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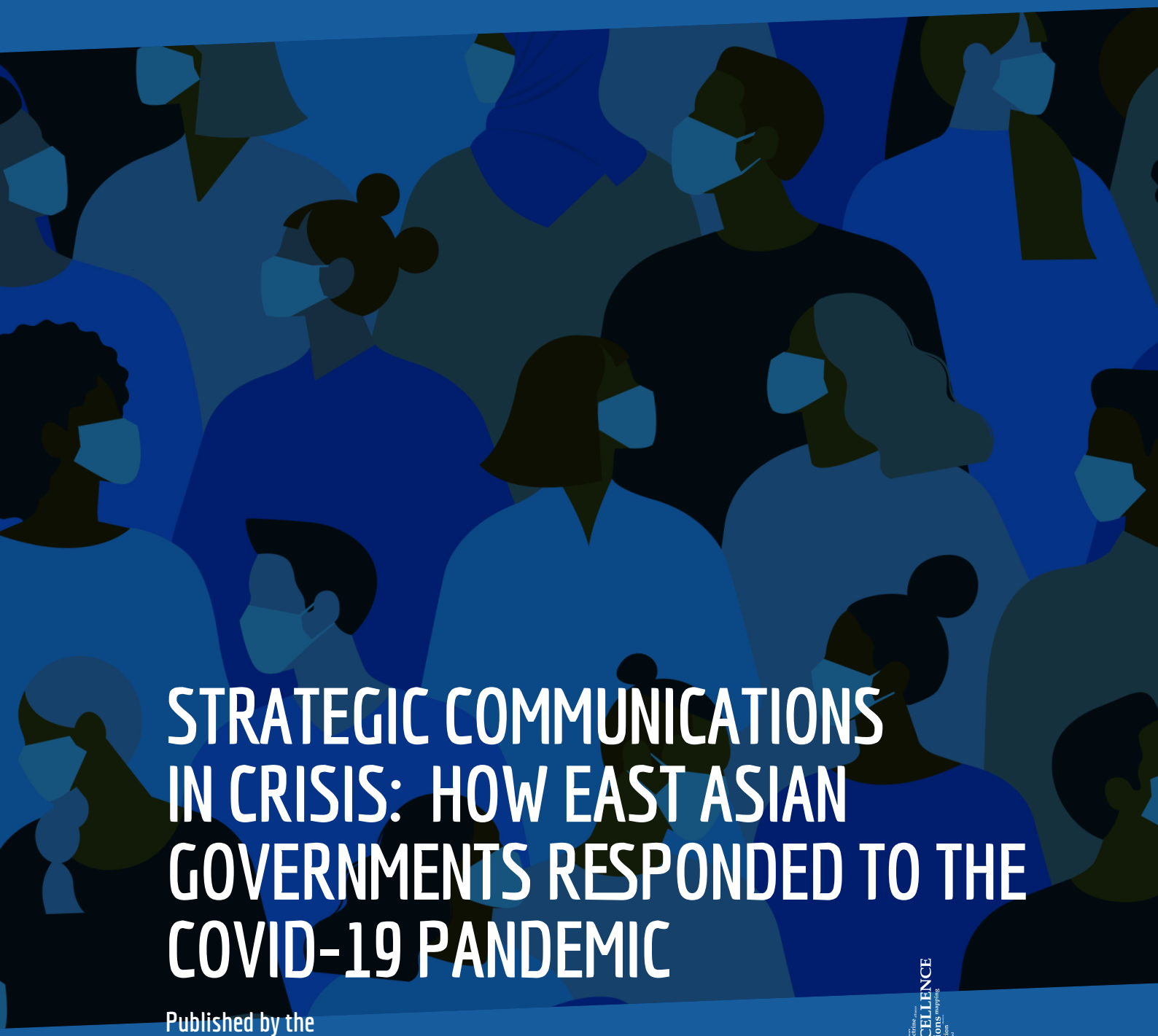

STRATEGIC COMMUNICATIONS IN CRISIS: HOW EAST ASIAN GOVERNMENTS RESPONDED TO THE COVID-19 PANDEMIC

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ISBN: 978-9934-564-77-2
Authors: Rueban Manokara, Kristina Van Sant, Monika Hanley,
Marina Paramonova, Henrik Twetman
Contributor: Rolf Fredheim
Copy editing: Anna Reynolds
Design: Kārlis Ulmanis

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NATO STRATCOM COE
11b Kalnciema Iela
Riga LV1048, Latvia
www.stratcomcoe.org
Facebook/stratcomcoe
Twitter: @stratcomcoe

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INTRODUCTION

The COVID-19 outbreak has confirmed that, in an era of globalisation, local disasters quickly and unexpectedly escalate into world-spanning crises. What began as a local viral infection in Wuhan grew into a global pandemic in less than two months. The COVID-19 crisis is an unprecedented event in almost every way, not least from a strategic communications perspective. Faced with uncertainty about the development of the virus and its impact on society, governments are under enormous pressure to communicate policy initiatives and advice to their publics under extraordinary circumstances.

While recognising that the crisis is still unfolding at a global level, this report explores how countries chose to act and communicate in relation to the outbreak of the virus during the initial period of the crisis. Although it is still far too early to evaluate the effectiveness of any approach, comparing and contrasting different courses of action at an early stage provides valuable insight into different crisis communication strategies when swift and unanticipated communications were required.

For this purpose, four countries in Asia were selected for study: Japan, South Korea, Singapore, and Malaysia. East Asian countries were hit by the COVID-19 virus at an early stage of the pandemic and have been regarded as 'first responders' because they were relatively unconditioned

by other countries' responses to the crisis. To capture official responses during the initial period of the pandemic, we collected data on the policy actions and government communications enacted in each country throughout the period 2 January 2020 to 17 February 2020.

Information availability was a key factor in case selection; for the most part, information about the responses and communications of these countries is openly available in English. These four countries are also excellent cases for study because they represent a cross-section of East Asia in terms of variables relevant from a communications perspective. Singapore stands out with a GDP per capita more than 5 times that of Malaysia,[1] high levels of trust in government (70%),[2] and relatively high levels of trust in news (42%), internet penetration (84%), and social media participation (79%).[3] At the other end of the spectrum, Malaysia is characterised by lower economic prosperity,[4] lower trust in government (58%)[5] and news (31%), and lower internet penetration (78%).[6] Japan and South Korea share similar numbers in terms of GDP per capita[7] and internet penetration (93%),[8] but diverge in terms of government trust (43% versus 51%)[9] and trust in news (39% versus 22%).[10]

The structure of this report is as follows. First, we discuss our methodological framework, followed by a comparison of policy actions and communications activities to illustrate different approaches to strategic communications and their effects on patterns of behaviour. The report ends with a discussion about the potential effects of the observed responses and provides a general overview of the COVID-19 situation in each country.

METHODOLOGY

Our research addresses how different governments respond to a pandemic in its initial phase—in this case, 2 January to 17 February—and whether particular strategic communications approaches had an effect on COVID-19 anxiety among their respective populations. To assess government response, we chose to consider four key variables in each case study: the number and nature of COVID-19 cases, the policy responses during the monitoring period, the communications activities enacted by governments, and the levels of interest in and anxiety about the virus. A comprehensive explanation of each variable is provided below.

Additionally, our analysis includes an assessment of the level of emergency health preparedness in each country. This assessment relies, in part, on five national indicators: trust in government, transparency of government, trust in media, health security, and internet penetration. Data about trust in government is derived from the Edelman Trust Barometer, which is published on a yearly basis. Government transparency is measured by Transparency International's Corruption Perceptions Index.[11] In order to evaluate trust in news and levels of internet penetration, we referred to the Digital News Report published by the Reuters Institute and the University of Oxford.[12] Finally, our figure for health security is based on the Global Health Security Index,[13] which measures health security as an aggregate of 6 categories.

COVID-19 Cases

While we recognise that the intensity of national policy and communications responses also play a part, the number of local COVID-19 cases within each country represent the reality, and likely affect levels of anxiety within the population. In compiling information about the local cases, we looked at the detection of the first case and tracked the rate of escalation of cases throughout the monitoring period. We also assessed additional indicators that might have contributed to differing levels of concern between countries, such as the number of deaths within the period and the likelihood of cases to be imported from China, which is represented by the estimated number of Chinese tourist visitor arrivals in the country per year.

Policy Responses

We refer to the NATO Strategic Communications Terminology definition of strategic communications, defined as a holistic approach to communications, based on values and interests, that encompasses everything an actor does to achieve objectives in a contested environment.[14] By

this definition, everything communicates—including policy initiatives. Adapting the methodology used by the Blavatnik School of Governance's working paper on the variation in Government responses to COVID-19,[15] we clustered policy initiatives adopted by the countries studied into 7 clusters—School closing, Workplace closing, Cancel public events, Public information campaigns, Restrictions on internal movements, International travel controls, and Emergency investment in health care. The intensity of policy initiatives within each cluster was then graded according to a scale (elaborated in *Table 1*). We also studied the frequency of policy initiatives over the monitoring period to assess their intensity within sub-periods as a possible indicator of correlation with the intensity of government communications and levels of interest and anxiety within the population.

Government Communications Activities

To collect data about government communications, we referred to official government websites, federal agency websites, state news agencies, and other English-language resources. We studied three main indicators. First, we identified the most frequent government communicator for each country as a percentage of communications put out by all government bodies in relation to COVID-19. Second, while recognising that more is not always better, we assessed the intensity of government communications per day related to COVID-19 by the number of

Policy Cluster	Grading scale
School closing	**0** – No measures **1** – Recommend closing **2** – Require closing
Workplace closing	
Cancel public events	
Public information campaigns	**0** – No measures **1** – General campaign **2** – Targeted campaign
Restrictions on internal movements	**0** – No measures **1** – Screening **2** – Recommend movement restriction **3** – Restrict movement
International travel controls	**0** – No measures **1** – Screening **2** – Quarantine imposed **3** - Ban imposed
Emergency investment in health care	**0** – No measures **1** – Preparing healthcare workers **2** – Protecting vulnerable groups **3** – Expanding healthcare facilities

Table 1: Grading scheme for policy initiatives does not match the rest of the document

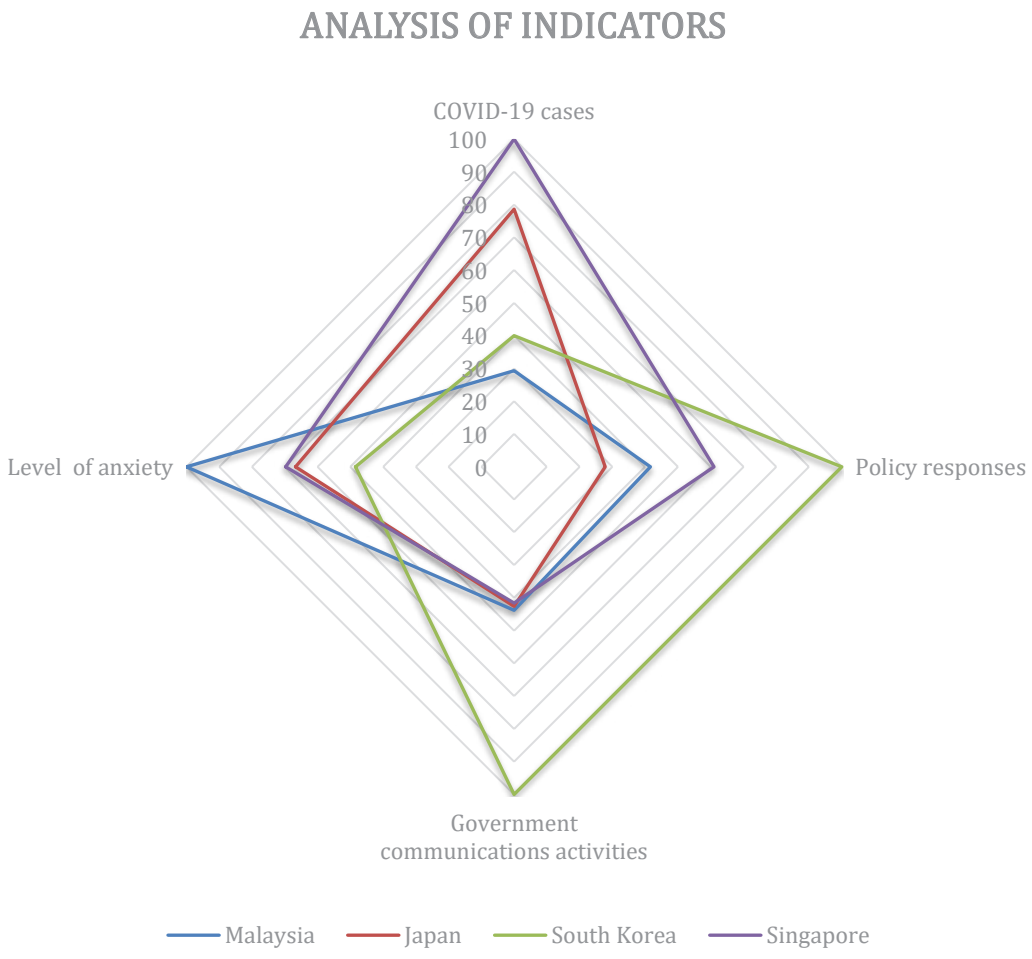
communicators putting out communiques. And third, wherever possible, we tracked the medium of government communication (e.g. press releases, media interviews etc.) within the monitoring period. In doing so, we assessed the broad communications strategy adopted by each State.

