14

NOW, WHERE DOES MALAYSIA STAND?

Currently, Malaysia ranks 18th globally and scored above average in all of the areas concerned. Tellingly, Malaysia ranks 16th in the responsiveness agility category and 2nd across emergency response operations' indicators. Kudos to our front-liners; health care professionals, public safety officials and others. This demonstrates the hard work being laboured to treat and curb the spread of COVID-19.

In comparison, Italy ranks 31st overall, 51st in the responsiveness agility category and 129th in emergency response operations. In fact, what's worrying is that less than 5% of world countries scored high enough to get into the top tier of functional emergency response operations' capability.

The USA and UK are ranked 1st and 2nd overall respectively. They are also ranked high with excellent scores in response and emergency response operations' categories. Yet, judging by these countries' news cycles, death count and infection rise, they are not better off than lesser countries.

According to JP Morgan, as of March-end, Malaysia's reported mortality rate was 0.77% versus global average of 4.4%. This was attributed to the decisive introduction of risk control measures and border restrictions.

As you can see, the capacity to anticipate and prepare means nothing without the willingness to act. Anticipatory and preparedness capabilities will only take you so far. Above all this, there needs to be a strong desire and willingness to act and take advantage of this preparedness measure.

tic disease 47.2 27.1 urity 44 16.0 by 50 22.8 se research and of responsible sistation 94.7 85.0 listation 94.7 85.0 listatio	0		'			
COUNTRY ACCOUNTRY SCORE						
EVENTION 51.4 34.8 Health capacity in clinics, hospitals and community care centers Medical countermeasures 100 Medical countermeasures Medical countermeasures Medical countermeasures 100 Medical countermeasures 100 Medical countermeasures Medical countermeasures Medical countermeasures 100 Medica				HEALTH SYSTEM		r
imicrobial resistance (R) R	EVENTION			Health capacity in clinics,	26.6	Ī
motic disease 47.2 27.1 motic disease 47.2 motic disea	imicrobial resistance					
Healthcare access 30.4 Northern Healthcare access 30.4 Communications with healthcare workers during a public health emergency linetection control practices and availability of equipment Country Northern Healthcare workers during a public health emergency linetection control practices and availability of equipment Country Northern Score Northern Healthcare workers during a public health emergency linetection control practices and availability of equipment Capacity to test and approve new medical countermeasures COUNTRY NORTH	onotic disease	47.2	27.1		33.3	
al-use research and ure of responsible ence munisation 94.7 85.0 COUNTRY AVERAGE SCORE AVERAGE SCORE 100 1.7 INCOMPLIANCE WITH INTERNATIONAL NORMS 100 1.7 INCOMPLI	security	44	16.0	FLVO1	30.4	r
healthcare workers during a public health mergency lifection control practices and availability of equipment COUNTRY SCORE VERTAGE SCORE VERTAGE SCORE Integration workers and disaster risk reduction for exponsible wince of responsible wince of response planns or the country vertage of the country vertage of the country wince wince of the country vertage of the coun	safety	50	22.8		1	i
TECTION AND COUNTRY SCORE SCOR		0	1.7	healthcare workers during a public health emergency		
AVERAGE SCORE SCOR	munisation	94.7	85.0	and availability of		
ETECTION AND EPORTING aboratory systems 66.7 54.4 aboratory systems 66.7 54.4 portling surveillance and 80 39.1 portling bidemiology workforce 50 42.3 ata integration 100 29.7 birronmental health sectors and disaster risk reduction 100 cross-border agreements on public and animal health emergency response 11.7 COUNTRY AVERAGE SCORE-APID RESPONSE 61.3 38.4 regregacy preparedness 12.5 16.9 are gency response planning sericising response planning sericising response plans 0 16.2 regregacy response 66.7 23.6 regregacy response 70.0 regregacy response				approve new medical	50	
