COVID-19 and Policy Responses:

Prospects and Challenges for Government Innovations

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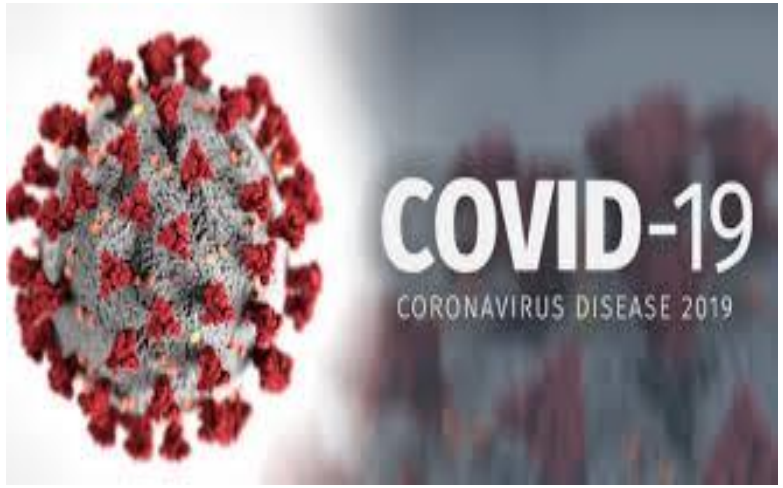
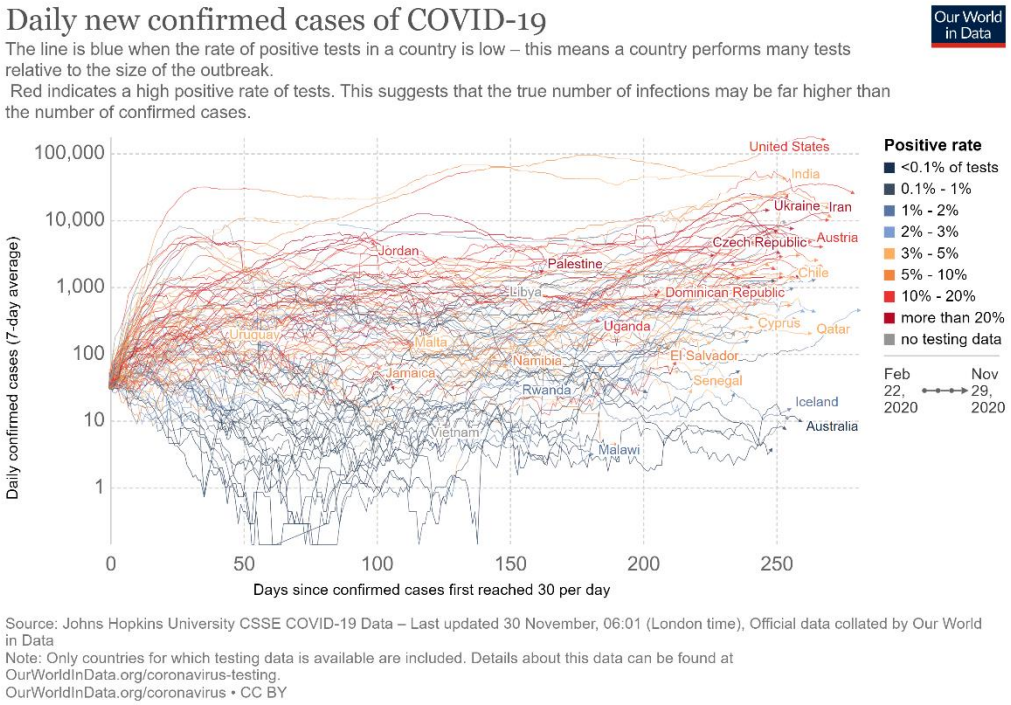
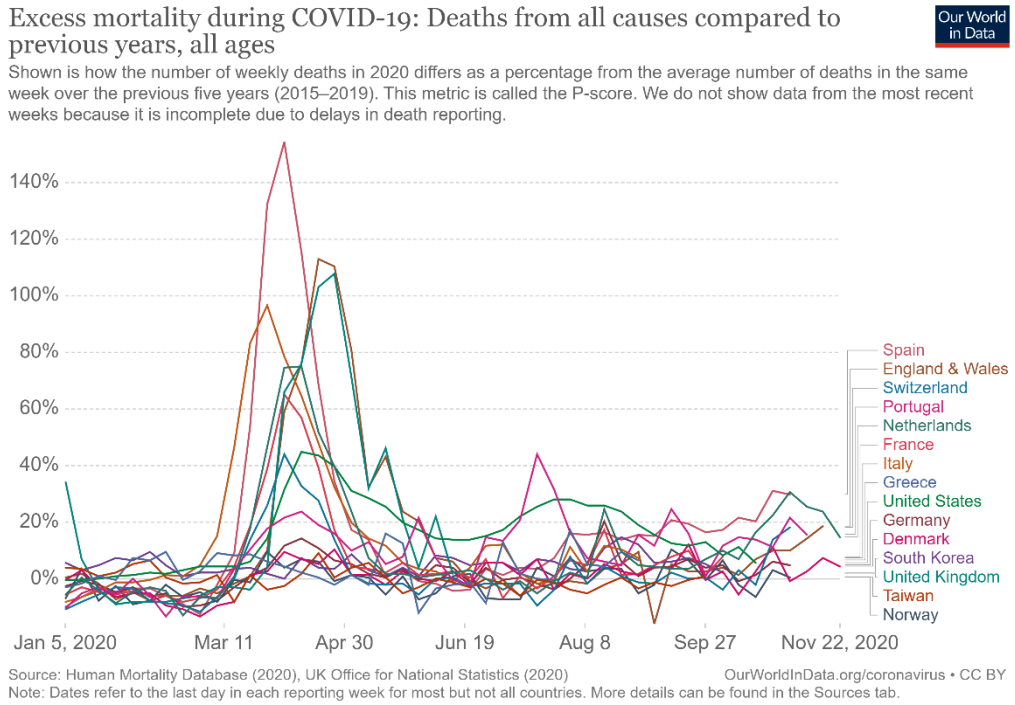
All Governments are being Tested Simultaneously….

