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Effectiveness of movement control orderand conditional movement control orderin Malaysia to control the spread of the Covid-19 outbreak

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Abstract— Objective: This study is to determine the pattern of Covid-19 infection in Malaysia throughout MCO and CMCO period and measuring the effectiveness of the MCO and CMCO implementation by the Malaysian government in controlling Covid-19 infection and death. **Methods:** Statistical analysis was performed by using SPSS and Excel software through One-Way ANOVA. This analysis allows the researcher to investigate the phenomenon of Covid-19 from its beginning of movement control order (MCO) until conditional movement control order (CMCO). **Results:** From the result shown that there was a statistically significant difference between MCO and CMCO phase of the number of COVID-19 positive cases ($F(5,78) = 18.834$, $p = 0.000$), statistically significant difference between MCO and CMCO phase of the number of COVID-19 death cases ($F(5,78) = 13.907$, $p = 0.000$) and there was a statistically significant difference between MCO and CMCO phase of the number of COVID-19 recoveries cases ($F(5,78) = 11.487$, $p = 0.000$) as determined by one-way ANOVA. **Conclusion:** Using one-way ANOVA and Tukey post hoc analysis, all variable shows significant different of controlling Covid-19 infection and death between MCO and CMCO period. Malaysia effectively manages to control the Covid-19 pandemic by the implementation of MCO and CMCO.

Keywords— COVID-19, Malaysia, movement control order (MCO), conditional movement control order (CMCO), one-way ANOVA

1. Introduction

Coronavirus 19 (Covid-19) has been declared as world pandemic by world health organization (WHO) on 11th March 2020. Up until 9th June 2020, it infected 7 039 918 people worldwide and caused 404 396 deaths [1]. The number of infected people and death are growing day by day [1]. The world still battling the disease which had high infection rate between 1.5 to 3.5 and mortality rate of 5.7% as on 9th June 2020 [1,2]. The first case of Covid-19 positive in Malaysia was reported on 25th January 2020. The individual was a China citizen who came to Malaysia through Singapore. On 3rd February 2020, the first Malaysian citizen was tested positive for Covid-19 [3]. Malaysia Covid-19 situation became worse on 11th March 2020 as the International Health Regulations (IHR) Malaysia was informed by IHR Brunei that one positive case was found from a religious gathering at Sri Petaling [4]. This gathering was attended by more than 10 000 people from different country. More than 100 cases reported each day and 50% of cases are from the Sri Petaling cluster.

To battle the increasing number of positive Covid-19. The Malaysian government announced implementing the movement control order (MCO), the local version of lockdown in Malaysia.It was first announced on

16thMarch 2020 to be implemented on 18th March 2020 until 30th March 2020 (MCO Phase1) [5]. It was implemented using Prevention and Control of Infectious Diseases Act 1988 and the Police Act 1967. During this period, Malaysians were prohibited in mass movements and gathering across the country including religious, sport, social and cultural activity. Schools and university were closed and restriction on entry of all foreign visitors into the country were implemented. All government and private premises were closed except the essential services such as utility, healthcare, telecommunication services and food supply [6]. The violators of MCO's regulation was subjected into fined up to RM 1000 (USD 229) and/or jailed not more than six months. Royal Malaysia Police (PDRM) conducted roadblocks operations across the country to monitor travellers, warn them to stay at home and abide by the order.

On March 25, Malaysian prime minister announced extension of MCO from 1st April until 15th April due to increasing number of Covid-19 cases detected (MCO Phase 2). However, on 10th April, the prime minister announced a second extension of the MCO by another fortnight until 28 April as the number of cases in Malaysia is expected to peak in mid-April, according to the WHO (MCO Phase 3) [7]. MCO was extended further until 3rd May 2020 (MCO Phase 4) followed by next plan by the government.

On 1st May, the Malaysian prime minister announced Conditional Movement Control Order (CMCO) plan. Its main goal is to re-open the national economy in a controlled manner [8]. The CMCO started on 4th May until 12th May 2020 (CMCO Phase 1) and then was further extended to 9th June 2020 (CMCO Phase 2). During this period, most economic sectors and activities are allowed to operate with standard operating procedures such as social distancing and recording the names and telephone numbers of customers and their visit dates. However, social and religious gathering and sport activity are still not allowed during this period [8]. Apart from the government's MCO and CMCO, the Malaysian Ministry of Health (MOH) also plays an essential role in combating the Covid-19 pandemic. The most crucial part of MOH is by increasing the number of hospitals that could treat Covid-19 cases and implement aggressive contact tracing to screen possible carriers of the virus, carrying out testing and imposing a 14-day self-quarantine [9].

