

# DATAVIZ IN R | CASE STUDY

Final Submission, 24. Jan 2021  
Group 48

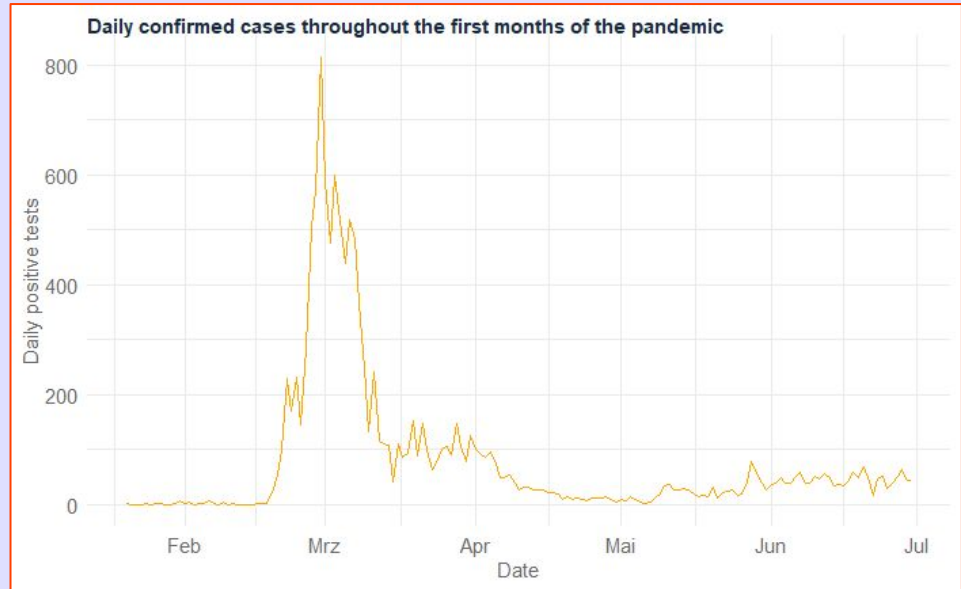
Nadija Borovina  
Nedžad Hadžiosmanović  
Saumya Goyal  
Felix Eschmann

# Content

- Introduction
- Part I: Impact of Covid-19 on South Korea's population
- Part II: Development of policies throughout the first phase of the pandemic
- Recap