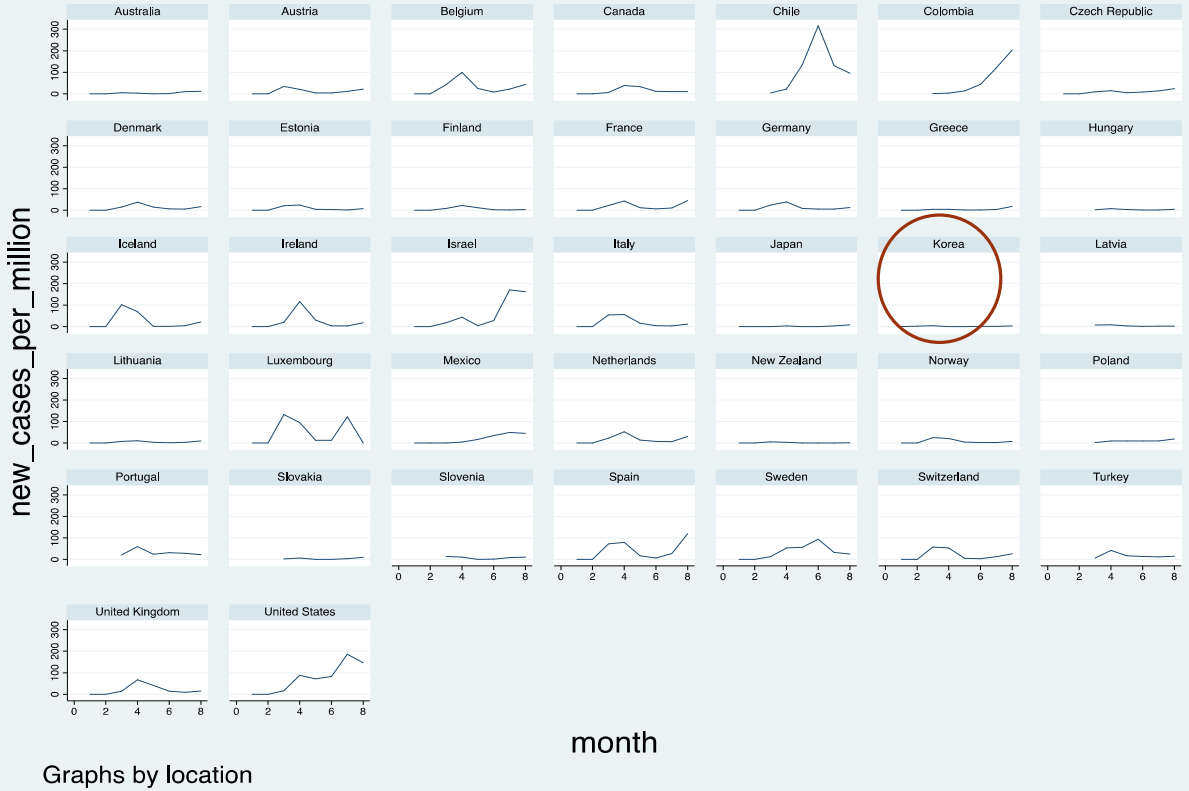


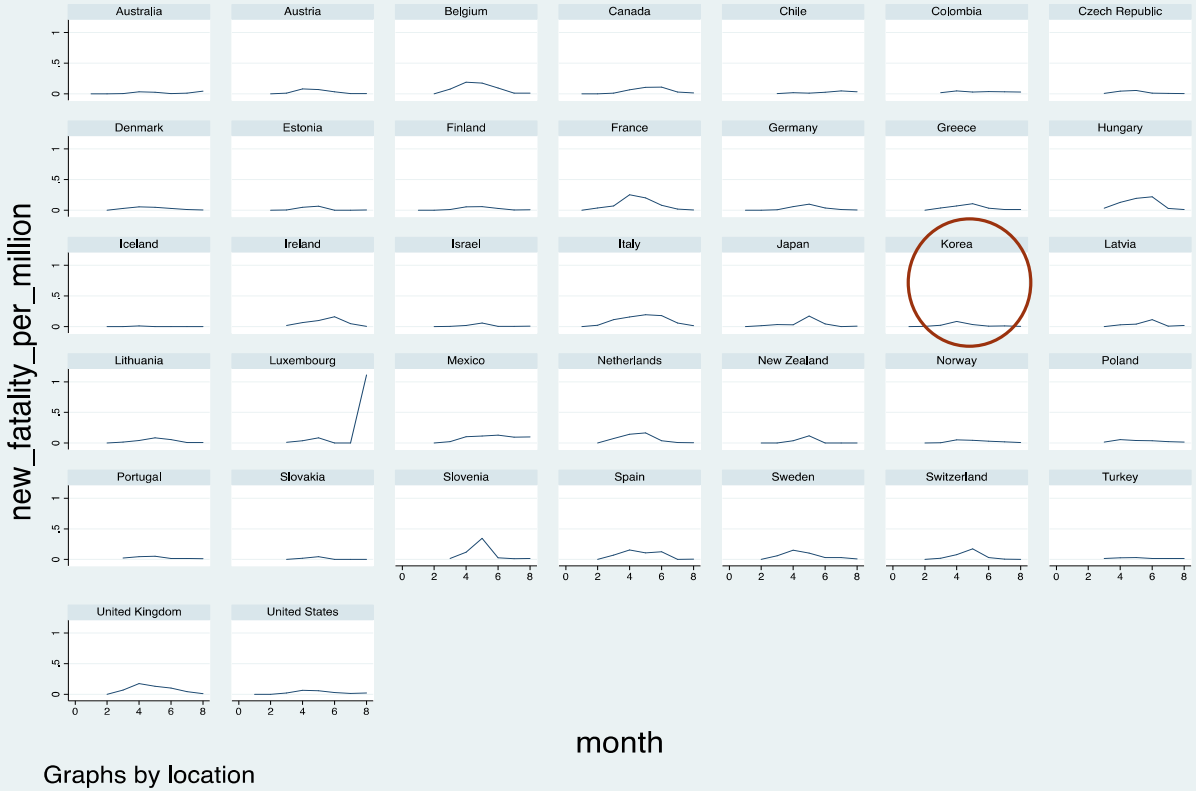
Figures Daily Updated!!!





How Do Countries Do in Mitigating COVID-19?



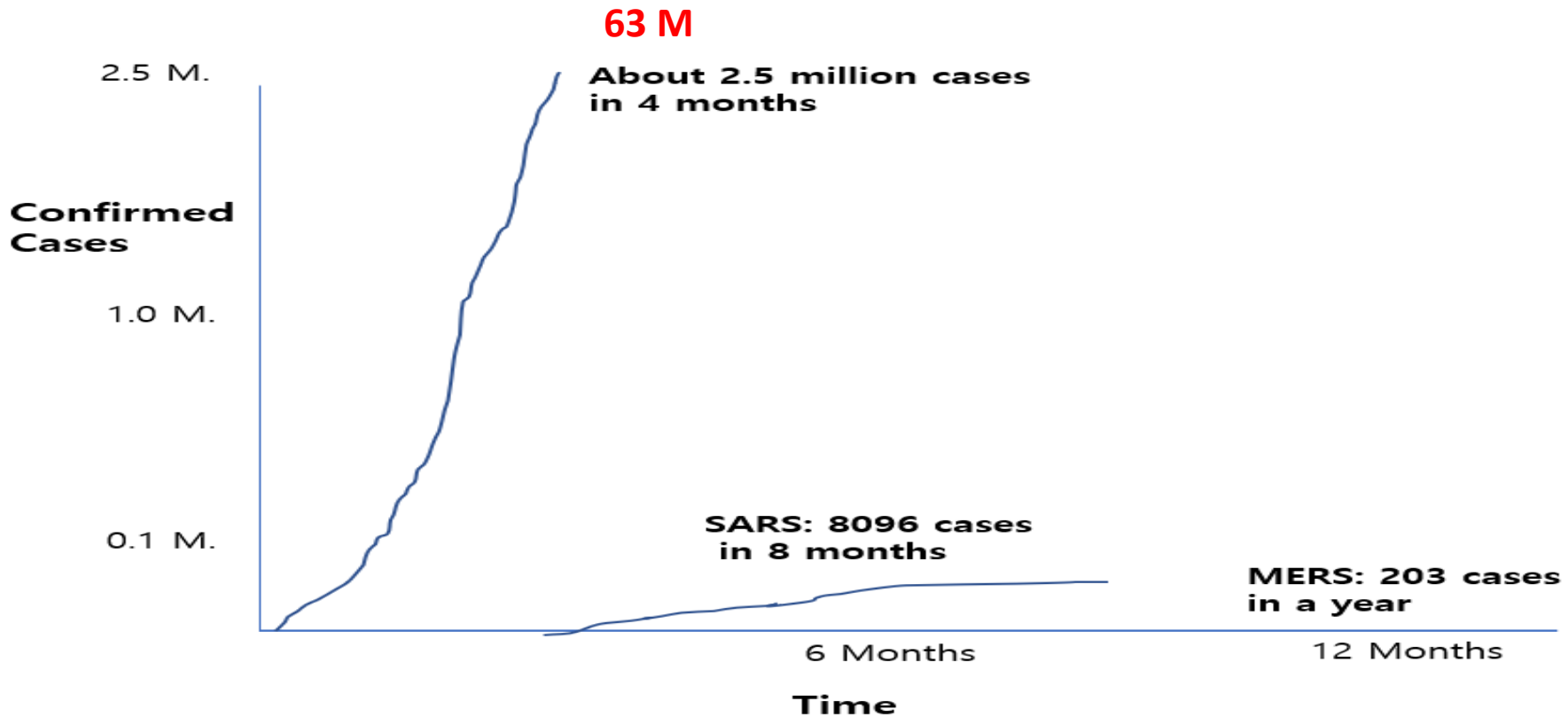


Citizens and Government are at Crossroads

- More and More SERVICES
- Better and Better SERVICES
- Faster and Faster SERVICES
- More Transparent and Accountable GOVERNMENT
- But …Less and Less TAX…

More and More Problems
More and More Complex
More and More Complicated
More and More Uncertain

COVID-19? Over 63 Million Confirmed Cases and 1.3 Million Deaths



Different Responses by Countries

	Korea	Japan	USA	Italy
Approach	Agile Responses Proactive Adaptive Learnings	Passive and Self-restraint (Soft) Politized	Passive and Reactive Politicized	Passive Reactive and Active
Policy Tools:	3 T Transparency and Flexible Tools	NPIs Passive Testing	Passive Testing and Partial Lockdowns Variations	
Public Trust	High	Medium	Medium/Low	Medium
Government Roles	High	From Low to Medium	From Low to Medium	From Low to High
Democracy / Mitigation	Democracy = Mitigation	Democracy > Mitigation	Democracy > Mitigation	Democracy >< Mitigation
NPIs and Citizen Participation	High	HIgh	Low	Medium

School closing
Workplace closing
Restriction gatherings
Internal movement control
International travel control

