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Strategy of Countries Successfully Fighting COVID-19

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Each country facing the current COVID-19 pandemic is dealing differently with the dangerous situation. Some countries are doing better in this matter, while others are doing worse. The current situation raises a number of questions, especially concerning what we could do differently or why we were not better prepared. Modern technologies allow us to look into different parts of the world. Subsequently, we can try to answer the mentioned questions.

Countries such as Singapore, Taiwan, the Republic of Korea, and Hong Kong are among the most successful territories in the fight against COVID-19. On the other hand, there are states that have experienced great difficulty in managing the current situation, for a variety of reasons. These reasons include unpreparedness, underestimation of the situation, poor level of health care, or secrecy and manipulation of facts in the case of authoritarian regimes.

Successfully combating the virus requires global cooperation. No state can defeat COVID-19 alone on a global scale. In terms of the interconnectedness of the world, even relatively successful states have not won.

It is appropriate to learn from successful ones. The following chapters describe the specifics of countries that have been relatively successful in combating the spread of a new type of coronavirus.

Singapore

The city-state of Singapore was the third country in which a person infected with a new type of coronavirus appeared. In February 2020, about two months after the first recorded case in Wuhan, China, there were already 80 infected in Singapore. At that time, Singapore was second only to the PRC (People's Republic of China) in the number of infected people.

Singapore was hit by the SARS epidemic in 2003 (Severe Acute Respiratory Syndrome). During the SARS epidemic, 33 people died in the country and it took 5 months for the situation to return to normal. In Singapore, they became aware of the threat of epidemics with a view to the future and took concrete measures: New medical infrastructure was created, more comprehensive travel controls were introduced, etc.

In 2009, the way taken by Singapore proved to be the right one. At that time, the country was hit by the H1N1 flu, which was more contagious than the SARS virus. Singapore thus only adapted the measures already in place and managed the situation.

In the current pandemic, the Singaporean government is taking further action and tightening rules. Schools are closing and public events are being cancelled. Singapore was one of the first countries to apply very strict rules of movement of persons, which was then perceived as quite controversial. The city-state is also able to work very well with information and has a system in place that helps inform the population about the current pandemic. Moreover, through information systems, every citizen can find out where the outbreak is specifically occurring.

Sufficient tests and a reasonably designed testing system were also crucial factors. People who were in the affected areas were tested first, then others who had been in China in the last 14 days, then everyone who had symptoms of COVID-19 or anyone who had been in contact with an infected person.

If someone is in quarantine, they receive financial assistance from the state. Home quarantine works differently in Singapore than we are used to. Several times a day, a person in

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the quarantine receives a text message with a link and a so-called click. By doing so, the government finds out the location of the person concerned, and if he is not at home, a large fine awaits him. Quarantined persons are also visited preventively by authorized staff. They find out if the person in quarantine did not leave the phone at home and that the procedure was not performed by someone else in the family.

The success factor lies in the sensible and conscientious organization of government. Everything is very transparent, and it is also helped by the fact that there is a high level of trust in the government and in the regulations that are being presented. With the system in place and the measures mentioned, Singapore has managed to reduce the onset of the pandemic, including its second wave, and to keep the number of victims very low.

Taiwan

The connection between the People's Republic of China (PRC) and Taiwan is relatively intense, despite long-standing tensions between them. Many people from Taiwan work in the PRC and the countries are strongly economically connected. The PRC and Taiwan are about 100 km apart. Most of Taiwan's population also live in cities and makes extensive use of urban transportation. Because of these starting points, Taiwan was expected to be one of the most affected areas. However, the opposite is true.

As in the case of Singapore, Taiwan benefits from previous experience and timely response. Besides, SARS paralyzed Taiwan even more than Singapore in 2002-2004. During this epidemic, 73 people died and the economic impact was significant – the country was not ready at all at the time.

On 31st December 2019, a few days after the first outbreak of the coronavirus, checks on flights from Wuhan were ordered, followed shortly afterwards by a ban on entry into the country by people from Wuhan, a ban on tourist visits, and finally a ban on entry by PRC citizens.

The Taiwanese government also immediately took control of the distribution of protective equipment. Citizens thus gained the opportunity to buy several pieces each week for themselves and their families at affordable price. This system also works online and families can order protective equipment in advance. This improves planning and prevents the shortage of important goods.

Furthermore, a central crisis staff was established under the Ministry of Health. Its activities include informing the public, searching for and mapping those infected, educating the public about the coronavirus, conducting daily briefings, and enacting prevention measures.

Taiwan is a technology giant whose digitization is great help in the fight against the pandemic. Patient data is stored in a central system and is shared between physicians, hospitals, clinics and pharmacies, increasing efficiency and accountability. The entire health care system is sophisticated and accessible to all parts of society. They also operate a similar tracking system for quarantined people in Taiwan as well as in Singapore.

