

A COMPARATIVE ANALYSIS OF THE FIRST PHASE OF COVID-19 PANDEMIC CRISIS MANAGEMENT BETWEEN MALAYSIA AND SINGAPORE

Manimegalai Ambikapathy* & Nurul Atiqah Abdul Razak

*First and corresponding author

Communication and Media Studies, University Teknologi Mara (UiTM)

(manimegalai@uitm.edu.my, nurulatiqahabdrzak@gmail.com)

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Abstract

In December 2019, a virus has been found in Wuhan, China, known as Coronavirus or COVID-19. Social and business operations shut down temporarily as countries urge citizens to stay inside to flatten the curve. During these worrying times, the government is forced to provide the best responses to the public for combating the crisis during the first wave of crisis in 2020. This paper will discuss the actions taken by Malaysia and Singapore countries as well as the comparisons between the responses taken by both countries with the assistance of the conceptual review analysis method. Despite within the same region and as a neighbouring state, the approaches taken by Singapore are different compared to Malaysia. In Singapore's approaches, they implemented more flexible and relaxed plans, and the government's effort in contact tracing is appropriate in today's world, which by introducing digitalisation of public health records as well as the dependence on technology is one of the factors Singapore able to curb the virus transmission. This article serves as a guide for the future crisis in selecting the best response as a proactive strategy in handling crisis.

Keywords: COVID-19, Malaysia, Singapore, conceptual review

Introduction

A crisis is an unexpected event affecting organisations, states, countries, and people's business and reputation operations. It's severely impacting the operation of the business, the image of a country, and the situation of a people (Laufer & Coombs, 2018). A crisis endangers the reputation of an organisation or country because a crisis can create a bad perception of the organisation or country. A

good communicative response to a crisis can limit and minimise any types of future damage (Coombs & Holladay, 2009).

In December 2019, a COVID-19 virus has been found in Wuhan, China. The virus has spread worldwide; hence, the World Health Organization have to declare COVID-19 as a pandemic (Ducharme, 2020). On 31st December 2019, Wuhan Municipal Health Submission, China, reported a cluster of cases of pneumonia that marked the history of the first COVID-19 cases in the world (World Health Organization, 2020a). Many countries were affected by COVID-19, including Malaysia and Singapore; hence, Malaysia and Singapore will be the focus in this paper to compare their approaches to managing COVID-19.

Relating to the COVID-19 situation in Malaysia, the threat of COVID-19 was immensely apparent when eight close contacts from Singapore's first case were reported to be in Johor (Abdullah, 2020). On 23 January 2020, shocking news appalling Malaysian homes with the first COVID-19 cases reported that has been identified in Sabah and Selangor by Crisis Preparedness and Response Centre Malaysia (*Berita Harian*, 2020). Meanwhile, Singapore recorded its first positive COVID-19 case on January 23, 2020, where the identified individual is 66 years old Chinese national tourist from Wuhan.

Approaches & Steps in Managing COVID-19

Malaysia

Ministry of Health Malaysia (MoH) collaborated with various departments and agencies such as the Immigration Department of Malaysia, airport, seaport, ground border crossing authorities and agencies, commercial airlines crews, logistic freight companies and ground handlers to prevent disease transmission and strictly Wuhan, China tourist to undergo temperature screening and if detected temperature 38 degree Celsius above then further investigation are mandatory (Ahmad et al., 2020).

On that matter, the Malaysian government has formed the National Disaster Management Agency (NADMA) and other ministries to coordinate the return of Malaysian nationals from Hubei, China and allocate 26 hospitals responsible for investigations and treatment of COVID-19 patients (Tay et al., 2020). The person under investigation (PUI) should be immediately informed to the nearest District Health Office (DHO) and will be referred to one of those 26 hospitals for admission and treatment (Ahmad et al., 2020). MoH is persistent in increasing the number of hospitals that could treat COVID-19 cases to cater for the probability increasing of cases; meanwhile, private hospitals are willing to accommodate extra beds and space in hospitals, such as university hospitals and the Ministry of Defence hospitals (Yi, 2020). Moreover, the 26 appointed hospitals

are not able to accept or conduct any treatment procedures and selective on accepting trauma cases; however, patients will be referred to other government hospitals this is due to manage COVID-19 admission and treatment and to avoid infection towards other patients and hospital's area (Tay et al., 2020). The Ministry of Health also set up a temporary hospital in the Agro Exposition Park Serdang (MAEPS) in administration with The National Disaster Management Agency (Shah et al., 2020)

The COVID-19 situation in Malaysia is getting more critical because of the rise of the second cluster, which came from the Tabligh community; they conducted a gathering at the end of February at Seri Petaling Mosque, Petaling Jaya, and the gathering are attended by 16,000 people, including 1,500 foreigners (Reuters, 2020). MoH identified the cases on 9th March 2020, which is alarming because most of the tabligh's participants are scattered and already returning to their hometowns (Sham, 2020). MoH's reaction was to collaborate with Royal Malaysia Police (PDRM) to locate and identify the participants and advise them to get themselves tested and swab for COVID-19 even though they did not show any symptoms (Razi, 2020). For effective detention, MoH has been taking combative measures by working with police to locate possible carriers, identifying them and conducting testing and enforcing a 14-day quarantine (Shah et al., 2020). Retired nurses return approximately 3,000 volunteers to help MoH combat COVID-19, especially during the case at the highest numbers (Shah et al., 2020).

The government took extended action to flatten the curve of new cases by enforcing the nationwide Movement Control Order (MCO) from 18 March to 31 March (Prime Minister's Office [PMO], 2020a). As mentioned by former Prime Minister Tan Sri Muhyiddin Yassin and former Minister of Defence Ismail Sabri Yaakob, the movement control order forbid mass assembly, including religious, business, education, sports, culture and social activities; however, supermarkets, public markets, grocery stores and any essential services such as energy and electricity, telecommunication, water, postal, oil and gas, fuel, finance and banking, health, firefighting, defence, transportation and logistics, and food remain operated (Tang, 2020). On top of that, the outdoor restriction was enforced where only one resident from a family was allowed to go out to buy groceries within 10 km (Umair et al., 2020). Officers from Royal Police Malaysia and Malaysia Royal Army were deployed to monitor people's movement and set up checkpoints or roadblocks to restrict interstate travel (Salim et al., 2020). Furthermore, community guideline checkpoints were set up to check the temperature at the entry point of all residences, supermarkets, food stores and essential stores (Umair et al., 2020).

