

# 5 South Korea and the WHO during the COVID-19 Crisis<sup>1</sup>

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## **Abstract**

The World Health Organization (WHO) has faced uncooperative great powers in managing global health crises. The contemporary operating environment has given middle powers the opportunity to shine. South Korea, in particular, has seized the chance to gain more bang for its diplomatic buck by demonstrating its good global citizenship. This chapter evaluates how the Republic of Korea (ROK) has not only followed and promoted WHO guidelines, but also has been at the forefront of developing measures to combat the coronavirus. In doing so, it has gained significant political capital. The ROK is likely to continue and even increase its support of WHO governance precisely because it is in the country's national interest to do so.

**Keywords:** international organizations, South Korea (Republic of Korea), World Health Organization, multilateral institutions, international health management, national interest

## **Introduction**

Global pandemics throw into stark relief the dualistic paradox of international organization and global governance through international organizations (IOs). International organization is a transitional process, from the international anarchic conditions that generate conflict towards

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the aspiration of global governance. Through this process states are actively brought together to solve common problems, reconcile conflicting interests, and generate collective good, including a more peaceful and secure operating environment. International organizations (IOs) represent the phase of that process which has been reached at a given time (Claud 1963, 4). These institutions form a key plank of the liberal international order, but remain controversial, and are increasingly coming under attack. On the one hand IOs are creations of the states that make up their membership and which they serve so as to make the sovereign interstate system function better. On the other hand, as I have explored elsewhere, IOs require a degree of alienation or transference of state sovereignty (Howe 2020b, 18).

The liberal international order of international cooperation through multilateral institutions such as the United Nations (UN), the World Trade Organization (WTO), and the World Health Organization (WHO), championing the policy platforms of open markets, collective security, and the promotion of liberal democracy, is further challenged by the abdication of leadership by the United States (US) and increasing contestation between the US and China and Russia. In addition, as I have also examined in a related publication, non-traditional security (NTS) issues such as COVID-19 and other pandemics, pose major challenges for the traditional state-centric models upon which much strategic decision-making is based (Howe 2020a). Nowhere is this truer than in the state-centric East Asian operating environment.

The responses of the three great powers (the US, China, and Russia) to the COVID-19 crisis, as well as those of some second-tier powers such as the United Kingdom (UK), Brazil, and India, have left much to be desired in terms of both international and domestic leadership. Japan's response has also received at best mixed reviews. These countries have not only demonstrated a lack of leadership, but also their responses have been relatively unsuccessful. Indeed, they have, on the whole, contributed to the challenges faced by the WHO, rather than supporting the organization in carrying out its global governance and systemic health security mission (Howe 2020a). In contrast, middle powers, particularly those in the Asia-Pacific region such as the Republic of Korea (ROK),<sup>2</sup> Taiwan, Vietnam, and New Zealand, have received glowing evaluations of their responses and their support for multilateral health governance efforts. Salmon (2020) has noted that perhaps the most startling trend seen during the global COVID-19 pandemic has been

2 ROK and South Korea are used interchangeably in this article.

the vast difference between East Asia and the West. East Asia has handled and contained the pandemic far better than the West on nearly all metrics.

This chapter first assesses the shortcomings of great power leadership in international health management and the great powers' lack of support for the WHO's global governance mission. It then turns to analyse South Korea's response to the pandemic, contrasting the country's close adherence to WHO guidelines and support of international health management with the failings of the great powers. Finally, the chapter argues that we can be optimistic about continued ROK leadership in these fields. The ROK is likely to continue showing leadership not only because of a moral commitment to normative foreign policy, but also because it is in its national interest to act in this way.

### **Divergent Responses**

Chinese and US responses to global health crises and pandemics can be viewed as two ends of a continuum between authoritarian and libertarian influenced governance (Howe 2017). In China a lack of transparency, and a lack of freedom of information and speech, has allowed pandemics to spread and endanger vulnerable individuals and groups in the country, the region, and across the globe. When the Chinese government has acted, it has tended to act unilaterally and in an authoritarian rather than open manner, imposing comprehensive lockdowns that exacerbated socio-economic vulnerabilities. In contrast, during the current COVID-19 pandemic, the US government agencies were slow to respond to the pandemic, due to concerns about economic impacts of restrictions, but also out of concern for the impact restrictions would have upon civil liberties and individual freedoms. These concerns have also created pressures for a premature lifting of restrictions (Howe 2020b, 18). As a result, the US is now the most severely impacted country in the world (Worldometers 2020).

Internationally, China and the US have focused on blaming each other for the impact of COVID-19. They have resorted to national interest security promotion rather than collective action and have shown inconsistent support for the WHO's mission and even outright hostility towards it.

