



# Swiss Thai



APRIL 2020 | SWISS-THAI CHAMBER OF COMMERCE | E-NEWSLETTER #117

## TOP NEWS

- Deutsche Bank:** How Asia fights the virus
- Legal:** COVID-19 Prevention Measure under Thailand's Personal Data Protection Act
- New Members:** Haefele (Thailand) Ltd. / Mr. Thomas Fritz
- Covid-19:** Corona Resources Links

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## THE PRESIDENT'S MESSAGE

# DEAR FRIENDS AND MEMBERS OF THE STCC



**PRESIDENT BRUNO G. ODERMATT**

We are living in extraordinary times and if you look at the events of the last 4 weeks, one can only be bewildered. Whereas the major stock market indexes were at their all-time peaks just 2 months ago, within three weeks it all collapsed in unison – equities, bonds, commodities and currencies. It all started on Monday, March 9th, when the Dow Jones crashed with the largest point plunge in history. It was legendary investor Warren Buffet who commented on CNBC, "If you stick around long enough, you'll see everything in markets, and it took me to 89 years of age to throw this into the experience". I guess this says it

all about the Covid-19 pandemic crisis and its impact on our social life, financial markets and our businesses. The Americans would call this "a life changing event" and the world might never be the same as it was before. For starters, the Covid-19 outbreak showed us many things, but foremost how globally connected we are. It has introduced some unique terms into our everyday vocabulary, such as "social distancing", "coronavirus", "pandemic", "ventilators" and the newest one, "rationing". As an example, in Italy and Spain, where the pandemic has been spinning out of control, doctors working in Intensive Care units have to decide who will receive full care based on age and health status. There is a severe lack of medical tools and equipment. How, for instance, does a patient qualify for a ventilator? How old is too old, too? In Madrid the answer was 65, meaning if you are 65 and over, then it was time to say good-bye to your loved ones. What is currently happening in

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# MEMBER DETAIL UPDATES

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## THE PRESIDENT'S MESSAGE

Europe is a human tragedy and it is now arriving in the USA. As of this writing, the USA recorded more than 190,000 cases, half of those in New York. American hospitals have only about 96,000 intensive care beds and an estimated 60,000 full-featured ventilators (source WHO). You get the picture. How can we as a civilized society in the first world, in the time of immense technological developments, end up in such a dire situation? It's a tough question to answer.

As this pandemic wreaks havoc across the globe and lockdowns across many countries cause tremendous hardship on their populations and economy, there is still a positive twist to it. Every cloud has a silver lining, and I have hardly experienced such clean air in Bangkok. People are now working from home and are enjoying it, suddenly video conferencing is becoming cool and there is no more need for business class travel, traffic is as light as ever, and people find more time to connect with families and friends. Beaches, islands and waterfalls in Thailand look different now, as there are not just fewer people and cars, but also less garbage strewn around. What is also good to see is that governments are stepping up to the plate with massive financial assistance, such a \$2 trillion fiscal stimulus package in the US and a 200 billion Baht stimulus package in Thailand. In the

US this is 10% of national GDP, which means size really matters in such an unprecedented crisis and if you go in, you have to go in a big way. It is clear that, besides financial injections to support failing businesses, this new era also requires universal access to health care, paid sick leave and economic support for those who lost their jobs.

In this issue of the newsletter you will find some useful information related to Covid-19 measures taken by the Thai government. A number of affected member companies also share their experiences. The STCC also takes part in the crisis team of the Swiss Embassy in supporting stranded tourists to find their way back to Switzerland and calm down stressed out local residents. It is great to see that the Swiss Embassy has assumed strong leadership in this difficult time and it makes our lives easier as well. Even during lockdowns, curfews and social distancing, we still need to be united in our efforts to fight this pandemic and we need to reach out to each other. As we informed you earlier, all STCC events such as or Annual General Meeting, Luncheons, Stamm, were cancelled until further notice. We do not know how things will develop, but we comply with government regulations and adhere to their recommendations. A number of our member companies are going through stressful times and many of their

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## THE PRESIDENT'S MESSAGE

employees either work from home or are furloughed. We just hope that once as things are back to normal, we learn from this crisis and are well prepared for what is coming up next.

to your friends and colleagues at the Chamber.

*With my best wishes*

**Bruno G. Odermatt-Maag**  
**President**

With this in mind, I wish you lots of courage in keeping your business afloat during these difficult times and please stay connected

\*\*\*

**Contact the President:**

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## STCC CALENDAR APRIL 2020:

Due to the Corona Situation all activities of the Chamber are put on hold.

*More details for above events please wait for the invitation-mail or get it from [www.swissthai.com](http://www.swissthai.com), click on "events".*

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ECONOMY SPECIAL REPORT BY DEUTSCHE BANK

## HOW ASIA FIGHTS THE VIRUS

The Covid-19 pandemic has moved from North Asia, where it first appeared in China, to Europe and the United States and other countries. We explain in this report what strategies have been used in Asia to contain the virus outbreak. These have varied from the very prescriptive “lockdown” of Hubei, and now Malaysia, Luzon in the Philippines, and much of India to the much less intrusive approaches towards social distancing in Hong Kong, Japan, Singapore and Taiwan.

The fact that the progression of the virus, as described by the epidemic curves, is so similar across Hubei, Mainland China ex-Hubei and South Korea informs our view that “lockdown” is not necessary to contain the outbreak.

In our view, stopping the transmission of the virus requires changing peoples’ behavior and this does not require locking them in their homes. Hong Kong, Japan, Singapore, South Korea and Taiwan show that simple social distancing practices – hygiene, the wearing of masks, avoiding crowded places – can be sufficient to dramatically slow

down the spread of the virus even after there has been a community outbreak.

