Collective Responses to COVID-19 of South Korea: An Introduction

Kilkon Ko*

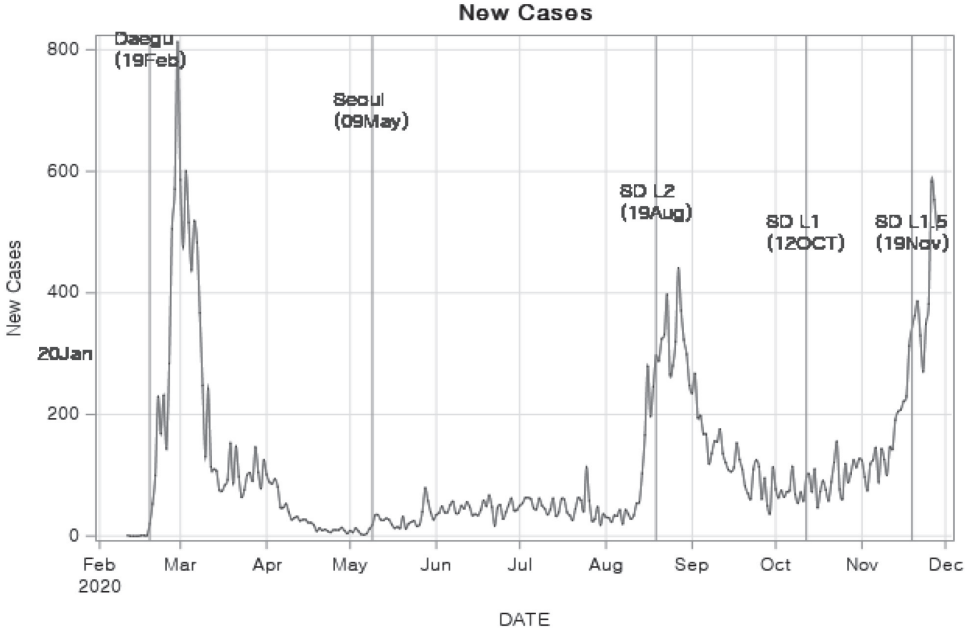
INTRODUCTION

COVID-19 is an unexpected and unprecedented disaster that is significantly affecting the daily life of South Koreans. Although the memory of SARS, H1N1, and MERS is painful for South Koreas, the high infection rate, the high fatality rate, the shortage of medical facilities to cope with it, border closings on a global scale, a plunging economy, and the need for massive emergency relief make COVID-19 different. Despite these hardships and challenges, South Korea has been praised as an exemplar for its effective responses. As of early December, South Korea has 732 infection cases per million and 11 deaths per million, which is almost 80 times lower than that of the US. And as figure 1 shows, the largest daily increase in new cases in late Februarywas below 1,000, and the second and third waves of infections had lower peaks, which implies effective control of COVID-19.

* Kilkon Ko is a professor in the Graduate School of Public Administration at Seoul National University. E-mail: kilkon@snu.ac.kr.

Korean Journal of Policy Studies, Vol. 35, No. 3 (2020), pp. 89-94.

Figure 1. The Trend of New Cases of COVID-19 in KoreaData: Korea Center for Disease



Control & Prevention, Analyzed by Ko Lab

The first wave only lasted 30 days, from February 20 to tMarch 20) and the curve of the second wave was quickly flattened. Most importantly, Korea achieved these results without imposing a massive lockdown or closing its borders. Therefore, many countries are curious about how South Korea manages COVID-19 in such an impressive way.

Proposed success factors described in the literature include the 4Ts (test, tract, treat, transparency) (Kim, 2020; Hur & Kim, 2020), an agile and adaptive approach (Moon, 2020), early risk cognition (Comfort, Kapucu, Ko, Menoni, & Siciliano, 2020), and organizational learning from MERS (Kim, 2020; see also Na, Lee, &Yeo in this issue). However, these factors are do not wholly account for the complex disaster response system. Certain factors that have been emphasized might not be as crucial as they have been argued to be, and other factors such as legal, institutional, cultural, and administrative factors deserve more attention. In order to provide a forum in which this question could be more deeply explored, the Graduate School of Public Administration at Seoul National University called for papers for the Korean Journal of Policy Studies' special issue on the topic, and the result is a

number of contributions that use different lenses to interpret South Korea's experience.

INTERCRISIS AND INTRACRISIS LEARNING AS A SOURCE OF AN EFFECTIVE RESPONSE

In their contribution, Chongmin Na, Seulki Lee, and Jungwon Yeo posit that learning from the 2015 MERS crisis has enabled Korea to develop a core capacity as problem-oriented government, which in turn has facilitated learning during the COVID-19 pandemic. They note that learning from a past crisis is closely related to learning within a crisis. According to their case study, the Korean government realized that the response to the 2015 MERS crisis was insufficient because the country lacked a unified incident command system, making it difficult for the Ministry of Health and Welfare to effectively control and coordinate the different MERS response networks. The newly established incident command system led by the Korea Centers for Disease Control enabled the Korean government to prepare proper manuals and strategic plans and establish well-defined roles for both public and private organizations. In addition, collaborative and data analytic capability was significantly enhanced during and after the MERS outbreak.

Na, Lee, and Yeo also emphasize that intercrisis learning between the MERS outbreak in 2015 and the COVID-19 pandemic has been reinforced through intracrisis learning. For instance, the Korean Centers for Disease Control was upgraded in September 2020 to an independent agency, giving it more personnel, financial resources, and legal authoritiy. The Infectious Disease Control and Prevention Act was also quickly revised in March 2020 to better implement contact tracing, diagnostic testing, isolation, and treatment. Collaboration between local and central government has also been strengthened through interactions, and data analytic capacity has been continuously improved during the COVID-19 crisis, allowing for the comprehensive mobilization of digital information using CCTVs, cell phones, and so forth.

