
Social Insurance Protection for Healthcare Workers: Embracing a New Norm and a Way Forward

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Abstract

The hit of COVID-19 worldwide has given impacts on the healthcare services and their workers. Healthcare workers (HCWs) are exposed to a complex health and safety hazards while delivering care and services to the sick and infected. The interruption of the healthcare service and their workers will definitely endanger life, health and safety of the citizens. HCWs' position is worsened considering the severe and high risk of the coronavirus disease may cause. They risk their lives while ensuring the continuity of public health and safety. There is a high possibility of HCWs being infected or even facing death due to COVID-19 infection while on duty. They even fear and distress more thinking if they have caused the family members infected by the disease. In such cases, what is the social protection measure available to safeguard the HCWs? Is there any social insurance protection provided to them especially during this time of pandemic? This paper aims to theoretically examine the social protection law and policy in Malaysia, particularly in safeguarding the HCWs during the pandemic of COVID-19. Applying doctrinal legal research with a content analysis approach, secondary sources such as article journals and government initiatives are analysed together with the related policy and law. This study anticipates comprehensive social insurance protection as a means to support and safeguard the frontline HCWs for the sustainability of the health care industry.

Keywords: social protection, insurance protection, healthcare workers, pandemic, sustainability, legal.

1. INTRODUCTION

Healthcare workers (HCWs) are constantly exposed to a complex variety of health and safety hazards that requires exceptional attention. The outbreak of the coronavirus further poses unprecedented challenges to public health, economies, and societies around the world. The pandemic has threatened the long-term livelihoods and its repercussion has impacted the well-being of the global societies when millions are relentlessly affected. In particular, the severity effect of the COVID-19 disease contributes major impacts on the healthcare sector particularly when the workers have to encounter and deal with the infected or suspected patients of COVID-19 thus risking themselves with its precarious effect (Rule et al., 2018). Occupational health services bear responsibility and play important roles to protect the HCWs while at the same time ensure the business continuity of healthcare services (World Health Organization, 2020, March 9). Due to demographic shifts such as health issues due to the ageing society and lifestyle changing, the healthcare industry itself has become a major engine of economic growth (Nordin et al., 2018).

Health care and medical services is categorized as an essential service under Regulation 2, the Prevention and Control of Infectious Diseases (Measures Within the Infected Local Areas) Regulations 2020. The service is necessary and its interruption will jeopardize life, health and safety of the citizens. Generally, healthcare workers refers to those who deliver care and services to the ill, sick and ailing. They include doctors, nurses, helpers, laboratory technicians, and medical waste handlers (Joseph & Joseph, 2016). In the time of the COVID-19 pandemic, the healthcare industry is the most hazardous environment to work in owing to the damaging

consequences the virus could cause. They become shields, heroes and the country's most valuable resources. An adequate health workforce is central to universal health coverage and positive public health outcomes (Nkomazana, Mash, Shaibu & Phaladze, 2015). Their role and sacrifices in combating the COVID-19 are undeniable since they are exposed to high and unprecedented levels of risk (World Health Organization, 2020, Sept 17) in protecting the nation and country.

The COVID-19 pandemic has placed HCWs in exceptionally demanding situations. They are exposed to extraordinary levels of psychological stress, high-demand settings of workload, fear and anxiety of the disease exposure, separated from family and confront social stigmatization (World Health Organization, 2020, Sept 17). World Health Organization (WHO) has introduced five actions for their better protection including to protect them from violence; improve their mental health; protect from physical and biological hazards; advance national programmes for health worker safety, and connect health worker safety policies to existing patient safety policies (World Health Organization, 2020, Sept 17). Malaysia's Social Security Organization even confirms COVID-19 as an occupational disease that entitles for workers' compensation (International Labour Organisation, 2020a). The International Labour Organisation (ILO), though does not list COVID-19 as an occupational disease, believes that there needs a direct link between the exposure to the coronavirus at work and the disease to classify it as an occupational one (International Social Security Association, 2020).

Aside from a heavy workload, HCWs also fear of contracting the disease and possibility of spreading it to the family members. This has overall impacted their mental health. A study in China on a sample of 1200 HCWs revealed the factors contributing to psychological distress namely emotional strain, physical exhaustion, shortage of PPE and concerns about infecting the virus to family members (Lai et al., 2020). Therefore, the protection of HCWs is one of the priorities for the response to COVID-19 outbreaks because of challenges they faced while dealing with the COVID-19 patients. Practical actions to protect healthcare workers from the health risk of COVID-19 must be addressed from the perspective of social protection measures. Here, the call for extensive insurance protection is perceived as necessary for the HCWs during the pandemic.