The purpose of this article is to study the pattern of Covid-19 infection in Malaysia throughout MCO and CMCO period and to statistically measure the effectiveness of the MCO and CMCO implementation by the Malaysian government in controlling Covid-19 infection and death. Hopefully, this data could benefit the world in analysing the Covid-19 infection. They could explain how the Malaysian government manages the disease, especially to a country that is still struggling to control the infection. To Malaysian, this data analysis could motivate them to continue their essential role to stop the disease.

2. Methodology

This study was conducted by reviewing the daily COVID-19 data of positive cases, death cases and recoveries cases (Table 1) published by Malaysia Ministry of Health starting from March 18, 2020, till June 9, 2020 [10].

Table 1: COVID-19 cases in Malaysia from 18 March – 9 June 2020

Date	Positive	Death	Recoveries	Date	Positive	Death	Recoveries
18-Mar-20	117	0	11	29-Apr-20	94	0	55
19-Mar-20	110	0	15	30-Apr-20	57	2	84
20-Mar-20	130	1	12	1-May-20	69	1	39
21-Mar-20	153	5	27	2-May-20	105	0	116

22-Mar-20	123	3	25	3-May-20	122	2	87
23-Mar-20	212	3	20	4-May-20	55	0	71
24-Mar-20	106	2	24	5-May-20	30	1	83
25-Mar-20	172	4	16	6-May-20	45	1	135
26-Mar-20	235	4	16	7-May-20	39	0	74
27-Mar-20	130	2	44	8-May-20	68	0	88
28-Mar-20	159	1	61	9-May-20	54	1	65
29-Mar-20	150	8	68	10-May-20	67	0	96
30-Mar-20	156	2	91	11-May-20	70	1	88
31-Mar-20	140	6	58	12-May-20	16	0	110
1-Apr-20	142	2	108	13-May-20	37	2	58
2-Apr-20	208	5	122	14-May-20	40	1	70
3-Apr-20	217	3	60	15-May-20	36	0	88
4-Apr-20	150	4	88	16-May-20	17	1	73
5-Apr-20	179	4	90	17-May-20	22	0	59
6-Apr-20	131	1	236	18-May-20	47	0	44
7-Apr-20	170	1	80	19-May-20	37	1	31
8-Apr-20	156	2	166	20-May-20	31	0	60
9-Apr-20	109	2	121	21-May-20	50	0	90
10-Apr-20	118	3	222	22-May-20	78	1	63
11-Apr-20	184	3	165	23-May-20	48	0	53
12-Apr-20	153	3	113	24-May-20	60	0	33
13-Apr-20	134	1	168	25-May-20	172	0	34
14-Apr-20	170	5	202	26-May-20	187	0	62
15-Apr-20	85	1	169	27-May-20	15	0	42
16-Apr-20	110	1	119	28-May-20	10	0	86
17-Apr-20	69	2	201	29-May-20	103	0	66
18-Apr-20	54	2	135	30-May-20	30	0	95
19-Apr-20	84	1	95	31-May-20	57	0	23
20-Apr-20	36	0	98	1-Jun-20	38	0	51
21-Apr-20	57	3	54	2-Jun-20	20	0	66
22-Apr-20	50	1	103	3-Jun-20	93	0	61
23-Apr-20	71	2	90	4-Jun-20	277	0	28
24-Apr-20	88	1	121	5-Jun-20	19	1	51
25-Apr-20	51	2	99	6-Jun-20	37	1	25
26-Apr-20	38	0	100	7-Jun-20	19	0	39
27-Apr-20	40	1	95	8-Jun-20	7	0	20
28-Apr-20	31	1	75	9-Jun-20	7	0	281

(Sources: Ministry of Health Malaysia, 2020)

Statistical analysis was performed by using SPSS and Excel software through One-Way ANOVA. ANOVA is a statistical technique that assesses potential differences in a scale-level dependent variable by a nominal-level variable having two or more categories. This analysis allows the researcher to investigate the phenomenon of Covid-19 from its beginning of movement control order (MCO) until conditional movement control order (CMCO).

One-Way ANOVA is used to check whether there is any significant difference between the means of three or more unrelated groups. It mainly tests the null hypothesis.