Fortunately, Malaysia is getting systematic by conducting a targeted screening method during the first wave phase in which areas with high infectivity of COVID-19 are categorised as the red zone, moderate infectivity as the orange zone and low infectivity categorised as the green zone (Aziz et al., 2020). Accordingly, the red zone area was identified as a hotspot location of COVID-19 which was subjected to enhanced MCO; whereas MoH staff executed door-to-door screening and testing, the government provided restrictions from leaving their residents and non-residents entering the zone and food to the affected individuals, and medical teams were set up within the red zone areas (Tang, 2020). The MCO imposed was aligned with the Prevention and Control of Infectious Disease Act 1988; hence the violation of MCO is subject to a fine amount of RM1000 and a maximum of six months imprisonment. As mentioned earlier, during MCO, stringent enforcement was imposed with roadblocks and businesses were only allowed to operate from 8 am to 8 pm (Shah et al., 2020). In the context of healthcare strategy, MoH collaboration with other healthcare service providers are also one of Malaysia strategy to combat COVID-19 where these private healthcare providers able to offer swab testing and collection of samples from individual and organisations as well as drive-thru swab test sites also adding more equipment such as ventilators, and personal protective equipment (PPE) which costs RM500 million while another RM100 million allocated to appoint 2000 nurses on a contract basis to avoid staffs burnout or downfall of the health care system in Malaysia (Shah et al., 2020). MoH has improved its test kit, whereas the current test kit is able to detect and identify a higher percentage of positives cases per population, and it expanded the number of laboratories from four to 48 laboratories which indirectly makes the testing be collected quickly and within the targeted timeframe (Aziz et al., 2020).

The government and MoH realised that communication is key to combat COVID-19; thus, MoH is persistent in being transparent in handling the pandemic by providing ample data and updated information to the public. Fully the mass media and IT technology, the dissemination of information can reach wider public coverage within a shorter time (Shah et al., 2020). Approaches in media adopted by the government include media announcements from MOH, daily personal texting or short message service (SMS) from The National Security Council to citizen's smartphones of government's guidance and recommendation and reminded to avoid spreading fake news (Aziz et al., 2020). Moreover, MoH has its own approach to reaching the mass public. In contrast, MoH disseminates information on the Official Portal of the Ministry of Health, the main Facebook account of the Crisis Preparedness and Response Centre (CPRC) and Telegram of CPRC and MoH (Shah et al., 2020). All these platforms were mainly used to

remind basic protective measures such as hand sanitisers, handwashing techniques, mask-wearing and daily updates of COVID-19 cases and MoH progress (Aziz et al., 2020). Another prevention of transmission that MoH adopted is by arranging disinfection activities to be handled by the Ministry of Housing and Local Government and local state authorities (Bernama, 2020e).

Singapore

Due to a previous pandemic, which is severe acute respiratory syndrome (SARS), Singapore has distinguished The Disease Outbreak System Condition framework which functions as the fundamental guide for the national responses to divided into four levels of severity, for instance, green, yellow, orange and red (Lin et al., 2020). In 2020, since COVID-19 arrived in Singapore, which contributed to the first case in the Southeast Asia region, Singapore has been proactive by executing an instant measure such as setting up a coordinated multi-ministry taskforce in collaboration with the healthcare services to enforce measures to contain the spread of COVID-19 in the country (Tay et al., 2020). COVID-19 cases in Singapore can be categorised as the imported case from China, imported cases from citizens returning from other countries and local clusters; therefore, to ensure the rise of COVID-19 patients, institutions in Singapore established central command teams to monitor overall healthcare resources such as beds, medicine, ventilators and others weekly (Tay et al., 2020). The command team responsible is the Communicable Disease Centre, which works as the focal point in managing pandemic (Lin et al., 2020). However, all those stated above were from Singapore measures in the context of the management and guidance team from the government.

As for active case detection and containment strategy, border control measures became the first preventive action taken by Singapore's government where placing temperature detectors and health screening at every entrance to Singapore and mainly focusing on Wuhan travellers, and later on, all travellers are also banned from entering or transiting in Singapore. At the same time, Singapore's citizens are imposed with a travel ban where they are not allowed to travel outside of Singapore (Lin et al., 2020). Ministry of Health Singapore has set up a nursing station and deployed a health team at the entrance to conduct a visual check for any signs of illness or symptoms related to COVID-19 and monitor temperature screening (Goh, 2020a). Moreover, the government has proposed that airports provide hand sanitiser and sanitation to control the transmission of disease (Asaf, 2020). Another strategy is through communication between government and healthcare specialist where update and share criteria of patients to all physician in Singapore and criteria-based screening was carried out at all

clinics and hospitals nationwide and at the same time patients that fulfill the criteria were referred to National Centre for Infectious Disease (NCID) (Lin et al., 2020).

During the peaks of COVID-19 cases in Singapore, they implemented one of South Korea's methods of tracing and containing the virus by conducting mass testing in the country (Htun et al., 2020). The testing sites are in five areas: Old Police Academy, The Float at Marina Bay, Bukit Gombak Sports Hall, Bishan Sports Hall and Bedak North Street 2 (Goh, 2020b). In the end, almost 900,000 people were tested, which is more than 15% of Singapore's population and has been acknowledged as one of the highest per capita rates worldwide. Singapore's health expert, Hsu Li Yang stated that the more people were diagnosed, the lower the mortality rate (Geddie & Aravindan, 2020). To support the mass testing process, the country's laboratory testing capability was improved and expanded from National Public Health Laboratory to all public hospitals, enabling more than 8000 tests to be diagnosed daily (Lin et al., 2020). Singapore also focusing on community and social measures where public service announcement (PSA) or reminder regarding regular handwashing, proper ways of wearing mask, medical treatments and stay at home were published through all sorts of media platforms including social media platforms also remind the citizens to be mindful about any information received regarding COVID-19 in order to avoid spreading false information that will cause panic (Lin et al., 2020). In terms of dissemination of information, The Gov.sg WhatsApp account was established to publish two or three daily reminders about public health measures and case counts and denied misinformation (Lim, 2020). Workplace and employers were advised to make regular temperature checking mandatory. Public places such as restaurants and hospitals were instructed to install fever screening and thermal screening at the point of entry to any premises (Goh, 2020b). Dealing with the pandemic, Singapore could not afford to have a health system shut down. Due to this, the healthcare workers needed to comply with the rules where they needed to take daily temperature twice a day and declare if having one of the COVID-19 symptoms, which resulted in none of the healthcare workers was found to be infected with COVID-19 during controlling the pandemic (Htun et al., 2020).

