

2025

NEWSLETTER  
ANNUAL REPORT

GHSCO



Korea Disease Control and  
Prevention Agency



Global Health Security  
Coordination Office

2025

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Global Health Security  
Coordination Office

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FOREWORD

Since its establishment in 2023, the Global Health Security Coordination Office (GHSCO) has played a central role in strengthening collaboration with regional and global partners to enhance preparedness for and response to emerging public health emergencies. I would like to express my sincere appreciation to the governments, international organizations, and experts whose dedication and professionalism have contributed to these collective efforts throughout the year.

Recent public health emergencies have underscored the critical importance of resilient health systems, timely information sharing, and effective international coordination. In response, GHSCO has continued to advance initiatives aimed at strengthening both national and regional capacities. In this context, GHSCO serves as a vital platform for cooperation—connecting experts and institutions, facilitating the exchange of knowledge, and promoting collective action in support of global health security.

These efforts have been carried out in close partnership with the international community and are reflected in the GHSCO Newsletter, published quarterly throughout 2025. The Newsletter not only introduces activities and achievements, but also serves as a meaningful channel for knowledge sharing and partnership-building within the global health community.

Looking ahead, GHSCO remains committed to advancing collaborative action and strengthening partnerships to address both current and future health security challenges. Through continued cooperation and mutual trust, we can build a more resilient and sustainable global health security framework for future generations.

Thank you for your continued support.

**Seung-kwan Lim**  
Commissioner  
Korea Disease Control and Prevention Agency (KDCA)

2025 GHSCO's  
FOOTPRINT

At Global Health Security Coordination Office (GHSCO), we connect partners at the regional, national, and international levels to strengthen the global health security through collaborative networks. In the face of recurring infectious disease threats, it has become increasingly clear that no single country can prevent the global spread of pandemics alone. Drawing on lessons learned from previous public health emergencies, GHSCO has continued its efforts to enhance global health capabilities through the following initiatives:

Building Resilient Public Health Capacities

Core Personnel Training Program to support the development of public health policies and systems in trainee's home countries



ODA Project with Mongolia, Lao PDR, ASEAN, and Africa to strengthen mid- to long- term public health emergency preparedness and response capacities



Asia-Pacific Regional Workshops to facilitate the exchange of policy insights on pandemic preparedness



Contributing to Global Health Networks

One-Day Site Visit Program to share KDCA's expertise with international trainees



WHO GOARN participation to strengthen the global pool of experts for rapid public health emergency deployment



GHSA Activities to support growing needs for multisectoral collaboration



Core Values





# ABBREVIATIONS

AAR	After Action Reviews
ACIPC	Australasian College for Infection Prevention and Control
ACPHEED	ASEAN Centre for Public Health Emergencies and Emerging Diseases
AI	Avian Influenza
AMR	Antimicrobial Resistance
APHSAF	Asia Pacific Health Security Action Framework
ASEAN	Association of Southeast Asian Nations
ASLM	African Society for Laboratory Medicine
BL3	Biosafety Level 3
CoP	Community of Practice
CPRC	Crisis Preparedness and Response Centre
DORT	Divisional Outbreak Response Team
ECDC	European Centre for Disease Prevention and Control
EOC	Emergency Operations Center
FAO	Food and Agriculture Organization
FCCDDC	Fiji Centre for Communicable Disease Control
FELTP	Field Epidemiology and Laboratory Training Program
FETP	Field Epidemiology Training Program
Fiji CDC	Fiji Centre for Disease Control
GHEC	Global Health Emergency Corps
GHSA	Global Health Security Agenda
GHSAC	Global Health Security Agency Consortium
GHSCO	Global Health Security Coordination Office
GOARN	Global Outbreak Alert and Response Network
HICs	High-Income Countries
IANPHI	International Association of National Public Health Institutes
IDC	International Development Cooperation
IHR	International Health Regulations (2005)
JEE	Joint External Evaluation
JIHS	Japan Institute for Health Security
KDCA	Korea Disease Control and Prevention Agency
KOICA	Korea International Cooperation Agency

# 2025 GHSCO

NEWSLETTER  
ANNUAL REPORT

LICs	Low-Income Countries
LIS	Laboratory Information Systems
LMICs	Low- and Middle-Income Countries
MAT	Microscopic Agglutination Tests
MHMS	Fiji Ministry of Health and Medical Services
MOU	Memorandum of Understanding
MPs	Members of Parliament
NAPHS	National Action Plans for Health Security
NCCD	National Center for Communicable Diseases
NCDs	Non-communicable diseases
NCGM	National Center for Global Health and Medicine
NCLE	National Center for Laboratory and Epidemiology
NIID	National Institute of Infectious Diseases
NNDSS	National Notifiable Disease Surveillance System
NPHIs	National Public Health Institutes
NPHL	National Public Health Laboratory
NPHL	National Public Health Laboratory
ODA	Official Development Assistance
RITM	Research Institute for Tropical Medicine
SHAPE	Strengthening Health Adaptation Project to Engage with Climate Change in Fiji
SimEx	Simulation Exercises
SPAR	State Party Annual Reports
THL	Finnish National Institute for Health and Welfare
UKHSA	UK Health Security Agency
UMICs	Upper Middle-Income Countries
US CDC	U.S. Centers for Disease Control and Prevention
USAID	U.S. Agency for International Development
WGS	Whole Genome Sequencing
WHA	World Health Assembly
WHO	World Health Organization
WHO	World Health Organization
WOAH	World Organisation for Animal Health
WPRO	WHO Regional office for the Western Pacific

No.1  
March

GHSCO Updates

GHSCO Activity Plan: Achievements in 2024 and Strategic Direction for 2025

Global Updates\_ News

Trump’s Second Term and Its Implications for Global Health Security

Global Updates\_ Partner Stories

Foundation of the JIHS: A New Era in Japan’s Infectious Disease Response and Research

Global Updates\_ Partner Stories

Brown University Pandemic Center: A New Approach to Pandemic Prevention, Preparedness, and Response



## 1. GHSCO Activity Plan: Achievements in 2024 and Strategic Direction for 2025

Since its launch in December 2023, GHSCO has actively worked to establish its presence in the international community. With a focus on strengthening global health capacities, GHSCO has developed IDC including ODA projects and invited training programs leveraging the KDCA's expertise.

### Key Achievements in 2024

#### Capacity-Building Initiatives

GHSCO made significant progress in 2024 through various capacity-building initiatives. The office successfully conducted the ASEAN Core Personnel Training Program twice, enhancing laboratory diagnostics and analysis capacities across ASEAN countries. Additionally, it implemented IDC including ODA projects in Lao PDR and Mongolia to support the establishment of laboratory surveillance systems. To further strengthen epidemiological capacity, GHSCO supported training and education for FETP.

#### Global and National Engagement

On the global and national stages, GHSCO has made significant efforts to demonstrate our commitment to improving global health security. To figure public health related needs of embassies and foreign nationals in Korea, GHSCO bolstered networks among the embassies to enhance international cooperation. The Office also actively participated in GHSA activities. At the Global Health Security Conference held in Australia on June, 2024, GHSCO organized a side event, where it shared with partner organizations best practices and discussed direction toward strengthening global health security.

#### Recognition

In recognition of its contributions, the "Establishing GHS Coordination Office" project was selected as the 2024 IANPHI Asia Network Success case at the IANPHI General Assembly on December 11, 2024.



### Summary of 2024 Activities

- Initiated the ASEAN Core Personnel Training Program
- Conducted IDC including ODA projects (Laos, Mongolia, etc.)
- Organized a side event at the GHS Conference
- Built a network of embassies in Korea
- Participated in GHSA Steering Group meetings
- Published the GHSCO newsletter quarterly
- Recognized as an "IANPHI Asia Network Success"

### Strategic Direction for 2025

#### Expansion of Training Programs and Cooperative Projects

Building on its achievements, GHSCO aims to expand its efforts in 2025 to lead and further strengthen global capacity-building initiatives. The ASEAN Core Personnel Training Program will be broadened to provide more in-depth education in laboratory diagnosis and analysis. Furthermore, new training programs in epidemiology and surveillance will be developed and implemented based on the specific needs of ASEAN countries. IDC projects will continue, with a focus on Laos and Mongolia, incorporating simulation exercises to assess and improve infectious disease preparedness and response capacity.

## Participation in Global Health Security Assessments

GHSCO will also play a crucial role in global health security assessments by supporting the second round of JEE to assess KDCA’s implementation of the IHR. Furthermore, it will actively participate in the WHO JEE evaluation team and contribute to the GOARN activities.

## Enhanced Communication and Outreach

To enhance communication and outreach, GHSCO will launch its official website, improving engagement with both national and global partners. The quarterly GHSCO newsletter will continue to provide updates on ongoing activities and key initiatives, ensuring stakeholders remain informed and engaged.