This paper will discuss the social protection measures and initiatives that apply to the frontline HCWs. The objective is to examine the policy and law relating to social protection that focusing on the insurance protection for the HCWs during this difficult time of COVID-19 when they have to risk and cope with the exceptionally demanding situation. The discussion is made by theorizing the social protection approach for the frontline HCWs against the livelihood risk and at the same time to enhance their rights within the existing Malaysia legal framework.

Social Protection System

Social protection generally refers to the policies designed by the government of a country aiming to assist and give protection to the individuals or society to reduce vulnerabilities and social distress. In most cases, social protection targets the poor, marginalized or disadvantaged group so that social justice can be enhanced. Therefore, social protection indicates the initiatives that provide income or consumption transfers to the poor, protect the vulnerable against livelihood risks and enhance the social status and rights of the marginalized, to reduce the economic and social vulnerability of poor, vulnerable and marginalized groups (Mathers & Slater, 2014; Devereux & Sabates-Wheeler, 2004). The concept and approach primarily focus on long-term developmental social protection as an instrumental to the achievement of a broad range of development goals including poverty reduction, education, health, social inclusion, empowerment and equity. Samad and Shahid (2018) consider social protection as part of human rights thus needs to be recognized and served by the state. Therefore, the implementation of social protection should involve the government that functions as policy formulator, legislator, policy implementer, administrator, and mediator (Samad, 2019) to provide social and economic well-being system to the society. The social protection instruments vary according to state and depend on the policy or program objectives which generally include types, funding, objective, and benefit (Mathers & Slater, 2014). According to Norton, Conway and Foster (2001), social protection encompasses two main broad fields of response mechanisms which include social assistance and social insurance. For Cecchini (2012), the goals of social protection are to ensure an income sufficient to maintain a minimum quality of life for people's development; facilitate access to social and advocacy services; and secure decent work for all. In the world of work, it forms part of the social security coverage that gives protection and benefits for the workers, generally in

the form of insurance protection. In brief, social protection is a basic human right that should be enjoyed by the population. Intending to tackle vulnerabilities that include poverty reduction, social protection is a key system that supports the international agenda of sustainable development.

As a basic human right that expecting the government to play the role, social protection in Malaysia is largely indirect and informal. Roslan and Mustafa (2020) believe Malaysia's social protection relies more on the informal-traditional systems where it relies on the family as the main provider rather than on the government. For instance, children who earn steady incomes would send money to their parents or relatives, particularly the ageing and incapable, to support their needs. Despite this, the government does provide some formal social protection schemes. Among them are the Public Service Pension Scheme, the Employees Provident Fund and insurance benefits/schemes under the Social Security Organization (SOCSO). All public sector employees are covered with Public Service Pension Scheme. The benefits include employment injury, disability, gratuity payment upon retirement, and dependents' pension in the event of death while in service and death after retirement (Roslan & Mustafa, 2020). While the SOCSO scheme protects workers for contingencies such as injury, commuting accidents, occupational diseases, invalidity, and death with the coverage of benefits for medical, temporary and permanent disablement, rehabilitation, dependents benefit, funeral, and survivors' pension.

Social protection can be non-contributory and contributory on the part of employees. In line with the ILO Employment Injury Benefits Convention 1964, workers shall be provided with access to health care and also financial compensation in the event of any contingency while on duty, either under a specific employment injury insurance or, through direct compensation from employers in case no insurance schemes exist (International Labour Organisation, 2020b). As Cecchini (2012) concludes, employment is the key element in social protection needs because it leads the workers and their dependents to stable incomes and contributory social protection.

2. PROBLEM STATEMENT

HCWs are at the front line of any outbreak response thus exposed to hazards that put them at risk of infection. With the long working hours, they face pathogen exposure, psychological distress, fatigue, occupational burnout, physical and psychological violence. The situation even worse in the time of the COVID-19 particularly the severe and disastrous effect the virus may cause. Contracting infectious diseases are primarily responsible for high attrition rates among HCWs (Joseph & Joseph, 2016). Data around the world have shown that more healthcare workers become affected and impacted due to coronavirus. For example, China's National Health Commission disclosed that more than 3300 healthcare workers were infected in early March 2020, during the initial stage of the pandemic; and in Italy, one-fifth of the responding HCWs were reported to be infected with some have died (The Lancet, 2020). In the case in Malaysia, as reported by Health Director-General Dr Noor Hisham Abdullah, nearly 4,800 were infected with COVID-19 between March 2020 and February 2021 (Channel NewsAsia, 2021, 19 April) though the number is now lower due to vaccination. This figure nevertheless is substantial to show that healthcare workers are exposed to hazards and risks of infection while at work.

