

MOBILITY CRISIS AND RESPONSE IN THE TIME OF COVID-19: THE REPUBLIC OF KOREA'S APPROACH

The World Health Organization (WHO) received the first report of the coronavirus disease 2019 (COVID-19) on 31 December 2019 from the Hubei Province of China. Since then, the disease has spread rapidly throughout the world. On 11 March 2020, WHO declared the outbreak a pandemic. As of 17 May 2020, the number of reported COVID-19 cases has surpassed 4.5 million, with more than 307,000 deaths reported.¹

Due to the contagious nature of infectious diseases and the interconnectedness of the modern world, many governments enforced mobility restrictions as a primary response for containment, including nationwide lockdown, travel restrictions and suspension of all entry/exit operations at Points of Entry (POEs), leading to widespread mobility challenges. During the outbreaks of severe acute respiratory syndrome (SARS), Middle East respiratory syndrome (MERS) and Ebola, many affected countries suspended border operations to contain the virus. There is a lack of clear evidence of the effectiveness of such an approach,² and it has contributed to severe national and global economic crises. The Secretary-General of the United Nations, António Guterres, described the current outbreak as “the biggest challenge for the world since World War Two,” which could bring about a recession “that probably has no parallel in the recent past.”³

The Republic of Korea has managed to flatten the curve of the novel coronavirus without imposing an internal lockdown and while maintaining its open-border policy, despite being one of the first countries outside of China affected by COVID-19. The Government has focused on using Information and Communication Technology (ICT) for early widespread testing, contact tracing and spreading essential emergency information while simultaneously strengthening border controls and implementing strict quarantine measures in the country.

This issue brief presents the Government of Korea's response to COVID-19 from a mobility perspective, to provide an understanding of the factors that have allowed the country to slow the spread of the virus while keeping its borders open. The Korean case is country-specific, and this issue brief does not represent universally applicable best practice. However, the policies, decisions and solutions identified in this brief may serve as a resource for other governments facing crises caused by the pandemic to develop their respective context-specific responses.

This brief was prepared by researchers from the Migration Training and Research Centre (MRTC) of the Republic of Korea in close coordination with the IOM mission in Seoul. Desk research and key informant interviews with relevant government officials were conducted in March and April.

¹ World Health Organization. Available at <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>.

² A 2020 empirical analysis of the relationship between travel restrictions and infectious diseases such as SARS, MERS, Ebola virus disease (EVD) and Zika virus disease (ZVD) found that the effectiveness of border lockdown to prevent the spread of infectious diseases does not offset the adverse effects in terms of health, society, economy, politics and diplomacy.

Nicole A. Errett, Lauren M. Sauer, and Lainie Rutkow. An integrative review of the limited evidence on international travel bans as an emerging infectious disease disaster control measure, *Journal of Emergency Management*, 18(1):7-14 (January/February 2020).

³ António Guterres, United Nations, “The recovery from the COVID-19 crisis must lead to a different economy”, on the launch of a report on the socio-economic impacts of COVID-19, 31 March 2020.

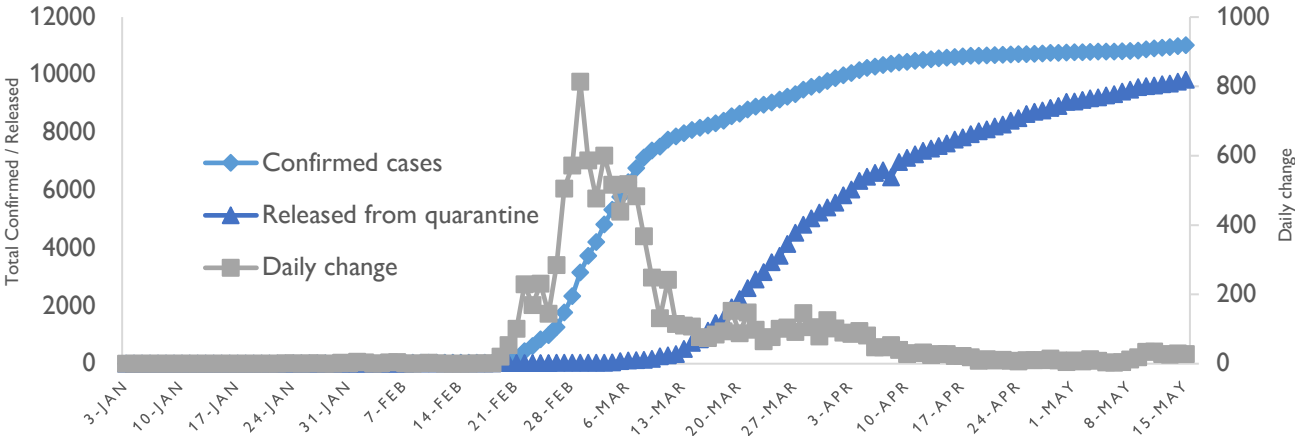
Available at <https://www.un.org/en/un-coronavirus-communications-team/launch-report-socio-economic-impacts-covid-19>.

