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Vulnerability and Critical Human Security in the Era of COVID-19 and Beyond in the UK and South Korea

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The COVID-19 pandemic destabilised the political, social, and economic life of countries as it spread around the world. It posed multiple threats to individuals, societies, and across different domains of life, highlighting their intersectionality and uneven impacts. The paper focuses on the UK and South Korea, countries which took very different paths in framing and addressing the crisis. It draws on secondary data and an integrated critical human security and state capacity approach to compare how state responses, institutional capacity, and the mobilisation of policy instruments themselves construct constellations of insecurity which intersect with human security and vulnerability. It will demonstrate the structural constraints that have continued to shape vulnerability and the dynamics of human security and insecurity in turbulent times.

Keywords: COVID-19 pandemic, critical human security, state capacity, vulnerability.

Introduction

The COVID-19 pandemic emerging in late 2019 rapidly destabilised the political and economic life of countries everywhere as it spread around the world. It posed multiple threats to individuals, societies, and across different domains of life, highlighting the intersectionality of these threats and their uneven impacts. This paper focuses on two countries, the UK and South Korea (hereafter, Korea), which took very different paths in framing the crisis and creating a common understanding and broad consensus of what the crisis was about and what needed to be done (Christensen and Per Laegrid, 2020) to fight the virus. The focus of the paper is not to explain the reason for this divergence but instead to combine an integrated critical human security (Newman, 2010) and state capacity approach to explore and compare how state responses, institutional capacity, and the mobilisation of a variety of policy instruments themselves had significant impact on different dimensions of human security and contributed to the coalescence of insecurity and vulnerability. It will focus particularly on the worlds of work, welfare, health, and social care and their intersection with poverty and inequality; income, expenditure, savings, and assets to demonstrate the structural constraints that have and continue to shape dimensions of vulnerability and the dynamics of security and insecurity in turbulent times.

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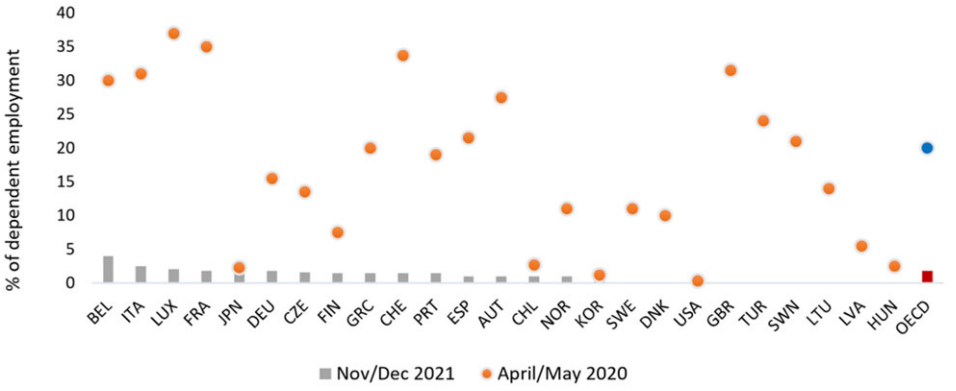

Figure 1. Job retention support of OECD countries.
Source: OECD 2022

The paper draws on a range of sources to frame and inform the analysis. Two hybrid international collaborative workshops involving research teams from the UK and Korea as well as invited policy stakeholders were held in 2022 (in Bristol and Seoul, respectively) to explore and establish context, conceptual equivalence, and thematic priorities. These are outlined in Figure 1, which demonstrates the dimensions and indicators of critical human security and state capacity that were utilised to prioritise, organise, and analyse the material collected. In addition to existing studies, reports, and newspaper articles the research design also drew on publicly available secondary data from international organisations and country specific data from national governments, think tanks, and research organisations in both countries. Ethical approval for this study was obtained from the Faculty of Social Sciences and Law Research Ethics Committee, University of Bristol, UK.

This comparative study seeks to highlight the interaction between state capacity, the pre-pandemic institutional and socio-political contexts, preventative measures, and policy responses to and impacts of the COVID-19 pandemic in shaping the constellations of human (in)security. It will emphasise that even as the world shifts to 'living with COVID' it is important to recognise longer term, ongoing, and 'scarring' effects of the pandemic on people and places which if not addressed, may further exacerbate and increase inequality, exclusion, discrimination, and precarious employment in the medium and long term.

Critical human security, crisis and vulnerability

The spread and impact of COVID-19, since the declaration of a global pandemic by the World Health Organisation (WHO) in March 2020, highlighted the integrated nature of different dimensions of life, and how these interact with and across a range of policy spheres. What began as a health crisis evolved into an economic, social, and fiscal crisis, and paradoxically the responses to and impacts of what has been a global pandemic have been highly differentiated and variegated nationally and locally, affecting groups of people and places in very different ways (Cook and Ulriksen, 2021). In particular, some groups of people were more vulnerable to economic, social, and health risk and insecurity than others in the context of the mosaic of intersecting institutional and policy terrains that

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shaped and constructed the crisis and the dynamics of security, insecurity (Kuran *et al*., 2020), and vulnerability (Lavell *et al*., 2020; Oliver-Smith, 2022).

