: **18.9%**

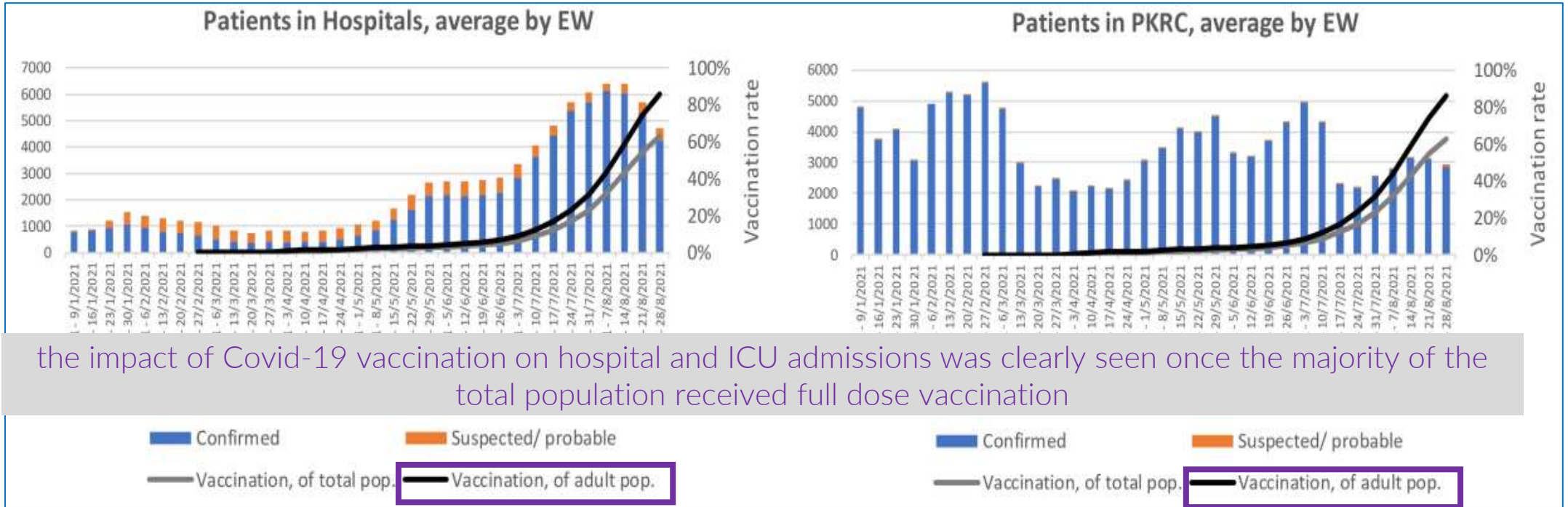
Sebab kematian bagi yang BELUM ketahui status Covid (64%)	Peratus
1. Tidak dapatkan rawatan walaupun bergejala	89%
2. Dapatkan rawatan tetapi tidak didiagnosa sebagai covid (tidak dilakukan swab)	7%
3. *"Sudden death"* (tiada rekod laporan gejala)	4%

The reducing weekly trend fr early Aug (epid wk 31) in the proportion of COVID-19 cases from GKV

End Aug

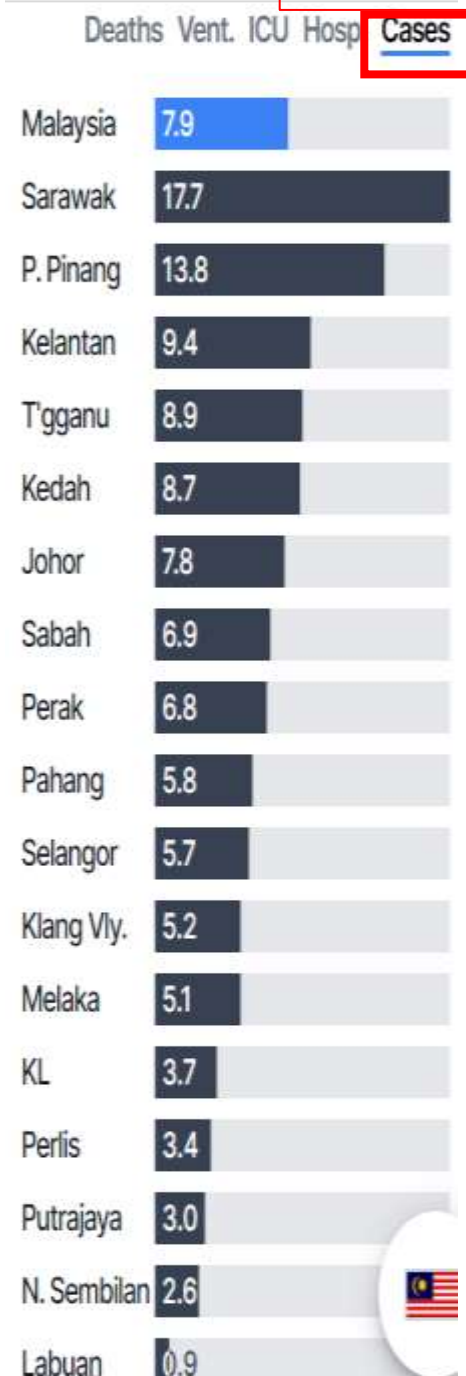


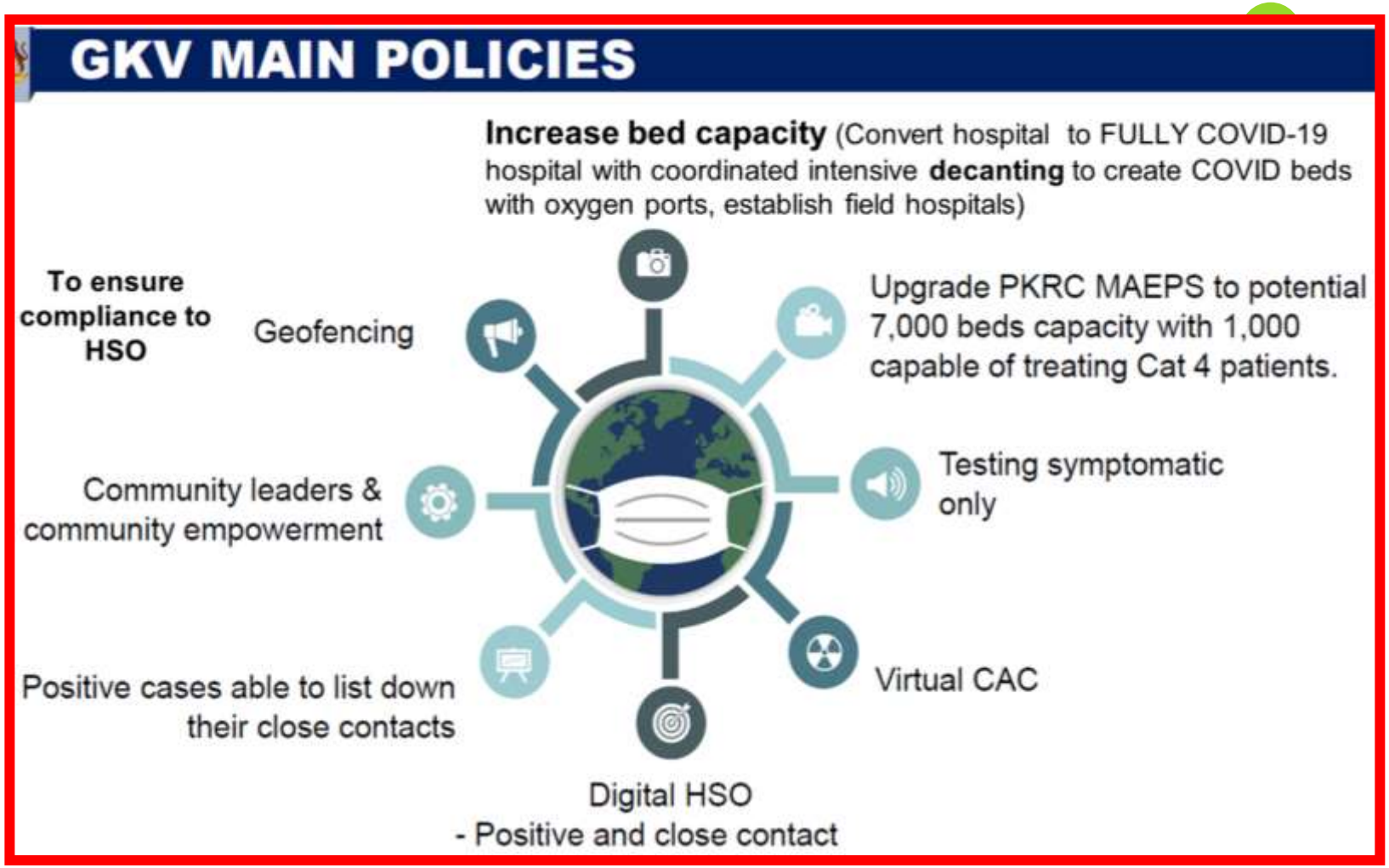
The reducing weekly trend from early Aug in the admissions to hospital and PKRC from GKV



the impact of Covid-19 vaccination on hospital and ICU admissions was clearly seen once the majority of the total population received full dose vaccination

Cases and Deaths per 100K People

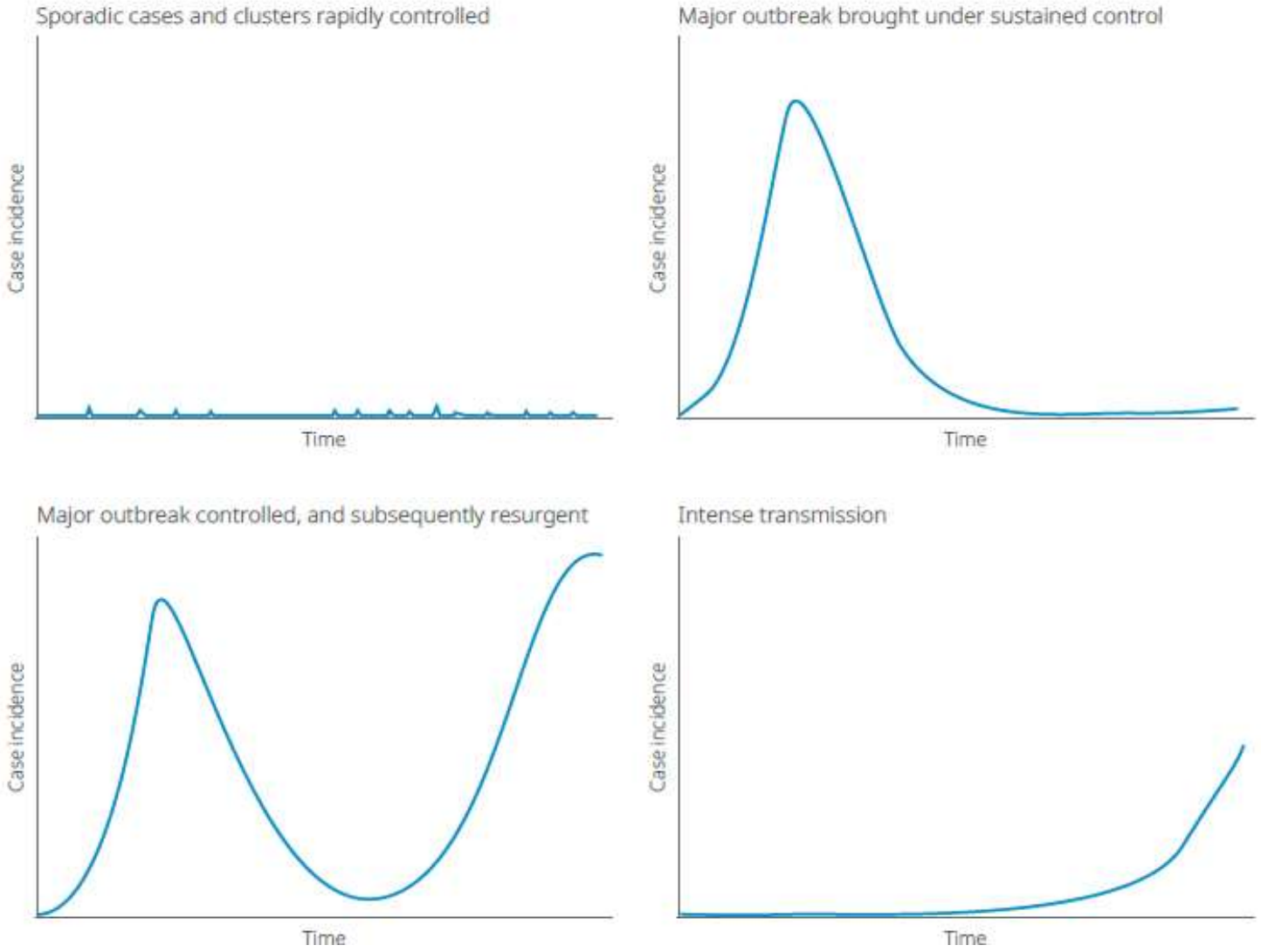




GKV brought together a coalition of partners, and that solidarity and unity of purpose were able to find and deliver solutions to rapidly address the COVID-19 surge in GKV

KEY LESSONS AND CHALLENGES as we transition to an endemic phase:

Figure 4 Epidemic curves in countries conform to four distinct patterns driven by variations in the implementation of public health and social measures



WHO's 2021 Strategic preparedness and response plan for COVID-19

Epidemiology is dynamic, primarily driven by variable public health responses, (lesser extent) vaccine effectiveness) and further complicated by variants of concern

Suppress COVID-19 transmission using ALL available tools.

Comprehensive surveillance systems: Case and cluster investigations, contact tracing and supported quarantine of contacts is crucial

Modeling studies suggest that to achieve effective control, **contacts must be quarantined within 24 hours**; SARS-CoV-2 transmission is simply too fast and manual contact-tracing too slow to curb epidemic spread.

Ferretti L,Wymant C, Kendall M, et al. Quantifying SARS-CoV-2 transmission suggests epidemic control with digital contact tracing. *Science*. March 2020:eabb6936. doi:10.1126/science.abb6936

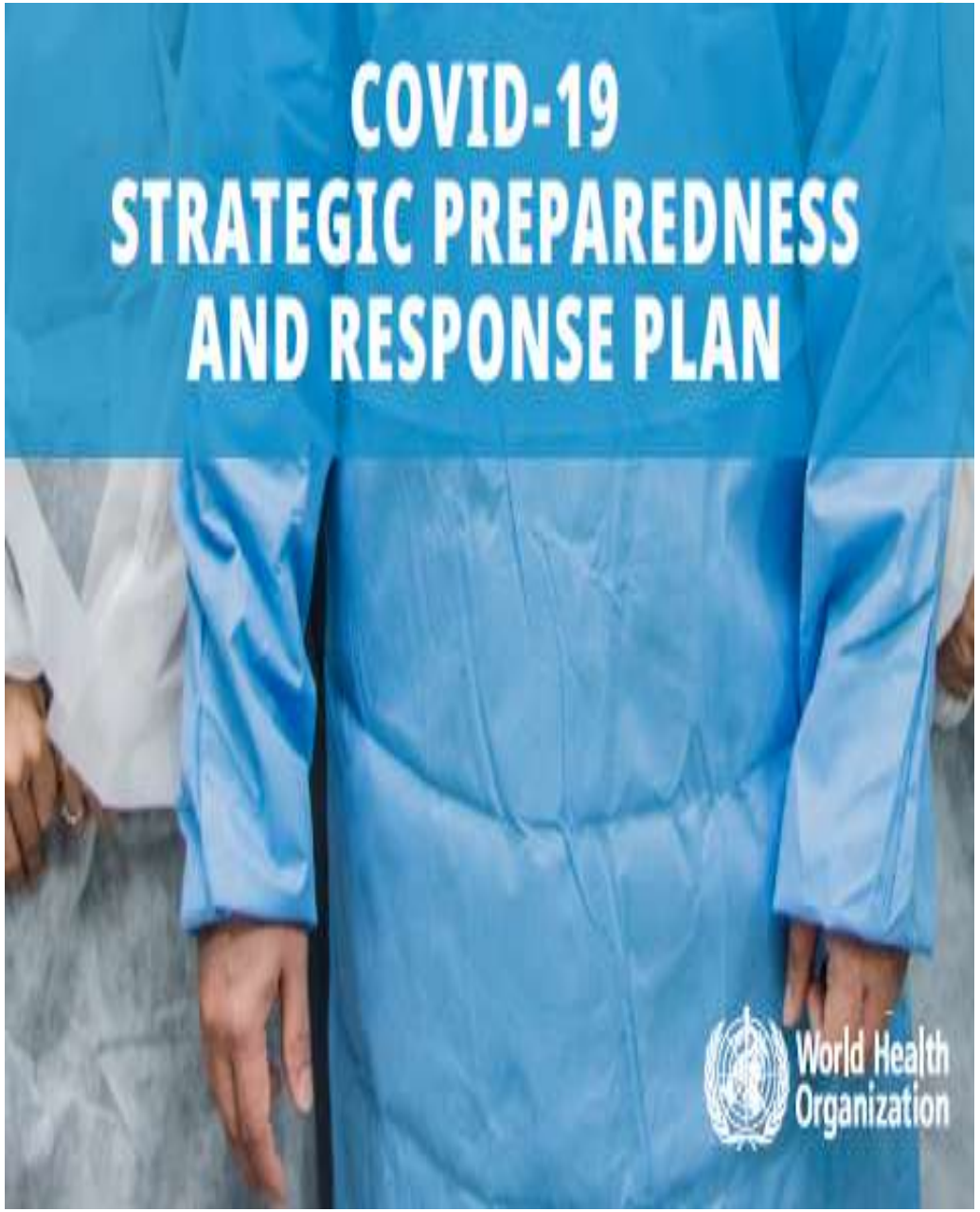
Public health and social measures must be "risk-based, regularly reviewed on the basis of robust and timely public health intelligence, effectively communicated, & enabled by targeted measures to ameliorate the socioeconomic impact"

PIVOTING TOWARDS ENDEMIC PHASE	RECOMMENDED EMPHASIS AREAS /KPI
1. Covid-19 transmission is controlled to a level of sporadic cases and clusters of cases, all from known contacts or importations, At a minimum, new cases would be reduced to a level that the health system can manage based on health care capacity.	Unlinked cases, community and education clusters are kept to a minimum Case Fatality Ratio <**0.5%** **BID ≈ <10%** COVID-19 BOR and ICU utilisation **(ICU capacity MUST be increased)** "The number of ICU beds is grossly inadequate even during pre-COVID and we were struggling even during the dengue outbreak previously." *Prof Dr Lokman Hakim Sulaiman*
2. Sufficient public health workforce and health system capacities are in place to enable the major shift from detecting and treating mainly serious cases to detecting and isolating ALL cases, irrespective of severity and whether there is local transmission or an importation. Vaccines alone are no silver bullets: a modeling study on the impact of efficient contact tracing on COVID-19 infection and transmission Dhesi Baha Raja, et al **doi:** https://doi.org/10.1101/2021.08.29.21262789 effective contact tracing is a critical component in COVID-19 control.	National Policy on Testing /FTTIS Targeted testing using RTK-Ag (without PCR confirmation) · Case positivity rate of less than 5% · Contact tracing within 24 hrs • Isolate at Point of Testing for cases and immediately for close contacts with immediate issuance of HSO • Assessment for home surveillance or admission Time < 1 Day • Fully connected digital system to provide clear pathways for support and assistance by multiple agencies
3. Outbreak risks in high-vulnerability settings and workplaces are minimised, which requires all major drivers or amplifiers of Covid-19 transmission to have been identified, with appropriate measures in place to maximise physical distancing and minimise the risk of new outbreaks.	Clear public health and social measures for high-vulnerability close-contact settings, i.e. mass gatherings for religious/faith reasons, foreign workers quarters, indoor work and education Empower companies to establish best practices to prevent outbreak. Replicate manufacturing sector's Safe@Work model for other settings such as Safe@Community, Safe@School, Safe@Prison.

Adapted from WHO exit strategy

Key lessons and challenges

- **Health care systems and workers** have saved countless lives but are under extreme pressure in many countries in terms of capacity and capabilities, financial resources and access to vital commodities and supplies including medical oxygen. Ensuring continuity of essential health services and building resilient health systems remains essential not only to mitigate the impact of COVID-19, but also to ensure readiness for other concurrent and future health emergencies. Leveraging and strengthening primary and emergency care ensures adequate and sustainable quality and distribution of a multidisciplinary workforce, providing high-quality and safe services for both COVID-19 case management and essential services.



WHO's 2021 Strategic preparedness and response plan for COVID-19

World Health Organization | Western Pacific | Malaysia

Where are we in emergency preparedness and response?

The Joint External Evaluation (JEE) report on Malaysia's core capacities for International Health Regulations (IHR) 2005

Home / News / Detail /

27 November 2020 | Joint News Release | Kuala Lumpur

A report on recent assessment of Malaysia's health security was released today, which found that the country has made tremendous progress in strengthening capacities to respond to health emergencies and disasters in the last decade. This was accomplished through use of a step-by-step strategy for strengthening health security, well-established control and coordination mechanisms, a multisectoral and collaborative approach, and a robust national surveillance system.

The voluntary Joint External Evaluation (JEE) of International Health Regulation Core Capacities was requested by the Malaysian government and conducted with WHO in late 2019. A group of international and national experts jointly reviewed Malaysia's health security capacities across 19 technical areas. This exercise helps measure a country's status and identify progress and the most critical gaps within human and animal health systems and for the containment of environmental hazards.

The subsequent identification of gaps enabled the prioritization of needs and opportunities for enhanced capacity to prevent, detect and rapidly respond to public health emergencies and further bolster Malaysia's health security and multi-sectoral preparedness and response capacity for health emergencies.

"This voluntary evaluation that we had requested indicates that we are ready to be evaluated and open to constructive criticism. I appreciate the meticulous work that has been put in to develop a resilient public health system in Malaysia. The WHO JEE team has been thorough in their evaluation and their findings have been a boost to our healthcare system which explains the national control measures that are in place for the ongoing COVID-19 pandemic. We aspire to shine not just within this region, but also globally. Health has become the nation's priority and we are thankful for the abundant contributions and support from multi-agencies and public and private partnerships. I am very proud of these accomplishments and collaborations and in solidarity, we will win the battle against COVID-19 and any other health emergencies faced in the future," said the Honorable Minister of Health Malaysia, YB Dato' Seri Dr Adham Baba.

"There are opportunities for further investment in health security systems, working with the private sector and ensuring full multisectoral implementation of the International Health Regulation, or IHR (2005). WHO will continue to collaborate with Malaysia in the area of emergency preparedness and response," Dr Lo (Ying-Ru, WHO Head of Mission and Representative to Malaysia, Brunei Darussalam and Singapore) added.

the International Health Regulations (2005) provide a legal framework that defines countries' rights and obligations in handling public health events and emergencies

The Joint External Evaluation (JEE) report on Malaysia's core capacities for IHR

Technical areas	Indicator no.	Indicator	Score	Priority Actions
Human resources (animal and human health sectors)	D.4.1	An up-to-date multisectoral workforce strategy is in place	5	• Increase staffing and competencies in the animal health sector and explore potential mechanisms for recruiting temporary and contract professionals in all areas. • Continue to provide in-service training to enhance the skills and competencies of health professionals to function and respond at all levels of the health system. • Expand and diversify the FETP by increasing the number of trainees and graduates at all levels and including veterinarians and laboratorians. • Continue to contribute to the global health emergency workforce, with the objective of gaining global public health experience and establishing global networking.
	D.4.2	Human resources are available to effectively implement IHR	4	
	D.4.3	In-service trainings are available	5	
	D.4.4	Field Epidemiology Training Programme (FETP) or other applied epidemiology training programme in place	4	
RESPOND				
Emergency Preparedness	R.1.1	Strategic emergency risk assessments conducted and emergency resources identified and mapped	5	• Further strengthen coordination to ensure multisectoral implementation of preparedness and response plans. • Use the lessons identified through simulation exercises and after-action reviews to update health emergency plans in a timely manner and share with stakeholders as appropriate. • Develop a human resources resilience plan that includes senior leaders within MOH. • Further enhance MyCPRC by incorporating ma-
	R.1.2	National multisectoral multi-hazard emergency preparedness measures, including emergency response	4	

Technical areas	Indicator no.	Indicator	Score	Priority Actions
Medical countermeasures and personnel deployment	R.4.1	System in place for activating and coordinating medical countermeasures during a public health emergency	5	• Continue to support international deployment of trained public health and/or medical personnel to support regional and global responses to outbreaks and emergencies, as appropriate. • Continue to review and update case management guidelines on IHR relevant hazards based on the latest evidence, especially for high threat pathogens and chemical and radiation hazards, and continue to strengthen resources for case management at designated health care facilities.
	R.4.2	System in place for activating and coordinating health personnel during a public health emergency	4	
	R.4.3	Case management procedures implemented for IHR relevant hazards	4	
Risk communication	R.5.1	Risk communication systems for unusual/unexpected events and emergencies	5	• Continue to enhance the risk communication system through regular staff development and training of risk communication specialists at all levels (national, state and district) and across multiple sectors, including the strategic use of new and emerging communication technologies. • Scale-up the innovative approach of using communication for behavioural impact (COMBI) teams for community engagement to include all hazards, with appropriate capacity development activities. • Continue to routinely conduct after-action reviews and evaluations of risk communication strategies jointly with relevant sectors, and use the lessons learned for future communications planning. • Formalize the mechanism to systematically conduct risk perception assessment.
	R.5.2	Internal and partner coordination for emergency risk communication	5	
	R.5.3	Public communication for emergencies	4	
	R.5.4	Communication engagement with affected communities	4	
	R.5.5	Addressing perceptions, risky behaviours and misinformation	4	
ED HAZARDS AND POINTS OF ENTRY				
	PoE.1	Routine capacities established at points of entry	4	• Continue to review and clarify the list of IHR authorized ports to issue ship sanitation certificates. • Continue to routinely conduct continuous education, training and exercises involving all agencies at points of entry. • Conduct training to manage cruise ships for potential events with a large number of cases.
	PoE.2	Effective public health response at points of entry	4	

Recommendations for priority actions

- Further strengthen coordination to ensure multisectoral implementation of preparedness and response plans.
- Use the lessons identified through simulation exercises and after-action reviews to update health emergency plans in a timely manner and share with stakeholders as appropriate.
- Develop a human resources resilience plan that includes senior leaders within MOH.
- Further enhance MyCPRC by incorporating machine learning to forecast, predict and provide insights on disease occurrence.

Surveil-lance	D.2.1	Surveillance systems	4	• Conduct national level evaluations of surveillance systems for identified priority human and animal notifiable diseases using international guidelines. • Automate data sharing between the indicator-based (eNotifikasi) and event-based (eWabak) systems and consider automated notification of laboratory results. • Develop capacity within the electronic notification systems of MOH to enable data analysis and automated reporting. • Provide regular and frequent reporting for priority diseases and make them publicly available.
	D.2.2	Use of electronic tools	3	
	D.2.3	Analysis of surveil-lance data	5*	

The Joint External Evaluation (JEE) report

DETECT

- There are regular multisectoral meetings to share information and surveillance data, particularly between MOH, DVS and the laboratories.
- There are regular meetings and informal information sharing between the states where international land borders are shared and their international counterparts.

Areas that need strengthening and challenges

- Expansion of current reporting and dissemination of epidemiological reports of priority diseases to increase the number of diseases that are reported more frequently than weekly.
- Public accessibility of regular reporting of all priority diseases.
- Increasing the regularity of information sharing between MOH, DVS and the laboratories.

Recommendations for priority actions

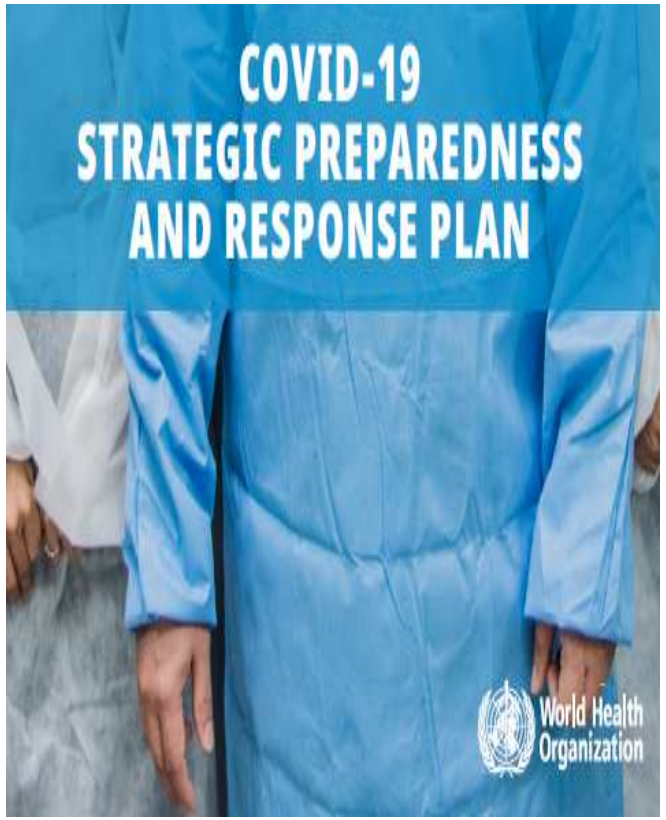
- Conduct national level evaluations of surveillance systems for identified priority human and animal notifiable diseases using international guidelines.
- Automate data sharing between the indicator-based (eNotifikasi) and event-based (eWabak) systems and consider automated notification of laboratory results.
- Develop capacity within the electronic notification systems of MOH to enable data analysis and automated reporting.
- Provide regular and frequent reporting for priority diseases and make them publicly available.

The World Bank identified Malaysia as a "digitally advanced country" with high "digital readiness", reflecting the country's success in **introducing and implementing technological solutions to support Covid-19 policies.**
https://openknowledge.worldbank.org/bitstream/handle/10986/35126/Leveraging-Digital-Solutions-to-Fight-COVID-19-Lessons-from-ASEAN-Countries.pdf?sequence=1&isAllowed=y

Proposed Way Forward based on the Joint External Evaluation report:
Harness digital solutions to reform and build resilience against public health emergencies

Key lessons and challenges

- **Health care systems and workers** have saved countless lives but are under extreme pressure in many countries in terms of capacity and capabilities, financial resources and access to vital commodities and supplies including medical oxygen. Ensuring continuity of essential health services and building resilient health systems remains essential not only to mitigate the impact of COVID-19, but also to ensure readiness for other concurrent and future health emergencies. Leveraging and strengthening primary and emergency care ensures adequate and sustainable quality and distribution of a multidisciplinary workforce, providing high-quality and safe services for both COVID-19 case management and essential services.



Ensure ongoing delivery of essential health services for all conditions.

Based on experiences with prior emergencies, indirect morbidity and mortality may in the end exceed that from COVID-19 itself.

WHO's 2021 Strategic preparedness and response plan for COVID-19

Decentralising COVID-19 knowledge and care management to primary healthcare (within the community)

Using video-conferencing technology to train, advise, and support **primary care providers**, **Project ECHO**, (developed by Sanjeev Arora, M.D. , at the University of New Mexico Health Sciences Center) is a collaborative model of medical education and care management that helps clinicians provide expert-level care to patients wherever they live

The US Institute for Healthcare Improvement partnered Project ECHO (Extension for Community Healthcare Outcomes), to bring COVID-19 specialty clinical knowledge and quality improvement to over 9000 primary care locations across US

Lessons learnt from India

Mumbai was hit hard by the second wave of the COVID-19 pandemic in March 2021, with the city recording a record high positivity rate of 20-24%, from an average of 8-9% in the preceding months.
Within a month, the positivity rate declined to 6% by 12 May 2021, and further to 1.79% in the first week of July. Multi-pronged strategies such as
the decentralisation of the response (five Jumbo COVID-19 Centres and 69 dedicated COVID health centres), efficient resource management, leveraging of technology for rapid information dissemination & real-time monitoring enabled the city administration to stem the surge

Containing a pandemic with public actions and public trust: the Kerala story
Jyotsna Jalan & Arijit Sen
Indian Economic Review volume 55, pages105–124 (2020)

While being subject to resource constraints faced by an Indian state located in a federal structure, Kerala contained its first Covid wave by preemptively formulating a comprehensive set of *public actions*—government actions that were supported and complemented by the state's citizens. This was achieved by leveraging and reinforcing the citizen's *public trust* in the state.

Power devolving effectively to the village councils which helped in community outreach, rigorous contact tracing startegy and mass quarantine

Stronger Public-private Partnership

Private healthcare Sector: an equally important player in delivering healthcare services alongside the government healthcare sector.
69% of clinics (7,571 GP clinics)
55% of the hospitals (200 private hospitals with 14,799 beds)

Strengthening & integration between primary care and secondary and tertiary care can enhance clinical management and manpower resources for COVID-19 and other essential healthcare services and therefore, reducing mortality and morbidity from ALL causes.

Complement MOH efforts on COVID-19 management (& FTTIS)

- Area of responsibilities and defined requirements
- Payment and mechanism
- Links across organizational borders
- Central initiatives with local solutions, focused on coordination of care

Vaccination roll-out

- integration of the COVID-19 vaccination programme in GP settings
- Communication support to reduce disinformation and misinformation

Support for overworked public healthcare system

Assist in early detection and managing non-communicable diseases (NCDs)

Integrated care via digitalisation

Priority Actions

EAG's recommended priority actions aimed at transitioning to endemic COVID-19 as well **as providing long-term, sustainable public health solutions**

Real-time Digital Solutions that are Collaborative and Integrated for Greater Speed-Scale-Equity

Mainstream Covid-19 Vaccination Programme (integration of the COVID-19 vaccination programme across existing health care facilities)

Stronger Public-Private Partnership & revitalize action for primary health care

Strengthen risk communications

(reinforce trust in government policies around Covid-19, consequently improving compliance and vaccination rates)

Could COVID be the source of the strength we need to help us finally remake our health systems for the better?

PROACTIVE, COORDINATED, NATIONAL PLAN (vs reactive response mode)

A dynamic, multi-stakeholder collaboration (similar to the GKV STF) is required to translates the national plan into action through interlinked coordination, leadership and digital solutions to drive delivery at a national level

and build resilience and readiness for the future

Complementary Strategies

Socio-economic framework

- Protect health services and systems

- Protect people: social protection and basic services
- Protect jobs, small and medium-sized enterprizes, and informal sectors
- Facilitate macroeconomic response and multilateral collaboration

Humanitarian overview

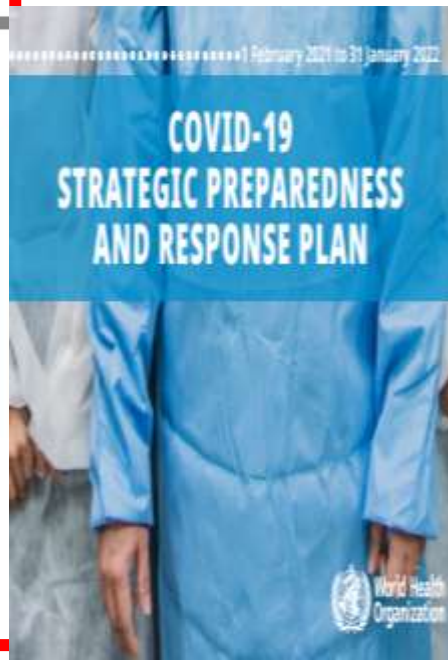
- Contain the spread of COVID-19 and decrease morbidity and mortality

- Reduce the deterioration of human assets and rights, social cohesion and livelihoods
- Protect, assist, and advocate for refugees, internally displaced people, migrants, and vulnerable communities

SPRP 2021

- Suppress transmission
- Reduce exposure by engaging with and mobiizing communities
- Protect the vulnerable through vaccination
- Reduce mortality and morbidity from all causes

- Catalyse development of and access to COVID-19 vaccines, therapeutics, and diagnostics



Transitioning to Covid-19 Endemic Phase with Stakeholder Collaborations and Digital Solutions

13 September 2021

HEALTH AND SCIENCES COVID-19 ADVISORY GROUP OF EXPERTS

Health and Sciences Covid-19 Advisory Group of Experts (EAG) Profile

The Health and Sciences Covid-19 Advisory Group of Experts (EAG) comprising individuals from the Academy of Medicine of Malaysia, Malaysian Medical Association, Malaysian Public Health Physicians Association, and the Association of Private Hospitals of Malaysia, as well as two distinguished members of the medical fraternity was formed on 8 February 2021 by YAB Prime Minister Tan Sri Muhyiddin Yassin. It is chaired by former Director-General of Health and Chairman of International Medical University, Tan Sri Dato Dr Abu Bakar Suleiman. The members are as follows:

1.	Tan Sri Dato' Dr Abu Bakar Suleiman	Chairman
2.	Professor Dr Rosmawati Mohamed	Academy of Medicine of Malaysia
3.	Dr Mary Cardosa	Malaysian Medical Association
4.	Dato' Dr Fadzilah Kamaludin	Malaysian Public Health Physicians' Association
5.	Datuk Dr Kuljit Singh	Association of Private Hospitals of Malaysia
6.	Datuk Dr Christopher Lee	Malaysian Society of Infection Control and Infectious Diseases

The six-member EAG will provide evidence-based advice on the immediate, medium to long-term multi-sectoral management of Covid-19; complement the work of the Health Ministry's strategy-setting and operations process; and link the government to external health and science professionals as well as relevant civil societies. The execution of these goals will be based upon the principles of evidence- and science-based approaches, the spirit of scientific peer review, and mobilising the fullest range of Malaysia's talents in a whole-of-government and whole-of-society approach.

The EAG is ably supported by a network of critical Technical Working Groups (TWG), including but not limited to other signatories to the Open Letter to the Prime Minister dated 17 January 2021, who can be consulted on an ad-hoc basis. There are seven TWGs, namely:

a. Public-private partnership (Hospital-based care)
b. Public-private partnership (Primary care providers)
c. Public health (Find, Test, Trace, Isolate and Support System)
d. Data and technology
e. Vaccines
f. Strategic Communications
g. Covid-19 Frontliners and Healthcare Worker Welfare

13 September 2021

TRANSITIONING TO COVID-19 ENDEMIC PHASE WITH STAKEHOLDER COLLABORATIONS AND DIGITAL SOLUTIONS

Purpose and Intended Audience:
This Final Report and recommendations of the Health And Sciences COVID -19 Advisory Group of Experts (EAG) serve as a summary of the observations and information gathered during the tenure of the EAG and includes its recommendations to improve the nations's pandemic preparedness and build resilience for the future.

Overview

The Health and Sciences COVID-19 Advisory Group of Experts (EAG) was established by YAB Prime Minister Tan Sri Muhyiddin Yassin in February 2021 to support the Ministry of Health (MOH) in its pandemic management and response. Since then, the EAG held repeated meetings with MOH leadership, three key departments within MOH, and four state health departments, namely Kelantan, Sarawak, Selangor, and Wilayah Persekutuan. In addition, the EAG held discussions with healthcare stakeholders operating on the ground as well as experts on the economy to gain holistic insight to the progress of the national COVID-19 response strategy thus far.

Recommendations

It is becoming increasingly evident that COVID-19 is here to stay and will become an endemic disease. This means that even as the majority of population have been fully vaccinated, we must persevere with sound public health and social measures (PHSM). As such, the EAG has consistently recommended a basket of solutions requiring whole-of-government and whole-of-society coordination.

Below are the EAG's recommendations according to five emphasis areas:

1. Fully digitise FTTIS (Find-Test-Trace-Isolate-Support)
2. Expand the targeted testing strategy
3. Boost COVID-19 vaccine rollout
4. Enhance clinical management and manpower resources
5. Strengthen risk communications

Unfortunately, calls for a re-evaluation of our overall pandemic response strategy were not met with sufficient urgency. Members of EAG were then invited into The Greater Klang Valley Special Task Force, a multi-stakeholder task force aimed at managing the COVID-19 surge in the Greater Klang Valley area, comprising of three states, Selangor, Kuala Lumpur, and Negeri Sembilan and the Federal Territory of Putrajaya, with sharing and optimising of resources.

The task force is led by Datuk Dr Chong Chee Kheong, Ministry of Health (MOH) Deputy Director General (Public Health), and co-coordinated by Datuk Dr Mohamed Alwi Abdul Rahman, Selayang Hospital Emergency Department Head, and Brigadier General Dr Mohd Arshil Moideen, Malaysian Armed Forces Health Service Division management chief. The task force includes experts from EAG, academia, the private sector, and civil society, with focus on the following areas:

A. Compliance and Monitoring
B. Clinical Care
C. COVID-19 Assessment Centres (CAC) and Home Monitoring
D. Epidemiology
E. Frontliners and Social Support Systems
F. Medical and General Logistics
G. Strategic Communications
H. Human Resources, Admin and Finance

The collective experience of the GKV STF in the actual implementation of certain prior EAG recommendations form part of this Final Report.

Emphasis Areas	EAG Recommendations	Progress and Remaining Gaps
1. Fully digitise FTTIS (Find-Test-Trace-Isolate-Support)	• The entire FTTIS work process should be digitised and integrated with MySejahtera, with selected functionalities (FIND, TRACE, HOME MONITORING) automated with real-time analysis. • Deploy digital dashboard and e-home surveillance. Leverage existing automation systems used for the involvement of GPs for testing and clinical assessment of cases. This can be piloted at any PKD and COVID-19 Assessment Centre (CAC), and consequently expanded across the country. • Distribute home-monitoring tool kits to all on home quarantine that include masks, hand sanitizers, monitoring guidelines and pulse oximeters. • Allow selected data to be on open source to crowd-source support to enable mass	MOH launched a public repository of COVID-19 data on 23 July 2021. The Greater Klang Valley Special COVID-19 Task Force (GKV STF) has adopted Virtual CACs and digital dashboards for remote home monitoring (Home Assessment Tool) and Digital Home Surveillance Orders (HSO) of COVID-19 cases and close contacts The Greater Klang Valley is in mitigation phase but FTTIS strategies in the rest of the country still needs to be harmonised as the numbers of cases are rapidly rising elsewhere. There must be a new e-Notification system put in place for public health as this is the lifeblood of public health management of infectious disease Although processes for HSOs, CACs, and home assessment tool (HAT) are digitised and automated, GP partnership is still limited and should be expanded, and extended to the rest of the country. Impose mandatory simplified assessment prior to COVID-19 testing and this info should be captured for all positive cases.