THE REPUBLIC OF KOREA’S RESPONSE TO COVID-19

COVID-19 evolution in the Republic of Korea and overall response principles

Since the Republic of Korea’s first reported COVID-19 case on 20 January, there have been a total of 11,050 confirmed cases and 262 deaths as of 17 May, an incidence of 21.25 per 100,000 people.⁴ The crisis peaked on 29 February, with 813 confirmed cases reported per day. The number of new confirmed cases per day began to decline sharply from mid-March and had stabilized to around 10 cases by the end of April⁵. Figure 1 shows the trend of COVID-19 cases in the Republic of Korea.

Figure 1. COVID-19 trend in the Republic of Korea



Source: Korea Centers for Disease Control and Prevention (2020)

Three fundamental principles – openness, transparency and inclusiveness⁶ – form the basis of the Republic of Korea’s response to COVID-19.

- Openness: By minimizing restrictions on the movement of people and goods while maximizing the effectiveness of public health measures, the Republic of Korea has controlled the influx of infections from overseas and protected those entering the country. The approach has involved strict testing of arrivals from virus-stricken countries, regardless of nationality or legal status, without a complete ban on international travellers.
- Transparency: By promptly and transparently sharing all information related to COVID-19 measures with Korean citizens and residents and the international community, the Government of Korea has sought to ease public anxiety and earn trust. Daily press releases have included detailed updated information on the number of new confirmed cases, the number of tests, the status by region, epidemiological data and quarantine information.
- Inclusiveness: By encouraging voluntary participation in response efforts to COVID 19, the Government of Korea has provided an opportunity for the people to play an active role in curbing the spread of the virus. Examples have included early testing of suspected cases, two-week self-quarantine of new arrivals and promoting a strict social distancing campaign.

⁴ Korea Centers for Disease Control and Prevention, Available at <http://ncov.mohw.go.kr/>.

⁵ The risk of cluster infections continues to be present amidst small-scale and sporadic outbreaks. In May, daily confirmed cases rose to around 30 again.

⁶ The Government of Korea’s three official principles are openness, transparency and democracy. The authors replaced “democracy” with “inclusiveness” for ease of understanding.

In upholding openness as one of the three major principles, the Government of Korea has faced considerable criticism from the public. When the Hubei province of China became the epicentre of the COVID-19 outbreak, many countries denied entry to passengers from China. The Republic of Korea restricted travel from Hubei only, not imposing a complete entry ban. As the number of COVID-19 cases has surged in Europe and the United States, public pressure for further travel bans has intensified.⁷ The Government of Korea has chosen instead to respond with an increase in the number of medical tests, a fast tracing mechanism and effective treatment. Rigorous 3T – Test, Trace and Treatment – capacity has enabled the country to manage the influx of infectious pathogen carriers from foreign countries without the need to close its borders.⁸

Box 1. 3T Capacity: Test-Trace-Treatment

- **Test:** From the very early stages of the outbreak, the Republic of Korea has conducted a large number of tests- up to 35,000 per day at an average of 12,000 per day. The public health authority conducts tests widely not only on people with symptoms or contact history but also on secondary and tertiary contacts of confirmed cases to prevent further spread as quickly as possible. Quick diagnosis and limited opportunity for infection have been made possible by installing walk/drive-through test stations, the fast-track approval for test kits, a public-private partnership on R&D on vaccines/therapies, and the provision of travel history using the International Traveler Information System and the Drug Utilization Review.
- **Trace:** The authorities have conducted extensive epidemiological investigations. Local governments have been carrying out preliminary investigations on individual cases in partnership with KCDC, to deliver timely reports to residents and to strengthen monitoring.
- **Treatment:** Patients have been triaged based on severity and accommodated accordingly at hospitals or government-designated treatment facilities. The Government of Korea has entirely covered the hospitalization and treatment expenses of confirmed cases and diagnostic testing expenses of suspected cases. The government has also provided support with living expenses for the quarantined, paid leave expenses for employers, and funeral expenses for deaths.

Legal and administrative system for containing infectious diseases

The experience of the Republic of Korea in containing MERS in 2015⁹ has provided opportunities to reassess the country's capacity to tackle infectious diseases. Efforts to strengthen systems resulted in a revision of the "Infectious Disease Control and Prevention Act." The structural basis of legislation combined with enhanced administrative capacity has paved the way for an effective response to COVID-19.

⁷ The Korea Herald, "[Editorial] Responsible leadership", 1 March 2020.

Available at http://www.koreaherald.com/view.php?ud=20200301000120&ACE_SEARCH=1.

⁸ Ivan Watson and Sophie Jeong, CNN, "South Korea pioneers coronavirus drive-through testing station", 3 March 2020.

Available at <https://edition.cnn.com/2020/03/02/asia/coronavirus-drive-through-south-korea-hnk-intl/index.html>.

⁹ The first MERS patient was confirmed in May 2015. By the end of July of that year, the total number of confirmed cases rose to 186 with 38 deaths. The Republic of Korea was among five Asian countries impacted by MERS.

