Coronavirus Speaker Series:  
Sharing Knowledge to Respond with Resilience

#7: Learning from Singapore  
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“Singapore: Strategies, Successes and Struggles”

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Note the presentations are organized for the purpose of knowledge sharing and do not necessarily represent the views of the organizers.
Singapore: quick stats

- City-state in Southeast Asia, 5.6 million population, 719.9 sq km land area

- Population Density 7,804 per sq km; 90% live in high-rise buildings (80% public, 10% private)

- Ruled by the same political party since 1959

- Digital hub: high degree of technological sophistication and e-commerce in Singapore

- Severely affected by the 2003 SARS epidemic
Third country to report cases of COVID-19, and by mid-February, had become the worst-hit country outside mainland China.

Added vulnerabilities – densely populated, global travel hub and hot spots like worker dormitories and military barracks

Currently in ‘Circuit Breaker’ until June 1st 2020- managing community spread and addressing outbreaks in worker dormitories
Singapore’s approach to COVID-19

*Enable essential services to continue; as normal/tolerable lifestyle as much as possible for as long as possible*

- Calibrated series of social distancing and control measures that could be progressively ramped up; Accompanied by social ‘nudges’, public pressure and appeals; enforcement including changes to legislative framework

- Ramp up healthcare capacity progressively

- Change of clinical management and public health strategy as new knowledge emerges and new realities recognized
‘First Wave’ of cases

Keeping life as ‘normal’ as possible
• Services and amenities open as long as possible
• Maintaining relationships and emotional contact
Circuit Breaker Period (Until June 1st 2020)

Break the chain of transmission

Offices - Work from Home
Schools - Home-Based Learning

Financial support for individuals and businesses

BUT still very tough for everyone economically and emotionally; risk of lockdown fatigue
Ramping up healthcare capacity progressively

- Primary treatment center: NCID, but limited capacity
- Recovering patients are transferred to private hospitals/repurposed accommodation facilities
- Isolating returning Singaporeans in designated hotels
Foreign Worker Dormitory Outbreak
Mobilizing additional housing at short notice

- Government-led effort
- Minimal infrastructure work as far as possible for speed and costs
- Use of all government resources
- Commercially viable terms as far as possible
Concluding remarks

• The struggle against COVID-19 is a collective societal effort; SARS provided some relevant experience

• Multi-pronged approach balancing public health interventions with economic rescue packages and societal functioning

• Surge capacity critical to plan for; creativity needed to solve problems as they arise

• COVID-19 is a ‘new war’ and new solutions are being discovered in real-time by experience and learning from others

• ‘Third battlefront’- worker dormitories “cognitive blind spot”