Emphasis Areas	EAG Recommendations	Progress and Remaining Gaps
	resources for a digitalised FTTIS. • Increase resources for manpower and upgrading of digital tools at the Health District Office level • Primary, secondary and tertiary care be seamless and integrated with the aid of technology for coordination of care from homes, including home monitoring, to clinic to hospitals • The Ministry of Health needs to review its infrastructure towards a seamless clinical and preventative approach, eg. Primary care services under medical services, rather than public health • There needs to be a clear policy on decentralisation and empowering the State and District and Health Offices to implement data- driven solutions customised to address local problems	**FIND**: Deploy predictive analytics and identify potential hotspots. The government has developed HIDE early warning system to identify potential Covid-19 hotspots using predictive technology, big data analytics and artificial intelligence, which may be suitable for enclosed specific premise like industries, but not applicable for shopping malls). **TEST**: Implement targeted testing. Develop a national testing strategy that incorporates widespread use of rapid testing and self- testing. The electronic notification system must also capture results of self-testing and positivity rates. **TRACE**: Automated notification and declaration of close contacts via MySejahtera have started, BUT verification must be quick with a cut-off time of 24hr to verify cases and trace contacts. Manpower at District Health Offices remains inadequate for contract tracing investigations **ISOLATE**: Immediate auto-notification for isolation/quarantine of COVID-19 cases and close contacts (Digital Home Surveillance Order, Home Monitoring and Release) with geofencing to monitor those under HSO **SUPPORT**: Enhance call centres for home monitoring, provision of pulse oximeter and education on warning symptoms. Free quarantine centres for the lower income groups who are unable to isolate effectively at home. Mental health support, basic needs support and child support, can be further enhanced with participation of community leaders (eg

Emphasis Areas	EAG Recommendations	Progress and Remaining Gaps
		ADUNs/MPs) and empowerment of community volunteers Measurable and relevant targets for each component of FTTIS, such as test positivity rates case fatality rates, Rt, hospitalisations, ICU cases are yet to be set
2. Expand the targeted testing strategy	• Rapid isolation and support with positive rapid antigen test (RTK-Ag) test, without requiring PCR confirmatory test. • Regularly - scheduled surveillance of high-risk settings, at a frequency of every 2-4 weeks. • All workers, including locals, should undergo regular scheduled surveillance testing. • Clear public health and social measure (PHSM) for high-vulnerability close-contact settings, ie. replicate manufacturing sector's Safe@Work model for other settings such as Safe@School, Safe@Prison, Safe@nursing homes, etc.	A National Testing Strategy needs to be developed as the nation prepares to enter stages of recovery and endemicity The GKV STF endorsed the use of RTK-Ag tests WITHOUT RT-PCR confirmation; we strongly recommend that this practice should be implemented in the whole country" There should be clear guidelines to transition the GKV STF policy of testing only symptomatic cases during the crisis to widespread regular targeted surveillance for high-risk populations Clear testing strategy and PHSM is available for industries but NOT for other high-vulnerability close-contact settings The Medical Device Authority has approved several rapid antigen self-test kits which are now available for purchase; a price control has recently been introduced that these self test kits are cheaper and can be widely used. There should be clear instructions for isolation of those who test positive using these kits (without the need for confirmation by RT PCR).
3. Boost COVID-19 vaccine rollout	• Mobilise whole of government (the armed forces and the civil service) and whole of society (NGOs, communities) to help with	Most recommendations regarding the national vaccination rollout have been adopted and implemented The results of ramping up of vaccination in the Greater Klang Valley to about 90% of the total adult

Emphasis Areas	EAG Recommendations	Progress and Remaining Gaps
		Research on long Covid and the economic burden of this new entity on existing healthcare and productivity
4. Enhance clinical management and manpower resources	• Establish more dedicated COVID-19 hospital in the Klang Valley and other states undergoing surge in cases. Non-COVID-19 cases from other hospital must be decanted ASAP. • Growing ICU & critical care Capacity-there needs to be a medium-term plan to increase the nos of permanent ICU and critical care beds including staffing. • Enhance collaboration between public and private hospitals to create bed capacity and continuation of services • Urgent need for digitization of the entire work process from registration to closure of the case, including an automated monitoring system. • Recruit Clinical Masters students who recently completed their specialist training to assist in COVID-19 hospitals. • Expedite the recruitment of recent medical, nursing, and allied health graduates who are awaiting postings. • Formalise volunteers from non-government organisations (NGOs) to support PKDs and CACs.	Increasing bed capacity by GKV STF was a priority intervention that included converting hospitals to FULLY COVID-19 hospital by coordinated intensive decanting to private hospitals, to create COVID beds with oxygen ports, establishing field hospitals, upgrading PKRC MAEPS to a potential 7,000-bed capacity (with 1,000 capable of treating Cat 4 patients) The urgent need for ICU and critical beds was largely met by creation of adhoc ICU beds and sourcing oxygen supplies. A dashboard was newly- created to monitor key indicators such as hospitalisation, critical bed occupancy and cases pending admission in emergency departments in GKV in near real-time. The GKV STF has developed clear clinical pathways to simplify and assist in clinical management decisions, reduce burden of healthcare workers and ensure patients receive the best possible care. Due to the crisis the hiring process was expedited for freshly-qualified graduates to support the health system in the form of a pre-housemanship programme involving Covid-19 management. There are still gaps in volunteer recruitment and management particularly with recruitment and

Emphasis Areas	EAG Recommendations	Progress and Remaining Gaps
	vaccine registration and rollout. • Deploy mobile vaccination centres to vaccinate rural populations in outbreak areas that have limited internet access or digital literacy. • Prioritise vaccinating adult populations in outbreak areas, regardless of co-morbidities and age. • Carry out the vaccination at work places (large factory) or organise vaccination centre in an industrial park. TSync MySejahtera with MyVac system to meet operational needs. • Engage with NGOs to vaccinate marginalised populations such as Orang Asli, migrants, and refugees. • Conduct transparent adverse event following immunisation (AEFI) surveillance and reporting to strengthen public trust and combat anti-vax narratives. • There must policies and preparations for eventual endemicity of Covid -19, including Covid-19 vaccination as part of a lifelong immunisation schedule	population has resulted in the downward trend of number of COVID-19 admissions to hospital and ICU However, there has been limited progress in engaging with NGOs to vaccinate marginalised populations Greater focus is needed to vaccinate all adult migrant workers, refugees, stateless & those in detention. Offer a limited period of amnesty to all non-documented migrants to encourage vaccination. The PIKAS (Program Imunisasi Industri COVID-19 Kerjasama Awam-Swasta) program can be expanded in appropriate ways. There has been limited progress in establishing transparent mechanisms for AEFI reporting and surveillance. Vaccination policies are needed including booster vaccinations and appropriate strategies for different segments of the population. Vaccination of children aged 12-17 years will begin mid-September Inequity in vaccine distribution has allowed other states case numbers to surge. Efforts are being made to ramp up vaccination rates Research on vaccinated individuals to develop appropriate testing and immunisation strategies Developing a clear variant testing strategy which will include increased genomic testing for variants in the community and focussed groups such as BIDs and relevant clusters

Emphasis Areas	EAG Recommendations	Progress and Remaining Gaps
	• Mobilise trained counsellors and virtual consultation, arranged by Malaysian Board of Counsellors. Mirror efforts by UK NHS Mental Health Hub. • Create a dedicated unit and develop a volunteer management system with a database of volunteers and develop relevant training modules	distribution to meet varied skills needs. There is insufficient mental health support for frontliners in non-urban and smaller hospital settings.
5. Strengthen risk communication	• Deploy one government spokesperson to address all issues relating to the COVID-19 response. • Every policy announcement to be accompanied with scientific rationale and comprehensive standard operating procedures (SOP) for every affected sector to adequately prepare the *rakyat* and maximise compliance. • The potential endemic nature of COVID-19 must be adequately communicated and explained to the public. • Shift focus from absolute numbers (i.e. daily infections and vaccinations) to minimising community transmission, ICU admissions, and deaths (Joint assessment of the transmission scenario and the health system response capacity – which will inform whether and how to adjust PHSM)	Although there have been attempts to shift the narrative of absolute numbers to a more nuanced understanding of community transmission and the health system's capacity to cope, risk communication needs to be further strengthened by increasing the number of metrics and ensuring that messages are in sync between various ministries and government agencies The risk and benefits of vaccination need to be clearly explained in a manner easily understood by the lay public The government has recently introduced incentives for vaccinees Full transparent data sharing so that the true situation is communicated to and understood by the public. Data shared must be granular, down to district level. Public trust must be upheld to maximise compliance and understanding of SOPs. The role of community leaders and community empowerment must be reinforced, particularly to provide aid and support for home isolation/quarantine

Emphasis Areas	EAG Recommendations	Progress and Remaining Gaps
6. Recovery from the impact of the pandemic	• Clear science-based indices as determinants for transitions of phases in the National Recovery Plan • Indicators must be based upon transparent maximum tolerable numbers of hospitalisations and fatalities and long Covid cases • Identify the minimum vaccination level for the total population and for vulnerable groups to achieve public health targets • Opening economic sectors responsibly with SOPs based on science and data • Evaluate and determine public health and economic trade -offs at different vaccination levels • A national Occupational Health and Safety plan to improve ventilation in all buildings (offices, schools, hospitals, workplaces etc) to reduce Covid19 airborne transmission	Efforts are underway by the Ministry of Health to simplify the current SOPs for better understanding and compliance by the public A Guidance Note on ventilation and Indoor Quality for Non-residential Settings was released by the Department of Occupational Safety and Health on 8 July 2021 Drafting of comprehensive, consistent and dynamic SOPs jointly with private sector stakeholders is encouraged for purposes of selective reopening Strong communication needs to be established between government ministries and agencies, industries and stakeholders, for governance and structure of a health- in- all-policies approach is needed Segments of health under other ministries need enhanced and collaborative inter-ministry and inter- agency advocacy initiatives eg, aged care, welfare, occupational safety, etc

Transitioning to COVID-19 Endemic Phase with Stakeholder Collaborations and Real-Time Digital Solutions to Build Resilience Against Public Health Emergencies

The EAG acknowledges that MOH has deployed a whole host of public health responses to save lives and limit transmission since COVID-19 arrived on our shores. However, the EAG's ground scan and engagements revealed challenges in policy implementation as well as systemic gaps that prevent a true whole-of-government and whole-of-society approach. EAG's advisory role has limitations to influence MOH - our recommendations may have been attempted or initiated, but the current wave that is overwhelming our health system indicates that limited progress was made until recently when the GKV STF with its eight working clusters were established with true collaborative efforts between MOH, the armed forces, EAG, the universities, the private healthcare sector and civil societies, resulting in the current downtrend in the GKV. However this is not the case in some of the other states and therefore we strongly recommend that the GKV STF strategies be urgently adopted in the rest of the country.

A 2019 World Health Organisation (WHO) Joint External Evaluation (JEE) report on Malaysia's core capacities for International Health Regulations (IHR) 2005 found that MOH had successfully led the country in making "tremendous progress in strengthening capacities to respond to health emergencies and disasters in the last decade."[i] The same report identified data sharing automation and enhanced machine learning as priority action areas to further strengthen Malaysia's public health emergency preparedness. In a study published by The Lancet, Whitelaw et. al. (2020) found that "countries that have quickly deployed digital technologies to facilitate planning, surveillance, testing, contact tracing, quarantine, and clinical management have remained front-runners in managing disease burden. The WHO IHR report, therefore, has provided a blueprint for MOH to lead Malaysians through the next phases of recovery and resilience while simultaneously strengthening MOH's legacy in effectively managing the Covid-19 pandemic and transition to an endemic phase in Malaysia.

As the pandemic continues to affect lives, it has also given rise to opportunities in terms of mainstreaming health in the global and national discourse in terms of urgency and priority. This once in a lifetime opportunity must be supported and built upon to close the existing gaps that exist, but also calls for us to cater for the needs of the future as the interaction and experience of people with their health systems along with their expectations have evolved greatly. Now, more than ever, there has been an increasing demand for changing in the way primary health care is designed, organised, and managed to make it more responsive to the people it is intended to serve. The WHO Western Pacific Regional Office is developing a regional framework on strengthening primary health care, which offers the opportunity for countries to revitalize action for primary health care to meet current and future needs. Integration between primary care and secondary and tertiary care, including partnership with the 8000 general practitioners in the country, can enhance clinical management and manpower resources for COVID-19 and other essential healthcare services and therefore, reducing mortality and morbidity from ALL causes.

CONCLUSION

The transition of pandemic to endemic COVID-19 calls for a reset in our healthcare system and find tolerable ways to live with the virus and build resilience against current and future public health emergencies. The pandemic has also revealed the effects of chronic underfunding of public health and there needs to be a better balance between investments in healthcare vs public health where other EAG recommendations may be considered. There is significant room for progress to be made to lead the country towards intermediate and long-term recovery with greater overall investment in health. Enhancement of the digital infrastructure across the entire health system has potential to not only bring short-term relief via improved FTTIS processes and clinical management strategies for COVID-19, but also advance internal processes, ease resource management, and progress toward accelerating telehealth services, in line with building resilience against future public health emergencies.

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[i] World Health Organisation, "Malaysia's Emergency Preparedness and Response: Building Resilience against COVID-19 Pandemic and Other Public Health Emergencies", 27 November 2020.

MESYUARAT JAWATANKUASA PILIHAN KHAS KESIHATAN, SAINS DAN INOVASI PARLIMEN KE-14 BIL. 5 TAHUN 2021

MESYUARAT JAWATANKUASA PILIHAN KHAS
KESIHATAN, SAINS DAN INOVASI
PARLIMEN KE-14 BIL. 5 TAHUN 2021

Tarikh	:	**28 September 2021 (Selasa)**
Masa	:	**2.30 petang**
Tempat	:	**Bilik Jawatankuasa 2,** **Aras 2, Bangunan Blok Utama,** **Parlimen Malaysia**

AGENDA MESYUARAT

1. Perutusan Pengerusi
2. Perbincangan mengenai cadangan-cadangan dari Kumpulan Pakar Penasihat Kesihatan dan Sains COVID-19 (EAG)
3. Hal-hal lain

TERHAD

MALAYSIA

DEWAN RAKYAT

LAPORAN PROSIDING

JAWATANKUASA PILIHAN KHAS KESIHATAN, SAINS, DAN INOVASI

MESYUARAT MEMBINCANGKAN SITUASI PANDEMIK COVID-19 DAN USAHA KERAJAAN MENANGANINYA

BIL. 5
SELASA, 28 SEPTEMBER 2021
PENGGAL KE-4, PARLIMEN KE-14

MESYUARAT JAWATANKUASA PILIHAN KHAS KESIHATAN, SAINS DAN INOVASI (JPKKSI)
BILIK MESYUARAT JAWATANKUASA 2, BLOK UTAMA
BANGUNAN PARLIMEN, PARLIMEN MALAYSIA

SELASA, 28 SEPTEMBER 2021

AHLI-AHLI JAWATANKUASA

Hadir
YB. Dr. Kelvin Yii Lee Wuen [Bandar Kuching] - *Pengerusi*
YB. Datuk Seri Panglima Abdul Azeez bin Abdul Rahim [Baling]
YB. Tuan Haji Wan Hassan bin Mohd Ramli [Dungun]
YB. Dato' Dr. Xavier Jayakumar a/l Arulanandam [Kuala Langat]

Tidak Hadir (Dengan Maaf)
YB. Tuan Lukanisman bin Awang Sauni [Sibuti]
YB. Dato' Sri Bung Moktar bin Radin [Kinabatangan]
YBrs. Tuan Dr. Nizam Mydin bin Bacha Mydin - *Setiausaha*

URUS SETIA

Encik Mohd Sukri bin Busro [Ketua Penolong Setiausaha, Seksyen Perundangan dan Prosiding (Bahagian Pengurusan Dewan Rakyat), Parlimen Malaysia]
Encik Amirul Ashyraaf bin Zulkifle [Penolong Setiausaha, Seksyen Jawatankuasa Pilihan Dewan Rakyat]

HADIR BERSAMA

Kumpulan Pakar Penasihat Kesihatan dan Sains COVID-19 (EAG)
YBhg. Tan Sri Dato' Dr. Abu Bakar Suleiman [Pengerusi Kumpulan Pakar Penasihat Kesihatan dan Sains COVID-19 (EAG)]
YBrs. Prof. Dr. Rosmawati binti Mohamed [Ketua Akademi Perubatan Malaysia (AMM)]
YBrs. Prof. Dr. Roslina binti Abdul Manap [Pakar Perubatan Akademi Perubatan Malaysia (AMM)]
Prof. Datuk Dr. Lokman Hakim [Kumpulan Pakar Penasihat Kesihatan dan Sains COVID-19 (EAG)]
Prof. Dato' Adeeba Kamarulzaman [Kumpulan Pakar Penasihat Kesihatan dan Sains COVID-19 (EAG)]
YBrs. Asst. Prof. Dr. Mohammad Farhan bin Rusli [Pakar Perubatan Kesihatan Awam]

Kementerian Kesihatan Malaysia (KKM)
YB. Tuan Khairy Jamaluddin Abu Bakar [Menteri Kesihatan Malaysia]
YBhg. Dato' Mohd Shafiq bin Abdullah [Ketua Setiausaha]
YBhg. Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah [Ketua Pengarah Kesihatan]
YBrs. Encik Thean Ming Fatt [Setiausaha Bahagian (Bahagian Khidmat Pengurusan)]
YBrs. Datuk Dr. Norhayati Rusli [Pengarah (Bahagian Kawalan Penyakit)]

samb/-

HADIR BERSAMA *(samb/-)*

Kementerian Sains, Teknologi dan Inovasi (MOSTI)
YBrs. Dr. Nagulendran a/l Kangayatkarasu [Timbalan Ketua Setiausaha (Perancangan dan Pembudayaan)]
Puan Nordina binti Idris [Setiausaha Bahagian (Teknologi Strategik dan Aplikasi S&T)]
Encik Lim Ying Sean [Pegawai Teknikal MIMOS]

Majlis Keselamatan Negara (MKN)
Encik Hamzah Ishak [Timbalan Ketua Pengarah (Majlis Keselamatan Negara)]
Puan Zetty Noor Akmar binti Abd. Majid [Ketua Penolong Pengarah (Majlis Keselamatan Negara)]

Parlimen Malaysia
Puan Nurrul Saffida binti Kusaini [Pegawai Penyelidik]
Puan Rozana Abdullah [Pegawai Penyelidik]
Puan Sayani binti Umar [Pegawai Penyelidik]

LAPORAN PROSIDING

MESYUARAT JAWATANKUASA PILIHAN KHAS KESIHATAN, SAINS DAN INOVASI PARLIMEN KEEMPAT BELAS, PENGGAL KEEMPAT

Selasa, 28 September 2021

Bilik Jawatankuasa 2, Tingkat 2 Blok Utama, Parlimen Malaysia, Kuala Lumpur

Mesyuarat dimulakan pada pukul 2.40 petang

*[Yang Berhormat Dr. Kelvin Yii Lee Wuen **mempengerusikan Mesyuarat**]*

Tuan Pengerusi: Okey kita sudah ada kuorum. Kita boleh mula sekarang. Yang Berhormat Menteri Kesihatan, *to you.*

YB. Tuan Khairy Jamaluddin Abu Bakar [Menteri Kesihatan Malaysia]: *Alright. Bismillahir Rahmanir Rahim. Assalamualaikum warahmatullahi wabarakatuh.* Salam sejahtera. Yang Berhormat Dr. Kelvin Yii Lee Wuen, Pengerusi Jawatankuasa Pilihan Khas Kesihatan, Sains dan Inovasi, Yang Berhormat Ahli Parlimen Baling, Yang Berhormat Ahli Parlimen Dungun, seterusnya ahli-ahli daripada *Expert Advisory Group* yang telah dilantik oleh Mantan Perdana Menteri untuk memberi pandangan dan juga nasihat kepada kerajaan dan juga kepada jawatankuasa ini berkenaan dengan pengurusan pandemik COVID-19 dan juga perkara-perkara yang berkaitan dengan kesihatan dan sains.

Bersama dengan saya, daripada Kementerian Kesihatan Malaysia adalah pegawai-pegawai kanan, antaranya Dato' Mohd Shafiq bin Abdullah selaku Ketua Setiausaha (KSU), Tan Sri Dato' Seri Dr. Noor Hisham selaku Ketua pengarah Kesihatan, Datuk Dr. Norhayati Rusli selaku *Head of Disease Control*. Saya akan membentang pembentangan berkenaan dengan status pengurusan pandemik dan juga beberapa perkara yang perlu dilaksanakan dalam kita melangkah ke arah transisi untuk kita...pertamanya, hidup dengan COVID-19 dan pada waktu dan masa yang sesuai nanti kita boleh menganggap dan menguruskan COVID-19 ini dalam keadaan *endemicity* akhirnya.

Jadi dengan izin Yang Berhormat, saya mulakan pembentangan saya. *Next*. Pembentangan ini agak panjang lebar. Saya akan cuba melaksanakannya dengan secepat mungkin. Saya rasa ada dalam 50 lebih muka surat. Pertamanya adalah dari segi situasi semasa. Kedua, *early thoughts on the national testing strategies, still a work in progress.* Ketiga, strategi untuk vaksinasi akan datang. Keempat adalah

indikator yang telah pun kita menyediakan untuk kita beralih secara perlahan-lahan dan secara berhati-hati ke peringkat endemik.

But before that Yang Berhormat, *I have to also say that the definition of pandemic is also a WHO term. So, when we decide to transition towards endemicity, it has to also be read together with the WHO declaration that there is a global pandemic. We already have countries starting the transition and all that. Okey, next. This is of course* keadaan terkini*. Next.* Global kes kematian, *we can see, we are one of the worst impacted as far as* kematian *is concerned. There is something that we are trying to bring down as much and as quickly as possible. Next.*

Of course, Malaysia has contributed quite a disproportionate share, big to the cases in the Western Pacific. Akan tetapi Alhamdulillah, *we are starting to see some trends of the cases going down. Today it was about 11,000 plus. Yesterday was 10,000. But yesterday of course we can do testing, but today was 11,000. So, the trend is definitely on the downtrend. But we don't know how long that it will last for. Next. That is the downtrend that I'd mentioned.* Termasuklah kes kematian, *it is also on the downtrend. We have a little bit more of the backlog to go through, but hopefully that backlog will be clear in the next two weeks or so, then we get a better indication of the actual death rates per day. But certainly, on the downward trend. Next.*

Of course, although there are breakthrough deaths for those who are fully vaccinated, I think the data is very clear that whatever vaccine you choose protects you from the worst outcome of COVID-19 which is death. Next. Jadi, *of course* strategi kita adalah sains data dan juga *public health.* Objektifnya adalah untuk kita *flatten the curve as much as possible in the next six months.* Meningkatkan kapasiti sumber dalam melaksanakan aktiviti pencegahan, kawalan, rawatan dan mempertingkatkan perlaksanaan aktiviti pencegahan, kawalan dan rawatan secara komprehensif untuk mengawal penularan jangkitan tersebut*. Next.*

So, pelan strategi kita yang sangat penting *going forward,* Yang Berhormat Tuan Pengerusi *and everyone else, first of course is to recognize that we had a serious gap and challenges with our FTTIS system in the past. Of course, what we are doing now is to enhance this because this will be crucial going forward once more freedoms are given to the public, so that we can find, we can test, trace, isolate and support people who are positive COVID-19 with minimal disruption to the rest of the country.* Jadi, *a lot of our attention right now is being devoted to the FTTIS.*

Kurangkan *morbidity* dan *mortality, of course* kita sedang memberi perhatian kepada kes-kes BID yang mana agak tinggi *in the last two months. So, we are trying to ensure that more people come under some kind of healthcare monitoring and*

observation. About 86 percent of the BID's were people who are out, not in the radar, so to speak. So that is ongoing now.

To continue to strengthen diagnostic and surveillance going forward. So, there will be a slight change in a way we do surveillance and testing in the transition to endemicity. Of course, liputan imunisasi, *we want to make sure that we get the teenagers done very quickly. About one million already has been vaccinated partially. We are confident by the end of November, 80 percent of the teenagers, if not more will be fully vaccinated.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Sir, the BID rates don't seem to be going down. What is the action? Someone asked me this question, what is the actual cause for all numbers to be consistent as well as BID?*

YB. Tuan Khairy Jamaluddin Abu Bakar: *Well, one is the backlog, that is for real. I mean it is not an excuse. I've asked myself this question again and again. One is still the backlog. But secondly, there are still cases that are coming in, where they just simply either did not get tested, or they got tested but late presentation and it was too late. So, we are trying to see how we can communicate better risk communication to the public about the telltale signs of the onset of symptoms. Also, of course as you know, we are sending out all the pulse oximeters. So that even if they are seemingly okay, we can notice any drop in the oxygen concentration, we can perhaps detect early onset of hypoxias, things like that. So, this is the real focus for us now.*

Tuan Pengerusi: *What is the average backlog right now?*

YB. Tuan Khairy Jamaluddin Abu Bakar: *I think we have a few hundreds more that we need to clear.*

Tuan Pengerusi: *Okey.*

YB. Tuan Khairy Jamaluddin Abu Bakar: Ya*, this is the…regarding having to give them case numbers so that they can be declared as died because of COVID-19. Okey.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Is there a different between rural and urban in term of BID?*

YB. Tuan Khairy Jamaluddin Abu Bakar: *I think it's quite pronounced in the urban areas.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Urban* ya*?*

YB. Tuan Khairy Jamaluddin Abu Bakar: *Urban areas, but also rural areas, for sure in some of the more* pedalaman *areas. But it is also an urban thing. Okey.* Seterusnya adalah meningkatkan kesedaran dan pembudayaan norma baru*. This is very important.* Memperkukuhkan mental *and psychosocial support, not just for those*

who are of course having to be isolated but also crucially, our frontliners as well. All of these need to be underpinned by digitalisation. I think this is the most important thing and of course, the resources, in order to do so. Next.

So, just the peralihan kepada endemik, *I mean, I don't think 31 October is endemicity. It is a long transition towards endemicity. But we have to start getting used to living with COVID-19, exiting, and more freedoms. So, what we want to do is of course, reduce a lot of more of the* sekatan, *and we have been doing these to the reopening safely strategy. Schools are reopening safely; sectors are being reopened safely, and of course the next milestone will be* rentas negeri, *and SOP that are much simpler to understand. I know that members of the EAG have been working together with* Kementerian Kewangan *as well as the secretariat on simplifying the SOP's. So now, there will be one SOP and nine guidelines, and surveillance* yang berterusan.

So, what we are looking at, of course, is we need to move towards less sekatan sebab kesan *is a worst than the benefits* untuk kita melihat kepada liputan vaksinasi yang meningkat. *Of course, the RT or the reproduction number is coming down, alhamdulillah.*

Tuan Haji Wan Hassan bin Mohd Ramli [Dungun]: Tuan Pengerusi, pohon sedikit penjelasan sebab isunya ialah fasa-fasa ini— Fasa 1, Fasa 2, Fasa 3. Seperti berlaku satu kes di LPT2— R&R untuk *dine-in* dibenarkan. LPT1 dibenarkan, LPT2 tak benarkan. Sedangkan kedua-dua negeri itu sudah Fasa 3. Pahang, Karak ke Jabur, Jabur ke Gemuruh itu Terengganu, Fasa 3 juga. Mengapa perbezaan itu? Pohon penjelasan.

Tuan Khairy Jamaluddin Abu Bakar: Lebuhraya Pantai Timur? Saya tak pasti, Yang Berhormat. Saya kena *check* kenapa begitu. Namun demikian— *I mean, this is just for internal consumption. Eventually,* fasa-fasa ini akan kita beralih kepada *new system of reporting. Now we just want to make sure* kebanyakan daripada negeri akan pergi ke Fasa 3 dan 4. *But* Pelan Pemulihan Negara *will migrate to a new way of categorizing where we are after this.*

Tuan Pengerusi: *Are we in liberty to discuss what kind of categories that we are going to look at?*

Tuan Khairy Jamaluddin Abu Bakar: *Well, we still looking at it because* Pelan Pemulihan Negara *is a one way*, dia tak boleh *regress. So, we can't regress. So, that doesn't take into consideration situations where cases suddenly go up. So...*

Tuan Pengerusi: *So, you are looking at traffic light system?*

Tuan Khairy Jamaluddin Abu Bakar: Ya, *something like that.*

Encik Hamzah bin Ishak [Timbalan Ketua Pengarah Majlis Keselamatan Negara]: Tuan Pengerusi, saya Hamzah *from* MKN. Boleh saya beri pencerahan sedikit?

Tuan Pengerusi: Sila, sila. Boleh.

Encik Hamzah bin Ishak: Isu yang berbangkit tadi. Dari segi R&R itu, memang dari segi kita punya dasarnya memang boleh *dine-in,* tetapi *PLUS Highway* dia melihat bahawa ada sesetengah pemilik itu dia belum lengkap vaksin lagi. *So,* sekarang ini dia akan buka secara berperingkat. Lebuhraya Pantai Timur, Lebuhraya Utara Selatan, dia akan buka secara berperingkat. *So, insya-Allah, once* dia dah lengkap vaksin itu, dia akan bukalah secara berperingkat.

Tuan Pengerusi: Okey, terima kasih.

Tuan Khairy Jamaluddin Abu Bakar: *Okay. So, when we look at living with the virus, obviously we are looking at the experience of other countries. So, Denmark has 80 percent of the total population vaccinated fully, RT of 0.7 and that's the vaccine makes. They are allowing things like even night clubs and also no mask mandates for public transport. So, these are experiences of what other countries are doing.*

So, in Chile where they used Sinovac quite extensively as well, they have reduced the perintah berkurung *and they have allowed for more gatherings of bigger size. Germany,* walaupun liputan dia *about 65 percent* tetapi *they are starting to* batalkan *all the* sekatan *or they have started to* batalkan sekatan. *So, these are signs that other countries with similar vaccination rates and even those who used the Chinese vaccine are starting to loosen up and live with the virus.*

Tuan Haji Wan Hassan bin Mohd Ramli: Tuan Pengerusi, satu lagi. Boleh tidak kita lihat perbandingan di negara-negara panas? Sebab ini cuaca yang berbeza dengan kita. Virus COVID-19 ini difahamkan cepat mati dalam cuaca panas. Jadi kalau ada perbandingan dengan negara-negara macam Afrika dan sebagainya, itu lebih senang untuk dibuat perbandingan.

Tuan Khairy Jamaluddin Abu Bakar: Cuma kena cari *tropical country* yang ada kadar vaksinasi yang sama dengan kita *and I suspect probably none will have that.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Sorry, Minister. I was just told that Singapore is going into lockdown again. They've got 2,000 cases.*

Tuan Khairy Jamaluddin Abu Bakar: *Singapore has not gone into a lockdown per say. They have heightened alert. So, what they've done is they've asked the primary school students to go back home, work from home is now the default mode and they reduced the social gathering for dining in and all that to two*

people. So, that's a possible system that you can employ but that is also quite destructive because that causes a lot of disruption to businesses and to the economy.

Now, I had a chat with— again, just between us. I had a chat with Health Minister of Singapore yesterday. They are trying to learn from what the Greater Klang Valley Task Force did in Selangor which is to enhance the home quarantine. Of course, there was a surge capacity of vaccination but using the virtual CAC, using the digital tool to monitor people at home. So, he asked me how many of your active cases now are at home. I said 86 percent, 85 percent are at home right now. Their home quarantine is only 50 percent. That is why they are feeling the surge at the hospitals. Even though the categories are low, they admit to hospital. They don't have PKRC and all that. So, they are panic. The hospital beds are suddenly got filled up.

So, they said they want to get to 85 percent home quarantine as well. So, that is what happening in Singapore. Once they start to do that, maybe they will perhaps relax a bit. Right now, they are seeing the surge in the hospitals. They are seeing, okay, why don't they practice more home monitoring and quarantine that we do here.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Just part of my worry is that a question arises then whether we are opening up too fast and too broadly in terms of the facts seen in Singapore due to their vaccination rates and resurgence of the infection? Whether we are moving a bit faster than what we should be doing? I don't know. It's a huge…*

Tuan Pengerusi: *That's the magic question that each and everyone is asking. But..*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *But how do or where do— I don't know. It's challenging situation in order for us to— maybe we are going to be treading from water and seeing how it is as we go along. I don't know. That's what I…*

Tuan Pengerusi: *Before, Minister, you response, I think to keep this conversation open, I think if any members from EAG is willing to ask and you want to get any clarification, I think it's open for you. Is it okay, YB Minister?*

Asst. Prof. Dr. Mohammad Farhan bin Rusli [Pakar Kesihatan Awam, Kumpulan Pakar Penasihat Kesihatan dan Sains COVID-19]: *Thank you. I'm Farhan. I think one of the reasons why Singapore has also been very aggressive in actually admitting these patients, you also have to compare the BID rates between Singapore and Malaysia, and you can see the number of BID cases in Singapore is extremely low. So, I think as much as we want to make everybody to be in home*

quarantine, we must strike a balance, is it actually safe to keep these populations at home when our BID cases have been reported at double digits daily and triple digits at one time?

Tuan Pengerusi: *So, sorry. Just to clarify, Dr. Farhan. You think that the main reason why Singapore is registering low BID is because majority of patients are admitted rather than in...*

Asst. Prof. Dr. Mohammad Farhan bin Rusli: *I think they are overly cautious but I think what we need to do moving forward is to see where can we strike a balance between safe home quarantine and reducing number of BIDs. As much as we would like to reduce the burden in our healthcare system in making people home quarantine, we also see high number of BIDs and we want to avoid people dying at home. So, I think that is a very fine balance that we must look into,* tak boleh *choose one or the other.*

Tuan Pengerusi: *Understood.*

Tuan Khairy Jamaluddin Abu Bakar: *I think the point is taken and that would be more valid point if the large number of BIDs were not under healthcare observation. What we are seeing is 86 percent are not even under healthcare observation. They have not been tested or they have been tested and they are not reporting it.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Or they ignorance.*

Tuan Khairy Jamaluddin Abu Bakar: *Or they ignorance, you know. So, of course, if there are cases which we feel are not suitable for home quarantine, we will err on the side of caution and admit them into at least a PKRC.*

Tuan Pengerusi: *Is there a breakdown of those BID coming in is, like foreigners, B40 and so on?*

Tuan Khairy Jamaluddin Abu Bakar: *We have the details, Yang Berhormat, and I think we can pass it to you. Sure.*

Tuan Pengerusi: *I think that will give us a better picture.*

Tuan Khairy Jamaluddin Abu Bakar: *Okay, so these are the key messages that* kita kena sampaikan kepada rakyat. Pertamanya, kita tidak dapat elakkan virus ini tetapi kita berupaya meminimumkan impak jangkitannya. *So, I think the messaging is that it's here to stay, but we have to minimize the impact and the outcome of COVID-19.*

Jumlah kes yang teruk dan penyakit berkaitan adalah terkawal, penjagaan kesihatan masih mempunyai kapasiti untuk menampung situasi semasa. *So, endemicity must come with ability to be able to handle critical care cases. Otherwise, we are nowhere near endemicity.*

Kita kena *do a little bit of conditioning of people's expectations that when we open borders then cases might go up. We've seen it at in the case of Singapore as Dr. Xavier mentioned just now.*

Forth, of course is living with the virus doesn't mean that we— it's free for all lah. *Doesn't mean we just let go of everything.*

I will come later to the endemicity threshold. But what in general we are looking at of course is transmission level is low, burden to the healthcare is also low, immunity is high either from vaccination or natural immunity. The response strategy or FTTIS is very fast, automated and everyone understands it and it is easily accessible and available. For those who cannot access the digital tool for FTTIS, for example older people, people in pedalaman, *people in long houses, we have an alternative strategy for that. And of course, the recovery strategy is behavioral changes and nudges that we have to introduce for people.*

Tuan Pengerusi: *Do you have specific parameters?*

Tuan Khairy Jamaluddin Abu Bakar: Ada. *At the end, we give you numbers as to what we think endemicity is, and that the subject for debate* lah *later whether you agree or not. [Ketawa]*

Tuan Pengerusi: *Sounds good.*

Tuan Khairy Jamaluddin Abu Bakar: *Okay. So, the strategy to transition, as I mention earlier,* kesihatan awam *and vaccination, FTTIS, ventilation. So, the quartet ministers this morning decided that Dato' Sri Haji Fadillah who is the senior minister for the infrastructure cluster will call for immediate meeting of multi-agency, multi-ministry to come out with guideline that have to be followed at least for the government sector in terms of ventilation, in terms of monitoring the ventilation in offices, buildings, schools, hospitals and things like that. So, we are doing this in a big way now and I also spoken to Treasury,* Perbendaharaan *for tax incentive for small companies and companies to retrofit their ventilation system.*

Tuan Pengerusi: *Perfect.*

Tuan Khairy Jamaluddin Abu Bakar: *So, we are looking at that*-lah.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Also recommendation as well, right?*

Tuan Khairy Jamaluddin Abu Bakar: *Yes, yes.*

Tuan Pengerusi: *Recommendation is out, advisory.*

Tuan Khairy Jamaluddin Abu Bakar: *Guideline are there. Now we want to help the smaller company to retrofit, buy the equipment and also the government department have to do it* lah, *to come out with circular. Of course…*

Tuan Haji Wan Hassan bin Mohd Ramli: Tuan Pengerusi, kita lihat ini akhirnya rakyatlah yang akan menentukan pengamalan dan tindakan. Adakah mereka bersetuju perpindahan transisi ini daripada pandemik kepada endemik dan bersedia? Itu dua perkara yang saya perlu dapat penjelasanlah.

Tuan Khairy Jamaluddin Abu Bakar: Yang bersedia ini, Yang Berhormat, adalah lebih kepada komunikasi risiko daripada kerajaan, pembinaan keyakinan mereka bahawa sistem kesihatan kita mampu untuk merawat dan untuk menjaga mereka sekiranya mereka positif dan ada gejala yang serius. Akan tetapi juga, saya nampak ramai dan rata-rata yang hendak melihat bukan kembali kepada kebiasaan yang lama tetapi sekurang-kurangnya dibenarkan untuk hidup dengan lebih bebas lagilah daripada dulu.

Tuan Haji Wan Hassan bin Mohd Ramli: Saya tanyakan ini sebab kita melihat dalam kaedah ada binatang-binatang yang kita takut dan binatang itu pun takut pada kita. Macam gajah, harimau, dia lari daripada kita, kita pun takut dengan dia kalau dia mari. Akan tetapi, ada binatang-binatang yang kecil yang kita tak takut seperti nyamuk tetapi kita hidup dengan malaria, kita hidup dengan tibi. Jadi kalau sekiranya ini sudah boleh masuk pada rakyat bahawa kita kena hidup dengan virus ini, cuma persediaan mereka itu yang perlu.

Tuan Khairy Jamaluddin Abu Bakar: Dia kalau bahasa yang mudahnya, Yang Berhormat, tetapi perbandingan yang agak kasar sikitlah, apa penyakit yang endemik di Malaysia ini antaranya denggi.

Tuan Pengerusi: Denggi.

Tuan Khairy Jamaluddin Abu Bakar: *So,* bila COVID-19 ini jadi seperti denggi dari segi kesannya dan ketakutan dia, lebih kurang dia dalam keadaan endemiklah. Akan tetapi, *we are nowhere near that yet. We just way forward planning now. Okay.*

And then, of course, vaccination strategy. The booster dose, that is going to be quite crucial in protecting our most vulnerable.

Selepas itu kita pergi kepada *surveillance and testing. Of course, we will rely a lot more on the* kit ujian kendiri, *point of care test.* Saya telah cadangkan kepada Perbendaharaan cadangan daripada Tuan Pengerusi *to give rebate for people who report the test whatever the result is. The saliva test. We are looking at other test apps— cough apps, breathalyzer. Of course, these are still in development.*

And of course, surveillance. I'll come back to surveillance later.

Pengurusan kes hospital kapasiti yang mencukupi*, primary healthcare that can play a part in endemicity,* rawatan yang berkesan. *So, for now, we have relied basically on vaccination and on public health measures. So, the next weapon in our*

arsenal will be the therapeutics and treatments that are now in clinical phase three trial. So just for our, again, within confidentiality of this room, we are negotiating with the companies like MERS, MSD and other companies to procure the antiviral treatment that will help us manage the clinical cases.

Of course, to protect golongan rentan, pemerkasaan komuniti ini yang dibangkitkan oleh Yang Dungun tadi termasuklah— sekarang ini dia tahu tentang 3C dan 3W. Akan tetapi, apa yang kita kena perhebatkanlah lagi adalah tanggungjawab kendiri untuk membuat ujian dan isolasi dan kuarantin. *What happens when you are tested positive in your saliva test? What do you do? Immediately isolate, immediately tell your family members and close contact to isolate.*

So sekarang ini bila kita cakap soal SOP, *is more the* pelitup muka, *the physical distancing, avoid crowds. Now we have to introduce this because in the past,* dia bergantung kepada kita. Datang kepada CAC baru hendak bagi *pink bracelet,* baru hendak hantar ke *PKRC. It takes too long, and we cannot rely on this system anymore. So, the FTTIS must be made very, very accessible, easy to understand,* mudah difahami supaya rakyat tahu bila dia sudah buat ujian kendiri dalam keadaan dia positif, apa dia perlu buat *and we will support them as necessary.*

Yang terakhir adalah kawalan sempadan. Jadi, kita telah buat keputusan tadi di Mesyuarat Quartet yang akan dibawa ke Jawatankuasa Pengurusan Pandemik esok untuk membenarkan rakyat Malaysia ke luar negara...

Tuan Pengerusi: Tanpa *MyTravelPass.*

Tuan Khairy Jamaluddin Abu Bakar: Tanpa *MyTravelPass. So, we will open the border. But, as far as inbound travelers are concern, we still maintain our quarantine, but we will be proposing to the* Jawatankuasa Pengurusan COVID-19 *on are test and release strategy for certain travelers from certain country first. So, we will be able to shorten the quarantine period for certain travelers.*

Tuan Pengerusi: *How do you intend to test? PCR upon arrival?*

Tuan Khairy Jamaluddin Abu Bakar: *PCR upon arrival and then quarantine, PCR after T plus X days, then release.*

Tuan Pengerusi: *Okay, but that still about a week of them in quarantine.*

Tuan Khairy Jamaluddin Abu Bakar: *We are deciding on the time* lah. *We will looking at the experience from other countries. These are fully vaccinated people.*

Tuan Pengerusi: *Okay.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Quarantine is away from or at home?*

Tuan Khairy Jamaluddin Abu Bakar: *They can apply for home quarantine. At the moment, those who qualify for home quarantine* adalah mereka— *and this the*

biggest consideration— where tempat kuarantin di rumah itu sesuai. *They have an extra room with the extra bathroom, so that they don't have to makes around with the family members.*

Tuan Pengerusi: *So, who make decisions? MOH?*

Tuan Khairy Jamaluddin Abu Bakar: *Yes, Datuk Dr. Norhayati there make a decision.*

Tuan Pengerusi: *So, how do you deal with the influx of application for home quarantine?*

Tuan Khairy Jamaluddin Abu Bakar: *Datuk Dr. Nurhayati maybe want to just* ceritakan tentang *our new webpage, how are we processing the home quarantine* punya *application* yang banyak ini.

Datuk Dr. Nurhayati Rusli [Pengarah Bahagian Kawalan Penyakit, Kementerian Kesihatan]: Terima kasih banyak Yang Berhormat. Ya, kita baru sahaja mewujudkan atau *establish* satu *application* ataupun *HSO application whereby application through online.* Setiap hari kita menerima lebih kurang *800 to 1,000 application.*

Tuan Pengerusi: *Hundred to...*

Datuk Dr. Nurhayati Rusli: *Then we manage to approve… [Disampuk] 800 to 1,000 a day. Daily basis.*

Tuan Pengerusi: *Okay.*

Datuk Dr. Nurhayati Rusli: *And then, depends on the criteria that been outlined in our requirement, some of them will go through, sometimes we can't allow them for home quarantine because of the COVID factor including the house environment and all that. So, that is the criteria that needs to be complied by the* pemohonlah. *So, with that, then* baru kita boleh akses *the application based on the list that have been listed there, the health requirement. If you can't approve, then we can't approve.*

Tuan Pengerusi: *What is that average* masa permohonan?

Datuk Dr. Nurhayati Rusli: *We put as within three days.*

Tuan Khairy Jamaluddin Abu Bakar: *So, we have set three days but I will be honest* lah, *I mean, we are slightly more than three days right now. There are cases which* sudah sampai tujuh hari belum *turn around* lagi. *So, we are trying to beef up our capacity* dulu.

Tuan Pengerusi: *But once we start opening the borders, this will increase from more than 800.*

Tuan Khairy Jamaluddin Abu Bakar: *Yes, we are decided on that.*

Tuan Pengerusi: *What is the capacity? Any plans to increase?*

Tuan Khairy Jamaluddin Abu Bakar: *We will be looking at increasing the capacity.*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim [Baling]: *Datuk Dr. Nurhayati, are there any restriction of any countries for Malaysian to come back? For example, Cairo…*

Tuan Khairy Jamaluddin Abu Bakar: *We have lifted the restriction, Yang Berhormat.* Semua sama.

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *But there are cases that I got some reports, they are requested more than 15 days.* Esok nak sampai ini, 29 hari bulan, *until now* tidak dapat *approval.* Tapi kemungkinan isunya yang *MyTravelPass* itu lambat *update*.

Tuan Khairy Jamaluddin Abu Bakar: *This is home quarantine,* Yang Berhormat Baling?

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: Ya, ya.

Tuan Khairy Jamaluddin Abu Bakar: Okey. *So* memang kita ada *backlog,* Yang Berhormat Baling. Kita— *the three day thing, we are not meeting it yet. We are increasing the capacity,* tetapi saya hendak beritahu Yang Berhormat Baling. Di Lapangan Terbang Antarabangsa Kuala Lumpur (KLIA), ada satu *lane* khas bagi mereka yang sudah mohon untuk *home quarantine,* tidak dapat, dia boleh pergi *and they can assess there.*

[Ahli mesyuarat bercakap tanpa menggunakan pembesar suara]

Tuan Khairy Jamaluddin Abu Bakar: Ya? Ada, kan?

Datuk Dr. Norhayati Rusli: Kalau dalam kecemasan, *crisis, usually we inform our officers at ground level, airports, all that.* Katakan *they need to do the head assessment...*

Tuan Khairy Jamaluddin Abu Bakar: *There's a special lane there,* Datuk.

Tuan Pengerusi: *You mentioned about test and release for certain countries. I'm just understanding the logic of that, because for example, what are your considerations, certain Variants of Concern* (VOC)*'s? If you're looking at Delta, it's all around. So how do you—*

Tuan Khairy Jamaluddin Abu Bakar: *One is that the* pengurusan pandemik *in that particular country, how stringent they are. All these things*-lah, *yeah. So we are coming up with a series of countries based on green, amber, red and...*

Tuan Pengerusi: *Understood.*

Tuan Khairy Jamaluddin Abu Bakar: Okey, Tuan Pengerusi. *Next. So this is just a simple snapshot of how things will change. Of course, we started off with mass testing. We can't do that anymore. It has to be more, move towards*

surveillance, symptomatic and kendiri. *I'll go into that a bit later. Tracing of course was a mess. It was manual, it was broad-based and heavy resource burden. We're moving towards full automation, that's being developed right now. Isolation* pun kita hendak *move towards more software-enabled compliance and trust-based, but just to share here again, we will monitor in terms of software-enabled compliance through two things. One is geofencing of your phone. Secondly, through your check-ins on your* MySejahtera.

