

THE IMPACT OF COVID-19

The cases of India, Malaysia, Poland, Uzbekistan



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Introduction

This research is a comparative study of how four countries: Poland, Uzbekistan, India, and Malaysia, focus on overcoming the COVID-19 pandemic. The research focuses on the following main points:

- The lockdown policies of states,
- the functioning of hospitals under specific rules,
- the approach towards international cooperation.

The methods used in this research are based mostly on desk-research as well as quantitative as well as qualitative analysis. Information is taken from primary as well as secondary sources such as official reports of the respective state agencies as well as governmental and non-governmental institutions and international organizations. The research also introduces a SWOT analysis basing on which the effectiveness of each country is analyzed separately as well as in regards to the specific domain of interest.

The case of Poland

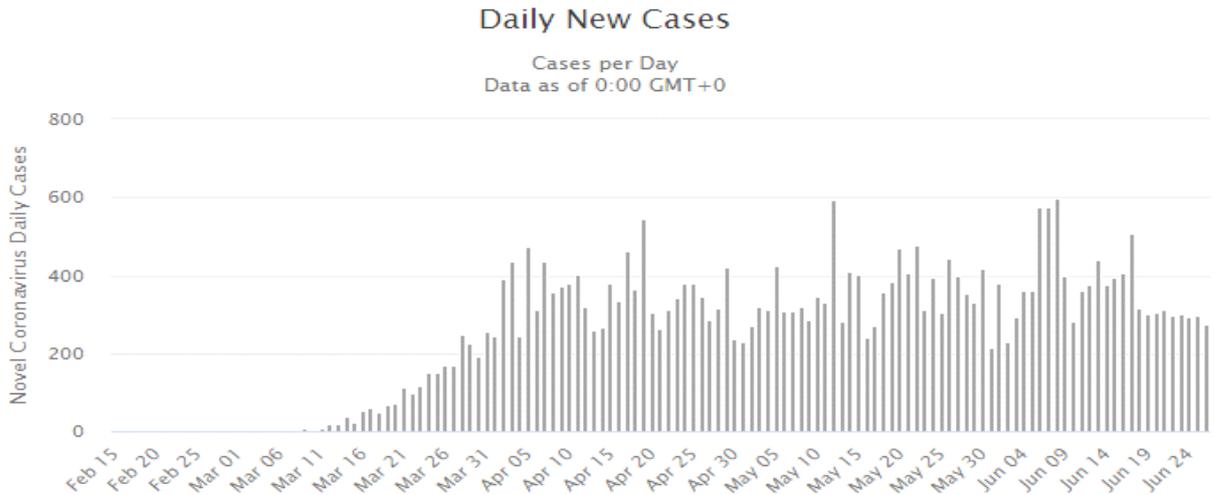
Mateusz Czajkowski



INTRODUCTION

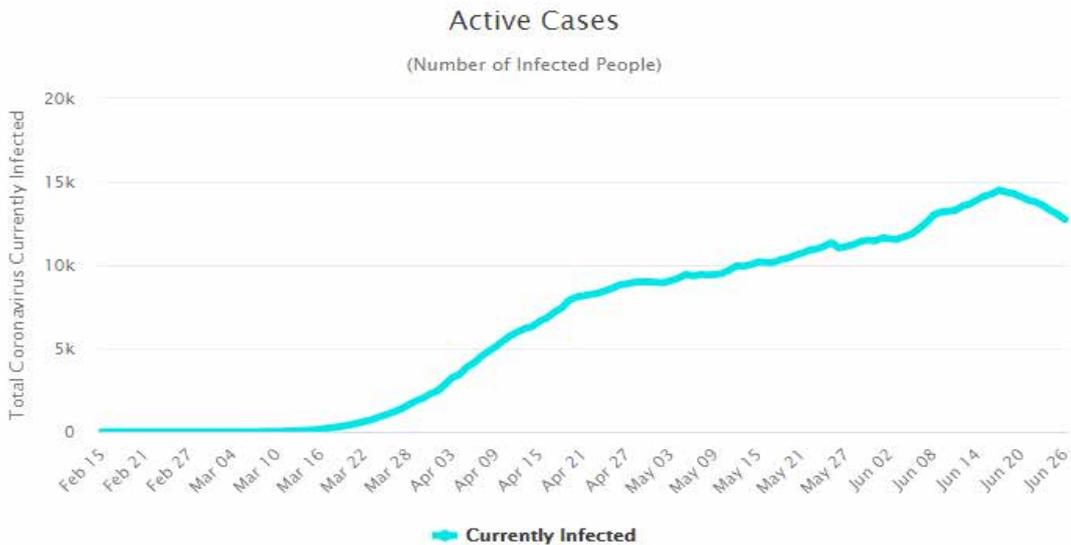
The COVID-19 pandemic caught the western countries off-guard. A swift and decisive response of the Polish government allowed the country to contain the spread of the disease and avoid similar situations to those in Italy or Spain. As for today, the disease seems to be limited to a handful of locations.

After the conduct of 584 tests for the presence of the virus on the 4th of March the first case of COVID-19 was reported in the province of Lubuskie, the town of Zielona Góra. The first patient brought the illness from Germany. Two days prior, on the 2nd of March the “COVID-19 Act”, a legal shortcut to quick implementation of restrictions, came into force by the vote of the Polish parliament.



Graph 1. source: <https://www.worldometers.info/coronavirus/country/poland/>

The initial increase of detected cases was significantly lower in comparison with those of EU countries which experienced the pandemic first. The peak of daily cases in Poland was only at about 600 in May, and June as shown in the graph 1. The graph shows the entire daily number of detected cases in Poland.



Graph 2. source: <https://www.worldometers.info/coronavirus/country/poland/>

Graph 2. shows the total number of actively detected cases for Poland. The total number of detected cases was at the sharpest increase up to mid of April, which coincides with the end of the 19 days (20th of April) “rigid lockdown” period. Past that time the curve flattened. After deregulation took place the curve peaked, but not too sharply. Peak infection detection was reached on 17 of June with 14494 cases active. Since that time the number of infected is falling; however; it is unclear whether we will see the second wave.

As of 26th of June 2020, the official number of sick is 12748 people, where only 80 people are in critical condition. Poland has around 891 cases of infected per million of population, in comparison to countries like Belarus, Sweden, or Spain which note a ratio of over 6000 sick to a million of inhabitants, Poland presents itself well.

As of 26th of June 2020, the number of deaths by COVID-19 in Poland is at 1,435 casualties, which makes Polish coronavirus related death rate average for Europe, at about 7%, whereas the total number of deaths is low in comparison with countries of comparable populations- like Spain. Similarly to other countries average age of COVID-19 causality is above the average age of death, which in practice proves what's been already established, the fact it's an illness of mortal danger to elders, but not so much to the young.



LOCKDOWN POLICY OF THE POLISH STATE

Coronavirus tests play a paramount role in enforcing lockdown policy. They are the most precise tool to tell the authorities, scientists, and doctors what is the state of the pandemic, and what steps should be further taken. Poland has a capacity of conducting between 10.000 and 20.000 tests for the presence of coronavirus daily. As of 22nd of June, approximately 1 million 356,512 thousand tests were conducted.

Quick coronavirus tests so-called "cassette tests", NAAT method, and the PCR method are the three basic options of testing for the virus as of today. Cassette tests detect antibodies produced by our bodies, are cheap, and not recommended by WHO. NAAT (nucleic acid amplification test) detects a pathogen based on RNA or DNA. While PCR (polymerase chain reaction) is a method of copying a given DNA sequence by millions using a thermal cycler, to study it in detail, and is the most accurate way of testing which is also prescribed by WHO. Polish authorities highly prioritize production and conduction of PCR method tests that are more precise, but cassette and NAAT tests are also used. Polish PCR tests were researched in Poznań Institute of Chemistry of Polish Academy of Science, and on the 4th of April news of their production in Radom Medicofarma was reported. The general number reported by the government is 100,000 tests produced weekly. According to the government provisions, due to the limited number of tests, they shall be conducted using priority criteria. Prioritized are those who: came back from abroad, were in a contact with an infected person, came to the hospital with symptoms of COVID-19, and risk groups, like homeless who stay in governmental facilities, seniors in elderly houses, healthcare workers and others.

Since the beginning of the pandemic, the number of tested people rose greatly, mainly due to the

doubled number of laboratory spaces. In Poland, they increased from 9 to 19. The table below presents some tests taken in each of 16 provinces of Poland (called województwo), and of total tests, as of 22.06.2020.

Stan na 22.06.2020

województwo Province	liczba N. of tests testów
dolnośląskie	101941
kujawsko-pomorskie	60254
lubelskie	53205
lubuskie	17069
łódzkie	74727
małopolskie	105332
mazowieckie	340305
opolskie	10923
podkarpackie	25180
podlaskie	34230
pomorskie	89653
śląskie	134303
świętokrzyskie	92499
warmińsko-mazurskie	35435
wielkopolskie	142083
zachodniopomorskie	39373
total	1356512

source: Polish Ministry of Health.

“COVID-19 Act” Applied on the 2nd of March gave a shortcut to a lockdown of the country. The preceding month unfolded like this:

- On the 8th of March, all events up to 1000 people were prohibited.
- On the 11th of March, all level education institutions were closed. Next day borders were closed, and a state of epidemic danger was proclaimed.
- On 15th harsh penalties for quarantine breaches were introduced, and events of above 50 people were prohibited. Restaurants, clubs, bars, and malls were closed. Sanitation rules for markets, pharmacies, churches were introduced, also a limit to the allowed number of customers visiting the shop at once.
- On the 25th of March entering public space for purposes different than: for work, for essential matters, volunteering, or religious matters was banned. 2 people per group were allowed. The number of clients of shops, churches, etc. was further limited, effectively churches closed.
- On the 1st of April, the presence of minors under 18 years of age without a parent in public was

banned. The number of clients of shops and churches was further limited. All beauty and tourist sector services were closed. All clients were obliged to wear gloves in the shops. All parks, beaches, forests, and other places of public leisure were closed.

- Later in April obligation of wearing masks was introduced, however, they were worn popularly all over the country already. The main reason they were not obligatory was pragmatic- production of masks by the private sector wasn't at that stage able to supply all citizens, and simultaneously equip the prioritized people, like a medical staff with masks. The same strategy was used in other countries to avoid manipulation of prices, like in the USA.
- For a short period selling masks through the web, actioner platforms were banned due to rampant price manipulation. Ban lasted a month beginning on 12 of March and was lifted on 11 of April. On the 29th of April price regulations for masks were introduced.

Polish state responded to the crisis quickly, by locking down the country for 2 months in total, however, the levels of restrictions were gradually increased, to be then gradually decreased, so the most rigid period of "rigid lockdown" lasted only 19 days, between 1st, and 20th of April.

The process of deregulation was divided into four periods, and communicated to the public at the beginning of April:

- On the 20th of April, the limit of clients in shops was increased. Minors 13+ of age were allowed outside without a parent. Forests and parks were opened. Effectively churches were opened.
- On May 4th malls, hotels, museums, libraries, galleries of art, kindergartens, DIY stores, rehabilitation services were opened- under strict sanitary restrictions.
- On the 18th of May, the beauty sector, and gastronomic sector were opened under strict sanitary restrictions.
- On the 30th of May, obligatory mask use in public was lifted, except for public interiors. Limitations to the number of clients in gastronomy, and commerce were lifted. The limit of the public gathering was increased to 150 people. On the 6th of June cinemas, theatres, operas, pools, gyms, entertainment parks, saunas, etc. were opened.

The economic bill as a response to the crisis

Rigid lockdown measures proved to be successful in fighting the epidemic, but they undoubtedly had a catastrophic impact on the economy. Economic regression of a scale unseen in Poland since 1998 occurred, as a response to the lockdown policy. In numbers, the Polish economy decreased by 0,5% comparing Q1 to Q2 of 2020. During the lockdown, the Polish economy was hit stronger than during the 2008 economic crisis. To ease the damage inflicted by the lockdown, a big stimulus act was drafted in the parliament, called the "Anti-crisis shield".

The anti-crisis shield is based on five pillars: Health protection, Workers security, Public investment program, Financial system stability, Financing of firms, and Financial shield.



In January the projected deficit for the year 2020 was 0%. Today ministry of finance estimates are between 5% and 8%, which makes it a record high in the modern history of Poland. This is mainly due to the cost of an anti-crisis shield economic program, but also because of lower-income from taxes. The total value of the program is projected by the government to be 312 bln. zł, while the total sum spent as of 22th of June is around 100 bln zł, which makes it close to $\frac{1}{3}$ of this year's Polish central budget. As a priority, the anti-crisis shield aims at direct financial transfers to the business owners, who employ workers, and who were impoverished of income due to the lockdown. 175 bln. zł from that program is intended to maintain the lockdown firms a flood. Another 70 billion złoty is intended to strengthen the financial sector. Public investments and worker security will both cost 30 billion, and the last but surely not least is healthcare financed with an additional 7.5 billion złoty.

FUNCTIONING OF HOSPITALS

Polish ministry of health reported it's strategy on defeating coronavirus, by the 13th of March. It was reassured that day that Poland owns 79 infectious diseases units that have a capacity of 3000 beds, and it was told that this number must be rapidly increased. To achieve the goal 19 hospitals were designed to become fully specialized in infectious disease treatment. Later 3 more hospitals were designed to become infectious disease hospitals, making it in a total of 22 hospitals designed just to combat COVID-19.

