14 Federalism and the COVID-19 crisis

Trends, tensions, and testing innovations in Malaysia

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14.1 Introduction

The COVID-19 pandemic took place at a time when Malaysia was undergoing a significant political transition, as a leadership crisis caused the government to collapse and be replaced by a new administration altogether in early March 2020. The newly formed Perikatan Nasional (PN) government had to very quickly grapple with the public health crisis that was thrust into its hands.

Already a highly centralized federal system, the twin pandemic and political developments led the country's federal government to adopt top-down approaches to managing COVID-19 through the implementation of federal laws and regulations. As a result of the highly centralized response, tensions between the federal government and several state governments in Malaysia inevitably arose. This was especially the case since many states engaged in their own pandemic response and stood their ground in the face of instructions issued by the federal government without meaningful prior consultation.

The pandemic thus offered a useful opportunity to test the robustness and practicality of the country's existing federal structure. While public health is in the 1957 Federal Constitution's Concurrent List (under which both the federal and state levels of government have joint jurisdiction), the 1988 Prevention and Control of Infectious Disease Act (the law that was used to enforce Malaysia's Movement Control Order [MCO]) is a federal law. Further, the related 2020 Prevention and Control of Infectious Diseases (Declaration of Infected Local Areas) Order defined the "infected area" to include all states and three federal territories in Malaysia. This became a point of legal contention when the federal government chose to open the economy more quickly, whereas states wanted to retain stricter lockdown measures. Other related laws and policies that were significant in the COVID-19 response included the Ministry of Health Disaster Management Plan and the Malaysia Strategy for Emerging Diseases and Public Health Emergencies (MySED) II Workplan (2017–2021) (Ministry of Health 2020), all of which fall under the purview of the federal government.

Although the federal government's decision was ultimately adhered to by all states, this was an interesting case study on whether the states could exercise their joint rights over public health. Further, the third layer of government – local government – has been largely ignored in Malaysia since local government elections were first suspended and then abolished in 1976. Local government falls under state government purview, but it is important to note that there also exists the National Council on Local Governments (NCLG), which is chaired by the Prime Minister, a further sign

Table 14.1 Key Statistics on COVID-19 in Malaysia as of 10 January 2021

<i>Cumulative Cases</i>	<i>Cumulative Cases per 100,000 Population</i>	<i>Cumulative Deaths</i>	<i>Cumulative Deaths per 100,000 Population</i>	<i>Case Fatality Percentage</i>
133,559	412.7	542	1.7	0.4

Source: *World Health Organization Weekly epidemiological update* – 12 January 2021. Geneva: WHO, 2021. Available from <https://www.who.int/publications/m/item/weekly-epidemiological-update>

of centralization tendencies. Despite these trends, the 1976 Local Government Act does empower local governments and grants them amongst other powers, the ability to preserve public health and prevent the outbreak and spread of diseases, and to regulate and enforce quarantine, the disinfection of persons, and the disinfection of places and things.

COVID-19 has placed increasing fiscal pressure on all levels of government. The federal government's economic stimulus packages have led to higher national debt-to-GDP ratio and fiscal deficit figures, exceeding original targets. As an oil-producing country, 19 percent of Malaysia's annual revenues are financed via oil and gas resources, an unsustainable dependence on the country's national oil producing company Petronas. The oil-producing states of East Malaysia's Sabah and Sarawak are demanding greater oil royalty, sales tax on oil and gas products, and a bigger say over their own natural resources. All of this will invariably impact upon the federal government's fiscal flexibility, and in turn, its ability to cushion the economic blows that the pandemic will continue to wreak on the nation (Table 14.1).