New information technologies offer not only the hope of an earlier vaccine or treatment of this new virus than might have been possible a few years ago but also the means of disseminating information about the risks of infection to individuals who can then choose for themselves how much distance to keep from others. It also offers powerful tools to governments to speed up the identification of potential carriers who have come into close contact with people who tested positive and cut short the transmission of the disease.

### A global pandemic

The Covid-19 pandemic is now a truly global calamity and the focus has shifted over the past couple of weeks from Asia to Europe and the United States. Europe adds in a day now more new cases than all of Asia has seen all month. As many people have tested positive in Europe in the past five days as in China since the beginning of the year. And the US,

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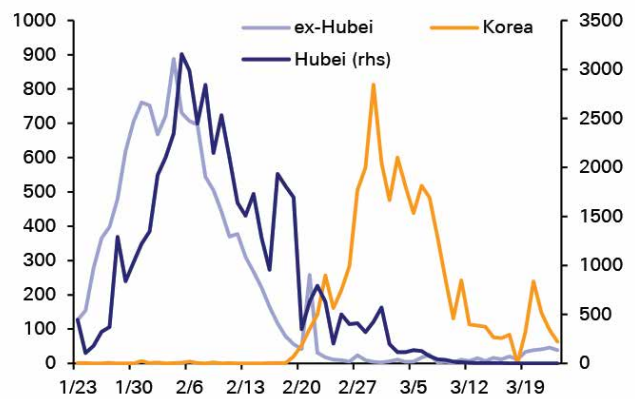
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now that testing has begun in earnest, has seen its caseload soar.

As the number of new cases slowed in China in late February, the government began encouraging people to go back to work. Tomorrow, some 300,000 migrant workers in Wuhan will begin to make the journey back to their places of work in Beijing, Shanghai and elsewhere. The government plans to end restrictions on travel into and out from Wuhan on April 8. China is being credited – perhaps too soon – with controlling the virus. There have been only 417 new cases in the past two weeks in the whole country and 86% of them have been travellers from abroad. The

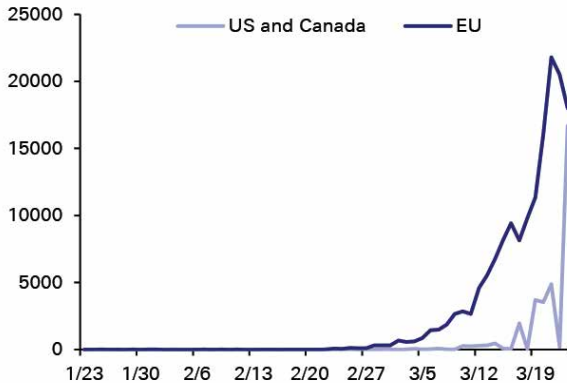
number of cases is also rising much more slowly in Korea than it was earlier this month.

### ...and in China and Korea



Sources: WHO data from CEIC, and Deutsche Bank Research.

### New cases in the EU, US and Canada..



Sources: WHO data from CEIC, and Deutsche Bank Research.

Elsewhere in the region, caseloads continue to rise. In Hong Kong, Singapore and Taiwan, case numbers have grown more rapidly in recent days, mainly to the return from abroad of residents carrying the disease. Japan continues to see a steady rise in infections, but as in these other three locations the total is small relative to the size of the population. More worrying, in the ASEAN region and India, perhaps because they have very recently begun testing for the virus, caseloads have soared in recent days.



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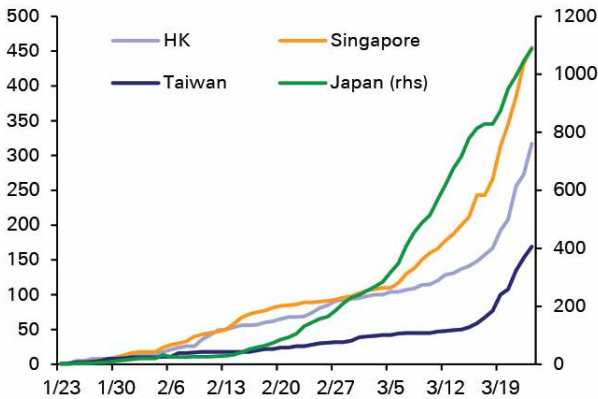
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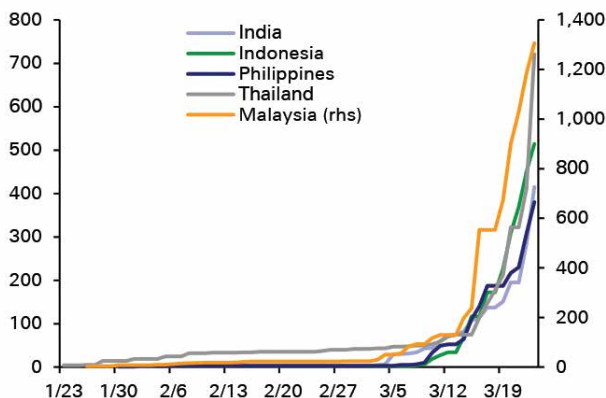
Clearly, the Covid-19 pandemic is far from over in Asia. But the measure of containment that has been achieved in China and South Korea, and the generally slow pace of growth in Hong Kong, Japan, Singapore and Taiwan, suggest that there may be lessons for countries that are struggling to get ahead of the epidemic curve. In this note, we describe the measures used in Asia to confront the outbreak.

### Total cases in North Asia...



Sources: WHO data from CEIC, and Deutsche Bank Research.

### ...and ASEAN



Sources: WHO data from CEIC, and Deutsche Bank Research.

