

IPS Forum on Singapore's Response to COVID-19 on Facebook Live 25 February 2020

By Tasha Tan

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From left to right: The forum was chaired by Dr Gillian Koh and the panellists were Adjunct Assoc. Prof. Vernon Lee, Mr Barnabas Gan, Dr Carol Soon, and Dr Shashi Jayakumar.

On 25 February, the Institute of Policy Studies (IPS) held a forum streamed through Facebook Live, to discuss Singapore's response to the outbreak of the novel coronavirus 2019 or "COVID-19".

The panellists comprised Dr Vernon Lee, Adjunct Associate Professor at Saw Swee Hock School of Public Health and Director (Communicable Diseases) at the Ministry of Health; Barnabas Gan, Economist at the UOB Global Economics & Markets Research; Dr Carol Soon, Senior Research Fellow at IPS; and Dr Shashi Jayakumar, Senior Fellow & Head of the Centre

of Excellence for National Security at S. Rajaratnam School of International Studies. The forum was moderated by Dr Gillian Koh, Deputy Director (Research) of IPS. The experts were gathered to discuss the medical, economic, media, and social impact of COVID-19.

SUMMARY

- Singapore had a robust disease surveillance system in place, but individuals also had to act in socially responsible ways to limit the spread of COVID-19.
- Singapore's economy would be negatively affected by COVID-19 beyond the obvious sectors, but there was confidence that the government has fiscal resources to buffer the economy against further economic decline because of surpluses accumulated through the current parliamentary term.
- Care was required of members of the public to distinguish between truths and falsehoods to curb the "infodemic" that had come with COVID-19, where material that had been shared around the disease could splinter the community, cause panic and actually be harmful in the case when people believed in the efficacy of the false remedies that were circulated.
- Singapore had coped well logistically and epidemiologically with COVID-19, but more could be done to look into the emotional and psychological preparedness of Singaporeans especially when a crisis was not like a one-off terror attack but of a "slow burn" nature. We should also be conscious of the geopolitical ramifications of the national or public response.

MEDICAL IMPACT

Adjunct Assoc. Prof. Vernon Lee stated that there had been an unprecedented amount of information-sharing on COVID-19 within the scientific and medical community. The virus seemed to spread faster than SARS but not as quickly as influenza. It seemed possible to contain its spread. It was not possible to establish a definitive mortality rate yet — calculated by taking the number of deaths divided by the number of detected cases — until the epidemic or pandemic was over. A factor to consider in doing that was that some cases may not have been detected. In addition, if more severe cases were detected than otherwise, that would lead to an over-estimation of the mortality rate. However, if only milder cases were detected, that would result in an under-estimation the mortality rate. The key point was to treat the virus as unique rather than try to compare it to other illnesses. More time was needed to watch and understand COVID-19.

In response to a question about the thresholds by which the government decided on whether to raise or lower the Disease Outbreak Response Condition (DORSCON) status, Assoc. Prof. Lee shared that the classification was used to describe the impact of the disease — its severity, transmissibility, the availability of interventions such as vaccines and drugs, the extent of spread and the recommendations of relevant international bodies. The situation was being monitored closely and there was a great deal of transparency and openness in terms of information flows.

In response to a question about the outlook for Singapore given that it was a global city, Assoc. Prof. Lee shared that Singapore had a robust surveillance system in place, which consisted of contact tracing and quarantine to contain the transmission of the virus. That it was a global

hub put Singapore at greater risk of transmission, hence there was a need to do these as effectively as possible. It also required all countries to play their part as the global response was only as strong as its weakest link. The disease did not respect boundaries. Every individual had a role to play, to adopt good hygiene practices, and to be socially responsible in staying at home when unwell.

ECONOMIC IMPACT

The official economic forecast for Singapore's gross domestic product (GDP) had been adjusted down by 1 per cent since the outbreak of COVID-19, to -0.5 to 1.5 per cent. Mr Barnabas Gan said more time was needed to know how protracted or severe the impact of COVID-19 might be, and he quoted Singapore Prime Minister Lee Hsien Loong who had said that a recession was possible.

The first and direct impact was to tourism. The Singapore Tourism Board had said that a 25 to 30 per cent decline in visitor arrivals was expected. If in 2019, the industry generated \$21.1 billion in value, this would mean that tourism receipts could fall by \$6.8 billion to \$8.1 billion. Before COVID-19, the purchasing managers' index (PMI) was turning positive despite the US-China trade tensions of 2019, and Mr Gan said he had projected that GDP growth would be 1.5 per cent in 2020. He felt that the government's \$5.6 billion package to buffer the economy from the impact of COVID-19 sufficed for now, based on the best understanding of it and the SARS experience of 2003. Added to this was the \$800 million that would be set aside for specific healthcare measures.