It was revealed on the 30th of March, by the minister of health, Dr. Łukasz Szumowski, that Poland's infectious diseases treatment facilities reached a capacity of 10000 beds and are equipped in 1300 ventilators. At the same time, there were only 1300 beds and 50 ventilators occupied. There was an obvious oversupply of beds in some provinces of Poland, the limit of beds was never even close to being fulfilled. On the 18th of May ministry reported that since the 1st of June, some specialized hospitals will be returning to their normal mode of operation due to lack of patients. Data from that period shows that in the province of Podlaskie only 17 out of 540 beds were occupied. Similar situations could be observed in some other prov-

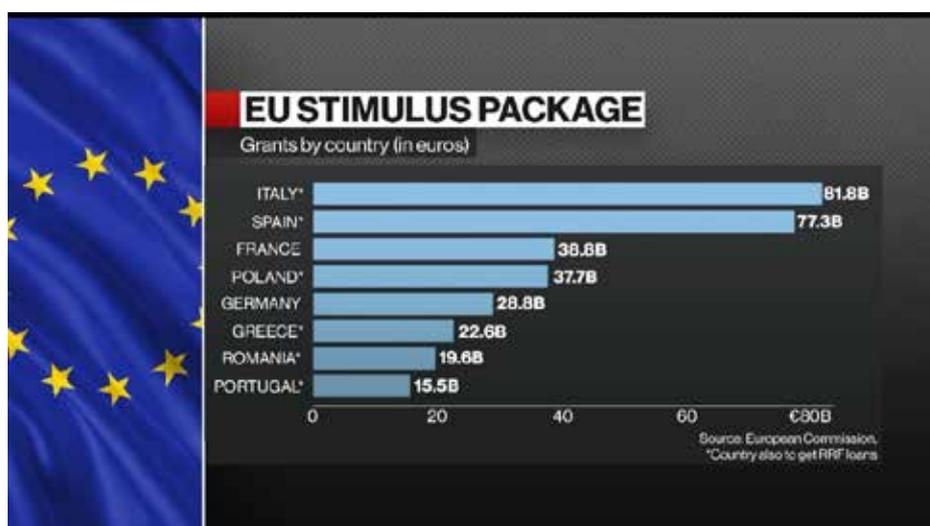
inces. This precocious action was an immense challenge to the national healthcare system. Such a cautious strategy, if prolonged, might likely lead to a healthcare system paralysis. Various reports suggest that during the time of the lockdown, access to public healthcare was seriously obstructed. It is not hard to notice that an unproductive, however, prudent decision to organize a good part of the Polish healthcare system into a defensive wall against COVID-19, wasn't truly necessary and might have negative consequences for other fields of national healthcare. Having that in mind, the very possibility of fighting an epidemic of the same scale as in Italy or Spain in that specific moment was probable.

Not many experts voice their judgment yet on decisions taken in the heat of the crisis by minister Szumowski and the government, but many seem to agree that the hospital's transition didn't go as smoothly as we would like to think they did. Fingers are being pointed at unclear regulations and rules, unclear financial situations, and at the hundreds, and thousands of contracted surgeries, appointments, check-ups, etc. that were simply canceled due to facility sudden transformation.

INTERNATIONAL COOPERATION

EU recovery plan

This summer, 17-18 August one of the biggest international cooperation will take place between the EU nations. A new stimulus plan for the post-COVID future of the EU will be decided. Poland has already been represented in the talks and is supposed to receive a greater part of the funds. The graph below shows economic stimulus plans of the EU commission, according to which Poland will become the fourth biggest stimulus recipient in the EU. EU most likely will be a center of economic, and medical cooperation between Poland and her partners in the coming days and weeks when further plans will be developed.



Poland provides humanitarian aid to Ukraine

On 24.06.2020 Poland provided Ukraine with sanitary supplies essential in times of pandemic, especially for Ukraine that chronically suffers from various shortages. It isn't of course the first time Poland

supports Ukraine, rather it's a consistent element of Polish foreign policy towards the east. In this relation, Poland provides supplies, financing, diplomatic opportunities, and in terms of cooperation, Ukraine ensures Poland with influence and a stable position in the region. It is, therefore, a peaceful, and symbiotic relation, but of course involves political competition. In this time and age, it is particularly beneficial for Poland to cultivate good relations with Ukraine, due to the increasingly riskier position of Ukraine in Europe, and her position in the international system. Poland is Ukraine's most important trading, diplomatic, and partner, while a big portion of the Ukrainian nation inhabits Poland, which without saying has a strong impact on the domestic policy of Poland, and on the country's relations.



The case of Polish involvement in Eastern Europe, in the middle of a pandemic, is a great example of the state's effective use of soft power, by making the best of a disadvantageous situation.

SWOT STRATEGY

Strength:

- Poland had been anticipating the virus coming from the west and so, naturally, had an additional time to prepare for the outbreak. In this respect, Poland was better equipped to deal with the outbreak, as it had more time to prepare and to find out what worked out in other countries.
- Poland had a stable financial situation before the virus reached the country and have some flexibility in terms of budget and finance. In terms of fiscal stability, the year 2020 was planned to be the first year in the history of Poland without a budgetary deficit. So Poland is now in a position of relative fiscal stability.

- Poland has enough well developed healthcare and brilliant enough scientific base, to be able to develop quickly a test for coronavirus that can be produced domestically, which puts her at advantage. Poland is also able to rapidly increase her's laboratory testing capacity.
- Poles in the time of crisis are solitary and disciplined. There is a certain quality of national character possessed by Poles, which makes their society able to organize in hard circumstances.

Weakness:

- The Polish healthcare system tends to be rated lower than most of the European healthcare systems, and there are specific good reasons for that. Due to problems with underfunding, shortage of qualified workforce, low wages, and other complex problems, Polish public healthcare isn't capable of providing high-quality medical services. It can be said that even before the COVID-19 outbreak the Polish healthcare system was struggling to provide services to the population.
- Lack of a strong sector of private healthcare, the same lack of pharmaceutical production potential. Creates a possibility of dependence on a foreign power, foreign interest, foreign influence.
- The financial situation of Polish citizens can be characterized as below-average in comparison to the rest of Europe. Poles often live till the next paycheck, not many manage to save money. Grand numbers of Poles lose their financial base due to lockdown.

Opportunity:

- A chance for domestic sector producers of medicaments, chemicals, high-tech laboratory equipment, sanitary supplies, etc. to establish itself on the market.
- Possibility of improving relations with neighboring countries by providing them needed help. Reaffirming relations, or attempting to gain favor, projecting soft power upon your neighbors.
- Possibility of cementing international systems of cooperation with the help of organizations like WHO, EU, or UN.

Threats:

- Destabilization of European and American economies, recession, and a possible financial crash. Poland as a country integrated into the world economy may sense an economic collapse, even from another side of the globe. The multi dependency of economies is well present in Polish-German trade relations as an example. The radical decrease in industrial production in Germany leads to a similar outcome in Poland.
- Unexpected negative findings of the nature of the coronavirus.
- The dissatisfaction of people about the lockdown can lead to unrest.
- The time of crisis is a fertile ground for political instability. That is never a desired state of affairs.

The case of Uzbekistan

Maftuna Usmanova



INTRODUCTION

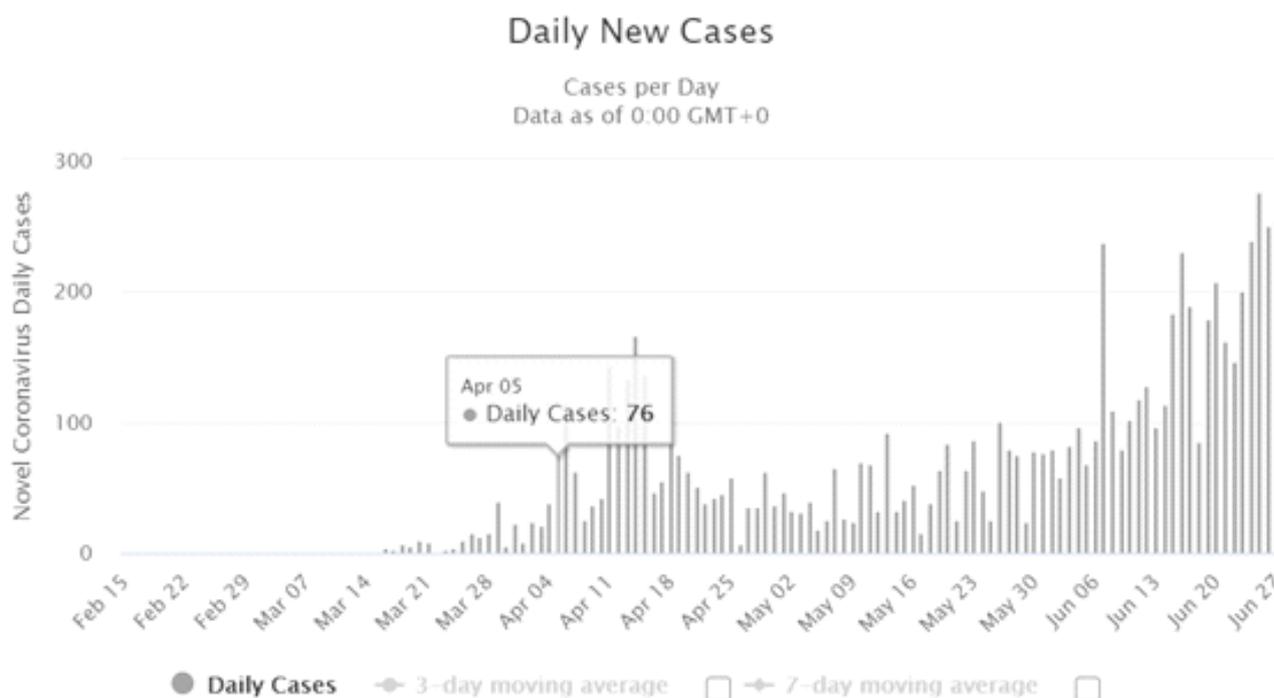
As of June 29, 2020, the number of confirmed cases of infection of COVID-19 in Uzbekistan has reached 8199 and is increasing constantly. The number of active cases, recoveries, and deaths is changing very fast, especially in the last month. Reports by the local media state that the first case of infection of the COVID-19 in Uzbekistan was confirmed on the 15th of March 2020 in the laboratory of the Virology Research Institute of the country. The first citizen with COVID-19 was reportedly returned from her trip to France, consequently, she was placed in the specialized hospital, and also all 48 passengers and 9 crew members of the flight were taken under strict medical control. Furthermore, the family members of the infected woman with whom she contacted after arriving in Tashkent, were also taken under control of doctors.

Since the first confirmed case was announced the constant informational flow on the new cluster infection cases started filling the media landscape.

The figure below represents the data on the daily new cases in Uzbekistan. Starting from April 5, 2020, the rapid spread of the virus was detected and the growth was continuous. Before this, the growth was

from 5 to 30 new cases per day, and the outbreak of the 5th of April showed the first peak of 76 new cases from 266 to 342, leading to the following peaks in the next few days.

Daily New Cases in Uzbekistan



The second highest point was observed within a few days to get to 167 new infected citizens in a single day on April 14. After this, the next peak of daily new cases was announced for June 7, reaching the new record of 237 infections in a day.

As shown in the figure above we can observe the next highest peaks on June 16 and June 25. On the other side, the lowest daily new cases were confirmed on April 26 with only 7 cases, followed by relatively low daily cases during the whole May (40-50 cases on average for one day).

The next table of the total cases shows that the first 1000th case was reached in 1 month, on April 14. The second 1000 – in 15 days (April 29), 3000 – in 24 days (May 22), 4000 – in 14 days (June 5), 5000 – in 9 days (June 14), 6000 – in 6 days (June 20), 7000 – in 5 days (June 25), 8000 – in 4 days (June 29). More than 5000 new cases (more than 60% of all cases) were reportedly confirmed in June, while in the previous 2,5 months only 3000 cases were recorded.

Total Coronavirus Cases in Uzbekistan



The first recovered case was recorded on March 27. Till April 20, only 267 patients in total were recovered, after this date the number of daily recoveries became more than 100 per day, sometimes reaching even 200 per day. As of June 29, there are 5496 recovered patients (67% of all cases).

The first death was recorded on the same date as recovery (March 27). As the figure below shows, there were only 23 deaths until June 29, thus the number looks better than in statistics of many countries with a higher quality of healthcare and smaller population. It consequently led the foreign media to question “the plausibility of the official account and whether the government is exercising overly suffocating control of the press”. The table also reveals that no more than one death per day was recorded and in general there was one death once in 3-4 days.

