

# Armed Forces Health Services Division in Supporting the Malaysian Armed Forces Readiness During COVID-19 Pandemic

**Lieutenant General Dato' (Dr) Zulkeffeli Mat Jusoh**

Director General, Malaysian Armed Forces Health Services

Since the Spanish flu pandemic, COVID-19 is by far the biggest communicable disease outbreak to have affected the world and our country<sup>1</sup>. As of April 2022, the pandemic has claimed over 35,000 Malaysian lives. Moreover, this pandemic has imposed a huge toll not only to individuals and communities but also has become a unique threat to our military readiness. In order to ensure the readiness of our forces, MAF Health Service (MAFHS) plays an important and crucial role to assure maximum readiness of the troops.

Coronavirus disease or the best known as COVID-19 is an infectious disease caused by the SARS-CoV-2 virus<sup>2</sup>. While most people infected with the virus will experience mild to moderate respiratory illness and recover without requiring special treatment, some will become seriously ill and require urgent medical attention. Older people and those with underlying medical conditions like cardiovascular disease, diabetes, chronic respiratory disease, or cancer are at greater risk of serious illness and mortality.

Although militaries have mechanisms to isolate from the broader society, we cannot fully escape from the effects of pandemics. As of April 2022, 19,000 cases (27.1%) of COVID-19 have been reported affecting MAF personnel with 7 mortalities since the first case was reported on 17th March 2020. This finding is not surprising since military personnel are generally younger and healthier than the general population. The worst peak of infection was observed during the Omicron variant wave in the early 2022 which accounted for more than 8,000 cases. In terms of mortality, these cases were related to underlying medical illnesses which contributed to severe manifestations. Up to date, the MAF have had 120 clusters ranging from small clusters involving a handful of cases to full blown clusters which proceeded to 4 generations of infection.

The pandemic affected military readiness in various ways. Infantry battalions and headquarters were locked down, military exercises were cancelled off, transfer of the personnel were halted or postponed in which had taken hold of military operations, training and recruitments. This occurrence had dramatically affected the MAF readiness level. Thus, the decision to reduce the percentage of combat elements in Movement Control Order's (MCO) enforcement task to 30 per cent and to replace the remaining 70 per cent with combat support, combat service support and the reservist were made<sup>3</sup>. This was done to ensure the military readiness is at its highest level to maintain our primary task. Compromising security for internal health concerns is not an option for the military.

The primary role of protecting national interests and sovereignty is, however, still a paramount and given the utmost priority. Thus, in ensuring both primary and secondary tasks are effectively being executed, MAF has to manage and strategize well its troops to perform both the assigned tasks while ensuring the need to minimize the effect of COVID-19 on overall military readiness.

Medical readiness is defined as members of troops that are free from health-related conditions that could limit their ability to carry out their duties at any given time<sup>4</sup>. Being medically ready means having the periodic health assessments PULHEEMS up to date. Despite the global situation of MCO, it was still a requirement to continue providing our soldiers with readiness assessment.

MAFHS is highly committed to providing the best medical and health service for the soldiers. While commanders play an integral role in maintaining their unit's medical readiness, the soldiers ultimately have the primary responsibility for maintaining their own medical readiness. The Health Services Division has guided our personnel without fail by providing advisory on Force Health Protection at the Headquarter, Formation and Unit Levels from time to time according to the situation.

During the pandemic, MAFHS has adopted various strategies to improve health care availability and accessibility for its patients in terms of medical service readiness. This was implemented via mechanisms such as virtual clinic consultations by clinicians and value-added services for medications supplied by pharmacists. The medications were supplied either by using the postage services, the Pharmaself Automated Dispensing Unit (PADU24), or drive-through collections. All with the common aim to reduce the risk of exposure for both patients and healthcare personnels.

One of the most challenging jobs for any public health professional is to deal with unpredictable characteristics of outbreaks such as the new COVID-19 variants, monitoring, anticipating when and where the next surge might take place, the need to adjust routines and protocols to maximize the preventive measures and trying to combat persistent misinformations that can all lead to increased public confusion and sometimes resistance or fatigue.

MAFHS is no stranger to outbreaks and disaster management, both locally and internationally. Our experience in the management of the Nipah virus in 1998<sup>5</sup> as well as active participation internationally to Afghanistan, Lebanon, and Bangladesh, just to name a few, renders a vast experience in managing not just outbreaks but also disaster management<sup>6</sup>. However, COVID-19 conveys different challenges and learning points.

COVID-19 is not the battle, but it provides us with a unique opportunity to test our medical ability and readiness. Health service of MAF is renowned to be capable of providing medical and healthcare support during this pandemic. Since the earlier phase, MAFHS contributed a momentous role in a first enormous temporary quarantine center called the Malaysia Agro Exposition Park (MAEPS) as regards to the setting up, providing health and medical experts as well as medical logistics<sup>7</sup>. MAEPS COVID-19 Quarantine, and Treatment Center was initiated on 30th March 2020 up till July 2020 with the active participation of MAF and jointly led by members from the MAFHS.