When asked if it was possible to tap the local market to pick up for the slack in tourism, Mr Gan said that growing domestic demand was not going to make up for the size of external demand given how large a part of the economy tourism had been.

Mr Gan said there were three areas to watch for indications as to whether the economy was going into dangerous territory. The first was the labour market. Given that resident unemployment hovered around 3 per cent annually, going beyond this to around 3.4 per cent would be worrying. The second area would be trade figures. The impact on that and the manufacturing sector should not be discounted but be monitored carefully. The third area was the level of non-performing loans in the system. Businesses were worried about cash flow and how they could cover rental and overheads. There could be a need to take on loans to cover these and to support that, the government had announced it would take on some risk from such loans. Nonetheless, this would be another indicator of Singapore's economic resilience.

THE IMPACT OF MEDIA

Dr Carol Soon shared that COVID-19 illustrated how the physical and information boundaries had become very porous. During the SARS and H1N1 pandemics, social networking sites and instant messaging were not as widely used as they were today. The immense development in communications technologies had resulted in an information avalanche or "infodemic", where regular members of the public were flooded with an abundance of information, misinformation and disinformation from different platforms (e.g., mainstream media, personal and wider networks through social media, and instant messaging platforms) and countries.

She noted that there were three main types of misinformation and disinformation at play: first, those that caused anxiety and panic, examples of which included false information about the closure of an MRT station due to COVID-19, a local news site alleging there had been the first case of local transmission before it happened, and even rumours of a death resulting from the disease which had not happened. Such false information was unnecessary and counterproductive.

The second form were those that distracted people from what they should actually be doing in response to COVID-19, and some were even quite harmful, such as the advisory to drink saltwater, use special oils, or even drink bleach to cure or prevent contracting COVID-19.

The third were those that fed racist and xenophobic sentiment. For example, there was a video allegedly depicting Chinese drinking bat soup in Wuhan which was actually a clip from a travel video filmed in Micronesia in 2016. This created antipathy against Mainland Chinese.

Dr Soon said that people shared these kinds of information often to fill information gaps or because they preferred mental shortcuts to figure out what was happening. This was in spite of the fact that the government had created a multi-ministry taskforce with a relatively efficacious playbook for public communication on this healthcare threat, said Dr Soon. Different ministries issued actions and communications that were coordinated each day. Second, the government worked with different stakeholders and even familiar faces like Singapore athletes to help people make sense of the situation and suggest steps they could take to cope with the current situation. Third, the government had used a range of communication tools like mainstream media, social media (e.g., Facebook, Instagram), and instant messaging platforms, to reach the public in as wide a manner as possible.

Dr Soon's assessment was that the government had disseminated the key information about COVID-19 in a timely manner, but reinforced the need for it to be done with regularity so that people could rely on it. If the standard updates about infections were delayed, it would lead the public to wonder if something untoward and serious had taken place. Also, she felt that it was good that the government had started to present a more human face to the problem featuring stories about what it felt like to be infected and then to recover, what the treatment was like, and how healthcare workers assisted with the recovery. It had also been helpful, for instance, when an expert came forward to share more about the difference between local versus community transmission in a way that a layperson could understand. She added that members of the public should not be left to misinterpret information.

When asked about the use of POFMA (Protection from Online Falsehoods and Manipulation Act) to deal with the misinformation and disinformation around COVID-19, Dr Soon said that people acknowledged the need for such a tool to combat the spread of fake news in this case.

SOCIAL IMPACT

Dr Shashi Jayakumar shared that the community was in a symbiotic relationship with the government where messages from the government were put out and feedback from the public was obtained which it then took note of. He noted that in terms of the social impact of COVID-19, there had been the rise of xenophobic and racist sentiment not only in Singapore but elsewhere. There had been a fair amount of China-bashing which had been crude and unthinking. This was something China was unlikely to forget easily or quickly and the

reckoning for this may emerge in the future in how China structures its geopolitical relations with powers big and small. Dr Jayakumar also noted aspects of ISIS propaganda that suggested that COVID-19 was punishment for the alleged persecution of Muslims in China's Xinjiang province with one local cleric chastised "semi-officially" for repeating it.