Now, we are not sure whether or not to share the check-in on MySejahtera *with the police yet [Ketawa], because they will treat it differently*-lah. *So now we are still in trust and confidence building, so we will just call those people who we know are checking in when they are supposed to be on self-isolation and say hey, we know you went to the supermarket, so please don't do it again. Yeah. Of course, support...*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *What is the manpower you have that's doing this so-called surveillance?*

Tuan Khairy Jamaluddin Abu Bakar: *I have to get back to you on the exact numbers. Yeah.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *No, no, but roughly, Minister. I don't want— Is it enough? Is it a large number that we have to keep an eye on and...*

Tuan Khairy Jamaluddin Abu Bakar: *Oh you mean how many people are home...*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Yeah. Looking at it in— How good is our...*

Tuan Pengerusi: *Enforcement.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Enforcement.*

Tuan Khairy Jamaluddin Abu Bakar: *Yeah, so we have to look at right now, 147,000 people are on home quarantine.*

Tuan Pengerusi: *The other thing that we discussed the last meeting we had...*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *You say out of the 147,000...*

Tuan Khairy Jamaluddin Abu Bakar: *It's automatic.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *... then some guy who goes out of that and clicks on something...*

Tuan Khairy Jamaluddin Abu Bakar: *We know immediately.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *... and you get a ping on your...*

Tuan Khairy Jamaluddin Abu Bakar: *We know immediately. We just that we have to have a bank of people to take random cases and call them and say, hey, we know you've been misbehaving.*

Tuan Pengerusi: *How about the other discussion that we had, where* MySejahtera *will ban people from checking in if they are under quarantine? As in goes like, it blocks every...*

Tuan Khairy Jamaluddin Abu Bakar: *So,* Tuan Pengerusi, *there are some thoughts to this. And again, there are many ways of getting around it*-lah *and I've told you this. We're concerned that if that's the case, they will just write their name.*

Tuan Pengerusi: *Manually, yup.*

Tuan Khairy Jamaluddin Abu Bakar: *Manually. So we'll think of something. [Ketawa]*

Tuan Pengerusi: *It's not easy, understand. Next.*

Tuan Khairy Jamaluddin Abu Bakar: *Okay. Next. The key success rate for us will be to ensure that of those who are positive, we can get people to isolate as quickly as possible and making sure this process is fast and is convenient and it's pain-free, it'll be the success to our Find, Test, Trace, Isolate and Support* (FTTIS) *journey going forward. Next.*

So these are more in-depth thoughts about FTTIS, *about vaccination. At the moment, we are in mitigation, so we are testing only symptomatic cases as far as* KKM *is concerned, but we encourage people to do their self-testing on a regular basis. Now, surveillance. Going forward, we'll have to have testing for surveillance. How do we do this? We will be doing some environmental testing, waste water testing. We've done it in four places already,* Sungai Buloh Hospital, *in* Penjara Pokok Sena *and a couple of other places. We'll be increasing waste water testing.*

We are also looking at other testing methods like pool testing. They use this in schools in certain countries where they take saliva samples from a pool of people and they test it, so it's easier to do than mass testing of everyone in that particular school to see if there's a prevalence of positive cases there. Of course genomic surveillance. This is our biggest worry and again, in front of the committee and the Health and Sciences COVID-19 Advisory Group of Experts (EAG), *I hope you will support Treasury to give us more funds to be able to do genomic surveillance [Ketawa].*

The game-changer for nightmare scenario, of course is the variant, whether it's Mu *or* Lambda, *all these other things. Also,* persediaan untuk gelombang jangkitan yang besar. *Next. We have of course, lowered, put a ceiling price— I've discussed with* Kementerian Perdagangan Dalam Negeri dan Hal Ehwal Pengguna

Malaysia (KPDHEP), *we've both agreed to lower the ceiling price again, probably in November or latest in December, to probably RM10. We feel that we can put it down to RM10. We have to discuss with of course the businesses for regular surveillance testing. Of course,* melaporkan ujian *and we've been through that with the discussion just now. Next.*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: Yang Berhormat Menteri.

Tuan Khairy Jamaluddin Abu Bakar: Ya?

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *Pertaining to the price* tadi, *this is only for the* kendiri, *the* RTK *test?*

Tuan Pengerusi: *Yup.*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *How about* PCR? Ada atau tidak harga yang sedang dibincangkan bersama *our counterpart, whether* Kementerian *could...*

Tuan Khairy Jamaluddin Abu Bakar: *So we had a discussion dengan* KPDNHEP *for both* RT-PCR *as well as* RTK Antigen *that's done by professional labs. So we are looking at the reasonable price that we can do the* RT-PCR *for. But just for your information* Yang Berhormat Baling, saya tahu agak mahal kalau RM300 lebih, tetapi *pricing* kita *quite low compared to other countries. We will try to see how we can bring it down further.*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: Akan tetapi *to be very honest to you sir,* kalau *you* cerita fasal PCR ini, kalau betul-betul diberi penekanan, kalau kita boleh *unify it* betul-betul, *I think RM150 they can do it,* sebenarnya. Sekarang ini pun, saya hendak beritahu kepada Yang Berhormat Menteri, saya ada klinik-klinik yang sudah ada *lab* dia sendiri, *which is* saya pergi buat untuk keluarga saya, *I just pay RM130.* RM130, *so* makna kata dia cuma untung dia. Dia punya *cost, I was told, not more than RM70. This is what I was told.*

Tuan Khairy Jamaluddin Abu Bakar: *Also depends on the volume that they do and... [Tidak jelas]*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *Exactly,* tetapi kalau kita dapat satu panduan, garis panduan dari *your* Kementerian, *then I think* semua boleh ikut. *Thank you.*

Tuan Khairy Jamaluddin Abu Bakar: *We are working on that, sir. Okay. Now, this* pengurusan kes, *just to come a little bit of details, primary healthcare will play a huge role in the new normal, but also in terms of* perkhidmatan *for noncommunicable diseases* (NCD's). *We've asked for budget under 2022* punya bajet, *for the* PeKa B40 *programme to go beyond just* NCD *screening, to also* NCD

treatment by the general practitioner (GP), *primary care* GP'*s*. *This is important going forward* dan saya telah membuat kenyataan melalui media sosial semalam bahawa kes-kes *outcome* yang teruk daripada COVID-19 adalah mereka yang ada *comorbidities, usually* NCD'*s. So, it's important for us to encourage people to get screened and also to treat the* NCD*s because these underlying conditions will result in the worst outcome of* COVID-19.

Kita akan pilih klinik-klinik tertentu sebagai COVID-19 *Assessment Centre* (CAC) pusat berterusan. *We feel that it's still necessary to have* CAC'*s going forward. More of it will be virtually done, but some of it will have to be physical visits to* CAC. Saya juga telah mengadakan sesi libat urus dengan *Malaysian Medical Association* (MMA) semalam, *because a lot more* GP'*s want to take onboard the responsibility of monitoring home quarantine. So that there are no cases of Brought-in-Dead* (BID) *and that rapidly deteriorating cases will be monitored.* Takkan *all government* buat, *because* GP'*s they will have their own regular patients, their own regular clients. If any one of them are positive then they can do. So we're trying to work out with* MMA, *who pays for it, whether the patient pays for it or whether the government subsidises.*

Tuan Pengerusi: *Actually there is a— I mean through vaccination itself, the government has used the protect health system, where they engage like a vendor who source out for* GP'*s and everything. Has this been considered by the Ministry? I know it costs money because you have to eventually...*

Tuan Khairy Jamaluddin Abu Bakar: *Yeah, so there were a few models that we have been utilising on ad hoc basis.* Ada yang kita bayar RM10 *for every day that the* GP *monitors, we pay them RM10 per patient, per* COVID-19 *patient.* Ada yang *they charge the patient directly. So these are under the private* CAC'*s, or the* CAC swasta. *So, I told MMA yesterday, lets agree on the model and then we can,* kalau *they want to use the PHCorp model that was used for PPV, we will do that, find the money to do so.*

Tuan Pengerusi: *Understood.*

Tuan Khairy Jamaluddin Abu Bakar: *Okay, next.*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *Another thing I just want to add on this one, on BID* ini. Bukannya kesemua BID ini datangnya daripada COVID-19. Dia ada *lumpsum*-kan semua itu. Kalau mati sahaja, kata COVID, COVID. Jadi, kalaulah kementerian Yang Berhormat ada data betul-betul, itu tidak menakutkan orang. *BID* ini *not…*

Tuan Khairy Jamaluddin Abu Bakar: Yang Berhormat, yang kita terbitkan data ini adalah kematian disebabkan COVID-19. Oleh sebab itu dia ambil masa sikit bila kita hendak buat post-mortem, kita buat autopsi sebab ada yang mati dengan

COVID-19. Itu berbeza dengan mati disebabkan COVID-19. BID ini semua disahkan mati disebabkan COVID-19. *So, unfortunately, it is a little bit high.*

Okay, next. Ini yang penting bagi Ahli-ahli Jawatankuasa dan ahli-ahli kumpulan pakar *which is we have to ensure there is enough critical care capacity in the hospital going forward.* Dalam hal ini, kita akan sentiasa melihat supaya paras katil untuk COVID-19 itu berada di paras yang stabil dengan paras katil ICU *for the endemicity is at the level that is acceptable. So, later we— er, here it is already written there. Twenty percent or less ICU capacity is something that we are happy with in endemic state. Right now is at 67 percent. So, we are quite far away.*

That is why therapeutic is important. When you have better therapeutics or antiviral therapy treatment, hopefully it will reduce the number in ICU.

Tuan Pengerusi: *How long is— I mean when is the clinical trials finishing? When are we expected?*

Tuan Khairy Jamaluddin Abu Bakar: *Clinical is three years, almost finishing for this one that we had discussion with MSD. They say that they will have more than 10 million doses available in the next couple of months globally. US has ordered already 1.5 million doses. So, 8.5 for the rest of the world. Okay, next.*

This is of course the protocol for treatment at the hospital…

Tuan Pengerusi: *Sorry, sorry. Can I jump back to that question?*

Tuan Khairy Jamaluddin Abu Bakar: *Yes.*

Tuan Pengerusi: *What are the commitments when we order such medications?*

Tuan Khairy Jamaluddin Abu Bakar: *So, for MSD just now, we have to sign MDA with them which we are not sign yet. So, I couldn't get price just now. But I did ask if the advance purchase agreement will require for us to put down any upfront payment. They said no. And they said triggering the contract will only take place after the regulatory approval. So, it's quite attractive as far as the terms are concern.*

Tuan Pengerusi: *Who are we competing against in terms of— do you know how many countries…*

Tuan Khairy Jamaluddin Abu Bakar: *So, in this region, I know that Singapore quite almost close to signing the sale and purchase agreement.*

Tuan Pengerusi: *So, I think that comes to the question of the— we do not want like the vaccine. So, we want to get it as soon as possible if its once proven.*

Tuan Khairy Jamaluddin Abu Bakar: *Yes. So, this is the* rawatan yang berkesan, pengurusan kes di hospital. *Next.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Minister…*

Tuan Khairy Jamaluddin Abu Bakar: *Oh, sorry.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Antiviral is not all are government sponsored. Some might be going to the private sector as well, right?*

Tuan Khairy Jamaluddin Abu Bakar: *Yes, of course, of course.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *So, there is out of pocket as well?*

Tuan Khairy Jamaluddin Abu Bakar: Ya*. So, this is the ones that we will purchase for…*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Government.*

Tuan Khairy Jamaluddin Abu Bakar: *For Government cases, yes.*

Tuan Pengerusi: *But you liberalize it to allow the private market to obtain it as well?*

Tuan Khairy Jamaluddin Abu Bakar: *Yes, we will, we will.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Is it in parallel or you have…?*

Tuan Khairy Jamaluddin Abu Bakar: *I have to ask because for instance, during the vaccination procurement, some pharmaceutical companies were only sell to government. So, in this case, I am not sure whether they are selling. But from the sound of it just now, priority is government.*

Tuan Pengerusi: Okey*.*

Tuan Khairy Jamaluddin Abu Bakar: *But just on that point,* Yang Berhormat Kuala Langat*, some vaccine manufacturers they say that you can buy and then you can sell on, some don't allow that.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *So, the responsibility it would go to…*

Tuan Khairy Jamaluddin Abu Bakar: *Government.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *The government.*

Tuan Khairy Jamaluddin Abu Bakar: Ya*, there are some vaccine manufacturers like Pfizer who you can buy from as the Federal Governments and you are prohibited from selling on, contractually. You can give it, but you cannot sell it. So, we cannot sell it to the private sector. But there are companies like Moderna where they only sell to the Federal Governments and Federal Governments can sell on to the private sector.*

Okay, next is of course pemerkasaan komuniti*. This is again the* norma baru, gaya hidup sihat *and etcetera. Next,* kawalan sempadan. *I touched on earlier,* Yang Berhormat, *on the* dasar kuarantin *and test and release. Next,* komunikasi strategik,

hidup dengan virus*. What it is means* hidup dengan virus, kepatuhan SOP, kawalan kendiri.

I think the big sales on message that we have to tell people now for risk communication is that selfcare, self-assessment and understanding that the government support will be there for you when you isolate. A lot of them will be saying, "Saya tidak mahu isolate sebab kalau saya isolate tidak dapat paid leave, tak dapat gaji dan sebagainya". All these things will have to be taken into consideration to know that if they isolate, they will get that. If they don't have access to food, we will also send them food, you know. That has to be incorporated in the support or as part of FTTIS.

Next. Ini strategi pengujian kebangsaan*. But again, this is still a work in progress. The national testing strategy. We are still working out on what exactly the testing strategy in detail will be. But these are some early thoughts. One is of course diagnostic extension of the capacity, surveillance as well as the digitalization of data.*

Next. So, these are the type of test that we are mapping out to cases. At the most left-hand corner is the RTK, Point of Care Test, the Saliva Test for healthy populations as well as for maybe routine testing for big crowds, for factory setting, for workplaces and etcetera.

Next. Here, this is for RT-PCR, some of the thoughts that we have for RT-PCR. There must be widespread regular targeted surveillance for high-risk population. So, although we moved away from testing everyone, we move away from saringan berskala besar *but we will still have to have widespread regular targeted surveillance for high-risk population which trying to identify which groups or what is the frequency and how we do that testing, whether it is the RTK or whether it is RT-PCR.*

Next. These are some thoughts on pilihan pengujian untuk *endemic— when you use RTK-Antigen, when you use Rapid Molecular, when you use RT-PCR. So, these are some early considerations for what we are planning to do.*

Next. Of course, there will be surveillance at the laboratory, lab level. So, influenza-like illness, severe acute respiratory illnesses, we will continue to have labs and samples that we take at our clinics and hospital, whenever these types of cases come in to see a surveillance whether it is because of COVID-19 or something else.

Next. This is the genomic surveillance that we need to increase. At the moment, the turnaround time is about six hours for the PCR Genotype. The whole genomic sequence takes a long time, and it is rather costly, but we believe that we need to invest in this in order to stay ahead of the variant.

Next. So, that was some early thoughts on the testing strategy which we are trying to find less as quickly as possible.

Next. This is the vaccination. Got 80 percent of the adult population. Sorry, this is semua penduduk*. So, we are at 60 percent now. We've calculated if we do all the teenagers, then the full population that will be fully vaccinated is 80 percent. About 20 percent is under the age of 12. So, we will get to 80 percent. That will be our present ceiling because we can't vaccinate kids.*

Tuan Pengerusi: *But does it based on census data or JPN data?*

Tuan Khairy Jamaluddin Abu Bakar: *This is based on census data plus we are matching it to JPN right now.*

Tuan Pengerusi: *But this 80 percent of course do not cover the foreigners, right? Undocumented and everything.*

Tuan Khairy Jamaluddin Abu Bakar: *The undocumented is tough to say. I know that some of the PPV are closing but we decided to keep it open free in certain areas, so that they can continue to work. They are not many, but they are still there. Even* Yang Berhormat *Charles was telling me in Klang, it was under Selvax, and still people are coming. So, we will just open it. We will just open it.*

Tuan Pengerusi: *At least some open*-lah*.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Sorry, when you say we open it, in terms of district level, what is the number that you think that— each district will have at least one running all the time. Or how is it?*

Tuan Khairy Jamaluddin Abu Bakar: *We'll see based on the district, we have to map it out to likely populations of undocumented workers. We have to be mindful of resource also, I don't want to keep a center open when it's not necessary. But for certain areas like Klang, maybe your area where there are factories, and things like that, you have to open*-lah.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *If you can allow us to work with the PKDs on a staggered open PPVs, it would work like we are having in my place, sporadically we're having in different areas, about a month, every once in a month we're having in a place. So, but that again is the availability of the vaccine and the PKD willing to work with us. That is...*

Tuan Pengerusi: *I think we can take that into consideration. How about pushing it into the GPs and also the NGO's that will [Tidak jelas]*

Tuan Khairy Jamaluddin Abu Bakar: *The NGO's are doing outreach. They are doing outreach. But for the GP's, we are doing GP's right now but whether or not the undocumented foreign worker want to go to the GP's.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *No, they don't want...*

Tuan Khairy Jamaluddin Abu Bakar: Ya, ya.

Tuan Pengerusi: *Some do, I think there are some GP's that handle because they've build some relationships, of course I cannot generalize all GP's. But yeah.*

Tuan Khairy Jamaluddin Abu Bakar: *Thank you.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *It gives a very negative connotation for GP's because they are all placed in shopping areas and concentrated housing estates. When you open up to the GPs', in the early in the morning, so you can see there is whole queue of foreigners standing outside and the neighbors start to complain. [Disampuk] So...*

Tuan Pengerusi: *Of course...*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *[Bercakap tanpa menggunakan pembesar suara]*

Tuan Pengerusi: *Case to case. Of course not all GP's...*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *.... Some near the factory areas like Shah Alam, Klang, Meru. That area, yes. There are factory workers, factory areas and housing. So, I mean that's why the mapping is very important.*

Tuan Pengerusi: *Ya, correct.*

Tuan Khairy Jamaluddin Abu Bakar: Yang Berhormat*, we'll take this into consideration because now we are in the process of the soft landing for the closing of CITF. CITF is in the process of shutting down and there is a handover from MOSTI to KKM for the remaining vaccination. So, a lot of the PPV's you see are closing down because CITF is closing down their accounts. So, we will see how to do the soft landing.*

Sorang Ahli: *[Bercakap tanpa menggunakan pembesar suara]*

Tuan Khairy Jamaluddin Abu Bakar: *Outreach is open. It's just that we may want to maintain some of the PPV's, so I've asked KSU to look at the soft landing for the PPV's.*

Okay, thank you. Next. This is just the status liputan remaja*. Next. We are quite confident that we will get 80 percent of the population. Next. 80 percent of the population. Next.*

Tuan Pengerusi: *Sorry, can I ask? With the current adolescent vaccination, any severe symptoms, any serious reaction so far?*

Tuan Khairy Jamaluddin Abu Bakar: *I've not heard, I've asked for the AEFI reports. Tan Sri, have you heard any?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah [Ketua Pengarah Kesihatan]: *They have not reported any severe AEFI to us and to me.*

Tuan Pengerusi: *No myocarditis.*

Tuan Khairy Jamaluddin Abu Bakar: *So, the myocarditis cases, incident of myocarditis was most pronounced in the US after the second dose. The second dose just started this week. So we will monitor that.*

Okay, this is regarding the third dose, the booster dose, whatever you want to call it. Third dose, booster dose. There is a lot of debate about what you call it. So, we are waiting for regulatory approval.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara]*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *[Ketawa]*

Tuan Pengerusi: Itu kita bincang nanti. *[Ketawa]*

Tuan Khairy Jamaluddin Abu Bakar: *That laugh doesn't suggest that you are denying it. [Ketawa] So, we are asking for – we've asked Pfizer and Sinovac to put in a dossier. It will be valuated differently because there is obviously no clinical trials. It's more on real world data on the dosing. The expert panel under Dr. Kalairasu ICR Director will come up with the clinical guidelines as well as whether or not we can mix the vaccines.*

Tuan Pengerusi: *So, currently...*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *How fast can we get that information out, Minister? Mixing of vaccines.*

Tuan Khairy Jamaluddin Abu Bakar: *I've asked them to present it as soon as possible. Again, that doesn't rely on any clinical trial. It's just real world data and whether or not, experts feel that the safety profile is good enough for us to proceed.*

Tuan Pengerusi: *So, currently the policy decision is for high risk above 60 years?*

Tuan Khairy Jamaluddin Abu Bakar: *Yes.*

Tuan Pengerusi: *So we are not targeting any lower because generally the data in the world does not – I mean even FDA does not encourage booster..*

Tuan Khairy Jamaluddin Abu Bakar: *So, the statement that come out of the JKJAV meeting is elderly, immunocompromised, those with serious comorbidities as well as healthcare workers, and those in long-term care facilities.*

Tuan Pengerusi: *But healthcare workers itself, there's many categories itself. So how?*

Tuan Khairy Jamaluddin Abu Bakar: *So, we will start with the hig risk healthcare workers, and then we'll move down. I think they should be given the booster dose.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *... classification there.*

Tuan Pengerusi: *Yes, yes. Of course. No, it's not the categories mean those directly involved and those in the office.*

Tuan Khairy Jamaluddin Abu Bakar: *Yes, we will – yeah.*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *Start with the ambulance drivers first.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *So, when you see those in the office, I am sorry they all going to hospital everyday, you know. They are also open to infection when you are working in the vicinity of the hospital.*

Tuan Pengerusi: *Everyone is also exposed to the infection because of Delta.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Ya, so they should be included as far as I'm concerned.*

Tuan Pengerusi: *Mapping, mapping.*

Tuan Khairy Jamaluddin Abu Bakar: *I have a slide next. So, this is actually we've done the* anggaran lah sebab *eight million people that we're targeting first. So, you have about 600 thousand, this was a Phase 1 of PICK and then you have about 150 thousand that registered in hospitals as immunocompromised, three million who are elderly as well as those in long-term care facilities and about five million who have serious comorbidities.*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *So, I seriously think. If you don't mind me saying this. I seriously think if the third dose, if the government can consider opening up* siapa nak beli boleh pergi GP, dia boleh *select some clinics whatever, they can buy, I think that –they take their own risk.* Dia pun tak boleh nak salahkan sesiapa. Dia yang pergi, dia bayar dengan harga ditetapkan. *Then,* dia *take the booster or whatever you call it. I think that* – ini pada orang yang mampu. Saya punya pandangan.

I think because everywhere down – saya pergi ke bawah. Maaf cakap. Malah *taxi driver* pernah cakap dengan saya. Datuk, bagi tahu dekat – *sorry* ya, adik you KJ itu. kami boleh beli kalau benda itu RM200. Saya boleh beli, ambilkan sebab saya hari-hari bawa orang. Saya tidak tahu bila saya akan dapat *the third vaccine. This is the exact words from an airport taxi driver – brought me back* kan.

Jadi kalau boleh ada ruang Yang Berhormat, fikirkan – *I mean* buka untuk jual atau apa.

Tuan Khairy Jamaluddin Abu Bakar: *So Yang Berhormat, there are some challenges to that because legally we cannot sell the Pfizer vaccine.*

Tuan Pengerusi: *Legal implication.*

Tuan Khairy Jamaluddin Abu Bakar: *And a lot of people wants the Pfizer vaccine as their third dose although some people still want the inactivated vaccine.*

So, we'll work on some options for that and the strategy for making it available, how to make it available but I want to report to the committee and the EAG, we have secured enough vaccines without any additional procurement right now whether it's here in Malaysia or will be delivered in the next three months. We've secured enough vaccine to vaccinate every teenager and every single adult with the booster dose.

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *80 percent, 80 percent.*

Tuan Khairy Jamaluddin Abu Bakar: *No. We can give every single adult a booster dose of mostly either the Pfizer or the AstraZeneca vaccine.*

Tuan Pengerusi: *But you are talking about citizens, right?*

Tuan Khairy Jamaluddin Abu Bakar: *Well, the numbers that have been vaccinated so far.*

Tuan Pengerusi: *Okay.*

Tuan Khairy Jamaluddin Abu Bakar: *Ya, with a little bit of buffer left. So, we are in a decent position as far as the supply is concerned. Yup. So, the I am just again with the [Disampuk] just within the confidentiality as well we are discussing with Moderna to purchase booster doses, that one we may be want to sell on to private sectors.*

So, strategy next. This one walaupun kita kata tahun *2022 I think if the regulatory approval is fast, we can start by October.* Kita bagi dos yang lengkap *and then we have to decide whether or not homologous or heterologous.* Pusat pemberian vaksin, *we are suggesting with GP clinics other than those who are immunocompromised or those who are high risk, will do it at the government hospital as PPV.*

Next. So, this is lebih kepada usaha penentuan data *that you mentioned earlier Yang Berhormat, not just relying on* Jabatan Perangkaan *but also on the National Registration Department and the National Immigraton Department data, and also continue to allow for walk-in.*

Next. I don't know if I should mention now. I might as well mention now. So, at the co-tech meeting Yang Berhormat, this is again in confidentiality. The Director General of the Public Services Department has presented recommendations to make vaccination mandatory for all public sector, government servants.

So, that will be brought to Jawatankuasa Pengurusan Pandemik*, the only exception will be on medical grounds. We support this and we hope that this will lead to more sectoral mandates as opposed to national federal mandates, this is as good as we are going to get. So, we have* tadi *about…*berapa *Tan Sri healthcare workers* yang belum vaksin lagi?

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: 2,400.

Tuan Khairy Jamaluddin Abu Bakar: *2,400 at MOH definitely.* Ada yang tak boleh tapi ada yang memang anti.

Tuan Pengerusi: *I know some of the anti.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *I will just say, expect the challenge*-lah.

Tuan Pengerusi: *Our civil servants ask you how is your legal case? [Ketawa]*

Tuan Khairy Jamaluddin Abu Bakar: *So…*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Bring the challenge to the table, the lawyers love it.*

Tuan Khairy Jamaluddin Abu Bakar: *KPPA has consulted with AG and we feel that we are on solid ground.*

Tuan Pengerusi: *That's good.*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: Itu tidak boleh bawa masuk Parlimenkah untuk dapatkan … tidak bolehkah? *That's very poor.*

Tuan Khairy Jamaluddin Abu Bakar: *No, no.* Tak mahu.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: Itu bukan kuasa kitalah.

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *You* takut rakyat marah saya *you*-lah, tak mahu mengundilah. *[Ketawa]*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: Apa, itu bukan kuasa kita.

Tuan Pengerusi: *Let the government feel the heat.*

Tuan Khairy Jamaluddin Abu Bakar: *We feel that* arahan daripada *KPPA is enough to cover this.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *That's good for the private sector to follow suit.*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *I ask … I ask the government,* apakah *you punya* pendirian I kena *whack* teruk *in Baling you know. Why do you want to* sibuk hendak bagi – *I just ask them* pendirian kerajaan, sama ada hendak buat akta atau tidak, saya kena teruk dekat Baling...inilah.

Tuan Pengerusi: *Either way, the national testing strategy must cover those that still refuses.*

Tuan Khairy Jamaluddin Abu Bakar: *Ya, for those who refuse because of medical grounds, we discussed just now, they will be tested weekly and if they cannot…on medical grounds, government will pay for the testing.*

Tuan Pengerusi: *Okay but the rest, the unvaccinated and those that are unwilling to…*

Tuan Khairy Jamaluddin Abu Bakar: Oh, *ciao.*

Tuan Pengerusi: *So* sendiri bayarlah?

Tuan Khairy Jamaluddin Abu Bakar: *No, I mean, it is mandatory to be consequences.*

Tuan Pengerusi: *But for public sector*-lah*, how about those that are not working in the public sector?*

Tuan Khairy Jamaluddin Abu Bakar: *Yes, so we will have to work with the employers to tell them that somebody has to bear the cost*-lah*. They should pass the cost on to the people who do not want to be vaccinated.*

Tuan Haji Wan Hassan bin Mohd Ramli: Tuan Pengerusi hendak tanya sedikit, berkenaan Akta 342 kita ini tak kuatlah kiranya?

Tuan Pengerusi: 352.

Tuan Haji Wan Hassan bin Mohd Ramli: 352, 352. 342 'kan? Ha, 342.

Tuan Pengerusi: *Sorry, sorry.*

Tuan Haji Wan Hassan bin Mohd Ramli: Kawalan penyakit berjangkit itu di bawah Kementerian Kesihatan, kalau kita tak boleh paksa, isu tadilah.

Tuan Khairy Jamaluddin Abu Bakar: Untuk yang luar daripada penjawat awam ini? Kita belum sampai tahap itu lagi, mungkin kita boleh *reserve*-kan kuasa itulah, tapi sekarang ini kita lebih suka melihat...dan juga sektoral, berdasarkan kepada sektor.

Tuan Pengerusi: *Sorry, can I ask the question? DG, can I ask the question out of curiosity? You mentioned about the 2,000 over health workers that are not vaccinated. Majority of them which field, which discipline, administration or in clinical work?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *All across*-lah*, so we also have specialists actually in the private sector, who are coming on TV and saying this…that means there is no trust in the vaccine and et cetera. So, across…are medical officer, PPP, nurses, PPP and et cetera.*

Tuan Pengerusi: *About to mandate it, and then to sack or fire because of it.*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: *That one military officer kena ya?*

Tuan Pengerusi: *Of course…*

Tuan Khairy Jamaluddin Abu Bakar: *He took it to court. He took it to court.*

Tuan Pengerusi: *They called me a racist, a Nazi and everything. Ya, anyway. [Ketawa] Next question.*

Tuan Khairy Jamaluddin Abu Bakar: *Okay, ya thank you. Next, next. We go to next final section*-lah *I think, in the interest of time, next, next, okay ya. So, this is the final part which I think will engender hopefully some robust debate. So, we want*

to look some indicators to consider what endemicity looks like. Again, this is the first cut based on death rate, based on hospital capacity, base on penggunaan *ICU. Next, this is the most important slide Yang Berhormat. So, our recommendation for indicators for endemicity is,* dari segi kemasukan kes *category 3, 4, 5, now is 1.9 per 100,000.*

We want to this go down to 1.5 percent. Kemasukan kes COVID-19 kategori 3, 4, 5 berbanding jumlah kemasukan kes ke hospital *now is 10 percent, we want to go down to 5 percent.* Kematian, *now the moving average is 298 with backlog, we want this to come down to less than 10 in a day if possible. Hospital non-critical COVID-19 beds, less than 30 percent, ICU less than 20 percent. This is a procedure that has been delayed, so we want to bring down the procedures that have delayed because of COVID-19.*

Liputan vaksinasi *we are there already. The consultation cases on influenza-like illness, we are there already. R-naught, we are there already.* Ujian, *we are not there yet in terms of positivity rate now. So, these are the early suggestions of what it might look like in an endemic state.*

Tuan Pengerusi: *I mean, do you have estimated timeline when we will reach that? Because in my mind, this is next year.*

Tuan Khairy Jamaluddin Abu Bakar: *So, we are guided by data, not date. So…*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *I don't think we can get this done this year.*

Tuan Pengerusi: *Yes, as I said, I look at this next year.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *I'm sure is not going to be achievable, so let's be…*

Tuan Pengerusi: *Ya, but I would love to hear from the…*

Tuan Khairy Jamaluddin Abu Bakar: *So, I'll stop there sir.*

Tuan Pengerusi: *Thank you so much, Yang Berhormat Menteri Kesihatan. Thank you so much for all the presentation as well as the discussion, but I would love to hear from of course, first Tan Sri Dato' Dr. Abu Bakar, and I think each and every one that is present here today—members of EAG and also* daripada pihak kementerian, MOSTI dengan Kementerian Kesihatan. Jika ada apa-apa yang ingin dikongsi, ditambahkan, kita mengalu-alukan. *We want this to be a good robust discussion, and at the end we are not finding faults, but we want to work together towards fighting this pandemic. So, I open up first to Tan Sri.*

Tan Sri Dato' Dr. Abu Bakar Suleiman [Pengerusi Kumpulan Pakar Penasihat Kesihatan dan Sains COVID-19 (EAG)]: *Assalamualaikum and good afternoon. Tuan Pengerusi, today I have got two additional people to attend with us.*

Tuan Pengerusi: *Yup.*

Tan Sri Dato' Dr. Abu Bakar Suleiman: *Datuk Dr. Lokman Hakim, former Deputy Director General of Health* (*Public Health*), *Public Health Specialist, and Dato' Prof. Dr. Adeeba, Professor of Infectious Diseases from University Malaya. Today for our group, we are following up on last week's meeting, in which we want to refine the recommendations that can be clearly understood, we hope. I think there will be a lot of duplication. I'm sorry, because a lot of what was covered by Yang Berhormat Menteri Kesihatan is also in our—what we call—paper.*

So, we can go quickly through it. What we'll do, Dr. Farhan who is a public health specialist will first give certain indicators that we should look at as we transition into the endemic phase. As you can see, this is similar from what we have been presented, and then after that—what we call that—Professor Rosmawati will give the overall approach in terms of going to the future and then the future plan for preparedness and response for the whole country.

Tuan Pengerusi: *Okey, okey thank you. Silakan.*

Asst. Prof. Dr. Mohammad Farhan bin Rusli [Pakar Perubatan Kesihatan Awam]: *Assalamualaikum,* salam sejahtera kepada semua. Terima kasih. *So, COVID-19 has taught us that the biggest punishment is complacency*-lah, *so when we got complacent, we get punished.*

Tuan Pengerusi: *Alright.*

Asst. Prof. Dr. Mohammad Farhan bin Rusli: *And we can see this last year, when our digit was going down and we were hit the Delta variant, we were hit with congregations and all these other things. We know that the Delta actually emerged in December 2020. Now I'm not trying to be a pessimist, but I would like to learn from Israelis, where during the Yom Kippur War they just thought that it wouldn't happen, and then it did happen. So, when that actually took place, they actually now have a rule where the tenth man will always say that it would happen. So now, the question that we want to present and the thing that we would like to state is, as much as we prepare towards endemicity, prepare towards endemic phases and living with COVID-19, the preparation that's needed when there is another surge. We do not know whether December 2021, we may have another surge in the virus through another variant.*

What if our health capacities at that point goes up double than what we have now? and this is the time that we have to plan when we have this breathing space for

us to move on. I think this is a critical area that we actually have to pay attention to, so that we cannot wait for something to happen and then react to it. Just touching on Datuk Dr. Norhayati's explanation just now regarding the travel pass, where it has been are backlog for what 15 days, as mentioned by Yang Berhormat Baling.

It's interesting because I do not think that the travel pass is actually has a back-and-forth, which means you don't communicate the email, you don't email back, you don't say hello, you don't say hello back, you know. So, this sort of things can just be overcome by simple automation, because basically its people telling you what there have, what are the facilities that are present, and there is…you have no ability to actually check. If I tell you that I have a house with four rooms, how can you check if I have a house with four rooms? Right, it's based on self-reporting, and if it is based on self-reporting, if you check and tick the right boxes, it should be automated, and there can get an automated reply that you have fulfilled the requirement for home quarantine, please do so.

I mean, it's not our job to actually police to see whether they lie to us or not and in this way, we will actually not have any backlog and it'll be completely automated and you reduce the amount of manpower. So this is one of the things that we have to look at on how we can move forward and this can be a key example of how we can actually have a better pandemic response as we move towards endemicity, and actually prepare for the next coming surge and outbreak. Prof. Dr. Rosmawati binti Mohamed?

Prof. Dr. Rosmawati binti Mohamed: *So, I think as mentioned by Tan Sri, most of this has already been covered but I think we just want to focus on the— can I have the next slide? I think we are very familiar with this graph looking at the cumulative COVID-19 deaths per million people. In the middle is in the ASEAN region and no doubt, we are the highest in this region, surpassing Indonesia and also India.*

Next. So, I think alarmingly we have to look at the case fatality rate. As we know, in 2020, we were about 0.4 percent but this year, this is the most recent data, it's 1.15 percent, which is nearly three-fold higher compared to last year. As noted by Yang Berhormat Menteri, *about 84 percent of these deaths are related to an existing comorbidity.*

Next. So, no doubt, vaccine is central to actually reducing the impact of COVID-19 and if you can see, by mid-September was shown earlier, we're already seeing a downward trend in the deaths when more than 50 percent of the total population has received full vaccination. On the right, regardless of the type of vaccine used, we can see that the vaccine is definitely effective in reducing the deaths

and also the data not showing an ICU admission to about 90 percent of the fully vaccinated have reductions in the death rate.

Next slide. In reality, the risk of breakthrough infection amongst those fully vaccinated is real. So, if you look at the graph at the bottom there, you can see that it increases the breakthrough infection with increasing duration from the time of vaccination at the rate of about 5.2 to 5.3 percent about four months after receiving the full vaccination.

Next. So here, we can see that the breakthrough infections were clearly demonstrated in Sarawak. Next. Oh, okay. I think I missed out something here. So, if you can see on the left, although Sarawak had the highest cases, the positive impact of vaccination in terms of death is clearly shown in the middle figure. The highest in terms of death rates are experienced in Penang and Johor, and these were clearly related to the surge of cases and the inability to actually address the crisis, and that's when they called upon the members of the Greater Klang Valley Taskforce. So, what I think this has shown is that the policies that were implemented have certainly been able to address the crisis, the vertical surge in the cases in Greater Klang Valley and can be replicated elsewhere.

In terms of what was actually put in place was, as you can see on the far right, is increasing capacity for the hospital beds, ICU care, the oxygen and medication supply. But also in addition, the embracing technology with innovative strategies such as the digital Home Surveillance Order (HSO) and Release Order and monitoring via virtual CAC.

Next. So, I think we are very clear that the ultimate goal of the WHO Strategic Preparedness in Response Plan was not only to end the pandemic but to transition to endemicity and build resilience and readiness for the future.

These are done through the four strategic objectives as shown here. I can't see it very well but let me just go to that slide. So, firstly, suppressing transmission, reduce— sorry, can you go back? Can you go back? Yeah. So, these are really looking at suppressing transmission, reducing exposure by engaging with and mobilising communities, protect the vulnerable through vaccination and reducing mortality and morbidity from all causes. This needs to be stressed because I think most of the emphasis has always been on COVID-19 deaths, but we probably been equally seeing a lot of higher deaths from other causes as well.

So, the four collective strategic objectives can only be achieved through a multidiscipline national response structure shown here at the bottom. This actually really must be done through these multiple pillars here, which are actually the vertical strands that you can see on the bottom end. I think these are what is currently used

as well in the Greater Klang Valley, but with the addition, of here, what is actually pointed out is looking at the risk communication, the points of entry, like has been stressed previously. But I think one important vertical strand that we need to emphasize is also maintaining essential health services and systems.

Next. So, what we have actually seen is that the Joint External Evaluation (JEE) really assesses the country's core capacities for international health regulations, which provide a legal framework that defines countries' rights and obligations in handling public health events and emergencies. This report actually has provided invaluable information and really has managed to identify gaps which has enabled the prioritization of needs and therefore, able for us to look at enhanced capacity to respond to public health emergencies.

I would just like to highlight, priority action that was recommended which include the strengthening and coordination to ensure multisectoral implementation of preparedness and response plan, enhancing MyCPRC by incorporating machine learning to forecast, predict and provide insights on disease occurrence. Also on the use of electronic tools, we are able to automate data analysis, sharing and reporting. So, these are opportunities for further investment, as mentioned by Dr. Lo, the WHO representative. But two particular areas which were emphasized was working with private sector, as well as ensuring full multisectoral implementation of the international health regulations.

Next slide. So now I'll just briefly mention the recommendations already been in place but I think must really be looked at a little bit in a sense according to the strategic objectives. So, on suppressing the transmission, one of the things remaining, as mentioned, is actually the national testing policy, which is being addressed; a comprehensive infectious disease surveillance and a full digitalisation of the entire FTTIS and that will also be mentioned again by Prof. Farhan later on. So, these on the right are some of the indicators we need to monitor and I think this has already been included but I think in the case management, further improvement can be done and further improvement in the timeline in terms of the contact-tracing because modelling studies have shown that this is vital to really have that timeline within 24 hours to actually have effective control.

So, the others, I think, as shown here, I will not go into detail, but I think things need to be looked at includes how much genomic sequencing that we need to focus on and proposed is at least two percent of the total cases and all BIDs.

Next. So, in terms of reducing mortality and morbidity, I think what also probably remains to be actually discussed is the formation of a National Rapid Response Taskforce which really emulates what has been done in the Greater Klang

Valley or what has been in place already in the annual monsoon season flooding model.

The others include increasing the ICU capacity because it was already not adequate before the pandemic. And I think, as been touched, a stronger public-private partnership is needed and revitalize the action for primary healthcare is also needed. Again, I won't go too detailed on the indicators here, but I think suffice to say that putting a threshold on the case fatality ratio is also important to actually get to what we want to see happening as we transition to the endemic phase. Another one is that uninterrupted essential health services also needs to be in place.

Next. So, on the vaccination, I think this— we don't need to mention further other than ensuring a booster strategy which is already being currently looked into but also mainstreaming COVID-19 vaccination programme into the existing healthcare facilities needs to be done. The studies have shown that the possible target of actually obtaining 90 percent this public still needed but I think it will be very difficult to actually achieve that body, total population fully vaccinated. Next.

On reducing exposure within communities I think the role of strengthening risk communication must be stressed and providing clear communication in certain settings like the vulnerable close contact setting as well as workplaces and this is what we need to aim for low or zero cluster within communities, workplaces, and other close contact setting.

Next, so this is my last slide and really the devastating tool on COVID-19 really should emphasize that we must now think that what needs to be done to actually really for the future. So, what WHO has recommended is really looking at the necessary steps to improve the health systems and how we can strengthen it further. One of the recommendations was actually really to adopt a primary healthcare approach so that you can have also a university healthcare being in place but also invest in the public health structure here.

Based on the joint external evaluation report the proposed way forward is to harness digital solutions to reform and build resilience against public health emergency. So, dasar baharu *is needed for COVID-19 control program but we must now emphasize that the way forward is no longer the reactive response mode but for a proactive plan that really would need to look into a multistakeholder collaborations similar to what's been done in the Greater Klang Valley and also to really look at interlink coordination and leadership not only other national level but also translated the community state level as well. The way forward is for digital solutions to drive delivery and build resilience and readiness for the future. With that, thank you.*

Tuan Pengerusi: *Okey, thank you so much prof. I think* Yang Berhormat Menteri *wants to respond a little bit.*

Tuan Khairy Jamaluddin Abu Bakar: *Just a quick response to professor. I think the recommendations are very good, very comprehensive and largely we are already aligned to the recommendations. I just want to report that the National Rapid Response Task Force has been set up already. We have extended the life span of the Greater Klang Valley task force to now become a National Rapid Task Force under Dr. Chong who is the Deputy DG for Public Health. On ICU capacity we are in the midst of surging the ICU capacity so that when COVID-19 cases come down, they can be transferred back to non-COVID-19 cases, when COVID-19 cases come up, there is a pool of hybrid ICUs and also field ICUs, field hospital options that we will have to deploy. So, we are in the midst of enhancing the capacity of ICU in the short term and of course long term is more fund from EPU for us to build these.*

Tuan Pengerusi: *Okey, thank you so much. Any other input from the committee?*

Asst. Prof. Dr. Mohammad Farhan bin Rusli: *One more slide. Ada one more slide Tan Sri. Ada one more slide.*

Tuan Pengerusi: *It is okay.*

Tan Sri Dato' Dr. Abu Bakar Suleiman: Yang Berhormat, *can I just – what you call it, raise one issue which is not new but very important going for after. For the future, because a lot of the work that we do, the important part is actually relating to research. I think we really need to strengthen our research capacity and capability in infectious diseases. To me that is one issue. Probably, we should request for specific targeted fund under Twelfth Malaysia Plan for infectious diseases. I think there is something that can be done. There is a capability in the universities, but when you have a special targeted fund like that, then the people can…what you call it, will know how to plan, doing different areas with infectious diseases. That is one thing.*

The other issue, my concern about MySejahtera *is the ownership of that data. Now, what you call that, four, five, six years ago, when I was on the Board of IGH, we were using IBM Watson. Now, they take the view, it is your data, we put it that to be used for our purpose, but the data is no longer ours. So, then we say we will do something else. I think that is a very common approach taken by the big technology companies whether it is Facebook, Google and so forth and they are causing a problem. But for us right now because all the data now is in* MySejahtera*, now we must own that data, we must have full access to that data and use it in any way we feel responsible.*

Tuan Pengerusi: Ya.