Singapore, a small nation with the highest GDP in Southeast Asia, Singapore can utilise technological assistance in combating COVID-19 (NCID, NUS and NTU, 2020). Starts with phone surveillance, it purposely functions to monitor symptom progression, and patients with continuous symptoms or tested with a positive result were required for further investigation and isolation (Lin et al., 2020). Associate with the practicality of mobile phones; the Government Technology Agency developed a mobile phone application named

“TraceTogether” in collaboration with the Ministry of Health to facilitate contact tracing through Bluetooth technology. It reciprocates signal strength readings over time to estimate the closeness and period of an encounter between two app users (Woo, 2020). Interestingly, this app is able to record any encounters. It will restore in the user’s phone, thus indirectly easing the contact tracing process because the user was able to share the data in the app with MoH.

Meanwhile, it will notify users that have been classified as close contact for certain cases or individuals (Koh D, 2020). Another technological aid developed by Defence Science and Technology Agency is the Infrared Fever Screening System to ease to detection of temperature and fever indicators. Also, a low-cost diagnostic kit was invented that can detect COVID-19 virus in a shorter time (Woo, 2020). The latest invention for COVID-19 is ‘SwabBot’, Biobot Surgical Pte. Ltd., a technology company that collaborates with National Cancer Centre Singapore (NCCS) (Campbell, 2020). The invention tends to make mass testing more efficient and, at the same time, will save manpower and lower the risk for healthcare workers (Singapore General Hospital, 2020).

Approaches through Online Activities

Malaysia

To maintain performance in online learning, students need to have a high motivation level; hence despite the data in readiness or acceptance on online learning shows there are factors of motivation level need to be considered such as limited space to perform an assessment, limited internet connection and home environment (Sah Allam et al., 2020). This is shown in the Ministry of Education’s research on access to communications technology among students that involved 670,000 parents and 900,000 students, where only 6% of students have their own computers, 5.67% own a tablet, 9% own a laptop, 46% have their smartphones unfortunately 36.9% students did not have any technological devices (Yusof et al., 2020). Malaysia’s poverty rate was at 5.6% in 2019, and approximately 405,441 households are categorised under poor living in Malaysia, explaining the result of 36.9% of students that did not own any technological devices (Tan, 2020). Unfortunately, efforts from the government to overcome the issue is not to be seen, which means the governments did not come up with any suggested solution or recommendation to solve the crisis during the first phase of covid.

Complying with MCO restrictions, the changes in consumer behaviour to online shopping is because they were practising social distance by staying at home and also to minimise their time going out to buy non-essential things; this has been proven in a survey conducted by Rakuten Insight, which resulted 62% of Malaysian adopting online shopping approach (Statista, 2020). Furthermore, the

outbreak has contributed to the new purchasing habits and expectations among Malaysians; where a study conducted by Ain & company shows that Malaysian consumers are willing to try different online stores with unique products and affordable prices were factors they are interested to purchase at new stores (Poovenraj, 2020).

Therefore, Malaysia's government announced multiple initiatives to encourage businesses to move to online platforms to benefit from the stimulus package Short-term Economic Recovery Plan (Penjana), inspired by Malaysian purchasing behaviour during MCO. The plan was introduced by Malaysia Digital Economy Corporation (MDEC), where government and private sectors will promote "Shop Malaysia Online". This campaign encouraged online sellers and e-commerce companies to provide promotional codes, discounts, rebates or vouchers to Malaysians, indirectly boosting Malaysia's economy and e-commerce platforms (Ong, 2020). Technically, the vouchers or discounts given to Malaysian are co-funded by the government and e-commerce partners (Malaysia Digital Economy Commission [MDEC], 2020). Approximately 15 million Malaysians benefitted from e-PENJANA, which differs from the Shop Online Malaysia campaign. The e-PENJANA will be credited to Malaysian with an e-wallet account on e-commerce platforms; however, this serves the same purpose: to boost the local economy and boost e-commerce in Malaysia.

Singapore

Interestingly, in terms of the education system during COVID-19, Singapore's government did not impose restrictions on education institutions, which means they could operate as usual, and students go to class and school physically (Baker, 2020). Due to the spike COVID-19 cases among immigrant workers that led the government to announce a "circuit breaker", the education method shifted from physical classes to home-based learning (Lin et al., 2020). Home-based learning in Singapore is not a new term; they have previously practised home-based learning as one teaching method previously (Lee & Lee, 2020). Similar to Malaysia, Singapore also has students from low-income families in which home-based or digital learning becomes inequality education because low-income households don't have digital devices but smartphones. Pertaining to the matters, the Ministry of Education (MOE) action was loaned out 20,000 computing devices, and 1,600 internet enabled devices to support a student that does not have stable internet access and computing devices to attend e-learning (Huang & David , 2020)

Singapore's government took the chances on the spike in e-commerce acceleration by introducing their first digital voucher program, which cost \$320 million and targeted the tourism industry. The aim of providing tourism vouchers

for Singaporeans is to boost tourism sectors that are highly affected by the pandemic, and it's temporarily ensured the tourism sector in Singapore to maintain till the situation becomes more relaxed and border restrictions are lifted. Singaporeans can enjoy the voucher in hotels, attractions and tours (Tay et al., 2020). Another approach taken is by giving out vouchers for buyers to shop for merchandise as well as groceries to encourage digitalisation as the vouchers will be available in a mobile application or QR code tagged in citizen's Sing Pass account or identity card whereas this voucher function as e-wallet or e-payment that could be channeled through apps such as Fave or Grab (Siew, 2020).