### Planned Activities for 2025

- Expand the ASEAN Core Personnel Training Program
- Continue IDC including ODA projects
- Participate in the WHO JEE evaluation team and strengthen WHO GOARN activities
- Launch an official GHSCO website to diversify communication channels

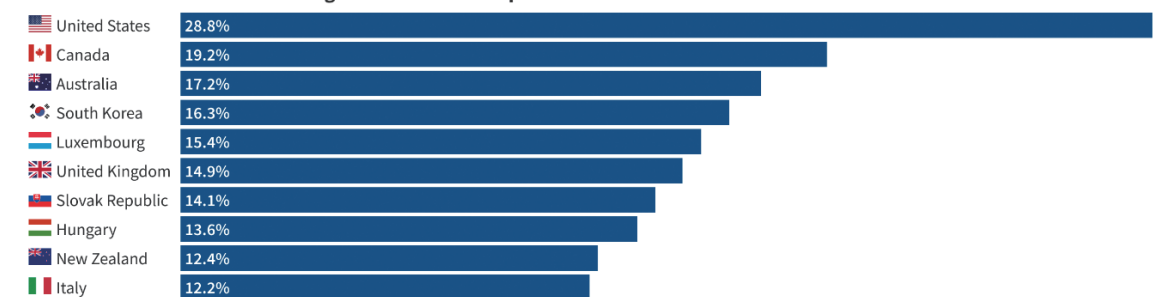
## 2. Trump’s Second Term and Its Implications for Global Health Security

**With U.S. President Donald Trump’s re-election, significant shifts are expected across the global health security landscape.**

One of the most consequential actions of Trump’s second term is his signing of an executive order in January 2025 to withdraw the United States from the WHO. This decision has already raised serious concerns among global health experts, who warn of its potential repercussions for international cooperation in responding to health threats. The Trump administration’s continued emphasis on its “America First” agenda has further led to a freeze on foreign aid funding, citing inconsistencies between U.S.-led humanitarian initiatives and national foreign policy priorities.

As the largest single donor to global health-related foreign aid, the U.S. has played a critical role in shaping and supporting public health initiatives around the world. However, the current administration is actively reviewing the scope and appropriateness of its health programs and funding commitments, with the same nationalist rationale at the core. Developing countries that have long relied on U.S. assistance now face immediate challenges. While the U.S. Congress has intervened to lift the administration’s freeze on U.S. humanitarian aid, the future of IDC including ODA projects remains uncertain. Many are closely watching how these policies will reshape the landscape of IDC.

**Donor Governments with the Largest Share of Development Assistance Directed to International Health in 2023**



Note: Donor government health assistance totals are based on Official Development Assistance (ODA) amounts as reported to the Organisation for Economic Co-operation and Development (OECD) and include bilateral disbursements for health as well as the health-adjusted share of core contributions to multilateral organizations. Overall assistance amounts are based on total bilateral disbursements and total core contributions to multilateral organizations.

Source: Analysis of data obtained via online query of the OECD Development Assistance Committee (DAC) Database Creditor Reporting System (CRS) and MultiSystem; January 2025. • Download PNG

## Global Response to the U.S. Withdrawal from WHO

The global response to the U.S. withdrawal has been swift and largely critical. The day after President Trump signed the executive order, WHO Director-General Dr. Tedros Adhanom Ghebreyesus expressed deep concern over the U.S.' departure and the broader implications for global health security. Dr. Tedros strongly urged the U.S. administration to reconsider its decision, emphasizing that this move is far more than a simple cut to financial contributions—it could directly disrupt the delivery of U.S.-funded programs for HIV/AIDS, polio, Mpox, and AI, potentially leading to program closures and staff reductions.

In the United Kingdom, the matter was raised during the UK-US Bilateral Relationship Debate, where MPs underscored the critical importance of maintaining close U.S.-UK cooperation to protect global health security. They highlighted the invaluable contributions of the USAID in tackling vaccine-preventable diseases such as polio, and voiced concerns over significant implications for both global and UK public health security. MPs also warned that the withdrawal of the U.S. from WHO could hinder crucial communication channels with the US CDC. In response, they called for a review and potential expansion of existing health security programs to protect and improve public health.

Minister of Health in German has also publicly expressed willingness to engage with the Trump administration in an effort to dissuade the U.S. from fully severing ties with WHO. The minister also fear that the withdrawal would not only weaken global health security but also roll back decades of hard-won progress in the fight against infectious diseases such as HIV/AIDS and malaria.

Meanwhile, following the U.S.'s lead, the Argentine government has announced its own intention to withdraw from WHO, citing similar concerns over national sovereignty and opposition to perceived interference by international organizations in the country's health issues.

A health expert from Georgetown University has warned that the U.S. withdrawal from WHO risks isolating the country from critical international health networks. The expert further cautioned that such a move could weaken global solidarity at a time when strong global collaboration is more vital than ever to prevent and respond to future pandemics. US CDC, in particular, could face reduced access to scientific data gathered and shared through WHO platforms—data that has proven essential during the COVID-19 pandemic.

The current trajectory of U.S. global health policy has undeniably raised alarm bells over the future of global health collaboration. Now more than ever, the international community must reaffirm the importance of solidarity and collective action in building a stronger, more resilient global health security framework.

During the first term of the Trump administration, there was strong support for GHSA. However, its related movements have been minimal, GHSCO plans to continuous monitoring and communication on the overall flow and following movement. Moreover, GHSCO remains fully committed to scaling up international collaboration and developing forward-looking strategies to strengthen global health security. The office will continue working closely with key international organizations and consultative bodies to ensure it plays an effective role in advancing global preparedness and response capacity on a broader scale.

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### 3. Foundation of the JIHS: A New Era in Japan's Infectious Disease Response and Research

Koji Wada  
Deputy-Director General, Bureau of Planning and Strategy,  
National Center for Global Health and Medicine

The COVID-19 pandemic led to a global reassessment of governmental structures, resulting in major organizational changes aimed at enhancing crisis response capabilities for future pandemics. In Japan, these changes involved restructuring the frameworks for planning and executing policies to effectively address emerging health threats. As part of these reforms, the Japanese government decided to create a new institution, which was later named the Kokuritsu Kenko Kikikanri Kenkyu Kikou (国立健康危機管理研究機構) in Japanese and the Japan Institute for Health Security in English. This new institution will be formed through the merger of NCGM and NIID, with operations set to begin on April 1, 2025.

#### Mission

The mission of the JIHS is to contribute to the creation of a resilient and secure society through the implementation of R&D on infectious diseases and other diseases, as well as the provision of medical care.



#### Vision

The vision of the JIHS is to become an "Integrated Science Center for Infectious Diseases" in Japan that leads the world in infectious diseases countermeasures, with world-class capabilities in information collection, analysis and risk assessment, research and development, and clinical functions.



JIHS will serve as a scientific advisory body during infectious disease crises, providing guidance to the Prime Minister and the Minister of Health, Labour, and Welfare.

Its mission builds on lessons learned from the COVID-19 pandemic, focusing on four key areas:

1. **Disease Intelligence:** Risk assessment and data analysis
2. **Research, Development and Innovation:** Advancing medical science
3. **Comprehensive Medical Care:** Strengthening clinical response capacity
4. **Human Resource Development and International Cooperation:** Building expertise and partnerships

Through its integration, JIHS seeks to enhance existing systems and foster synergy between basic and clinical research. Serving as a hub for both domestic and international collaboration, JIHS will bring together vital information, drive innovative research, and provide transformative solutions to address the challenges posed by infectious diseases.



#### Logo

In conjunction with the establishment of JIHS, a new logo was created to represent the unification of NIID and NCGM. The outer circle resembles a culture dish, symbolizing NIID's scientific research, while also representing the Earth, reflecting NCGM's global health mission. The inner red circle mirrors Japan's national flag, highlighting JIHS's role as a national institution. The crossed lines represent the merger, underscoring the commitment and aspiration to advance infection control measures as a unified organization.



JIHS will become a center of excellence for infectious diseases, both within Japan and globally. By integrating resources, JIHS will strengthen the hospital's capacity to respond to crises, while maintaining its role in providing advanced medical care. Additionally, as a hub for global and domestic infectious disease networks, the institute will consolidate critical information, stimulate groundbreaking research, and develop transformative solutions for enhancing health security.

For details: <https://www.jihs.go.jp/>

## 4. Brown University Pandemic Center: A New Approach to Pandemic Prevention, Preparedness, and Response

Dr. Elizabeth (Beth) Cameron, Senior Advisor,  
Leah Lovgren, Associate Director of Research and Program Management,  
Brown University Pandemic Center

Pandemic Center Offices: Providence, Rhode Island USA, and Washington, D.C. USA



Pandemic Center leadership,  
Drs. Jennifer Nuzzo, Wilmot James and Beth Cameron

We are in an age of pandemic threats. COVID-19, the most consequential pandemic in a century, is the latest but not the last the world will face. COVID-19 exposed severe weaknesses in health security around the globe. Millions of lives were lost, and the impacts stretched across societies and were inequitably distributed across communities and countries. But there were important lessons in all that loss that must be translated into future action. We know another pandemic is coming, and new outbreaks continue to arise, including H5N1 influenza, Ebola, Marburg, and Mpox.

'Building sustainable and resilient global health security capacity requires independent, credible experts generating evidence and action to develop the tools, policies, and practices to equitably reduce vulnerabilities and bolster responses around the globe'



The work of the Pandemic Center at the Brown University School of Public Health

The Pandemic Center deeply prioritizes impact — generating and analyzing data, translating that data to effective policy and practice, educating and inspiring the next generation of diverse public health leaders, and educating and engaging the public. The Pandemic Center builds on Brown University's hallmark — a unique ability to combine cutting-edge research and interdisciplinary inquiry to make a positive impact in confronting the world's great challenges. Like the University, the Pandemic Center is uniquely positioned in this field to work across disciplines and sectors, recognizing that this boundary breaking is critical to the innovative research, education and training that lead to policy and impact.