Tan Sri Dato' Dr. Abu Bakar Suleiman: *Because you know okay these come to you and say this is CSR. Hey, but now you can sign the contract. I think this is something important going forward to the future because big data is not just for this purpose but beyond that. Okay, thank you.*

Tuan Pengerusi: *That is very good.*

Tan Sri Dato' Dr. Abu Bakar Suleiman: *Thank you, Tan Sri. I will take that on board. Thank you. Sorry Tan Sri on the first point, the PM has announced and also t has already been approved for the National Institute for Disease Control to be set up and obviously amount of money will ring fence for infectious diseases focusing on the CDC going forward.*

Asst. Prof. Dr. Mohammad Farhan bin Rusli: *This is the short-term strategy that we have actually planed out. So a lot of it centres on* MySejahtera *because we are moving towards the digitalization of public health. As mentioned by the MOSTI side last week where a lot of the functionality that is needed for these to move forward should have been done yesterday or last month, some of the functions definitely are still need to be enhanced and be put in place.*

So, the NTS which is the National testing Strategy needs to be placed on a blueprint and risk metrics which enhances the FTTIS. I think Yang Berhormat Menteri Kesihatan *has touched on this. It is very important to note that the National Testing Strategy cannot be put forward if our digital platform is not yet ready. So, we cannot* bentang *for the sake of* bentang tanpa kita punya *our* kepala *ready. So, it is going to be very dangerous for us.*

This place a very big role in opening up of our borders, our tourism and also opening up borders with Singapore and Thailand and so on. So, this is a very critical area. I think this needs to be addressed within the next two weeks because from what we see from the trend going, the Prime Minister looks like he wants to open up very much quickly. So, we must be ahead before they make that announcement.

Then on TA which is the Track Alert system where it will be color coded, a very super micro because we would like to avoid whatever we have done for the past one and a half year where the EMCOs are very damaging to the economies and also livelihood. We have to move away from these. But at the same time this also depends on digital tools. We have to allow people to know that they are about to enter a high-risk area where HIDE is actually now integrated into this MySejahtera *app to inform people about the movements of where they are supposed to go. Before we can actually say that we are moving towards a different level of system, away from phases. The platform itself needs to be ready to be able to handle this sort of data*

influx and also data – I guess giving out the data such as push notification is actually an alert system of the people who has the app.

RC which is Risk Communication. It is high time we move away. I think the MKN telegram only has about 1.4 million, yet we know that 30 million plus people have MySejahtera *from the number of vaccinations that have gone on. So, we now have to move to use the application itself towards risk communication and we must also take note that a lot of other things which are actually* MySejahtera *people don't explore and read.*

So, we cannot tell the people it is there. Kalau *you* tidak baca, salah *you*-lah*. No, we have to come back and see what is the most effective way for us to give knowledge to people* untuk kita bagi *information to people.* Oleh sebab kalau *we say it's there* kalau orang tidak baca *in the end they will still blame us for not giving them the right information at the right platform the right manner. This is very critical because it shows that there is a short of uniformity in delivering of the risk communication.*

I think for the past one and a half years, this has been quite lacking in that sense, and we had been very poor in the way we actually communicate risk and actually tell people what is wrong. I think, moving forward, as we change or transition or whatever, kita kena jadi *more transparent, more clear and I guess we have to be as simple as possible.* Tak perlulah kita nak buat benda yang senang jadi nampak susah. *So, we just make it and break it down as granular as possible.*

So, a lot of these short term solutions actually depends a lot on the MySejahtera *having the capability, and that also touches on what Tan Sri has said about the ownership of data, who owns it, how do we transfer it, who is going to fund it, and then if MOSTI's part is ready to roll or not. How much time do we need? Because* kita kena *make sura benda ini ready.* Tak boleh kita keluarkan tanpa benda itu *ready. I think this is something that all of us must play a part to making sure that it will be ready.*

Because this will be next step to the pandemic preparedness in case we get another surge, at least everything is ready if we have another surge.

Tuan Pengerusi: *Okay, thank you. Actually, we have Pegawai MOSTI here, TKSU is here as well and also* Pegawai Teknikal MIMOS*. Do you want to respond to that?*

Dr. Nagulendran a/l Kangayatkarasu [Timbalan Ketua Setiausaha (Perancangan dan Pembudayaan)]: *Thank you Dr. Farhan and thank you Yang Berhormat. Nagu from MOSTI here and we got my colleague from MIMOS. So, we have been entrusted to build the contact tracing so if YB may allow, maybe MIMOS would like to share some updates on where we are now. Thank you.*

Encik Lim Ying Sean [Pegawai Teknikal MIMOS]: *So for the contact tracing, I think the part that we are looking online is to enhance, to improve and to increase the data source that we have for the contact tracing. Because today, previously we just depend on the check-in data in* MySejahtera *to predict and the possible come out to the…close contact or casual contact that some of us might experience that in* MySejahtera *app. Yes, it is purely based on check-in data, and then I think recently we have –* MySejahtera *already updated with some features which require users to check-out that will give us a time bound to have a more accurate prediction whether these particular individuals are potentially exposed to the positive cases on the COVID-19. That is one of the enhancement and then one of the things that we are looking at also now, is that to integrate Bluetooth to do the Bluetooth proximity communication to identify whether they are close contact or not, whereas one of the …[Tidak jelas] we are looking at.*

Then, for another way forward is that we are looking at to build some machine learnings using some predictive algorithm whatever, and we work with ASM to come up model to identify the granular risk of the individuals exposed to COVID-19.

And then also on top of that, we are working on enhancing a dashboard, giving a tool to those contact tracer to provide the information, easier way for them to identify, locate and trace citizens who are potentially exposed to COVID-19.

And then last but not least, I think is the part that we were working with the JUPEM on the home surveillance apps using the geo locations to close the loop and enhance the user who are being exposed to the COVID-19 positive. Here are some of the efforts that are currently being ongoing inside the MySejahtera.

Tuan Pengerusi: *Okay thank you so much. My question is this, all these are very important, and I think Dr. Farhan also brought it up is we should have this much earlier on. So, with all these things that we are doing, does the Ministry have a timeline that we can launch it especially when we are talking about the National Testing Plan? Will this be launched together, or what is the timeline by the Ministry? TKSU or anyone want to respond?*

Tuan Khairy Jamaluddin Abu Bakar: *If I may Yang Berhormat because I launched that when I was the Minister of MOSTI. So, we are having a meeting tomorrow, where they are presenting the architecture and the timeline to me. But I agree with Asst. Prof. Dr. Farhan's point that we need it in place well – of course, we need it in place much earlier than yesterday. But we definitely will try to scramble for the next couple of weeks because we know that borders are opening soon.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *If I may, just another question I have. As you know, there are illiterates among us, and they don't possess*

MySejahtera *or handphone, that is smartphone. I have this problem in my* kawasan *where I have eight Orang Asli villagers and there are about 6,000 of them. I went to register them and most of them – I would say about 60 percent of them don't own a smartphone.*

Now, they had been vaccinated. They have got their two doses because we pushed them. Now, they are asking me the questions that they can't go out and the code is not there. Are you going to – these group of people, apart from Orang Asli and the others, I'm sure Yang Berhormat Hulu Terengganu also have the same problems with Yang Berhormat Baling. What do we do with these people who are already vaccinated, but do not possess a smartphone but they are not allowed to move around now, because the only gadget that is available outside is for you to scan your MySejahtera *and people check your* MySejahtera. *So, is there any….*

Tuan Khairy Jamaluddin Abu Bakar: *So, Yang Berhormat, the scanning is just to enter the premise. That one they can just write in a book. But when they ask for proof of the vaccination, they cam either show the physical card or they can print it out. So, we can get JAKOA and all that to print out the details from the JKJAV website, it's there. You can actually print out your cert.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *That must be accepted...*

Tuan Khairy Jamaluddin Abu Bakar: *Yes, yes. I've told it to be accepted.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Because you know, the powers that be – at that place, at that time are different and it is difficult.*

Tuan Khairy Jamaluddin Abu Bakar: *MKN is here. So, we* – kita bagi kebenaran *not just* MySejahtera tetapi kalau dia nak tunjuk kad, dia nak tunjuk semua, *it's okay.*

Encik Hamzah bin Ishak: Kita bagi dia pilihan, sama ada digital dalam MySejahtera, ID itu ataupun sijil digital – sijil kad tadi.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: .... siapa yang akan bagi sijil itu?

Tuan Khairy Jamaluddin Abu Bakar: Sijil itu *you get at the PPV, you know the small card?*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *That is the problem. That is not being accepted outside.*

Tuan Khairy Jamaluddin Abu Bakar: *No, no. We've given….*

Encik Hamzah bin Ishak: Ini Yang Berhormat, kita minta kalau ada maklumat *detail,* dekat mana yang tak *accepted* itu. *Then,* kita boleh *follow up.*

Tuan Khairy Jamaluddin Abu Bakar: *Because arahan MKN is to accept that.*

Tuan Pengerusi: Sebenarnya, Yang Berhormat Menteri telah...*I think in the Dewan you mentioned about a token system which Singapore is using.*

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: Sekejap saya nak tambah fasal yang itu tadi, fasal Orang Asli, sekejap ya. MKN, Tuan. Berkaitan dengan perkara yang sama. Saya di kawasan saya, saya ada Orang Asli yang tertua di dunia inilah. *So,* mereka ini memang sepertimana apa yang Dr. Xavier sebut. Akan tetapi, yang tidak ada *smartphone* ini *about 40 percent.* Walau bagaimanapun, apa yang saya buat, saya ambil...yang MySejahtera *first dose second dose* itu yang kuning itu, saya *laminate*-kan untuk dia orang. *I get my* Penghulu *to laminate*-kan, seorang kita bagi tiga set. Takut hilang. *So,* dia simpan.

Akan tetapi untuk makluman MKN, di kawasan Baling *of course* dia terima. Sebab dia cakap, ini Datuk Azeez bagi, *so* terimalah. Tapi dia pergi Sungai Petani, dia ada masalah. *So, I think* belum lagi *uniform* itu, belum di-*unify* lagi, diuar-uarkan itu...masih lagi ada tempat-tempat. *So,* saya *tested*, bila saya dapat maklumat itu, saya ini suka buat kerja *ground* ini. Saya pergi Sunway *shopping mall.* Sampai depan itu, *guard* itu Nepal-kan, bukan orang Malaysia pun. Saya pun buat saya punya sendiri, *laminate* bagi dekat dia. “Tak mahu, tak mahu, buka you punya telefon,” dia kata. *So,* saya bukalah, tapi saya tak nak *argue* dengan dia sebab dia punya prosedur. *Therefore,* betullah saya minta MKN tolong uar-uarkan lagi berkaitan dengan ini untuk memudahcarakan. Bukan sahaja Orang Asli, malah ada juga orang-orang yang bukan asli pun masih pakai Nokia *phone.* Emak saya bagi empat kali beli *phone* pun dia tidak hendak. Dia nak Nokia itu sahaja. Jadi *you cannot blame them.*

Tuan Pengerusi: *[Ketawa]* Itu tahan lasak.

Datuk Seri Panglima Abdul Azeez bin Abdul Rahim: Dia dah biasa *phone* itu kan. *So,* jadi saya harap benda ini boleh dimaklumkan.

Tuan Khairy Jamaluddin Abu Bakar: Sebab *guard Nepal* itu tak percaya *yang Datuk* tak mampu *smartphone.* Dia tengok jam Datuk pun Rolex.

[Ketawa]

Encik Hamzah bin Ishak: Yang Berhormat, terima kasih atas maklumat tadi itu. Kita akan salurkan kepada kementerian berkaitanlah. Macam *shopping complex* ini, bawah KPDNHEP. Memang kadang-kadang itu, daripada *top* ke *ground* ini, kadang-kadang itu ada *miscommunication. So, thank you for the...*

Tuan Khairy Jamaluddin Abu Bakar: *The other thing is Datuk Seri, this is more serious. Yang laminate* ini, *there was a scam the other day. People selling this laminate card, that’s why they refused* – kawasan bandar *they refuse*-lah. Dia nampak macam *scam card.*

Tuan Pengerusi: *So, is the token system in play? Because…*

Tuan Khairy Jamaluddin Abu Bakar: *So, the token system Yang Berhormat, before we invest in token system, we have to make sure that the Bluetooth proximity system works. Then we can invest in the token system. So, they are presenting it to me, as I said, tomorrow. If once we find that it works and it's quite seamless in terms of integration, for those without smartphone, we will request from Treasury for some allocation to buy the token.*

Tuan Pengerusi: *Is there a token? Can't you use your IC?*

Tuan Khairy Jamaluddin Abu Bakar: *Possible. We can look into that also.*

Tuan Pengerusi: *Any response from EAG?*

Asst. Prof. Dr. Mohammad Farhan bin Rusli: *I think, one of the things that we also have to look forward to is to have a threshold indicator. When do we actually stop asking people for their vaccine card? We have to think about that, we can't go on asking people to show their phones for the next 10 years or 5 years. I mean, there must be a threshold, because* akan ada *a population, a set of population who will never get them vaccinated, we know. But that's the reason why we are getting 80 to 90 percent vaccinated.*

So, kita kena ada *a set date,* bila kita nak *set* ini? *And we can actually ask the shopping complexes to stop asking people to show their* MySejahtera*. That's the way we are going to move forward.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Fasa 3, fasa 4...*

Asst. Prof. Dr. Mohammad Farhan bin Rusli: *Sorry, I'm not a – I don't really pro the fasa-fasa. I am more of a micro targeted person. But I think, if you are looking at the general population, definitely, I'm telling you Sabah never reaches 80 percent vaccination. We know this. Sabah will not reach 80 percent vaccination. So, at one point, when do you stop asking people, right? So, we have to have a clear indicator when enough is enough. It's very, very important for us. That is the target that we have to achieved.*

Tuan Pengerusi: *Any feedback from Prof. Dato' Adeeba and Prof. Datuk Dr. Lokman?*

Prof. Datuk Dr. Lokman Hakim [Kumpulan Pakar Penasihat Kesihatan dan Sains COVID-19]: *Thank you,* Tuan Pengerusi*. I just want to raise one point about the important of the notification system.*

Tuan Pengerusi: *Okay.*

Prof. Datuk Dr. Lokman Hakim: *I thought I think this is the heart and soul of public health function in managing infectious diseases. Why we are failed previously is because the eNotifikasi system has failed us simply because the overwhelmed number of cases. I mean the system is too old cannot cope with the*

surge number of cases. Our people on underground are struggling. But then, that is the system that fits everything to the intervention carried out at the PKD level. When that failed, the entire system failed, that's why we are seeing the collapse of the healthcare services in Klang Valley.

During the peak of situation in Klang Valley, we have over 30,000 backlog of notification cases to be clear in one week. Thirty thousand. Because the cases need to be verified, to be investigated and to be cleaned. So, when we talk about automation that you are talking about, Tuan Pengerusi*, I think it is very, very important thing, very urgent thing. We hope that the system that you are working on, please, talk to the people on the ground what is the system it needs for. You need to understand their work, their function. So that, whatever you develop later on will really be functional. Otherwise, what Dr. Farhan has warned us about our preparedness in facing the net surge of cases, we don't know.*

Currently, we are doing well in Klang Valley because we have 1,000 volunteers to help the PKV to clears the backlog. So, what happen if these volunteers taken out at the end of the term? Probably, I don't know, with that standard, maybe to end of the year. But after that? Okay. So, whatever the system that you develop must be able to do the function of these 1,000 volunteers. That's what I'm trying to say. Such an efficient system could automation— because I'm sure Tan Sri knows about it, JPA will not approve with anymore post to strengthen the human resource needed to manage this data.

We really badly needs this automation and it is an urgent thing. We cannot wait. If I Yang Berhormat Menteri say that it can be done, I mean we hope to have it within next two weeks, alhamdulillah. I think we really need that very urgently because otherwise I'm worried.

Tuan Pengerusi: *Okay, I want to ask a question to MOSTI. Have you approach the makers of SELangkah? Because I think some of their features are actually quite already there. So, anyway of collaboration and stuff like that?*

Encik Lim Ying Sean: Tuan Pengerusi*, if I may. So, MIMOS has approach the SELangkah makers. So, we understand how they does the contact tracing. There are two ways. They mentioned that they are using forward contact tracing and the backward contact tracing. The previous challenge they are encounters with result in the 30,000 of the backlogs is mainly involve the forward contact tracing. Because what they did was they require manual interview process to the particular person, he's so and so, who are your possible close contact. That is the bottleneck of getting the close contact and identified for testing.*

So, what we are working right now is we are using the Bluetooth of proximity testing— sorry, Bluetooth proximity contact tracing. It will reduce the burden of the interviewers because the Bluetooth will tell us that who are your potential close contact is. So, that's one of automation we have implemented.

And then, the second model that is implements by the SELangkah is they are using something called inherence risk of contagious model to identified which are the potential hotspots or community areas that could be arise due to the COVID cases. This one, when I spoke to the data scientist and team who come out this model, they said we are looking at enhancing— in fact, what we are done as well. To enhance the model to look into more granular level, because now when we open up the economy, people are going out and the cases are going sporadic. It is very hard to target at a community level already because the things already spread.

So, we are looking at whether can we enhance the model by doing more granular risk modeling to identify the potential of whoever are higher risk and require them to be automated through the notification inside the MySejahtera for them to perform a self-quarantine or go for PCR test.

Asst. Prof. Dr. Mohammad Farhan bin Rusli: *Mr. Chairman, sorry. Not really smart. So, I would like to ask question. If the* MySejahtera *is being owned by KPISoft, may I ask why our government agencies is the one that has been task to build the apps itself?*

Tuan Pengerusi: *Interesting question.*

Tuan Khairy Jamaluddin Abu Bakar: *So, Entomo which is what the company is call now, they had difficulties with manpower to build the Bluetooth proximity. And since MOSTI already started on the Bluetooth proximity last year and that what was called MyTrace initially, we just ask them to continue with the project. Now we are seeing whether or not it can be integrated. That's all.*

Tuan Pengerusi: *For me— correct me if I'm wrong. The big elephant in room is PDPA in terms of dealing with the data. I mean, regretfully, today we did not manage to get representative from AGC that could advises, but what is the collaborate then— how far has MOSTI spoken about this PDPA with AG and how is the government going to address this big elephant in terms of data usage, privacy and so and so forth?*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: MKN.

Tuan Pengerusi: *Or MKN also can address.*

Tuan Khairy Jamaluddin Abu Bakar: *No, I think I'll take that. I mean, that's the question that we will have to take next once we figure out what sort of proximity*

tracing app that we want to use. If it's operable with MySejahtera*, then of course we will present it for the legal consequences.*

Tuan Pengerusi: *Okay.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *If I may suggest on suggestion made just now regarding the volunteers that you have and then after that, what is going to happen. I always say that if you want to have preparedness for the next surge, I think it's right time we start engaging the army and train them to be volunteers if something happens because army is just sitting in the* berek. *We needs to use their manpower and hope for them, so you don't have a cost because they already paid for, and we have to make use of our resources as much as we can because we have to think about the cost as well.*

I think that is one part that we have not pay attention do. And Mr. Minister—I would like to ask MKN also. Roadblocks, you don't have army standing there with guns at this present moment lah, *please. I mean, who are you frightening and what are you trying to do with people standing in the middle of road with gun? I don't know. Are we in distressful situation? So, I think somebody has to address this. If you want to share resources, then the army is something that we have to look into in order to make sure that we have resources, we have paid manpower and you can start training this people now in terms of we use in the next wave or in the coming infection that is going to take place. And I think this is something that we have to do together.*

Tuan Pengerusi: *Yes, Prof. Adeeba.*

Prof. Dato' Adeeba Kamarulzaman [Kumpulan Pakar Penasihat Kesihatan dan Sains COVID-19 (EAG)]: *I actually have a few comments perhaps directly to YB's suggestion. I think the army played a very big role in the Greater Klang Valley Taskforce from my own observation as being a small member within that committee. I'm sure they, like you suggest, continue to play a very important role.*

I fully concur with you about demilitarizing the response. You know, whether is having army with shotguns, roadblock or in the PKPD with army, you know, and the barbed wires. We really need to show much more humane kind of face to the pandemics. So, that's very much appreciated.

I'm going to be all over the place because I'm sort of taking bit and pieces of the comments. With the respect to the granular data and having targeted focus—have you spoken to the ITCC people? Because they have been working with MOF in terms of, you know, having more targeted granular data. So, rather than we inventing the wheel, you know, that might be one place you might want to go to. So, that's that.

In terms of the overall strategy, Yang Berhormat Menteri*, I'm so glad to hear about the move by* KPPA *to mandate vaccines. So that takes one headache away, in a way. To follow on from what* Prof. Datuk Dr. Lokman *said, you know, improving the e-notification is one parcel of the response. The second is improving the pre-hospital care. Automation is crucial, volunteers and* GP*s are crucial, so I think to reduce the number of deaths, that component is possibly second to the automated* PKD *e-notification, testing notification et cetera, is the weak point that we observe currently. So that, you know, again, worth looking into what* SELangkah *has without reinventing the wheel, it needs to be strengthened, working together with* GP*s. I think we learn all this in the* Jawatankuasa Khas Jaminan Bekalan Vaksin COVID-19 (JKJAV) *Task Force and will put us in a good place for the next phase. Hopefully it won't be anywhere near severe as we've all experienced.*

Moving to the testing strategy, I notice that we're still using a lot of PCR. *You know, I think for screening,* RTK Antigen *is the way to move the— the cost is just so wide, the difference and also in terms of doing what it's supposed to do, the* RTK Antigen, *we want to detect, now that the sensitivity has improved greatly for most of the tests, we want to detect people at its most infectious. I think* RTK Antigen *does a better job. So I would urge, you know when— I know it's a work-in-progress in terms of the testing strategy and I would like to offer a few of us to be part of this committee because* Prof. Datuk Dr. Lokman *has written a draft testing strategy,* Datuk Dr. Musa *has – I also have something and we've given it to* Dr. Norliza, *and I would like to think that we can be a— not just we but other people as well can be part of a collaborative effort because this is a really key document in terms of testing strategy. There are so many parts to think, you know, within this whole national testing strategy.*

Just like we gave input into the SOP*s and the alert system. On that note, I think we can be a little bit more confident in ourselves, you know, we've done— we've been so good with the vaccine roll-out, we know that the vaccines work. I don't know why we're still being very tentative in terms of the in-bound quarantine test and release. You know I think we should be braver,* Yang Berhormat Menteri. *We should be braver for fully vaccinated people, you know, three days before coming in, test after, we've got* MySejahtera, *you know. I mean we don't want to have unnecessary rules like house with four rooms, you know and all that. Who – like* Asst. Prof. Dr. Mohammad Farhan *said, who's going to...*

Tuan Pengerusi: *Enforce it. To check it.*

Prof. Dato' Adeeba Kamarulzaman: …*Enforce it anyway? So, let's not make life so difficult but you know, go on experience of other countries and science. Thank you.*

Tuan Khairy Jamaluddin Abu Bakar: *Thank you,* Prof. Dato' Adeeba. *I think we're getting there, as* MOH. *I think my guys have gone through a very traumatic one and a half year at the frontline and to embrace a new world view from* Ketua Setiausaha (KSU), Ketua Pengarah (DG), *all the way down. It's a rapid work-in-progress. I'm there, hopefully guiding it the right way, but I'm not saying all in good time to slow things down. But, we are with you. Just give us [Ketawa] the— Yeah, yeah. The transition, you know.*

Prof. Dato' Adeeba Kamarulzaman: *Understand.*

Tuan Khairy Jamaluddin Abu Bakar: *We're starting to see the case numbers go down now. We're starting to see the surge in the hospital capacity reduce, so I think it's understandable that the house view of* MOH *is still a little bit tentative. We are pushing. We are pushing.*

Prof. Dato' Adeeba Kamarulzaman: *Understand, understand. One last thing. I'll be failing myself as an academic not to share* Tan Sri Dato' Dr. Abu Bakar Suleiman's *thoughts that research is important. There's a wealth of data and I plead with the Ministry of Health that they should be shared and opened because it's not for us academics to get papers and you know, be lauded. It really is to inform policy and you know, it can only be done quickly if we share that data and farm it up for as many people to analyse it as possible.*

Tuan Pengerusi: *Yup. I think, thank you so much,* Prof. Dato' Adeeba Kamarulzaman. *Thank you so much. Any other views before—* Ya, Yang Berhormat Dungun, silakan.

Tuan Haji Wan Hassan bin Mohd Ramli: Okey. Pertama tadi, *volunteers* dari kalangan tentera ini, kalau juga kita jangan lupa bila datangnya banjir, biasanya tentera ini memainkan peranan besarlah dalam bantuan-bantuan. Jadi itu pun juga kena lihat, kena— Kita tidak jauh masa dengan jangkaan banjir itu.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] You are preparing yourself. [Ketawa]*

Tuan Haji Wan Hassan bin Mohd Ramli: *[Ketawa]* Ya. Kedua, kita bincang ini, adakah terlibat juga, perlu kita lihat dalaman, berkait dengan kesihatan mental di kalangan kakitangan kesihatan? Itu kena dilihat sebab kita hanya fikir orang, yang saya dapat makluman juga, kesihatan mental di kalangan pasukan keselamatan kita— semua dibekukan cuti dan sebagainya. Jadi itu perlu dilihat jugalah. Kalau kita hendak menangani, orang kita pun kena sihat juga.

Tuan Pengerusi: Sangat penting.

Tuan Haji Wan Hassan bin Mohd Ramli: Ya, terima kasih.

Tuan Pengerusi: Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah, *you want to respond?*

Tan Sri Dato' Seri Dr. Noor Hisham bin Abdullah: *Thank you,* Tuan Pengerusi. *This crisis gives us— I mean, in every crisis there's opportunity. This is an unprecedented crisis. When we started, I think we were unprepared, I would say. Although we had international health regulatory et cetera, unprepared in terms of the magnitude of this crisis. What we have started earlier, like for example in terms of digital transformation, public health was lacking in the digital transformation. They were prepared in terms of the system protocol all in place. Initially we had three applications,* MySejahtera, MyTrace *and* GerakMalaysia. *It was very simple, soft applications, but you can see within a short period of time, we have expanded endless possibilities to develop digital transformation to handle a pandemic.*

I think, this is— Coming together, I think we can continue to enhance these applications. Very important application and today it is a very powerful tool and that has given us a lesson to use this MySejahtera *for* NCD*s, for other communicable diseases and et cetera. So the platform is there and we welcome all the, you know, the suggestions how to improve and enhance this software. We think that we need another super application to look into other diseases like* NCD*s and et cetera. Don't forget about the non* COVID-19 *cases because we also have a backlog of non-*COVID-19 *cases. Surgical backlog about 57,000 cases, medical backlog about six percent of that. So, we need to also be prepared after this pandemic, for example, how do we come together, public, private, university and Armed Forces and then how to clear the backlog, medical and surgical cases.*

So this is where we talk about global surgery and et cetera lah. *So this is number one. Obviously, software—* Tan Sri Dato' Dr. Abu Bakar *did mention, we are also concerned like* SELangkah *because when I read the small print of* SELangkah, *the data is owned by the company. If the company sells the data and then I mean— so it's not owned by the state. But I have mentioned this to* Selangor *State Government and they're saying that they're trying to procure the company. So I think, I hope that it's solved. Likewise,* MySejahtera, *the data belongs to us. So now we are looking into the details of our contract, so that this is under confidential data and et cetera.*

So this is a big data that we have and today you have seen that in terms of research, Tan Sri Dato' Dr. Abu Bakar *raised the research, we have 493 research registered under National Medical Research Register* (NMRR) *and we have completed 26 projects, publications et cetera. Four hundred and ninety-three within a short period of time. So there's an ample data there and this is an opportunity for*

us not only to improve our services in public health. Public health has been neglected over the years. Even before the pandemic, I mentioned, underfunded, understaffed, underinvested in public health, maybe and also our facilities are already over-congested, ICU *beds overutilized, you know and our staff overstretched. These are some of the issues that we have before the pandemic, what more now, to adapt during this pandemic, I think we have done remarkably well.*

So we look into this as opportunity to improve our services. The investment is coming in and then we look into how we can train more public health specialists in the country, human resource, facilities, to improve the services in public health and hospital capacity. Then, we look into the research and as well as the training. This is something that a wake up call for us. So, this pandemic has actually shown us our cracks in our system, healthcare system. So, now is for us to improve it and now the digital system is in place. I can see this opportunity given to us, we can come together and continue to see how best we can be more robust in time to come, whether there is a next variant or next pandemic, at least the system.

Now we have the CDC, we will continue to – I think this pandemic has shown how important is public health. In the past, public health is actually the last priority. The clinical specialty will be given priority rather than public health. Today, I think everybody…eye opener for everyone to see the importance of public health. The best brains must be in public health, not only in clinical.

So, I think this is something that we can continue to develop and come together to see how best we can move forward. In fact, we will be in…[Tidak jelas]…meeting and then there is a retreat in WHO. We are going to highlight in terms of the vaccine, global vaccine equity. We going to highlight digital transformation that we have been through, and we are going to highlight how to live with the virus endemicity in time to come. I think this is important subject matter in Malaysia that we can share with the rest of the world.

Tuan Pengerusi: *okey, thank you so much Tan Sri. I think due to the interest of time, and I have to summarise speakers in less than an hour, I have to speak in another IPU on UHC.* Ya*, but final remarks.*

Dr. Nagulendran a/l Kangayatkarasu: *Sorry, just two points sir. One is…It is great that last week we heard a lot about taking* SELangkah *and just fitting it into* MySejahtera*. So, maybe later, MIMOS will explain that they have actually spoken to the* SELangkah *team, and why it is not possible. It is not as easy as it was illustrated last week, that is the first point.*

Second point is, I think we have all been asking what endemism is, and it's great that today we have a view what endemism would be in Malaysia. So, if that is

the case, then I think while all these technological features are great, but they are not cheap. So, it might become a norm that once it's endemic…just like the European flu, they do not go all out to put all these kinds of gadgets and all that, and in the US, the common flu kills about 80,000 people a year.

So, when we reach that, are we still going to…you know, I think I heard what Dr. Farhan said, we need to come to a point…

Asst. Prof. Dr. Mohammad Farhan bin Rusli: *Threshold.*

Dr. Nagulendran a/l Kangayatkarasu: *Maybe I will just get MIMOS very quickly to say what they had done on the* SELangkah*, because I keep on hearing* SELangkah *and* MySejahtera. *Maybe it is good to get the experts to brief us a bit.*

Encik Lim Ying Sean: *The idea to address the question of rather we can retrofit the* SELangkah *into* MySejahtera, *there are two elements here. First is that both are run and are built in different technologies and architectures. So, it is quite impossible to just retrofit just like that. Thank you.*

Tuan Pengerusi: *Thank you so much. Any final remarks from the committee from EAG, Tan Sri? Just moving forward, I think Prof. Dato' Adeeba mentioned something, I think I hope the ministry will look into to actually incorporate. I mean these are the main brains in our country and we talk about the whole society, whole of nation addressing this. Maybe if you could look into incorporating them, even in the committees to make all these decisions.*

But, I think on this committee, I think our whole purpose is to serve as a platform to activate this whole society, whole nation. I am very happy with the discussion that we have today. I thank each and every one of you guys for the robust…Thank you Minister for sitting down and listening to us. But we are moving forward, I think I hope some of the recommendations, if not all, will be fully taken into account and implemented as soon as possible. So, thank you so much kepada semua. *God bless us all.*

Tuan Khairy Jamaluddin Abu Bakar: *Thank you.*

Tuan Pengerusi: *Thank you.*

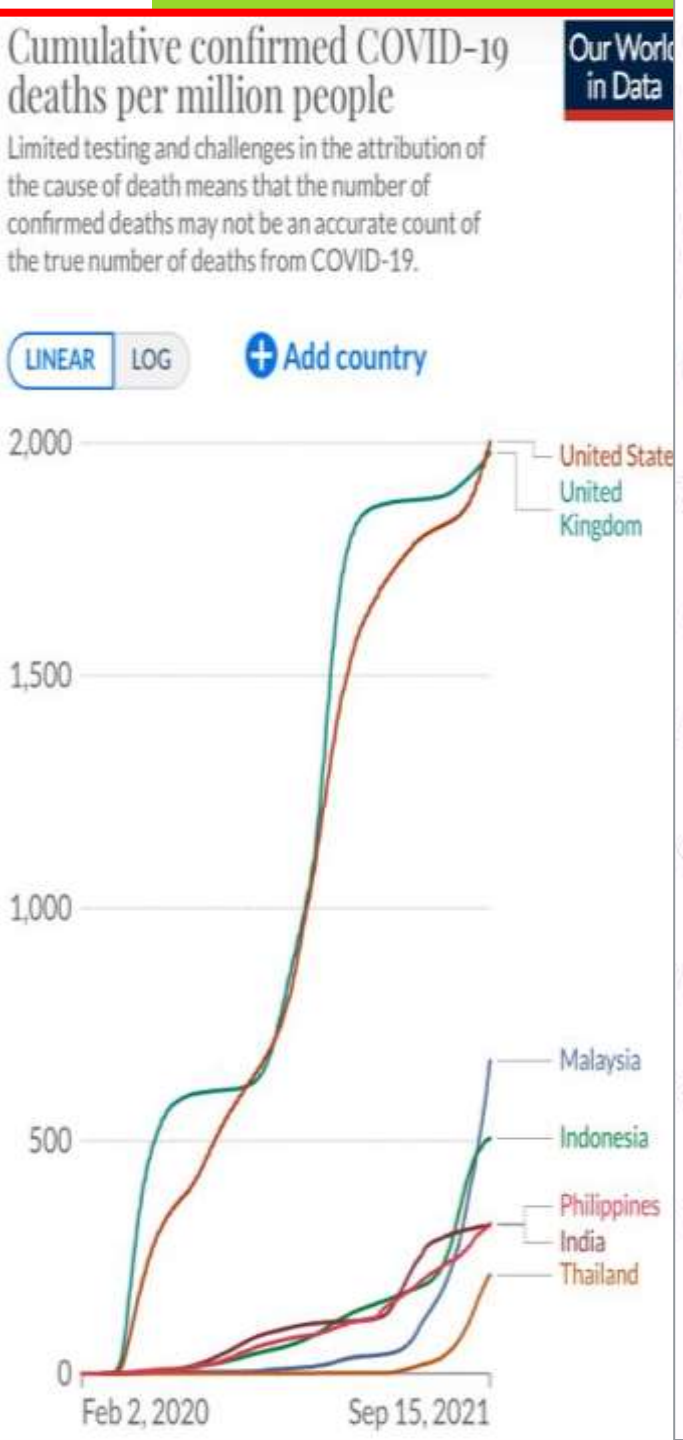
[Mesyuarat ditangguhkan pada 4.45 petang]

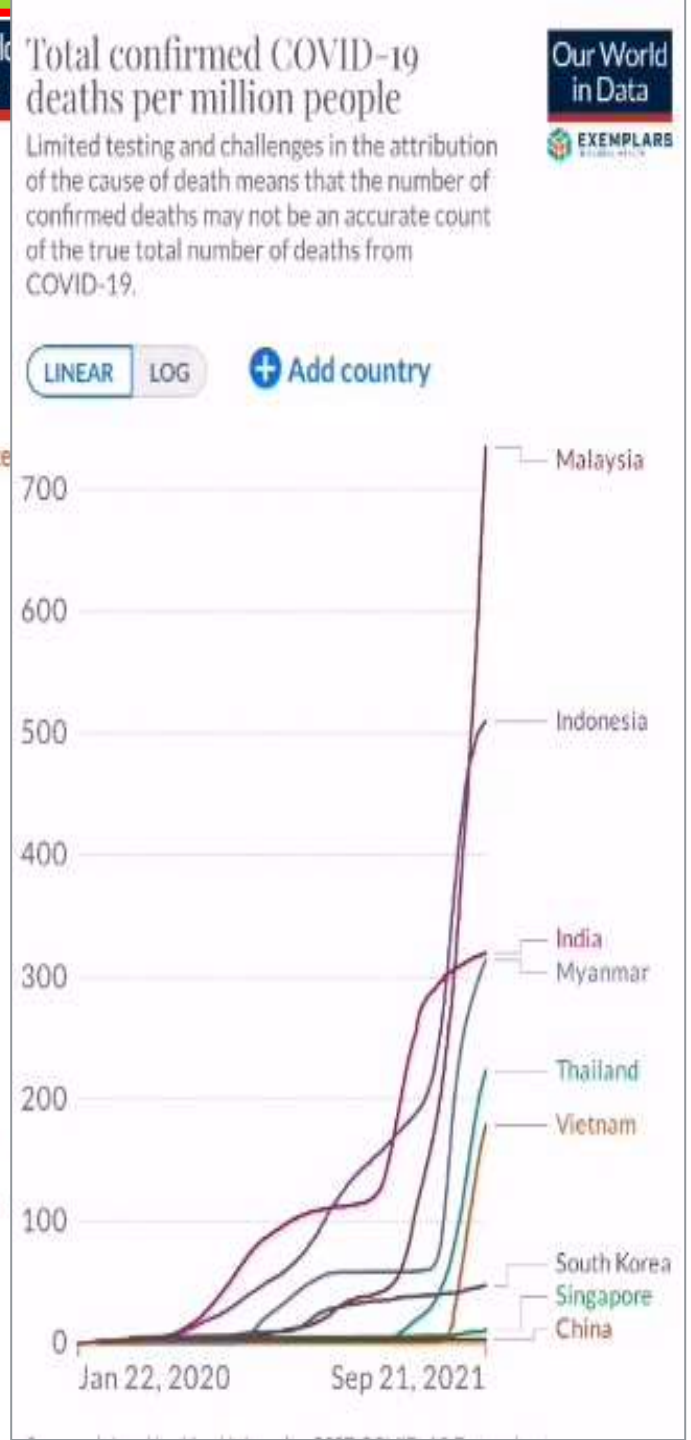
National Preparedness and Response Plan to build resilience and readiness for the future

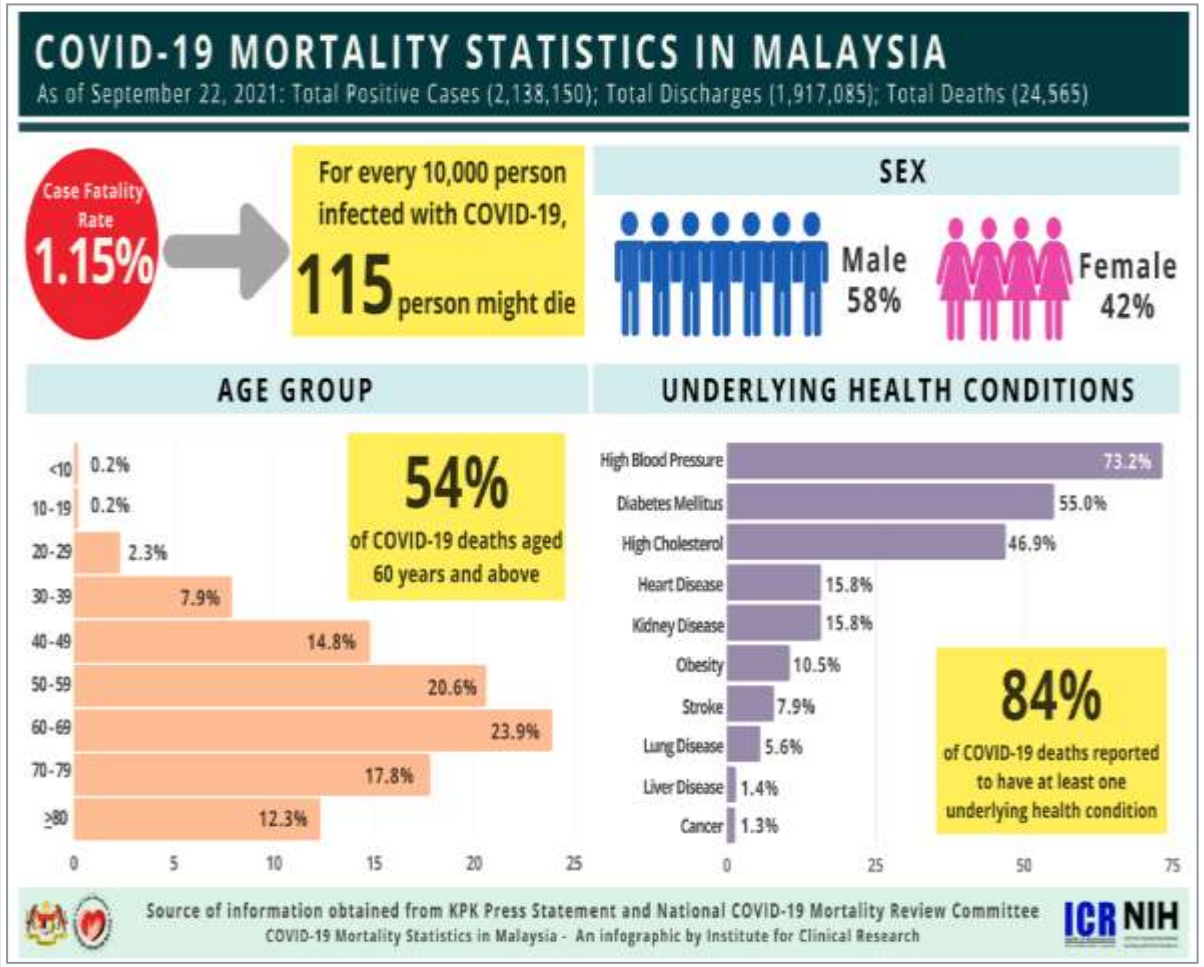
Health and Science Covid-19 Advisory Group of Experts (EAG)

28 September 2021

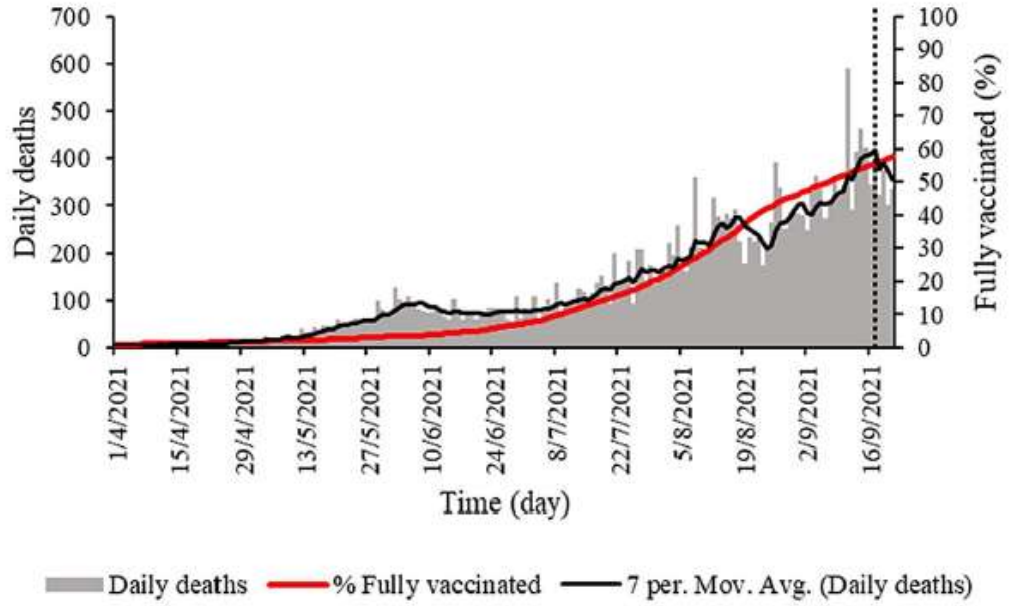
Case fatality rate in 2020: 0.4%





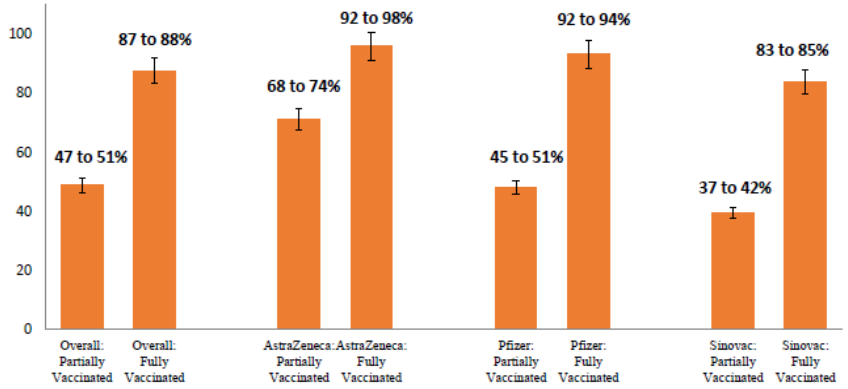


Trend kematian Covid menurun sejak pertengahan Sep - 55% lengkap divaksinasi



3 Kematian

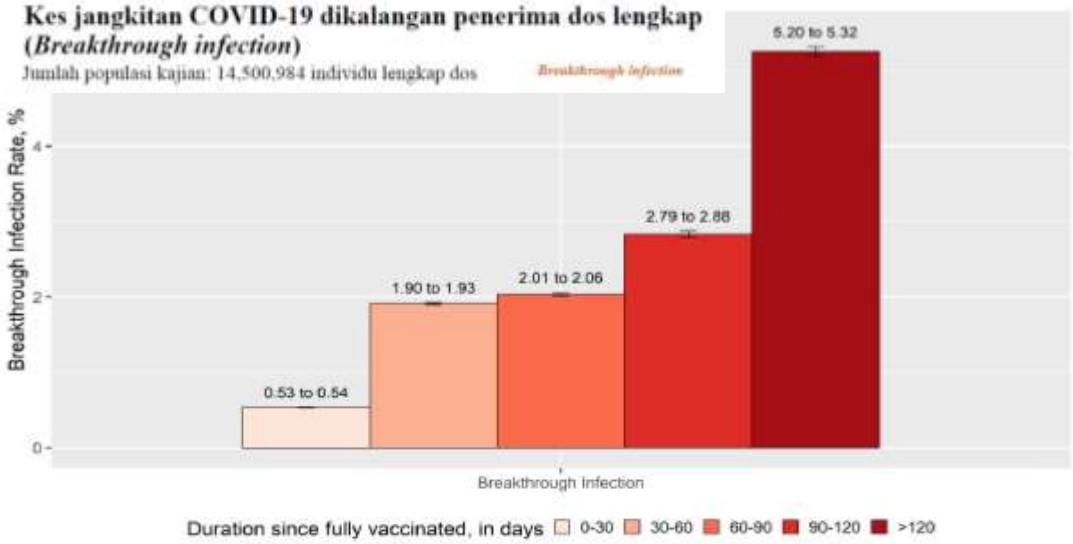
Jumlah populasi kajian: 1,261,270



Kematian

- Keberkesanan vaksin dalam mengurangkan risiko kematian adalah **88% (87% – 88%)** dikalangan pesakit COVID-19
- Keberkesanan dos separa lengkap adalah **49% (47% – 51%)**

