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**PROTECTHEALTH CORPORATION SDN. BHD.**

RECORD BREAKING COVID-19 VACCINATION: PUBLIC-PRIVATE PARTNERSHIP



# RECORD BREAKING COVID-19 VACCINATION: PUBLIC-PRIVATE PARTNERSHIP



# VAKSIN

## COVID-19



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# ABBREVIATIONS

ABBREVIATION / TERMS	DEFINITION
<b>ACC</b>	Ambulatory Care Centres
<b>AEFI</b>	Adverse Event Following Immunisation
<b>API</b>	Application Programming Interface
<b>B40</b>	Bottom 40% Income Group
<b>BOD</b>	Board of Directors
<b>CEO</b>	Chief Executive Officer
<b>COVID-19</b>	Coronavirus Disease
<b>CPRC</b>	Crisis Preparedness and Response Centre
<b>CRM</b>	Customer Relationship Management
<b>Day</b>	All days mentioned in turnaround time shall refer to working days
<b>FAQ</b>	Frequently Asked Questions
<b>GMEC</b>	Governance, Monitoring and Evaluation Committee
<b>GPs</b>	General Practitioners
<b>HCO</b>	Healthcare Organiser
<b>HomeVac</b>	Home-based Vaccination
<b>HS</b>	Hospital Swasta / Private Hospital
<b>JKJAV</b>	Jawatankuasa Khas Jaminan Akses Vaksin COVID-19
<b>JKN</b>	Jabatan Kesihatan Negeri / State Health Department
<b>KK</b>	Klinik Kesihatan / Government Health Clinics
<b>KP</b>	Klinik Pakar / Specialist Clinics

ABBREVIATION / TERMS	DEFINITION
<b>KPDNHEP</b>	Kementerian Perdagangan Dalam Negeri dan Hal Ehwal Pengguna Malaysia / Ministry of Domestic Trade and Consumer Affairs
<b>KPKT</b>	Kementerian Perumahan dan Kerajaan Tempatan / Ministry of Housing and Local Government
<b>KSI</b>	KSI Asia Pacific
<b>LOA</b>	Letter of Award / Appointment
<b>MAFI</b>	Ministry of Agriculture and Food Industries
<b>MAS</b>	Medical Audit Section
<b>MCO</b>	Movement Control Order
<b>MITI</b>	Ministry of International Trade and Industry
<b>MOE</b>	Ministry of Education
<b>MOH</b>	Ministry of Health
<b>MOSTI</b>	Ministry of Science, Technology and Innovation
<b>MOT</b>	Ministry of Transportation
<b>MOVAK</b>	Program Mobilisasi Vaksin Komuniti
<b>MOW</b>	Ministry of Works
<b>MPIC</b>	Ministry of Plantation Industries and Commodities
<b>MRCS</b>	Malaysian Red Crescent Society
<b>MyVAS</b>	Malaysia Vaccine Administration System
<b>NGO</b>	Non-Government Organisation
<b>PEC</b>	Provider Evaluation Committee

ABBREVIATION / TERMS	DEFINITION
<b>PeKa B40</b>	Skim Peduli Kesihatan untuk Kumpulan B40
<b>PIC</b>	Person-in-charge
<b>PICK</b>	Program Imunisasi COVID-19 Kebangsaan
<b>PKD</b>	Pejabat Kesihatan Daerah / District Health Office
<b>PMP</b>	Private Medical Practitioner
<b>PPP</b>	Public-Private Partnership
<b>PPV</b>	Pusat Pemberian Vaksin
<b>PPV Integrasi</b>	Pusat Pemberian Vaksin Integrasi / Integrated Vaccination Centre
<b>PPVACC</b>	Pusat Pemberian Vaksin Ambulatory Care Centres
<b>PPVGP</b>	Pusat Pemberian Vaksin General Practitioners
<b>PPVHS</b>	Pusat Pemberian Vaksin Hospital Swasta / Private Hospitals
<b>PPVIN</b>	Pusat Pemberian Vaksin Industri
<b>PPVKP</b>	Pusat Pemberian Vaksin Klinik Pakar / Specialist Clinics
<b>ProtectHealth</b>	ProtectHealth Corporation Sdn. Bhd.
<b>SMC</b>	Senior Management Committee
<b>SOP</b>	Standard Operating Procedure
<b>TOT</b>	Training of Trainers
<b>VCS</b>	Vaccine Control System
<b>VMS</b>	Vaccine Management System



# AT A GLANCE

OVER

**38 MILLION**

**DOSES OF VACCINES**

ADMINISTERED

INTO ARMS

THROUGH

**PICK UNDER**

**PROTECTHEALTH**

DEVELOPED

**IN-HOUSE  
DIGITAL  
SYSTEM,**

**VACCINE  
CONTROL  
SYSTEM (VCS)**

APPOINTED  
MORE THAN

**200 PPV**

**OFFSITE  
NATIONWIDE**

SINCE THE  
OPENING IN  
OCTOBER 2021

MORE THAN

**93%**

AND NEARLY

**40%**

OF ADOLESCENTS

AND ELIGIBLE

CHILDREN,

RESPECTIVELY,

HAVE RECEIVED

**AT LEAST  
TWO DOSES**

ATTENDED

MORE THAN

**8,000**

**SUPPORT  
CALLS**

AND

**4,000**

**EMAILS  
SUPPORT**

PER MONTH

AS OF 30 JUNE 2022

**4,388**

**APPLICATIONS**

SUBMITTED FROM

**GP, KP, HS AND ACC**

**2,624 PPV**

APPOINTED

**PPV ONSITE  
NATIONWIDE**

AT ITS PEAK,

**120 PPV**

**INTEGRASI  
NATIONWIDE**

PROVIDED

DIFFERENT

TYPES OF

**COVID-19  
VACCINES**

VACCINATED

**90%**

OF THE  
**ADULT  
POPULATION**

BY 10 OCTOBER 2021

SINCE DECEMBER 2021,

**PROTECTHEALTH**

MOVED ON TO A

**SELF-LEARNING ONLINE  
TRAINING MODULE**

AND **MULTIPLE-CHOICE  
ONLINE ASSESSMENT**

RECEIVED

**92.6%**

**SATISFACTION  
SCORE**

FROM **VACCINEES** TO  
THE **QUALITY OF  
SERVICES** OFFERED  
BY THE **PROVIDERS**

**MALAYSIA**

ATTAINED THE

**TOP 10**

**HIGHEST RATES**

FOR HAVING A **FULLY VACCINATED  
POPULATION** AGAINST  
**COVID-19 GLOBALLY**

# AWARDS

AWARDED  
**OUTSTANDING  
COVID-19  
VACCINATION  
DELIVERY OF  
THE YEAR AT THE  
GLOBALHEALTH  
ASIA PACIFIC  
AWARDS 2021**

AWARDED  
**ASIA PACIFIC  
OUTSTANDING  
BUSINESS  
LEADER  
ACHIEVEMENT  
AWARD AT THE  
ASIA PACIFIC  
OUTSTANDING  
BUSINESS  
LEADER  
ACHIEVEMENT  
AWARDS BY THE  
KSI ASIA PACIFIC  
(KSI)**

AWARDED  
**PUBLIC-PRIVATE  
HEALTHCARE  
PARTNERSHIP  
OF THE YEAR –  
MALAYSIA AT THE  
HEALTHCARE  
ASIA AWARDS  
2022**

**VACCINATION  
DELIVERY OF  
THE YEAR –  
MALAYSIA AT THE  
HEALTHCARE  
ASIA AWARDS  
2022**



# FROM THE DESK OF THE MINISTER OF HEALTH

All around the world, the COVID-19 pandemic caused massive upheavals, forcing governments everywhere to wrestle with how to balance lives and livelihoods.

**KHAIRY JAMALUDDIN**  
MINISTER OF HEALTH, MALAYSIA



Reflecting on what occurred in early 2020 and to where we are today, I am thankful for the tremendous commitment, fortitude and courage demonstrated by the Malaysian people. Their trust in the Ministry of Health and its health professionals permitted us to embark on an unprecedented national mission on a scale and timetable never seen before in the history of public health in this country.

To mobilise and vaccinate every man, woman, and child living in Malaysia. To win the race between the virus and the vaccine. To get as many people protected as possible from COVID-19.

Today, over 71 million doses of the COVID-19 vaccine have been administered to the arms of senior citizens, adults, adolescents, and children all across Malaysia. More than 26 million people were vaccinated within a short span of time. Eight out of every 10 people have been vaccinated with at least two doses, and almost 50% of the population has received a booster or third jab.

We have seen how COVID-19 can devastate lives. But we have also seen how the vaccines have saved lives and kept people out of hospitals.

From the announcement of the discovery of a vaccine at the end of 2020 to where we are today, it has been quite a journey.

The *Program Imunisasi COVID-19 Kebangsaan* known as PICK, was mandated to ensure that not only would the Malaysian population have access to a viable, effective, and safe vaccine, it would also ensure equity. We made sure that we protected the vulnerable and marginalised, ensuring no one was left behind.

Malaysia has had to compete with the needs of other countries, overcome bottlenecks in global vaccine manufacturing, address logistical challenges, and respond to scepticism, vaccine hesitancy and refusal amidst the population.

The programme had to manage all this while the health system managed tens of thousands of daily new cases, surges in hospitalisation, and a number of serious cases.



PICK made jabs easily accessible, even in remote areas of the country, and worked with all communities to build trust and increase uptake. It is by far the largest public-private partnership (PPP) programme in healthcare ever undertaken in the country.

Working together in partnership through the efforts of thousands of nurses, doctors, general practitioners, specialists, allied health workers, medical assistants, administrators, and volunteers in both the public and private healthcare sectors, we have made the seemingly impossible possible.

I am grateful to their steadfast commitment, trust, and support for our national vaccination programme.

Such partnerships have been key in achieving and sustaining the progress made thus far, and protecting the gains made under this vaccination programme. It would not have been possible to get to where we are today without the synergy of all of us coming together at the most critical point.

Thanks to the rapid progress of PICK, investment in treatments, our collective efforts have helped build a vast wall of defence for the Malaysian people. Malaysia is now one of the countries which has been privileged enough to transition towards endemicity, enabling us to open

up its borders to foreign travellers and visitors, allowing us to begin rebuilding our economy and recovering livelihoods, to enjoy greater freedoms than at any time during the pandemic.

We have every right to be proud of PICK, the partnerships that were forged in its formation, and the innovation that it represents. It has been regarded as one of the best vaccination programmes in the world, in terms of coverage, speed and effectiveness.

However, we must all keep doing our part to encourage eligible people to continue to get vaccinated, or receive a booster jab, to protect themselves and their loved ones.

We have learnt and continue to learn a lot from our experience and those of others. One hard-won lesson is the need to maintain constant vigilance.

The greatest risk to the progress that we have made is the possibility of another new variant such as Omicron, which could escape immunity and penetrate the protective wall that we have built. We need to invest and maintain the capacity to identify and respond to such emerging threats with viable, effective, and safe vaccines.

This must be the new national mission for PICK.

The efforts of those working in healthcare, related government and non-government organisations and agencies, and the Malaysian people in supporting this programme have been phenomenal. It has represented the very best of us in the most difficult of days. You have not only saved lives but have also kept people safe and healthy.

My sincere gratitude and thanks to all of you.

**KHAIRY JAMALUDDIN**  
MINISTER OF HEALTH, MALAYSIA

OVER  
**71**  
**MILLION**  
**DOSES OF VACCINES**  
HAVE BEEN  
ADMINISTERED



# DIRECTOR GENERAL OF HEALTH'S STATEMENT



Assalamualaikum &  
Salam Keluarga Malaysia

Though the first few months of the COVID-19 pandemic were highly challenging and complex, particularly for those working in the isolation wards on the frontlines of public health, the news of a possible COVID-19 vaccine in late 2020 provided a glimmer of hope around the world. It lifted spirits and raised hope that lives could be saved and protected through immunisation.

**TAN SRI DATO' SERI  
DR NOOR HISHAM ABDULLAH**  
DIRECTOR-GENERAL OF HEALTH MALAYSIA  
MINISTRY OF HEALTH MALAYSIA  
CHAIRMAN OF PROTECTHEALTH

In February 2021, amidst an alarming spike in daily COVID-19 infections across the country, and the healthcare system under tremendous pressure, the government established the National COVID-19 Immunisation Programme or *Program Imunisasi COVID-19 Kebangsaan* (PICK). It was given a challenging mandate and a clear goal to get vaccines into the arms of as many people in Malaysia at the fastest rate possible, to reduce the risk of death from the COVID-19 infection, whilst protecting the healthcare system from collapse.

To facilitate access, widen coverage, and accelerate vaccination rates, the MOH partnered with the ProtectHealth Corporation Sdn. Bhd. (ProtectHealth) to expedite private medical practitioners and healthcare non-governmental organisations' (NGOs) participation and support of PICK. Innovations in public-private engagements were introduced through this partnership, including the setting up of vaccine delivery centres at private clinics (PPVGP), private hospitals (PPVHS), and ambulatory care centres (PPVACC) as well as specialist clinics (PPVKP).

The voluntary access to the AstraZeneca vaccine programme in the earlier phase of the vaccination programme resulted in large vaccination centres being established in the Klang Valley, which were later expanded to Johor, Penang and Sarawak. The introduction of the integrated vaccination centres (PPV Integrasi) saw facilities delivering up to 15,000 doses daily.

Hence, ensuring equitable vaccine access was one of the primary goals which PICK had to achieve. To achieve inclusivity and fulfil the vaccination needs of the underprivileged, migrant populations, and those living in rural and remote communities, programmes such as *Program Mobilisasi Vaksin Komuniti* (MOVAK) were introduced in the community and industry settings. Health-related non-governmental organisations ensured that the disabled communities were not left behind and could access vaccines.

MORE THAN

**93%**

AND NEARLY

**40%**OF ADOLESCENTS AND  
ELIGIBLE CHILDREN,  
RESPECTIVELY,  
HAVE RECEIVED  
**AT LEAST  
TWO DOSES.**

In preparation for the safe re-opening of the economy, more than 2.5 million doses were administered to essential economic sector workers on an unprecedented scale. As a result of this tremendous effort, Malaysia's vaccination programme has been regarded as among the best globally. A whole-of-society approach was crucial for the necessary mobilisation to ensure goals and results were met.

From the beginning, the MOH insisted on an evidence-based approach with policies and decisions being guided by science. Clear and professional communications regarding the epidemic and, later, vaccines were central to ensuring that the Malaysian public was aware, understood, and supported the actions of the Ministry.

Though the journey has neither been easy nor straightforward and often frustrating, it has been rewarding to see where Malaysia is today. More than 83% of the Malaysian population have received at least two doses of a COVID-19 vaccine. Almost half of the population has had a booster jab. Additionally, more than 93% and nearly 40% of adolescents and eligible children, respectively, have received at least two doses. Most importantly, fatalities due to COVID-19 have dropped to single digits, which were last seen during the early days of the pandemic in Malaysia.

The COVID-19 vaccination offers protection from severe illness due to COVID-19 infection and hospitalisation. These vaccines have saved lives. The successful implementation of PICK has helped build and strengthen public trust in our healthcare system. The programme has been essential to the country's economic recovery, increasing international trust and confidence and helping people rebuild their lives.

However, it is premature to declare the pandemic over. Indeed, many countries worldwide continue to struggle to vaccinate their people. Hundreds of thousands continue to contract COVID-19 daily and are losing their lives to this disease. The success of PICK and the collaboration between the MOH and ProtectHealth have laid a strong foundation that has enhanced Malaysia's resilience and disease preparedness in anticipation of the next surge of this pandemic and future emerging threats.

The work continues.

#### **TAN SRI DATO' SERI DR NOOR HISHAM ABDULLAH**

**DIRECTOR-GENERAL OF HEALTH MALAYSIA  
MINISTRY OF HEALTH MALAYSIA  
CHAIRMAN OF PROTECTHEALTH**





# A MESSAGE FROM THE CEO

Assalamualaikum wrt. wbkt. &  
Salam Sejahtera,

This is the third year of the COVID-19 pandemic. We faced a difficult challenge that has not been seen by our parents and grandparents. Seven billion people across the world continue to be affected and changed by this threat to public health. While more than half a billion have been infected, millions have lost their lives, officially.

