MALAYSIA AND BRAZIL'S COVID-19 RESPONSE

A Case Study Comparison

November 2020

Malaysia and Brazil are both upper middle-income countries, often tagged as emerging economies, with GDP per capita of USD $11,200 and USD $ 9,130 respectively.[1] They are vastly different in population, with 212 million people in Brazil versus Malaysia's 32.5 million.[2]

Up to November 17, both are ruled by conservative governments. Their respective responses to the COVID crises have been vastly different. Brazil has the world's second- highest COVID-19 related mortality, with 172,000 deaths thus far, versus 350 COVID-19-related deaths in Malaysia. While the vastness of Brazil's territory no doubt lent a layer of complexity to dealing with the epidemic—unlike Malaysia, there were crucial differences in pandemic response between these two countries that may have been catalytic.

The response to first official COVID cases

Malaysia's first cases were detected in January 2020, after eight Chinese nationals entered Malaysia via Johor Bahru, on Malaysia's Southern Border with Singapore. They had been close contacts of a person with COVID-19 detected in Singapore. On 25 January 2020, it was publicly announced that three of these eight individuals had tested positive for COVID-19.[3] These individuals were hospitalised and treated. Cases through February 2020 were largely imported, and numbers were small, enabling quick detection and contact tracing. A larger risk for mass transmission only became clear when the Ministry of Health received a notification from their counterparts in Brunei regarding a positive case detected there—it was traced to a mass religious gathering held in Malaysia.[4] On 18th March 2020, Malaysia announced a nationwide lockdown via a Movement Control Order.[5]

Brazil's first official case was confirmed on 25th February 2020—a 61-year old man returning from Italy.[6] However, molecular tests indicate that the first death from COVID-19 occurred as early as January 2020, suggesting that in-country COVID transmission had already happened earlier than the first official case.[7] The patient was monitored in isolation by the Albert Einstein Hospital in Sao Paulo for 14 days, and the government requested a list of passengers on the same flight.[8] In contrast to Malaysia, the Brazilian government never announced a federal lockdown (although some state governors took action and imposed them, contrary to federal government's policy). The governor of the state of São Paolo, for example, announced a quarantine policy on 24 March 2020 pursuant to the state becoming Brazil's COVID-19 epicenter, but it was significantly less strict than policies in Malaysia.[9]

Preparedness

Preparedness was a much more difficult task in a country as vast as Brazil, with administrative and political devolution to 26 autonomous states and 1 federal district, and, within those states, municipalities. Malaysia is 25 times smaller than Brazil according to land area, and health decision-making there is concentrated at the federal level. Our more detailed situational analysis on Brazil (available here) revealed a lack of clarity on specific preparedness measures taken at the start of the pandemic—including freedom of information requests made by journalists to various government agencies. At no time was any document or strategic plan established for responding to the pandemic.[10] As time passed, it became clear that there was a massive unspend on the allocated Brazilian COVID budget,[11] and non-state actors, such as Itaú Unibanco and Hospital Sirio Libanês undertook a massive national effort to provide technical advice to states and to fund essential health technologies.

In contrast, Malaysia began initial planning in December 2019, procured diagnostics reagents in January 2020, conducted a number of renovations to hospital facilities in February 2020, including increasing ICU bed capacity and converting training facilities into bedded hospital wards, and efforts to pool ventilators from private hospitals.[12] As a result of these preparedness efforts, Malaysia had inter alia, an 86% increase in laboratory capacity for diagnostics and a 49% increase in the number of available ventilators.[13] Unfortunately, Brazil was not able to procure similar percentages of these essential commodities.