### Quarantines help but usually come too late

The word “quarantine” has been used in two different contexts in Asia: (1) restrictions on travel into

and/or out of an area; and (2) the removal of an individual, voluntarily or by compulsion, from interaction with others. Both have the same intent, to isolate the sick from the healthy, but both suffer from the problem that they are imposed only after sick people have been identified.

Most expansively, China imposed a quarantine on Wuhan and surrounding counties on January 23, which was soon extended to the entire province. Non-essential businesses in Wuhan were closed and people were restricted to remain at home, with one person per household permitted out every two days to purchase necessities. Wuhan was believed to be the source of the new virus so trying to cut the rest of China off from Wuhan had a certain logic. But waiting a month after the first cases of the coronavirus were identified meant not only that many people in Wuhan were likely infected but also that many people had already carried the virus from Wuhan to other parts of China. Indeed, while on January 23 there were 375 confirmed cases in Hubei, there were already 193 confirmed cases elsewhere in China.

So this cordon sanitaire imposed on Hubei did not completely insulate the rest of China from the outbreak, nor should it have been expected to. Even if they had responded immediately upon learning of this new virus, the Chinese authorities would have imposed a quarantine on the province at least three weeks after it broke out into the population as we now know it was circulating as early as November. As a transportation hub, it should have been expected that people with the disease would already have left Wuhan and traveled elsewhere.

But by preventing people from leaving Hubei after January 23, the quarantine did make it easier to deal with the cases outside that province to the extent that new “imported” cases from Hubei could be prevented. These 198 cases did eventually rise to more than 13,000 while the case numbers in Hubei rose to nearly 68,000. While Hubei accounts



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for about 5% of China's population, it accounts for 84% of China's confirmed Covid-19 infections.

Restrictions were much less onerous outside Hubei. Long-distance travel was restricted –partly because Wuhan is an important transport hub and trains could not transit through it – but formal geographic quarantines were not imposed on other regions. (Some towns and villages imposed their own quarantines, keeping visitors out). The growth in new cases outside Hubei peaked a few days earlier than it did in Hubei – both in early February. Testing was significantly constrained in Wuhan, but less so elsewhere and while the absolute numbers may be questioned, especially in Wuhan, the general tendency is not. The WHO report in mid-February commented that the decline in new cases was “real”.<sup>2</sup>

The initial surge in new cases in the early days of an outbreak reflects both the penetration of the virus in the population and also better identification of older cases. But the fact that the growth of new infections peaked in Hubei about the same time that it peaked outside Hubei suggests that the existence of a hard boundary around Hubei may not have been the most important factor contributing to containment across China.

Much more common than the internal quarantine applied to Hubei has been international restrictions on travel. The intent is the same – to insulate the jurisdiction from an external source of infection. Hong Kong, Singapore and Taiwan made early and extensive use of such travel restrictions, raising the level of alert on travel to and arrivals from ‘high risk’ regions until ultimately all arrivals are either banned or forcibly put into confinement and isolation. Initially, though, even these jurisdictions introduced only enhanced temperature screening on arrivals from Wuhan and advised residents against going there. A travel ban on visitors from Wuhan was introduced first in Taiwan on January 23, in Hong Kong three days later and in Singapore another three days later. Within days they were restricting all arrivals from China and gradually as outbreaks occurred in Japan, South Korea, Iran, Northern Italy, France and elsewhere these countries were added to the list of restricted or banned arrivals.

Logically, though, travel restrictions suffer from the same weakness as the internal blockade– by the time the authorities are aware of an outbreak abroad significant enough to warrant a travel restriction, people from that region have likely already arrived. So, for example, despite knowing of



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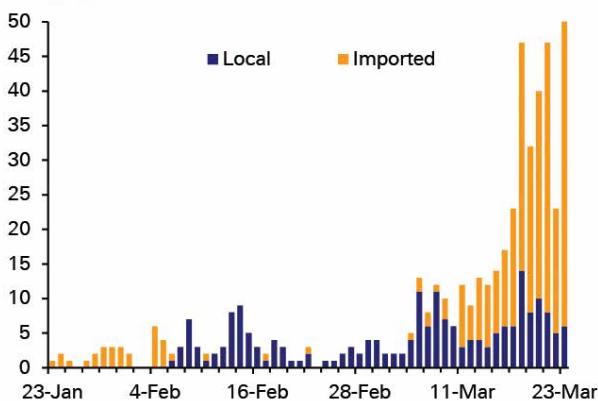
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the virus outbreak in Wuhan at the end of December and getting regular reports from early January, Hong Kong, Singapore and Taiwan didn't impose a ban on travelers arriving from Wuhan until after the central government did.

Not only are travel bans ineffective to the extent they are applied too late, they also generally don't apply to residents and citizens. Hence, the recent spikes in new infections in Hong Kong and Singapore and Taiwan are mainly due to residents returning who are infected. More than 80% of Taiwan's total cases were imported. Almost half of China's new cases in recent weeks are imported cases. Governments typically can't keep their own citizens out and citizenship is no guarantee against infection.

Note that Japan and South Korea have not made significant use of travel restrictions. Japan introduced a 14-day quarantine on Chinese and South Korean nationals on March 9, and banned arrivals from some other high-risk regions. South Korea also only moved to ban arrivals from Hubei on February 4 and hasn't imposed a ban on arrivals from other countries. They did impose a 14-day self-quarantine requirement on arrivals from Japan and the EU.

