



Republic of Korea

Decision making for social and movement measures in the context of COVID-19

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1. Which social and/or movement measures against COVID-19 are currently in place in your country?

- ☒ Closures of schools: **PARTIAL**
- ☒ Closures of offices, businesses, institutions and/or operations closures: **PARTIAL**
- ☐ Restrictions on domestic movement (e.g. stay-at-home, stay within a city, etc.)
- ☐ Limitations to international travel
- ☒ Restriction on size of gatherings
- ☐ Other (please specify)

Partially closed schools and classes converted to internet-based: e.g. one third of students (by year/grade) stay at home and take internet-based classes.

Partially closed offices/business: e.g., a third of workers work from home.

After 21:00, only take-out is available from restaurants and café.

2. Which information has been used to make these decisions in your country?

Decision-making considers various factors, including:

- Number of daily/weekly new cases (domestic and from foreign sources)
- Reproduction rate
- Percentage for whom the source of infection cannot be identified
- Available beds for patients with severe COVID-19
- New clusters of infections
- Other factors

3. Please describe the process (formal or informal) through which information/data are discussed and decisions are made

Final decisions are made at the Central Disaster and Safety Countermeasure Headquarters, chaired by the Prime Minister (comparable to Vice-President). The two vice chairs of the headquarters are the Minister of Health and Welfare and the Minister of Interior and Safety.

Korea Disease Control and Prevention Agency (KDCA) provides key clinical and epidemiological data on COVID-19. The Ministry of Health and Welfare provides key policy recommendation based on health sector resources and policy.

The Social Distancing Committee provides advice at a consultative meeting every week or every 2 weeks. With the Minister of Health and Welfare as the chair, it consists of 16 members, namely 7 experts in infectious medicine and epidemiology, 5 social science researchers, 2 from civic organizations, 1 from KDCA and 1 from the Ministry of Interior and Safety.

4. How are selected measures communicated/explained to stakeholders and/or the general public?

Daily briefings by the Ministry of Health and Welfare and the Korea Disease Control and Prevention Agency provide detailed information (national and sub-national level) on daily new confirmed cases, daily mortality, availability of beds for patients with severe disease, clusters of infections, guidelines on social distancing and personal hygiene, etc. Local governments also provide frequent briefings.

5. What have been the key challenges and/or lessons learnt from your experience/ perspective?

Risk perception of the public: too low perception of COVID-19-associated risk can result in an increase in infections. But over-estimation of risk results in non-utilization of essential health care (as people are scared of infection), mental health problems and adverse effects on the economy.

The Republic of Korea has contained the infection reasonably well and has flattened the epidemiological curve so far. But social distancing for more than 10 months has led to fatigue in the public, and we now need policy measures that are more targeted to the elderly and vulnerable. So far, the country has put the highest priority on the health-sector response to COVID-19, but now, as it faces a sharp decline in employment and a surge in bankruptcy of self-employed and small businesses, the Government is under pressure to consider the broader socioeconomic costs and benefits associated with different measures for social distancing.