aboratory systems 66.7 54.4 eacl-time surveillance and 80 39.1 eporting pidemiology workforce 50 42.3 ata integration etween human/ animal/ noironmental health eactors ual-use research and ulture of responsible cience COUNTRY SCORE APID RESPONSE 61.3 38.4 mergency preparedness and response planning xercising response planning xercising response planning mergency response 66.7 23.6 mergency response 66.7 23.6 mergency response planning COUNTRY AVERAGE RISK ENVIRONMENT 72.0 Political and security risks 71.4 Socio-economic resilience 92.1	ETECTION AND EPORTING	1	:	Countermeasures		
porting bidemiology workforce 50 42.3 ata integration 100 29.7 between human/ animal/ rectors ual-use research and ulture of responsible clience COUNTRY AVERAGE SCORE- MAPID RESPONSE 61.3 38.4 mergency preparedness dresponse planning vercising response planning vercising response planning were sponse planning COUNTRY AVERAGE Score APID RESPONSE 66.7 23.6 brid response plans 0 16.2 mergency response 66.7 23.6 brid response plans 100 22.6 RISK ENVIRONMENT 72.0 Political and security risks 71.4 Socio-economic resilience 92.1	aboratory systems	66.7	54.4			
tata integration tween human/ animal/ tween human/ animal/ wironmental health ctors all-use research and liture of responsible ience COUNTRY AVERAGE dresponsy preparedness dresponsy pepanelons dre		80	39.1	COMPLIANCE WITH INTERNATIONAL NORMS	58.5	
and disaster risk reduction 100 29.7	oidemiology workforce	50	42.3	IHR reporting compliance	50	Ī
APID RESPONSE mergency preparedness and response plans on 16.2 mergency response plans on 16.2			29.7			Ļ
response International commitments 93.8 JEE and PVS 0 Financing 50 COUNTRY AVERAGE SCORE APID RESPONSE 61.3 38.4 mergency preparedness at response plans 0 16.2 mergency response plans 0 16.2 mergency response plans 100 22.6 RISK ENVIRONMENT 72.0 Political and security risks 71.4 Socio-economic resilience 92.1						
COUNTRY AVERAGE Mergancy response plans O 16.2 mergency response plans O 16.2 mergency response plans O 16.2 mergency response plans O 22.6 MISK ENVIRONMENT T2.0 Political and security risks T1.4 Socio-economic resilience 92.1			1.7			
COUNTRY AVERAGE APID RESPONSE 61.3 38.4 nergency preparedness d response planning dercising response planning exercising response planning cercising response 66.7 23.6 RISK ENVIRONMENT 72.0 Political and security risks 71.4 Socio-economic resilience 92.1				International commitments	93.8	
COUNTRY AVERAGE SCORE AVERAGE SCORE AVERAGE SCORE SCORE AVERAGE SCORE SC	101100			JEE and PVS	0	
APID RESPONSE 61.3 38.4 mergency preparedness deresing response planning exercising response planning exercising response plans because of the public health and executify authorities APID RESPONSE 61.3 38.4 COUNTRY AVERAGE RISK ENVIRONMENT 72.0 Political and security risks 71.4 Socio-economic resilience 92.1		COUNTRY	SCORE			
APID RESPONSE 61.3 38.4 mergency preparedness and response planning xercising response planning xercising response planning xercising response 66.7 23.6 mergency response 66.7 23.6 peration nking public health and accurity authorities 8 specimens COUNTRY AVERAGE RISK ENVIRONMENT 72.0 Political and security risks 71.4 Socio-economic resilience 92.1					66.7	
country Average Risk Environment 72.0 Risk Environment 72.0 Political and security risks 71.4 Socio-economic resilience 92.1						
cercising response plans 0 16.2 Intergency response 66.7 23.6 Interpretable for the first response 66.7 Interpreta						
eration 72.0 RISK ENVIRONMENT 72.0 Political and security risks 71.4 Curity authorities 92.1	ercising response plans					
nking public health and 100 22.6 Political and security risks 71.4 Socio-economic resilience 92.1				RISK ENVIRONMENT	72.0	
Socio-economic resilience 92.1		100	22.6	Political and security risks	71.4	
isk communication 75 39.4 Infrastructure adequacy 75				Socio-economic resilience	92.1	
	lisk communication	75	39.4	Infrastructure adequacy	75	

*Average: all 195 countries

(0-100, where 100 = most favorable)

Scores are normalised

Commitment to sharing of genetic & biological data

Source: www.ghsindex.org