

THE NEXT PANDEMIC: FACTORS OF FAILURE IN FOMEMA TUBERCULOSIS SCREENING AMONGST THE FOREIGN WORKERS IN MALAYSIA

Mastura Mohd. Dan^a, Marziah Zahar^b, Norhayati Mohd Noor^c Akbariah Mohd Mahadzir^{d*}

^a Malaysia-Japan International Institute Technology, Universiti Teknologi Malaysia, Jalan Sultan Yahya Petra, Kuala Lumpur (e-mail: encantadora97@yahoo.com)

^b School of Business Management, College of Business, Universiti Utara Malaysia, 06010 Sintok Kedah (e-mail: marziah@uum.edu.my)

^c Education Faculty, Universiti Kebangsaan Malaysia, Bangi, Selangor(e-mail: norhayati@ukm.edu.my)

^{d*} Malaysia-Japan International Institute Technology, Universiti Teknologi Malaysia, Jalan Sultan Yahya Petra, Kuala Lumpur (e-mail: akbariah.kl@utm.my)

*Corresponding Author: Akbariah Mohd Mahadzir

Abstract

The Foreign Workers' Medical Examination Online Registration Portal or FOMEMA has been one of the key players in managing foreign workers wellbeing in Malaysia. Other than administering foreign-influenced diseased risk from entering the Malaysian land, FOMEMA's certification for fitness to work is one of the criteria for a Visit Pass (Temporary Employment) to be issued by Immigration Department of Malaysia. However, it is difficult to control a disease that easily spread around such as Tuberculosis. Since the world is currently facing the COVID-19 pandemic, the Government needs to be aware that the mechanism of Tuberculosis infection is somehow similar. In this paper, we discussed challenges in managing Tuberculosis threat among foreign workers and what contributes to the failure in FOMEMA Tuberculosis screening. A semi-structured interview and document analysis is used as data collection techniques. The study contributes to the existing knowledge pertaining to migrant workers and tuberculosis diseases, addressing three important issues; threat of tuberculosis disease prevalence among foreign workers to the public, precautionary actions to reduce disease transmission and challenges in repatriation of migrant workers.

Keyword – *Tuberculosis, VP(TE), FOMEMA, Foreign Workers, Malaysia*

Introduction

As an upper-middle-income group, Malaysia is one of the destinations for foreign workers from low-middle-income and low-income countries who economically pursue better opportunities. The influx of foreign workers has become a vital part of the economy of the Country; there are also a few setbacks, such as imported diseases. There are many communicable diseases that are perceived to be the public's greatest threat.

Table 1 List of communicable disease with its infectious agent

No	Disease (the infectious agent)	Type
1	Tuberculosis (<i>Mycobacterium tuberculosis</i>)	Communicable disease
2	AIDS (<i>human immunodeficiency viruses</i>)	Communicable disease
3	Coronavirus disease COVID-19 (SARS-CoV-2)	Communicable disease
4	Measles (<i>Measles morbillivirus</i>)	Communicable disease
5	Hepatitis B (<i>Orthohepadnavirus</i> / hepatitis B virus)	Communicable disease
6	Malaria (<i>Plasmodium</i> group)	Communicable disease
7	Diarrheal diseases such as Cholera (<i>Vibrio cholerae</i>)	Communicable disease
8	SARS (SARS-CoV-1), MERS (MERS-CoV) and Avian influenza (H5N1)	Communicable disease
9	Ebola haemorrhagic fever (Filoviridae – <i>Ebolavirus</i>)	Communicable Disease

According to the Department of Statistics, on July 15, 2019, Malaysia is expected to have a population of 32.6 million, including 3.32 million foreigners. The number of migrant workers in Malaysia has been, and is expected to continue to grow. The Immigration Department of Malaysia (JIM) reports the number of migrant workers involved in the six allowable sectors for low-skilled or unskilled workers is around 2.0 million people (roughly 6% of the total estimated Malaysian population). Statistics obtained from JIM showed, 4,204 workers (2.03%) out of 206,948 foreign workers in Malaysia were unable to obtain their Visit Pass (Temporary Employment) [(VP(TE)] and were here sent back to their Country of origin in January 2019 and February 2019 due to failing to comply with the medical screening requirements (personal communication, March 2019). Failure to obtain the VP(TE) due to unsuitability for employment certification by the Foreign Workers Medical Examination Monitoring Agency (FOMEMA) presents health hazards to the public thus needs attention.

Based on the requirements listed by JIM, in the recruitment terms and conditions of foreign workers on their website, one of the requirements before a VP(TE) is issued, semi-skilled or low-skilled foreign workers entering Malaysia are required to do a medical screening within 30 days of arrival in Malaysia at any registered panel clinics registered with FOMEMA (Government of Malaysia, Immigration Department of Malaysia, 2019). **Figure 1** illustrates the process flow of foreign workers' medical screening through FOMEMA.