The ways that great power obstruction could hinder the WHO in carrying out its global health governance were also evident during the 2002-2004 SARS coronavirus (SARS-CoV) outbreak. SARS-CoV first infected humans in the Guangdong province of southern China in 2002. It rapidly turned into a pandemic that affected 26 countries and resulted in more than 8000 cases

in 2003, before dying out with only a small number of cases in 2004 (WHO 2020a). The Chinese authorities were initially unwilling to cooperate with the WHO due to considerations of national interest and state sovereignty (Wong and Zheng 2004). Lack of epidemiological information about the disease hampered the prompt application of effective control measures, something that was also the case with the Hong Kong authorities where the disease soon spread. Because of inadequate communication, ‘panic developed in the community and weakened cooperation and support from the public’ (Hung 2003, 376).

During the current COVID-19 crisis, the WHO has once again faced an uncooperative great power. This time, however, it has been the US hegemon working against the global governance mission. On 29 May 2020, President Donald Trump said he would make good on his threat to withdraw from the WHO. This has been described as ‘an unprecedented move that could undermine the global coronavirus response and make it more difficult to stamp out other disease threats’ (Ehley & Ollstein 2020). The US gave US\$893 million to the WHO between 2018-2019, of which US\$237 million were assessed contributions (the dues countries pay in order to be a member of the Organization). It still owes approximately US\$392 million through various multiyear cooperative agreements (Lieberman 2020). As by far the largest state donor to the organization, the US’s conflict with the WHO could have a devastating impact on the latter’s global health governance mission. In one of his first acts as President, Joe Biden did walk back the former administration’s plan to withdraw the US from the WHO, but there remain concerns about ‘perfidious America’ in this, as well as other areas of global governance.

Despite these concerns, even at existing levels of support, there is hope for the WHO governance mission in the form of support from middle powers and non-state actors. While the US may be the largest donor, the top ten donors list is rounded out by three middle powers, namely the UK, Germany, and Japan. Also in the top ten are four civil society organizations, the Bill & Melinda Gates Foundation, the GAVI Alliance, Rotary International, and the National Philanthropic Trust. Then there are two IOs, the United Nations (UN) Office for the Coordination of Humanitarian Affairs (UNOCHA) and the European Commission (WHO 2020b).

The dominance of small and medium-ranked powers, as well as civil society organizations, is even more pronounced when it comes to Core Voluntary Contributions (CVCs). CVCs are fully unconditional (flexible), meaning the WHO has full discretion on how these funds should be used to fund its programmatic work. The main providers of CVCs, in order of

support, are the UK, Sweden, Norway, Australia, the Netherlands, Belgium, Denmark, Switzerland, Luxembourg, France, the Estate of Mrs. Edith Christina Ferguson, Spain, the Estate of the Late Marjory Miller Thompson, Monaco, and Miscellaneous (*ibid.*).

The extensive support given to the WHO by middle powers means it is important to examine how states such as the ROK relate to the organization. In the following sections, this chapter first looks at how the ROK is acting in accordance with the global health governance mission of the WHO. It then discusses what potential South Korea may hold for future leadership in the field.

### **The ROK, the WHO, and Respiratory Pandemics**

South Korea joined the WHO in 1949. It was covered by the WHO Representative Office in Taipei, Republic of China (Taiwan) between 1959 and 1965, when the WHO Representative Office in the ROK was established. The WHO Country Liaison Office had been established in 1962, and this then became a Representative Office in 1965 before changing back to a Country Liaison Office in 1999 (WHO 2020c). During the 2003 SARs-CoV outbreak, the ROK government worked closely with the WHO, taking rapid action to prevent further spread of the virus (The Briefing 2020). As a result, only three confirmed cases were reported in South Korea, and no deaths. This was despite the country being close to the epicentre of the virus in China and also having many ties to it. The low numbers in the ROK compare with a global total of 8437 probable cases and 813 deaths cases (WHO 2003).

South Korea did not, however, escape so lightly when the region was struck by a second respiratory pandemic. In 2015, MERs-CoV inflicted 186 laboratory-confirmed cases and 38 deaths (WHO 2015). Unlike during the SARS-CoV epidemic, the ROK government's response to MERs-CoV was widely criticized by the Korean public, particularly its initial reaction (Yonhap 2015). Yet the ROK learned important lessons (both positive and negative) from dealing with these two epidemics. These lessons were to stand them in good stead with the outbreak of COVID-19, which was first reported in Wuhan, China, at the end of December 2019 (Kim 2020).