**DATO' DR. ANAS ALAM FAIZLI**  
CHIEF EXECUTIVE OFFICER  
PROTECTHEALTH CORPORATION SDN. BHD.



The global crisis has presented unprecedented and undreamed-of challenges and obstacles which have pushed the boundaries, limits and capabilities of people, communities, businesses, and governments to their breaking points.

ProtectHealth is proud to be a part of Malaysia's whole-of-society response which placed evidence-based interventions at the forefront of prevention, care and control of COVID-19. During a time when trust in science became a matter of life and death, we focused on the mission that had been entrusted to us by the Malaysian government.

Today, we are fortunate that almost 84% of Malaysia's population have the benefit and protection of at least two doses of a COVID-19 vaccine and close to 70% of our adult population with booster dose. Like in many other countries, Malaysia's public healthcare system was put under tremendous pressure and strain by this disease. As vaccines became available, this burden increased ten-fold and public-private partnership emerged as an opportunity to address the many complexes and multi-varied logistical and

communication challenges encountered during the implementation of the National COVID-19 Immunisation Programme (PICK).

In 2021, ProtectHealth was appointed as the implementer of the Private Medical Practitioners (PMP) and the Healthcare NGOs participation in the PICK. It resulted in the largest public-private partnership healthcare programme ever implemented in the country.

Complementing the critical work of the MOH, the mandate was to ensure that as many people and communities as possible were able to gain access to these new vaccines, bridge any gaps and ensure that no one, particularly those who were vulnerable such as the disabled and bedridden, were left behind.

The timetable was breathtakingly ambitious, the sceptics were many, and despite being a national priority and a public health emergency, the way forward has not always been smooth or clear.

2,624

**AT FACILITY  
COVID-19  
IMMUNISATION  
CENTRES**



2,624 private COVID-19 immunisation centres, including GP clinics, specialist clinics, private hospitals, ambulatory care centres and health NGOs answered the call to perform this national duty as ProtectHealth partners. This model of public-private partnership in healthcare sets both a standard and foundation for responses to future pandemics.

Faced with many challenges and with no playbook, we had to work throughout the nights to ensure Pusat Pemberian Vaksin (PPV) were opened in time. Malaysia has over 8,000 PMPs across the country. In the beginning we required buy-in and support from all the providers. It was not easy and straightforward. It took various engagements and much persuasion to be where we are today. Simultaneously, we had to be ready with the capacity needed to support the vaccination programme and time was definitely not on our side. Next was the need to build a proprietary

system to link all Providers registrations, management, training, and monitor the vaccine administration (as mentioned above), and again in such a short time frame.

Whenever the team felt tired or low in morale, we remained bolstered by the fact that no matter how difficult things are; it is nothing compared to what the frontliners are facing at the medical facilities and at the field in managing the pandemic.

Another critical challenge is the logistics and the fluidity of the vaccines supply, utilisation, and cold chain management. There are situations where the supply of one type of vaccine runs low, and the other is in abundance. MOH had to identify and distribute them accordingly to avoid wastage, which also requires ultra-cold chain storage throughout the country.

Operationally, in supporting vaccine equity this was also a challenge in the beginning, with the non-uniform facility standards at all our providers, when we began with the elderly requiring more assistance than the younger crowd. All these really took us to task, where we had to adapt fast in managing the publics' expectations. All in all, the PICK execution is a majestic implementation of healthcare equity, where every vaccinee is given their dose based on priority and needs, versus social standing. Vaccinees can be scheduled at either a public or private facility, and the workload is shared across equally. A fair and equitable implementation.

Providers under ProtectHealth commenced vaccinations on 4 May 2021 through the PPV of private clinics (GP) to support MOH in



the vaccination programme. On 5 May, three Mega PPVs involving Providers under ProtectHealth were opened at World Trade Centre Kuala Lumpur, University of Malaya, and Universiti Kebangsaan Malaysia through the voluntary AstraZeneca vaccine booking programme. These PPVs mushroomed throughout PICK to ensure that all vaccines received were immediately delivered to the arms of the vaccinees.

Subsequently, starting 14 June, was the opening of PPV Industri (PPVIN) to provide vaccine for the critical economic sectors where ProtectHealth worked closely with Ministries and Government agencies.

Apart from this, to meet the vaccination needs of the underprivileged, MOH had extended the programme to health-related NGOs to conduct vaccination via home vaccinations, outreach programmes and Program Mobilisasi Vaksin Komuniti (MOVAK) or mobile PPV. These programmes increased the accessibility and maximised vaccinations for groups such as those bedridden, the homeless, stateless

foreigners, indigenous people and the rural population. In addition, the mopping up programme is still carried out to ensure that no one is left behind.

Syukur Alhamdulillah, today, 54% or more than 38 million vaccine doses were able to be administered into arms through PICK under ProtectHealth and the work of our partners. The vaccination statistics speak for themselves as to the scale of success that we have achieved. This report will further expand on the numbers and provide insights into where we got it right, and when we failed or faltered, and how we picked ourselves up.

In recognition of its leadership and contribution to PICK, ProtectHealth was accorded four prestigious awards namely Outstanding COVID-19 Vaccination Delivery of the Year at the Global Health Asia Pacific Awards 2021, Asia Pacific Outstanding Business Leader Achievement Award by KSI Asia Pacific (KSI),







Public-private Healthcare Partnership of the Year – Malaysia as well as Vaccination Delivery of the Year – Malaysia by Healthcare Asia Awards 2022.

Despite these achievements, we are reminded of the threat of new COVID-19 variants and more severe pandemics looming on the horizon.

The work is not over.

We need to continue to cooperate and work together across the different sectors in the spirit of public-private partnership which has served us well over the past two years. Thanks to the achievements that we have made together and the protection that the vaccines have provided, it does not mean that we should take our foot off the accelerator.

We are committed to working in partnership and support of the MOH. ProtectHealth has shown the way how public-private partnership can play a pivotal and resilient role in the country's preparedness and response to future public health emergencies. ProtectHealth will continue to work closely with the MOH that Malaysia can steer a course towards a modern health system that would be equitable, efficient, effective, responsive, and sustainable.

Thank you.

**DATO' DR. ANAS ALAM FAIZLI**  
CHIEF EXECUTIVE OFFICER  
PROTECTHEALTH CORPORATION SDN. BHD.

**54%**  
OR  
MORE THAN  
**38**  
**MILLION**  
OF VACCINES  
ADMINISTERED  
THROUGH PICK  
**PROGRAMME**



# EXECUTIVE SUMMARY

When the first batch of COVID-19 vaccines arrived in Kuala Lumpur on 21 February 2021, the majority of the population was full of hope that the vaccination will help us in combating the COVID-19 pandemic. Since the beginning of the pandemic in March 2020, Malaysia daily cases had climbed up for the first time exceeding 5,000 cases a day at the end of January 2021. While some segments of the population were sceptical about vaccination, the Government continued its effort to assure the public the safety of the vaccines and educate the community on the benefits of vaccination.

The planning for COVID-19 immunisation programme (PICK) by COVID-19 Immunisation Task Force (CITF) was meticulous and was undertaken through various engagements with local and international experts. The MOH, which is part of the CITF, had brought ProtectHealth into the picture as implementer of PMPs and health care NGOs participation in PICK. The Government took a step forward by purchasing private sector healthcare services through ProtectHealth to deliver large scale COVID-19 vaccination. The objective was to increase the accessibility of vaccines to the population and to vaccinate the population as soon as possible. Prior to the involvement of ProtectHealth,

vaccinations were solely delivered by public sector health facilities in the initial phase prioritising the frontliners.

ProtectHealth began its implementation planning by setting up a dedicated team working on the details of its involvement. The engagements with CITF, MOH, PMPs and NGOs took place to work out the details of delivering the services. An in-house vaccination system was then developed with its primary function for the management of Providers (PMPs and NGOs) on registration, training resources, all other related information on vaccination as well as payment information. After rapid preparations and overcoming obstacles, our providers delivered the first vaccination on 19 April 2021.

Vaccinations under the supervision of ProtectHealth were delivered via various modalities. In the beginning, vaccination was delivered by General Practitioners (GPs) at their facility known as Pusat Pemberian Vaksin GP (PPVGP). Vaccination at healthcare facilities also involved private hospitals (PPVHS), ambulatory care centres (PPVACC) as well as specialist clinics (PPVKP). By 30 June 2022, over 2,600 providers had vaccinated more than 12 million doses at their facilities under ProtectHealth.



MORE THAN  
**2,600**  
 PROVIDERS  
 HAD VACCINATED MORE THAN  
**12**  
 MILLION DOSES  
 AT THEIR FACILITIES  
 UNDER PROTECTHEALTH



ProtectHealth also worked together with CITF in delivering vaccinations outside healthcare facilities. It started off with opening up PPVs for AstraZeneca vaccine in Klang Valley which was later expanded to other states (Johor, Penang, and Sarawak). Accessibility to vaccines was then accelerated when CITF decided to open up PPV with large capacity at the maximum of 15,000 doses a day. Through these collaborative PPVs known as PPV Integrasi, more than 15 million doses were administered.

ProtectHealth also introduced a model where providers were allowed to open large capacity vaccination centres outside healthcare facilities on their own initiatives. These PPVs were known as PPV Offsite and the maximum capacity was around 1,500 doses a day. PPV Offsite managed to administer around 6 million doses of vaccine.

In expanding the accessibility to the vulnerable groups, either those faced with geographical difficulty in accessing vaccination sites or were immobile due to medical reasons, ProtectHealth through its providers reached out to those groups and individuals via mobile and outreach vaccination programmes. This model was also used by industries when employers needed to arrange a dedicated time and place for the employees to get vaccination especially for booster dose when workers were already back to work. Through this modality, more than 2 million doses were administered.

Another collaborative effort by ProtectHealth took place with industries in opening up PPV Industri targeting essential economic sectors employees. This effort helped to expedite the vaccination for economic sectors employees in preparing for reopening the operations of those sectors during the pandemic. It has contributed to more than 2.5 million doses vaccinated via this modality.

In any programme implementation, challenges are key aspects to be managed. ProtectHealth through its more than a year involvement in PICK had its ups and downs. The challenges are rooted from various causes including communication with stakeholders especially the providers, quality of services delivered

## PROTECTHEALTH'S SUCCESS WAS RECOGNISED BY THE GLOBALHEALTH ASIA PACIFIC AWARDS 2021



by the providers, inadequate human resources, as well as motivation of the team. The implementation barriers were drivers to the development of competency and the improvement of the governance in ProtectHealth.

Despite all the challenges, ProtectHealth's success was recognised by the GlobalHealth Asia Pacific Awards 2021 and received awards on Outstanding COVID-19 Vaccination Delivery of the Year as well as Asia Pacific Outstanding Business Leader Achievement Award at the Asia Pacific Outstanding Business Leader Achievement Awards by the KSI Asia Pacific (KSI). In 2022, ProtectHealth received two more awards: Public-Private Healthcare Partnership of the Year – Malaysia and the Vaccination Delivery of the Year – Malaysia at the Healthcare Asia Awards 2022.

The learning curve was very steep and the journey was never easy. Working as one of the multiple teams was the real challenge on top of the burden of tasks. From managing and coordinating the tasks, to ensuring quality of services, the team pushed themselves to the limit with only one aim at the back of their mind; to get the vaccines to the people's arms. It's a priceless lesson learnt that would only happen once in decades. The journey has begun to slow down as we published this report. The achievements of ProtectHealth delivering more than 38 million doses, contributing to more than 50% of total vaccinations in the country had refined ProtectHealth into a better landscape of public-private partnership in the healthcare sector. It is indeed the largest partnership between the two healthcare sectors in the history of Malaysia.

# PROTECTHEALTH PPV MILESTONES

## 2021



### 8 MARCH

Registration for PPVGP opened



### 12 APRIL

Registration for Private Hospital PPVHS opened



### 30 APRIL

Registration for Specialist Clinic & Ambulatory Care Centre (PPVKP & PPVACC) opened  
PPVGP pilot

### 3 MAY

ProtectHealth embarked in mega PPV – PPVAZ with participation of Health Care Organisers among registered PMPs



### 4 MAY

Vaccination at private healthcare facilities started via PPVGP



### 14 JUNE

PPV Industri started with PIKAS under MITI to vaccinate critical economic sector workers



## 12 MAY

Second booster dose started

## 3 FEBRUARY

PICKids – Vaccination for children started.

## 2022

## 21 OCTOBER

23 million doses administered by PMPs / HCOs

2,300+ PPVs

## 23 MILLION DOSES

## 13 OCTOBER

Commencement of PICK-Booster  
PICK-BOOSTER

## 8 SEPTEMBER

Commencement of PICK-Adolescents  
PICK-REMAJA

## 6 JULY

Healthcare NGO and PMP carry out outreach vaccination

## 17 JUNE

PPV OKU-Drive Thru started

## 16 JUNE

Expanded to include Healthcare NGOs

Target population increased to 60%



# SIGNIFICANT MILESTONES

## OFFICIAL APPOINTMENT



## ASTRAZENECA VACCINATION IMPLEMENTATION



## LAUNCH OF PICK REMAJA



## CLOSURE OF PPVWTKL



## NGO AND PMP - OUTREACH



## OKU DRIVE-THRU





# BACKGROUND

## INTRODUCTION

On 25 January 2020, the first case of COVID-19 was detected in Johor Bahru. It was traced back to three Chinese nationals who earlier on had close contact with a 66-year-old coronavirus patient who had been treated in Singapore. The trio had travelled into Malaysia via Singapore on 24 January 2020. The first Malaysian was confirmed with COVID-19 on 4 February 2020, upon his return from Singapore when he developed a fever and a cough. Following this first Malaysian case, a 40-year-old female Malaysian was reported positive for COVID-19 on 6 February 2020. She was considered the first COVID-19 patient in Malaysia who contracted the virus via local transmission. On 12 March 2020, Malaysia reported its first sporadic case where the infected person neither travelled to an affected area nor had contact with an infected person.

The Malaysian government response to the evolving outbreak had been pliable and stretched across time – the response action in early February 2020 leveraged heavily on existing public health mechanisms such as contact tracing, testing, international travel controls, public health awareness, and movement control order that commenced on 18 March 2020.

Even with a paucity of information, the global scientific and medical community quickly grasped that a vaccine would be essential for controlling the disease. The power of twenty-first century science and technology illustrated when a pandemic hit, catalysed the adoption of novel vaccine technologies at record speed. Rapid

sequencing of the virus genome allowed initial development to commence in January 2020 and the first vaccine was authorised by December 2020.

PICK started on 24 February 2021. The government's strategy was to achieve herd immunity at all speeds whilst maintaining efficient vaccination programme flow, reducing the risk of death from the COVID-19 infection, whilst ensuring our healthcare system is able to cope with an increased surge of hospitalisations.

## HOW WE STARTED

To increase access and accelerate vaccination rates, on 19 February 2021, the MOH appointed ProtectHealth as the implementer for PMPs and healthcare NGOs participation in the PICK. ProtectHealth was appointed based on the company's experience and capability in registering, coordination, monitoring quality and managing payments to private medical practitioners for the Peduli Kesehatan scheme

## PROTECTHEALTH ALSO DEVELOPED AN IN-HOUSE DIGITAL SYSTEM, KNOWN AS VACCINE CONTROL SYSTEM (VCS)



for the B40 group (PeKa B40). Prior to this appointment, various meetings and presentations to the MOH Management were carried out before a comprehensive implementation proposal was submitted and ProtectHealth was appointed as implementer. This appointment set another achievement for the public private engagement in the health

sector through ProtectHealth. Prior to this, all the COVID-19 control activities, including diagnosis, treatment, contact tracing and quarantine were carried out mainly by MOH and other government agencies.

Two weeks later, ProtectHealth started to contract and conduct trainings to all providers (PMPs and NGOs) in ensuring an efficient delivery of the programme. ProtectHealth also developed an in-house digital system, known as Vaccine Control System (VCS). It was later used with the MOH vaccination system (MySejahtera and MyVAS) to coordinate, track and monitor the PICK vaccination services provided by private providers.