Levels of Interest and Anxiety

We used survey data from Black Box Research, a communications research company based in Singapore, to determine the level of anxiety amongst the local population of nine Asian countries over the period of 14–17 February.[16] We also assessed the level of interest in the outbreak by examining the number of google searches related to COVID-19 over the monitoring period (using the search terms coronavirus, COVID, and COVID-19).

COMPARATIVE ANALYSIS

After gathering the data on each of the selected indicators, we carried out a comparative study of our four country cases. As is depicted in the radar graph below, South Korea and Singapore had significantly higher levels of policy intensity than Japan and Malaysia. Singapore, Japan, and Malaysia had very similar intensities of government communications activities, which were all lower than the intensity of South Korea's communication strategy. The number of total COVID-19 cases and levels of anxiety varied considerably between countries. Given that the COVID-19 pandemic was completely novel at the time for both the general public and federal governments, and there was a general lack of information about the severity of the situation, we assumed that individuals would be more anxious about the possibility of contracting COVID-19 as the number of confirmed cases escalated in each respective country.



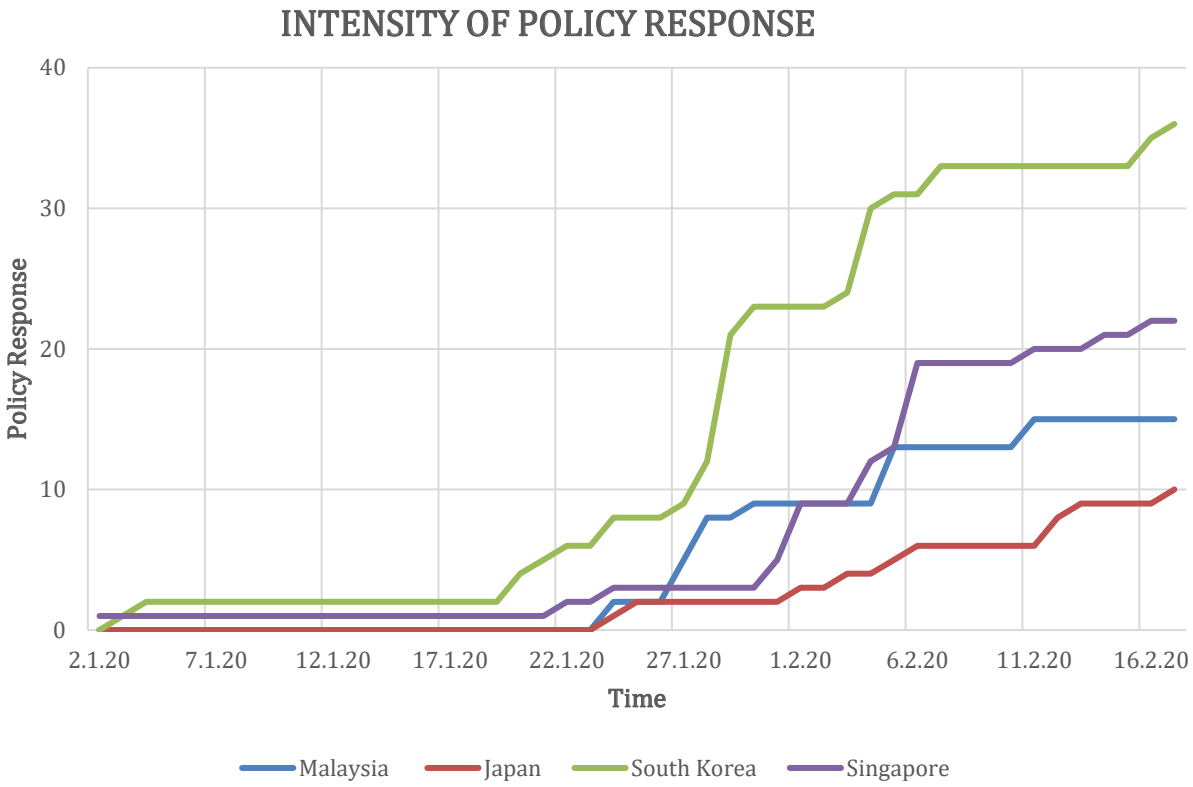
We therefore hypothesised that higher numbers of COVID-19 infections would lead to correspondingly high levels of anxiety about the virus in each country. However, our comparative analysis did not find a positive correlation between the volume of COVID-19 cases and levels of anxiety. The case of Singapore illustrates this, as it displayed the highest number of confirmed cases outside of China while maintaining relatively low levels of anxiety. In contrast, Malaysia exhibited elevated levels of anxiety despite having the lowest numbers of COVID-19 cases amongst the countries studied. This finding fuelled further analysis of the effects of policy responses and government communications activities on pandemic-related anxiety in the general population.

Policy Responses

Singapore and South Korea both launched policy initiatives relatively early, shortly after China announced local clusters of severe pneumonia cases. South Korea was first to respond with policy action and maintained a high level of policy response intensity throughout January despite having a relatively low number of cases (15 in total). Singapore was initially slightly more cautious in its policy response, opting for equally early but more nuanced measures until the first local clusters were confirmed.

Conversely, policy responses from Malaysia and Japan were initiated later, more than three weeks after their regional neighbours. Malaysia adopted late but intense policy responses upon confirmation of its first few local cases. However, this early intensity quickly tapered off as policy responses lagged behind the escalating number of cases. Japan, in contrast, was markedly low on both speed and intensity of responses, despite their close proximity to China, early detection of local cases, and steadily increasing number of cases.

The levels of interest and anxiety appearing in the surveys for each country are inversely correlated with the intensity of policy responses adopted, regardless of the actual number of confirmed COVID-19 cases. While having a relatively high number of cases and a much lower rate of trust in government, the data for South Korea indicated the lowest levels of COVID-19 anxiety. The South Korean government reacted proactively, enacting policy responses in all policy clusters as they restricted international travel, provided access to healthcare, bolstered health facilities throughout the country, and maintained a transparent communications strategy. These measures likely reassured South Koreans that their government was adopting all necessary measures to address COVID-19. We observed a similar situation in Singapore, where levels of interest in and anxiety about the outbreak were low despite having the highest number of confirmed cases outside China. Though Singapore already benefits from high levels of trust in government and media, the robustness and holistic nature

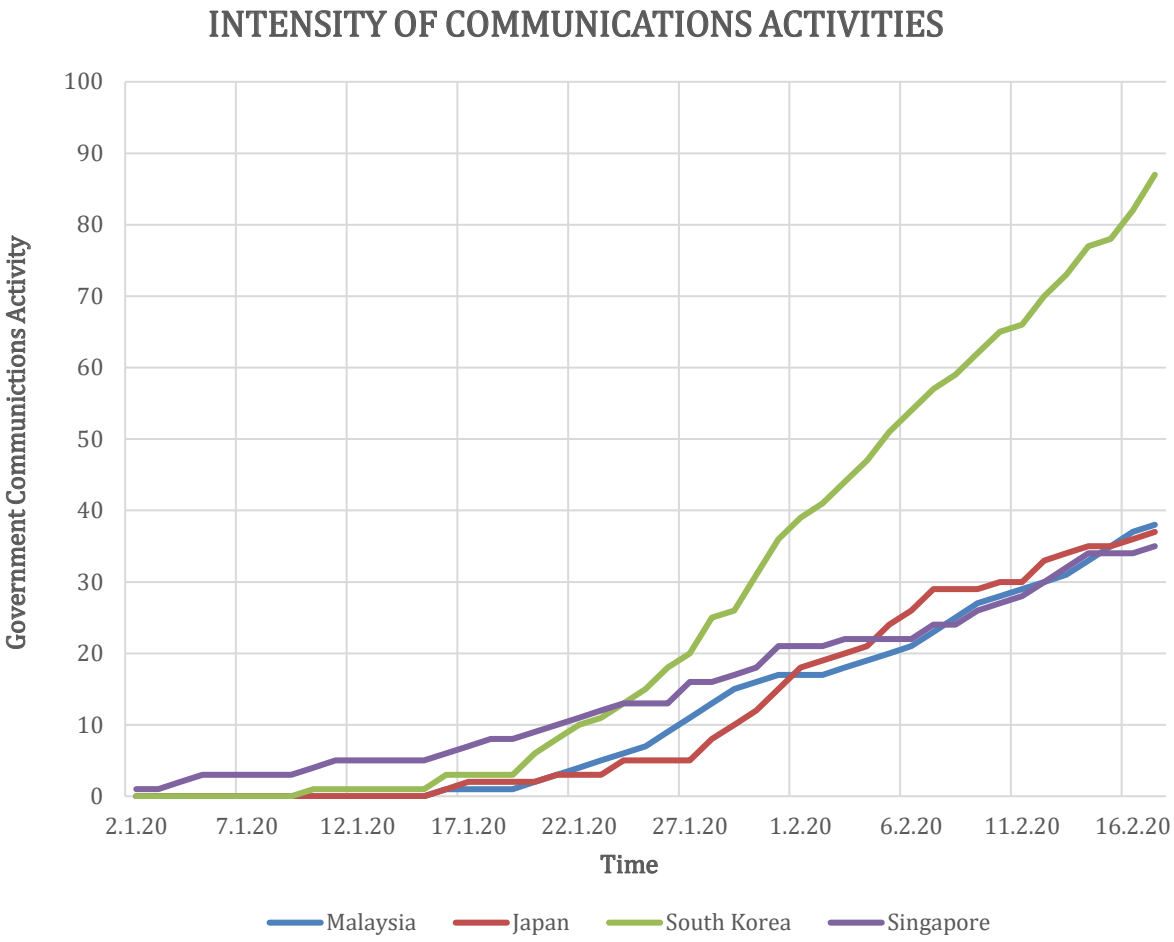


of its policy responses may have increased confidence domestically.

Correspondingly, the Malaysian government's late policy responses likely influenced the relatively higher levels of interest and anxiety exhibited by the population. Despite authorising a minimalist policy response, Japan exhibited lower levels of interest and anxiety regarding the COVID-19 outbreak. This may be attributed to socio-cultural factors, such as a homogeneous population, broader social resilience, and generally high levels of social distancing and use of facemasks.

Government Communications Activities

Reflecting its approach to policy responses, Singaporean authorities communicated about the outbreak early, with Japan, South Korea, and Malaysia following suit two weeks later. The decision of Japan and Malaysia to delay communications may have been in an attempt to prevent panic in the general public and to prolong economic security, particularly in Japan, where the 2020 Olympics were due to be held. Similarly in Malaysia, as late as the first week of February, Tourism Malaysia declared that Malaysia was a safe place to travel to and was well equipped to deal with the outbreak.



The communications strategy adopted by each country differed depending on local context. South Korea, which had recently dealt with an outbreak of MERS in 2015, employed a much more intense communications strategy, flooding the information environment with a high volume of communiques from executive officials and various government agencies informing and reassuring the public. Similar to South Korea, information about the COVID-19 outbreak in Japan was circulated by the executive. In contrast, Singapore elected for its specialised COVID-19 task force to communicate on almost all matters related to the virus. Information related to other areas, such as manpower and business matters, were also put out by the task force. Like Singapore, Malaysia chose not to centralise the flow of information through the executive; the government passed this task to the Ministry of Health.

