

**LETTER**

## LETTER | Lessons learnt for pandemic preparedness

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**LETTER** | Dr Awang Bulgiba, chairperson of Science, Technology and Innovation Ministry's Covid-19 Epidemiological Analysis and Strategies Task Force, recently commented on the persistently high Covid-19 death counts despite a ramped-up vaccine rollout in the Klang Valley, and a drop in daily admissions and photos of unoccupied beds and empty corridors.

Without more disaggregated daily data, we can't tell if slowing trends in the Klang Valley may have been compensated by increasing death counts

in the less vaccinated states now grappling with the delta variant.

When hospital and intensive care facilities are overwhelmed, some mild-to-moderate cases who are advised to self-monitor at home may deteriorate quite rapidly before they can be admitted for timely treatment to ward off a catastrophic outcome.

However, the increase in BID cases (brought-in-dead, reaching 20-30 percent of Covid daily deaths), who are disproportionately foreign, suggests that migrant status is an important factor.

Dr Chong Chee Kheong, the Health deputy director-general, who also heads the Greater Klang Valley Task Force, noted that "some 80 percent of the BID cases involved those who either never had access to screening for Covid-19 or never came forward to be tested... A large number of the BID cases are non-Malaysians".

Many of them succumbed to the virus because they either arrived late for treatment or did not seek treatment at all.

Chong doesn't say it explicitly, but we can safely guess that most of the untested foreign BID cases were undocumented migrants.

Malaysia, sadly, is reaping the consequences of decades of corrupt mismanagement of the "supply chain" for foreign labour, viz a persistently large pool of undocumented migrant workers, often in congested workplaces and dormitories, who have strong incentives to avoid contact with government agencies.

Already fearful of detection, arrest, and deportation in pre-pandemic times, undocumented migrants' insecurities were exacerbated by the policy reversals of the National Security Council (NSC) and its contradictory messaging over an offer of temporary amnesty to facilitate Covid testing, contact tracing, isolation & treatment, and vaccination.

This deeply rooted problem with undocumented migrants, which persists despite repeated rounds of amnesties, will prolong our catastrophic

experience with Covid-19 (and future pandemics as well).

Continued inaction on this front will perpetuate the fertile ground of undetected community transmissions, seeded and primed for periodic eruptions when a highly transmissible variant emerges and eventually hits an amplification node.

In the meantime, one urgent corrective the NSC could adopt is to stop penalising the undocumented migrants and their employers for the duration of the pandemic.

The government should build upon the strong interest of most employers to keep their employees uninfected (to avoid a business or production shutdown or lockdown of workers' dormitories).

Instead of penalising them for employing undocumented migrants, they should be incentivised to get their employees vaccinated as soon as possible (penalties instead for employing unvaccinated workers?).

Khairy Jamaluddin, the newly appointed health minister, is justly proud of our institutional capacity for ramped-up vaccination (kudos for his leadership of a well-organised effort).

The major bottleneck was vaccines supply. The likelihood of further variants and endemic Covid emphasizes the importance of the local capacity for manufacturing vaccines and other pandemic essentials, as part of Malaysia's pandemic preparedness.

Pharmaniaga's RM3 million investment for fill-and-finish of CoronaVac was the first step towards a much-needed mature capability which can be re-purposed in a pandemic outbreak.

Putrajaya has received repeated offers from Cuba for collaborative research and product development.

Joint venture offers, from Russia and China as well, can position Malaysia as a regional platform for manufacturing and distribution of vaccines and

essential medicines for Southeast Asia.

The BRICS countries in particular (plus Cuba and Iran) collectively have the R&D, financing, and manufacturing capabilities for supplying much of the developing world with affordably priced essential medicines and vaccines (and less extortionate terms for technology transfers to venture partners).

Malaysia should also explore this collaborative platform for developing indigenous capacities for vaccines and pharmaceuticals manufacture.

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*The views expressed here are those of the author/contributor and do not necessarily represent the views of Malaysiakini.*

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