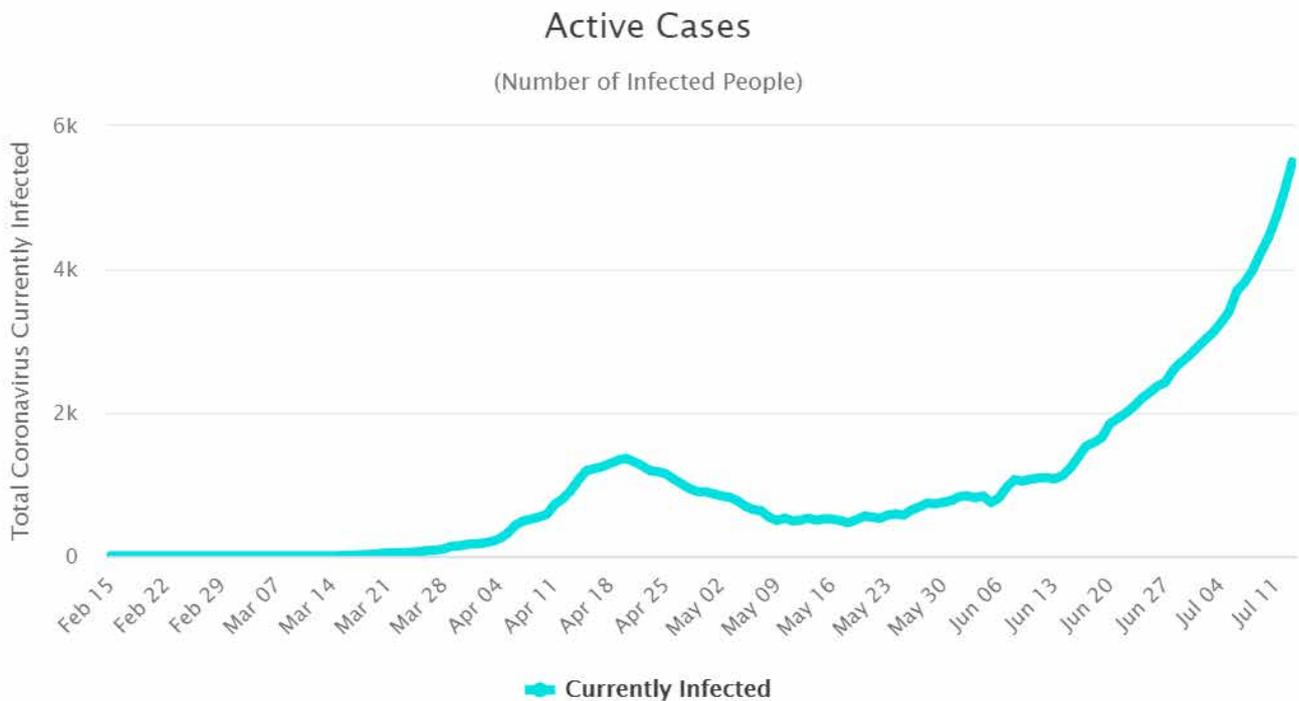
Total Coronavirus Deaths in Uzbekistan



Khabibulla Oqilov, a member of the anti-coronavirus staff, answering the question of why Uzbekistan has low deaths of COVID-19, said that the key to success is strict measures that were taken on time, the quality of equipment and the dedication of medical workers.

While the amount of recoveries is high and the death rate is growing slowly, the number of active cases is changing very fast. The following figure presents the gradual growth of active cases that were observed till April 20, when the number reached 1361, consequently leading to the gradual decline to the lowest 464 active cases on May 18. Within 1,5 months the second exponential outbreak occurred, leading to a peak of 2703 active cases on June 29.

Active Cases in Uzbekistan



In May most of the reports highlighted that one of the main reasons for such a sharp increase in the number of infections is the evacuation of the citizens of Uzbekistan from abroad, movement of people between the regions by cars, and frequent international large trucks arrival. Mainly the country is organizing charter flights to transport its citizens and quarantines them in quarantine zones of Urtachirchik district in the Tashkent region and additionally in Surkhandarya, Namangan, and Navoi regions.

LOCKDOWN POLICY OF THE STATE

Starting from the first days of the records of infection, there were several attempts to prevent the spread of the virus among the population. Nevertheless, the first case of infection was announced among the population (March 24): a 20-year-old woman from Tashkent, who was neither visiting other countries nor communicating with the patients who recently were put in the quarantine. At the moment the number of cases of infection among the population may reach up to 20 in some days. According to the Chief State Sanitary Inspector Nurmat Atabekov, mitigation of the quarantine measures might be perceived by the population wrongly, thus leading to frequent non-compliance with them, neglected use of public transport by some people, and it is worsening the situation with COVID-19 in the country.

According to statistical data from the Agency of Information and Mass Communications under the Administration of the President of the Republic of Uzbekistan, as of June 26, 60 941 citizens who arrived from

countries with an unfavorable epidemic situation are under continued medical monitoring of their health. Of these, 38 187 are in quarantine at home, 22 754 - in quarantine under stationary conditions. More than 21 000 tests are being performed per day, making 1,121,236 tests in sum during the epidemiological period.

The official website on COVID-19 by the Ministry of Health of the Republic of Uzbekistan presents main information on types of tests. According to the website, the testing is carried out in virological laboratories of the Ministry of Health of the Republic of Uzbekistan. It is impossible to buy a test system for independent use. The World Health Organization, the Russian Federation and Germany helped the country by sending test systems for the detection of coronavirus infection. The test results can be confirmed within 12 hours. The tests are being conducted in every region of the country. The country started taking early quarantine measures before the first case of infection. The Order of the President of the Republic of Uzbekistan of January 29, 2020, No. R-5537 "On the Formation of the Special republican commission for the preparation of the program of measures to prevent the importation and spread of a new type of coronavirus in the Republic of Uzbekistan" was announced. To decrease the intensification in the number of new cases after March 15, the authorities of the country have taken strict measures additionally referring to the help of law enforcement bodies. The country closed all pre-school, secondary, and higher education institutions starting March 16. Additionally, Uzbekistan has closed borders and stopped the road, rail and air communications and evacuated its citizens from abroad. All the mass events were canceled, all the entertainment venues were closed eventually. "If we are not heavy-handed, the situation will worsen," mentioned the president of the country.

Mainly:

- Starting from March 22, the public transport movement was temporarily ceased (busses, metro, etc.)
- Starting from March 23, the interregional police posts were brought back to power (they were closed, following the criticism on corruption by the president of the country)
- Starting from March 25, wearing face masks in public became obligatory for the citizens of the country.
- Starting from March 27, the restrictions on the movement of people and their means of transport (cars) were reduced to visiting food markets/shops and pharmacies. These restrictions and measures however followed by the flow of violations that were registered by law enforcement bodies.

Three main Orders of the President of the Republic of Uzbekistan were adopted to stimulate the economy of the country:

- No. PF-5969, March 19, 2020, "On Primary Measures to Mitigate the Negative Impact of the Coronavirus Pandemia and Global Crisis Phenomenon on the Economy of the Country" (Establishing a USD 1 Billion Anti Crisis Fund,)
- No. PF-5978, April 3, 2020, "On Additional Measures of Support of the Population, Economic Sectors, and Entrepreneurial Subjects during the Coronavirus Pandemic" (Financial aid to population and business)
- No. PF-5986, April 27, 2020, "On Additional Measures to Support the Population and Entrepreneurship in the Period of Coronavirus Pandemic" (tax relief)

Screenshot of Channel Info Page of 'Koronavirus Info' Channel in Telegram Messenger



From the first case of infection, the authorities of the country have established a **single official Telegram channel on COVID-19** related issues and information – <https://t.me/koronavirusinfouz>. Telegram is the most popular messenger in Uzbekistan and one of the main sources of information for the population. The number of subscribers of the channel is considered to be the highest in the media environment - more than 1,3 mln subscribers. All decisions of the Special republican commission on confinement and deconfinement measures are announced exclusively through this channel, also the source provides daily statistics on new confirmed cases, recoveries, and deaths in Uzbekistan. It presents some analytical data on the situation in neighboring countries and the world.

However, the legitimacy of the above-mentioned channel is being weakly questioned, as the COVID-19 regulations are mostly being presented not in the official website of legislative acts - lex.uz, but by the Telegram (messenger) channel.

The Republican Anti Coronavirus Commission of Uzbekistan has set up Quarantine zones, separating by the level of threat to Green, Yellow and Red Zones from May 8. According to the reports from the media, these categories are introduced to phase out restrictive measures. So, to be precise:

- **Red zones** are the regions where COVID-19 cases were confirmed during the past 14 days. Even though the quarantine restrictions are still relevant in those regions, the main places for the needs of citizens will reopen (food stores, wholesale non-food stores, construction materials markets, dry cleaners, medical facilities, notaries, insurance companies, shoe repair, food delivery). Resumption of construction, repair, and rehabilitation works is allowed as well. Citizens may go for walks in front of their apartment buildings or compounds practicing a safe distance.
- **Yellow zones** of quarantine will be in effect in the regions where COVID-19 cases were not confirmed during the last 14 days, but where coronavirus patients remain in hospitals. In addition to allowed kinds of activities in the red quarantine areas, work of retail trade non-food stores, jewelers, florists, beauty salons, hotels, car wash stations, car service centers, home appliance repair workshops, taxis are permitted there. Bicycle and scooter rides are allowed as well.
- **Green zones** of quarantine will be in effect where no COVID-19 cases were confirmed or where all patients recovered. Most of the restrictions are uplifted in the green zones.



To date, the information on the quarantine zone and ceases in the restrictions is being updated weekly and presented in the official Telegram channel Koronavirus Info.

FUNCTIONING OF HOSPITALS

Since March, the main medical institutions that participated in the treatment of the COVID-19 were the Tashkent City Clinical Infectious Diseases Hospital, the Research Institute of Epidemiology, and the Research Institute of Virology.



To reduce the load from public clinics, following the example of the Chinese authorities, in Uzbekistan there were conducted the construction of hospitals designed to fight against COVID-19, the first of which for 10 000 beds was built within 5 days in Yukorichirchik district of Tashkent region. "Following this, the government started the construction of another 10,000 beds' infectious disease hospital in Zangiata district. The

similar quarantine zones were created in other regions of the country.”

Due to the coronavirus pandemic, many private medical centers were quarantined. However, on June 26 several private clinics received permission on conducting the tests on COVID-19 by the Health Ministry of the country.

INTERNATIONAL COOPERATION



Uzbekistan is taking an active part in international initiatives. Uzbekistan also sends humanitarian aid to countries with similar or higher numbers of infections.

- The Uzbek government sent several batches of humanitarian help to the Russian Federations, including 5 million medical face masks and gauze.
- Kazakhstan (Turkestan city) also received humanitarian aid from the neighboring country. As was reported in the media, the aid in three trucks included medical masks, protective equipment, and bunks.
- Uzbekistan sent humanitarian aid to the people of Belorussia, to support the country in the fight against coronavirus, reports Dunyo news agency.

- Uzbekistan actively assisted its neighboring Tajikistan in the fight against COVID-19, by delivering a batch of medical products, protective equipment, and food products, including a thousand tons of flour. Thus, making the local media to mention Uzbekistan as a leader in the amount of humanitarian aid for Tajikistan. The amount of provided assistance to Tajikistan is \$ 2.5 million, according to the Statistics Agency under the President of Tajikistan. <https://anhor.uz/news/22020>

In the meantime, many countries and international organizations actively help Uzbekistan in the fight against coronavirus.

- China sent several batches of humanitarian aid to Uzbekistan. The country received 100 thousand test systems on COVID-19, also the Chinese authorities sent personal protective equipment, special equipment for medical workers.
- The USAID (U.S. Agency for International Development) donated testing supplies. The help of the organization includes around 100 boxes of QIAGEN RNA reagent, which is enough for conducting 25,000 tests.
- Asian Development Bank recently approved a \$500 million loan to help the Uzbek government moderate the adverse economic impacts of the pandemic on the country, and provide additional support to small businesses.
- The UAE sent more than 8 tons of humanitarian aid to Uzbekistan to fight the coronavirus.

SWOT STRATEGY

Strengths:

- Timely strict measures by the authorities;
- Taking every citizen arriving from abroad under strict medical control;
- Constructing hospitals designed to fight against COVID-19, that in some way helped to reduce the load from public clinics;
- Presenting a single official Telegram channel on COVID-19, providing related issues and information timely;
- Providing support and humanitarian aid to the neighboring countries, as well as to the countries with similar or higher numbers of infections.

Weaknesses:

- Even though there was the construction of the hospitals, the issues on the quality of care are being questioned by several media, as well as the statistical data on deaths;
- The unstable situation for some time (closed kindergartens and educational institutions, a ban on the work of public places, public transport, restrictions on movements, the obligation of wearing a medical mask in public);

- According to ADB, about 80% of entrepreneurs in the country have had to suspend their activities because of the nationwide lockdown. More than 40% of those are women, who also suffered from income losses for their business.

Opportunities:

- The lockdown of the country was followed by the quick response not only from the authorities of Uzbekistan, but also from its citizens, business representatives, and different communities. People reacted with understanding about the strict measures taken, which indicates the possibility in the future to work on improving the situation of the consequences of COVID-19.
- There may be an increase in local production. Due to the transport restrictions, local products can fill the niche of imported goods.
- The peak of online services. Lockdown and restrictions on visiting entertainment and other public places may lead to the demand for various online services. First of all, these are delivery services, social networks, banking, online TV, and online government services.

Threats:

- Financial sustainability of industries. Because of the lockdown, the economy may suffer the most, as the business in the country had to suspend all its operations, except for some fields. The industries under pressure may be tourism, accommodation, catering, entertainment.
- During the cease of quarantine, the frequent non-compliance with quarantine measures, neglected use of public transport by some people, may become the main reason for worsening the situation with COVID-19 in the country.