14.2 COVID-19 in Malaysia

The first Malaysian case of COVID-19 was confirmed on 4 February 2020, after a Malaysian had returned from Singapore (Elengoe 2020). Thus began the first wave of COVID-19 cases, but this ended fairly quickly with very low numbers. The second wave of infections broke out in late February and grew rapidly in the following three weeks. Up to the end of this second wave, which is estimated to have concluded at the end of September, there were a total of 10,167 people who tested positive (Malaysiakini 2020). Between February and September, the number of cases reached a peak on 4 June, when a total of 277 new cases were recorded in a single day. The first – and still the deadliest to date – cluster was that of the *tabligh* cluster, infecting 3,375 people, or more than a third of all infection cases in the country. Held over a period of four days from 27 February to 1 March at a mosque in the heart of the country's capital Kuala Lumpur, the *tabligh* was an Islamic missionary event organized by the Tablighi Jama'at movement and was attended by 16,000 people, including 1,500 foreigners (Reuters 2020).

After having been sworn in as the new Prime Minister on 1 March, Muhyiddin Yassin publicly banned mass gatherings on 13 March. To this effect, the federal National Security Council (NSC) mobilized a national response with technical guidance from the Ministry of Health (Ministry of Health 2020). The national testing capacity was increased from 1,000 tests per day in January 2020 to over 38,000 tests per day in September 2020; several government hospitals were converted into “full or partial COVID-19 hospitals,” and quarantine centers such as training institutes and nursing

dormitories were made available (Ministry of Health 2020). In addition, public communication was carried out through regular press briefings and government platforms including websites, social media, and messaging applications.

The government implemented a MCO which began on 18 March 2020 and which was initially tightened as the numbers of cases rose steadily. Under the MCO, only industries within a strictly defined list of “essential goods and services” would be permitted to operate, and even those would have to apply and receive confirmation from the Ministry of International Trade and Industry (MITI). Cross-state travel was allowed only upon police approval, and individuals were not allowed to travel beyond 10 km of their residence. These rules were eventually gradually loosened, as the public health risks fell alongside the number of daily new infections. A Controlled Movement Control Order (CMCO) was thus implemented on 4 May, followed by a Recovery Movement Control Order (RMCO) on 10 June.

Although Malaysia has a robust public healthcare system with universal access to healthcare, private citizens and communities contributed to the control and prevention of the virus spread. A “Whole of Government, Whole of Society” approach was adopted to respond to the crisis (Ministry of Health 2020). Communities rallied together under a *#kitajagakita* tagline, which is also the name used for a website that connects non-governmental organizations (NGOs) with communities in need to raise funds and provide food, goods, and services. Some fundamental problems included the shortage of medical equipment: In an online survey conducted by a group of Malaysian doctors, of the respondents working in Ministry of Health hospitals, 77 percent of respondents said that they had experienced shortage of personal protective equipment (PPEs), and 58 percent said they had to resort to “do-it-yourself” (DIY) PPEs and make their own non-medical masks and other protective equipment (Lim 2020). As a result of these shortcomings throughout the MCO period, private citizens were roped into donating funds and even assembling PPEs.

Although Malaysia successfully flattened its curve between late June and July, the MCO on the whole has had devastating effects particularly on business owners and low-income communities in Malaysia, costing the economy RM2.4 billion a day. Because of the strict lockdown measures that the government chose to adopt in which businesses were forced to close for almost three months, many small and medium enterprises (SMEs) have been particularly badly hit. A survey conducted by SME Malaysia in April 2020, an association of SMEs, found that almost 60 percent of firms surveyed reported zero revenue during the MCO, with almost 30 percent saying that they would give unpaid leave to their staff. The unemployment rate reached a record high of 5.3 percent in May 2020, recording an additional 47,300 people unemployed between April and May (Department of Statistics Malaysia 2020). The tourism, retail, and food and beverage (F&B) sectors have been particularly affected; for instance, 15 percent of hotels were reported as possibly having to shut down operations (Ying 2020). The government chose not to carry out large-scale lockdowns in the proceeding months, but instead used targeted enhanced MCOs (TEMCO) to isolate specific affected areas, such as certain locations in Kedah.