The South Korean Ministry of Health and Welfare (MOHW) reported this new disease to its population on 3 January 2020. It announced strengthened surveillance for pneumonia cases in health facilities. On 20 January 2020, the first case of infection in South Korea was reported. The government accordingly scaled up its national alert level from blue to yellow and established

more intense guidelines (MOHW 2020).<sup>3</sup> More proactive measures against the virus were implemented from the end of January. These were put in place after the meeting of the Emergency Committee of the WHO where the Director General declared a 'Public Health Emergency of International Concern (PHEIC)'. The Korea Centers for Disease Control and Prevention (KCDC) started to closely monitor the changes in the international situation to prepare its response system. They also held a risk assessment meeting. In September 2020, the KCDC had its status upgraded to become an independent government agency, the Korea Disease Control and Prevention Agency, or KDCA, in recognition of its performance (KBS 2020).

As the situation worsened, and other countries gradually closed their borders to people from China, there were great pressures for the ROK to do the same. Despite this, the Korean government announced that South Korea would not entirely restrict entry from China unless explicitly advised to do so by the WHO (Kim and Kim 2020). As the situation continued to deteriorate, public dissatisfaction towards president Moon Jae-in and the WHO's conservative approach grew (Kang 2020). An unpredictable and blurred situation led to increasing demand for Personal Protective Equipment (PPE), especially masks, which then surged in price (SBS 2020).

Government guidelines for wearing masks were initially ambiguous, leaving the public confused. In the middle of February, therefore, the Korean Medical Association (KMA) and the Ministry of Food and Drug Safety jointly provided advice regarding the use of masks, referring to the WHO guidelines published in late January (Yonhap News 2020a). In contravention of the WHO mask guidelines, the government still controversially allowed its population to reuse disposable masks if these were not too contaminated. They did this out of concern that panic buying could lead to potential mask shortages for the medical field and vulnerable individuals and groups (Jeon 2020). A few days later, however, the government published new guidelines citing the WHO advice that keeping social distance was more important than wearing a mask (Yonhap News 2020b).

Furthermore, when masks did run low, and there was a temptation to hoard or increase prices, the government stepped in and rationed the number of price-controlled masks that could be bought by an individual. Depending on date of birth, each citizen was allotted a day on which they could buy masks. Early in the pandemic, free hand sanitizer was to be found next to and in the elevators of every building. With a slight resurgence of infections

3 South Korea operates a four-colour warning system: 1: Blue – Exercise normal precautions; 2: Yellow – Exercise increased caution; 3: Orange – Reconsider travel; 4: Blue – Do not travel

in May 2020, tens of thousands of people were tested within days. People who were potentially infected were contacted to six degrees of separation. The government cooperated with phone companies and bank card issuers to carry out this contact tracing. In May, the wearing of masks on all forms of public transport also became mandatory (Howe 2020a).

South Korea's response to the crisis, while initially a little slow, has seen a combination of governmental policy and domestic constituency societal engagement that has won praise from around the world. Of course, there have been many infected, and the economy has been dealt a serious blow. Yet the WHO guidelines have found a champion in the ROK. The main ways South Korea has been able dramatically to reduce infections while not resorting to economically devastating lockdown are through a combination of aggressive testing and contact tracing and universal mask use. On the government side, due to the previous pandemic scares, preparations were already in place to ramp up dramatically the production of tests, masks, and PPE. Likewise, work had already been done on contact tracing technology in South Korea, which has one of the most connected societies in the world. On the society side, people are already well-used to wearing masks due to the pollution, and out of consideration for others when suffering from a cold, and are willing to accept a degree of invasiveness in their lives due to national security considerations (Howe 2020a).

South Korea has also taken on part of the international burden of tackling COVID-19, as well as other infectious diseases. After being designated in 2019, South Korea has become a member of the WHO's executive board for the period 2020 through to 2023. This will allow it to play an important role in screening the WHO's budget and in policy implementation and strategy development. The 'Korea-WHO Country Strategy 2019-2023' outlines the regional and global leadership role that the ROK will perform and invites South Korea to open global forums and lead regional commitment for strengthening health regulatory systems (WHO 2019).

### **Middle Powers, Niche Diplomacy, and Global Health Governance**

South Korea has therefore stepped forward to stand at the vanguard of the quarantine management system. As one of the most successful infection control cases, with its transparency and innovative testing strategy, South Korea's effort to combat COVID-19 has earned the praise of the WHO. In addition, the WHO has revealed its intention to participate in the domestic cohort research conducted by Korean medical teams (Herald Economy 2020). The WHO has also asked South Korea to supply test kits to the African region, which have

been requested by over 120 countries (Shin and Park 2020). In addition, through web-conferencing, the ROK government has been sharing their know-how and promoting the Korean quarantine system as a way of responding to COVID-19.