#### How We Work

Generate data for decision-making

Translate evidence to practice

Train the Next Generation of leaders

Educate and engage the broader public

#### Our Signature Projects & Initiatives

- Advance Warning and Response Exemplars (AWARE)
- Biosecurity Game Changers Fellowship Program
- Global Health Security (GHS) Index
- American Democracy and Health Security Initiative

#### Advance Warning and Response Exemplars

Through the **Advance Warning and Response Exemplars (AWARE)** project, the Pandemic Center and its collaborators are supporting research into and promotion of effective early warning, early detection and rapid response surveillance systems to significant public health events, including outbreaks of climate-sensitive infectious diseases (CSIDs). Critical to this work are the Center's in-country research partnerships in Brazil, Kenya, South Africa, and Vietnam, whose local expertise shapes the methodology and ensures findings can be meaningfully applied. As AWARE's insights are disseminated later this year, countries will be able to leverage this evidence to advocate for resources to strengthen their health security systems. The project is funded by the Gates Foundation, Gates Ventures and Wellcome Trust.



AWARE project funders and in-country research partners

#### Biosecurity Game Changes Fellowship Program

The Pandemic Center has its own unique value proposition in training the next generation of pandemic decision-makers in the form of novel initiatives like the **Biosecurity Game Changers Fellowship Program**. Launched in 2024, the fellowship is designed to identify early-to-mid career professionals to represent the next generation of leaders responsible for preventing and preparing for the worst case health security challenges. The first of its kind, the fellowship provides experiential and operational learning, in partnership with institutions such as the Africa Centres for Disease Control and Prevention and with placements among key organizations like Coalition for Epidemic Preparedness Innovations, the Biological Weapons Convention Implementation Support Unit, the International Biosecurity and Biosafety Initiative for Science, the Pandemic Action Network,



and Gavi, the Vaccine Alliance. Biosecurity Game Changers is an example of the Pandemic Center’s dedicated investment into the future of pandemic preparedness through the placement of fellows in key global organizations, which are laser focused on making an impact in this field.



Biosecurity Games Changers Fellows, Pandemic Center team and guest speakers at the 2024 Gamechangers Workshop in Addis Ababa, Ethiopia

## Global Health Security Index

Pandemic Center Director, Jennifer Nuzzo and Senior Advisors Wilnot James and Beth Cameron have been driving forces of the **Global Health Security (GHS) Index** since the development of its first iteration in 2019. The Index, now in the beginning stages of a third Africa-specific iteration, is an assessment of global health security capabilities and their ability to prepare for epidemics and pandemics. Broad engagement and multinational collaboration has been key to the Index development. In laying the groundwork for a 2025 Africa GHS Index, the project team has engaged with key stakeholders from organizations including African Society for Laboratory Medicine (ASLM), WOA, Ministry of Health of Uganda, Nigeria Centre for Disease Control and Prevention, and the WHO Hub for Pandemic and Epidemic Intelligence.

## American Democracy and Health Security Initiative



The Pandemic Center is also focused on understanding local best practices and replicable models in the United States from the COVID-19 response. Through the **American Democracy and Health Security Initiative**, the Center partnered with

the CSIS Bipartisan Alliance for Health Security and the COVID Collaborative in order to conduct a groundbreaking, grassroots examination of America’s pandemic “lamplighters,” who innovated and bridged divides to illuminate the path forward in the darkest days of the COVID-19 pandemic. The American Democracy and Health Security Initiative spotlights these state and local lamplighters and harvests their hard-won lessons to ensure the most successful strategies can be sustained or replicated in future crises. The Pandemic Center is interested in extending this work to understand replicable local innovations and models for pandemic response around the world.

Research is at the core of the Pandemic Center’s mission but must be made accessible, including the public, in order to have impact. To that end, the Center is constantly working to share evidence-based scientific information from trusted global resources through initiatives including the monthly “Pandemics and Society” webinar series—free and open to the public— which examines key issues for improving our resilience to pandemics. The webinars feature high-level subject matter experts and all 20 past recordings are available on the **Center’s website**. Other notable outreach initiatives include the **Tracking Report**, a weekly review and aggregation of published data relevant to both domestic and international infectious disease outbreaks. The report serves to interpret, contextualize, and summarize timely information to keep readers informed about potential and ongoing health threats.

This sampling of projects and initiatives highlight the Pandemic Center’s commitment to leverage its own unique position as a multidisciplinary non-partisan research organization to drive an agenda of global health security and pandemic preparedness.



Pandemic Center Director, Dr. Jennifer Nuzzo and workshop guests in Washington D.C.

No.2  
June

GHSCO Updates

KDCA Boosts Lao PDR’s Genomic Surveillance with Landmark Training

GHSCO Updates

Mongolia’s Readiness for Emerging Infectious Disease Improved by Joint Simulation Exercise

Global Updates\_ News

The 78<sup>th</sup> World Health Assembly Charts Course for Stronger Pandemic Response and Sweeping WHO Reforms

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Malaysian Entomologist Leverages Korean AI Technology to combat Vector-Borne Diseases

Global Updates\_ Partner Stories

“KDCA Strengthens Global Health Security with Strong National Public Health Institutes,” Says a Leading Expert



## 1. KDCA Boosts Lao PDR's Genomic Surveillance with Landmark Training

KDCA has significantly advanced public health capabilities in Lao PDR through a collaborative initiative focused on strengthening genomic surveillance, particularly for food-borne illnesses. This effort falls under the “**Strengthening Health Emergencies Preparedness and Enhancing Response to Disease Outbreak (SHEPERD)**” project, launched in 2022, which aims to bolster long-term public health crisis response across the Mekong River region by fostering information sharing and establishing a regional hub.



From February 10 to 14, KDCA experts visited Lao PDR NCLE, Lao PDR's national reference laboratory, to provide crucial support. The core mission of this visit was to enhance NCLE's diagnostic and analytical capacities, with a specific emphasis on the detection and response to food-borne illnesses and outbreaks. A major milestone of this collaboration was the first WGS conducted in Lao PDR. Officials from the Ministry of Health Lao PDR received comprehensive training on the latest WGS diagnostic and analytical techniques.



KDCA experts and LAO PDR Ministry of Health officials at NCLE building

Given that Salmonella is a primary bacterial pathogen responsible for food-borne illness and related outbreaks, the training included structured instruction on various aspects of Salmonella characterization. This ranged from library preparation for serotyping to result analysis, providing both theoretical knowledge and practical skills in genomic sequencing and data analysis. The training also addressed practical challenges, covering common types of errors and introducing effective solutions encountered during the WGS analysis process.

Furthermore, Lao PDR officials gained hands-on experience in critical analytical capacities essential for interpreting WGS data and ensuring quality control, thereby laying a robust foundation for advanced diagnostic analysis within the country.

These advancements are expected to significantly strengthen outbreak surveillance and response capabilities in Lao PDR.



"The ability to conduct whole genome sequencing for salmonella serotyping is a major advancement for our national laboratory system. With the support of KDCA, we can now better track and respond to food-borne disease outbreaks, protecting public health."

Dr Bouaphane Khamphaphongphane, Director of NCLE

KDCA's support, through technology transfer and knowledge sharing, is posed to deepen the partnership between KDCA and the Ministry of Health of Lao PDR. This collaboration is anticipated to create meaningful synergy in building stronger public health emergency response systems. Moving forward, KDCA reiterates its commitment to collaborating with global health partners, supporting the development of more resilient and responsive public health systems worldwide.

## 2. Mongolia's Readiness for Emerging Infectious Disease Improved by Joint Simulation Exercise

### Project Overview: Strengthening Mongolia's Infectious Disease Control System

Since 2023, KDCA has been supporting Mongolia through an ODA project aimed at enhancing the country's capacity to prepare and respond to infectious diseases. This project focuses on several key areas:

- Antimicrobial Resistance Surveillance
- Field Epidemiology Training
- Simulation Exercises for Emerging Infectious Diseases
- Knowledge Exchange and Transfer of Surveillance and Diagnostic Technologies from Korea.



Joint Simulation Exercise in Mongolia

## The Simulation Exercise

As a key part of the project, a scenario-based simulation exercise was conducted from April 21 to April 22, 2025. The exercise was based on a hypothetical human case of avian influenza. A “whole-of-government” approach to preparing for infectious disease outbreaks extends beyond just disease control authorities, encompassing a wide array of relevant ministries and agencies. The goal is to ensure a coordinated and integrated response, particularly in emergencies where multi-agency coordination might be unfamiliar territory for Mongolia. Therefore, it is essential to conduct simulation exercises that involve multiple sectors, allowing various government bodies to practice joint response efforts and ensure rapid action when a real crisis emerges. This collaborative training helps to streamline communication, clarify roles and responsibilities, and build a unified front against public health threats that require a comprehensive national effort. The simulation was hosted by Mongolia’s NCCD with technical support from KDCA. 74 working-level staff from around 20 Mongolian agencies participated, including representatives from the Ministry of Health, National Emergency Management Agency, and General Authority for Veterinary Services.

This simulation offered participants the crucial opportunity to:

- Review Scenario-Based Response Procedures
- Clarify the Specific Responsibilities of Each Agency in the Event of Suspected Avian Influenza Cases
- Practice Swift Risk Assessment and Information Sharing
- Refine Strategies for Case Management and Multi-Agency Risk Assessment Process
- Address Misinformation Management and Public Communication with the Media.



During the Simulation Exercise

## Key Findings and Insights

The simulation accurately reflected a real outbreak scenario and proved it to be highly valuable. It revealed critical gaps in the early response system while allowing for a comprehensive evaluation of the whole-of-government coordination mechanism.