COVID misinformation

Both countries experienced COVID misinformation via statements by political leaders and through social media, although arguably of different magnitudes. President Bolsonaro, fueled by similar rhetoric in the United States, actively disregarded evidence of fatality among recipients of higher-dose hydroxychloroquine regimens,[14] called COVID-19 a 'little flu',[15] removed his mask numerous times in front of journalists, and retweeted religious leaders who spread misinformation.[16] A number of presidential posts on the pandemic were deleted by Facebook and Twitter after they were identified as being misleading.[17]

In Malaysia, the Minister of Health appeared on an evening current affairs programme on television in March 2020, advising that drinking warm water could kill COVID,[18] a claim that was refuted and questioned by a number of prominent Malaysians.[19] The Director-General of Health (who is the technical lead on the Malaysian COVID response) when questioned about the 'warm water treatment', distanced himself from the statement, responding that Malaysia's response was rooted in evidence.[20] There were other measures that emphasized the importance of adhering to lockdown rules. In April 2020, the Deputy Minister of Health was found to have violated the Movement Control Order, and was fined RM1,000 (US$240).[21] The difference between the way the two countries handled misinformation, was the response among governmental officials, who debunked misinformation, and the existence of systems that held officials responsible for breaches and derogations.

Treatment of minorities

Both countries committed human rights violations vis-à-vis minorities and vulnerable populations. In Brazil, indigenous people are disproportionately affected by COVID; they have the highest prevalence—5.6%—among all examined populations.[22] The federal government actively removed protections for indigenous populations, including allowing land intrusions into indigenous land and being lax about illegal loggers and miners, who pose a clear infection risk as well as a risk to livelihoods.[23] Indigenous groups were forced to go to court to demand a COVID contingency plan for indigenous populations.[24] The Court, in a landmark decision, ruled in favour of indigenous groups, which compelled the Bolsonaro government to submit a plan for endorsement. In September 2020, a document was presented to the Supreme Court in the form of Provisional Measure #1.005, which, inter alia, stated that the National Indian Foundation (FUNAI) was temporarily authorised to make payments and allowances to public servants and district public security bodies to make health and sanitary measures.[25]

On 22nd October 2020, the Minister for the Supreme Court, Luís Roberto Barroso, decided not to endorse the 'plan' due to it being 'vague and imprecise', and gave the government 20 days to present a new plan.[26] In lieu of a federal plan for indigenous populations, some states have responded by enacting state laws to guarantee access to healthcare for indigenous and *quilombola* (Afro-Brazilian) communities.[27]

In Malaysia, during the COVID lockdown, migrants were rounded up by the Ministry of Home Affairs and placed in detention.[28] Journalists from Al-Jazeera who reported on how migrants were being treated received death threats from the general public, were harassed by police, and threatened with losing their media license.[29] While migrants were tested in detention, it remains unclear whether other migrants have been driven underground for fear of being arrested, and this constitutes an infection risk.

Conclusion

It is by no means possible to fairly compare the two countries, due to different socioeconomic and political contexts, and differences in their size and population within one page. But several key differences are notable – including how misinformation was dealt with, the ability of the public health system to adapt to pandemic situations, and announcement of federal lockdown measures.

ENDNOTES

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ABOUT ITPC

The International Treatment Preparedness Coalition (ITPC) is a global network of people living with HIV and community activists working to achieve universal access to optimal HIV treatment for those in need. Formed in 2003, ITPC actively advocates for treatment access across the globe through the focus of three strategic pillars:

- Treatment education and demand creation (#TreatPeopleRight)
- Intellectual property and access to medicines (#MakeMedicinesAffordable)
- Community monitoring and accountability (#WatchWhatMatters)

To learn more about ITPC and our work, visit itpcglobal.org.

ABOUT WATCH WHAT MATTERS

This publication is part of Watch What Matters, a community-led monitoring and research initiative to gather data on access to and quality of HIV treatment globally. To learn more, visit our website, and use hashtag #WatchWhatMatters to join the global conversation.

ABOUT THIS REPORT

ITPC's 2020 *A Case Study Comparison: Malaysia and Brazil's COVID-19 Response*, available here, briefly compares preparedness, politics, and response in the early stages of the COVID-19 pandemic in two upper middle-income countries, Malaysia and Brazil. This publication draws upon a larger report we commissioned on the Brazilian response, available here. While the two countries are vastly different in population and governance systems, both were ruled by conservative governments when the pandemic began. This report attempts to synthesise learnings from the difference in results and response between both countries.

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