Government Support towards Constituencies

Malaysia

Malaysia is categorised as a developing country where citizens from all sorts of life and backgrounds struggle to make ends meet. Being hit with a pandemic affects Malaysians; therefore, the government must provide support and solution to constituencies. In this part, it will describe the government support for healthcare workers and Small-Medium Enterprise entrepreneurs that are affected by COVID-19. Malaysia's government approach towards constituencies is the PRIHATIN Economy Stimulus Package (ESP) which was announced on 27 March 2020 that will instantly financially assist in easing the burden of those who are affected during COVID-19 outbreak (Prime Minister's Office [PMO], 2020b).

Malaysia's government introduced the RM20 billion economic stimulus package according to a report provided by the Malaysia Ministry of Finance (MOF), (2020a). In the context of economic empowerment government's action was to ease the cash flow of businesses which granted 15% discount in monthly utility bills for hotels, travel agencies, airlines, shopping mall, exhibition centres and conventions. Bank Negara Malaysia (BNM) Special Relief facility for Small Medium Enterprise (SMEs) at an interest rate of 3.75%. All financial institutions are mandatory to apply a moratorium that allows for restructuring and rescheduling loans for businesses and individuals. Rebates on rental at the airport, including aeroplane landing and parking charges.

Assistance that focuses on mitigating COVID-19 impact is with intend to ensure two-third of the country's workforce remain employed and organisation able to avoid layoff where they are allowed to restructure their bank loans thus indirectly help to guide companies to retain the employment and making business as usual. Furthermore, to compare a developing country like Malaysia to developed countries such as the United States and the United Kingdom, Malaysia can provide the largest stimulus package in the world compared in the context of

the nation's gross domestic, which is 17% meanwhile UK is 16%. USA is 11% (Umair et al., 2020). A specific budget allocation was introduced for healthcare workers as a token of gratitude for their sacrifice and efforts to combat COVID-19, one of Malaysia's backbones. Additional RM400 to RM600 monthly allowance will be given to their existing medical allowance; however, not all officers benefit from the increment of allowance this is because not all healthcare workers perform duties related to COVID-19. This means that the assistance was created on a targeted basis involving 252,765 permanent officers and 40,000 contract officers currently in the ministry (Bernama, 2020g).

A different approach of assistance was taken by MoH, which is established a special fund known as COVID-19 fund and MoH managed to receive RM 1 million from the government, private sectors, non-profit organisations and individuals where RM100 is given to COVID-19 patients, especially those that financially affected due to quarantine periods. The funds also allowed MOH to cover medical expenses and supplies (Shah et al., 2020). Since these constituencies are Malaysian citizens, thus indirectly, they eligible to receive individual's stimulus packages such as the moratorium on loans and deferment of payment in credit cards and policy (Ministry of Finance [MOF], 2020b).

In terms of the government's effort in managing and regulating healthcare workers' and entrepreneurs' reactions, emotions and well-being, as mentioned before, Malaysia's government has increased healthcare workers' allowance; however, the increase of COVID-19 patients has drained the Malaysian healthcare system since Malaysia does not have enough health workers means that shortage of physician, surgeons and other healthcare professional (Bernama, 2020b). According to clinical psychologist Dr Chua Sook Ning, health workers are the most vulnerable during these tough times, which may lead to depression, anxiety, post-traumatic stress disorder, and emotional drained (Kwan, 2020). Minister of Health Malaysia highlights that apart from medical treatment received by infected healthcare workers, the ministry provided psychosocial support through Crisis Preparedness and Response Centre (CPRC). The service is administered by a psychologist from Health Ministry and volunteers from Mercy Malaysia. They will have a session with a psychiatrist regarding their issues and were asked to get rest and a break from treating COVID-19 patients (Bernama, 2020a).

Another initiative taken by Malaysia was the collaboration between the International Counselling Association of Malaysia (Perkama International) and Persatuan Profesion Psikologi Kementerian Kesihatan Malaysia (PSiKEM) managed by Malaysian Counsellors Solidarity program which serve the purpose to provide their skills and expertise in helping healthcare workers or frontliners in managing the effect of being in the risky position while handling the COVID-19

outbreak (Bernama, 2020f). Sadly, Malaysia's awareness regarding mental health and psychosocial support is still at the lower level where a study found that health workers are rarely interested in seeking mental health support due to the stigma carried in mental health also, services such as mental health or psychosocial support are still unfamiliar within the community however according to Dr Chua Sook Ning, it is crucial to defeat the stigma on mental support so that people in need able to seek help without the presence of social pressure (Kwan, 2020).

Singapore

No countries were the exception in dealing with the global pandemic, and it greatly impacted the economy, livelihood, health, education and many more. Due to the intense situation which has affected many livelihoods, Singapore's government has introduced diversified packages as an effort for the constituencies to provide relief, assistance and financial support. Generally, the government introduced three different support and grant, such as the "Temporary Relief Fund", a temporary scheme to help citizens who lost their jobs or a large amount of income. COVID-19 "Support Grant", a scheme to aid unemployed citizen that was retrenched, terminated or facing involuntary no-pay leave for three months. Lastly, "The Courage fund", focused on lower-income households directly affected by COVID-19, which required to Stay Home Notice, mandatory leave of absence or Home Quarantine Order (gov.sg, 2020a). Nevertheless, Singapore was lucky to possess large national reserves that could be used as funding and support during this pandemic. It officially announced the budget allocation comprises of SG\$6.4 billion in Unity Budget, SG\$8.4 billion in Resilience Budget, SG\$5.1 billion in Solidarity Budget and SG\$33 billion Fortitude Budget (Woo, 2020).

Support towards constituencies specifically for Small Medium Entrepreneurs categorised in Unity Budget and Resilience Budget. The stimulus packages were described according to the Minister of Finance Singapore, where to enhance the SME working capital loan, suggested deferment of principal repayment, allowed for maximum loan quantum to SG\$1 million and the government's risk share will be elevated to 90%. Another approach is a temporary bridging loan program for enterprises which grants SMEs to acquire from selected financial institutions with a rate not exceeding 5%. Rental relief for SME tenants was introduced where the governments provided a cash grant that varies subject to the type of property; property owners who managed a business on their own property were also qualified for the cash grant scheme (KPMG, 2020). A report from the Monetary Authority of Singapore stated that collaboration with the Association of Banks in Singapore and the Finance House Association of Singapore has agreed to extend the support packages to help SMEs that highly

depend on cash flow to reduce debt and obligations. Also, the extension is available until 2021 (Monetary Authority of Singapore [MAS], 2020). Another support package directly allocated to the frontline is the government providing a one-month special bonus to the public officer (Sen, 2020).