Currently, only government hospitals serve COVID-19 patients. Meaning here, the frontline HCWs who are directly serving and dealing with the COVID-19 patients are the government servants or known as the Ministry of Health (MOH) frontliners. With the severe effect the virus may cause, there is a possibility that the MOH frontliners are being infected while on duty as indicated in the statistics above. In the cases of being infected and even faced a possibility of death, what are the measures taken to safeguard the HCWs and their welfare? As the backbone of the nation during this time of the pandemic, how far has the law on social protection, in particular insurance protection, applicable for the MOH frontliners who are working with this grave risk, or the families left behind? While the Social Security Organization (SOCSO) Malaysia has declared the COVID-19 as an occupational disease, that is, disease contracted primarily as a result of exposure to risk factors arising from work activity thus entitling the insured workers to certain protection by SOCSO, the HCWs in the public sector could not benefit from such scheme as they are governed by another government scheme under the Treasury Circular. It is therefore hypothesized that HCWs should be provided with access to health care and financial compensation in the event of being infected with coronavirus while on duty, possibly under a specific

employment injury insurance or, where no such insurance schemes exist, through direct compensation from employers.

3. METHODOLOGY

The study is a qualitative one that utilizing a doctrinal approach. Using content and analytical analysis, this study relies mainly on secondary sources including the legal provisions from the relevant legislation, textbooks, articles of journals and official reports. The healthcare industry can be from either the public or private sectors but for this study, only HCWs of the government or government servants with specific scope given to the frontline HCWs. They are also known as MOH frontliners. This term of frontline HCWs or MOH frontliners indicates that only HCWs who directly deal and give service to the patients or suspected of COVID-19 are covered for this study. It does not simply include all HCWs.

4. RESULTS

The COVID-19 pandemic is part of a natural disaster that affects everyone's life. The impacts even worse for the healthcare workers, in particular the frontlines, who have to risk the safety of tending the patients and cope with the disease. As public sector employees, frontline HCWs are under the purview of the Ministry of Health Malaysia thus known as MOH frontliners. Similar to other illnesses, in the case of COVID-19, MOH frontliners are having access to health care at the government hospitals and treatment at government medical facilities. In other words, for access to health care, frontline HCWs are protected similar to other government servants. Other than these which are considered as part of social protection, HCWs are expected to be provided with extra protection in terms of insurance protection, particularly when one considers the challenges and sacrifices that they have given in battling with the invisible enemy coronavirus. The following is the findings of the incentives and initiatives of the government and insurance providers that become the financial support and compensate the frontline HCWs. This insurance protection and incentives are part of the social protection and social security that are expected for their welfare.

4.1 Allowance

The Government realized the challenges and struggles of the frontline HCWs who have to work in fatigue and stressful conditions and environment. In honor of their services, the Government has declared special allowances to the doctors, nurses and other medical staff who are responsible and directly involved in the management and prevention of the COVID-19 outbreak. This special allowance was initially declared at MYR400.00 per month and later was increased to MYR600 per month in 2021 until the outbreak ends (Ministry of Finance Malaysia, 2020). This is basically a reward to the frontline HCWs who are fighting on the battlefield of coronavirus. It is to note that this special allowance is just for those directly involved with COVID-19 and will be terminated once the pandemic is curbed and end (Bernama, 2020, November 18). Meaning that only HCWs who directly involve and give services in the COVID-19 cases are entitled and those who do not involve with the COVID-19 services are not eligible to receive the allowance. Additionally, the one-off provision of MYR500.00 to the healthcare frontliners is paid in the first quarter of 2021 along with its announcement in the Budget 2021.

4.2 Insurance Protection

Other than the allowance, it was found that the frontline HCWs are also covered with social insurance protection. This is divided into two types of providers: by the government; and by the private partnership.

(a) Scheme by the Government

Treasury Circular No. 13 of 1994 (WP 6.2) generally ensures coverage for social protection of the federal employees through the Work Accident Ex-Gratia Scheme. The Scheme was introduced on October 20, 1994, following a comprehensive exclusion of public service officers from the coverage of the Employees Social Security Act 1969 by virtue of section 100 of the Act in compliance with the Government Gazette P.U. (B) 643/1982, P.U. (B) 433/1984 and P.U. (B) 434/1984. Work accident here means (i) accidents that occur while performing official duties; or (ii) accidents that occur by acts that have evil elements such as revenge as a result

of the official duties of the officer; or (iii) occupational disease. It is to note that, benefits provided under this Scheme should only relate to work accidents that result in death or permanent disability.