Although participants gained a deeper understanding of national guidelines and crisis management protocols, several key challenges were identified:

- Unclear Definition of Agency Roles during the Initial Response Phase
- Inadequate Mechanisms for Timely Information-Sharing among Involved Parties

## Future Directions and Ongoing Support from KDCA

Drawing on lessons learned, NCCD and Ministry of Health Mongolia plan to revise the national framework for responding to emerging infectious diseases.

The revised framework will focus on:

- Clearly Defining the Responsibilities of Each Agency
- Enhancing Real-Time Information Sharing among Stakeholders

Regular scenario-based training plays a vital role in identifying systemic gaps and developing practical solutions for future outbreaks. Going forward, KDCA will continue to share its knowledge and experience with NCCD, thereby ensuring sustainable capacity building and fostering effective cooperation to strengthen Mongolia’s infectious disease preparedness and response systems. .



### 3. The 78<sup>th</sup> World Health Assembly Charts Course for Stronger Pandemic Response and Sweeping WHO Reforms

19-27 May 2025, 78th World Health Assembly, Geneva, Switzerland

Dr. Yongmee Jee, Commissioner of KDCA, presided over the opening session of the WHA78. In her capacity as Vice President of WHA77, Dr. Jee announced the newly elected President of WHA78 and handed over the leadership of the Assembly.



Dr. Jee, Commissioner of KDCA at the opening session of WHA78.

A key highlight of WHA78 was the adoption of the Pandemic Agreement, a significant milestone in global health governance. During WHA77, the definition of “pandemic” was revisited in light of lessons learned from the COVID-19 crisis. This year, Member States unanimously adopted the Pandemic Agreement, the second legally binding international health accord, aimed at ensuring equitable access to vaccines, therapeutics, and diagnostics, and strengthening global cooperation in future health emergencies.

Another major topic of discussion was the potential impact of the United States’ stated intention to withdraw from WHO. This raised concerns about WHO’s future budget and workforce. In response, Member States approved a 20 percent increase in Assessed Contributions to ensure sustainable financing. While this may

affect WHO’s internal workforce structure, the organization reaffirmed its plan to pursue structural reforms to enhance operational efficiency.

Despite these challenges, meaningful progress was made toward strengthening pandemic preparedness and financial sustainability. Several key resolutions were adopted, including those on NCDs, science-based health policies, climate change and health, and rare diseases. These decisions represent a broader global commitment to comprehensive approaches for achieving better health and well-being for all.

#### Commissioner Dr. Jee’s Visit to Tonga: 2-12 February



Earlier this year, Commissioner Dr. Jee visited Tonga as a member of the WHO Independent Oversight and Advisory Committee (IOAC) to assess the implementation of the IHR and to support public health emergency preparedness in the Western Pacific Region.

This region faces wide disparities in population size, climate conditions, and health system capacity. Tonga, in particular, is geographically vulnerable to emerging infectious diseases and climate-related health threats due to its remote isolation and frequent natural disasters.

During her visit, Dr. Jee met with Dr. Saia Ma’u Piukala, WHO WPRO. They discussed various strategies for addressing NCDs, climate change and health systems, which are key challenges for Tonga. The meeting highlighted the need for tailored support, especially in building a skilled health workforce and mobilizing resources.

The bilateral discussions reaffirmed the importance of expanding the scope of cooperation to further enhance preparedness and response to both communicable and non-communicable diseases, as well as climate change-related health risks. These efforts will require more effective partnerships and increased global support. KDCA remains committed to identifying urgent public health needs, and developing practical and sustainable solutions through international collaboration.



## KDCA and WHO WPRO Sign MOU to Advance Technical Cooperation: 22 May 2025

On the sidelines of WHA78, KDCA and WHO WPRO held a MOU signing ceremony to strengthen bilateral collaboration. Building on discussions held during Dr. Jee's visit to Tonga, the two sides discussed Korea's longstanding financial contributions to WPRO since 2006 and explored ways to enhance cooperation in key areas such as infectious disease prevention and control, tuberculosis management, and NCD surveillance. WPRO Regional Director Dr. Piukala expressed his expectation for increased support from Korea and looked forward to deeper collaboration under the renewed MOU framework.



Signing of MOU with World Health Organization Western Pacific Regional Office

## Strengthening Cross-Border Cooperation with ECDC: 16 May 2025

KDCA previously signed a MOU with ECDC to strengthen joint responses to cross-border infectious disease threats during the COVID-19 pandemic. The MOU outlines key areas of cooperation, including public health emergency preparedness and response, infectious disease surveillance, risk assessment, laboratory capacities, antimicrobial resistance, and immunization. This visit held particular significance as it marked resumption of high-level policy dialogue and technical collaboration between two agencies, which had been delayed due to the prolonged impact of the COVID-19 pandemic, even after the signing of the MOU.



### Commissioner Dr. Jee stated,

"Amid a rapidly changing international landscape, multilateral cooperation remains critical to improving the health of people around the world. I believe that this year's 78<sup>th</sup> World Health Assembly serves as an important opportunity to strengthen cooperation with countries and international organizations, and to further expand Korea's leadership in the global health sector".

## 4. IANPHI General Assembly Highlights Four Key Public Health Achievements

IANPHI General Assembly, held on April 10, 2025 in Maputo, Mozambique highlighted four outstanding achievements, showcasing impactful initiatives from around the globe in strengthening public health infrastructure and response capacity. These recognitions underscore the diverse and critical roles played by NPHIs in addressing complex health challenges.



### IANPHI Regional Network

#### Europe:

##### Finland's Proactive Influenza Response

The Finnish Institute for Health and Welfare (THL) was honored for its exemplary work in managing an influenza epidemic on fur farms. The institute demonstrated robust collaboration with various authorities to contain the virus's spread from animals to humans, emphasizing a crucial "One Health" and "planetary health" perspective in their approach. This recognition highlights the importance of inter-sectoral cooperation in preventing zoonotic spillover events.

#### Latin America and Caribbean:

##### Mexico's Public Health Centric Restructuring

The National Institute of Public Health of Mexico received recognition for its significant restructuring efforts. The institute successfully reoriented its core activities to place public health at the forefront, fostering stronger linkages between research and education. This strategic overhaul involved consolidating educational programs and establishing dedicated research and education groups, aiming to cultivate a more integrated and impactful public health ecosystem.

#### Africa:

##### Mozambique's Community-Level Data Innovation

Mozambique was acknowledged for its pioneering work in establishing a system to collect vital data at the community level. This innovative approach allows for a clearer understanding of birth and death profiles across the country, providing essential information for public health planning and interventions. Notably, this successful system is now being considered as a model for implementation in other African nations, showcasing its potential for broader regional impact.

#### Asia:

##### The Republic of Korea's Global Health Security Leadership

KDCA was celebrated for the establishment of its GHSCO. As a significant step in bolstering global health security, GHSCO has already initiated a core personnel training program for ASEAN member states. This program aims to enhance infectious disease response capabilities across the region, demonstrating Korea's commitment to fostering international collaboration and strengthening global health security preparedness.

These recognitions collectively highlight the innovative and dedicated efforts of NPHIs in building resilient health systems and addressing pressing public health challenges worldwide.

For details: <https://www.ianphi.org/tools-resources/2025-annual-meeting2/session-ianphi.html>



## 5. Malaysian Entomologist Leverages Korean AI Technology to Combat Vector-Borne Diseases

Noorazyen Binti Haris, an entomologist with 10 years of experience, participated in the GHSCO Core Personnel Training Program to enhance her technical skills and learn global best practices in public health. Her primary interest lies in innovative technologies such as Korea's AI-DMS mosquito monitoring system, which she believes can be effectively adapted for use in Malaysia.

Haris's initial Action Plan, **"Strengthening Entomological Surveillance: A Strategic Action Plan for Combating Vector-Borne Diseases (Zoonotic Malaria),"** aimed to improve the monitoring and control of mosquito-borne diseases, particularly zoonotic malaria caused by *Plasmodium knowlesi*. She has since revised her plan by narrowing the geographic scope from a broader regional focus to specifically concentrate on Segamat, Johor, where she is currently based. This adjustment was made to ensure the plan's feasibility and manageability given constraints in time, budget, and manpower. By focusing on a single district, she aims to implement the plan more effectively and create a localized model that can be scaled up later.

So far, Haris has completed foundational steps, including continuous local vector assessments, mapping vector distributions in Segamat, and beginning the digitalization of data. While the overall structure of her plan remains, she has adjusted timelines and expectations to ensure practicality and impact, learning that "starting small is often key to building a stronger, more sustainable model".

### Field Story from Malaysia



After the in-person training, entomological surveillance activities were implemented in Segamat, Johor, with a focus on identifying mosquito breeding sites in forested and plantation areas. Between January and April 2025, she applied enhanced vector surveillance techniques through systematic larval sampling and habitat mapping, directly contributing to the goal of strengthening data-driven entomological surveillance.

The training significantly impacted Haris's approach to work and decision-making, particularly her understanding of the interconnectedness of data and field practices. She found Korea's AI-based Digital Mosquito Surveillance (AI-DMS) especially insightful, providing a fresh perspective on how innovation can transform long-term vector monitoring and support data-driven decisions. Haris is eager to apply these insights to her work and contribute to innovative solutions in entomological research and surveillance.