Malaysia underwent a rapid third wave of COVID-19 infections starting from late September to early October, following the return of politicians to Peninsular Malaysia who had travelled to the state of Sabah in East Malaysia for their campaigns in the run-up to the Sabah state election on 26 September. Although numerous experts

cautioned against repeating a nationwide lockdown, for fear that the economy would not be able to withstand the additional shock, this third wave has been the most severe since the beginning of the pandemic. Escalating rapidly and exponentially from an average of 400 new daily cases in early October to a peak of 2,525 new daily cases on 31 December 2020,¹ the COVID-19 situation was further exacerbated by the fact that state borders were opened throughout December, resulting in many Malaysians travelling across the country for the holidays and to visit their relatives in their respective hometowns. The Malaysian government's relaxed measures may also be attributed to pressure from players within the tourism industry, and more generally, to economic pressure. As a result of the third wave, the number of confirmed cases in the country reached a cumulative number of infections of 113,010 by the end of December 2020 (The Star 2020). In this respect, the government resorted to announcing a CMCO in Sabah, Selangor, Kuala Lumpur, and Putrajaya in October, which was later extended to January 2021.

While the government emerged with an array of economic stimulus packages totaling USD68.7 billion in the initial outlay, including, among other programs in its PENJANA Short-Term Economic Recovery Plan, a six-month loan moratorium and wage subsidies, small businesses may yet not be able to weather the storm. Low-wage earners were already vulnerable; a large proportion of those living in low-cost flats work as informal laborers such as petty traders, tailors, and freelancers and therefore lack the social security that formal workers enjoy (Puteri and Kunasekaran 2020). Since many of the poorest households are not equipped with the necessary infrastructure to work from home, not going to work would have meant a significant loss of income (Puteri and Kunasekaran 2020). The 2021 Budget that was tabled and passed in Parliament in November also contained an array of offerings, including tax relief measures, cash aid programs, extension of existing wage subsidy programs, and other handouts aimed at assisting the economy. It is expected that the government will be forced to emerge with new measures in the coming year, given that more lockdowns have been imposed following the third wave of COVID-19 cases, and that the economy has not been able to recover.

14.3 COVID-19 and federalism in Malaysia

14.3.1 Constitutional framework of the different levels of government

Article 1 of the 1957 Federal Constitution of Malaysia describes the country as a federation of 13 states and three territories. However, state powers have gradually eroded, giving rise to greater central powers within the federal government. That process began when local council elections were abolished in 1965. Federal emergency measures were further introduced in 1969 and state economic development corporations (SEDCs) were used to spearhead the nationwide New Economic Policy in 1971. Over the following decades, other institutional mechanisms were introduced that further strengthened the federal government's hold over states.

On the surface, there appears to be a clear demarcation of powers between the federal and state governments. The Ninth Schedule of the Federal Constitution recognizes the semi-autonomous nature of states, which have some "constitutionally entrenched division of powers in the legislative, executive, judicial and financial fields" (Shad 2019, p. 74).

In practice, there has been ample scope for the solidification of a powerful central government. For example, Article 71(3) allows the federal government to amend a state constitution if there is non-compliance by a state with the federal constitution. Article 75 provides that the federal law shall prevail when any state law is inconsistent with a federal law, while Article 76 allows the federal government to make laws pertaining to state matters if it promotes the uniformity of laws or if it is requested to do so by states. Article 76A permits parliament to delegate its powers to the states. Article 81 of the Federal Constitution states that the executive authority of every state is to be exercised to ensure compliance with federal law and should not impede or prejudice the exercise of the federal government.

The Federal Constitution recognizes three levels of government: federal, state, and local. Article 150 of the Federal Constitution provides authority to the King to proclaim emergency measures (the King acts upon the advice of the Prime Minister). The federal government can also utilize emergency provisions to suspend state rights under the same Article. The Ninth Schedule, which spells out the jurisdiction of the federal and state governments, identifies “public health, sanitation and prevention of infectious diseases” in the Concurrent List, where both federal and state governments have joint control. However, “medicine and health” fall under the Federal List, therefore assigning the federal government ultimate control over the funding and administration of the Ministry of Health, alongside all state health departments, public hospitals, and community clinics throughout the country.