While Dr Jayakumar felt assured by the government and epidemiological responses to COVID-19, he was more concerned about what society still needed to do to be resilient. He noted that there had been a range of community engagement programmes in place to respond to potential terrorist attacks and wondered if they could be appropriated for the current context to reinforce their work on tolerance, social responsibility and resilience. This, in spite of the fact that COVID-19 was not a "one-off" threat like a terrorist attack but one of an on-going, "slow-burn" nature. It was the "bounce-back-ability" of society that needed to be addressed. Threats to Singapore like the rise of intolerance and climate change effects could creep up on society which local think-tanks and academics should conduct more research on to strengthen the country's social resilience.

OPEN DISCUSSION

Would Singaporeans be content to go to their local general practitioner (GP) or the Public Health Preparedness Clinics if there were broader community transmission of COVID-19?

Assoc. Prof. Lee shared that the public health preparedness clinics (PHPCs) were equipped for such scenarios which was why the public was asked to go to them. Many cases of COVID-19 would be mild and would not require hospital care but if the doctor felt that a patient required a referral to a hospital, he would certainly do so.

A participant asked if the advice to Singaporeans to see their GP when sick would promote community spread because that person was kept in the community and not isolated in hospital. Assoc. Prof. Lee said that the patient would probably be advised by the doctor to stay at home as a form of self-isolation. Doing as advised would curb community transmission.

What would it mean if WHO declared COVID-19 to be a pandemic?

Assoc. Prof. Lee said that a "pandemic" was a technical term to indicate that the disease was widespread and difficult to contain. However, it did not mean that the disease was severe and that many people had to be critically ill before a disease was declared a pandemic. For example, the H1N1 influenza was a pandemic but for the most part, life went on as usual, with some measures to reduce disease spread for at-risk individuals — like the elderly, children, and people with existing medical conditions. Hence, depending on how COVID-19 developed, it could become a mild pandemic or a severe pandemic.

Dr Jayakumar pointed out that when talking about pandemics, there was a real need to check if Singaporeans were emotionally prepared for such a scenario and for a mitigation strategy. Dr Soon said that an antidote would be for people to be able to empathise with others. She noted how there had been members of the public appropriating government messages on COVID-19 to convey them in their own way through songs and memes to help more people receive them effectively. Assoc. Prof. Lee said that that the containment and mitigation

strategies were not a binary choice; the most effective response was one that was dynamic, adaptive and proportionate.

A participant asked if nature itself would take care of COVID-19 given that there were suggestions that like SARS, come summer, the virus would not be able to survive the warm temperatures and then not be a threat any longer. Assoc. Prof Lee said that the best approach was to plan for the worst while hoping for the best. It was necessary to prepare a variety of solutions and not pigeonhole oneself into just a single solution. Dr Jayakumar agreed that both the government and the public should have a dynamic approach to the disease.

Had Singapore overreacted to COVID-19?

Mr Gan's view was that it was better to err on the side of caution. In response to comments that said the Job Support Scheme where government funds would support a portion of the wages of every Singaporean worker had been planned for too short a period — three months and pegged at how long Singapore took to bounce back from SARS, he emphasised that more time was needed to learn about the disease and its subsequent impact on the economy. If more funds were needed to lengthen the time in which the support was available, Mr Gan highlighted that the government had amassed \$18.6 billion in budget surpluses in the parliamentary term which meant that it had the resources in reserve on top of the \$10.9 billion deficit proposed in the 2020 Budget to address further needs.

Assoc. Prof. Lee highlighted that decisions about the severity of the health crisis were made collectively across government, several public policy domains, and also in concert with international agencies managing the epidemic across the world. The three-month outlook was a reasonable timeline, but the key was to keep updated and adjust. Dr Soon added that it was important for public communications to anticipate anxieties and inoculate the public, what she called "A I" – "A" for anticipate and "I" for inoculate. For instance, anxieties that the DORSCON level might be switched up to red were alleviated when Health Minister Gan Kim Yong directly addressed that and reassured the public that it was not going to happen yet.

CLOSING REMARKS

In closing, Dr Koh said that with technological development, there was now an abundance of information and more forms of communications than when compared to the period of SARS. Its misuse could result in anxiety and panic. It was not just the government's responsibility but also the people's responsibility to ensure that what was discussed in response to COVID-19 served to strengthen the sense of solidarity among Singaporeans rather than splinter us.

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