COVID-19 and Korea…

How South Korea Successfully Managed Coronavirus

The country has blended technology and testing like no other

SHARE TEXT 387 RESPONSES

By Timothy W. Martin and Dasl Yoon
Sept. 25, 2020 10:32 am ET

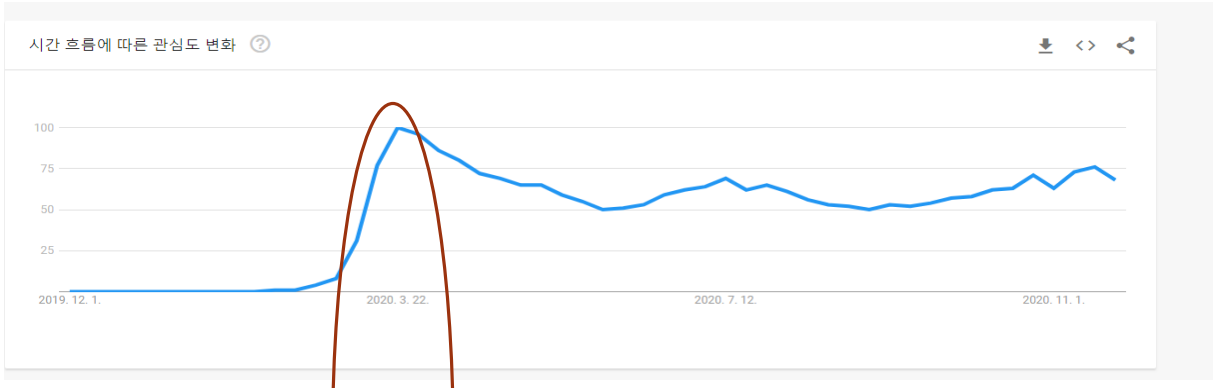
SEOUL—South Korea appears to have cracked the code for managing the coronavirus. Its solution is straightforward, flexible and relatively easy to replicate.

The country has averaged about 77 new daily cases since early April and recently suppressed a spike in infections. Adjusting for population, that would be the equivalent of about 480 cases a day in the U.S., where new daily cases have averaged about 38,000 over the same period. Total deaths in the U.S. due to Covid-19 just surpassed 200,000.

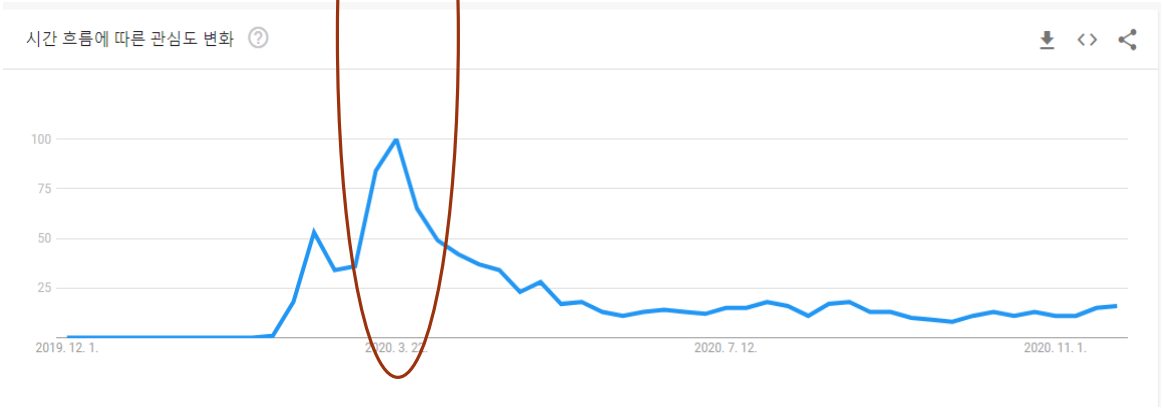
South Korea halted virus transmission better than any other wealthy country during the pandemic's early months. It was about twice as effective as the U.S. and U.K. at preventing infected individuals from spreading the disease to others, according to a recent report from a United Nations-affiliated research network. South Korea's economy is expected to decline

Google Trend: COVID-19 and Korea

Covid-19



Covid-19
Korea



The Answer is in Contolling "R"

R = P * C * D

P is possibility at the individual level: wearing masks, personal sanitization

C is contacts and contact at the social level: social distancing

D is duration at the policy and governance level: testing, tracing, treatment….

Critical Factors:

- Learning from MERS
- Agility, Adaptability, Ability (3A)
- Testing, Tracing, Treatment (3T)
- Transparency, Technology, Trust (3T)
- Governance and Participation

Works on COVID-19

Public Adm Rev. 2020 May 20 : 10.1111/puar.13214.
doi: 10.1111/puar.13214 [Epub ahead of print]
PMCID: PMC7267241
PMID: 32836434

Fighting COVID-19 with Agility, Transparency, and Participation: Wicked Policy Problems and New Governance Challenges

M. Jae Moon[1] *

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Abstract

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Governments are being put to the test as they struggle with the fast and wide spread of COVID-19. This article discusses the compelling challenges posed by the COVID-19 pandemic by examining how this wicked problem has been managed by the South Korean government with agile-adaptive, transparent actions to mitigate the surge of COVID-19. Unlike many Western countries, South Korea has been able to contain the spread of COVID-19 without a harsh forced lockdown of the epicenter of the virus. This essay argues that an agile-adaptive approach, a policy of transparency in communicating risk, and citizens' voluntary cooperation are critical factors. It also suggests that the South Korean government learned costly lessons from the MERS failure of 2015. This essay suggests ways that Western countries can manage future wicked problems such as COVID-19 without paying too much cost and maintaining quality of life in open and free societies.

We are facing a set of overwhelming policy challenges as we experience the novel coronavirus disease (COVID-19). COVID-19 is considered a compelling global wicked problem that is not easily solvable, primarily because of its high infection rate as well as its global scalability. Many governments are being tested on how they should prepare for, mitigate, and respond to the outbreak. Following the initial outbreak of COVID-19 in Wuhan, China, at the end of 2019, it spread rapidly to South Korea, Iran, Italy, Spain, France, the United Kingdom, Germany, the United States, and Japan. As of April 2020, it was found in almost every country. On March 11, 2020, the World Health Organization announced that COVID-19 was a pandemic as the number of the infected grew exponentially in different parts of the world beyond Asia.

As the pandemic stage of COVID-19 continues to develop, we have observed how governments have responded to the threat and dealt with challenging policy issues in different ways. Although many studies have examined crisis management (Comfort 2007; Comfort et al. 2012; Moynihan 2008), COVID-19 appears to present new challenges because of the scale and speed of infections. This study aims to discuss key governance and policy issues that have been revealed in the course of making critical decisions about preparing for, mitigating, and responding to the outbreak. In particular, this essay examines key policy

Listen

Article

Policy learning and crisis policy-making: quadruple-loop learning and COVID-19 responses in South Korea

Sabinne Lee, Changho Hwang & M. Jae Moon

Pages 363-381 | Published online: 28 Jun 2020

Download citation https://doi.org/10.1080/14494035.2020.1785195 Check for updates

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ABSTRACT

This study aims to analyze how the Korean government has been effective in taming COVID-19 without forced interruptions (i.e. lockdowns) of citizens' daily lives. Extending the theory of organizational learning, we propose the quadruple-loop learning model, through which we examine how a government can find solutions to a wicked policy problem like COVID-19. The quadruple-loop learning model is applied to explain how the Korean government could effectively tame COVID-19 in the initial stage through its agile as well as adaptive approach based on effective interactions of backstage (time, target, and context) and frontstage of policy processes mainly focusing on the initial stage until the highest alert level was announced. Based on the Korean case, this study also examines critical factors to effective learning organizations such as leadership, information and transparency, as well as citizen participation and governance.