$H_0 : \mu_1 = \mu_2 = \mu_3 = \ldots = \mu_x$

H1: $\mu_1 \quad \mu_2 \quad \mu_3 \quad \ldots \mu_x$

Where μ means group mean and x means number of groups. One-Way ANOVA gives a significant result. One-way ANOVA is an omnibus test statistic and it will not let you know which specific groups were different from each other. In order to know the specific group or groups which differed from others then you need to do a post hoc test. The data description was shown in Table 2.

Table 2: Data description

Variable	**Description**
Positive	Number of COVID-19 Positive Cases
Death	Number of COVID-19 Death Cases
Recoveries	Number of COVID-19 Recoveries Cases
MCO	Movement control order 1 = MCO Phase 1 2 = MCO Phase 2 3 = MCO Phase 3 4 = MCO Phase 4
CMCO	Conditional Movement control order 5 = CMCO Phase 1 6 = CMCO Phase 2

3. Results

Figure 1 shows the patterns of COVID-19 for positive cases, death cases and recoveries cases from March 18, till June 9, 2020. The first phase of the MCO came into effect until March 31. Based on MCO phase 1, on March 26, 2020, Malaysia saw its highest increase in several positive Covid-19 cases (+235 cases) to date. Currently, the death toll has risen to 23. On March 30 MCO phase 1, Malaysia had its highest daily recoveries with 91 people discharged. Meanwhile, there were 156 new Covid-19 cases as of noon today, bringing the total to 2,626.

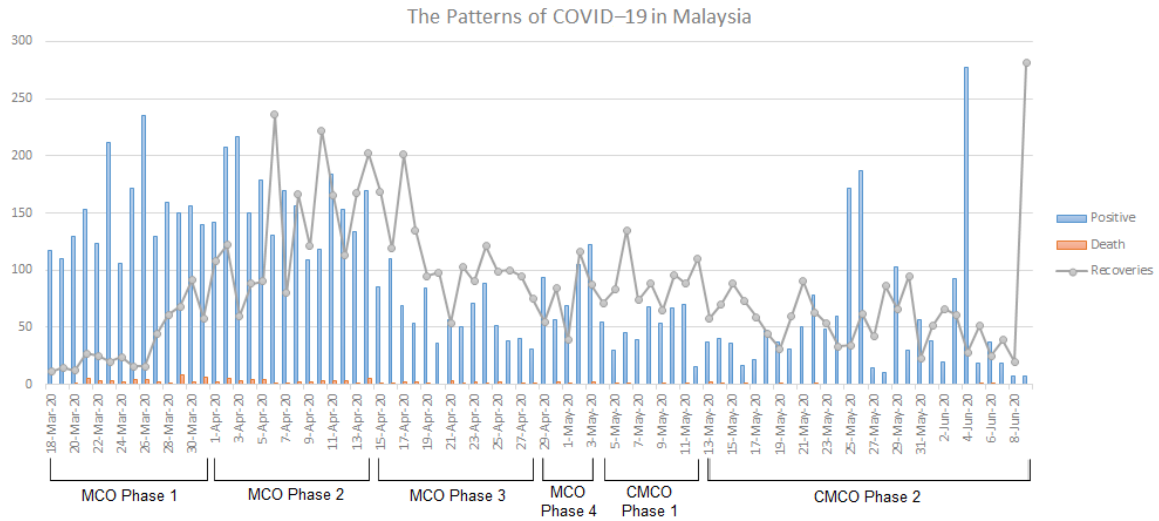


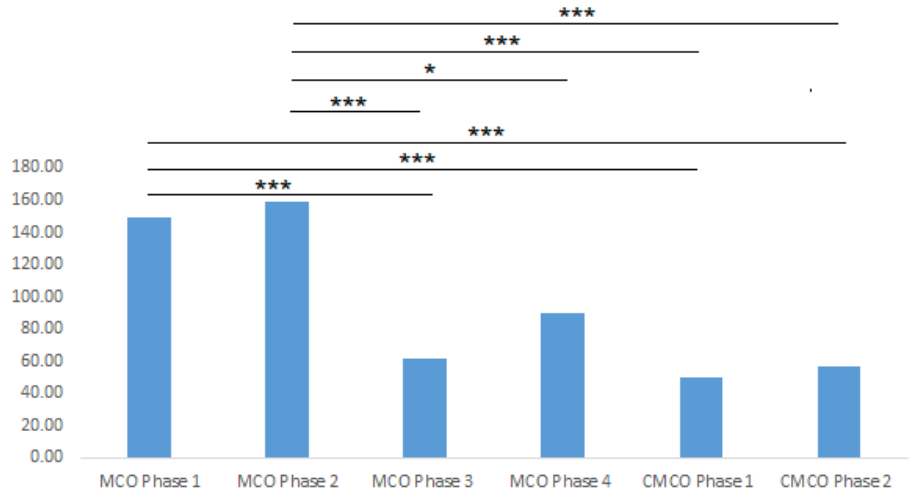
Fig. 1: The patterns of coronavirus (COVID-19) positive cases, recoveries and death from March 18 until