South Korea's fervent approach to communications appeared to reduce public fear, as their population reported less anxiety about the virus. Nevertheless, when compared with the other three countries,

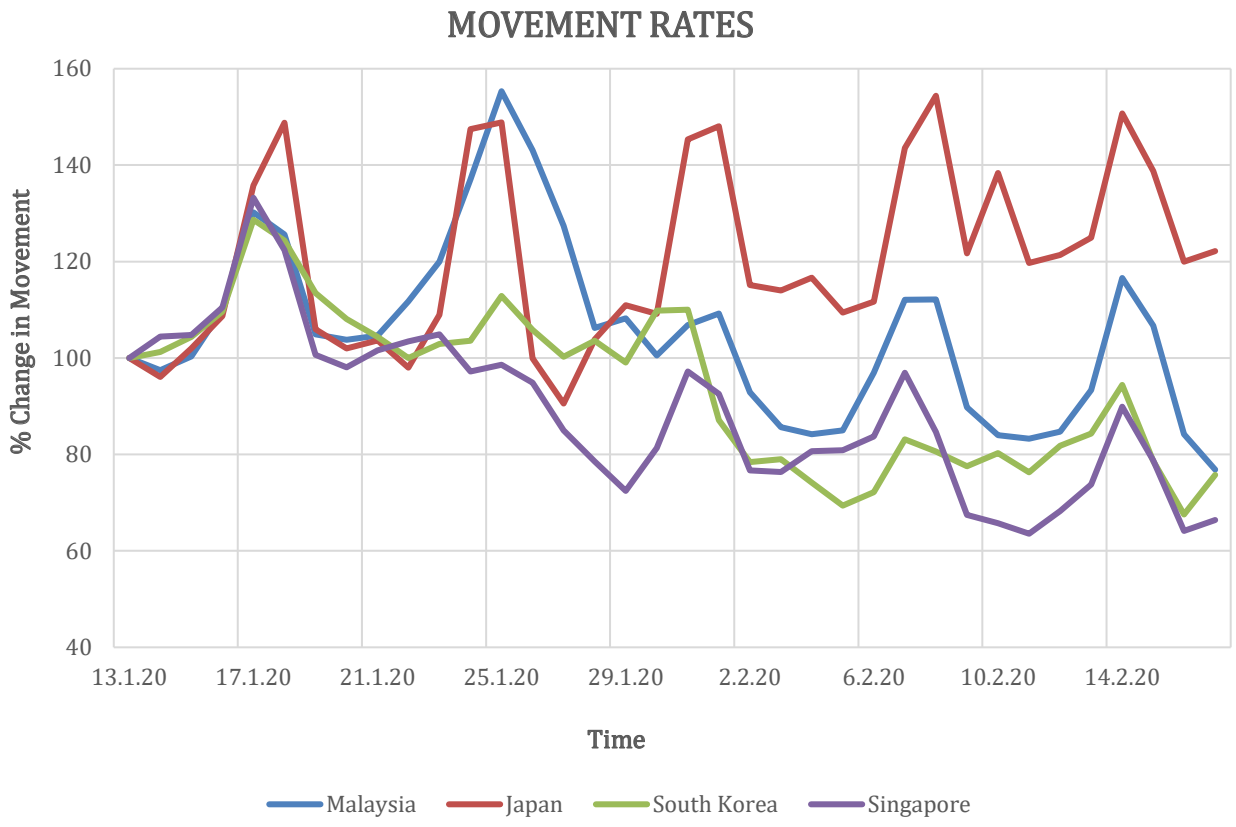
the intensity of government communication alone displayed much less correlation with levels of anxiety. This is demonstrated in Malaysia, which observed higher levels of anxiety despite reaching equally high levels of communications within the monitoring period and having a relatively low number of COVID-19 cases.

Effects on Behaviour Patterns

We analysed changes in rates of movement during the monitoring period in order to assess whether policy responses and government communications were linked to patterns of behaviour.[17] Interestingly, we observed a negative correlation between movement rates, the intensity of communications activities, and policy responses. We recognise that certain policies enacted throughout this period may have directly impacted the movement of individuals. However, our findings indicate that policy responses and communications activities may have had an additional effect on the reduction of movement during this crisis situation. Specifically, a combination of robust communications activities and policy responses can achieve both desired cognitive and behavioural effects.

Conclusion

While the COVID-19 pandemic continues to challenge societies around the world, this report sheds light on how governments responded to and communicated about the viral crisis during the initial period.



Policymakers and national institutions typically employ strategic communications strategies to support a common goal. Our research indicates that strategic communications approaches, both traditional communications and policy responses, have an influential effect on behaviour and perceptions, even in the midst of a global crisis.

Our comparative analysis of the four case studies revealed less correlation between the number of confirmed infections and the behaviours and perceptions of affected populations than we had expected. In fact, we observed the opposite in Malaysia, where the population exhibited high levels of anxiety despite having the smallest share of COVID-19 cases among the countries studied. Of the four countries, Japan was the only outlier where levels of anxiety remained low despite a relatively muted policy response. However, this anomalous case may be attributable to Japan's long-standing culture of hygiene, which emerged in the 20th century after the country had been affected by several flu pandemics. Our study indicates that governments should implement a comprehensive communications strategy regarding standards of hygiene in tandem with an equally robust policy response in order to manage a health crisis effectively.

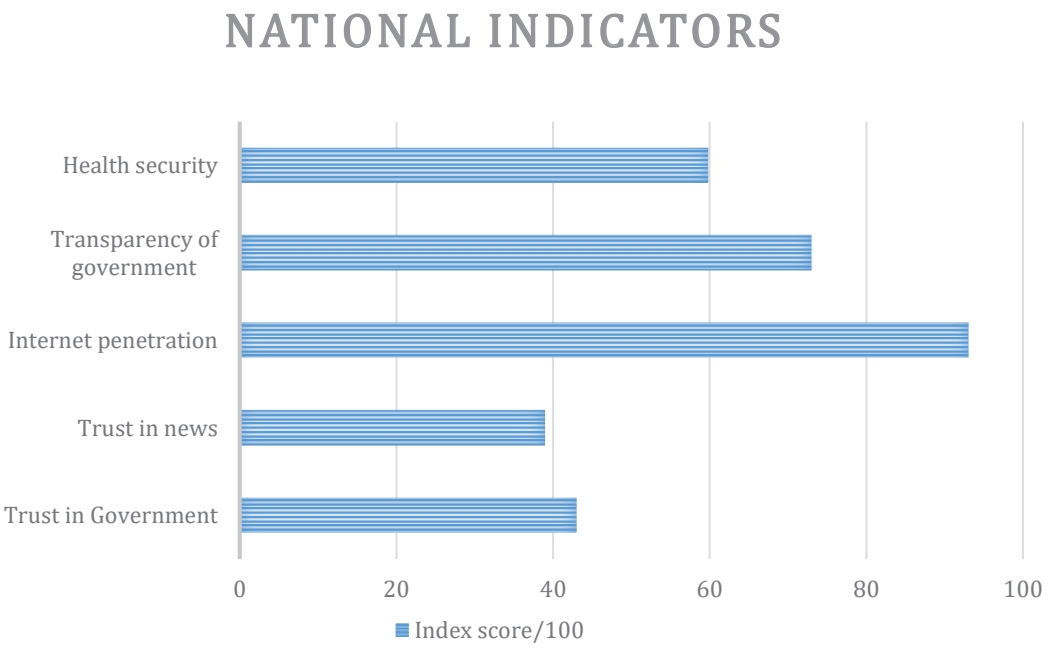
Despite our findings, we acknowledge that there is no one best strategy for all governments. The crisis response strategy a country adopts is highly dependent on the socio-cultural context, emergency preparedness, and government practice within that particular country. Nevertheless, given the unprecedented nature of this health crisis, national institutions should emphasise cooperation in a pan-government effort to better learn from one another and identify best practices for the future. Ultimately, this would raise both national and global responses to unforeseen health crises to a higher standard.

CASE STUDY: JAPAN

Country Overview

With a population of 128.6 million, the island country of Japan is one of the most homogeneous in the world. Japan has a high-context culture, with strong behavioural norms dictating communications, often leading to less direct, but more respectful communication, relying on the public to do what is best for society, instead of mandating changes outright.[18] Japan has a long history of wearing face masks, stemming from the flu pandemic in the early 1900s, as well as a second pandemic in 1934. A resurgence in mask wearing came during the SARS outbreak and has continued to present day. Combined with a growing awareness of pollution and environmental factors, mask wearing has grown to a year-round practice. From 2008 to 2018, mask production rose from 1.8 billion to 5.5 billion showing a steady rise in the trend prior to COVID-19.[19] This habit, already in place, has led researchers to conclude that Japan saw a slower initial rise of COVID-19 cases due to a high level of hygienic standards and practices, along with common access to and wearing of face masks.[20]

Japan has seen a decline in trust in government, the lowest figure of the countries in this report at 43%.[21] The past few years Japan has seen a decline in trust in institutions, as well as growing pessimism about the future. The sharpest decline in trust was noted after the

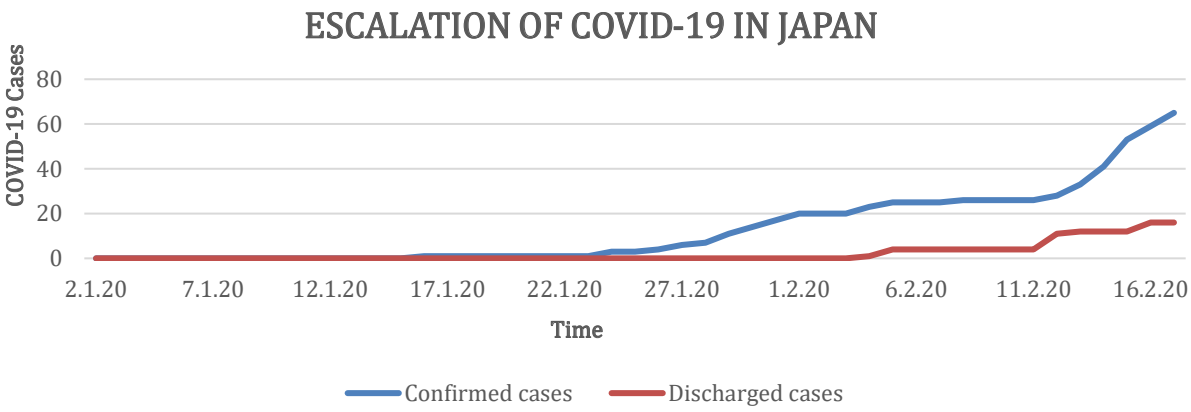


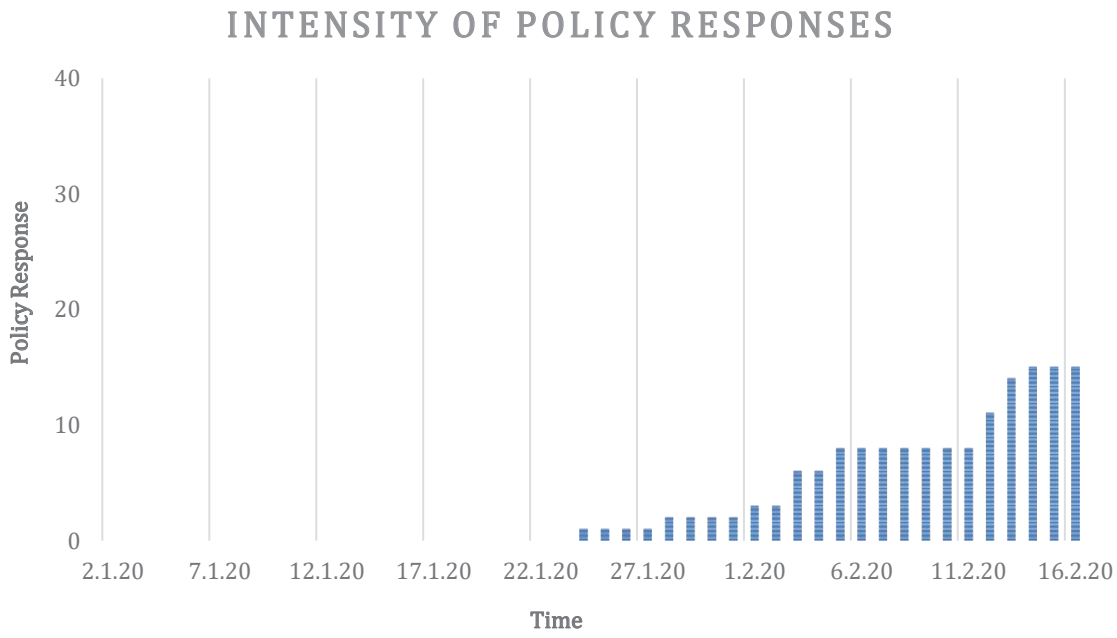
Fukushima disaster of 2012, from which the country has not yet recovered. Japan has a high level of internet penetration, as well as one of the highest GDPs in the region after Singapore. Regarding trust in the news, Japan ranks lower than average, and trust in business is also low. Similar to the communications and policy responses employed now, Japan's reaction to the SARS crisis of 2003 created a baseline for its pandemic preparedness. The Japanese government ordered Chinese visa applicants to present a health certificate, as well as enhancing airport quarantine procedures, and instituting temperature checks.[22] However, in 2003, there were only about 449,000 yearly visitors from China. That figure has since grown to over 8.9 million in 2019.

