

Republic of Korea

First Confirmed Case	Population	Confirmed Cases (as of September 29, 2020)	Recovered Cases (as of September 29, 2020)
January 20, 2020	51.6 Million	23,699	21,470

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Preparedness for public health emergencies

The Republic of Korea's preemptive and transparent public health response was instrumental to slowing the spread of the virus and flattening the curve of new infections, without as severe restrictions to businesses, travel, and movement, as compared to other countries. In the aftermath of the Middle East Respiratory Syndrome (MERS) outbreak in 2015, the country implemented a series of policy changes to boost pandemic preparedness and response. These policies provided a crucial foundation for the COVID-19 response and became investments that were quickly leveraged, and supported a faster and more effective response. As a result, even prior to the first confirmed case of COVID-19 in the country, the government had already begun preparations to ensure large volumes of diagnostic tests were readily available.

Within 24 hours of the first confirmed case of COVID-19, the government immediately scaled up the national alert level from attention (Blue — Level 1), to caution (Yellow — Level 2) on a 4-level national crisis management system, which swiftly communicated risk to the public. As the system further escalated to alert (Orange — Level 3), the Korea Disease Control and Prevention Agency (KCDA) tirelessly coordinated national efforts with cooperation from the central and local governments. After a month, the level escalated to serious (Red — Level 4) and the Prime Minister initiated the "Central Disaster and Safety Countermeasure Headquarters" for active cooperation between all government ministries. The system proved to be a seamless and coordinated response to COVID-19 that spanned various departments and different levels of government. The six focus areas for the response were holistic and included entry prevention, response to confirmed cases, early patient detection, treatment of COVID-19 patients, treatment of non-COVID-19 patients, and resource-securing and support.

The role of National Health Insurance in providing financial protection against COVID-19 health expenses

The National Health Insurance (NHI), a single-payer system, facilitated free diagnosis and treatment services for the population. In normal circumstances, NHI members pay a copayment of 20% of the costs of health care. In the case of COVID-19, copayments were eliminated to guarantee access to health services without financial hardship. 80% of costs were paid by the NHI scheme, while 20% was covered by the government. Further, to ease the financial burden on the most vulnerable insured members, the NHI scheme reduced their monthly insurance contributions. The reduction rates varied according to their area of residence (as documented in the sidebar). So far, approximately 11.6 million individuals have benefited from these reductions to their insurance contributions amounting to US\$ 700 million. Easing the financial burden and providing easy access to testing and treatment enabled the population to seek needed care, and in turn, for the country to effectively control the spread of COVID-19.

To ease the public's financial burden, NHIS reduced monthly insurance contributions as follows:

- *Residents of the special disaster zone - 50% reduction for 3 months for those in the lowest 50% of the income bracket*
- *Residents of other areas - 50% reduction for 3 months for those in the lowest 20% of the income bracket and 30% reduction for 3 months for those in the lowest 20% - 40% income bracket*

The Korean government quickly mobilized providers and resources to sustain health services

The NHI covers nearly 97.2% of the population — around 51.4 million people. The health system is heavily dominated by private providers — 94% of hospitals and 90% of beds are owned by the private sector. While the NHI is publicly funded, both public and private providers are mandatorily enrolled in the scheme.

During the MERS outbreak, health care facilities faced financial difficulties due to the reduced number of patients, ergo for COVID-19, the government was able to promptly identify the importance of protecting public and private providers. The Korean government then implemented prepayment and expedited payment to providers.

With a coordinated and proactive health system, the Korean government was exceptionally prepared to

“Honestly, it’s very ironic. Before the pandemic of COVID-19, overutilization and oversupply of equipment and health facilities has been a point of criticism about the Korean National Health Insurance scheme. Because of the COVID-19, that oversupply has become an advantage to combatting COVID-19.”

– Hyunjin Cho

quickly mobilize providers and resources to sustain health services during the COVID-19 pandemic. In the aftermath of MERS, the KCDA had designated several beds in mostly public hospitals — called “nationally-designated beds” — that would be allocated to treat infectious disease patients. Initially, these “nationally-designated beds” were the primary resource to treat COVID-19 patients. In tertiary-level private hospitals, there are “beds dedicated to severe infectious disease,” which treat patients with

complicated illnesses, such as cancer. As the number of COVID-19 patients increased, these private hospitals were mobilized and some of the beds dedicated to severe infectious disease were re-designated to treat only COVID-19 patients. By the end of February, there was a surge of COVID-19 cases in the ROK. With a shortage of beds, the Korean government then mobilized a number of hospitals to exclusively treat COVID-19 patients. The Republic of Korea’s prompt reallocation of resources increased their capacity to treat patients quickly. In this way, the Republic of Korea was able to surge the bed capacity based on the daily confirmed cases, mobilizing public and private hospitals as required.

A holistic government response

While governments and bureaucracies have the potential to slow a public health emergency response, the Republic of Korea is a noteworthy example of a government’s coordination between departments and governments contributing to a more efficacious response. The spread of COVID-19 has required cooperation between central and local government. For example, within 24 hours of the first confirmed case, an emergency quarantine system was enacted between the central and local governments. The central government established guidelines while local governments were responsible for establishing hospital sites. When the local government’s capacity was insufficient, or they faced shortages with supplies or manpower, the central government stepped in to fill the gaps.

Innovating in times of crisis

The government was not only able to dramatically expand their testing capacity, but they were also able to implement innovative and rigorous testing measures that are credited with reducing case numbers and fatalities. The Republic of Korea pioneered drive-through testing for COVID-19 and went on to implement walk-through testing as well. In this case, COVID-19 sample collectors were stationed outside, conserving resources, as there was less of a need to change protective gear with each case. With getting a test as effortless as everyday tasks, those infected with COVID-19 were diagnosed easily and conveniently; and informed quickly, preventing further spread to the community.

Gaining public trust

As evidenced in other countries, fear and misinformation can derail efforts led by health officials and government leaders to contain the virus. After the first confirmed case was recorded, the government stressed transparency and released details to the public quickly to reduce unnecessary fear. Using credit card transactions, CCTV recordings, and GPS data on mobile phones to track and test those who had been in contact with confirmed patients, relevant anonymous information was disclosed to the public to alert them of having crossed paths with confirmed patients. This level of information disclosure not only played a role in reducing fear, but also in strengthening public trust in the government response.