KEYWORDS: COVID-19, crisis policy-making, organizational learning, quadruple-loop learning, South Korea

Related

South Ko
disease:
managen
Pan Suk

Assessin
Managen
Min-Hyu

The smar
COVID-1
democrat
Jung Wo
Economi

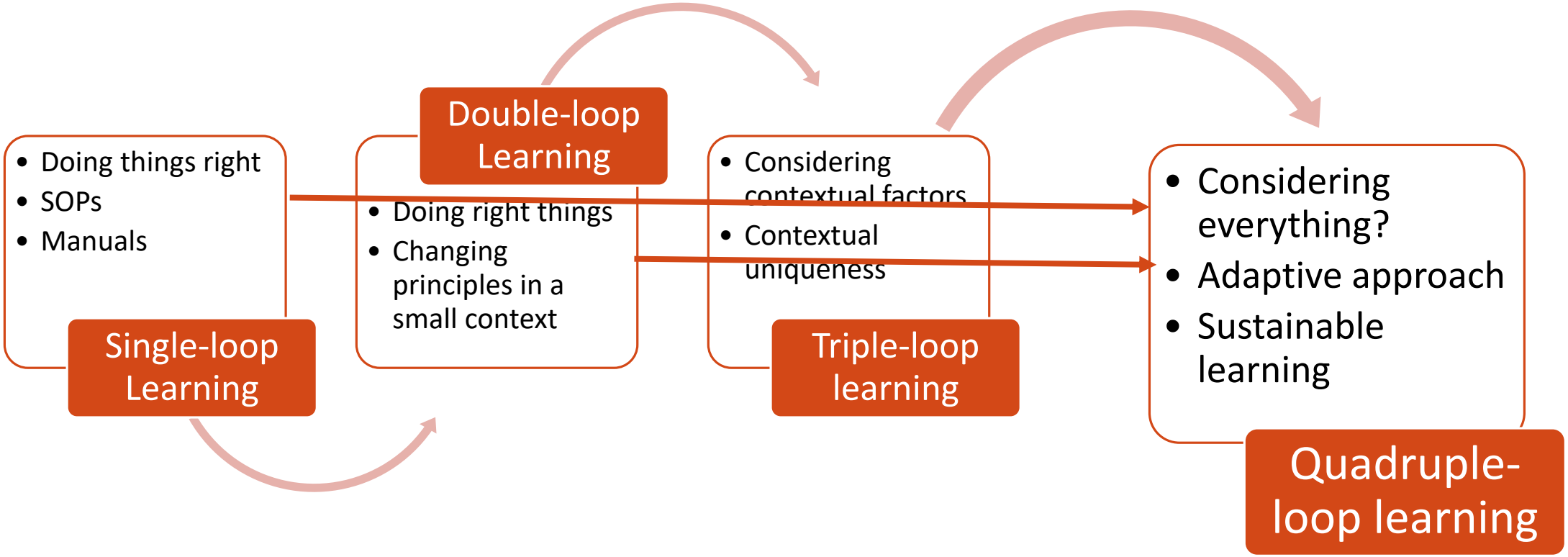
Smart Ko
a global
Jiyoung
2020

COVID-1

Learnings from MERS?
Revisiting the MERS Whitepaper (2016)

1. Strengthening the capacity of the Korea Centers for Disease Control and Prevention (KCDC)
2. Building the capacity of local governments for infection control and securing organizational capacity
3. Strengthening the capacity of medical institutions for infection control and establishing the government's management system
4. Building infection control networks among central government, local governments, and medical institutions
5. Establishing a monitoring system for infectious diseases and upgrading infection disease information systems
6. Preparing for new infectious diseases and stocking necessary resources with strategic national stockpiles
7. Creating isolated areas for treatment and establishing test and treatment protocols
8. Promoting R&D for new infectious diseases
9. Securing national budget for responding to public health crises
10. Strengthening risk communication capacity in the new infectious diseases era
11. Improving the ethics of infectious diseases and strengthening psychological support for infected patients

Quadruple-loop Learning (Lee, Hwang, Moon, 2020)



Quadruple-loop Learning Organizations

Bundling Traffic Control in Emergency Room

Drive-Through Testing Facilities

Residency Treatment Center for light symptom patients

Public mask distributions

Health officials test patients through a car window at the drive-through site.

From the Fields

Innovative Practices and Policy Dissemination

Medical Communities, Public Institutions and Government

Local Governments and Central Government

Agility: Why Should We Care for Agility?

Quadruple Organizational Learning: Frontstage

COVID-19

Jan 08, 2020

Covid-19 virus first confirmed in Wuhan

01 Blue

Type of Crisis

- Outbreak and epidemics of new infectious disease

Government Response

- Crisis Monitoring
- Improvement of monitoring response
- Operation of Quarantine Infrastructure

Jan 20, 2020

Confirming first influx case

02 Yellow

Type of Crisis

- Domestic influx

Government Response

- Operating **Central Control Headquarters**
- Cooperation system for related department/organizations
- Strengthening the monitoring system

Jan 27, 2020

Confirmed cases increasing

03 Orange

Type of Crisis

- Limited spread of new infectious disease

Government Response

- Disaster Monitoring
- Improvement of monitoring response
- Sending alert texts
- Operation of **Central Disaster Management Headquarter and Pan-government Support Headquarter**

Rapid diffusion and transmission Considering public health, social welfare, diplomacy, and economic issues