COVID-19 Cases

Japan was the first country to officially detect the first non-Chinese case of COVID-19 on 15 January. As one of the most visited countries in Asia, with over 31 million tourists per year, 2.6 million in January alone,[23] Japan's first case involved a man from China who had travelled to Wuhan, followed by two more Chinese nationals visiting from the same region.[24] Community transmission was soon apparent with the first non-traveller case reported on 28 January. Despite the development of community transmission, along with the high number of annual Chinese tourists to Japan, initial response was slow. Preventative measures to stem community spread were announced on 25 February, by which point there were already 140 cases.

During the reporting period, in the first 30 days since the initial case was detected, the number of cases slowly increased, exhibiting a much flatter curve when compared to China (excluding the *Diamond Princess* cruise cases). By 17 February, Japan reported 65 cases, fewer than its neighbours in the same time period. Notably, Japan's practice of identifying clusters has potentially led to a slower, gentler rise. Measures to counter the spread of the virus, in the form of a 'Cluster



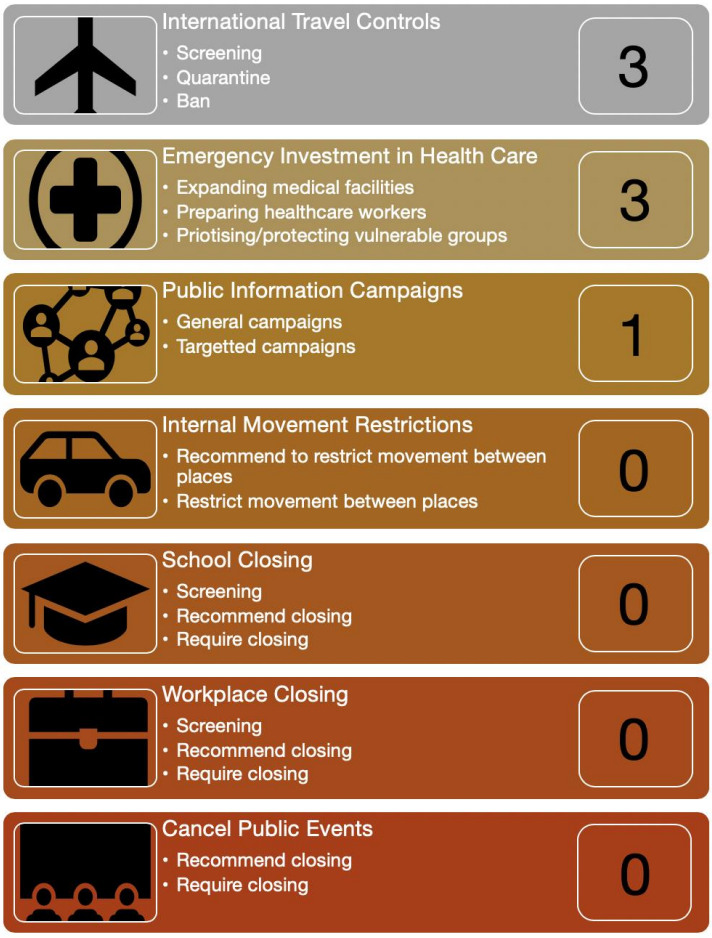


Response Section' were announced on 25 February in line with the Basic Policies for Novel Coronavirus Disease Control. This section was tasked with identifying small clusters of COVID-19 infections before they could grow and spread. The slow escalation of the disease in Japan may also be attributed to mask wearing, which has been prevalent in the country since the 1918 flu pandemic and saw an even greater resurgence during SARS in 2002.

Policy Responses

A Limited and Slow Response

Japan was comparatively slow in adopting policies to contain the spread of COVID-19. Prime Minister Abe's government did not declare a state of emergency even 2.5 months after the first case was detected in mid-January. Early actions included designating the virus as an infectious disease to allow the government to mandate hospitalisation on 28 January, creating a Novel Coronavirus Task Force on 30 January, and banning travellers from the Hubei province on 3 February. The Prime Minister went on to invoke the Quarantine Act, under which passengers from the cruise ship *Diamond Princess* were placed under quarantine on the ship and tested for the virus. As the spread of the virus continued, the government changed its focus from containment attempts to prevention policies. This resulted in 'cluster countermeasures' to identify areas or communities where the virus was spreading. From 2 March, all schools were closed, although no laws exist in Japan that allows the government to restrict the movement of the people; instead, the government requested the cooperation of the public.

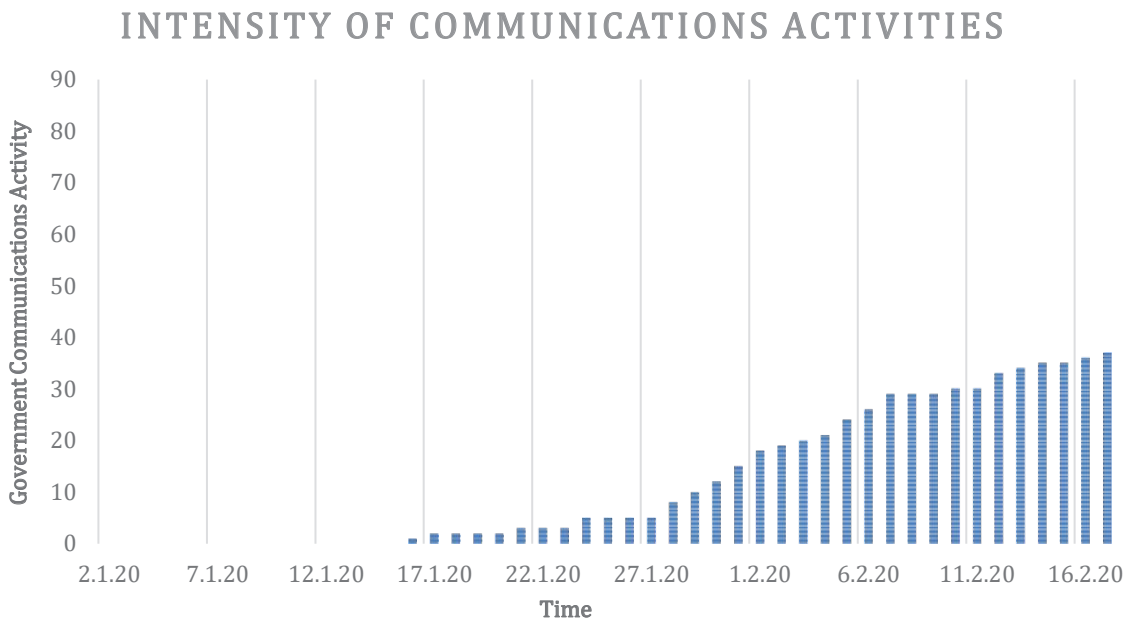


Broadly, Japan's policy responses were targeted, sector specific, and focused almost entirely on tightening international travel controls, investing in healthcare facilities, and raising public awareness of the outbreak. Japan was seemingly cautious not to implement more socially invasive measures, such as restricting internal movement and disrupting places of study and work.

Government Communications Activities

Communications from the Prime Minister

Criticised for slow action, the Japanese government began more enhanced communication only after the first virus-related death. The government had been harshly criticised internationally due to its handling of the *Diamond Princess* cruise ship, docked in Yokohama under quarantine. At the time, the cruise ship had the most



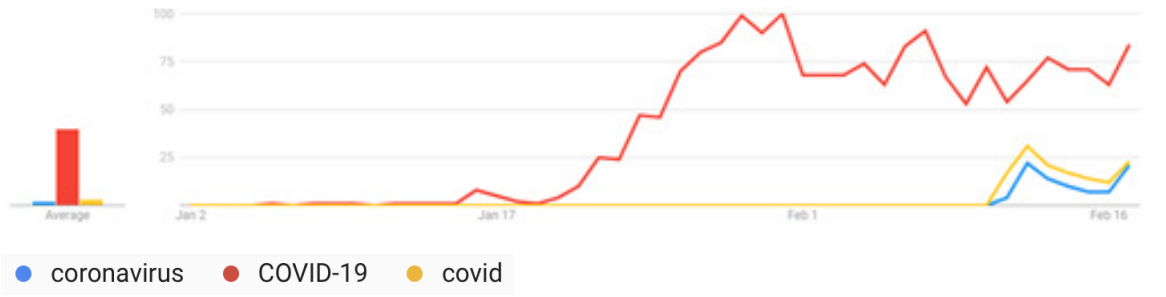
cases of COVID-19 outside of China (712 cases—an infection rate of 19.2%).[25] The quarantine was generally perceived as a failure, as measures taken were not adequate to prevent the spread. In an effort to restore positive public perception, the frequency of government communications increased, along with the announcement of a coordinated coronavirus consultation system for medical testing and public response in 536 centres across the country.

In the weeks following the detection of Japan's first case on 16 January 2020, communications were monopolised by the Prime Minister's office, with Prime Minister Shinzo Abe himself fronting most of the communications. The messages communicated in the first 30 days focused on containment and moved towards prevention as more cases were detected. These top-down communications were disseminated via online press releases before the government began televising press conferences in March. The communications were eventually shared more evenly with the Ministry of Health as additional guidelines and testing procedures were announced. The content of these messages generally consisted of information regarding enhanced travel prohibitions, an increase in the number of tests, and guidelines for patients.

Levels of Interest and Anxiety

In Japan, comparatively little interest in the outbreak was expressed between 2 January and 17 February. This assessment is based on both internet search trends and

Google searches related to the outbreak



self-reporting via the survey mentioned above. The first signs of interest were noted when the initial Japanese case was detected on 16 January. A second, much higher expression of interest peaked on 30 January, when three Japanese nationals tested positive and the Novel Coronavirus Response Headquarters was formed. After testing on the *Diamond Princess* was completed on 19 February, interest rose steadily, culminating in a third peak on 27 February, likely corresponding to the announcement that schools would be closed until early April. The lack of interest between the first two peaks could be attributed to the government's initial slowness in responding to the growing crisis.