The worsening situation of the COVID-19 pandemic has affected the ability of the public health system of the Ministry of Health Malaysia (MOH) to treat critical COVID-19 cases. To overcome these problems, MOH took drastic actions by creating a task force known as the 'Greater Klang Valley Special Task Force' (GKVSTF), which works to implement a more effective, fast and comprehensive action plan on the existing public health service system. The GKSTF team consisting of 1,000 officers and members of TDM operated from three Forward Operation Bases (FOB) namely MAEPS, Serdang, Wardieburn Camp, Setapak; and Sungai Buloh Camp, Sungai Buloh. In all, a total of 750 people were involved as key personnels while the remaining 250 people are support groups. All these main tasks are divided into three main assignments, namely 'Oxygen Carrier Team' (OSCAR) which were stationed at MAEPS, while 'Rapid Resupply Team' (RRT) and 'Body Management Team' (BMT) were assigned at MAEPS and six hospitals around the Klang Valley.

The load of COVID-19 patients in government hospitals affected the operation of hospitals under the Ministry of Health. Thus, to reduce these burdens and assist the public in getting the best treatment available, the MAFHS operated 10 field hospitals, makeshift hospitals and Disaster Management Zone (DMZ). These include Malaysian Armed Forces Field Hospital (MAFFH) in Tawau, Kapit, Johor Bahru, Labuan, Selayang, Penang and Sibul. In addition to that, a Makeshift Treatment Center (MTC) at the Pokok Sena Prison, Kedah was initiated to treat COVID-19 patients among the prison inmates to handle the prison cluster. An Intensive Care Unit (ICU) was also set up at the Kepala Batas Hospital for treatment of COVID-19 category 3-5 patients and lastly, we activated the DMZ at Tuanku Mizan Armed Forces Hospital to accept COVID-19 patients of categories three, four and five referred by the general hospitals in Klang Valley itself.

MAFHS also plays an important role in assisting the national vaccination programme through the National COVID-19 Immunization Program (PICK) which was started as early as February 2021. PICK involves the cooperation of several ministries and government agencies, state governments and non-governmental organizations (NGO) in successfully administering the COVID-19 vaccine to ensure optimum protection and vaccine coverage for all Malaysians. Under the MAFHS, a total of five Vaccine Storage Centers (PSVs) and

54 Vaccine Delivery Centers (PPVs) were established in camps throughout Malaysia. Up to April 2022, all MAF personnel have completed their primary doses of vaccination while more than 90% of the population have received their first booster dose. In addition to that, vaccination for family members and civilian staff in the MAF has reached a coverage of more than 90%, both for primary and booster doses.

We are now in the phase of accepting COVID-19 as an endemic disease. Endemic here does not necessarily mean mild, but with high coverage of population immunity, the severity of COVID-19 becomes closer to that of influenza, after accounting for patient age and underlying conditions. The huge effort in research on COVID-19 over the length of the pandemic should be celebrated as a great step for mankind. It has given us the information and tools to turn this pandemic disease into a manageable, controlled one. Better vaccines and treatments will be required to maintain this success. I believe, MAFHS will endlessly thrive to serve as a light at the end of this long tunnel that we have been going through together.

## REFERENCES

1. Jamal Hisham H, Mohammad Adam A, Zailina H, Mohd Firdaus MR & Soo CK. COVID-19 Epidemic in Malaysia: Epidemic Progression, Challenges, and Response. *Frontiers in public health* 9 (2021). *Public Health*, 07 May 2021. <https://doi.org/10.3389/fpubh.2021.560592>
2. World Health Organization. Coronavirus disease 2019 (COVID-19): Situation Report, 73. (2020).
3. Mohd Farid A. COVID-19: A Discussion On Malaysia's Health and Security. *The Journal of Defence and Security* 13.2 (2020): 1-8.
4. Stopford BM. The National Disaster Medical System—America's Medical Readiness Force. *Disaster Management & Response*. 3.2 (2005): 53-56.
5. Hosono, H. Economic impact of Nipah virus infection outbreak in Malaysia. *Proceedings of the 11th ISVEE* (2006).
6. Aida I & Saiful Nizam CS. Determinants of HADR mission success: exploring the experience of the Malaysian army. *Disaster Prevention and Management* (2014).
7. Ahmad WMW, Wan Zainon WMN, Awang Nawi MA & Mohamad Ghazali FM. Malaysia's Efficiency in Dealing with COVID-19 Outbreaks Compared to Other Asian Countries by Using Stochastic Frontier Analysis (SFA). *Annals of King Edward Medical University*. 26.2 (2020): 324-329. 26, 2 (Sep. 2020), 324-329. DOI:<https://doi.org/10.21649/akemu.v26i2.3920>.
8. Baker RE, Park SW, Yang W, Vecchi GA, Metcalf CJE, Grenfell BT. The Impact of COVID-19 Nonpharmaceutical Interventions on the Future Dynamics of Endemic Infections. *Proc Natl Acad Sci U S A*. 2020 Dec 1;117(48):30547-30553. doi: 10.1073/pnas.2013182117. Epub 2020 Nov 9. PMID: 33168723; PMCID: PMC7720203.