Haris continues to stay in contact with several program participants, finding it valuable for exchanging ideas and learning different approaches to vector surveillance and disease control. These connections have led to sharing insights, discussing solutions to common challenges, and opening opportunities for future research collaborations. Reflecting on her experience, she highly recommends the program to colleagues, particularly early-career officers in public health or vector surveillance, emphasizing its solid foundation in theoretical knowledge and practical application, and the invaluable opportunity to engage with international experts and peers.

## 6. “KDCA Strengthens Global Health Security with Strong National Public Health Institutes,” Says a Leading Expert



As the world continues to grapple with the aftermath of the COVID-19 pandemic and prepares for future health crises, the critical role of robust NPHIs is more evident than ever. This was a key focus in a recent interview with Professor Lawrence O. Gostin of Georgetown University, a globally renowned expert in public health law, conducted by Professor Jin Su Song of Seoul National University College of Medicine for the GHSCO Newsletter on May 29, 2025.

Professor Gostin underscored that strong, sustainable national health authorities are “critically important” for both domestic public health and global health security, particularly in infectious disease control. He highlighted that the IHR mandate core health system capacities including laboratory capabilities, surveillance systems, well-trained public health workforces and the abilities to rapidly detect and respond to novel outbreaks. “There’s no way to do that without a strong National Public Health Authority,” Gostin stated, drawing on decades of experience working with NPHIs worldwide, especially USCDC. He stressed the importance for NPHIs of being agile, well-resourced, and deeply integrated within the broader healthcare system.

### Bridging Divides: NPHIs Across the Income Spectrum

Recognizing differences in capacity between HICs and LMICs, Professor Gostin noted that while their functions may differ, NPHIs in all settings can play

a significant role. In LMICs, NPHIs often focus on essential services such as vaccination, maternal and child health, and basic surveillance. In contrast, HICs emphasize advanced research, sophisticated surveillance, and global leadership. Gostin advocated for a collaborative model where HICs learn from the “grassroots, ground-level delivery” in LMICs, while LMICs benefit from HICs’ resources and advanced methodologies. The ultimate goal, he said, is to build a “firewall against health threats” from the local to the global level.

### Strengthening Global Governance and Solidarity

The conversation also addressed the urgent need of reforming global health governance, especially within the WHO, to align with the evolving landscape of NPHIs. Gostin argued that NPHIs are vital for the effective implementation of WHO reforms and for ensuring compliance with the IHR. While the WHO provides normative guidance, real-world implementation depends heavily on capable national institutions. He proposed a “network of networks” approach, in which NPHIs collaborate regionally and globally to share best practices, resources, and personnel particularly to support LMICs. This distributed model could strengthen global preparedness and response, potentially filling gaps caused by funding shortfalls in international organizations.

### Technological Advancements and Korea’s Leading Role

The integration of advanced technologies such as AI and big data into public health was another key point. Gostin championed the use of these tools by NPHIs to enhance surveillance, early warning systems, and data-driven policy-making, enabling for “a smart and precise responses.”

Professor Gostin particularly commended Korea for its exemplary health system and potential lead global health security. He highlighted Korea’s rapid learning from past challenges like the MERS outbreak and its remarkably effective response in the early stages of COVID-19. “In my mind, Korea is at the pinnacle of its region, and arguably the world,” Gostin asserted, citing Korea’s expertise, funding, and commitment. He emphasized Korea’s unique position to lead “naturally, humbly, and quietly, yet effectively,” through its actions, words, and dedication—not only to scientific exchange and innovation, but also to equity and inclusion in global health.

The interview concluded with a resounding call for continued investment in robust NPHIs and the fostering of global solidarity, recognizing that no single nation can confront future pandemics alone.

No.3  
September

GHSCO Updates

GOARN Webinar Series to Strengthen Regional Partner Engagement

GHSCO Updates

Data-Driven Surveillance Workshop Held in Seoul

GHSCO Updates

2025 GHSCO Core Personnel Training Program

Global Updates\_ News

Korea Demonstrates Strong Health Security Capacity Through WHO JEE

Global Updates\_ News

GHSA Steering Group Advances Efforts to Strengthen Global Health Security

Global Updates\_ Partner Stories

Strengthening Health Adaptation Project (SHAPE): Responding to Climate Change in Fiji

Global Updates\_ Partner Stories

Philippines Medical Technologist Reflects on the GHSCO Training Experience



# 1. GOARN Webinar Series to Strengthen Regional Partner Engagement

## Strengthening Regional Health Security Through New GOARN Webinar Series

KDCA, together with the GOARN and ACIPC, co-hosted a new webinar series to enhance collaboration and knowledge-sharing across the Western Pacific Region. As part of the WHO WPRO’s APHSAF CoP, GOARN aims to sustain and strengthen partner engagement to respond to increasingly frequent and complex public health emergencies.

## Building a Stronger Community of Practice

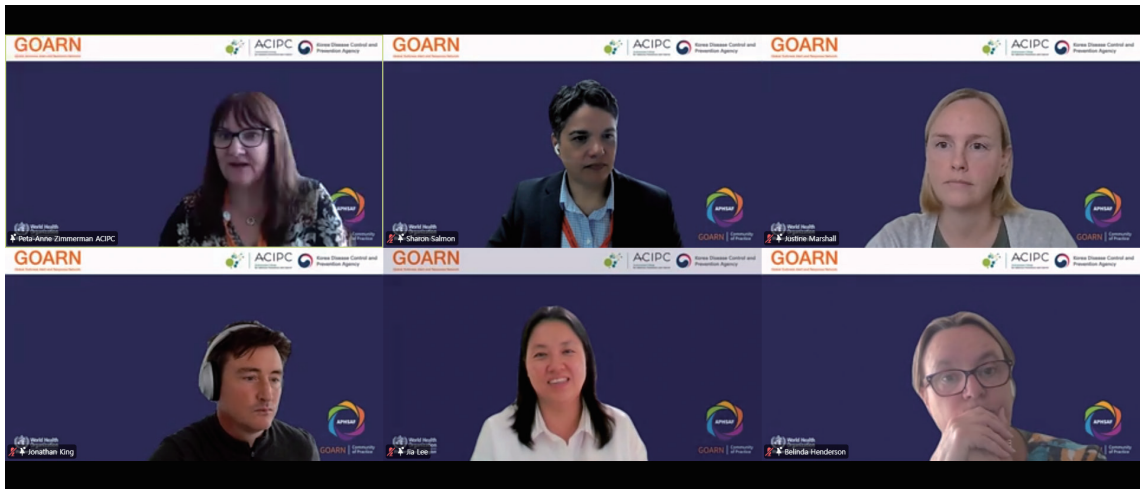
Since its establishment in 2000, GOARN has played a central role in deploying experts to support outbreak response and preparedness. With over 300 partner institutions worldwide, the network has been instrumental in addressing global infectious disease threats.

This webinar series seeks to:

- Improve understanding of the GOARN deployment process among partners and WHO.
- Share real-world field experiences from past deployments, such as the measles response in Mongolia and HIV outbreak management in Fiji.
- Strengthen connections between the GOARN partners, WHO offices, and technical experts to enhance collective readiness.

## First Webinar: “Deploying with GOARN”

The inaugural session, “Deploying with GOARN”, was held virtually on September 23rd, 2025. The 60-minute program featured insights from Dr. Peta-Anne Zimmerman (ACIPC), Dr. Socorro Escalante (WHO Mongolia), Belinda Henderson (Queensland Department of Health), Matthew Shortus (WHO WPRO), Dr. Jonathan King (Kirby Institute, University of New South Wales), Dr. Justine Marshall (Kirby Institute, University of New South Wales), facilitated by Dr. Sharon Salmon (WHO WPRO) and Jia Lee (KDCA) with approximately 240 participants joining from various countries and institutions. Discussions highlighted GOARN surge mechanism, partner onboarding, and first-hand deployment experiences, followed by an interactive Q&A session.



GOARN Webinar Speakers

## Looking Ahead

The series designs in four webinar sessions. The second session “**Powered by Partners: GOARN Collaboration Across the Region**” will highlight surge capacity and strategic opportunities for collaboration. Future sessions in 2026 will further explore faculty development, mentoring, and specialized technical groups. By providing a structured and interactive platform, GOARN Webinar Series aims to strengthen workforce capacity, foster collaboration, and ensure the region is better prepared for future public health emergencies.



## 2. Data-Driven Surveillance Workshop Held in Seoul

### Sharing Policy Insights for Pandemic Preparedness Across the Asia-Pacific

KDCA, in collaboration with US CDC and IANPHI, hosted a regional workshop from July 16th to 18th in Seoul.

The event brought together representatives from 10 Asia-Pacific countries, alongside the ECDC, the UKHSA, and the ACPHEED. Around 40 participants gathered to share experiences and strengthen infectious disease surveillance capacities.

### Data-Driven Pandemic Preparedness

The workshop, held under the theme **“From Data to Action: Enhancing Data Systems and Integrated Surveillance,”** provided a platform for countries to share their experiences in collecting and utilizing epidemiological data. Sessions emphasized evidence-based decision-making to strengthen pandemic preparedness.

On the first day, Korea, Singapore, Malaysia, the U.K., the U.S., and Vietnam presented their integrated disease surveillance systems. KDCA showcased its Integrated Disease Information System and Infectious Disease Big Data Platform, along with predictive modeling applications used during the COVID-19 pandemic. Discussions also highlighted the use of innovative technologies and strategies for workforce development.