14.3.2 COVID-19 management and intergovernmental relations

Although state governments have official representation within the National Action Council,² in its very first meeting in March on the COVID-19 mitigation plans, the federal government excluded the heads of state governments controlled by the opposition coalition. The federal government later reversed this decision and invited the subnational leaders to subsequent meetings. In May, the federal government abruptly announced that the MCO would ease, giving only three days’ notice. Nine state governments in total reacted immediately by saying they were either not following (Kedah, Sabah, Pahang, Penang, Kelantan, and Sarawak) or not fully complying (Selangor, Perak, and Negeri Sembilan) with the easing of the COVID-19 control measures concerning economic activity, otherwise known as the CMCO. They believed that the reopening of all sectors and industries was too abrupt, arguing that buffer time was needed to allow state governments and companies to adopt new standard operating procedures (SOPs) to ensure hygiene and public health. Interestingly, four out of these nine states were politically aligned with the federal government, where previously, federally aligned states would typically adhere to the center’s instructions without protest. Many of the states’ Chief Ministers felt that there should have been proper consultation with the states beforehand, stating that they would have been the ones implementing the decisions, and that the federal government should have assessed the situation and capacity of the states prior to making decisions (Fong 2020).

Some experts cited Article 81 to argue that states must adhere to the federal law of the 1988 Prevention and Control of Infectious Diseases Act, since all states had in 1989 agreed to promulgate a uniform law to prevent and control infectious diseases in Malaysia, enforceable throughout the country. There is, however, an alternative, and equally compelling, view advanced by other experts that states have the right to

defy the federal government's law on the grounds that the Federal Constitution places "public health, sanitation, and prevention of infectious diseases" within the Concurrent List in the Ninth Schedule. It is also bolstered by the provisions of the Local Government Act as described above. Since all laws must adhere to the supremacy of the Federal Constitution, this means that both federal and state governments are to jointly decide on issues pertaining to these areas with equal weight.

Because the Constitution is vague on how "joint decisions" are to be made, it has never been clear whether state legislative assemblies need to vote on a particular matter of concurrent interest – and further, pass state-level legislation to that end – or whether mere 'consultation' is all that is required. At a meeting held on 28 April between the federal and state governments, the gradual reopening of the economy was apparently raised by the Prime Minister.

However, one state government chief executive (the Chief Minister of opposition-led Penang) claimed that the following approach was agreed upon at the meeting: first, the "District Risk Reduction Programme" proposal by the federal Ministry of Health was to target the reopening of "green zones" only; second, the official SOPs were to be shared with all states prior to any reopening; and third, the states were to be given time to strategize. However, the federal government proceeded on 1 May to announce that all zones – green, orange, red – would simultaneously reopen on 4 May, without informing the states or sending them the SOPs (Astro Awani 2020). The federal government responded harshly with a statement saying that companies may possibly sue state governments if they refused to reopen. This was rebutted by the Penang state government, which stated that it was prepared to face legal challenges from industry players if that is the repercussion for protecting its people from the pandemic.

Although seemingly contentious, all state governments eventually adhered to the federal government decision to reopen the economy. First, it would not have been possible for the states to enforce a stricter lockdown, since enforcement bodies like the police are controlled by federal authority. Second, although state governments may have been able to employ local government officers to enforce local government policy on licensing requirements, which it controls, this was not contested in the court of law since no businesses eventually sued state governments. Restaurants, eateries, and other retail outlets were not reopening all that rapidly in any case, given there was very poor foot traffic at the time the MCO was relaxed.

