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Korea's Evolving Response to COVID-19



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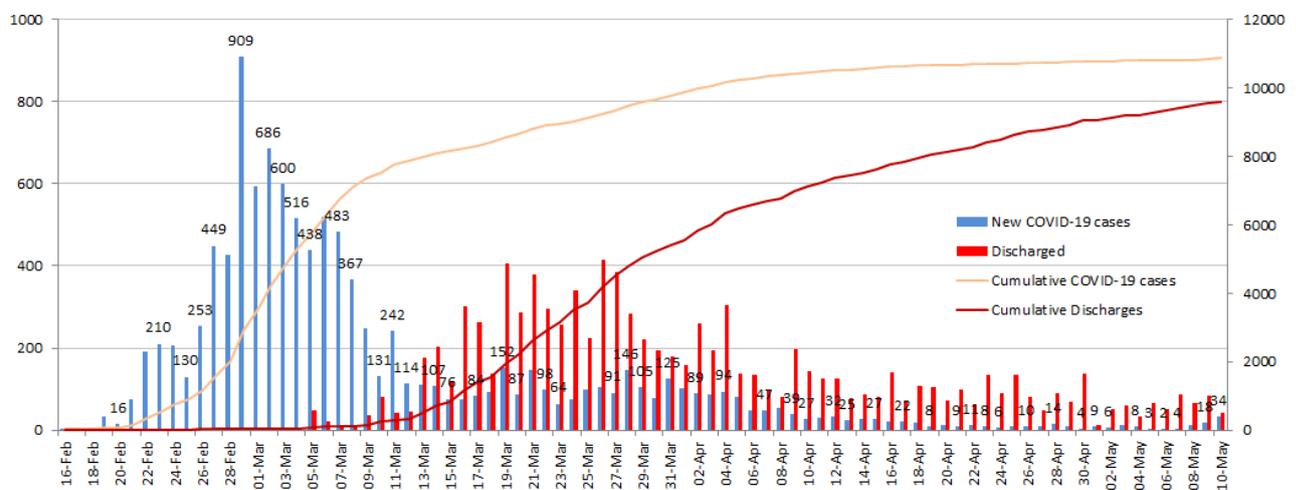
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1. COVID-19 Situation in Korea

- The COVID-19 epidemic in Korea has seen a significant slowdown in newly confirmed cases for some time. After peaking at 909 on 29 February, the number of new cases per day has steadily declined to double digits on 15 March and eventually to single digit on 19 April. The average number of new cases per day had fallen to 6.4 in the first week of May. Since mid-March, the daily number of patients who had fully recovered, tested negative and discharged from hospitals or treatment centers has far outpaced that of the newly confirmed cases. Currently, nearly 90% of all confirmed cases have fully recovered.

Figure 1: Covid-19 Situation in Korea



- Despite the encouraging trend, we have remained vigilant against sporadic group/community transmissions in different parts of the country, as well as the steady number of confirmed cases among inbound travelers. Recently, after the consecutive public holidays from 30 April to 5 May and the relaxation of social-distancing measures on 6 May, we have been guarding against the possibility of another surge of infections. Indeed, just after the holidays, the daily number of new infections has spiked to double digits, due to group infections centered around a few clubs – nighttime entertainment establishments with dancing – in a district in Seoul. This is especially worrisome as new infections originating from this source are being found around the country, not just Seoul.
- We are strengthening our preparedness for a possible second wave of the epidemic and beyond for the long haul. We have continued to adapt our countermeasures, control strategies, and preparedness in response to the evolving nature of the epidemic. The measures currently in effect and outlined in this paper are the outcome of whole-of-government deliberation and decision to enhance and fine-tune our response to COVID-19. This paper should be read as an update, extension and addition to the previous versions.

2. Korea's Evolving Response to COVID-19

- Our response to COVID-19 has been fine-tuned and rolled out in phases against the multiplying sources of risk so as to minimize the detrimental impacts on livelihoods, the economy and our interaction with the world. While doing so, we have remained fully committed to the principles of openness, transparency, and civic engagement.