1. Legal system

- a. In 2015, the Korean National Assembly passed an amendment to the “Infectious Disease Control and Prevention Act.” The amendment added a regulation that allows public authorities to use personal information in cooperation with related institutions on an exceptional basis, and an approval process for prompt and accurate epidemiologic investigation in an infectious disease crisis.¹⁰
- b. In the COVID-19 response, epidemiologists have been able to quickly access information from CCTV cameras, smartphones, and credit cards to trace confirmed cases and their contacts.¹¹ Public health officers and epidemiologists have the authority to issue administrative orders.
- c. During the COVID-19 outbreak in late February, the National Assembly agreed to revise the Act along with Medical Service Act and Quarantine Act to corroborate administrative effectiveness. Revisions have included: allowing travel restrictions, making testing and quarantine mandatory, and public distribution of masks to vulnerable groups when the alert level reaches “yellow”.
- d. The National Assembly further strengthened the legislative basis for an inclusive response system to infectious diseases by passing a law to exempt medical institutions from reporting personal information. In the COVID-19 response, the Government of Korea has widely promoted awareness of this law to prevent foreign residents – especially the undocumented¹² – from avoiding testing for fear of deportation. Under the Act, the Government has provided free tests and treatment for all foreigners who test positive or are quarantined.¹³

2. Administrative system

- a. The Republic of Korea implemented several measures to enhance capacity to respond to infectious disease: an increase in the number of epidemiologists to be deployed to major quarantine stations at all times; the official launch of the Emergency Operation Center under Korea Centers for Disease Control and Prevention (KCDC) to serve as the infectious disease crisis command headquarters in charge of general management and coordination; the revision of training content for local governments’ infectious disease officers to focus on epidemiological investigation and crisis response; and the preparation of revised quarantine procedures to link guidance and preventive measures at all travel stages from pre-departure to post-arrival as novel infectious diseases have a long incubation period (14 days).
- b. KCDC’s standard operating procedure – Crisis Management Standard Manual of an Infectious Disease Disaster – was developed to minimize the spread of infection through active monitoring. The standard operating procedure stipulates the Government’s objectives and directions for the crisis management of an infectious disease disaster, the decision-making process, the crisis alert system, and the roles and responsibilities of ministries and agencies.

¹⁰ Article 34-2 of the Infectious Disease Control and Prevention Act stipulates the conditions and processes for disclosing information during an infectious disease emergency. Clause (1) stipulates that when an infectious disease harmful to citizens’ health is spreading, the Minister of Health and Welfare shall promptly disclose information that citizens need for avoiding the infectious disease. Such information may include movement paths, transportation means, medical treatment institutions and contacts of patients with the infectious disease.

¹¹ Information collected during an epidemiologic investigation is managed with strict security measures in place as required by law and destroyed after 14 days of the first contact. A Protocol on the handling of personal information is distributed to local governments and relevant stakeholders.

¹² Clause (2) of Article 92-2 of the Enforcement Decree of the Immigration Control Act stipulates that officials at public health and medical institutions will be exempted from the obligation to notify immigration authorities, including in the case of undocumented migrants.

¹³ Together with enhanced legislation to include migrants, the immigration authority has taken measures such as: extending registered foreigners’ stay by 3 months twice to encourage foreign residents to participate in social distancing; operating a 24/7 call center to provide counselling and guidance on COVID-19 in 20 languages; and equipping strict hygiene and health monitoring measures at detention centers.

- c. Per the roles and responsibilities defined in the Ministry of Health and Welfare’s standard manual, 19 ministries are required to create a “practice manual” to prepare detailed response procedures and countermeasures in the event of an infectious disease crisis.¹⁴

Infectious disease alert levels and phased government response measures

In tackling infectious diseases, the Republic of Korea divides the risk alert level into four stages according to the degree of infectious disease transmission and the corresponding phased response measures. The alert levels allow for speed and flexibility in responding to infectious diseases by changing the roles of the leading body, related Government agencies, and experts at each stage.

An Emergency Committee, consisting of the Minister of Health and Welfare, the Director of the KCDC and private experts, decides the risk alert level in an epidemic. The evaluation criteria include virulence, urgency, expandability, speed of infection, duration, impact, public opinion at home and abroad and the Government’s ability to respond. Based on an overall evaluation of COVID-19, the Government of Korea has made critical decisions based on the adjustment of the alert level: switching the focus of quarantine measures to high-risk and severely ill patients; defining the beneficiaries and payment method of a disaster relief fund; determining the period of practising intensive social distancing; introducing walk/drive-through clinics and the mobile Self-Quarantine Safety Protection Application; and identifying countries from which travellers must apply for a Special Immigration Procedure (SIP), a strengthened immigration process.

Box 2. The Republic of Korea’s infectious disease alert levels

- Level 1 “Blue” is a stage in which a new infectious disease breaks out and spreads in other countries. It is an early crisis stage with no domestic cases reported. KCDC, under the Ministry of Health and Welfare, operates a task force for each infectious disease and monitors signs of crisis.
- Level 2 “Yellow” is declared when the Republic of Korea reports a confirmed case of a new infectious disease from abroad. The Central Disease Control Headquarters, headed by the Director of the KCDC, activates the cooperation system between government agencies.
- Level 3 “Orange” is announced when the limited spread of a new infectious disease is imported to the Republic of Korea. The Central Disaster Management Headquarters, led by the Minister of Health and Welfare, strengthens the quarantine/surveillance level and reviews the provision of government-wide support.
- Level 4 “Red” is reached at the stage where a new infectious disease is spreading on a community or national level. At this stage, the Central Disaster and Safety Countermeasures Headquarters, headed by the Prime Minister, is activated, and all government agencies are required to make dedicated efforts to contain the disease.

