



Singapore

Decision making for social and movement measures in the context of COVID-19

SNAPSHOT AS OF NOVEMBER 2020



Dr Derrick Heng

Group Director of Public Health
Ministry of Health
Singapore

Dr Derrick Heng is Group Director of Public Health at the Ministry of Health in Singapore, with responsibility for oversight of Communicable Diseases, Non-Communicable Diseases and International Cooperation / Global Health issues. His areas of work include public health policy and surveillance for communicable and non-communicable diseases; public health aspects of pandemic preparedness and response; population health analytics; and international co-operation. Derrick has been involved in policy initiatives in the areas of pandemic preparedness, HIV, TB, tobacco control, obesity, chronic disease screening and mental health in Singapore.

Derrick is an adjunct Professor at the Saw Swee Hock School of Public Health, and works with the School to facilitate the policy-relevance and translation of the work done at the School.

Coming from a background in clinical medicine, Derrick began working in the field of epidemiology in 1997, after obtaining a Masters at Cambridge University. Before taking on a policy role, he was involved in epidemiological research in the areas of clinical epidemiology, cardiovascular diseases, diabetes and cancer, in addition to interests in research design and methodology, critical appraisal, and the ethical review of clinical trials.

1. Which social and/or movement measures against COVID-19 are currently in place in your country?

- ☐ Closures of schools
- ☐ Closures of offices, businesses, institutions and/or operations closures
- ☐ Restrictions on domestic movement (e.g. stay-at-home, stay within a city, etc.)
- ☒ Limitations to international travel
- ☒ Restriction on size of gatherings
- ☒ Other (please specify)
 - **SAFE DISTANCING MEASURES OF 1-3 METRES, DEPENDING ON ACTIVITY; ALSO SEE COMMENTS BELOW.**

Domestic Movement and International Travel. There are no restrictions to international or local movement per se. Travellers from most countries are required to undergo quarantine for 7 to 14 days upon arrival before they move around freely within Singapore.

Size of gatherings. Most gatherings are limited to groups of 5. For weddings and religious services, there is a limit of 100 people, split into two zones of 50.

Additional comments. Singapore is currently in Phase 2 of a three-phase process to resuming normal activities safely. Various restrictions (e.g. no mixing or intermingling between groups while dining; no operations for bars, pubs and nightclubs) are still in place. There are also measures to require working from home for companies with employees that can do so.

The appended poster provides a simple overview of what Phase 2 entails.



2. Which information has been used to make these decisions in your country?

Singapore's response to COVID-19 is based on science and data. We studied scientific publications, including pre-prints, and conducted analyses on local public health data as well as local research and modelling studies on various aspects, including pathogenesis, incubation period, transmission characteristics, vulnerable groups, duration of infectiousness, and diagnostic test performance characteristics. The scientific evidence informed our public health and case management policies, including for isolation and care of cases, quarantine and testing of close contacts, contact tracing parameters, testing for all person with acute respiratory infection symptoms, mandatory mask-wearing, and design of safe management measures. We refined our policies over time as more evidence emerged.

We also monitored the local situation via indicators such as number of COVID cases in the community, number of unlinked cases, and epidemic curves. Local response capacity, such as isolation beds in hospitals and community care facilities, contact tracing capabilities and testing capacity were also closely monitored and additional capacity was created ahead of needs.

Experiences of other countries have also informed the calibration of our reopening efforts. For example, we have seen the high risks that activities in bars, pubs and nightclubs have posed to community transmission.

3. Please describe the process (formal or informal) through which information/data are discussed and decisions are made

Singapore's response management is spearheaded by a ministerial-level Multi-Ministry Task Force (MTF). Its responsibilities are to: (i) direct the national whole-of-government response to the novel coronavirus outbreak; (ii) coordinate the community response to protect Singaporeans and stay vigilant against the spread of the disease; and (iii) work with the international community to respond to the outbreak. The MTF was formed before we had our first confirmed case, and allowed us to marshal resources and mobilise various agencies and stakeholders. The Taskforce comprises ministerial representation from the various sectors including manpower, education, transport, communications, environment, economic and social.

The Ministry of Health works closely with medical professionals to inform our recommendations to MTF. Our Director of Medical Services, the top medical official in Singapore, provides professional advice to the political leadership.

Singapore's experience with SARS in 2003 taught us how quickly and severely infectious diseases could spread if swift and decisive action is not taken. The importance of a whole-of-government approach in dealing with crises promptly and decisively has informed our planning and response for outbreaks of emerging infectious diseases ever since.

4. How are selected measures communicated/explained to stakeholders and/or the general public?

Singapore's experience with SARS in 2003 taught us the importance of honest and transparent crisis communications, that acknowledged uncertainties while rallying the people for a unified response.

In the initial stages of the pandemic, the two Co-Chairs of the Multi-Ministry Task Force (MTF) and the Director of Medical Services held daily media briefings. They would be joined by different Ministers, depending on the issue.

We have also worked with domain experts, including ID physicians, public health academics and clinical scientists to provide technical briefings for media and to communicate technical issues in simple language to the population.

There were several national addresses by the Prime Minister at key junctures of our outbreak response, to frame perspectives and provide information and reassurance, e.g. in announcing the national "circuit-breaker" (similar to what is referred to a lockdown in other parts of the world).

Singapore makes use of various media channels to keep the public updated on the daily COVID situation. For example, there are daily media releases for traditional print and broadcast media that deliver more long-form, detailed information. Timely bite-sized information is delivered twice a day through official Telegram and WhatsApp channels.

5. What have been the key challenges and/or lessons learnt from your experience/perspective?

In the early days of the pandemic, the key challenge was to develop public health response measures in the face of uncertainty over various aspects of the behavior of the virus, and the need to sift out valid data and evidence from an info-demic of speculation.

We quickly learned to adapt and refine our response measures as new evidence emerged. Key lessons included the importance of safe distancing and mask wearing, the importance of **early detection** through early testing of symptomatic patients, testing of high risk groups including close contacts, and **aggressive contact tracing quarantine of close contacts**.

To do so, we quickly and innovatively built new capacity and technologies for the unprecedented scale of the pandemic, in various areas such as technology to aid contact tracing, laboratory capacity, and optimising public-private partnerships in primary care.