2.1. Openness

2.1.1. Keeping Borders Open

- In adherence to WHO recommendations, we have managed the risk associated with cross-border traffic not with blanket entry bans but with continuous adaptation and fine-tuning of measures designed to control and keep track of inbound travelers and the virus that some of them may be carrying in. These measures have been phased in, corresponding to shifting location of concentrated virus outbreaks.
- ◆ **(Phase I: Special Entry Procedure and Self-Health Check Mobile App)** In the early stages of the COVID-19 epidemic, travelers from only a select number of affected countries, determined by a number of factors such as their geographical proximity to Korea, size of inbound traffic and potential risk, were subject to the Special Entry Procedure and Self-health check Mobile App – measures designed to effectively monitor the health of inbound travelers for 14 days after arrival. In response to the declaration of COVID-19 as a global pandemic, all travelers entering Korea from abroad, regardless of nationality, became subject to these measures from 19 March.
- ◆ **(Phase II: Mandatory COVID-19 Testing of Inbound Travelers from Highly Affected Regions)** In response to the increasing influx into Korea of COVID-19 cases from overseas, COVID-19 testing was made mandatory for all inbound travelers from Europe on 22 March. (Mandatory testing was extended to all inbound travelers from the United States starting 15 April.) All found negative were required to self-quarantine for 14 days.
- ◆ **(Phase III: Mandatory Quarantine for All Inbound Travelers)** To cope with the increasing risk from the pandemic spreading to many other regions of the world, the 14-day quarantine has been made mandatory for all inbound travelers from 1 April, either at home or at government-hosted facilities. But waivers from the quarantine can be obtained at Korean Embassy/Consulate prior to departure.
- ◆ **(Phase IV: Suspension of Visa-free Entry and Visa Waiver Programs)** With imported cases of COVID-19 accounting for an increasingly large portion of new infections in Korea, visa-free entry and visa-waiver programs have been suspended

on 13 April. Countries that have not imposed entry bans on travelers from Korea have been exempt from this measure. All inbound travelers are required to download the 'self-quarantine safety protection app' on their smartphones which links them to their assigned government case officials, and submit self-health check reports twice daily on the app. The case officials are notified to take appropriate measures if self-health check reports are not submitted, travelers report symptoms, or self-quarantine is broken.

- ◆ **(Phase V: Mandatory COVID-19 Testing of All Inbound Travelers)** Finding a large portion (72%) of newly confirmed cases among recent overseas travelers over the past two weeks (25 April to 8 May), COVID-19 testing has been made mandatory for all inbound travelers starting 11 May. In keeping with Phase III measures, they are still required to undergo 14 day self-quarantine.
- Instead of closing the border, measures that restrict inbound traffic were introduced in phases in proportion to the public health risk, and the countries to be affected were notified in advance.
 - ◆ Furthermore, the door has been kept open for essential travel, i.e. holders of A1 (Diplomatic), A2 (Official) and A3 (Treaties) visas, and those who have been issued a 'self-quarantine waiver' at a Korean Embassy/Consulate prior to departure on grounds of business, medical, scientific and humanitarian purposes. These travelers are tested for COVID-19 upon arrival, and if tested negative, subject to active monitoring scheme which includes daily submission of health conditions via a 'Self Health-Check App' and answering daily phone calls from health authorities throughout their stay in Korea.
 - ◆ In recent weeks, however, a few COVID-19 positive cases have been found among holders of A1, A2, or A3 Visas. In this connection, the Korean Government has issued a strong recommendation to the diplomatic community that holders of these types of Visas voluntarily quarantine themselves at home during the active monitoring period.
- The Korean government has also been working with various countries to enable entry of Koreans with compelling reasons to travel, especially for business purposes. As a result, more than 4,200 Korean business people so far have been given special entry permissions overseas.
 - ◆ More recently, Korea and the People's Republic of China have agreed on a 'fast track procedure (a streamlined arrival system)' to facilitate business travel between the two countries. This is expected to ease health screening and quarantine measures¹ for business personnel of the two countries, starting 1 May. We are working to set up similar arrangements with other close economic partners.

¹ Korean business personnel are required to conduct self health-monitoring for 14 days and be tested for COVID-19 72 hours before departure. After arrival, business personnel are required to