At the end of the monitoring period, 44% of Japanese respondents surveyed expressed worry about the outbreak—the second lowest figure of the four countries in this study. This is notable given that the Japanese also expressed the highest level of pessimism (85%) regarding their opinion of governmental response for the future trajectory of the outbreak.[26]

Subsequent Key Developments

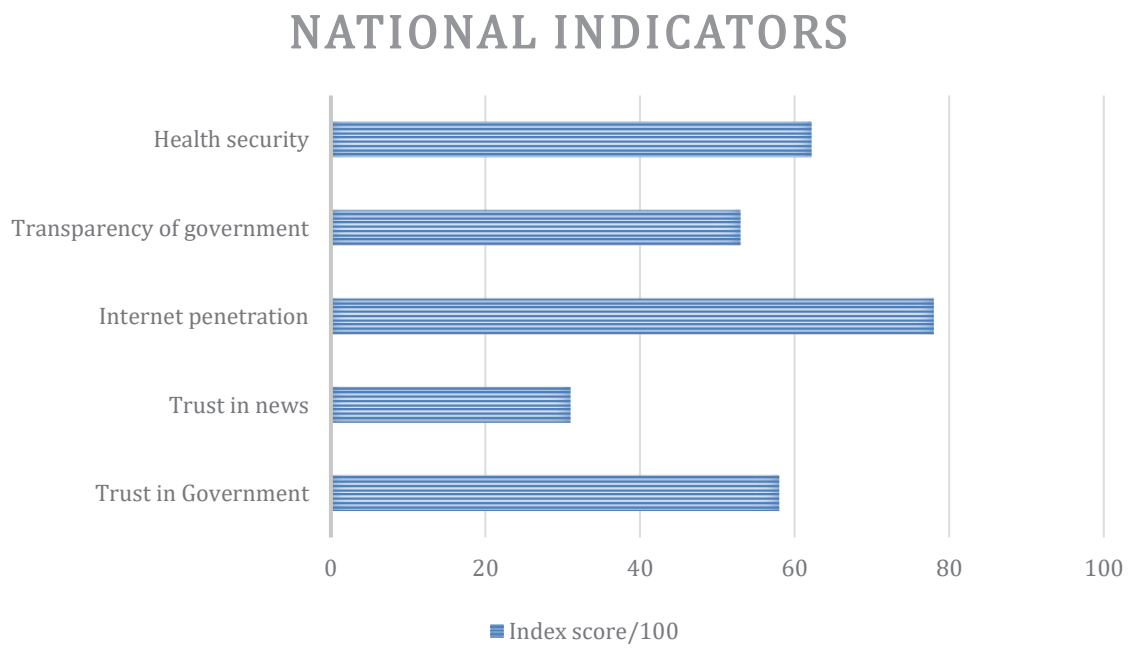
While Japan did not see many cases during the initial 60-day period, as of 30 March, the number of infections had reached 1,472, nearly doubling between 22 March and 1 April. However, only on 26 March was a stay-at-home request announced for the greater Tokyo area, urging residents to work from home.[27] An emergency had not been declared but was being discussed. Public reaction remained in line with the low level of interest in the virus indicated by responses to the initial survey. An additional survey,[28] conducted by NHK News from 6–8 March found that only 6% strongly approved of the government's response, 43% approved somewhat, 34% disapproved somewhat, and 13% strongly disapproved, indicating disapproval by a majority of respondents, even after actions were taken. However, 69% responded that they felt closing schools was too drastic a response. This reaction seems to reflect a relatively low level of concern and anxiety regarding the virus in Japan.

CASE STUDY: MALAYSIA

Country Overview

Malaysia, with an estimated population of 32.6 million, is ethnically and culturally diverse. While roughly half of the population is ethnically Malay, the country has a large Chinese minority, as well as smaller groups of ethnic Indians and various indigenous peoples. Clear divisions along ethnic lines are evident in public policies, such as the *bumiputra* policies which provide ethnic Malays with various benefits.[29] The differing policies reflect underlying ethnic and racial tensions.[30] In addition to generally growing levels of discontent with corruption and political inaction,[31] the Malaysian political system is characterised by fragile democratic processes. Recent political manoeuvring resulted in the election of a new, unexpected Prime Minister. Regardless of the turmoil in Putrajaya, the administrative centre of the country, Malaysia is a federal representative democratic constitutional monarchy, consisting of 13 states, each with its own constitution and with differences in the level of autonomy from state to state. For instance, states of Sabah and Sarawak have significantly more independence in some areas of policymaking than other states.

Like Japan, Malaysia has seen a decline in trust in government, down to 58% in the latest 2020 surveys.[32] In recent years there has been a general sense of pessimism about the future,[33] with the GDP performing at its lowest levels for the past decade.[34] Malaysia also had low scores for trust in news and government transparency.



COVID-19 Cases

Malaysia confirmed its first four COVID-19 cases just a few days after Singapore, on 25 January, as three family members of a patient who had earlier tested positive in the neighbouring state were confirmed as infected. With China being the third biggest source of tourists in Malaysia,[35] it is unsurprising that these three related cases and the additional fourth were all tourists from Wuhan.

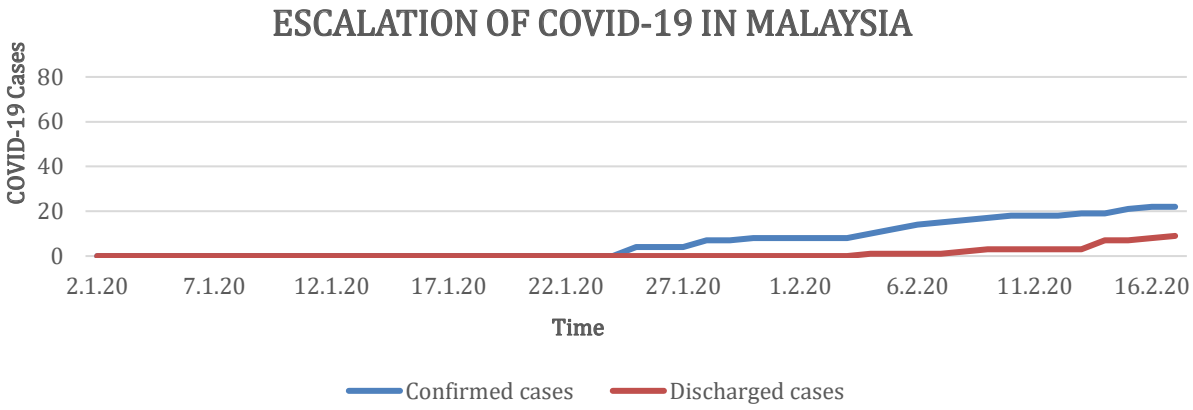
Adding to the complexity of the situation, Malaysia had been experiencing an outbreak of Influenza A, with the first cases observed in December 2019. In the beginning of January, there was a great deal of information circulating about Malaysian hospitals running out of beds and flu medication as the number of Influenza A cases increased.[36] This likely raised concern among Malaysians about the country's inability to overcome a health crisis.

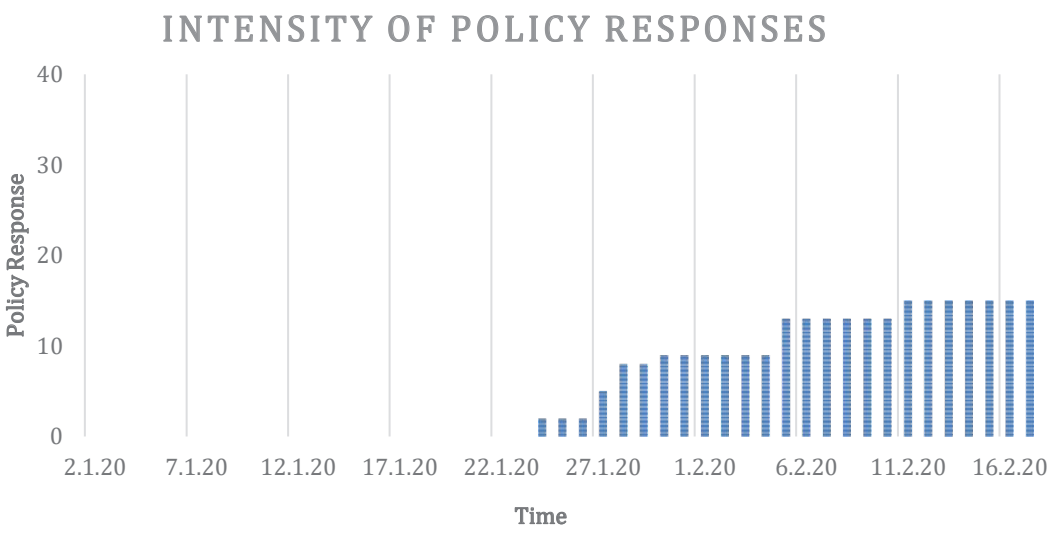
Throughout the monitoring period, Malaysia reported fewer cases than either Singapore, South Korea, or Japan. The recovery rate was also considerably high with no COVID-19-related deaths recorded. The rate of escalation of confirmed cases remained relatively constant throughout the monitoring period.

Policy Responses

The Outbreak Does Not Yet Warrant Such a Move

Malaysia was quick to introduce limited response measures just a few days after China announced the outbreak of the virus, such as screening the temperatures of passengers arriving from Wuhan at major Malaysian airports. There was an evident increase in the intensity of policy response as the number of cases slowly grew. According to some local specialists,[37] the country's experience with SARS and the Nipah virus made it more proactive and ready to efficiently and successfully overcome COVID-19. In 2002, during the SARS outbreak, when five cases and two deaths were recorded in Malaysia, it took





weeks for the specialists to trace the infections, whereas in the case of COVID-19 the process has evolved much more quickly as a result of expertise gained and improvements in technology.

Malaysia's early response to the outbreak focused mainly on restricting and controlling travel to and from affected areas. However, within the monitoring period, there was a lack of action in several policy clusters, such as the closure of workplaces and the restriction of public events. The moderate policy response was often explained to the public as appropriate for the apparent mildness of the outbreak in Malaysia at the time. There was also a notable disparity between the overall federal response and the responses of the individual states, especially in the case of Sarawak and Sabah, which both adopted more drastic measures.

Government Communications Activities

Centralised Information

In the beginning of the period, the government communicated only occasionally and mostly to reassure the Malaysian public that the illness spreading in Wuhan was not linked to the outbreak of Influenza A that was on the rise in early January. After the first cases of coronavirus were identified in Malaysia, the frequency of communications escalated significantly as the Ministry of Health issued press statements almost every day. From 3 February, when the rate of confirmed cases began to accelerate, press statements were issued daily. The press statements were also put out in English during this period. The Ministry of Health was active on social media throughout the monitoring period, providing updated infographics with global and local statistics, and engaging with people who were asking questions about

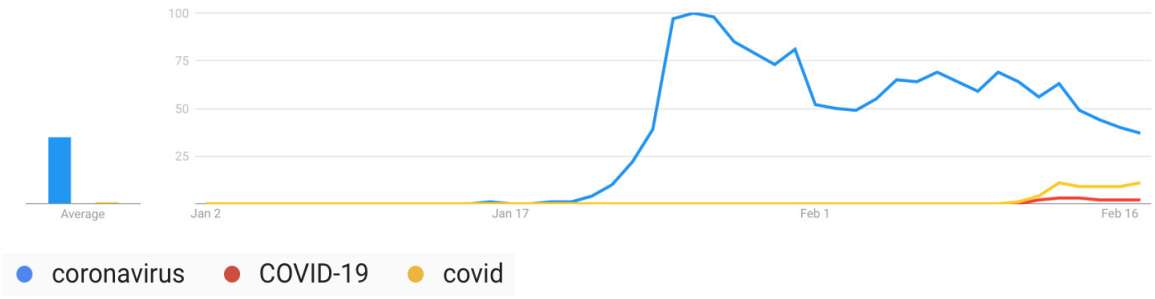
the virus itself or about the suspected and confirmed cases in Malaysia.

The Ministry of Health was the primary communicator throughout the monitoring period. While the Deputy Minister of Health and the Director General of Health were the frequent communicators initially, as the situation escalated the Minister of Health became the key communicator, providing daily updates at live press conferences and through the publication of press statements. Later on, communication efforts were also often supported by the Deputy Prime Minister. Overall, communications by the government consisted mostly of press releases with updates on the number of the cases and the current situation in the country, along with consistent reminders that there is no reason for alarm or for the introduction of drastic measures.

Levels of Interest and Anxiety

To understand the levels of interest and anxiety in Malaysia in relation to the outbreak, it is important to consider the wider context in which the situation was

Google searches related to the outbreak



unfolding, such as the aforementioned outbreak of Influenza A and related anxiety as resources were perceived to be insufficient by the general public.[38]

While interest in the coronavirus was slowly increasing prior to 25 January—likely due to the first cases being detected and confirmed in Singapore—it peaked when the first positive cases were identified in Malaysia itself. Following this peak, interest quickly decreased and remained relatively stable throughout the period defined.