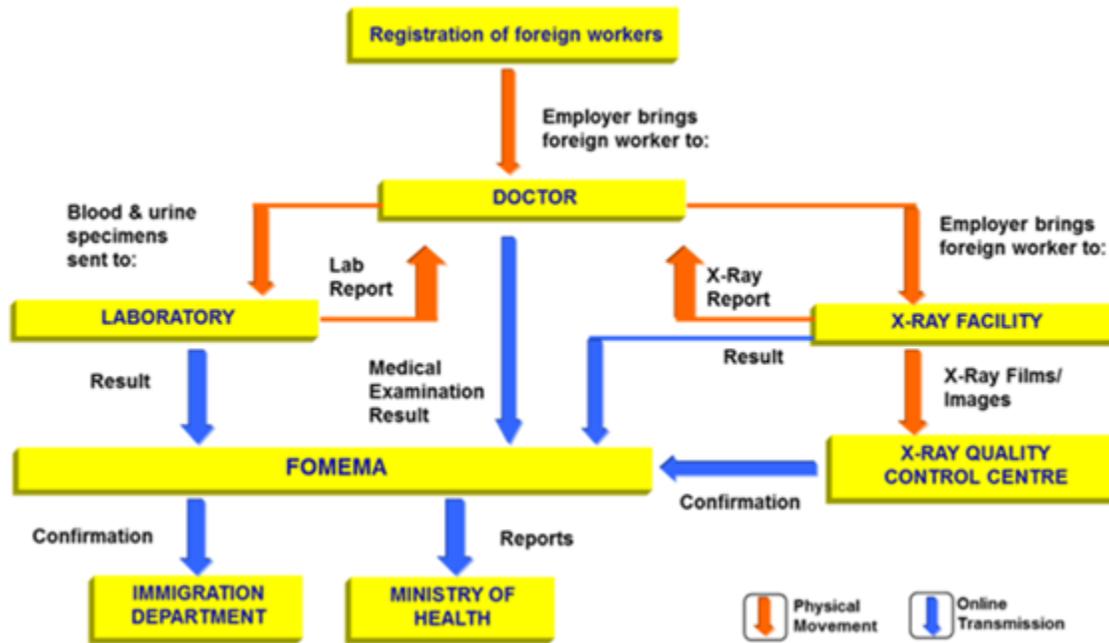


Figure 1 FOMEMA medical screening process flow (FOMEMA, 2020)

Employers are responsible for registering themselves with FOMEMA, as well as for their foreign employees. For corporate employers, companies are required to submit company registration, letter of authorisation for a contact person to perform workers' registration, a copy of identity card of the person authorised to perform workers' registration and calling visa/ work permit of workers. To register for foreign workers' medical examination, FOMEMA makes it compulsory for employers to produce original and the photocopy of workers' passport (first page and entry stamping), copy of the approval or calling visa from the Immigration Department of Malaysia, a biomedical report from Country of origin, registration fees payable to "FOMEMA Sdn Bhd" and the completed registration form.

With a view to better understanding the meaning, Zimmerman et. Al. lists five (5) stages that migrants experience during their time of migration; pre-departure; travel; arrival; interception (if applicable) and return. Each of these phases poses health risks to the migrants (Zimmerman et al., 2011). There are relatively few investigations conducted in Malaysia to explore the issues and challenges in managing health risk due to failed medical screening for migrant workers. Priority for this investigation is to understand the

impact of TB disease because TB easily spread into a tropical country such as Malaysia. Therefore, in this study, the investigation mainly focused on finding the possible phase that might lead to failure in Tuberculosis screening phase in Malaysia.

Issues with Tuberculosis Infection

According to the Centers for Disease Control and Prevention (CDC), Tuberculosis (TB) is caused by a bacterium called *Mycobacterium tuberculosis*. Typically, these bacteria invade the lungs and are able to attack every part of the body, such as the kidney, spine, and brain. Not all those infected with TB, however, will get sick. Therefore, TB is classified into two conditions: - (1) Latent TB infection (LTBI) and (2) TB disease. TB bacteria are airborne --- emitted from infected people that coughs, speaks, or sings where it can spread through the air from one person to another. These bacteria can be breathed in by people nearby and become sick. Based on their extensive research, Sadarangani et al., (2017) highlighted that migrant workers have a higher chance of contracting and transmitting infectious diseases, hence pose challenges to the public health (Morens et al., 2004). It is therefore important that the receiving countries manage the risks of potential diseases caused by these migrant workers through a comprehensive system of detection and control (Morens et al., 2004; Sadarangani et al., 2017).

Communicable diseases can cause social and possibly global outbreaks (World Health Organization, 2017). Thus, TB screening and surveillance is essential because it can lead to early detection and prevention of further transmission, and thereby prevent an outbreak among the population. As of 31st December 2018, there are 2.0 million legally registered migrant workers in Malaysia (6% of the total Country's population) in the six allowable low-skilled and unskilled workers. The current statistics as of 28th February 2019, 2.03% or 4,204 out of the 206,948 screened migrant workers failed their medical screening upon arrival in the Country, thus unable to obtain their VP(TE) from Immigration Department of Malaysia (JIM). This is very concerning as they have interacted and socialised with other migrant workers, as well as the general population, before they receive the result of their VP(TE) applications .

Another silently alarming issue is the prevalence of migrant workers with LTBI. The LTBI condition is defined as the capability of an individual that does not fall sick even though the TB bacteria is in their body. This condition can occur if this individual has a higher immune level to fight the bacteria. According to the CDC, people with LTBI have no visible symptoms and are unable to spread to others. Many people with LTBI never develop TB disease. The bacteria remain inactive for a lifetime without causing disease. If the immune system were compromised along the way, the bacteria become active, multiply and later develop into TB disease. It requires a combination of standard medical diagnoses such as chest X-ray with TB skin test and TB blood test to detect TB presence in a person.

Methodology

This research adopts a qualitative approach utilising the case study method. Techniques of data collection for the purpose of this study include semi-structured interviews and document analysis. Semi-structured interviews were chosen due to the flexibility it provides in terms of interview questions sequence. Prior to the interviews, respondents were assured of confidentiality where their names will not be mentioned in any

part of the report. The scope of the study is low-skilled and unskilled workers as approved by the JIM within the six allowable sectors. However, no direct contact was made with the said group.