The case of India

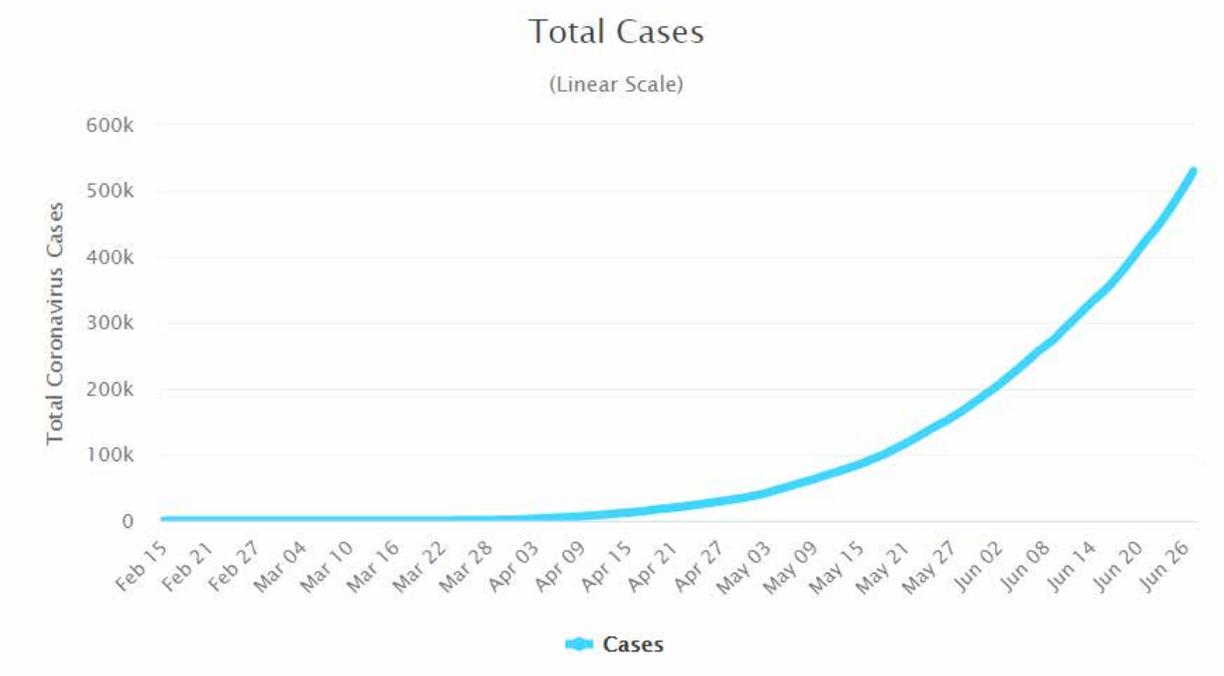
Vaibhav Sharma



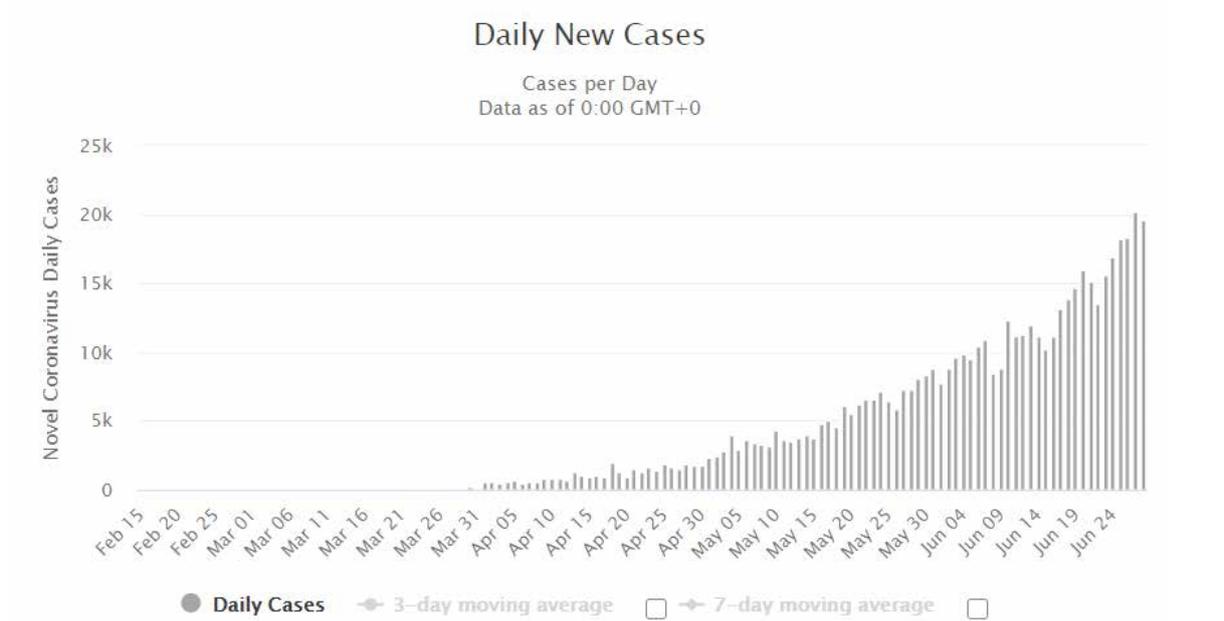
INTRODUCTION

According to the reports of Worldometres on Coronavirus cases in India, India has about 549,196 cases so far with 16,487 deaths and 321,774 recovered cases as of 28th June 2020. The following graphs show the cases ever since march until June. As we can notice that amount has been increasing drastically ever since the end of March. India has officially announced a lockdown on 25th march and it stayed until June for most of the states. Some states have officially lifted the ban off.

The country had been divided into three zones (Green, orange and red) Green zones are the areas without a lockdown, orange with partial lift-off but still some restrictions and red zone areas with the complete lockdown. The areas are divided depending on the number of active cases in that particular area. In my opinion, the reason behind this drastic increase in cases is a lack of commitment towards following safety measures of lockdown by the citizens.

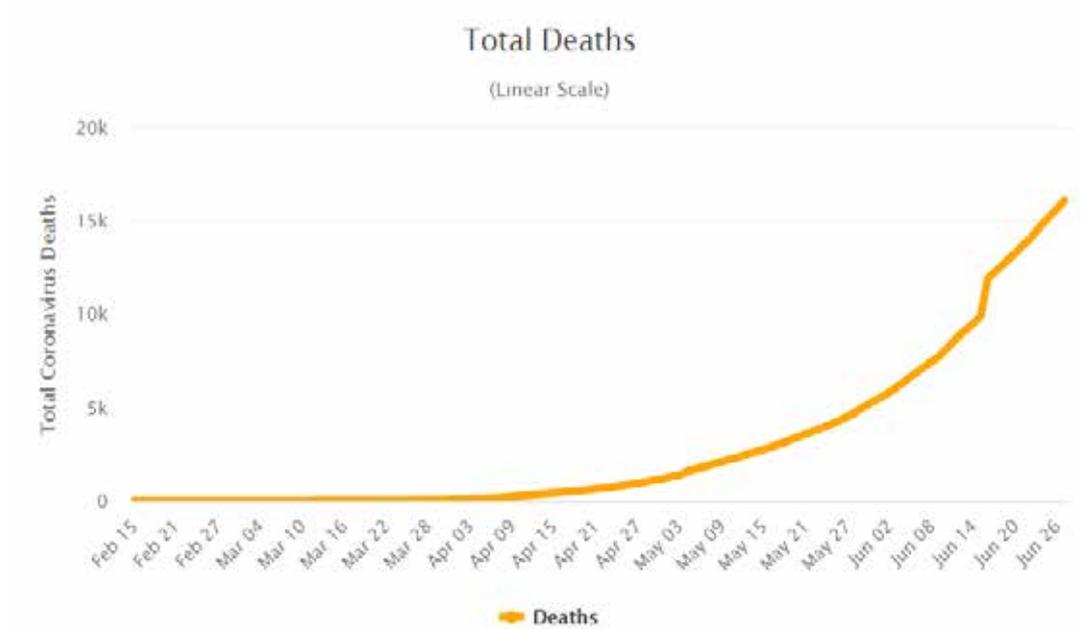


source: <https://www.worldometers.info/coronavirus/country/india/>



source: <https://www.worldometers.info/coronavirus/country/india/>

Following graph shows the rough amount of total deaths so far:



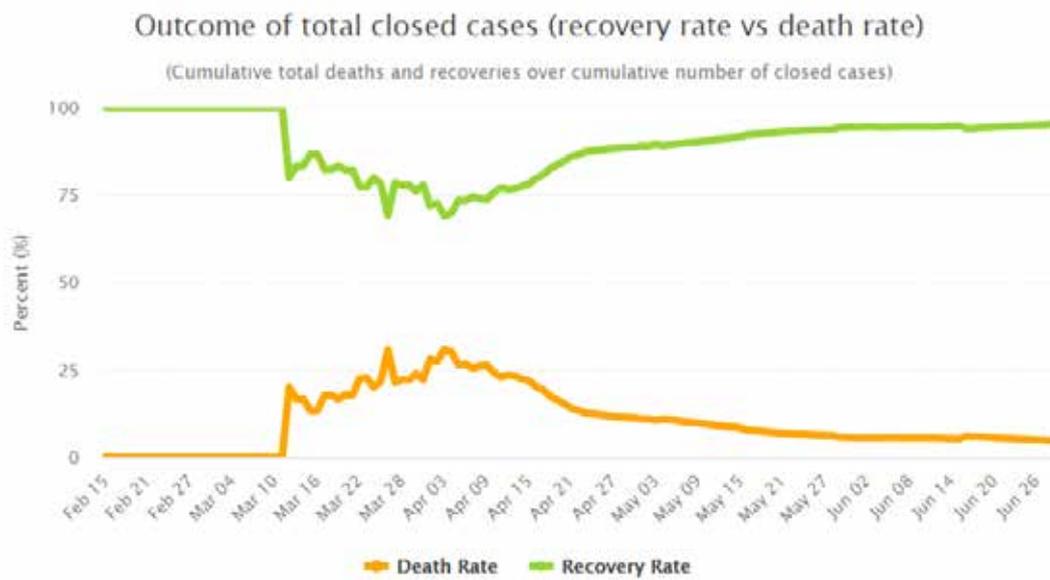
source: <https://www.worldometers.info/coronavirus/country/india/>

Following graph shows the active cases excluding the ones who are recovered already:



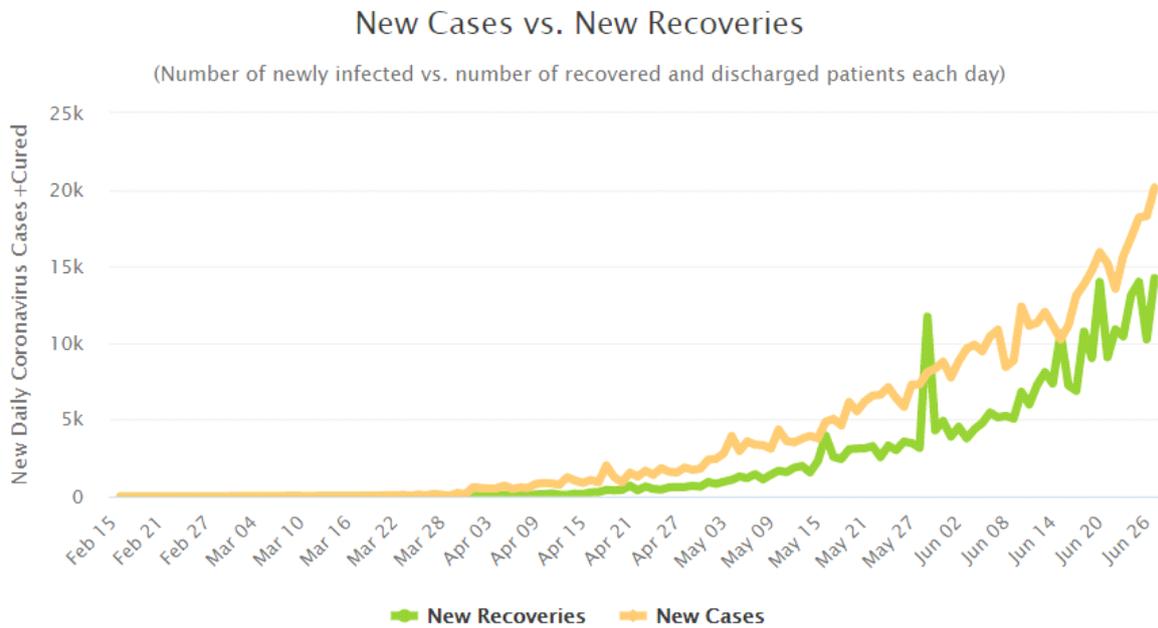
source: <https://www.worldometers.info/coronavirus/country/india/>