In terms of maintaining health workers and entrepreneurs, Singapore's government established the COVID-19 Mental Wellness Taskforce under the administration of the Ministry of Health and the Institute of Mental health, which serves the purpose of identifying differences that need to be recognised to cater to mental health needs during pandemic (Kurohi, 2020). The task force comprises representatives from various ministries such as the Ministry of Education, Ministry of manpower, Ministry of Social and Family Development, Ministry of Culture, Community and Youth, Health Promotion Board, Agency for Integrated Care, People's Association and the National Council of Social Services (Htun et al., 2020). Another effort was introduced regarding emotional and well-being support: Psychosocial Toolkit, which focused on helping health workers to avoid burnout in the self-reported evaluation of burnout and stimulating regular mental health updates (Lim, 2020).

Media Roles during Pandemic (New Norm)

It is common to understand that the role of media is to disseminate information while simultaneously portraying high ethical standards to gain public trust and confidence. During pandemics, media has become the communication tool between government and the public to implement crisis communication within a nation. Coomb's (2007) suggested crisis communication strategies which are (1) Attack, actively encouraging the public to follow specific guidelines, (2) Denial, denying that the crisis arose due to the government's act, (3) Excuse, redirecting the responsibility of the crisis to other factors, (4) Justification, clarify the reason of a certain action need to be done, (5) Corrective action, taking progressive measure to overcome the crisis or problem, (6) Ingratiation, make and action that aimed to satisfy the public, (7) Cooperation, reach out to other parties regardless differences in order to overcome the crisis, (8) Full apology, means asking for forgiveness to those affected and taking full responsibility and admit any flaws regards to the crisis (Jin et al., 2006). Another aspect for media to effectively function is to understand health communication means that acknowledging the importance of health and well-being comprises disease prevention, quality of life and health promotion as well as focusing on the role of risk perceptions, social norms, emotions and uncertainty in health crisis (Rimal & Lapinski, 2010). Thus, this intended to see the role of media during the COVID-19 outbreak between Malaysia and Singapore.

Malaysia

Malaysia's government and MoH believe that in the situation of uncertainty during the pandemic, two-way communication should steadily always succeed in winning trust and confidence between two parties (Piah, 2020). Media can shape public perceptions and knowledge of the pandemic by providing facts, sights and balance information (Abdullah et al., 2020). The first role is to promote ethical journalism or reporting where media should ethically provide information regarding preventative measures, symptoms of COVID-19, when and where to seek medical support from official sources such as the United Nations, the Ministry of Health Malaysia and other medical organisations. For example, the Director-General of Health Malaysia conducted a daily press conference to share the latest update, encouraging journalists to attend and make a report based on the press conference statement. Various media platforms are responsible for creating awareness and promoting safety measures to the public through interviews, talk shows, and social media (Ahmad et al., 2020).

The Malaysian authorities have specific measures to control the spread of false information regarding COVID-19; which is Malaysian Communication and Multimedia Commission (MCMC) has introduced a rapid response team to monitor and supervise any news that seems suspicious or contains unnecessary allegations towards MOH, Healthcare workers, infected patients and COVID-19 information that were made on the internet or social media (Shah et al., 2020). In a crisis or pandemic, awareness is crucial before taking action as awareness can stimulate interest thus leading to attention and resulting in an action which generally becomes the basic concept to encourage preventative behaviour among the public (Zainuddin et al., 2020). Media in Malaysia's awareness measures remind Malaysians to stay at home, avoid unessential travel, elevate personal hygiene and implement social distance (Tang, 2020).

A study found that media reports in the COVID-19 pandemic event are mainly focused on three framing areas which are alarming, reassuring and neutral. Surprisingly, neutral framing was the most adopted frame at 39.3%, followed by alarming at 32.10% and reassuring at 28.60%. Thus, this shows that media in Malaysia is an educational source in facing COVID-19. The media did not sensationalise and exaggerate the COVID-19 situation in Malaysia but instead focused on the most vulnerable group, such as senior citizens and children (Morissan et al., 2020). Therefore, the media's role in new norms is to create awareness, disseminate information and create a lifestyle norm.

Singapore

News agencies in Singapore carried the responsibility to help people understand and be aware of the pandemic current nation's situation and give reliable information to help people stay safe and vigilant. However, to serve the public by providing information, the media practitioner was asked to go into the field, such as a quarantine zone or any high-risk area, which required hard work, determination, commitment and even resources (Koh F, 2020). Singapore's government crisis communication depends on media and can be seen in news agencies such as The Straits Times. The Straits Times responsibly supported the government during the pandemic by adopting a journalism approach that valued the cooperation between media and the government and accepted by the public. The news maintained its objective as a mediator to serve and ensure that the public feels informed about the government's action and measures taken in handling COVID-19 (Jin et al., 2006).

A study was conducted to measure the trust and confidence in media as government communication tools during the early pandemic. The majority of the respondents highly believe in information from official government sources. Those with a higher trust level in the government's pandemic information were likely to adhere to the guidelines such as wearing masks properly or hand washing ("NCID, NUS and NTU", 2020). Hence, the relationship between trust and action in government information does validate the credibility of crisis communication strategy to reduce virus transmission within the community (Htun et al., 2020).

Conclusion

Throughout the process and approaches to managing COVID-19 between Malaysia and Singapore, three main players contribute to the success: the government's effort, the public knowledge and media roles. World Health Organisation highly recommends isolation procedures and encourages the public to practice social distancing to contain the spread of COVID-19 (World Health Organization, 2020c). Reacted to WHO recommendation, Malaysia readily prepared their steps and measures to contain the disease: 'Resolve, Resilience, Restart, Recovery, Revitalise and Reform'.