Despite the constant flow of information—especially starting from late January and continuing through February—and the insistence of the government that there was no reason for panic or drastic measures, Malaysia showed the second highest level of concern about the virus among the nine Asian countries surveyed.[39] According to that same survey conducted from 14 February to 17 February, 66% of respondents in Malaysia were very worried about the coronavirus. This worry should be understood in the context of the Influenza A outbreak and the perceived lack of action on the part of the federal government as some states adopted much more drastic measures. Moreover, despite an adequate—albeit declining—level of trust in government, public concern may have been exacerbated by the overall political turmoil that characterised the end of February and the beginning of March in Malaysia.

Subsequent Key Developments

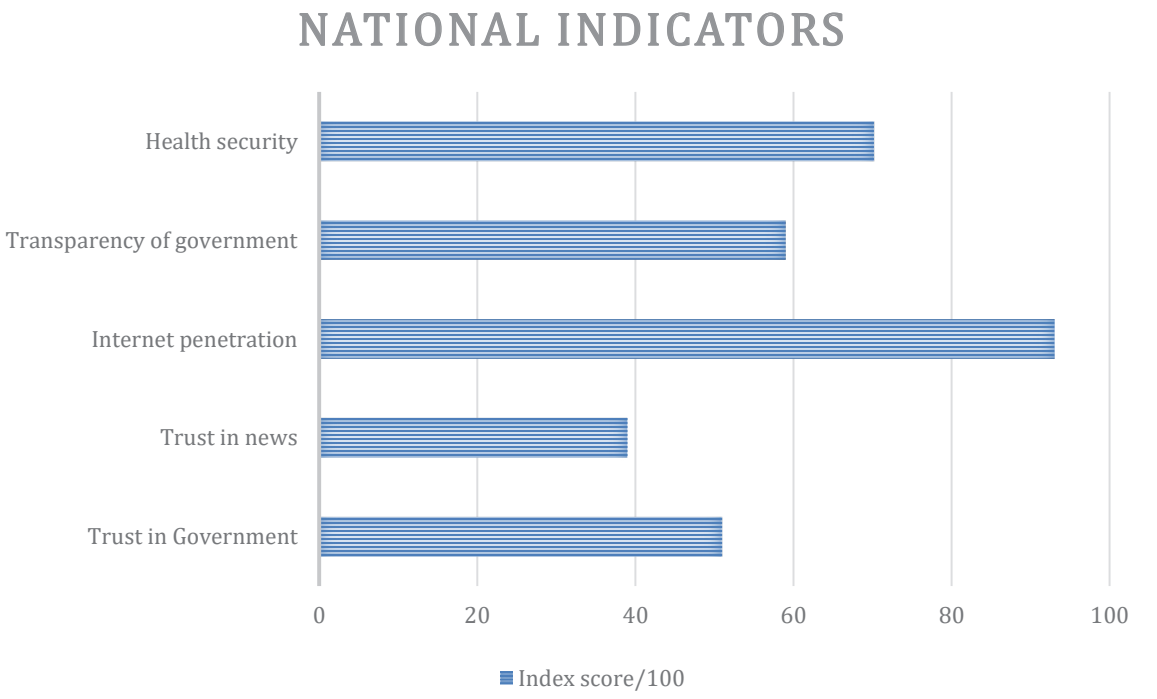
As the number of COVID-19 cases in Malaysia grew rapidly throughout March, the policy actions introduced also became more drastic. On 16 March, the new Prime Minister Tan Sri Muhyiddin Yassin announced a Movement Control Order (MCO) to be in force from 18 March to 31 March (this was later extended multiple times[40]). In general, the MCO banned all mass gatherings, closed all educational institutions, and other governmental and private venues, with the exception of essential services. Restrictions were placed on foreigners coming into the country and all Malaysians were banned from travelling abroad. The Malaysian Armed Forces were ordered to enforce the MCO.

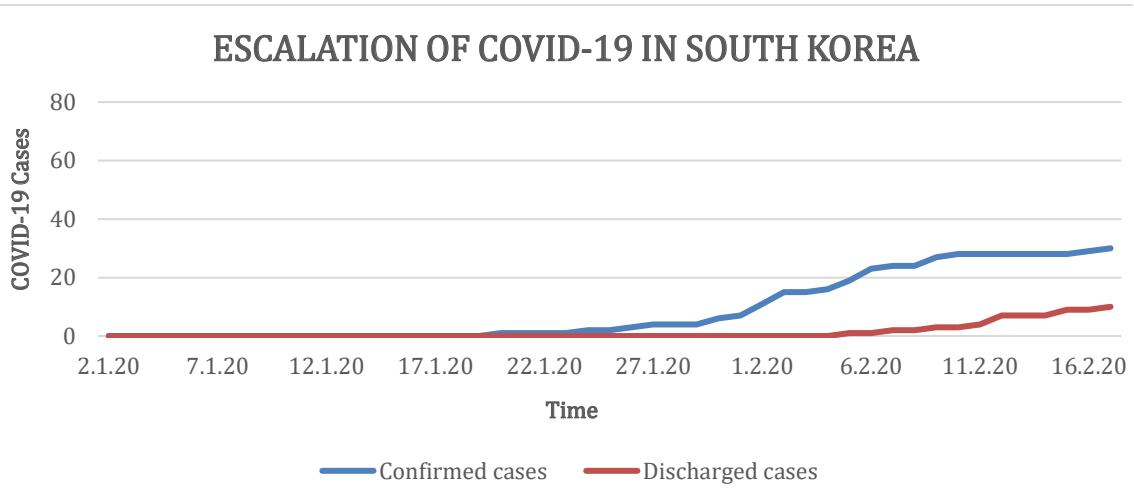
CASE STUDY: SOUTH KOREA

Country Overview

South Korea, officially the Republic of Korea, has an ethnically homogeneous population of over 51 million inhabitants. The country has been governed by a presidential republic since the late 1980s, when a democratic movement brought 40 years of authoritarian rule to an end. South Korea's government is characterised by a strong executive office, which has been held by Democratic President Moon Jae-in since 2017. With the approval of the national legislature, President Moon appointed fellow party member Chung Sye Kyun to serve as Prime Minister in early 2020. Since the partition of Korea in 1948, South Korea has developed into one of Asia's most affluent countries, having the 3rd largest economy in the region and the 12th largest in the world.

The experiences of recent epidemics, both caused by a coronavirus, have shaped South Korea's response to health crises. South Korean institutional capacity was challenged by the 2003 SARS (Severe Acute Respiratory Syndrome) pandemic, and once again in 2015 with the sudden outbreak of MERS (Middle East Respiratory Syndrome). These experiences galvanised South Korean authorities to develop a higher level of preparedness, as both government and





citizens learned that widespread testing and compliance with restrictions are crucial to a successful epidemic response strategy.[41]

South Korea enjoys a very high level of internet penetration, with almost its entire population connected online. Health security and government transparency are also relatively high. The remaining indicators are relatively lower than they are for the other countries included in this study, with trust in government slightly above average and trust in news slightly below average. The level of people's trust in government has been consistently low since South Korea's transition to democracy in the 1980s, reaching a higher level of distrust in social institutions in the 2000s than was observed in the 1990s.[42] According to the Edelman Trust Barometer for 2017, only 36% of respondents expressed trust in the government, as former president Park Guen-hye was embroiled in political scandal and was subsequently impeached and arrested.[43] Levels of trust have followed an upward trend since President Moon Jae-in took office.[44]

COVID-19 Cases

The Korean Centre for Disease Control (KCDC) announced the first imported case of COVID-19 on 20 January, making South Korea the second country outside of China to detect a local infection. A Chinese resident of Wuhan in her 30s was detected as having a fever by a thermal scanner during entry screening at Incheon International Airport. China is South Korea's most significant trade and tourism partner, as visitors from mainland China account for roughly 30% of annual South Korean tourism.[45]

The number of confirmed COVID-19 cases in South Korea escalated gradually throughout the monitoring period. In the first ten days of the outbreak, the KCDC reported six confirmed infections. The caseload began to rise more rapidly in the following weeks, with 28 confirmed cases reported on 10 February as the virus spread among the personal contacts of previously infected persons. Public officials expressed hope that the situation was under control in the days

after the 28th case was announced, as no new infections were identified for five days in a row. However, this optimism was short-lived, as 30 cases were confirmed by the end of the monitoring period. Throughout this period, no deaths were reported and a third of patients were discharged from hospital.

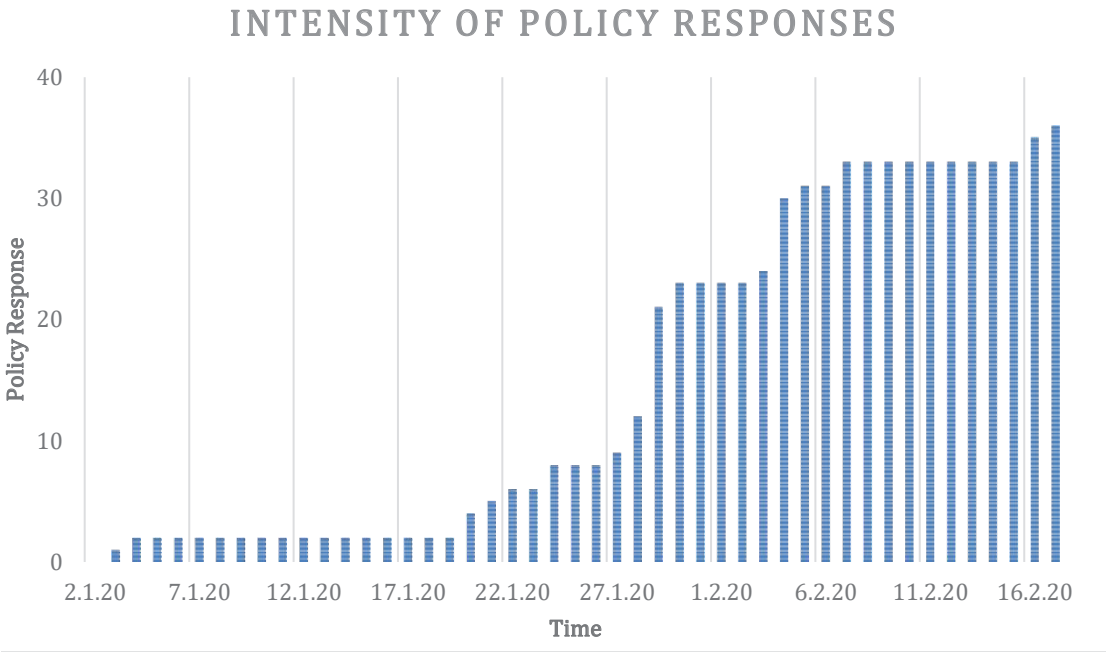
Policy Responses

Trace, Test, and Treat

South Korea was among the first countries to launch a COVID-19 policy initiative on 3 January, immediately after Chinese officials announced an investigation into the novel coronavirus. South Korean authorities responded by implementing quarantine and screening measures for travellers arriving from the virus-affected city and by strengthening surveillance of pneumonia cases in health facilities nationwide. South Korea took further action on 20 January, when the first imported case of COVID-19 was reported, by increasing the alert level from Blue (Level 1) to Yellow (Level 2) of a four-level national crisis management scale.

The intensity of policy actions only began to increase after South Korea confirmed its first case of COVID-19 on 20 January. International travel controls tightened from screening and quarantine measures to travel bans in a matter of days. The frequency and intensity of policy actions increased rapidly with the increasing rate of infection, levelling out only during the short period in which no new cases were identified.