The South Korean knowledge sharing activity includes regular web seminars about 'K-Defence Prevention' with health care officials around the world. It also includes the holding of tripartite health minister conferences between ministers from Korea, China, and Japan. At these conferences, the ROK has stressed the need for international solidarity against the virus and discussed support for the WHO and the WHO Western Pacific Regional Office. At the 73<sup>rd</sup> World Health Assembly (WHA), which addressed responses to the COVID-19 pandemic, President Moon announced in his keynote speech that the government planned to provide US\$100 million worth of additional humanitarian assistance (Korea Herald 2020). This is a very significant increase given that South Korea's assessed contribution to the WHO in 2020-2021 had been US\$54 million dollars (WHO 2020d).

Beyond simply promoting the K-defence system, South Korea has been at the forefront of seeking international cooperation. A ROK-led multilateral cooperation group, the Support Group for Infectious Disease Response (G4IDR), based in Geneva, brings together a number of countries along with the eight core members (Singapore, Turkey, United Arab Emirates, Morocco, Kenya, Mexico, and Peru) to collaborate with the WHO and other global health organizations like Unitaid (MOFA 2020). In addition, the Korean Ministry of Foreign Affairs (MOFA) has hosted a conference, headed 'COVID-19 situation by region and response status of overseas diplomatic missions, future Corona 19 response and policy direction', to establish and promote the development cooperation initiative (Ministry of Interior and Safety 2020). As part of these efforts, a total of 36 billion won (US\$31 million) worth of aid has been announced, under the name of 'Comprehensive Emergency Support Program for Corona 19 Response'. This aid will be given to India (New Southern), Ethiopia (Africa), Uzbekistan (New Northern), Colombia (Latin and South America), and five ASEAN target countries.

South Korea has been criticized in the past for only pursuing normative foreign policies when doing so garners some benefit to the country (Kalinowski and Cho 2012, 249). Unlike some other donors, however, these national interest considerations mean that the ROK is likely to follow through on all its pledges and abide by all its humanitarian commitments. The government headed by President Moon Jae-in has been in power throughout the period when COVID-19, this greatest of humanitarian challenges, has impacted upon domestic and international governance. The normative foreign policy activism of the Moon administration fits well with the ROK tradition of middle power niche diplomacy.



Middle powers like South Korea lack 'compulsory power', in that they do not have the military resources to dominate other countries or the economic resources to bribe them. They differ, however, from the small or 'system ineffectual' states which have little or no influence because they are, potentially, 'system affecting states' that can have significant impact within a narrower policy area or in conjunction with others (Vom Hau, Scott, and Hulme 2012, 187-8). To maximize their relevance and impact, a degree of selectivity on the part of these middle powers is required. This means the pursuit of 'niche diplomacy,' which involves concentrating resources in specific areas best able to generate returns worth having, rather than trying to cover the field, allowing them to 'punch above their weight' (Henrikson 2005, 67).

In search of a diplomatic 'niche', successive recent administrations in Seoul have stressed a commitment to variations of 'principled foreign policy'. The Moon administration has not directly identified its diplomatic character as that of a middle power. Yet there is evidence of such thinking in its 'one-hundred major policy tasks' which includes a section describing foreign policy goals. In these, the overarching themes of the administration include 'responsibility', 'multilateralism', and 'values'. In this context, 'responsibility' means that South Korea will fulfil its regional and global governance duties. This, it can be argued, is one of the characteristics of a middle power in the international community. Given this, it can be expected that contemporary South Korean foreign policy will focus on multilateralism with an emphasis on universal values, such as human rights, democracy, and rule of law.

## Conclusion

Although the Moon Administration has not explicitly branded itself as a middle power, its de facto foreign policy strategy remains deeply wedded to middle-power diplomacy. Indeed, these elements of the Moon Administration's foreign policy platform represent a continuation of regional and global humanitarian multilateralism. President Moon's aspirational project for a 'Northeast Asia Plus Community' (NEAPC) of responsibility aims to build a sustainable system of regional cooperation.<sup>4</sup> This project has an ambition to ultimately produce a people-centred peace community that advocates co-prosperity.

4 This community is envisaged as bringing together states and frameworks within and beyond the region including the US, China, Japan, Russia, Mongolia, Australia, New Zealand, ASEAN (and its member states), the Trilateral Cooperation Secretariat (TCS), the UN, NATO, EU, and OSCE.

President Moon (2020) has sought to use the current crisis as a driving force for new opportunities and development. He aspires to realise 'a Republic of Korea that takes the lead in the world'. These statements, delivered to mark the third anniversary of his inauguration, represent a continuation of Korea's humanitarian middle power niche diplomacy, but also an attempt to drive it forward by taking advantage of the post-COVID operating environment (Howe 2020b). As such, therefore, the government of the ROK is likely to continue and even increase its support of WHO governance precisely because it is in the country's national interest to do so.

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