Despite within the same region and as a neighbouring state, Singapore's approaches are different from Malaysia's. In Singapore's approaches, they implemented more flexible and relaxed plans and the government's effort in contact tracing are appropriate in today's world which by introduced digitalisation of public's health record as well as the dependence on technology is one of the factors Singapore able to curb the virus transmission (Dickens et al., 2020). Ministry of Health Malaysia collaborated with various departments to

prevent disease transmission and increase the number of hospitals that could treat COVID-19 cases to cater for the probability increasing of cases. Meanwhile, private hospitals willingly accommodate extra beds and space in hospitals such as university hospitals and Ministry of Defence hospitals. For Singapore, as for active case detection and containment strategy, border control measures became the first preventive action taken by Singapore's government were placing temperature detectors and health screening at every entrance to Singapore and mainly focusing on Wuhan travellers, and later, all travellers have also been banned from entering or transiting in Singapore. At the same time, Singapore's citizens are imposed with a travel ban where they are not allowed to travel outside of Singapore and actively imposing mass testing on the public. The country's laboratory testing capability was expanded from National Public Health Laboratory to all public hospitals to support the mass testing process. Singapore also focuses on community and social measures where public service announcement (PSA) or reminders regarding regular handwashing, proper ways of wearing the mask, medical treatments and staying at home were published through all sorts of media platforms, including social media platforms also remind the citizens to be mindful about any information received regarding COVID-19 in other to avoid spreading false information that will cause panic to public.

From the global perspective, there is no sign that the pandemic will diminish in a short time. Eventually, the impact of COVID-19 not merely affects human health but also causes social unrest, economic depression, food security and many global effects. Puts negativity aside, Malaysia and Singapore are known for being small countries in the eyes of the world; however, both countries are excellently prepared by learning from the previous pandemic, communicating with other countries, cooperating with others and, importantly, specialised health workers.

References

- Abdullah, J. M., Nu'Man Wan Ismail, W. F., Mohamad, I., Razak, A., Harun, A., Imran Musa, K., & Lee, Y. Y. (2020). A critical appraisal of COVID-19 in Malaysia. *Malays J Med Sci*.
- Ahmad, N., Lin, C., Rahman, S., Ghazali, M., Ezy , E., Zakiman, Z., . . . Noor, N. (2020). First local transmission cluster of COVID-19 in Malaysia: Public health response. *International Journal of Travel Medicine and Global Health*, 8(3), 124-130.

- Asaf, S. (2020, February 27). Here's what Changi Airport is doing to protect travellers from the coronavirus. *Business Traveller*. Retrieved from: <https://www.businesstraveller.com/business-travel/2020/02/27/heres-what-changi-airport-is-doing-to-protect-travellers-from-the-coronavirus/>.
- Aziz, N., Othman, J., Lugova, H., & Suleiman, A. (2020). Malaysia's approach in handling COVID-19 onslaught: Report on the Movement Control Order (MCO) and targeted screening to reduce community infection rate and impact on public health and economy. *Journal of Infection and Public Health*, 13(12), 1823-1829.
- Baker, J. (2020, June 2). Singapore's circuit breaker and beyond: Timeline of the COVID-19 reality. *Channel News Asia*. Retrieved from: <https://www.channelnewsasia.com/news/singapore/covid-19-circuit-breaker-chronicles-charting-evolution-12779048>.
- Berita Harian*. (2020, March 17). Kronologi COVID-19 di Malaysia. Retrieved from: <https://www.bharian.com.my/berita/nasional/2020/03/666122/kronologi-covid-19-di-malaysia>.
- Bernama. (2020a, May 17). COVID-19: Counsellors to assist frontliners. Retrieved from: https://www.bernama.com/en/general/news_covid-19.php?id=1842575.
- Bernama. (2020b, March 28). COVID-19: DBKL launches large-scale disinfection process. Retrieved from: <https://www.bernama.com/en/news.php?id=1826138>.
- Bernama. (2020c, April 14). Malaysia to share findings on COVID-19 cure with ASEAN+3 partners. Prime Minister's Office. Retrieved from: <https://www.pmo.gov.my/2020/04/malaysia-to-share-findings-on-covid-19-cure-with-asean-and-plus-three-partners/>.
- Bernama. (2020d, September 9). Malaysia, France to strengthen economic relations through investments. *The Edge Markets*. Retrieved from: <https://www.theedgemarkets.com/article/malaysia-france-strengthen-economic-relations-through-investments>.
- Bernama. (2020e, September 18). Covid-19: Over 600 Malaysian healthcare workers infected. *New Straits Times*. Retrieved from: <https://www.nst.com.my/news/nation/2020/09/625429/covid-19-over-600-malaysian-healthcare-workers-infected>.
- Bernama. (2020f, October 13). Malaysia, China reaffirm commitment to foster stronger bilateral relations amid Covid-19 pandemic. *Malay Mail*. Retrieved from: <https://www.malaymail.com/news/malaysia/2020/10/13/malaysia-china-reaffirm-commitment-to-foster-stronger-bilateral-relations-a/1912408>.