To further understand the foreign workers' health in Malaysia, a few documents were analysed. This include the reports on foreign workers' health screening by FOMEMA for the years 2014 to 2018, Auditor General Report 2018 (1st Series) – Federal Government and Federal Statutory Bodies Activities and Activity Flow of Foreign Workers. Semi-structured interviews were conducted with four relevant authorities - Ministry of Health, Malaysian Immigration Department, Ministry of Home Affairs and FOMEMA. Respondents were selected based on a set of predetermined criteria that include (i) their position as senior personnel in strategic planning of workforce requirements and allocation, or (ii) involves in the management of foreign workers (Ministry of Home Affairs Bahagian Pekerja Asing), or (iii) responsible in the activities related to policy making and guidelines (MOH and Ministry of Home Affairs Bahagian Hal Ehwal Immigresen), or (v) categorized as implementor (FOMEMA), execution and monitoring (JIM) bodies. To extract important and emerging themes for the research, the interviews were transcribed and analysed. Findings from the semi-structured interviews as well documents analysis were analysed, coded and organised into themes.

Statistical data with regards to their medical screenings results were obtained from the MOH. Prior to data collection, an ethics approval was obtained from the Medical Research Ethic Committee (MREC) as stipulated by Director General of Health's and the ethics approval was granted in August 2019. Medical screening results obtained from the Ministry of Health were analysed to know the actual statistics of failed medical screening among VP(TE) applicants, the types of diseases prevalent and source Country of foreign workers who failed to obtain their VP(TE) due to failed medical screenings.

Result and Discussions

FOMEMA medical screening statistic

The number of failed foreign workers' medical examinations which are conducted by FOMEMA through their panel of clinics throughout Malaysia are not readily available. A request was sent to the Ministry of Health (MOH) for the required statistical data between the years 2014 to 2018. From the statistical data obtained, a total of 5,819,426 foreign workers in the unskilled and low skilled sectors underwent the FOMEMA medical screening throughout those five years' period. Out of that number, 5,677,849 (97.57%) passed their medical exam and were issued VP(TE) while 141,577 (2.43%) failed their FOMEMA screening and were required to be deported back to their Country of origin. The statistics of FOMEMA screenings are depicted in Table 3.

Table 3 Statistics of FOMEMA medical screening between 2014 and 2018

Year	Passed (%)	Failed (%)	TOTAL
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2014	1,287,213 (97.15%)	37,770 (2.85%)	1,324,983
2015	1,028,968 (97.64%)	24,839 (2.36%)	1,053,807
2016	855,367 (97.57%)	21,320 (2.43%)	876,687
2017	898,637 (97.73%)	20,838 (2.27%)	919,475
2018	1,607,664 (97.76%)	36,810 (2.24%)	1,644,474
TOTAL	5,677,849 (97.57%)	141,577 (2.43%)	5,819,426 (100%)

Given the context of small fraction of failed medical screening data, as depicted in Figure 3, one of the respondent; who is widely experienced as an officer in the MHA had stated that:

“The Auditor General’s Report mentioned the percentage of failed medical screening is around one or two percent. However, the low percentage when we look at the overall that enters our Country is in the hundreds of thousands is still quite a significant number.”

(Respondent 2)

Failed FOMEMA Screening

Based on the statistical documents obtained from MOH, among the reasons for failed FOMEMA screening includes TB, Hepatitis B, sexually transmitted diseases and others. Among these communicable diseases, the highest reason for failed medical screening was due to TB, which was 62,380 (44.06%) cases out of 141,577 for that period. Details of failed FOMEMA screenings are as in Table 4

Table 4 Failed FOMEMA screening by disease types

Year	TB	Hep B	STD	HIV	Others (Malaria and Leprosy)	Others Non- Communicable Diseases	TOTAL
2014	17,878 (47.33%)	4,200 (11.12%)	1,370 (3.63%)	331 (0.88%)	45 (0.12%)	13,946 (36.92%)	37,770
2015	11,776 (47.41%)	2,608 (10.50%)	556 (2.24%)	379 (1.53%)	46 (0.19%)	9,474 (38.14%)	24,839
2016	11,291 (52.96%)	1,952 (9.16%)	538 (2.52%)	290 (1.36%)	40 (0.19%)	7,209 (33.81%)	21,320
2017	9,257 (44.42%)	2,553 (12.25%)	557 (2.67%)	318 (1.53%)	34 (0.16%)	8,119 (38.96%)	20,838
2018	12,178 (33.08%)	5,195 (14.11%)	1,099 (2.99%)	468 (1.27%)	23 (0.06%)	17,847 (48.48%)	36,810
Total	62,380 (44.06%)	16,508 (11.66%)	4,120 (2.91%)	1,786 (1.26%)	188 (0.13%)	56,595 (39.97%)	141,577

"Of the 17,520 people who failed FOMEMA screening, it was found that 7,197 people (41.1%) had Tuberculosis and 1,752 people (10.0%) had Hepatitis B and the remaining 8,571 people (48.9%) were other diseases including HIV, diabetes and hypertension. According to FOMEMA, Tuberculosis or former Tuberculosis and Hepatitis B patients should be detected during health check-ups in the source country again. FOMEMA also informs that Tuberculosis is a contagious and potentially fatal disease. Based on these statistics, these foreign workers may be able to spread the disease to local people."