2.1.2. Keeping Society Open through 3T(Test, Trace and Treat)

- The Korean Government and local administrations have worked together in close concert with civil society to preserve the openness in the daily life of the people with minimal interference in their freedom of movement. Without resorting to lockdowns, blockades, suspension of public transportation or other large-scale restrictions, even at the height of the epidemic centered around Daegu/North Gyeongsang Province, we have managed to contain COVID-19.
 - ◆ Central to this has been our strategy that consists of robust testing to confirm positive cases; rigorous tracing of their contacts to prevent further spread; and treatment of those infected at the earliest possible stage. Wide-scale testing led to quick confirmation and isolation of positive cases. Epidemiological teams² aided by tracing tools led to speedy identification and quarantine of their contacts. Early treatment of patients adapted to different levels of symptoms has led to high recovery and low fatality rates.
 - ◆ Restriction on the freedom of movement of the patients and their close contacts has been imperative in preventing the further spread of the virus and preserving the freedom of movement for the rest of society. Making public the anonymized information about the trajectory of the confirmed patients during the period of potential contagion has been instrumental in alerting the public about the spreading risk and advising them about getting tested.
 - ◆ In response to rising cases of violations of self-quarantine measures, electronic wristbands were introduced as of 27 April. This measure applies to those who break self-quarantine. The violator is given the choice of either wearing the electronic wristband or staying at a designated quarantine facility for the remainder of the quarantine period.
- **(Testing)** As COVID-19 infections can show little or no symptoms, we have prioritized early detection through preemptive diagnostic screening and rigorous

stay at a designated center for one to two days while undergoing COVID-19 tests (both PCR and blood serum test), and be allowed to engage in business activities if found negative on both tests. This procedure will first be implemented in ten regions in China with strong bilateral economic ties. Similar procedures (testing 72 hours before departure and after arrival) apply for Chinese nationals on business travel to Korea.

² In dealing with COVID-19, Korea Centers for Disease Control and Prevention tripled its initial 10 Emergency Response Epidemiological Teams composed of epidemiological investigators, quarantine officers and medical professionals to 30 teams. Local governments appointed their own ad-hoc Epidemiological Investigative Teams composed of medical professionals. The central and local teams work in close collaboration.

epidemiological investigations. Our testing capacity of up to 20,000 tests per day was utilized at near full-capacity during the peak of the epidemic and has recently fallen to a few thousand per day. As of 10 May, we have conducted over 660,000 tests in total.

- ◆ The efficiency of this testing capacity was enhanced through the innovative drive-through and walk-through screening stations, which provided convenient access to sample-collection for the public while maximizing the safety of medical workers and healthcare institutions.

Figure 2: Drive-through and Walk-through Screening Stations in Operation



- **(Tracing)** In tracing the close contacts of the confirmed cases, we have utilized their credit card transaction history, CCTV footage, and mobile phone GPS data when necessary in accordance with our domestic law. On 26 March, the government launched the COVID-19 Epidemiological Investigation Support System, a centralized data collection and multi-agency coordination platform. The system has upgraded the method of contact tracing from manual analysis by epidemiological investigators to automatic analysis, thus significantly reducing the time needed for each case analysis from 24 hours to ten minutes.
- ◆ Information pertinent to preventing spread of COVID-19 is anonymized and disclosed to the public with due care to protect personal information, so that those who may have crossed paths with confirmed cases can get themselves tested. Contacts identified through the epidemiological investigations are tested for COVID-19, put under self-quarantine and monitored on a one-on-one basis by assigned public health officials.
- ◆ **(Privacy Considerations)** The legal framework for our current contact-tracing methods was established in the aftermaths of the MERS outbreak in 2015 by amending the Infectious Disease Control and Prevention Act to allow health authorities to collect data on persons infected or likely to be infected by infectious diseases and to ensure the public's right to know³.

³ Infectious Disease Control and Prevention Act Article 6 (Duties and Rights of Citizens) (2) Citizens shall have the right to know information on the situation of the outbreak of infectious diseases and the prevention and control of infectious diseases and how to cope therewith, and the State and local governments shall promptly disclose the relevant information.

Putting the law into practice in response to COVID-19 gave rise to concerns that the information released to the public may be overly specific and detrimental to the privacy of the patients. To address such concerns, the Korea Centers for Disease Control and Prevention laid down guidelines on the time frame (maximum of 14 days)⁴ and scope⁵ of publicly accessible information.

Recently, the central Government has begun working in collaboration with local administrations and the Korea Communications Commission to remove the expired contact movement information from social media, private websites and privately developed apps.

- **(Treatment)** As a result of early detection and treatment, COVID-19 case fatality rate in Korea has been kept relatively low at 2.35% (as of 10 May), and most of the related deaths have been either among the elderly or those with existing medical conditions.
 - ◆ To secure hospital beds necessary for treatment, we have designated 67 'infectious disease hospitals' to accommodate exclusively COVID-19 patients, and transferred their existing inpatients to other institutions. Also, to prioritize medical resources to those in need of treatment, we established a Patient Management System comprised of a network of medical professionals that categorizes COVID-19 patients into four groups of mild, moderate, severe and extremely severe according to the severity of their symptoms.
 - ◆ Patients with mild symptoms with little need for medical care, which account for approximately 80% of all confirmed patients, have been accommodated under quarantine in temporarily repurposed corporate and public training facilities (called 'Community Treatment Centers⁶'), and monitored by healthcare staff at least twice a day for symptoms. Those that develop more serious symptoms requiring medical

⁴ If symptomatic, one day before the onset of symptoms until the date of quarantine and if asymptomatic, one day before the date of testing until the date of quarantine. All information is erased after 14 days from the last contact exposure.