- Bernama. (2020g, November 18). Covid-19: Special allowance only for eligible healthcare personnel. *The Edge Market*. Retrieved from: <https://www.theedgemarkets.com/article/covid19-special-allowance-only-eligible-healthcare-personnel-%E2%80%94moh>.
- Campbell, J. (2020, September 25). Singapore COVID-19-testing 'SwabBot' pushes boundaries (and nasal cavities). *Reuters*. Retrieved from: <https://www.reuters.com/article/us-health-coronavirus-singapore-swabbot-idUSKCN26G1DJ>.
- Coombs, W. T., & Holladay, S. J. (2009). Communication and attributions in a crisis: An experiment study in crisis communication. *Journal of Public Relations Research*, 8(4), 279–295.
- Dickens, B. L., Koo, J. R., Lim, J. T., Park, M., Quaye, S., Sun, H., Sun, Y.,...Cook, A. R. (2020). Modelling lockdown and exit strategies for COVID-19 in Singapore. *The Lancet Regional Health*, 1. Retrieved from: [https://www.thelancet.com/journals/lanwpc/article/PIIS2666-6065\(20\)30004-3/fulltext](https://www.thelancet.com/journals/lanwpc/article/PIIS2666-6065(20)30004-3/fulltext).
- Ducharme, J. (2020, March 11). World Health Organization declares COVID-19 a pandemic, here's what that means. *TIME*. Retrieved from: <https://time.com/5791661/who-coronavirus-pandemic-declaration/>
- Geddie, J., & Aravindan, A. (2020, September 17). Why is Singapore's COVID-19 death rate the world's lowest. *Reuters*. Retrieved from: <https://www.reuters.com/article/health-coronavirus-singapore-explainer-idUSKBN2680TFReuters>.
- Goh, T. (2020a, January 28). Temperature screening to cover all flights. *The Straits Times*. Retrieved from: <https://www.straitstimes.com/singapore/health/temperature-screening-to-cover-all-flights>.
- Goh, T. (2020b, July 16). Singapore's testing rate is tops in Asean. *The Straits Times*. Retrieved from: <https://www.straitstimes.com/singapore/health/spores-testing-rate-is-tops-in-asean-with-over-1m-swabs-done>.
- gov.sg. (2020a, May 1). Financial support to help Singaporeans affected by COVID-19. Singapore Government Agency. Retrieved from: <https://www.gov.sg/article/financial-support-to-help-singaporeans-affected-by-covid-19>.
- gov.sg. (2020b, October 13). 5 Government initiatives you may benefit from this year-end. Singapore Government Agency. Retrieved from: <https://www.gov.sg/article/5-government-initiatives-you-may-benefit-from-this-year-end>.

- Htun, H. L., Lim, D. W., Kyaw, W. M., Loh, W.-N. J., Lee, L. T., Ang, B., & Chow, A. (2020). Responding to the COVID-19 outbreak in Singapore: Staff protection and staff temperature and sickness surveillance systems. *National Centre for Biotechnology Information*, 71(8), 1947-1952.
- Huang, J., & David, H. (2020, July 30). Tackling 3 obstacles to digital transformation in education. *Today Online*. Retrieved from: <https://www.todayonline.com/commentary/tackling-3-obstacles-digital-transformation-education>.
- Jin, Y., Pang, A., & Cameron, G. T. (2006). Strategic communication in crisis governance: Analysis of the Singapore management of the SARS crisis. *The Copenhagen Journal of Asian Studies*, 23(1), 81-104.
- Koh, D. (2020, March 20). Singapore government launches new app for contact tracing to combat spread of COVID-19. *Mobi Health News*. Retrieved from: <https://www.mobihealthnews.com/news/asia-pacific/singapore-government-launches-new-app-contact-tracing-combat-spread-covid-19>.
- Koh, F. (2020, September 29). Media showcases role in helping to tackle Covid-19 crisis. *The Straits Times*. Retrieved from: <https://www.straitstimes.com/singapore/media-showcases-role-in-helping-to-tackle-covid-19-crisis>.
- KPMG. (2020). Government and institution measures in response to COVID-19. Retrieved from: <https://home.kpmg/xx/en/home/insights/2020/04/singapore-government-and-institution-measures-in-response-to-covid.html>.
- Kurohi, R. (2020, October 11). New task force to tackle mental health needs of Singaporeans amid pandemic. *The Straits Times*. Retrieved from: <https://www.straitstimes.com/singapore/health/task-force-to-tackle-mental-health-needs-amid-pandemic>.
- Kwan, F. (2020, October 29). Frontliners, housemen need more mental health support, say doctors. *Free Malaysia Today*. Retrieved from: <https://www.freemalaysiatoday.com/category/nation/2020/10/29/frontliners-housemen-need-more-mental-health-support-say-doctors/>.
- Laufer, D. & Coombs, W. T. (2018). Global crisis management – Current research and future directions. *Journal of International Management*, 24(3), 199-203. <https://doi.org/10.1016/j.intman.2017.12.003>.
- Lee, T., & Lee, H. (2020). Tracing surveillance and auto-regulation in Singapore: 'Smart' responses to COVID-19. *Media International Australia*, 177(1), 47-60.
- Lim, J. (2020, March 3). How Singapore is taking on COVID-19. *Asian Scientist*. Retrieved from:

- <https://www.asianscientist.com/2020/04/features/singapore-covid-19-response/>.
- Lin, R., Lee, T., & Lye, D. (2020). From SARS to COVID-19: The Singapore journey. *Medical Journal of Australia*, 212(11), 497-5021.
- Malaysia Digital Economy Commission (MDEC). (2020). Go-Ecommerce. Retrieved from: <https://www.go-commerce.my/penjana/shopmalaysiaonline>.
- Ministry of Finance (MOF). (2020a). E-Penjana. Retrieved from: <https://penjana.treasury.gov.my/pdf/ePENJANA-FAQ-BM.pdf>.
- Ministry of Finance (MOF). (2020b). PRIHATIN. Retrieved from: https://pre2020.treasury.gov.my/index_en.html.
- Monetary Authority of Singapore (MAS). (2020). Supporting individuals through COVID-19. Retrieved from: <https://www.mas.gov.sg/regulation/covid-19/supporting-individuals-through-covid-19>
- Morissan, Wahab, J. A., Tan, G. S., & Cahyowati, T. D. (2020). Media framing on Covid-19 pandemic in Malaysian and Indonesian newspapers. *International Journal of Academic research in Business & Social Sciences*, 10(10), 800-812.
- NCID, NUS and NTU studies highlight the role of socio-behavioural factors in managing COVID-19. (2020, May 21). National Centre for Infectious Disease. Retrieved from: <https://www.ncid.sg/News-Events/News/Pages/NCID,-NUS-and-NTU-Studies-Highlight-the-Role-of-Socio-Behavioural-Factors-in-Managing-COVID-19-.aspx>.
- Ong, J. (2020, June 5). PM Muhyiddin announces major digitisation, e-commerce push under Penjana recovery plan. Malay Mail. Retrieved from: <https://www.malaymail.com/news/malaysia/2020/06/05/pm-muhyiddin-announces-major-digitisation-e-commerce-push-under-penjana-rec/1872781>.
- Piah, A. (2020, April). The mass media and its role during a crisis. Islamic International University Malaysia. Retrieved from: <https://news.iium.edu.my/?p=139573>.
- Poovenraj. (2020, September 14). Digitalisation and Covid-19 leads the way on consumer behaviour changes in Malaysia. Business Today. Retrieved from: <https://www.businesstoday.com.my/2020/09/14/digitalisation-and-covid-19-leads-the-way-on-consumer-behaviour-changes-in-malaysia/>.
- Prime Minister's Office PMO. (2020a). Pakej Simulus ekonomi. Retrieved from: Prime Minister Office: <https://www.pmo.gov.my/prihatin-economic-stimulus-package/>.