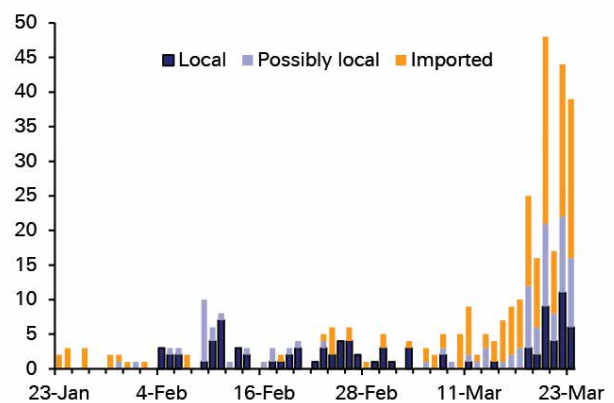
### "Imported" vs local cases in Singapore



Sources: Ministry of Health and Deutsche Bank Research.

And neither has South Korea imposed a quarantine around Daegu City or Gyeongsangbuk – where most of the country's cases have been identified.

### ... and Hong Kong



Sources: Centre for Health Protection and Deutsche Bank Research

The similarity of disease progression between Hubei, Mainland China ex-Hubei and South Korea, and the absence of the early-stage explosive epidemic dynamic in Hong Kong, Japan, Singapore and Taiwan – where there has been relatively little local transmission of cases unrelated to recent arrivals from abroad – suggests that the key to containment in China was not the quarantine placed on Wuhan or bans on arrivals from China or other "hot spots" – but the changed behavior of individuals.

A ban on foreign visitors can certainly help reduce one important source of infection. However, such bans are usually applied too late and don't apply to all travelers, which greatly reduces their effectiveness. In our view it matters less whether or not you allow people to enter your country than what they do after they enter. We turn to that next.

### Wash your hands and distance yourself

The central government advised the wearing of surgical masks only in late January – many Chinese





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citizens and those in Hong Kong, Japan, Singapore, Taiwan and other parts of Asia had already adopted them. Memories of the SARS outbreak in 2003 triggered an immediate response in most cities that had gone through that experience. The epidemic curve – the plot of new cases in Figures 1-4 above – reflects decisions made a week or two earlier given an incubation period of up to two weeks for the Covid-19 virus. So the peak in the Chinese curves in early February reflects changed behavior after the Chinese announcement of the outbreak in Wuhan. Forbidding people from leaving their homes certainly introduces a distancing that can slow the spread of the virus. But the impact of the restrictions on Hubei was felt just as quickly outside Hubei even though people outside Hubei weren't subject to nearly the same kind of government-imposed "lockdown".

But neither were people in South Korea subject to a government-imposed lockdown and yet by late January the wearing of masks and social distancing behavior became the norm and within two weeks the epidemic curve peaked in South Korea.

In Hong Kong, Japan and Singapore the number of new cases is rising more rapidly recently mainly because of imported cases, as we noted above. But

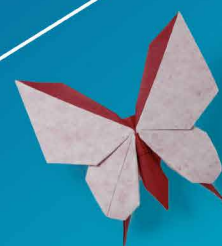
local transmission remains very low. Still, the governments of Hong Kong and Singapore are encouraging their residents against complacency – the Hong Kong government banned the sale of liquor in bars and restaurants in a last-ditch attempt to break any local transmission by recent arrivals.

Rather than lockdowns or geographic quarantines, what unites the experience of Hong Kong, Japan, Singapore and South Korea, in our view, is the largely voluntary adoption of social distancing practices. Even if they weren't compelled to stay home or avoid crowded places, people chose to. Working from home became almost the norm in occupations where it is possible. People who couldn't work from home often chose not to work at all. Most people stopped going out to bars and restaurants or theatres. International and domestic travel collapsed long before governments imposed travel restrictions or bans on flights. When governments advised against large group meetings and events, people were only too happy to oblige.

The impact of changed behavior – the wearing of surgical masks, more frequent washing of hands and public surfaces and social distancing – is reflected not only in a low rate of Covid-19 infections but in a sharp fall in incidence of other infectious

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diseases. In Japan, the flu season that began late last year was a particularly bad in flu cases simply didn't happen. By the middle of February, the incidence of flu was rapidly declining. Similarly in Hong Kong, the flu season ended abruptly and very early before the end of February.

Part of social distancing does require government involvement. First, some people won't abide by quarantine requirements and some groups refuse to accept that they should stop meeting. In those cases, the authorities do step in with sanctions to support the broader community's interest. Individuals that break self-quarantine get sent to government facilities and there is the possibility of fines and jail time – Singapore expelled two expatriates for violating their Stay at Home order.

Second, the isolation of the very sick and those who are potential carriers of the virus requires government coordination. About 15% of infected people need hospital care, but China tried to hospitalize everyone who tested positive. This put enormous strain on the healthcare system in Hubei: they had to convert or build quickly some 12 hospitals or isolation facilities (by re-purposing gymnasiums or warehouses, for example). Famously, two hospitals for infectious diseases were built in less than two weeks to house more than two thousand patients. The Chinese government brought in more than 60,000 healthcare workers from other parts of the country, including from the military services, to reinforce the healthcare providers in Hubei. In Hong Kong, the government converted three holiday camps into quarantine facilities.

But most people presented with a quarantine order from the government were close contacts of people who had tested positive or arrivals from high-risk countries subject to travel restrictions and were not themselves sick (yet). In most cases, these people were allowed to serve out the quar-

antine in their own homes or in hotels as it quickly became infeasible to place such large numbers of people in government-operated facilities. Those were available, though, for people with no place to go. Inevitably, some people served with a quarantine order do not obey, and most governments impose significant penalties on these who don't.

Putting people into isolation – in hospital, where there is capacity, or some isolation facility where there isn't – limits their potential to infect others.