This Scheme has been made aligned with the scheme offered by SOCSO and even improved from time to time. It does not only cover the travelling for working purposes and official duty but includes the situation when the union members attend an invitation to the Government official program. The payment for the scheme can be made either in bulk (one-off) or monthly payment. In a death case, the benefit is paid monthly to the dependents, wherein the case of a widow, for his/her lifetime; and for the children, until the age of 21, or completed the first degree. The amount is dependent on the calculation of the monthly earnings together with the allowances if any.

Due to the COVID-19 pandemic, the Government also has launched PERMAI Assistance Package. Under the Protection of Economy and the People Assistance Package (PERMAI), a total of 22 initiatives have been introduced by the government. Their implementation is anchored on the three main objectives namely: first, combating the COVID-19 outbreak; second, safeguarding the welfare of the people; and third: supporting the business continuity. The one that is relevant to the healthcare industry is the first, combating the COVID-19 outbreak by strengthening the national healthcare sector. The government has allocated a huge amount of budget for this purpose to combat the virus as well as provide adequate healthcare facilities thus enhancing health services.

(b) Scheme by a private partnership

There are few private insurance schemes offered for the frontline HCWs to value their services and sacrifices for the nation during this difficult time. One of them is the one initiated by the Congress of Unions of Employees in the Public Service (CUEPACS) and FWD Takaful Berhad (Wartawan Malaysia Gazette, 2020). The insurance fund was launched in April 2020 in the amount of RM5 Million, called MOH FWD MY Heroes Fund. It is managed by Cuepacs care 4U Solutions Sdn. Bhd., an insurance company with more than 20 years of experience in health management and the *takaful* industry. The implementation of this fund is started from 1 April 2020 until 31 December 2020 or RM5 Million are used up, whichever comes first. The fund has just recently been added for another RM5 million and even extended until 31 December 2021 (Cuepacs Care Solutions, 2020). This special fund aims for providing insurance protection and to support frontline HCWs who are infected with the COVID-19 virus while on duty. The coverage can be utilized and extended to the family members of the HCWs if they are also infected with the COVID-19.

MY Heroes Fund can generally be enjoyed and claimed by the HCWs provided they are the employees of the MOH who are taken to be responsible and deal with the outbreak of COVID-19. The only requirement for the payment is, as long the COVID-19 infection while on duty (Cuepacs Care Solution, 2020). The coverage for family members is limited to legal partners, biological parents and children less than 25 years old, unmarried and not working (including adopted children registered with the National Registration Department). Claims are divided into compassionate benefits and relief allowance. All MOH frontliners will be entitled to a compassionate benefit upon death due to COVID-19 with the payment of RM40,000.00 or RM10,000, for death due to other reasons. A relief allowance applies to those hospitalized due to COVID-19, and it is extended to the immediate family members in the event if the HCWs and any family member are admitted to any government hospital due to COVID-19 with the claim entitlement of RM10,000.00 for ICU admission, or RM2,000.00 for admission to a regular ward. In October 2020, MY Heroes Fund has received 288 claims with a value of RM732,000.00. The claims involved a death case from COVID-19 infection, 10 death claims due to other reasons and 274 ward admission claims (Idris, 2020, October 12). The eligibility for the fund is illustrated in Table 1.

Table 1: MOH FWD MY Heroes Fund

Payments	Healthcare Worker	Family Members
Compassionate Payment		
Death due to COVID-19 infection	RM40,000.00	-
Death due to other reasons	RM10,000.00	-
Relief Allowance		
Hospitalization for ICU admission due to COVID-19	RM10,000.00	RM10,000.00

Hospitalization for admission to regular ward due to COVID-19	RM2,000.00	RM2,000.00
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Source: Cuepacs Care Solutions, 2020.

Other than MY Heroes Fund, AIA Malaysia also has launched a total sum of RM2 Million financial support to the MOH frontliners, which take effect from 1 March until 30 June 2020 or when the total fund of RM2 million is fully disbursed (AIA Malaysia, 2020). Similar to MY Heroes Fund, the coverage also aims to support the frontline HCWs and their families in the event of anything that relates to COVID-19. The benefits are mentioned in Table 2 below.

Table 2: Financial Support by AIA Malaysia

Financial Support	Coverage	Total Amount
Inconvenience Allowance	HCW who is diagnosed with COVID-19 when carrying out the duties	One-time inconvenience allowance of RM 1,000
Compassionate Relief	In the unfortunate event of death due to COVID-19	A sum of RM10,000 to be paid to the beneficiary

Sources: AIA Malaysia, 2020.