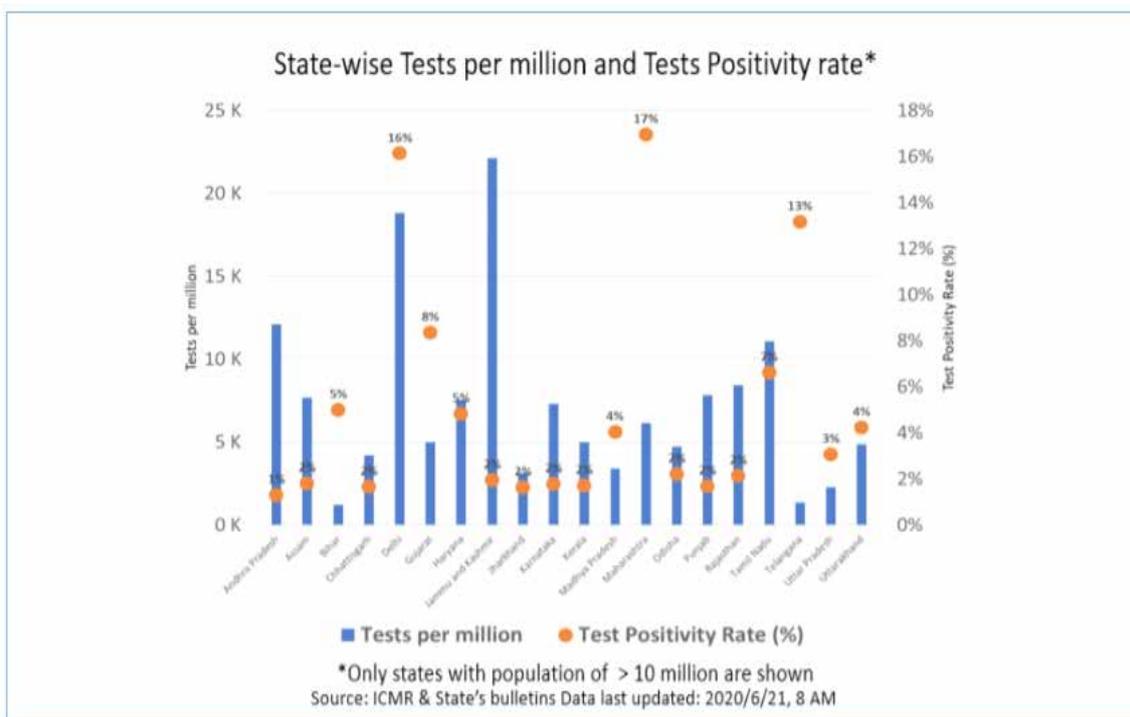
Following graph shows recovery and death rates:



source: <https://www.worldometers.info/coronavirus/country/india>

Following graph shows new cases to new recoveries in numbers:





www.worldometers.info/coronavirus/country/india

LOCKDOWN POLICY OF INDIAN STATE

According to the Data published by WHO on their official website, the following graph shows state-wise tests per million and positive tests rate.

(source:<https://www.who.int/docs/default-source/wrindia/situation-report/india-situation-report-21.pdf>)

Level of restrictions regarding the society (As of 28 June 2020)

Freedom of movement - As per the government of India's instructions:

- Lockdown 1.0 (25 March – 14 April) Complete lockdown (No movement)
- Lockdown 2.0 (15 April – 3 May) Complete lockdown (No movement)
- Lockdown 3.0 (4–17 May) Complete lockdown (No movement)
- Lockdown 4.0 (18–31 May) Partial lockdown

Lockdown in Mumbai and Delhi 5.0/Red or Orange Zones (1–30 June) No restriction as such from the government on freedom of movement except in Mumbai and Delhi.

Overview: Even though there was complete lockdown in the first three phases of lockdown and free movement was strictly prohibited, a lot of people were still breaking the rule, officials punished the law-breakers as a result.

FUNCTIONING OF HOSPITALS

Principles of Hospital Operations during COVID-19 period essentially are:

- State governments continue to provide essential services to the people in need. There is a decent coordinated implementation of priority action, Government is trying to fulfill the drastically increased demands of beds in hospitals for COVID-19 positive patients.
- Effective use of scarce resources like COVID-19 care centers is built in multiple states with thousands of beds.
- The safety of Health workers and their working environment is given utmost priority.
- Existing infrastructure like public schools, railway coaches, hotels, etc., are being turned into quarantine houses/ isolation wards or COVID-19 care centers.
- There are restrictions and revised guidelines for international/domestic travelers and thermal screening checks for passengers.
- Government is addressing on the following measures:
 - a. Psychological concerns for health care workers.
 - b. Awareness about quitting of Tobacco during the crises/ways to clean lungs.
 - c. Yoga for Stress Management.
 - d. Managing mental stress and depression.
 - e. Social Stigma associated with COVID-19
- Clinical management protocols
- Advisory for managing the areas of COVID-19 and Non-COVID-19 affected.
- Advisory on the use of prospective drugs for COVID-19 like Hydroxychloroquine and Prophylaxis.
- Special training is given to the Health care workers in Hospitals to avoid infectious risks.
- SOPs on preventive measures in all kinds of situations as mentioned in the official website.
(Source: Ministry of Health, India <https://www.mohfw.gov.in/>)

INTERNATIONAL COOPERATION

For international cooperation, There is no official news regarding any kind of financial or materialistic aid that is provided by other countries but some neighboring countries like Pakistan had offered to provide medical help by providing medical equipment and that Imran Khan (PM of Pakistan) wants to share his transparent cash program to deal with the ongoing situation but that is solely spoken for political reasons and Pakistan government won't be taking any practical actions.

Although, India being a medicine hub for so many countries ever since the history, India did provide Hydroxy-chloroquine drug which is a prospective drug to fight COVID-19, to 55 coronavirus hit countries, most of which was supplied to the USA. Additionally, India provided some remedy medicines as well.

(source: <https://timesofindia.indiatimes.com/videos/news/pakistans-big-joke-imran-khan-offers-help-to-india-during-COVID-19-crisis/videoshow/76321028.cms>)

(source: <https://economictimes.indiatimes.com/news/politics-and-nation/india-sending-hydroxychloroquine-to-55-coronavirus-hit-countries/articleshow/75186938.cms?from=mdr>)

SWOT

Strengths:

- India followed the lockdown measures since mid-march along with strict prohibition to lockdown breakers that enabled India to reduce the rate of increasing cases.
- All domestic/international travelers had to go through thermal screening.
- Transparent communication by the state government ministers and officials was constantly for awareness regarding COVID-19 crises.
- The medical and health system is gradually boosting up.
- Available infrastructure like schools, railway coaches, hotels, offices, etc., are being converted into quarantine wards.
- Largest producer and supplier of hydroxychloroquine, a prospective drug for COVID-19
- Start-ups platforms are generated to fight the situation.
- Largest COVID-19 Care centers built in the capital Delhi with over 10,000 beds covering up to 1.25 million square feet. A lot of such COVID-19 centers are built to facilitate

Weaknesses:

- Lack of awareness in certain remote areas and rural households regarding the crises as people continued their movement during the lockdown.
- India ranks 135 on UNDP Health Index which makes the rural population or the population living BPL(- Below Poverty Line) more prone to diseases.
- Lack of emergency healthcare workers.
- A minimal amount of doctors and hospital beds in ratio to patients with active cases.
- Shortage of testing kits and materials like medical equipment, masks, and ventilators due to the outrageous amount of increased COVID-19 cases.
- Problems regarding the manufacturing of testing kits and other equipment.

Opportunities

- The government can develop efficient and preparatory policies and procedures for emergencies and for the sustainable development of treating future patients effectively.
- The government can encourage research institutions to work on providing solutions and measures for fighting the crises.
- As the economy is in recession due to the crises, government institutions or any other private institutions can initiate technological innovations to fight the recession.
- After developing the hydroxychloroquine drug and recently CORONIL, India is doing its part and can do even better to become a significant and powerful nation.

Threats

- As the cases are increasing at a drastic rate due to ignorance by the huge amount of population, this may have terrible effects on the lack of medical services in the future.
- There is a fear of the Second Stage of COVID-19.
- As ignorant citizens and unaware citizens are not practicing social distancing and following safety measures, the cases will continue to increase at a great speed.
- As India has a very high population density especially in states like Uttar Pradesh, citizens are more prone to the risk of spreading diseases than any other country.
- The economy is facing recession already and the Impact on stock markets is worse.

The case of Malaysia

Ezsherlynn Esther Vitus



INTRODUCTION

COVID-19 is an ongoing pandemic all around the world, and each country has its own measures of precautions. On the 25th January 2020, Malaysia had their 1st COVID-19 confirmed case which involved 3 China nationals who entered Johor (a state in Malaysia) via Singapore. The following day, the Ministry of Health (MOH) has advised the increase of temperature screening devices at the gate of the country's entrance such as borders and also airport arrival halls. In between this period till February, almost every country would believe this pandemic might not arrive at their doorstep at a very fast rate. This report would be focused on the period starting from March 2020 – Early June 2020 in Malaysia. Information, infographics and images used in this report are translated into words and are taken from official sites and some articles to supplement and complete the report to avoid false information.

LOCKDOWN POLICY OF MALAYSIA

March

CORONA VIRUS DISEASE 19 (COVID-19)



Jumlah keseluruhan kes:
Total cases:

86,283

Jumlah kematian keseluruhan:
Total deaths:

2,973
(3.42%)

Negara yang terlibat:
No. of countries involved:

61

Jumlah kes sembuh
Total recovered cases:

Dunia *Worldwide*
42,294
Malaysia (48.62%)
22
(75.86%)

UKK MOH

Negara Country	Bil. kes No. of cases	Bil. kematian No. of deaths
China	79,968	2,873
Korea Selatan	3,526	17
Itali	1,128	29
Iran	593	43
Jepun	241	5
Singapura	102	0
Perancis	100	2
Jerman	79	0
Amerika Syarikat	71	1
Sepanyol	58	0
Kuwait	45	0
Thailand	42	1
Bahrain	41	0
Malaysia	29	0
Australia	25	1
United Kingdom	23	0
UAE	21	0
Switzerland	21	0
Kanada	20	0
Vietnam	16	0
Norway	15	0
Iraq	13	0
Sweden	12	0
Austria	9	0
Israel	7	0
Oman	6	0
Croatia	6	0
Belanda	6	0
Greece	4	0
Lubnan	4	0
Pakistan	4	0
Mexico	4	0
Finland	4	0
Azerbaijan	3	0
Denmark	3	0

(Dikemaskini jam 5:00 petang, 1 Mac 2020)
(Updated at 5:00 pm, 1 Mar 2020)

Negara Country	Bil. kes No. of cases	Bil. kematian No. of deaths
Filipina	3	1
Romania	3	0
India	3	0
Brazil	2	0
Rusia	2	0
Monaco	1	0
Nepal	1	0
Sri Lanka	1	0
Mesir	1	0
Belgium	1	0
Afghanistan	1	0
Algeria	1	0
Makedonia Utara	1	0
Georgia	1	0
Estonia	1	0
New Zealand	1	0
Belarus	1	0
Lithuania	1	0
Kemboja	1	0
Nigeria	1	0
Iceland	1	0
San Marino	1	0
Luxembourg	1	0
Ecuador	1	0
Qatar	1	0
Ireland	1	0
Lain-lain/Other Kapal pesiaran	705	6



Sumber: CPKC Kebangsaan dan WHO

source: Ministry of Health Malaysia, result as of 1st March 2020

As time passed and the numbers of cases increased, a lot of restrictions and rules have come in full swing this month. As of 1st March 2020, the MOH confirmed another four cases, which makes it an accumulation of 29 positive cases, no death cases were recorded. Then as of **12th March 2020, the World Health Organization (WHO) has declared COVID-19 as a pandemic** as the spike increases in cases in other countries than China. By this time Malaysia had an investigation on patient 131, who is one of the participants of a religious gathering in Sri Petaling Mosque from 27th February 2020 till 1st March 2020 which involved around 16000* participants.

Other than that, full restrictions to all Italians, South Koreans, Iranian, Danish, and Japanese, and all foreigners, in general, are restricted from entering Malaysia or even transit in any entrance. Except for Malaysians, permanent resident and long term pass holders that arrived from Italy, Iran, and South Korea, need to undergo 14 days of home surveillance. Steps that these groups need to take are such as: making sure they are contactable, limit their visitors, list visitors, avoid sharing eating utensils/personal hygiene items.

By the mid of March – 15th March 2020, 190 cases had been reported positive COVID-19 which makes it an accumulative of 428 cases. Based on early investigations, most of the new cases are clusters involving the participants of the religious gathering at the Sri Petaling Mosque. As of 16th March 2020, the Prime Minister of Malaysia has announced the **Movement Control Order (MCO)** for 14 days, starting from 16th March 2020 till 31st March 2020.

The Malaysian government has taken strict measures in handling the spread of COVID-19 infections, as announced on the 25th March 2020, MCO is extended until the 14th April 2020

(Phase 2 MCO). The government has found out that there is a need for an Enhanced **Movement Control Order (EMCO)** for areas that are deemed to be at high risk.

The purpose of EMCO is to slow down and avoid the infection of COVID-19 from spreading out from areas that are considered as high risk. Through this, steps such as active case detection (house to house), disinfecting of certain areas can be initiated and done.

300 tests are targeted to be taken everyday effective 27th March 2020. Test sampling is prioritized to those who had contacts with COVID-19 patients and symptomatic individuals. MOH has advised Malaysians to stay home and practice proper social distancing and to frequently wash their hands properly. The Facebook live session is also available to the public initiated by MOH. The public is well informed via social media such as Facebook and Instagram, also Telegram channel &, etc. (Ministry of Health Malaysia)

Orders during the MCO:

- **Full movement prohibition and crowded gatherings which involve religious activity, sports, social, and cultural.**
- **Full restrictions for Malaysians traveling overseas**
- **Entry restrictions for all tourist and foreign visitors in the country**
- **Closure of Kindergartens, Public schools, private & other primary education institutions, secondary, higher and pre-university**
- **Closure of all Higher Education Institutes Public and Private and Skills Institute in the whole country**
- **Closure of all government and private premises, except those involved in important services for the country (essential services)**

Essential services those involved in water, electricity, telecommunications, gas, oil, fire department, airport, security, pharmaceuticals, banking, sports, &, etc. (source: Malaysian National Security Council)

Fake news and irresponsible rumors related to COVID-19 is considered a crime and is discouraged from spreading on platforms such as Whatsapp, Messenger, SMS, and other messaging platforms.