South Korea implemented actions in every policy cluster, particularly tightening international travel controls, enhancing public health measures, and spreading public information. The government response included providing universal health care for the population; on 29 January, the

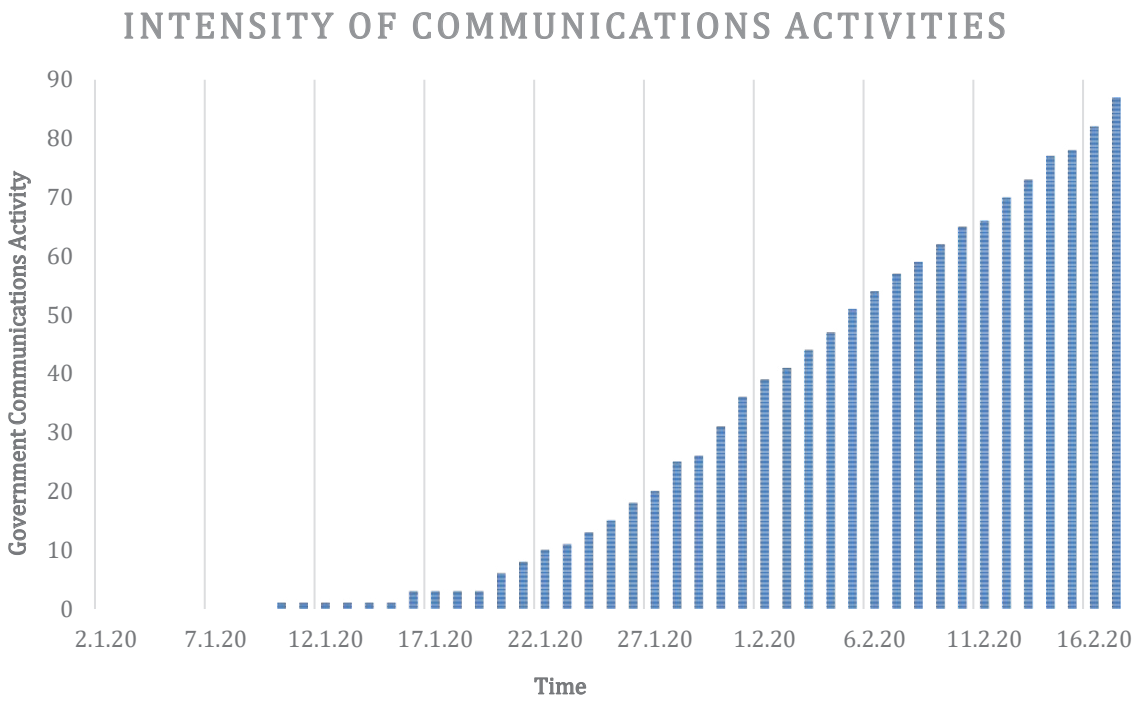


Ministry of Health and Welfare announced that the state would cover costs for the treatment of all virus-infected patients. By the end of the monitoring period, South Korean authorities had raised the country's crisis alert to Orange (Level 3), implemented early travel restrictions, strict screening, and quarantine measures. Rapid-result COVID-19 testing kits were made available throughout the country, and hundreds of extra medical personnel were mobilised.

Government Communications Activities

All-government approach

Throughout the first weeks of the outbreak in South Korea, government authorities provided centralised and consistent communication with the general public about COVID-19. In the days leading up to the republic's first confirmed case, the Public Health and Safety Agency requested information from China regarding the new

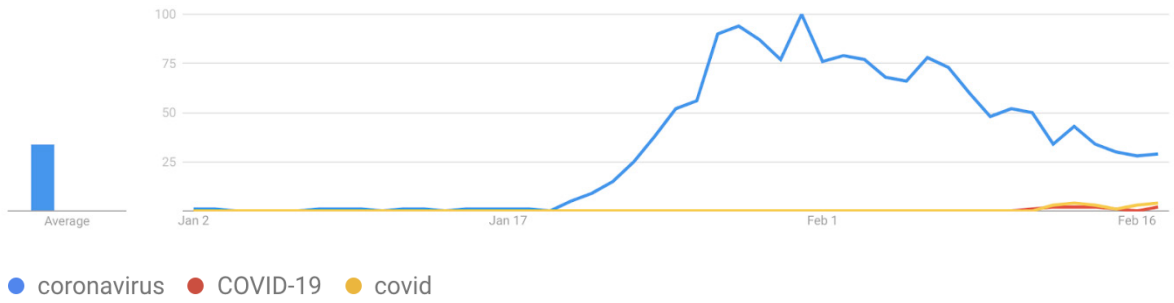


strain of coronavirus, and announced plans to prepare healthcare workers for increased travel and public gatherings around the time of the approaching Lunar New Year. As depicted in the graph below, the intensity of government communications steadily increased from 20 January until 17 February.

The most frequent communicators throughout the monitoring period were health institutions (the Ministry of Health and Welfare and the Korean Centre for Disease Control) and the executive branch (the offices of Prime Minister Chung Sye-kyun and President Moon Jae-in). The bulk of public health information was shared by the KCDC, which provided multiple daily updates in the form of press releases on the details of confirmed cases and on the progress of epidemiological investigations.

While health authorities released clear and frequent information, the President and Prime Minister reassured the public by holding emergency cabinet meetings, visiting hospitals and marketplaces, delivering speeches, and publishing press releases. On 26 January, President Moon delivered a special public message in which he vowed a pan-governmental effort to curb the spread of the virus. Concurrently, President Moon's messaging encouraged close cooperation with South Korean regional and city governments, as well as with neighbouring countries, particularly China and Japan. The chief executive also focused on safeguarding the South Korean economy, as he urged the public not to curb their normal economic activities and instructed the Finance Ministry to take strong measures to minimise the negative effects of the coronavirus on the economy.

Google searches related to the outbreak



Levels of Interest and Anxiety

There was virtually no interest in COVID-19 expressed in South Korea before the first case was reported on 20 January. Interest then began to climb, first spiking on 27 January when the government raised the national crisis management level to Orange (Level 3 of 4). Interest then dipped until another brief spike on 31 January, when President Moon requested that his cabinet implement emergency countermeasures against the COVID-19 outbreak and he announced the evacuation of South Korean nationals from Wuhan. Interest waned briefly until 2 February, when the Ministry of Health and Wellness announced its plan to bar entry to foreigners who had been to Hubei province in the previous two weeks. Following this announcement, online interest declined further and plateaued towards the end of the monitoring period. At the time the survey was conducted, only 32% of respondents reported that they 'worry a lot about the coronavirus (COVID-19)'; this is the lowest level reported among the nine Asian countries surveyed by Black Box Research.

Subsequent Key Developments

Despite their seemingly successful early prevention efforts, South Korean authorities were overwhelmed in late February after a cluster of cases connected to the Shincheonji Church of Jesus, a fringe religious sect, caused the number of infections to skyrocket from fewer than 50 to more than 5,000. Over the course of 10 days, South Korea became the country that suffered the second largest outbreak in Asia. At a pan-governmental COVID-19 meeting on 21 February, Prime Minister Chung announced a shift in government strategy from preventing outbreaks to containing the spread of the virus. Aggressive mass testing became a pillar of South Korea's response to the epidemic—by 30 March, South Korea had tested 395 194 individuals and had 9 661 confirmed cases.

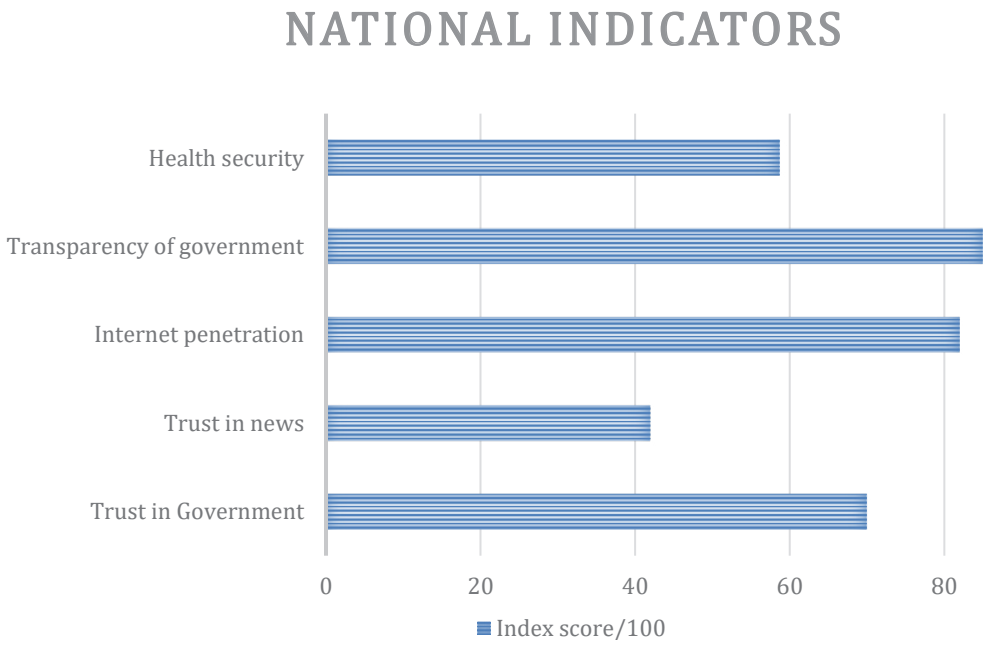
CASE STUDY: SINGAPORE

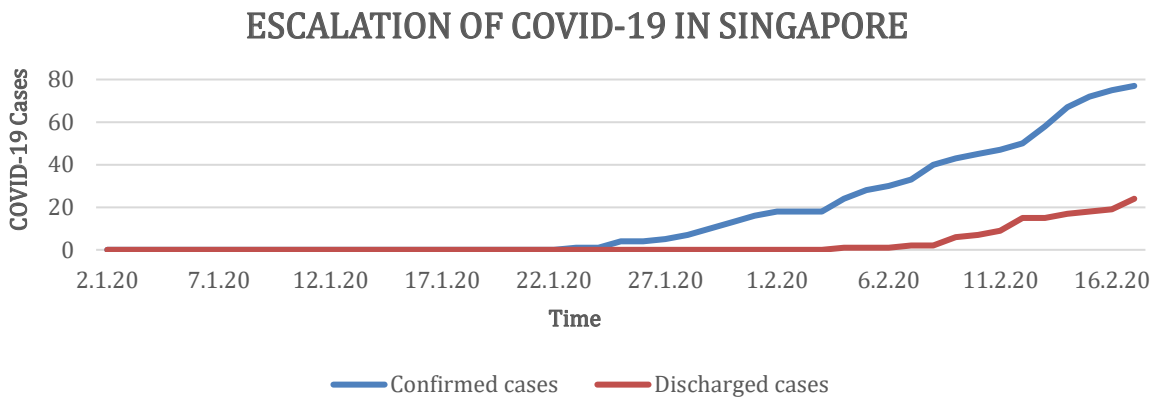
Country Overview

A city-state with a population of just under 6 million,[46] Singapore has a racially and religiously diverse society, in which Chinese make up around 75% of the population and Malays, Indians, and Eurasians form the largest minority groups.[47] Singapore is also known for its strong executive branch; since its independence in 1965, the state has been ruled by a one-party government. The SARS outbreak of 2003 was regarded as a 'wakeup call'. Singapore responded by investing heavily in upgrading and expanding its healthcare system, virus research capability, and emergency preparedness.[48]

Existing socio-economic issues such as the increase in cost of living, influx of foreign workers, and rising religiosity have resulted in social fault lines and continuing vulnerabilities for social order and stability in Singapore.

Based on the indicators considered here, Singapore has a high level of internet penetration and similarly high scores for trust in government and government transparency. Singapore ranks above average when compared to the rest of the world for health security and for trust in news.





COVID-19 Cases

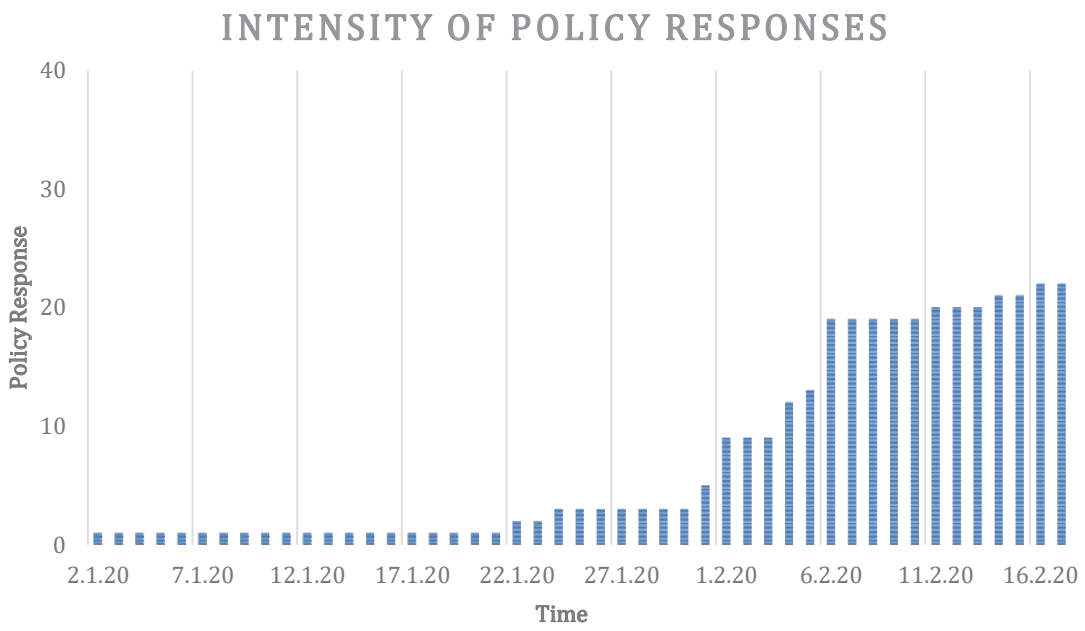
Singapore is a popular global tourist destination attracting approximately 19 million visitors a year—around 3.4 million from mainland China.[49] Additionally, with Singapore's porous borders and role as a global hub for finance and air travel, it was no surprise that Singapore was the third country globally to report, on 23 January, its first case of COVID-19,[50] attributed to a group of tourists from the Chinese city of Guangxi arriving in Singapore for Chinese New Year.