The concept of critical human security is composed of a range of integrated dimensions of life, including health, economic, food, environmental, and community security as well as personal and political freedom which are linked to a range of indicators as described in Table 1 (Human Security Unit, 2016; Kennett *et al*., forthcoming). In this analysis this framework connects critically to 'the values and institutions which exist as they relate to human welfare [and] underlying sources of insecurity' (Newman,2021:11) and to the mitigation of and reinforcement against insecurity, risk, vulnerability, and social injustice. According to Caparini (2021: 11) the human security framework is 'one of the most helpful frameworks for attempting to understand the complex and interrelated challenges the pandemic has generated across multiple dimensions'. It enables us to investigate risk and power relations and how they permeate and structure insecurities, gender relations, and racialised and patriarchal institutions, as well as the conflict, exploitation, and contestation over resources in the context of social and environmental change (Williams, 2021). Vulnerability plays a fundamental role in understanding these dynamics, as it represents the susceptibility of individuals and groups to harm due to exposure to risk factors and the inability to cope with or recover from the impacts (Schneiderbauer *et al*., 2017; UNISDR Terminology, 2017).

The COVID-19 pandemic has illustrated the drivers of vulnerabilities and how they can be shaped and exacerbated as a result of state capacity and political and policy choices and responses which construct vulnerable populations and disproportionately affect marginalised and at-risk populations exposed to risk. State capacity is concerned with national and local institutional and public sector 'infrastructural power' (Weiss and Thurbon, 2022: 700), strategic capacity, and capabilities to establish, implement, and achieve policy goals, as well as political choices, legitimacy, and trust (Hartley and Jarvis, 2020; Mao, 2021; Meckling and Nahm, 2022). By integrating and analysing state capacity with human security and vulnerability in the UK and Korea, we can better understand the dynamics and intersectionality that heightens insecurity for various groups, revealing how these elements interact across different locales. The cross-cutting dimensions of critical human security provide a robust analytical framework for addressing the complex, multisectoral challenges societies face post-pandemic, especially in light of increasing concerns about the systemic nature of crises (Wernli *et al*., 2023) as well as its 'coalescence' as we enter a period of 'permacrisis', particularly in a European context (Zuleeg *et al*., 2021). While the pandemic has affected all segments of the population, Oliver-Smith reinforces the point that 'not everyone is vulnerable in the same way or to the same degree' (Oliver-Smith, 2022:169). This paper seeks to recognise and address these disparities through an approach that combines critical insights from human security, state capacity, and vulnerability, to highlight and reinforce the necessity for a comprehensive system of social protection that can facilitate, support and promote the multiple drivers of critical human security.

Diverging policy response to the COVID-19 pandemic in South Korea and the UK

The pandemic had a significant and unequal impact across different dimensions of economy and society in both the UK and Korea (Kim *et al*., 2020; ONS, 2021). Although

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Table 1. Critical human security, state capacity, and intersectionality: dimensions, indicators, and policy challenges

Dimensions of Critical Human Security	Critical Human Security Indicators	Dimensions of State Capacity	Dimensions of Intersectionality	Policy Challenges
Economic	Employment status, income/earnings, savings, state support, assets, education, and skills	National and local 'infrastructural' power	Gender	Systemic Crisis
Food	Access to food, physical and economic purchasing power, state support	Strategic capacity and capabilities for implementation	Age	Coalescence of risk, insecurity, and vulnerability
Health	Access to and availability of health provision, ability to pay, access to water, housing quality and density, sanitation facilities	Political legitimacy and trust	Ethnicity	
Environment	Vulnerability to hazards, disaster, pollution; infrastructure, living environment, housing, water supply, sanitation	Political and policy choices	Citizenship status	
Community	Social capital, community segregation, conflicts, crime rates		Class	
Personal and political freedom	Religious and political violence, personal violence, surveillance and civil rights, civic participation and engagement		Disability	

Source: Author's own devised from Human Security Unit (2016); Hartley and Jarvis, (2020); Mao, (2021); Weiss and Thurbon (2022).

it was the coronavirus itself that was initially the primary threat to human security, governments preparedness for and responses to the pandemic also had a significant impact across all parameters of human security.

In the UK, the Government initially believed it was amongst the best prepared in the world. In the early stages of the epidemic, it implemented 'herd immunity' strategies, which involved the introduction of few measures or ones that relied on voluntary compliance such as the use of face masks and social distancing. However, as the virus progressed and voluntary measures were unable to suppress its transmission, by March 2020, the UK Government had switched to more proactive and aggressive measures (O'Grady, 2020), legitimated through a narrative and national communication strategy of 'Protect and support the National Health Service [NHS] and save lives'. A 'stay-at-home' (national and local lockdowns) order was introduced, and the *Coronavirus Act 2022* gave governments wider powers to take action. Whilst the governments of the devolved nations of Scotland, Wales, and Northern Ireland had the power to act autonomously for the most part economic and public health measures were broadly similar in content but varied in timing, duration, and stringency of their responses particularly around closure and containment (Cameron-Blake *et al.*, 2020; Scobie, 2022). According to a former regional director of public health in England, 'the UK government was slow to act, did not give coronavirus the priority and attention it deserved and has made some significant mistakes' (Perrigo, 2020: npn). Consequently, the UK recorded one of the highest COVID-19-related death and illness in Europe and substantially higher than Korea.