## *“Learning by doing”* - How the South Korean government learned to battle Covid-19, demonstrated by its policies

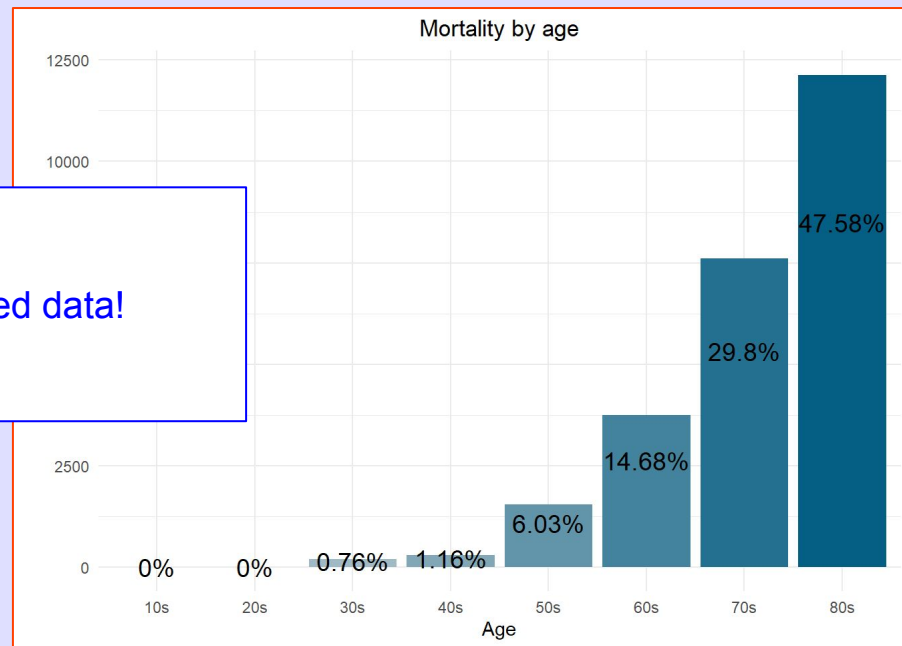
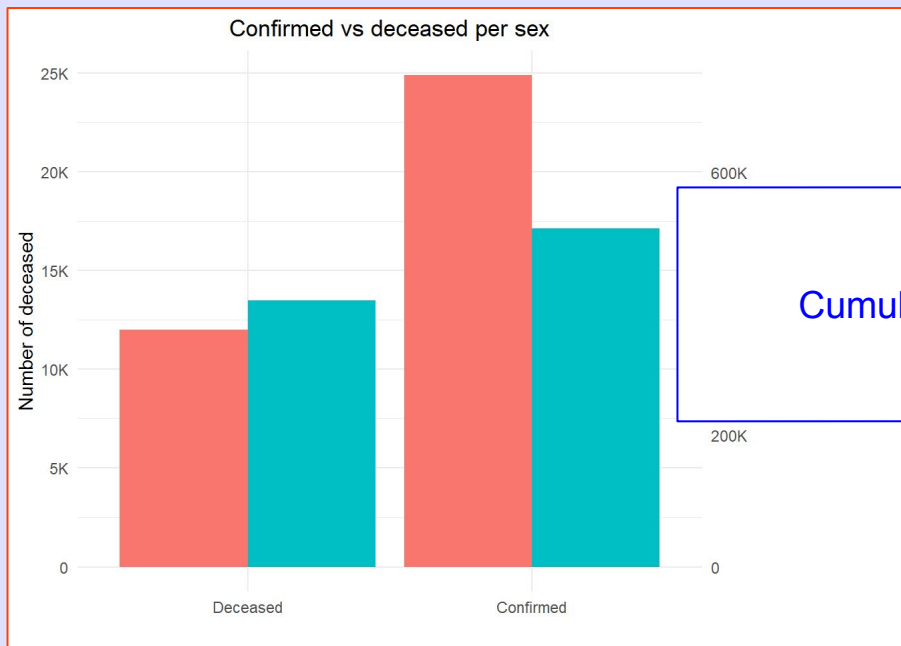
- What is the administrative process in battling an unknown virus such as Covid-19?
- What individual steps are taken as the situation develops?
- How can a government specialize measurements in the fight against a virus?