In this period interstate and intercity travel are also banned – this includes air travels. The Police has also been collaborating and **interstate/intercity travels are banned** and only in **special case** is permitted:

- **Death of a close family member**
- **A family member with critical illness**
- **Treatment for individual or family member**
- **And other issues discussed with the police**

These monitoring are supplemented with the help of the Military together working with the police, road-blocks are made. A compound of RM1000 (to be made within 2 weeks) or 6 months jail time or both will be charged for those who attempt to cross without permit and documentation.

(Source: Royal Malaysia Police)

At the end of March, the government with the Ministry of Finance (MOF) has initiated the **economic stimulation package/financial aid** to the public for April and May.

For those who are eligible:

Household aid group based on earnings per month:

In RM – Ringgit Malaysia, (ref: 30th March 2020, RM1 equivalent PLN0.95)

B40 (earning under RM4000) – Financial aid (FA) : RM1600

M40 (RM4001-RM8000) – FA : RM1000

Single individuals (RM2000, under age of 40) – FA: RM800

Single individuals (RM2001-RM4000) – FA: RM500

(Source: Ministry of Finance Malaysia)

April

CORONA VIRUS DISEASE 19 (COVID-19)

Jumlah keseluruhan kes:
Total cases:
Dunia / Worldwide
857,629
Jumlah kematian keseluruhan:
Total deaths:
Dunia / Worldwide
42,109 (4.91%)

Jumlah kes sembuh:
Total recovered cases:
Dunia / Worldwide
178,142 (20.77%)

Negara yang terlibat:
No. of countries involved:
180
Jumlah kes sembuh:
Total recovered cases:
Malaysia
645 (22.18%)

Negara Country	Bil. kes No. of cases	Bil. kematian No. deaths	Negara Country	Bil. kes No. of cases	Bil. kematian No. deaths	Negara Country	Bil. kes No. of cases	Bil. kematian No. deaths
Amerika Syarikat	188,172	3,873	Greece	1,314	49	Jordan	274	5
Itali	105,792	12,428	Panama	1,181	30	Cyprus	262	8
Sepanyol	95,923	8,464	Iceland	1,135	2	Burkina Faso	261	14
China	82,279	3,309	Republik Dominikan	1,109	51	Albania	243	15
Jerman	71,808	775	Mexico	1,094	28	San Marino	236	26
Perancis	52,827	3,532	Peru	1,065	30	Vietnam	212	0
Iran	44,605	2,898	Argentina	1,054	27	Cameroon	193	6
United Kingdom	25,481	1,793	Singapura	926	3	Oman	192	1
Switzerland	16,605	433	Colombia	906	16	Cuba	186	6
Turki	13,531	214	Serbia	900	16	Cote d'Ivoire	179	1
Belgium	12,775	705	Croatia	867	6	Senegal	175	0
Belanda	12,667	1,040	Slovenia	802	15	Afghanistan	174	4
Austria	10,180	128	Qatar	781	2	Uzbekistan	172	2
Korea Selatan	9,786	162	Estonia	745	4	Malta	169	0
Kanada	8,527	101	Algeria	716	44	Ghana	161	5
Portugal	7,443	160	Egypt	710	46	Belarus	152	1
Brazil	5,717	201	Iraq	694	50	Mauritius	143	5
Israel	5,358	20	UAE	664	6	Sri Lanka	143	2
Norway	4,641	39	New Zealand	647	1	Honduras	141	7
Australia	4,559	18	Ukraine	645	17	Nigeria	135	2
Sweden	4,435	180	Maghribi	617	36	Venezuela	135	3
Czechia	3,308	31	Bahrain	567	4	Brunai	129	1
Ireland	3,235	71	Lithuania	537	8	West Bank and Gaza	119	1
Denmark	3,039	90	Armenia	532	3	Kosovo	112	1
Malaysia	2,908	45	Hungary	492	16	Georgia	110	0
Chile	2,738	12	Lubnan	470	12	Kemboja	109	0
Russia	2,337	17	Bosnia and Herzegovina	420	13	Montenegro	109	2
Poland	2,311	33	Bulgaria	399	8	Bolivia	107	6
Romania	2,245	82	Latvia	398	0	Kyrgyzstan	107	0
Ecuador	2,240	75	Tunisia	394	10	Congo (Kinshasa)	98	8
Luxembourg	2,178	23	Andorra	376	12	Trinidad dan Tobago	87	3
Filipina	2,084	88	Slovakia	363	0	Rwanda	75	0
Jepun	1,953	56	Moldova	353	4	Liechtenstein	68	0
Pakistan	1,938	26	Costa Rica	347	2	Paraguay	65	3
Thailand	1,651	10	Kazakhstan	343	2	Kenya	59	1
Arab Saudi	1,563	10	Uruguay	338	1	Madagascar	57	0
Indonesia	1,528	136	Makedonia Utara	329	9	Monaco	52	1
Finland	1,418	17	Taiwan*	322	5	Bangladesh	51	5
India	1,397	35	Azerbaijan	298	5	*Lain-lain/Others	747	10
Afrika Selatan	1,353	5	Kuwait	289	0			

* Kumpulan perisian / Data


 KEMENTERIAN KESIHATAN
MALAYSIA

Bilangan negara di bawah 50 kes:
Countries with 50 cases and below:

(1-10)	(11-20)	(21-30)	(31-40)	(41-50)
35	14	4	7	1

(Dikemaskini pada 1 April 2020 (updated on 1 April 2020). Sumber: CPRE Kebangsaan dan WHO)

UKK@MOH

 source: Ministry of Health Malaysia, result as of 1st April 2020

In April, MOH reported 108 cases recovered and was allowed to go home. By this time it makes the cumulative case of recovery as much as 645 cases. The numbers of positive cases were still increasing, on 1st April 2020, there were 2908 cases in Malaysia. MOH has received several volunteers in the service of health and hospital facility departments. Most of them are retirees. The 'one car one-person rule' is in effect since the 1st of April, in this time only the head of the family or one family member is allowed to go out and buy groceries. Not only that, travels that is more than 10km is also not permitted without reason, to do so, one must provide strong evidence and documents. (Royal Police Malaysia) 10th April announcement of extension MCO to be extended until 28th April 2020 (Phase 3 MCO). The recovery numbers have increased until as much as 2647, which is more than half – the overall number of cases on the 15th April was 5072. During this time MOH has received requests to validate the usage of Disinfection Chambers/Tunnel since it is used in several countries. But since evaluated by the MOH, it is not encouraged as it cannot kill the virus inside the body either way. On 23rd April extension is announced to be till 12th May (Phase 4 MCO). At the end of April numbers of recovery are still increasing. Moratorium initiatives are also introduced. Such as deferring property and car-loan payments.

May

source: Ministry of Health Malaysia, result as of 1st May 2020

As of 1st May 2020, there are in total of 4210 recovered and discharged patients which means 69.3% of 6071 cases in Malaysia.

On this day the Prime Minister has announced that Malaysia will reopen a few economic sectors, which will be carried out in a controlled manner with precaution.

Rules of the **Standard of Procedure (SOP)** which includes:

- **Social distancing, at least 1 meter**
- **Frequent hand washing/ use hand sanitizer**
- **Usage of face masks**
- **Checks at the entrance of the premise**
- **Prioritize protection to high-risk groups: kids, babies, seniors, disabled**
- **Unhealthy individuals with symptoms must undergo immediate health check-ups**
- **Amount of passenger in a vehicle – must practice social distancing**
- **Encourage online transaction/payment**
- To immediately report any information regarding COVID-19 infections

Employers and employees are advised to practice and get used and familiarize with the new norm. Also effective in May, the Malaysian Digital Economy Corporation (MDEC) with partner Coursera, is making 3800

courses for free for the unemployed accessible until 31st December 2020. The campaign #MyDigitalWorkForce initiative is to re-skill/up-skill Malaysians, especially those affected by COVID-19 pandemic. This course includes professional certificates as well. This is also to encourage the public to make their time fruitful. This attractive offer (subscription) is said to be valued at USD399 per year. (Malaysian Digital Economy Corporation) In the mid of May The National Fatwa committee of Malaysia decided to allow prayers in religious places with the limit of 30 people and only those aged 15-70 are allowed to participate. Interstate travel has also been lifted. (World Health Organization)

CORONA VIRUS DISEASE 19 (COVID-19)

Jumlah keseluruhan kes: Total cases: Dunia / Worldwide	Jumlah kematian keseluruhan: Total deaths: Dunia / Worldwide	Jumlah kes sembuh: Total recovered cases: Dunia / Worldwide	Negara yang terlibat: No. of countries involved:	Jumlah kes sembuh: Total recovered cases: Malaysia
3,259,236	233,440 (7.16%)	1,015,222 (31.15%)	186	4,210 (69.35%)

Negara Country	Bil. kes No. of cases	Bil. kematian No. of deaths	Negara Country	Bil. kes No. of cases	Bil. kematian No. of deaths	Negara Country	Bil. kes No. of cases	Bil. kematian No. of deaths
Amerika Syarikat	1,070,032	63,019	Czechia	7,689	237	Lithuania	1,385	45
Sepanyol	213,435	24,543	Bangladesh	7,667	168	Ivory Coast	1,275	14
Itali	205,463	27,967	Republik Dominika	6,972	301	Bolivia	1,167	62
United Kingdom	172,481	26,842	Australia	6,765	93	Djibouti	1,089	2
Perancis	167,299	24,410	Panama	6,532	188	Tunisia	994	41
Jerman	163,009	6,623	Colombia	6,507	293	Senegal	933	9
Turki	120,204	3,174	Malaysia	6,071	103 	Latvia	870	16
Rusia	106,498	1,073	Afrika Selatan	5,647	103	Cyprus	850	15
Iran	94,640	6,028	Mesir	5,537	392	Honduras	804	75
Brazil	87,187	6,006	Finland	4,995	211	Kosovo	799	22
China	83,956	4,637	Argentina	4,428	218	Albania	773	31
Kanada	54,457	3,310	Manghribi	4,423	170	Kyrgyzstan	756	8
Belgium	48,519	7,594	Kuwait	4,024	26	Andorra	745	42
Belanda	39,512	4,811	Algeria	4,006	450	Lubnan	725	24
Peru	36,976	1,051	Moldova	3,897	116	Costa Rica	719	6
India	35,043	1,154	Luxembourg	3,784	90	Niger	719	32
Switzerland	29,586	1,737	Kazakhstan	3,551	25	Sri Lanka	665	7
Portugal	25,045	989	Bahrain	3,040	8	Burkina Faso	645	43
Ecuador	24,934	900	Thailand	2,960	54	Uruguay	643	17
Arab Saudi	22,753	162	Hungary	2,863	323	Somalia	601	28
Sweden	21,092	2,586	Yunani	2,591	140	Guatemala	599	16
Ireland	20,612	1,232	Oman	2,348	11	Congo (Kinshasa)	572	31
Mexico	19,224	1,859	Afghanistan	2,171	64	San Marino	569	41
Singapura	17,101	15	Armenia	2,148	33	Georgia	566	6
Pakistan	16,817	385	Iraq	2,085	93	Mali	490	26
Chile	16,023	227	Croatia	2,076	69	Tanzania	480	16
Israel	16,004	223	Ghana	2,074	17	Maldives	468	1
Austria	15,452	584	Uzbekistan	2,046	9	Malta	465	4
Jepun	14,088	430	Nigeria	1,932	58	Jordan	453	8
Belarus	14,027	89	Cameroon	1,832	61	Sudan	442	31
Qatar	13,409	10	Azerbaijan	1,804	24	Taiwan	429	6
Poland	12,877	644	Iceland	1,797	10	El Salvador	424	10
UAE	12,481	105	Bosnia Herzegovina	1,757	69	Jamaica	422	8
Romania	12,240	723	Estonia	1,689	52	Kenya	396	17
Korea Selatan	10,774	248	Bulgaria	1,541	66	Palestin	344	2
Ukraine	10,406	261	Cuba	1,501	61	Venezuela	333	16
Indonesia	10,118	792	Guinea	1,495	7	Mauritius	332	10
Denmark	9,356	452	New Zealand	1,479	19	Montenegro	322	7
Serbia	9,009	179	Makedonia Utara	1,465	77	Equatorial Guinea	315	1
Filipina	8,488	568	Slovenia	1,429	91	Lain-lain / Others (Kapal persiaran)	712	13
Norway	7,738	210	Slovakia	1,396	23			

(Dikemaskini pada 1 May 2020) (Updated at 1 May 2020)



Bilangan negara di bawah 300 kes:

(1-100) (101-200) (201-300)

Countries with 300 cases and below:

48 **11** **6**

Sumber: CPRC Kebangsaan dan WHO

UKK MOH

June

source: Ministry of Health Malaysia

As of 1st June 2020, the total number of recovered and discharged patients is at 6404, with a total case of 7857 in Malaysia.