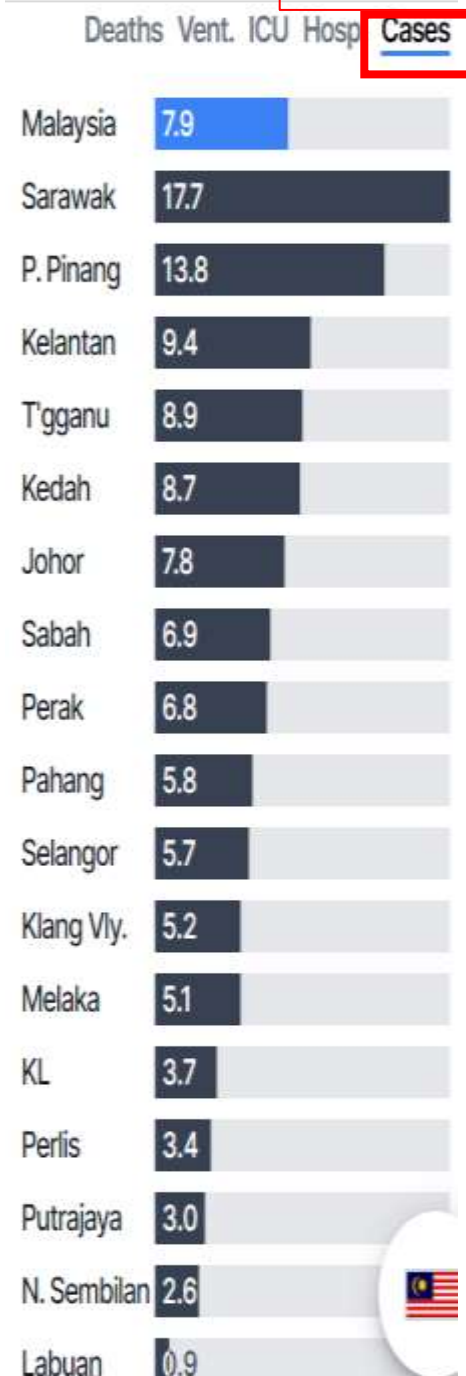
RECoVaM

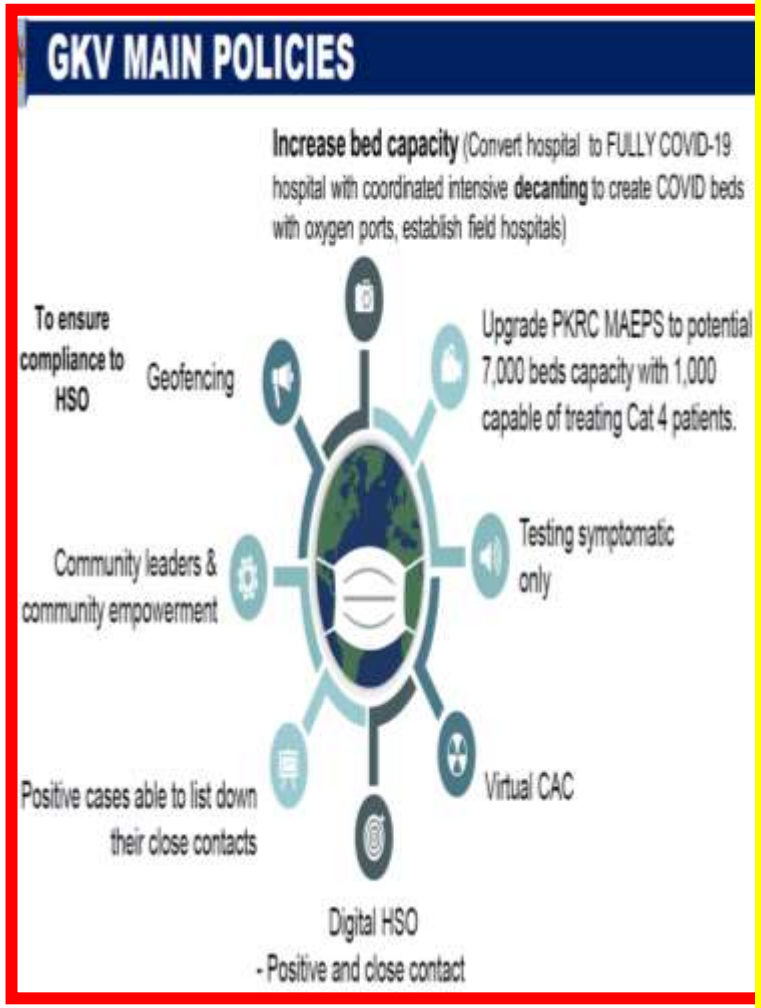


- Kadar keseluruhan *breakthrough infection* adalah **1.30 (1.30 - 1.31)** diantara 100 orang
- Separuh daripada kesemua *breakthrough infection* berlaku dalam tempoh **30 (IQR: 13 – 55)** hari
- Kadar breakthrough infection meningkat dengan peningkatan hari sejak penerimaan dos lengkap vaksin
- Kadar jangkitan adalah **5.20% - 5.32%** dalam tempoh **120 hari** selepas dos lengkap

Breakthrough infections amongst the fully vaccinated

Cases/1K people and Deaths per 100K People





GKV brought together a coalition of partners, and that solidarity and unity of purpose were able to find and deliver solutions to rapidly address the COVID-19 surge in GKV

Increased capacity of hospital beds, ICU care, oxygen & medication supply, manpower deployment and involvement of volunteers.

Innovative Strategies

Issuance of Digital Home Surveillance Order (HSO) :

Complete Home Assessment Tool (HAT) found in the MySejahtera on a daily basis to look out for warning signs

Monitored through the Virtual COVID-19 Assessment Centres (CAC).

Digital Release Order (RO) upon completion of quarantine

Assessment at COVID-19 Assessment Centres (CAC) of ALL symptomatic cases and high risk asymptomatic cases

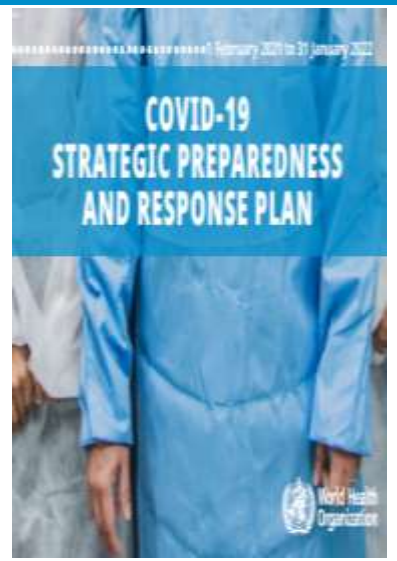
Prompt isolation and strengthen home monitoring management for Asymptomatic COVID-19 cases and their Close Contacts

Goal: End the COVID-19 pandemic, and build resilience and readiness for the future.

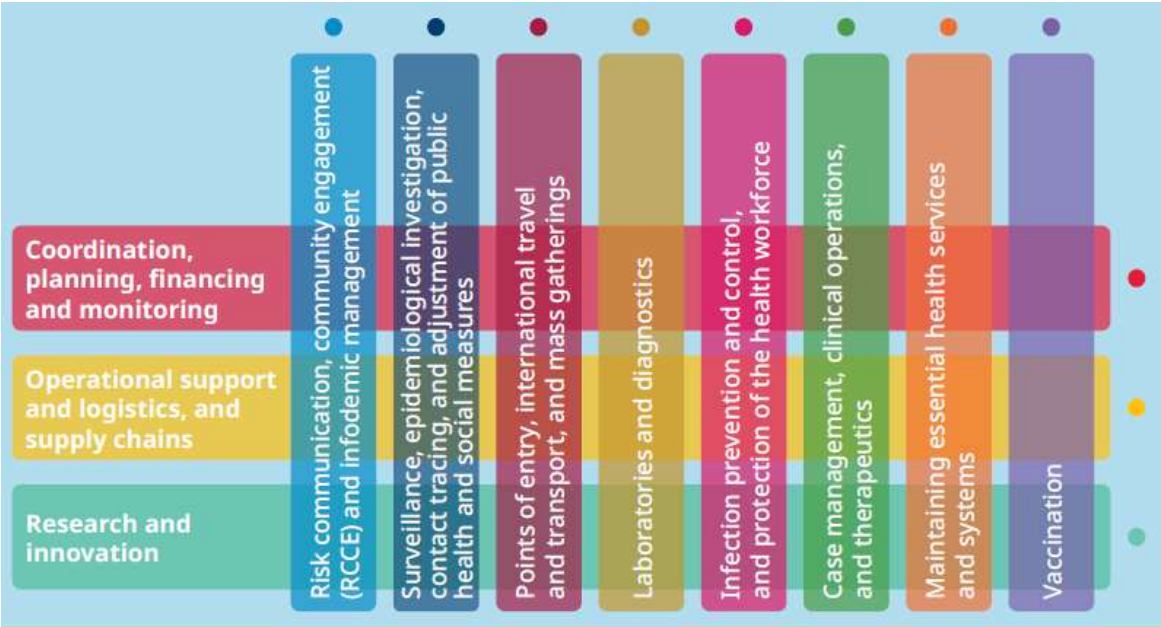
Strategic objectives

Complementary Strategies

Socio-economic framework	Humanitarian overview	SPRP 2021
• Protect health services and systems	• Contain the spread of COVID-19 and decrease morbidity and mortality	• Suppress transmission • Reduce exposure by engaging with and mobiizing communities • Protect the vulnerable through vaccination • Reduce mortality and morbidity from all causes
• Protect people: social protection and basic services • Protect jobs, small and medium-sized enterprizes, and informal sectors • Facilitate macroeconomic response and multilateral collaboration	• Reduce the deterioration of human assets and rights, social cohesion and livelihoods • Protect, assist, and advocate for refugees, internally displaced people, migrants, and vulnerable communities	• Catalyse development of and access to COVID-19 vaccines, therapeutics, and diagnostics



NATIONAL RESPONSE SUPPORT STRUCTURE



Strategic objectives achieved through a **multidisciplinary national response structure** to plan, coordinate, finance and monitor, enabled by **multiple pillars of the response,** operational and technical support platforms, and cross-cutting research and innovation.

World Health Organization | Western Pacific | Malaysia

Where are we in emergency preparedness and response?

The Joint External Evaluation (JEE) assessed Malaysia's core capacities for International Health Regulations (IHR) 2005

Home / News / Detail /

27 November 2020 | Joint News Release | Kuala Lumpur

the International Health Regulations (2005) provide a legal framework that defines countries' rights and obligations in handling public health events and emergencies

A report on recent assessment of Malaysia's health security was released today, which found that the country has made tremendous progress in strengthening capacities to respond to health emergencies and disasters in the last decade. This was accomplished through use of a step-by-step strategy for strengthening health security, well-established control and coordination mechanisms, a multisectoral and collaborative approach, and a robust national surveillance system.

The voluntary Joint External Evaluation (JEE) of International Health Regulation Core Capacities was requested by the Malaysian government and conducted with WHO in late 2019. A group of international and national experts jointly reviewed Malaysia's health security capacities across 19 technical areas. This exercise helps measure a country's status and identify progress and the most critical gaps within human and animal health systems and for the containment of environmental hazards.

The subsequent identification of gaps enabled the prioritization of needs and opportunities for enhanced capacity to prevent, detect and rapidly respond to public health emergencies and further bolster Malaysia's health security and multi-sectoral preparedness and response capacity for health emergencies.

Recommendations for priority actions

- Further strengthen coordination to ensure multisectoral implementation of preparedness and response plans.
- Use the lessons identified through simulation exercises and after-action reviews to update health emergency plans in a timely manner and share with stakeholders as appropriate.
- Develop a human resources resilience plan that includes senior leaders within MOH.
- Further enhance MyCPRC by incorporating machine learning to forecast, predict and provide insights on disease occurrence.

Surveil-lance	D.2.1	Surveillance systems	4
	D.2.2	Use of electronic tools	3

Recommendations for priority actions

- Conduct national level evaluations of surveillance systems for identified priority human and animal notifiable diseases using international guidelines.
- Automate data sharing between the indicator-based (eNotifikasi) and event-based (eWabak) systems and consider automated notification of laboratory results.
- Develop capacity within the electronic notification systems of MOH to enable data analysis and automated reporting.
- Provide regular and frequent reporting for priority diseases and make them publicly available.

"There are opportunities for further investment in health security systems, working with the private sector and ensuring full multisectoral implementation of the International Health Regulation, or IHR (2005). WHO will continue to collaborate with Malaysia in the area of emergency preparedness and response," Dr Lo (Ying-Ru, WHO Head of Mission and Representative to Malaysia, Brunei Darussalam and Singapore) added.

WHO Strategic objective	EAG (Plus) recommendations	**PERFORMANCE INDICATORS FOR** ENDEMIC PHASE
Suppress transmission through the implementation of effective and evidence-based public health and social measures.	COVID-19 transmission is controlled to a level of sporadic cases and clusters of cases, all from known contacts or importations. (At a minimum, new cases would be reduced to a level that the health system can manage based on health care capacity) EAG (Plus) recommendations on remaining gaps: · National Policy on COVID-19 Testing, including genomic surveillance · Comprehensive Infectious Disease Surveillance with enhanced mechanisms for detecting all infectious diseases · Full digitisation of the entire FTTIS work process and integrated with MySejahtera, with selected functionalities automated with real-time analysis and provide clear pathways for support and assistance by multiple agencies. · Hotspot Identification (eg HIDE) system, to predict hotspots at least 14 days in advance	• Case positivity rate of less than 5% • Symptom onset to diagnosis within 48 hours • Contact tracing within 24 hrs Modelling studies suggest that to achieve effective control, **contacts must be quarantined within 24 hours**; Ferretti L,Wymant C, Kendall M, et al. Quantifying SARS-CoV-2 transmission suggests epidemic control with **digital contact tracing.** *Science*. March 2020:eabb6936. doi:10.1126/science.abb6936 • Isolate at Point of Testing for cases and immediately for close contacts with immediate issuance of HSO Automated Hotspot Detection Reduction of New Hotspot by 75% Genomic Sequencing of at least 2% of cases and all BIDs

Strategic objective	EAG (Plus) recommendations	**PERFORMANCE INDICATOR FOR** ENDEMIC PHASE
Reduce mortality and morbidity from all causes "The number of ICU beds is grossly inadequate even during pre-COVID and we were struggling even during the dengue outbreak previously." *Prof Dr Lokman Hakim Sulaiman*	Ensure that patients with COVID-19 are diagnosed early and given quality care; Health systems can surge to maintain and meet the increasing demand for both COVID-19 care and other essential health services; core health systems are strengthened; that demand-side barriers to care are addressed; EAG (Plus) recommendations on remaining gaps: · National Rapid Response Taskforce - emulate the annual monsoon season flooding model · ICU capacity MUST be increased · Stronger Public–Private Partnership & revitalize action for primary health care (to enhance clinical management and manpower resources for COVID-19 and other essential healthcare services)	• Assessment for home surveillance or admission Time (from diagnosis) < 1 Day • Case Fatality Ratio <**0.5%** • **BID ≈ <10% of total deaths** • Hospital COVID-19 BOR < 70% • ICU utilisation < 70% • Uninterrupted Essential Health Services and Elective Cases

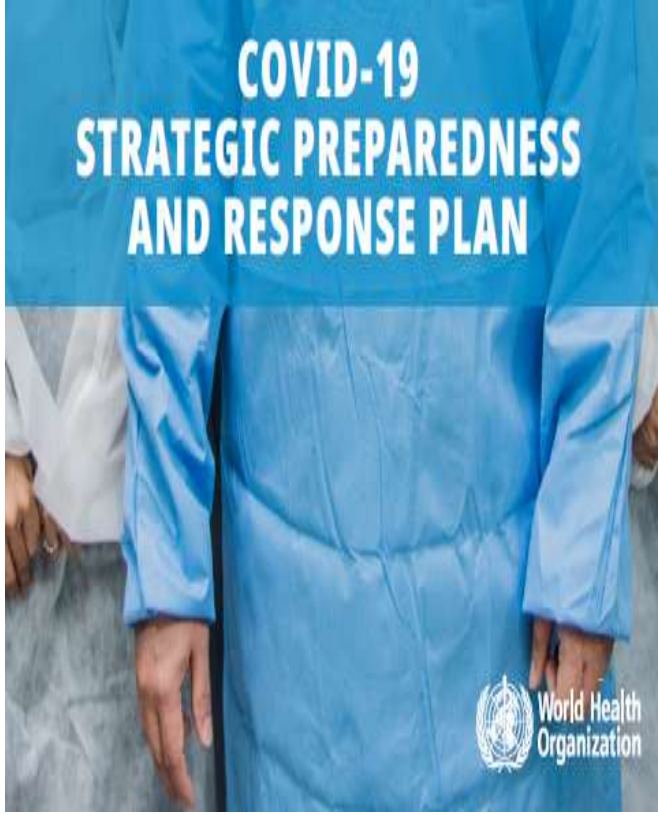
Strategic objective	WHO & EAG (Plus) recommendations	**PERFORMANCE INDICATOR FOR** ENDEMIC PHASE
Accelerate equitable access to COVID-19 vaccines and other tools including diagnostics and therapeutics.	Build vaccine acceptance and demand based on priority groups, taking into account equity perspectives to leave no one behind. EAG (Plus) recommendations on remaining gaps: • Ensure a booster strategy based on data and transparency • Mainstream Covid-19 Vaccination Programme (integration of the COVID-19 vaccination programme across existing health care facilities) • Conduct transparent adverse event following immunisation (AEFI) surveillance and reporting to strengthen public trust and combat anti-vax narratives.	• 90% of the total population fully vaccinated

Strategic objective	WHO & EAG (Plus) recommendations	**PERFORMANCE INDICATOR FOR** ENDEMIC PHASE
Reduce exposure by engaging and empowering communities	High-quality health guidance, communicate risk and distilling science in a way that is accessible and appropriate to every community Empower communities to adopt risk-reducing behaviours and practice infection prevention and control, including avoiding crowds and maintaining physical distance from others; practicing proper hand hygiene; through the use of masks; and improving indoor ventilation EAG (Plus) recommendations on remaining gaps: Strengthen risk communications (reinforce trust in government policies around Covid-19, consequently improving compliance and vaccination rates) Every policy announcement to be accompanied with comprehensive SOP for every affected sector to adequately prepare the rakyat and maximise compliance. Clear communication on public health and social measures for vulnerable, close-contact settings, and workplaces. Empower companies to establish best practices to prevent outbreak. Replicate manufacturing sector's Safe@Work model for other settings such as Safe@Community, Safe@School, Safe@Prison	• Risk Comms must Inspire, Empower & Regain Trust • Low or zero cluster within communities, workplace, educational, prison and nursing home settings

Proposed Way Forward based on the Joint External Evaluation report:
Harness digital solutions to reform and build resilience against public health emergencies

Building for the future

Mechanisms such as the Universal Health and Preparedness Review can bring nations and stakeholders together in solidarity to support effective international cooperation to strengthen emergency preparedness, foster exchange of best practices, identify new and emerging issues, promote accountability, and ensure efficient targeting and use of investments through a system of peer review. All countries should take the necessary steps to improve national health security: health systems can be strengthened and made resilient for health emergencies by adopting a primary health care approach and investing in essential public health functions such as surveillance, contact tracing, quarantine and risk communication. Communities must be engaged for effective implementation of preparedness and response plans, the building of trust and the protection of vulnerable groups. These goals can only be achieved through a gender-responsive approach that ensures access to accurate and reliable information and which empowers people to protect themselves and others.



Dasar Baru: COVID-19 Control Program

PROACTIVE, COORDINATED, NATIONAL PREPARENESS AND RESPONSE PLAN

(vs reactive response mode)

A dynamic, multi-stakeholder collaboration (similar to the GKV.) is required to translate the national plan into action through interlinked coordination and leadership, with digital solutions to drive delivery **and build resilience and readiness for the future**

KEMENTERIAN KESIHATAN MALAYSIA

MESYUARAT JAWATANKUASA PILIHAN KHAS KESIHATAN, SAINS & TEKNOLOGI

28 September 2021

Bersama Hentikan Wabak COVID-19

ISI KANDUNGAN

1. Memperkasakan Sistem Perkhidmatan Kesihatan Awam

- Situasi semasa Pandemik COVID-19 – Global & Malaysia
- Pelan Strategik untuk melandaikan keluk COVID-19

2. Strategi Pengujian Kebangsaan

- Strategi pengujian dan diagnostic SARS-CoV-2 Kebangsaan
- Program Survelan di Makmal
- Pengurusan dan perkongsian data makmal
- Indikator pemantauan (KPI) Makmal

3. Vaksinasi berterusan

- Status Liputan Imunisasi COVID-19
- Strategi pelaksanaan untuk dos tambahan
- Strategi Meningkatkan Liputan Pendaftaran Vaksinasi
- Strategi Menangani *Vaccine Hesitancy*

4. Peralihan fasa pandemik ke fasa endemik

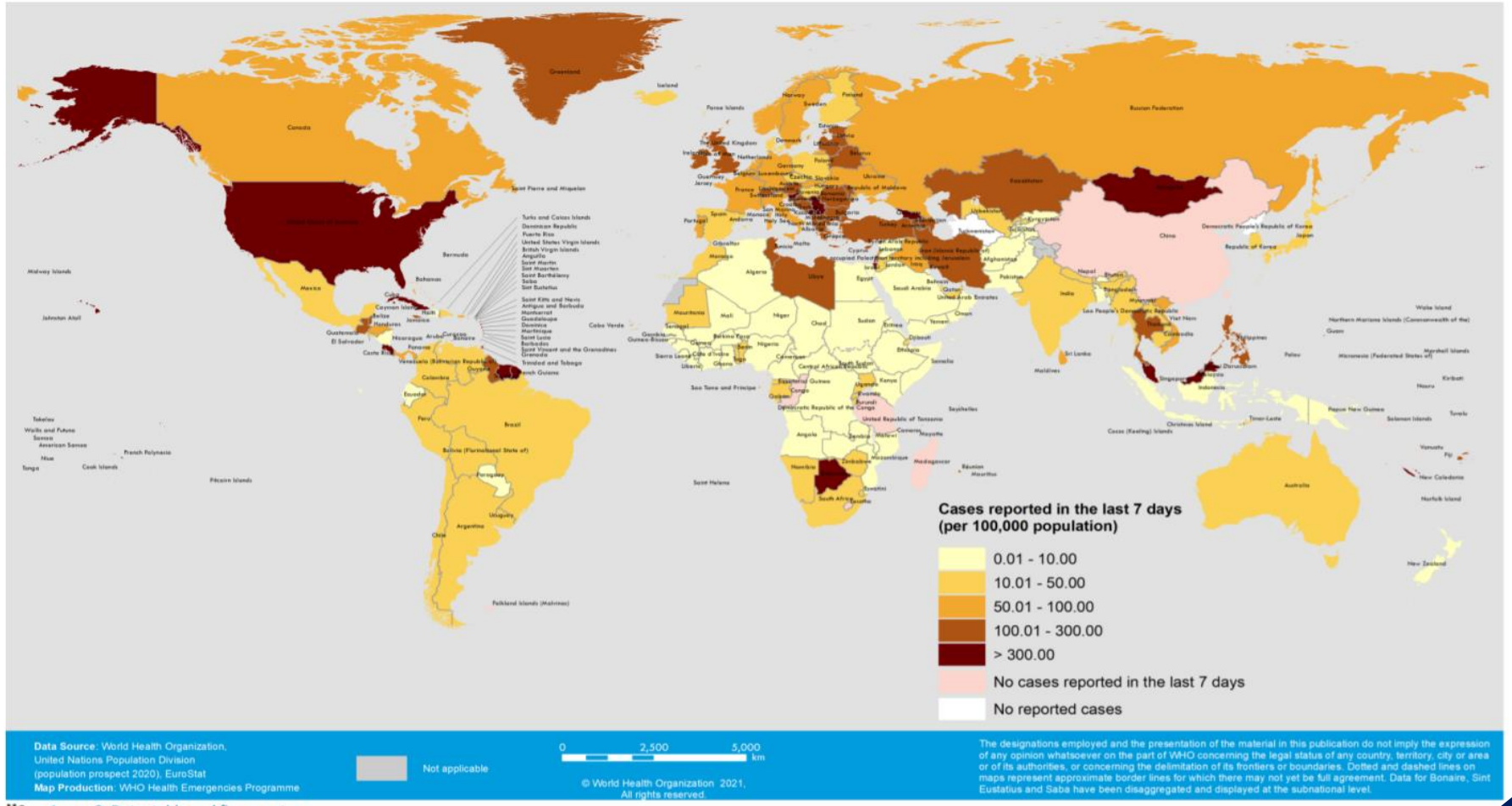
- Peralihan status COVID-19 daripada pandemik kepada endemik
- Strategi untuk transisi kepada endemik COVID-19
- Indikator untuk beralih kepada fasa endemik

MEMPERKASAKAN SISTEM PERKHIDMATAN KESIHATAN AWAM

Bersama Hentikan Wabak COVID-19

SITUASI GLOBAL KES BAHARU COVID-19 PER 100,000 PENDUDUK

Figure 2. COVID-19 cases per 100 000 population reported by countries, territories and areas, 13 – 19 September 2021**



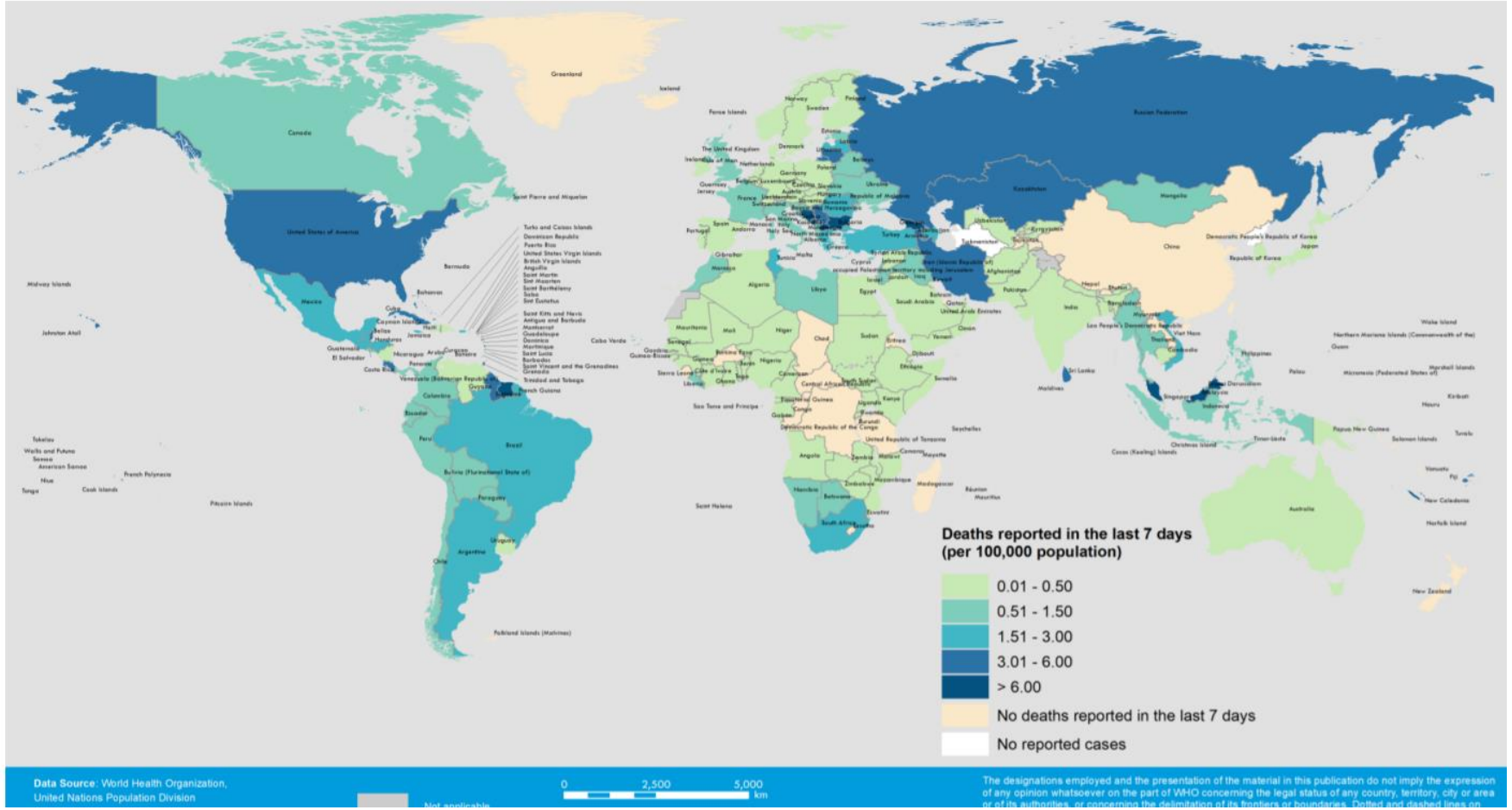
**See *Annex 2: Data, table and figure notes*

Bilangan kes baharu dari negara 5 tertinggi di dunia dilaporkan dari United States of America, India, the United Kingdom, Turkey and the Philippines

Malaysia melaporkan > 300 kes per 100,000 penduduk dalam masa 13-19 September 2021

SITUASI GLOBAL KES KEMATIAN COVID-19 PER 100,000 PENDUDUK

Figure 3. COVID-19 deaths per 100 000 population reported by countries, territories and areas, 13 -19 September 2021**

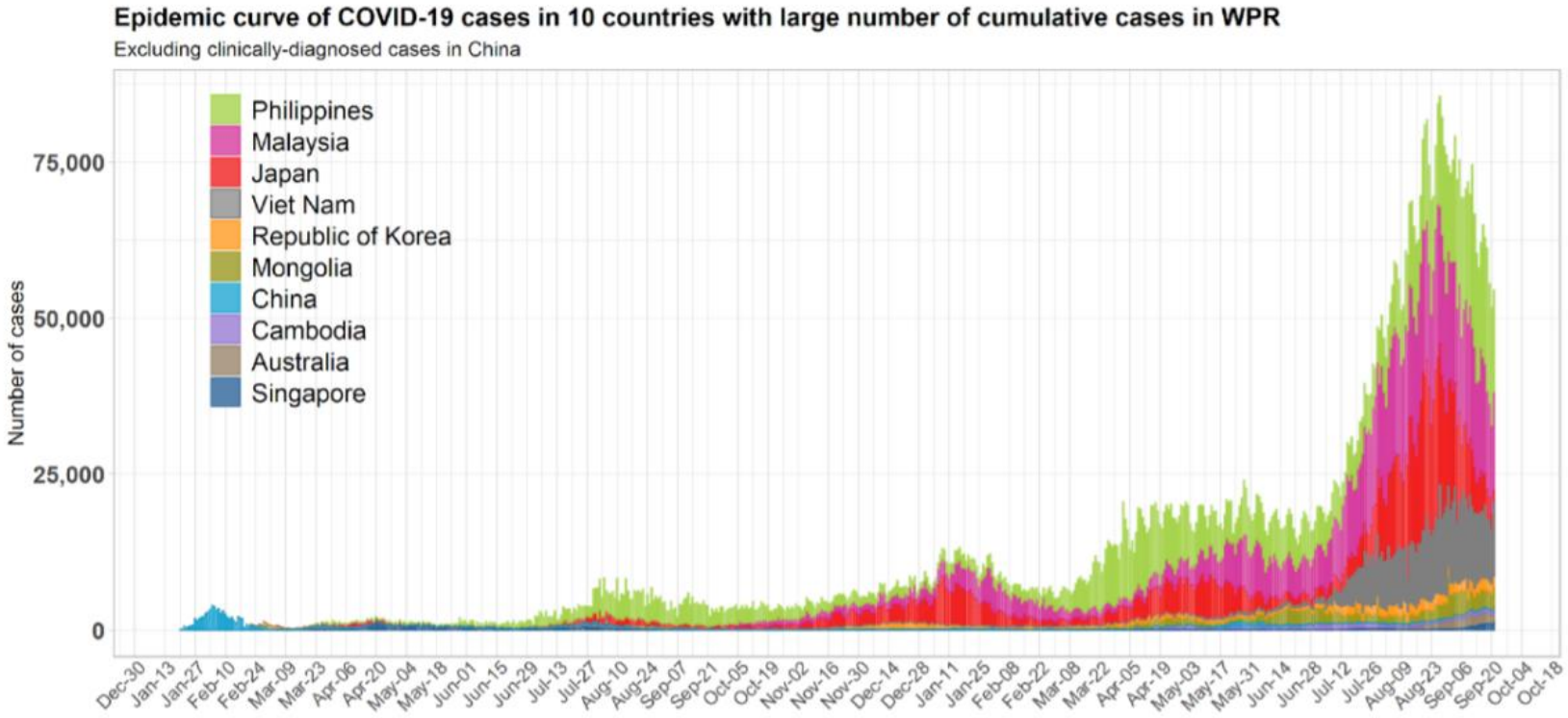


Bilangan kematian negara 5 tertinggi dilaporkan di dunia adalah dari United States of America, the Russian Federation, Brazil, Mexico and the Islamic Republic of Iran

Malaysia melaporkan > 6 kematian per 100,000 penduduk dalam masa 13-19 September 2021

SITUASI MALAYSIA BERBANDING NEGARA RANTAU WESTERN PACIFIC

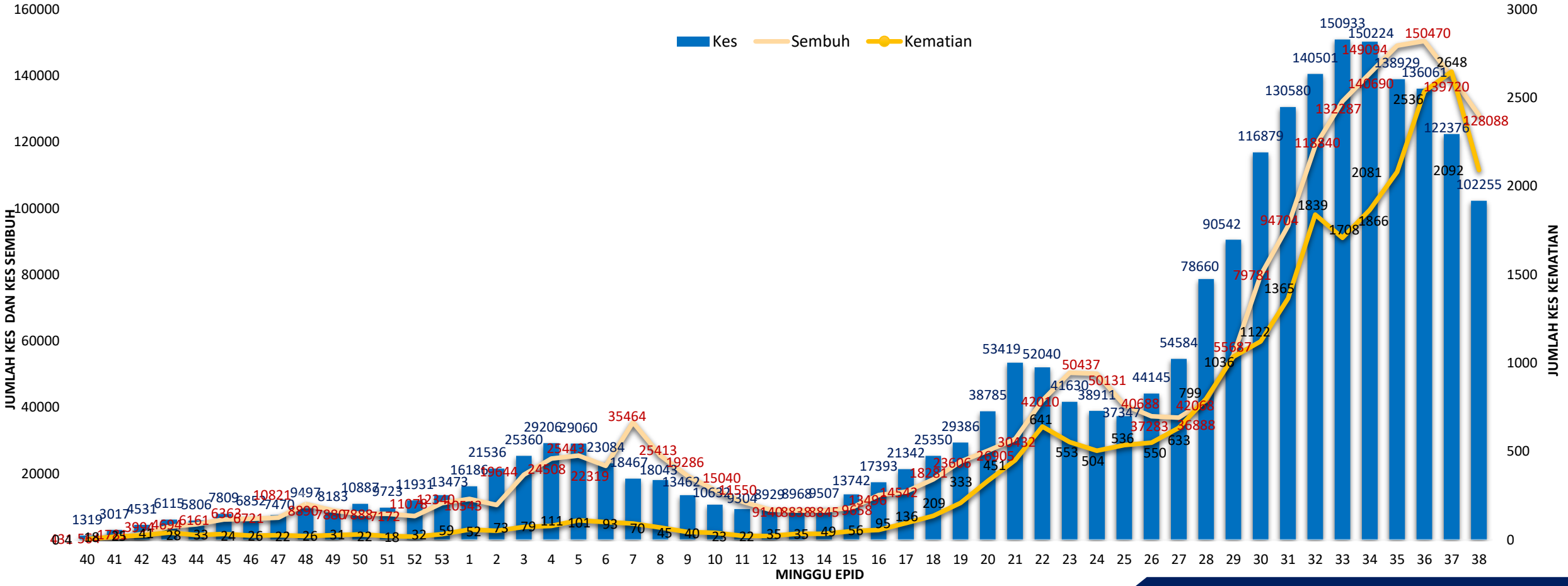
Figure 2. Epidemic curve of confirmed COVID-19 cases in countries or areas with highest number of cases, as of 22 September 2021 10:00 (GMT+8)



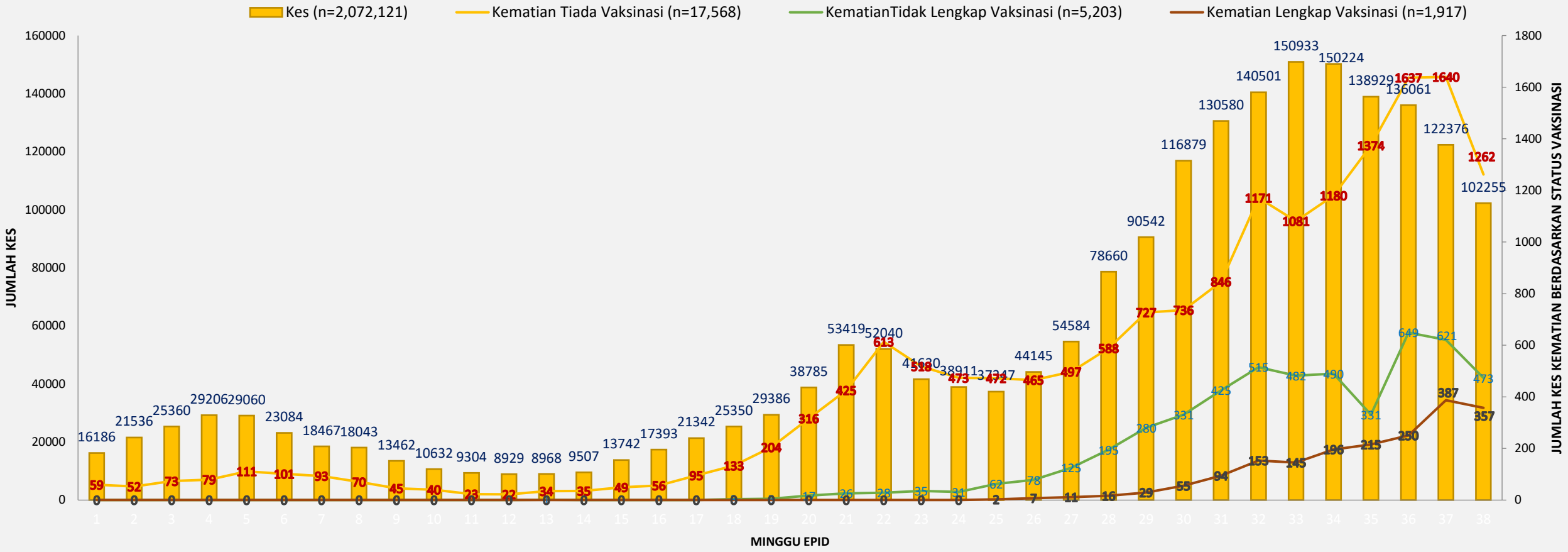
Di Rantau Western Pacific, kes baharu dari negara 3 tertinggi dilaporkan dari Philippines (129.1 new cases per 100 000), Malaysia (378.1 kes baharu 100,000 penduduk), dan Viet Nam (77.7 kes baharu per 100,000 penduduk).

Walaubagaimanapun **Malaysia telah menunjukkan penurunan sebanyak 10%** berbanding dengan pelaporan pada minggu sebelum.

KES & KEMATIAN COVID-19 MENUNJUKKAN TREN PENURUNAN SEJAK MINGGU EPID 36



KEMATIAN TINGGI DI KALANGAN KES COVID-19 YANG BELUM DIVAKSINASI vs DIVAKSINASI LENGKAP & TIDAK LENGKAP



Taburan Kumulatif Kes dan Kematian Covid-19 di Malaysia Berdasarkan Status Vaksinasi Mengikut Minggu Epid ME 1/2021 - ME 38/2021

OBJEKTIF PELAN STRATEGIK MENANGANI COVID-19

Pelan Strategik KKM Bagi Menangani Pandemik COVID-19 melalui ***sains, data dan kesihatan awam***

OBJEKTIF UMUM:

Melandaikan keluk pandemik COVID-19 di Malaysia dalam tempoh < 6 bulan agar kehidupan dan kelangsungan ekonomi dapat dipulihkan bagi menjamin kesejahteraan rakyat

OBJEKTIF KHUSUS:

1. Meningkatkan kapasiti sumber dalam melaksanakan aktiviti pencegahan, kawalan dan rawatan COVID-19;
2. Mempertingkatkan pelaksanaaan aktiviti pencegahan, kawalan dan rawatan COVID-19 secara komprehensif bagi mengawal penularan jangkitan COVID-19 di dalam komuniti.

PELAN STRATEGI MENANGANI COVID-19

UNTUK MELANDAIKAN KELUK COVID-19

Putuskan Rantaian Transmisi (FTTIS)

Menurunkan kes harian kepada satu tahap yang tidak membebankan kapasiti system kesihatan.

Kurangkan Morbiditi dan Mortaliti

Mengelakkan kes kematian di kalangan golongan berisiko tinggi dan memastikan semua perkhidmatan kesihatan berjalan lancar.

Memperkukuh Diagnostik dan Survelan

Memastikan keupayaan untuk menjalankan aktiviti pencegahan dan kawalan COVID-19.

Meningkatkan liputan Imunisasi

Pemberian vaksin kepada 80 peratus penduduk dewasa di Malaysia.