In Korea, the first case of infection was officially reported on the twentieth of January 2020 and was the earliest detection of infection outside China. In contrast to the UK, rather than choosing to shut down the country's border and locking down cities, the Korean government rapidly deployed more targeted measures featuring rigorous testing, contact tracing, and treatment tailored to the severity of each case (KDCA, 2020). Whilst many other countries, particularly in Europe, were relatively slow in recognising the coming crisis, the Korean government (indicative of the East Asian regional response more generally (Chung *et al.,* 2024; Kennett *et al.*, forthcoming) was quick to act and recognise the signs of the emerging epidemic crisis. One of the main reasons for the Korean government's eagerness was the policy and institutional learning from past experiences of two relatively recent crises situations: one from the outbreak of the Middle Easter Respiratory Syndrome (MERS) in 2015, and the other from the tragic sinking of passenger ferry Sewol in 2014 that resulted in more than 300 deaths. Both events highlighted the deficiencies in and public dissatisfaction with the institutional response, and this ultimately led to an establishment of a new crisis management system, the Korea Centre for Disease Control and Prevention (KCDC) (Kim *et al.,* forthcoming). During the COVID-19 event, this Centre worked as a control tower with full authority to contain virus transmission. This, coupled with community solidarity for achieving the shared goal of fighting the virus, meant that Korea was able to successfully flatten the curve on the COVID-19 in a relatively short period of time without implementing extreme and systemic lockdowns as seen in the UK (Lim *et al.*, 2021). As such, Korea's containment strategy was largely viewed as an exemplary case of having limited both the spread of the virus and the economic impact during the pandemic. Korea's Gross Domestic Product (GDP) in 2020 shrank just 1 per cent, constituting the best economic performance among the OECD countries, followed by a strong export-led rebound in 2021 and early 2022.

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Besides the KCDC, at the heart of the government efforts in Korea was the Central Disaster and Safety Countermeasures Headquarters headed by the Prime Minister – the coordination body across the government agencies, and the KCDC. With the mobilisation of resources and personnel, and the introduction of laws to allow authorities to trace infected individuals and disclose information, the Korean government was able to implement the famous 'Testing-Tracing-Treatment (3Ts)' policy. Implementing the system involved drastic and early intervention and the innovative use of mobile information technology applications requiring the isolation in health centres or Living Treatment Quarantine facilities of infected individuals, an epidemiological survey of each case to identify travel history through credit card usage, CCTV, and mobile global positioning system (GPS) to identify contacts. Whilst concerns were raised regarding privacy and personal freedom given the extensive and personal nature of the data collected and exposed (Chung and Lee, 2021; Koo, 2022; Hong *et al.*, forthcoming), this information helped identify contacts who were required to isolate and be monitored by local governments through a mobile app.

In the UK, however, the government failed to develop an effective track and trace system during the first year of the pandemic, with its performance considered 'slow, uncertain and often chaotic' (House of Commons, 2021a). Despite substantial expenditure of tax-payers money directed at it (13.5 billion pounds 2020–21 (House of Commons, 2021b), the government still failed to contain the virus. This resulted in the UK experiencing what the Office for National Statistics (ONS) characterised as 'an unprecedented shock' to the economy (ONS, 2021). Between April first to June 2020, the height of the first national lockdown, GDP fell by a record 19.4 per cent before rebounding 17.6 per cent as the country reopened over the summer. GDP only returned to pre-coronavirus pandemic levels by the first quarter of 2022. Consumer Prices Index including housing costs (CPIH) also rose from an historic low of 0.5 per cent in August 2020 to 7.8 per cent by April 2022.

In contrast to the ineffectiveness of the UK track and trace system the vaccination programme (five point six billion pounds) was considered an unprecedented success nationally and internationally. Pfizer-Biotech, Oxford-Astra Zeneca, and Moderna vaccines were all approved in the UK for use under emergency authorisation, with this rapid progress facilitated by ongoing research and development on vaccines against the coronavirus that caused MERS (Baraniuk, 2021). Substantial vaccine orders were put in place early (100 million doses of Oxford-Astra Zeneca vaccine in the first instance), with the UK government vaccines taskforce established to accelerate acquisition and distribution of vaccines. By February 2021, sixteen million first dose vaccines had been administered in the UK whilst at the time the vaccination of Korean citizens was not scheduled to begin until the end of that month. In the UK by July 2021 vaccines had been offered to all adults, with 90 per cent of adults having received two doses by the end of May 2022.

The contrasting policy responses of the two countries clearly demonstrates divergence in state capacity with the Korean government demonstrating effective organisational capacity and the UK government able to take advantage of the innovative capacity of the country's science and technology sector. However, the uneven implementation of the policy responses in both countries also reveals and reflects long-standing patterns of structural social and health inequality and insecurity relating to race, ethnicity, and citizenship status. In the UK, for example, with regard to vaccination boosters, people of Black, Black British, and Pakistani origins were less than half as likely as people of White

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British origin to have had their boosters (Baraniuk, 2021). In Korea illegal migrants avoided testing and vaccination due to concerns about the possibility of arrest or forced departure due to exposure of their unregistered identity (National Human Rights Commission of Korea, 2022). In the early stages of the pandemic, with a shortage of face masks in Korea, the government provided free face masks to all citizens. Korean people had to simply present their government issued ID at pharmacies. The same rules applied to foreign residents; they needed to present their alien registration card and be registered with Korea's national health insurance. This excluded migrant workers, especially undocumented migrants from benefitting from the country's mask rationing system, which may potentially have increased their risk of infection (Jo, 2020), clear evidence that migrant workers were not being given access to the same degree of medical care and contract-tracing measures as the general population.