(Document 1 - translated from Malay to English)

Based on the result depicted in Table 4, it is noticeable that TB, a communicable disease has recorded the highest number of identified diseases, which is between 33% and 52.96% annually. In addition, TB is the

only communicable disease that is airborne. Therefore, it is important to ensure that foreign workers in Malaysia are safe and not infected with communicable diseases, especially those that are easily transmitted through touch or close proximity from one person to another. Malaysia enforces two medical screening for those who wish to seek employment in Malaysia in the six low-skilled and unskilled workforce; once before they are issued a visa to travel called Visa with Reference (VDR) and another screening within 30 days of arrival, prior to issuance of their VP(TE). However, to achieve 0% FOMEMA, medical screening failure is impossible. The nature of TB infection is indecisive and carries risk of airborne transmission that is similar COVID-19, with less virulent impact.

When asking the possible technique to isolate the foreign worker with TB disease while dealing a miniscule fraction of failed FB screening. One of the respondent stated that: -

“... the issue of failed (medical screening) is not the main issue as we have Bestinet and FOMEMA medical screening. The issue is how we want to manage those that have failed their medical screening... Perhaps a mechanism for the foreign workers not to socialise with the society prior to their medical screening results.”

(Respondent 2)

Based on the feedback, practising a social distancing among the foreign worker with TB disease from the local people is practicable. Social distancing able to protect the local society from TB transmission and reduces chances of Tb re-emergence from those that have been isolated. However, it should not be as rigid as the one that is being imposed to defy Covid-19 pandemic as TB is treatable (Sharma and Mohan 2013). Most importantly, the employer and agent must take the initiative to help the JIM by ensuring all their foreign workers will get their TB screening thoroughly and provided a place to live that is marginable from the local society.

Management of Foreign Workers

On average, there are 1.0 million foreign workers entering Malaysia each year to fill up six allowable low-skilled and unskilled workforce sectors employment with imperative management by the JIM. JIM has been the key role in managing the foreign workers' welfare and protecting the local society. The responsible government bodies have the utmost responsibilities to manage, issuing VP(TE) status and repatriating foreign workers who have not met the minimum medical screening criteria. This requires a strengthened immigratorial system and its System of Procedure (SOP) ensure spotless execution, minimal failure occurrences and approachable authority backup. Most importantly, the new system shall allow a one-time medical screening result entry with a function that instantly alerts the authority department to issue a rapid VP(TE) revokement.

There are four possible ways to minimise TB transmission or any communicable diseases. First, employers are responsible to bring their workers for a compulsory medical screening as soon as possible. Secondly, the policymakers should revise the current policy on the allocated time to undergo medical screening. Thirdly, requirements of VP(TE) renewal should be revised strenuously, Fourthly, the maximum years of

service allocated for the foreign workers should be revised. Lastly, the employer's quota to employ foreign workers based on their needs and track record needs to be properly.

Tuberculosis Screening Failure Management based on Sub-theme of Foreign Workers Management

Understanding issues that lead to failure in TB screening shall be looked at from the sub-theme of Foreign Workers Management. Based on interviews conducted, six sub-themes had been identified under the theme of management of foreign workers. Summary of the sub-themes for the management of foreign workers is depicted in Figure 2.

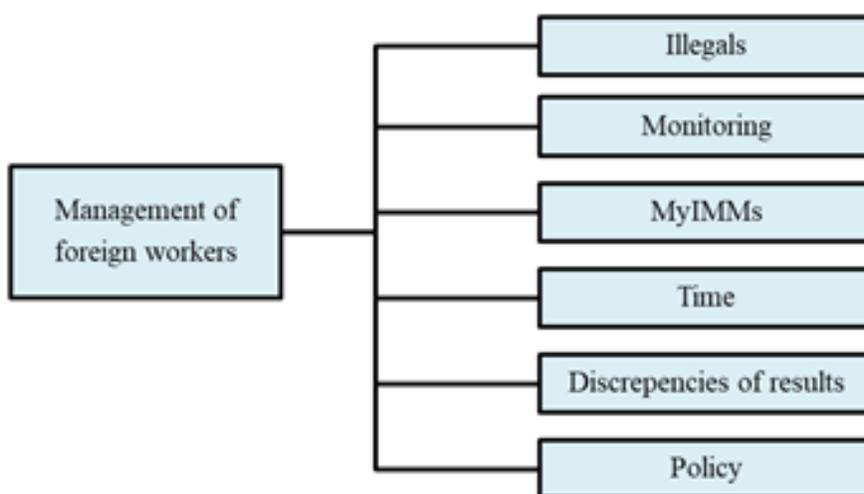


Figure 2 Sub-Themes for Management of Foreign Workers

Illegals worker issues

In Malaysia, illegal nationals are classified as a foreign nationals who have illegally entered Malaysia via one of our international borders and are not allowed entry points by the Government of Malaysia, or foreign nationals who have lawfully entered a country but have become illegal inside the Country due to a violation of their entry pass or visa. Those with having a violated visa status might This may be attributed to (i)staying in a country after the expiry date of the visa., (ii)employees running away from their bosses or (iii) workers who do not work in the sector or at the address in the issued work permit.

There is currently no definite number of illegal immigrants in Malaysia. Among them are those that entered the Country legally, but later have failed their medical screening. They will work illegally and communicate with the general population regularly to ensure that they can afford the living expenses, which presents the risk of spreading the disease to those who come into contact with them. From the interviews conducted, the

respondents confirmed that the Malaysian Government only blacklists foreigners who are in the Country illegally.