Feb 23, 2020

04 Red

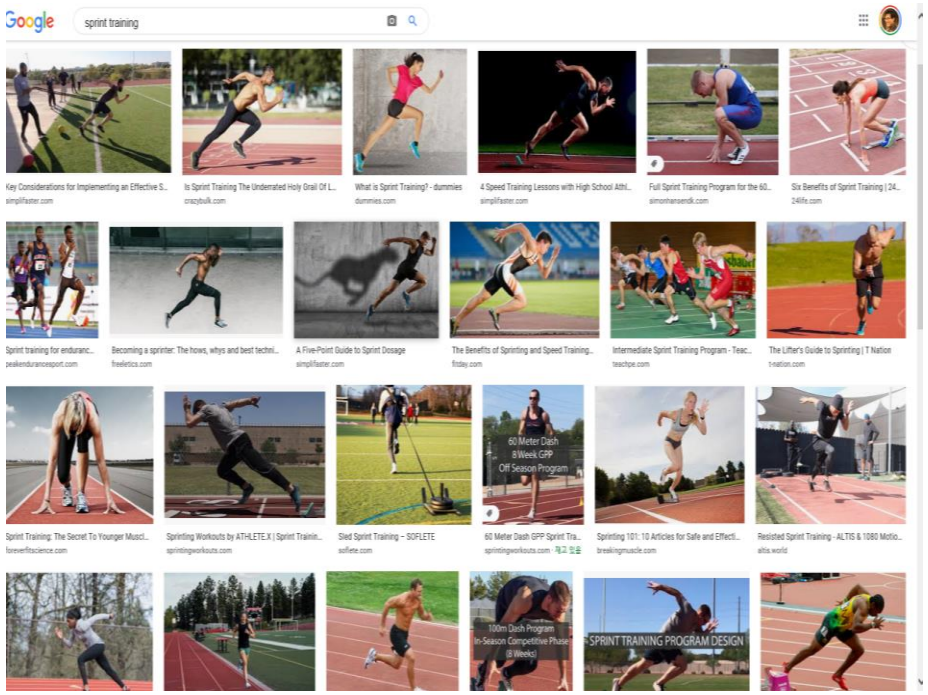
Type of Crisis

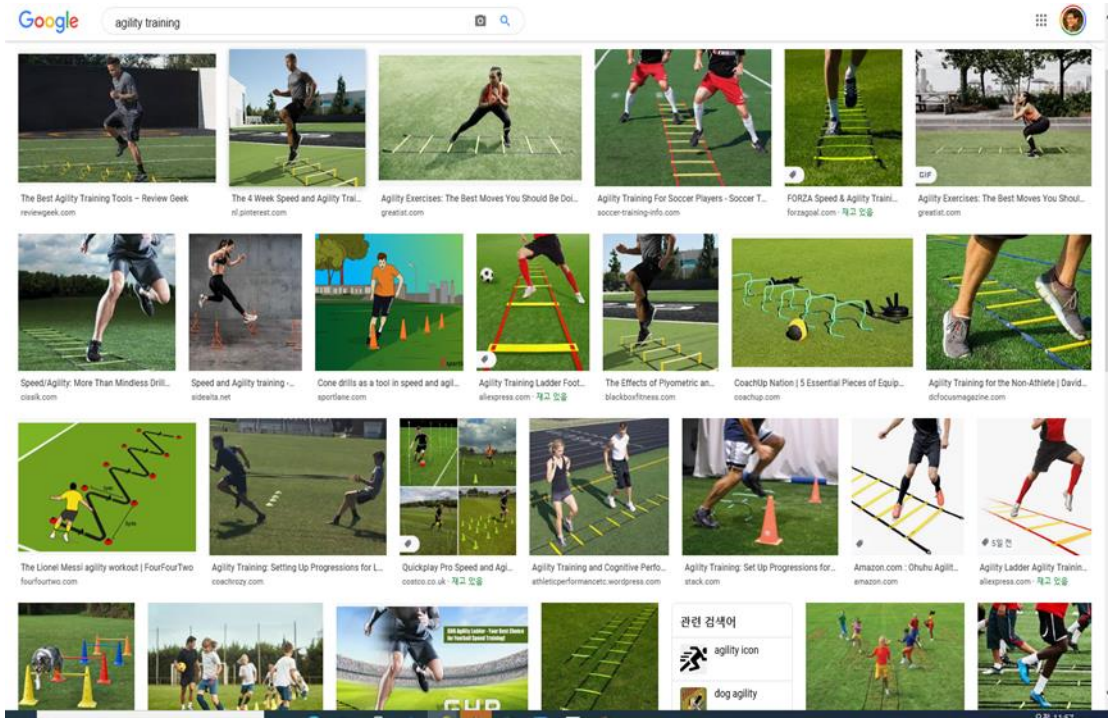
- Spread nationwide

Government Response

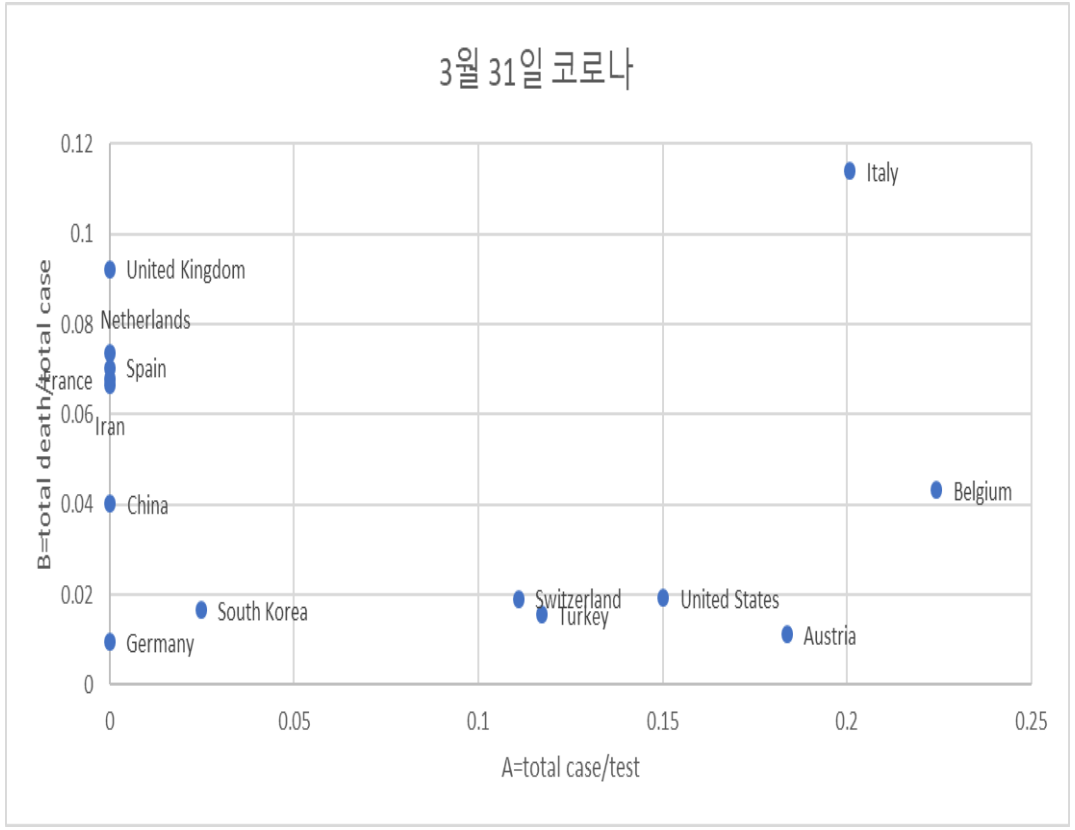
- Pan-government response
- Operating **Central Disaster and Safety Management Headquarters**

Is Agility Training Different from Sprint Training?

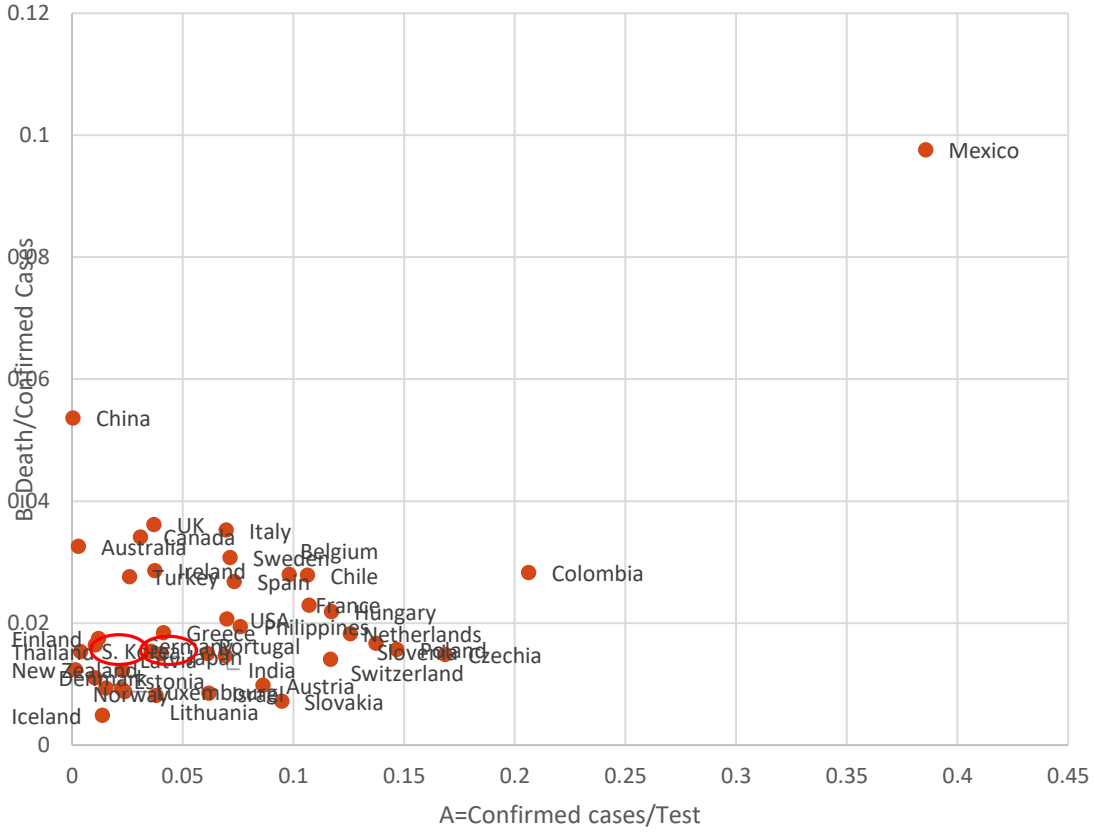




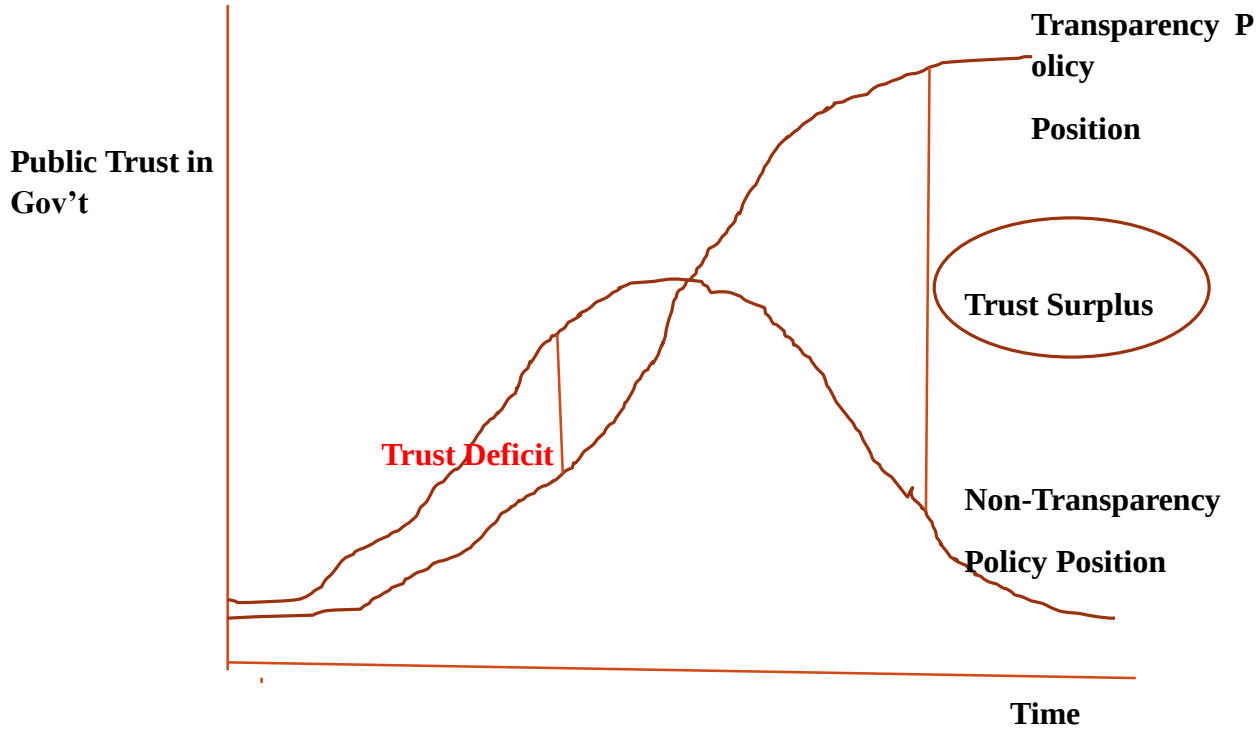
Mitigating COVID-19?