# Part I: Impact on South Korea's population

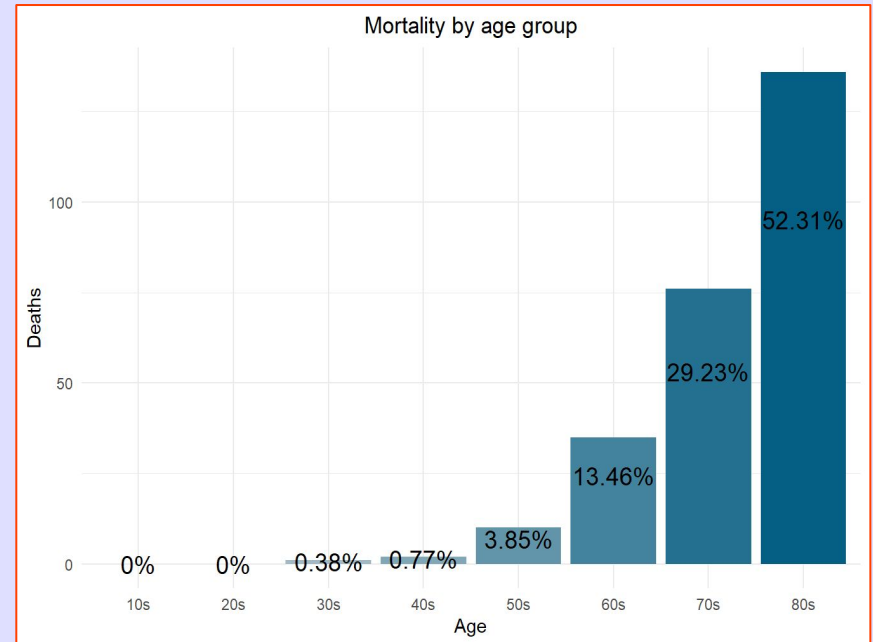
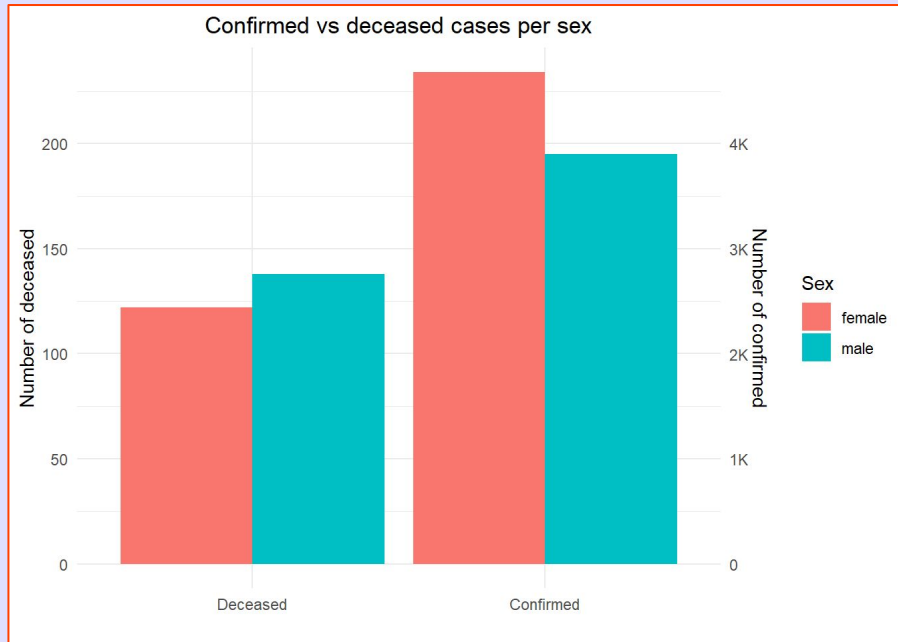
# OUR APPROACH

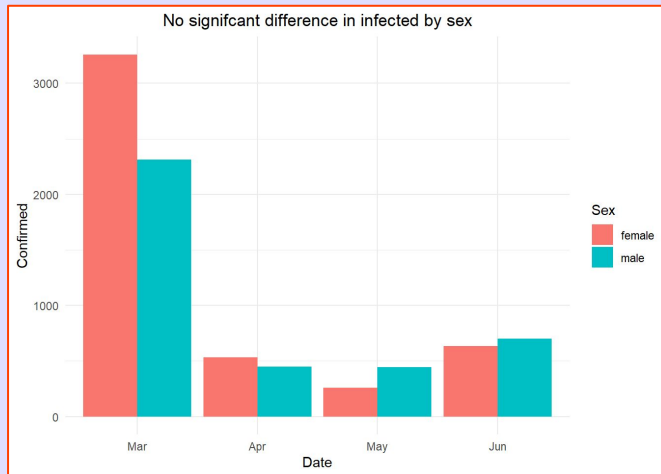
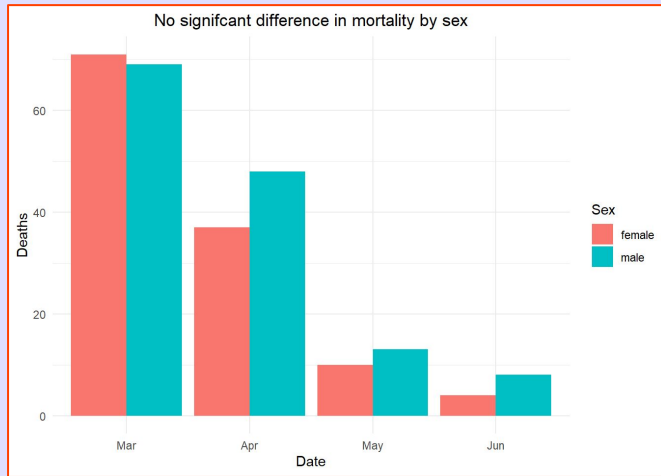
What were the observable effects of  
Covid-19 on different population groups?