⁵ Anonymized information regarding the movement of confirmed cases, i.e. location and/or transportation information with time logs, when contacts with confirmed cases have occurred. Information may be withheld if all contacts have been identified. Workplace information may be disclosed when a significant number of random individuals may have come into contact.

⁶ The decision to establish the first Community Treatment Centers in Daegu/North Gyeongsang Province was crucial to preventing the medical facilities in the region from being overwhelmed. Since then, a total of 16 'Community Treatment Centers', with capacity to hold up to 3,818 patients were established and operated across the country (2 March ~ 30 April). The highest number of accommodated patients was 2,796 on 14 March. To prepare for a possible second wave of infections, the Korean government plans on drafting a guideline based on our experiences so far for the establishment and operation of community treatment centers that includes finding and repurposing new facilities, recruiting medical staff, etc.

intervention are promptly put under hospital care, and those diagnosed as fully recovered according to relevant standards are discharged.

- ◆ Patients in the other three categories of severity are immediately put under hospital care in national infectious disease hospitals or other government-designated medical institutions. Through these measures, the healthcare authorities were able to relieve the pressure on finite medical resources.

2.2. Transparency

- The Korean government is fully committed to prompt and transparent sharing of information on developments in our COVID-19 situation and government policy, both domestically and internationally. Our domestic law (Infectious Disease Control and Prevention Act) ensures the public's right to be informed on the latest developments and responses to outbreaks and infection control.
 - ◆ Since day one, press briefings have been held twice a day, by the Minister/Vice Minister of Health on behalf of the Central Disaster and Safety Countermeasure Headquarters in the morning and by the Director/Vice Director of KCDC (Korea Center for Disease Control) in the afternoon⁷. Regular press releases that cover a wide range of information including the number of confirmed and suspected cases of COVID-19, number of tests performed, regional distribution of confirmed cases, epidemiological links, number of contacts under quarantine, number of discharged cases, and other statistics are also provided in English daily (www.cdc.go.kr/cdc_eng/ and ncov.mohw.go.kr/en).
 - ◆ Our many sectoral government guidelines on COVID-19, compiled and updated regularly by the Korea Centers for Disease Control and Prevention and the Ministry of Health and Welfare, have been made available online.
 - ◆ In March, the Ministry of Health and Welfare, and Health Insurance Review & Assessment Service has decided to share de-identified nationwide COVID-19 patient data with both domestic and international researchers in the #opendata4covid19 project to support international collaboration.
- Our past experience with the MERS epidemic in 2015 made clear that public trust in the government is crucial in garnering civic engagement and participation in response against infectious disease, and the trust can be earned only by keeping the public fully

⁷ These briefings are live-streamed through the internet with simultaneous interpretation into English for international viewers (www.arirang.com at 11:00 am and 2:00 pm daily).

informed. The government has shared with the public every detail on the nature and spread of the epidemic.

- ◆ Full disclosure has also been made of the Government's actions and plans. We did not waiver in this commitment to transparency even when faced with difficult issues that generated much public frustration and criticism, e.g. the shortage of face masks at the early stage of the epidemic. The full disclosure by the Government has in turn rallied the public to join in the efforts to find better solutions.

2.3. Civic Engagement

- Flattening the curve on COVID-19 epidemic in Korea has relied heavily on civic engagement, participation, and partnership with the people. The public as a whole adhered to personal hygiene measures such as wearing face masks, complied with self-quarantine measures, and maintained social-distancing.
 - ◆ Public participation has also materialized into civic activism nationwide in the form of volunteering for response efforts in the hard-hit areas, as well as supporting vulnerable communities that are likely to be overlooked, such as undocumented foreign workers⁸. In April, nearly 2 million face masks were distributed to undocumented foreign workers through 46 civic organizations.
- The partnership between the public and the government led to the development of innovative response measures. The public provided a vast reservoir of expertise, creativity and innovation, and in turn the government mobilized, supported and institutionalized the public's inputs.
 - ◆ A notable example is the drive-through and walk-through screening stations that significantly reduced time involved in sample-taking while limiting exposure of front-line medical workers as well as among those that are waiting to be tested. Both methods were pioneered first by Korea's medical community, and then quickly adopted, standardized and scaled up by the government. They have now been introduced in one form or another in many other countries.
 - ◆ When face masks were in short supply and the series of government measures to assure even distribution fell short of public demand, again the medical community came up with the idea of utilizing pharmacies, already equipped with national databases that can prevent duplicate purchases. The idea was quickly adopted by the

⁸ Addressing concerns of possible infections among undocumented foreign workers, the government put in measures to ensure their access to testing and medical services without fear of deportation.

government to roll out a two-per-person-per-week purchasing scheme. The scheme was recently eased to three masks per person in light of the increased domestic production capacity.