November 24



Transparency and Trust



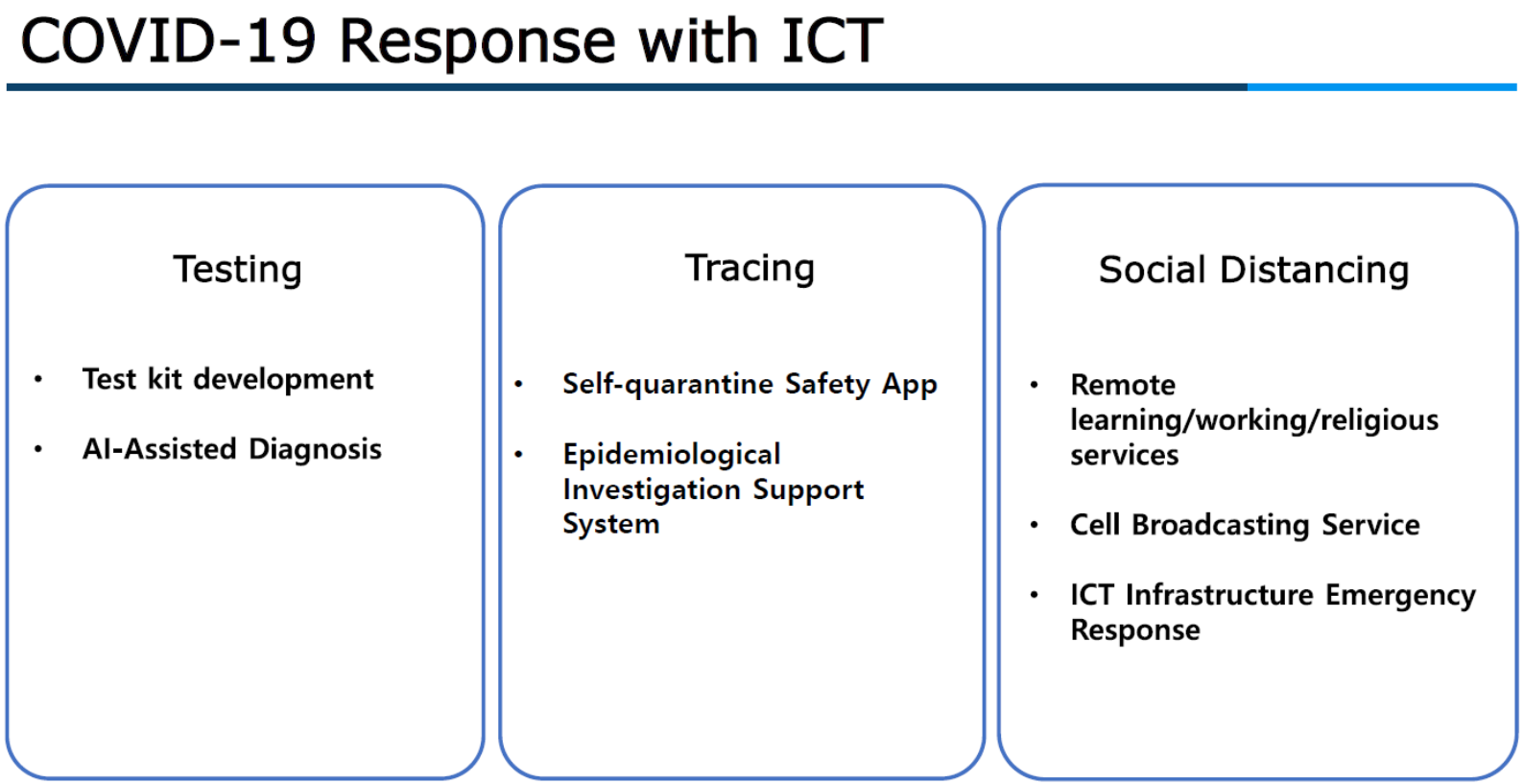
Moon (2020)

Trust in Gov't Info on COVID-19

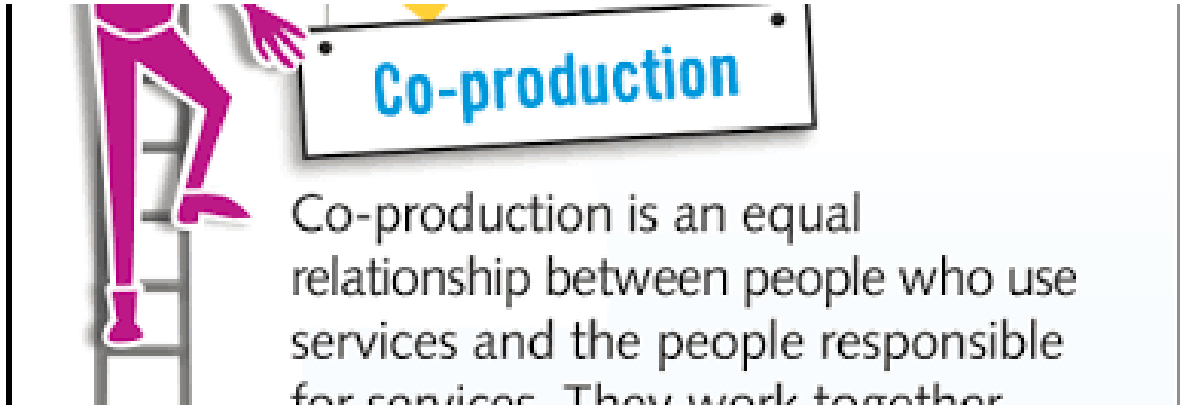
Not Trust

Trust

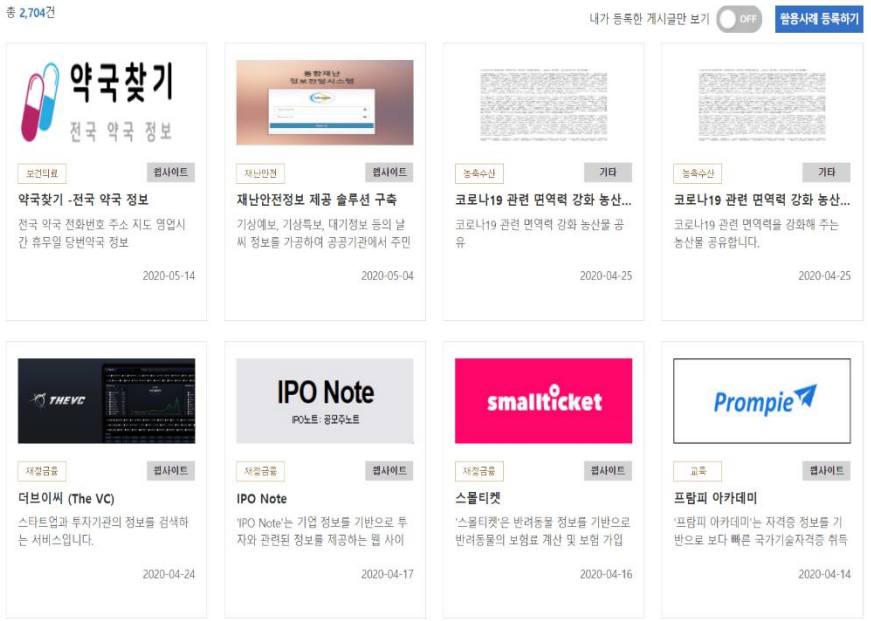
HOW TO MITIGATE COVID-19?