# OUR APPROACH

What were the observable effects of Covid-19 on different population groups?



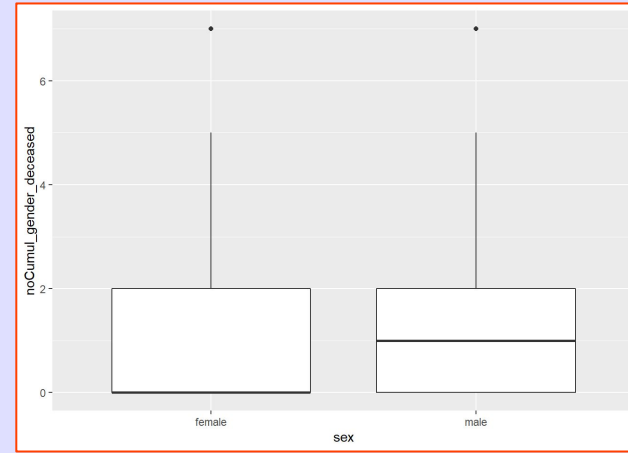


For the first months of the Covid-19 pandemic in South Korea, mortality and infection count did not differ significantly between genders.

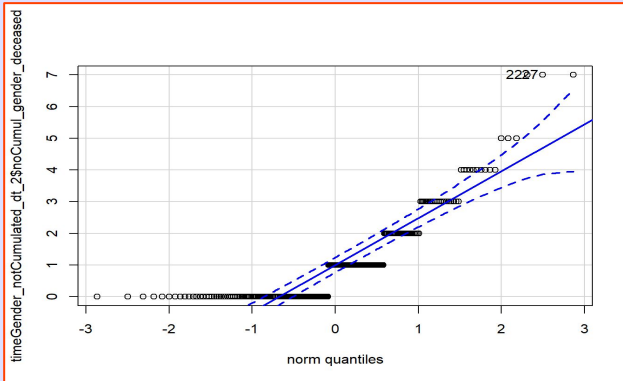
After decumulating and tidying the gender-related data, male and female seem to be more similarly impacted when dissecting the data by month.

# Wilcoxon Rank Sum Test

Hypothesis (H0): *Infected individuals who are male are not dying more often in comparison to female.*



Boxplot:  
design of  
binary  
variables

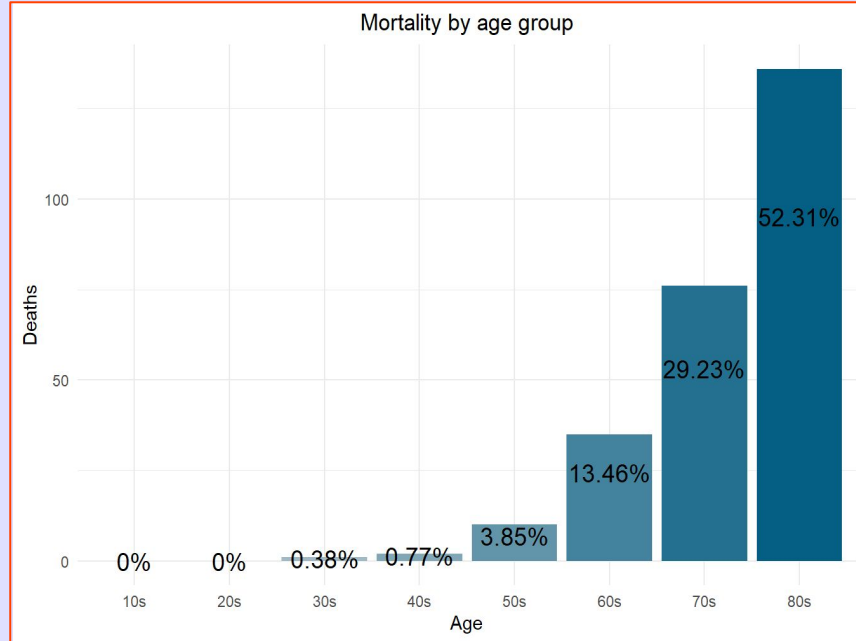


QQ-Plot:  
Data is not  
normally  
distributed

```
## data: noCumul_gender_deceased by sex  
## W = 6566, p-value = 0.209
```