Na, Lee, and Yeo conclude that overall, intercrisis learning in COVID-19 is the result of the failures in the response to the MERS outbreak and that the effective response of South Korea to COVID-19 is not a coincidence but the consequence of a successful learning process.

UNIVERSAL PUBLIC HEALTH SYSTEM

In his contribution to this issue, Youngmee Jee emphasizes universal health coverage and the high quality of medical service in Korea as important factors in its successful response to COVID-19. Although private hospitals account for 94.3% of all hospitals in Korea, they operate within the national health insurance system. Due to this system and universal health coverage, the RT-PCR tests can be quickly administered to any person suspected of having the virus without any charge. In mid-February, more than 10,000 tests were implemented every day, and few people hesitate to get the test done because of financial concerns.

Moreover, Jee points out that the Korean Centers for Disease Control have alerted clinicians to look out for patients with respiratory symptoms and that the drug utilization review system helps physicians to identify patients' travel history. Because of the national health insurance system, it is easy to share information among public and private hospitals. Jee also notes that the active adoption and utilization of information and communicaton technology during the COVID-19 crisis is a result of Korean's experience with MERS.

COLLABORATION AS A SUCCESS FACTOR

In their article in this issue, Tobin Im and Jesse W. Campbell highlight the central government's role in coordinating and collaborating with local governments, private sector companies, and citizens. Disaster responses and public service are coproduced (Voorberg, Bekkers, & Tummers, 2015), and different actors' compliance with suggested policies can significantly enhance the policy's effectiveness.

According to Im and Campbell, although important response policies are planned and implemented by the central government, local governments also issue their own policies specific to their situations. The city of Daegu's Mayor ordered the closing of churches and the mandatory testing of thousands of Shincheonji Church members. Gyeonggi province governor Lee Jae-myung even ordered the search and confiscation of hard disks at the headquarters of the Shincheonji Church. Most district and city governments also send an emergency message through cell phones when they have new icases of infection. Im and Campbell emphasize that these local governments' independent activities are well coordinated and managed by the central government.

Im and Campbell also note collaboration with private actors. They argue that the fast development of COVID-19 test kits was mainly the result of collaboration

between the government and private companies and that the nationwide purchase of masks and implementation of the rationing system led by the central government was also made possible by collaboration among the government, private companies, and the Korean Pharmaceutical Association, which represents over 60,000 independent pharmacists.

Effective communication between the government and the public also encourages citizens' compliance with government policy, Im and Campbell suggest. The regular briefings led by Dr. Eun-kyeong Jung, who is the director of the Korean Disease Control and Prevention Agency, and information sharing with the citizens through cell phone, internet, and other information and communication technology media foster citizens' voluntary compliance with social distancing policies, therefore obviating the need for mandatory enforcement by the government.

COMPREHENSIVE TESTING AND ITS SOCIAL NET BENEFITS

In the article in this issue coauthored by me and & Minjun Hong, we ask a simple but somewhat provocative question: does comprehensive COVID-19 testing produce social net benefits? Few people doubt that the extensive testsing undertaken by the Korean government in February and March 2020 has been critical to containming COVID-19 in the country. But we argue that the effectiveness of comprehensive testsing must also be assessed by considering the costs related to them. For instance, citizens and hospitals have to pay a certain amount of money to get a test and it takes time. If testing detects only a small number of cases of infection, the government can relax a comprehensive testing protocol. We employ the extended SIR (susception, infection, recovery) model and estimated the costs and benefits of extensive COVID-19 testing. According to our findings, a cost overrun is observed if the detection rate decreases to a certain level. This implies that the comprehensive diagnostic testing effectively flatten the infection curve but that it is financially burdensome to society, which suggests that governments must take heed not to fall into the trap of inertia whereby they are relying solely on testing but also ought to take steps to find a better way to stop the spread of the virus after considering the costs.

SUMMARY OF SUCCESS FACTORS

The impressive response of South Korea to COVID-19 may offer insights to other countries struggling to control the pandemic. The success factors proposed in our special issue should not be understood as sufficient for controlling the epidemic. Instead, we must acknowledge that no single factor can explain Korea's successful response to COVID-19, especially considering that other countries whose response has not been as satisfactory have adopted a number of the same strategies as Korea. The lesson we can draw from Korea is the importance of learning from and reflecting on failed responses as way of finding better solutions under time and resource pressure. As the learning comes from the experience of failure, we expect to there will be further reflections in future research on Korea's experiences that analyze the ways its succesful response to COVID could nevertheless have been even better.

REFERENCES

Comfort, L., Kapucu, N., Ko, K., Menoni, S., & Siciliano, M. Crisis decision making on a global scale: Transition from cognition to collective action under threat of COVID-19. 2020. *Public Administration Review*, 80(4), 616-622.

Hur, J.-Y., & Kim, K. 2020. Crisis learning and flattening the curve: South Korea's rapid and massive diagnosis of the COVID-19 infection. *American Review of Public Administration*, 50(6-7): 606-613.

Kim, P. S. 2020. South Korea's fast response to coronavirus disease: Implications on public policy and public management theory. *Public Management Review*, 10.1080/14719037.2020.1766266.

Lee, M., & You, M. (2020). Psychological and behavioral responses in South Korea during the early stages of coronavirus disease 2019 (COVID-19). *International Journal of Environmental Research and Public Health*, 17(9): 2977.

Moon, M. J. 2020. Fighting against COVID-19 with agility, transparency, and participation: Wicked policy problems and new governance challenges. *Public Administration Review*, 80(4): 651-656.