Aggressive contact tracing to identify people at greater risk because of contact with known cases clearly helps to slow the rate of infection. What unites all the jurisdictions in Asia that have been successful in containing or at least significantly slowing the outbreak is the combination of voluntary social distancing and aggressive contact tracing.

### Information is the most potent anti-viral

Since the independent decisions of individuals is the key to containment, it's important to provide reliable information on which they can base those decisions. The three-week delay in providing such data in China cost the government a lot of credibility and it certainly allowed hundreds if not thousands of people to become infected that might not otherwise have been. But they soon made up for it by releasing detailed information about cases – especially outside Hubei where the numbers are lower.

In Hong Kong, Singapore, South Korea and Taiwan, as in China, the authorities have provided daily updates on confirmed infections, treatments and deaths since early January. But because the case numbers are much smaller they can provide much more information. Typically, each case is described with detailed locations, identifiers (not names, of course, but often places of residence) travel history and, where known, how they relate

one: the highest numbers of infections in at least ten years. But as news of the emergence of a new virus in Wuhan emerged, the usual early-January spike



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to other cases. These detailed data are provided on government websites with places of residence located on a map so that people can readily assess their own risk of infection.

This rich set of data allows better-informed decisions. For example, the rise in new infections in Singapore recently has not generated fear of a “second wave” of infections because it was disclosed that they were mostly (three-quarters of them) imported. People have confidence there is unlikely to be significant local transmission from these cases.

By disseminating the detailed data about location and circumstances of infected people, the government enabled the private sector to assist in disseminating the information. By the end of January, an app was available in South Korea that showed where people who had tested positive have been so that people could assess their risk of having come in contact with them. Similar apps soon emerged in China and elsewhere. The South Korean government goes one step further and sends automated messages to telephones when new cases are identified nearby (within 100 metres).

Governments have also used information technology to aid in their containment effort. Tracking close contacts of infected persons can be a laborious exercise. At one point in Wuhan alone the government had 1,800 teams of more than five people each following up on tens of thousands of contacts every day.

Quickly, this was supported by data from telecom companies and software providers. Geolocation data was used – and made available to the authorities – to assist in identifying people’s travel histories. This was supplemented with information on recent bus, plane or train ticket purchase and seat locations relative to travelers with confirmed cases. The South Korean government also includes credit card usage information.

Very quickly, with access to vast amounts of geolocation, travel and financial data, governments are able to identify people who had been in close contact with people whom they didn’t know but who had tested positive. The Singapore government launched the TraceTogether app which allows people to authorize the collection and use of those data for the purpose of tracing close contacts. The

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app continuously collects location data and when new positive cases are identified, these data can be matched against other users to identify people who were in close contact.

The most complex of technological solutions is probably the Health QR Code developed by the governments of Hangzhou and Shenzhen, working with two of China's tech giants. This has since been adopted widely in China. The Health QR Code uses information including: (1) the history of a smartphone's GPS location compared with that of people who have tested positive; (2) a self-reported epidemiological questionnaire; (3) a hospital visit history; (4) temperature history; (5) mobile payment history, to generate a QR code for each person. Based on the gathered information, the app assigns the user one of three colors: (1) green – normal; (2) yellow – moderate risk; and (3) red – high risk. The QR code is scanned at various checkpoints such as community entrances, shops, and public transportation stations. People who have green QR codes are free to go; those who have yellow codes will need to self-quarantine for 7 – 14 days until their code turns green; and people who have red codes will likely need to seek doctor's advice.

The QR code also makes it easier for the government to trace close contacts. Once a person is diagnosed as infected, the government can use information associated with his/her QR code to determine whether he was exposed to known cases at some point and to identify other people who are at risk. For example, if the person was in a restaurant for half an hour, the government can check the QR code record to find out who else was at the restaurant at the same time. Individual users can use the app to find out whether they were in the vicinity of confirmed cases over the past few days. Governments also can track the phones of people who have been placed under quarantine to ensure they don't violate the terms. The South Korean government requires people arriving from abroad to download an app onto their phones which they

use to monitor their health and location. This can also be used to identify people who have violated quarantine. In Hong Kong, the government last week introduced an electronic bracelet to be worn by people subject to a quarantine order. The bracelet, supplemented by an app on their phones, was used to monitor their location to ensure they remained in their homes or wherever they were serving their quarantine order. Initially, it performed poorly – up to a third of the first batch didn't work properly and two people reportedly cut off their bracelets – but defects were quickly repaired.

### Testing, testing...

Ultimately, what people want to know is: how worried should I be? How many people will get this disease, how many will die and what do we know about those people?

Those questions can best be answered if the government tests a representative sample of the population. Instead, even in Asia, the information that is provided is generally only about people who have tested positive. As a share of the population, these numbers are not huge, generally less than 0.01% of the population. That certainly under-estimates the total number of infected people. Most people with the virus have such a mild expression of the disease that they exhibit no, or only mild, symptoms and therefore don't get tested unless they happen to be a close contact of someone known to be positive. Moreover, until January 16, test kits were not available so confirmation was done by CT scan, X-ray or clinical evaluation. Even when kits were available, the healthcare system of Wuhan was overwhelmed so many patients did not get tested. But the latter pressures did not exist elsewhere in China where the number of cases as a proportion of the population is vastly lower than it is in Hubei.

Most governments in Asia, like China, only test the obviously at-risk: the symptomatic and their close contacts. But even in Japan, which has been quite



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conservative in testing – applying it only to people who are symptomatic or close contacts of infected persons, the results are encouraging. While they have tested only 20,340 people, only 5.4% of them tested positive.