AIA Malaysia offers a difficult allowance amounting to RM1,000.00 and charitable assistance of RM10,000 to doctors, nurses and hospital staff in the face of the COVID-19. This scheme was offered to the frontline group that served at the reference hospital of the Ministry of Health Malaysia and involved in the examination and treatment of COVID-19 patients (Halid, 2020). By 30 September 2020, AIA Malaysia has disbursed the sum of RM316,000.00 to the healthcare frontliners who were infected with COVID-19 while on duty (AIA Malaysia, 2020).

5. DISCUSSION

Healthcare is one of the most gloomy and unrested industries. The healthcare industry has become a major engine of economic growth in a country due to demographic shifts by ageing and lifestyle. The COVID-19 outbreak has further posed an unprecedented challenge to the public health, economies and societies when millions are affected by this global pandemic. The pandemic has caused a significant impact on the healthcare services and industry, in particular to healthcare workers who have to deal with coronavirus patients thus risking themselves with the hazardous outcome. Occupational health services have an important role to protect the HCWs as well as ensure the business continuity of health care services. The atmosphere of anxiety due to coronavirus has impacted HCWs and their mental health thus contributing to psychological distress such as emotional strain and physical exhaustion. Heavy workload, fear of contracting the disease and spreading it to their family members have worsened the situation. Protecting the welfare of HCWs should be the priority due to the challenges and sacrifices they are facing every day.

The findings clearly show that the frontline HCWs are assured of different protections. The Ex-gratia scheme is basically a non-contributory type of social security provided for the federal employees in the cases of contingencies while on duty. This is regardless of whether they are responsible and directly involved in the management and prevention of the COVID-19 outbreak or not. Despite this, a step to acknowledge COVID-19 disease as an occupational disease by SOCSO (MalayMail, 2020) should be a relief because it fulfils the meaning of work accident that includes occupational disease, thus entitling the HCWs for the ex-gratia scheme in the event of COVID-19 infection.

Moreover, from the perspective of social protection and security, HCWs in Malaysia are generally protected from the inconveniences while on duty due to COVID-19. They are assured with certain protections not limited to the Ex-Gratia Scheme, but also additional insurance coverage initiated by the private insurance providers and through a smart partnership with the employee's union. This is also a non-contributory scheme of protection which should be further supported by many other insurance providers to value the services of HCWs tending the patients of COVID-19 for the nation. This social insurance scheme is seen as additional protection and financial

assurance not only to the HCWs but also the families who indirectly sacrifice their life and family members. Despite this, the availability of the scheme is restricted to the available fund while the duties and services to the coronavirus patients are constantly incessant until the COVID-19 can be curbed. With the vaccination plan, it is hoped that the pandemic can be controlled, the cases are reduced, the conditions at the hospitals are recovering and the workload and risk for HCWs will be lessened.

This financial assistance and support indicate the government and the private sector supports towards valuing the work and contribution of the HCWs in battling the coronavirus. Hence, the aspect of social security protection for the frontline HCWs that comes in a voluntary way of contribution must be celebrated. The initiative to offer the HCWs insurance coverage is thus commendable. At the same time, it is hoped that the scheme can be further extended by the government so that the MOH frontliners are well-protected through this social protection approach. Considering that COVID-19 is also an occupational disease that is subject to social insurance protection scheme under SOCSO, a similar should be anticipated for the frontline HCWs of the government servants. Furthermore, the social insurance protection is not just to cover the HCWs for any incidences of COVID-19 while on duty but to give certain relief to the family members should anything happen to the HCWs. This hopefully can ease the burden and anxiety faced by the HCWs and their family members.

6. CONCLUSION

Practical actions to protect the welfare of frontline HCWs from the health risk of COVID-19 and to ensure their financial stability should be addressed from the perspective of the social protection approach. Hence, the call for extensive social insurance protection is seen as essential. In the current situation in Malaysia, only government hospitals, under the Ministry of Health (MOH) serve COVID-19 patients. With the risk and effect the virus may cause, there is a high possibility that MOH frontliners will be infected while on duty even though strict precautions and safety measures are taken. Although the number of healthcare workers detected with COVID-19 was probably small when compared to the total of COVID-19 cases, it is still worrying and the figure is significant to indicate the exposure of hazards that put them at risk of infection, or even death, at any time. The social security protection approach is therefore substantial for the HCWs, the backbone of the nation, at this crucial time. The initiatives by private insurance providers and employees' union through a smart partnership to offer insurance coverage to the MOH frontliners and families are commendable. It is time for the government and other agencies to work hand in hand for the betterment of the nation, especially during this challenging time for the sustainability of the health care industry.

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