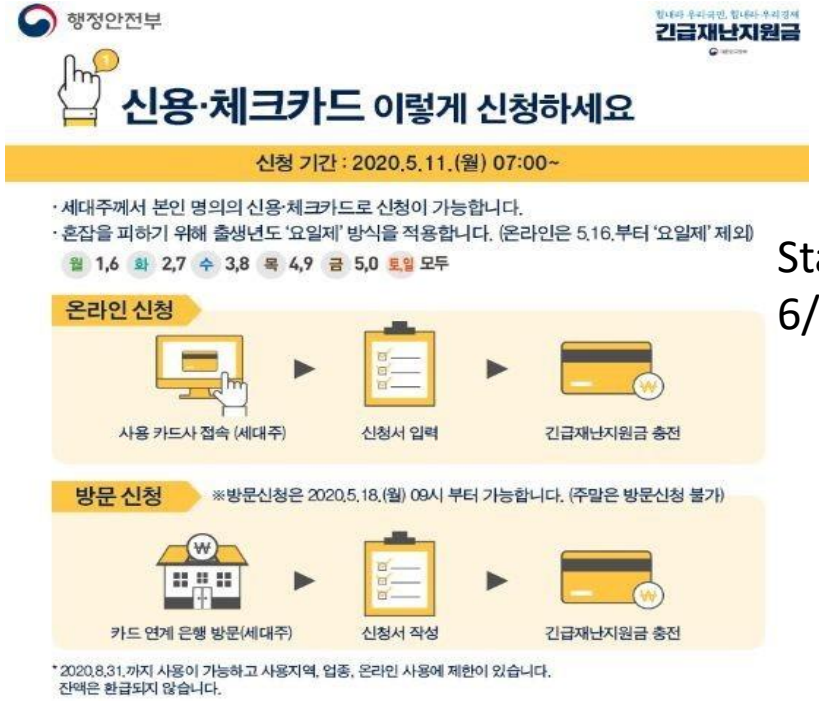


Coproduction: Codesign and Codelivery (Moon, 2017)



Coproduction:
Mask Apps & Emergency Disaster Assistance





Starting in May
6/9: 99%

Paying the assistance to 22 million households
3,419 local government offices
8 card companies
9,048 bank branches

Citizen Participation

COVID-19

Governance for Information Collection

- Building healthy governance accelerates systematic information collection
- Information are generated in various parts of the organization
- Well-designed network and collaborative governance would be the key element

Citizen Participation and Public Trust-Coproduction

- Under democracy: public support is the main key that determines whether learning process is adopted or not
- Nonprofits, social services organizations, medical institutions
- Government Capacity, Social Capacity, Medical Capacity

Balancing Anticipation and Resilience…

Predictability of change	Amount of knowledge about what to do: Small	Amount of knowledge about what to do: High
High	**More resilience less anticipation**	**Anticipation**
Low	Resilience	More resilience less anticipation

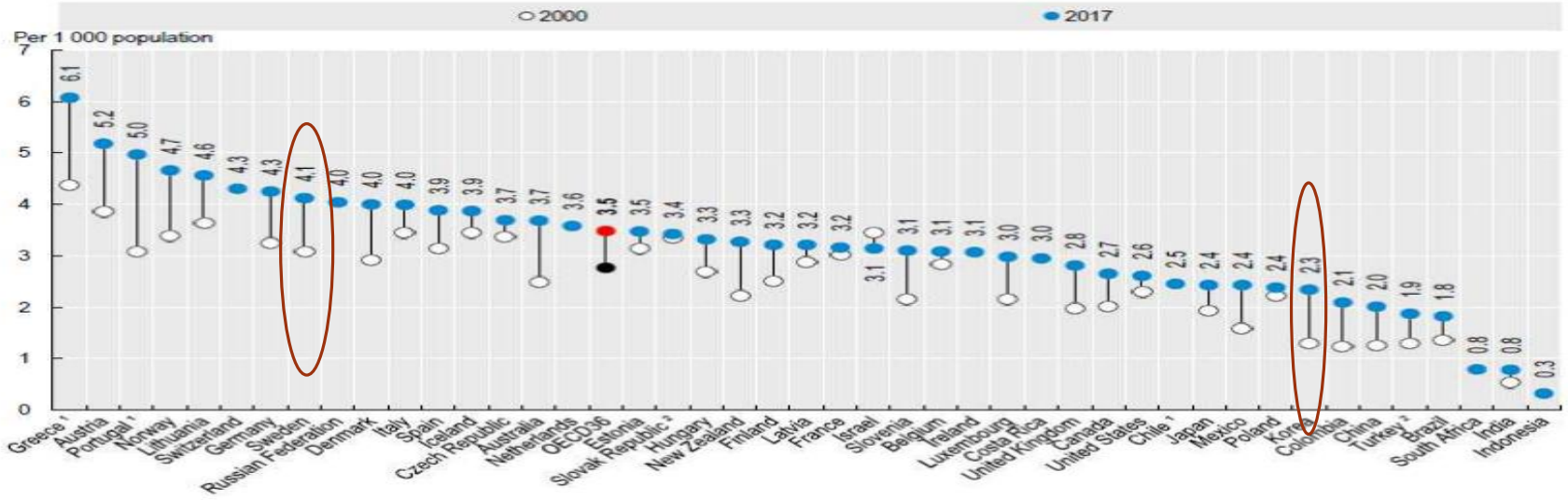
Wildavsky (1988)

Number of Physicians

COVID-19

The number of physicians per capita has increased in nearly all OECD countries since 2000

Practising doctors per 1 000 population, 2000 and 2017 (or nearest year)



Notes:
1. Data refer to all doctors licensed to practice, resulting in a large over-estimation of the number of practising doctors (e.g. of around 30% in Portugal).
2. Data include not only doctors providing direct care to patients but also those working in the health sector as managers, educators, researchers, etc. (adding another 5-10% of doctors).

***Source*: Health at a Glance 2019.**

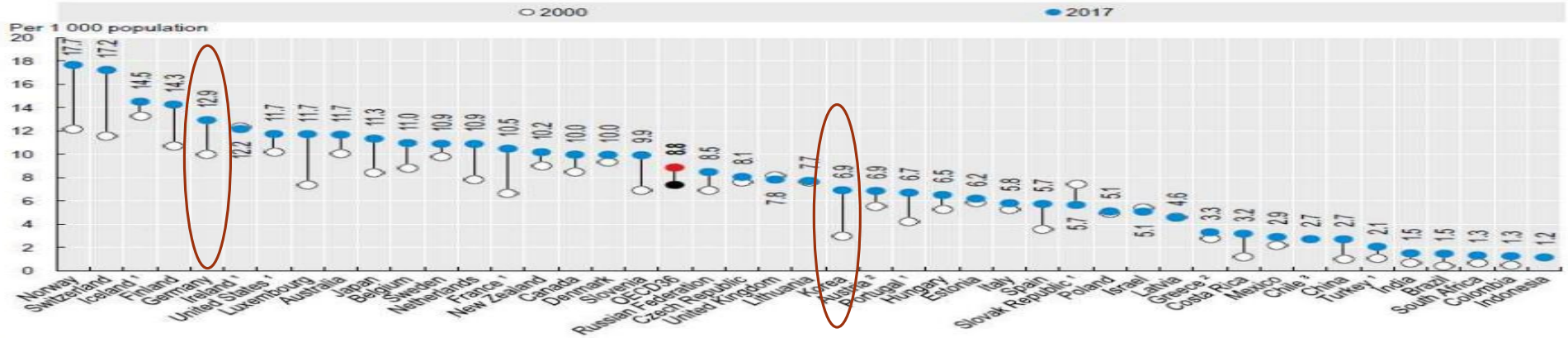
https://www.oecd.org/health/health-systems/Health-at-a-Glance-2019-Chartset.pdf

Number of Nurses

COVID-19

Between 2000 and 2017 the number of nurses per capita grew in almost all OECD countries, and the average rose from 7.4 per 1 000 population in 2000 to 8.8 per 1 000 population in 2017

Practising nurses per 1 000 population, 2000 and 2017 (or nearest year)



Notes:
1. Data include not only nurses providing direct care to patients, but also those working in the health sector as managers, educators, researchers, etc. 2. Austria and Greece report only nurses employed in hospital. 3. Data in Chile refer to all nurses who are licensed to practice.

***Source*: Health at a Glance 2019.**

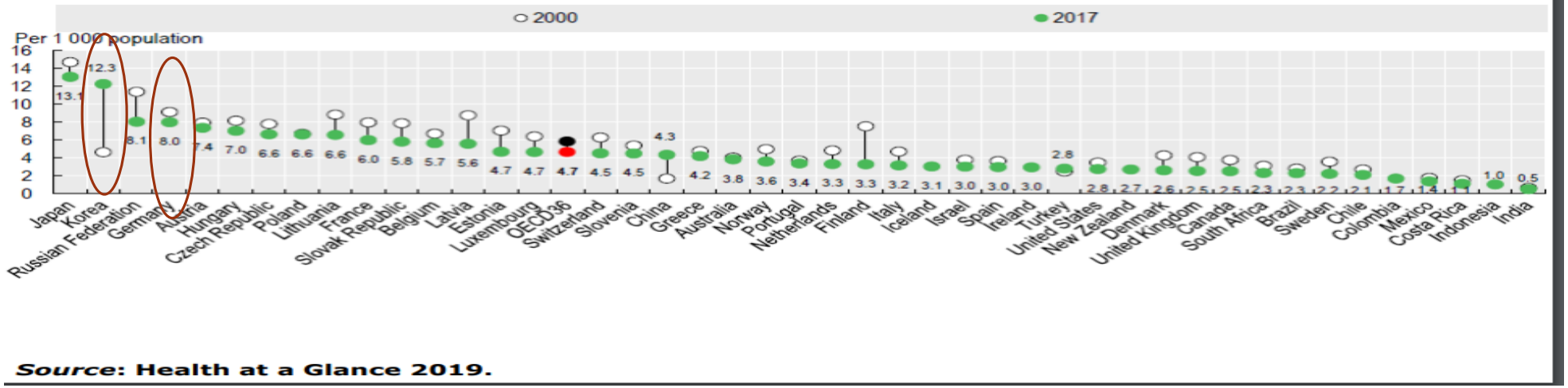
https://www.oecd.org/health/health-systems/Health-at-a-Glance-2019-Chartset.pdf