Social welfare, institutional capacity and critical human security

Both the UK and South Korea have established comprehensive welfare and healthcare systems, with the potential to provide the basic infrastructure of state capacity for human security, as well as the extractive-distributive capacity to mobilise economic resources for redistribution (Weiss and Thurbon, 2022), critical in times of crisis such as the pandemic with livelihoods, and financial security under threat. However, their strategic capacity to establish, implement, and achieve their policy goals and responses to the pandemic was shaped by perceptions of the crisis, political choices regarding appropriate policy responses, as well as differences in their historical and political legacies, institutional mix, and political economies.

The Korean welfare system emerged against a backdrop of the Asian Financial Crisis, the dominance of a free market, and neoliberal orthodoxy internationally and supranationally, with a democratic transition and the election of Kim Dae Jung in 1998. It has been variously described as developmental (Kwon, 2005), productivist (Holliday, 2000), small (Yang, 2020), dualised (Kim, 2017), and neo-liberalised developmentalism (Hockmuth, 2022). It has gradually become more inclusive and now includes a comprehensive range of social insurances and social services including Long-Term Car Insurance, public childcare services, and National Basic Livelihood Security System. National Health Insurance was first introduced in 1977 with coverage gradually extended to include all residents.

In the UK the welfare state is made up of Universal Credit (income, housing, child support), pensions, disability benefits, social housing, personal social services, and universal healthcare paid for through taxation and National Insurance contributions. The UK welfare state emerged in the context of post-War Keynesian capitalism incorporating a commitment to extended social citizenship and a certain minimum standard of life, economic welfare, and security as a matter of right for the majority of the population (Kennett, 2013). Whilst recognised as both patriarchal and racialised (Williams, 1989) it sought to address need as well as protecting a wide spectrum of society against risk throughout their lives (Marshall, 1950; Nullmeier and Kaufmann, 2021). However, since the 1980s the UK has been characterised as an exemplar of Anglo-liberal capitalism with a liberal welfare regime shaped by welfare conditionality and, more recently, the 'logics of disciplinary neoliberalism' (Dukelow and Kennett, 2018). Following over a decade of austerity (Edmiston, 2017) and a consistent erosion of scope and generosity of social

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Table 2. Social protection – public spending on incapacity, pensions, unemployment
Unit: total % of GDP

Social protection	Country	2000	2020	Change (%P)
Incapacity	GBR	2.193	1.325	-0.868
(Total)	KOR	0.322	0.816	+0.494
Unemployment	GBR	0.287	0.116	0.171
	KOR	0.072	0.78	0.708
Pensions spending	GBR	4.752	5.114	0.362
(Public)	KOR	1.312	3.611	2.299
Pensions spending	GBR	2.552	3.058	0.506
(Private)		(2001 data)		
	KOR	0.848	3.877	3.029
		(2002 data)		

Source: https://data.oecd.org/socialexp/social-spending.htm#indicator-chart.
Note: Social benefits are categorised as public when they are managed by the general government. Any social benefits not administered by the general government are classified as private.

protection, Hirst (2020: 211) argues '. . . levels of safefy-net income guarantee have no meaningful empirical grounding in the cost of subsistence or a minimum living standard'.

Although social expenditure has continued to increase from a low point of 4.4 per cent of GDP in 2000 in Korea (see Table 2), when compared to spending in other OECD countries (OECD average of 17.3 per cent in 2000) Korea has remained substantially below the OECD average. Nevertheless, prior to the pandemic it was a welfare system that was expanding in coverage, if not in generosity, with social expenditure having reached 12.3 per cent of GDP in 2019, reaching 15.15 per cent in 2021. Government projections under the current framework suggest public social spending will reach 25.8 per cent of GDP by 2060 (OECD, 2018).

In contrast, in the UK, social spending as a percentage of GDP has traditionally been slightly higher than the OECD average, registering at 18.8 per cent in 2003 compared to the OECD average of 18.3 per cent. After reaching a peak of 23.1 per cent in 2010 following the global economic crisis, social expenditure declined to 19.5 per cent by 2019, a reduction driven by nearly a decade of austerity measures. These austerity measures, characterised by significant cuts to public services, weakened the infrastructural power of the UK and undermined aspects of the healthcare system's ability to respond effectively to the pandemic.

As Table 2 shows, the gap in social expenditure between the UK and Korea has narrowed with an exponential year on year increase in social expenditure in Korea and a more uneven but downward trajectory in the UK following both the financial crisis and the pandemic. However, despite the diverging trajectories and different cultural contexts, it remains the case that gaps in provision and limited generosity have seen the welfare systems in both countries contributing to the further embedding of risk and insecurity for individuals and households, the consequences of which became more evident during the pandemic.

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With the onset of the pandemic, a raft of income support measures were introduced in both the UK and Korea and accompanied by a substantial increase in public spending. COVID-19 relief funds were introduced as a form of income transfer, and some loosening of conditionality requirements to address unemployment risks job retention schemes, job creation, and support for the self-employed were also introduced. In the years 2020–2021, the Korean government provided several rounds of a one-time income transfers in the form of cash or voucher through the Emergency COVID-19 Relief Fund (EDRF). Korea's EDRF was a universal grant to all households in the country regardless of their earning. This led to some questioning by the public regarding the necessity of providing income support to the entire population rather than identifying and targeting groups hardest hit by the pandemic and providing them with more generous support (Park, 2021). Additional subsidies were also provided by most metropolitan and municipal governments to respective residents.