In April 2021, pilot implementation was conducted at a few general practitioner facilities and it ascertained the feasibility for national rollout later. The national roll out of PPV for GPs was implemented in May, followed by other PPV at facilities by private hospitals, ambulatory care centres and specialist outpatient clinics, as well as expanding the vaccinations by other types of modalities outside healthcare facilities to ensure greater coverage and faster reachability.



## HOW WE STARTED



## ROLE OF PROTECTHEALTH

ProtectHealth developed an in-house proprietary software - Vaccine Control System (VCS) platform - that connects all Providers (PMPs and NGOs) for registration, management, training materials, reporting, payment, and various other functions.

ProtectHealth also assisted MOH to monitor vaccination activities, investigate incident reports, training, reporting, performing audits, providing distinct support and facilitating assistance at the vaccination centres (PPVs) involving the providers.



## PLANNING AND COORDINATION

## STAKEHOLDERS ENGAGEMENT

**S TAKEHOLDER ENGAGEMENT IS AN ONGOING COMMITMENT IN UNDERSTANDING AND INTERACTING WITH STAKEHOLDERS, TAKING THEIR VIEWS INTO ACCOUNT WHEN MAKING RELEVANT DECISIONS. EFFECTIVE ENGAGEMENT IS BUILT THROUGH TWO-WAY DISCUSSIONS AND TRANSPARENCY, BOTH IN TIMES OF CRISIS AND TIMES OF OPPORTUNITY.**

For a project to be successful, all parties need to clearly understand the process and the objectives. What is more, during the pandemic, information needs to be shared purposefully and consistently throughout each stage with each relevant stakeholder.

PICK is a government-funded programme involving various stakeholders to ensure a smooth flow of the vaccination programme. ProtectHealth, acting as a healthcare services purchaser on behalf of the Government, had to engage and respond to many stakeholders, from the Government, private agencies as well as health-related NGOs. Stakeholders involved with ProtectHealth are listed below:

## COVID-19 IMMUNISATION TASK FORCE (CITF)



The COVID-19 Immunisation Task Force (CITF) was established on 3 February 2021, led by the Ministry of Science, Technology and Innovation (MOSTI) as the coordinating minister to ensure the smooth running of PICK to expedite the vaccination of the population. It had 18 ministries working together to coordinate various strategies and implementation actions between the Federal and State Government levels as well as private agencies.

CITF at the state level, was involved in various coordination and operations including logistics arrangements, documentation and reporting, communication, human resource mobilisations and handling issues at the ground level.

CITF under the auspices of MOSTI officially ceased operations on 31 October 2021, when 95.5% of the country's adult population had been fully vaccinated.

Later, The COVID-19 Immunisation Task Force for Adolescents (CITF-A) was introduced. The Ministry of Education (MOE) played an important role in the coordination and implementation. This was then followed by setting up a Technical Working Committee under the COVID-19 Immunisation Taskforce for Boosters (CITF-B) and Technical Working Committee under the COVID-19 Immunisation Taskforce for Children (CITF-C).



## MINISTRY OF HEALTH (MOH)



ProtectHealth built a very close relationship with various departments under the MOH. This includes MOH Headquarters, Crisis Preparedness and Response Centre (CPRC), MySejahtera, Pharmaceutical Services Division, State Health Departments (JKN) and District Health Offices (PKD). The MOH provides clinical guidelines and executes implementation strategies that include both public and private providers.

## PRIVATE MEDICAL PRACTITIONERS (PMPs) AND HEALTHCARE NGOS

General Practitioners, Private Hospital Providers, and Healthcare related NGOs play a major role to assist MOH to speed up the vaccination rate. PMPs are the GPs, Private Hospitals, Ambulatory Care Centres and Private Specialist Outpatient Clinics. Healthcare NGOs are NGOs which have a focus area in delivering healthcare services. In this report, all PMPs and Healthcare NGOs participating in PICK and ProtectHealth are referred to as Providers.

Various GP groups including Malaysia Medical Association, Private Hospital Associations, and Healthcare NGOs were engaged during the initial phase to enrol as Providers under PICK. Later, briefings, trainings, and discussions were held to ensure a good flow of communication and correct implementation of the policy by MOH. The Providers deliver vaccination at two types of vaccination centres i.e., vaccination at healthcare facilities and vaccination outside healthcare facilities.



## INDUSTRIAL SECTOR AND OTHER CRITICAL SECTOR ECONOMY

To ensure critical economic sectors including the manufacturing sector employees group receives a vaccination, the Ministry of International Trade and Industry (MITI) initiated the engagement with ProtectHealth to ensure the implementation of the PPV Industri is successful. Other ministries involved were the Ministry of Domestic Trade and Consumer Affairs (KPDNHEP), Ministry of Works (MOW), Ministry of Transport (MOT), Ministry of Agriculture and Food Industries (MAFI), and Ministry of Plantation Industries and Commodities (MPIC). Various discussions and briefings were conducted to coordinate the vaccination for workers in these sectors. ProtectHealth had played its role to appoint Providers to deliver the vaccination services.



## SYSTEM DEVELOPMENT

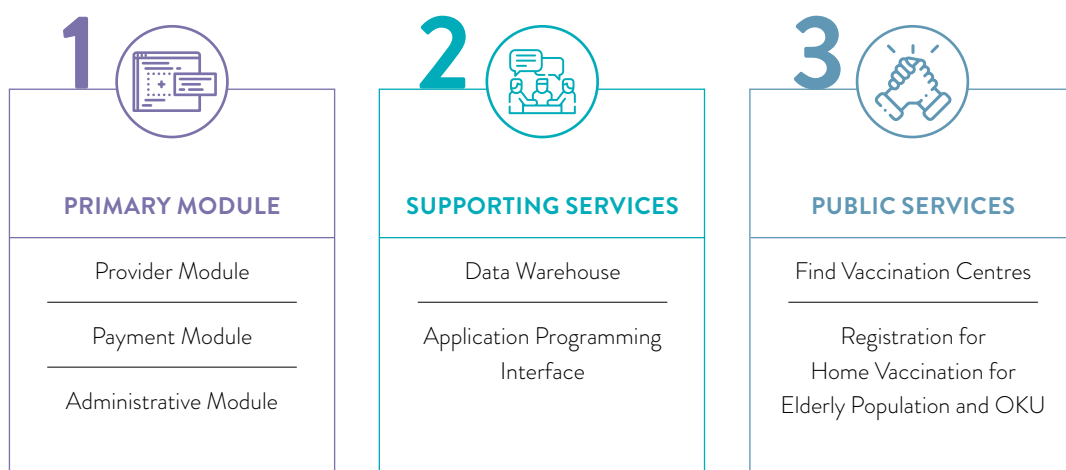
**V**ACCINE CONTROL SYSTEM (VCS), OUR IN-HOUSE SYSTEM, IS THE APPLICATION DESIGNED SPECIFICALLY FOR THE PICK PROGRAMME. THE DEVELOPMENT OF THIS APPLICATION WAS CHALLENGING BUT REWARDING. AT THE START OF THE PROJECT, WE HAD LIMITED TIME AND KNEW LITTLE ABOUT WHAT IS REQUIRED. THIS IS A NEW EXPERIENCE NOT MANY UNDERSTAND THE REQUIREMENT OF A PANDEMIC RELATED SYSTEM. WE BUILT OUR SYSTEM THROUGH MANY HOURS OF DISCUSSION AND ANTICIPATION OF LIKELY SCENARIOS.



In order to counter the time limitation, the software development process had to be fast and reliable. We selected an Open-Source Software to be the backbone of our system because of the myriad of technologies available.

### System Features

The system is divided into three primary modules and supported by various other services. The majority of the functions available are for the providers and internal use. However, there are also a few minor features created for the public to utilise later in the programme.



# 1 PRIMARY MODULE

## i. PROVIDER MODULE

The first module in VCS is the provider module. Its primary function is to assist providers in all areas from registration to closing of facility. The module is subdivided into the following functions:

### REGISTRATION

The first function in this module is the registration function. Here the provider will provide all the necessary information regarding their establishment and strength. They are also required to upload supporting documents to assist in the registration process.

### EVALUATION

Once the provider has submitted their application, our Provider Evaluation Committee (PEC) will begin their work. During this phase PEC will scrutinise the provider submission and decide on the outcome of the request. Successful applicants will be informed and presented with a Letter of Appointment (LOA) which they need to respond to by uploading a signed document.

### TRAINING

The last stage in this process is training. The online training assessment was designed internally to help the providers with the implementation. The providers will be assessed in various areas from cold chain management to adverse effects following immunisation. The providers required to achieve a specific score in order for them to be onboard. In addition to online assessment, there are also training documents for download.

## PORTAL

Any application would require a landing page to facilitate the users. In VCS, we developed a provider portal with various functions to help and ease their worries. The portal contains the following functions:

- Provider Resources
- Payment Batches
- User Account
- PPV Closing Report
- Reten Pemberian Vaksin Penutup
- Borang Rekod Vaksin Penutup
- Existing Client List
- Provider Network
- Dose Change
- Programme Withdrawal



## ii. PAYMENT MODULE

The second major module in VCS is the payment module. The function of this module is to aggregate millions of vaccination claims posted by providers into individual payment batches. However, before they can be converted into payment batches, the claims will have to be processed and cleansed. Verified claims will be projected to the provider portal.

## iii. ADMINISTRATIVE MODULE

The last module in VCS is the administrative module. This module manages all aspects of the system functions from user management to configuration parameters. Its usage is restricted to system administrators only.



# 2



## SUPPORTING SERVICES

### i. DATA WAREHOUSE

During the vaccination programme we received a huge amount of data daily. The data is important to our work process, and it has to be extracted, transformed and loaded into the VCS application with precision. In order to achieve this, we had to build a data pipeline that consumed raw data and transform it into meaningful information. The data warehouse, even though it is not visible to many users, is the most impressive piece of code that ensures the life of VCS. It can be considered as the heart of the application.

### ii. APPLICATION PROGRAMMING INTERFACE (API)

A system is not a complete application if it is not able to share its information. The application programming interface (API) in VCS is a small and limited function to serve internal workflows only. The service provides provider information and the ability to update them.

# 3



## PUBLIC SERVICES

The system contains two public facing services to the community in finding their desired vaccination centre and the opportunity to register vaccinees specifically for home vaccination programme, focusing on the elderly and physically-challenged population.



## CUSTOMER SUPPORT ESTABLISHMENT



**AS THE IMPLEMENTER FOR PMPS AND HEALTHCARE NGOS PARTICIPATION IN PICK, PROTECTHEALTH HAS ITS OWN IN-HOUSE CUSTOMER RELATIONSHIP MANAGEMENT (CRM) THAT ACTS AS THE FIRST LEVEL OF SUPPORT TO OUR CUSTOMERS WHICH ARE THE PROVIDERS AS WELL AS THE VACCINEES. ADDRESSING OUR CUSTOMERS' ISSUES AND CHALLENGES IN PICK WAS OUR PRIORITY. THEY COULD REACH OUT TO US VIA CALLS AND EMAILS.**



In the initial phase, the customer support for PICK was primarily assisting providers for registration and onboarding into the programme. The first line team will communicate with related departments in addressing any unresolved issues for further actions. Providers will also reach out to assist them on providing information regarding the vaccine collection site, booking system as well as the payment status.

In supporting the vaccinees, our customer support team had worked with the MySejahtera team to ensure the issues received by us were addressed. We also supported the MySejahtera team at Helpdesk Kiosk at World Trade Centre, Kuala Lumpur and Ideal Convention Centre, Shah Alam on 19 February to 15 March 2022.

The number of calls received increased tremendously from March to December 2021 with an average of 8,000 calls per month. At the same time, we received an average of 4,000 emails per month. We attended to these issues by increasing our number of staff and at the same time engaging with MySejahtera and MyVAS for better support.

**FROM MARCH  
TO DECEMBER 2021,  
AVERAGE OF  
8,000  
CALLS  
PER MONTH**



**4,000  
EMAILS  
PER MONTH**

# SERVICE DELIVERY

## INTRODUCTION

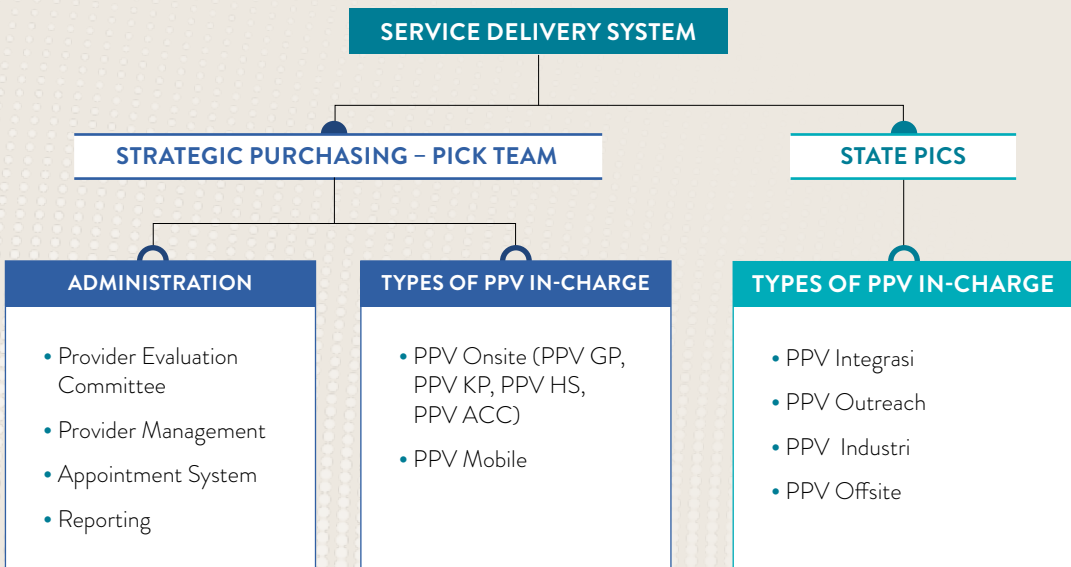
The implementation of PICK by providers is steered by the Strategic Purchasing Department of ProtectHealth. A dedicated PICK team was formed within the department to deliver the operational tasks related to the management of Providers.

As PICK rolled out, different types of PPVs were set up to meet the vaccination demands at different phases of PICK.

The PICK team focused on managing as many as 2,624 PPVs at healthcare facilities known as PPV Onsite by Region, i.e. Northern (Perlis, Kedah, Penang, Perak), Central (Kuala Lumpur, Selangor, Putrajaya), Southern (Melaka, Negeri Sembilan, Johor), East Coast (Pahang, Terengganu, Kelantan), and East Malaysia (Sabah, Sarawak, Labuan).