Issue: p-values are not small enough to  
prove our initial claims



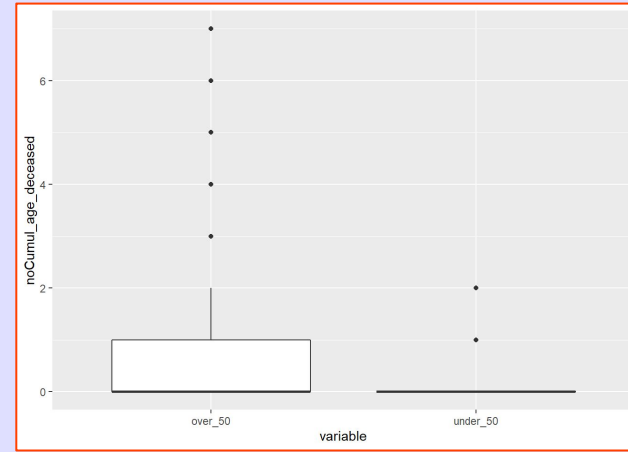


People above 60 have a significantly higher risk of mortality compared to people below 60.

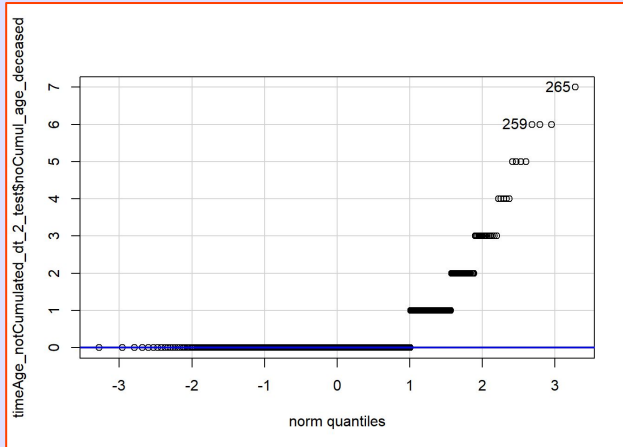
The age group seems to be a strongly influential factor regarding the risk of death with Covid-19.

# Wilcoxon Rank Sum Test

Hypothesis (H0): *People older than 60 years have a higher risk of death by Covid-19.*



Boxplot:  
design of  
binary  
variables



QQ-Plot:  
Data is not  
normally  
distributed

```
wilcoxon rank sum test with continuity correction
```

```
data: noCumul_age_deceased by variable  
W = 147515, p-value < 2.2e-16  
alternative hypothesis: true location shift is greater than 0
```

significantly small p-value allows to accept  
the claim of rising mortality by age