Tingkatkan Kesedaran & Pembudayaan Normal Baharu

- Masyarakat membudayakan normal baharu & pematuhan kepada SOP
- Memulihkan keyakinan & kepercayaan rakyat kepada kerajaan

Memperkukuhkan sokongan Kesihatan Mental & Psikososial

Memberi sokongan psikososial dan memperkasakan petugas barisan hadapan dan masyarakat dalam penjagaan kesihatan mental kendiri

KERJASAMA MULTISEKTORAL (*PUBLIC PRIVATE PARTNERSHIP*)

PERUNDANGAN, ORDINAN, POLISI, SOP & PENGUATKUASAAN

SUMBER MANUSIA, LOGISTIK & PERALATAN

KEWANGAN

DIGITALISASI (MySejahtera, SIMKA, eCOVID)

PEMANTAUAN & EVALUASI

RUMUSAN: 6 TREN UTAMA MEMBENTUK REFORMASI JANGKA PANJANG

Pengadaptasian model penjagaan yang holistik dan bersepadu secara berskala besar

Penjagaan kesihatan primer, komuniti, sosial dan mental secara bersepadu yang memberikan sokongan proaktif dan mengurangkan permintaan untuk perkhidmatan akut

Peralihan keperluan komposisi tenaga kerja dan kemahiran

Memperluaskan peranan profession kesihatan bersekutu dan jururawat untuk melengkapkan peranan pegawai perubatan, di mana model penjagaan beralih fokus kepada penjagaan primer dan komuniti

Memanfaatkan data raya penjagaan kesihatan sebagai nilai tambah dan mencetuskan intervensi baharu

Integrasi data saling kait dari semua perkhidmatan dan jagaan untuk membentuk aset berguna dalam aspek perancangan jagaan kesihatan dan perubatan, misalnya bagi membolehkan stratifikasi penduduk dan juga penyasaran penjagaan

Penggunaan intervensi digital secara lebih meluas bagi memperkasakan lagi rawatan klinikal

Penggunaan teknologi untuk penjagaan kesihatan dilaksanakan melalui telekonsultasi sebagai langkah susulan; AI digunakan untuk menyokong proses membuat keputusan klinikal, dll

Peningkatan tumpuan kepada pesakit sebagai pengguna dan memperkasakan mereka untuk membuat pilihan yang sihat

Peralihan kaedah komunikasi kepada secara atas talian, di mana pesakit diperkasakan untuk mengurus perubatan kendiri menggunakan teknologi mobil

Pembentukan model ekonomi baharu yang mendorong nilai dalam penjagaan

Peralihan daripada sistem bayaran *fee-for-service* ke arah pembayaran secara *bundled* atau berkumpulan (kaedah *casemix*) dan secara episodik, bagi mengekang pertumbuhan kos dan mendorong kecekapan

PERALIHAN STATUS COVID-19 DARIPADA PANDEMIK KEPADA ENDEMIK

	PANDEMIK COVID-19	PERALIHAN KEPADA ENDEMIK
Pemulihan	• Kelonggaran sekatan sosial dan ekonomi • SOP yang disemak semula dan dipermudahkan • Pemerkasaan masyarakat	• Kurang sekatan sosial dan ekonomi • SOP yang disasarkan • Pemerkasaan masyarakat
Respon	• Peningkatan tindak balas yang cepat dan disasarkan • Mencapai tahap endemik dengan memutuskan rantaian jangkitan	• Survelan berterusan dan pengurusan wabak

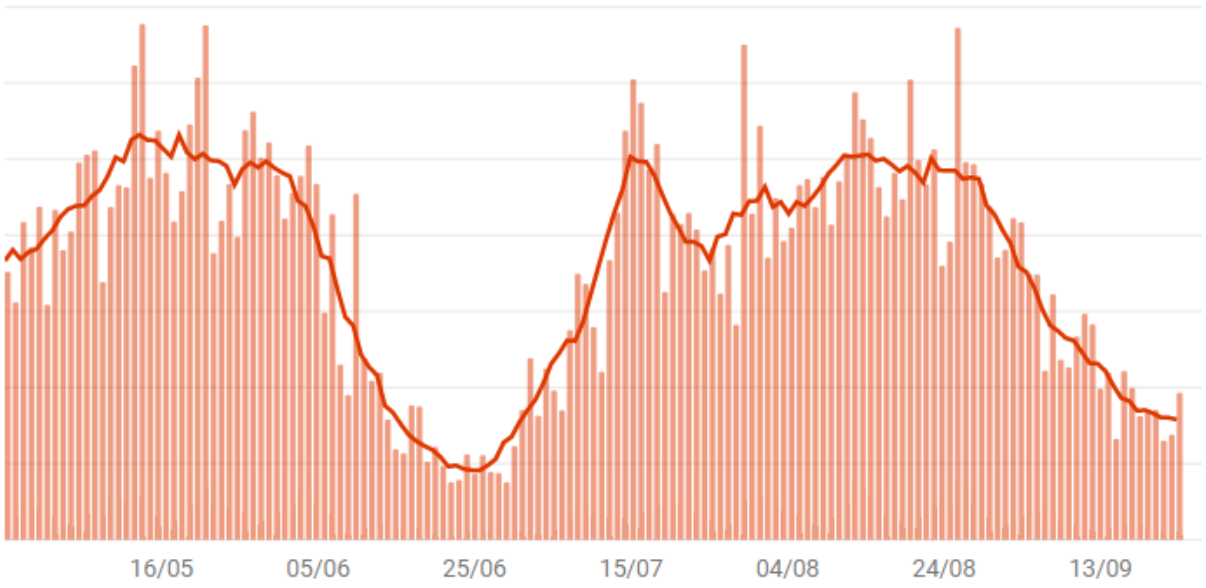
- **Justifikasi**
  - Kesan>faedah (kesan terlampau akibat sekatan ekonomi dan sosial yang melebihi faedah sekatan dibuat)
  - Untuk menurunkan jumlah kes ke tahap yang dapat dikendalikan dengan kebolehan sedia ada tanpa menjangkaui kapasiti sistem penjagaan kesihatan kita
  - Liputan vaksinasi yang tinggi
    - ✓ 80% daripada jumlah penduduk
    - ✓ 90 - 95% daripada penduduk global (sumber: WHO)
  - Kadar transmisi Rt <1.0 (Denmark)

HIDUP DENGAN VIRUS DI DENMARK

Vaksin yang digunakan:
Johnson&Johnson, Moderna, Oxford/AstraZeneca, Pfizer/BioNTech

Lokasi	Dos 1	Dos 2	Rt
Denmark	4,448,856 (81.1%)	4,351,629 (79.4%)	0.7

Daily new cases



Daily new deaths

- ✓ Pembukaan semula kelab malam, restoran
- ✓ Penggunaan pengangkutan awam tanpa pemakaian pelitup muka

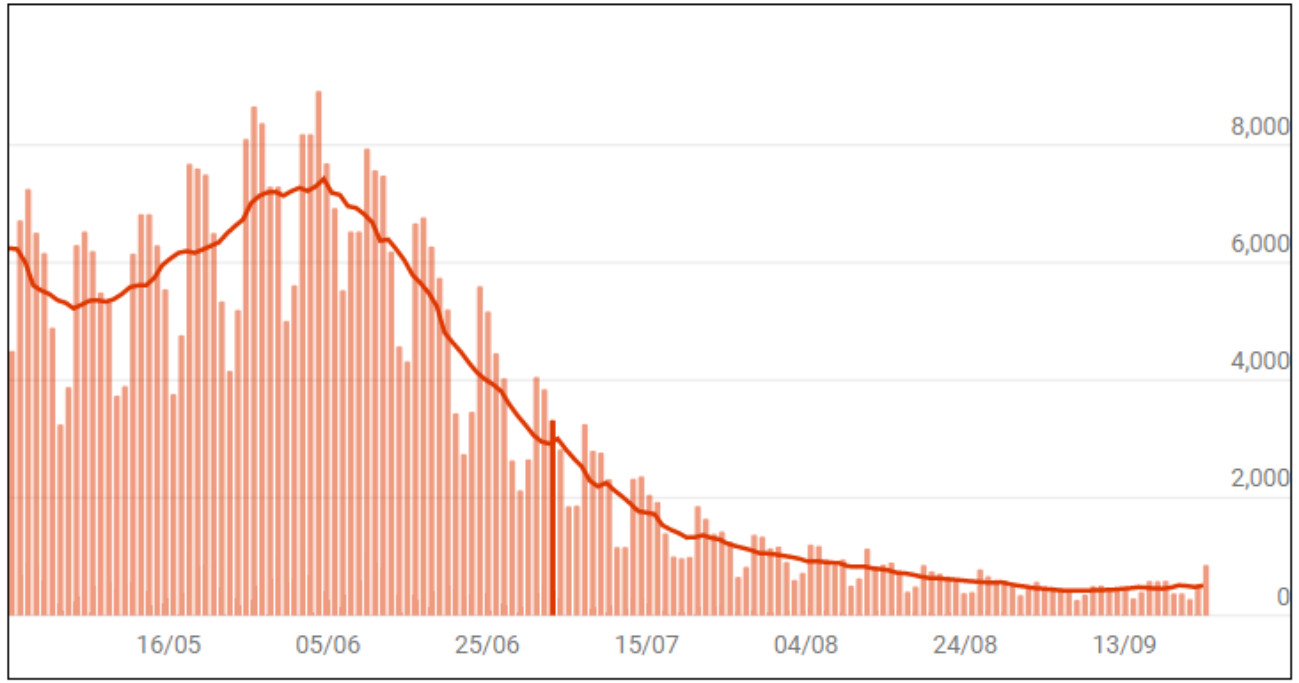
Sumber: COVID-19 Tracker @ 25 .09.2021

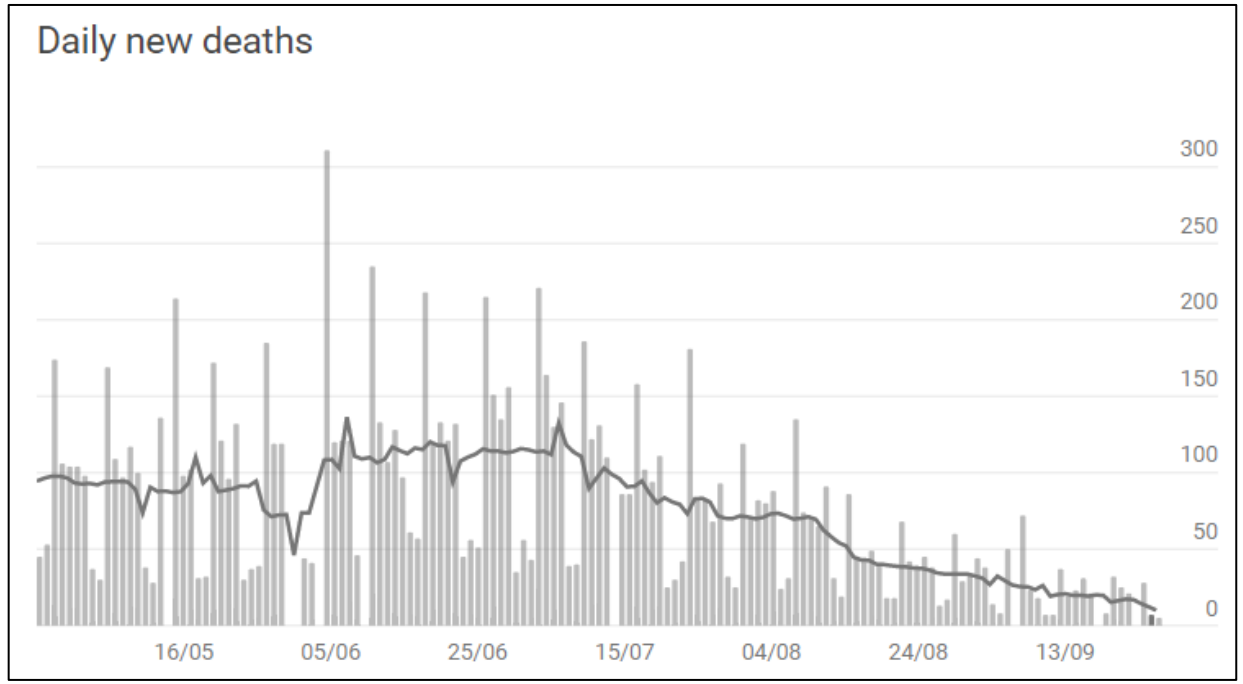
HIDUP DENGAN VIRUS DI CHILE

Vaksin yang digunakan:
CanSino, Oxford/AstraZeneca, Pfizer/BioNTech, Sinovac

Lokasi	Dos 1	Dos 2
Chile	14,849,474 (88.7%)	14,068,332 (84.0%)

Daily new cases





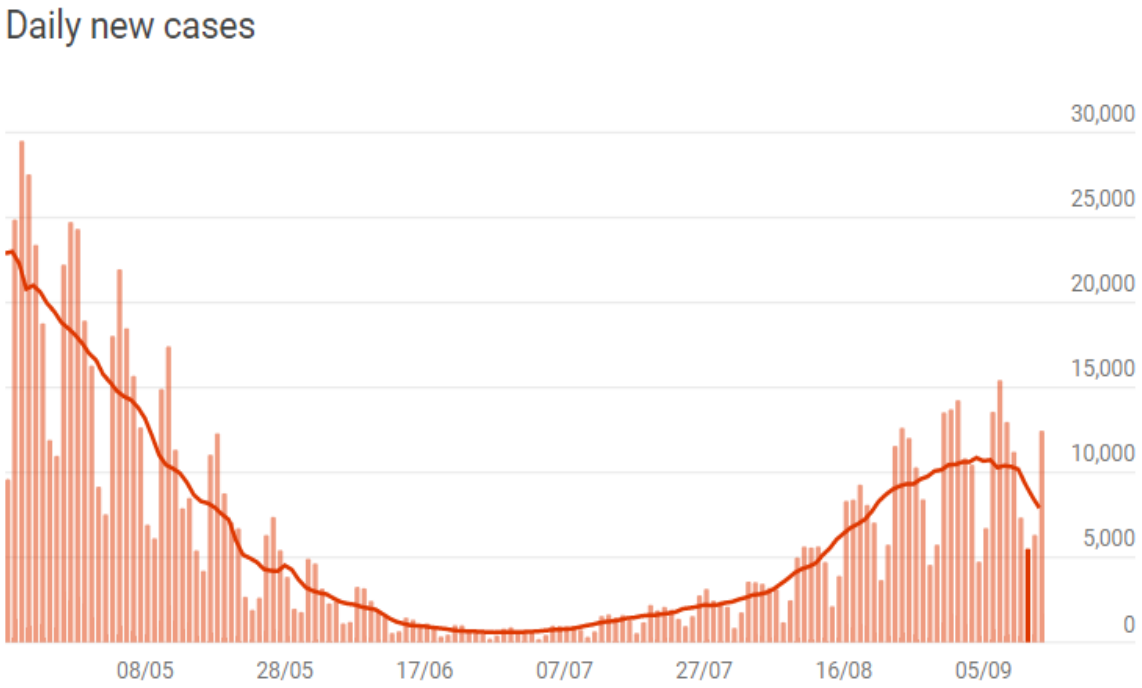
- ✓ Perintah berkurung waktu malam dipendekkan, iaitu 11 malam hingga 4 pagi
- ✓ Saiz perhimpunan yang dibenarkan meningkat kepada 250 di dalam bangunan dan 500 di luar bangunan

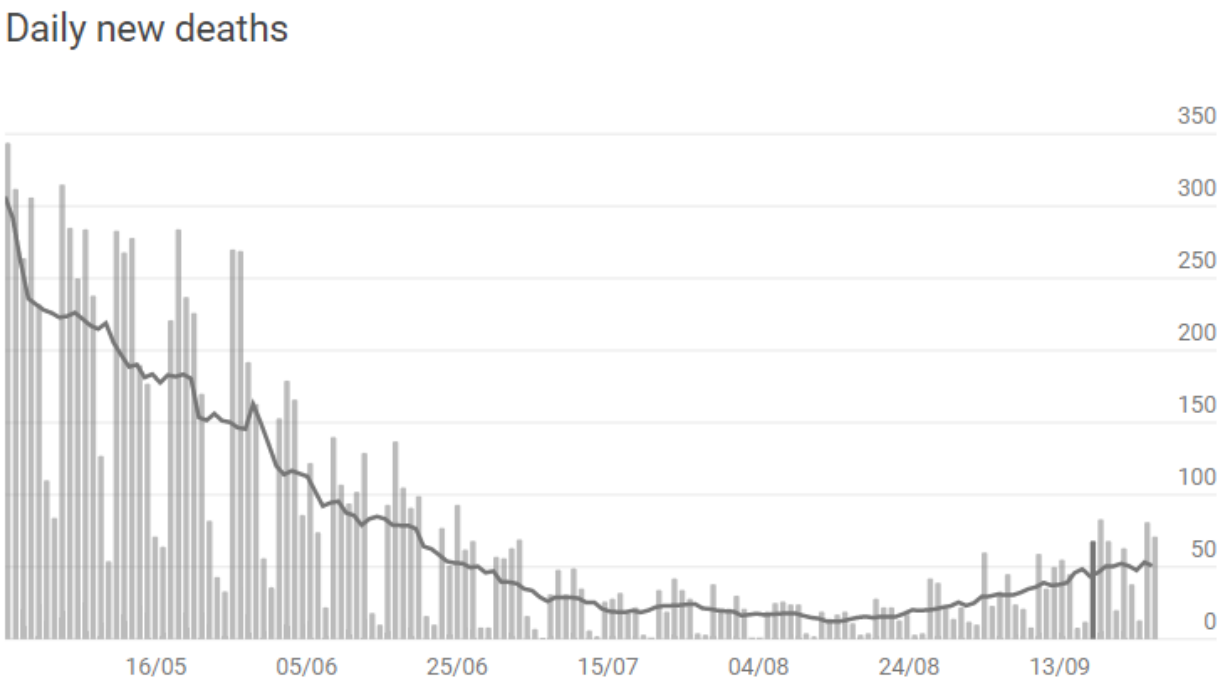
Sumber: COVID-19 Tracker @ 25 .09.2021

HIDUP DENGAN VIRUS DI JERMAN

Vaksin yang digunakan:
Johnson&Johnson, Moderna, Oxford/AstraZeneca, Pfizer/BioNTech

Lokasi	Dos 1	Dos 2
Jerman	56,197,198 (68.7%)	53,005,569 (64.8%)





- ✓ Pengenalan “vaccination week” untuk melancarkan aktiviti imunisasi
- ✓ Restoran tutup pada 11 malam
- ✓ Semua sekatan berkaitan COVID-19 dibatalkan (17.09.2021)

Sumber: COVID-19 Tracker @ 25 .09.2021

PERKARA UTAMA UNTUK PERALIHAN KE FASA ENDEMIK

✓ Untuk melaksanakan strategi-strategi 'hidup dengan virus SARS-CoV-2' semasa fasa pandemik dengan transmisi virus yang masih tinggi, dan merancang peralihan ke fasa endemik

Kita tidak dapat elakkan virus ini sepanjang hidup kita tetapi kita berupaya meminimakan impak jangkitannya

Apabila kita buka lebih banyak sektor ekonomi, mempergiatkan kegiatan sosial, dan membenarkan lebih banyak pergerakan, maka pola kehidupan kita akan beransur normal dan mata pencarian akan lebih terjamin. Tetapi pada masa yang sama kita boleh jangkakan jumlah jangkitan juga mungkin akan meningkat

Jumlah kes yang teruk *(severe)* dan penyakit berkaitan adalah terkawal, penjagaan kesihatan masih mempunyai kapasiti untuk menampung situasi semasa

Hidup dengan virus tidak bermaksud kita mengenepikan semua langkah pencegahan sedia ada

FAKTOR UTAMA YANG PERLU DIBERI PERHATIAN

	PANDEMIC	PANDEMIC Living with the virus	ENDEMIC (national-level)	Preparedness/ contingencies
Transmission level	High	Community, and multiple large clusters	Low	Potential elimination
Healthcare burden	High	High Resource mobilization Red-line analysis of healthcare capacity	Low – impact of vaccination on reducing severity and mortality	Build capacity future resurgence
Population immunity	Low - moderate	Moderate and on track to achieve high coverage	High levels of immunity (vaccination & natural immunity)	
Response strategy	Population-based approach Enhanced FTTIS	Enhanced FTTIS Risk-based approach Ring-fencing through timely and targeted response Alert levels.	Timely and targeted FTTIS for suppression of localized outbreaks Integration of case management into primary care Point of entry measures	Alert system for resurgence, emerging variants and other threats Adjusted preparedness plan and build capacity Address lessons previously identified
Recovery strategy	Population-based approach	Cautious reopening of socio-economic sectors. Easing restrictions and simplify SOPs. Community empowerment	New normal & behavioural change Empowered community	Risk communication and community engagement
	Movement Control Orders	Living with the virus + continued community empowerment		

STRATEGI UNTUK TRANSISI KEPADA ENDEMIK COVID-19

RESPON KESIHATAN AWAM DAN VAKSINASI	• *Find, Test, Trace, isolate and Support (FTTIS)* • Pendekatan berasaskan penilaian risiko • Ventilasi yang selamat dan mencukupi • 70-90% penduduk divaksinasi • Dos ketiga vaksin untuk kumpulan berisiko tinggi yang terpilih
PENGUJIAN & SURVELAN	• Kit ujian kendiri, *point of care test* • Kit ujian lebih pantas – contoh *cough app* • Memantapkan survelan – dengan menggunakan kadar insiden per penduduk, survelan berdasarkan peristiwa (Event Base Surveilance) atau indikator (Indicator Base Surveillance), survelan berdasarkan ujian makmal, survelan persekitaran
PENGURUSAN KES	• Penjagaan di Kesihatan Primer • Kapasiti hospital yang mencukupi • Rawatan yang berkesan • Melindungi golongan rentan/berisiko tinggi
PEMERKASAAN KOMUNITI	• Ujian kendiri, isolasi kendiri dan kuarantin kendiri • Amalan & tanggungjawab sosial - 3C, 3W • Menjadi ejen perubahan (individu & Komuniti) termasuk penglibatan NGO & CBO • Daya tahan kesihatan mental yang resilien
KAWALAN SEMPADAN	• Polisi kuarantin dan SOP yang berkaitan bagi pengembara • Strategi *'test and release'* bagi pengembara yang baru memasuki negara melalui pelbagai Pintu Masuk Antarabangsa • Senarai negara mengikut klasifikasi risiko – Hijau/Jingga/Merah

PILIHAN STRATEGIK UTAMA BAGI FTTIS MENGIKUT SITUASI

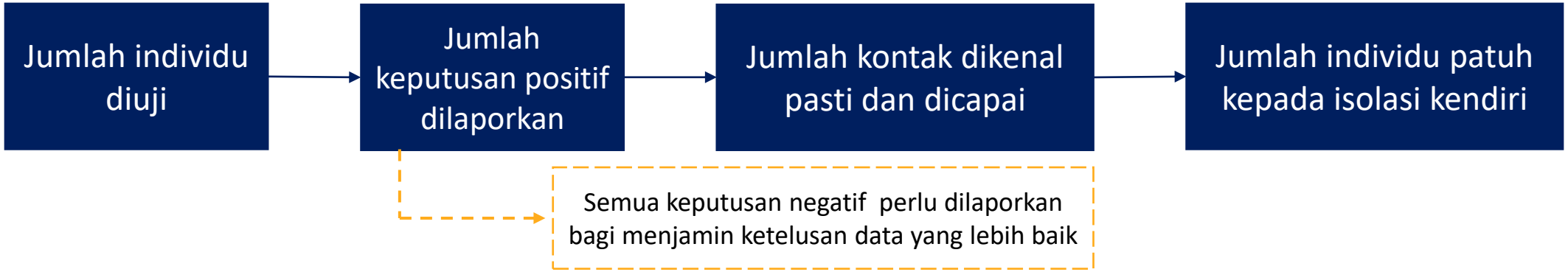
Menggunakan lebih banyak sumber → Menggunakan kurang sumber

Test	*Mass testing* (skala besar)	*Surveillance* (survelan)	*Targeted* (bersasar)	*Symptomatic* (bergejala)	*Self-directed* (kendiri)
Trace	*Manual, broad based heavily resourced tracing*	*Manual, targeted at high-spread areas*	*SWAT teams (investigation of large outbreaks)*	*Location-based registration + penalties*	*Full automation, integrating public & private info*
Isolate	*Call-centre monitoring of self-isolation*	*Manual enforcement supported by physical identifiers (e.g. wristbands)*		*Software-enabled compliance*	*Trust-based*
Support	*Mandatory at large scale facility*	*Selective at facility*	*At home (manual)*	*At home (tech-enabled)*	*None*

Untuk memutuskan rantaian penularan dengan cara yang paling berkesan, pilihan bijak diperlukan pada setiap komponen FTTIS, dengan menggunakan sumber yang bersesuaian mengikut tahap tertentu semasa situasi pandemik

KEPERLUAN UNTUK TINDAKAN SEGERA

- *Ujian hanya akan dapat memutuskan rantaian penularan sekiranya* ***kes positif dapat dikesan, dan kontak rapat mereka dikenal pasti dengan segera dan diasingkan*** *dengan isolasi kendiri*



Kepantasan pelaksanaan proses dari permulaan ke penghujung adalah sangat penting

Kejayaan dalam pelaksanaan bergantung kepada pemahaman yang tinggi terhadap prestasi dan penambahbaikan dengan menggunakan kaedah analitik dan disiplin dalam operasi. Ini termasuk penetapan dan pemantauan sasaran secara pintar

PERKARA YANG PERLU DILAKSANAKAN

- **Memantapkan respon Kesihatan Awam, termasuk vaksinasi**
  - *Find, Test, Trace, Isolate and Support*
  - *"Ring-fencing"* kes-kes dan kluster-kluster – isolasi dan Perintah Kawalan Pergerakan Diperketatkan (PKPP)
  - Pengujian kes-kes bergejala
  - Vaksinasi – jangkauan luar, dos ke-3, kumpulan lebih muda (remaja)
- **Memantapkan Pengujian dan Survelan**
  - Survelan berdasarkan kejadian/insiden
  - Survelan genomik bagi varian
  - Survelan kumbahan – kawasan/komuniti yang disasarkan
- **Persediaan yang lebih tinggi untuk kluster atau gelombang jangkitan yang besar**
  - Sumber manusia terlatih
  - Simpanan stok – PPE, ubat-ubatan, peralatan
  - Semakan semula garis panduan, SOP, Akta, Peraturan

DINAMIK

PERKARA YANG PERLU DILAKSANAKAN (Sambungan)

DINAMIK

- **Fasiliti ujian : kit ujian kendiri**
  - Liberalisasi & memastikan harga siling mampu milik oleh rakyat
  - Kebolehcapaian kit ujian:
    - Harga subsidi untuk kumpulan B40
    - Komitmen majikan untuk ujian bagi pekerja
    - Kawasan pendalaman/golongan rentan
  - Survelan untuk memastikan kualiti kit ujian kendiri
    - Penilaian oleh pengilang
    - Penilaian oleh pengguna
  - Kepatuhan terhadap keperluan melaporkan keputusan ujian – positif dan negatif
  - Untuk menyelaraskan lebih banyak ujian RTK dan mengembangkan strategi/polisi pengujian kebangsaan sebagai persediaan peralihan ke fasa endemik
  - 3 Tahap bagi Protokol Pengujian Minimum untuk Industri dan Pelbagai Sektor (Pengujian kekerapan tinggi, sederhana dan rendah)
  - Kepelbagaian dalam penyelesaian untuk memastikan pematuhan terhadap hasil pelaporan, terutama untuk kit ujian air liur di rumah.

- **Pengurusan Kes**
  - Kesihatan Primer (PHC)
  - Hospital
  - Melindungi golongan rentan
    - Pemantauan berkala dan pengujian untuk COVID-19
    - Vaksinasi dan memperkasakan penjaga dan ketua-ketua masyarakat

PERKARA YANG PERLU DILAKSANAKAN (Sambungan)

Pengurusan Kes

- **Kesihatan Primer (PHC)**
  - **Polisi operasi yang baharu**
    - Memperkukuhkan amalan 3Cs 3Ws
    - Mengembangkan penyampaian perkhidmatan secara maya/atas talian atau hibrid & diperluaskan kepada lain-lain perkhidmatan e.g. penyakit tidak berjangkit (NCD) dan kesihatan ibu & anak (MCH)
    - Perluasan sistem temu janji atas talian
  - **Klinik terpilih sebagai Klinik Penyakit Berjangkit atau *Clinical Assessment Centre* (CAC) Pusat**
    - Dilengkapi dengan peralatan yang mencukupi (perubatan dan bukan perubatan)
    - Pasukan yang berdedikasi, diterajui oleh Pakar Perubatan Keluarga (FMS) dan dibantu oleh Pegawai Perubatan, Penolong Pegawai Perubatan, Jururawat Terlatih, Penolong Pegawai Kesihatan Persekitaran dan kakitangan sokongan lain.
  - Klinik GP swasta memainkan peranan yang lebih besar, terutama kerana jumlah fasiliti mereka yang besar di seluruh negara (~ 8,000)
  - **CAC Maya *(Virtual CAC)*** diteruskan dan diperluaskan ke negeri-negeri lain
  - **Reka bentuk semula klinik dengan mengambil kira ruangan untuk kes penyakit berjangkit** (kawasan klinik yang didedikasikan untuk perawatan kes penyakit berjangkit)
  - **Pengamal Perubatan Swasta dipertanggungjawabkan** untuk memantau pesakit mereka sendiri – CAC GP, CAC Swasta

PERKARA YANG PERLU DILAKSANAKAN (Sambungan)

Pengurusan Kes - Hospital

- **Akses yang mencukupi**
  - Memastikan akses kepada katil di hospital untuk pesakit C-19 termasuk katil ICU dan bukan ICU, dilengkapi dengan perkhidmatan penyakit berjangkit untuk pesakit dalam dan pesakit luar. Hospital tertentu akan dikenalpasti sebagai hospital COVID-19, dengan sekurang-kurangnya satu hospital bagi setiap Hospital Kluster (jumlah minima hospital C-19 = 42)
  - **Jumlah peruntukan katil bukan ICU bagi pesakit bukan COVID-19 di setiap negeri akan diturunkan secara berperingkat** apabila purata penggunaan katil stabil berada di paras < 30% daripada jumlah keseluruhan katil (KKM)
  - **Jumlah peruntukan katil ICU bagi pesakit COVID-19 di setiap negeri akan diturun secara berperingkat apabila** purata penggunaan katil ICU stabil berada di paras < 20% daripada jumlah keseluruhan katil ICU asal (KKM)
  - **Perluasan perkhidmatan secara maya & konsultasi atas talian** untuk mengoptimumkan sumber
  - Memastikan **senarai hospital *'Full-COVID-19'* dan *'Hybrid-COVID-19'***
    dimuatnaik ke MySejahtera

PERKARA YANG PERLU DILAKSANAKAN (Sambungan)

Pengurusan Kes - Hospital

- **Rawatan Berkesan**
  - **Memperkukuhkan operasi gabungan antara Pusat Panggilan Kecemasan Perubatan (MECC) dan Unit Pengurusan Katil (BMU)** dengan mengenal pasti awal kes semasa kes tersebut diambil di tempat pengambilan pesakit. Pesakit yang diambil oleh ambulan terutamanya kes ILI dan SARI perlu disaring dengan RTK air liur
  - ***Triage* yang efektif di Jabatan Kecemasan dan Trauma** dalam mengurus penyakit berjangkit
  - **Saringan pra kemasukan** perlu diteruskan
  - **Mengemas kini protokol pengurusan klinikal** apabila terdapat bukti baharu
  - **Pemantauan berterusan terhadap keperluan ubat / peralatan / peralatan pakai buang** untuk memastikan rawatan yang optimum
  - **Latihan yang berterusan** untuk memastikan kakitangan cekap dalam menguruskan penyakit berjangkit dan mencegah jangkitan berpunca dari hospital.
  - Memperkukuhkan **jalinan kerjasama sektor awam dan swasta** dengan meneruskan **penyumberan luar** untuk jagaan kes bukan COVID-19
- **Penjagaan yang berterusan**
  - Memperkukuhkan komunikasi, koordinasi dan rujukan antara kesihatan primer, sekunder dan tertiari untuk memastikan penjagaan yang lebih baik dan lancar terutama bagi rujukan pesakit dalam dan rawatan lanjut di klinik pesakit luar. Peralihan perawatan ini boleh dikendalikan dengan rekod kesihatan elektronik

PERKARA YANG PERLU DILAKSANAKAN (Sambungan)

Pemerkasaan Komuniti

- **Jawatankuasa COVID-19 antara agensi** di peringkat kebangsaan, negeri dan daerah
- Jawatankuasa COVID-19 di peringkat setempat
- **Penambahbaikan terhadap peranan dan tanggungjawab**
  - Norma baharu dan kepatuhan kepada SOP
  - Gaya hidup sihat
  - Aktiviti mengurangkan risiko dalam komuniti
    - Tanggungjawab masyarakat dan penilaian risiko
    - Ujian kendiri, pelaporan kendiri, isolasi/kuarantin kendiri
    - Sokongan masyarakat kepada anggota yang terjejas
      - Bantuan Psikososial

- **Saringan kesihatan mental secara kendiri** melalui aplikasi MySejahtera untuk pengesanan awal penyakit kemurungan *(depression)* dan keresahan *(anxiety)*
- **Bantuan Psikososial pasca COVID-19** oleh sukarelawan terlatih
- **Pemerkasaan ketua komuniti setempat** untuk mengenal pasti, memberi sokongan dan merujuk mengikut keperluan

PERKARA YANG PERLU DILAKSANAKAN (Sambungan)

Kawalan Sempadan

- **SOP dan Dasar kuarantin** perlu dikaji berdasarkan situasi COVID-19 dalam negara dan di peringkat global.

- ***"Test and Release"*** strategi bagi perjalanan antarabangsa - penumpang antarabangsa yang lengkap vaksin dan tiba ke Malaysia boleh dikurangkan tempoh kuarantin wajib jika didapati ujian COVID-19 negatif.

- **Perjalanan antarabangsa ke Malaysia berdasarkan penilaian risiko** (kewujudan varian VOC/VOI dan liputan vaksinasi di negara asal pengembara) dan diberikan klasifikasi merah, jingga dan hijau sebagai syarat kemasukkan melalui pintu masuk antarabangsa.

KOMUNIKASI STRATEGIK - APA YANG MASYARAKAT PERLU TAHU PADA KETIKA INI?

- **‘Hidup dengan virus’ adalah fasa transisi sementara masih di fasa pandemik, sehingga kita mencapai tahap transmisi yang endemik**
  - Tahap penularan endemik akan ditentukan oleh konteks tempatan, berdasarkan apa yang boleh dianggap bersesuaian
  - Jumlah kes baharu masih boleh meningkat dalam fasa ini, tetapi tujuan utama adalah untuk mengurangkan kes yang memerlukan kemasukan ke hospital dan kematian disebabkan COVID-19
- **Apakah makna ‘hidup dengan virus’ kepada masyarakat**
  - Kepatuhan kepada SOP yang disemak semula dan dipermudahkan
  - Tanggungjawab dan penilaian kendiri risiko bagi individu, termasuk yang telah lengkap vaksinasi
  - Keperluan melaksanakan kawalan pergerakan (setempat atau bersasar) kerana pandemik masih belum berakhir dan ancaman baharu masih boleh muncul
  - Jaminan mengenai akses dan ketersediaan rawatan klinikal tepat pada masanya *(timeliness)*
  - Dapatkan vaksinasi, kekalkan gaya hidup yang sihat dan kesihatan mental yang berdayatahan, dan menjadi agen perubahan untuk menggalakkan orang lain agar mereka mendapat manfaat
- **Kefahaman umum terhadap tindakan kerajaan dan KKM dalam fasa ini**
  - Terus mengekang penularan hingga ke tahap endemik
  - Kesiapsiagaan untuk menghadapi ancaman daripada kemunculan varian dan penyakit baharu
  - Lebih telus dan meningkatkan penglibatan pelbagai pihak agar masyarakat dapat menerima saranan serta informasi dari kerajaan

STRATEGI PENGUJIAN KEBANGSAAN

STRATEGI PENGUJIAN KEBANGSAAN SARS-COV-2 DAN KAPASITI PENDIAGNOSAN

Ujian makmal untuk mengesahkan diagnosis adalah komponen penting dan utama bagi keseluruhan strategi pencegahan dan kawalan penyakit berjangkit

Elemen utama dalam rangka tindakan *(blueprint)* untuk tindakan mitigasi kecemasan COVID-19 kebangsaan adalah melalui pelaksanaan terbaik sistem *"Find, Test, Trace, Isolate and Support"* (FTTIS) yang disarankan oleh WHO.

Strategi pengujian COVID-19 kebangsaan dilaksanakan dengan objektif yang jelas yang dapat disesuaikan dengan perubahan epidemiologi penyakit, ketersediaan sumber dan keupayaan penjagaan kesihatan untuk bertindak.

- MEMPERLUASKAN DIAGNOSIS SAR COV-2
- MENINGKATKAN KAPASITI DAN KEUPAYAAN MAKMAL
- MENGUKUHKAN PROGRAM SURVELAN MAKMAL SARS-COV 2
- MENINGKATKAN PENDIGITALAN PENGURUSAN DATA

PERLUASAN PENDIAGNOSAN SARS-COV-2

- ✓ Strategi ini didasarkan pada prinsip bahawa transmisi COVID-19 sangat fokus, tidak seragam.
- ✓ Pembendungan dan mitigasi adalah kontinum-tidak saling eksklusif
- ✓ Oleh itu pendekatan pengujian dan kaedah ujian harus dipandu oleh ciri epidemiologi kawasan geografi.

Populasi Sihat	Populasi berisiko (Kategori 1)	Kemasukan Hospital CAC, PKRC (Kategori 2)	Kemasukan Hospital / rawatan akut (Kategori 3, 4)	ICU, pesakit kritikal dengan penglibatan organ, BID
Saringan skala besar, Majikan, Agensi Sekolah, PMA, Kendiri	Sporadik, Wabak, Kontak rapat, Kumpulan bersasar-rumah warga emas, Penjara,Orang asli, PATI, PADI	Simptomatik tanpa pneumonia Survelan	Simptomatik dengan Pneumonia memerlukan oksigen Survelan	Survelan

RTK Ag *BreathAnalyser* *RTK Ab* *RT LAMP* *Gene Xpert Qiastat ID Now* *RT PCR* *Variant screening* *Whole Genome Sequence*

Least resource intensive — *Most resource intensive*

Point of care test — *Laboratory Based*

1. MUDAH: Senang, selamat, jimat
2. TEPAT (Sensitif)
3. PRAKTIKAL

RT-PCR – KE FASA ENDEMIK

INDIKASI	PANDEMIK		ENDEMIK
	Fasa Kontainmen	Fasa Mitigasi	
Kes Sporadik	Ya	Tidak	Ya
Kontak Rapat	Ya	Tidak	Ya
Pengurusan Wabak	Ya	Tidak	Ya
Kumpulan Sasaran	Ya	Ya	Ya
Tempat Kerja	Ya	Tidak	Ya
Survelan	Ya	Ya	Ya
Saringan Berskala Besar	Tidak	Tidak	Tidak
Pintu Masuk Antarabangsa	Ya	Ya	Ya
Pengesanan Saringan Varian	Ya	Ya	Ya
Pedalaman	Tidak	Tidak	Tidak

PILIHAN PENGUJIAN UNTUK ENDEMIK

INDIKASI	Molekul		RTK-Ag (Ujian Pantas)
	RT-PCR	Rapid Molecular	
Kes Sporadik	Ya	Tidak	Tidak
Kontak Rapat	Ya	Tidak	Ya
Pengurusan Wabak	Ya	Tidak	Ya
Kumpulan Sasaran	Ya	Tidak	Ya
Tempat Kerja	Ya	Tidak	Ya
Survelan	Ya	Tidak	Tidak
Saringan Berskala Besar	Tidak	Tidak	Ya
Pintu Masuk Antarabangsa	Ya	Ya	Ya
Pengesanan Saringan Varian	Ya	Tidak	Tidak
Pedalaman	Tidak	Tidak	Ya
Pesakit Kritikal	Ya	Ya	Tidak
Pemindahan Organ	Ya	Ya	Tidak
BID	Ya	Ya	Tidak

PROGRAM SURVELAN MAKMAL

Program Survelan	Kriteria	Bilangan Sentinel	Jenis Ujian	Bil sampel / minggu
ILI	Jangkitan paru-paru secara tiba-tiba dengan sekurang-kurangnya salah satu gejala i.e., sesak nafas, batuk atau sakit tekak - dengan atau tanpa demam	15 **Klinik Kesihatan**, di 13 negeri	RT-PCR (Influenza A, B dan SARS-CoV-2) dan Isolasi	5 sampel/site
SARI	Masukkan semua kes *pneumonia* yang dimasukkan	8 hospital negeri	RT-PCR (Influenza A, B dan SARS-CoV-2) dan Isolasi	5 sampel/site
Persekitaran	Kumbahan: Lokaliti kes positif rendah	Satu kawasan/ negeri	RT-PCR SARS-CoV-2	3 sampel/site
	Kualiti Udara dalaman: hospital	2 hospital	RT-PCR SARS-CoV-2	3 sampel/site

https://apps.who.int/iris/bitstream/handle/10665/337897/WHO-2019-nCoV-SurveillanceGuidance-2020.8-eng.pdf

Source: Annex 2g: Nov 2020, COVID-19 Management Guidelines in Malaysia No.5 / 2020

SURVELAN GENOM SARS-CoV-2

Survelan penjujukan COVID-19 sebagai rutin bagi aktiviti pengesanan varian (VOC/VOI)

- penting dalam tindakan kawalan dan pencegahan serta merangka strategi vaksinasi
- WHO mensasarkan 5% penjujukan kes positif COVID-19
- Perkongsian metadata ke GISAID/GenBank untuk rujukan global

Saringan varian melalui ujian PCR Genotip

- RM85 per ujian dengan TAT 6 jam

Kaedah Penjujukan Genom Penuh (*whole genom sequencing* - WGS)

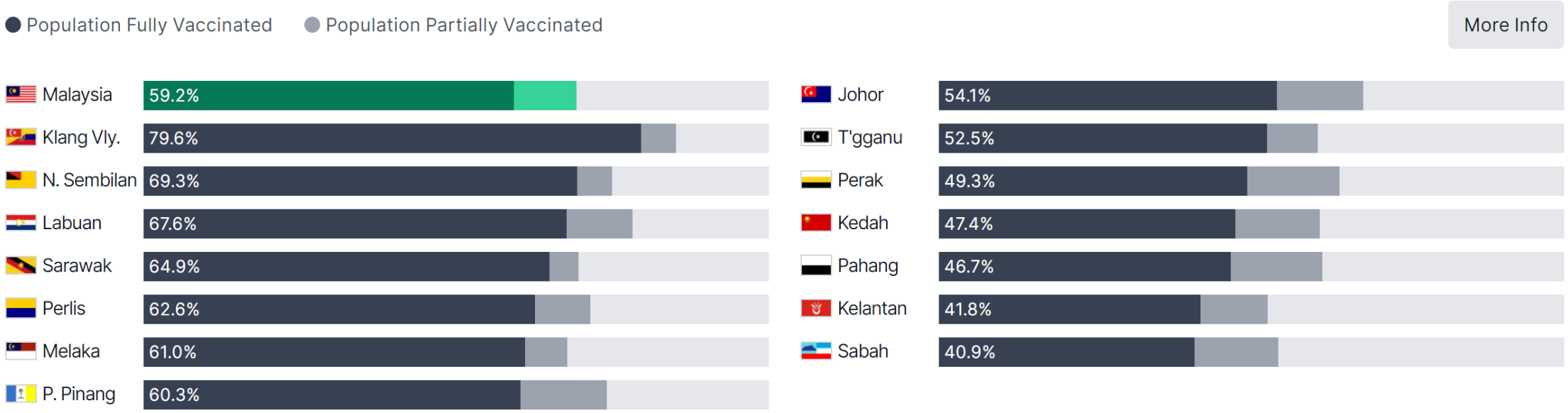
- Penjujukan terus bagi sampel positif COVID-19 dengan nilai CT <25
- Dijalankan oleh Konsortium IMR-MOSTI-KPT-MGI, IMR
- Kapasiti melaksanakan 1,000 penjujukan untuk sebulan dengan TAT 2 minggu
- Kos ujian : RM1,100 per ujian

Kriteria pemilihan sampel untuk WGS

- Kes dari Kawasan dengan transmisi jangkitan yang tinggi dalam tempoh singkat
- Kes dari saringan di pintu masuk antarabangsa negara
- Insiden dengan jumlah kes tinggi pada kanak-kanak dan orang tua > 60 tahun tanpa komorbid
- Kes dalam kalangan *break through* dan *reinfection*
- Kes mati termasuk BID dengan RT PCR positif
- Sampel rawak dari survelan ILI, SARI dan kes sporadik

VAKSINASI BERTERUSAN

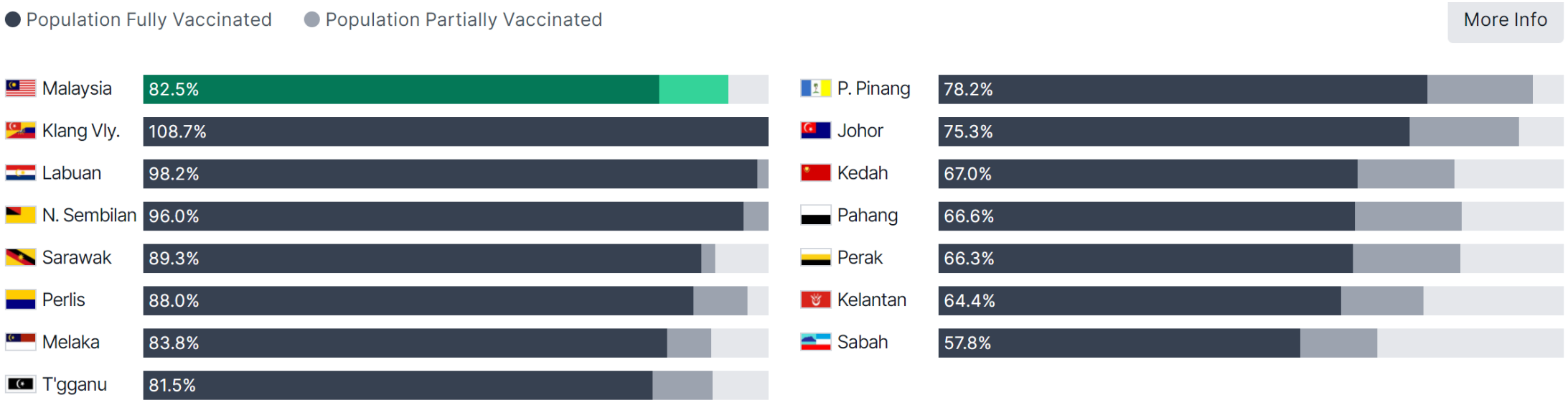
STATUS LIPUTAN IMUNISASI COVID-19 MENGIKUT NEGERI BAGI SEMUA PENDUDUK (32,657,400 ORANG)