On the other hand, for PPV outside healthcare facilities, ProtectHealth also mobilised more manpower from different departments as a person-in-charge (PIC) for each state known as the State PIC was appointed to support the state level vaccination operation nationwide. The State PIC are responsible for the PPV other than PPV Onsite. Their responsibilities include:

- Liaising with JKN and coordinating between the PICK team and Providers with regards to the set up and operation of different PPVs in their respective state
- Presenting any proposal of opening or closing up any PPV in the weekly approval meeting chaired by PICK team leaders from Strategic Purchasing
- Monitoring and following up on the operation of each approved PPV





ADMINISTRATION OF PROVIDERS

# PROVIDER EVALUATION COMMITTEE

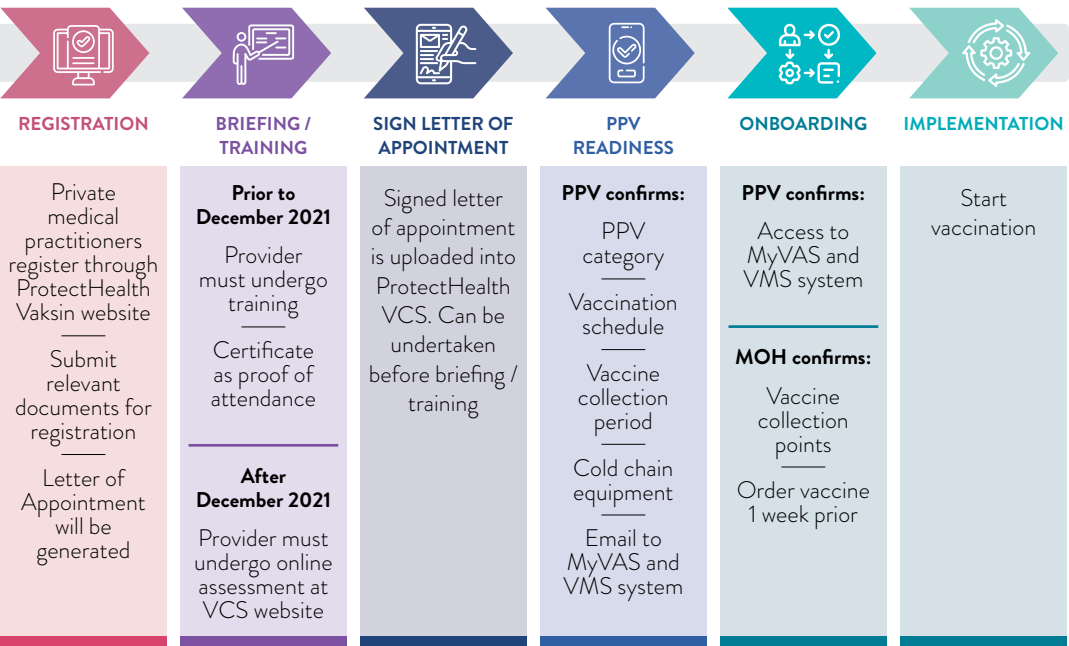
The Provider Evaluation Committee (PEC) was established to collate, evaluate, monitor performance, and recommend to the Management of ProtectHealth on the appointment and contracting Providers i.e. General Practitioners (GP), Specialist Clinics (KP), Private Hospitals (HS), Ambulatory Care Centres (ACC), Healthcare Organisation (HCO) and NGOs for PICK.

The roles and responsibilities of PEC are:



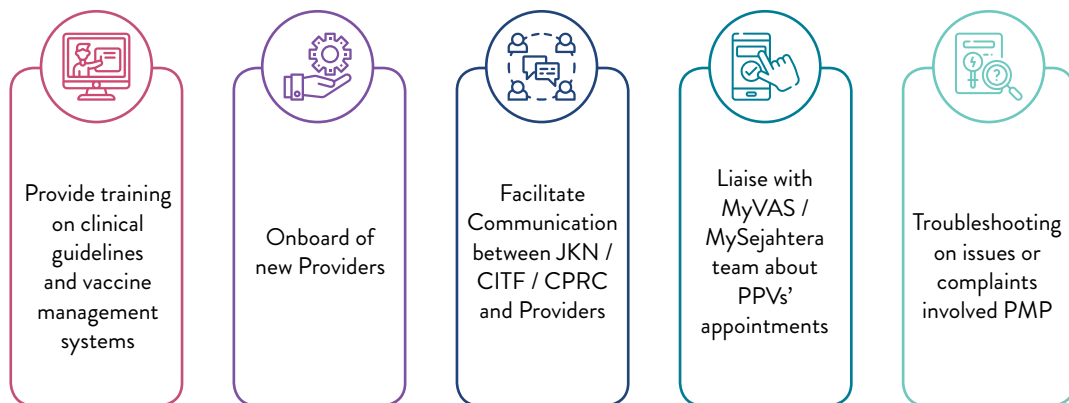
For PICK participation, Providers are required to apply online via the VCS that was developed by ProtectHealth. Upon registration, they need to upload supporting documents which will be evaluated by PEC for approval. If the application is rejected, the Providers will be notified regarding the status of their application through email. Their application will be reviewed after the resubmission of the valid documents.

## PROCESS OF ESTABLISHING PPV AT FACILITY



## PROVIDER MANAGEMENT

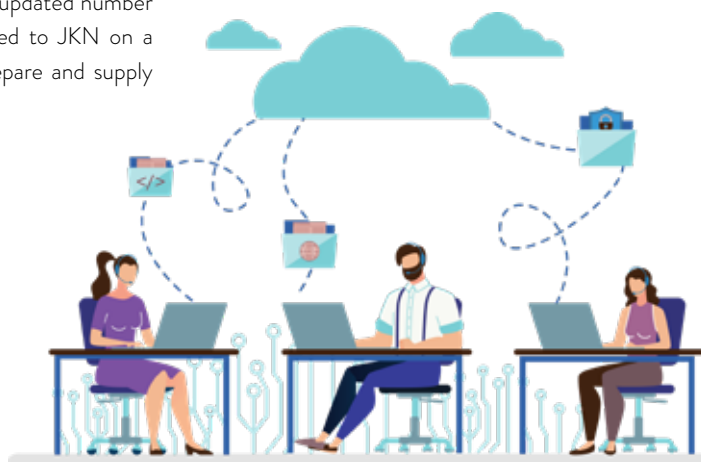
The management of the Providers in PICK was conducted by PICK team with the operational tasks as below:



Numerous online and hands-on training sessions were provided to the Providers by ProtectHealth. This built their confidence as they joined PICK and ensured the quality of service delivered. Through the onboarding processes, we ensured that the providers were ready in terms of the access to the vaccination systems (MyVAS and VMS system) and cold chain equipment.

There was a routine communication with the Providers on a weekly basis via email notification since the beginning of the programme to update on the clinical guidelines and operational and implementation changes at different phase of PICK. ProtectHealth also acted as a mediator between JKN and Providers especially on vaccine supply and quality issues. The updated number of PPVs and its capacity were notified to JKN on a weekly basis via email for JKN to prepare and supply the vaccines to the providers.

ProtectHealth was also responsible for managing issues or feedback related to Providers. Feedback or complaints from stakeholders as well as the public through social media or direct calls, are routinely reviewed and investigated. ProtectHealth also has an in-house medical audit team to address issues on the medical quality of Providers that requires investigation and intervention.



## APPOINTMENT SYSTEMS

Appointment arrangements under PICK were based on two modalities in two phases. During the first phase, line-listings were used by the MySejahtera team to slot appointments for vaccinees. Later in the second phase, appointments were made by vaccinees via the MySejahtera Booking System. Each modality fulfilled specific demands of its time and were critical in the success of PICK.



### APPOINTMENT BY LINE LISTING

In the beginning, as daily COVID-19 cases and mortality climbed, it was crucial to roll out vaccination in the most efficient way. Appointments by line listings approach was adopted. In this approach, the lists of vaccinees registered for vaccination in MySejahtera were allocated to providers on a weekly basis and the appointments were notified to vaccinees. The vaccinees were allowed to view the appointment details on the MySejahtera apps without the need for booking. This was a proactive approach to ensure vaccinations were targeted to the population by phases of PICK.

ProtectHealth played an important role in the allocation of weekly line listings by reviewing PPV capacities in consideration of public holidays and emergent situations, such as sudden closures of PPVs due to COVID-19 infections and natural disasters. While maximising daily vaccinations, maintaining service quality and adherence to SOP were still paramount.

### APPOINTMENT BY BOOKING SYSTEM

At the end of January 2022, appointments were shifted into the booking system. The MySejahtera booking features allowed MySejahtera users to book their own vaccination appointments at their desired PPV.

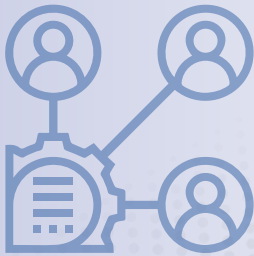
This modality helped overcome the issue of deferment due to unsuitable timing and allowed Providers to arrange appointment slots according to their facility operating hours. This was particularly important as at this point, the country had transitioned to normalcy and most of the pre-pandemic activities had resumed. In transitioning to this modality, ProtectHealth had trained and prepared all the Providers since January 2022 through weekly training webinars as well as providing hands-on guidance when necessary.

Line listings had expedited vaccine roll out during the peak of COVID-19 cases and with improving COVID-19 situation, a more vaccinee-centred approach was implemented through the MySejahtera booking feature. The shift in appointment arrangement modalities was adaptive to the current state of the pandemic as well as needs of the public.

## REPORTING MECHANISMS

### REPORTING TO STAKEHOLDERS

ProtectHealth has been reporting to CITF in the weekly meetings with the involvement of JKN to provide the status of capacity and utilisation by state and PPV types under ProtectHealth. As a result stakeholders were able to access the ability of ProtectHealth in accommodating the needs according to the phases. All the feedback from the meetings were cascaded down to the working team for further action.

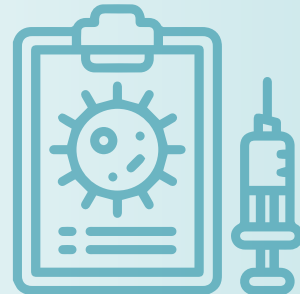


### REPORTING BY PROVIDERS

Throughout PICK under ProtectHealth, Providers were required to regularly submit online reporting of vaccine stock, use, wastage, and disposal via VMS Dashboard. VMS Dashboard, as part of the VMS system, is an important vaccine management tool that provides precise mapping of vaccination records to physical vaccine balance.

On the other hand, Providers were also subjected to daily reten reporting to JKN / PKD depending on each state (if applicable), and daily reten via *Sistem Pelaporan Harian Pusat Pemberian Vaksin* managed by CITF (up to 31 October 2021).

Upon ceasing operations, closure, or withdrawal of PPV, Providers need to reconcile vaccine status and data before the end of their operations. They are required to submit closing reports which are essential in recording the total number of vaccinations throughout the operation of the PPV, as well as tracking record of any incident such as Adverse Event Following Immunisation (AEFI), cold chain issues, medication error, security (e.g., vaccine theft), and vaccine wastage.



## TYPES OF PPV

As mentioned in previous chapters, Providers involved in PICK under ProtectHealth deliver the services at different types of PPV. There are two main categories namely PPV at healthcare facilities known as PPV Onsite, and PPV outside healthcare facilities which can be further divided into PPV Integrasi, PPV Offsite, PPV Outreach, PPV Mobile and PPV Industri.

## PPV ONSITE

PPV Onsite refers to PPV where vaccination is conducted at registered health facilities, which include PPVGP, PPVVP, PPVHS and PPVVP. PPV Onsite, specifically PPVGP, was the first type of PPV launched by ProtectHealth at the very beginning of the programme in April 2021. Subsequently, PPVVP, HS and ACC started their operation in May.

As of 30 June 2022, there was a total of 4,388 applications submitted from GP, KP, HS and ACC, of which 2,624 have been appointed as PPV Onsite nationwide. The significant number of PPV Onsite indicates the important role of GP, KP, HS, and ACC in ensuring sustainable community accessibility to COVID-19 vaccination.

As they provide other vaccination services, PPV Onsite has been contributing not only to the primary doses of COVID-19 vaccination in the early phase of PICK, but also continue being the major contributor for booster dose vaccinations since October 2021. Moreover, when PICK for children aged 5 to 11 years (PICKids) kicked off in February 2022, selected PPVHS in Klang Valley were among the pioneers in delivering the services. Subsequently in March 2022, the application to join PICKids had opened to all interested Providers of PPV Onsite.



AS OF 30 JUNE 2022,  
A TOTAL OF

**4,388**  
APPLICATIONS  
SUBMITTED FROM  
GP, KP, HS AND ACC

**2,624**  
HAVE BEEN APPOINTED AS  
PPV ONSITE  
NATIONWIDE



FROM MINIMUM  
**40** DOSES  
PER WEEK TO  
**980** DOSES  
PER WEEK

The capacity of some PPV Onsite facilities may be limited due to premise or manpower constraints. We offered a wide range of options on weekly capacity, from minimum 40 doses per week to maximum 980 doses per week, for PPV Onsite to choose from based on their capacities. PPV Onsite can easily request for a capacity change via our VCS website.

In addition, we also allow resourceful PPV Onsites to request a higher dose than the fixed options provided in VCS, by submitting proposals to justify their facility capacity. Such flexibility enables PPV Onsite to contribute their optimum results to meet the community demand for vaccination.



## PPV INTEGRASI

**IN ORDER TO ACHIEVE A HIGH VACCINATION RATE AT THE EARLIEST DURING THE PEAK OF THE PANDEMIC, PPV INTEGRASI OR PREVIOUSLY KNOWN AS MEGA PPV, WAS INTRODUCED IN MAY 2021 AS ONE OF THE PPV MODELS UNDER PICK.**

The setting up of a PPV Integrasi was initiated by either the Federal or State CITF, with specified criteria such as the location of PPV, daily capacity of PPV, operational hours and proposed starting date. ProtectHealth played the coordinating role in appointing suitable Providers for the PPV Integrasi, providing training as well as monitoring the quality services of the appointed Providers.

For PPV Integrasi, the appointed Providers were responsible for the provision of healthcare services in the consent & counselling services (Station 3), vaccination services (Station 4) and observation and emergency services (Station 5). Whilst pre-vaccination screening (Station 1), registration of vaccinees (Station 2) and the non-medical services in a PPV Integrasi, involved other agencies part of CITF to manage the facilities and conduct crowd control.

The set-up of the PPVs and the operations were funded by the Government including the cost of vaccines and manpower specifically at Station 1 and Station 2. All costs at Station 3, Station 4 and Station 5 on manpower, cold chain equipment and consumables except vaccines were

borne by the appointed Providers. The vaccination services provided by the Providers were paid by the Government through ProtectHealth.



**DURING THE  
OPERATION SURGE  
CAPACITY IN JULY 2021**

**41  
PPV  
INTEGRASI  
OPERATED IN  
KLANG VALLEY**



The first PPV Integrasi started in Klang Valley on 3 May 2021, providing the AstraZeneca COVID-19 vaccine to the public. At its peak, there was a total number of 120 PPV Integrasi nationwide providing different types of COVID-19 vaccines. Especially during the Operation Surge Capacity in July 2021, we had 41 PPV Integrasi operating in Klang Valley alone to accelerate the coverage of dose one of primary vaccination among the adult population. The operation surge capacity was launched during the spike of COVID-19 cases. During this phase, ProtectHealth team had to be always on the ground focusing on managing all the PPVs.

When the objective of accelerating vaccination rate in primary series, booster and PICKids had been achieved, all PPV Integrasi officially closed by 15 March 2022 whilst other types of PPVs continued to serve the vaccination demand.

## PPV OFFSITE



PPV Offsite refers to vaccination centres operated by Providers outside their registered health facilities, with a duration more than two weeks. Different from PPV Integrasi, all expenses related to the setting up and operation of the PPV Offsite were borne by Providers. The vaccines and vaccination services provided by the Providers were paid by the Government through ProtectHealth.

The Providers who applied to operate PPV Offsite must be registered Providers under ProtectHealth. The floorplan and operation of a PPV Offsite had to follow specific criteria to ensure smooth operation as standardised by MOH.

The opening of PPV Offsite commenced along with PICK for booster dose (PICK-B) in October 2021, and subsequently contributed to PICKids. Besides providing vaccination based on appointments from MySejahtera booking system, PPV Offsite also allowed walk-in vaccination for primary series (and / or booster dose) for adults and adolescents. Up to June 2022, ProtectHealth had appointed more than 200 PPV Offsites nationwide.

## PPV OUTREACH

PPV Outreach was established to provide accessibility to vaccination for vulnerable groups, such as elderly, individuals with limited mobility, and populations in remote areas. In addition, PPV Outreach targetted industrial workers and school students. The PPV Outreach model requires an appointed Providers to travel to specific locations, for example, homes, schools, factories, or company premises, and administer vaccination at the specific location.

The PPV Outreach model involved collaboration of Providers with the relevant stakeholders i.e. schools, industrial companies, or government agencies. Each outreach programme will be approved if the proposal meets the criteria set by ProtectHealth and the respective state health departments.

TO DATE,  
**PROTECTHEALTH**  
HAS APPROVED ABOUT  
**476**  
OF PPV OUTREACHES

Similar to PPV Offsite, vaccination at a static PPV Outreach is outside health facilities and follows the standard PPV layout. The difference between these two types of PPV is that PPV Outreach usually operates for a short-term period (less than two weeks) and serves a specific number of vaccinees based on a name list.

