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RSOG INSIGHT

MOVEMENT CONTROL ORDER EDITION



IN THIS ISSUE

With the COVID-19 impacting countries at various stages, everyone is trying to understand what is required to protect themselves and their communities.

We spoke to some of our friends around the world, on how it has affected them and their views of the situation.

ABOUT OUR GUEST

Dr Amjad is a social security economist, currently a visiting scholar at the University of Malaya's Social Wellbeing Research Centre. Formerly the deputy representative and senior policy specialist at UNICEF Malaysia, he has authored and co-authored several publications and developed costing models that have been replicated in many countries. He taught at the Balsillie School of International Affairs, Canada, Nottingham University Malaysia Campus, and Lazaridis School of Business and Economics Canada. His area of focus is on developing social policy quantitative models and their integration in the evidence-based mix of policy options to ultimately arrive at balanced solutions to complex political and administrative solutions. He has provided technical support to numerous countries' reform agenda on social protection. He develops generic models, as well as country-specific models, that recognise the need to put an equal emphasis on economic growth and the promotion of fundamental rights. He holds a Doctorate in International Relations (Int. Development), an MPP in Social Policy Financing, an MS in Mathematics (Actuarial Science) and an MA in Economics.

VIEWS FROM CANADA

In this edition, we spoke to Dr Amjad Rabi, who was recently lead facilitator at "Social Policymaking for Shared Prosperity - A Policy Leadership Workshop" conducted at Razak School of Government (RSOG) from 19 - 21 February 2020). The programme was an inaugural collaboration between Social Wellbeing Research Centre at the University of Malaya, Employees Provident Fund, and RSOG.

RSOG: How has the pandemic affected your daily life?

Dr Amjad Rabi: The situations started as if it was unreal. It would have appeared indeed unreal a couple of months ago to imagine one would have such major changes in life.

At a personal level, this has come rather fast where my young family has been spending the long-awaited spring break overseas with the extended family. I have become increasingly worried, but we are looking for the best and safest way they can come home (Canada) as soon as safely possible. Being myself, I am usually a home person. I like to stay at home and enjoy reading and writing. So I am generally fine. I have finished reading a few history books and almost done with writing a book reflecting on development.

Work-wise, some international assignments have been put on hold. I was also to give training in Turin, Italy, end of March, but obviously this is cancelled. In terms of teaching, I have been relatively unimpacted. I am teaching two graduate courses. I feel the use of virtual classroom turns out to be really convenient. The tools available make it possible to deliver learning programmes and engage with students in a meaningful way.

Disclaimer: Views expressed in the article are of their own and do not reflect the opinion of Razak School of Government.

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RSOG: In your opinion what would be the top three leadership lesson that we can learn from this global pandemic?

Dr Amjad Rabi: The lessons, I feel, very important is indeed nothing new, but the current situation highlights their importance. Lesson number one, I would say, is a timely decision. At a time like this, leaders need to comprehend a large volume and sometimes conflicting information, make sense of such information, weigh in the different options, and exercise the best judgement- all in a very short period of time. Time is limited and inaction is not an option. We have seen leaders (like in South Korea) that have been able to guide their countries and communities swiftly and decisively, while other leaders' decisions were delayed, incoherent, and unclear that increased confusion. Delays resulted in irreversible damages.

The second important lesson is that leaders should not be afraid to make unpopular decisions. Leaders should not be pressured by social media's demands to resort to short-term populous policies. Leadership is not to follow the current, but it is to create the direction for a safe and better tomorrow. Having said that, it is the responsibility for leaders to explain clearly why they are taking such decision at such time.

The third lesson is adaptability. Every day new information emerges on good practices, what works, and what did not work. Decisions made at the early stage of the virus spread might not be suitable today. Whether in your business, your community, or any domain, leaders must be resilient and ready to change based on evidence.



RSOG: Any messages you would like to share with our alumni, and everyone involved, whether directly and indirectly in curbing the COVID-19?

Dr Amjad Rabi: On a positive note, we know that human knowledge is driven by shocks. The current shock perhaps is a reminder of the value of collective action and solidarity. Over the past few years, the elites in Malaysia, and many other countries, have pushed for private sector expansion in health care delivery. With the containment of communicable/contagious diseases, elites no longer saw the threat to their well-being of the ill-health of the poor. Private-sector health care makes sense for them. They can afford it (to pay directly, or through a social insurance contribution covering only the formal sector). Increased allocation to health care means increased tax for them. Therefore, they promoted the role of the Ministry of Health (MoH) to be reduced by opening up space for the private sector. MySalam, private-public partnership in health, social insurance are some of the nice-looking and trendy names. With COVID-19, a renewal emphasis on the importance of publicly funded health care system that is based on taxes and provides coverage to all. It has worked well for Malaysia: the most remarkable success story in Malaysia's development is the incredible achievement in health care (a Malaysian today is expected to live 20 years more than a Malaysian at time of independence). If there are some shortcomings such as long waiting time, it is because of the reduced allocation to MoH. The solution is not to privatise it, the solution is to provide a good allocation to MoH to build a system that is ready for a situation like this. As the 19th century, big investment in public health was driven partly by elite fear of cholera outbreaks, the hope is that COVID-19 to lead to a renewal push of treating health care as a right to all. It is not a private-sector commodity, where only those who can afford it can get it.