The government has released an app called ‘MySejahtera’ to handle the spreading of COVID-19 in Malaysia. Sejahtera Check-In is available for download in the Apple App Store, Google Play Store, and Huawei App gallery. The function is to help all premises to record their visitors, aligned with the government’s advice which is to maintain the SOP. Data recorded are protected under an act and is only to be used for contact tracing when needed by the MOH. All premises are advised to register and to display the QR Check-in code at the entrance of their premises.

(MySejahtera)

MySejahtera CHECK-IN REGISTRATION FOR PREMISE OWNER

Step 1: Register your premises at <https://mysejahtera.malaysia.gov.my/checkin/>

Step 2: Enter your mobile number or e-mail and click 'Register'

Step 3: Enter the OTP (if you registered using phone number) or click on the link e-mailed (if you registered by e-mail)

Step 4: Fill in your premise's registration details and press 'Submit'

Step 5: You will receive a unique MySejahtera QR Code for your premise. Download, print and place the QR Code at the premise's entrance to be scanned by visitors.

Visit mysejahtera.malaysia.gov.my and download the apps at:

MINISTRY OF HEALTH MALAYSIA
MyHEALTH
MYHEALTHKKM
SCAN ME



source : MySejahtera

The government has also announced that Malaysia will enter a **recovery** phase starting 10th June 2020 until the 31st of August 2020. Under the recovery period, “almost all” educational, religious, business, and economic sectors will be reopened in phases according to the Prime Minister (Channel News Asia, 2019).

Functioning in hospitals

Government hospitals and health clinics in every state in Malaysia are participating actively in the treatment for COVID-19. Either there is a certain hospital turned into fully facilitating regarding COVID-19 cases or for some city, small towns certain entrance designated for a suspected patient, and also certain spaces are designated to facilitate and attend COVID-19 patients.

Over 30 Government hospitals including the Medical Center of University Malaya are designated to handle COVID-19 cases.

Almost all government health clinics are providing health screenings for COVID-19

To reduce close contacts, in certain states, an initiative from some hospitals provides drive-through screening services. In general, at the end of March, schools, and halls, empty hotels that want to participate are utilized

and used as quarantine places for towns and cities that lack space. Other than that a big initiative was with Malaysian Agro Exposition Park (MAEPS), which has turned into a place for a makeshift hospital for COVID-19 patients which is supposed to accommodate 600+ patients. Organizations and public actively donate to this initiative as well.

Basic safety facilities are provided to the hospitals by the government, and some are donated by the public and also organizations. For hospitals that do not facilitate COVID-19 cases, hospital treatments are ongoing as usual.

Summary

Lockdown announcement date: 16th March 2020

Movement Control Order (MCO): 18th March 2020

Recovery Movement Control Order (RMCO): 10th June 2020

Date expected to end RMCO: 31st August 2020

Numbers of COVID-19 cases (Monthly) as the first day - last day of the month

Month	First day of the month	Last day of the month
March	29	2766
April	2908	6002
May	6071	7762
June	7857	Info not available

State policies:

- Movement Control Order starts 18th March 2020
- As of 27th March 2020, 300 tests are targeted to be taken every day.
- Infographics as an interactive for the public in social media in several languages
- No travels abroad
- No transits permitted (Malaysian border closes)
- Emergency stimulus package valued US\$ 60 billion* in total to aid counter COVID-19 effect (may change)
- US\$ 453 million aid for the tourism sector
- Tax exemptions and deferment for travel agencies, hotels, airlines, business in tourism
- Free internet during the lockdown, for mobile internet a minimum of 1GB per day is given, depending

on the provider – also all channels are for free on subscribed television

- Free domestic calls
- 40GB free internet data for those in educational sources related to Frogasia, up to 5 free SIM card for a family with kids in public schools
- 14 days home surveillance (quarantine) for Malaysian residents, permanent residents, long term pass holders upon arrival to Malaysia (Additional 14 days for those traveling from West Malaysia to East Malaysia)
- Social distancing, hand washing, face mask
- No interstate/intercity travels
- No traveling exceeding 10km without a valid reason and documentation
- Disinfecting of public places
- Schools, religious places, offices, social events are closed
- Online work/class for those whose work is related
- Big exams postponed
- Shorter operating hours
- E-payment encouraged
- 1 person 1 car rule – grocery shopping to be done by one member of the family
- The moratorium for a property, car loans and business owners in need - only for those eligible (deferring of payment for eligible loans, with/without interest)
- Some hotels open doors for people who arrived from abroad to stay at their hotels for 14 days quarantine (for some time)
- No back and forth travel for those working in neighboring countries (Singapore/Thailand/Brunei/Indo)
- Monetary aid for some household groups
- Free online courses for by MDEC
- Public encouraged to utilize MySejahtera Check-In
- Premises encouraged to register MySejahtera Check-In
- Restriction policies lifted by phase in RMCO
- Etc

INTERNATIONAL COOPERATION:

- Synthomer Malaysia donates 450000 medical gloves to a Hospital in Italy
- Malaysia donate 18 million medical gloves to China
- Malaysia-UAE-Nigeria initiative to bring back Malaysians stranded in Nigeria
- Donations received by Saudi Arabia - 5 million surgical masks, 1 million face masks, 741k jumpsuits, 300k face shields, 200k head covers, 200k protective clothing, 100k boot covers, 150 portable ventilators, 100 noninvasive ventilators, 80 ICU ventilators
- Received 14k units of hand sanitizer from the UAE, dedicated to front-liners
- Received medical device aid from China, 1000 face masks, 20k medical masks, 100 protective clothing, 100 goggles
- Malaysian sent supplies to Palestine via Jordan and Israel
- Bank of China donated funds to fight COVID-19
- Etc

SWOT

Strength

- Malaysia has it in control despite having a new government in early March
- Aid and initiatives from the government for the public benefit to be used during the pandemic
- In control compared to Singapore

Weakness

- Border controls and the number of illegal immigrants in Malaysia, in some cases, do not cooperate and obey rules of the MCO (from the Philippine islands, Indo-Malaysia borders, etc)

Opportunities

- Good international friendship result of aid in times of need
- Strategic location in South East Asia in case the need to support/receive support from neighboring countries

Threats

- Incoming illegal immigrants via sea or forest trails, entry without a legal permit, and through illegal ports. (I.e: Rohingya)
- Stateless people who might carry the disease without knowing

Comparison of all 4 countries

STATISTICS

The epidemic has begun in Poland on March 4th. 11 days later on March 15th, the first case was detected in Uzbekistan. Three days after Malaysia and India announced the lockdown in the states. Epidemic in Poland gained some momentum in the beginning and visibly slowed down since early April, when the strictest restrictions were applied. The number of active cases stayed the same, in the next days proceeding after the “rigid lockdown” was gradually lightened, and eventually, we observed a slow controlled increase of active cases.

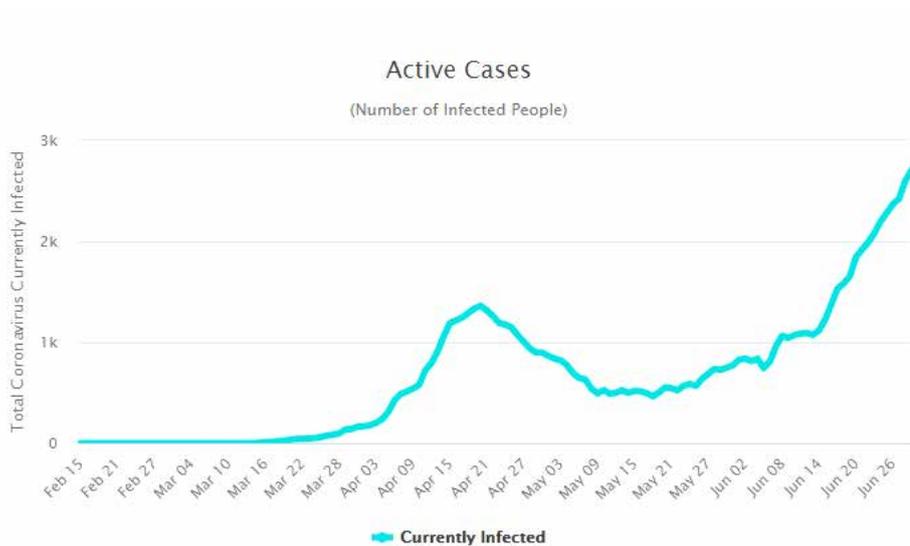


Figure 1. Uzbekistan

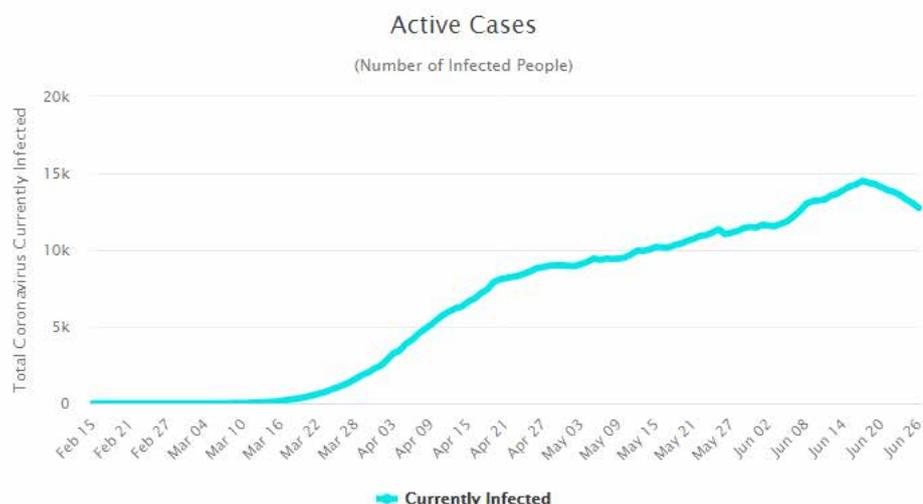
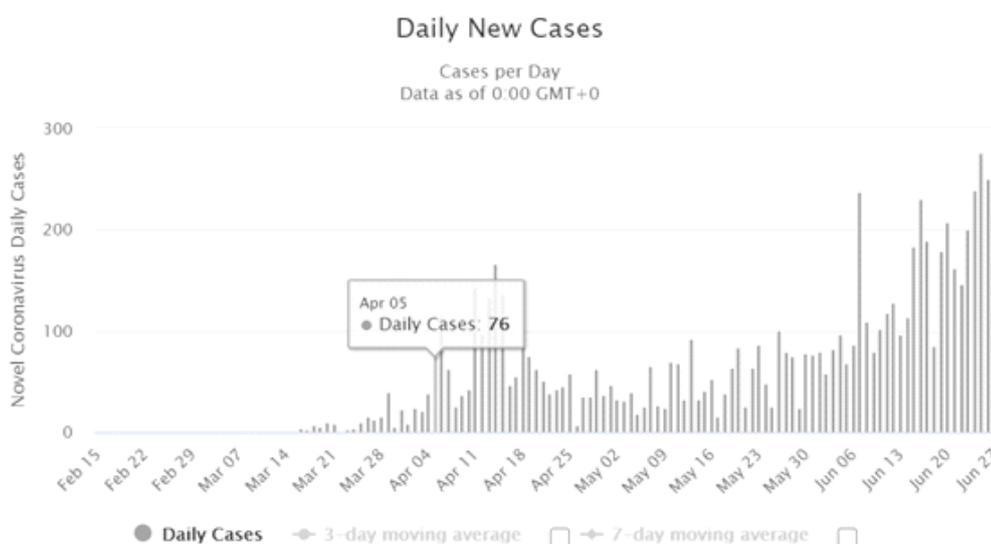


Figure 2. Poland

The increase of active cases was similar for all four countries in the first days of the epidemic, but then in the mid of April Uzbekistan experiences a sudden drop in both active cases, and newly detected cases instead of flattening the curve like Poland. This is likely due to even stricter and quicker lockdown than in other countries. Already on March 27th Uzbekistan had at least the same level of lockdown as Poland on April 1st. There exists a suspicion of data manipulation, as the number of the detected plummeted day today as can be seen on the graph below.

Daily New Cases in Uzbekistan



We can see that while Uzbekistan had very low daily increases after the lockdown was lifted cases began to rapidly increase. In the example of Malaysia, however, we see sharp plunges and lifts of daily new cases. Poland and India on the other hand have a stable rate of daily cases, but in Poland it there is a daily decrease, and in India – increases.