As previously pointed out, the federal government announced a CMCO in several states following the third wave of COVID-19 in the last quarter of the year, namely in Sabah, Selangor, Kuala Lumpur, and Putrajaya. However, this announcement was not well-received by the Selangor state government, who claimed that the federal government had not consulted Selangor beforehand. The Selangor Chief Minister was "shocked by the announcement" but was not surprised as this had happened previously. In fact, a few days prior to that, the federal government had announced a CMCO for Klang, a district within Selangor that was more severely affected by COVID-19, without consulting the state government (Free Malaysia Today 2020). It was only after the state government expressed dismay at not having been consulted that the NSC met with the Selangor Chief Minister, and the latter announced that the NSC would provide the CMCO details of Klang, and that the state government would work with all agencies accordingly.

Sabah, Penang and Selangor were the only state governments that expressed disappointment over not having been consulted on various occasions, including when

the federal government first decided to open up the economy in May 2020, and later when it unilaterally implemented the CMCO in Selangor. These public expressions took place within the states led by opposition coalitions. In short, the political coalitions that are not aligned with the center made their views publicly and vehemently known. The other states that chose not to comply with the opening of the economy also expressed their disappointment but were less vocal about their decisions and actions. By the time the October CMCO was announced, the Sabah state government had already changed hands from an opposition-aligned coalition to one that was supportive and aligned with the ruling coalition at the center.

Such were the political polemics that played out nationally. However, the reality on the ground was that intergovernmental health coordination took place relatively smoothly. For instance, state health directors worked in a professional and coordinated fashion with state executive council members in charge of health, whether in government-aligned or opposition-controlled states (Welsh 2020). These state health directors are employed by and seconded to the states, and technically do not report to the state governments. There was therefore an increase in vertical interaction between these federal appointees and state government representatives, in ways that were novel and previously unnecessary.

14.3.3 State government innovations on COVID-19 and federalism in Malaysia

Despite the pre-existing centralization of Malaysia's institutions, it is crucial to note that some states exercised their constitutional powers to guide the emergency response within their borders, including Sabah and Sarawak (the two states of East Malaysia that have greater autonomy relative to their Peninsular Malaysia counterparts under the Federal Constitution). Sarawak issued their own circulars on regulatory compliance such as on the closing of premises, and both states created their own immigration regulations (Welsh 2020).

Apart from federal government assistance, all state governments also contributed their own economic stimulus packages, with the wealthier, more well-resourced states emerging with larger packages. Welsh's (2020) research provides a detailed breakdown of the state-level special assistance funds, in which state allocations specific to the COVID-19 response ranged between USD583,300 in Perlis to USD551.7 million in Sarawak. Taken together, including the Federal Territory of Kuala Lumpur, sub-national governments provided a total of USD980 million of COVID-19 targeted assistance, which included cash transfers and food aid for vulnerable communities, the purchase of additional medical equipment, the waiver of fees and bills, among others (Institute for Democracy and Economic Affairs 2020). States have therefore provided additional funds throughout the COVID-19 crisis. However, these funds only represent about 1.5 percent of what the federal government has spent, which clearly indicates that it is the federal government that is ultimately in charge of managing the country's economy and the subsequent fiscal impact of the COVID-19 crisis.

Further, several state governments used their own resources to conduct their respective testing and contract tracing. Selangor and Penang both provided funds for additional testing, and many states developed their own tracing applications, for instance Johor (Jejak Johor), Selangor (SELangkah), and Sarawak (CovidTrace and Qmunity).³ Notably, Penang and Sarawak did an excellent job of providing public

communication to their constituents by having regular briefings on Facebook. Penang created 24-hour hotlines and its own COVID-19 website. Sarawak formed its own State Disaster Management Committee, which launched three different applications including to monitor travelling into and within Sarawak, and a general information dashboard. Finally, the states of Sarawak, Sabah, Selangor, and Penang collaborated with civil society and charity networks to coordinate donations and medical assistance (Welsh 2020).

