



Editorial

## Challenging Issues Caused by COVID-19 – A Window of Opportunity to Make Our Health System Healthier



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### Article history:

Received: October 11, 2020

Accepted: October 15, 2020

<https://doi.org/10.24171/j.phrp.2020.11.5.01>  
pISSN 2210-9099 eISSN 2233-6052

A sustainable development report published in June 2020, ranked countries which belong to the Organization for Economic Co-operation and Development according to a coronavirus disease 2019 (COVID-19) pilot index and performance indicator [1]. Republic of Korea ranked number 1 out of 33 countries [1]. In September 2020, the Lancet COVID-19 commission statement on the 75<sup>th</sup> session of the UN General Assembly was published to offer solutions to the challenges which lay ahead (suppressing COVID-19, overcoming humanitarian emergencies, restructuring and rebuilding the economy) [2]. Even though Republic of Korea expertly suppressed COVID-19 in the early stage of the pandemic (and continues to do so), the country is facing many challenging health issues, such as continuation of suppression strategies by employing non-pharmaceutical interventions, overcoming humanitarian emergencies including poverty, hunger, job loss, and mental stress (caused by the pandemic) which could be dealt with through public policies, strengthening the health system, including the public and private health care system

through financial and legal legitimacy, and promoting research in basic science and technology including information and communication technology, artificial intelligence, therapeutics and vaccine production, and preparing society to trust building and new normal such as distance learning and working.

Republic of Korea is now facing a resurgence of COVID-19 cases and is addressing the continuing pandemic state, which has resulted in fatigue and loss of confidence in the suppression strategies due to the effects upon the economy, which leads to the consideration of alternatives such as natural immunity. Even though public health measures such as contact tracing, quarantine, early diagnosis by testing and isolation, wearing a mask, and social distance are the golden rules, there is the view that herd immunity caused by natural infection, may be a better way to control the pandemic than the current measures in place.

It has been proposed that older people could be protected from the infection, and the pandemic might end if young people were infected selectively to achieve herd immunity (i.e., 60%-70% of the community have antibodies). Even though, the concept of herd immunity is based on random mixing patterns between healthy people and infected patients, so the transmission of disease will be interrupted in certain social groups despite low infection rates (10% [3] and 43% [4]). Opening schools, places of worship, and allowing young people to gather promotes herd immunity, and must be accepted to enable the government to focus on reducing mortality, intensive care unit provision, and elderly patient care rather than on preventative intervention measures (rigorous contact

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tracing, quarantine, testing, and behavior change in the community). In addition, there is currently a good model of herd immunity in Sweden where geriatric mortality due to COVID-19 is now reducing.

Conversely, there is no way to protect the elderly selectively, as it is obvious that mortality in old age increases despite well-equipped long-term facilities being available in rich countries. In addition, social distancing policies, closure of universities and long-term facilities have been in place in Sweden. The recent decreasing mortality in old age may not be due to herd immunity, but to some other public health impact.

First of all, it is clear that all policies must be evidence-based, data driven, community centered, and community engaged in order to gain the public's trust to legitimately implement these policies, and give political leadership to health authorities to overcome COVID-19.

Secondly, prevention measures are the right way to control COVID-19. Prevention reduces the number of patients through early detection, and treatment of symptomatic cases. As with the experience gained in controlling HIV/AIDS, the drug therapy is the primary prevention [5]. Experience indicates that the dichotomy between prevention and treatment is a false concept.

Thirdly, policies must be focused on socially deprived people and be equity based. Vulnerable members of society must be protected. Failure to reduce the risk of spread of COVID-19 and reduce the loss of jobs causes deprivation and loss of dignity. It is a good time to reduce the disparity gap in accessing the health care system and create "social herd immunity" [6] to address social determinants of inequities in health.

Fourthly, even though Republic of Korea has controlled COVID-19, the disparity in the number of health care workers and quality of facilities between rural and urban areas due to poor investment in health care by the government

will aggravate the long-term outcome of the pandemic, and the care of elderly people with co-morbidities due to non-communicable diseases. It time to strengthening the infrastructure of public health centers and public hospitals.

Lastly, human rights and privacy must be protected. Use of personal information for public purposes must keep within the guidelines set out by the "Personal Information Protection Act" and "Infectious Disease Control and Prevention Act." There is much room for improvement in human rights and privacy, currently there is still use of closed circuit television and credit card details to trace contacts, and collection of registries of entrance to public facilities, supermarkets, and restaurants.

### Conflicts of Interest

The author has no conflicts of interest to declare.

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