Under pressure from the PRC, Taiwan is not recognized by the World Health Organization (WHO) and is thus cut off from the information system. Given Taiwan's success, paradoxically the WHO is losing valuable information. Another paradox is that the PRC limited group tourist tours in 2016 and three years later banned individuals from traveling to Taiwan. Therefore, these measures unintentionally limited the greater spread of COVID-19.

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Hong Kong

In the beginning, Hong Kong set an example for other countries. The autonomous entity, whose armed forces and international policy fall under the PRC, has been able to slow down the spread of COVID-19 and it has been shown that the timely implementation of basic security measures works (frequent hand washing, school closures, cancellation of public events, wearing veils, measuring the temperature when entering public buildings, keeping a reasonable distance and monitoring infected people).

During the first half of March, when the virus spread rapidly through Japan and South Korea, for example, there were only 150 infected in the city of 7.5 million people.

The number of infected people began to increase as many Hong Kong residents returned home from abroad and from mainland China. The situation called for new measures and, consequently, all non-residents of Hong Kong were refused entry.

At the beginning of March, the city began to return to normal, many people began to return to work, and public transport became full again. This again meant an increase, which authorities were able to successfully deal within Hong Kong. As of 17th May, Hong Kong stated an incredible number of just 28 infected.

The Republic of Korea

The Republic of Korea also has historical experience with a similar epidemic. In 2015, during the spread of MERS (Middle East respiratory syndrome-related coronavirus) in the country, there was confusion and it took a long time for the Koreans to find their way around the difficult situation. At the same time, it turned out that the hospital infrastructure in South Korea was insufficient.

Outside the Middle East, South Korea was the hardest hit country by the MERS epidemic, resulting in 38 deaths. The mistake was that South Korea did not include Bahrain in the list of countries in which the virus was located. When the first infected person arrived from Bahrain and went around various hospitals, it never occurred to anyone that he might have the MERS virus. Meanwhile, the virus had spread.

There was also a great shortage of isolated rooms for the infected in hospitals. However, the country has learned. During the current pandemic, the crisis staff was activated very soon, all arrivals were checked, and as soon as the first infected person was confirmed, the authorities mapped the infected person's movements minute by minute. This information was immediately provided to the public.

In February, a few days after the first infection occurred, the competent authorities authorized then unlicensed tests. They decided to use these tests preventively and tested more than 46,000 people three weeks after the authorization. In the US, only 426 people were tested for comparison at the same time – in the US and South Korea, the first infected person was confirmed on the same day.

Iceland

Of the European countries, it is worth mentioning Iceland, which has set out on a relatively unusual path compared to other countries. The main difference is that they do not test selectively in Iceland, but test anyone who wants to be tested, even though they have no symptoms. With this approach, Iceland has confirmed and dispeled many myths about COVID-19. For example, data showed that about 50% of people who tested positive did not

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have any symptoms. This confirms concerns that asymptomatic people may continue to spread the coronavirus.

Due to this approach, relative to its population, Iceland has a high infection rate. As of 18th May 2020, five times more tests (in %) were performed in Iceland than in the Czech Republic. Extensive testing was made possible by the Icelandic government's cooperation with the biotechnology company deCODE Genetics, which was able to produce enough tests. The high level of testing thus provided a more realistic idea of the spread of the virus and thus made it possible to better adapt individual measures.

Conclusion and Recommendations

Specific examples of good practice can be identified from countries which have been successful in combating COVID-19.

Previous experience and readiness are crucial factors for successful preparation. Asian countries that have been successful in tackling the spread of the virus have experienced previous epidemics. The experience thus helps to improve decision-making processes and countries are also better prepared for new epidemics in all respects.

Restriction of social contact and adherence to hygiene measures are essential to prevent the spread of the virus. The Czech Republic can also be highlighted in this regard. However, the current (as of 17th May 2020) number of 28 infected in Hong Kong can be considered a huge success – Hong Kong is one of the most densely populated areas in the world.

In the Czech Republic, the lack of protective equipment was a big topic at the beginning of the pandemic. An interesting inspiration is an example from Taiwan, where people were allowed to buy protective equipment in advance. This has contributed to better supply planning and also helped to avoid a shortage of goods.

The area of testing is also important, both from a qualitative and quantitative point of view. Qualitatively set testing directs capacities to risk groups – outbreaks of the virus, helps to detect individual cases and thus prevent further spread of the virus. The high level of protest in terms of quantity shows a more realistic picture of the actual spread of the disease, which also contributes to the appropriate setting of the "hardness" of individual measures.

The strict control of compliance with quarantine through new technologies and random checks can also be considered an example of good practice from successful countries.

The digitization of the healthcare system is fundamental: It allows us to evaluate the situation with big data, formulate specific measures and be better prepared in the future.

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