Daily New Cases in India

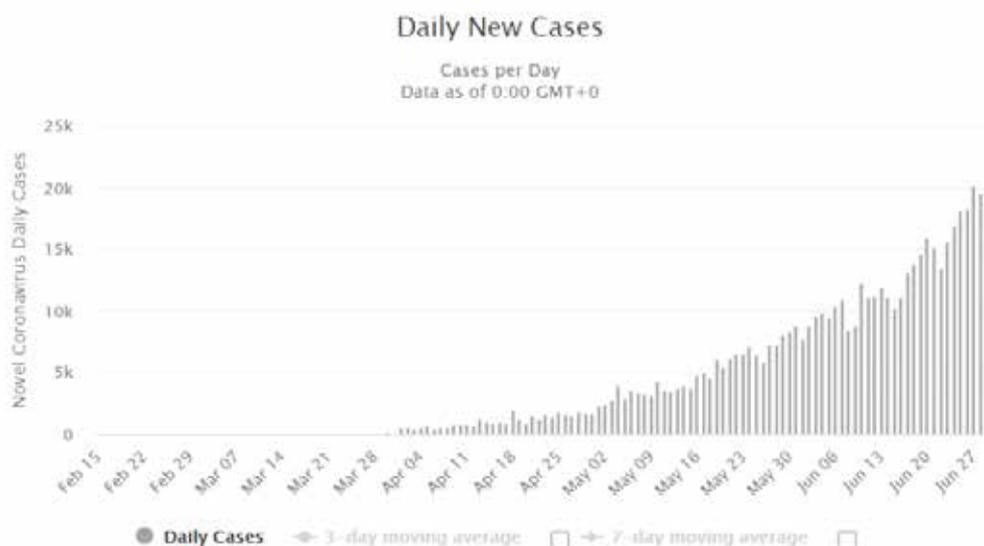


Figure 4. India

What's important to point out is that the scale of the epidemic is 5 times larger in Poland despite having only 30% more inhabitants, compared to Uzbekistan. It could be potentially contributed to the rigid, long lockdown, lower quality tests that were used in the beginning, or even to the fact that average Uzbek is 29 years old, whereas average Pole is close to 38, and of course age is the paramount factor when it comes to coronavirus, symptoms, danger, and mortality.

Daily New Cases in Malaysia

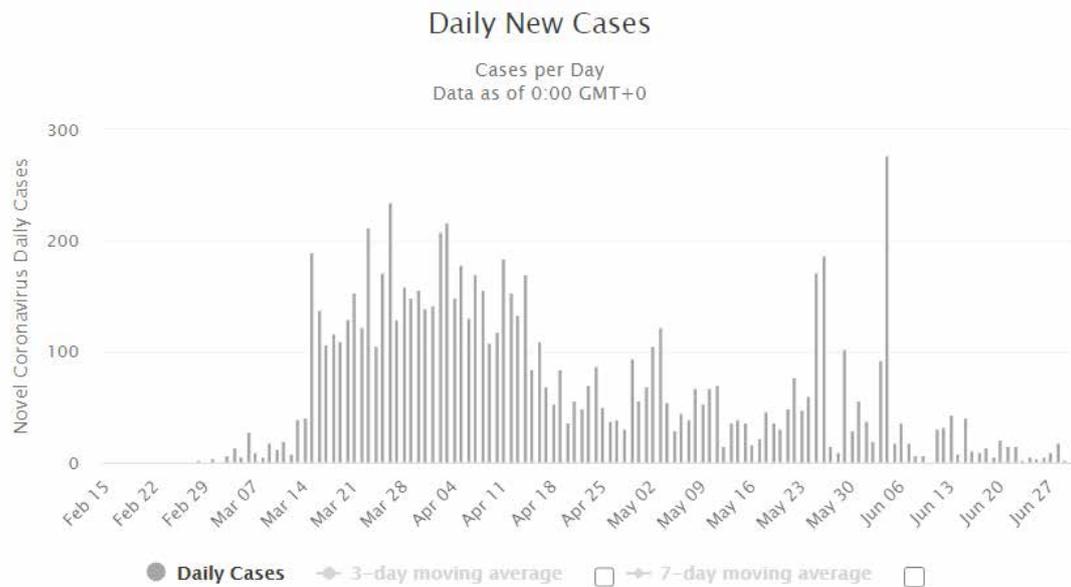


Figure 5. Malaysia

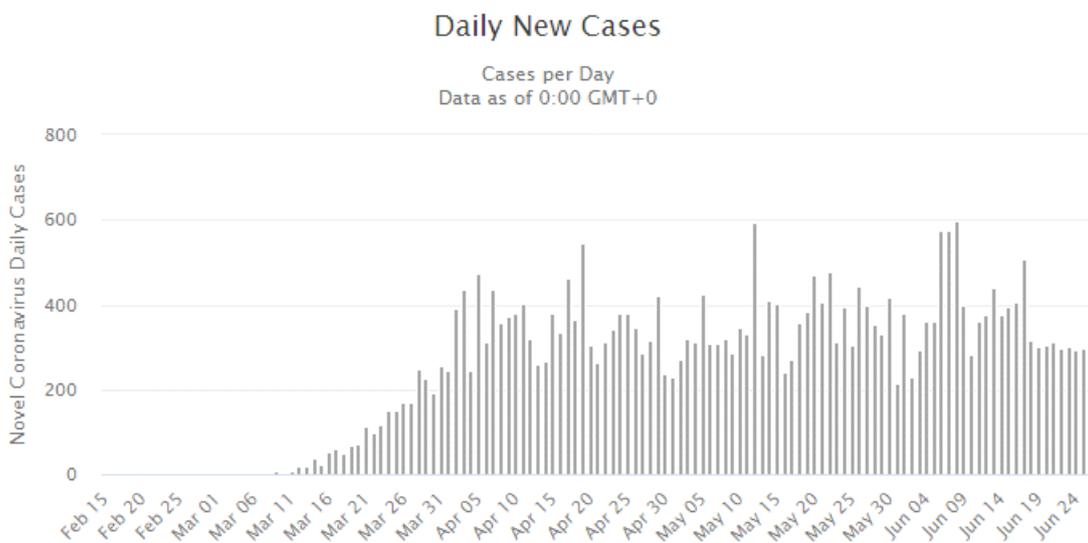


Figure 6. Poland

TESTING TECHNIQUES

Several tests taken per day in all the respective countries are as follows:

Poland total tests: 1,521,406

Poland daily testing capacity: 10,000-20,000

Uzbekistan total tests: 1,121,236

Uzbekistan daily testing capacity: 10000-15000

Indian total tests: 8, 826, 585

Indian daily testing capacity: 100, 000 (aimed to raise to 200000)

Malaysian total tests: 764, 999

Malaysian daily testing capacity: 22,000 – 30,000

All of the countries tend to prefer PCR, as advised by WHO; however; Poland has an advantage as it produces her PCR tests since April in a quantity of even 100 000 daily. Uzbekistan also allegedly begun production, but the type of test is not specified.

RESTRICTIONS

The level of restrictions is similar for all the countries, however, the governments followed different strategies. Poland was adding restrictions gradually to decrease the time of economic stagnation, as well as to use possible beds and equipment to deal with the virus straight away. Whereas Uzbekistan experienced an over month-long complete lockdown (the same that was in Poland for 19 days), during which the government attempted to prepare the country for the wave of infections today. The period of lockdown is experienced almost simultaneously, but in India, being the most densely populated country among all four had the highest amount of cases by the mid-end June, followed by Poland, Malaysia, and Uzbekistan with the least. At the moment the countries – Uzbekistan and Malaysia - allowed domestic travels, except for International travels.

FUNCTIONING OF HOSPITALS

The comparison of the functioning of hospitals revealed that all 4 countries are participating actively in the treatment for COVID-19.

All 4 country cases restructured the already existing hospitals, designed them to become fully specialized in infectious diseases treatment, for example, if Poland in total 22 hospitals designed just to combat COVID-19, Malaysia designated over 30 government hospitals for COVID-19 cases.

Additionally, Malaysian and Indian authorities practiced the usage of public buildings as quarantine places. In the meantime, additional measures were taken in Uzbekistan as the country built new specialized hospitals, the first of which for 10 000 beds was built within 5 days.

INTERNATIONAL COOPERATION

India did not provide any official news on whether the country has participated in inter countries' cooperation on receiving aid from other countries, on one occasion, India did receive an offer from the Prime Minister of Pakistan. However, India did supply COVID-19 fighting drugs to 55 countries mainly focusing on the USA.

In the case of Malaysia, they have donated and received foreign aid during the pandemic. Malaysia donated supplies to China, Italy, and Palestine through Jordan and Israel. Malaysia also has received aid from Saudi Arabia, China, and the United Arab Emirates.

As for Poland and Uzbekistan, both countries concentrate on aiding poorer neighbors. Poland to Ukraine, Uzbekistan to Tajikistan.

SWOT

SWOT analysis revealed the following similarities and differences in the cases of all four countries.

Strength

For all four countries, all went for a lockdown in the same month in efforts to reduce the spread of COVID-19. Economic stimuli are available in all countries in different amounts respected by their government.

Comparing the actions of the authorities in Poland and Uzbekistan, we see a similarity in the preparatory time progress by studying the experiences of other countries. Timely strict measures had positive outcomes on the general statistical data of infections and active cases.

Similar strengths are seen with border controls for each country.

Infographics, news, and updates are accessible in each country.

Weakness

Each country has its unique issues in this category.

In India, there is a lack of awareness in some remote areas and rural households regarding COVID-19. India ranks at 135 for UNDP Health Index which makes the population under BPL (Below Poverty Line) more prone to diseases. Lack of health workers and hospital beds ratio to the active cases, and other equipment.

Since Malaysia is surrounded by waters, the issue of border control in some places arises with arrival and access through illegal forest trails and ports by illegal immigrants, which might raise issues of uncooperativeness in respecting the rules of MCO.

For Poland, health care systems tend to be rated lower than other European health care. Problems such as underfunding, lack of qualified doctors, low wages in the healthcare profession.

In Uzbekistan, the quality of healthcare is weak and the statistical data on deaths reported is question-

able. Also, unstable situations arise for some time. If Poland had a stable financial situation before the virus reached, but the situation in Uzbekistan is not similar to the Polish one: we see that about 80% of entrepreneurs had to suspend their activities because of the nationwide lockdown.

In general, most economic sectors in these countries are suspended.

Opportunities

The Indian government is encouraging research institutions to work on providing solutions and measures to fight COVID-19. The government and any other private institutions initiate technological innovations to fight the recession. After developing hydroxychloroquine drugs and CORONIL, India has a big potential to grow its economic strength.

Good international friendship with some countries exists in pandemic times, Malaysia in this case has received aids from Saudi Arabia, China, and the United Arab Emirates. And have donated some masks and gloves to Italy, China and Palestine. Compared to most SEA countries Malaysia is well prepared. Trust can be built in this pandemic in terms of International relations.

In Poland, there are opportunities for domestic sector producers and medicaments, tests, and hygienic suppliers to establish themselves in the market. The possibility of improving relations with neighboring countries by helping them and also cementing international systems of cooperating with the help of WHO, EU, and UN.

Both countries Poland and Uzbekistan see the pandemic as a possibility of improving relations with neighboring countries by providing them needed help. Reaffirming relations, or attempting to gain favor, projecting soft power upon your neighbors.

Growth in different sectors is seen for each country.

Also, solidarity and disciplines were the cases of Poland and Uzbekistan, making societies organize in hard circumstances.

Threats

The drastic increase of cases in India are due to ignorance by the huge amount of population, this may have bad effects as medical services and equipment might not be enough in the future. The fear of the second wave of COVID-19, due to ignorant citizens in not following safety measures. Since India is highly populated this may be one of the cases where it is hard to control in most cases.

The incoming of illegal immigrants and in Malaysia as said earlier is bad, since these groups may be carrying COVID-19 unknowingly. It could contribute and be a national threat since illegal immigrants who are already in Malaysia may be afraid to go out and seek for medical screening, and treatments, since illegal immigrants and undocumented workers that are negative will be deported to their respected countries. Stateless people also exist, which makes it harder to reach out to them because they are afraid to reach out for medical assistance and just to result in getting detained.

In Poland, the drastic destabilization of European and American economies and there is a possibility of a financial crash. Poland is integrated into the World Economy and is at risk of economic collapse. The dependency on Germany and the radical decrease in industrial production in Germany leads to similar outcomes. Growth of political instability.

The financial sustainability of industries is a threat to Uzbekistan. Non-compliance with quarantine measures and neglected public transportation may result in waste and damage maintenance in the future.

The fear of economic recession exists as well in all countries, but the state of critical is subjective in each country.

Conclusion

The paper analyzed the measures of the four countries - namely Poland, Uzbekistan, India, and Malaysia - that were taken to prevent the sharp outcomes that may follow the pandemic. The state policies the process of functioning of hospitals, and international cooperation with the rest of the world in 4 countries are presented the main points.

The SWOT analysis of the strategies of all the countries revealed that each country has its unique issues in terms of the fight with COVID-19. For instance, in Malaysia, that is surrounded by waters, the issue of border control in some places arises with arrival and access through illegal forest trails and ports by illegal immigrants, however in Poland we see how the health care systems problems such as underfunding, lack of qualified doctors, low wages in the healthcare profession is a matter of fact. In all four countries, most economic sectors in these countries are suspended.

Even though the timely strict measures had positive outcomes on the general statistical data of infections and active cases, the increase of active cases was similar for all four countries in the first days of the epidemic.

Additionally, the analyzed countries see the pandemic as a possibility of improving relations with neighboring countries by providing them needed help.

Recommendations for all four countries on further actions to fight the COVID-19:

- More strict monitoring the physical distancing and hand hygiene in public places is recommended.
- All four countries are recommended to organize free tests for everyone, as this may help to identify those infected with no visible symptoms.
- Patients who are asymptomatic or mild symptoms should be quarantined and treated at home. This helps to focus on more severe cases of infection, by providing additional places in hospitals.
- Contact tracing should be widely practiced, as well as coronavirus testing from everyone who was in contact infected.
- The indoor wearing of masks must become an obligation. Additionally, the free distribution of masks to the population is recommended.

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