

Revisiting Malaysian Public Health Preparedness: The Gaps and Lessons.

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ABSTRACT:

Covid-19 is the largest communicable disease outbreak reported in Malaysia and Gombak was one of the worst hit districts with 105187 total cases (case fatality rate of 0.01%) till December 2021. A descriptive analysis of the strategies and interventions were studied to understand the level of preparedness of Gombak District Health Office (GDHO) in pandemic management. The challenges faced at ground level include various aspects: lack of capacity in medical facilities, human resource, infrastructure and logistic issues. GDHO had to re-prioritize and re-distribute the existing resources across the district during the outbreak. Sungai Buloh Hospital was the first hospital gazetted for solely Covid-19 patients under GDHO. GDHO was also in charge of managing the incoming travelers at the quarantine centre as well as assisting at the Kuala Lumpur International Airport, Sungai Buloh Prison to manage their infected inmates, and in managing the various localities that were placed under Enhanced Movement Control Order (EMCO). There was also deployment of man power for investigation, contact tracing, home assessment of positive cases, managing and assisting Royal Malaysia Police Department (PDRM) in the burial process of the deceased Covid-19 cases and Brought In Dead. The human resource was scarce in the 10 government clinics within GDHO as the service had to be stretched to manage Covid-19 patients as well as other clinical services amid the increasing rate of infection among the health care workers themselves which in turn caused large numbers of them to be on quarantine periodically. The breaking point was when patients had to be managed in clinic settings while awaiting beds in hospital or quarantine centre. GDHO started its first centralized Covid Assessment Centre (CAC) in Dewan Seroja which was operationalized by resources from all 10 Health Clinics and the District Health Office. In view of increase in number of Covid-19 patients requiring assessment, more Covid Assessment Centres needed. Therefore, the centralized CAC was closed down and all the 10 Health Clinics established their own CAC 's with assistance from the various agencies within the district. Transportation of Covid-19 patients to treating facility was a long haul. GDHO Management had to modify department vehicles to transport the patients to overcome the shortage of ambulances. At this time, the Greater Klang Valley Task Force (GKV-TF) was formed to assist and manage several important aspects in the shortest time possible. Some of the strategies were the digitalization of Covid case management using MySejahtera application for Home Surveillance Order (Digital HSO) and Home Assessment Tool (HAT). The GKV-TF had distributed vast number of human resource and equipment from many other Government Agencies to assist in case investigation and contact tracing in District Health Office Command Centre as well as counseling and registration of patients in CACs. In conclusion, effective and efficient planning involving multi agencies is required urgently to increase the level of preparedness for the next Public Health crisis.

KEYWORDS: pandemic, preparedness, multi agencies, resources.