Other relief programmes were designed specifically to support small enterprises and the self-employed who were most effected by policy responses introduced to combat the spread of the virus (e.g. social distancing, capacity requirements, and night-time curfews). In 2020, the Korean government invested about KRW 2.29 trillion in the job retention programme, and this was thirty-five times greater than the amount invested in the previous year (National Human Rights Commission of Korea, 2022). This programme covered up to 90 per cent of an employee's salary for business owners who, instead of laying off employees, retained them on paid leave or leave of absence. About 773,000 workers in 72,000 workplaces benefited from this programme. While the scale of support has increased significantly from the previous year, the OECD data (see Figure 1) tells us that Korea's response to job retention was miniscule compared to other OECD countries, and even this was cut in half in 2021 (Sung, 2021). In terms of GDP, this represented only about 6 per cent – well below the OECD average of 11.7 per cent (see Figure 1). Other liberal welfare states, such as the UK, USA, and Canada spent more than 15 per cent.

The UK government, in contrast to the policy responses in Korea, adopted a more targeted but comprehensive approach with the introduction of a £330+billion package of support for businesses, which included various grant schemes, tax deferrals, cancellation of business rates in 2020/21 for retail, hospitality, leisure industries, and nurseries), and low-interest loans specifically designed to cushion the impacts of the first lockdown in March 2020 across the four nations of the UK and sustain the business continuity of small- and medium-size enterprises SMEs (NAO, 2020). Self-employed people could receive 80 per cent of their average profits over the previous three years up to a cap of £2,500 per month. This was considered particularly generous as SMEs could qualify for a grant even if they continued to trade. This comprehensive package also encompassed the Coronavirus Job Retention Scheme, which played a crucial role by covering 80 per cent of the wages of furloughed workers, up to a maximum of £2,500 per month. The scheme effectively secured eleven point seven million jobs by November 21, 2021, at a cost of seventy billion pounds (Francis-Devine & Ferguson, 2021; Clark, 2022). Women were more likely to be furloughed than men, and a third more likely to work in sectors that were shut down by the pandemic than men, many of whom have not returned to the labour market (Francis-Devine, 2023). Mothers were one point five times more likely than fathers to have either lost their jobs or quit (Andrew *et al*., 2020). Social protection measures were introduced to support families and individuals; the government temporarily increased Universal Credit and Working Tax Credit benefits by twenty pounds per week – a measure

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that ended in October 2021 (Patrick *et al.*, 2022), and local housing allowances were increased resulting in a slight increase for those receiving housing benefit. In addition, local authorities were allocated hardship funds to support vulnerable groups, particularly with regard to the non-payment of Council Tax, and private tenants were given three months grace before eviction. These interventions represented radical short-term policy changes in both countries, as well as longer-term challenges relating to public spending and borrowing, particularly in the UK. Governments in both countries sought to strengthen infrastructural capacity and dimensions of human security through a range of political and policy choices for maintaining household income and consumption and supporting and sustaining the economy. These in turn were shaped not only by existing institutional architecture, ideologies, and political economies in each country, but also tended to reflect and reinforce social divisions around gender, class, age, disability, ethnicity, and citizenship status.

Economic insecurity and vulnerability

Whilst headline employment rates in Korea remained relatively buoyant during the pandemic, they disguise the fact that the impacts of the pandemic on daily economic activities was largely absorbed by people on low incomes and those in irregular work, particularly women. This is an illustration of the dual nature of and gender disparities in the Korean labour market. The non-regular labour force constituted around 30 per cent of all salaried workers in 2015, considerably above the OECD average and the UK, with the pandemic aggravating this duality with an increase to 38 per cent the majority of whom were women, exposing weakness in unemployment insurance and vulnerability in the labour market structure. In Korea, women's participation in the labour market had increased from 49 per cent in 1990 to 60 per cent in 2019 (compared to record 72.7 per cent in UK), but during the pandemic declines in employment and labour force participation rates for women were roughly twice that experienced by men. According to the OECD '. . . rapid digitalisation accelerated by COVID-19 has threatened the livelihood of many workers, especially women – who are mostly concentrated in the service sector, SMEs, and non-regular employment – have been the hardest hit by the pandemic' (OECD, 2021b:263). Korea has the highest wage gap among OECD members, with Korean women paid a third less on average than their male counterparts (OECD, 2021b) with the pandemic reinforcing and further embedding these longer-term gender-related challenges (Dynan *et al.*, 2022).