The fact that all states took the initiative to emerge with their own unique innovations to respond to COVID-19, whether through contact tracing applications or website launches, has transformed the way public health is managed in Malaysia. Although in constitution and in policy a matter of the federal government, in practice the management of public health has become much more decentralized. This period has been especially interesting for the East Malaysian states of Sabah and Sarawak to exercise their autonomy to impose strict preventive measures. Until August 2020, the two states even required Malaysians entering from the peninsula (West Malaysia) to undergo quarantine upon arrival. It is equally important to understand that these measures took place as the two states have become increasingly politically significant, amidst national political instability and contestation.

However, in assessing state-level innovations, incidents of federal-state conflict can be noted. Although in the first half of the year, there was apparently close cooperation and data sharing between the federal Health Ministry and NSC with the operation centers of the Selangor state government, this practice was stopped in the latter half of the year (Dzulkefly, 20 October 2020). While the Selangor state government was allowing the Minister of Health's personnel access to its application *SeLangkah*, the state had further requested to obtain data from the federal government to enable integration between its application and the federal government's application *MySejahtera*.

Obtaining data from *MySejahtera* would assist the Selangor Health Department in predicting where future infections might break out in the state. However, the federal government's Ministry of Health declined to share the raw data, citing "past incidents" where data was wrongly interpreted and caused panic among Malaysians (Malay Mail, 4 November 2020). As a result, the state government had to rely on publicly available data from press conferences and other "random sources" instead of having a meaningful information exchange with the federal government.

14.4 Conclusion

Although in the sum of things there have not been any major changes in law or policy – there have been no formal reassignments of responsibilities, and intergovernmental structures remain very much as they were prior to the pandemic – the experience of COVID-19 has provided interesting lessons on how states can innovate around the system. While the federal government continues to run all public hospitals and community clinics, state governments also have executive councillors (Exco members) mandated to provide financial assistance and coordination over health. Private hospitals have also played a prominent role in managing the pandemic by providing COVID-19 tests at a fee; several state governments have in fact started their own private hospital chains, and continue to have a share in how they are run.⁴

Further, the federal government seems to recognize state rights to some degree. In announcing the Conditional Movement Control Order, Defense Minister Ismail Sabri

said that Sarawak was exempt from Act 342, as the state has its own 1999 Protection of Public Health Ordinance which allows the state minister responsible for public health to regulate movement in and out of the infected local area (Malay Mail, 8 June 2020). When announcing that in principle all non-Muslim places of worship can operate, Minister Ismail Sabri also said this was subject to approval by state governments, which would issue their own guidelines (Chung 2020).

Has federalism helped or hindered the management of the pandemic in Malaysia? In some ways, it possibly hindered efficiency on the ground, especially with respect to managing the logistical and economic complexities of the supply chain needed to run businesses and provide food security, as well as providing charitable aid and financial assistance to vulnerable communities. However, the legal and policy systems did not necessarily prevent states from activating their own response mechanisms, and the federal government did not intervene in this respect considering the positive outcomes of these responses.

The pandemic has certainly raised some interesting questions as to what states can do to assert their constitutionally established authority. Although in the end – after several days of resistance – all states complied with federal instructions in the case of the CMCO, states with a larger independent resource base took pandemic management into their own hands in a number of interesting ways as outlined above. This indicates that if local governance autonomy is to deepen and decentralize further in Malaysia, this will most likely emerge through a bottom-up approach rather than being devolved from a top-down process. COVID-19 has also shown that sharing public policy between different levels of government can result in positive outcomes. The federal government will not necessarily resist the initiative of state governments if they do not conflict with the center's goals, and if both parties agree on a common shared outcome (Yeoh 2020).

However, in the final analysis, it also seems clear that political position-taking remains the order of the day. Regardless of constitutional framework, the federal government could have much more meaningfully worked with all state governments – government or opposition-aligned – in order to obtain more efficient results and fulfil the objective of better managing the pandemic overall. Through the end of the year, the third wave of infections continued to rise significantly. To manage the pandemic and emerge with solutions that do not simultaneously damage the economy, a clearer and more rules-based system of managing federal-state relations would bring benefits to all.