June9, 2020

On April 3, on MCO phase 2, there are 217 new cases, three deaths, and 60 recoveries. It brings the total positive COVID-19 cases to 3,333. On April 6, Malaysia reported 131 new cases and the highest number of recoveries in a day (236 cases). On March 8, the number of positive cases is 156 cases, two deaths and 166 recoveries cases. The numbers of new and active Covid-19 cases started showing clear downtrends from mid-April till June 2020 (MCO phase 3, MCO phase 4, CMCO phase 1 and CMCO phase 2), thus indicating the effectiveness of movement control and conditional movement control order with its compliance. On May 26, 187 new cases where ten imported and 177 local transmissions cases brought the total number to 7,604, and 62 cases were discharged.

On June 4, reported 277 new cases (271 foreigners and 4 Malaysians), bringing the total number of positive cases is 8,247. Twenty-eight patients have recovered, bringing the total to some recovered to 6,559. On June 8, 2020, Malaysia recorded just seven new Covid-19 cases, the lowest number of new infections since the movement control order (MCO) began on March 18. No new deaths were reported, with the toll remaining at 117. Besides that, 20 patients have recovered, bringing the total number of patients discharged so far to 6694 (CMCO phase 2).

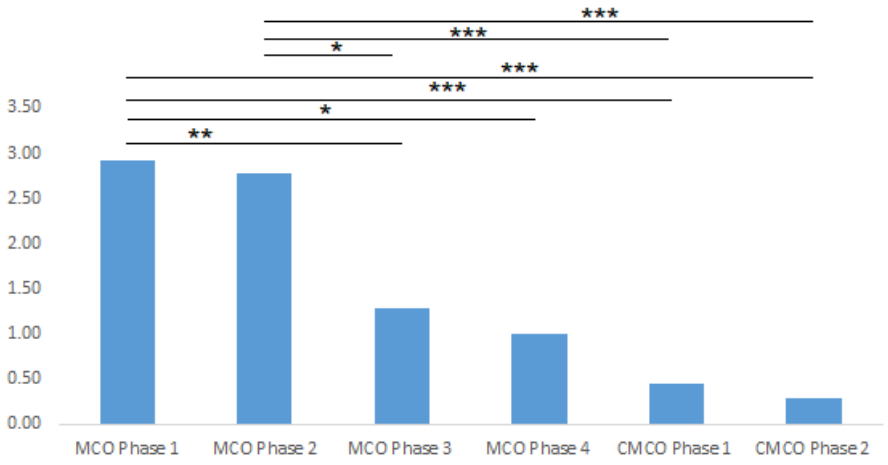
Figure 2 below shown CMCO phase 1 has the lowest mean, and MCO phase 2 has the highest. It indicates that the number of covid-19 positive cases decreases from MCO phase 1 to CMCO phase 2. The result also showed a statistically significant difference between MCO and CMCO phase of some COVID-19 positive cases as determined by one-way ANOVA ($F(5,78) = 18.834$, $p = 0.000$). A Tukey post hoc test revealed that the number of COVID-19 positive cases in Malaysia was a statistically significant difference between MCO phase 1 and MCO phase 3 (Mean difference = 87.876, p-value 0.000). MCO phase 1 and CMCO phase 1 (Mean difference = 100.167, p-value 0.000), and MCO phase 1 and CMCO phase 2 (Mean difference = 92.571, p-value 0.000). Besides that, there was statistically significant difference between MCO phase 2 and MCO phase 3 (Mean difference = 96.929, p-value 0.000), MCO phase 2 and MCO phase 4 (Mean difference = 69.243, p-value 0.044), MCO phase 2 and CMCO phase 1 (Mean difference = 109.310, p-value 0.000), and MCO phase 2 and CMCO phase 2 (Mean difference = 101.714, p-value 0.000).