- ◆ Using open government data, developers and startups in the private sector have also mobilized to create hundreds of apps and websites that have helped to track the spread of the virus, alert users to potential risks areas, and indicate available stock of face masks in pharmacies and other retailers nationwide.

3. Whole-of-Government Adaptive Approach

- Since 23 February when the health alert for COVID-19 was upgraded to the highest (“serious”) level in the face of the massive outbreak in Daegu, the Korean Government has maintained a concerted whole-of-government approach. The Prime Minister chairs the Central Disaster and Safety Countermeasure (CDSC) Headquarters Meeting, comprising all relevant ministries of the central government as well as the seventeen provinces and major cities.
- ◆ Korea is a highly devolved country where City Mayors and Provincial Governors are directly elected by the citizens. Mobilizing their resources and responsibilities has been crucial in the fight against COVID-19. The CDSC Headquarters Meeting has convened seven days a week since late February with very few exceptions such as the day of the nationwide elections. Since late April, the Minister for Health and Welfare has begun to chair the committee meetings twice a week for in-depth discussions, once among the 23 Ministries and once among the 17 Provinces and Cities. Additional ad-hoc meetings are held when necessary. The format and frequency of these meetings has evolved in response to the challenge at hand.
- ◆ This daily conversation at the highest level between the central and local governments has been crucial to identifying problems and blockages and finding solutions, and ensuring that the solutions are implemented and adjusted as needed. With this approach, we were able to effectively utilize the medical resources around the country. For example, when the cases were soaring in Daegu/North Gyeongsang Province, many patients were transferred to other cities/provinces for intensive care.
- ◆ Also, the close collaboration and division of labor between the central and local officials has been instrumental in the effective management of self-quarantine cases, which now consists largely of recent inbound travelers. The Ministry of Defense has provided much needed human resources - from doctors and nurses to fumigation teams and guards at testing sites.

- ◆ Increasingly, the CDSC discussion has been about ensuring that the series of economic stimulus and support packages that are being rolled out promptly reach their beneficiaries. This includes the cash payment scheme for all households, which has been adopted for the first time in the country's constitutional history. This concerted, adaptive approach will remain central in our collective efforts to overcome the socio-economic consequences of COVID-19.

4. Holding Nationwide Elections

- Korea held its nationwide legislative elections on 15 April as scheduled. Most pressing concern was that massive mobilization of people and resources necessary for carrying out nationwide elections may possibly spread the epidemic. There were also concerns over the inability to properly conduct political campaigns with social distancing measures in place and potential low voter turn-out.
- ◆ In preparation for the elections, the National Elections Commission (NEC) worked together with other relevant government ministries to draft detailed operating procedures for safe voting and ballot counting. Voting procedures for patients as well as persons under self-quarantine were also outlined. Guidelines⁹ for voters to follow on Election Day was also drafted and widely circulated prior to the elections.
- ◆ The total voter turnout was 66.2% (over 29 million voters), the highest record for parliamentary elections in 28 years. A record of 26.7% of voters cast their ballots through absentee (early in-person on 10-11 April) voting, contributing to the highest voter turnout. As of 10 May, the Korea Centers for Disease Control and Prevention has yet to confirm a COVID-19 infection that stems from the election-related activities.
- **(Voting Methods)** Korea's legislative election system offers five methods of voting.
 - ① In-person voting on Election Day, designated as a public holiday to encourage voter turn-out, requires voters to cast their ballots at their registered constituency. All other methods of voting are conducted prior to Election Day following specific schedules.
 - ② Absentee voting (early in-person voting) allows voters to cast their ballots at any polling station across the country over a two-day period starting five days before

⁹ ① Prepare official identification document beforehand, ② Refrain from bringing young children, ③ Wash hands under running water for at least 30 seconds with soap and water before arriving at polling station, ④ Wear a face mask, ⑤ Get a fever check at the entrance of the polling station, apply hand sanitizer and put on plastic gloves, ⑥ Maintain at least 1m distance between voters, ⑦ Refrain from engaging in non-essential conversation, ⑧ Pull face mask down briefly during identification check, ⑨ If found to have a fever, vote at a designated booth separate from other voters, and visit a healthcare center, ⑩ Wash hands under running water for at least 30 seconds with soap upon returning home.

