

Singapore's massive COVID-19 oversight

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During the early days of COVID-19 pandemic, the “Singapore model” was widely hailed as an exemplar of emergency management.

But since late March the situation has dramatically deteriorated. By early June, Singapore - which has a population of 5.6 million - had recorded more than 35,200 cases (or 626 per 100,000 people) and the number of cases was doubling every two months ([as in the US](#)), meaning Singapore had one of the highest recorded infection numbers in East Asia, second only to China.

As the outbreak evolves, the question is whether Singapore has managed its pandemic responses poorly. We are talking here a country, after having experienced 2003 SARS and 2009 H1N1 pandemic, devised a structured national pandemic response plan intended to cope with precisely such an outbreak. But Singapore's COVID-19 response has neglected its unusually large migrant worker population. The neglect of this part of Singapore's community is persistent and structured and raises serious questions about the plight of low- and unskilled foreign workers who have contributed immensely to Singapore's economic success.

Singapore's government—and society-at-large—need to reflect on and remedy this massive oversight if it is to continue its cordial relations with the region within which it is situated, and where its destiny lies.

Initial success

Despite its status as an international city, a major international transport hub, and its close links with China where the outbreak first occurred, Singapore managed to keep its infection level relatively low for a sustained period.

This was achieved without an economic and social lock-down, because it focused on active contact tracing and expert public health management. It was [lauded](#) by the World Health Organization as “impressive”—with minimal intervention in social and economic activities—at tackling the pandemic. Aggressive contact tracing and expert public health management appeared to be [an exemplar](#) for all.

Singapore recorded its first confirmed case as early as 23 January—not surprising given the country’s status as a regional hub and close ties with China. An interesting development, however, was that Singapore formed its “[multi-ministry taskforce](#)” one day before the first case was recorded, on 22 January, which suggest a quick reaction to an impending crisis. However, not only is this taskforce different from the one outlined by 2014 pandemic response plan—a “[Homefront Crisis Ministerial Commitee](#)” (sic)—it was [co-chaired](#) by Singapore’s Minister of Health Gan Kim Yong and Minister of National Development Lawrence Wong, instead of the Minister of Home Affairs K. Shanmugam, as designated in the plan. Arguably the former two ministers are of lower ranking in the country’s cabinet. Was this to expose a younger generation of leaders to the management of crises? The fact that Shanmugam and Gan belong to the same generation of leadership deem this implausible. Is this because the pandemic was not being taken seriously? Again, unlikely given the rapid response and the fact that Gan and Wong remained as co-chairs even after the situation got out of control. The reason for these deviations is not clear.

Notwithstanding that, Singapore’s early response was successful in terms of keeping the number of infections in check with minimal impact on socio-economic activities in the country. Thanks to the preparedness of the country’s excellent health sector and aggressive surveillance and contact tracking measures, daily increases of

infected were few throughout February until mid-March.

March brought with it two significant changes: a mid-semester school break, during which tens of thousands of Singaporeans were expected to travel overseas and possibly expose themselves to the virus; and Singapore's Ministry of Foreign Affairs began to actively encourage Singaporeans living overseas to return, especially those living in areas of outbreak such as Europe. Although these developments brought about a nine-fold increase in daily infections by end of the month, Singapore still didn't record its 1,000th case until 1 April, 70 days after the first confirmed case—an exemplary record across the world.

The initial low number of infections hid a worrying figure

Significantly, at around this time there were [10 confirmed cases](#) in Singapore's commercial dormitories set up to house the 300,000-strong low- or unskilled foreign workers who ply their trades in the city's construction and menial labour sectors. In large part a product of the high development differential between Singapore and its regional neighbours, these migrant workers reside in massive housing establishments, most often in crowded and unsanitary conditions. [An observer](#) who has extensively researched the migrant workers issue in Singapore went to the extent of describing the conditions as “abhorrent”, where “cramped rooms housing up to 30 men apiece, no air-conditioning or appropriate ventilation, bed bugs and cockroaches, and often just one filthy toilet shared by more than 80 people.”

These dormitories have mushroomed across Singapore over the past decade as the government came under pressure from rights organisations to improve the living conditions of migrant workers. One can only guess how much worse things were before the construction of these dormitories.

The crowded and squalid conditions accelerated the spread of the virus. “Case Zero”

in this cluster was purportedly a Bangladeshi man who visited Mustafa Centre, a 24-hour shopping mall in Serangoon Road in “Little India”—a place frequented by members of migrant workers, local and tourists alike. That was 8 February. By mid-April, the virus spread uncontrolled within all foreign worker dormitories across Singapore. The number of total infections quadrupled within 15 days in April. Total COVID-19 infections in Singapore passed the 5,000 mark on [17 April](#) and 10,000 by [23 April](#)—the numbers doubling for every few days. Former Singaporean diplomat Bilahari Kausikan has asserted that “[we \(Singapore\) did drop the ball](#)” on foreign workers (something the Singaporean ministers were [less keen](#) to acknowledge).

The pandemic figures in Singapore expose a disturbing scenario, that [two different worlds co-exist](#): one of the local communities, another of foreign workers.

Singapore government’s [own figures \(see figure 1.3\)](#) show a breakdown of the infection numbers in dormitories for foreign workers dated 31 May. From mid-April, as the number of COVID-19 infections was declining in the general community, they have tracked at approximately 500-1,000 cases in foreign-worker dormitories. The numbers tell a story of massive neglect of infections within the foreign worker community. Singapore’s response to the COVID-19 pandemic has showed a dereliction of duty towards the wellbeing of a sizeable group of underclass, so much so that Dr Jeremy Lim, a board member of HealthServe — a non-governmental organisation which provides affordable medical care and social assistance to migrant workers - called it a “[‘cognitive blindspot’ on the \[Singaporean\] Government’s part](#)”.