In 2020, Korea lost 218,000 jobs, the most since the 1997–1998 Asian Financial Crisis, with low-wage, temporary workers, and women experiencing the steepest fall (Statistics Korea data). Nearly 37 per cent of non-regular workers lost their jobs, double that of regular workers. In fact, whilst the macro data shows that the South Korean economy has been faring well amid the pandemic, the different pace of recovery between classes has actually further deepened social polarisation, resulting in widening income and consumption inequality between the haves and have-nots. Figure 2 depicts the changes in mean incomes and consumption expenditure by different income quintiles. All income quintiles except for the top 20 per cent group (or fifth quintile) experienced substantial income losses throughout the pandemic, yet the size of income losses significantly differed between the bottom and top income quintile groups attributable

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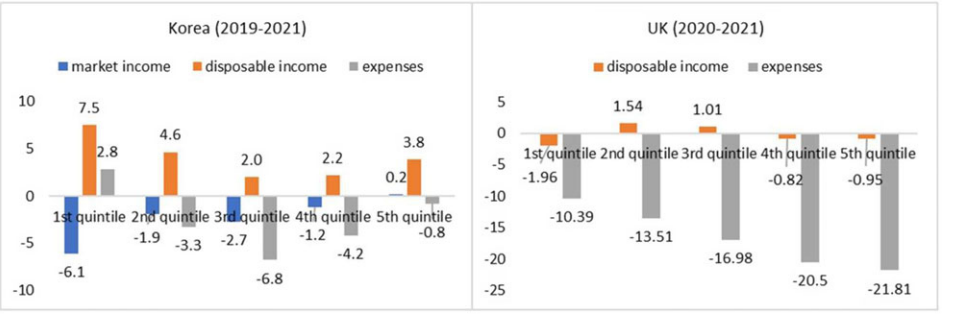

Figure 2. Percentage change in income and expenses by income quintile Korea and UK.
Note: Author created the graph using data from 2021 KDI report: COVID-19 Economic Crisis and Household Consumption, and 2022 IFS Report: Living Standards, Poverty, and Inequality in the UK).

to job losses or the decline in income flows of people who were still employed in 'high-contact businesses' such as the wholesale and retail, accommodation, and food service industries (KDI, 2021). The average market income of the lowest quintile households in 2020 decreased by 6.1 per cent compared to that in 2019, whereas it increased by 2.8 per cent for the highest quintile households.

The stimulus payments introduced during the pandemic and outlined above aimed to increase households' consumption spending via cash transfers, and it clearly had the boosting effect, as indicated in Figure 2. While the average market income of the first quintile had the largest drop among all classes, its disposable income increased by 7.5 per cent, meaning that the government's cash transfer contributed greatly to the income preservation of these households (KDI, 2021). Besides, expenses increased by 2.8 per cent only in the first quintile households, indicating that government support has partially incentivised low-income households to expand their consumption. However, it is important to note that the poorest households had a very low average disposable income of 780,000KRW per month (approx. 480GBP) in 2020, and thus they would have had no choice but to spend most of their income (including the EDRF) on expenses rather than saving. Whilst it is evident that the income support to poor households helped buffer their consumption during the pandemic, the impact of the EDRF was short-term in its duration – normally lasting about three months on average, and small in value (National Human Rights Commission of Korea, 2022).

In contrast, the pandemic had a drastic economic effect on the UK. Between April and June 2020, the peak of the first national lockdown, its GDP fell by 19.4 per cent – its biggest fall in quarterly GDP on record (ONS, 2022). While the GDP rebounded 17.6 per cent as business activity strengthened over the summer of 2020, the pace of recovery slowed in the autumn of 2020 amid continued uncertainty and further restrictions. As a consequence, between March and December 2020, unemployment rose by almost 400,000, and the number of people who were economically inactive rose by 327,000 (Powell *et al.*, 2022).

The number of temporary workers in the UK labour market is considerably lower than in Korea. There is estimated to be around one point six five million temporary workers in the UK as of March 2023 compared with just over one point four five million in 2020

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(Clark, 2024). Whilst flexibility in the workplace can be a benefit to the economy, as well as to individuals and households, this rising trend indicates that engagement with temporary work is more likely to be involuntary. The Taylor Review views this as 'one-sided flexibility' and describes it as employers seeking to transfer all risk onto the shoulders of workers in ways which make people more insecure and make their lives harder to manage (Taylor, 2017). In addition, low paid workers were particularly affected by coronavirus lockdowns as were more likely to work in heavily hit sectors like hospitality and non-essential retail. By March 2021, 21 per cent of the lowest paid workers (the bottom fifth) had experienced a labour market impact since the start of the pandemic, compared to 7 per cent of the highest paid workers (Powell *et al.*, 2022). It is likely that they experienced higher income loss during the pandemic. However, as Figure 2 depicts, the income of the lower income groups rose thanks to the support provided to British households in 2020–21 – particularly around sixty billion pounds in 2020-21 through the furlough scheme, and additional spending on working-age benefits of 11 billion pounds compared with 2019–20 (Cribb *et al.*, 2022). However, this was relatively short lived, and in 2022 in the UK household incomes in the bottom quarter of the income distribution showed real term reduction and the percentage of households with relative low income had increased, particularly among pensioners but also children and in-work adults (DWP, 2023). In addition, household debt, already relatively high in both the UK and Korea has continued to increase. In Korea household debt has risen consistently since 2019, from 185 per cent of net disposable income reaching 206 per cent in 2021 (The Economist, 2023). Personal and corporate bankruptcies increased by more than 10 per cent in 2020 (Yoo, 2021). In the UK household debt was 146 per cent in 2019 rising to 151 per cent in 2020 dropping slightly to 148 per cent in 2021. Over-indebtedness amongst lower income households is likely to include borrowing that is more expensive (consumer debt) and accompanied by 'missing wealth buffers' exposing households to greater and longer-term insecurity.

