

**2009 Meeting
Geneva, 7-11 December 2009**

**Meeting of Experts
Geneva, 24-28 August 2009**

Item 5 of the provisional agenda

**Consideration of, with a view to enhancing international
cooperation, assistance and exchange in biological
sciences and technology for peaceful purposes, promoting
capacity building in the fields of disease surveillance,
detection, diagnosis, and containment of infectious diseases**

ACTIVITIES AND VIEWS ON INTERNATIONAL COOPERATION AND ASSISTANCE PROMOTING CAPACITY BUILDING IN THE FIELD OF INFECTIOUS DISEASES

Submitted by the Republic of Korea

I. Introduction

1. A considerable number of people in the world have been suffering from infectious diseases largely caused by their poor health conditions. Especially, the high prevalence of infectious diseases (HIV/AIDS, malaria, etc.) in developing countries has locked such individuals into a vicious circle of poverty. To break this vicious circle and provide those people with the opportunity to live in better health conditions, the international community needs to take more active actions to prevent infectious diseases in impoverished areas and improve the treatment of infectious diseases.

2. As a member of the international community, the Republic of Korea has over many years contributed financial, technical and human resources to assist developing countries in building their capacity to combat a variety of infectious diseases. Through various cooperation projects with developing countries and international organizations such as WHO and IVI (International Vaccine Institute), the Republic of Korea has endeavored not only to meet the urgent need of recipient countries but also to help those countries cope with the infectious diseases in the long term.

3. This working paper summarizes some of the recent efforts made by the government of the Republic of Korea (especially by Korea International Cooperation Agency) to assist

developing countries in the field of infectious diseases, and highlights some necessary actions the international community should take to improve the international health system for infectious disease management.

II. Cooperation Activities

4. As a host nation of IVI, the international organization dedicated to vaccines, the Republic of Korea has a great interest in global efforts to develop and deploy new vaccines for people in developing countries. Since vaccinations offer a more economical and cost-effective approach to controlling infectious diseases than after-care treatment, the Republic of Korea has supported IVI's various projects to develop and deploy new vaccines at cheaper prices by contributing to the IVI's operating budget and providing a headquarters building with state-of-the-art laboratories.

5. Korea International Cooperation Agency (KOICA) has operated programs for eradicating infectious diseases in developing countries based on four major objectives such as expansion of primary health service, promotion of maternal health, eradication of infectious diseases and improvement of access to safe water.

6. At its early stage of cooperation, KOICA focused on assisting projects for improving medical facilities related to specific infectious diseases. One such example was KOICA's project to support a tropical disease center in Ho Chi Minh City, Vietnam. In order to prevent tropical disease, KOICA provided training programs and health equipments to the center and dispatched ROK experts in 1995. As a result, the inhabitants of 17 southern provinces have benefited from treatment for tropical diseases. In addition, in 1997, KOICA donated medical equipment to the National Center for Dermatology & Mycology in Ulaanbaatar and provided training programs in order to improve capacity to control fungal disease in Mongolia.

7. The Republic of Korea has also provided assistance to combat specific infectious diseases in certain developing countries by constructing facilities such as medical centers, inviting/training experts from recipient countries, dispatching Korean experts, offering various equipments and so on. Some of the projects carried out by KOICA are as follows:

- (i) Korea-China Collaborative Project for Controlling Helminthiasis in Pilot Areas of China (2000-2004)
- (ii) The Project for Developing the Lung Center of the Philippines as the National Referral Center on MDRTB (2008-2010)
- (iii) The Project for Improving Local Medical Centers through Treatment for Buruli Ulcer Disease in Cote d'Ivoire (2009-2010)
- (iv) The Project for Improving Laboratory Infrastructure on HIV/AIDS in Nigeria (2008-2009)
- (v) The Project for Strengthening Epidemiologic Surveillance and Response for Meningitis in Niger (2009-2010)
- (vi) The Project for Combating Schistosomiasis in Sudan (2009-2010)

(vii) The Project for Helping Reduce Malaria in D.R. Congo (2009-2010)

8. As the Republic of Korea began to carry out more collaborative projects with developing countries, its focus shifted to the field of systemic capacity building for surveillance and diagnosis of infectious diseases in those areas. In 2007, KOICA conducted a project in El Salvador with the aim of capacity building for laboratory diagnosis and surveillance of communicable diseases. KOICA has also been assisting Uzbekistan to improve the general medical care system rendered to patients with infectious diseases.