Election Day. ③Voting-by-mail is offered to those unable to vote in-person for reasons such as disability, hospitalization, or detention. ④Shipboard voting by fax is offered to voters on deep-sea fishing or passenger vessels. ⑤Overseas voting is offered for overseas residents or pre-registered temporary visitors at polling stations set up at Korean Embassies and Consulates. Detailed operating procedures for each of the voting methods were drafted to ensure the safety of the electorate, government staff, volunteers and all others involved in the elections.

- **(In-person Voting : Absentee and Election Day)** All voters were required to wear face masks and maintain at least one meter distance from other voters when standing in line according to pre-spaced markings on the floor. At the entrance of the polling station, all voters were checked for fevers using non-contact thermometers. Those with normal temperatures were then required to use hand sanitizers and to wear disposable plastic gloves. Election officials conducting identification checks, when necessary, asked voters to briefly pull down their face masks to verify identity by photo comparison. After casting their votes, the voters remove their plastic gloves on their way out and place them in a collection bin.
 - ◆ If a voter has been checked to have a fever of over 37.5°C upon arrival at the polling station, the voter was escorted through a slightly altered voting process designed to minimize chance of spreading an infection. After identity verification, an election official signed the voter registration list in lieu of the voter and also recorded that the voter has displayed fever. The voter was then escorted to a separate polling booth set up in a well-ventilated location, and provided with a ballot and a designated ballot envelope. After casting the vote, the voter places the ballot in the designated envelope, and hand it over to an election official tasked to carry and place it into the ballot box with an observer present throughout the process. Finally, the polling booth and voting equipment such as stamps will be disinfected, and the area ventilated. Voters with fevers have been asked to visit a nearby healthcare center for COVID-19 testing.
- **(COVID-19 Patients)** Voting-by-mail has been made accessible for COVID-19 patients in hospitals and community-treatment centers subject to pre-registration (24 March to 28 March). Instruction packets containing information on voter pre-registration and voting-by-mail procedures were distributed to hospitals and community-treatment centers. The registered voters received their ballots in mail, cast their votes while wearing face masks and plastic gloves, and post their ballots using enclosed return envelopes.
 - ◆ To ensure the right to vote of COVID-19 patients diagnosed after the pre-registration period has expired (28 March), those newly diagnosed after the date of expiry were

placed in eight designated community-treatment centers. At each of those centers, special advance in-person polling stations were set up and operated for one day during the absentee voting period (10 April-11 April). Measures were put in place to ensure that one patient goes through the voting process at a given time, and paths do not cross between patients during voting. Election officials and clerks wore level-D protective gear. All materials and equipment involved in the voting process were either destroyed or disinfected on-site before transferring to another location. A total of 147 COVID-19 patients along with 299 medical personnel in eight community-treatment centers exercised their right to vote by this method.

- **(Persons under Self-Quarantine)** Close contacts of confirmed patients and recent returnees from overseas under government-monitored self-quarantine were given a specific time window on election day to visit polling stations after voting has closed for the general public, while being mandated to report their movements to their assigned government officials. The voters in this category were permitted to vote if they were able to commute to their assigned polling stations from their places of residence within 30 minutes of one-way trip either by car, which needed to be driven alone, or on foot. A total of 11,151 persons under self-quarantine exercised their right to vote.

5. Opening Schools

- **(On-line Opening)** As the academic year in Korea begins in early March, scheduled opening of schools coincided with the peak of the COVID-19 epidemic. Taking stock of the situation, the Ministry of Education made a series of decisions to postpone the start date. It decided to open schools on-line in phases starting with the final grades in middle and high schools on 9 April, and completing with three lower grades in elementary schools on 20 April. The on-line opening aimed to balance the need for education for the students with social distancing measures in place, but came with novel challenges to ensure students' access to technology at home while maintaining a high-quality of learning experience.
 - ◆ The Ministry of Education worked together with Metropolitan and Provincial Offices of Education to lend 316,000 digital devices to students in low-income households. The Ministry of Science and ICT in collaboration with telecommunications companies supported swift installation of internet in households where needed, and subscription fees are being covered by local governments. The Ministry of Science and ICT has also spearheaded efforts to allow free access to online education platforms such as Korea Educational Broadcasting System (EBS) website and unlimited data access to online educational platforms including digital textbook and e-learning sites.
 - ◆ To enhance on-line teaching capacity of teachers nationwide, a network platform of 'a community of 10,000 teachers (one representative teacher appointed from each of

approximately 10,000 schools nationwide)' was formed so that they may share experiences and collaborate in finding solutions to common problems that may arise in the course of the unprecedented on-line schooling.