South Korea has probably the most liberal approach to testing anywhere. While the government insists on testing people who are symptomatic and close contacts of known cases, in fact anyone who thinks they might be at risk can ask to be tested. Testing is very convenient and it is free. There are 614 testing centers around the country -- including some drive-through centers – and to date they have results from 333,142 people. That 0.6% of the population doesn't represent a genuinely random sample – it is still mostly the sick and genuinely at risk who are tested – but the fact that only 2.7% of the people tested are positive is an encouraging sign. It suggests that social distancing and simple measures of protection (wearing masks, washing hands and disinfecting surfaces) can dramatically slow the rate of growth of the virus.

Recognizing the importance of testing, the South Korean government and industry moved quickly. South Korean law allows the fast-tracking of approval for testing kits – Covid-19 test kits were approved within a week. Normally, it would have taken more than a year. One company used AI-based models to develop a test in less than two weeks between January 24 and February 5. They reckoned that traditional methods of developing such tests would have taken two or three months.

### Conclusion

The Covid-19 crisis is by no means over in Asia. India and Southeast Asia are experiencing a surge in new cases and returnees to China, Hong Kong, Singapore and Taiwan are adding to the risk of another wave of domestic infections. But the impressive 'flattening' of the epidemic curve in China and South Korea, and generally slow progression of

the disease in Hong Kong, Japan, Singapore and Taiwan offer lessons, perhaps for other countries. Observers outside this region frequently refer to the use of draconian measures by "authoritarian" governments in Asia in combating the virus and conclude that it is not possible to 'flatten the curve' in more liberal political system. In our view, this misses the point, and not just because "lock-downs" have been imposed not only in China's Hubei province but also in India, Malaysia and the Philippines and governments everywhere are encouraging rigorous social distancing.

We think the epidemiological data offer important information about how the Covid-19 and other pandemics can be fought. It is certainly the case that if people are forbidden to leave their homes it will be harder for them to pass on the disease. But the experience in Hong Kong, Japan, Singapore, South Korea and Taiwan tells us that people's behavior can change if they are provided with accurate and reliable information about the risks presented by the virus, down to the extremely detailed level offered in these places. Social distancing and the 'flattening' of the epidemic curve can be achieved by providing information to allow people to make their own decisions not just through compulsion.



**Michael Spencer, Ph.D.**  
**Chief Economist, +852-2203 8303**



## LEGAL

# COVID-19 PREVENTION MEASURE UNDER THAILAND'S PERSONAL DATA PROTECTION ACT

### Contribution by Tilleke & Gibbins

Measures to limit the spread of COVID-19 are being implemented in Thailand just as the country approaches the implementation of its landmark new Personal Data Protection Act (PDPA), which will come into effect in May 2020. This adds another layer of complexity to the COVID-19 issue, as employers find that they need to consider new categories of employee personal data, just as restrictions on doing so are due to come into force. From an employment perspective, employers are considered to be personal data controllers under the PDPA, and will thus be subject to extensive requirements when collecting, using, or disclosing employees' personal data, once the PDPA comes into force.

To help employers stay compliant, we address below the most common questions about the legality of common COVID-19 prevention measures under the PDPA. Note that, while these FAQs specifically address issues for employers, the PDPA also protects the personal data of customers, business partners, vendors, and any other individuals whose data you might hold or process. Businesses should therefore be ready to comply with the PDPA in relation to all personal data that they hold.

### Screening Measures: Checking Physical/Health Conditions

*Can you check the temperature of visitors for the purpose of preventing the outbreak?*

Yes.

*Can you record their temperature? Can it be detailed with the individual's personal data?*

The temperature of visitors can be recorded, but the purpose should be communicated to the individuals, and it is imperative to keep information about a person's COVID-19 status strictly confidential.

The data in question is considered to be personal data under the law, so retention of the data must be in strict compliance with the requirements and restrictions of the PDPA. Moreover, a person's temperature reading, when combined with other personal data (e.g., name, contact information, physical symptoms), could be considered what the law terms "sensitive personal data," for which the PDPA pro-

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vides enhanced requirements, restrictions, and penalties.

Thus, it is preferable from a compliance point of view to refrain from recording the temperature of everyone entering the premises alongside their personal details. Regardless, the Communicable Disease Act also requires that this type of information, if retained or processed, be kept confidential and processed anonymously.

### **Forced Disclosure of Certain Physical or Health Conditions**

*Can you order your staff to disclose symptoms associated with COVID-19?*

This is allowed under current data privacy and employment law, and employers may ask employees to disclose this information to HR. Employers can also require a health certificate or medical report.

Once the PDPA is fully effective, any such information already held may still be kept. However, restrictions on obtaining such sensitive personal data (i.e., health-related data) may need to be revisited.

*Can you order your staff to disclose their travel history?*

Yes—this is also allowable under both data privacy and employment regulations, and the requirement can be issued as a

single announcement together with the requirement to disclose symptoms. This position will be unaffected by the PDPA.

*Can you order your staff to disclose the travel history of their family members or close contacts?*

Yes. However, it would be prudent to request this information only on a need-to-know basis—a practice referred to as “data minimization.”

### **If a COVID-19 Infection Is Confirmed**

*Can you publically communicate the presence of a confirmed case?*

Yes. However, any data that could identify the infected individual should not be disclosed. All written communications should be carefully drafted, keeping in mind that information that might not identify an individual to one audience (such as the public) could identify them to another (such as coworkers).

*Can you require (and retain) a medical certificate to confirm the case?*

Yes. However, once the PDPA is fully effective, the infected individual, once fully recovered, is entitled to exercise his or her right to be forgotten.