Notes

- 1 The cases have continued to climb steadily to reaching daily averages of between 3,000 and 4,000 new cases at the end of January 2021.
- 2 State governments also have official representation in many other national-level councils, such as the National Council on Local Government (NCLG), National Land Council (NLC) and National Finance Council (NFC). However, one critique is that these national councils are ultimately chaired and controlled by the Prime Minister, who has the discretion to select any other federal Cabinet member as member of the councils.
- 3 For a full list of states that emerged with their own applications, see Welsh (2020).
- 4 The Johor state government founded Kumpulan Perangsang Johor, which started the first KPJ Specialist Centre in the state of Johor in 1981. Today, KPJ Healthcare Berhad is a publicly listed company, whose network has more than 28 private hospitals in Malaysia, 2 hospitals in Indonesia, a sizeable share in a hospital in Bangkok and a hospital in Bangladesh.

(KPJ 2020). Separately, the Selangor state government through its State Economic Development Corporation (PKNS) subsidiary SELGATE Corporation lists 12 private hospitals on its website (SELGATE 2020).

Bibliography

- Astro Awani, 5 May 2020. Consider This: CMCO (Part 1) – What Wrong in the Consultation Process? [Video]. Available from: <https://www.youtube.com/watch?v=pxyt3Lkf6Ac> [Accessed 10 May 2020].
- Chung, N., 2020. Churches, Temples Can Open at 1/3 Capacity. *Free Malaysia Today*, 15 June. Available from: <https://www.freemalaysiatoday.com/category/nation/2020/06/15/restrictions-loosened-for-non-muslim-houses-of-worship/> [Accessed 6 September 2020].
- Department of Statistics Malaysia, 14 July 2020. *Key Statistics of Labour Force in Malaysia*, May 2020 [online]. Available from: <https://smemalaysia.org/survey-results-on-smes-sustainability-and-survival-during-mco/> [Accessed 19 September 2020].
- Dzulkefly A., 20 October 2020. Data Sharing Key to Combating Covid-19. *Malaysiakini* [online]. Available from: <https://www.malaysiakini.com/news/547265> [Accessed 26 January 2021].
- Elengoe, A., 2020. COVID-19 Outbreak in Malaysia. *Osong Public Health and Research Perspectives*, 11 (3), 93–100. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7258884/> [Accessed 17 September 2020].
- Free Malaysia Today, 8 October 2020. Putrajaya Did Not Consult State Govt over Klang CMCO, Claims Selangor Exco [online]. Available from: <https://www.freemalaysiatoday.com/category/nation/2020/10/13/selangor-rep-slams-putrajayas-unprofessional-cmco-announcement/> [Accessed 26 January 2021].
- Fong, D.R., 2020. Nothing Personal, Sabah CM Tells Putrajaya on Non-Compliance with CMCO. *Free Malaysia Today*, 5 May. Available from: <https://www.freemalaysiatoday.com/category/nation/2020/05/05/nothing-personal-sabah-cm-tells-putrajaya-on-non-compliance-with-cmco/> [Accessed 26 January 2021].
- Institute for Democracy and Economic Affairs, 2020. State-Level Stimulus Packages. Available from: <http://www.ideas.org.my/state-level-stimulus-packages/> [Accessed 17 July 2020].
- KPJ Healthcare Berhad, 2020. Who We Are. Available from: <http://kpj.listedcompany.com/profile.html> [Accessed 20 September 2020].
- Lim, I., 2020. Malaysia's PPE Shortage, Supply Issues: Doctors Propose National Stockpile, Centralised Unit for Better Distribution [online]. *Malay Mail*, 16 May. Available from: <https://www.malaymail.com/news/malaysia/2020/05/16/malaysias-ppe-shortage-supply-issues-doctors-propose-national-stockpile-cen/1866801> [Accessed 20 September 2020].
- Malay Mail, 8 June 2020. RMCO: Act 342 Applicable to All States Except Sarawak, Says Ismail Sabri [online]. Available from: <https://www.malaymail.com/news/malaysia/2020/06/08/rmco-act-342-applicable-to-all-states-except-sarawak-says-ismail-sabri/1873518> [Accessed 8 September 2020].
- Malay Mail, 4 November 2020. Selangor Exco Claims State 'Blindsided' without Detailed Covid-19 Data, Has to Play Guessing Game [online]. Available from: <https://www.malaymail.com/news/malaysia/2020/11/04/selangor-exco-claims-state-blindsided-without-detailed-covid-19-data-has-to/1919185> [Accessed 26 January 2021].
- Malaysiakini, 20 September 2020. Covid-19 in Malaysia [online]. Available from: <https://newslab.malaysiakini.com/covid-19/en> [Accessed 20 September 2020].
- Ministry of Health, September 2020. Universal Health Coverage and COVID-19 Preparedness & Response. Kuala Lumpur: Institute for Health Systems Research, Ministry of Health. Available from: http://www.ihsr.moh.gov.my/images/publication_material/techreport/wpro-covid_final.pdf [Accessed 20 September 2020].