- **(Phased Opening)** Following the decision of 3 May to transition from 'strengthened social distancing' to 'distancing in everyday life' measures as of 6 May, the Ministry of Education announced plans to open schools in four phases starting with the final grade of high-school on 13 May, and all other grades in three phases starting on 20 May, 27 May and 1 June respectively. In light of the latest spike in new infections, the Ministry of Education decided on 11 May to push back the opening of schools one week for all grades. Detailed guidelines are being prepared and will include measures to minimize the risk of spreading the virus such as wearing of face masks, fever-checks, distancing in the classrooms and cafeteria, dispersing of movement of students, and most importantly, staying home when displaying symptoms.

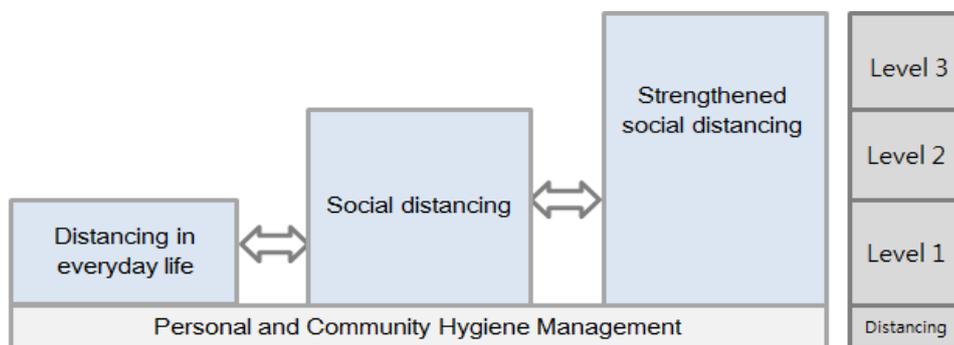
Table 1: Phased Schedule of School Openings

Start Date	High School	Middle School	(Pre)Elementary
13 May → 20 May	Grade 3		
20 May → 27 May	Grade 2	Grade 3	Grade 1, 2 / Pre-Elementary
27 May → 3 June	Grade 1	Grade 2	Grade 3, 4
1 June → 8 June		Grade 1	Grade 5, 6

6. Social Distancing

- Social distancing measures in Korea, first introduced on 29 February, has been continually adapted and adjusted in response to the evolving COVID-19 situation at hand.

Figure 3: Social Distancing Measures



- Initial social distancing measures (29 February – 21 March) advised the general public to avoid gathering in groups and keep spaces between people. Strengthened social distancing measures, first introduced on 22 March for fifteen days and then renewed on 6 April for another two weeks, advised the general public to practice enhanced social distancing measures by staying home as much as possible and urged high-risk

facilities (religious, indoor sports and entertainment facilities) to suspend operations. Following an optimistic turn in the COVID-19 situation, these measures were partially relaxed on 20 April to allow opening of low-risk facilities that operate outdoors (ex. sports facilities) or those where user movements may sufficiently be dispersed (ex. museums).

- Starting 6 May, social distancing has transitioned to a ‘distancing in everyday life’ scheme. In preparation for this decision, an inter-ministerial taskforce and an ad-hoc ‘everyday life quarantine committee’ composed of infectious disease control/medical experts, economists, representatives of civil society, and government officials were formed in mid-April and convened regularly thereafter to discuss when and how to relax social distancing measures. Detailed guidelines were drafted, initial versions made public, feedback collected, and then finalized by the ad-hoc committee over the course of three weeks.
 - ◆ The risk involved in the transition was analyzed by taking into consideration the stabilizing trend in COVID-19 epidemic, possibility of another wave of infections stemming from the long stretch of public holidays from 30 April to 5 May, and the public’s weariness¹⁰ from social-distancing measures. Through whole-of-government deliberations, it was decided that although not without risk, the time has come to transition into a form of social distancing that is sustainable for the long run.
 - ◆ Two tiers of ‘distancing in everyday life’ guidelines have been finalized: a ‘personal guideline’ and a ‘community guideline’.