MCO	Mean (SD)	F (*df*)	*P*-value
MCO Phase 1	149.50 (37.137)	18.384 (5,78)	0.000*
MCO Phase 2	158.64 (31.666)		
MCO Phase 3	61.71 (23.490)		
MCO Phase 4	89.40 (26.425)		
CMCO Phase 1	49.33 (18.547)		
CMCO Phase 2	56.93 (61.574)		

****Significant at 0.0001, *Significant at 0.05*
ANOVA Test
Dependent variable: Number of COVID-19 Positive Cases

Fig.2: Positive cases based on MCO using ANOVA



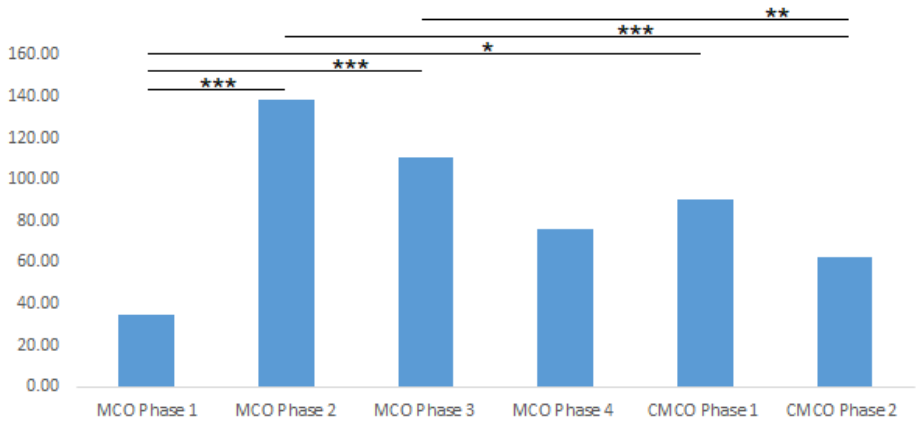
MCO	Mean (SD)	F (*df*)	*P*-value
MCO Phase 1	2.93 (2.303)	13.907 (5,78)	0.000*
MCO Phase 2	2.79 (1.369)		
MCO Phase 3	1.29 (0.825)		
MCO Phase 4	1.00 (1.000)		
CMCO Phase 1	0.44 (0.527)		
CMCO Phase 2	0.29 (0.535)		

****Significant at 0.0001, **Significant at 0.01 *Significant at 0.05*
ANOVA Test
Dependent variable: Number of COVID-19 Death Cases

Fig. 3: The number of COVID-19 death cases based on MCO using ANOVA

Figure 3 above show the number of COVID-19 death cases based on MCO. CMCO phase 2 has the lowest

mean of death cases in these results, and MCO phase 1 has the highest. It indicates that the number of covid-19 death cases decreases from MCO phase 1 to CMCO phase 2. Figure 3 also showed a statistically significant difference between MCO and CMCO phase of the number of COVID-19 death cases as determined by one-way ANOVA (F (5,78) = 13.907, p = 0.000). A Tukey post hoc test revealed that the number of COVID-19 death cases in Malaysia was statistically significantly difference between MCO phase 1 and MCO phase 3 (Mean difference = 1.643, p-value 0.009), MCO phase 1 and MCO phase 4 (Mean difference = 1.929, p-value 0.049), MCO phase 1 and CMCO phase 1 (Mean difference = 2.484, p-value 0.000), and MCO phase 1 and CMCO phase 2 (Mean difference = 2.643, p-value 0.000). Besides that, there was statistically significant difference between MCO phase 2 and MCO phase 3 (Mean difference = 1.500, p-value 0.025), MCO phase 2 and CMCO phase 1 (Mean difference = 2.341, p-value 0.000) and MCO phase 2 and CMCO phase 2 (Mean difference = 2.500, p-value 0.000).