The PPV Outreach can be categorised into three depending on the target recipients:



### SCHOOL OUTREACH

School outreach is targeted at school students for adolescents aged 12 to below 17 years old and children aged five to 11 years old. The vaccination is conducted at the respective school premises, and sometimes include students from the surrounding schools in the area other than their school students. The approach is applied to all streams of schools in Malaysia under the collaboration between the MOH, MOE with the Providers. This method has successfully vaccinated a high number of students against COVID-19 which eventually contributed to the reopening of physical learning sessions in the schools.

### FRONTLINERS / GOVERNMENT AGENCIES / REFUGEES / INDUSTRIAL WORKERS

The outreach for these target populations was mainly conducted during PICK-B. The purpose was to encourage and increase booster dose vaccination among the population with a high risk of COVID-19 exposure, especially the front liners e.g., police, firefighters etc. Besides that, the outreach to refugees and certain industrial workers for their booster vaccination has also helped to better protect the underprivileged individuals from the severe illness of COVID-19.



### HOME-BASED VACCINATION – A MOBILE FORM OF OUTREACH

Home-based vaccination (HomeVac) aims to serve the bedridden elderly, individuals who have physical disabilities (OKU) and those who have difficulties in travelling to the vaccination centres. With the collaboration of NGOs and relevant government agencies, small vaccination teams travel from home to home for individuals who have requested home-based vaccination.

MOH collaborated with the Department of Social Welfare to identify eligible candidates through recipients of *Bantuan Penajaan OKU Terlarat / Pesakit Kronik Terlarat (BPT)*. The final list is then shared with ProtectHealth to coordinate with NGOs on deliverables. The programme further expanded to public that were not covered in the initial list and open to request directly to ProtectHealth via multiple channels. ProtectHealth collaborated with Malaysian Red Crescent Society (MRCS) in providing outreach vaccination registration via the MRCS WhatsApp and Hotline. After collecting the home-based vaccination requests made by the public through either the MySejahtera mobile application, MRCS WhatsApp and hotline, or the ProtectHealth website, MRCS would then plan and schedule the vaccination to the individual's location with the group of NGOs registered with ProtectHealth. This initiative showed the true spirit of volunteerism by the NGO as they went beyond their call of duty to provide vaccination at home which requires long hours on the road.

## PPV MOBILE



PPV Mobile refers to the PPV model that utilises mobile vehicles such as a bus, car, or van as the medium to provide vaccination. PPV Mobile is particularly useful for outreach.

PPV mobile was indeed classified as outreach since it travels from place to place using a vehicle and operates in a short period ranging from one to three days.

The planning and implementation in the form of vehicles are good alternatives for second dose vaccination, targeting vulnerable population, the elderly, those in the rural areas and people with limited mobility. To implement the PPV Mobile vehicle modes, the venue must allow large vehicles to park as PPV located in large areas in accordance with vaccination administration regulations.

MOVAK, a programme under the Ministry of Housing and Local Government (KPKT), is one of the programmes that fully utilises PPV Mobile. This programme reaches out to local communities to help increase the country's COVID-19 vaccination rate and achieve herd immunity. The Providers were involved in managing consent & counselling station, vaccination station, and observation station in the PPV Mobile vaccination programme.



Vaccination outreach also covers migrant communities that had been approached to vaccination centres and orang asli communities living in concerned inaccessible areas. The established network among NGOs with community leaders made it easier to identify areas for vaccination services and this collaboration has certainly helped to accelerate the programme. The success from this comes from the spirit of community and togetherness of NGOs and healthcare providers to ensure that no one is left behind.



## PPV INDUSTRI



To ensure the critical economic sectors' workers receive vaccination immediately, ProtectHealth engaged with MITI and other government agencies to ensure a successful implementation of the PPV Industri. This includes the KPDNHEP, MOW, MOT, MAFI, and MPIC. Various virtual discussions and briefings were conducted with the relevant Ministries and PMPs were conducted to ensure workers in these sectors are not left out.

# VACCINATION ACHIEVEMENTS

## INTRODUCTION

PICK started in February to vaccinate the phase one population who were the frontliners. At this point, ProtectHealth had yet to participate in PICK. The MOH together with MOSTI announced in February 2021 the timeline in delivering vaccinations to the population (of which phase two was for high-risk groups) will start in April 2021 to August 2021 whilst the third phase from May 2021 to February 2022 was for adults aged 18 and above.

After more than a year's involvement in PICK, ProtectHealth had significantly supported the Government in ensuring vaccination has been made available to the population. To date, ProtectHealth has contributed to 54.0% of vaccination in Malaysia including primary dose for adults, boosters, adolescents and kids. As described in the earlier chapters, these achievements were the results of the participation from different types of providers namely GPs, Specialist Clinics, Private Hospitals, Ambulatory Care Centres, NGOs, and Healthcare Organisers. The Providers delivered the vaccination at different types of PPVs as mentioned in the previous chapter. All Providers and locations of PPVs were distributed across the country as an effort to target all populations as much as possible.

## DAILY VACCINATION BY TARGET POPULATION

ProtectHealth started off by complementing MOH in PICK with its contribution of less than 10% of daily vaccinations. Throughout the journey, ProtectHealth displayed their commitment in PICK and even continued vaccination operations on weekends and public holidays. The highest share of vaccinations under ProtectHealth was at 98.1% which was during the Chinese New Year holiday. Cumulative doses administered under ProtectHealth crossed one million doses on 21 June 2021.



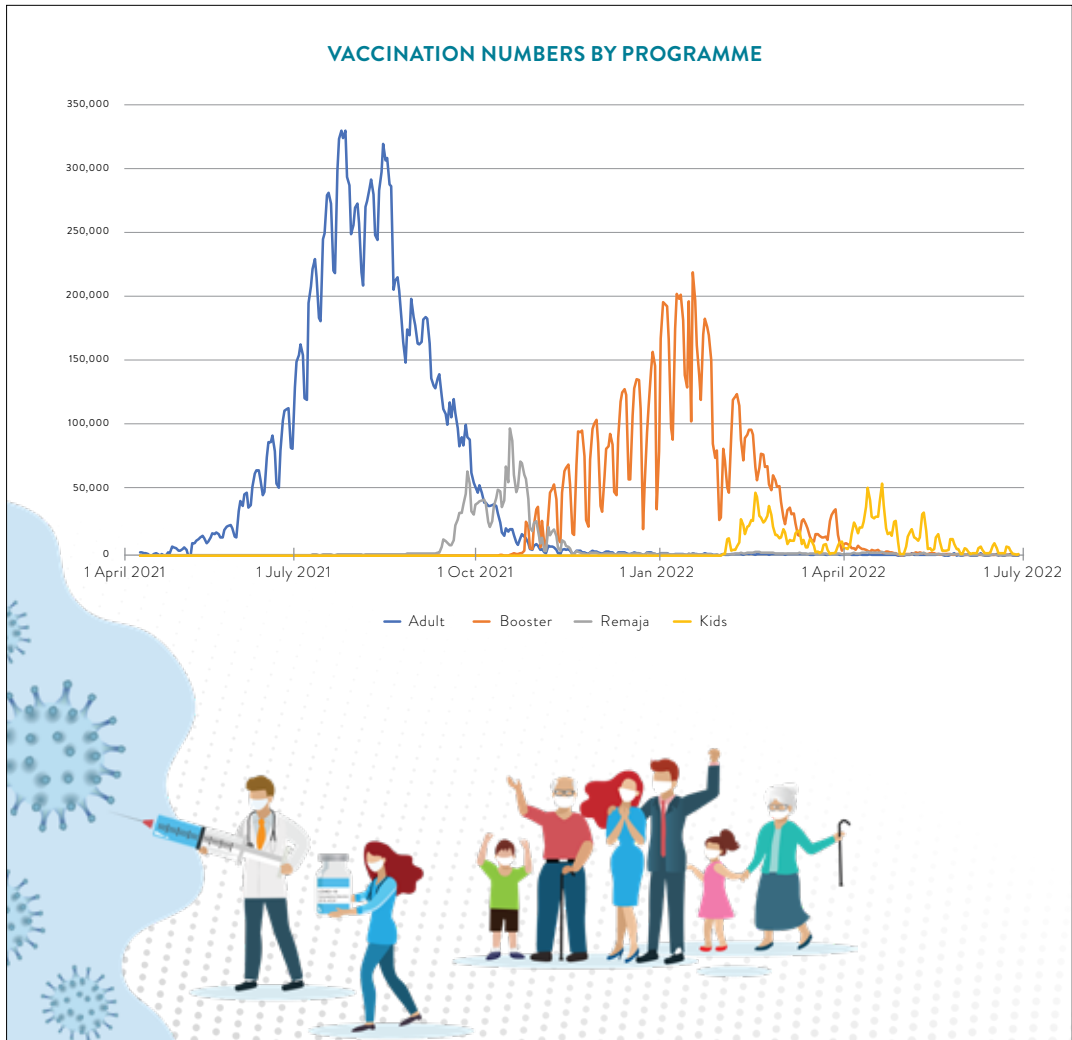
AS OF 30 JUNE 2022,  
**PROTECTHEALTH**  
HAS CONTRIBUTED OVER  
**38.5** MILLION  
DOSES OF VACCINES  
(54.0%)



**MALAYSIA**  
HAS ACHIEVED  
**90%**  
VACCINATED ADULT POPULATION  
BY 10 OCTOBER 2021

The highest number of daily doses administered was on 28 July 2021 during the Operation Surge Capacity in Klang Valley with a total vaccinations numbers by Providers under ProtectHealth at 333,358 doses. As of 30 June 2022, ProtectHealth contributed over 38.5 million doses of vaccination (54.0%). Through public and private partnership in PICK, Malaysia vaccinated 90% of the adult population by 10 October 2021, which was initially expected to be achieved in 2022.





Vaccination for adolescents (age 12 to 17 years old) was announced on 4 September 2021 and the Providers also participated in the programme through vaccination sites at their own facilities, PPV Integrasi conducted vaccinations in schools as well as engaged in outreach programmes. Almost 2.4 million doses have been administered to adolescents.

By September 2021, frontliners were primarily vaccinated for six months. On 19 September 2021, booster dose availability was announced by the Health Minister for those who had been previously vaccinated for six months. A total of 12.4 million booster doses had been administered.

On 6 January 2022, MOH had informed that COVID-19 vaccination for kids aged five to 11 would start in February 2022. Vaccinations for kids employed a different mode in its appointment arrangement where they are the first users to use the booking system in MySejahtera. ProtectHealth continues its effort to encourage participation of private sectors as well as paediatricians to promote vaccinations to kids. To date, more than 2 million doses were administered under ProtectHealth.



### VACCINATION BY TYPE OF PPV

ProtectHealth is a vehicle in bridging the gap between government and private healthcare delivery. In an effort to ramp up vaccination rates, ProtectHealth encourages different private health sectors to register as providers for vaccinations. The Providers participated in various types of PPVs as described in the previous chapter. The largest share of vaccinations under ProtectHealth was delivered at PPV Integrasi (40.4%) and at GP facilities (20.8%).

PPV TYPE	ADULT-PRIMARY	ADOLESCENT	BOOSTER	KIDS	TOTAL
PPVGP	1,853,115	193,689	5,450,483	512,173	8,009,460
PPVHS	1,903,572	187,418	1,591,357	118,143	3,800,490
PPVKP	24,390	3,030	65,173	8,252	100,845
PPVACC	188,713	2,060	151,185	3,034	344,992
PPV Integrasi	14,339,419	1,075,401	20,038	131,456	15,566,314
PPV Offsite	39,895	89,559	4,845,249	990,628	5,957,939
PPV Outreach	26,514	825,291	292,739	268,970	1,413,514
PPV Mobile	589,130	9,858	55,828	9,017	663,833
PPV Industri	2,661,565				2,668,957
<b>TOTAL</b>	<b>21,626,313</b>	<b>2,386,306</b>	<b>12,472,052</b>	<b>2,041,673</b>	<b>38,526,344</b>

### DISTRIBUTION OF VACCINATION BY STATE AND TARGET POPULATION

Overall distribution by state, Selangor had the highest share of vaccinations administered under ProtectHealth at 11.1 million doses (29.0%) followed by W.P. Kuala Lumpur at 7 million doses (18.3%) and Johor at 5.7 million doses (14.8%).

Selangor and W.P. Kuala Lumpur has the highest number of adults vaccinated under ProtectHealth at 55.2% and 72.2% respectively. Meanwhile for adolescents and kids vaccination, Selangor and Johor recorded the highest numbers compared to other states.

STATE	ADULT	ADOLESCENT	BOOSTER	KIDS	TOTAL	%
Johor	3,231,748	319,256	1,870,741	268,052	5,689,797	14.8%
Kedah	746,864	162,578	530,271	81,519	1,521,232	3.9%
Kelantan	300,920	97,010	163,541	24,834	586,305	1.5%
Melaka	433,583	95,975	444,391	100,681	1,074,630	2.8%
Negeri Sembilan	671,971	12,167	519,659	78,351	1,282,148	3.3%
Pahang	428,928	98,874	387,848	75,073	990,723	2.6%
Perak	705,676	153,090	793,010	130,415	1,782,191	4.6%
Perlis	30,098	1,311	36,666	10,539	78,614	0.2%
Penang	1,701,028	230,014	972,943	125,745	3,029,730	7.9%
Sabah	778,365	185,384	456,152	73,615	1,493,516	3.9%
Sarawak	834,644	46,060	721,217	207,886	1,809,807	4.7%
Selangor	6,135,513	620,122	3,813,156	591,456	11,160,247	29.0%
Terengganu	452,570	86,771	266,259	28,054	833,654	2.2%
W.P. Kuala Lumpur	5,090,873	276,957	1,450,620	238,136	7,056,586	18.3%
W.P. Labuan	1,301	24	3,715	0	5,040	0.0%
W.P. Putrajaya	82,231	713	41,863	7,317	132,124	0.3%
<b>GRAND TOTAL</b>	<b>21,626,313</b>	<b>2,386,306</b>	<b>12,472,052</b>	<b>2,041,673</b>	<b>38,526,344</b>	<b>100%</b>

# QUALITY MONITORING AND EVALUATION

## INTRODUCTION

Quality Assurance plays a crucial role in terms of ensuring the highest standard of quality in providing access and delivery of the COVID-19 vaccine to the public via various models of PPV type.

As the number of vaccinees grew, it became more challenging to ensure all providers observed the Standard Operating Procedure (SOP), Manuals, and Clinical Guidelines as the gold standard.

From time to time, these providers were given training, monitored, and supervised by ProtectHealth for compliance and to ensure quality services are continuously provided. Indirectly, ProtectHealth not only assisted in terms of elevating the quality of services delivered for COVID-19 vaccination, it also improved the other vaccination services provided by the private medical practitioner as a result of an increased in the quality of cold chain management.

## QUALITY ASSURANCE FRAMEWORK

ProtectHealth has established the Quality Assurance Framework to ensure the quality of services delivered by the Providers. There are four stages in the main framework starting with the information and instruction given to the Providers followed by the training component. The third stage is monitoring and evaluation and the last stage is continuous improvement activities.

### INFORMATION AND INSTRUCTION

In ensuring efficient information sharing and dissemination, ProtectHealth established various communication channels that can be accessed by Providers via website, web-based VCS, hotline as well as through State PIC appointments. The Providers were evaluated by the PEC and PICK Committee in ProtectHealth before they can be successfully registered and start delivering COVID-19 vaccination services. All the information related to delivering the vaccinations was made available to the providers in the VCS that can easily be accessible by the Providers.



## TRAINING

Providers' knowledge, confidence, and attitudes to vaccination are crucial in achieving high vaccination uptake. Immunisation training is critical to ensure that Providers are fully competent and trained to prevent errors in vaccine practice.

Training is therefore an essential requirement included as a core element prior to the PICK implementation before the Providers can be on board the PICK under ProtectHealth. At the beginning of the programme in March 2021, three-hour training sessions were conducted via virtual webinar prior to the onboarding process. The training webinars aim to provide the knowledge and skills for the providers to deliver COVID-19 Immunisation services competently, safely, and effectively.