Unjuran:

- 80% (26,125,920 penduduk) menerima vaksinasi lengkap pada 24 November 2021, mengambil kira:
  1. Prestasi pemberian vaksin semasa
  2. Bekalan vaksin

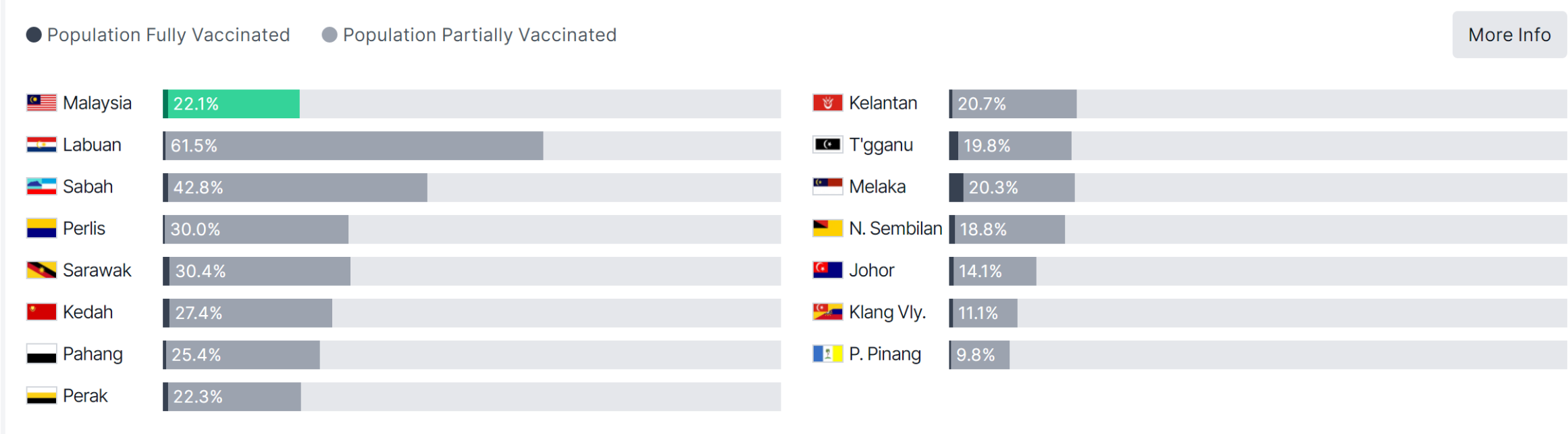
STATUS LIPUTAN IMUNISASI COVID-19 MENGIKUT NEGERI UNTUK PENDUDUK DEWASA 18 TAHUN KE ATAS (23,409,620 ORANG)



Unjuran:

- 100% (23,409,620 penduduk) menerima vaksinasi lengkap pada 30 Oktober 2021 mengambil kira:
  1. Prestasi pemberian vaksin semasa
  2. Bekalan vaksin

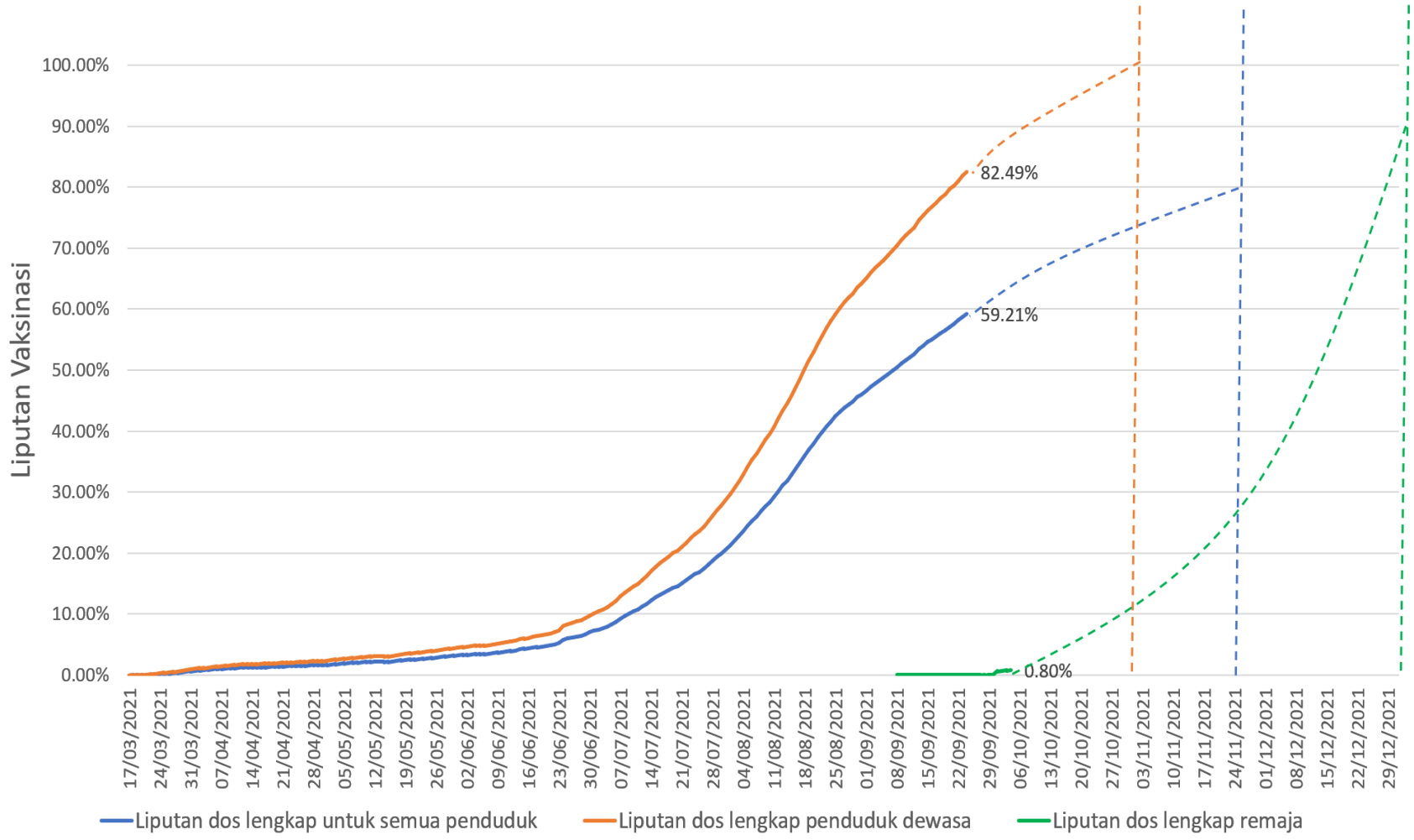
STATUS LIPUTAN IMUNISASI COVID-19 MENGIKUT NEGERI UNTUK PENDUDUK REMAJA 12 HINGGA 17 TAHUN (3,147,500 ORANG)



Unjuran:

- 90% (2,518,000 penduduk) menerima vaksinasi lengkap pada 30 Disember 2021 mengambil kira:
  1. Prestasi pemberian vaksin semasa
  2. Bekalan vaksin

UNJURAN LIPUTAN VAKSINASI MENGIKUT POPULASI SASARAN



Dengan kadar pemberian vaksinasi pada masa ini, dijangkakan:

- semua penduduk dewasa akan menerima vaksin COVID-19 menjelang awal November 2021
- 80% penduduk Malaysia telah menerima dos lengkap vaksin COVDI-19 menjelang akhir November 2021; dan
- 90% remaja (12 – 17 tahun) menerima dos lengkap vaksin menjelang akhir Disember 2021

STRATEGI PELAKSANAAN UNTUK DOS TAMBAHAN

Dos tambahan terdiri daripada dua (2) kategori:

1. **Dos ketiga**: bertujuan untuk meningkatkan tahap imuniti dalam kalangan individu berisiko tinggi terhadap jangkitan COVID-19, di mana dos kedua tidak mencukupi untuk meningkatkan tindak balas imuniti terhadap jangkitan[1].
2. **Dos penggalak**: atau *booster dose* diberikan kepada semua individu untuk meningkatkan tahap imuniti yang menurun dalam tempoh tertentu selepas dos lengkap[2].

- Setiap vaksin perlu mendapat **kelulusan regulatori** untuk digunakan sebagai dos tambahan.
- Garis Panduan Klinikal pemberian vaksin dos tambahan **sedang dibangunkan** dan akan **dibentangkan dalam Mesyuarat JKJAV** untuk kelulusan.

[1] *Antibody and T cell immune responses following mRNA COVID-19 vaccination in patients with cancer : S Ehmsen, A Asmussen, SS Jeppesen, AC Nilsson… - Cancer Cell, 2021 - cell.com*

[2] *Durability of Responses after SARS-CoV-2 mRNA-1273 Vaccination, N Engl J Med. 2020 Dec 3 : NEJMc2032195*

STRATEGI PELAKSANAAN DOS KETIGA

Kumpulan asaran	Anggaran populasi	Kaedah pelaksanaan	Tempoh pelaksanaan
Petugas barisan hadapan (Petugas Kesihatan, Keselamatan dan Pertahanan)	600,000	PPV KK PPV Swasta sPPV	Oktober 2021 hingga Januari 2022
Pesakit kurang daya tahan imun (*immunocompromised*)	150,000	sPPV	Oktober hingga Disember 2021
Warga emas dan individu yang tinggal atau bekerja di pusat jagaan jangka panjang (*long-term care facilities*)	3 juta	PPV KK PPV Swasta sPPV Outreach	November 2021 hingga Februari 2022
Individu dengan komorbid	5 juta	PPV KK PPV Swasta sPPV	November 2021 hingga Februari 2022
JUMLAH KESELURUHAN	**8.75 juta**		**Oktober 2021 hingga Februari 2022**

*Pemberian ***vaksin dos ketiga*** bagi memenuhi keperluan regulatori contohnya visa umrah, pelajar atau petugas ke luar negara akan dilaksanakan bermula Oktober 2021 mengikut keperluan.

- Pemberian vaksin adalah secara **sukarela**.

STRATEGI PELAKSANAAN DOS PENGGALAK

- **Cadangan pelaksanaan bermula pada tahun 2022**
- **Kumpulan sasaran** : Semua penduduk Malaysia yang telah menerima dos lengkap.
- Secara **sukarela** untuk dewasa
- Perluasan kumpulan sasaran pemberian dos penggalak akan bergantung kepada analisa kajian pemantauan keberkesanan vaksin dan perubahan varian COVID-19 seperti kepada golongan remaja
- Pilihan **jenis vaksin** *homologous* atau *heterologous* (bergantung kepada hasil kajian dan Garispanduan Klinikal yang sedang dibangunkan).
- **Pusat Pemberian Vaksin** : Fasiliti swasta sepenuhnya.

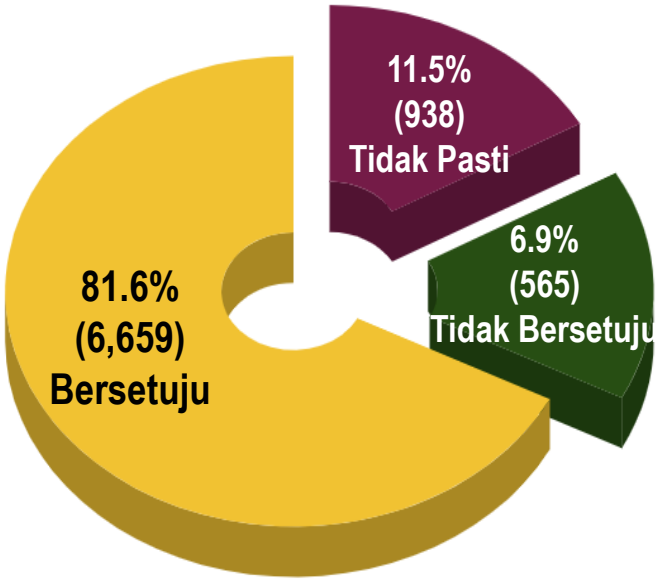
STRATEGI PELAKSANAAN DOS PENGGALAK

- **Cadangan pembiayaan**:
  - Kos vaksin ditanggung oleh pihak Kerajaan, manakala kos perkhidmatan pemberian vaksin ditanggung oleh penerima vaksin
  - Menggalakkan fasiliti swasta membuat pembelian vaksin terus daripada pihak pembekal
  - Pemberian dos penggalak secara tahunan pada masa hadapan (jika diperlukan) ditanggung sepenuhnya oleh penerima vaksin

MENINGKATKAN LIPUTAN PENDAFTARAN VAKSINASI

- Sasaran liputan vaksinasi : ditingkatkan kepada 90% daripada sasaran asal 80% supaya lebih ramai penduduk mendapat perlindungan optima
- Penentuan data penduduk yang lebih tepat melalui semakan semula anggaran jumlah penduduk dengan **Jabatan Perangkaan** , **Jabatan Pendaftaran Negara** dan **Jabatan Imigresen Malaysia.**
- Tinjauan *Rapid Convenience Monitoring (RCM)* di lokaliti dengan liputan vaksinasi yang rendah bagi mengenalpasti faktor penyebab dan situasi sebenar di lapangan
- Pemberian vaksin secara *walk-in* secara berterusan bagi penduduk dewasa yang belum mendaftar dalam PICK.
- Dasar pemberian keistimewaan kepada penduduk yang telah menerima vaksin dos lengkap diteruskan

STRATEGI MENANGANI "VACCINE HESITANCY"



80.3% risau **kesan sampingan**

65.7% meragui bahan dalam vaksin

64.9% mereka meragui negara pengeluar vaksin COVID-19

62.5% sangsi dengan tempoh masa penghasilan vaksin COVID-19

90.3% risau **kesan sampingan**

86.0% meragui bahan dalam vaksin

85.0% mereka meragui vaksin COVID-19 dapat melindungi diri dan yang lain daripada jangkitan dan komplikasi COVID-19

Strategi

- Berdasarkan tinjaun KKM, faktor utama penolakan vaksin ialah berkaitan keselamatan & keberkesanan vaksin.
- Perkongisan makumat AEFI dan keberkesanan vaksin melalui GitHub dan COVIDNOW
- Sesi engagement Bersama Media secara berterusan (Sesi terkini pada 23 September 2021).

Tinjauan Penerimaan Vaksin oleh Bahagian Pendidikan Kesihatan (HECC), KKM, April 2021

PELAN VAKSINASI SELEPAS BULAN OKTOBER 2021

1	**Memendekkan sela masa antara dos AstraZeneca**	• Bekalan vaksin AZ adalah mencukupi untuk memendekkan tempoh sela masa antara dua dos • Sela masa dipendekkan kepada 6 minggu bermula 1 Oktober termasuk untuk janji temu dos kedua • Kesemua janji temu dos kedua adalah berdasarkan sela masa sekurang-kurangnya 6 minggu • Baki stok vaksin AZ selepas selesai pemberian doa kedua : **2,413,891**

2	**Mempertimbang bekalan bagi dos penggalak**	• Dos penggalak secara homologous (sama jenis)
		  ○ **Tambahan** 7 juta dos Sinovac diperlukan bermula Mac 2022 manakala bekalan vaksin bagi Pfizer dan AZ adalah mencukupi
		• Dos penggalak secara heterologous (jenis berbeza) – Pfizer sahaja
		  ○ Sekurang-kurangnya tambahan 10 juta dos Pfizer diperlukan bermula April 2022
		• Senario berkaitan pemberian dos penggalak sedang diperhalusi dan dibangunkan.

PERTIMBANGAN UTAMA BAGI PERANCANGAN SELEPAS BULAN OKTOBER

- <18 Tahun
- Kesinambungan Jangkau Luar
- Pengurusan Penularan Baharu
- Kumpulan Khas (Banduan/PATI)
- Dos penggalak
- Sistem tempahan janji temu GP dan fasiliti lain
- Pendaftaran baharu dan *mop-up*
- Vaksin baharu dan VOC
- Penyimpanan dan jangka hayat vaksin
- Pengesanan kontak
- Kawal selia dan governan
- Pertimbangan lain

PERTIMBANGAN BAGI PROGRAM VAKSINASI DOS PENGGALAK

Pertimbangan Utama

- Menentukan **kesan pemberian dos penggalak secara homologous dan heterologous** ke atas bekalan vaksin

- Menentukan **ketersediaan vaksin mengikut jenis** selepas mengambil kira:
  - Baki individu dewasa yang belum menerima vaksin
  - Vaksinasi kepada golongan di bawah umur 18 tahun
  - Keperluan dos penggalak utk populasi dewasa

PERTIMBANGAN UTAMA SELEPAS OKTOBER – BEKALAN VAKSIN

Kapasiti simpanan vaksin
- ULTF (Pfizer)
- Pengedar (Sinovac)

Ketidaktentuan penghantaran vaksin pada masa hadapan

Keperluan stok penampan untuk bukan warganegara tanpa dokumen

Opsyen untuk menangguhkan penghantaran baharu bagi mengelakkan risiko vaksin luput

Kapasiti vaksinasi dos penggalak

Cabaran logistik vaksin penggalak homologous
(mengikut padanan jenis vaksin dan lokasi penerima vaksin)

Pilihan memberikan dos AstraZeneca bagi melengkapkan vaksinasi kepada baki populasi dewasa

Sistem tempahan janji temu bagi pemberian dos penggalak
- secara *linelisting* (barisan hadapan)
- tempahan janji temu kepada kumpulan lain

PERALIHAN FASA PANDEMIK KE FASA ENDEMIK

KE ARAH MENCAPAI TAHAP ENDEMIK: APAKAH MAKSUDNYA?

- **Jumlah kes harian kekal berada pada tahap yang disasarkan** dan **tidak membebankan sistem kesihatan awam**
  - Perlindungan individu diperolehi melalui **jangkitan semulajadi atau vaksinasi**
- **Bergantung kepada:**
  - Keupayaan dan tempoh **perlindungan imuniti** daripada vaksinasi dan jangkitan semula jadi
  - **Corak perhubungan antara satu sama lain** yang membolehkan penyebaran virus
  - **Kebolehjangkitan virus** – kemunculan varian baharu
- **Pendekatan berdasarkan risiko**
- **Kriteria berdasarkan:**
  - Kadar jangkitan (jumlah kes/morbiditi)
  - Kadar kematian
  - Kapasiti hospital
    - Kadar kemasukan ke hospital bagi kes teruk (kategori 3, 4 & 5)
    - Penangguhan rawatan bagi kes bukan COVID-19
  - Kadar penggunaan ICU
- **Situasi atau *setting* bagi nilai ambang** adalah sangat penting
- Fasa endemik tidak diistiharkan oleh sesuatu negara sebaliknya tindakan yang diambil bersesuaian dengan fasa endemik.

INDIKATOR UNTUK BERALIH KEPADA FASA ENDEMIK

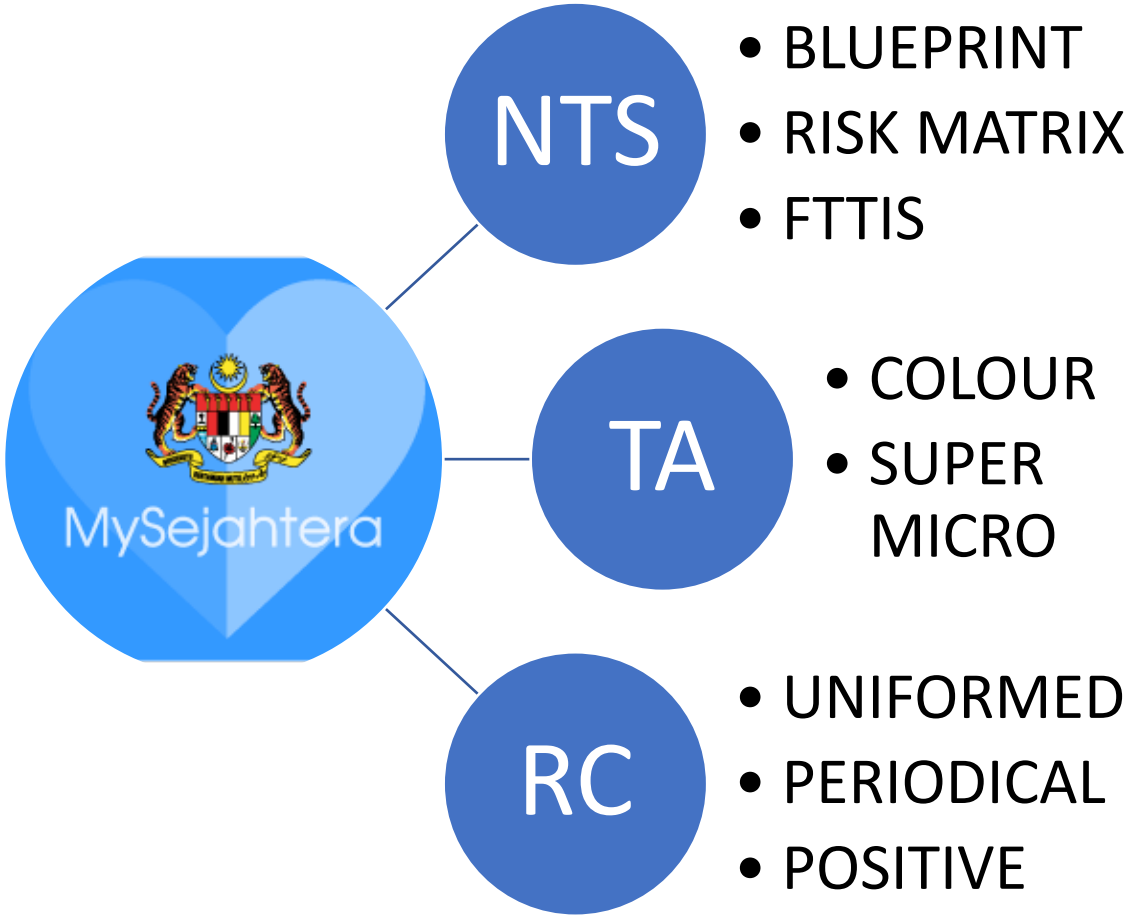
	Indikator	Kini (25 September 2021)	Endemik (disemak secara berkala)
Kes teruk (kadar per 100,000 penduduk)	Kemasukan kes COVID-19 kategori 3, 4 & 5	1.9 per 100,000 pop	1.5 per 100,000 pop
	Kemasukan kes COVID-19 kategori 3, 4 & 5 berbanding kemasukan jumlah kemasukan kes ke hospital	10%	5%
Kematian	Jumlah kematian harian COVID-19	298 (purata 7 hari)	≤10
Kapasiti Hospital	Kadar penggunaan katil (BOR)	~60% (julat 3% - 95%)	Tidak kritikal: < 30%
	Kadar penggunaan katil ICU	Julat: 70% (julat 17% - 96%	ICU: < 20%
	Penangguhan rawatan kes bukan COVID-19	2,500 tunggakan prosedur pembedahan per 100,000 kemasukan kes setiap tahun ke hospital	2,000 tunggakan prosedur pembedahan per 100,000 kemasukan kes setiap tahun ke hospital
Vaksinasi	Liputan vaksin penduduk	59.21% penduduk (24 Sept)	> 80% penduduk
	Liputan vaksin penduduk dewasa	82.49% penduduk dewasa (24 Sept)	> 80% penduduk dewasa
Transmisi	Jumlah kes baharu harian COVID-19	14,506 (Purata 7 hari)	1,200 (purata)
	Kadar konsultasi kes ILI berbanding jumlah kes rawatan pesakit luar	2% (secara maya, PKP)	ILI ~3%
	Nilai R0	0.91	≤ 1.0
Ujian	Jumlah individu diuji menggunakan RTK per 1,000 penduduk setiap minggu	21.1 per 1,000 pop	>4 per 1,000 pop
	% ujian positif per populasi yang diuji	Kadar positiviti 10.05 %	Kadar positiviti <5%

Indikator yang boleh digunakan untuk mengukur & menentukan fasa endemik COVID-19 di peringkat kebangsaan & negeri

TERIMA KASIH

ADDITIONAL

PANDEMIC MANAGEMENT



- BLUEPRINT
- RISK MATRIX
- FTTIS

- COLOUR
- SUPER MICRO

- UNIFORMED
- PERIODICAL
- POSITIVE

MESYUARAT JAWATANKUASA PILIHAN KHAS KESIHATAN, SAINS DAN INOVASI PARLIMEN KE-14 BIL. 6 TAHUN 2021

MESYUARAT JAWATANKUASA PILIHAN KHAS KESIHATAN, SAINS DAN INOVASI PARLIMEN KE-14 BIL. 6 TAHUN 2021

Tarikh	:	**4 Oktober 2021 (Isnin)**
Masa	:	**2.30 petang**
Tempat	:	**Bilik Jawatankuasa 2, Aras 2, Bangunan Blok Utama, Parlimen Malaysia**

AGENDA MESYUARAT

1. Perutusan Pengerusi

2. Pembentangan oleh Kementerian Sains, Teknologi dan Inovasi

3. Perbincangan mengenai penyediaan laporan (*housekeeping*) Jawatankuasa Pilihan Khas Kesihatan, Sains dan Inovasi

4. Hal-hal lain

TERHAD

MALAYSIA

DEWAN RAKYAT

LAPORAN PROSIDING

JAWATANKUASA PILIHAN KHAS KESIHATAN, SAINS, DAN INOVASI

MESYUARAT MEMBINCANGKAN SITUASI PANDEMIK COVID-19 DAN USAHA KERAJAAN MENANGANINYA

BIL. 6(a)
ISNIN, 4 OKTOBER 2021
PENGGAL KE-4, PARLIMEN KE-14

MESYUARAT JAWATANKUASA PILIHAN KHAS KESIHATAN, SAINS DAN INOVASI (JPKKSI)
BILIK MESYUARAT JAWATANKUASA 2, BLOK UTAMA
BANGUNAN PARLIMEN, PARLIMEN MALAYSIA

ISNIN, 4 OKTOBER 2021

AHLI-AHLI JAWATANKUASA

Hadir
YB. Dr. Kelvin Yii Lee Wuen [Bandar Kuching] - *Pengerusi*
YB. Dato' Dr. Xavier Jayakumar a/l Arulanandam [Kuala Langat]
YB. Tuan Lukanisman bin Awang Sauni [Sibuti]

Tidak Hadir *[Dengan Maaf]*
YB. Dato' Sri Bung Moktar bin Radin [Kinabatangan]
YB. Datuk Seri Panglima Abdul Azeez bin Abdul Rahim [Baling]
YB. Tuan Haji Wan Hassan bin Mohd Ramli [Dungun]
YBrs. Tuan Dr. Nizam Mydin bin Bacha Mydin - *Setiausaha*

URUS SETIA

Encik Mohd Sukri bin Busro [Ketua Penolong Setiausaha, Seksyen Perundangan dan Prosiding (Bahagian Pengurusan Dewan Rakyat), Parlimen Malaysia]
Encik Amirul Ashyraaf bin Zulkifle [Penolong Setiausaha, Seksyen Jawatankuasa Pilihan Dewan Rakyat]

HADIR BERSAMA

Kementerian Kesihatan Malaysia (KKM)
YBrs. Encik Thean Ming Fatt [Setiausaha Bahagian (Khidmat Pengurusan)]

Kementerian Sains, Teknologi dan Inovasi (MOSTI)
YBrs. Dr. Nagulendran a/l Kangayatkarasu [Timbalan Ketua Setiausaha (Perancangan dan Pembudayaan)]
Puan Siti Salmiah binti Haji Dimyati [Timbalan Setiausaha Bahagian (Teknologi Strategik dan Aplikasi S&T)]
Encik Ng Kang Siong [*Principal Researcher, Corporate Technology,* Malaysian Institute of Microelectronic Systems (MIMOS Berhad)]

samb/-

HADIR BERSAMA (*samb/-)*

Parlimen Malaysia
Puan Nurrul Saffida binti Kusaini [Pegawai Penyelidik]
Puan Sayani binti Umar [Pegawai Penyelidik]

LAPORAN PROSIDING

MESYUARAT JAWATANKUASA PILIHAN KHAS KESIHATAN, SAINS DAN INOVASI

Isnin, 4 Oktober 2021

Bilik Jawatankuasa 2, Tingkat 2 Blok Utama,

Parlimen Malaysia, Kuala Lumpur

Mesyuarat dimulakan pada pukul 2.34 petang.

*[Yang Berhormat Dr. Kelvin Yii Lee Wuen **mempengerusikan Mesyuarat]***

Tuan Pengerusi: Selamat petang. Salam sejahtera kepada semua. Terima kasih kepada semua ahli jawatankuasa yang datang untuk mesyuarat pada petang ini. Izinkan saya untuk mungkin menjelaskan sedikit agenda untuk petang ini. Pertama sekali, kita ada kesempatan untuk mendengar daripada Kementerian Sains, Teknologi dan Inovasi (MOSTI) tentang penambahbaikan yang mereka lakukan terhadap sistem *contact tracing*-lah. Kita tahu dalam perbincangan kita, ini satu isu yang sangat, sangat penting terutamanya apabila kita hendak membuka sempadan, kita hendak transisi kepada fasa endemik COVID-19 ini. Jadi, petang ini kita akan mendengar pembentangan daripada mereka dan jika ada apa-apa soalan, sila tanya dan apa yang mereka bincangkan, kita akan masukkan ke dalam laporan yang kita ada untuk jawatankuasa ini.

Selepas pembentangan daripada pihak Kementerian, kita memang berterima kasihlah kepada mereka, tetapi kita kena menjemput mereka untuk keluar dari mesyuarat ini kerana selepas ini, jawatankuasa kita akan membincangkan hasil laporan daripada perbincangan semua mesyuarat yang kami telah lalui sejak *the beginning*-lah. Kita *target* untuk keluarkan satu laporan, syor-syor dan rekomendasi kami untuk kerajaan, bagaimana kita hendak transisi ke fasa endemik COVID-19 dengan selamat dan lestarilah, *sustainable and safely.* Pihak sekretariat telah menyediakan draf laporan tersebut, dan selepas pembentangan MOSTI, kita akan laluinya secara *first round first. Then after that we have more meetings to approve it and* haraplah— harap kita dapat bentangkan di Parlimen, mungkin *next week or* selewat-lewatnya sesi yang akan datang. *So without any further ado, I pass it to you. Thank you so much.* Kita tunggu Yang Berhormat Kuala Langat keluar dari tandas. *So* ahli jawatankuasa, *if you know, the* laporan *is there in your file. So, you can go through first*-lah.

Okay, please proceed.

Dr. Nagulendran a/l Kangayatkarasu [Timbalan Ketua Setiausaha (Perancangan dan Pembudayaan), MOSTI]: Selamat tengah hari Tuan Pengerusi, Ahli-ahli Yang Berhormat sekalian. Terima kasih kerana memberi peluang kepada MOSTI untuk memberi sedikit input tentang isu jawatankuasa ini berkaitan sains dan inovasi, yang menjurus kepada *contact tracing.* Sebagaimana kita semua sedia maklum, dalam dua mesyuarat sebelum ini, kita telah melihat dan mendengar, ya, beberapa input daripada Kumpulan Pakar Penasihat Kesihatan dan Sains COVID-19 (EAG). Oleh itu, kami hendak memberikan sedikit penerangan tentang usaha-usaha yang dijalankan oleh MOSTI, khususnya melalui agensi kami iaitu *Malaysian Institute of Microelectronic Systems* (MIMOS Berhad) tentang fasa peralihan kita kepada endemik dengan beberapa kaedah teknologi seperti *contact tracing* dan sebagainya.

Untuk makluman Yang Berhormat, pada minggu lepas, Yang Berhormat Menteri MOSTI juga telah menjawab satu soalan di Parlimen dan memberi sedikit butiran dan untuk hari ini, kita sebenarnya tidak banyak *slides. We just have one slide which can*— yang boleh menerangkan, ya, secara khusus apa yang sedang dibangunkan oleh MOSTI dengan kerjasama pelbagai agensi. Untuk menjayakan program ini, kita sudah tentu memerlukan *whole of nation approach, because* seperti mana intervensi daripada MOSTI sebelum ini menerangkan *any good technology is really at the user's end*-lah. *I know we can have the best bulletproof technology,* tetapi jika *user* tidak bekerjasama—

Jadi, saya akan menjemput MIMOS sekejap lagi tetapi untuk makluman Yang Berhormat, usaha yang dijalankan oleh MOSTI ini, kami telah berbincang, kita perlu ada satu pelan komunikasi yang sangat berkesan, sebab seperti Yang Berhormat sendiri telah ungkitkan isu *Personal Data Protection Act* (PDPA) dan sebagainya, untuk makluman Yang Berhormat dalam pembentangan ini kita akan menyentuh tentang PDPA. *What we are proposing is in compliance with the current laws because it gives the user quite a lot of autonomy to what they want to share or not to share, you see. So*, dengan tanpa melengahkan masa saya menjemput saudara saya daripada MIMOS, Mr. Ng Kang Siong untuk membuat sedikit pembentangan, terima kasih.

Encik Ng Kang Siong [*Principal Researcher, Corporate Technology,* Malaysian Institute of Microelectronic Systems (MIMOS Berhad)]: Okey. Terima kasih Ahli Majlis dan terima kasih Tuan Pengerusi. Tanpa melengahkan masa saya akan membentangkan sedikit *contact tracing framework* yang kini tengah diutarakan dan dilaksanakan oleh MIMOS dengan agensi-agensi seperti JUPEM, MOH, MySejahtera *Team*. *So*, apa yang kita ketengahkan ialah ia perlu dilakukan dengan empat *steps*.

Step nombor satu *is the data gathering. So, how we are going to gather the data from the public.* Sekarang kita boleh dapat data melalui MySejahtera atau SELangkah dengan *QR code check-in.* Baru-baru ini MySejahtera telah mengadakan satu *feature* baharu iaitu *check-out. So,* data itu kita boleh *zoom*-kan untuk masa *period rather than check-in there one whole day. So, we are able to analyze it to a greater details of the possible contact trace time within this check-in and check-out*. Itu sudah disediakan – yang telah diadakan.

What we are doing now is to be able to provide a little bit more data which is through the Bluetooth technology. As you all know, *Bluetooth* itu ia *short range communication. So,* dalam *mobile phone* ia ada Bluetooth *features. So,* kita boleh guna *features* itu untuk mengetahui sama ada anda telah ada *close contact* dengan orang yang lain. Akan tetapi ia mempunyai ciri-ciri *features privacy concern*. Sebab kita kena *do something to the data so that they will send some numbers but the numbers are not always the same. But yet, we are able to trace back through some cryptographic algorithms to find who you are, not to the third party or whoever outside there just to collect data but only to the certain authority. So,* itu memang satu *treatment technology we will try to put in.*

Second, bukan semua orang ada *mobile phone. So*, kita untuk *looking into how to provide single purpose use either dongle or the watch, they will behave exactly the same way as a mobile phone.*

Tuan Pengerusi: *This is the token system like Singapore, isn't it?*

Encik Ng Kang Siong: *Yes. We will take a look at the Singapore system. Essentially* ia berfungsi sama dengan *mobile phone. So, mobile phone Bluetooth you can send out numbers, you can listen to numbers. So, we can have a token but with a similar feature that will send out numbers and receive numbers.*

Tuan Pengerusi: *What are the safety features of this? Can it extract other information? I mean people may ask. Forgive my ignorance. What if it extracts information like sensitive credit cards and whatever? Is it possible?*

Encik Ng Kang Siong: *Okay. That is a good question. What we are saying now is instead of sending credit card information and so on so forth, it's going to be a limited function, the way it works is it will generate some numbers that the way the numbers is being generated is linked back to some unique features of the device.*

We do not want to keep transmitting the same numbers over the entire period because that one will subject to be traced by other party. So, if I know that is your number and I have enough gadget I can collect where you have been. So, we have to design the

system where is only visible to the authority but not to a casual system that is able to detect where you are.

So, what we have done is according to the exposure notification by Android, Apple and Google, the numbers keep changing every 15 minutes. So that whoever gather the information will not be able to link back who is the person. So, that is to make sure that your information is not leak to people outside of the system.

Secondly, it will not be disclosing any other information other than to other than a random number. These are the technology features we have to make sure that we put in place.

Tuan Pengerusi: *What is the pro and con of that? I mean pro is convenience. About cons? Security?*

Encik Ng Kang Siong: *Yes. If I know your numbers, I can pretend to be you. I can record and playback the numbers and then I will assume other people's ID along the way.*

Tuan Pengerusi: *Did they not discuss this or did not raise it within their committees or even in the Parliament? Are you aware?*

Encik Ng Kang Siong: *Not yet. But at some points people is going to realize that and but they enforce it. They enforce it in a way before you enter a premise you have to show you carry a dongle.*

Tuan Pengerusi: *So, in Singapore it is every citizen, right, has a dongle as a token like that?*

Encik Ng Kang Siong: *They have a choice either turn on your application or bring a dongle but even though you have mobile phone you can ask for a free dongle. Singapore looks at it slightly differently. They look at it at the economic impact. Let's say one day if I lockdown, how much impact is that? So, if my implementation is less than the cost, it's worth*-lah*. So, they are looking at that angle and they are a smaller country. The role of MIMOS is to make sure that technically is able to withstand all this privacy query.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam [Kuala Langat]: *What are the benefits compared to risks?*

Encik Ng Kang Siong: *Benefit compares to risk. Of course, you can always send the same numbers whether the public is going to buy into that because at the end of the day, the public can choose to turn off their Bluetooth.*

Tuan Pengerusi: *If it's phone but dongle can they off it?*

Encik Ng Kang Siong: *Dongle of course cannot. But they can choose to either not carrying it or they can put the aluminum foil around it. It creates a Faraday cage there will be no electromagnetic wave being sent out.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *But again, my question is if you want to implement something for the safety of the whole country, you also have to look at the benefits compared to the risks as I say. There will be people who do this kind of things. But in your own judgement, what percentage of people will go to that extreme of doing a silver foil over a dongle?*

Encik Ng Kang Siong: *I cannot speak for on behalf of people on the ground, but we have to be sure that we have taken all the necessary technology precautions to say that they will not be able to be tracked by people outside casually or people assuming their identity. This is going to be assuring for the public. It is not saying that is not possible, it can be done, technology can be done. That is what we recommend but if the committee feels that transmitting the same numbers over and over again is sufficient, we are fine. Of course, that one will drive down the cost but in terms of privacy ...*

Tuan Pengerusi: *Identity theft will also happen right?*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Identity theft is an ongoing process. It is not something new.*

Tuan Pengerusi: *Correct, correct.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Identity theft is already there in a society. It is present as such.*

Encik Ng Kang Siong: *Ya, ya. Definitely. It becomes a requirement by the government. What we are saying is, technology, there is a solution for it whether you want to subscribe to that is open for finer dissection.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Can you do a small study even before you implement it? Can you do a pilot project in one state and see how it goes before we start implement iton a larger scale. I am not talking about the implementation now but if we are going to go further, can it be done?*

Encik Ng Kang Siong: *Yes. That is a sensible way rather than we straight a big bang and we also need to test our technology. That will be the recommendation we put forward*.

Tuan Pengerusi: *It will be tough also because a lot of cross-district-- if you implement in Putrajaya, a lot of them also come to KL, come to Selangor. So, it is* also *difficult..*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *But you will get a base study*.

Encik Ng Kang Siong: *Yes, normally for ...*

Dr. Nagulendran a/l Kangayatkarasu: *I think* Yang Berhormat *is askingus whether to use dongle technology itself and if need to do a feasible study. The second point is whether to send a different numbers every 15 minutes so we'll do like what Singapore is doing just one number. But I think what MIMOS is proposing to the government is to keep on changing number every 15 minutes so that nobody will know it's Nagu (me) It will change. But I think what* Yang Berhormat *is proposing is the dongle itself to – before we rollout let's do a pilot—I think-- thank you*.

Encik Ng Kang Siong: *Yes, definitely. Technically there is a sensible way to do. So that we can find tune of the design if any flaws rather than we mass production*, sudah banyak, *then we found out we* kena *recall, redo. Should that is most sensible way to do.*

Tuan Pengerusi: *I want to ask, just now you said that the cost will be more expensive if you keep changing it in 15 minutes every time. What is the different between Singapore's approach and what are your recommending to the government?*

Encik Ng Kang Siong: *Now we still at the phase of requirement gathering. Is a very simple computation not much difference because most of the micro control today will be do that simple computation. I think what probably because we have more time to study, so we were know the weaknesses or what has been implemented, so we have learnt, and this are the something else we can also modify rather than we do whatever Singapore has been doing.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *What is the false different when you said you run the same numbers and compared to you change every 15 minutes, you change the numbers? What were the cost different be roughly? What are we talking about?*

Encik Ng Kang Siong: *It would be much because today if you look at the device it is all micro controller, sitting in it. And the computation we are looking at is not very complex computation.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *So, it's one off* lah.

Encik Ng Kang Siong: Ya, *is one off.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Am I right? Is one off, right?*

Encik Ng Kang Siong: Ya. *So, we have not taken look into inside the Singapore thing, what are the things, but I'll assume there should be some micro controller inside and is just a software implementation of doing that calculation. Of course, we were have some matching because in the server side instead of matching the same numbers, now we do match the numbers a change every 15 minutes. You have some extra computation*

at the server side, so we are aware in the privacy versus non privacy but not so much at the dongle side but either computation at the server side.

Dr. Nagulendran a/l Kangayatkarasu: Tuan Pengerusi, *are you also referring that if you do the random numbering compared to single numbering the cost different is not much*.

Encik Ng Kang Siong: *Is not much at the dongle level, probably at the computation side you have a little bit more extra computation because...*

Tuan Pengerusi: Ya, *the data storage.*

Encik Ng Kang Siong: *...Instead of comparing 30 million unique numbers, now you are to compare the numbers that changers every 15 minutes. But we can also slice down the check in based on the time and the date lah. So that can be done.*

Tuan Pengerusi: *Okey, we are talking a lot about Singapore. Do you know if any other countries that implements such thing and how did they are do it?*

Encik Ng Kang Siong: *Okey, so if you survey around this using bluetooth as a concept for contact tracing, it was first proposed by Google and Apple. They said they are able to implement it at the level of their OS lah. So, that you can turn it on and turn it off but it's on the voluntary basis and is not for government to do a centralize searching rather it is for individual to voluntary disclose their COVID positive and they want to help the community disclose the information. The close contact is not detected at the server side, but all detected in your own phone. So, that is the different.*

The US Apple and Google is not for government to find out who are the close contact but rather is for individual to self-declared and the individual said, "Oh, I have been notified, I need to go for test...". So, the angle is different. But what we have also studied is the Korea. Korea do not use bluetooth, they do not use dongle, but they rely on telco data. During the course of this we survey, we found out that Korean has built up smart city concept where they have build up backbone to collect this information from various telcos. So the data have been kept and they have even changed the law to allowed that to happen.

Then, they have that basis. They are able to do analysis on that data much faster than everyone else lah. Their data is not granular at the close level because the telco location is dia tidak tepat macam *bluetooth but is enough for them to do the epidemiological analysis. Not at the close level to up to 100 meters but is more is broad area. Their approach is to get people to go out there and go for test not to 100 percent confirm identify.*

Dr. Nagulendran a/l Kangayatkarasu: Yang Berhormat, *I think in our submission last week we did make inference to in US, nearly 80,000 people die of the common flu. So, as we going to endemic, I think that is why my colleagues in MIMOS have put the feasibilities study. We really need to– for science to guide policy. We really need to outweigh the cost and every parameter. So, we will come to that point, where government who need to make conscious decision because I agree with that* Yang Berhormat *has said is not going to be cheap.*

Second, enforcing is not easy. Third is the whole trust with the system. So I totally agree with Yang Berhormat *we need to look at all angles and then advise the Ministry. I think Minister of Health has proposed this dongle, and MIMOS as explained is working on it to suit our needs because Singapore is different in term of size and its people's compliance.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *You have urban, you have semi urban, you have rural, and you have semi-rural. Okey. [Ketawa]*

Dr. Nagulendran a/l Kangayatkarasu: *So, maybe what will do* Yang Berhormat, *its very good feedback, we just want to share that MIMOS is ready, we will go back and probably and look at the cost and do a whole cost benefit analysis, if its viable maybe be we will do a pilot and see how it works and then make our proposal.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Who has a pay for the dongle?*

Tuan Pengerusi: *Government and we give it a free. So, I mean I can...*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: Tuan Pengerusi, Tuan Pengerusi... *[Ketawa]*

Encik Ng Kang Siong: *We do not make the decision, Singapore is government.*

Tuan Pengerusi: Ya, *so, I mean that comes to my question in terms of the feasibility study here and cost of specification.*

My personal view, that has be some form of contract system in place even in endemic. But what kind of mechanism? That is the question whether dongle lah, whether IC check in lah, whether is the current MySejahtera features sufficient, but that we have to explore. But I still feel there must be some form of contact tracing lah. So, what's the feasibility studies, what is the expected cost for this?