¹⁴ The 19 agencies include: the Korea Centers for Disease Control & Prevention; the Ministry of the Interior and Safety; the Ministry of Environment; the Ministry of Foreign Affairs; the Ministry of National Defense; the Ministry of Education; the Ministry of Justice; the Ministry of Land, Infrastructure and Transport; the Ministry of Oceans and Fisheries; the Ministry of Employment and Labor; the Ministry of Trade, Industry and Energy; the Ministry of Agriculture, Food and Rural Affairs; the Ministry of Food and Drug Safety; the National Fire Agency; the Korean National Police Agency; the Korea Coast Guard; and the Military Manpower Administration.

IMMIGRATION AND BORDER MANAGEMENT (IBM) BY THE REPUBLIC OF KOREA IN RESPONSE TO COVID-19

The Republic of Korea's Immigration and Border Management goal: open and contain

The Republic of Korea's IBM policy in response to COVID-19 is designed to maintain open borders while significantly strengthening preventive measures. On 4 February, the immigration authority introduced the "Special Immigration Procedure (SIP)," which was initially designed and implemented to increase inspection measures instead of imposing an entry ban on travellers arriving from Hubei, China, the first epicentre of the COVID-19 outbreak. The SIP has become integral to the Republic of Korea's open border policy, and it has also been expanded to travellers from other countries. Border control strategies have been modified to be flexible to Government-wide response efforts varying by disease alert level. A blanket application of the SIP is considered an inefficient use of human resources and budget, and there has been a sequential selection of countries subject to the SIP. The relevant Headquarters at each alert level selected countries through inter-ministerial coordination, based on objective justification provided by the Korea Immigration Service (KIS) of the Ministry of Justice's border control team¹⁵. Table 1 provides an overview of the IBM measures applied at each alert level.

Table 1. The Republic of Korea's immigration and border management (IBM) response by alert level

Alert	8 January Blue	20 January Yellow	27 January Orange	23 February Red
Cases	No domestic Cases Worldwide: 1	Domestic: 1 Worldwide: 78	Domestic: 4 Worldwide: 785	Domestic: 602 (Daily new: 169 / Deaths: 5) – Surge among religious group members in Daegu Worldwide: 1,020 (Pandemic announcement – 11 March: 6,315)
Organizational Structure	KCDC Task Force (Lead: KCDC)	Central Disease Control Headquarters (Lead: KCDC)	Central Disaster Management Headquarters (Lead: MOHW)	Central Disaster and Safety Countermeasure Headquarters (Lead: Prime Minister)
Immigration and Border Management (IBM) Measures	N/A	Ban on entry of suspected patients at the request of the related government body Korea Immigration Service (KIS) created 'Infectious Disease Task Force'	4 February: Entry ban applied to foreigners with travel history to Hubei, China 12 February: Special Immigration Procedure (SIP) to travellers from Hong Kong SAR, China (36), Macau SAR, China (10) 17 February: Some changes to entry ban on China (transfer allowed)	24 February: Extended the legal stay of foreigners 9 March: Entry restriction applied to travellers from Japan ¹⁶ 12 March: SIP extended to Italy (12,462) and Iran (9,000) 15 March: SIP extended to 5 European countries (France: 1,126, Germany:847, Spain: 589, the United Kingdom: 210, the Netherlands: 804) 16 March: SIP extended to all travellers arriving from Europe (Europe: 8,725) 19 March: SIP extended to all travellers (Worldwide: 514,138) 13 April: All valid short-term visas, visa-free entry, and visa-waiver programs temporarily suspended – applies to 90 countries

Source: Korea Centers for Disease Control and Prevention, Korea Immigration (2020)

Note: Case numbers are provided in brackets.