Throughout the monitoring period, there was a sharp but relatively constant escalation in the number of confirmed cases, with no deaths reported. The early detection and rapid increase in cases of COVID-19 in Singapore stands in marked contrast to the situation in its much larger neighbour, Indonesia, which reported no cases during the same period. By the end of the monitoring period, Singapore had recorded 75 cases, the highest number globally outside of China. Singapore's recovery rate for COVID-19 patients remained relatively constant throughout the monitoring period.

Policy Responses

Staying One Step Ahead

Singapore began early, alerting healthcare workers and commencing screening at airports on 2 January, when China first announced a cluster of severe pneumonia cases in Wuhan. Policy actions during the first month were almost entirely related to the progressive tightening of Singapore's borders; in addition, a multi-ministry task force to deal with a potential local outbreak was set up, and minor enhancements were made to the healthcare system. The intensity of policy actions remained relatively constant until the discovery of the country's first local cluster, on 4 February, sparked an intense period of policy responses; actions were taken to reassure the public and to enforce social distancing for vulnerable groups. This continued through the first



half of February as the number of people infected climbed sharply.

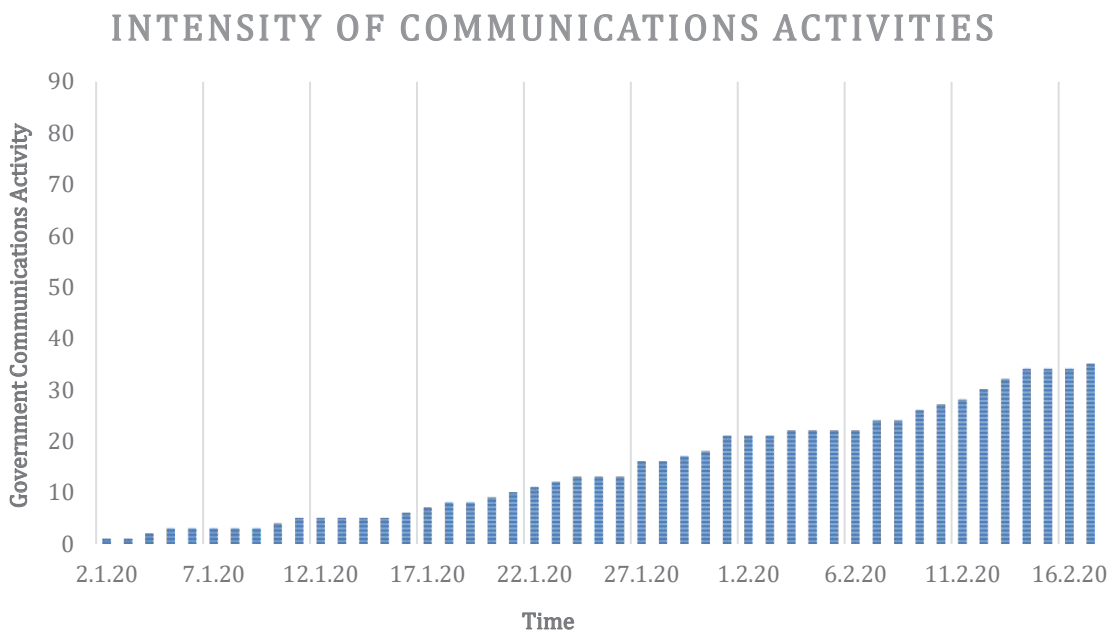
Singapore's policy response was holistic, with actions taken in all policy clusters. Robust actions were taken within each cluster, including the implementation of monitoring at all land, air, and sea checkpoints, closing borders to Chinese travellers in response to the lockdown of the city of Wuhan, the enforcement of strict quarantine measures, and the institution of a nationwide cleaning campaign and a ban on large-scale events.

Government Communications Activities

Early, Open, and Direct Communications

Overall, the Singaporean government provided regular and centralised information about the outbreak. Before the first local cases were detected, the government issued statements 2–3 times a week. After the detection of the first local case statements were issued almost daily. Social media were also employed; residents were advised to subscribe to daily updates from the government via WhatsApp and overseas Singaporeans could sign up to receive updates from the Ministry of Foreign Affairs' Telegram channels.

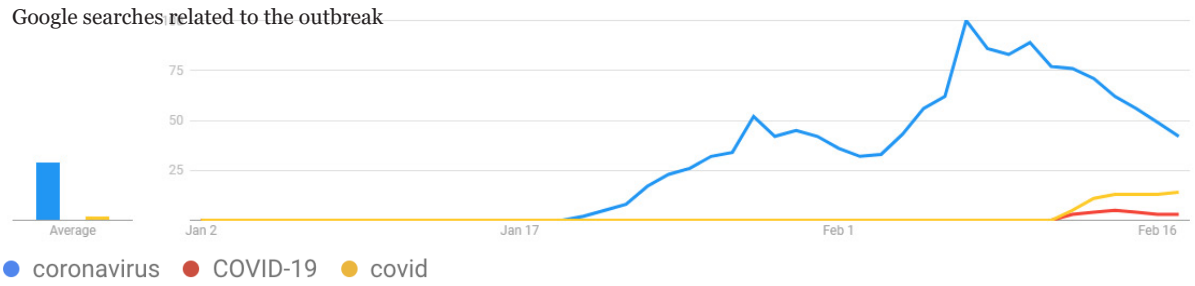
Issuing press statements only, the Ministry of Health was the most frequent communicator in the first three weeks of the monitoring period. Following the detection of the first local case, the COVID multi-ministry Task Force took over, issuing general communications on the outbreak through press conferences and media interviews (sometimes several a week). The content consisted largely of factual updates on the situation and additional policy



actions taken. Information about ad-hoc domain-specific policy actions undertaken by individual ministries also peppered the information space during the latter half of the monitoring period. Singapore's communication strategy shifted—at first communications were provided solely by the Ministry of Health and later by the COVID Task Force and individual ministries. This shift could represent a deliberate decision to focus healthcare resources on dealing directly with the rapidly escalating number of cases.

Levels of Interest and Anxiety

Despite intensive government policy actions and communications starting 2 January, the residents of Singapore showed little interest in the virus until the first local case



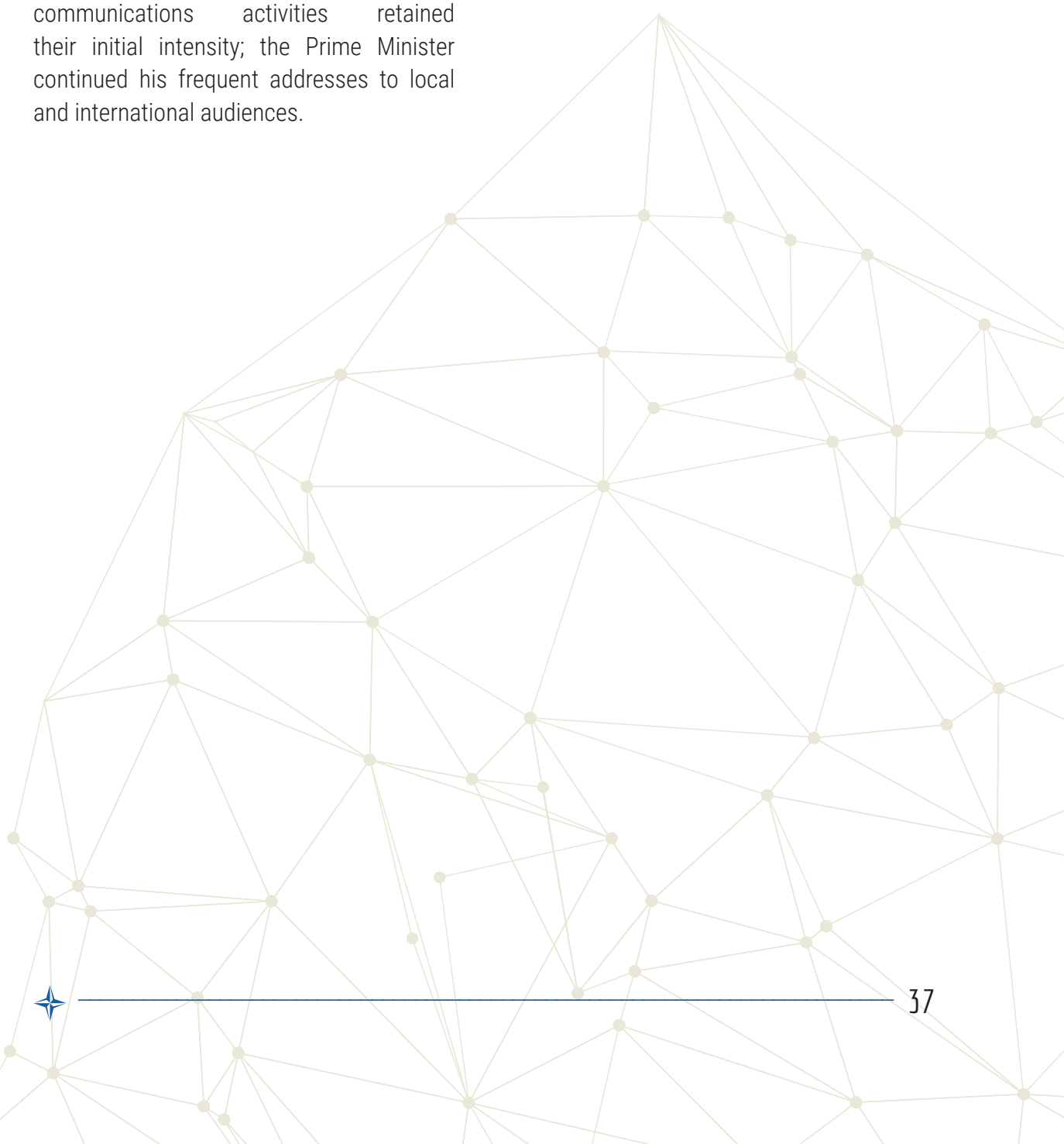
was reported on 23 January. This could be attributed to the low level of coverage in mainstream media before 22 January. The early policy responses garnered some interest, but this dipped until the detection of the first local cluster at the end of January. After a week-long period of sustained interest, attention declined steadily despite the rapidly escalating number of cases.

At the end of the monitoring period, 46% of respondents surveyed 'worried a lot' about the outbreak; this was the third lowest level among the nine Asian countries surveyed. The generally low level of interest and anxiety could be explained by Information overload due to steady stream of communications, and by the high level of public trust in government to deal with the outbreak as it dragged on.

Subsequent Key Developments

After an initial slowdown in new cases, thanks to tight international controls and strict quarantine measures, Singapore saw a 'second wave' of cases due largely to returning citizens and residents

importing the virus from overseas. Singapore continued its intense policy actions throughout the monitoring period, including housing returning Singaporeans in designated hotels,[51] banning all events and gatherings of 10 or more participants,[52] staggered home-based learning for schools,[53] and closing borders to all non-residents.[54] Digital solutions were also implemented to promote a community-driven approach to contact tracing[55] and to enforcing home quarantines.[56] Government communications activities retained their initial intensity; the Prime Minister continued his frequent addresses to local and international audiences.



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