A gross policy oversight

Singapore’s experience with the disruptions caused by Severe Acute Respiratory Syndrome (SARS) epidemic in 2003 prompted the creation of a National Strategy on Pandemic Response. This plan was further revised in 2014 after the H1N1 pandemic outbreak.

The Government’s published strategy is a simple one. Based on a [DORSCON](#)

(Disease Outbreak Response System Condition) framework, it has four colour-coded levels of response towards a pandemic: green, yellow, orange and red, that indicate the severity of the situation and spell out “[general guidelines on what needs to be done to prevent and reduce the impacts of infections](#)”.

It is easy to liken this response to that of New Zealand (another developed island-nation with roughly comparable population levels), which also works on a four-level framework (“[Prepare, Reduce, Restrict, Eliminate](#)”). The defining stages are similar, and correspond to each other in terms of severity of the situation, but the similarity ends there.

The Singapore plan, at least [the one that is available to the public](#), is much simpler and more limited in specifics. It is more a set of principles and broad-based guidelines, rather than checklist of actionable measures to be carried out by specific agents. With the exception of responses of medical institutions, where the plan laid out how tracking and triaging would be staged in specifics, there was little else on offer. The plan is effective insofar as adequate time (both in terms of pre-planning and pre-warning) is given to government agencies and social-economic organisations to prepare their plans for a pandemic. It is definitely not meant to serve as a set of standard operating procedures. Its efficacy at responding to fast-moving situations remains questionable at best, and instead relies heavily on relevant agents to think and act on their feet and on political interventions.

In addition, the plan claims to be a “[whole of government](#)” approach, rather than a “whole of society” mobilisation, suggesting a top-down, paternalistic crisis-management mode. This differentiation was not recognised until early April, when the concept “[whole-of-community](#)” crept into government announcements. In comparison, New Zealand’s pandemic strategy, based on the [2017 Influenza Pandemic Plan](#), is more concerned with “actions”. The NZ document covers a comprehensive range of issues from legal frameworks to post-pandemic recovery; and contains more detailed breakdowns of actionable measures for specific sectors of the government and society. As of June 2, New Zealand, with a population of 4.8-

million, had only recorded [1,500 cases of COVID-19](#).

Singapore's top-down approach certainly ensures effective central management of scarce resources in times of crisis, but this is done at the expense of particular sectors, especially the ones that are neglected by mainstream society.

The issue here is a matter of rights: gross policy oversight that exposed the vulnerability of an underprivileged group. The lack of specifics in Singapore's pandemic strategy combined with a situation where bureaucrats and politicians were forced to react to the situation and formed action plans on the go, this group simply fell off the policy radar.

Indeed, the COVID-19 pandemic has laid bare the "[history of institutionalised neglect of these men](#)", as Sallie Yea of La Trobe University posited. Singapore owes a moral debt to this long-neglected and unseen community which has been a huge contributor to its economic success.

Domestic and regional impacts

From one of the best-managed pandemic responses in the world to recording one of highest number of infections per capita, Singapore has certainly fallen a long way. With a general election impending, there are a lot of questions for Lee Hsien-loong, Singapore's Prime Minister, to answer.

Singapore's Constitution allows the sitting prime minister to call an election at a time of his or her choosing within a parliament's five-year term. An election will have to be called before the current parliamentary term expires in January 2021, with elections to be held by April at the latest. The onus is on the current ruling party to decide if an appropriate window might open up in the months ahead, or to run the clock down and leave Lee with little strategic surprise.

The possible economic fallout of the COVID-19 pandemic is definitely one of those

variables that Lee is weighing. Despite the extent of infection in Singapore, one particular aspect of the government's response stands out: Singapore's DORSCON level, since entering "orange" (third level in the four-level scale) on [7 February](#) when infection number was 33, has not been upgraded despite a subsequent 1,000-fold increase in infection numbers. Instead of elevating to "red" (the highest alert level with anticipated "major disruptions"), the decision was made to introduce a "circuit breaker" phase from [7 April](#). This is no doubt one of political expediency, as arguably the measures applied were not dissimilar to those under DORSCON Red. Moving into "red" could potentially kick off a vicious cycle that will undermine the country's economy further— and it is already being [negatively affected](#). "Circuit breaker" is in itself an interesting term, as it suggests a temporary shift into a totally disconnected phase, and that normalcy can be returned with a flick of the switch. It connotes control and flexibility without the political baggage of officially upgrading the level of severity of the situation.

Singapore is coming under [increasing scrutiny](#) internationally and from non-governmental organisations for its treatment of foreign workers; and the pressure is going to increase further as the Singaporean government picks up the pieces of the pandemic. No amount of positive government messaging can plaster over the fault lines exposed by the pandemic.

The erstwhile "north-south" attitude that defines Singapore's relations with its immediate region will undergo a significant transformation when regional and international communities reflect on this less-than-glorious episode of Singapore's history. As the only first-world country in its immediate region, Singapore has to face up to the charge of exploiting the labour supply of its developing neighbours to meet its economic ends. [A hint of dissent](#) was afloat as this article was written; it could erupt into greater rage once neighbouring countries come to arrest the pandemic and are able to focus more on their citizens' plight.

*Image: Singapore May2020 People in masks on escalator in Singapore May 2020.
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