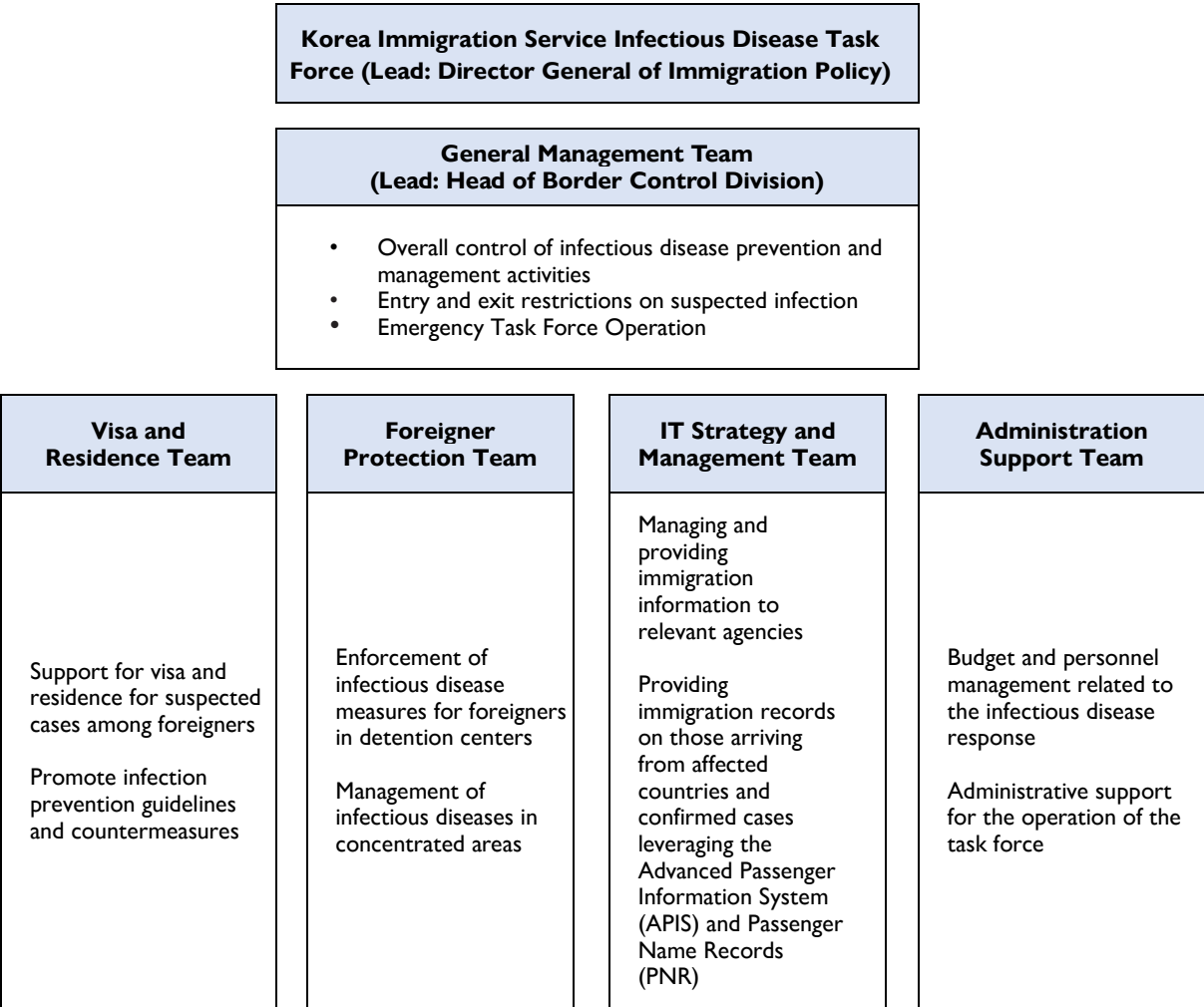
¹⁵ For the selection of countries subject to the SPI, KIS submits data on each country, including the number of confirmed cases, the rate of increase in confirmed cases compared to the previous day and the degree of spread to neighbouring countries.

¹⁶ The restriction on Japanese travellers was implemented out of diplomatic reciprocity.

Korea Immigration Service (KIS): roles and responsibilities during COVID-19

As a crucial Government agency in charge of IBM, KIS has equipped its own Infectious Disease Control Team to execute a comprehensive IBM response. The team is composed of five sub-teams: the General Management Team, the Visa and Residence Management Team, the Foreigner Protection Team, the IT Strategy & Management Team, and the Administrative Support Team. Figure 2 shows the organizational structure of the KIS Infectious Disease Control Team.

Figure 2. The Korea Immigration Service (KIS) Infectious Disease Control Team organization chart