Due to the availability of means of survival, illegal workers continue to be present in Malaysia. There are still employers that engage foreign workers regardless of their status. Employers should be made aware not only from a security point of view, but in the long term because of health concerns, about the effects of recruiting illegal employees. A more stringent penalty such as barring employers from employing foreign workers in the future need to be taken if they violate the regulations. In the interviews, respondents stated that one of the reasons why employees run away from employers is because of their fear of repatriation. It is almost impossible to return to their Country of origin because some have incurred debts to come to Malaysia to work. Therefore, the opportunity that presents for workers to run away should be minimised earlier on by having them undergo medical screening immediately upon arrival where they will be placed at quarantine centres before being sent under the care of their respective employers. However, even at the quarantine centres, workers are still accountable to employers who are expected to provide their workers with basic needs such as food and accommodation costs.

However, foreign workers that went back voluntarily due to failed medical screening or upon completion of their work contract are not blacklisted. They may at any time in the future, after a cooling down period, upon return to their home country, apply for another VDR which allows them to come and work in Malaysia, provided they meet all the requirements which are imposed by the Government of Malaysia. This is quite risky when the reason for failed medical screening was due to communicable diseases such as TB, especially if it is the latent TB. Illegal and runaways can still survive because they are able to earn a living as there are irresponsible employers who still employ workers irrespective of their status. It is important for the general public to understand the importance of employing legal workers.

Furthermore, besides educating employers on the importance of hiring foreign workers legally, it is also important to make the employers understand the importance of reporting to the Malaysia Royal Police Department (PDRM) and JIM if there are any runaway workers. This information is to ensure that the workers are blacklisted and will not be allowed to renew their work permit in the future. A gap in the existing system is that, through MyEG platform (established by My E.G Services Berhad), the permits can be renewed electronically. It is important to note that there are syndicates that can quickly renew these work permits of these illegals and runaways workers easily online if the previous employer did not report them to the authorities. All respondents had agreed that the departure arrangement for the unfit foreign workers is laborious as it may spawn the workers to flee and / or having an uncooperative employer

Foreign workers in the low-skilled and unskilled sectors have invested a lot of time and money to come and work in Malaysia to earn a better living. Therefore, they have set their minds that they will not return home just because of their newfound medical condition. In order to ensure that they can pay back the debts they owe in their home country and earn a living for their families, they will do whatever it takes to survive in this Country as long as possible. Upon notification of the medical screening results, employers are given 30 days to send their foreign employees back to their home country if they are deemed unfit to work. This period is enough for an employee if they do not want to go back, to run away from their employer.

Monitoring issues

Humans are dynamic and do not stay in one place. At a given point in time, enforcement officers find it difficult to monitor all foreign workers in Malaysia as human beings are dynamic. In contrast to the number of known foreign workers currently in the Country, the number of JIM officers involved in operations is also limited. There are no known statistics of those that are here illegally. With all the enforcement and other problems needing JIM's attention, monitoring each person who has failed their medical screening is not the primary concern of JIM as the employers must send the employees back to their Country of origin.

Monitoring is a broad scope, from monitoring of panel clinics that conduct medical screenings to monitoring and enforcement of rules and regulations pertaining to foreign workers' management. The main reason for MOH to stop accrediting clinics at source country was due to financial reasons. Due to that, the responsibility was taken over by a private company on behalf of the Government. The implication of handing over 100% of medical screening procedure without any monitoring or engagement by a specialised government authority would result in security and confidential information being put at risk.

The second part of monitoring involves human capital. When compared with the number of legal foreign workers in the Country, the number of enforcement officers is limited. As for illegals, their numbers could have been double or triple, more than the actual known legal workers that are in the system. Instead of increasing the manpower for the Immigration Department, a certain percentage of expenditure should be allocated for the use of JIM personnel such as mobile card readers. Screening of tourists such as thermal scanners should be installed at all entry points and Immigrations Agency of their point of origins should be alert for the latest prevailing communicable diseases. These technologies are available and only a fraction of the allocated budget will be spent in updating current technologies to the new technology. According to Document 1 and Respondent 1, it is the responsibility of employers to send their workers back when they fail their medical examination, while JIM is the authoritative body to ensure that employers do their part. However, Respondent 3 disagrees as it is not possible to track down all the workers.

“...how do we ensure that once they have been certified unfit by FOMEMA, they will come to Immigration Department, get the documentation, the checkout memo, and are sent back to their original country? There's no way of ensuring that...in terms of policy we can, but operation wise, to actually do is difficult. Yeah, human beings and we cannot track everybody at the same time...”

To ensure the smoothness at departure gates, as well checking out of foreign workers, all SOP must be communicated to all personnel involved. This is to better manage and keep track of foreign workers who are presently in the Country.

“... there are miscommunications within the Department itself, the standard operating procedures or SOP sometimes does not get passed to the implementers...the current SOP is unclear. The officers allow the workers to exit and board their flights without checking them out in the system due to the long line...as for other exit points, the system used is MyEG which is not web based, it is based on a server and is used during office hours only...”

There are workers shown to have been given a VP(TE) in the system even though the outcome of medical screening is negative. This is due to the amended result upon further auditing by FOMEMA upon receiving the chest x-ray from x-ray facilities. An SOP should be in place to revoke the VP(TE) upon the change of medical screening results. This is to ensure that workers will not continue to work in the Country and risk spreading the disease to others if communicable diseases are the reason for the failure of medical screening.

...they can revoke the work permit, but it's a matter of calling back the employer, additional work to Immigration Department, and they don't have the manpower to actually go to each employer and check...