### Real-Time Data Use and Emergency Response

The second day focused on risk assessment, monitoring tools, and the use of real-time data in public health emergency responses. Countries demonstrated their systems and programs, allowing participants to try out the systems firsthand. A hands-on training session on digital tools enabled experts to directly engage with the latest technologies.

### Building a Long-Term Cooperation Framework

On the last day, participants developed concrete action strategies to improve national data flows and surveillance systems, while working toward a regional roadmap. Emphasis was placed on strengthening cross-country cooperation through regular training and joint initiatives, laying the foundation for long-term collaboration in pandemic preparedness and response.

### Asia-Pacific Countries’ Leadership in Global Health Security

The workshop underscored the growing leadership of Asia-Pacific countries in global health security. Beyond presentations and discussions, it provided a valuable opportunity to exchange actionable policy insights to advance pandemic preparedness. Participating countries look forward to continued collaboration, building platforms for information sharing, and actively contributing to global capacity-building efforts.



Session 2 on July 17, 2025

Regional Roadmap Session on July 18, 2025



Group Discussion

### 3. 2025 GHSCO Core Personnel Training Program

Since its official launch in 2023, GHSCO has successfully conducted three rounds of its “Education and Training Platform” designed to strengthen capacity for infectious disease preparedness and response. The **GHSCO Core Personnel Training Program** focuses on practical, hands-on learning and site visits to build core competencies for global outbreak response.

In 2024, the training held two sessions on surveillance and laboratory diagnosis, training 20 participants from ASEAN Member States. Trainees were carefully selected based on their professional and relevant experiences, with the final approval by KDCA experts.

In 2025, the 3rd Core Personnel Training Program took place from June 30th to July 10th as a two-week, in-person training program. This year’s training provided advanced hands-on training in laboratory and research, opportunities to develop National Action Plans, and on-site visits to key facilities for infectious disease preparedness and response. Fifteen participants from Lao PDR, Vietnam, Indonesia, Cambodia, Thailand, and the Philippines attended, sharing updates on their national policy development and working with KDCA experts to identify key insights and practical applications.



Hands-on Practice in Vector Surveillance

As part of the program, trainees visited the EOC to learn about its role during public health emergencies, and toured the BL3 laboratory to observe facility operations and management procedures. Each trainee developed a National Action Plan tailored to their country’s context, ensuring that training outcomes could be translated into concrete public health policy.

Examples of National Action Plans included:

- Cambodia:** Strengthening the AMR Surveillance
- Indonesia:** Enhancing Regional Public Health Laboratory Capacity for Leptospirosis Diagnosis
- Philippines:** Strengthening the Sentinel-based Active Dengue Surveillance

Feedback from participants was mostly positive. In the training evaluation survey, trainees rated the overall program 4.81 out of 5, highlighting the value of experiencing Korea’s advanced laboratory systems and gaining practical skills.

Looking ahead, GHSCO plans to provide follow-up support, including on-site field monitoring in the outstanding trainee’s country. Future programs will also be expanded to cover a broader range of areas beyond laboratory and diagnosis.



Completion Ceremony of the 2025 GHSCO Core Personnel Training Program



## 4. Korea Demonstrates Strong Health Security Capacity Through WHO JEE

### Korea Completes Second JEE, Strengthening Global Health Security Standing

Korea has successfully completed its second JEE, led by the WHO. The evaluation team consisted of 14 experts from WHO, France, Australia, Finland, Argentina, Singapore, China, and Japan, reflecting broad international expertise. The evaluation reaffirmed Korea's robust preparedness and response capacity against all-hazard public health emergencies.

Conducted at KDCA headquarters in Osong from August 25th to 29th, the evaluation assessed Korea's ability to prevent, detect, and respond to health emergencies ranging from infectious disease outbreaks to food safety incidents, chemical accidents, and radiation emergencies.



Opening Ceremony

### Significant Progress Since 2017

This was Korea's second JEE, following the first in 2017. Since then, Korea has demonstrated improvements across all 19 technical areas, achieving an impressive 93% of indicators at the highest "sustainable capacity" level (a score of 5 out of 5), with the remaining indicators scoring 4.

Notably, the evaluation team highlighted Korea's strengthened legal frameworks, financing mechanisms, emergency response operations, and inter-ministerial coordination, particularly built during the COVID-19 pandemic. The KDCA's EOC, laboratory systems, and predictive modeling capacity were highlighted as best practices.

- Dr. Gina Samaan, WHO WPRO Emergency Director, commended Korea's "remarkably strengthened crisis response system and training framework compared to 2017," noting its forward-looking vision and investments.
- Dr. Clément Lazarus, Joint Team Lead, emphasized Korea's excellence in both technical capacity and institutional cooperation, calling the country "a global model in biosafety, antimicrobial resistance, and food safety."



Reporting the score of P7. Biosafety and Biosecurity

## Recommendations for the Future

While Korea's system was rated highly across all areas, there are also recommended areas for further development:

- Establishing dedicated, long term funding mechanism for global health security and pandemic preparedness and response, including vaccine and therapeutic stockpiles.
- Addressing the needs of vulnerable populations into health security planning, considering emerging societal changes, including climate change impacts (e.g., heatwaves) and population aging.
- Designating of a National IHR Authority to coordinate policies across the entire government and relevant social sectors, supporting smooth implementation of the amended IHR.
- Developing and implementing a multisectoral national action plan for health security.
- Expanding community engagement networks with civil society, media, and local organizations to enhance risk communication.
- Strengthening the IHR core capacities at the regional and global levels by leveraging Korea's robust health security system and expertise.



Closing Remarks from the KDCA Commissioner

## WHO WPRO and JEE

The IHR are a legally binding international agreement designed to help prevent the spread of disease. They set out the core capacities that countries must have to detect, report, and rapidly respond to public health threats—whether arising naturally, deliberately, or accidentally.

To assess these national capacities and support effective IHR implementation, the IHR Monitoring and Evaluation Framework was developed by the WHO through a global consultative process. The framework comprises four components: SPAR, JEE, AAR, and SimEx. Of these, SPAR is mandatory under Article 54 of the IHR, requiring annual reporting to WHO by State Parties. The other three tools are voluntary.

The JEE process, developed by WHO in collaboration with partners such as GHSA, has undergone multiple revisions since its launch in 2016. These updates reflect recommendations from experts, Member States, and international reviews—including the IHR Review Committee, which urged a shift from “exclusive self-assessments” to a combined approach of self-evaluation, peer review, and external assessments by both domestic and independent experts. The tool is now in its third iteration.

JEE is a voluntary, collaborative, and multisectoral process for assessing a country's capacity to prevent, detect, and rapidly respond to public health emergencies. National and international experts jointly review 19 technical areas, providing countries with a comprehensive view of their health security systems—including strengths and challenges—so that priority actions can be identified and gaps addressed.

Since 2016, 28 JEE missions have been conducted across 21 countries in the Western Pacific Region. JEE has proven to be a valuable platform for strengthening multisectoral collaboration at the country level and advancing the implementation of the IHR. It also fosters stronger partnerships between countries, technical partners, and WHO. Findings from the JEE missions have helped countries successfully mobilize resources to finance their NAPHS.



## 5. GHSA Steering Group Advances Efforts to Strengthen Global Health Security

GHSA Steering Group convened on June 26th, 2025, to prepare in advance for GHSA 2028, with a focus on shifting from a reactive to a proactive approach in health security investments. Chaired by Ethiopia, the meeting reviewed progress, governance, and works of various committees and Action Packages

### Progress and Priorities

The Committee on Accountability & Results, led by US CDC, reported that 55 countries have already achieved GHSA 2028 target of demonstrating capacity in at least five technical areas, with 23 additional countries close to reaching the goal. In opening remarks, the chair underscored key priorities, including reaffirming political commitments, approach—linking human, animal, and environmental health. The meeting also discussed how to address capacity gaps and mobilize financing for health security.

### Governance and Membership

To expand its reach, the Steering Group agreed to welcome Gambia, Ghana, Mongolia, and Uganda as new members, pending a two-week review. The Chair Support team will continue to reach out to members who have not confirmed their status: those who do not respond or have formally chosen to leave will rotate off the Steering Group.

Concerns were raised about communication gaps with permanent advisors from the WHO, the FAO, and the WOA. To address this, Steering Group members agreed to strengthen outreach to these organizations. There was also a call for increased engagement from civil society and the private sector, represented by GHSAC and the g, to support member outreach and onboarding.

### Action Packages and Coordination

Leaders of the GHSA's various Action Packages and committees presented their 2025 work plans. Common topics included challenges of engaging active members, ensuring effective communication, and fostering cross-sectoral collaboration.

To improve coordination, Action Package leads were asked to update their rosters, identify co-chairs, and explore shared tools like calendars and newsletters. All Action Packages were also requested to share upcoming events and publications to the Advocacy & Communications Committee to help promote their activities and strengthen member engagement.

Steering Group members were asked to provide feedback on the 2025 work plans, specifically focusing on how to ensure “actionable deliverables” and address identified challenges and gaps. The Private Sector Roundtable (PSRT) and GHSAC reiterated their role in helping countries overcome challenges and ensuring the voice of civil society and the private sector is heard. Meeting countries’ needs with available resources and expertise was highlighted as a key priority.

The meeting concluded with a renewed commitment to collaboration, improving communication, and producing tangible results to advance global health security.