Intersecting dynamics of health security and insecurity

The pandemic affected every aspect of health and care services in the UK and Korea. In Korea the National Health Insurance (NHI) is a universal public healthcare system operating through public insurance. Healthcare services are mainly delivered through private clinics and not-for-profit private hospitals and public healthcare institutions. Medical providers are reimbursed on a fee-for-services basis from the NHI. In the Korean context this has tended to lead to an over-supply of medical services which, paradoxically, meant there was capacity to meet the increasing demands brought about by the pandemic with fast-track testing for COVID-19 and available beds (Kim *et al.*, 2024).

In the UK the National Health Service (NHS) is a comprehensive public health service, established in 1946, that is universal and free at the point of delivery (for the most part), and financed by general taxation (81 per cent), national insurance (18 per cent), and patient charges (1 per cent) with almost 83 per cent of funding coming directly from government/compulsory sources compared to nearly 65 per cent in Korea (see Table 3). The key role for the private sector in healthcare provision in Korea has already been discussed and is further demonstrated by 35 per cent of funding for healthcare coming from voluntary sources in Korea, with only 17 per cent in the UK.

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Table 3. Health expenditure per capita in 2021 (Unit: US dollars)

	South Korea (2021)	United Kingdom (2021)
Government/compulsory	2,535 (64.8)	4,466 (82.9)
Voluntary/out of pocket	1,379 (35.2)	921 (17.1)
Total	3,914 (100.0)	5,387 (100.0)

Source: OECD Data (https://data.oecd.org/healthres/health-spending.htm).

A report by the Kings Fund (Warren and Murry, 2021) pointed out that the NHS was already facing challenges with deep staff shortages (Beech *et al.,* 2019) and low capacity, particularly when compared to Korea, prior to the pandemic. In contrast to the situation in Korea, the inability of government measures in England to keep community transmissions low presented a severe challenge for the health service. Whilst there had been widespread evidence of a consistent reduction in the number of beds (Anandaciva, 2020) and a growing shortage with overnight general and acute beds occupancy averaging over 90 per cent in the UK, in Korea there had been an exponential rise in the number of beds. The healthcare response in the UK was to suspend treatment for non-COVID-19 cases and the rapid construction of seven 'Nightingale' hospitals to cope with potential increased demand. However, many never treated a single patient and have been repurposed (Quinn, 2020).

By the end of 2022 the cumulative total of registered COVID-19 fatalities was 30,506 in Korea (Statista, 2024), compared to 177,020 in England. Whilst death rates in Korea were similar between men and women, in England death rates for men were 11 percentage points higher than that for women (Stewart, 2023). Also, whilst the pandemic in the UK became very much an 'urban phenomenon', this was not the case in Korea. In the UK, London had the highest age-standardised mortality at a rate of 85.7 per 100,000 population of any region in the country and was almost double the next highest rate. The age standardised mortality rate of deaths involving COVID-19 in the most deprived areas of England was fifty five point one deaths per 100,000 population compared with twenty five point three deaths per 100,000 population in the least deprived areas. As the Ministry of Housing (2020) have pointed out it is the most deprived areas where the majority of ethnic minority groups are likely to live in the UK, meaning this is not simply a geopolitical issue but also a racial issue (Ministry of Housing, 2020). Death rates have been particularly high amongst males of Black ethnic origin compared to their white counterparts (three point three times higher), and for Black females it was two point four times greater than for white females. Similar patterns are evident for males of Bangladeshi, Pakistan, and Indian origins (one point five times higher than for white males (Patel *et al*., 2020)).

When broken down by age, almost 82 per cent of these deaths occurred amongst people over seventy years of age, with 37 per cent in the eighty to eighty nine years age group in England. Although with much lower numbers are seen in Korea, Table 4 clearly indicates a similar trend in both countries. However, this is a bigger problem for Korea since there had been challenges in relation to poverty of elderly populations even before

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Table 4. COVID-19 fatality rate by age (unit: persons, %)

		Cumulative confirmed death (%)		Case fatality rate (%)	
		South Korea	England	South Korea	England
Gender	Male	15,759 (49.0)	97,640 (55.13)	0.12	1.06
	Female	16,397 (51.0)	79,480 (44.87)	0.11	0.72
Age	80+	19,158 (59.6)	103,273 (58.31)	2.02	19.03
	70-79	7,306 (22.7)	41,275 (23.30)	0.46	4.53
	60-69	3,662 (11.4)	18,896 (10.67)	0.12	1.22
	50-59	1,314 (4.1)	8,728 (4.93)	0.04	0.33
	40-49	435 (1.3)	3,095 (1.75)	0.01	0.10
	30-39	148 (0.5)	1,228 (0.69)	0.01	0.03
	20-29	77 (0.2)	422 (0.24)	0.01	0.01
	10-19	19 (0.1)	126 (0.07)	0.01	0.00
	-9	37 (0.1)	79 (0.04)	0.01	0.00

Source: KCDC; UK Health Security Agency (2023); Coronavirus (COVID-19) in the UK dashboard.

the outbreak of COVID-19. Whilst the general poverty rates in Korea had been going upward, that for elderly populations (aged sixty-five or older) reached 40.4 per cent in 2020 – considerably higher than the OECD average (OECD, 2021a). The National Basic Livelihood Security System (NBLSS) is the largest social assistance programme in Korea that provides grants, subsidies, medical aid, and self-support services to low-income citizens. Over the past few years, the number of recipients of the NLBSS increased by 37.6 per cent from one point four nine million in 2017 to 2.05 million in 2020, and a considerable proportion of its recipients is the elderly (30 per cent) and families with disability members (29.1 per cent) (Ministry of Health and Welfare, 2021). This large proportion means many older people and people with disability s depend on government support for living. Yet, as already mentioned, Korea's relief packages were far smaller than the scales of stimulus packages executed in major advanced countries. Aside from the scale, its contents did little to support those who suffered the most, suggesting that the preponderance of those who became economically insecure during the pandemic were disproportionately those already within vulnerable groups and particularly the elderly.