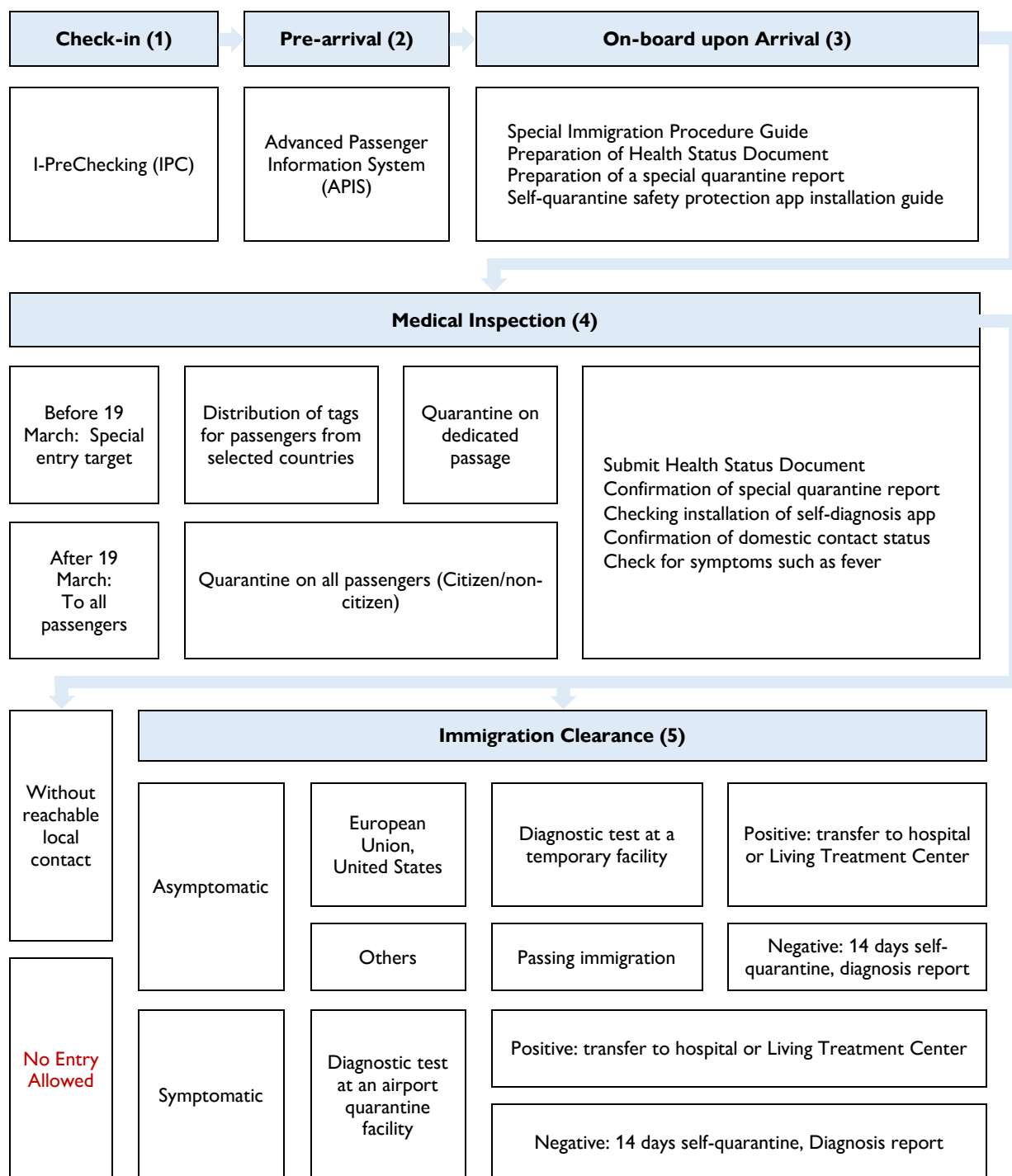


Source: Korea Immigration Service (2020)

Special Immigration Procedure (SIP) - inflow management

The SIP is designed to effectively contain the inflow of infectious diseases by applying a strengthened immigration procedure. The SIP takes place in five steps: (1) Check-in, (2) Pre-arrival, (3) On-board upon Arrival, (4) Medical Inspection, and (5) Immigration Clearance. The steps before arrival (1, 2) prevent the influx of potentially infected travellers from entering the Republic of Korea, and the steps from the aircraft to the immigration checkpoint (3, 4, 5) allow the identification of infected or potentially infected people to be immediately isolated and treated at the point of entry. The implementation of the SIP began on 4 February for travellers who had visited China’s Hubei Province and has been expanded to arrivals from Europe and the United States. The SIP remains in effect at the time of writing this brief. Figure 3 below provides the SIP flow chart.

Figure 3. Special Immigration Procedure (SIP) flow chart



Source: Yoo and Lee, Migration Research and Training Centre, “Korean Immigration Response Model: case from COVID-19”, Issue Brief, 2020.

(1) Check-in

- a. The I-PreChecking (IPC) system enables Korean immigration to receive reservation information on all passengers who check-in at overseas airports and to notify the airlines to deny boarding to passengers from countries with visa-free status temporarily suspended.

- b. The IPC system determines eligibility in 0.4 seconds per passenger and prevents airlines from issuing boarding tickets. The program prevented 15,000 passengers from boarding in March 2020.¹⁷

(2) Pre-arrival

- a. The Advance Passenger Information System (APIS) enables airlines to send the relevant information (for example, a history of visiting Hubei Province in the past 14 days) regarding passengers arriving in or transferring through the Republic of Korea to the immigration office at the airport.

(3) On-board upon Arrival

- a. While inside the aircraft, flight attendants explain the SIP and the mandatory installation of the Self-Quarantine Safety Protection App to enter the Republic of Korea to passengers.
- b. The Health Declaration and the Travel Record Declaration are distributed to passengers so that they can fill out the forms in advance. To allow for prompt action in the case of confirmed cases among passengers, the checklists include: passenger name, nationality, gender, date of birth, passport number, aircraft/ship name, seat number, the name of their school or workplace or detailed residential address in the country, mobile phone number, countries visited in the last 21 days, and symptoms experienced (among 20 items).

(4) Medical Inspection

- a. Passengers are required to submit the Health Declaration and the Travel Record Declaration that they filled out in the cabin, and officers check whether they installed the Self-Quarantine Safety Protection App.
- b. A medical inspection verification document is issued after officers check each passenger's temperature and assess the passenger for COVID-19 related symptoms such as a cough.
- c. Officers confirm whether contact numbers and addresses in the checklist are correct and reachable. If the information cannot be verified, then entry is denied.