## 6. Strengthening Health Adaptation Project (SHAPE): Responding to Climate Change in Fiji

Dr. Daniel Faktaufon  
Principal Medical Officer  
Health Protection Division  
Ministry of Health and Medical Services

The FCCDC, formerly known as the NPHL, has been a cornerstone of Fiji's public health system since its establishment in 1965 with support from the Wellcome Trust. In 1999, it was reorganized as the FCCDC, and in 2020 it was further strengthened and renamed as the Fiji CDC to align with international standards and enhance public health interventions and responses.

The KOICA funded the SHAPE project, a partnership between KOICA, the Fiji MHMS, and the WHO. The SHAPE project aims to bolster Fiji's health security by strengthening public health surveillance and laboratory diagnostic capacities, particularly for epidemic-prone diseases.

### Strengthening Communicable Disease Surveillance Systems

The SHAPE's first strategic priority area 1 focuses on reforming public health services to adopt a population-based approach to disease control in the context of the climate crisis, with its main outcome being a reduction in the prevalence of communicable and non-communicable diseases, especially among vulnerable populations. A key initiative under this priority is strengthening Fiji's communicable disease surveillance through the review, reform and digitalization of the NNDSS. This includes web-based reporting and enhanced data management systems to improve vigilance and data quality.

### Capacity Building for Surveillance, Case Detection, and Diagnosis of Communicable and Neglected Tropical Diseases

Since the launch of SHAPE, the project has supported the Fiji CDC's Annual DORT training across all four divisions. Conducted ahead of the cyclone season, this training prepares teams for heavy rains and other severe weather events, which can increase the incidence of communicable diseases. The DORT training

strengthens capacity for infectious disease surveillance, laboratory investigations, integrated outbreak response, clinical management, and risk communication at both divisional and sub-divisional levels—a strategic investment for improving public health responses to climate-sensitive outbreaks.



Participants from the Northern Division MHMS attending the DORT training in 2023



Participants engaging in the Escape Room activity while working on data cleaning and analysis

### Strengthening Laboratory Testing Capacity

Another key outcome of SHAPE under the first priority is the enhancement of diagnostic capacities in health facilities, including the renovation and establishment of Food, Water, and Leptospirosis MAT testing at the Fiji CDC. The project has provided appropriate laboratory technologies and training to enable confirmatory diagnosis of priority climate-sensitive diseases such as water-borne diseases (e.g. leptospirosis) and emerging infectious diseases. The establishment and implementation of Leptospirosis MAT infrastructure with confirmatory testing will be the first of its kind in Fiji.





Renovations supported by the KOICA SHAPE project for the Food, Water, and Leptospirosis MAT Laboratory at the Fiji CDC

## The Impact

Through the KOICA SHAPE project, Fiji has seen a reduction in turnaround time for the detection and confirmation of epidemic-prone diseases and improved coordination between surveillance and laboratory teams for faster outbreak response. Additionally, the project has strengthened Fiji's contribution to regional epidemic intelligence sharing through surveillance networks. SHAPE's support has been pivotal in modernizing Fiji's surveillance systems and laboratory testing capacities, equipping the country to more effectively detect, respond to, and manage outbreaks both nationally and across the Pacific region.



Representative from WHO, KOICA and the Fiji MHMS during a site inspection of the Food Water and Leptospirosis MAT Laboratory in Fiji CDC



# 7. Philippines Medical Technologist Reflects on the GHSCO Training Experience

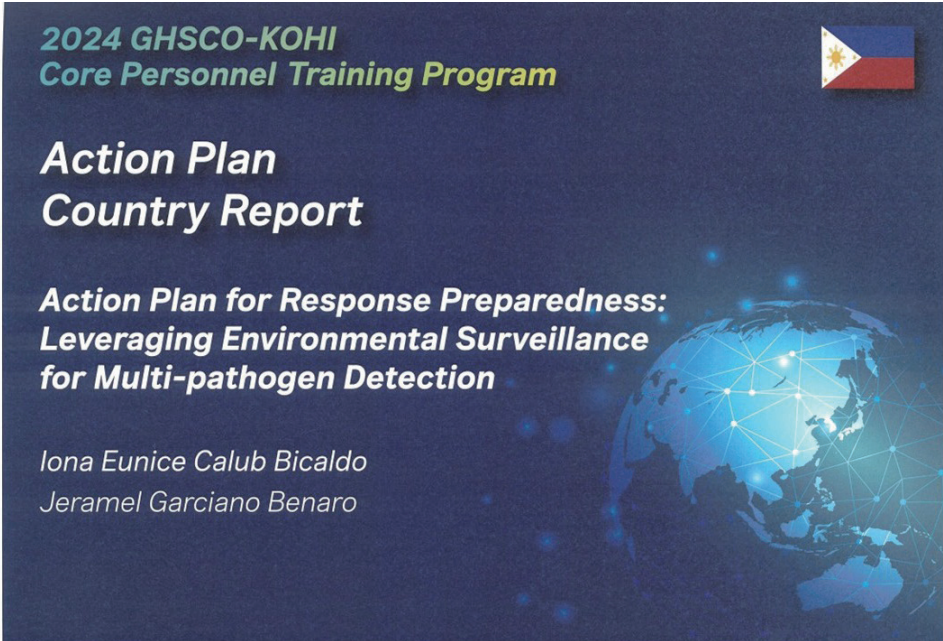
Jeramel G. Benaro, a medical technologist and a science research specialist at the RITM in the Philippines brought 14 years of experiences of diagnostic and clinical expertise along with more than a decade of interdisciplinary research in infectious diseases and public health. She joined the GHSCO Core Personnel Training Program to strengthen her knowledge in genomic surveillance, crisis leadership, and One-Health-driven policymaking.

As part of the program, she designed the initiative “Unlocking the Potential of Environmental Surveillance for a More Resilient One Health System.” While the project is currently on hold due to the ongoing development of LIS across reference laboratories, she continues to advocate for data integration and system harmonization, underscoring her long-term vision of linking environmental surveillance with the One Health System.

Reflecting on the training, Benaro shared her experiences, saying that it enhanced her decision-making framework and improved her analytical and problem-solving skills. She noted that the program gave her great confidence in tackling complex health security challenges, boosting her productivity and adaptability in the workplace. Beyond these skills, she highlighted how the training prepared her to apply effective strategies in real-world public health emergencies.

Since completing the program, she has kept in touch with fellow trainees through Facebook, Instagram, Messenger, and WhatsApp, fostering professional network that extends beyond the classroom. She also suggested future opportunities—such as expert-led panel discussions, peer mentorship, alumni webinars, and outbreak simulation exercises—to strengthen the GHSCO alumni community.

She highly commended the training, especially noting its hands-on skill development in line with international standards, which put a strong emphasis on leadership growth. She also highlighted the program’s role-playing exercises, flexible delivery methods, and continuous education opportunities, which she described particularly valuable for professionals seeking to advance their expertise in global health security.



Philippine trainees' Action Plan

No. 4  
December

GHSCO Updates

Enhancing Training Impact: GHSCO Conducted First Post-Training Follow-up Mission to Malaysia

GHSCO Updates

Korea-Ghana Global Health Security Webinar Series Launched

GHSCO Updates

Ministry of Health Mongolia Visits KDCA to Strengthen Korea-Mongolia Cooperation in Infectious Disease Preparedness and Response

Global Updates\_ News

IANPHI Report Warns of ‘Income Gap’ in Pandemic Preparedness and Learning

Global Updates\_ Partner Stories

Strengthening NPHIs for the Next Pandemic: Interview with IANPHI President Duncan Selbie



# 1. Enhancing Training Impact: GHSCO Conducted First Post-Training Follow-up Mission to Malaysia

Since 2024, GHSCO has operated the Core Personnel Training Program for ASEAN countries, offering courses in surveillance and laboratory diagnosis. A total of 20 trainees completed two training cycles in 2024. The recent follow-up mission marked the program’s first on-site assessment since its launch.

The mission was carried out in Malaysia from 29 to 30 October 2025, the home country of the program’s outstanding fellow. KDCA staff who participated in the program visited Malaysia to review the implementation status of the trainee’s action plan and observe relevant facilities at the Ministry of Health Malaysia. The outstanding fellow, Ms. Noorazyan Binti Haris—an entomologist working at the Ministry of Health Malaysia—developed an action plan focusing on “Strengthening Entomological Surveillance for Combating Vector-Borne Diseases (Zoonotic Malaria).”

The field assessment confirmed that the action plan activities were progressing as scheduled and that the enhanced malaria surveillance system had produced tangible improvements. The trainee successfully applied the research result and surveillance skills learned through the program to her work. Notably, she conducted two internal training sessions for field officers at the Ministry of Health Malaysia, contributing to an average 65% increase in participants’ knowledge levels. She also adopted a mosquito trapping technique—BG trap using dry ice as bait—learned during the training, into Malaysia’s national mosquito surveillance program to improve the efficiency of mosquito collection.

Through on-site consultations, KDCA staff recommended the development of guidelines to strengthen infection prevention and safety management for field staff, particularly in situations where workers may face exposure risks due to inadequate use of personal protective equipment.

<Results of Action Plan>

Result	Indicator	Target
√	Training sessions for health workers	Twice/year
√	Development of digital surveillance system	Develop system and run pilot program
√	Community awareness campaign	Twice/year
√	Collaborative projects	Once or twice/year
√	Data-sharing agreements	At least once

The trainees expressed a high level of satisfaction, noting that the program significantly enhanced their professional capacities and felt that Korea’s structured training approach was particularly valuable. They also expressed interest in future training programs, including new courses on genomic sequencing.