If you have any queries about the PDPA, employment law in Thai-

land, the legal implications of COVID-19, or any other matters,

***please contact  
bangkok@tilleke.com  
or call +66 2056 5555***



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## NEW MEMBERS

### WE WELCOME 1 NEW CORPORATE MEMBER MARCH 2020:

#### **Haefele (Thailand) Ltd.**

57 Sukhumvit Road. Soi 64  
Phrakanong Thai, Phrakanong  
10260 Bangkok

Phone: 02 768 7171  
Email: [info@hafele.co.th](mailto:info@hafele.co.th)  
Web: [www.hafele.com/th/en/](http://www.hafele.com/th/en/)

**Representatives:** Mr. Volker Hellstern, Managing Director, and Mrs. Ilona Schade, Product Communication Manager

**Activity:** Häfele develops manufactures and is sourcing hardware fittings around the world and distribute them in over 150 countries (subsidiaries in 38 Countries). Workforce over 1500. Main Shareholders: German

### WE WELCOME 1 NEW ASSOCIATE MEMBER MARCH 2020

#### **Mr. Thomas Fritz**

Allenmoosstrasse 4  
8057 Zürich, Switzerland

Email: [fritz.thomas@gmx.ch](mailto:fritz.thomas@gmx.ch)

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## COVID-19

# CORONA RESOURCES LINKS LIST OF CORONA CRISIS RELATED INFORMATION LINKS:

### **SwissThai Chamber Website:**

<https://www.swissthai.com/links>

### **Embassy of Switzerland in Thailand:**

<https://www.eda.admin.ch/bangkok>

### **Medical Info Thailand:**

<https://www.thailandmedical.news/articles/coronavirus>

### **Department of Disease Control, Ministry of Public Health**

<https://ddc.moph.go.th/viralpneumonia/eng/index.php>

### **Office of the Prime Minister, Royal Thai Government**

<https://www.thaigov.go.th>

### **Situation Report Thailand:**

<http://covid19.ddc.moph.go.th/en>

### **Board of Investment BOI :**

<https://www.boi.go.th/en/index/>

### **American Thai Chamber of Commerce:**

<https://mailchi.mp/amchamthailand/amcham-briefing-friday-4405106?e=8c23fecc74>

### **Legal Advice :**

<https://www.tilleke.com/resources/covid-19-resource-center>

### **Others:**

#### **Mazars - Covid-19 business impact**

<https://www.mazars.co.th/Home/News/COVID-19-Impact/Covid-19-Business-Impact-Update>

#### **MPG - Measures to Alleviate the Effects of the COVID-19 on the Thai Economy.**

<https://www.eabc-thailand.org/news/measures-to-alleviate-the-effects-of-the-covid-19-on-the-thai-economy/>

#### **Corona – in Switzerland :**

#### **SRF:**

<https://www.srf.ch/news/coronavirus>

#### **Info CH:**

<https://www.bag.admin.ch/bag/de/home/krankheiten/ausbrueche-epidemien-pandemien/aktuelle-ausbrueche-epidemien/novel-cov/situation-schweiz-und-international.html>



RIS SWISS SECTION DEUTSCHSPRACHIGE SCHULE BANGKOK

## IMPLEMENTATION OF DISTANCE LEARNING AT OUR SCHOOL



RIS Swiss Section – Deutschsprachige Schule Bangkok introduced distance learning on Wednesday, 18 March 2020. Providing various learning opportunities and staying in close contact with our students is most important for us as school community.

Distance learning is a new learning experience to all of us: students, parents and teachers alike. The first days started off very well and we received a lot of positive feedback.

It is encouraging to see how we can get together in many ways despite social distancing.

Participation in distance learning is compulsory from the second year of Basis Level Onwards and at the end of the school year, our students will receive the normal report card which provides information about their learning and competences. The transfer to the next class level or the classification in the appropriate school type is important. Therefore teachers need learning assessments for the students. In using technology tools like Paschnet/Moodle and Videoconferencing simultaneously it is possible to continue to run tests and exams.

The beginning period of distance learning was about ensuring that

all channels and platforms work. The materials are created for specific learning groups by the teachers and are accessed via the platform or an e-mail attachment. The processing of assignments is reported electronically to the teacher so that the students can receive feedback. As a result, the children spend a lot of time in front of the computer. A wide variety of technology tools are available to help. It may be a little harder for students to follow classroom assignments when you are not there face to face. Digital media is mostly about reading and writing, which varies depending on the grade level, as it would be in the normal setting as well. In order to facilitate social exchange in teaching, many teachers use additional programs with electronic media like Videoconferencing tools.



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RIS SWISS SECTION DEUTSCHSPRACHIGE SCHULE BANGKOK

## ONLINE LEARNING SKILLS FOR DISTANCE LEARNING



Our students trained their online learning skills during an exciting iPad and laptop training session.

at the RIS Swiss Section – Deutschsprachige Schule Bangkok. This was also part of the preparations for the distance learning during the Coronavirus crisis.

Our students encounter a balance between traditional and new media during their learning process



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RIS SWISS SECTION DEUTSCHSPRACHIGE SCHULE BANGKOK

## SPECIAL WEEK 2020 FROM 24 – 28 OF FEBRUARY

**Basis Level** had their exciting sleepover and many active days with lots of movement and projects.



And **Grade 4 and Grade 4/5 E** visited Buffalo Village and learned a lot about agriculture and Thai culture.



The French special week in the **Grade 7** to the topic of “A table en France” was well rounded. From breakfast on Monday morning with croissants and baguette to a visit to the self-



created French restaurant to the homemade French menu with Quiche Lorraine, Gratin Dauphinois and Crêpes, everything was there.

We repeated grammar chapters, such as the divisional article, the imperative or quantities and expanded our vocabulary almost without realizing it.