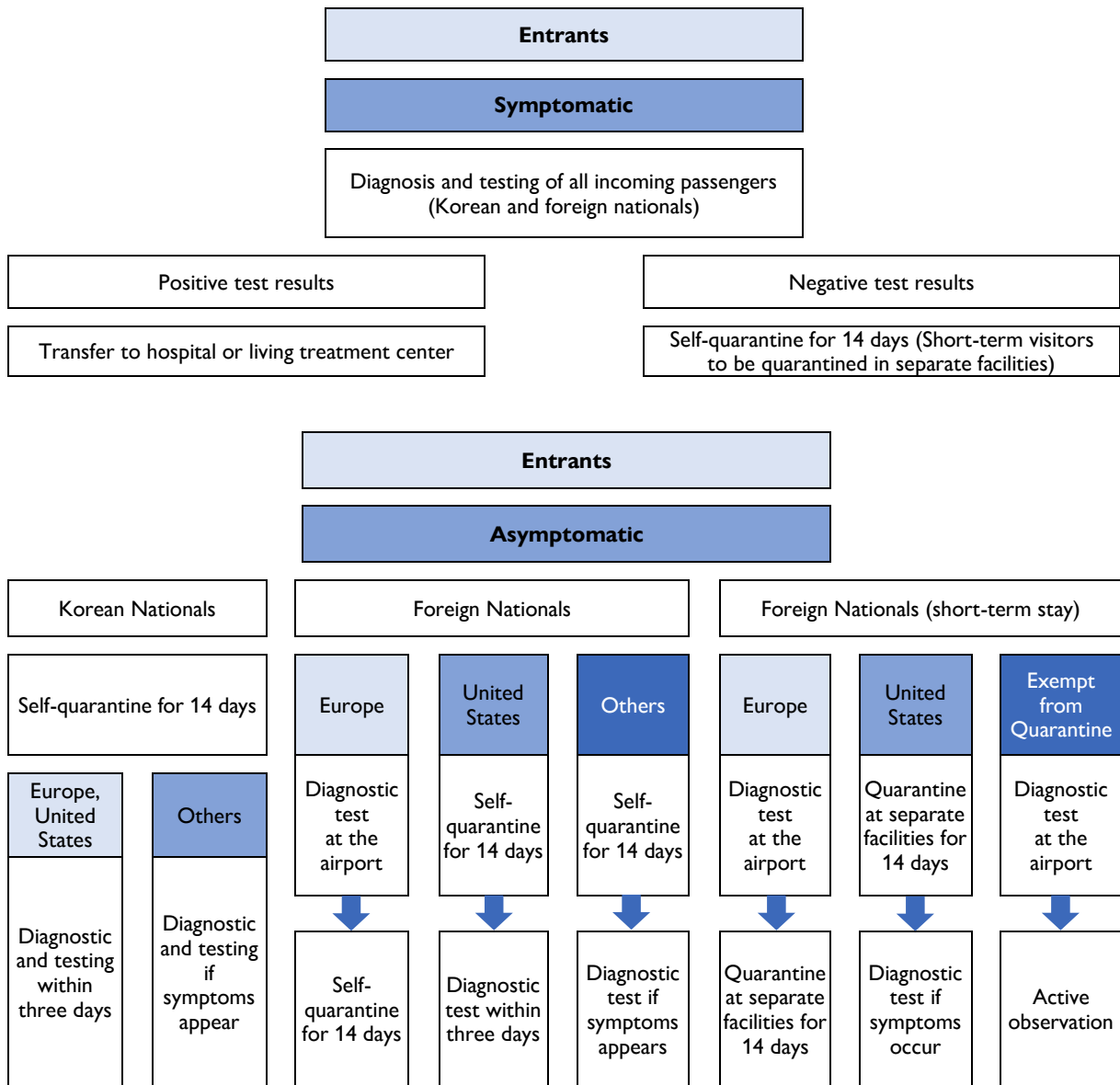
(5) Immigration Clearance

- a. Depending on the results of medical inspection, incoming passengers are divided into two groups – symptomatic and asymptomatic.
- b. Asymptomatic passengers are allowed to proceed to the immigration counters to enter the Republic of Korea. Upon entering the country, all travellers must practise self-isolation for 14 days and report their symptoms twice daily to KCDC through the Self-Quarantine Safety Protection App. KCDC investigates passengers who are not reachable.
- c. Symptomatic people are tested at the airport and positive cases are transferred to hospitals or treatment facilities.
- d. As of 22 March, when the situation in Europe and the United States began to escalate, all passengers arriving from Europe and the United States, even without symptoms, have been required to have COVID-19 tests within three days of arrival.

Figure 4 shows the SIP flow chart for symptomatic and asymptomatic arrivals.

¹⁷ Interview with KIS by Migration Research & Training Center, March 2020.

Figure 4. Special Immigration Procedure (SIP) flow chart: symptomatic/asymptomatic



Source: Central Disaster Management Headquarters, Central Disease Control Headquarters (2020)

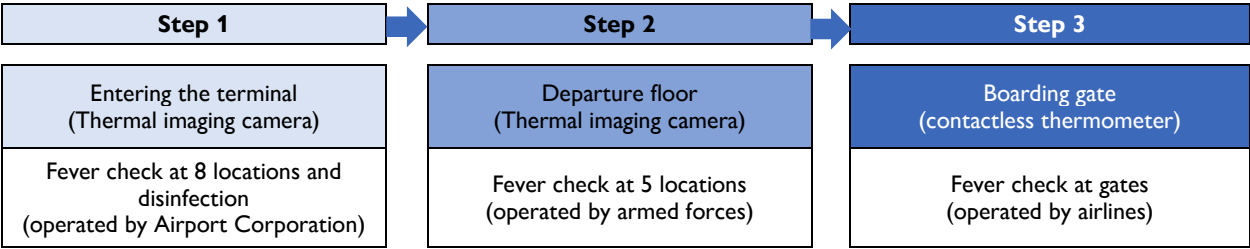
Box 3. Preventive measures at point of entries (POEs): Incheon International Airport

To ensure comprehensive prevention of COVID-19, the Republic of Korea’s largest POE – Incheon International Airport – has introduced strict preventive measures. The airport has stopped using self-service immigration kiosk to prevent infections that might occur in the process of reading passports and fingerprinting. It has also been mandatory for all immigration officers at the airport to wear masks, to provide hand sanitizers on all screens, to use hand gloves and to practise social distancing. At the time of writing this brief, there have been no infections among immigration officers or workers at the airports.