During facility visits, KDCA staff noted that the CPRC of the Ministry of Health of Malaysia operates a comprehensive disaster response system covering natural disasters and environmental public health incidents. The NPHL maintains quality standards comparable to those of WHO Regional Reference Laboratories in the arbovirus sector. The Institute for Medical Research Malaysia, designated as a WHO Collaborating Centre, carries out infectious disease diagnostics: vaccine and genomic analysis; and vector-control initiative such as the introduction of Wolbachia into Aedes aegypti mosquitoes to suppress dengue virus replication. This visit provided KDCA staff a valuable opportunity to observe advanced dengue prevention practices that are not yet widely adopted in Korea.

Through this in-person follow-up mission, KDCA confirmed the concrete impact of the training program. To further support the implementation of trainees’ action plans, KDCA plans to continue on-site consultations in 2026. Additionally, the 4th Core Personnel Training Program is under review to expand its curriculum to new areas beyond laboratory diagnostics.



Meetings with staff at the Ministry of Health Malaysia



## 2. Korea-Ghana Global Health Security Webinar Series Launched

Poster of Korea-Ghana KOICA GHSA Project Webinar Series 1

The first Korea-Ghana KOICA GHSA Project Webinar Series—focused on FELTP—was held on 29 October 2025. KDCA, in collaboration with Seoul National University, which serves as the project’s management agency, agreed to hold a regular webinar series on infectious disease preparedness and response. The first webinar marked the important first step toward strengthening knowledge exchange and cooperation in global health security between the two countries. Going forward, the webinar series will be held on a regular biannual basis.

This webinar series is part of KOICA’s ongoing “Ghana Global Health Security Agenda Strengthening Project,” designed to support its performance monitoring and technical assistance. This project is the second phase following the first phase (2018 - 2023). The second phase (2024 -2028) aims to bolster Ghana’s capacity to implement the IHR within the GHSA framework and reinforce national-level infectious disease response capacities. Furthermore, US CDC, Ghana Health Service, and University of Ghana are involved as key implementing partners, with Seoul National University serving as the project management consultant.

During the webinar, KDCA introduced the role of GHSCO and shared key achievements from its international development cooperation initiatives, highlighting Korea’s experiences in global health collaboration. Furthermore, a session titled “Introduction to the FELTP of Korea” provided an overview of Korea’s epidemiological workforce development structure and outcomes. Seoul National University provided an overall progress update on the KOICA GHSA Ghana project, while the University of Ghana—one of the project’s implementing partners—presented achievements of the Ghana FELTP, and ongoing efforts to strengthen Ghana’s national health security system. Through this webinar, participating organizations shared project experiences, outcomes, and challenges while discussing effective strategies to enhance outbreak response capacity.

Presentation slide of Session 2

KDCA and Seoul National University plan to further expand collaboration by establishing additional exchange platforms, including a joint conference. Along with information sharing among stakeholders, it is expected to deepen Korea-Ghana cooperation and contribute to global health security capacity building.

### 3. Ministry of Health Mongolia Visits KDCA to Strengthen Korea-Mongolia Cooperation in Infectious Disease Preparedness and Response

KDCA invited representatives from the Ministry of Health Mongolia to share Korea's infectious disease response system on 8 December 2025. Tsetsegsaikhan Batmunkh, Director General in Public Health Policy and Implementation Department at the Ministry of Health, and directors of provincial-level health departments visited and engaged in a bilateral meeting with KDCA.

**Official Development Assistance:**

Mongolia Infectious Disease Response and Cooperation  
for Antimicrobial Resistance and Laboratory Empowerment (MIRACLE) Project



During the visit, KDCA shared key elements of Korea's infectious disease surveillance system, and national immunization program, along with progress in ongoing the ODA project with Mongolia. The Mongolian representatives provided an overview of their national health system. In the Q&A session, both shared priority actions on infectious diseases prevention and control, as well as updates on the establishment of Mongolia CDC. Additionally, they had an opportunity to tour KDCA's EOC and BL3 Laboratory, receiving briefings on operational roles and functions. This visit helped strengthen bilateral collaboration by enhancing mutual understanding of each country's public health systems and reaffirming the commitment to advance infectious disease preparedness and response capacities effectively.



Site visit at Biosafety Level 3 Laboratory

#### Ongoing ODA Collaboration with Mongolia

Since 2023, the Mongolia ODA project—implemented with project partner Dr. Joon Sup Yeom, Director of the Center for Global Development at the Yonsei Institute for Global Health—has progressed in close collaboration with NCCD.

Key activities include:

- Establishment of National AMR Surveillance Network
- Strengthening NCCD National Laboratory Capacities
- Simulation Exercises for Emerging Infectious Diseases
- Field Epidemiology Training Program (Mentor)

Mongolia is currently developing AMR surveillance system at national level including major hospitals in Ulaanbaatar, along with plans to publish national AMR surveillance report.



## Plans for 2026

Several activities are planned for 2026, including:

- Epidemiological Capacity Building Training on Healthcare-Associated Infection Control (April)
- Simulation Exercises for Emerging Infectious Diseases (May)
- Developing National Antimicrobial Susceptibility Testing Guideline (June)

KDCA will continue its close collaboration with Mongolia through Yonsei Institute for Global Health to ensure the effective ODA implementation. Through sustained partnership, there will be tangible and meaningful outcomes for both countries.



## 4. IANPHI Report Warns of ‘Income Gap’ in Pandemic Preparedness and Learning

### Global Study Finds High-Income Countries are Twice as Likely to Implement Lessons Learned After Crises.

IANPHI, supported by the Bill & Melinda Gates Foundation, has released its 2024-2025 “**Role of NPHIs in Health Emergencies**” report, which evaluates global emergency response capacities of NPHIs. The study highlights a stark international divide in the ability to translate lessons learned from crises into systemic improvements.

The report closely examines the GHEC units—specialized NPHIs teams responsible for surveillance, risk assessment, and rapid deployment.

One of the report’s critical findings is a significant “income gap” in institutional learning. The report analyzed how consistently NPHIs implement recommendations derived from formal post-emergency reviews—a key measure of preparedness effectiveness.

According to the analysis, 57% of respondents from HICs reported that they “always implement recommendations.” In sharp contrast, only 36% of NPHIs in LICs reported consistently implementing these necessary structural changes. UMICs showed a rate of 55%, underscoring that financial and technical resources play a decisive role in successfully institutionalizing lessons learned.

### Call for Legal Authority and Sustained Investment

The report emphasizes that NPHIs must shift from reactive crisis management toward prevention-focused strategies and integrated surveillance systems. It also calls for NPHIs to secure clear legal mandates that empower them to issue transparent, consistent, and evidence-based guidance to policymakers without interference.

IANPHI further expressed concern that many countries have begun scaling back public health investment in the post-COVID-19 period. The report also emphasized that sustained funding in public health should be viewed as an “insurance premium”—a critical investment that protects population health, national economic security, and long-term prosperity.

For details: [https://www.ianphi.org/\\_includes/documents/sections/tools-resources/ghec-highlights/ianphi\\_ghec-report.pdf](https://www.ianphi.org/_includes/documents/sections/tools-resources/ghec-highlights/ianphi_ghec-report.pdf)

## 5. Strengthening NPHIs for the Next Pandemic: Interview with IANPHI President Duncan Selbie



### From Reactive to Proactive Preparedness in Response to Future Pandemics

Professor Duncan Selbie, President of IANPHI, opened the discussion by underscoring the global lesson from COVID-19. President Selbie emphasized that the world needs to shift from reactive crisis management to proactive prevention. While emergency response capacity remains vital, he highlighted the need for “a better balance between response and prevention,” calling for more consistent public health capabilities across countries. He also highlighted the enhancement of the IHR as the most significant structural priority for global health security.

“Take the International Health Regulations to heart.”

This principle, he said, should guide both future national strategies and international collaboration efforts.

### Integrated Surveillance: The Most Urgent Priority for Next Pandemic

One of the major challenges revealed during COVID-19 was the inability of many countries to integrate diverse data sources—genomics, environmental monitoring, social behaviors, and clinical reports. President Selbie noted that even well-resourced countries faced challenges, as technical integration alone does not guarantee readiness. Drawing on the IANPHI’s experience, he stressed the need for adaptable, collaborative models that allow countries—especially low- and middle-income countries—to combine essential data sources without requiring fully integrated systems.

### Legal Authority and Mandates: Protecting the Scientific Voice

Another key lesson is the importance of clear legal mandates for NPHIs. President Selbie emphasized the need for institutional frameworks that guarantee NPHIs the authority to deliver evidence-based scientific findings without political interference.

“Freedom and protection of legal authority are a vital part of NPHIs.”

He emphasized that policymakers must balance public health with economic and social considerations, but also stressed that NPHIs should be empowered to deliver timely, transparent, and consistent evidence-based guidance.

### Public Health Investment as an Insurance Premium

Referencing WHO Director-General Dr. Tedros’s description of the global “panic-neglect” cycle (often described as “panic-promise-respond-forget”), President Selbie warned that several countries are already scaling back public health investments only a few years after the peak of COVID-19.

“Pay your insurance premiums, because investing in public health is an investment in the protection of people, economic security, and national prosperity.”

He emphasized that consistent investment in NPHIs not only protects population health but also strengthens national economic security and long-term prosperity.

This interview highlights the indispensable role of NPHIs in shaping global readiness for the next health emergency. From implementing the IHR and developing integrated surveillance systems to securing legal mandates, the path forward requires strategic investment and unwavering political commitment.

# 2025

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