MCO	Mean (SD)	F (*df*)	*P*-value
MCO Phase 1	34.86 (25.188)	11.487 (5,78)	0.000*
MCO Phase 2	138.64 (55.112)		
MCO Phase 3	111.00 (37.417)		
MCO Phase 4	76.20 (29.978)		
CMCO Phase 1	90.00 (21.679)		
CMCO Phase 2	62.57 (47.647)		

****Significant at 0.0001, **Significant at 0.01 *Significant at 0.05*
ANOVA Test
Dependent variable: Number of COVID-19 Recoveries Cases

Fig. 4: The number of COVID-19 recoveries cases based on MCO using ANOVA

Figure 4 above shows the number of COVID-19 recoveries cases based on MCO. The result showed a statistically significant difference between MCO and CMCO phase of the number of COVID-19 recoveries cases as determined by one-way ANOVA (F (5,78) = 11.487, p = 0.000). A Tukey post hoc test revealed that the number of COVID-19 recoveries cases in Malaysia was a statistically significant difference between MCO phase 1 and MCO phase 2 (Mean difference = 103.786, p-value 0.000), MCO phase 1 and MCO phase 3 (Mean difference = 76.143, p-value 0.000), and MCO phase 1 and CMCO phase 1 (Mean difference = 55.143, p-value 0.040). Besides that, there was statistically significant difference between MCO phase 2 and CMCO phase 2 (Mean difference = 76.071, p-value 0.000), and MCO phase 3 and CMCO phase 2 (Mean difference = 48.429, p-value 0.009).

4. Discussion

Based on the result, it was showed that MCO or known as partial lockdown signifies a significant action taken by the government in controlling the spread of the COVID-19 pandemic in Malaysia [11, 12]. It followed by CMCO after the decreasing number of positive cases and the number of death cases recorded. As 9 June, the mortality rate due to COVID-19 was 1.40%, which was lower than the global average of

5.72% [1]. Like Malaysia, countries such as Germany and South Korea have experienced the lower rates of low mortality rates than other European countries, notably Italy [13-16]. However, the actual number of deaths due to COVID-19 is likely to be higher than the number of confirmed deaths due to limited COVID-19 validation test factors and issues related to death that require time to be confirmed [17]. In new cases of recovering of COVID-19, the statistics proved that the increase in MCO phase 1 until phase 2 shows downtrend in the next of MCO and CMCO.

There are many parameters in determining the effectiveness of MCO and CMCO in Malaysia. Enforcement of the order was tightened progressively, resulting in significant improvement in netizens [11]. MCO mainly prohibited the mass movements and gatherings, including religious, sports, social, cultural, and demands closure of all business premises. These orders cover all type level of education institutions, all sectors in government and private premises, except providers of essential services [18]. Besides, the order heightens travel restrictions, with sanctions required for all Malaysians travelling overseas and continued medical screening and 14-day quarantine after returning Malaysians. No foreign visitors are prohibited from entering Malaysia. The government and authorities held many actions such as roadblocks within interstates and territories, premises checking, which include public market, restaurants, workplaces, and others, in controlling netizens' obedience. Contraventions of the order are subject to a maximum RM1,000 fine, jail not exceeding six months, or both [19].

The media play an essential role in delivering the latest COVID-19 and orders from the government and authorities. They kept providing updates of this information, advising all people to stay home, minimising unnecessary travel, practising personal hygiene, and keeping social distances throughout the sufficient period of the MCO and CMCO. Stringent enforcement has improved compliance of netizens to the MCO during its second and third phases, and the next phase in CMCO [20]. In fact, reduction in active COVID-19 cases is evident since 5 April, with more infected individuals recovering than new COVID-19 cases [11]. The statistics showed a notable decrease of daily new COVID-19 cases could very likely be attributed to improved compliance to the MCO as well as CMCO through more stringent enforcement by the government. With daily COVID-19 diagnosis showing a downtrend in CMCO, most-restricted activities are allowed to resume operation to recover the business affected by COVID-19 by practising the new normal, standard operating procedure (SOP) issued by National Security Council (NSC). Besides that, NSC also lists all prohibited activities that involve the crowd in this duration such entertainment and recreation; celebration, parades and assemblies; and conferences and exhibitions.

5. Conclusion

Malaysia effectively manages to control the Covid-19 pandemic by the implementation of MCO and CMCO. Statistically, the mean number of positive cases reduced significantly throughout the MCO and CMCO period (the highest mean number of Covid-19 cases was in MCO phase 2 and lowest in CMCO phase 1). It also decreased the mean number of death due to the Covid-19 (highest mean of death was in MCO phase 1, and the lowest death was during CMCO phase 2). Furthermore, increased the number of recoveries among the infected individuals (lowest mean recoveries on MCO phase 1 and the highest mean recovery in MCO Phase 2). Using one-way ANOVA and Tukey post hoc analysis, all variable shows significant different of controlling Covid-19 infection and death between the MCO and CMCO periods.

6. Conflict of interest disclosures

The authors declare no conflicts of interest.

7. Acknowledgments

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