Accreditation of clinics at source country is not under the purview of MOH even though, between the years 2000 and 2007, the Ministry did the accreditations. The main concern is the monitoring and the costs that are involved. On the other hand, cooperation from MOH is imperative due to the expertise that they possess. However, one of the respondents had stated that the operative costs should not be the reason, especially when it will have an impact on the health and well-being of the Malaysian public. Therefore, policy makers have a huge role in deciding the way forward.

According to Respondent 4 “*...the Ministry of Health is not ready to expand their responsibility to source countries... to them it is not within their jurisdiction to accredit clinics, they are only responsible for inside of Malaysia only... there is a bit of a concern on their jurisdiction outside of Malaysia... We prefer to involve Government agencies. If we can allow a company (Bestinet) to do the medical screening, Government agencies should not be a problem in terms of jurisdiction...*”

Respondent 4 also believes that medical screenings should be conducted more frequently due to the nature of the illnesses that are dynamic and can be contracted any time, as well as having the potential of transmitting it to others. Covid-19, which has triggered a global pandemic, would be a more drastic current example. An individual can be exposed to the risk of infection only within a few hours only by being in close contact or within 1 metre of a Covid19-infected patient for at least 15 minutes, or touching the same surface with a Covid19-infected patient.

“The only way we want to protect is through frequent medical screening, preferably every year, because once they receive the permit, it's a multiple entry permit they can go back to their country anytime and come back here. When they go back, they are exposed to the risks... we only have three mandatory screenings, upon arrival, the first year and second year. And then alternate the year...the two years' period, the workers can spread the disease to others. The best is to screen annually.”

Respondent 5 highlights that there are other ways in which visitors enter the country without being screened for imported diseases into the country. The current pandemic is an example of how the first positive Covid-19 was first detected in Malaysia on 25 January 2020 from a tourist that entered the Country from the Malaysia-Singapore border (Wikipedia contributors, 2020).

“...foreign workers, they are from poor country, we look at them and screen them medically... but we forget about the tourist, we don't do medical screening on them...”

MyIMMs issues

The Malaysia Immigration System (MyIMMs), which was established in 1995, is the latest system used to monitor the status of foreign workers and updates used by the Immigration Department. Since then, a lot of other systems have been developed and patched on to the existing system. As with the system used by FOMEMA and its panel clinics, when foreign workers reach Malaysia and are registered with the FOMEMA system, integration between these systems occurs. There are still a lot of weaknesses in the current aging system. Therefore, a new system that is advanced and in line with modern technologies, capable of removing loopholes within the system and capable of performing better management of foreign workers should be developed and used.

Based on interviews conducted, it was found there are loopholes in the current system and this presents a threat to the public in terms of security and health concerns. Government data involves security problems, but there is a risk of security breach and abuse of personal data with a system being outsourced and operated by a non-government agency that could jeopardise the Government and exploit the people and the companies involved. While the technology is advanced and readily available these days, sadly, due to financial constraints, it is not being used to the fullest by responsible agencies.

It is critical to developing a new system that manages foreign employees, where all existing systems are integrated into the new system. Currently, FOMEMA medical screening can be amended online, but unfortunately the VP(TE) and I-Kad issued are physical stickers and cards, hence makes it harder to revoke once issued. Adopting technology that can embed the card with smart chips and auto-revoking VP(TE) once its medical screening results have been altered would decrease the human resources required for monitoring and enforcement, while offering better service at the same time. Current personnel can be reassigned to other areas which are more critical within the Department.

When foreign employees are sent back to their country of origin, employers are expected to obtain a check-out memo (COM) except when it is for social visits during their employment. Once COM has been issued, it indicates that the worker has been erased out of the Immigration Department's system and is no longer in Malaysia. However, there are scenarios whereby a COM has not been issued. Employers have, however, taken these procedures lightly without thinking about the consequences. The employee will still be considered as employed workers in Malaysia as a result of not having a COM, which will open loopholes for syndicates to take advantage of, and might create problems for employers to get a replacement for their foreign employees later as they have used up their quota as seen in the system. Some workers leave the country with no intention of returning but did not inform their employers. As a result, the employers literally send them off as if they were going back to their country to visit their families as the given VP(TE) is for multiple entry.

...another problem faced is when the system is down and there is a long que... the officers have a tendency to get the line moving, they are exiting the country, without thinking of the consequences... the workers are not recorded into the system as leaving the country... the consequences is when the employers want to get new employees, where by in the system their workers have not exited the country... so the employers have to prove to Immigration Department that their employees have exited the country and is not under their employment anymore...

Workers exiting the country more than the check-out memo (COM) issued is an administrative issue within the Immigration Department. This may be attributed to a few variables, such as the obsolete system. Often, due to system downtime, the new system is unable to capture the modified data of the workers leaving the country, hence the records of workers leaving are done manually. Consequently, some data are not keyed into the system when the system was running again.

Or they don't declare that they are going back for good. For example, if a person is, a confirmed HIV patient, he or she can just exit Malaysia, without having checkout memo... let's say if he or she knows that he or she is failing in the FOMEMA examination, he or she may just go back, without having reporting themselves to the Immigration Department, I mean that could happen. They have their passport... So they can just go back without COM.

As far as JIM is concerned, upon medical clearance from FOMEMA, VP(TE) was issued to a worker as he or she is fit to work. The approval is done within the system, and upon approval, the workers will be issued a physical permit. When the medical screening result is amended, it is done in the system. Currently, there is no notification or system to alert JIM, MOH and FOMEMA of the progress of each application, Therefore, these agencies should create an SOP whereby a procedure to revoke the given VP(TE) should be in place until the result is submitted, especially in cases where applicants have failed their screening.