- Prime Minister's Office (PMO). (2020b, June 9). Key initiatives of PM Muhyiddin in 100 days. Retrieved from: <https://www.pmo.gov.my/2020/06/key-initiatives-of-pm-muhyiddin-in-100-days/>.
- Razi, F. (2020, March 23). COVID-19: 62 peratus kes positif di Malaysia adalah kluster tabligh. *Astro Awani*. Retrieved from: <https://www.astroawani.com/berita-malaysia/covid19-62-peratus-kes-positif-di-malaysia-adalah-kluster-tabligh-234924>.
- Reuters. (2020, March 17). How Sri Petaling tabligh became Southeast Asia's Covid-19 hotspot. *New Straits Times*. Retrieved from: <https://www.nst.com.my/news/nation/2020/03/575560/how-sri-petaling-tabligh-became-southeast-asias-covid-19-hotspot>.
- Rimal, R., & Lapinski, M. (2010). Why health communication is important in public health. *World Health Organization*, 87(4), 247.
- Sah Allam, S. N., Hassan, M. S., Mohideen, R. S., Ramlan, A. F., & Kamal, R. M. (2020). Online distance learning readiness during Covid-19 outbreak among undergraduate students. *International Journal of Academic Research in Business & Social Sciences*, 10(5), 642–657.
- Salim, N., Chan, W. H., Mansor, S., Bazin, N. E. N., Amaran, S., Faudzi, A. A. M., . . . Shithil, S. M. (2020). COVID-19 epidemic in Malaysia: Impact of lockdown on infection dynamics. *Business Medical Journal*, 1-27.
- Sen, N. (2020, February 28). Covid-19: Govt to give special one-month bonus to frontline officers, one-off grant for clinics in GPs network. *Today Online*. Retrieved from: <https://www.todayonline.com/singapore/covid-19-govt-give-special-one-month-bonus-frontline-health-officers-one-grant-clinics-gps>.
- Shah, A., Safri, S., Thevadas, R., Noordin, N., Rahman, A., Sekawi, Z., . . . Sultan, M. (2020). COVID-19 outbreak in Malaysia: Actions taken by the Malaysian government. *International Journal of Infectious Diseases*, 97, 108-116.
- Sham, N. (2020, July 6). Kluster Sri Petaling dijangka tamat dalam masa terdekat. *Astro Awani*: Retrieved from: <https://www.astroawani.com/berita-malaysia/kluster-sri-petaling-dijangka-tamat-dalam-masa-terdekat-250095>.
- Siew, E. (2020, April 9). Covid-19: Give out digital vouchers to encourage spending and help Singapore businesses. *Today Online*. Retrieved from: <https://www.todayonline.com/voices/covid-19-give-out-digital-vouchers-encourage-spending-and-help-singapore-businesses>.
- Singapore General Hospital. (2020, September 21). Made-in-Singapore robot

- features faster and more comfortable COVID-19. Retrieved from: <https://www.sgh.com.sg/news/covid19/made-in-singapore-robot-features-faster-and-more-comfortable-covid-19-swabbing>.
- Statista. (2020, June 30). Reasons for increasing e-commerce activities Malaysia 2020. Retrieved from: <https://www.statista.com/statistics/1128960/malaysia-reasons-for-increasing-online-purchases-during-covid-19/>.
- Tan, V. (2020, August 14). Malaysia has raised its poverty line by more than 100%. Where do things go from here? Channel News Asia. Retrieved from: <https://www.channelnewsasia.com/news/asia/malaysia-raises-poverty-line-implications-12995824>.
- Tang, K. H. D. (2020). Movement control as an effective measure against Covid-19 spread in Malaysia: An overview. *Journal of Public Health: From Theory to Practice*, 30(3), 583-586.
- Tay, K., Kamarul, T., Woo, Y., Mansor, M., Li, X., Wong, J., & Saw, A. (2020). COVID-19 in Singapore and Malaysia: Rising to the challenges of orthopaedic practice in an evolving pandemic. *Malaysian Orthopaedic Journal*, 14(2), 7-15.
- Umair, S., Waqas, U., & Faheem, M. (2020). COVID-19 pandemic: Stringent measures of Malaysia and implications for other countries. *Postgraduate Medical Journal*, 97(1144), 130-132.
- Woo, J. J. (2020). Policy capacity and Singapore's response to the COVID-19 pandemic. *Policy and Society*, 39(3), 345-362
- World Health Organization. (2020a, March 24). Ministry of Health and WHO respond to first case of COVID-19 in Laos. Retrieved from: <http://www.who.int/laos/news/detail/24-03-2020-ministry-of-health-and-who-respond-to-first-case-of-covid-19-in-laos#:~:text=Coronaviruses%20are%20a%20large%20family,China%20in%20December%202019>.
- World Health Organization. (2020b, April 27). WHO Timeline-COVID-19. Retrieved from: <https://www.who.int/news/item/27-04-2020-who-timeline---covid-19>.
- World Health Organization. (2020c, October 12). Coronavirus disease (COVID-19). Retrieved from: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/question-and-answers-hub/q-a-detail/q-a-coronaviruses#:~:text=symptoms>.
- Yi, L. (2020, March 16). Malaysia's private hospitals ready to work with MoH to tackle Covid-19. The Edge. Retrieved from:

<https://www.theedgemarkets.com/article/malysias-private-hospitals-ready-work-moh-tackle-covid19>.

Yusof, T., Karim, K., & Chan, D. (2020, April 15). Almost 40pct of students can't study at home as they lack electronic devices. *New Straits Times*. Retrieved from: <https://www.nst.com.my/news/nation/2020/04/584641/almost-40pct-students-cant-study-home-they-lack-electronic-devices>.

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