Risk and insecurity involving older people and those with disabilities have been aggravated with the compliance of the social distancing and quarantine measures. Particularly in Korea, many of the elderly and disabled individuals resided in a cohort setting where the risk of exposure to the virus was the greatest (National Human Rights Commission of Korea, 2022). Even after excluding general hospitals and nursing facilities, about 230,000 Korean people reside in more than 9,000 social welfare facilities. Among them, the elderly and the disabled are the absolute majority, reaching 200,000 people. By the end of the first year of the pandemic, 1,425 people had died from COVID-19 in Korea, and about 80.7 per cent occurred in nursing hospitals, nursing facilities, psychiatric wards, and religious organisations (Kim and Lee, 2020). Similar patterns are evident in England. As of May 2021, there were 173,974 deaths of care home residents since the beginning of the pandemic. This was an increase of 19.5 per cent compared with the five-year average (145,560 deaths); of these, 42,341 involved COVID-19 accounting for 24.3 per cent of all

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deaths of care home residents. In addition, as of July 2021, 75,000 people with disabilities and older people and carers were waiting for help with care and support to be put in place (Office for National Statistics, 2022). Almost 7,000 disabled and older people had been waiting for more than a month, having been required to wait whilst COVID-19 patients were prioritised. The values underpinning decision-making about access to services demonstrate direct and indirect age discrimination, social isolation, and deprivation of civil liberties and human rights, with triage protocols and arbitrary age criteria as the bases for allocating scarce resources (Age UK, 2020).

As we reflect on the stringent measures implemented to protect public health, it becomes clear that cultural perspectives have shaped responses to and impacts of the pandemic. In South Korea, the deeply ingrained collectivist values led to a broad acceptance of rigorous tracking and tracing policies, contrasting with the individualistic orientations in European countries where there is a heightened focus on protecting individual rights (Schwartz and Bardi, 1997; Song and Choi, 2023). This cultural disparity has ignited a global dialogue on the trade-offs between public health, human security, and personal freedoms. Experts from European countries have raised concerns about potential data misuse and discrimination resulting from such health measures, highlighting a clash between Korea's collective focus and the individualistic preferences prevalent in these European countries (Na *et al.*, 2021). Despite the differing approaches, the pandemic and responses to it impacted unevenly and in the process constructed and reinforced vulnerability and social division. These insights stress the need for governments to adopt more person-centered approaches that recognise and address the multi-dimensional and intersectional nature of systemic crisis, the responses to it and the implications for different groups of people.

Conclusion

The scale, impact, and stringency of policy responses and state capacity were clearly different between the UK and South Korea which in turn shaped constellations of risk and insecurity. In Korea political and policy choices combined with effective organisational capacity, policy learning, and ability to mobilise a multi-sectoral approach, at least in the early stages of the pandemic, contributed to a rapid response and thus mitigated to some extent some of the more severe and multi-dimensional impacts of the pandemic on the population.

In the UK, the government was slow to mobilise and acknowledge the potential risks associated with the spread of the virus, political, and policy choices were unclear, inconsistent and narrowly focused, whilst mobilisation of a multi-sectoral approach to protect the public was muddled, uncoordinated, and often ineffective. However, the success of the UK vaccination programme demonstrates the innovation and flexibility of the scientific and research community in the UK to respond to crises, and the organisational and institutional capacity of the National Health Service to organise, implement, and deliver a comprehensive vaccine programme.

The pandemic and the responses to it exposed and exacerbated a range of existing structural inequalities and fault-lines in institutions and social safety nets as well as generated and perpetuated new dynamics of insecurity. They have highlighted the multi-dimensionality and intersectionality of vulnerability and the ways in which the politics of policy choices and how the pandemic was constructed and understood have shaped

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constellations of vulnerability and insecurity. People's gender, race, age, occupation, and industry all mattered, exacerbating pre-existing inequality across demographic and socioeconomic group, the scarring effects of which remain in many households in the context of coalescing crises.

Low income, high debt, and missing wealth buffers highlight the precariousness of economic insecurity for an increasing number of households that policy, politics, and institutions are failing to address. More generous benefits, particularly for the poor elderly in Korea, and for people with disabilities. The health and social care sectors were ill-prepared in both countries, and in the UK in particular, insufficient. This compounded existing lack of investment and staffing issues which needs to be addressed. Major policy challenges are now confronting health and social care sectors, particularly in the UK, but also in South Korea in the context of an ageing society and eroding systems of family support. This research has demonstrated and highlighted the importance of enhanced state capacity, inclusive, adequate, and sustainable systems of social protection, health, and social care as well as the importance of decent work and income security not only to address the post-pandemic challenges faced by both countries but to contribute to research promoting sustainable eco-social futures and human security.

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