- Puteri, M.M. and Kunasekaran, T., 27 March 2020. The Impact of Covid-19 on the Urban Poor: Three Major Threats – Money, Food and Living Conditions. Kuala Lumpur: Khazanah Research Institute. Available from: <http://www.krinstitute.org/assets/contentMS/img/template/editor/The%20Impact%20of%20Covid-19%20on%20the%20Urban%20Poor.pdf> [Accessed 19 September 2020].
- Reuters, 2020. Coronavirus: How Malaysia's Sri Petaling Mosque Became a Covid-19 Hotspot [online]. *South China Morning Post*, 18 March. Available from: <https://www.scmp.com/news/asia/southeast-asia/article/3075654/how-malaysias-sri-petaling-mosque-became-coronavirus> [Accessed 11 September 2020].
- SELGATE, 2020. SELGATE Group of Hospitals. Available from: <https://selgatehealthcare.com/selgate-group-of-hospitals/> [Accessed 20 September 2020].
- Shad S. F., 2019. *Our Constitution*. Subang Jaya: Sweet and Maxwell.
- Survey Results on SMEs Sustainability and Survival during MCO. *SME Malaysia*, 19 May. Subang Jaya: Thomson Reuters Asia Sdn Bhd. Available from: <https://smemalaysia.org/survey-results-on-smes-sustainability-and-survival-during-mco/> [Accessed 19 September 2020].
- The Star, 31 December 2020. Covid-19: Record High of 2,525 Cases on New Year's Eve, Eight Deaths [online]. Available from: <https://www.thestar.com.my/news/nation/2020/12/31/covid-19-record-high-of-2525-cases-on-new-year039s-eve-eight-deaths> [Accessed 26 January 2021].
- Welsh, B., 2020. The Unsung Role of State Govt's in Battling Covid. *Malaysiakini*, 3 July. Available from: <https://www.malaysiakini.com/columns/532836> [Accessed 20 September 2020].
- Yeoh, T., 2020. Federal-State Friction Amid Malaysia's Dual Political and Pandemic Plight. *New Mandala, Australian National University*. Available from: https://www.newmandala.org/wp-content/uploads/2020/08/Federal-state-friction_Trícia-Yeoh2.pdf [Accessed 2 September 2020].
- Ying, T.P., 2020. 15 per cent of Hotels in Malaysia May Have to Close Operations [online]. *New Straits Times*, 26 April. Available from: <https://www.nst.com.my/news/nation/2020/04/587662/15-cent-hotels-malaysia-may-have-close-operations> [Accessed 19 September 2020].