By upgrading the technologies at entry and exit points in the country, the Government could gain tremendous benefit. Since Malaysia already has a biometric system in place, we can use the full potential of the latest technology available to implement it in this context. It will decrease the time taken for JIM to give clearance and remove long queues at immigration counters.

Medical check-ups at source countries are done and transmitted online, x-rays will be assessed by a panel of doctors from Malaysia and not just at the clinics or medical facilities in the source country. Currently appointment and monitoring of clinics and medical centres for biomedical screening is done by the developer of Foreign Workers Centralized Management System (FWCMS), which is Bestinet Sdn Bhd (Bestinet). Tests conducted and guidelines are using those that are being implemented by FOMEMA. Respondents 2 and 3 both agree the implementation of biomedical by Bestinet has reduced fraudulent medical screenings as well as processing time.

Time issues

Employers are required to take their foreign workers for medical screening at any FOMEMA panel clinics within 30 days upon arrival. However, according to the Auditor General's Report, in 2017 and 2019 alone,

more than 11,000 foreign workers went for their medical check-up beyond the allocated time frame, and around 2% fail their medical screening which among the possibilities of failure would be the higher risk of contracting a disease. Respondent 2 also views the long medical screening time is due to employers wanting to get a second opinion with regards to the medical results.

Time is important when the transmission of diseases is of concern, especially airborne communicable diseases. Therefore, it is advisable to reduce the gap as much as possible between initial biomedical and FOMEMA medical screening without room for an appeal. Where appeals are concerned, there will be additional time at stake for the second round of medical screening and within that time frame, the foreign workers are still working and interacting within their own community or with the general public.

...special pass is under the purview of Director General of Immigration Malaysia, and is renewable... request special pass because getting second opinion on workers' medical screening which will take longer... The policy on the number of days for the special pass can change anytime... The initial reason for special pass was to go through the FOMEMA screening. FOMEMA client charter is 14 days, so Immigration Department issues a 30 days' special pass. It is the responsibility to take their workers as early as possible upon entering Malaysia so ensure the FOMEMA medical screening result is obtained in less than 30 days...

There is a substantial time delay between biomedical screening and FOMEMA medical screening 30 days after arrival, in which these foreign workers are at risk of disease transmission. Clinics and medical centres at source country are able to complete medical screening within 1 week. Therefore, to reduce the time between biomedical and FOMEMA screening, the SOP could be reduced to 14 days upon the arrival. However, it is still the responsibility of the employers to bring their foreign workers for screening as early as possible.

FOMEMA have about three thousand plus panels. So, the issue is, they need to go early to the clinic. The problem is maybe there, because the employer is not sending their workers, earlier... So we have the capacity to do it.... problem is when they arrive, they're not registering the worker early. We have no information when their workers arrive. It's up to the employer (to register and take employees for medical check-up).

Discrepancies of Results

There are possibilities of medical screening results discrepancies between biomedical and FOMEMA. The time frame of biomedical and FOMEMA is about 4 months, where both communicable and non-communicable diseases are screened. However, due to the dynamic nature of diseases and human health, there will always be a possibility of contracting diseases within that time frame or that the symptoms are not present at the time of biomedical screening.

Health conditions are also dynamic as humans are dynamic. Therefore, we cannot fully guarantee that the biomedical results would match with FOMEMA medical results. However, preventive measures can be

taken to reduce the possibility of further disease transmission from foreign workers to another, or to the general public. For screenings of TB, based on chest x-ray, it is subjective to the person evaluating the x-ray film. Therefore, a possibility to reduce discrepancies is to have the same person that evaluated the first chest x-ray during biomedical to be the one that also evaluates the x-ray during FOMEMA medical screening. Another preventive measure that can be taken is for FOMEMA x-ray panels to also be able to counter check chest x-ray done in Malaysia with that of biomedical screening prior to travel and compare both films. The final preventive measure that can be taken is to do confirmatory tests for TB in lieu of screening through x-ray, as a confirmatory test will yield positive or negative results based on reactions to the test rather than relying on the subjectivity of the evaluator.

In relation to foreign workers diagnosed with Tuberculosis / Hepatitis B, FOMEMA screening is carried out within a certain time interval after the examination. Several possibilities need to be considered, namely:

1. Tuberculosis / Hepatitis B infection amongst foreign workers after they pass the FOMEMA screening test.
2. The incubation period of Tuberculosis / Hepatitis B is the period during which the symptoms / signs of the disease are not significant (for example during examination) even though the infection has actually occurred. Symptoms / signs of Tuberculosis / Hepatitis B disease will only be noticeable during FOMEMA examination.
3. The doctor's expertise in identifying the symptoms of the disease as well as the policies / guidelines adopted in the examination are subjective. Examples as in x-ray examination. The doctor examining during the examination may be of the opinion of a foreign worker
4. There is no sign of Tuberculosis, but the doctor who checked during the FOMEMA examination thought there were signs of Tuberculosis (e.g. old Tuberculosis).
5. Level of sensitivity and specifications of a laboratory test as well as the type of laboratory test used. For example, laboratory tests used during inspections are less sensitive / specific. However, during the FOMEMA examination, the element 'HbsAg' was detected because the laboratory tests used were more sensitive / specific. in the source country is completed. Because it may not detect the presence of the 'HbsAg' element or the ability of the test to detect the 'HbsAg' element

The symptoms of such diseases are subjective and depend on the knowledge and understanding of a doctor, particularly when the screening is based on x-ray and not on a confirmatory test. Sensitivity of equipment used also plays a factor in screening for diseases. Both Respondents 2 and 3 expressed their concerns and the importance of Bestinet to work together with the Ministry of Health and FOMEMA on the biomedical screening at source country to reduce discrepancies in medical screenings.