The ‘personal guideline’ outlines code of conduct for individuals such as staying home for 3-4 days when feeling sick, washing hands, coughing into elbows, and ventilating homes at least twice daily. It also offers detailed procedural information on wearing of masks, disinfecting surroundings, caring for the elderly, and maintaining a healthy lifestyle.

The ‘community guideline’ outlines basic codes of conduct for groups of people such as appointing a designated quarantine manager, implementing and complying with customized preventive measures for the group, and cooperating with the quarantine manager. It also contains 31 separate sub-guidelines drafted by 12 ministries on categories such as workplaces, public transportation, restaurants, wedding venues, funeral homes, religious facilities, hotels, zoos, public parks, public baths, libraries, theaters, museums, sports facilities, etc.

¹⁰ Analysis of big data showed that online phrases that indicate weariness among the public such as ‘having a hard time’ in relation to ‘social distancing measures’ appear five times as frequently in mid-April compared to early-April.

- The steadfast message of the Government to the public is that ‘distancing in everyday life’ is not a simple pull-back from social distancing and return to life before COVID-19, but rather the adoption of long-term changes that are needed to guard against a lurking danger that is likely to be around us for a long time. Depending on the COVID-19 situation, social distancing measures may be scaled up or down in the future as necessary.

7. Sharing and Learning: Call for Global Solidarity

- The ongoing COVID-19 pandemic is an unprecedented global crisis with far reaching impact. It has triggered widespread closing of borders, severely undermined global mobility of people and goods, disrupted global supply and distribution networks, and spread panic and fear. While the number of new cases is declining in some parts of the world, it is mounting in others. Some are beginning to pursue exit strategies and roll-back of measures, while others are strengthening theirs. Some are doing both. For those that seem to have flattened the curve, the chances of the trend going into reverse cannot be ruled out. Flattened curves can spike again when complacency sets in, and a second wave of infections is a real possibility.
- Korea has been one of the first countries to be hit by COVID-19 pandemic, and the experience and knowhow we have gained so far in coming to grips with the virus may be instructive and useful to others. We are also learning from and pooling knowledge with others, as infectious disease experts around the world warn that there is still much to discover about how the virus harms and spreads.
 - ◆ While they are pulling their expertise together across borders to better understand the virus, they are also working intensely with researchers and pharmaceutical companies to develop effective treatments and vaccines. In order to intensify our part of this global endeavor, the Korean government formed a high-level committee co-chaired by the Minister of Health and the Minister of Science and Technology to accelerate and support the efforts of domestic researchers and developers.
- To systematically respond to the growing calls for cooperation, we have formed an inter-ministerial Task Force headed by the Vice Minister of Foreign Affairs. The TF oversees two streams of work: 1) meeting overseas demands for our medical equipment and supplies and 2) organizing knowledge-sharing events.
 - ◆ In the first, we are endeavoring to meet requests for humanitarian assistance as well as to link up the domestic producers of test kits and medical equipment with foreign governments that wish to purchase them. As for facial masks, an export ban has been in place since late March given the lingering shortage in meeting the domestic

demand. But beginning in early May, with the shortage easing, we are making exceptions for humanitarian purposes.

- ◆ In the second, we are organizing web seminars and video conferences with foreign partners and preparing fact sheets to share on a selection of COVID-19 related issues such as crisis management strategy, diagnostic and epidemiological study, treatment methods and patient management, border control and airport management, and broader policy matters such as elections, education and economic recovery.
- We are also actively engaging in bilateral and multilateral dialogues on COVID-19 with many countries at various levels and areas of expertise. Some of them have been built around existing institutions such as the UN, WHO, G20, ASEAN and MIKTA. Others have been initiated informally in the midst of the COVID-19 crisis among like-minded countries.
- In response to COVID-19 many countries turned inward to shield themselves from the virus. Blanket entry bans and suspension of international traffic swept around the globe, and these remain largely in place as of mid-May. The effectiveness of these measures balanced against the socio-economic costs will vary, and when and how they may be eased or lifted are decisions for governments to make. But as a country that has endeavored to keep our borders open and preserve the free movement of people during this pandemic, we hope our people-to-people exchanges across borders will soon become active and fulsome again.
- In the meantime, we should all work together to enable essential travel of officials, medical experts, business people, urgent family visits, etc. to proceed. They are the vital links on which to build the global solidarity required to overcome the devastation of COVID-19. No country will be fully safe before the world as a whole is safely protected from the virus. We hope the long-term legacy of COVID-19 to be one of global solidarity and better preparedness for the future.

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