Hospital Beds

COVID-19

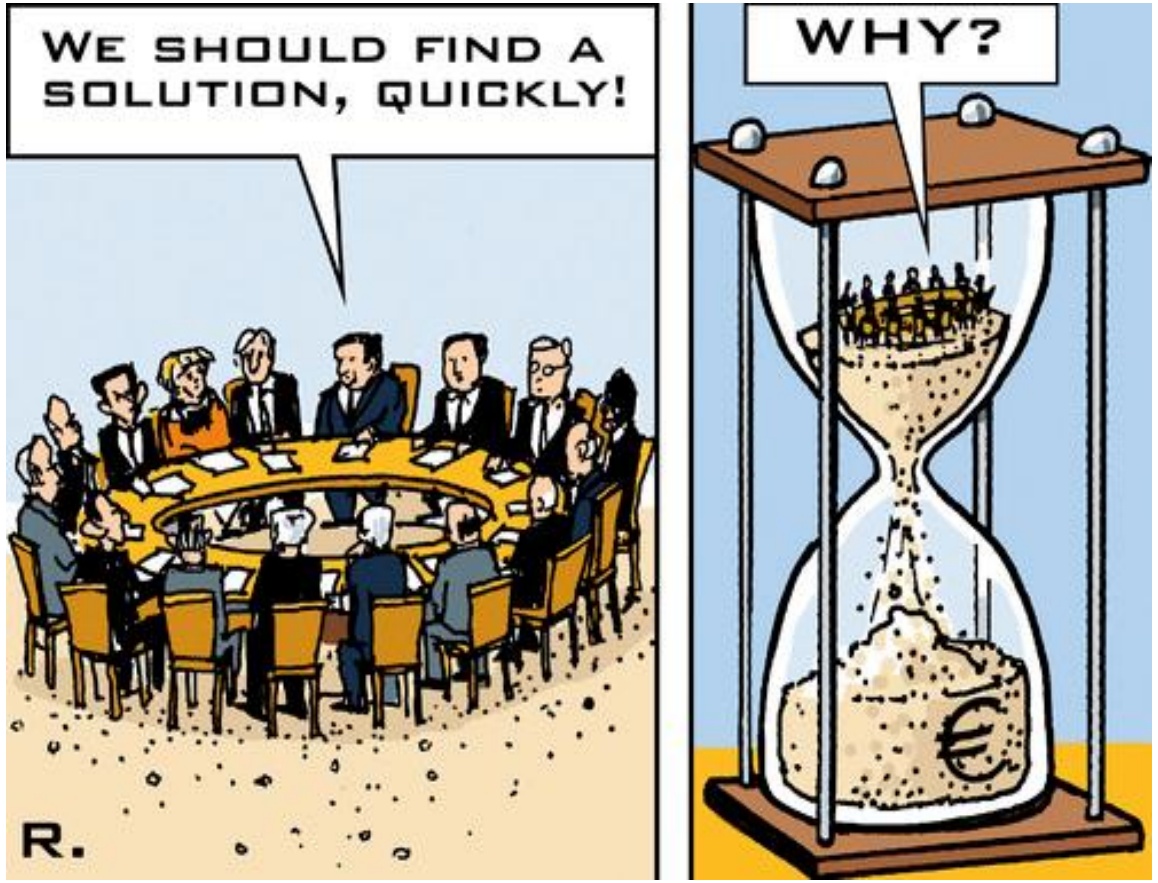
Across OECD countries, there were on average 4.7 hospital beds per 1 000 people in 2017. Since 2000, the number of beds per capita has decreased in nearly all OECD countries.

Acute Hospital Beds in 2017
Germany 6.0
Korea 7.1



https://www.oecd.org/health/health-systems/Health-at-a-Glance-2019-Chartset.pdf

Wicked Problems and Solutions?



Government Innovations for Future Government

Anticipatory Government

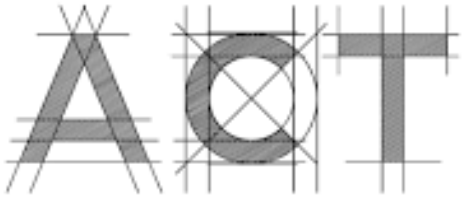
Resilient Government

Transparent and Open Government

Agile Government

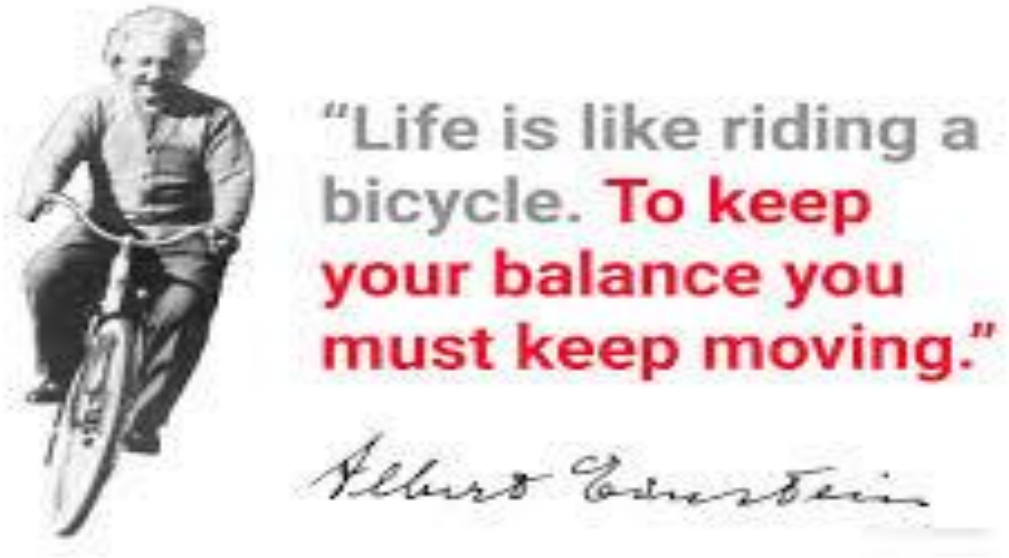
Coproduction Government/Citizen-centric Government

Technology-enabled Government



Solving Wicked Problems like COVID-19 with Government and Citizens/ Society Together…

The Answer is in “R”→ P.C.D→ Governance Matters!



More Empirical Works Needed…

	코로나19 관련 불안감 (5: 매우 증폭)	Model 1
정부의 정보제공	정보 신뢰성	-0.149***
	정보의 신속성	-0.090
	정보의 정확성	-0.221***
정부신뢰	정부신뢰	0.111
정부민첩성	정부의 민첩성	0.247***
	정부신뢰*민첩성	-0.426***
인구통계 변수	남성(더미)	-0.060**
	연령	0.010
	최종학력	-0.003
	소득수준	-0.013
	이념성향	-0.032
	기혼(더미)	0.004
지역더미	수도권(더미)	0.027
	대구.경북(더미)	0.070**
	_cons	
	Obs.	1,000
	R-squared	0.314
	Adj R-squared	0.305
	F	32.32

(Kim, Yu, and Moon, 2020)

logcase	Pooled			
	Coef.	Std. Err.	Coef.	Std. Err.
Workplace_closing	0.071***	0.020		
Close_publictransport	-0.024	0.024		
International_travel_controls	-0.038***	0.014		
L1. Workplace_closing			0.066***	0.020
L1. Close_publictransport			-0.028	0.024
L1. International_travel_controls			-0.036***	0.014
logpop	-0.008	0.012	-0.007	0.012
logdensity	0.050***	0.017	0.051***	0.017
loggdp	0.109***	0.054	0.114***	0.054
median_age	-0.002	0.007	-0.002	0.007
hosp_patients_per_million	0.001***	0.000	0.001***	0.000
L1.logcase	0.749***	0.013	0.749***	0.013
_cons	-1.406	1.047	-1.463	1.407
Time dummy	yes		yes	
Continent dummy	yes		yes	
N of obs	2690		2692	
Overall R_squared	0.7946		0.7943	

(Lee and Moon, 2020)

Agility and Trust on Citizens' Fear on COVID-19