9. The Republic of Korea has made efforts to prevent infectious diseases through regional cooperation. One of its major projects was titled "Technical Assistance and Research for the Prevention of Infectious Diseases in Six ASEAN Countries" implemented from 2002 to 2006 by KOICA. This project was aimed at providing technical assistance and training programs for vaccine manufacturers and national regulatory authorities/national control laboratories (NRA/NCL) in Vietnam, Thailand, Myanmar and the Philippines, and also at accelerating the introduction of Japanese encephalitis (JE) vaccine into routine childhood immunization programs in Vietnam.

III. Global Trends in International Cooperation

10. Thanks to the rapid development of medical science from the 19th century through to the 20th century, we have been able to keep our immune system strong against viruses, bacteria, parasites and infectious diseases. For example, science has made it possible to completely eradicate smallpox and polio vaccine has significantly reduced the number of children suffering from poliomyelitis. Although measles remains a leading cause of death in children under five years of age, the number of cases has been reduced from 750,000 in 2000 to 250,000 in 2006.

11. However, the development of new strains of viruses that causes infectious diseases such as SARS, avian flu, and the rapidly spreading Pandemic (H1N1) 2009 still poses a threat to mankind. In addition, the leading causes of death in children under five years of age are pneumonia, diarrhea, malaria, measles and other infectious diseases, and most of the children suffering from these diseases live in sub-Saharan Africa and South Asia. Most of these diseases can be treated with the appropriate antibiotics, oral fluid replacement therapy, insecticide treated mosquito nets, immunization, and basic health services. Unfortunately, however, international health systems do not offer sufficient support for these children.

12. Since the mid-1990s, multilateral cooperation bodies and various fund organizations have each invested heavily in fighting against HIV/AIDS, malaria, tuberculosis, and disease-oriented programs. PEPFAR for HIV/AIDS, PMI for malaria and GFATM for AIDS, TB and malaria treatment are all disease-specific (vertical) programs. With the creation of these funds, specialized organizations were also created for each disease: UNAIDS for HIV/AIDS, RBM for malaria control projects and the Stop TB Partnership for tuberculosis.

13. As a result of such disease-specific programs mentioned above, global investments in the prevention, diagnosis and treatment of infectious diseases have seen remarkable success especially in the field of the "Big 3" (HIV/AIDS, malaria, tuberculosis). The number of newly infected people has declined substantially.

14. Although cases of the “Big 3” diseases have been reduced, however, a disease-specific approach alone can neither improve health care services for the people in developing countries nor facilitate the implementation of a regionally integrated health system. For example, Cambodia's national health priority is to improve the basic health care infrastructure through the aid they receive. However, the actual aid they receive mostly goes to HIV/AIDS prevention and treatment.

IV. Views on Promoting Capacity Building

15. To cope with these infectious diseases more effectively, disease-specific international organizations and vertical funds need to be horizontally integrated so that they can contribute to improving the primary health care system of developing countries. Although such organizations and funds have been successful in reducing the outbreak rate of specific diseases such as the “Big 3,” it seems that they have failed to promote capacity building of individual developing countries in terms of general health level in the areas. Thus, the international health community is required to cooperate more actively with each other and, in the longer term, to invest their funds into more comprehensive health care programs to improve the level of health in the developing world.

16. The Republic of Korea supports the idea that the control of infectious diseases can be sustainable only when it is based on the enhancement of the primary health care system of each country. WHO indicated the importance of primary health care in the Declaration of Alma-Ata in 1978 and reinforced it in the 2005 updates of Health For All. These documents stipulate that the health level of developing countries can be improved through such elementary prerequisites as constructing health infrastructure, training local health staff and strengthening the primary health care system. To ensure that assistance has a sustainable effect, the Republic of Korea has consistently cooperated with WHO and other international organizations, and will continue this cooperation in an effort to contribute to the progress of BTWC in the long term.