### STARTING DECEMBER 2021, PROTECTHEALTH MOVED ON TO A SELF-LEARNING ONLINE TRAINING MODULE & MULTIPLE-CHOICE ONLINE ASSESSMENT



All reading and relevant materials pertaining to PICK were made available in the Provider Resources Section in the VCS for the provider's reference. The materials were updated from time to time and any updates were notified via email notification. This also served as a useful reference tool.

Starting December 2021, ProtectHealth moved on to a self-learning online training module and multiple-choice online assessment. The Providers must undergo and understand the module presentation and relevant core training materials on the VCS before undertaking the assessment. A passing mark of more than 80% enabled them to continue their onboarding process as a PICK provider.

PICK is subject to continual evaluation and review by MOH in response to new and emerging evidence, resulting in regular changes to vaccine policy and clinical guidelines. Where major changes were made to existing programmes or when new vaccines were introduced, additional training sessions would be organised by ProtectHealth and attended by the relevant providers.



## MAIN FRAMEWORK OF QUALITY ASSURANCE



## STAGE 1 INFORMATION AND INSTRUCTION

### 1. ESTABLISHED COMMUNICATION CHANNEL

- a. Website: protecthealth.com.my
- b. Webpage: Vaccine Control System (VCS)
- c. Hotline: Customer Relationship Management (CRM)
- d. State Person-In-Charge (PIC)

### 2. REGISTRATION AND SELECTION OF PRIVATE MEDICAL PRACTITIONER (PMP)

- a. Provider Evaluation Committee (PEC)
- b. Program Immunisasi COVID-19 Kebangsaan (PICK) Committee

### 3. SOURCE OF INFORMATION

#### a. MASTER REFERENCES (EXTERNAL)

- i. Ministry of Health (MOH) Clinical Guidelines / Circular / Cold Chain Manual and other relevant sources
- ii. Jawatankuasa Khas Jaminan Akses Vaksin COVID-19 (JKJAV) and COVID-19 Immunisation Task Force (CITF) / Ministry of Science, Technology and Innovation (MOSTI)

#### b. PROTECTHEALTH (INTERNAL)

- i. Manual
- ii. Standard Operating Procedure (SOP)
- iii. Guidelines

#### c. MANUFACTURER (EXTERNAL) RECOMMENDATIONS AND GUIDELINES

- i. Pfizer
- ii. AstraZeneca
- iii. Sinovac



## STAGE 2 TRAINING

### 1. STAGES OF TRAINING

#### a. TRAINING OF TRAINERS (TOT) BY MOH TO PROTECTHEALTH PICK TEAMS BASED ON SPECIFIC TRAINING MODULES

#### b. PROTECTHEALTH TO PRIVATE MEDICAL PRACTITIONER (PMP) TRAININGS FOR THE PICK

- i. Virtual training
- ii. Self assessment via Vaccine Control System (VCS) webpage



## STAGE 3 MONITORING AND SUPERVISION

### 1. QUALITY MONITORING

#### a. PRODUCT (VACCINE) CONTROL

- i. Cold Chain Management

#### b. PROCESS CONTROL

- i. Pre-Vaccination
- ii. Vaccination
- iii. Post-Vaccination

### 2. QUALITY EVALUATION AND REPORTING

#### a. MEDICAL AUDIT SECTION (MAS)

- i. Establishment and development of audit checklist
- ii. Scheduled audit / inspection at PMP's Clinic / Offsite / Integrasi / Industri
- iii. Unscheduled or ad-hoc audit / inspection

### 3. COMPLAINT MANAGEMENT SYSTEM (CMS)

- a. Case Investigation Report (CIR)
- b. Incident Report (IR)



## STAGE 4 CONTINUOUS IMPROVEMENT

### 1. QUALITY ENHANCEMENT

- a. Quality Alert to PMPs
- b. Continuous schedule Medical Audit and Inspection

### 2. MANAGEMENT REVIEW AND OPPORTUNITY OF IMPROVEMENT SESSION

- a. Senior Management Committee (SMC)
- b. Governance, Monitoring and Evaluation Committee (GMEC)
- c. Board of Directors (BOD)
- d. CITF meeting

### 3. SATISFACTION SURVEY

- a. Vaccinee
- b. Provider (PMP)

## MONITORING AND SUPERVISION

### QUALITY MONITORING

Quality monitoring in PICK involves two main areas which are product control and process control. Product control mainly involves cold chain management consisting of maintaining optimal conditions during the transport, storage, and handling of the cold chain products, in this case the COVID-19 vaccine.

The Providers observed strict cold chain management in monitoring the temperature and ensuring COVID-19 vaccines were stored in the correct temperature before administering it to the vaccinee. They ensured the vaccine storage equipment such as domestic two door fridge or pharmaceutical fridge is equipped with suitable tools such as the data logger, external electronic thermometer, and adequate consumables such as ice packs, cold box, and suitable insulating materials. ProtectHealth had performed audits ensuring Providers observed and followed the clinical guidelines of cold chain management as well as guidelines in managing COVID-19 vaccines.



*Cold box with built in temperature data logger.*



*Pharmaceutical Fridge to store vaccine stock.*



*Two-door domestic fridge with external digital thermometer.*



*Temperature data logger.*

Apart from that, an inspection of the process control which consists of three main stages which are pre-vaccination, vaccination, and post-vaccination was conducted.



**STATION 1****PRE-VACCINATION**

- > Scan check in QR code (Premise)
- > Screening for COVID-19 symptoms to check temperature
- > Pre-vaccination assessment for eligible vaccinees

**STATION 2****PRE-VACCINATION  
(REGISTRATION)**

- > Verification of ID and registration of vaccinee details into MyVAS system

**STATION 3****PRE-VACCINATION  
(CONSENT AND CONSULTATION)**

- > Consultation and consent taking by authorised and medical personnel



**STATION 5****POST VACCINATION  
(OBSERVATION)**

- > Observation is 15 minutes for vaccinees with no allergy history
- > 30 minutes for vaccinees with an allergy history
- > Sick bay and emergency areas are with all emergency medications and tools in complete set and functional to use in case of emergency cases at PPV

**STATION 4****VACCINATION**

- > Vaccination administration to vaccinee (handling, recommendation dosage and storage based on manufacturers product guidelines)



## QUALITY EVALUATION AND REPORTING

The process of quality evaluation and reporting is monitored, and scheduled audit or inspection was conducted, including investigative inspection conducted for certain kinds of cases which required a closer look and detailed attention to ensure all aspects of quality have been scrutinised.

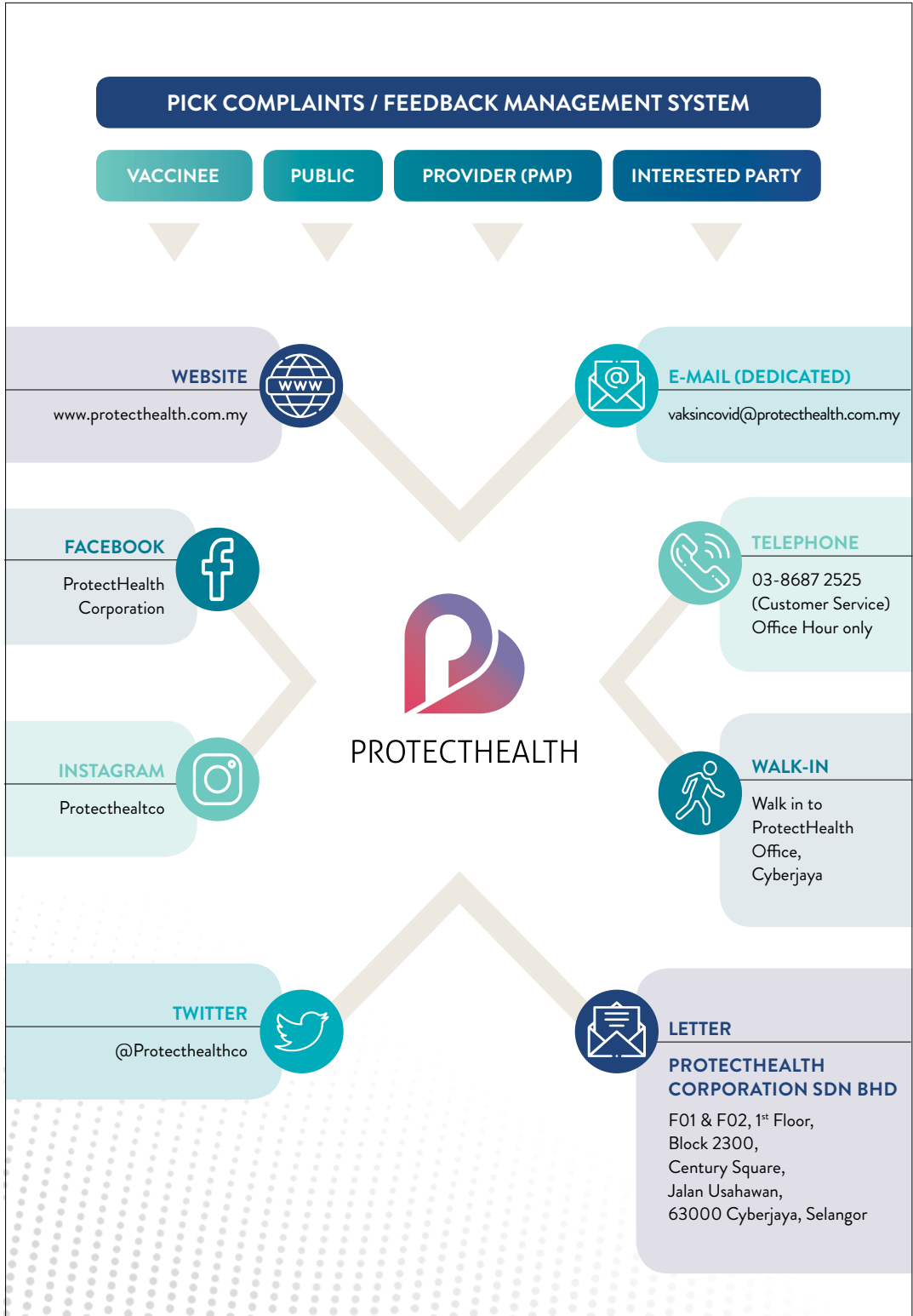


The inspection is performed strictly based on the criteria determined in the checklist which was developed to cover all aspects of quality at each section of the vaccination routine at PMP's facilities. The checklist covered all aspects of pre-vaccination, during the vaccine, and the post-vaccination process which took place during vaccine administration. The checklist is also a guide to the auditor for a systematic approach, avoiding redundancy and missing points.

## COMPLAINT MANAGEMENT SYSTEM (CMS)

ProtectHealth is always open to receiving any complaint or feedback from all parties either vaccinees, the public, Providers, or any interested parties on PICK. Many channels can be used by all parties. ProtectHealth will process and review all complaints or feedback received following the guidelines, SOP, and regulations that have been established.

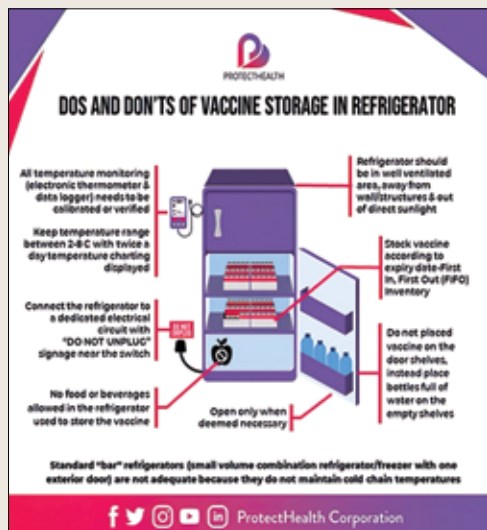




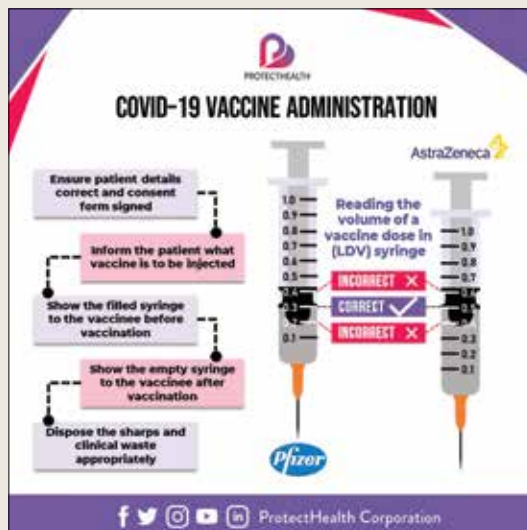
## CONTINUOUS IMPROVEMENT

### QUALITY ALERT

To ensure continuous quality improvement, ProtectHealth developed a regular Quality Alert issued to the Providers. This Quality Alert is an initiative to disseminate continuous education and updates to our Providers especially on vaccination SOP such as cold chain management in a simple but impactful way. Apart from that, ProtectHealth conducted scheduled audit monitorings and inspections of PPV. As of 30 June 2022, the medical audit team has conducted 1,788 audit monitoring nationwide. Any audit finding and feedback discovered during audit activities were constantly conveyed and shared among ProtectHealth providers for improvement and enhancement of the PICK. Also, to ensure the quality of services delivered is aligned with the latest guidelines and SOP in delivering the national agenda (PICK).



Quality alert on do's and don'ts  
of vaccine storage in refrigerator



Quality alert on  
COVID-19 Vaccine Administration



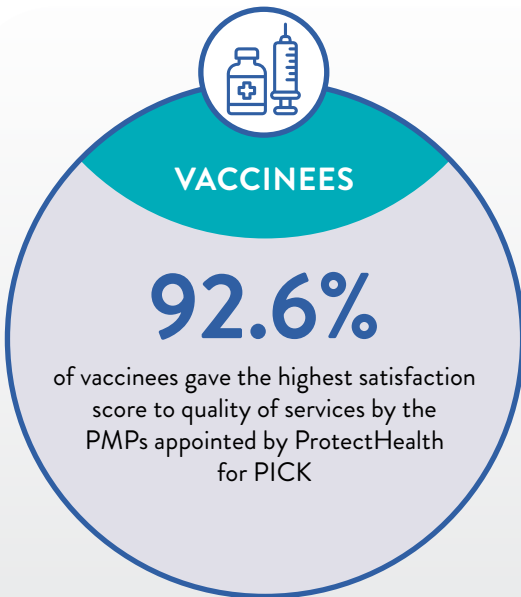
### MEDICAL AUDITORS AT PPV FOR INSPECTION / AUDIT MONITORING



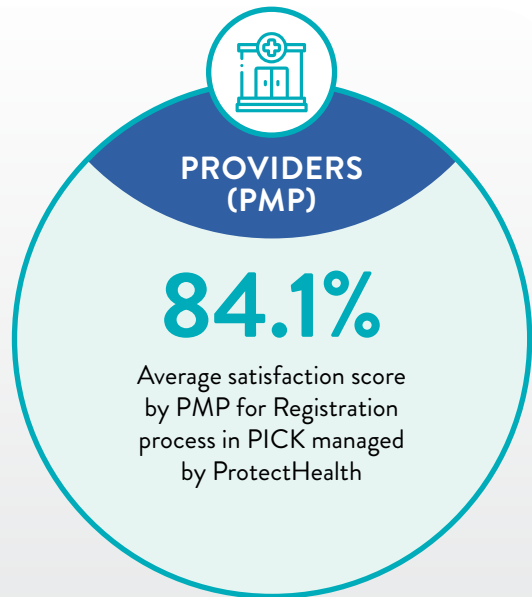


## SATISFACTION SURVEY

Apart from quality enhancement and management review, ProtectHealth also conducted a satisfaction survey among vaccinees and Providers for continuous improvement. Based on the survey, ProtectHealth received the highest satisfaction score from vaccinees with an overall score of 92.6% satisfied with the quality of services by the Providers. ProtectHealth also conducted a survey among Providers appointed by ProtectHealth for PICK and received 84.1% satisfaction score by Providers for the registration process in PICK.



Survey was conducted between 20 November 2021 to 23 December 2021 with 129 respondents



Survey was conducted between 20 November 2021 to 23 December 2021 with 257 respondents

In summary, any audit findings, and feedback discovered during audit monitoring were constantly conveyed and shared among Providers for improvement and corrective actions. From time to time, these providers will be re-audited by ProtectHealth for compliance and to ensure quality services are continuously provided with guidance based on SOP and guidelines. Should any non-compliance be found, ProtectHealth will take the necessary action and may suspend the Providers from conducting vaccinations in the PICK.