None of us has probably spoken so much French in such a short period of time in our lives and one thing is for sure: we won't starve on our next vacation in France or any another franco-phone country – bon appétit!



Our **Kindergarten and Basis Level** had a great time preparing nature frames, bakeries and arts during the Special Week.



And on the way back from Rayong, Grades 2 and 2/3E had a very nice stop at the aquarium with exciting sea creatures.

The **Basic Level** enjoyed a fun obstacle parkour in the sports hall and created beautiful man-





## RIS SWISS SECTION DEUTSCHSPRACHIGE SCHULE BANGKOK



dala with natural objects from the school environment to the theme “Nature and Exercise”.

**Grade 2 and 2/3E** explored the Khao Keaw Open Zoo and continued to the beach to engage in nature activities. Grades 3 traveled to Kanchanaburi to begin their time as bat experts.

Field trips are excellent opportunities for students to learn and work together in an out-of-classroom setting and to get to know Thailand better.

## EXCITING GEOGRAPHY LESSON



During an exciting geography lesson with Mr. van Ofwegen, Grade 10 learned about the dif-

ferent types of stones such as sedimentary, metamorphic and igneous rocks.

During the lesson, each student had to choose one type of stone and do in-depth online research about it. At the end of the lesson the students, then, present their findings to the class.



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Dampener Metal & Plastic



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## Planned events in the second semester of the school year 2019-20:

23.05.2020	Open House Info Session (13:00 - 15:00)
11.06.2020	Flea Market for Primary School (11:00 - 12:00)
12.06.2020	Graduation Ceremony (10:00)
13.06.2020	Matura Ball

*Please visit our website - [www.ris-swiss-section.org](http://www.ris-swiss-section.org) - and get more information about our upcoming events.*



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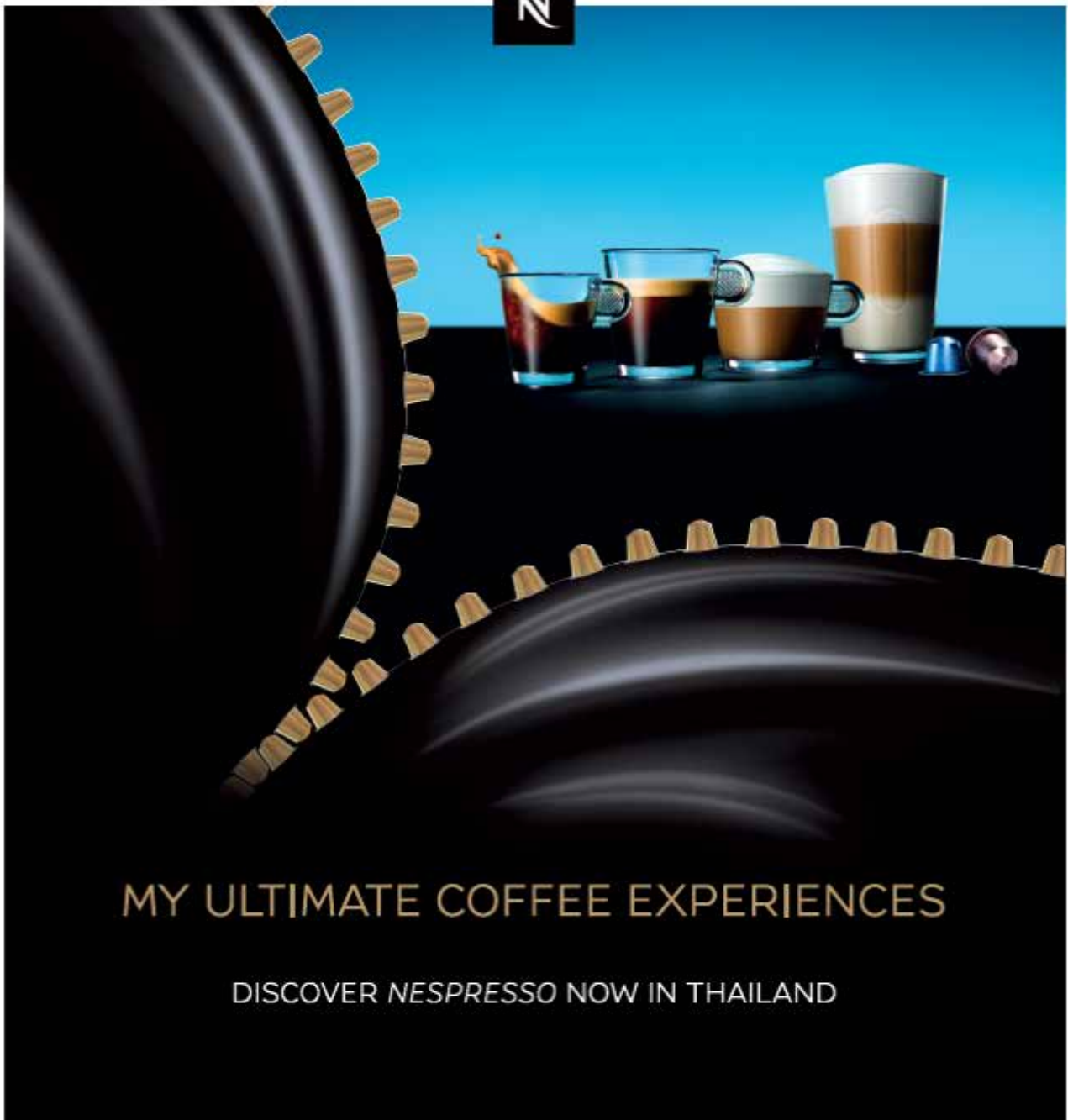
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