Responsible outflow management

To prevent the outflow of infected travellers to overseas countries, the Republic of Korea has introduced a screening process for passengers leaving the country via airports and seaports. The “COVID-19 Free Airport” initiative at Incheon International Airport is an example of a system that works in cooperation with epidemiological officials to prevent the departure of passengers who have had close contact with a confirmed case. All outbound travellers, regardless of nationality, must pass through three temperature checkpoints, from entering the airport terminal to arriving at the departure floor, and finally at the boarding gate. This initiative aims to screen suspected cases before they board a flight, where they may pose a risk to other passengers. Figure 5 provides further detail on the COVID-19 Free Airport system.

Figure 5. The COVID-19 Free Airport system



Source: Central Disaster Management Headquarters, Central Disease Control Headquarters (2020)

IMPLICATIONS OF THE REPUBLIC OF KOREA’S COVID-19 RESPONSE FROM A MOBILITY PERSPECTIVE

So far, the Republic of Korea has managed to turn the corner in containing the spread of the novel coronavirus without restricting movements or imposing border closures. Critical factors have been the role of leadership, the intra-agency cooperation between Government entities and an effective legal and administrative system. Flexibility and adaptability in policymaking, and citizens’ participation and understanding have also contributed to the overall effectiveness of the country’s response.

Leadership

Leadership is the defining factor in a time of crisis. The complex and urgent nature of an infectious disease crisis places even more emphasis on the importance of leadership. In such a situation, leaders must draw on scientific evidence, weigh up many conflicting values, display strong political will and accountability, communicate transparently and ultimately take decisive and solutions-based action.

Whole-of-government approach

Horizontal and vertical cooperation among diverse government bodies is vital in tackling infectious disease outbreaks. In responding to COVID-19, the Central Disaster and Safety Countermeasure Headquarters, led by the Prime Minister, has coordinated the horizontal collaboration between ministries and the vertical collaboration between central and local governments. This whole-of-government approach towards a common goal enables a timely, prompt and appropriate response to the evolution of COVID-19 at the national and international levels.

Backup from legal and administrative systems

The legal and administrative system provides a basis for investment in public health infrastructure and capacity building for public health officials. It also enables prompt mobilization and allocation of resources and clarifies roles and responsibilities.

Flexibility

Policy is a living mechanism and should, therefore, be adjusted based on the evolution of the crisis. Flexible policymaking and smooth execution of changing policy can minimize public health threats while maintaining freedom of movement. Scientific evaluation of domestic and international infectious disease trends, diplomatic reciprocity, and public opinion can provide a basis for policy flexibility.

Transparency and public trust

The provision of timely and accurate information in a public health crisis – for example, how a virus is evolving, how it is spreading, and how the government is responding – is essential in earning public trust. This trust and enhanced public awareness can then translate into a sense of personal responsibility and cooperative participation by the public in tackling infectious diseases. Examples of civil cooperation include robust social distancing practices, wearing masks, self-isolation and getting tested if symptoms arise.

CONCLUSION

Despite the sharp and sudden rise in mobility restrictions implemented around the world, confirmed cases of COVID-19 have been reported in more than 200 countries and continue to increase¹⁸. The sustainability of such restrictions and the devastating impact on the economy remain significant challenges for many governments.

The Republic of Korea's response provides an example of containing COVID-19 without imposing extreme domestic and international mobility restrictions. Effective cooperation between and within Government agencies, together with the Republic of Korea's test, trace and treatment strategy, effective border management and flexible immigration policies, are among the main factors that have allowed the country to contain the virus without closing its borders.

There has been a valid concern over the privacy implications of ramping up surveillance in tracing suspected cases. Achieving the right balance between responding to urgent public health needs and respecting privacy is a complicated task. Full transparency and the effectiveness of the control measures play a critical role in gaining public trust and support.

So far, the experience of the Republic of Korea has been that maintaining freedom of movement not only limits economic repercussions but ensures the sustainability of the control measures. However, if the spread of COVID-19 is not managed in other countries and if mobility restrictions continue, Korea's open border policy could be challenging to sustain. This issue highlights that the need for global solidarity, international assistance and cooperation in areas of public health and IBM is more imperative than ever in the time of COVID-19.



The opinions expressed in this Issue Brief do not necessarily reflect the views of the International Organization for Migration (IOM). The designations employed and the presentation of material throughout the report do not imply the expression of any opinion whatsoever on the part of IOM concerning the legal status of any country, territory, city or area, or of its authorities, or concerning its frontiers or boundaries.

¹⁸ As of 12 May, the number of affected countries, areas or territories is 215 according to World Health Organization. Available at <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>.