## Part II: Policy Development

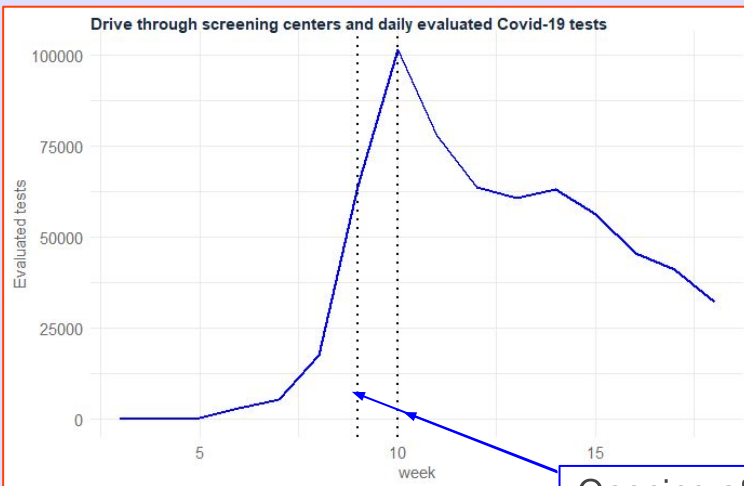
# The three steps of policy development

1. Understanding the problem
2. Taking broad measures
3. Quickly adapting actions to local demands

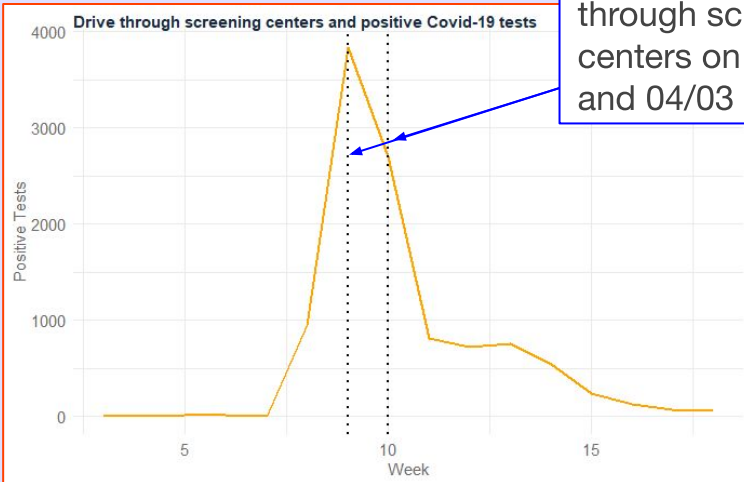
Limitations: Due to simultaneous policy implementation, statistical proof of the effect of a certain policy was not always possible with the available data.

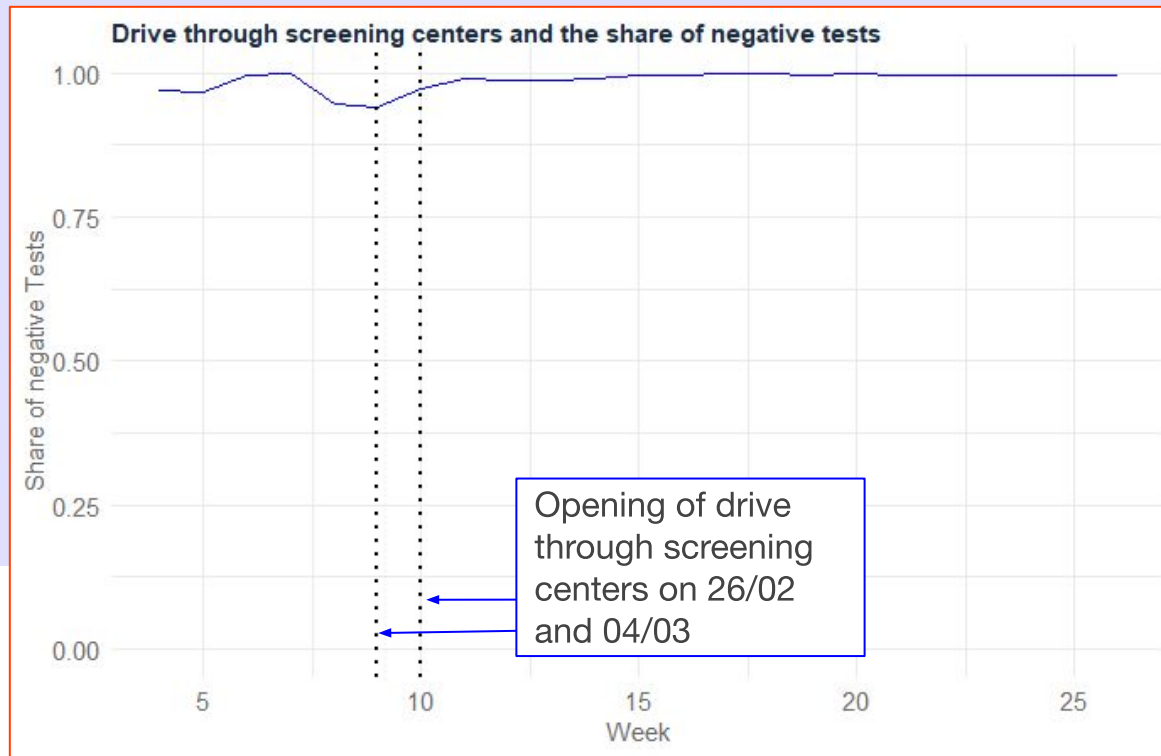
Drive-through testing centers helped the South Korean government to efficiently assess the realistic spread of Covid-19 throughout the population.