Although PICK was conceived and executed promptly in response to the pandemic, a relatively young entity such as ProtectHealth managed to painstakingly uphold the delivery of quality services. In this case, the access

of COVID-19 vaccine for the public was delivered at the highest standard of practice throughout various models of PPV nationwide. This was evidenced by the vaccination's speedy coverage against a relatively low number of valid dissatisfactory feedback among the vaccinees and the general public.

As we move on to another phase of the struggle against COVID-19 and other infectious diseases, the essence of quality, strengthened by all Providers will ensure the survivability of the cooperation and the sustainable role of Providers in complimenting and consolidating the MOH's effort in fighting future challenges in healthcare.

# PROMOTIONAL ACTIVITIES AND MEDIA COVERAGE



## INTRODUCTION





Various activities were carried out to promote PICK to the target groups via multiple platforms which included media launch and briefings, print, electronic media, social media, on-ground activities, exhibitions, publications, videos, and distribution of promotional materials, as well as sharing information through the ProtectHealth website.



## PRINT & ELECTRONIC MEDIA

Information on PICK was shared on TV, radio stations, and print using various methods such as news coverage, advertisements, interviews, crawlers, and radio announcements as listed below:

NO.	TYPES OF MEDIA EXPOSURE	PLATFORM	
1.	 <p><b>NEWS COVERAGE IN PRINT AND ELECTRONIC MEDIA</b></p>	<b>PRINT</b> <ul style="list-style-type: none"> <li>• Interviews: The Edge, Astro Awani, Berita RTM, CodeBlue, Bernama</li> <li>• Press Coverage: Astro AWANI – Consider This</li> <li>• The Star</li> <li>• The Health</li> <li>• New Straits Times</li> </ul>	<b>DIGITAL</b> <ul style="list-style-type: none"> <li>• The Health</li> <li>• Free Malaysia Today</li> <li>• Kosmo</li> <li>• Berita Harian</li> <li>• Malaysian Insights</li> <li>• Sin Chew Jit Poh</li> <li>• VanakkamMalaysia.com</li> <li>• The Malaysian Reserve</li> <li>• The Edge Market</li> <li>• The Malay Mail</li> <li>• New Straits Times</li> <li>• The Edge Prop</li> </ul>
2.	 <p><b>MARKETING EFFORTS</b></p>	<b>PRINT</b> <ul style="list-style-type: none"> <li>• Bernama TV</li> <li>• Sinar Harian</li> <li>• Sin Chew Jit Poh</li> <li>• The Star</li> <li>• CodeBlue</li> </ul>	<b>DIGITAL</b> <ul style="list-style-type: none"> <li>• The Star</li> <li>• Utusan</li> </ul>

NO.	TYPES OF MEDIA EXPOSURE	PLATFORM
3.	 TV INTERVIEWS	<ul style="list-style-type: none"> <li>• Bernama</li> <li>• RTM – Selamat Pagi Malaysia</li> <li>• Astro Awani</li> <li>• AGENDA Awani Talk Show</li> <li>• TV3 Malaysia Hari Ini Talk Show</li> </ul>
4.	 NEWS CRAWLER	<ul style="list-style-type: none"> <li>• Crawlers on Berita RTM</li> </ul>
5.	 RADIO INTERVIEWS	<ul style="list-style-type: none"> <li>• BFM: The Business Station</li> <li>• Bernama FM</li> <li>• RTM Radio</li> </ul>
6.	 BLOGS / WEBSITE / SOCIAL MEDIA	<ul style="list-style-type: none"> <li>• Web-banners and posters on Bernama Website</li> <li>• Tweets by @MedTweetMY</li> <li>• Tweets by @Wilayah Persekutuan</li> <li>• Tweets by @InfoatPutrajaya</li> </ul>

## SOCIAL MEDIA

By leveraging social media, we used digital platforms such as Facebook, YouTube, Instagram, Twitter, and Google Ads to publicise PICK. The target group for these platforms is every individual throughout the nation. The target is to reach as many individuals as possible and protect as many people as it can from the severe side effects of the COVID-19 virus. Moreover, MOH implemented several SMS blasts throughout the nation. Various messages were shared through these platforms, stating reminders, benefits of vaccinations and the importance of obtaining protection from the virus, healthy lifestyle practices, COVID-19 updates, and many more.

In addition, we leveraged the social media channels of our collaborative partners including the MOH as well as other Federal and State agencies.

On ProtectHealth's PICK website, recipients or their family members can check the list of PPVs in getting the COVID-19 vaccine.

Through strategic marketing in raising of the awareness plus the pushing factor to protect from the severe side effects of the COVID-19 virus, we have managed to reach out to targeted audiences and create greater awareness.

## DISTRIBUTION OF

### PROMOTIONAL COLLATERALS

The objective of publishing promotional materials is to convey key information to the targeted group and as supporting communications to further emphasise the messages or information presented. These promotional collaterals ensure that the details of the programme are conveyed.

Previously, the PICK website (<https://protecthealth.com.my/vaksin-covid/>) enabled the public, Providers, and other stakeholders to obtain information about COVID-19 vaccination under ProtectHealth. Here, the website visitors can check the list of PPVs (<https://vaksinovid.protecthealth.com.my/find/>) or clinics

nationwide, registration of Providers, frequently asked questions, media reports, and call centre contact to obtain further details related to the COVID-19 vaccination.

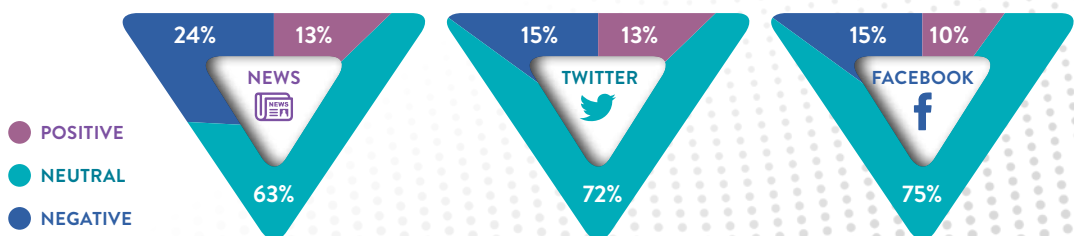
Other than that, a set of frequently asked questions (FAQ) and answers relating to PICK has been prepared as the main reference by programme spokespersons nationwide on various platforms. This is to ensure messages and information conveyed are consistent and to minimise misunderstanding or confusion. The FAQs are also available on the PICK website at <https://protecthealth.com.my/vaksin-covid/>. ProtectHealth has also launched the first Chatbox named Qaseh. Qaseh handles the FAQs that have been collected since the year 2021.

## SENTIMENT ANALYSIS

At the onset of the two-year COVID-19 pandemic, numerous possibilities have been created in worldwide efforts to create and disseminate a viable vaccine.

However, throughout the PICK journey, MOH and ProtectHealth have faced a set of challenges including worldwide competition over a shortage of doses, new variants of COVID-19 emergence as well as public suspicion about the vaccination.

Overall, throughout the whole nation, PICK was generally neutral in tone, as mentioned that public suspicion about the vaccinations may have contributed to the factor, based on the sentiment analysis that was gathered via the news clippings and the social media platforms – Twitter and Facebook.



## TV, RADIO EXPOSURE





# PRINT EXPOSURE

OUM ALUMNI MAGAZINE - ISSUE 13 - SEPTEMBER 2021

LOCAL HEROES

## OUR OWN COVID-19 HERO

By Tengku Arming Hameed (JG, Journalism & Publicity)



For many of us, a big part of Covid-19 is about statistics. How many cases and new clusters are reported today? What are the latest infectivity, fatality and recovery rates? How many people have been vaccinated so far?

When the news comes on, these numbers are reported by ministers and health officials. Together with doctors, nurses, other frontliners and volunteers, these are the faces and voices that guide the Covid-19 narrative in Malaysia.

But have you ever wondered who else might be playing a huge but not often publicised role during this deadly pandemic?

Enter Data! Dr Anas Alam Faizul, one of OUM's most accomplished alumni and a vital cog in the machinery against Covid-19.

Data! Dr Anas is a two-time alumnus, having graduated from the Master of Project Management and Doctor of Business Administration (DBA) programmes. In fact, he is the pioneering graduate for the DBA programme and was also the graduate representative at his convocation in 2015.



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CORPORATE

### COVER STORY

## Time to take charge of your own health, ProtectHealth CEO tells Malaysians

BY A KINE BIEU LE AND ESTHER ANN KILIAN

**A**s Malaysia reaches a critical milestone with 90% of the adult population fully vaccinated and prepared to enter the endemic phase of Covid-19, the time has come for people to be responsible for managing their own health, says ProtectHealth Corp. CEO Dr Anas Alam Faizul.

"The government has released policies and guidelines (for people) to follow under the National Recovery Plan (NRP). We can have the much-needed opening procedures and regulations, but I don't think the government can continue to keep a close eye on the Covid-19 situation by setting up road blocks and checking on all individuals via their telephones. It has to come from the people now. It is time to empower people to take charge of their own health," he tells the *Edge* in an interview.

"The necessity of endemic means Covid-19 is something we're going to have to live with. People may not realise it, but there are already several endemic diseases in the

According to Anas, dealing with the private sector is not the same as dealing with the public sector.

"When dealing with the public sector, you can just issue a circular to all the government health clinics and start offering vaccinations. However, with the private sector, you first have to educate the GPs, register them and then talk about the different types of vaccines. We also need a system to track each dose administered because the vaccines belong to the government. How do you track the vaccine? How do you track the number of people vaccinated by the private sector? How do you manage the logistics for vaccine packages? Do we deliver the vaccine to the GPs? Or do we have the GPs collect them from vaccine storage facilities? At that time, we were also discussing community vaccinations. So all these things had to be sorted out quickly," he says.

Initially, ProtectHealth was just looking at registering the PRIC before things started picking up in April 2021, the company realised the ground level to expand the PRIC programme to include private hospitals, lab-



oratories of Covid-19 vaccines, of which 90% of 11 million doses were administered by private medical practitioners and healthcare non-governmental organisations registered under the PRIC.

**Still much work to be done**

From now, ProtectHealth's work is not the labour part. "There is still a lot on our plate. We want to expand the PRIC 3.0 programme and we will continue to support any initiative from the government. The PRIC 3.0 will be a full-fledged national health system and we believe ProtectHealth will continue to play a key role in ensuring that critical contributions from the private public partnership is sustained."

"Our role as a strategic purchaser and provider of health services will be increasingly highlighted to ensure that public policy is followed in execution. The government spends about RM10 billion a year on healthcare. That is a massive number. I don't think we can continue spending that much, subsidising public healthcare. We have to find a more sustainable way to

# DIGITAL MEDIA EXPOSURE

## JANUARY



## FEBRUARY



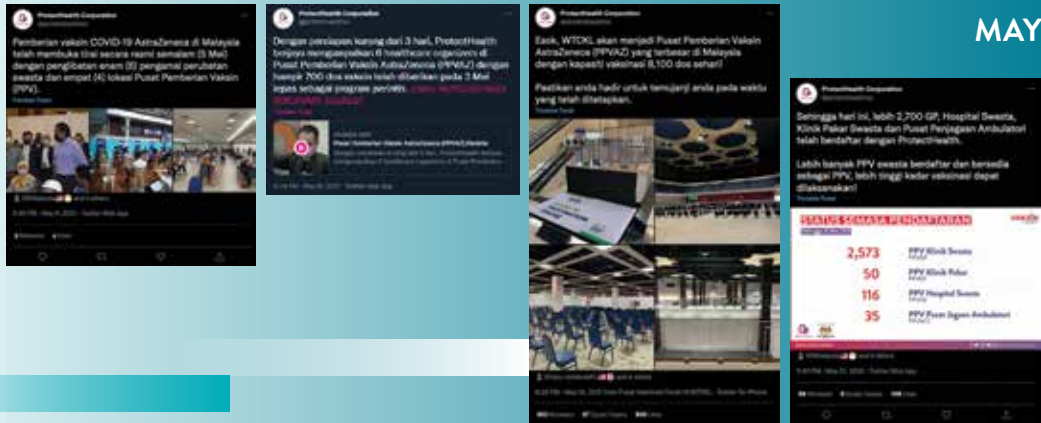
## MARCH



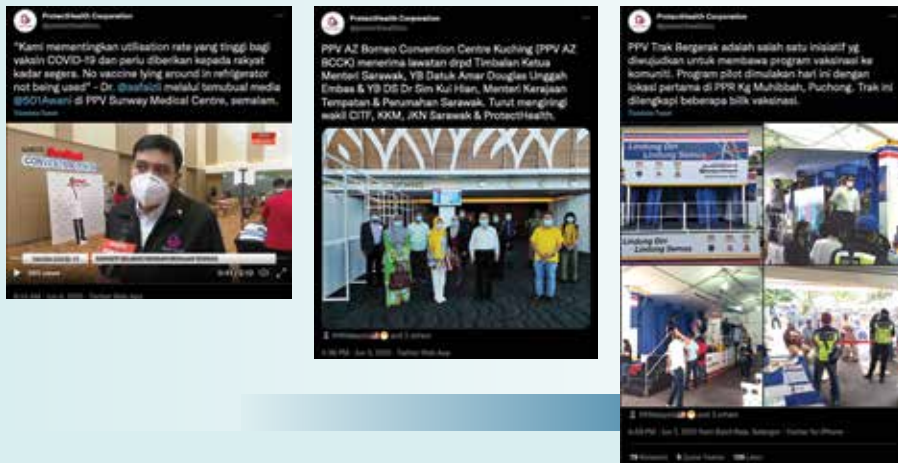
## APRIL



## MAY



## JUNE

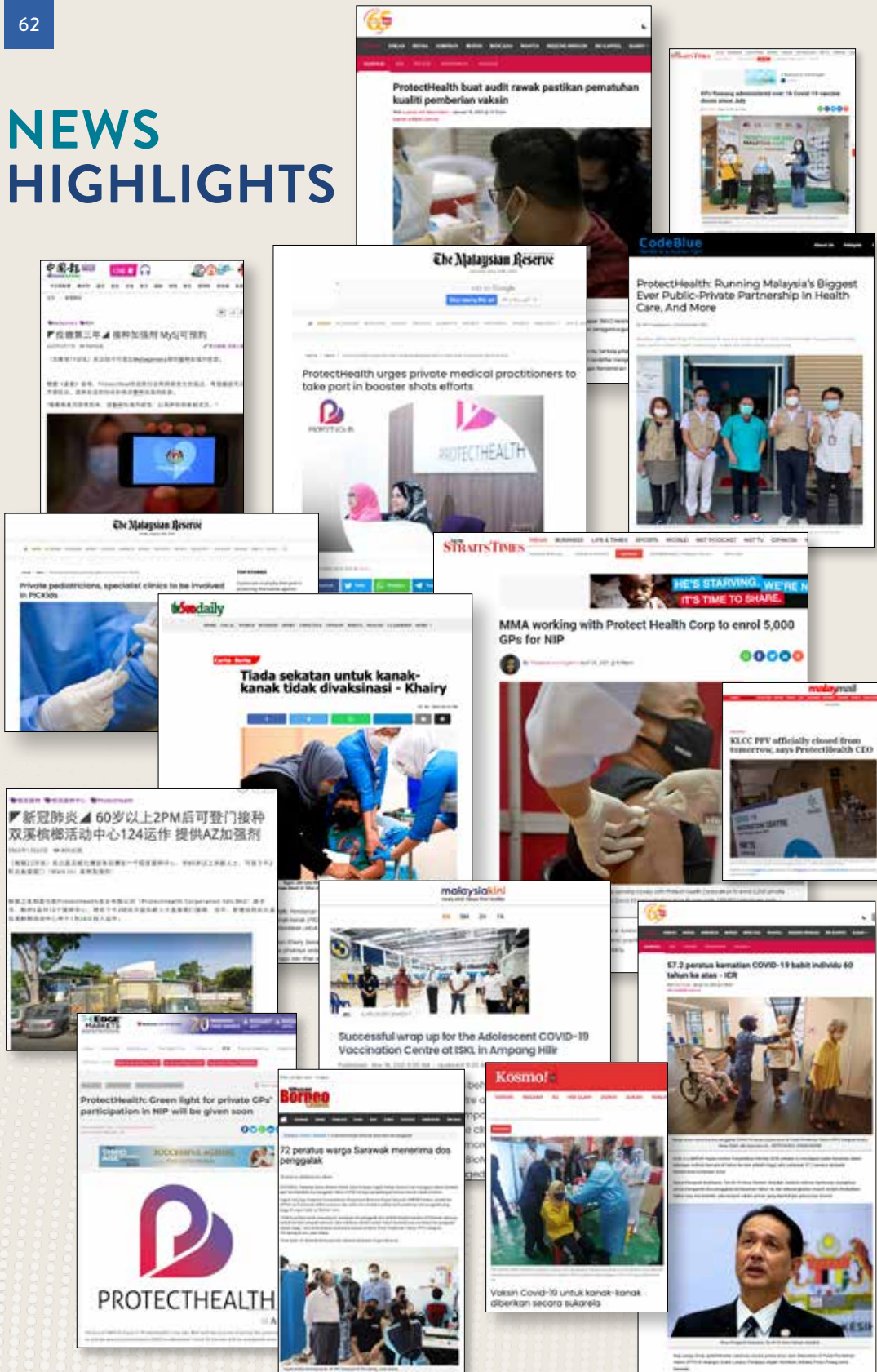


## JULY





# NEWS HIGHLIGHTS



## WTCKL's AstraZeneca vaccination centre ramps up to 8,100 doses per day starting Saturday (May 15)



Saturday, 15 May 2021 12:21 AMMYT



People waiting on the first day of the AstraZeneca vaccination programme at Petai's War (Lambert, AstraZeneca) on the 15th.