...those who are healthy are supposed to come here. Which means they need to pass the medical...they are not supposed to fail their medical screening when they come here....so the medical examination in their source country must be stringent... they cannot do it or let FOMEMA do it..

Policy issues

The policy currently in Malaysia for foreign workers to enter this country is that they must undergo a biomedical screening before a VDR is released to allow them to enter Malaysia. Next, they will have to undergo a FOMEMA medical screening 30 days upon arrival, at the end of the first and second year, and every alternate years onwards. Workers are allowed to work for a maximum of 10 years by renewing their VP(TE) and must pass the FOMEMA medical screening. It is important to note that a 30 days' special pass issued to foreign workers are renewable at the discretion of Immigration Director General, in line with current prevailing policies and regulations. Policy makers should revise the current policy to protect the health of the public, as an extension of the special pass is usually due to the failure obtain FOMEMA's approval on medical screenings for appeal cases, re-testing or overdue in thier medical screening.

Upon approval of quotas for foreign workers, there is no revision on the necessity of engaging foreign workers, which in turn results in the increase numbers of legal and illegal foreign workers in the country. Subsequently, there are bound to be those that fail their FOMEMA medical screening and not all will be repatriated successfully. Where a legally documented foreign workers are concerned, they are allowed to stay in the country to gain economic benefit for a maximum of 10 years provided they pass their alternate year medical screening for VP(TE) renewal. However, for illegal foreign workers, they are here in the country, outside of the system and not being monitored by anybody unless they are being caught. Therefore, they are free to be in the Country for more than the allocated maximum of 10 years, living in substandard accommodations, no access to healthcare and possibly transmitting the disease to those that are in contact with them, particularly if their reason for the failed FOMEMA screening was due to communicable disease.

A worker can enter the country for up to 10 years without any further monitoring from any regulatory agencies except Immigration Department for visa renewal and FOMEMA for medical screenings. That is all that is being monitored. Do we really require these large numbers of foreign workers? Perhaps they can be replaced by locals. The Government need to carefully look into this issue comprehensively. Employers currently are too comfortable hiring foreign workers, but increasing the cost to hire of foreign workers, will perhaps force these employers to rethink of this option. But then again, these employers will argue since there is a cost increase to hire foreign workers, they will increase on their goods and services. The Government is always blackmailed into that situation. That is where the actual challenge lies.

According to Respondent 2, the current policy does not mention anything about appeals for failed FOMEMA screenings. Therefore, it has been a sign to employers to appeal whenever their foreign workers do not pass the medical screening. Currently, the Government's policy with regards to foreign workers is that foreign workers are not black listed when they fail their medical screening can reapply for entrance to Malaysia from their country of origin, provided they comply with the rules and regulations.

Conclusion

In light of the Covid-19 situation, and the similarities it has with TB , it is advisable for the to revise on the policy of hiring foreign workers holisticallyThe similarities between the two diseases are not only about how quickly these communicable diseases can be transmitted, but also about how asymptomatic those who have contracted these diseases are, and thus have the ability to spread them to others without even realising

it. Time is very critical, especially in dealing with communicable diseases, as earlier detection will not only reduce the rate of infection but also crucial for early treatment purposes. Therefore, the time gap between pre-travel and upon arrival screenings should be reduced. Secondly, the type of tests which are as accurate as possible should be implemented to ensure a lower discrepancy of medical examination results. Third, multiple entry upon issuance of VP(TE) procedure, a contributor for disease infection and transmission, should be revised. Fourth, it is important to reassess the process for determining the needs of an employer to hire foreign employees. A more stringent policy should be in place for hiring of foreign workers as this would reduce the appeal of hiring foreign workers. Simultaneously, certain incentives could be introduced to encourage hiring of local workers, as well as increasing the provision of skill training to enhance local employees marketability.

Technology is rapidly changing. Therefore, the Government should use to its fullest advantage the available technology in managing foreign workers as soon as they enter the country. By adapting the latest technology to ease all aspects of foreign workers' management, the authority is able to overcome the shortage of personnel required for monitoring and enforcement duties. Adaptation of advance technology in managing some aspect of foreign workers would enable JIM personnel, as the enforcing body, to be empowered for other strategic and higher security issues. Hence, it is very important for the Government to continuously invest in technology upgrades and developments in ensuring the safety and security of the nation. As for the employers' and business owners, it would be very beneficial for the Government to establish a policy that promotes automation in the relevant industry, parallel to the IR 4.0 transition period, in order to minimised reliance on foreigners. An incentive of certain tax exemptions or reductions could be put in place to encourage the adoption of automation thus implicitly able to reduce the nation's dependency on foreign workers.

The general public should be aware of the criteria and terms and conditions for the employment of foreign employees, such as the permissible sectors and the requirements for accommodation. The consequences of depending so much on foreign workers are very necessary for locals to understand. The effect of 'protecting' illegally foreign workers in the country is also important for these employees to consider as Such an act can contribute to disease transmission and can paralyse the economy to a large degree, as is obvious in the recent outbreak of Sabah Covid 19 outbreak. For the sake of national security and safety, responsible authorities ought to take necessary measures immediately.

Declaration

The authors hereby declare there are no conflicts of interest whatsoever.

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