While the amount of people tested went further up, the amount of positive tests started to decline.



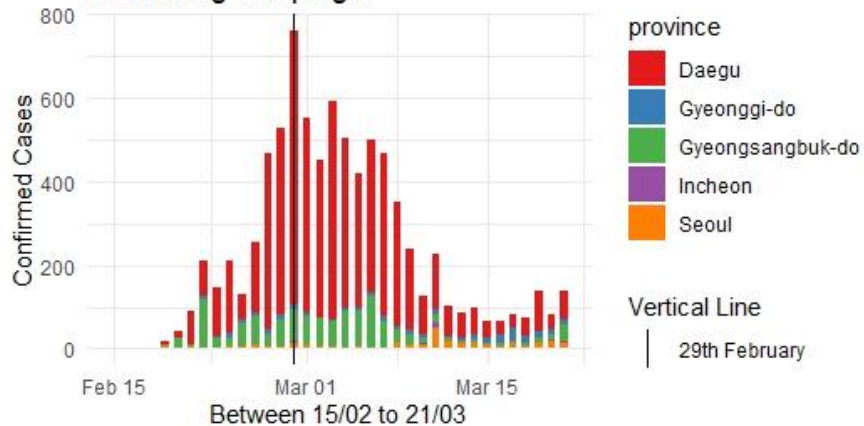
Opening of drive through screening centers on 26/02 and 04/03





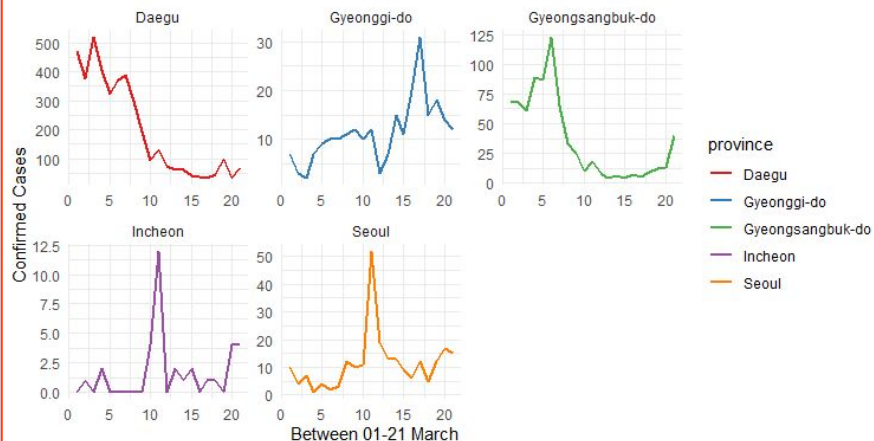
Drive through testing centers helped gain much needed visibility on running infection numbers throughout the population, enabling up to 15,000 tests per day\* after Feb. 28th 2020.