Encik Ng Kang Siong: *Yes, as you can see* yang *check in and check out is already implemented. Probably we go through the whole step. The first step is about data gathering* lah. *Second step* iaitu analisis untuk data-data yang sedia ada. *So, today* analisis sudah ada di *MySejahtera.* Dia *almost similar to what SElangkah is implemented*

in terms of matching potential close contact and also to do some kind of projection. That is why we have been talking to SElangkah team as well, looking into their information.

Also, we have been in contact with Akademi Sains Malaysia (ASM) *and there are some researchers over there which happen to be also advising* SELangkah *during the model. Now, we are going one step further. The previous model was based on lockdown environment. So now, it's opened up. There's no longer lockdown. So, there needs to be some finetuning on the model, on extrapolating the potential expansion of this infected people.*

So, yang hijau itu sudah siap. *So, what we are doing now is enhancing on the model and add in artificial intelligence, big data analytics. So, that you can do some kind of a projection, where could be the next place where the outbreak would happen.*

Tuan Pengerusi: *Can I ask?*

Encik Ng Kang Siong: Yes.

Tuan Pengerusi: *Now there is a projection system called* HIDE. *What is the difference between* HIDE *and what you're proposing here?*

Encik Ng Kang Siong: *Yes,* HIDE *is there.* HIDE *is solely based on what is being checked in, by MySejahtera. So, by having this Bluetooth contact tracing and dongle, we hope to get more data that goes into the model. Also, we are going to start exploring adding artificial intelligence into that, to do a better, more accurate prediction. So, these are the ongoing processes that are happening now.*

So, there's going to be a step two – enhancement. Step three, hari ini sudah ada satu *dashboard*-lah, yang mana *personnel* KKM boleh tengok di mana, *what, who* are they, *where are the data and so on, so forth – based on the analysis on step two. We are also enhancing the dashboard, so that whatever new data that goes into step one, analysed through step two, can be reflected in the dashboard. Also, for the manual contact tracer to feed the data back into the dashboard, and that data again will go into the analysis.*

So, what we are going to do is to help the manual contact tracer to look into the data, and probably to jiggle the memory of the people – siapa ada *close contact before. That data can then be fed back into the analysis. So, we are doing that kind of enhancement. Hopefully by end of this month, there will be some enhancements put in*-lah. *At the same time,* kita *also recommend* MOH untuk meningkatkan lebih ramai *contact tracer,* yang buat *call*-lah, panggilan telefon *one by one.*

Tuan Pengerusi: *You mean manual contact tracers.*

Encik Ng Kang Siong: *So, we are trying to merge the manual together with the automated system, so that these two systems can work hand in hand. The automated system will provide information to the contact tracer. The contact tracer, through his manual call, is able to gather extra information, not captured, and they can plow the information back.*

Tuan Pengerusi: *Do you know how many manual – physical contact tracers we have now, under MOH?*

Encik Ng Kang Siong: *Probably MOH – [Menunjukkan isyarat kepada Encik Thean Ming Fatt]*

Encik Thean Ming Fatt: *I'm sorry* Tuan Pengerusi. *I don't have the figure now. If you need, I can provide it later*-lah.

Tuan Pengerusi: *But what is MOSTI's recommendation? How much do you think is a good ratio to add and everything? Or you have not come out with that?*

Encik Ng Kang Siong: *We have recommended – because that one is depending on the workload, what they have today. But I think, we have to look into the ratio*-lah. *How many contact tracers versus – but depends on the size*-lah. Kalau nombor jangkitan itu kurang, okaylah *probably we can manage. But if too big, so you can't manage every single case*-lah.

So, there's a give and take there. So, kita belum ada *recommendation* lagi,

So, step four is how do we reinforce, so that yang dapat positif itu tidak merayau-rayau ke beberapa tempatlah. *So,* dengan kerjasama Jabatan Ukur dan Pemetaan Malaysia (JUPEM) – JUPEM *is in the picture because they have the records of address versus location. So,* mereka boleh buat pemetaan, mereka boleh tahu di mana orang itu dikuarantin. *So, they are coming out with another app – self quarantine app. The reason why we don't want to merge into MySejahtera is that we don't want to give a feeling that to the general public, that MySejahtera also keeps track of every single GPS location. So, that's why we put it in the separate app. This app is only for those tested positive. GPS will be turned on, so that we will track them for the next 14 days.*

Tuan Pengerusi: *Ten to 14 days. But that will require people to download the app also*-lah?

Encik Ng Kang Siong: *Download the app – they have to do that. If they are outside the perimeters, the system will sound an alarm. But this is enforceable only for those tested positive. Limit* pergerakanlah. *So, it's not for the general public – we don't want people to get panic*-lah that the government is tracing their whereabouts.

Tuan Pengerusi: *But what if they just uninstall the app, and walk around?*

Encik Ng Kang Siong: *Yes, but they cannot just walk around because there are* gelang, right? *So, this is an extra features*-lah.

Tuan Pengerusi: *I mean if we are moving to endemic, and we're talking about a virtual CAC, because I mean it's impossible that we continue to have a physical CAC. How –* gelang *is normally when you go to a CAC, you put it on. But if now, it's virtual HSO, virtual CAC,* gelang *may in the future, be no more. So, it's a lot of social responsibility. Knowing Malaysians – again, not to be condescending, but we are resourceful in finding a way to avoid it. So, that is the issue.*

Dr. Nagulendran A/L Kangayatkarasu: *This morning, I had the opportunity to meet the* JUPEM *team. So, theirs requires the person, first needs to have a handphone. Second, they are also relying at the moment on email system to alert. But they know all the shortcomings. One, they know some Malaysians would just leave the phone at home and still* merayau. *The other concern is on those yet to have MySejahtera account.*

Tuan Pengerusi: *Have multiple accounts.*

Dr. Nagulendran A/L Kangayatkarasu: *Ya. So, that kind of things. So,* Encik Ng Kang Siong *was telling me this morning, we really need to do a lot of effort to ensure the public is confident that we are not tracking them*-lah. *Post-COVID-19 recovery.*

Encik Ng Kang Siong: *Ya, and that was one of the reasons.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] They think we put chips in them ya.*

[Beberapa orang Ahli ketawa]

Tuan Pengerusi: *The triple six, ya. [Ketawa]*

Encik Ng Kang Siong: Ya, ya. *That was the reason why we do not do these features on MySejahtera. MySejahtera is meant to be used daily. If you're tested positive, you have to use a different app*-lah. *That app can be uninstalled after your quarantine period.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *One way Malaysians would learn is you come back to* Parlimen *and say we will fine you with hefty fines, if you're caught. Now, there's no fine, right?*

Tuan Pengerusi: *Yes, if you break the quarantine order, you can be fined up to – okay under the Emergency was RM10 thousand*-lah. *Now, I think is down to* RM1300 or RM1200.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *So, those who are going to be – into that app, of close contact, if you break your parameters of travel –*

Encik Ng Kang Siong: *I think we separate the close contacts from the quarantined, with a conscious decision so that people will not take a notion that even close contacts, you can track the whereabouts of where I've been to. So, it was designed so that you can know who the close contacts are, but we blur out on where it is. That was one of the premises why they use Bluetooth rather than GPS.*

Tuan Pengerusi: *Do you know what China use? China I know, they always say they will track you and everything. What does China use to do their enhanced contact tracing?*

Encik Ng Kang Siong: *We have no inside information.*

Tuan Pengerusi: *Because they also don't release much data.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: [Bercakap tanpa menggunakan pembesar suara]

Tuan Pengerusi: *They are not transparent. Basically, they control their citizens very strictly, but they are not transparent on how they are doing it. How about Taiwan? Do you know what are they doing in Taiwan?*

Encik Ng Kang Siong: *We surveyed; we did not find much from the Taiwan side. In fact, Taiwan only introduced the QR code only very lately.*

Tuan Pengerusi: *QR code?*

Encik Ng Kang Siong: *The QR code scan.*

Tuan Pengerusi: *Basically,* MySejahtera-lah?

Encik Ng Kang Siong: *Ya, they were very, very late. Mainly because their case numbers were quite low for a quite some time. Only recently there was a spike. I think that much we got – that's all. They didn't have this dongle, they didn't have this telco like South Korea, no.*

Tuan Pengerusi: *Okay, what's the difference between – I mean, I understand a bit the mechanism difference between telco and Bluetooth. Which one costs more? Which is more feasible, do you think in our environment?*

Encik Ng Kang Siong: *First, to do the telco, you need the infrastructure where you log every single base station records.*

Tuan Pengerusi: *Okay, that's tough.*

Encik Ng Kang Siong: *Right?*

Tuan Pengerusi: *It's a big hurdle.*

Encik Ng Kang Siong: *South Korea did it for different reasons – even before the pandemic.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Spinning yourself into a cocoon.*

Encik Ng Kang Siong: *Ya, ya. So, that is what they have—because they already have a basis to do that. So, it's easier for them to –*

Tuan Pengerusi: *Why did they do it at first, ya? They wanted – what data?*

Encik Ng Kang Siong: *Smart city, so they want to use that for various kind of reasons.*

Tuan Pengerusi: *Understand, understand.*

Encik Ng Kang Siong: *They even changed the law to allow that data to be collected.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *This is Korea?*

Encik Ng Kang Siong: *Korea – South Korea.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *They are building a huge city?*

Tuan Pengerusi: *Smart city.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Smart city, but they are reclaiming land and they have got this whole plan. So, it is part and parcel of that. This whole thing.*

Encik Ng Kang Siong: *Correct. Yes. So – but under our Malaysian telcos, the companies were told not to collect anything more information than required. So, they only collect information necessary for billing. They do not log all the information in all the base stations, because your phone is going to sign up to the base station. That one is only used for a short period of time, for billing purposes. They do not log it for a long period of time. So it's not sufficient information for thus, to do the...*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Can you run this by the Attorney General's* (AG) *Chambers?*

[Ahli berucap tanpa menggunakan pembesar suara]

Encik Ng Kang Siong: *No, no. Telco is what is currently— now*-lah. *It is not something that we recommend and also this— I'm just stating the fact, what they are doing now. Yeah.*

Tuan Pengerusi: *You mentioned that what you're proposing is within the ambits of the current laws. So this bluetooth is not— how does it reconcile with the current* PDPA *and everything?*

Encik Ng Kang Siong: *So the current* PDPA, *saying that there are some privacy principles, if you read it. The privacy principles is not very far off from the international* ISO *standard and so forth. So certain principles, for example, consent. You must give consent to be able to disclose information. Second, whoever collects information cannot disclose the information to third party without the consent and so on so forth. You have*

a lot of protection to say I may collect information sufficient for the purpose only, not for any other things.

Whatever we are doing is, we have put in technical measures to make sure that you cannot be tracked, so on so forth. Having said that, the Government of Malaysia *somehow is not part of the* PDPA *but we are willing to put in all the necessary protection to make sure that the data are not disclosed to unintended parties unnecessarily.*

Tuan Pengerusi: *For that we need to pass a new law, right? You were mentioning, for example, if we want to assure people within 14 days it will be removed, within a certain period it will be removed. Shouldn't that be in law?*

Encik Ng Kang Siong: *Don't have to. The current law is sufficient to say that you need to collect the data and you will only retain it to the limit that you need it. Anything above that, you shouldn't be collecting it. It's part of the privacy principle. One of it is data minimisation.*

Tuan Pengerusi: *Can I ask where is this data kept?*

Encik Ng Kang Siong: *Today the data is kept in the* Ali Cloud *hosted in* Malaysia. *It's by the MySejahtera. So they run it in* Ali Cloud *but there are plans to move the entire thing to the* PDSA, *the* Pusat Data Sektor Awam *hosted by the* Unit Pemodenan Tadbiran dan Perancangan Pengurusan Malaysia (MAMPU). *Today, it is in the* Ali Cloud *but* Ali Cloud *in* Malaysia.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara]*

Encik Ng Kang Siong: *Not of what I am aware of at this moment for the contact tracing, but there's another element on the Vaccine Management System. That one was developed by* MIMOS *and the data is actually in* PDSA. *So whatever the vaccination certificate, actually comes from that system.*

Tuan Pengerusi: *From the Philippines, is it?*

Encik Ng Kang Siong: *No, no. From Malaysia.* PDSA. Pusat Data Sektor Awam (PDSA). *We have provided a technical approach in the way that normally,if you want to verify a certificate, you have to go back to the server to verify. That is the typical way, but we have approached it differently and in fact it has been recommended by the World Health Organisation* (WHO), *so that the* QR *code that shows your vaccine certificate is actually being digitally signed. So that to verify it, you don't have to go back to server to verify it. You just need the public key to verify it.*

We have taken that approach so that the server that we have that stores all the vaccine information will not be queried by any other system outside. So that is the

technical architecture we have designed to make sure that there's no chance of being leaked out, unless internal work. Even for internal work, the data inside there has been de-identified in a way that there are certain keys that you need to be able to find out which record, but that one is only during the— when the computer is running, when you make a query, I do it and send it back to you. That's all. So even if you copy the entire data out, you will not be able to tell. It's like you have two record books-lah. *One is a personal information, one is your medical— it doesn't— you can't correlate it. You just— it's a mess.*

Tuan Pengerusi: *So you need a cypher kind of thing to put it together.*

Encik Ng Kang Siong: *Yes. So you need some special key...*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara]*

Tuan Pengerusi: *[Ketawa] No, but okay. The reason why we're asking this question is because there have been breaches*-lah. *I mean recently it was* Jabatan Perdana Menteri (JPM) data. *So the concern is always there and what are the cyber security features or safeguards that we have?*

Encik Ng Kang Siong: *Correct, yeah.* MIMOS *has been— sorry, yeah.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara]... internal work or was it an external breach?*

Encik Ng Kang Siong: *We have no information because the* JPN *record is still based on the current architecture.*

Tuan Pengerusi: *The old...*

Encik Ng Kang Siong: *Yes, old architecture.*

Tuan Pengerusi: *How do they keep their data? What's the difference in this sense?*

Encik Ng Kang Siong: *Okay. The* JPN *data is kept as it is*-lah. *You need to go back to the server to verify the information. So they provide Application Programming Interface* (API) *for different system to go back to server and check. If the outside system gets hacked, they can also get the information unauthorised*-lah. *So this new way of doing things is quite recent*-lah. *It's a recent technology development. So we chose to use this technology in this Vaccine Management System and to move forward*-lah.

So that's why it has eliminated that potential attack surface, alright. It eliminates so you don't have to go back to check so it becomes much better. So when technology progresses, of course you have new ways to protect it as well as new ways to attack it. So the JPN *is still, 20, 30 years...*

Tuan Pengerusi: *Old.*

Encik Ng Kang Siong: *Yes, yes.*

Tuan Pengerusi: *Sorry, if you don't mind me asking again and forgive my ignorance. The additional app that you mentioned just now, that would be based on geofencing technology, is it?*

Encik Ng Kang Siong: *Yes.*

Tuan Pengerusi: *Can you explain again in simpler terms how does that actually work?*

Encik Ng Kang Siong: *Today your mobile app, you can use Global Positioning System* (GPS) untuk jalan-jalan, *all kinds of things*-lah. *So we can also use that to find out where are you, right. So this app will be monitoring your whereabouts...*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara] [Ketawa]*

Encik Ng Kang Siong: *... for the next 14 days and it will do a fence*-lah. *This is your house. If you move like one kilometre away from your house, it will sound alarm and that kind of thing so...*

Tuan Pengerusi: *Sound alarm on the phone*-lah?

Encik Ng Kang Siong: *Yes and also to the server.*

Tuan Pengerusi: *Then I just off the volume*-lah. *[Ketawa]*

Encik Ng Kang Siong: *Go to the server.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Thank God* Malaysia *doesn't have the Big Brother policy. If not, we're going to— [Ketawa]*

Encik Ng Kang Siong: *Not so much so, but if you think about it,* Google *and* Apple *actually have that information*-lah.

Tuan Pengerusi: *Everytime we allow notification on our mobile, basically they are checking us.*

Encik Ng Kang Siong: *Correct. It's a— pros and cons*-lah. *If you want to allow Smart City and need to know where you are so that I can provide you service so on so forth, but...*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara]*

Encik Ng Kang Siong: *Yeah but this one we are talking specifically on that contact tracing*-lah. *So that's why we do not want to have that feature inside* MySejahtera. *If not people will be thinking why are you tracking my whereabouts?*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara]*

Tuan Pengerusi: *As I said from the beginning, I really believe we need some form of contact tracing, but what is proposed here, it's a bit of a stretch*-lah. *[Ketawa]*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *This committee will be held out to dry and then you got to— [Ketawa]*

Tuan Pengerusi: *Big Brother. [Ketawa]*

Encik Ng Kang Siong: *So what we have proposed— it's not we have proposed*-lah. *We have come up with the list. Today we have check-in and check-out, alright. Check-in and check-out is based on a* QR *code on the business operator, business operator have a address, alright. So that is what we have. If you want to stretch further, we will use the bluetooth without the* GPS *just to find out whether you are in close proximity without a location information. So the bluetooth was designed without a location information.*

Tuan Pengerusi: *So will that be sufficient?*

Encik Ng Kang Siong: *Not so sufficient. It's enough for the purpose*-lah. *So that I know you are in close contact but I do not know where you have been close contact with.*

Tuan Pengerusi: *Just to notify you to get tested. I think that is, to a certain extent, sufficient. Actually, MySejahtera would be able to*-lah, *through check-ins, right? The check-in feature should allow this notification.*

Encik Ng Kang Siong: *Correct.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *So you have a time frame. So it narrows you down towards where you were, how long you were and so there is a possibility of contact.*

Encik Ng Kang Siong: *Correct, but if you look at it, some premises are small. Some premises are large.*

Tuan Pengerusi: *Some premises are huge, like check-in* Pavilion *also huge. [Ketawa]*

Encik Ng Kang Siong: *Some are public transportation, some you are walking around. So check-in can only allow you to have fixed premises.*

Tuan Pengerusi: *Understood.*

Encik Ng Kang Siong: *For example if you go to* Midvalley, *it's so huge. You check-in once right. There can be fourth floor, I can be in ground floor. Right. So the bluetooth is supposed to complement on that.*

Tuan Pengerusi: *Yeah understand.*

Encik Ng Kang Siong: *That's where it comes from. Step one is more of gathering information, so the more granular we have, the better analysis we can perform.*

Tuan Pengerusi: *I mean correct me if I'm wrong. What I understand is bluetooth technology is important to identify close contacts and so that we get them tested and whatever. The geofencing will be if you are positive, then I want to make sure you do not go out where you're supposed to.*

Encik Ng Kang Siong: *Exactly. That was the idea behind.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *I'm going to be the devil's advocate here. All these are just because you don't want to spread COVID-19 or you don't want to have a cluster and you don't want to have a surge right? But look at Singapore with all the things that they do they have a surge. Its 2,000 and more. They have a surge. How is this going to be any better if there is going to be a surge. In terms of protecting ourselves and amount of money we have going to put into this compared to what we have now is MySejahtera, which is to me is fair enough in order to protect ourselves now. Are we going into something that will be obsolete in order to spend so much of money and times to come. We talking about what, one year? We talking about one and half years? I mean why?*

The question is Malaysia is now short of resources. Let me very frank, the government is going to borrow huge amount of money in the next 12 months. Our GDP to debt ratio is going to be increase to 65. We are going into things that to me is whether this is absolutely necessary when we are planning to go to endemic. To me will be educating the people in order to be self-reliant and self-sufficient and self-sustainable, then you move forward in order to do the spend of money somewhere else. Let not spend the money on something that we think that is good but finally you still have the surge.

When you go back inquiry yourself whether you are really spend money well in preventing the surge or not but the surge will take place because you will get another variant apart from Delta. Because what I know is we going to get it because in Africa is burning, spreading from people to people. Medically you know when the virus jumps from one person to another person to another person, it builds variants. That is going to happen whether we like it or not. That is something that I think this committee also has to be firm and put things in the perspective as to whether what we are doing and what we need to do.

Maybe we should have a system in place that can be applied when the time comes. In terms of an emergency, we have it, the framework is there and we implement

it then you can be prepared for. But at the same time keep it going now and see where it gets us to. I think that will be the approach that we should take on the long-term basis about what we want to do. Rather not frightening us to its and going into a legal tantrum. My legal friends will love to challenge you on this, okay. For them, it will be the case that they have to go. That is the different within lawyers and the doctors.

Tuan Pengerusi: Ya*, we always lean on the conservative side. I fully – I understand in the sense that I fully agree that this is a stretch. But my question before we even make that consideration whether it is something we going to get into. My question is what is the dollar and cents involve? What is your projection of how much this will cost especially when you have presenting to the* mesyuarat JK Teknikal *in November?*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *The cost of the dongle per person.*

Tuan Pengerusi: *Everything, the whole of the system.*

Encik Ng Kang Siong: *In fact what we have today is MySejahtera check-in and check-out. It's already done. That one you don't have to put in anymore effort. The bluetooth functionality in the MySejahtera is going to be added in. So, that will limit only to those with mobile phone. The dongle was a new thing. We also did not applying for that but somehow has been proposed. So, we just explore it as technical lead.*

Tuan Pengerusi: KJ*, I admit I* cucuk *him on that. I take responsibility.*

Encik Ng Kang Siong: *Technology level. We are still at the feasibility studies. We are going to finalise the spec. We still do not know how much each unit will cost. Not yet, not yet.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *I can tell you how for sure that Ministry of Finance will knock it out.*

Tuan Pengerusi: *Ex-Minister—he knows how budgeting is the biggest headache.*

Encik Ng Kang Siong: *That is just – I don't know how much did they – that is what they...*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *But the dongle you just saying – sorry, is across the board for everyone or is it just to a certain population target?*

Encik Ng Kang Siong: *In Singapore is you can request, anyone can request one unit if you choose to, if not you have to turn on your mobile phone.*

Tuan Pengerusi: *Do they make it mandatory?*

Encik Ng Kang Siong: *They make it mandatory.*

Tuan Pengerusi: *They pass a law?*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *The school children also get it?*

Encik Ng Kang Siong: *No, no. I think today is an adult, is an adult. So, you either choose to turn on the app all the time before you enter premise or you carry the dongle and you have to show that you have the dongle.*

Tuan Pengerusi: *Okay, lets try to take the dongle out of picture. I personally don't think it will be feasible. How about the MySejahtera upgrades in terms of bluetooth and everything. How much will that cost?*

Encik Ng Kang Siong: *That is the software. In fact MySejahtera is now discussing the entire MySejahtera cost to the government. So, that one is still– the discussion is ongoing.*

Tuan Pengerusi: *Haven't paid anything to MySejahtera right*?

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Who owns MySejahtera*?

Tuan Pengerusi: *Some – I forgot, there is a company.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Not the Ministry of Health right?*

Tuan Pengerusi: *No, no. I actually met the boss. So, it's not fella. Proposed for free then you make it official app then the government has no choice but upgrade and pay you on that. Actually, I have met the boss. He has backing now because he is multinational company.*

So, how much will the bluetooth feature additional – estimate, estimate. You don't have to estimate.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Bercakap tanpa menggunakan pembesar suara]*

Tuan Pengerusi: *I don't know about* Yang Berhormat Sibuti *and* Yang Berhormat Kuala Langat. *I feel the dongle is not feasible. I think the MySejahtera – I mean the low-hanging fruit is to upgrade MySejahtera and maybe have that bluetooth kind of thing.*

Tuan Lukanisman bin Awang Sauni [Sibuti]: *I know some of the answers from question who owns the MySejahtera because I in* PAC. Kita ada maklumat *but I cannot say it. But my concern on this bluetooth dongle especially on the procurement,* ini akan melibatkan– *will be a scandal if not properly manage and then the pricing and then* dalam PAC pun kita selalu cakap berkenaan tentang tender terhad, tender tertutup *everything something like this is my concern on this dongle.*

Because Singapore, the population is not big as Malaysia. Then how you going to distribute this dongle especially on– like Klang Valley is not the problem, a big cities

like Johor, Penang or Perak is not a problem, at Sarawak, Kuching. *But in Sarawak how about the rural, semi urban area Sabah? So, is it effective to use this?* Dia *link* ke *handphone but handphone pun not really* – tidak ada *signal to send the data. So, how you going to do this?* Juga, *is there any timeline to propose to this government* untuk penggunaan *contact tracing? What is the target? So, I see on November 2021 is pilot project.*

Encik Ng Kang Siong: *No, that is why* dalam slaid ini kita tidak ada *timeline* untuk *bluetooth dongle. Nothing at all. It's an exploratory for the bluetooth dongle to* work ia tidak perlu *connect to handphone and anything. They just a passive send and listen. Let say you are tested positive then you* hantar *bluetooth dongle* itu *to MOH then the try to contact trace.*

Dr. Nagulendran a/l Kangayatkarasu: *If that's another dimension because* kalau *you tested positive, you then* kena bawa *dongle* itu ke pusat kesihatan berhampiran *for them to download the information from your dongle. So you have to do that. If you have tested positive you have to go and – so, I agree at* kawasan pedalaman, *we may need options.*

Tuan Lukanisman bin Awang Sauni: Akan ada penambahan dari segi *total manpower? I mean like human resource side*. Adakah KKM akan *train I mean like specialize on this dongle or contact tracing? Is there any* tambahan? *Because* ini akan melibatkan bajet ataupun emolumen.

Encik Ng Kang Siong: *I think the dongle from day one is design for* sesiapa yang tidak ada *mobile phone, that was the question asked. So,* tidak ada *mobile phone, then you must have something like a mobile phone but not full features of mobile phone, that is why it becomes simplified single purpose device. That was the idea.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *How is Singapore, who uses the dongle?*

Encik Ng Kang Siong: *Nobody.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *[Ketawa] Nobody.*

Tuan Pengerusi: *Only Singapore can control their country.*

Encik Ng Kang Siong: Ya, ya. *So, first and foremost, the dongle is to address those who do not have mobile phones. Whether we want to distribute this mobile phone to entire population, that is another policy decision, but it's a solution for those that do not have it. So, what I am trying to say is we are—I think we are jumping the discussion here, we are talking of technical solution here. The extent of deployment, it is for someone else to make the call.*

Dr. Nagulendran a/l Kangayatkarasu: *Security is very important*. *So, I was just reading, people were very worried with their phone giving to much information, that is why their wanted a dongle which is just for the purpose of COVID-19 information. So, they were more comfortable using a dongle then using a handphone. Because, in the literature I read, they were worried what else is being extracted from my phone.*

Although authorities said "we only extracting your COVID-19 status"...

Tuan Pengerusi: *Nobody believes in government.*

Dr. Nagulendran a/l Kangayatkarasu: *But they were a bit worried. So, the dongle they know is disassociated from their phone.*

Encik Ng Kang Siong: *Yes, to add on to that, dongle to—mobile phone, sometimes if your app is "sleep" in the background, then the OS will kill you. At some point, it would not be transmitting or listening. So, that is the side effect of—if we solely rely on the mobile phone. That is the reason...*

Tuan Pengerusi: *Drained battery.*

Encik Ng Kang Siong: *...It will drain your battery and so on. So, the experience in Singapore is someone said "okey*-lah*, this one drains my battery, I might as well ask for a dongle and carry." That is the mode of operation in Singapore.*

Tuan Pengerusi: *I mean, for me, if the government is giving it for free, then I must take*-lah.

Encik Ng Kang Siong: *Yes.*

Dr. Nagulendran a/l Kangayatkarasu: Tuan Pengerusi, *for dongle, I think battery life is about six month?*

Encik Ng Kang Siong: *It depends on the design specification.*

Tuan Pengerusi: *How much does it cost?*

Encik Ng Kang Siong: *So, if you want to go for it, then we have to go for low power, very very low power type. It will last for one-year, two-year type of dongle. But that one is—we are still at the feasibility studies.*

Tuan Pengerusi: Okey. *When will the feasibility studies be done?*

Encik Ng Kang Siong: *Now, we are going all out to find out what is possible out there, so we have some examples to learn which is from Singapore, and how do we not following the same...*

Tuan Pengerusi: Ya, *mistake.*

Encik Ng Kang Siong: *...mistakes as what Singapore is doing*-lah. *So, we are still doing it. Hopefully, we can have some preliminary result by next month*-lah*. So, we*

are still comparing where to source for that and that kind of things. So, it is still at the very very early stage-lah*. It was just…*

Tuan Pengerusi: *Can I request that once the study is out, this Committee be briefed as well? So, at least we get updates on what have been done.*

Encik Ng Kang Siong: *Yes, definitely.*

Tuan Pengerusi: *So, if we are talking about next month, then you just give us an indication on when is it, then I think the official letter. So, this is a big decision and I think even for us to put up our recommendations. We need to have all the facts at hand*-lah*. Appreciate it. Any other questions* Yang Berhormat Sibuti, Yang Berhormat Kuala Langat?

Tuan Lukanisman bin Awang Sauni: *Just want to ask you, because I am still in blur on this—using of Bluetooth dongle. This is my dongle*-lah. *So, this is,* Tuan Pengerusi*, dongle. So, it means like—how does the contact tracing happen?*

Encik Ng Kang Siong: *A good question. So, you* tahu WIFI 'kan*,* WIFI dia kena *connect to your base station to exchange data. So,* kita guna *almost same technology like Bluetooth. So, Bluetooth there are smartwatch, and this uses Bluetooth*-lah*. So, the dongle will transmit some numbers. So, Tuan Pengerusi's dongle will listen. They walk around*-lah*, so* pasang telinga dengar, okey ada nombor ini, ada nombor ini. *When you receive it, you just keep a copy. So, let's say, for example,* Tuan Pengerusi *is tested positive, then he brings the dongle to MOH, MOH downloads all the numbers that you have listened before, then pass to the server. So, server will check*-lah *who were transmitting these numbers? So, they do look out*-lah*. Maybe I am close to him, but I* punya *number* ada dalam itu, *and then match. So,* Tuan Pengerusi *and I has close contact before.*

Tuan Lukanisman bin Awang Sauni: Okey, *I understand.*

Tuan Pengerusi: *What is the distance of detection?*

Encik Ng Kang Siong: *Bluetooth is short range*-lah, *we can tune the power. So, if you maximum, max power like WIFI, you can tune the power, right? So you can go for 100 meters. So, if you tune the power lower, it can be five meters, 10 meters. It's up to you to tune it, but it is also affected by where you put it in your pocket, that kind of things. So, it is roughly—it is only for short distance.*

Tuan Pengerusi: *I am going to ask a very—probably a stupid question, but a lot of people are going ask it. With all these gadget and Bluetooth, it cost any long-term effects? Health effects to the—when we are carrying phone everyway, we go. [Ketawa]*

Encik Ng Kang Siong: MOH.

Tuan Pengerusi: *But there's no answer, I can answer you.*

Tuan Lukanisman bin Awang Sauni: *Just the last previous question. Is it* melibatkan pertambahan staf, emolumen untuk KKM melaksanakan *contact tracing?*

Encik Ng Kang Siong: Memang sekarang dia ada *manual contact tracer. So, before* dia tidak ada sistem. Dia kena *call* satu-satulah*. Let's say I* positif, you tanya*, "Okey semalam pergi mana, ada siapa," so on and so forth. So, that is manual process.* Kita *propose* dekat sini kita guna komputer sistem *to help the contact tracer, so* kalau dia *make the call in the system, we will list out*-lah *based on the system, who are the contact tracer, so the manual can confirm*-lah ada atau tidak ada. *So, maybe the system will not capture 100 percent. "I sudah jumpa siapa-siapa itu.." then the name*-lah*. So,* memang—*there will be manual process*-lah, *required for that contact tracing.*

Tuan Lukanisman bin Awang Sauni: Tuan Pengerusi, *so, this is very important regarding our* syorlah daripada Jawatankuasa nanti, *regarding—are we going to agree with this contact tracing.* Memang *moving forward, we need this, so* dalam pada masa yang sama, saya melihat dari sudut *costing*, perolehan, dan juga Jawatankuasa Pilihan Khas Kesihatan, Sains dan Inovasi memainkan peranan, *because if we fully agree with the ideas, so* kita akan berdepan dengan masalah *that—because* Jawatankuasa yang bagi input.

Then, this technology must be ready anytime, dan kita faham *this COVID-19,* kita tidak tahu bila lagi, *so is it seasonal?* Adakah *this technology will be obsolete, so* mesti ada *long term planning*-lah *before we go for this contact tracing using the dongle or anything—the technology in future. It is my opinion.*

Tuan Pengerusi: *I fully agree*-lah. *To be fully honest, as I said, we do need some form of contact tracing mechanism. What is the methodology that will be the question we are exploring today? For me, it is not just about COVID-19, we going to face multiple pandemics in the future. So, there has to be a framework in place*-lah. *But then, come feasibility studies and everything. To be honest, I am not comfortable making the decision now. I think, even if we are giving a* syor *in our committee, it will be a general* syor *rather than we want the token or the dongle to be implemented. So, in that sense*-lah*. Any other question from the committee? If not, we thank...*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *I just want to echo what have been discussed. It is good that we are thinking about how we would face—this is practically thinking about how we will face future pandemics. The present pandemic, we are overcoming it, we are now towards the downward curve and going into an endemic, and that is something good for us. I wouldn't want to go into anything that is going to be*

costly for the government at present because we need all the money that we need in order to build the economy for different purposes.

But again, it's good that we have something on paper already, in case we fall into a endemic, pandemic in the near future which might be—so, we work on this, but I think, I would prefer that we work on the MySejahtera apps that we have and through public health. I think MOH, MOSTI, and the other ministries also have to play a bigger role in public awareness about what is needed on the long-term basis without having to spend so much money on going and procuring device that we are not very sure whether the effectiveness of it is going to be transparent the country or not.

So, I think the best is that, having on paper ready that we can implement it, yes, but we don't need it at present, but I think we should work on MySejahtera and get it better and the education part of it, at least becoming more.

Tuan Pengerusi: *That is good. I mean, hopefully in the next meeting, when you do your recommendation and your research, try to get the data from Singapore, like how does this help in terms of their speed of contact tracing, in a sense that now they are experiencing a surge, but then what the data we want is how fast they can contact trace in comparison to what they did before. So, I think that would help...*

Encik Ng Kang Siong: Ya, *we do have that numbers. They said the system is going to give out all the potential close contact within ten minutes.*

Tuan Pengerusi: *Ten minutes? Wow. Okay*-lah. *It's ideal*-lah.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Just to close, sorry.*

Tuan Pengerusi: *Sure, sure. Go ahead.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *We don't have to follow Singapore all the time*-lah, *please. Okay. I think we have better brains here, then we can do it. Our whole scenario and our whole landscape is so different from them. In comparison, we cannot compare ourselves with them because it is not the same. It is never the same. It is not. So, it is something that we have to plan. We will have to look at it and how we want to apply for what we have. Our whole demographic is completely different. You cannot play the demographic in Singapore to here. You can maybe place Singapore to Klang Valley. You can do it but beyond that you cannot apply the— what is being applied in Singapore. So that is what we need to know where we are going. We have the brains for it. I'm sure we have.*

Tuan Pengerusi: *We learn best practices*-lah *then we suit it to our situation. Thank you so much. Any— Oh, sorry. Sorry. Yes,* Yang Berhormat Sibuti?

Tuan Lukanisman bin Awang Sauni: *Sorry. This is* luar konteks daripada *contact tracing. I just want to ask* MOSTI. Saya terima banyak soalan *especially from the oil and gas sectors that are working in— [Pembesar suara dimatikan] Most of them* menerima vaksin daripada Kerajaan Brunei. *Now they are having problems on vaccine certificates.* Adakah mereka— macam di *Middle East,* ada yang dapat vaksin di sana *then* balik di Malaysia, *they get another vaccine after eight months.* Sekarang yang di Malaysia ini. *So how the MySejahtera system accommodate the digital certificate from maybe Singapore or Brunei or somewhere in the Middle East? Is there any solution on that?*

Encik Ng Kang Siong: Ya, memang kita yang *develop Vaccine Management System* (VMS) yang keluarkan QR *code* itu. *So the* QR *code is being issued by* MOH-lah, *under Government of Malaysia because we have a full traceability of whereabout of the vaccine from the beginning. So* kita ada VMS *serial number. So* tuan yang dapat vaccine, *you* guna MySejahtera, *scan the serial number, so that serial number is issued by* VMS. *So by scanning that serial number, we can have a full traceability of which vaccine from which bottle you get the vaccine from.*

So once you have done that, we will give you a QR *code that has been digitally signed by the Government of Malaysia, the* MOH-lah. *So* yang itu *is the vaccine managed by* PICK *will be given this vaccine. So for those that get vaccinated, for example, in Singapore, right— So, you can register to MySejahtera only setakat the yellow page sahaja. You will not get the QR code. So the MySejahtera will say that yes, we ackowledge you have got a vaccination first dose in Singapore. Second dose* kalau *you* dapat dari PICK, dia akan tunjuk *as a normal one*-lah, yang *the first one you will not have the* QR *code.* Kalau *second dose in* Malaysia, *you will get everything with the* QR *code. We are also— because our* QR *code comply to* WHO *standards,* WHO *come up with the standards, we are working with countries like European Union* (EU). EU *also complies with* WHO. *It's very similar to our* QR *code.*

So we are going through diplomatic channels, through Kementerian Luar Negeri (KLN) *and* MOH, *so that we can exchange our public key, so that our verifier can verify their* QR *code. Their verifier can verify our* QR *code. So we are going through this through the diplomatic channels. Same thing with Singapore. I think* Puan Siti Salmiah binti Haji Dimyati, *you want to mention about the Singapore— where are we now in terms of mutual recognition of vaccine certificates?*

Puan Siti Salmiah binti Haji Dimyati [Timbalan Setiausaha Bahagian (Teknologi Strategik dan Aplikasi S&T), MOSTI]: *Currently, mutual recognition on the*

digital certificate, we have completed the negotiation bilaterally with Singapore. So basically we have exchanged the technical requirements, which they have— we have exchanged the public keys. Meaning our verifier apps in the phone, we can read their certificate to authenticate the digital cert-lah. *Meanwhile, our certificate* pun boleh dibaca oleh pihak *Singapore. So currently* Malaysia *and Singapore. With* EU, *it's still ongoing, the process. So we actually received a lot of requests from many countries to basically recognise their certificates. So the negotiation is ongoing with* Wisma Putra *through diplomatic channels.*

Tuan Pengerusi: *Yup, sure.*

Dr. Nagulendran a/l Kangayatkarasu: Tuan Pengerusi, *just two issues. We may need the help of this committee, taking cue from* Yang Berhormat Kuala Langat, *is the genomic surveillance. I think that's more important. People— you see once we open our borders, people will be freely moving in. So we are worried if they're going to bring in any new variants, so* kita kena *continuously monitor and that requires funding*-lah. *That's more important also, I think. So that's one.*

Two, I think you requested us to present back to this committee after we have done the feasibility study. Maybe, Encik Ng Kang Siong, *I think for the feasibility study, we need Ministry of Health's help. We need the public health experts and the epidemiology experts because like what* Yang Berhormat Kuala Langat *said, in the long run as we go towards endemic, do we need technology— we need to be prepared in a blueprint but whether to deploy it, we need to really see. So we do a cost benefit analysis. Alright, thank you.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Talking about that, I hope that— I mean, the next budget will see a certain proportion of* MOSTI'*s budget going into Research and Development* (R&D), *into genomic studies and things like that, which is very, very important at this present stage of time. I think we have to move a step further and make sure that allowance is given to the Ministry to go forward. I think the* R&D *is very important and that's something that we have to do.*

[Mesyuarat ditangguhkan pada 3.40 petang dan disambung dengan mesyuarat* housekeeping *di Bil. 6(b)]

Singapore is a different approach. They want granular data, they want real location data so that if they found out we are close contact, immediately they can send you SMS and for the best you do home quarantine. So, is the different approach. One is going for gross; Singapore is going to detail because is small.

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *Small.*

Tuan Pengerusi: *Small country they can do it.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *It's a village, so small they can control it.*

Encik Ng Kang Siong: *Exactly.*

Tuan Pengerusi: *But your proposal here will be closer to what Singapore is trying to do lah. Do you think is feasible in our demographic and I mean the size of Malaysia, rural and urban.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *The part from being feasible lah, practically speaking, we are going into endemic stage, how long do you want to prolong with this technology that you are going to do forever? For how long? Another five years, six years? I mean it has to come to us. Talk somewhere a wrong the line and you'll have to be responsible, and you have to carry on man. You are doing proposing something, I don't know the timeline for this, how much we are going to spent and then other side we are talking about going into endemic space and then you know life is to has go on. All this thing to me restriction for normal life lah. So, what are we doing? How long do you want to go on?*

Tuan Pengerusi: Yang Berhormat, *I mean in my view if we want to go to endemic stage and prevent searchers of pandemic risk will happen. Some form of contact tracing is important lah. So, that is why we are exploring different option, will be is the best of option.*

Dato' Dr. Xavier Jayakumar a/l Arulanandam: *No, surges will happen* Tuan Pengerusi, *surges will happen whether you like it or not* lah.

Tuan Pengerusi: *That is why you need to control as soon as possible.*

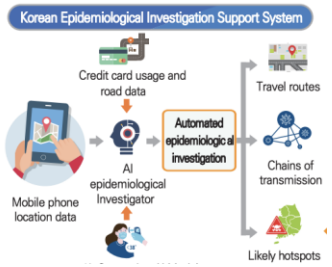
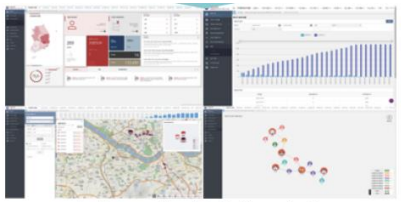
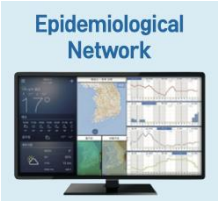
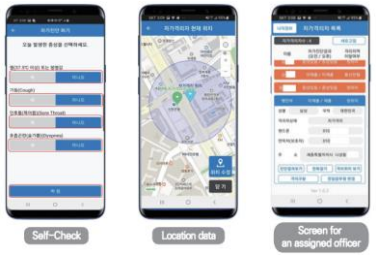
Dato' Dr. Xavier Jayakumar a/l Arulanandam: *I am sorry, that is you know people die of flu more than anything else, basic flu. So, that is also this whole thing about... To me lah, paranoia is something that we don't need to establish in daily life compared to educating people about what they have to do and how they have to live. I think to me that is what we need to do. All this after sometimes this is all become obsolete* lah.

MESYUARAT JAWATANKUASA PILIHAN KHAS KESIHATAN, SAINS DAN INOVASI PARLIMEN KEEMPAT BELAS BIL. 6/2021

CONTACT TRACING ENHANCEMENT

4 OKTOBER 2021

PROPOSED CONTACT TRACING FRAMEWORK

		Contact Tracing Enhancement	Proposed Timeline
Step 1: Rich ***data-sourcing*** to infer/analyze interactions		• Incorporate Bluetooth Contact Tracing into MySejahtera • Check in/out feature • Explore Bluetooth dongle option	• 31 October 2021 • Completed • Feasibility study (cost, specifications)
Step 2: ***Analysis*** to determine granular risk of epidemic spread		• Analysis of data collected from MySejahtera (similar to SELangkah) • Develop stronger Artificial Intelligence /Big Data Analytics modelling of transmission chains and hotspot identification based on extra input from Bluetooth	• Completed • After the rolling out of the Contact Tracing using Bluetooth in MySejahtera
Step 3: ***Dashboards*** provided to healthcare workers for contact tracing	 – Intelligent epidemiological investigation 	• Dashboard for KKM personnel • Enhancement of dashboard for efficient, quick data access • Improve SOPs of contact tracers • Increase contact tracers capacity	• Completed • 31 October 2021
Step 4: Supporting activity to ***reinforce*** contact tracing		• Self-quarantine app (MyHSO) • Pilot in Greater Klang Valley	• To be presented in Mesyuarat JK Teknikal Pengurusan Pandemik, MKN • ~ November 2021