**CodeBlue**  
No Compromise With Private Medical Practitioners On Fake Vaccine Certs — ProtectHealth

By [ProtectHealth](#)

ProtectHealth has urged the public to be vigilant in checking for fake vaccine certificates. The corporation said it will not compromise with any private medical practitioners (PMs) or health care non-governmental organisations (NGOs) found to be in breach of vaccine security protocols (VSP) and put at risk the safety of health service and community.

**YOUR VOICE MATTERS**

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### 儿童疫苗接种2月3日开 鼓励私人医院协助推动

【本報综合电】新加坡政府宣布，从2月3日起，将启动儿童疫苗接种计划。政府鼓励私人医院协助推动，以确保所有儿童都能及时接种疫苗。

政府表示，疫苗接种是保护儿童健康的关键。政府将提供财政支持，鼓励私人医院参与疫苗接种计划。政府还计划在全国范围内设立更多的疫苗接种中心，以确保所有儿童都能方便地接种疫苗。

**儿童疫苗接种中心运作时间**

疫苗接种中心名称	运作时间	运作日期
吉隆坡雪兰莪的公私立联合接种中心 (PPV) (Johor Bahru)	2月3日	周一至周五
特定的雪兰莪外展疫苗接种中心 (Offsite PPV)	2月5日	周六和周日
特定的吉隆坡外展疫苗接种中心	2月5日	周一至周五
特定的私人医院接种中心	2月7日	特定日子

**Siti vaksinasi palsu: ProtectHealth tidak kompromi, lakukan audit ulang**

ProtectHealth has urged the public to be vigilant in checking for fake vaccine certificates. The corporation said it will not compromise with any private medical practitioners (PMs) or health care non-governmental organisations (NGOs) found to be in breach of vaccine security protocols (VSP) and put at risk the safety of health service and community.

**EDGE**  
ProtectHealth to set up more than 30 large-scale vaccination centres by July 31

ProtectHealth has announced that it will set up more than 30 large-scale vaccination centres by July 31. The corporation said it will also conduct regular audits to ensure the safety and security of the vaccination process.



## PUBLIC FORUM

**Public Forum with Dato' Dr. Anas Alam Fauzi**

Dato' Dr. Anas Alam Fauzi, Chief Executive Officer, ProtectHealth Corporation, will be the guest speaker at the public forum. The forum will discuss the critical contribution of public-private partnerships in the healthcare sector.



**Public Forum with Dato' Dr. Anas Alam Fauzi**

Dato' Dr. Anas Alam Fauzi, Chief Executive Officer, ProtectHealth Corporation, will be the guest speaker at the public forum. The forum will discuss the critical contribution of public-private partnerships in the healthcare sector.





# SIGNIFICANT EVENTS

## PILOT OF PPVGP



## PPV ASTRAZENECA @ WTC



## PPV ASTRAZENECA @ UKM



## PRIVATE HOSPITAL PARTICIPATION



## PPV INDUSTRI





## WORKING THROUGH PUBLIC HOLIDAYS



## PPV MOBILE



## PICKREMAJA



## PPV OFFSITE





## PICKIDS





## ProtectHealth Arranged Vaccination for Orphans



## VISIT BY VIPS TO PPV




## PPV OUTREACH













# WHAT PEOPLE SAY



**JASON  
KUCHING, 36**

**"The process and procedure for the booster dose is very good and efficient, even faster than the second dose"**

PROTECTHEALTH       ProtectHealth Corporation

Your Health, Our Mission



**LEE YUEN CHUAN  
YONG KUAN YENG**

**"Vaccine is necessary and clinically proven to be effective against the virus in this pandemic..."**

PROTECTHEALTH       ProtectHealth Corporation

Your Health, Our Mission



**MUHAMMAD HAZBI  
KHAMIS, 32**

**"Proses di sini cepat, laju & puas hati. Lebih kurang dalam 10 minit dah siap. Tak perlu tunggu lama"**

PROTECTHEALTH       ProtectHealth Corporation

Your Health, Our Mission



**DISHA BHATNAGAR  
CITIZEN OF INDIA, 31**

**"It is not only for our own protection and safety but for the community safety"**

PROTECTHEALTH       ProtectHealth Corporation

Your Health, Our Mission






**ASYURA, 25**

**"My advice to people out there who has not gotten their booster shot? Go get them!"**

PROTECTHEALTH CORPORATION  
Your Health, Our Mission

f t i y p ProsectHealth Corporation



**LIEW SOON YIK  
50, RES. 50**

**"The whole process to take the booster is very easy, from the parking lot until end, it takes less than 10 minutes"**

PROTECTHEALTH CORPORATION  
Your Health, Our Mission

f t i y p ProsectHealth Corporation



**ALYA, 23**

**"Sistem dan proses untuk mendapatkan dos penggalak di sini sangat senang dan berjalan dengan lancar"**

PROTECTHEALTH CORPORATION  
Your Health, Our Mission

f t i y p ProsectHealth Corporation

**"Makcik ambil vaksin dos penggalak ini untuk kuatkan antibodi makcik"**

**Pn. Habibah, 75 tahun**



PROTECTHEALTH CORPORATION  
Kecamatan Anda, Misi Kami

f t i y p ProsectHealth Corporation



# CHALLENGES AND LESSONS LEARNT



## POLICY CHANGES & COMMUNICATION

In developing a national vaccination plan, there is no “playbook” as it’s a new challenge for the healthcare industry. To ensure continuous improvement, frequent policy changes were made by the policymaker which involved stakeholders such as JKJAV, CITF, and MOH.

Meetings and discussions were conducted most of the time daily and often changes in the operational strategy were instructed to be implemented almost immediately. To ensure effective communication between the policymaker and the ground, ProtectHealth internally conveyed all the directions in real-time to the PICK team, especially State PIC.



## MOTIVATION OF TEAM

The team has worked around the clock for months. Some were stationed on the ground, travelling back and forth to the state under their supervision, leaving the family behind by giving up the full commitment to ensure the programme was running according to the directions given.

All appointed State PIC were not only involved in PICK but also running daily tasks in ProtectHealth for PeKa B40 programme as well as other administrative works. During the peak of PICK activities, PICK team has been tirelessly working, neglecting their own health needs. There were days of no leave taken and almost working with no weekend breaks.

Working under pressure and at the same keeping the team physically and mentally healthy is a huge challenge to the Managers. State PIC with high workloads were assisted by hiring temporary support staff specifically for PICK under ProtectHealth.



## CAPACITY BUILDING

Since the involvement of ProtectHealth in PICK is new, preparing the team with knowledge and ability to carry out the task requires passion, and time constraints make it challenging during the PICK implementation.

In ProtectHealth, technology transfer and learning through experience was being implemented whereby the junior team started with assisting experienced officers and later replacing their predecessor for the task. The team had learned to adapt fast to the changes and to the dynamic of policy changes which leads to increased individual productivity and the ability to multitask.



#### RAPID DEVELOPMENT OF IN-HOUSE SYSTEM

When ProtectHealth was appointed as an implementer in PICK, ProtectHealth had to develop its system specifically for the programme.

It has shown its capability in developing its in-house proprietary system, VCS, to manage vaccination registration, provider resources, and payment to Providers within a short amount of time. The systems underwent several enhancements in addressing issues and needs from stakeholders as well as internal process workflow.



#### INVOLVEMENT OF PROVIDERS

To rapidly deliver COVID-19 vaccination to the public, as many as possible PMPs were recruited. At the same time, ProtectHealth needed to ensure all Providers were equipped with sufficient knowledge and credibility in vaccine delivery.

To establish effective vaccine and cold chain management, ProtectHealth provides continuous training, monitoring, and support, to ensure quality service is delivered to the public and meets the optimum quality standard.

COVID-19 vaccines require special end-to-end supply cold chain requirements, from the manufacture, and transportation to warehouses and healthcare facilities. To sustain production, minimise wastage, and for vaccines to reach target populations, an efficient vaccine supply chain is imperative.

To expand the services coverage, collaborations were effected with NGOs such as Malaysian Medical Relief Society (MERCY), Majlis Kanser Nasional (MAKNA), MRCS, and IMAM Response and Relief Team (IMARET) via outreach vaccination programmes.



#### DELIVERING MULTIPLE VACCINE TYPES

Malaysia received supplies of different vaccine products, from Pfizer / BioNTech, AstraZeneca, Sinovac, and Can Sino, each constituted an additional complexity for healthcare workers and programmes.

Specific training and guidance were conducted from time to time, especially on delivery strategies that needed to fit product specificities, as well as cold chain management because each vaccine requires different capacities.



### PUBLIC PERCEPTION

Mass media provocation through fake news regarding the adverse effects of vaccines as well as the lack of educational campaigns about the contribution of individual vaccinations to herd immunity leads to vaccine hesitancy.

Many efforts were made by MOH, MOSTI, and Providers by promoting positive messages encouraging vaccination so the public has the correct perception of the vaccination programme.



### SUPPORTING MYVAS & MYSEJATERA USERS

Since ProtectHealth carried a significant share in delivering vaccination, our Providers were among the main users of MyVAS system and the vaccinees who went to our Providers were users of MySejahtera applications.

Even though both systems are not under ProtectHealth, the team can assist MyVAS and MySejahtera helpdesk, continuously providing recent information and responding to public enquiry as much as the team can.



### DATA-DRIVEN DECISION MAKING

The programme has been running in a dynamic mode. The dynamic was mainly driven by the supply and demand changes in response to the outbreak pattern of the COVID-19 pandemic from time to time. Therefore, with the support of data analysis, data-driven decision-making was crucial in guiding policy decisions throughout the programme.

The timely data analysis has helped to provide information by identifying the gap between demand and capacity by mapping districts with existing active PPVs. It also provides information regarding the distribution, the trend of vaccination, and default rate of primary series by vaccine types, which are vital to estimate and avoid vaccine wastage.

This information has not only guided ProtectHealth in the decision of opening and closing different PPVs nationwide but has also guided other stakeholders such as CITF and JKN in planning communication strategies and policymaking of PICK.

# RECOGNITIONS

## AWARDS

From the early days of its establishment on 19 December 2016, ProtectHealth has set a strong social agenda as the premier not-for-profit healthcare financing provider and has successfully intensified its agenda with more public-private partnerships with the implementation of PICK.

As of 30 June 2022, ProtectHealth has contributed over 38.5 million doses of vaccines, or 54% of the total 71.2 million doses of vaccines administered involving more than 3,000 COVID-19 Vaccination Centres (PPVs) nationwide.

2021 marks a significant milestone for ProtectHealth which has been accorded with two prestigious awards - the **Outstanding COVID-19 Vaccination Delivery of the Year** at the GlobalHealth Asia Pacific Awards 2021 and Asia Pacific Outstanding Business Leader Achievement Award at the **Asia Pacific Outstanding Business Leader Achievement Awards** by the KSI Asia Pacific (KSI).

PICK, as earlier highlighted, is by far the largest ever government vaccination programme executed in the country, in terms of the number of people involved, and also the largest public-private partnership effort implemented in the healthcare industry.

Through the above achievements, ProtectHealth has clinched a further two more awards, the **Public-Private Healthcare Partnership of the Year – Malaysia** and the **Vaccination Delivery of the Year – Malaysia** at the prestigious Healthcare Asia Awards 2022 marking another significant milestone for ProtectHealth. The awards programme is

presented to healthcare providers which have made a remarkable impact on their communities and the healthcare industry, especially amidst the massive disruption caused by the COVID-19 pandemic.

Apart from the above, ProtectHealth has received several recognitions from various quarters such as the Ministry of Domestic Trade and Consumer Affairs for its role in RiVac, the Ministry of Housing, and Local Government in MOVAK KPKT and the State of Sabah for the implementation of PICK in the State.

With a concerted and determined effort by all parties, Malaysia has attained its position amongst the top 10 highest rates for having a fully vaccinated population against COVID-19 globally.



AS OF 30 JUNE 2022,  
PROTECTHEALTH  
HAVE CONTRIBUTED  
OVER  
**38.4**  
MILLION  
DOSES OF VACCINES  
(54% OF THE TOTAL  
71.2 MILLION)



## SPECIAL THANKS TO STAKEHOLDERS AND PROVIDERS

There had been numerous highs and lows in the overall implementation of PICK which started in the first quarter of 2021. With the ultimate aim to combat COVID-19 infections in Malaysia, with ProtectHealth as the implementer of Private Medical Practitioners participation in PICK, initiated the journey by engaging with various internal and external stakeholders. Following this, the publication team would like to thank everyone who contributed to this report.

We would like to express our heartfelt gratitude to the Honourable Minister of Health, YB Khairy Jamaluddin, for his prioritisation in ensuring that all individuals in the country obtain the vaccine in the fastest possible manner and in spearheading the national agenda to make healthcare services equitable, affordable, and sustainable for everyone in the long term.

Additionally, we would like to thank Tan Sri Dato' Seri Dr. Noor Hisham Abdullah, Director-General of Health, Malaysia / Chairman of ProtectHealth, for his leadership and continuous support. We also thank our Board of Directors, Datuk Harjeet Singh A/L Hardev Singh, Dato' Seri Mohamed Hassan Md Kamil, Datin Rosni Mohd Yusoff, Johari Abdul Muid, Nurhisham Hussein, and Roshidah Abdullah for their constant assistance and advice in the implementation of the successful

milestones of PICK. Not forgetting, Dato' Mohd Shafiq Abdullah, our former Board of Director for his endless encouragement.

As part of the exercise of the MOH to immunise the population in Malaysia against the COVID-19 virus, we would like to express our utmost appreciation to the dynamic CITF, MOH, PMPs, and health care NGOs for their participation and cooperation.

We appreciate all of the State Health Directors' involvement and support in making sure that this programme is successfully implemented at the state and district levels. We also thank our partners particularly General Practitioners, all government and private agencies / health clinics as well as providers for their involvement, support, and collaboration in advocating and carrying out this initiative for the benefit of the Rakyat. Additionally, we would like to thank our valued

stakeholders for their ongoing support throughout the years.

For ProtectHealth Heroes, a special thank you goes out to each and every one of you, not to mention the Management for their tireless efforts in facilitating the development of PICK in every way.



**FOR  
PROTECTHEALTH  
HEROES,  
A  
SPECIAL  
THANK YOU  
GOES OUT TO EACH AND  
EVERY ONE OF YOU**