Cases decreased during the first Social Distancing campaign

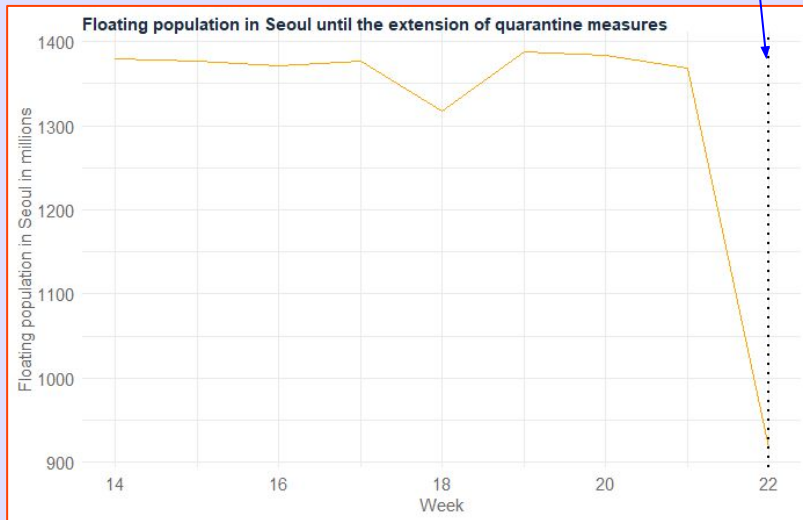
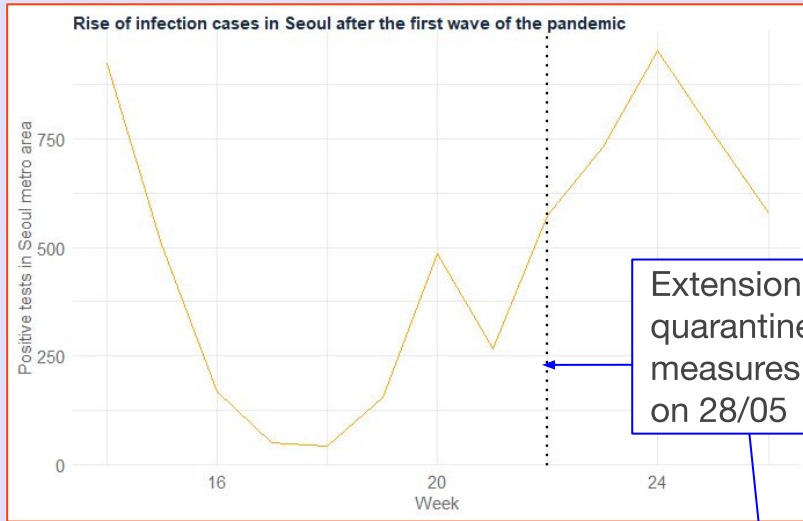


The first Social Distancing Campaign proved generally effective; however, the effects did not materialize in every province.

Social Distancing Campaign #1 did not prove beneficial in every Province



Confounding variable here was **Provinces** and hence the data shows very diverse effects of policies for different provinces.



**Case Study of Seoul:**  
While local measures are important, acting quickly is even more so.

- infection numbers went down two weeks after extension of measures
- the population already adapted, moving around less, before measures were even extended



# Recap

# Recap

**Learning by doing:** the South Korean government learned and consequently was able to take more precise measures over time.

1 | Understanding the problem

- Debunking claims from untidy data (gender-related biases)
- Massive testing with drive-through screening centers

2 | Taking broad measures

- Mitigate the risk for the population by taking out infection sources, such as virus-carriers from other countries

3 | Specifying actions

- Adapt to local issues, e.g. react locally to a local outbreak in Seoul

Thanks for your attention!

# Sources

1. "ScienceDirect", May 2020  
<<https://www.sciencedirect.com/science/article/pii/S2590198220300221>> (21. Jan. 2021.)
2. "Kaggle", Apr. 2020  
<<https://www.kaggle.com/kimjihoo/coronavirusdataset>> (05. Jan. 2021.)
3. "Stack Overflow", 2008  
<<https://stackoverflow.com/questions/6322413/shifting-a-data-frame-in-r>> (06. Jan. 2021.)
4. "cran.r-project.org", Aug. 1993  
<<https://cran.r-project.org/web/packages/dplyr/vignettes/window-functions.html>> (06. Jan. 2021.)
5. "Reuters", Jan. 2020  
<<https://www.reuters.com/article/us-china-health-pneumonia-south-korea/south-korea-confirms-first-case-of-new-coronavirus-in-chinese-visitor-idUSKBN1ZJ0C4>>
6. "Times of India", Mar. 2020  
<<https://timesofindia.indiatimes.com/world/rest-of-world/how-one-patient-turned-koreas-coronavirus-outbreak-into-an-epidemic/articleshow/74333157.cms>>